

Chapter: **CLINICAL PRACTICE**
Title: **PERSON-CENTERED PLANNING, TRAINING, AND THE ROLE OF HEALTH AND SAFETY CONSIDERATIONS**

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Chief Executive Officer Date

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I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for person-centered planning and addressing the health and safety needs and concerns of persons served while pre-planning and developing a written individual plan of service (IPOS).

II. APPLICATION

This policy shall apply to all directly-operated and contract network providers of MCCMH.

III. POLICY

It is the policy of MCCMH that all providers implement person-centered planning standards as established in the current Michigan Department of Health and Human Services (MDHHS) Person-Centered Planning Policy (Exhibit A). MCCMH providers shall also ensure that health and safety needs and concerns are addressed on a person-centered, individual basis in the planning and provision of services and supports, and that, whenever possible, services and supports to address health and safety concerns be planned and provided in such a way as to facilitate the person's achievement of his/her desired outcomes and goals.

IV. DEFINITIONS

A. Individual Plan of Service (IPOS)

A formal written plan for the provision of services which describes the paid and unpaid services and supports an individual needs to achieve their desired quality of life. The IPOS shall consist of a treatment plan, a support plan, or both. The IPOS shall address, as either desired or required by the person served, the person's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation,

and recreation. The IPOS must include the desired outcomes with timelines of service provision, the activities/interventions designed to facilitate achievement of desired outcomes, the individual responsible for implementing the activity/intervention, and the dates upon which service reviews will occur, while also documenting the flexibility of the plan to adapt as needed based on the person's changing life and/or need for support. The plan shall be kept current and shall be modified when indicated.

B. Person-Centered Planning Process

A continuous collaborative process for planning and supporting the person receiving services in planning for the life they want to live. The person-centered planning process includes information, education, evidence-based assessment, pre-planning, collaborative meetings with the person served, their chosen unpaid supports and those who are paid to provide support to them. The process balances the person's life goals with their desired outcomes, while addressing their basic needs, social determinants of health, and medically necessary services and supports. For minor children, the person-centered process is a family-driven, youth-guided approach that includes the needs of the child with the needs of the family and describes the supports and services needed to assist the family with supporting the youth in reaching his/her goals.

C. Preliminary Plan of Service

A temporary plan of service that specifies interim supports and services needed to address immediate needs prior to the development and implementation of a full Individual Plan of Service (IPOS). The full IPOS must be completed no later than sixty (60) days from the date of the Initial Assessment/Re-Assessment

D. Pre-Planning

Pre-planning for the IPOS involves working with the person served to determine who they would like to have at the IPOS meeting, how those people will be invited and by whom, what topics the person would like the meeting to focus on, and what (if any) topics the person does not want discussed at the meeting. IPOS documentation must be sufficiently informed by annual assessments of need and documented pre-planning. If the person served requests to complete preplanning and their IPOS meeting on the same day, the person's decision and reason(s) must be documented in the person's electronic medical record (EMR).

E. Support Plan

A written plan that specifies the personal support services or any other supports that are to be developed with and provided for the person served.

F. Treatment Plan

A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, that are to be developed with and provided for the person served. A treatment plan shall establish meaningful and measurable goals with the person served.

V. STANDARDS

- A. The person-centered planning (PCP) process shall be the highly individualized process designed to identify and respond to the expressed needs and desires of persons served. The PCP process includes but is not limited to a preliminary plan of service, pre-planning, and individual plan of service (IPOS) development.
- B. For minor children, the concept of person-centered planning is a family-driven, youth-guided approach.
- C. Persons served shall be encouraged to express and explore their wishes, needs, and concerns with regard to health and wellness and to risk and safety issues, including the risk of serious communicable diseases, in their own terms. This should begin with the initial assessment and continue throughout the course of service planning and provision.
 - 1. The dimensions of these issues which may not be apparent to the person served shall be identified and discussed.
 - 2. Dimensions of health may include known health risks, treatments with known potential to create health risks, and strategies for health maintenance and illness prevention.
 - 3. Dimensions of safety may include response to emergencies, household safety, and community safety.
- D. Persons served shall be encouraged to seek and/or receive assessments or additional information from relevant professionals when health and safety issues (including the risk of serious communicable diseases) arise during assessment, service planning, or service provision to make informed choices on their own services and care.
- E. Whenever known health risk conditions exist and/or treatments with known potential health risks are provided, the person's preliminary plan of service or individual plan of service (IPOS) must specifically describe the interventions which will be implemented to safeguard the person served. For example, the IPOS for an individual with a documented seizure disorder may specify that side rails are to be raised when the person is in bed to prevent a fall.
- F. Whenever substance use, abuse, or dependence is identified, the person's IPOS shall specifically describe the interventions which will be employed to address the substance use, abuse, or dependence.
- G. Unless a person served has a legal status (e.g. guardianship, NGRI status, etc.) which limits the range of choices he/she can make, the safety risks associated with the life choices made by the person shall be addressed in the preliminary plan of service or IPOS through specifically described supports and interventions designed to assist the person in implementing his/her decisions safely. For example, the IPOS may specify how a person who has decided to work a midnight shift will get to and from work safely.
- H. Individuals whose legal status limits their opportunities for personal choice shall be given opportunities to express their perceived needs and whenever possible, opportunities to

make choices among limited options. For example, the person's guardian and MCCMH may concur that the person requires a specialized residential living arrangement, however, the person may be able to select which of available arrangements he or she would prefer to live in.

