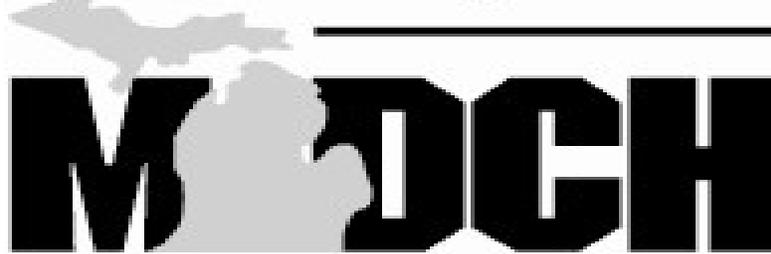


*Michigan Department
of Community Health*



**Rick Snyder, Governor
Olga Dazzo, Director**

How Person-Centered Planning Works for You

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**Behavioral Health and Developmental Disabilities Administration
Bureau of Community Mental Health Services
Division of Quality Management and Planning**

How Person-Centered Planning Works for You

Note: Words in italics are defined in the Glossary at the end of the booklet.

Person-centered planning is a way for you to plan the life you want. It builds upon your capacity to engage in community life and honors your preferences, choices, and abilities.

1. Person-Centered Planning

Why Is Person-Centered Planning Required?

Person-centered planning (PCP) has been required by the Michigan Mental Health Code (Code) since 1996 to ensure that individuals can direct the process of planning for their mental health services and supports.

However, PCP is much more than just creating your plan. It is a way for you to make sure you live your life the way that you want. Instead of focusing on what you cannot do, PCP focuses on what you can do.

How Will I Benefit From Person-Centered Planning?

Through PCP, you identify your goals, hopes, interests and preferences for your life. You also will plan how you will work toward and achieve them, including the services and supports you need.

Who Is Involved in the Person-Centered Planning Process?

You choose the people you want involved in your planning process. Some ideas of people involved are: friends, family or anyone else important to you. Involve people who you know well, who care about you, and who believe in you. Think of them as your *allies*.

How Can My Allies Help?

Your allies (sometimes, they are called a circle of support or a support network) can help in a number of ways. They can brainstorm creative ideas or solutions to problems, work with you to explore your options, assist you in achieving your goals and support you in making choices.

Can I Use Person-Centered Planning if I Have a Guardian?

Yes, everyone who receives services and supports through a public mental health agency uses PCP. Your guardian will work with you to talk about your choices and options when developing your plan.

How Is Person-Centered Planning Different Than Self-Determination?

PCP is the way you decide what your goals are and the way you develop a plan to achieve them including what services and supports you need from the community

mental health system. *Self-Determination* is a way to have more control over how those services and supports are provided. In arrangements that support self-determination, you have control over your individual budget for the services and supports in your plan and you can directly choose and manage the people or agencies that provide your services and supports. Ask your supports coordinator or case manager for more information and a copy of the booklet, “How Self-Determination Works”.

How Does My Mental Health Agency Help?

A *supports coordinator* or *case manager* from your mental health agency supports, guides, informs and assists you in learning about PCP and assures that you control the planning process. Through the process, you set the agenda for your meeting. You can use an independent facilitator to assist you (see Section 2 below).

Under a new federal rule, you can also choose not to have a supports coordinator or case manager. If you choose not to have a supports coordinator or case manager, someone at your mental health agency will be responsible for obtaining authorization for your services and supports. You can also choose to have a supports coordinator assistant or an independent supports coordinator. You can also get information and help from the Customer Services Department at your mental health agency.

2. Independent Facilitation

What Does the Independent Facilitator Do?

The *independent facilitator* serves as your guide during the PCP process, making sure that your hopes, interests and goals are the focus. Your independent facilitator helps you with the planning activities (see Section 3 below) and may also lead the PCP meeting if you choose.

Can I Use an Independent Facilitator?

Yes, you have the right to independent facilitation of the PCP process. It is your choice whether or not to use an independent facilitator.

Who Can Be My Independent Facilitator?

An independent facilitator does not work for your mental health agency. He or she is trained in PCP. He or she must know or get to know you, including:

- What you like and dislike
- Your hopes, interests and goals
- How you communicate
- Who supports and/or is important to you

How Does My Independent Facilitator Work With My Mental Health Agency?

Your supports coordinator or case manager is responsible for developing your plan with you. Your independent facilitator works with you and your supports coordinator or case manager to ensure that your plan reflects what you want and need.

3. Pre-Planning

Through pre-planning, you prepare for the PCP process (which you may think of as your PCP meeting or just your meeting). **Pre-planning is done before your meeting.**

What Is Pre-Planning?

Pre-planning is preparing for the planning meeting and important for successful planning. When you pre-plan, you decide who will be involved in your PCP process, what you will talk about, and where your meeting or meetings will be held.

Who Is Involved in Pre-Planning?

You can choose to do pre-planning with your supports coordinator, an independent facilitator, and/or your trusted ally or allies.

What Decisions Do I Make Through Pre-Planning?

