

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 1 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

### **PURPOSE:**

To assure the process used to develop the individual plan of service, which includes the option of self-determination, is consistent with the requirements of the Mental Health Code.

### **POLICY:**

It is the policy of Northpointe that all mental health services and supports and/or designated alternative services for recipients with Mental Illness and/or Developmental Disability have an individual plan of service developed through a person-centered planning process including the option of self-determination, regardless of age, disability, or residential setting. The individual plan of service may include a treatment plan, support plan, or both. The choice voucher system is available for children.

### **DEFINITIONS:**

#### **Care Manager / Clinical Care Manager**

The staff person who works with the individual to gain access to and coordinate the services, supports and/or treatment that the individual wants or needs.

#### **Choice Voucher**

An arrangement that gives the parent(s) of the child who is receiving services and supports from the CWP, control within specified conditions and limitations over the resources allotted for services agreed upon in the IPOS. The parent, by becoming the employer, hires the staff to work with their child. A fiscal intermediary acts as the payer of costs incurred by the child. The process is the same as self-determination.

#### **Consumer**

An individual currently receiving services through Northpointe typically diagnosed as having a mental illness and/or a developmental disability.

#### **Emancipated Minor**

The termination of the rights of the parents to the custody, control, services and earnings of a minor, which occurs by operation of law or pursuant to a petition filed by a minor with the probate court.

#### **Emergency Situation**

A situation when the individual can reasonably be expected, in the near future, to physically injure himself, herself, or another person; is unable to attend to food, clothing, shelter or basic physical activities that may lead to future harm, or the individual's judgment is impaired leading to the inability to understand the need for treatment resulting in physical harm to self or others

#### **Family Member**

A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50 percent of his or her financial support.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE 2 of 15**

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

### **Fiscal Intermediary**

A fiscal intermediary (FI) is an independent legal entity (organization or individual) that acts as a fiscal agent of Northpointe for the purpose of assuring fiduciary accounting for the funds comprising a consumer's individual budget. Duties of a FI shall be specified in the contractual language between the FI and Northpointe or its designated subcontractor. The primary responsibility of a FI is to receive funds making up a consumer's individual budget, and to make payments authorized by the consumer's IPOS to providers and/or other parties to whom a consumer may be obligated. Examples of entities that might serve in the role of a FI include bookkeeping or accounting firms and local ARC or other advocacy organizations.

### **Independent Facilitator**

An individual who will facilitate the negotiation of a mutually responsible IPOS between the consumer and Northpointe. A consumer engages a facilitator to ensure their needs are identified and adequate planning occurs. The facilitator ensures the consumer has a plan that addresses those issues that are important TO the consumer and those issues that are important FOR the consumer (e.g. health and safety concerns). The facilitator helps the consumer understand the process of person centered planning. The Independent Facilitator does not represent the consumer at a hearing or in a court of law.

### **Guardian**

A person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated, or has developmental disabilities.

### **Individual Budget**

An individual budget is a fixed allocation of public mental health resources, and may also include other public resources whose access involves the assistance of Northpointe, denoted in dollar terms. These resources are agreed upon as the necessary cost of specialty mental health services and supports needed to accomplish a consumer's plan of services/supports. The consumer served uses the agreed upon and authorized funding to acquire, purchase and pay for specialty mental health services and supports as outlined in the consumer's plan of service.

### **Minor**

An individual under the age of 18 years.

### **Natural Support**

A person who is involved in an individual's life other than just for pay.

### **Person-centered planning**

Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in medically necessary activities that promote life in the community and that respects the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

### **Individual Plan of Service "IPOS"**

A written Individualized Plan of Service directed by the individual as required by the Mental Health Code to meet the medically necessary needs of the individual. The IPOS document specifies the amount, duration and scope of the services and supports to be provided. This may be referred to as a treatment plan or a support plan.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 3 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

### **Qualified Provider**

A qualified provider is an individual worker, a specialty practitioner, professional, agency or vendor that is a provider of specialty mental health services or supports. All providers must demonstrate compliance with the requirements contained in the contract between the Department of Community Health and Northpointe or its designated subcontractor, including applicable requirements that accompany specific funding sources, such as Medicaid. Additional requirements should be derived directly through the person-centered planning process, and be specified in the consumer's plan, or result from a process developed locally to assure the health and well-being of consumers, conducted with the full input and involvement of local consumers and advocates.

