

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No. I.C.1.PR.002.b

Subject: Planning and Support Team

Section: Services and Supports, Case Management/Broker Services

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Effective Date: Upon release

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A. Purpose

The purpose of this procedure is to develop a consistent approach to developing and maintaining planning and support teams to implement the individual planning process.

B. Applicability

This procedure shall apply to all individuals eligible to receive supports and services from the department who meet the requirements for the development of an Individual Plan.

This procedure shall apply to case managers, support brokers, private agency designees and all other DDS staff responsible for individual plan development and implementation.

C. Definitions

See Case Management Definitions at the end of this section.

D. Implementation

1. Planning and Support Team Members

Individuals and the people who are important in their lives will receive the supports they need to be directly involved in the development and implementation of their individual plan including supports in their native language or primary mode of communication.

At the very minimum, all planning and support teams shall include the individual who is receiving supports, his or her guardian if applicable, his or her case manager, and persons whom the individual requests to be involved in the individual planning process including the individual's family and/or advocate. Individuals who are self-directing their supports and have hired an independent support broker should include the independent support broker on the planning and support team. Planning and support teams for individuals who receive residential, employment, or day support should include staff who provide those supports and know the individual best. Depending upon the individual's specific needs, health providers, allied health providers, and professionals who provide supports and services to the individual should be involved in the individual planning process and may be in attendance at the individual planning meeting.

2. Scheduling Individual Planning Meetings

The expectation is that the individual should be present at his or her planning meeting and involved in the planning process. The case manager should ensure the individual has access to supports required to actively contribute to the planning process. Every effort will be made to schedule the planning meeting at times and locations that will facilitate participation by the individual and his or her family, guardian, advocate or other legal representative as applicable. The case manager will ensure that the individual and his or her family, guardian, advocate or other legal representative as applicable is contacted to schedule a meeting at their convenience.

Appropriate written or oral confirmation of the meeting to develop the individual plan shall be given to the individual and his or her family, guardian, advocate or other legal representative as applicable in their native language or primary mode of communication 14 days prior to the scheduled meeting.

Minimally, the written or oral notice shall include:

- a. The purpose of the meeting
- b. A means by which the individual and his or her family, guardian, advocate or other legal representative as applicable may indicate their intention to be present at, or absent from the team meeting. It will also give the person the opportunity to request that the meeting be rescheduled to a more convenient time.

Efforts to contact family members, guardians, advocates or other legal representatives will be documented and maintained in the individual's master file. If the person, family, or guardian refuses to participate in the Individual Plan meeting, the case manager should document his or her attempt(s) to invite participation and the responses to those attempts in the master file and in the Individual Plan, IP.9 Summary of Representation, Participation, and Plan Monitoring. In these situations, the case manager should pursue other ways to involve the individual, family, or guardian in the planning process outside of the meeting.

In situations where the individual planning meeting is postponed and cannot be held within 365 days of the previous plan, the case manager should review the plan to determine whether it remains current and appropriate. If so, the case manager should note on the top of Information Profile, IP.1 that the plan remains current, and sign and date the notation. The case manager should also prepare a new IP.10, HCBS Waiver Re-determination and should update the plan date in eCAMRIS. Copies of the IP.1 with the case manager's notation and the new IP.10 should be shared with the Planning and Support Team members. The case manager should also write a case note in the master file indicating the review of the plan and that it remains current. The case manager should schedule a team meeting to update the individual plan no later than 60 days beyond the end of a full year since the last plan update. When the full plan is updated, the case manager should also update eCAMRIS with the date of the new plan and ensure a new IP.10 is completed. If the case manager review indicates the plan is no longer current or appropriate, the case manager should make every effort to convene the Planning and Support Team as soon as possible to update the plan.

3. Planning and Support Team Member Responsibilities

Individual

Individuals and their family members should be supported to participate in the planning process to the greatest degree possible. Individuals and their family members have an important role in communicating their needs, preferences and desired outcomes, sharing information, and selecting support options and support providers. The individual should share information with the case manager and other team members about his or her satisfaction with the supports and services received and participate in ongoing monitoring and review of supports and services.

