



ND Developmental Disabilities Division

OSP INSTRUCTIONS FOR PROVIDERS AND DD PROGRAM MANAGERS CMS FINAL RULE PERSON-CENTERED PLANNING REQUIREMENTS

The Centers for Medicare and Medicaid Services (CMS) established a Final Rule for Waiver Home and Community Based Services (HCBS) effective March 17, 2014. The Final Rule established requirements based on characteristics and individual experiences for HCB Settings. The Final Rule also includes requirements for the Person-Centered Planning Process and Documentation.

The ND Developmental Disabilities Division created this document to provide information on the Person-Centered Planning requirements and the changes which are incorporated into ND’s Overall Service Plan (OSP) Instructions and current OSP plan in Therap. The changes are applicable to all services required to use the OSP plan, including ICF/IID’s. Health Facilities reviewed these instructions and they are not in conflict with the ICF/IID Regulations.

This document is meant to be used as a tool for Providers and DDPM’s to implement these processes and documentation requirements. The changes identified are in red and underlined. The complete updated version of the OSP Instructions will be rolled out at a later date along with other updates and enhancements. Providers and DDPM’s are to implement the following changes as meetings and plans occur. At this time no changes are being made to the OSP plan format. All requirements are being built within the current plan format.

Additionally, CQL completed a Toolkit for States, which cross walked CQL’s Basic Assurances and Personal Outcome Measures to the CMS new Home and Community Based Requirements. This information is also represented. For more detailed information and how they correlate, please visit CQL’s website for the complete document.

Home and Community Based Person-Centered Planning Process Requirements (The methods, concepts, or responsibilities that are completed by Providers and DDPM’s)	
CMS Requirement	Supporting language in the OSP Instructions to ensure process is followed
Includes a method for the individual to request updates to the plan as needed <i>CQL Basic Assurances Data-Factor 8a</i>	Added additional language in the section “The OSP is a dynamic and ongoing process”. Clarifies how to make a request for plan updates: <u>Individuals and/or their legal decision makers may also request verbally or in writing to their DDPM or Program Coordinator for an update to the plan as needed.</u>
Offers informed choices to the individual regarding the services and supports they receive and from whom. <i>CQL Basic Assurances Data-Factor 8a</i> <i>Personal Outcome Measure Data-POM 10, 11, 16</i>	Added a new section “Individuals choose their services, providers and settings”. Clarifies the process and roles currently in place and added the requirement to document the setting choice: <u>As part of the planning process, the DDPM will provide the individual with information about the services and supports available, the providers available, and setting options; considering the individual’s needs, preferences, and goals.</u>
Records the alternative home and community based settings that were considered by the	

<p>individual. CQL Basic Assurances Data-Factor 8a Personal Outcome Measure Data-POM 10, 11, 16</p>	<p><u>Setting options considered should include options that are not exclusive to people with the same or similar disabilities. Individual’s services and supports are to be provided in the most integrated setting and ensure full access to the benefits of community living.</u></p> <p><u>A list of all available services and providers will be shared with the legal decision maker if applicable. By being provided with the necessary information and support, individuals will be informed of all the possibilities from which they may choose, as well as the results of those choices, in a manner that is meaningful and easily understood to them. This process truly puts the individual in the center, facilitated to make informed choices. Ideally, this should occur prior to the individual’s initial service plan, annually thereafter prior to the team meeting, when service needs change, or when requested by the individual.</u></p> <p><u>At times, the choice made may not be agreeable to some participating in the process. There will also be circumstances due to situations beyond one’s control, the options are limited affecting this choice making process.</u></p> <p><u>The individual’s choice in their home, work, and/or day supports, along with the other options and different settings considered, will be documented in their plan. The person centered planning process takes into account the individual’s needs and preferences. For residential settings, the individual’s resources are also factored in with the available options, room and board costs, and opportunity for a private bedroom. If the individual is sharing a bedroom, the individuals are provided choices regarding their roommate.</u></p> <p>Added additional language in the section “DD Program Manager Responsibilities prior to Annual OSP”: Clarifies DDPM responsibility for reviewing service & setting options prior to each annual meeting. Prior to the annual OSP the DD Program Manager will: <u>5. Review the service options and their choice of service providers with the individual prior to the team meeting, annually and as needed. Individuals will be informed of all the possibilities from which they may choose, in a manner that is meaningful and easily understood to them. This process truly puts the individual in the center, facilitated to make informed choices.</u></p>
<p>Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions. CQL Basic Assurances Data-Factor 8a</p>	<p>Added additional language in the section “Engaging individuals, family members and legal guardians”. Clarifies individual participation in their plan: The individual and the people they select to participate must be empowered to lead and direct the design of their service plan.</p>

