



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

**BIG SKY WAIVER
Policy Manual**

Section: PERSON CENTERED PLANNING

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

Reference: 37.40.1005, 37.40.1114

PURPOSE

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

**PLAN FACILITATOR
RESPONSIBILITIES**

1. Coordinate and participate in PCP initial and annual visit with the member.
 - a. Ensure the meeting is held at a time and location that is convenient for the member.
 - b. Include people in the meeting whom the member invites.
 - c. Ensure the planning process reflects any cultural considerations and preferences.
2. Send CFC/PAS Pre-Planning Handbook to member prior to the initial meeting, when possible. This is only required when a member doesn't have a prior PCP Form and is enrolling on CFC/PAS services.
3. Complete 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. Re-assess the member's need for a Personal Emergency Response System (PERS) and ensure the member can access the service, once authorized by Mountain Pacific Quality Health (MPQH). Notify the CFC/PAS provider agency if the MPQH

authorization for PERS needs to change (i.e. an authorization is necessary or an authorization is no longer needed). Refer to CSB 1111.

5. Review and sign 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. Initiate 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.
 - a. 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. If necessary, the risk negotiation process outlined in policy BSW 812 should be followed.
 - b. If the Plan Facilitator is a CFC/PAS provider, the risk assessment process should follow the process outlined in CFC/PAS 914.
7. Complete serious occurrence reports and critical incident reports per the parameters outlined in CFC/PAS 709 and Big Sky Waiver 609.
8. Coordinate with the CFC/PAS provider to ensure that services are being delivered per the CFC/PAS Service Plan. If the Plan Facilitator becomes aware that services are not being delivered per the Service Plan, they should address the issue with the member and/or Personal Representative, and, if applicable, the CFC/PAS 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.
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. When the member's request to use flexibility is beyond what is needed to ensure health and safety, complete and submit the 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. Update the CFC/PAS Service Plan, when necessary.
 - a. Ensure the form is distributed to member and Plan Facilitator.
9. Complete and sign any temporary Service Plans. Ensure the form is distributed to member and Plan Facilitator.

10. Submit 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.
11. Submit an amendment to MPQH when a change in the PERS authorization is necessary.
 - a. The amendment should be submitted after consulting with the member and Plan Facilitator and reaching consensus for the request. This may occur when an amendment is necessary to add or remove the PERS authorization on the MPQH Service Profile.
 - b. If the Plan Facilitator and provider agency are not in agreement about the PERS amendment request the provider should contact the RPO prior to initiating the amendment request.
12. Ensure that the hours authorized on the CFC/PAS Service Plan are not exceeded during a 2-week period.
13. Complete 180-day Re-certification form (SLTC-210) and visits.
14. Provide supervision, training and oversight to direct care workers (agency-based only).
15. Ensure that services are being delivered per the CFC/PAS Service Plan. If the provider agency becomes aware that services are not being delivered per 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).