

Person Centered Planning Home and Community Based Services Rule

Guide for Individuals and Family Members



Michigan Developmental
Disabilities Institute
WAYNE STATE UNIVERSITY



Person Centered Planning
The Home and Community Based Services Rule

Frequently Asked Questions – Individuals and Family Members

Question: What is the Home and Community Based Services (HCBS) Rule?

Answer:

- HCBS are Medicaid services for people with disabilities to help them live in their own homes and communities.
- The HCBS Rule identifies how specific services and supports must be provided in all states in order for the states to continue to receive Medicaid funding.

Question: What Does the HCBS Rule say?

Answer:

- Services are provided in places that offer full opportunities for connection to the community.
 - The individual decides where they get services.
 - The individual chooses what services they receive and who provides the services.
- The individual has a right to privacy, dignity, respect and freedom from intimidation and restraint.
- Choices are made by the person.

Question: Who does the HCBS Rule affect?

Answer:

- Adults with disabilities receiving at least one of these waiver services:
 - Community Living Supports – only individuals living in a provider owned or operated setting

- Skill Building
- Supported Employment
- And providers delivering the services

Question: Where does the HCBS Rule take place?

Answer:

- All services and supports that help individuals live, work, and have fun in their community.
- All locations where home and community based services are delivered – not just the place where a person lives.
- All locations in which individuals live (residential) and settings where individuals go to receive services (non-residential). For example:
 - Residential settings such as a person’s home.
 - Non-residential such as a day program, skill building, supported employment, and community living supports and services.

Question: When does the HCBS Rule happen?

Answer:

- Supports and services must meet the HCBS Rule by March 17, 2022.
- Effective October 1, 2017, any **new** HCBS provider must work with the Prepaid Inpatient Health Plan (PIHP) regional HCBS Lead to complete the provisional approval process. This process is in place to assure a setting is not isolating or institutional in nature. This provisional approval allows new providers, or providers who are adding a new service to an area, to begin to provide services so that a full survey can be completed by the providers and HCBS participants.
 - This provisional approval requirement does not apply to providers who were providing HCBS to Medicaid individuals before the effective date (October 1, 2017) of this requirement.

- The Michigan Department of Health and Human Services (MDHHS) / Behavioral Health and Developmental Disabilities Administration (BHDDA) will continue to work with existing providers toward coming into compliance, which means meeting the HCBS Rule as stated in Michigan's Statewide Transition Plan for Home and Community Based Settings.

Question: What is Person Centered Thinking?

Answer:

- The person is the expert in their own life.
- An individual's quality of life and well-being are the primary focus.
- Person Centered thinking always considers things that are important to the person and important for the person.

Question: What are Person-Centered Practices?

Answer:

- Identifies the person's desires in areas such as friendships, supports and services, housing, transportation, employment, family relationships, and social activities.
- Talking respectfully about issues of health and safety and supporting choice.
- Culture and language are recognized as important parts of who people are and identified and honored in the planning process.
- This information is included in a written plan for supporting the person called an Individual Plan of Service (IPOS).
- The goals of the individual are reflected in the services and supports included in the IPOS. The delivery of the services and supports help individuals reach their desired goals and plans.
- Identifies the person's strengths, goals, medical requirements, needs for Home and Community Based Services, and desired outcomes.

- The role of support coordinators and case managers in this process is to support people to identify and access the services they need and to provide support during planning.

Question: What is Person-Centered Planning?

Answer:

- It is a way to help a person plan their services and supports the life they choose
- It tells the wants and interests for a desired life and the supports (paid and unpaid) to achieve it. Person centered planning documents identify the needs and desires of the individual and how services and supports will be used to meet these goals.
- A process directed by the person and supported by others selected by the person.
- It focuses on desires, dreams, and meaningful experiences.
- The individual decides when, how, and by whom direct support service is provided.

Question: What is the Person-Centered Planning process?

Answer:

- The person centered planning process has several steps.
 - **Identify individual needs** – ~~looks at~~ identify the individual's strengths and needs, and connects them with supports to create a meaningful, desired life.
 - **The Person-Centered Planning process** – is a process that is directed by the individual or their chosen representative. Usually the process involves at least two parts.
- **Pre-planning** is preparing for the planning meeting and important for successful planning. When individuals pre-plan, they decide who will be involved in their person centered planning process, what they will talk about, and where their meeting or meetings will be held.

- Individuals can choose to do pre-planning with their supports coordinator, case manager, independent facilitator, or with other people chosen by the person.
- **Person Centered Planning (PCP)** has been required by the Michigan Mental Health Code since 1996 to make sure individuals can direct the process of planning for their services and supports.
- Person centered planning is much more than just creating an individual's plan. It is a way for individuals to make sure they live their life the way that they choose.
- The person centered plan highlights an individual's strengths, needs, and interests. The plan helps to link individuals to the community to the extent they desire by exploring community-based opportunities. The plan also identifies who will assist the individual in making sure the plan is followed.
- One of the outcomes of person centered planning is an Individual Plan of Service (IPOS)
- **Writing the Individual Plan of Service** – The person centered plan should include the person's strengths, desires, needs, supports (both paid and unpaid), goals and dreams, and risks. The written plan is called an IPOS or Individual Plan of Service.
 - The IPOS is developed at the direction of the individual and their chosen family, friends, peers, advocates, and guardians with assessments informing the process.
 - The IPOS includes the amount, scope, and duration of all medically-necessary services provided by the public behavioral health system.
- **Reviewing the Individual Plan of Service** – If a person wants to change their services or supports, or their needs change, they can ask for a meeting to review and change their plan. The request to

review and/or update an IPOS can happen any time the individual wishes.