### **Self-Determination**

Self-determination incorporates a set of concepts and values that emphasize a core belief that people who require support from the public mental health system as a result of a disability should take part in defining what they need in terms of the life they seek, have access to meaningful choices, and assume personal control over their lives. Self-determination is based on four principles. These principles are:

- **FREEDOM:** The ability for individuals, with assistance from significant others (e.g., chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the **freedom** to choose where and with whom one lives, who and how to connect to in one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.
- **AUTHORITY:** The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others, as needed.
- **SUPPORT:** The arranging of resources and personnel--both formal and informal--to assist the person in living his/her desired life in the community, rich in community associations and contributions.
- **RESPONSIBILITY:** The acceptance of a valued role of the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life enhancing. This includes the **responsibility** to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

### **Urgent Situation**

A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment or support services.

### **PROCEDURE:**

Northpointe shall ensure that their service planning and delivery processes are designed to encourage and support consumers to control and direct their specialty mental health services and supports arrangements as defined by the IPOS.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 4 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

**I. Values and Principles Underlying Person-Centered Planning** - Person-centered planning is a highly individualized process designed to respond to the expressed needs/desires of the individual.

- A. Each individual has strengths, and the ability to express preferences and to make choices.
- B. The individual's choices and preferences shall always be considered if not always granted.
- C. Each individual has gifts and contributions to offer to the community and has the ability to choose how supports, services and/or treatment may help them utilize their gifts and make contributions to community life.
- D. Person-centered planning processes maximize independence, create community connections and work toward achieving the individual's dreams, goals, and desires.
- E. A person's cultural background shall be recognized, valued and accommodated where possible in the decision-making process.
- F. The IPOS is prepared using the information from the primary assessment and interpretive summary within 30 days after initial or annual Psychosocial Assessment. The IPOS includes information from family members/legal guardian, when applicable or permitted.
- G. The IPOS is recognized as the authorization for medically necessary services according to the clinically appropriate Level of Service in the NorthCare Benefit Plan (see UM Plan).
  - 1. The IPOS for DD consumers authorizes services for a full year.
  - 2. The IPOS for MI consumers authorizes services for up to 6 months. A Periodic Review to evaluate present or other potential services from the IPOS is required in order to continue the authorization for another 6 months.
  - 3. If the IPOS should expire, all services authorized will also expire and appointments may be canceled. A new IPOS must be completed to restart services.
- H. The IPOS is based on the needs and desires of the consumer and focuses on his/her integration into the local community; the family when appropriate, natural support systems; and other needed services beyond the scope of the program. The goals of the IPOS are expressed in the words of the person served; reflective of the informed choice of the consumer/guardian; appropriate to the person's culture and age and based on the person's strengths, needs, abilities and preferences.

Specific service or treatment objectives are reflective of the expectations of both the consumer and the treatment team. The objectives are understandable to the consumer, measurable, achievable, time specific, and appropriate to the treatment setting. The frequency of specific treatment options, legal requirements when applicable, and information on, or conditions for, transition to other services.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 5 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

The IPOS includes, when applicable, information on, or conditions for community-based service options that are available for persons in long-term residential support programs.

Medically fragile persons in residential treatment facilities receive services that are provided in accordance with all regulatory requirements.

When the consumer has co-occurring disabilities/disorders, the IPOS specifically addresses those issues in an integrated manner. The delivery of services and specific interventions that support the IPOS is verified by signed and dated Progress Notes and Periodic Reviews.

