



INTRODUCTION

The development of a person centered care plan (PCCP) is the result of thorough review of the participant's needs. PCCPs are individualized in accordance with the unmet needs of the participant and outline what services are necessary to keep the participant living independently in their home. HCBS authorized within the PCCP shall be mutually identified as necessary by the participant and the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) or its designee. The PCCP process assesses the health and safety factors of the participant and outlines the participant's personal goals in order to remain in their least restrictive environment.

PURPOSE

The PCCP translates identified participant specific needs into a plan for action. The identification of functioning problems, current resources (formal and informal), unmet needs, and related documentation shall serve as the foundation for developing the PCCP. The HCBS authorized under the PCCP shall strengthen and enhance the current support system of the participant.

PERSON CENTERED CARE PLANNING DEVELOPMENT

The following basic principles shall be used as a guide for PCCP development:

- A comprehensive thorough review of the participant's current abilities shall determine needs of the participant;
- The participant and anyone asked by the participant, may be involved in the PCCP development process;
- Planning shall involve both formal and informal supports; and
- The PCCP shall reflect cost awareness.

NOTE: For a participant who has a legal representative (e.g., guardian, or someone with a Durable Power of Attorney (DPOA) in effect), it is required the legal guardian be notified and given the option to assist with the development of the PCCP. If a guardian has been identified, DSDS staff or its designee shall obtain copies of the guardianship paperwork and attach them to the electronic case record.

PROCESS

The right to self-determination, Missouri Code of State Regulation (CSR), and Code of Federal Regulation (CFR) shall necessitate the participant's approval of the PCCP. A PCCP shall be developed with and agreed upon by the participant and/or legal guardian during the development process and authorization of HCBS.

Authorized HCBS shall not replace or duplicate existing formal or informal support systems without adequate documentation that such support will no longer be available to the participant.

The following shall be determined:

- If there are any support systems currently in place which will not be continued and the reason why; and
- The tasks requiring the authorization of HCBS or referral to another entity.

It is not appropriate to authorize certain HCBS when the participant lives with others who are able to perform those services or tasks.

- Tasks such as cleaning identified areas when the areas are shared with other household members of the residence shall not be authorized.
- Tasks that are a primary benefit to a household unit or when members of the participant's household may reasonably be expected to share or do for one another shall not be authorized (unless such tasks are above and beyond typical activities household members may reasonably provide for one another).

NOTE: Assistance with meal preparation based on preference (e.g. eating at different times or prefer different foods) shall not be authorized for participants that live with others and have the availability of shared meals.

Thorough documentation shall support the reasons why other household members or current support systems cannot complete necessary tasks. Services authorized shall be only those required to meet the needs of the participant.

As part of the PCCP development, the following shall be taken into consideration:

- The aide's ability to perform multiple tasks within the same timeframe;
- Size of the participant's living area;
- Assistance provided by others in the household;
- Assistance provided by other formal and informal supports;
- Access to transportation, including the availability for [MO HealthNet Non-Emergency Medical Transportation \(NEMT\)](#);
- Availability of laundry facilities; and
- Any other factors that may influence the type and amount of services required to meet the participant's needs.

In all instances, DSDS staff or its designee shall authorize HCBS necessary to meet the participant's identified unmet needs within the appropriate services guidelines as described in the [HCBS Policy, Chapter 3](#). All service authorizations must be supported by thorough documentation within the electronic case record and must be reasonable and necessary according to the condition and functional capacity of the participant.

A referring entity can make suggestions as a collateral contact during the development of the PCCP. However, DSDS staff or its designee must primarily consult with the participant and/or legal guardian to determine unmet needs and arrange the services necessary.

COLLATERAL CONTACTS

Additional information may be needed to assist in the PCCP development and coordinate care for the

participant. Independent collateral contacts shall not compromise the rights and confidentiality of the participant. When considering collateral information during the design of the PCCP, sufficient documentation shall explain any discrepancies in the expressed wishes of the participant. Collateral contacts should be an individual(s) familiar with the needs of a participant.

Unless prevented by circumstances, a discussion shall be conducted with the participant and/or legal guardian during the PCCP process indicating what information will be obtained and sources contacted. The appropriate privacy policies in [HCBS Policy, Chapter 9](#), shall be reviewed with the participant and/or authorized representative.