With the person or persons helping you in pre-planning, you decide:

- What things you want to and do not want to talk about at your meeting
- What things you want to talk about outside of your meeting
- Who you want to invite to your meeting
- Where and when your meeting will be held
- Who will lead your meeting (You may want to lead your meeting, or you may want your supports coordinator or independent facilitator to run your meeting)
- Who will write down what happens at your meeting

4. The Process (or Meeting)

What Can I Talk About at a Person-Centered Planning Meeting?

You can talk about anything that is important to you—everything from your hopes, interests, goals and desires for life to your preferences about what you do every day and how your support is provided. You may also talk about what may get in the way of your goals. You and your allies work together to decide what services and supports you need to work toward and achieve your goals.

What If I Want to Use Community and other Resources Outside of my Mental Health Agency?

PCP is not limited to planning the services and supports from your public mental health agency. If you identify other resources, services and supports, you, your supports coordinator or your case manager, and your allies can look for opportunities and ways to achieve your goals. For example, other agencies may help you obtain employment skills you want and need.

How Often Do I Have a Meeting?

PCP is not a single meeting. It is a process. The process may take lots of time in the beginning as you gather information about you, your hopes, interests, goals and needs. After this work is done, you will review and update your plan as your goals or needs change. You can use PCP any time your wants or needs change. Sometimes, you will need to have a meeting; other times, you will work with your supports coordinator or case manager to make the changes you need.

5. Your Individual Plan of Service (often called an IPOS or Plan)

The Code requires that you develop your plan through the PCP process. That plan includes information about you, your goals and outcomes and the services and supports that you need to achieve those goals and outcomes.

What Is an Individual Plan of Service (Plan)?

The plan is for you and includes your vision of what you would like to be and do. The plan focuses not just on activities, but also on results. The plan includes your goals and outcomes as well as the services and supports paid for by your mental health agency that will enable you to work toward and achieve your goals and outcomes. The services and supports included in your plan are intended to support you to:

- Achieve your goals
- Meet your needs
- Assist you to connect with people in your community
- Help you participate in activities you choose
- Support you in taking on a valued role in your community

What Is in a Plan?

Services and supports in the plan must be based upon the desired goals and outcomes that you defined through PCP. Your services and supports must be *medically necessary* and defined in terms of *amount*, *scope* and *duration*. In addition, you should be given a list of the estimated cost of the services and supports in your plan.

Who Approves My Plan?

Your mental health agency approves your plan.

When Do I See the Written Plan?

You have a right to a written copy of your plan within 15 days after your plan is done.

6. Ways to Make Changes and Solve Problems

How Can I Make Changes or Solve Problems?

You have a PCP meeting any time you want to change your plan. PCP is often the best way to make changes or solve problems because your allies can work together to help you come up with creative solutions.

What If I Do Not Agree With My Plan?

If you are not satisfied with your PCP process or your plan developed through that process, there are several things that you can do. You can:

- Start over the PCP process, perhaps using an independent facilitator
- Request a review of your plan in writing. Once your request is made, the mental health agency has 30 days to review the plan.
- Use the dispute resolution process at the mental health agency
- Appeal any actions the mental health agency takes to change, reduce, or terminate your Medicaid services or an issue related to the PCP through the *Medicaid Fair Hearings Process*

Your supports coordinator must inform you about these rights.

Glossary –Words Used in This Booklet and What They Mean

Allies: Friends, family members and others who you choose to assist you in PCP.

Amount: The number of times or frequency of service identified in your plan of service or treatment plan to be provided.

Case Manager: Someone who works for your mental health agency and helps you develop and monitor your plan.

Duration: The length of time (e.g. three weeks, six months) it is expected that a service identified in the plan will be provided.

Individual Plan of Service (IPOS or Plan): The list of services and supports that is approved and funded by your mental health agency.

Independent Facilitator: A person you choose to assist and guide you through the PCP process.

Medicaid: A federal/state program that pays for the services and supports in your plan.

Medicaid Fair Hearing Process: The legal process, conducted by the state Administrative Law Judge (ALJ), for review of an action taken by your mental health agency to change, reduce or terminate your Medicaid services.

Medically Necessary: Mental health, developmental disabilities and substance abuse services are supports, services and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; **and/or**
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; **and/or**
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; **and/or**
- Expected to arrest or delay the progression of a mental illness, developmental disability or substance use disorder; **and/or**
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve goals of community inclusion and participation, independence, recovery or productivity.

Mental Health Agency: The mental health agency that approves your plan and pays for your supports and services.

Person-Centered Planning: The way that you, with the support of your allies and supports coordinator or case manager, identify what you want to do in your life and what services and supports you need to accomplish what you want to do.

Self-Determination: Arrangements where you control the individual budget for your plan. You choose who supports you, when they support you and how that support is provided.

Scope: The way the service will be provided, including:

- Who (e.g., professional, paraprofessional, aide supervised by a professional)
- How (e.g., face-to-face, telephone, taxi or bus, group or individual)
- Where (e.g., community setting, office, your home)

Supports Coordinator: Someone who works for your mental health agency and helps you develop and monitor your plan.

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