The primary clinician assumes responsibility for ensuring implementation of the IPOS; ensuring that the consumer is oriented to his/her services; promotes the participation of the consumer in discussing plans, goals and status. The clinician also identifies and addressed gaps in service provision; shares information on how to access community resources relevant to consumer needs; advocates for the consumer; and communicates information regarding progress on the consumer to the appropriate persons. The family/guardian are involved when applicable or permitted. The clinician facilitates the transition process including arrangements for the follow up services; coordinates services provided outside of the organization and identifies the process for after hours contact.

The consumer must engage in active services as authorized in their Treatment Plan in order to continue in psychiatric services. The psychiatric services may be suspended/limited until the consumer not only meets with their assigned care manager to discuss services, but also attends services as authorized. An Advanced Notice will be given should any service be reduced or terminated.

### II. Essential Elements

1. Person-centered planning is a process in which the individual is provided with opportunities to reconvene any or all of the planning processes whenever he/she wants or needs.
2. The process encourages strengthening and developing natural supports by inviting family, friends, and allies to participate in the planning meeting(s) to assist the individual with his/her dreams, goals, and desires.
3. The development of natural supports shall be viewed as an equal responsibility of Northpointe and the individual. Northpointe, in partnership with the person, is expected to develop, initiate, strengthen, and maintain community connections and friendships through the person-centered process.
4. The individual is provided with options of choosing external independent facilitation of her/her meeting(s), unless the individuals receive short-term outpatient therapy only, medication only, or is incarcerated.
5. Pre-IPOS information is completed at the time of the initial assessment or the annual assessment, which must be completed no less than 7 days prior to the date of the IPOS. The consumer is educated on:
  - Dreams, goals, desires and topics about which he/she would like to talk
  - Topics he/she does not want discussed at the person-centered planning meeting
  - Who to invite
  - Medical necessity
  - Where and when the meeting will be held

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 6 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

- Who will facilitate (i.e. Independent Facilitator)
  - Who will record
  - Explanation of NBHS services
  - Community Services/Inclusion
  - Natural Supports
  - Ability to communicate
  - Self Determination/Children's waiver choice voucher/HSW/education
6. All potential support and/or treatment options (including the NorthCare Benefit Plan and array of mental health services including Medicaid-covered services and Alternative Services and Mental Health Code-required services) to meet the expressed needs of the individual are identified and discussed with the individual.
- a. Health and safety needs are identified in partnership with the individual. The plan coordinates and integrates services with primary health care.
  - b. The individual is provided with the opportunity to develop a crises plan.
  - c. Each IPOS must contain the date the service is to begin, the specified amount, scope, HCPC codes, duration, length of face to face contacts in minutes and units, frequency, intensity and who will provide each authorized service and where they will be provided.
  - d. Alternative services are discussed.
7. The individual has ongoing opportunities to express his/her preferences, cultural concerns and to make choices. This includes:
- a. Accommodations for communication shall be made with choices and options clearly explained. Barriers to an individual's goals, and strengths, supports, or solutions to overcome barriers.
  - b. To the extent possible, the individual shall be given the opportunity for experiencing the options available prior to making a choice/decision. This is particularly critical for those persons who have limited life experiences in the community with respect to housing, work and other domains.
  - c. Individuals who have court-appointed legal guardians shall participate in person-centered planning and make decisions that are not delegated to the guardian in the Guardianship Letters of Authority.
  - d. Service delivery shall concentrate on the child as a member of a family, with the wants and needs of the child and family integral to the plan developed and minors must have a goal addressing the needs of the family. Minors placed/residing out of the home must have a goal addressing reunification. Parents and family members of minors shall participate in the person-centered planning process unless:
    1. The minor is 14 years of age or older and has requested service without the knowledge or consent of parents, guardian or person in loco parentis within restrictions stated in the Mental Health Code;
    2. The minor is emancipated; or
    3. The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process as stated in the Mental Health Code. Justification of the exclusion of parents shall be documented in the clinical record.
8. Individuals are provided with ongoing opportunities to provide feedback on how they feel about the service, support, and/or treatment they are receiving, and their progress toward attaining valued outcomes. Information is collected and changes are made in response to the individual's feedback.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 7 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

9. Each individual is provided with a copy of his/her person-centered plan within 15 business days after their meeting.
10. Each consumer/guardian is educated on Independent Facilitation, Advanced Directives, Natural Supports, Self Determination, Crisis Planning to include “My Plan for Difficult Times” and Adequate Notice.

