

Developmental Disabilities Program Policy and Procedures Manual

Control # 01.03.401

Volume 1: Program Administration

Section 3: Developmental Disabilities Program Policies

Subject: Personal Support Planning Policy

Purpose

A Personal Support Plan (PSP) identifies the supports and services that are necessary for the person in Developmental Disabilities services to achieve independence, dignity and personal fulfillment. The Personal Support Plan is developed with services designed to meet the person's assessed needs.

Personal Support Plan (PSP) Team

The team consists of:

1. The person in services;
2. A PSP Certified Case Manager;
3. A representative for the provider agency serving the person; and
4. Legal guardian(s), if the person has one.

Other team members may include:

1. Quality Improvement Specialist; or
2. Anyone else the person wants to invite.
 - a. Family
 - b. Friends

Personal Support Plan (PSP) Team Decision Making

Decisions are based on a team driven process. When making decisions the Personal Support Plan team members take into account:

1. The person's Rights, Developmental Disabilities Policy #01.03.411.
2. The person's health and safety needs.
3. The person's needs, visions, and preferences.
4. The Montana Resource Allocation Protocol tool (MONA) for the person.
5. The person's individual cost plan (ICP).

All decisions of the PSP team must be made in consensus. If consensus cannot be reached, the person(s) who does not consent may submit their disagreement along with the justification for their disagreement within five working days to the regional manager. The regional manager will make a determination within five working days and provide the determination in writing to the members of the PSP team. (ARM 37.34.1114)

Personal Support Plan (PSP) Implementation

- The initial Personal Support Plan (PSP) is developed with the person in service within 30 calendar days of the person's entry into a service program or when a person moves from services in one community to services in another community.
- The initial Personal Support Plan (PSP) may be reviewed or revised within 60 calendar days of the initial PSP date to more accurately reflect the person's needs for supports and services.

Effective Date: February 1, 2013

Policy Supersedes: Personal Support Planning Policy, Control # 01.03.401, Effective date July 20, 2009

The Annual Personal Support Plan meeting is conducted with the person, within the same month as the person's last Annual meeting. The day after the Personal Support Plan meeting is completed is the effective date of the Personal Support Plan.

- Any team member can request a review and/or revision of the Personal Support Plan when warranted by changes in the person's needs. Any review or revision of the Personal Support Plan is documented and disseminated by the case manager.

The case manager is responsible for scheduling and facilitating all Personal Support Plan meetings.

Personal Support Plan (PSP) Timelines

- The Case Manager will send written notice to the person and guardian at least 14 calendar days prior to the Personal Support Plan meeting.
- Each provider agency will complete assessments with summaries, and submit to the case manager at least 14 calendar days prior to the meeting. Additional assessment information will be provided if requested by the team.
- The Case Manager will meet with the person, and/or the person and their team prior to the Personal Support Plan meeting to develop the person's Vision statements.
- The draft document of the Personal Support Plan is available in the data management system 7 calendar days prior to the meeting.
- The fourth quarterly report is reviewed at the annual Personal Support Plan meeting.
- The Outcomes and Action Statements are reviewed/or developed at the Personal Support Plan meeting.
- Each provider agency will submit the Action Plans to the Case Manager no more than 14 calendar days after the Personal Support Plan Meeting.
- Any Action Plans associated with an Action Statement that involve positive behavior support must be approved according to the Developmental Disabilities Program Positive Behavior Support Rule, Title 37, chapter 34, subchapter 14.

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Following the Personal Support Plan meeting, the Case Manager will make the completed plan a read only document in the data management system within 21 calendar days and will disseminate to team members without access to the data management system, if requested.

Assessments

- A. The following assessments are completed by the Case Manager:
1. Consumer Survey to be completed when the person enters services , reviewed annually, and updated when necessary;
 2. Health Care Checklist and Risk Worksheet completed annually.
- B. The following medical assessments are addressed by the provider agency as necessary to the services provided.
1. Physical – Yearly, unless otherwise recommended by the person’s physician;
 2. Dental – Yearly, unless otherwise recommended by the person’s dentist;
 3. Hearing – completed at appropriate intervals as determined by the health professional;
 4. Vision - completed at appropriate intervals as determined by the health professional;
 5. Health Care Checklist and Risk Worksheet;
 6. And any other assessment tools the team deems necessary.
- C. The following assessment domains are addressed by each provider agency as necessary to the services provided.
1. Living
 2. Employment
 3. Developmental
 4. Educational
 5. Social or Leisure

Visions

The Vision statements are the focal point for the entire plan and may include the following: where the person wants to live or work, what they would like to learn, what social opportunities they would like to be involved in, or what interests they may wish to pursue. The Vision may be written for a one to three year period and may be written in a narrative statement or in short phrases.

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Outcomes

The Outcome statements define what the person wants to accomplish. They are written in the person's own words when possible, and are directly related to the person's visions.

