

NORTHCARE NETWORK

POLICY TITLE: Person-Centered Planning Policy	CATEGORY: Clinical Practices	
EFFECTIVE DATE: 12/10/25	BOARD APPROVAL DATE: 12/10/25	
REVIEW DATE: N/A New Policy	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Waiver Coordinator & QI/UM Director	CEO APPROVAL DATE: 11/25/25 Megan Rooney, CEO	

APPLIES TO

Northcare Network
Network Providers

POLICY

Northcare Network adopts Michigan Department of Health and Human Services (MDHHS) Person-Center Planning Policy. Per MCL 330.1700(g), person-centered planning is a process for planning and supporting individuals receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individuals' preferences, choices and abilities.

PURPOSE

To establish and ensure a consistent understanding and implementation of the person-centered planning process and practices.

DEFINITIONS

1. **Person-Centered Planning:** The umbrella term for the process of planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. MCL 330.1700(g) Person-Centered Planning is directed by the individual with helpers they choose. It is a way to learn about the choices and interests of the individual that make up a good life and identify the supports (paid and unpaid) needed to achieve it.
2. **Person-Centered Planning Process:** A specific part of Person-Centered Planning aimed at providing necessary information and support to ensure that the individual directs the process to the maximum extent possible and is empowered to make informed choices and decisions. This process involves preparing to meet, planning, and documenting the person-centered process in an Individual Plan of Service. This process is mandated by Michigan's Mental Health Code, the Affordable Care Act, and the Home and Community Based Services (HCBS) Final Rule

REFERENCES

- MDHHS Person-Centered Planning Policy
- Michigan Medicaid Provider Manual
- 42 CFR 441.301, 441.540, 441.725
- MCL 330.1700(g)

HISTORY

NEW POLICY: 12/10/25

REVISION DATE: N/A

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PROCEDURES

The CMHSP must complete Person-Centered Planning with all consumers. This is achieved via the person-centered process, which is an ongoing process throughout treatment.

Person-Centered Process

- A. Individualized process designed to identify and respond to the expressed needs and desires of an individual receiving services.
 - i. This includes discovery, development, and planning an individual's support while working to achieve the individual's goals.
- B. Includes pre-planning and all planning activities leading up to development of the Individual Plan of Service (IPOS).
 - i. The IPOS is focused on steps to support individuals to increase their own self-determination through independence, productivity, and integrated community inclusion.
- C. Driven by the individual and must honor the changes and growth an individual wants to make in their life.
- D. The person-centered process includes information and education; consistent communication with the individual served; evidence-based assessment; pre-planning; ongoing meetings and monitoring aimed to assist the person to live the life they want.
- E. The evidence-based assessment informs the planning process but cannot be used to pre-determine the amount or type of service.
- F. The individual should be provided the opportunity to identify and utilize supports of their own choosing throughout the process. Type of supports include both natural supports and paid supports.
 - i. Natural supports may include family members, friends, and other community members and/or non-paid entities or organizations.
 - ii. Paid supports may include professional staff who support the member with the development and/or implementation of the IPOS.
 - Contracted employment related providers will utilize the CMHSP developed IPOS and will be invited in the planning process per consumers' wishes
 - Professional staff may include , but are not limited to, staff who provide Community Living Supports, Skill Building or Supported Employment.

Person-Centered Planning Process

- A. Person-Centered Planning is required by state and federal law. Planning is used to help the individual design a future life they desire, considering the options they have and must account for the individual's personal goals, hopes, strength and preferences.
- B. The planning process must:
 - i. support services and support that are integrated in and support full access to the greater community.