### III. Illustrations of Individual Needs:

Person-centered planning processes begin when an individual makes a request to Northpointe. The first step is to find out from the individual the reason for his/her request for assistance. During this process, individual needs and valued outcomes are identified rather than requests for a specific type of service. Since person-centered planning is an individualized process, how Northpointe proceeds will depend upon what the individual requests.

This policy includes a chart of elements/strategies that can be used by the person representing Northpointe, depending upon what the individual wants and needs. Three possible situations are:

1. The individual expresses a need which is considered urgent or emergent.  
When an individual is in an urgent/emergent situation, the goal is to get the individual’s crisis situation stabilized. Following stabilization, the individual and Northpointe staff will explore further needs for assistance and if required, proceed to a more in-depth planning process as outlined below. It is this type of situation where an individual’s opportunity to make choices may be limited.
2. The individual expresses a need or makes a request for a support, service and/or treatment in a single life domain and/or of a short duration. A life domain could be any of the following:
  - a) Daily activities;
  - b) Social relationships;
  - c) Finances;
  - d) Work;
  - e) School;
  - f) Legal and safety;
  - g) Health;
  - h) Family relationships, etc.
3. The individual expresses multiple needs which involve multiple life domains for support(s), service(s) or treatment of an extended duration.
4. The following chart represents the elements/strategies that can be used depending on the needs expressed by the individual.

**NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS**

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE 8 of 15**

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

ELEMENTS / STRATEGIES	Urgent / Emergent	Short Duration	Extended Duration
The individual expresses his/her needs and/or desires. Accommodations for communication will be made to maximize his/her ability for expression.	X	X	X
The individual's preferences, choices and abilities are respected.	X	X	X
Potential issues of health and safety are explored and discussed. Supports to address health and safety needs are included in the Individual Plan of Service.	X	X	X
As a result of health or safety concerns or court-ordered treatment, limitations may exist for individual choice. However, opportunities for individuals to express their perceived needs can occur and opportunities to make choices among limited options can be given.	X	X	X
Person-centered planning includes pre-planning activities. These activities result in the determination whether in-depth treatment or support planning is necessary and if so, to determine and identify the people and information that need to be assembled for successful planning to take place.		X	X
In short-term/outpatient service areas, the individual is provided with information on person-centered planning, including pre-planning at or before the initial visit. Individuals are encouraged to invite persons to the session where the plan is developed.		X	
In collaboration with Northpointe the individual identifies strategies and supports, services and/or treatment needed to achieve desired outcomes.		X	X
Exploration of the potential resources for supports and services to be included in the individual's plan are to be considered in this order: <ul style="list-style-type: none"> <li>• The individual.</li> <li>• Family, friends, guardian, and significant others.</li> <li>• Resources in the neighborhood and community.</li> <li>• Publicly funded supports and services available for all citizens.</li> <li>• Publicly funded supports and services provided under the auspices of the Michigan Department of Community Health and Community Mental Health Services Program.</li> </ul>		X	X
Regular opportunities for individuals to provide feedback are available. Information is collected and changes are made in response to the individual's feedback.		X	X
The individual's support network is explored with that person to determine who can best help him/her plan. The individual and the people he/she selects together define the individual's desired future, and develop a plan for achieving desired outcomes. For persons with dementia or other organic impairments, this should include the identification of spouses or other primary caregivers who are likely to be involved in treatment or support plan implementation.			X
The process continues during the planning meeting(s) where the individual and others he/she has selected who know him/her well talk about the desired future and outcomes concentrating on the needs and wants previously identified as needing change.			X

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 9 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