Resources which may assist in PCCP development include:

- Medical sources: Information regarding the current medical condition, prescriptions, prior authorizations, history, and limitations may be obtained through the participant's electronic case record, physicians, hospitals, clinics, and home health agencies.
- Relatives, neighbors, and friends: These individuals may be able to provide additional observations and information regarding the participant, when identified as a part of the informal support system.
- Other Social Agencies: Information may be available through local community agencies providing support or services to the participant.
- Agencies: Services may be accessed through various state agencies and funding sources designed to care for participants with specific medical conditions. Participants in need of such services shall be referred and care coordinated in an effort to maximize state and federal resources. Information shall be obtained to determine and coordinate services currently authorized by:
 - Department of Mental Health
 - Department of Social Services
 - Other Divisions within DHSS
 - Home Health
 - Hospice

DSDS staff or its designee shall complete all related PCCP activities including entry of the service authorizations for HCBS as soon as possible.

BACKUP PLAN

As part of the PCCP maintenance process, DSDS staff shall determine if the backup plan is still appropriate. If necessary, DSDS staff shall work with the participant to ensure the backup plan is updated and current information is provided.

The backup plan shall be provided in the event of an emergency and when the HCBS provider is unable to deliver services due to temporary staffing shortages, natural or other disasters, and acts of terrorism. A backup plan may include more than one individual. The following shall be included for each individual listed as part of the plan:

- Name
- Relationship to the participant (e.g., family, friend, neighbor, etc.)
- Contact information (phone number)

- A brief summary of assistance the individual will provide in the event HCBS services are unable to be delivered.

PRIORITY RISK INDICATORS

Priority risk indicators will display for the particular case in the participant's electronic case record. This indicator can be updated at any time during the authorization period. These indicators are intended to assist the HCBS provider in prioritizing service delivery in instances such as temporary staffing shortages, natural or other disasters, and acts of terrorism.

Document the level of priority by evaluating circumstances (i.e., support system, confusion, and noncompliance) in the electronic case record. Priority/Risk indicator of one (1) shall be used when the lack of HCBS would pose a serious threat to the health, safety, and welfare of the participant. Discretion shall be used in assigning high priority. A fragile, unreliable or insufficient support system must be documented in the electronic case record justifying high priority status.

TASKS/COST MAXIMUMS

Specific services may have associated tasks. Suggested tasks that are mutually identified and agreed upon shall be selected. Suggested times and frequencies are provided for these tasks as a standard baseline. Task frequencies that are significantly different from the suggested time and frequency shall be documented within the participant's electronic case record.

DSDS staff shall ensure the requested services are within the cost maximums as outlined in policy. Total cost of care will be displayed after all service types and tasks have been entered.

- The total cost of the PCCP shall be compared to and not exceed the [HCBS Cost Maximums](#).
- The automated cost computation is based on the highest number of units that could be delivered in any given month (i.e., 31 day months).
- At no time shall a care plan with Adult Day Care (ADC) (i.e., Adult Day Care Waiver [ADCW] or a service within the Aged and Disabled Waiver [ADW]) exceed 100% of the established cost maximum, including when authorized in combination with other HCBS.
- At no time shall either Agency Model Basic Personal Care (PC) and/or Personal Care Assistance - Consumer Directed Services (CDS) units exceed 60% of the established cost maximum; including when authorized in combination with other HCBS.
 - The cost of RN visits are not included in the 60% established cost maximum.
- The combined cost of all State Plan funded services shall not exceed 100% of the established cost maximum. State Plan services include:
 - Personal Care Assistance - Consumer Directed Model (CDS);
 - Personal Care (PC) - Agency Model;
 - Personal Care (PC) – Residential Care Facility/Assisted Living Facility (RCF/ALF);
 - Advanced Personal Care (APC) - Agency Model;
 - Advanced Personal Care RCF/ALF;
 - Authorized Nurse Visit (RN) - Agency Model; and
 - Authorized Nurse Visit RCF/ALF.

- The cost of personal care services authorized through the Department of Mental Health (DMH), Division of Developmental Disabilities (DD) waivers shall not be included in the calculation of cost maximums.
- The combination of State Plan and ADW (except when ADC is authorized through the ADW) or State Plan and the Independent Living Waiver (ILW) services can exceed the 100% cost maximum by the amount of ADW or ILW services, provided the participant's unmet needs require the amount of service authorized **and** Bureau of Long Term Services and Supports (BLTSS) has first approved the PCCP.