Support Providers

Support providers are responsible to ensure that quality, effective and timely supports are provided by qualified, trained staff. Providers are responsible for participating in the planning process and developing specific service plans in line with the individual plan. Support providers are responsible for participating in the planning process, providing supports and services, reporting progress on individual goals and for making recommendations about the continuation, revision or discontinuation of the specific supports and services for which they are responsible.

Support providers should complete any assessments, evaluations, or reports that are their responsibility and should submit them to the case manager at least 14 days before the Individual Planning meeting. They should provide information to the case manager to assist with the

completion of the LON. Support providers should maintain documentation of progress on specific service plans, provide six month individual progress reviews to the case manager, family or guardian and other team members, and participate in the plan meetings.

Case Manager

The DDS case manager is responsible to support the individual to be actively involved in the planning process and to work with the person and other team members to develop and implement a plan that addresses the individual's needs and preferences. The case manager is responsible to facilitate the annual individual planning meeting unless the individual requests another team member facilitate the meeting. The case manager should ensure the meeting is facilitated in line with the individual planning process and encompasses input across services settings.

The case manager should ensure the individual is informed of his or her choice of supports, service options, and providers and that the plan represents the individual's preferences. The case manager should transcribe the plan and ensure the plan is documented on the Individual Plan forms. In private Community Living Arrangements (CLAs) the plan may be transcribed by other team members. The case manager should review the documented plan for accuracy and share with the individual and his or her family or guardian for review. The case manager should ensure the plan is distributed to all team members within 30 days of plan development.

The case manager is responsible to monitor implementation of the plan to ensure supports and services are provided as outlined in the plan, progress is being made, and the plan is updated based on individual circumstances and regulatory requirements.

At the time of the individual's planning meeting, the case manager is responsible for ensuring the individual, and his or her family, guardian, advocate or other legal representative, if applicable, is informed of the rights extended to them by DDS, including the right to appeal any decision that is made at the meeting through the Programmatic Administrative Review (PAR) process. If agreement on the individual plan cannot be reached, the individual, their family, guardian, advocate or other legal representative may request a PAR. At the time of the meeting, the case manager should ensure all other required notifications are made including notifying waiver participants and their families of Medicaid Fair Hearing rights, informing individuals on the waiting list of their priority status, notifying the individual's family or guardian about the department's guidelines for reporting incidents to family members, and informing the individual of his or her human/civil rights.

4. Progress Review

Support providers will implement areas of the plan identified as their responsibility and will maintain ongoing documentation of progress. On a six month basis, at a minimum, qualified providers of support will prepare individual progress reviews and submit to the team. Staff hired directly by the individual or family to provide self-directed supports including individualized home supports, individualized day supports, personal supports and adult companion supports will maintain ongoing documentation of the individual's progress on goals.

The case manager will monitor progress on plan goals on an ongoing basis through review of individual progress reviews, self-directed service documentation, contacts, site visits, and Quality Service Reviews (QSRs). For individuals enrolled in a waiver who do not receive waiver services at least monthly, the case manager will provide monthly monitoring to assure the individual's health and welfare and document monitoring in monthly case notes. On an ongoing basis, the

planning and support team members will notify the case manager of any significant changes in the individual's life that warrant a revision of the individual plan. The planning and support team will identify the nature and minimum frequency of plan reviews and shall meet to review and update the individual plan at least annually. A meeting to review and update the individual plan may be requested at any time by a planning and support team member. In cases where more frequent meetings or progress reviews or reports are required by other state or federal regulations, the more stringent requirements shall prevail.

5. Changes to the Plan

Substantial changes in the person's individual plan require formal agreement and documentation by the planning and support team. Changes in services and revisions to the individual plan shall be documented on an updated individual plan. If the individual, his or her family, guardian, advocate, or other legal representative does not agree with proposed changes to the plan, no change in the person's individual plan shall be made until the concerns are resolved, unless the health and safety of the individual or others are at risk.

E. References

1. Individual Planning Policy
2. Components of an Individual Plan Procedure
3. Programmatic Administrative Review Policy and Procedure
4. Individual Progress Review form

F. Attachments

None