- Individuals should be given, by their CMH or PIHP, a list of the estimated cost of the services and supports in your plan.
- The IPOS is an active document that is regularly reviewed based on changing needs, newly-identified or developed strengths, information from assessments and review of services and supports.

Question: What are the key concepts of the Person Centered Planning Process?

Answer:

- It is a way to help a person plan their services and supports.
- The CMHSP or local contracted provider agency chosen by the individual and/or their family is responsible for the development and implementation of the Individual Plan of Services (IPOS).
- Individuals can choose their providers and make changes to their providers.
 - The supports coordinator or case manager has the responsibility to inform and discuss with the individual, and if needed family or authorized representative(s), of their rights to choose among providers for individual supports coordination and case management, use traditional or a self-determination arrangement. And provide each individual a copy of their plan as outlined in the Medicaid Provider Manual (MPM).
- If the individual or family or authorized representative(s) prefer an independent facilitator to assist with the planning process, the PIHP Customer Services Unit maintains a list of person centered planning (PCP) independent facilitators.
- The case manager, supports coordinator, or other qualified staff assist to develop the IPOS.

- Each PIHP must maintain a provider network that allows the individual to choose from among a range of available network providers and change providers within the PIHP.
- Each PIHP must have a Customer Services Unit that will provide the family or authorized representative(s) with information about the choice of waiver providers and service array initially and annually.

Question: How can I make changes or solve problems using the Person Centered Planning process?

Answer:

- A person can use the Person Centered Planning meeting to make changes to their plan.
 - A person, with their support people, which may include family and friends, can work together with their supports coordinator or case manager to make changes and develop solutions.
- **For example:** A person may use the Person Centered Planning process if their provider of supports and services is not meeting the HCBS Rule and they want to change to a provider that is meeting the HCBS Rule.
 - The person would:
 - Contact their supports coordinator or case manager.
 - Meet with a supports coordinator or case manager to talk about options for providers that are meeting the HCBS Rule.
 - Ask about changes to supports and services to get the life an individual wants.
 - Invite people to a meeting to help explore their options and make choices.

- Remember: Each PIHP must maintain a provider network that allows the individual to choose from among a range of available network providers and change providers within the PIHP.
 - Each PIHP must have a Customer Services Unit, as required by the MDHHS/PIHP contract to provide the following functions:
 - Welcome and inform individuals about services and benefits available, and the provider network.
 - Provide information about how to access mental health, primary health, and other community services.
 - Make available information about how to access the various rights processes.
 - Help individuals with problems and questions regarding benefits.
 - Assist people with and oversee local complaint and grievance processes.
- Individuals use the person centered planning process to make changes to their services and supports that are not meeting the HCBS Rule. These changes requested by an individual are then documented in the IPOS.
- Measurable goals and objectives are written in the IPOS, including the amount, scope, and duration, and who will assist the individual in meeting the goals.
- Any concern regarding an individual's health and safety is written in the IPOS and the HCBS Rule process for modifications to the HCBS Rule are followed.

Question: What are the key concepts when using the Person Centered Planning process to move to supports and services that meet the HCBS Rule?

Answer:

- Speak with your supports coordinator or case manager to identify HCBS compliant providers for the services and supports you are interested in receiving.

- Ask to be provided with information about residential or non-residential options.
- Ask about timeframes for changing supports and services.
- Be aware of what providers must do to meet the HCBS Rule:
 - Providers must make sure individual rights of privacy, dignity, respect, and freedom are present.
 - Provide independence in making life choices.
 - Make sure the location and services are integrated in and support full access to the greater community.
 - Provide settings selected by the individual, after being offered a full array of options, including choice of roommate, schedule, enforceable lease agreement, freedom to furnish and decorate, accessible, and opportunities to live, work, and have fun in the community.

References



Centers for Medicare & Medicaid Services:

<https://www.medicare.gov/medicaid/hcbs/guidance/index.html>



**Michigan Department of Health and Human Services
Home and Community-Based Services Program
Transition:**

https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

**Michigan Department of Health and Human Services
How Person-Centered Planning Works for You:**

https://www.michigan.gov/documents/mdch/How_Person-Centered_Planning_Works_for_You_367101_7.pdf or call
Customer Service 844-275-6324



**Michigan Developmental Disabilities Institute
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<https://ddi.wayne.edu/hcbs>



Autistic Self Advocacy Network

<https://autisticadvocacy.org/policy/toolkits/hcbsrule>