



DDA Provider Role in the Person Centered Planning Process

July 28, 2023

The DDA and its partners are committed to a meaningful person-centered planning (PCP) process through a **team approach** that provides people with developmental disabilities the support they need or want to create a plan for their future. **The PCP process always begins with and is about the person.**

The DDA values a **team approach** when it comes to PCP development. Collaboration is critical in our collective efforts to best support Marylanders with developmental disabilities. Below, the DDA has outlined the collaborative roles and responsibilities **providers** have in each step of the PCP process.

PCP Pre-Planning

Comprehensive and **collaborative** pre-planning is driven by the person and coordinated by the Coordinator of Community Services (CCS). Pre-planning occurs in **collaboration** with the person's PCP team, which includes people chosen by the person and often includes their family members, friends, and **provider agencies**.

Pre-planning should be initiated within 90 days of the PCP Annual Plan date (APD).

Pre-planning can be formal or informal depending on the preference of the person.

Some people may request an in-person pre-planning meeting or a virtual one. Others may choose to engage in pre-planning with their team via email or text.

Provider responsibilities during PCP Pre-Planning	Timeframes
<ul style="list-style-type: none"> ● Collaboration with CCS to complete the Health Risk Screening Tool (HRST) to holistically determine health and safety risks. <u>A score of 3 or higher on the HRST requires a review by the person's nurse.</u> 	<ul style="list-style-type: none"> ● If applicable, the HRST review by a nurse for a score of 3 or higher needs to be completed in a <u>timely fashion</u> to ensure submission of the PCP at least 20 business days prior to the APD. It is recommended that the HRST review take place at the beginning of the 90 day pre-planning process.
<ul style="list-style-type: none"> ● Participation in and review of the Support Intensity Scale (SIS) as a planning tool to help the person develop their PCP. 	<ul style="list-style-type: none"> ● <u>A SIS is required for all new people new to DDA services and again every 5 years.</u> The CCS supports the person in coordinating their SIS assessment and SIS assessment invites based on the person's preference.
<ul style="list-style-type: none"> ● Collaborate with the team to review applicable pre-planning tools to identify risks and/or any unmet needs. <u>Risks should be clearly identified in the PCP risks section and supported</u> 	<ul style="list-style-type: none"> ● This needs to be completed in a <u>timely fashion</u> to ensure submission of the PCP at least 20 business days prior to the APD.

<p><u>by mitigation strategies, which are often provider implemented.</u></p>	
<ul style="list-style-type: none"> ● Collaborative review of generic, natural, community, or local resources to help a person meet their needs. 	<ul style="list-style-type: none"> ● This needs to be completed in a <u>timely fashion</u> to ensure submission of the PCP at least 20 business days prior to the APD.
<ul style="list-style-type: none"> ● Collaborative review of conditions of release or probation, if applicable. 	<ul style="list-style-type: none"> ● This needs to be completed in a <u>timely fashion</u> to ensure submission of the PCP at least 20 business days prior to the APD.
<ul style="list-style-type: none"> ● Update and review of Behavior Support Plans (BSP) or Nursing Care Plans (NCP). Providers are responsible for the timely submission of these documents as well as a timely review and, if applicable, approval with agencies human rights committees. 	<ul style="list-style-type: none"> ● BSP and NCPs should be reviewed and approved annually. This review and approval should be completed in a timely fashion to ensure submission of the PCP at least 20 days prior to the APD. It is recommended that BSP and NCP reviews and approvals take place at the beginning of the 90-day pre-planning process. ● A BSP or NCP that is expired or not uploaded is one of the <u>top five reasons a PCP is sent back for clarification.</u>

PCP Development

The CCS will develop, in **collaboration** with the person and their PCP team, a PCP that reflects the:

- Person’s vision;
- Person’s chosen outcomes;
- Identified risks, right restrictions, and needs; and
- Requested services necessary to ensure the person is:
 - Healthy
 - Safe
 - Achieving their vision of a “good life”

Provider responsibilities during PCP Development	Timeframes
<ul style="list-style-type: none">● If PCP teams are determining the need for 2:1 or 1:1, not related to behavioral or medical support needs, the PCP should reflect what the dedicated support is, why it's needed, and what it looks like. For residential, <u>the provider should be able to clearly identify and communicate with the PCP team how shared hours in the homes are being utilized to support group and individual support needs on a day to day basis.</u>● Please note that this documentation does not need to be extensive, rather any person reading it should be able to review the plan and tell you what the need is, why they need the support, and what it looks like.	<ul style="list-style-type: none">● This needs to be completed in a timely fashion to ensure submission of the PCP at least 20 days prior to the APD.

- Completion of the Service Implementation Plan (SIP) reflective of the person's chosen outcomes (not required for people in Self-Direction)

- The SIP shall be submitted to the person, authorized representative (as applicable), and the Coordinator of Community Services: directly **OR** uploaded by the provider into the person's profile in LTSS
- Within five (5) business days of the LTSS Maryland service referral acceptance or sooner;
- At least five (5) business days prior to the person's scheduled annual person-centered planning meeting; and
- Within five (5) business days or team agreed date, anytime a revision to the strategy needs to occur.
- A missing SIP is one of the top five reasons a PCP is sent back for clarification.

<ul style="list-style-type: none"> • Submission of accurate and correct Cost Detail tool (PCIS2 billing only) and DSAT for those providers who have NOT transitioned to LTSS for billing. 	<ul style="list-style-type: none"> • No less than <u>7</u> calendar days prior to the PCP planning meeting • A missing or incorrect Cost Detail and DSAT is one of the <u>top five reasons a PCP is sent back for clarification.</u>
<ul style="list-style-type: none"> • For the traditional service model only, acceptance of the PCP service referral 	<ul style="list-style-type: none"> • Within 5 days of receipt

PCPs are due to the DDA regional office 20 days prior to the Annual Plan Date. While the responsibility to ensure coordination and completion of the PCP is the CCS's, it is the **collaborative responsibility of each team member to ensure timely completion and submission of each team member's applicable tasks or documents to ensure that a person has an Annual PCP that has not gone into autoextend.**

Additional resources

[Person Centered Planning Policy](#)

[Service Implementation Plan \(SIP\) Policy](#)

[Pages - Person-Centered Planning \(maryland.gov\)](#)

[DDA Person Centered Planning webpage](#)

[PCP Manual](#)