NOTE: When the participant receives the 100% cost maximum and the PCCP plan includes routine RN services, the cost of one RN visit shall be deducted from the automated cost computation. For participants who receive RN visits for GHE only, the cost of two RN visits shall be deducted.

When the combination of State Plan and ADW or State Plan and ILW services exceed the 100% cost maximum:

- The appropriate supervisor for the DSDS staff shall review all PCCP requests over the 100% cost maximum to ensure the participant's unmet needs require the amount of service requested.
- If documentation supports the request, the request to exceed the cost maximum shall be forwarded to the BLTSS for consideration and approval prior to authorization over the 100% of the cost maximum.
- Pending the approval from BLTSS to exceed the cost maximum, HCBS can be authorized up to the 100% of the cost maximum, excluding Agency Model Basic PC and/or CDS which may never exceed 60% of the cost maximum.
- If after initial authorization up to the established cost maximum, approval from BLTSS is obtained, the PCCP shall be adjusted and the service authorization(s) processed in the electronic case record.

NOTE: All requests to increase ILW services, shall be forwarded to BLTSS for review and approval.

PROVIDER SELECTION

It is the right and responsibility of the participant and/or legal guardian to choose the HCBS provider(s) involved in the delivery of services. DSDS staff or its designee shall explain selecting an HCBS provider is part of the PCCP process. Upon request, the participant and/or legal guardian shall be provided a list of all qualified HCBS provider(s) in their geographic location.

DSDS staff may print a public distribution provider list from the Home & Community Services (HCS) Provider Database to provide to the participant and/or legal guardian to assist in the selection process. Participants shall contact potential HCBS provider(s) to discuss specific company practices, such as policies, hours, etc.

Active HCBS participants will have ten (10) business days to select another HCBS provider whenever a twenty-one (21) day notice has been issued from their current provider or Missouri Medicaid Audit and Compliance (MMAC) notifies DSDS that a provider's contract will be closing. In areas where it is known that HCBS providers are experiencing staff

shortages, the participant and/or legal guardian shall be asked to note a backup HCBS provider in the event the first choice is not able to accept a new case.

If the participant and/or legal guardian does not select a new HCBS provider that can accept the PCCP:

- DSDS staff shall initiate an adverse action, referring to the [Adverse Action](#) policy.
- DSDS staff shall allow ten (10) business days from the date of the adverse action for the participant and/or legal guardian to choose an HCBS provider that is able to accept the PCCP.
- If a new HCBS provider is not chosen within the ten (10) business days, DSDS staff shall close the relevant service type(s) and/or case.

If the participant and/or legal guardian contacts DSDS staff within ninety (90) business days from the date of the adverse action with a new HCBS provider that is able to accept the PCCP:

- The DSDS staff who initiated the adverse action will open the case and enter the selected HCBS provider if an assessment was completed ninety (90) days prior to the date of the adverse action.

NOTE: DSDS staff should follow standard protocol for initiating an initial assessment if the participant and/or legal guardian contacts DSDS after ninety (90) days.

NOTE: After exhausting all qualified HCBS provider(s) in the geographic location if there is no HCBS provider available, the participant shall be moved into State Designee Status. DSDS staff shall refer to the [Adverse Action](#) policy.

DSDS staff or its designee shall coordinate all service authorizations with the selected HCBS provider to ensure they are able to accept the new care plan. This may involve multiple contacts to ensure the provider's capacity to deliver HCBS. The HCBS provider may review the participant's electronic case record prior to accepting the participant. All contacts made with or on behalf of the participant shall be thoroughly documented in the electronic case record.

SERVICE SELECTION COMPLETION

Upon completion of the selection of all requested services, DSDS staff or its designee shall review and complete the PCCP with the participant. All information on the applicable Rights and Responsibilities form(s) shall be discussed with the participant and/or legal guardian and reviewed annually.

HCBS providers shall be instructed to access the PCCP via the participant's electronic case record and are alerted of a PCCP authorization. HCBS providers have seven (7) days to monitor their work queue in order to retrieve these authorizations. However, this activity will not substitute for notification between DSDS staff or its designee and the selected provider(s).

All HCBS participants shall receive a copy of the PCCP detailing the authorization of their HCBS. HCBS providers shall provide a copy of the PCCP to the participant. DSDS staff shall send the PCCP upon participant request.

