



Senior & Long Term Care Division Community Services Bureau

Community First Choice/Personal Assistance Program Agency Based Policy Manual

Title: AB-CFC/PAS 1112
Section: CFC/PAS Person Centered Planning
Subject: Person Centered Planning Form
Reference: ARM 37.40.1005, 37.40.1114
Supersedes: April 2017

PURPOSE

The CFC/PAS Person Centered Planning (PCP) Form (SLTC-200) documents the member's strengths and interests, goals, service needs, request for personal care attendant (PCA) skills, important things for the PCA to know about the member, and back-up plan using a PCP process. This form provides the Plan Facilitator and Community First Choice/Personal Assistance Service (CFC/PAS) provider agency with documentation that the PCP process was completed and followed.

PROCEDURE

The Plan Facilitator develops and completes the PCP form. This form must be completed initially, annually, or when a significant change occurs.

The person-centered planning process includes the pre-planning documents that must be sent to the individual prior to scheduling the planning meeting. These forms are included in the CFC/PAS Handbook which includes:

- Information on person centered planning;
- Member's Rights and Responsibilities;
- Plan Facilitator Responsibilities;
- Advocacy Resource Guide; and
- Conflict Resolution and Grievance Procedures.

Prior to completing the PCP form, the Plan Facilitators will review the Handbook information with the member to answer any questions they may have.

NOTE: Case Manager Plan Facilitator should review the member's waiver service plan for goals, preferences, back-up plans, etc. If sections on this form are relevant to the waiver service plan, the Plan Facilitator (with agreement of

member) may choose to reference the relevant section on the CFC/PAS PCP form. If the Case Manager Plan Facilitator references the waiver service plan on the PCP form, the referenced documents must be attached to the PCP form and distributed to both the member and provider agency.

INSTRUCTIONS

TOP SECTION

Enter member name, date of plan, Medicaid number, date of birth CFC/PAS Provider agency name and Plan Facilitator name.

MID-SECTION

The individual boxes on the form should be framed around the options available in the CFC/PAS programs. The pre-planning documents can assist with framing the discussion around the member's goals, strengths, scheduling preferences, etc. The information captured in the boxes should be meaningful to the member and related to their need and desire for receiving these services.

Every box must contain member specific information. This information should be captured using the PCP approach.

STRENGTHS/ INTERESTS

List member skills and interests. Ask the member about activities that they enjoy. Ask the member how other people would describe them. Use these strengths and interests to discuss and develop goals and a plan to achieve the goals.

GOALS

List the things the member would like to work on or achieve this year. Ask them about their dreams and plans. Ask them about the things that are most important for them to do this coming year. Goals don't have to be big. They should be specific to the member and what is important and meaningful to them.

If the member is going to use CFC Community integration develop a goal that incorporates the use of this service.

SERVICES

Look at the member's goals and discuss how the CFC/PAS services might assist the member to reach their goals. Use the MPQH functional assessment and profile to list the services the member may use to assist them in meeting their goals. List additional help needed to reach the stated goals.

PERSONAL CARE ATTENDANT SKILL AND THINGS TO KNOW

List the skills the member would like their PCA to have. List the member preferences and choices as they relate to the delivery of services. Include what the member wants the PCA to know about their routine, scheduling preferences, things that make them happy/upset, etc.

BACK-UP PLAN

List out the member's support network including family, friends, and other services being utilized. Detail the member's back-up plan if a worker doesn't show up. The back-up plan needs to address health and safety issues.

PERS SECTION

This section needs to be discussed with the member every time the PCP form is completed. All boxes must be marked. Prior to visiting with the member review their MPQH profile and mark the box "Yes" if the profile has PERS authorized and "No" if PERS is not authorized. If the member has PERS authorized go through the questions with the member and indicate their response by marking either the box "Yes" or "No". If the member doesn't have PERS authorized mark "NO" in all the boxes.

INTAKE/ACKNOWLEDGMENT SECTION

This section needs to be discussed and initialed by the member to acknowledge that they have received and reviewed the information contained in the pre-planning handbook. The Plan Facilitator should ensure that the member understands the documents prior to signing off on this section.

NOTE: This section only needs to be completed when the member doesn't have a prior PCP Form and is new to CFC/PAS services.

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SIGNATURES AND DATES SECTION

This form requires signatures from the member or their Personal Representative (PR), the Plan Facilitator and the CFC/PAS Provider Agency representative.

NOTE: If the member has a case management team (nurse and social worker), either of the team members may sign this section as the Plan Facilitator.

DISTRIBUTION

➤ The Plan Facilitator completes the form and distributes copies to the member and the CFC/PAS Provider Agency within 30 days of completing the form. The Plan Facilitator and CFC/PAS provider agency must maintain a copy of the plan in their records.