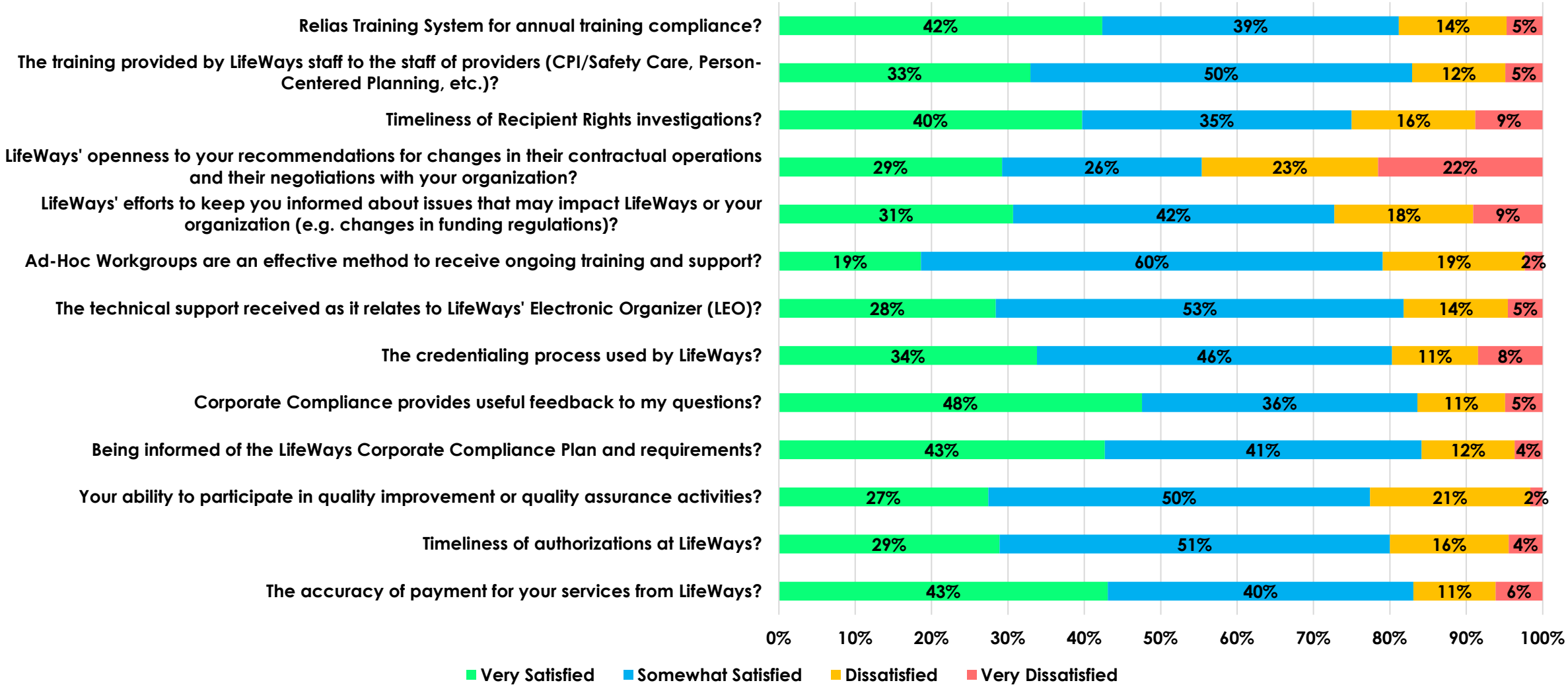
LIFEWAYS PROVIDER SATISFACTION SURVEY RESULTS

Fiscal Year 2021


Thank
You
Asante
Merci
Obrigado
Spasibo
Kia Ora
Multumesc
Matondo
Arigato
Kiitos
Dankon
Dank Je
Salamat
Mochchakkeram
Grazie
Matur Nuwun
Juspaxar
Vinaka
Chokrane
Maake
Cam on ban
Nirringrazzjak
Welalin

Q1. How Satisfied Are You with LifeWays in the Following Areas Related to Administration and Organization?



LIFEWAYS 'DEPARTMENT FEEDBACK AND IMPROVEMENT IDEAS

Timeliness of authorizations at LifeWays.

- As of June 1st, 2021, LifeWays Utilization Management Department added authorizations for Case Management/Support Coordination and Individual Therapy to the auto-approval in LEO. This should improve authorization timeliness for these services.

Your ability to participate in quality improvement or quality assurance activities.

- LifeWays is aiming to develop an in-house Improving Outcomes Conference in which Network Providers can receive training and network with one another to learn about topics that will help them do their work. Currently, we are surveying Network Providers on their interest in this idea.

The credentialing process used by LifeWays.

- The credentialing process used by LifeWays for the Provider Network will be moving to Mid-State Health Network (MSHN) region wide web-based credentialing software, FlightPath, as of 10/1/2021, to track all credentialed staff. FlightPath will allow Network Providers easy access to manage and track credentialing of staff.

Ad-Hoc Workgroups are an effective method to receive ongoing training and support.

- As workgroups are ad-hoc, when there is a need for Provider Network representation, we reach out to applicable representation, as necessary. We use feedback from surveys to identify areas where we need to provide additional training and support.

LifeWays' efforts to keep you informed about issues that may impact LifeWays or your organization (e.g. changes in funding regulations).