- I. The Assessment/Re-Assessment shall be completed prior to an Individualized Plan of Service (IPOS). The IPOS shall be completed no later than sixty (60) days from the date of the Initial Assessment/Re-Assessment.
- J. Following the Assessment/Re-assessment and before the IPOS is completed, the primary case holder shall complete pre-planning with the individual and ensure appropriate documentation is captured in the electronic medical record's (EMR) pre-planning note section. Pre-planning and the IPOS meeting shall occur on two separate appointments, unless it is documented by the case holder that the person requested these be developed on the same day and the reason for this.
- K. For single service plans (e.g. plans that only have one service such as medication services or other single service line) the plan shall be reviewed at least annually or more frequently based upon the needs of the person served. A face-to-face contact must be conducted at least every ninety (90) days or more frequently if needed and/or requested by the person served.
- L. The IPOS must be finalized and agreed to, with the informed consent of the person served and/or authorized representative in writing and signed by the plan author, the individual served, and/or their authorized representative.
- M. If a person served is not satisfied with their individual plan of service, the person served, the individual authorized by the person served to make decisions regarding the individual plan of service, the guardian of the person served, or the parent of a minor may make a request for review to the designated individual in charge of implementing the plan, their supervisor, or make a request for an independent facilitator. The review will be completed within 30 days.
- N. IPOS Training
 - 1. IPOS training must be provided by the primary case holder, who may be the case manager, other qualified staff, or the author of the plan and working within their scope of practice.
 - 2. For clinical treatment goals, the clinician who authored those goals must provide the training.
 - 3. Training shall be provided to ancillary staff such as group home staff, community living supports (CLS) staff, and/or respite staff.
 - 4. Training on the IPOS or any periodic reviews shall occur within three (3) business days of the document being signed by the person served and/or authorized representative.

5. The primary case holder and/or other qualified staff providing the training on the IPOS shall note in the person's chart notes the date, time, and names of staff trained on the IPOS.
 6. The Training Log (Exhibit B) should be included as an attachment to the IPOS and any subsequent reviews completed.
- O. MCCMH providers shall participate in the person-centered planning process by:
1. Participating in the development of the IPOS via input and/or (if requested by the person served and/or authorized representative) attendance, as necessary.
 2. Obtaining releases of information, as appropriate.
 3. Collaborating, sharing, and exchanging timely relevant information between MCCMH and the person's medical professionals, primary case holder, other relevant professionals, caregivers, and insurance plan(s) in compliance with applicable laws and policies governing confidentiality to ensure consistent and comprehensive services.
 4. Maintaining positive working relationships with other providers.
 5. Maintaining a copy of/access to the signed IPOS and ensuring that the primary case holder provides each ancillary provider a copy of the signed IPOS and any periodic reviews.
 6. Immediately (as soon as the health and safety needs of the persons served require, but not to exceed one (1) business day) bring to the attention of the primary case holder:
 - a. Lack of receipt of a copy of/access to the IPOS
 - b. An IPOS that is missing appropriate signatures from the person served and/or authorized representative
 - c. Any duplication of services (i.e. services being addressed by more than one discipline working on similar goals/areas)
 - d. Barriers to and/or lack of training on the IPOS

VI. PROCEDURES

- A. IPOS training must occur before staff can work with a person served. The staff training approach is as follows:
1. The Primary Case Holder and/or clinician of specialty service trains group home staff, CLS staff, respite staff, etc. on the IPOS, applicable goal(s), and completes the Individual Plan of Service Training Log.
 2. Only the Primary Case Holder, clinician of specialty service, or direct support staff that

have been trained by the Primary Case Holder and/or appropriate clinical staff can train additional support staff.

3. Any future additional support staff must be trained by the Direct Support Staff who received training directly from the Primary Case Holder.
4. The Individual Plan of Service Training Log must be completed with each training.
5. Staff must receive training on the plan and any revisions made to the plan within three (3) business days of the completion of the plan. This training must be expedited if health and safety issues require it.

VII. REFERENCES / LEGAL AUTHORITY

- A. Michigan Department of Health and Human Services Person-Centered Planning Policy
- B. Centers for Medicare & Medicaid, Department of Health and Human Services Final Rule Federal Register/ Vol. 89, No. 92
- C. Current year MDHHS - MCCMH Managed Specialty Supports and Services Contract
- D. MCL 330.1700(g)
- E. MCL 330.1712
- F. Michigan Administrative Rule 330.7199
- G. 42 CFR 441.700 et seq.
- H. Michigan Medicaid Provider Manual
- I. MCCMH MCO Policy, "Assessment Services"

VIII. EXHIBITS

- A. MDHHS Person-Centered Planning Policy, in effect as amended
- B. MCCMH Individual Plan of Service (IPOS) Training Log