Policy Number:
1
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December 10, 2020

Subject: Person-Centered Planning

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall implement a policy for person-centered planning.

POLICY:

It is CCDDR's policy to develop an Individual Support Plan for each client who receives Support Coordination services from CCDDR. Planning is a client/family-directed process. Such plans shall be modified and updated, depending on the client's needs and preferences. Services authorized in all Individual Support Plans that are funded through the Dept. of Mental Health billing system, including all Medicaid waiver plans, shall comply with Division of DD Service Monitoring guidelines.

DEFINITIONS:

DDD Individual Support Plan Guidelines: The Division of Developmental Disabilities (DDD) Individual Support Plan Guidelines describes requirements of Individual Support Plans, as well as information regarding maintaining and updating Individual Support Plans.

Missouri Quality Outcomes: A collection of positive outcomes identified by people with disabilities, family members and friends outlined in the *Missouri Quality Outcomes Discussion Guide.* The *Discussion Guide* document serves as a tool designed to assist the service delivery network to put these desired concepts into practice. The Missouri Quality Outcomes can be found at https://dmh.mo.gov/dev-disabilities/quality-programs/outcomes

Individual Support Plan: A document resulting from a process directed by the client served, with assistance as needed by a representative. It is intended to identify strengths, capacities, preferences, needs and desired outcomes of the participant. The process may include other individuals freely chosen by the client who are able to serve as contributors to the process. The person-centered planning process enables and assists the client to access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes and goals.

I. Missouri Quality Outcomes

All plans developed by CCDDR Support Coordination staff shall be in accordance with the DDD's Quality Outcomes. There are the fundamental values that form the foundation of the Outcomes and these should be considered throughout planning.

II. Support Planning Process

A. Individual Support Plans:

Every client receiving services from CCDDR shall have an Individual Support Plan. The Support Coordinator in conjunction with the client, family members, the client's legal representative (if applicable), and other team members shall hold a meeting to develop an Individual Support Plan within thirty (30) days after the individual has been found eligible for services through the Rolla Regional Office. The plan must contain a description of immediate needs, especially those that relate to issues of health and safety. The plan must include information about what staff and others need to know and do so that the client's immediate needs are met, especially those that relate to health and safety. The Support Coordinator must make sure that each item in the plan has enough detail and/or examples so that someone new in the client's life understands what is meant and how to support the client.

B. Plan Components:

All Individual Support Plans developed by CCDDR Support Coordination staff shall contain at least the minimum information required to comply with the Division of DD's approved Individual Support Plan format. Accordingly, all Individual Support Plans developed by CCDDR Support Coordinators shall define desirable changes in the client's life, creating personal outcomes and goals in 6 domains:

- Daily Life and Employment
- Community Living
- Social and Spirituality
- Healthy Living
- Safety and Security
- Citizenship and Advocacy

III. Updating Plans

Individual Support Plans are expected to change and develop over time as CCDDR Support Coordinators and others get to know the client well, spending time with the client in a variety of situations and environments. Plans must be reviewed (and updated if necessary) on at least a quarterly basis. However, review and update of the plan must also occur when:

- The client or the client's guardian requests that information be changed or added

- Others invited by the client to participate in his plan provide additional information
- The need for supports and services change, i.e. the client's level of functioning may change requiring either a reduction or increase in services; the client's natural support system may expand, reducing the need for a paid service; or staff discovers another agency that will provide additional resources to the person

When the CCDDR Support Coordinator makes major changes to a Plan, the client supported and/or their guardian must be aware of and approve any changes made. Documenting this approval requires the signature of the client or guardian on the Personal Plan Systems Page. Major changes to a Plan include the following:

- Adding or changing a service. (e.g. client begins receiving respite, client moves from a group home or ISL, etc.)
- Proposing to restrict the client's rights
- Taking any other type of adverse action (e.g. canceling a service, termination from the waiver)
- Adding an outcome.

Minor changes (information only) may be made to a Plan without prior consent/approval of the client or their guardian.

IV. Plans And Waiver Documentation

CCDDR Support Coordinator shall ensure that information in the Plan is consistent with and does not contradict information in other Medicaid waiver documentation. When developing a plan that prescribes waivered services, the CCDDR Support Coordinator shall consider what supports are needed in the areas covered by the Waiver Level of Care Form. Any "significant limitation" in the five areas of major life functioning on these assessments would represent an issue for the person, and must be addressed in the Plan.

V. Plan Monitoring/Reviews

The CCDDR Support Coordinator in conjunction with the other team members shall review every Individual Support Plan at least annually. Health Inventory reassessments shall be completed for all clients in residential placement per Regional Center schedule. Quarterly Reviews shall be completed for all clients, and Monthly Reviews shall be completed for applicable clients receiving residential services. The Quarterly/Monthly Reviews shall provide an overview of progress made toward plan outcomes and goals, recommendations for changes to plan, Support Coordinator contacts, Service Monitoring notes, and other pertinent information relating to the client.

VI. Authorization of Services

All services to be paid by the Division of DD and/or CCDDR must be documented in a client's Individual Support Plan or Individual Support Plan amendment before the services are authorized, delivered, or purchased.

VIII. Quality Assurance

The Division of DD's Targeted Case Management, Technical Assistance Coordinator, will evaluate a sample of plans from CCDDR quarterly to ensure that the mandatory components of the Missouri Individual Support Plan Guidelines are implemented.

REFERENCES:

- CARF Standards Manual
- Missouri Individual Support Plan Guidelines, revised January 2018 and effective February 2018
- Medicaid Waiver Manual
- RSMO 633.110
- Division of DD Quality Outcomes Discussion Guide
- 9 CSR 45-3.010
- RSMo 630.655
- Division of DD Directive 3.020
- Division Directive 4.060