<p><i>Personal Outcome Measure Data-POM 16</i></p>	<p><u>Providing necessary information and support ensures the individual directs the process to the maximum extent possible, and is enabled to make informed choices. With skillful facilitation, individuals can express themselves at the level in which they desire or are able to participate.</u></p>
<p>Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and person who are limited English proficient. <i>CQL Basic Assurances Data-Factor 2a, 2d, 8a, 9b</i></p>	<p>Added additional language in the section “Engaging individuals, family members and legal guardians”. This describes using alternative plan formats and providing information in a understandable manner: <u>Additionally, the planning process should take into account the cultural considerations of the individual, conducted by providing information in a language that is understandable to the individual, no professional jargon, and accessible to those who are limited English proficient. Individuals should also have the opportunity and option to have their written plan in an alternative format that is understandable and meaningful to them. This is individualized and may incorporate such things as a personal “book”, pictures, using their own words, interpreter, etc.</u></p> <p><u>Cultural considerations should not only be based on a person’s language, country, or heritage, but also includes a person’s learning style, beliefs, values, etc.</u></p> <p>Added additional language in the section “State ISP section of the OSP”. Clarifies DDPM reviewing the rights/responsibilities in an understandable manner: In addition, the ISP contains a list of rights and responsibility statements for the individual receiving services. <u>The annual rights/responsibilities printed at the top of the ISP will be reviewed at the team meeting in a manner that is understandable to the individual with no professional jargon.</u></p>
<p>Be distributed to the individual and other people involved in the plan. <i>CQL Basic Assurances Data-Factor 8b</i> <i>Personal Outcome Measure Data-POM 9</i></p>	<p>Added additional language in the section “Signature Page for RMAP/OSP”. Clarifies the distribution of the plan: <u>A copy of the plan is shared with the individual, legal decision maker and other team members involved in the plan that do not have access to Therap and the electronic document.</u></p>
<p>Includes people chosen by the individual <i>CQL Basic Assurances Data-Factor 8a</i> <i>Personal Outcome Measure Data-POM 5</i></p>	<p>Already addresses plan participants in the section “Engaging individuals, family members and legal guardians”</p>
<p>Is timely and occurs at times and locations of convenience to the individual <i>CQL Basic Assurances Data-Factor 8a</i></p>	<p>Already addresses time and location of meetings in the section “Engaging individuals, family members and legal guardians”</p>
<p>Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants <i>CQL Basic Assurances Data-Factor 1a, 2b</i> <i>Personal Outcome Measure Data-POM 5</i></p>	<p>Already addresses conflict resolution in the sections “Engaging individuals, family members and legal guardian” and “Review-Revision-Approval Process instruction”</p>

Home and Community Based Person-Centered Service Plan Documentation Requirements

(Directions on what to document/write in the OSP plan in Therap)

