

## Person Centered Plan

### Policy:

All program participants shall have a current, complete, signed Person Centered Plan, also known as an Individual Support Plan (ISP) for folks with waiver services, in their records. The PCP/ISP shall be the basis for delivery of services.

### Procedure:

The Care Coordinator shall provide a current PCP/ISP in order for MSS to initially provide services to the person. The PCP/ISP shall include the long-term goals for the person to achieve. MSS will develop the short-term goals as well as task analyses and the intervention strategies in compliance with current MCO requirements. The PCP/ISP must also include the signatures of the person/legally responsible person.

The PCP/ISP shall be reviewed at least annually, but may be revised as needed. The review and revision processes are coordinated and led by the Care Coordinator. The Clinical Director/Associate shall participate in those processes. Short-term goals will be revised at least annually by the Clinical Director/Associate and may be revised at any time throughout the plan year with the input (as appropriate,) review, and approval of the person or their guardian. A Crisis Plan will be included in each PCP/ISP as written by the care coordinator.

Progress towards short term goals shall be reviewed by the Clinical Director/Associate on at least a quarterly basis as determined by the person's plan year. Quarterly progress summaries shall be included as a part of the clinical record.

To ensure correct delivery of the services as determined in the PCP/ISP, the Supervising Qualified Professional shall monitor the direct care staff at least monthly or as needed.