### **IV. Values and Principles Underlying Self-Determination Process**

#### **PROCEDURES:**

1. A hallmark of self-determination is assuring a person the opportunity to direct a fixed amount of resources, which is derived from the person-centered planning process and called an individual budget. The person is responsible for the use of the resources in his/her individual budget, determining, with the assistance of family, friends, or others which services and supports he or she will purchase, from whom, and under what circumstances. Through this process they possess power to make meaningful choices in how they live their life. Northpointe shall ensure that their service planning and delivery processes are designed to encourage and support consumers to control and direct their specialty mental health services and supports arrangements.
  - A. Utilization of the self-determination process, as a means for implementing individual plans of services and supports, shall be a voluntary option on the part of the consumer.
  - B. Consumers who use the self-determination process shall have the authority to select, control, and direct their own specialty mental health services and supports arrangements by responsibly controlling the resources allotted in an individual budget designed towards accomplishing the goals and objectives in their plan of specialty mental health services and supports.
  - C. Northpointe shall assure that full and complete information about the process and principles of self-determination and the manner in which ~~it~~ they may be applied is provided to each consumer. This shall include specific examples of alternative ways a consumer may control and direct an individual budget, what are considered allowable expenses in the budget, and the obligations associated with doing this properly and successfully.
  - D. Utilization of the self-determination process shall not serve as a method for Northpointe to reduce its obligations to the consumer, or to avoid the provision of needed specialty mental health services and supports.
  - E. Northpointe shall actively support and facilitate a consumer's application of the principles of self-determination in the accomplishment of his/her plan of services and supports.
2. The option to use self-determination shall be available to each consumer who requests the opportunity to implement their person-centered plan using these principles, and for whom an agreement on a plan of authorized specialty mental health services and supports, along with an acceptable individual budget, has been reached.
  - A. Development of an individual budget shall be done within the person-centered planning process. This includes an initial determination of what natural and community supports are available for consumer use.
  - B. The individual budget represents the expected or estimated costs to accomplish the consumer's plan through a realistic approach.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 10 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

- C. The amount of the individual budget shall be tentatively agreed to by both the consumer and Northpointe before it is authorized for use by the consumer. A copy of the individual budget, along with the individual plan that correlates with the budget, must be provided to the consumer prior to the implementation of the IPOS.
  - D. The IPOS and Periodic Review must be in effect for Self Determination to be maintained.
  - E. Self Determination Budgets will be brought to the Northpointe Utilization Review Committee.
- V. Responsible and proper use of an individual budget must be of primary concern to both Northpointe and the consumer.**
- 1. Mental Health funds included in an individual budget are the property and responsibility of Northpointe and must be used consistently within statutory and regulatory requirements. Authority over the direction of the budget is delegated to the consumer, for the purpose of achieving the goals and outcomes contained in the IPOS. An individual budget, once authorized, shall be considered part of the consumer's approved plan of service. An individual budget shall be in effect for a specified period of time and therefore, must be revised when the plan is reviewed or changed.
  - 2. Consumers shall act as careful prudent purchasers of specialty mental health services and supports necessary to accomplish their plan. Arrangements for purchasing services shall not be excessive in cost. Consumers should aim for securing a better value, in terms of outcomes, for the costs involved. Existing personal and community resources shall be pursued and utilized prior to the authorization of a budget for a plan that includes Medicaid covered specialty services and supports. Northpointe shall provide guidance as to the range of applicable rates and may set maximum amounts that a consumer may spend to pay specific providers. Consistent with Northpointe policies, the consumer, within the boundaries of their authorized individual budget, may negotiate fees and rates paid to providers.
  - 3. An agreement shall be made in writing between Northpointe and the consumer outlining the responsibility and the authority of both parties in the application of the individual budget, including how communication will occur about its use. The agreement shall include a copy of the consumer's plan and individual budget. The directions and assistance necessary for the consumer to properly apply the individual budget shall be provided to the consumer in writing when the agreement is finalized.
  - 4. Consumer ability to make adjustments to their individual budget
    - a. The consumer may adjust the specific application of Northpointe -authorized funds between budgetary line items and/or categories in order to adjust the services and supports arrangements as necessary to accomplish his/her plan. Any changes made shall be under the auspices of already approved services and supports as noted in the individual plan. Funds allocated for specialty mental health services may not be used for other services/supports that are not consistent with Medicaid covered and available services or for supports that are not included in the plan.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 11 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

