


Managerial Policy

Subject: Person Centered Planning	Serial No.: 1.1.6.1
Adopted: June 2024	Supersedes: 10-2023
Related Policies: 3.2.1.1 Transportation Guidelines, ADA Policy Handbook,	
Director of Developmental Disabilities Signature: 	

Purpose: Person Centered Planning is a Central Management Services (CMS) Home and Community Based Services (HCBS) Regulation that addresses the balance between what is important to a person and what is important for a person in service planning.

- I. The Person Centered Planning process focuses on outcomes that are identified by the person receiving services in collaboration with their guardian and family. The Independent Service Coordination (ISC) will document those desired outcomes, assist in identifying the barriers that currently prevent the outcomes, and assist the individual/family to locate and select agencies that are willing and qualified to provide the necessary support.
 - A. Person Centered Planning
 1. Must be driven by the person.
 2. Individuals with limited ability to make decisions must receive assistance From the team in making choices and/or assuming responsibility for Making decisions.
 3. Ensure services are delivered in a manner that reflects personal preferences and choices.
 4. Must include evidence that individuals are aware of and have an opportunity to select where they would like to receive their HCBS services from the variety of setting options available, and that their ISC documents their choices as part of their service plan.
 5. Assist to achieve personally defined outcomes in the most integrated setting.
 6. Contributes to the assurance of health and welfare of the person receiving services.
 7. Must include opportunities to seek employment and work in competitive integrated settings.
 8. Must include opportunities to engage in community life, control personal resources, and receive services in the community to same degree of access as those not receiving Medicaid Home and Community Based Services.
 9. Includes risk factors and measures to minimize risk.
 10. Should be written in plain language that can be understood by the person who receives services and their guardian.
 11. Reflects cultural considerations.
 12. Include strategies for solving disagreements.

13. Individuals can make an informed choice of where they live, work and receive services based on needs, preferences, financial resources and availability of settings, services and service providers. The ISC should give priority to the person's preferences, not the provider or guardian's preferences (unless for health and safety reasons).
14. This agency will frequently check in with individuals on an ongoing basis to document if there are any changes to their choices and preferences.
15. This agency will provide initial and ongoing training to staff on how to promote individuals on their informed choices.

B. Implementation Strategies

1. The provider will develop and Implementation Strategy that includes the details of how the services will be provided.
2. Prior to delivering any service through the Medicaid Waivers, provider will ensure they have a copy of the final and completed Plan.
3. Billings and claims for any Medicaid Waiver service found during an audit not to be included in the Plan will be voided.
4. Implementation Strategy must at least contain the following:
 - a. Basic descriptive, diagnostic, demographic and medical information.
 - b. Outcomes identified in the Personal Plan that the provider has agreed to work toward.
 - c. A description of how supports and services assist the individual to engage in community life and maintain control over personal resources.
 - d. Opportunities to seek employment and work in competitive integrated employment if desired.
 - e. Functional goals/training areas and methods to measure progress.
 - f. Documentation that services and supports are linked to individual strengths, preferences and assessed clinical and support needs.
 - g. Risks included in the Personal Plan and any others subsequently identified; strategies that will be used to mitigate risk and identify who is responsible for implementing these strategies.
 - h. All services and supports to be provided regardless of provider or funding source, including type, methods if applicable, frequency, duration and staff assigned if applicable. Including, as appropriate healthy and safety issues, degree of supervision, independent living, social and daily living skills, nutritional needs, vocational interests, screening for any co-occurring disorders, needs for assistive technology, positive behavior support, medication needs,

- any specialized supports, cognitive or other functioning needs, end or life planning, ancillary services or need for hospice.
- i. Justification for any restriction(s) or modifications that limit the person's choice, access, or otherwise conflict with HCBS standards.
 - j. Documentation for any situation where a person lives in a residential setting owned or controlled by a service provider and modifications to the community settings are requested.
 - k. Individuals have an opportunity to participate in hiring support staff.
5. When an individual is using the same provider for both Community Independent Living Arrangement (CILA) and Community Day Services (CDS), the provider will not develop two different strategies. However, if the strategies for CILA and CDS are significantly different and the provider determines that separate Implementation Strategy documents would be more "user friendly" for the staff, the use of separate documents is acceptable. A copy of each Implementation Strategy will be kept in both locations so that staffs are trained of the supports and services they are to provide and documentation is recorded.
 6. Provider will complete the Provider Signature Page within 10 calendar days and will develop the Implementation Strategy within 20 calendar days. The 20 calendar days begins with the provider's signature date on the Provider Signature Page of the Personal Plan.
 7. Provider will provide the Individual/guardian and the ISC a copy of the Implementation Strategy.
 8. Individual/guardians must review the proposed strategies. If approved, the individual/guardian is required to sign the Implementation Strategy.
 9. Provider must ensure that all services being billed are identified in the Personal Plan. Provider will notify ISC to ensure that this service is requested by the individual/guardian and included in the Personal Plan when there is the need to change services (i.e. add Supported Employment).
 10. Implementation Strategies must reflect ongoing review, monitoring and updating when necessary. Implementation Strategies must also be updated to reflect changes in the Personal Plan at least annually and more often if warranted by circumstances, a change in functional status, or at the request of the individual.
 11. Provider will provide training for all staff on implementation strategies.
- C. Individual Right Modifications for Health and Safety
1. This agency is committed to providing equal access and opportunity to individuals with disabilities in all programs, services and activities. To ensure equality and fairness, this agency is committed to making reasonable modifications to its policies, practices and procedures to avoid

discrimination and ensure program and services are accessible to individuals with disabilities.

2. This agency understands that all individuals have the right to make personalized choices. Even though some decisions may be considered poor decisions. Efforts will be made to resolve conflicts that may arise between individuals or others that may be involved in establishing and implementing the plan.
3. The HCBS rule specifies the following seven rights are rights that may be restricted under the rule:
 - a. Each individual has at minimum the same responsibilities and protections from eviction that tenants have under the landlord/tenant law under a legally enforceable agreement.
 - b. Each individual has privacy in their sleeping or living unit.
 - c. Units have entrance doors lockable by the individual, which only appropriate staff having keys to doors.
 - d. Individuals sharing units have a choice of roommates in that setting.
 - e. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
 - f. Individuals have the freedom and support to control their own schedules and activities, and they have access to food at any time.
 - g. Individuals are able to have visitors of their choosing at any time.
4. When an HCBS setting requirement or the ability to make certain choices put an individual or others at risk for harm because of their specific health and safety or wellbeing. Then the individual, along with their team, may modify that choice following the approval by the Human Rights Committee (HRC) and Behavior Management team.
5. Rights modifications should apply only to the individual with the need for the modification. Modifications should begin with less intrusive options before implementing more intrusive modifications.
6. If there are modifications deemed necessary for an individual, the team will document it in both the person-centered plan, along with implementation strategies and the modification will be approved by the HRC.
7. Requests for reasonable modifications may be denied on the following grounds:
 - a. It is a fundamental alteration to the nature of the program, service, or activity.
 - b. It is a direct threat to the health and safety of others.

- c. It is not a requirement by the requester to use the services, or
 - d. The modification creates an undue financial/administrative burden.
8. Requests for reasonable modifications can be made by contacting the following:
- a. Transportation modifications - Facility Manager 618-282-6233, 10257 State Rt. 3, Red Bud, IL 62278
 - b. CILA Home modifications - CILA Program Manager 618-826-4531, 3298 Dawnview Rd. Chester, IL 62233