CMS Requirement	OSP Documentation in Therap
<p>Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of waiver services and supports.</p> <p><i>CQL Basic Assurances Data-Factor 3b, 3d, 8a Personal Outcome Measure Data-POM 1, 16</i></p>	<p>Directions to document information on services/supports already located throughout the OSP in the following sections:</p> <ul style="list-style-type: none"> • Review of plan and progress towards outcomes • Review the Self-assessment • Review the Risk assessment • Review of the Residential assessment • Vocational/employment/Day Supports/VR • Health and Welfare <p>Added additional directions to document natural supports in the “Assessment Review Sections”:</p> <p><u>4. In the corresponding assessment sections, reflect how any natural supports and self-directed services assist the individual in services, supports, and achievements of identified goals. Natural supports are unpaid supports (family, friends, community, etc.) that are provided voluntarily to the individual in lieu of services and supports.</u></p> <p><i>Example: A person attends church every Sunday and established relationships with certain parishioners. Every Sunday, an individual attends church with their neighbor. That neighbor provides the transportation to and from church in addition to the companionship during mass. This could be highlighted in the Residential Section.</i></p>
<p>The setting in which the individual resides is chosen by the individual. The State must ensure that the setting chosen by the individual is integrated in, and supports full access of individuals to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCB.</p> <p><i>CQL Basic Assurances Data-Factor 2d, 8a, 2e, 9b Personal Outcome Measure Data-POM 10, 13, 14, 19, 5, 16, 12</i></p>	<p>Added additional directions to summarize where a person lives, works, or attends day supports in the “Assessment Review Sections”:</p> <p><u>5. In a corresponding assessment section, such as the Self-Assessment Section or the Vocational/Employment/Day Supports/VR Section, provide a summary where the individual lives, works, attends school, and/or attends day supports. If there are any barriers affecting the individual’s preferences to where they live, work, or attend day supports; the person-centered planning process should initiate and address any future steps in meeting their preferences.</u></p> <p>Added additional directions to document setting choice in “DDPM final review and discussion- “Anticipated change in residence, services, supports, provider”:</p> <p><u>Document the individual’s choice in setting for where they live, work, and/or attend day supports. Summarize the options that were available, considered, and visited by the individual. The DDPM reviews the options available with the individual to ensure community integration and choices are continued to be afforded. Information with any necessary tours and visits are available to assist in informed decision making. This is</u></p>

	<p><u>completed prior to the initial service plan, reviewed annually thereafter prior to the team meeting, when service needs change, or when requested by the individual. If there are no anticipated changes, the DDPM can document the discussion with the individual and/or legal decision maker regarding ongoing options and their right to make changes any time.</u></p> <p><u>If the place to live, work, and/or receive day supports was not chosen by the individual, highlight the reasons, circumstances, or barriers that may have contributed and if there are any future steps in place to address the individual's preferences. If the individual has a legal guardian who makes the decision regarding service settings this should be documented.</u></p>
<p>Include those services, the purpose or control of which the individual elects to self-direct. CQL Basic Assurances Data-Factor 8a Personal Outcome Measure Data-POM 16</p>	<p>Added additional directions to document self-direction information in “DDPM final review and discussion- Self-Directed services through traditional waiver”: Review or address any Self Directed Services, <u>including the purpose and how the individual controls the aspects of the service</u> (equipment, supplies, environmental modifications that the individual has or is eligible for and may benefit from).</p>
<p>For Provider owned or controlled settings, any modifications must be supported by a specific assessed need and justified in the person-centered service plan. CQL Basic Assurances Data-Factor 1b, 8e, 8a</p>	<p>Added additional directions to document the modifications or restrictions in “Rights Limitation and Due Process”:</p> <p>✓ <u>Modifications that are made to the following list of conditions must be justified and documented in the plan for ALL residential settings, unless otherwise noted.</u></p> <p>a) <u>For provider-owned residential settings: Individuals have a lease for the unit/dwelling they own, rent, or occupy. The lease, at a minimum, has the same responsibilities and protections from eviction that tenants have under ND landlord/tenant law. (does not apply to ICF/IID’s).</u></p> <p>b) <u>Individuals have privacy in their bedroom and home:</u></p> <p>i. <u>For provider-owned residential settings: Bedrooms have doors lockable by the individual, with only appropriate staff having keys to doors under emergency situations or circumstances identified by the team planning process and documented in the plan. If an individual does not want a lockable bedroom door even after being informed of their right to, this will be documented in the Residential Assessment section of the plan (does not apply to ICF/IID’s).</u></p> <p>ii. <u>Individuals, who share bedrooms have a choice of roommate(s).</u></p> <p>iii. <u>Individuals can furnish and decorate their bedroom or living areas within the lease or other agreement.</u></p>