- ii. This planning process must identify and reflect the individual's choice of services and supports that are funded by the mental health system.
- C. Other elements required during the person-centered planning process:
- i. Detailed pre-planning process is crucial in the development of a Person-Centered Plan.
 - ii. Individuals must have the opportunity to seek employment and work in a competitive integrated setting, engage in community life, take control of personal resources, and must receive services in the community to the same degree of access as individuals not receiving these supports and services.
 - iii. For those in specialized residential:
 - Ensure meaningful community-based activities that align with individuals expressed interests are offered no less than two times per week. The provider is responsible to ensure that selected outings are meaningful to the individual.
 - For those in a residential setting there must be documentation of discussions around individual's movement toward a less restrictive residential living arrangement and the full array of available placement options including non-disability specific settings Providers and/or settings should be documented by name.
 - Detailed discussion should include an individual's goals and outcomes specific to development of independent living skills that would allow movement into a less restrictive setting.
 - Documentation of alternative services and/or supports are considered but not chosen.
 - The planning process must be free from potential conflict of interest. Specifically, entities that are paid professionals should not be the sole entity for providing services. (Except when the state demonstrates that the entity is the only willing and qualified entity available to do so)
- D. The PIHP/CMHSP must:
- i. Follow the MDHHS-approved policy for implementing person-centered planning.
 - ii. Ensure that leadership, employees, service recipients, families, and community partners are trained in person-centered practices.
 - iii. Collect and evaluate information on developing community connections through person-centered planning.
 - iv. Provide a choice of Independent Facilitators based on regional needs and that also support the individuals use in planning.
 - v. Assume all individuals can direct their planning process and achieve their goals without limits on their ability to make choices.
 - vi. Ensure plans are strength-based, focusing on positive attributes and goals for success.
 - vii. Honor individual preferences in the development and implementation of the IPOS, addressing any health and safety concerns.
 - viii. Support an individual's right to choose how their services enable community participation, documenting their choices.
 - ix. Use person-centered planning to ensure self-determination, autonomy, and progress toward personal goals.
 - x. Recognize and respect cultural preferences, documenting them in the IPOS.
- E. Evidence must be documented that the following occurred during the Person-Centered Planning process:

- i. The individual chose
 - Topics to discuss or avoid in meetings
 - Attendees for planning meetings
 - Key participants to invite
 - Meeting location, time, and facilitator
 - Service providers and individuals assisting with IPOS activities, including self-directed services if desired.
 - ii. The individual's preferences were respected, with a plan developed to address any health and safety concerns if choices could not be fully honored.
 - iii. Progress was reviewed to adjust strategies, objectives, services, and supports to help the individual achieve their goals.
 - iv. Any reduction or termination of services due to reduced need must be based on medical necessity and determined through the person-centered planning process. If the individual disagrees, they must be given an Advance Notice of Adverse Benefit Determination as outlined in the Appeal and Grievance Resolution Process.
- F. The IPOS must be written in person-first language, easily understood by the individual, written at grade level of their understanding and require the individuals written agreement. The IPOS must also include the following components:
- i. A narrative of discussions about the individual's strengths, goals, preferences, and supports during the planning meeting(s).
 - ii. Identified goals and outcomes, with clear methods for measuring progress.
 - iii. Information on available supports from public programs, community resources, and the behavioral health system, detailing the services' scope, frequency, and duration.
 - iv. Evidence that the individual was provided a choice of potential living settings including alternative types of settings.
 - v. The individual's satisfaction with the setting in which the individual lives; including evidence the location was chosen by the individual and what alternative living settings, including non-disability specific settings were discussed with and considered by the individual by name.
 - vi. It should be evident that the IPOS was informed by an annual assessment of needs and pre-planning, ensuring medical necessity for recommended supports and/or services.
 - vii. Documentation of any restrictions or modifications in line with HCBS standards. Modification to HCBS rights must be documented in compliance with HCBS Chapter of the Medicaid Provider Manual.
 - viii. The individual's IPOS outlines services that support self-determination, including the option to hire workers and control the budget. If no support is needed, the individual must receive training on self-direction, employer duties, and accessing community resources. The chosen method for documenting services and the Financial Management Services Provider (FMS) must be specified. A written copy of the IPOS and individual budget is provided to the CMHSP and relevant parties.
 - ix. Estimated costs of services authorized by the CMHSP.
 - x. Roles and responsibilities of the individual, case manager and/or support coordinator, allies, and providers in reference to the implementation of the plan.
 - xi. Identification of the individual or entity monitoring the plan.
 - xii. Signatures of the individual, their representative, and responsible providers.

- In this instance, provider means the provider entity
 - xiii. A plan for sharing the IPOS with family/friends/caregivers, with the individual's consent.
 - xiv. A timeline for IPOS review.
 - xv. Any additional documentation required by Section R 330. 7199 written plan of services the Michigan Administrative Code.
- G. The IPOS must be updated as needed, reviewed at least annually, and revised when the individual's circumstances or goals change. Individuals or their representatives can request a review/update at any time. A copy of the IPOS must be provided within 15 business days after the planning meeting.
- H. For disputes, individuals have the right to use the Grievance and Appeal Process, including mediation. The CMHSP must ensure individuals understand their rights and are supported throughout the grievance or appeal process.