

## PERSON CENTERED PLANNING FACILITATION

### Service Description

H005-BC

A service that provides an assessment to determine an individual's need for assistance in understanding his or her disability and developing the tools to become more independent and confident in basic living skills.

Person centered planning facilitation is a planning approach for determining, planning for and working toward the preferred future of a person with developmental disabilities in community life. A component of Support Coordination (Case Management) services, this service refers to the facilitation and development of a plan developed in concert with a consumer, his/her family and others that are important to the person. Guided by a trained facilitator, this "person centered" team meets to identify opportunities for the consumer to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed to achieve their goals. The plan focuses both on paid and natural supports and coordination between multiple agencies to assist a consumer in achieving his/her desired future. The planning process is a way to gather and organize information, respects the consumer's choices and preferences, is positive and focused on capacities of both the consumer and the community in which he or she lives, provides an accurate picture of the consumer and his/her desires and is action-oriented with actions steps and timeframes for evaluation.

There are several approaches that use person centered planning. Some that are the most well known in working with people with developmental disabilities include:

- Personal Futures Planning
- Making Action Plans (MAPS)
- Planning Alternative Tomorrows with Hope (PATH)
- Essential Lifestyles Planning.

All approaches are acceptable as long as the person centered plan:

1. Ensures that the primary direction comes from the consumer;
2. Involves family members and friends of the consumer's choice and has a reliance on personal relationships as the primary source of support to the consumer;
3. Focuses on capacities and assets rather than on limitations;
4. Has an emphasis on the settings, services, supports and routines available to the community at large rather than those designed for people with disabilities; and

5. Focuses on quality of life with an emphasis on personal dreams, desired outcomes, and meaningful experiences.

### **Service Requirements and Limitations**

This service may be provided in any setting agreed to by the consumer but is generally provided in the consumer's home or another community setting that is comfortable, informal and hospitable.

### **Service Goals and Objectives**

#### Service Goals

To facilitate a person centered plan for consumers and their families in order to provide a positive, community-based work plan for life transitions such as school to work or moving from the family home.

#### Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Facilitate and develop a person centered plan in conjunction with the consumer, their family and others closest to the person. Service components include:
  - 1.1 Meet with the consumer to explain the person centered planning process and to determine others the consumer would like to have participated in the plan.
  - 1.2 Work with the support coordinator to determine a time and location for the person centered planning session(s) that assures the consumer's participation as well as those the consumer would like to have in attendance.
  - 1.3 Facilitate the person centered planning session(s). During the session(s), the facilitator should assist the consumer to participate as much as possible, establish ground rules, keep the group positive and focused on the consumer's strengths and choices and record the consumer's vision of the future. The vision should be broken down into achievable steps and consider both paid and natural supports. The Plan should be recorded and include, at a minimum, maps/charts on relationships, choices, what works and what does not work, health and safety, vision of the future and action steps.
  - 1.4 Write the plan up and provide a copy of the plan and maps/charts to the consumer and support coordinator.
  - 1.5 If time allows, provide follow-up on action steps by bringing the group back together within three (3) months of the initial person centered planning session(s). If unable to personally bring the group back together, contact the support coordinator by phone to provide ideas and recommendations for next follow-up meeting.

### **Service Utilization Information**

1. This service is provided to consumers who are eligible for the Arizona Long Term Care System (ALTCS).
2. This service is provided to consumers who are experiencing life transitions such as exiting high school to work, moving from the person's family home, young adults 18-25 (eighteen to twenty-five) years old who have family members requesting the use of Attendant Care services provided by a family member, or moving from a nursing home, psychiatric hospital or ICF/MR to the community.
3. This service may also be provided to consumers who are seeking an Individually Designed Living Arrangement, who are participating in Member Directed Supports or who are a priority for planning in order to identify the supports they will need when an aging caregiver is no longer able to provide supports in their home.

### **Rate Basis**

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The basis of payment for this service is the completion and receipt of a person centered plan. This is inclusive of approximately four (4) hours of direct facilitation and up to two (2) hours of preparation and report writing. Payment can be claimed only when the plan is completed and delivered to consumer.

Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

### **Direct Service Staff Qualifications**

The direct service staff must have successfully completed a Division-approved person centered planning facilitator's training session.

Direct service staff shall have the ability to communicate effectively with the consumer in order to provide this service.

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall maintain copies of all standardized documents and materials used in providing this service for consumer and Division review.
2. The Qualified Vendor shall maintain a copy of the completed written person centered plan, and all related documents, including all preparation documents, the charts/maps, etc.,

and provide a copy of the plan and all related documents to the consumer, the support coordinator and all participants.

3. The Qualified Vendor shall maintain on file a document that contains the signature of the consumer or the consumer's representative that acknowledges receipt of a copy of the completed person centered plan and related documents.
4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.

*Service Not Being Solicited*