Person-Centered Planning Assessment

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced new Home and Community Based Services (HCBS) Setting and Person-Centered Planning Final rules, which addressed several sections of Medicaid law under which states may use federal Medicaid funds to pay for HCBS. In the final rule, CMS specifies that service planning for participants in Medicaid programs must be developed through a person-centered planning (PCP) process that addresses the health and long-term services and support needs in a manner that reflects individual preferences and goals. The planning process, and the resulting person-centered plan, will assist the individual in achieving personally defined outcomes in the most integrated community setting. The following assessment is designed to measure Managed Care Organizations, Independent Support Coordinator Agencies, and the Department of Intellectual and Developmental Disabilities (DIDD) current level of compliance with the requirements of the HCBS Setting and Person-Centered Planning Rules for the PCP process and provide a framework for assisting those entities with the necessary steps to compliance.

Instructions:

PCP assessment process: November 21, 2014 - March 31, 2015

The PCP assessment applies to the following agencies/organizations:

- DIDD
- Independent Support Coordination Agencies
- Managed Care Organizations

1. Each independent agency/organization must complete one PCP assessment process, demonstrating their level of compliance with the PCP component of the HCBS Rules. The agency/organization must demonstrate compliance by providing evidence that policies and procedures are in place and regularly assessed for effectiveness to ensure that each component of the PCP process is captured.

2. The following PCP assessment contains a set of questions designed to measure each agency/organizations level of compliance with the PCP component of the HCBS Setting and PCP rules. The following sections include a series of Yes/No questions. Each question must be answered.

3. Documentation that will be deemed acceptable evidence to demonstrate compliance includes, but is not limited to:

- Documentation of Stakeholder Committee involvement (This can include meeting minutes, signature sheets, documentation of adoption of stakeholder recommendations, etc)

- Provider Policies/ Procedures
- Staff training curriculum and materials
- Training Schedules
- Letters of support from persons served

4. For every YES response you must provide evidence to support compliance.

5. For every NO response you must address in your transition plan and include timeline for meeting compliance. If you are submitting a Transition Plan, it must be attached with the submission of this form.

6. The Provider Self-Assessment Cross Walk (template provided separately) must be attached and must reference evidence for every YES response.

Remember: As you complete your self-assessment, it is important to ensure that all PCP policies and practices are applied to each individual served.

Example:

Item #1 outlines the requirement for the PCP process to include 'necessary information and supporting evidence to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions'. In response to Item #1, the agency/organization should complete the following:

- Review current policies, procedures, and training materials to determine if the PCP process clearly outlines and captures the process and expectations for educating their staff and the member on the PCP process and their role in the process. This includes ensuring staff and members/families understand the member is responsible for directing the PCP process, including: selecting providers, providing consent, and requesting changes.
  - If the agency/organization determines their policies, procedures and training materials are in compliance, they should complete an assessment of Coordination staff to ensure the policy is applied consistently and effectively
  - If the agency/organization determines their policies and procedures are NOT in compliance, they should identify the steps needed to come into compliance, this may include additional staff training, additional resource allocation, or revision of internal policy
- For agencies/organizations who determine they ARE compliant with Item #1, evidence demonstrating compliance may include written policies and procedures outlining the process, training materials, assessment of Coordination staffs' current level of compliance, and any forms or tools developed to monitor quality and effectiveness.

- For agencies/organizations who determine they are NOT compliant with Item #1, a transition plan should be submitted including the steps required to meeting compliance and the associated timeline.

Person-Centered Planning Process Assessment

Section B *Demonstrate that PCP practices are in compliance with federal PCP Rule.*		
Question	YES/NO	Required Evidence of Compliance with PCP rules
1. Does each individual choose who is invited to participant in their support plan development?		
2. Can each individual identify other providers who render the services s/he receives?		
3. Does each individual know how and to whom to makes a request for a new provider?		
4. Does each individual participate in selecting the time and place for the PCP to be developed?		
5. Is information (written and oral) communication conducted in a language that each individual understands?		
6. Is the information about filing a complaint posted in an obvious location and in an understandable format?		
7. Is each individual comfortable discussing concerns?		
8. Can individuals file an anonymous complaint?		
9. Does each individual know the person to contact or the process to make an anonymous complaint?		
10. Can individuals ask for a meeting to discuss a change to their plan?		
11. Is each PCP driven by the individual's preferences?		
12. Is each PCP developed in a way that supports the individual in meeting their goals?		
13. Does each PCP include record of paid and unpaid caregivers?		
14. Do the providers of services and supports understand their role in supporting the individual in meeting their identified goals?		
15. Is each individual educated on the services for which they are eligible and the options for selecting a provider?		
16. Is a comprehensive risk assessment included in the process that		

identifies risks specific to each individual and strategies to mitigate those risks?		
17. Is there record of which agencies and/or workers were considered by each individual?		
18. Is an assessment of functional need included in the PCP process and utilized to determine needed services and supports?		
19. Does each PCP process prevent the provision of unnecessary or inappropriate services and supports?		
20. Are health care providers included in each person's planning process?		
21. Are medical and/or behavioral needs assessed and considered during each person's planning process?		
22. Do the individual and the person(s) coordinating services understand the role of the monitoring individual/entity?		
23. Does each individual receiving services sign the PCP?		
24. Do all paid and unpaid supports sign the PCP?		
25. Is there a set schedule for tracking and completing annual review of each PCP?		
26. Is each individual aware of the annual review process and how to request a review?		
27. Is there are process for monitoring each individual's PCP when significant changes in circumstances occur?		