NOTE: Pursuant to Section 191.656, RSMo HCBS providers serving an individual with HIV or AIDS may only disclose the health status of the individual to employees providing direct health care services to the individual only after the provider has determined the employee has a reasonable need to know. Such disclosure should be done in strictest confidentiality and prohibit further disclosure.

PERSON CENTERED CARE PLAN MAINTENANCE

DSDS staff or its designee shall conduct all PCCP maintenance activities within the electronic case record. A

participant's PCCP shall be modified to address unmet need resulting from changes in the participant's health, supports, safety and abilities.

- Increasing or decreasing services/tasks;
- Adding or deleting services/tasks;
- Changing HCBS providers;
- HCBS case closure.

DSDS staff or its designee may receive a request for a PCCP change through several different sources including, but not limited to:

- The participant and/or legal guardian;
- The HCBS provider;
- Formal or informal support;
- A community resource (e.g., senior center, hospital, etc.)
- Participant's physician
- MMAC

Administrative oversight of HCBS includes timely action and closing of cases with an expired PCCP. However, extenuating circumstances may preclude closing a case on a timely basis. These may include, but are not limited to:

- Participant is deceased and DSDS staff did not receive notification;
- Participant has requested a hearing due to an adverse action:
- Participant is waiting for a hearing decision; and/or
- DSDS staff is waiting for the return of physician or other collateral information.

When such circumstances delay the timely closing of cases with an expired PCCP, DSDS staff or its designee shall make the appropriate documentation in the participant's electronic case record with follow-up as necessary until the closing action is completed.

As with any maintenance activity, the basic principles of the PCCP process shall be followed:

- The participant and/or legal guardian, shall be consulted in **all** instances when a change to the PCCP has been requested. DSDS staff or its designee shall make additional contacts, as necessary, to verify status changes that warrant the requested modification to the PCCP.
- DSDS staff or its designee shall coordinate with the participant's HCBS provider on all changes to the PCCP.
- If a new service type is added to the PCCP, a copy of the appropriate Rights and Responsibilities form shall be provided to the participant.
- When changes are made to a PCCP for a participant authorized for services through the [Department of Mental Health \(DMH\)](#), a copy of the new PCCP shall be forwarded to the DD support coordinator.
- All maintenance activities that adversely affect the participant's PCCP shall be subject to the [Adverse Action](#) process.

PERSON CENTERED CARE PLAN CHANGE REQUEST

In instances of a PCCP change request:

- DSDS staff shall make one (1) attempt to contact the participant and/or legal guardian at each number listed on the request.
 - If a voicemail can be left: DSDS staff shall leave a detailed voicemail including the purpose of the call and the date in which the participant must return the call to proceed with the request. DSDS staff shall provide the participant and/or legal guardian ten (10) business days to respond.
 - If message voicemail cannot be left or they are unsure the phone number is correct: DSDS staff shall send a [Participant Contact Letter](#).
- All contacts shall be thoroughly documented in the participant's electronic case record.

NOTE: The ten (10) calendar days shall begin the first business day after the Participant Contact Letter is mailed. If the 10th calendar day ends on a State Holiday or weekend, the next **business** day shall be considered the 10th day (e.g., if the 10th calendar day ends on Saturday the next business day is Monday).

Adverse actions are not required if the reductions or closing requests are agreed upon through a discussion between DSDS staff and the participant and/or legal guardian. In instances where a participant and/or legal guardian requested a reduction or closure of services, DSDS staff shall verify the identity of the participant and/or legal guardian and document in the electronic case record. Actions of this nature may be taken immediately.

DSDS staff or its designee shall stay within the allowable cost maximums outlined in this policy and assure the participant is eligible for the requested modification as in [HCBS policy Chapter 3](#).

PCCP changes resulting in a decrease only, are to be authorized with an effective date on the first day of the month following the date of change. If an adverse action has been initiated, the change will take affect the first day of the next month following the expiration of the adverse action.

When a PCCP change includes an increase, even if a particular task(s) was decreased or removed, the effective date is based on participant need and provider availability. Therefore, effective dates for PCCP changes with both an increase and a decrease may occur anytime during the month.

All contacts shall be thoroughly documented in the participant's electronic case record referring to [Case Notes Documentation](#). DSDS staff shall enter their first and last name, title and business affiliation.