	<p>c) <u>Individuals control and have choice in their own schedules and activities, and have access to food at any time.</u></p> <p>d) <u>Individuals have visitors of their choosing any time.</u></p> <p>Added additional directions to document the justifications needed in “Individual and/or guardian approval (Release signed specific to plan restrictions)”: List any restrictions, and summarize the basis for the restrictions and document that approval from the individual and/or guardian has been obtained <u>along with the assurance that the interventions and supports will not cause harm to the individual.</u></p> <p><u>For modifications made of the conditions listed above (a-d), the following will be additionally summarized in this section:</u></p> <ul style="list-style-type: none"> ✓ <u>The specific, individualized assessed need for the modification and a clear description of the diagnosis that is related to the need. This cannot be solely based on a diagnosis or disability. The diagnosis may accompany the justification, but the situation and reasons are individualized, and according to assessments. The focus will likely be around health and welfare concerns and the consideration of risk mitigation. Individuals are unique, so considerations for the plan will also vary.</u> <ul style="list-style-type: none"> ○ <u>Example: An individual has a diagnosis of Prader Willi Syndrome. Stating the restriction of having a locked pantry and fridge is due to Prader Willi is not sufficient. The evidence and summary should also entail the description of any related findings from assessments, the difficulty or inability of the person to not portion their food or stop eating when full, current health implications related to their eating difficulties, etc.</u> ✓ <u>The positive interventions/supports and less intrusive methods tried in the past that may have not been effective</u> ✓ <u>The collection of data reviewed to measure the ongoing effectiveness. The team will consider what is reasonable for the individual to evaluate the effectiveness; considering the individual circumstances, weighing any risks, and that amount of time that would be given for a response.</u> ✓ <u>Established time limits for periodic reviews to determine if the modification(s) is still necessary or can be terminated. Modifications that affect an individual’s rights should not be without time limitations or be on a continuous basis.</u>
<p>Identify the individual and/or entity responsible for monitoring the plan. CQL Basic Assurances Data-Factor 8a</p>	<p>Added section and directions to document who monitors the plan in “OSP Participants/Attendees”: <u>The individuals or entity responsible for monitoring the plan must be identified. Verbiage will be added after the title of the Program Coordinator and DDPM. The verbiage provided below</u></p>

	<p>is to be consistently used among providers and region HSC.</p> <ul style="list-style-type: none"> • <u>Program Coordinator- internal monitor of services & plan</u> • <u>DDPM- in-depth monitor of services & plan</u>
<p>Reflect the individuals strengths and preferences <i>CQL Basic Assurances Data-Factor 8a</i> <i>Personal Outcome Measure Data-POM 10, 11, 16</i></p> <p>Reflect clinical and support needs as identified through an assessment of functional need <i>CQL Basic Assurances Data-Factor 8a, 8d</i></p>	<p>Directions to document already located throughout the plan in the following sections:</p> <ul style="list-style-type: none"> • Self-Assessment • Risk Assessment • Residential Assessment • Vocational, employment, Day Supports/VR • Health/Welfare, etc.
<p>Include individually identified goals and desired outcomes <i>CQL Basic Assurances Data-Factor 2e, 8a</i> <i>Personal Outcome Measure Data-POM 17</i></p>	<p>Directions to document already in the section “Outcomes”.</p>
<p>Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed <i>CQL Basic Assurances Data-Factor 4b, 7a, 8b, 8c</i> <i>Personal Outcome Measure Data-POM 3, 8</i></p>	<p>Directions to document already in the sections “Review of RMAP (Risk Assessment)” and “Emergency Back Up Plan”</p>
<p>Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation <i>CQL Basic Assurances Data-Factor 1b, 8a, 9d</i> <i>Personal Outcome Measure Data-POM 9</i></p>	<p>Directions to document already in the section “Signature Page”.</p>
<p>Prevent the provision of unnecessary or inappropriate services and supports <i>CQL Basic Assurances Data-Factor 1b, 8c</i></p>	<p>Already documented in the ISP section, but added clarifying directions in “Individuals choose their services, qualified providers and settings”:</p> <p><u>Needed services and supports are discovered through the planning process and must be identified within the ISP and PCSP sections of the OSP. Not only does the process and written plan identify services, but it should also assist in preventing the provision of unnecessary or inappropriate services and/or supports. The mission of DD services in ND is to assist individuals in becoming as independent as they can.</u></p>