b. Unless the planned adjustment deviates from the goals and objectives in the consumer's plan, the consumer does not need to seek permission from Northpointe nor be required to provide advance notification of an intended adjustment. However, when a consumer makes adjustments, these are to be communicated to Northpointe in a timely manner.

c. If an adjustment in the use of the budget is intended for a service/support that does not serve to accomplish the direction and intent of the person's plan, then no adjustment may be made unless the plan is appropriately modified. Northpointe shall attempt to resolve such situations in an expedient manner.

d. The funds aggregated and used to finance an individual budget may be controlled by more than one funding source. Flexibility in the use of these funds is therefore constrained by the specific limitations of funding sources (e.g., Home Help, Vocational Rehabilitation, etc.) Consumers must be informed when some of the resources associated with accomplishing their plan of services and supports involve commitments from funding sources other than Northpointe, and will be assisted to work within constraints that accompany them. All expenses covered by Medicaid capitated dollars must be reflected in the individual plan of service, and must directly relate to approved mental health specialty services and supports as defined in Chapter III. Generally, purchases of assets are not allowed, unless considered necessary adaptive equipment.

5. Either party - Northpointe or the consumer - may terminate a self-determination agreement. Prior to Northpointe terminating an agreement, unless it is not feasible, Northpointe shall inform the consumer of the reasons that have led to the discontinuation or alteration of the self-determination arrangement, in writing. An opportunity for problem resolution will be offered whenever possible. Typically changes such as this would be conducted using the person-centered planning process, with termination being the option of choice if other mutually agreeable solutions cannot be found. In any instance of Northpointe discontinuation of a self-determination arrangement, the local process for dispute resolution may be used to address and resolve these issues.

6. Discontinuation of a self-determination arrangement shall not, by itself, change the consumer's plan of services, nor eliminate the obligation of Northpointe to assure specialty mental health services and supports included in the plan are continued.

7. As long as the mental health specialty services and supports are not reduced, suspended, or terminated, the Medicaid Fair Hearing Process does not apply to the termination of the self-determination agreement.

### **VI. Provider Access**

- A. A consumer shall be able to access any willing and qualified provider entity who is available, qualified, and competent to provide needed specialty mental health services and supports.
- B. A consumer utilizing the self-determination process shall be able to access alternative methods to choose, control and direct the personnel necessary to provide the services and supports in the individual's plan. These may include, upon the consumer's request and in line with their preferences:

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 12 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

