CROUSE COMMUNITY CENTER
ADULT DAY HEALTH CARE

ELEMENTS OF A PERSON-CENTERED CARE PLAN

Policy: Developing a person-centered care plan

Procedure: The plan shall:

1. Reflect that the setting where the registrant resides is chosen by the individual. The chosen setting must be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving HCBS.
2. The plan must be prepared in person-first singular language and be understandable by the registrant and/or representative.
3. In order to be strengths-based, the positive attributes of the registrant must be considered and documented at the beginning of the plan.
4. The plan must identify risks, while considering the registrant's right to assume some degree of personal risk, and include measures available to reduce risks or identify alternate ways to achieve personal goals.
5. Goals must be documented in the registrant's and/or representative's own words, with clarity regarding the amount, duration, and scope of HCBS that will be provided to assist the person. Goals will consider the quality of life concepts important to the person.
6. The plan must describe the services and supports that will be necessary and specify what HCBS are to be provided through various resources including natural supports, to meet the goals in the PCP.
7. The specific person or persons, and/or provider agency or other entity providing services and supports must be documented.
8. The plan must assure the health and safety of the registrant.
9. Non-paid supports and items needed to achieve the goals must be documented.

10. The plan must include the signatures of everyone with responsibility for its implementation including the registrant and/or representative, his or her case manager, the support broker/agent (where applicable), and a timeline for review. The plan should be discussed with family/friends/caregivers designated by the individual so that they fully understand it and their role(s).

11. Any effort to restrict the right of a registrant to realize preferences or goals must be justified by a specific and individualized assessed safety need and documented in the PCP. The following requirements must be documented in the PCP when a safety need warrants such a restriction:

    a. The specific and individualized assessed safety need;

    b. The positive interventions and supports used prior to any modifications or additions to the PCP regarding safety needs;

    c. Documentation of less intrusive methods of meeting the safety needs that have been tried, but were not successful;

    d. A clear description of the condition that is directly proportionate to the specific assessed safety need;

    e. A regular collection and review of data to measure the ongoing effectiveness of the safety modification;

    f. Established time limits for periodic reviews to determine if the safety modification is still necessary or can be terminated;

    g. Informed consent of the registrant to the proposed safety modification; and

    h. An assurance that the modification itself will not cause harm to the registrant.

12. The plan must identify the person(s) and/or entity responsible for monitoring its implementation.

13. The plan must identify needed services, and prevent unnecessary or inappropriate services and supports.

14. An emergency back-up plan must be documented that encompasses a range of circumstances (e.g. weather, housing, staff) if warranted.

15. The plan must address elements of SD (e.g. fiscal intermediary, support broker/agent, alternative services) whenever a self-directed service delivery system is chosen.

16. All persons directly involved in the planning process must receive a copy of the plan or portion of the plan, as determined by the participant or representative.

Reference:

Guidance for Implementing Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs.