



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE
Policy Manual**

**Section: CFC/PAS Person Centered
Planning**

**Subject: Plan Facilitator vs.
Provider Responsibilities**

PURPOSE

The purpose of this section is to specify the roles and expectation for the Plan Facilitator and provider agency in relation to the CFC/PAS Person Centered Planning (PCP) process.

**PLAN FACILITATOR
RESPONSIBILITIES:**

1. Coordinates and participates in PCP initial and annual visit with the member.
 - a. Ensures the meeting is held at time and location that is convenient for the member.
 - b. Includes people in the meeting whom the member identifies.
 - c. Ensures the planning process reflects any cultural considerations and preferences.
2. Sends CFC/PAS Pre-Planning Handbook to members prior to the initial meeting, when possible. This is only required when a member initially enrolls on CFC/PAS services.
3. Completes the PCP form (SLTC-200).
 - a. Review material in the pre-planning handbook, as appropriate.
 - b. Ensure that the form is signed and distributed to the provider agency and member.
4. Manage the prior authorization process for Personal Emergency Response System services once the service is authorized by Mountain Pacific Quality Health (MPQH) (Refer to CSB 1111).

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5. Reviews and signs the CFC/PAS service plan (SLTC-170/175). Note: The provider completes the CFC/PAS service plan. The Plan Facilitator signs off on the form to verify that the Service Plan incorporates member preferences as identified through the person centered planning process.
6. Initiates the risk assessment process when health and safety cannot be assured related to the delivery of CFC/PAS services. This risk assessment process should take into consideration information provided in the MPQH functional assessment and service plan.
7. If the plan facilitator is a case manager the risk assessment process should follow the process for ensuring health and safety that is outlined through the case management program.
8. If the Plan Facilitator is a CFC/PAS provider the risk assessment process should follow the process outlined in CFC/PAS 914.
9. Completes serious occurrence reports and critical incident reports according to the parameters outlined through the case management program and/or CSB 305.
10. Coordinates with the provider to ensure that services are being delivered according to the CFC/PAS service plan. If the Plan Facilitator becomes aware that services are not being delivered according to the service plan, they should address the issue with the member and/or personal representative, if applicable and the provider agency. If the issue cannot be resolved at that level, the Plan Facilitator should contact the Regional Program Officer (RPO) with their concerns.

**CFC/PAS PROVIDER
AGENCY
RESPONSIBILITIES:**

1. Review the MPQH functional assessment and service profile initially, annually, and when updated by MPQH.
2. Participate in the initial CFC/PAS PCP visit (may be in-person or over the phone) and participate in-person at the annual CFC/PAS PCP visit.

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3. Develop and approve the initial and annual CFC/PAS service plan.
 - a. Ensure the form is signed and distributed to the Plan Facilitator and member
4. Implement high risk services, as needed.
5. Educate the member on CFC/PAS services, policies and philosophy.
6. Provide the member with information on the provider agency's grievance procedure.
7. Ensure that the CFC/PAS service plan addresses the member's medical and functional need for service and falls within the flexibility parameters for service delivery.
 - a. Make sure that any change in task frequency is related to member choice versus agency preference.
 - b. If it is felt that the flexibility parameters are beyond what is needed to ensure health and safety submit risk assessment paperwork (Refer to CFC/PAS 914) to RPO for review and approval. If the RPO approves the risk assessment and the requested change in frequency, the provider is responsible for updating the service plan.
8. Approves any change to the task schedule and updates the CFC/PAS service plan, when necessary.
9. Complete and sign any temporary service plans.
 - a. Ensure the form is distributed to member and Plan Facilitator.
10. Submits an amendment/temporary authorization to MPQH when it is determined that the CFC/PAS service plan needs to be changed for more than 28 days based on member need or circumstance.

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- a. Prior to doing this, the CFC/PAS provider should evaluate whether or not the task frequency change can be managed with in the flexibility parameters.

- 11. Ensures that the hours authorized on the CFC/PAS service plan are not exceeded during a 2-week time period.
- 12. Completes 180-day Re-certification form (SLTC-210).
- 13. Provide supervision, training and oversight to direct care workers (agency-based only).
- 14. Ensure that services are being delivered according to the CFC/PAS service plan. If the provider agency becomes aware that services are not being delivered according to the service plan, they should address the issue with the member and/or personal representative, if applicable (self-directed) or the scheduler and workers (agency-based).