- 1) Access to a provider entity that can serve as employer of record for personnel selected by the consumer.
  - 2) Northpointe contractual language with provider entities that assures consumer control over the selection and retention of personnel who provide the specialty services and supports consistent with the individual plan of service.
  - 3) Northpointe is the employer of record for personnel that the consumer chooses to deliver specialty services and supports. Northpointe shall assure that the consumer is fully involved in the selection of personnel, and the removal or reassignment of personnel who fail to meet consumer preferences.
  - 4) Northpointe or contractual provider entity shall perform all employment functions associated with the hiring of selected personnel, including, but not limited to, assuring that required paperwork is completed, providing training, criminal background checks, monitoring of consultant and contract agreements, payroll agent functions, etc.
- C. Consumers, in collaboration with Northpointe, shall assure that written agreements that specify the type of service or support, the rate to be paid, and the requirements incumbent upon the provider are developed with each provider entity or individual. Copies of all agreements shall be kept current and available for review.
- 1) All individuals selected by the consumer shall meet applicable provider requirements for direct support staff personnel, or other requirements pertinent to the particular professional services offered by the provider.
  - 2) Services/supports provided by a consumer-selected provider with whom the consumer executes a direct purchase-of-services agreement is not an available option at this time. A consumer shall not be required to select and direct needed provider entities or his/her direct support personnel if she or he does not desire to do so.
- D. Consumers using the self-determination process function as an employer in terms of the selection, training, retention, scheduling and in determining the rates of pay for support personnel. However, consistent with CMS standards, Medicaid funds may not be given directly to a consumer, and consumers may not function as the formal employer of record with respect to fulfilling the legal responsibilities as the employer and payroll agent for selected personnel.
- E. Documentation requirements and financial reporting requirements shall be delineated in the written self-determination arrangements between the consumer and Northpointe and shall be agreed upon by both parties. This includes determination of what documentation will be required of those providing specialty services and supports and how/when this information will be provided to Northpointe as well as establishing the format for financial reporting, assuring that there is timely service activity and cost reporting to Northpointe, and that the consumer receives regular, current information on the status of the budget.
- VII. Northpointe shall assist a consumer participating in self-determination to select and direct his/her support personnel, and to select and retain chosen qualified contract provider entities via Northpointe.**
- A. Consistent with MDCH Technical Advisory instructions and within the IRS, Department of Treasury and federal and state employment guidelines, Northpointe may choose to make available reasonable access to other possible alternative methods for directing and managing support personnel. This may include the use of a qualified third party entity to function as a

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 13 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

fiscal intermediary to perform the employer agent functions that would otherwise be the responsibility of Northpointe or alternative provider entity. The consumer and Northpointe must assure that the retention of a fiscal intermediary does not add excessive administrative charges over and above the administrative costs that would typically be associated with a Northpointe or other provider entity performing the functions of employer agent. If chosen as an option, a fiscal intermediary shall be under contract with Northpointe. Such a contract shall clearly delineate the specific employer agent functions to be accomplished by the fiscal intermediary. These may include:

1. Disbursement of funds to provider entities for services provided in accord with the consumer's plan of service.
  2. Provision of periodic (not less than monthly) financial status reports to both Northpointe and consumer.
  3. Provision of an accounting to Northpointe for the funds transferred to it and used to finance the costs of authorized individual budgets under its management
  4. Assuring timely invoicing, service activity, and cost reporting to Northpointe for the specialty mental health services and supports provided to the consumer in accord with the authorized budget and individual plan of service.
  5. Other supportive services, as denoted in the contract with Northpointe, that strengthens the consumer's role in the direction and management of personnel that provide their services and supports.
- B. Northpointe shall exercise due diligence in establishing the qualifications, characteristics and capabilities of the entity to be selected as a fiscal intermediary, and shall manage the use of fiscal intermediaries consistent with MDCH Technical Assistance Advisories addressing fiscal intermediary arrangements. Northpointe is obligated to assure that the entities selected to perform intermediary functions are capable of meeting and maintaining compliance with the applicable requirements associated with their stated functions.
- C. Northpointe shall be the decision maker in determining whether any optional alternative methods abide by state and federal regulations and whether Northpointe will offer such options Northpointe shall attempt to provide any other supportive services that strengthen the role of the consumer as an employer, and will assist with the use of other agreements directly involving the consumer in the process of securing needed services.
- D. Northpointe shall have policies and procedures addressing potential conflict of interest scenarios involving consumers and their services and supports providers.

### **VIII. Assurances and Indicators of Person-Centered Planning Implementation and that the Self Determination Option was offered.**

It is the responsibility of the Northpointe to assure that the Individual Plan of Service is developed utilizing a person-centered planning process including the option of self-determination. Below are examples of systemic and individual level indicators that would demonstrate that person-centered planning and/or self-determination has occurred. The methods of gathering information or evidence may vary, and include the review of administrative documents, clinical policy and guidelines, case record review, satisfaction surveys, and interviews/focus groups with individuals and their families.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 14 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

