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HealthWest
Muskegon's Behavioral Wellness Connection

Policy Title: Person-Centered Planning	Policy #: 06-026	Review Dates	
Category: Clinical **Subject:** To establish and maintain consistent procedures for the use of Person-Centered Planning by HealthWest and its contracted provider staff	**Prepared by**: Clinical Operations Team **Approved by:** DocuSigned by: Rich Francisco AA7FBD48ABB04A3... Rich Francisco, Executive Director	09/25/2025 10/09/2026	
	Effective Date: 05/23/2006	**Last Revised Date:** 04/03/2024	

I. POLICY

It is the policy of HealthWest and its contract providers to adopt the Michigan Department of Health and Human Services (MDHHS) Policy and Practice Guideline on Person-Centered Planning when providing behavioral health or substance abuse services to individuals.

II. APPLICATION

This policy applies to all individuals served by HealthWest and its network of contracted provider agencies and licensed independent practitioners.

III. DEFINITIONS

Individual Plan of Service: A written plan developed using a person-centered planning process that documents the needs, goals, and objectives of a person receiving services and supports, and which contains the medical necessity, amount, scope, duration, and frequency of all services and supports to be provided.

Person-Centered Planning: An ongoing process for "planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires" (MCL 330.1700 (g)). Special considerations for the older population will include an emphasis on keeping the individual as independent as safely possible to maximize quality of life. Clear communication, offering choice, promoting self-care, focusing on their abilities, simplifying tasks, allowing extra time, and creating a safe environment will be utilized as appropriate to foster independence. In the case of minor children, practice approaches for person-centered planning and service delivery must also be Family-Driven and Youth-Guided.

Family-Driven and Youth Guided: An approach to the person-centered planning and service delivery needs of children and youth that "recognizes that services and supports impact the entire family, not just the identified child or youth receiving services" (MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines). Family-driven approaches acknowledge "families have a primary decision-making role in the care of their own children," and youth-guided approaches reflect that "children and youth have the right to be empowered, educated, and given a decision-making role in their own care" (MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines). Children, youth, and families should all be involved in the person-centered planning

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unless their participation is clinically contraindicated or creates a risk of physical or emotional harm.

IV. PROCEDURE

A. HealthWest and its contract providers adopt and adhere to the MDHHS Person-Centered Planning and Youth-Driven/Family Focused Practice Guidelines.

B. HealthWest will ensure that its staff and contract providers receive person-centered planning training as required.

C. HealthWest will ensure that its Provider Network Staff develop contract language/provider manuals that include requirements for compliance with the MDHHS Person-Centered Planning Practice Guidelines.

D. All staff responsible for implementing an individual's IPOS must be able to perform interventions as prescribed in the IPOS. All direct support professionals (also referred to as direct care workers (DCW), direct service providers (DSP), Community Living Supports (CLS) staff, Respite staff, or aide-level staff) must receive documented, beneficiary-specific training on an individual's IPOS before providing services to the individual. Training must first be provided by an appropriate professional staff (case manager/supports coordinator, other qualified member of the treatment team, or specialized professionals working within their scope of practice) or other qualified trainer. Following that previously trained individuals may train other staff. Note: this requirement applies to all staff who work with individuals receiving services through the Habilitation Supports Waiver (HSW), Children's Waiver Program (CWP), Serious Emotional Disturbance Waiver Program (SEDW), and 1915 (i)SPA waiver, and DSPs providing services to individuals who are not enrolled in any waiver programs.

E. The documentation of staff training must contain the following elements:

1. Consumer name;
2. IPOS date;
3. Date of training;
4. Name, credentials, and signature of trainer;
5. Names and signatures of training participants;
6. Subject of training (the part of the plan or protocol being trained).

F. Network or other administrative staff will follow the standard contract language requirements for failure to follow the person-centered planning policy:

1. Inform the provider of the identified areas of noncompliance.
2. Notify the provider of the plan of correction requirements and timeframes to address noncompliance.
3. Network staff/designee will monitor until full compliance is achieved.
4. Subsequent occurrences of noncompliance may result in additional consequences, including plans of correction, withholding of payments and/or termination of the contract between HealthWest and the provider agency.

V. REFERENCES

MCL 330.1700 (g); 330.1712
MDHHS Person-Centered Planning Practice Guideline (3/31/2024)

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MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines (5/20/2021)
MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, §1.6, 1.7, 2.1, 2.4, 3.4, 15.1; Home and Community-Based Services chapter, §1.1, 2)



Person Centered Planning Process.pp

Authors Initials /BD