Federal Adult Behavioral Health HCBS Person-centered Planning Process

Requirements/Characteristics

The individual will lead the person-centered planning process where possible. The individual's representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision making authority to the legal representative. All references to individuals include the role of the individual's representative. In addition to being led by the individual receiving services and supports, the person centered planning process:	Y/N
Includes people chosen by the individual	
Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions	
Is timely and occurs at times and locations of convenience to the individual.	
Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with §435.905(b) of this chapter.	
Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.	
Providers of Home- and Community-Based Settings (HCBS) for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.	
Offers informed choices to the individual regarding the services and supports they receive and from whom.	
Includes a method for the individual to request updates to the plan as needed.	
Records the alternative HCBS settings that were considered by the individual (e.g., if the individual agrees to receiving psychosocial rehab, the POC must document that the individual was offered different settings to receive that service)	