Person Centered Plan Policy and Procedure

Date of Origin: March 22, 2018
Modification Date(s):
Date of Last Review: 3/12/19

I. Purpose
Outline expectations of developing and monitoring the Person Centered Planning process for Adult Case Management.

II. Policy
Person-Centered Plans (PCP or PCPs) will be in compliance with MaineCare Regulations and Office of Aging and Disability Services (OADS) standards at all times. Adult Community Case Management leadership and the Quality Assurance Manager are responsible for monitoring the quality of PCPs.

III. Procedure
A PCP must be developed and signed by the Client and Guardian (if applicable) within 30 days of intake of a new client who has not had a PCP completed as a consumer of OADS Developmental Services. For clients who have existing PCPs, Case Managers must follow PCP completion timelines relative to established PCP Effective Dates. In doing so, the Case Manager must follow the four phases of the Person-Centered Planning process, which are as follows:

1. Process Coordination, Part One
2. Supports and Service Planning
3. Process Coordination, Part Two
4. Personal Plan Meeting

Process Coordination, Part 1 requires the Case Manager to work with the client/guardian to schedule a Planning Meeting and facilitate completion of Service Planning. The Planning Meeting must be held no more than 45 days prior to the Effective Plan Date. Case Manager must also open the PCP assessment in the Enterprise Information System (EIS) 90 days prior to Plan Meeting Date. In EIS, the Case Manager must also complete: sections of the Personal Plan Face Sheet that can now be completed, sections of the Personal Plan Narrative, Case Management Service Description Form, and Case Management Goal Description Sheet.

Supports and Service Planning requires that the Case Manager will coordinate with Agency Service Planners to ensure completion of their respective Service and Goal Descriptions in EIS at least 30 days prior to the Planning Meeting.

In **Process Coordination, Part 2**, the Case Manager, Client, and Guardian review the proposed Service and Goal Descriptions and identify potential obstacles and conflicts among unpaid and paid supports and services. Participants will also identify additional areas of service coordination, plan for more long-term goals, and develop a Personal Plan Meeting agenda. In EIS, the Case Manager will also complete: additional sections of the Personal Plan Face Sheet, the Profile Section of the Personal Plan Narrative, the Process Coordination Section of the Personal Plan Narrative. Additionally, they must ensure providers have documented discussions of choice and services with the Client and Guardian in their Service Description Forms.

The **Personal Plan Meeting** must occur to discuss how to coordinate across service areas, coordinate planning topics, address broader or more long-term goals, and plan how to enhance opportunities for community inclusion. Other topics covered at the Personal Plan Meeting include, but are not limited to: a review of previous plan and long-term goals, employment desires, identifying those responsible for monitoring Medical/Dental care, unmet needs, guardianship status, and reviewing the Grievance and Reportable Event process (Please see PCP Manual for further review of topics and process of Personal Plan Meeting). Following the Personal Plan Meeting, the Case Manager will complete all remaining sections of the Plan Face Sheet, the Summary of Plan Meeting Discussions on the Personal Plan Narrative, and review all areas of the plan to ensure completion.

Additionally, the Case Manager must:

*Update the Approval/Signature Dates on the Personal Plan Face Sheet.

*Complete the Final Case Management Approval dimension.

* Lock the PCP Assessment.

* Ensure this is all completed prior to the Effective Plan Date.

* Forward Personal Plan Face Sheet with Signatures to all service providers

* Forward Personal Plan Face Sheet with Signatures and the Agreement Sheet to the Resource Coordinator 30-60 Days prior to Reclassification. Plan must be less than 6 months old when sent to Resource Coordinator.

* Review EIS client information (Addresses, Critical Information, Relationships, Living Arrangements, etc.) and update as necessary.

The timeline for all the above is as follows:
1. Phase 1: Process Coordination Part 1 – Begins 90 to 60 days before the Personal Plan Meeting (Phase 4).
2. Phase 2: Service Planning – Waiver Provider must complete MaineCare Service Description Form and Goal Description Sheet in EIS 30 days before the Personal Plan Meeting (Phase 4).

3. Phase 3: Process Coordination Part 2 – Once Waiver Providers have completed Service Planning (Phase 2), Case Manager must complete Process Coordination Part 2 (Phase 3) at least 15 days before the Personal Plan Meeting (Phase 4).
4. Phase 4: Personal Plan Meeting – Must occur no more than 45 days prior to Effective Plan Date, and no more than 6 months prior to Waiver Reclassification Date.
5. Effective Plan Date – This is a FIXED date and does not change from year to year. The PCP Plan must be completed and approved by the Case Manager prior to the Effective Plan date.
6. Waiver Reclassification date- This is a FIXED date and does not change from year to year. The **complete*** PCP must include a signed Face Sheet sent to the Resource Coordinator 30 - 60 days prior to Reclassification Date. The plan should be less than six (6) months old at the time of the member's eligibility determination or redetermination (typically known as the Personal Plan Meeting).

*Complete PCP means the Face Sheet, Personal Plan Narrative, Service Descriptions and Goal Descriptions are completed for each service and entered into EIS; and that all required signatures approving the plan have been obtained on the Face Sheet and Agreement Sheet. The PCP must have been reviewed and approved by the Case Manager. Case Managers have until the Effective Plan Date to hold the meeting, review, complete and approve the plan in EIS and obtain all necessary signatures.

The PCP must be available in the client record. If the PCP is not developed within outlined timeframes, there must be adequate documentation in the Client record explaining why there is no PCP.

PCP Addendums must be completed on an as-needed basis whenever there is a change made to any aspect of supports or services the Client is receiving, and Client and Guardian signatures must be obtained to authorize any changes.

Scott Tash, CEO

3-13-19
Date