Actions

The Action statements support the achievement of an outcome and answer the questions: "How do I get there?" and "How will the Outcome be accomplished?"

Actions include the following:

1. The name of the provider agency, and title of the person responsible for completing each Action.
2. Frequency of when the action will occur (daily, weekly, monthly) and the purpose of the Action Statement.
3. A notation in the Action Statement if an Action Plan is necessary to complete the Action Statement.
4. The date written for the start and completion of the Action Statement.

Action Plans

Action Plans are developed after the meeting, by the responsible party, in order to complete the Action Statements listed in the Personal Support Plan. Action Plans describe the training or support the person will need in order to achieve an Action Statement. Action Plans are developed based on formats designed by the provider agency.

Action Plans may be in the format of a:

1. Checklist
2. Data collection sheet
3. Protocol
4. Skill Acquisition Program
5. Career Plan
6. Behavior Plan
7. Rights Restriction
8. Documentation of Choice

Administrative Rules of Montana requires an Action Plan when the following needs are identified by the Personal Support Plan team:

1. Self-Administration of Medication;
2. Supported Employment;
3. Rights restriction (to include additional supporting documentation);
4. Behavioral supports.

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All Action Plans are attached to the Personal Support Plan.

Personal Support Plan Quarterly Reports

In order to assess the effectiveness of the Personal Support Plan, each provider agency develops quarterly reports for any Action Statement they are responsible for completing.

The quarterly schedule may be based on:

- The actual date of the Personal Support Planning meeting and the quarterly reports are submitted every three months thereafter; or
- On a calendar year schedule and they are submitted to the Case Manager before the 30th of January, April, July, and October.
- The fourth quarterly report is reviewed at the annual Personal Support Plan meeting, regardless of the chosen reporting schedule.

For each person receiving services, a quarterly report is provided on the Outcome page in the data management system and includes the following:

1. A summary of progress toward the attainment of the Action Statements listed in the plan.
2. The need for or the follow up made to assure progress.

The Case Manager, depending on the quarterly report information, may follow up with:

1. A conversation with the provider; and/or
2. A conversation with the person; and/or
3. A request for a team meeting.

The Case Manager will send quarterly reports to team members upon request.

During the annual Personal Support Plan meeting, the planning team reviews the fourth quarterly report. In reviewing, the team shall:

1. Analyze progress data for each Action Statement.
2. Modify the Outcomes and Action Statements as necessary.
3. Determine satisfaction with current services and supports.
4. Determine further services and supports needed.

Case Manager Responsibilities for persons in the Developmental Disabilities Program Waivers, waiting list only, or case management only.

1. Ensuring that the planning process and the Personal Support Plan reflect the person's health and safety needs.
2. Notifying the person and guardian of any Personal Support Plan meeting.

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3. Meeting with the person and/or the person and their team prior to the annual meeting to complete the forms deemed necessary by the Developmental Disabilities Program.
4. Completing the Cover Sheet, General Information, Personal Introduction, Personal Profile, Personal Finance, and Vision sections of the PSP.
5. Ensuring the completeness and accuracy of all sections of the Personal Support Plan document.
6. Facilitating the annual Personal Support Plan meeting or any additional meeting.
7. Assisting the person/team in developing Outcomes and Action Statements that reflect back to the Vision Statements.
8. Ensuring the Signature Page is completed after each meeting.
9. Transferring the information from the Personal Support Plan meeting onto the Outcome Pages for dissemination.
10. Documenting the progress of the person for Case Management/non DD provider Action Statements.
11. Adhering to all required timelines.

Developmental Disabilities Program Provider Agency Responsibilities

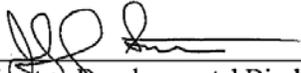
1. Ensuring that the planning process and the Personal Support Plan reflect the person's health and safety needs.
2. Meeting with the person and/or the person and the team prior to the annual meeting to complete the forms deemed necessary by the Developmental Disabilities Program.
3. Completing/updating Lifestyle and Wellness sections of the Personal Support Plan as necessary to the services provided.
4. Submitting/updating information for the General Information and Financial Page as necessary to the services provided.
5. Completing and submitting Action Plans as specified at the Personal Support Plan meeting.
6. Preparing and submitting quarterly reports in the data management system on the Outcome Page next to the corresponding Action Statement according to the quarterly schedule established at the Personal Support Plan meeting. Quarterly report notes are entered in consecutive order thus documenting the succession of progress throughout the plan year.
7. Adhering to all required timelines.

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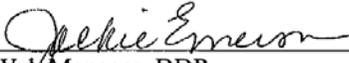
Fair Hearings

The person receiving service or their legal guardian maintains the right to request an administrative fair hearing. If the person or their legal guardian wish to contest the person's Personal Support Plan they may request a review and a fair hearing with the Department of Public Health and Human Resources, "Office of Fair Hearing " as provided in ARM 37.34.1114.



Director, Developmental Disabilities Program

2-1-13
Date



Web Manager, DDP

2-1-13
Date

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