A. Systemic indicators would include, but not be limited to:

1. Northpointe has a policy or practice guideline that delineates how person-centered planning will be implemented.
2. Evidence that Northpointe informs individuals of their right to person-centered planning, the self-determination process and associated appeal mechanism, investigates complaints in this area, and documents outcomes.
3. Evidence that Northpointe's quality improvement system actively seeks feedback from individuals receiving services, support and/or treatment regarding their satisfaction, providing opportunities to express needs and preferences and the ability to make choices. Information is collected and changes are made in response to the individual's feedback.
4. Northpointe's staff development plan includes efforts to ensure that executive team, professional employees, direct care staff, board members, consumers, families and other stakeholders are trained in the philosophy, methods, and implementation activities of person-centered and self-determination processes.
5. Northpointe collects information and makes changes when necessary on processes to develop natural supports. Information collected examines the development, initiation, and maintenance of community connections and friendships through the person-centered process.
6. Northpointe has developed and implemented, in partnership with individuals with disabilities, a plan for independent facilitation including but not limited to training requirements, performance expectations, satisfaction surveys, retention of skilled facilitators, and ongoing training with support.

B. Individual indicators could include, but not be limited to:

1. Evidence the individual was provided with information of his/her right to person-centered planning and self determination.
2. Evidence that the individual chose topics he/she would like to talk about in the meeting, topics he/she does not want discussed at the meeting, whether or not other persons should be involved, and those identified were involved in the planning process and in the implementation of the Individual Plan of Service.
3. Evidence that the individual chose the places and times to meet, convenient to the individual and to the persons he/she wanted present.
4. Evidence that the individual had choice in the selection of who will facilitate the plan, and treatment or support services provided including staff that will assist in carrying out the activities in the plan.
5. Evidence that the individual's preferences and choices were considered or a description of the dispute/appeal process and the resulting outcome.
6. Evidence that the progress made toward the valued outcomes identified by the individual was reviewed and discussed for the purpose of modifying the strategies and techniques employed to achieve these outcomes.
7. Evidence that a budget was developed and agreed upon by all parties.

## NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

**POLICY TITLE:** Individual Plan of Service (IPOS)

**PAGE** 15 of 15

**MANUAL:** Clinical

**SECTION:** Entry to Care

**ORIGINAL EFFECTIVE DATE:** 9/19/02

**ADMINISTRATIVE REVIEW:** 3/28/08

**BOARD/DIRECTOR APPROVAL:** 5/1/08

### **IX. Dispute Resolution/Appeal Mechanisms**

All consumers have the right to a fair and efficient process for resolving complaints regarding their services and supports managed and/or delivered by Prepaid Inpatient Health Plans (PIHPs), their affiliate Community Mental Health Services Programs (CMHSPs) and their provider networks. A recipient of or applicant for public mental health services may access several options to pursue the resolution of complaints. These options are defined through the Recipient Rights requirements referenced in the Michigan Mental Health Code for all recipients of public mental health services, federal law for Medicaid recipients, and the MDCH/PHP or CMHSP contract. It is important to note that an individual receiving mental health services and supports may pursue their complaint within multiple options simultaneously.

Chapters 7, 7a, 4 and 4a of the Mental Health Code describe the broad set of rights and protections for recipients of public mental health services as well as the procedures for the investigation and resolution of recipient rights complaints. Processes for complaints related to the denial, reduction, suspension or termination of services and supports are specified in the Grievance and Appeal Technical Requirement, Attachment 6.3.2.1 of the Department of Community Health Contract for Mental Health Services and Supports.

This requirement is based upon the premise that all recipients of, or applicants for, public mental health services will receive notice of their rights and an explanation of the grievance and appeal processes. This requirement in no way requires the exhaustion of grievance or alternative dispute resolution processes prior to the filing of a recipient rights complaint pursuant to Chapter 7 and 7a of the Code.

### **X. Advanced Directive and Crisis Planning are addressed in the IPOS**

#### **CROSS-REFERENCE:**

Mental Health Code, Act 258 or 1974 as revised.

DCH - Person-Centered Planning Practice Guideline.

Northpointe Advanced Directive Policy

Northpointe UM Plan

Northpointe Periodic Review Policy