- Per Contract and Provider Network Management Department, Provider Network Leaders will be sent a reminder of the expectation that all Provider Network Leaders who attend meetings hosted by LifeWays shall disseminate the information back to their agency staff. In addition, all Provider Network staff are encouraged to sign up for the monthly Provider Newsletter, which provides important updates from LifeWays.

LifeWays' openness to your recommendations for changes in their contractual operations and their negotiations with your organization.

- Per Contract and Provider Network Management Department, due to COVID-19 Pandemic and the communication from MDHHS on potential budget cuts in FY21, contract negotiations were extremely limited during the FY21 contract year.

- Upon completion of the FY22 contract renewals, a survey will be developed and deployed in October to key people who were involved in the contract renewal process with LifeWays, inviting them to provide feedback on LifeWays' contract negotiation process to gain insight on any needed process improvements.

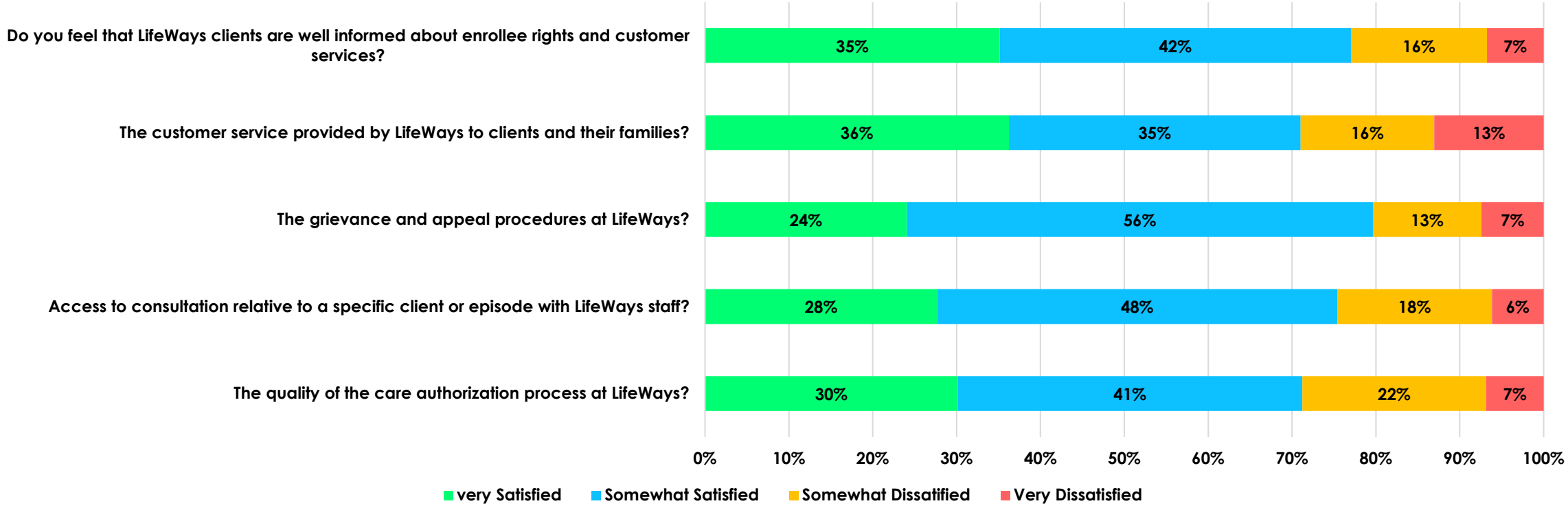
Timeliness of Recipient Rights investigations.

- During the timeline of this survey LifeWays Office of Recipient Rights (ORR) acknowledged there were some issues with timely investigations, however since the discovery, all timeliness concerns have been cleaned up. Per ORR, they continue to meet the response timelines required by the Mental Health Code of 5-days to process complaints.

- ORR suggests this question should be updated for clarity as the meaning is unclear. It has been suggested the question be updated to read as: " *Timeliness of Recipient Rights investigations (Complaints processed within 5 days, investigations completed within 90 days as required by the Mental Health Code).*"

DO YOU HAVE ANY QUESTIONS OR FEEDBACK TO SHARE?

Q2. How Satisfied Are You with LifeWays in the Following Areas Related to Clinical Care (Treatment Providers only)?



LIFEWAYS' DEPARTMENT FEEDBACK AND IMPROVEMENT IDEAS

The quality of the care authorization process at LifeWays.

- Per LifeWays Utilization Management department, this question is unclear in its meaning and should be rewritten in 2022 for clarity. Suggested clarifying wording: *"The quality of the care authorization process at LifeWays (timeliness of authorization approval, reason for denials is clear, etc.)."*

- As of June 1st, 2021, LifeWays Utilization Management Department added authorizations for Case Management/Support Coordination and Individual Therapy to the auto-approval in LEO. This should improve authorization timeliness for these services.

Access to consultation relative to a specific client or episode with LifeWays staff.

- Per Contract and Provider Network Management Department, Network Providers are encouraged to reach out directly to LifeWays providers to find resolution when needed. However, if no resolution is received for their questions, they should then reach out to their LifeWays Provider Liaison for assistance to resolve any questions.

The grievance and appeal procedures at LifeWays.

- In May 2021, LifeWays Customer Service modified the grievance process to remove psychiatrist change requests. The new process requires the individual to file a Provider Change Request form as the first step in requesting a new doctor, which will be an easier process. Additionally, the Provider Network Management Department will be addressing grievance and appeals training at the Community Based Services Provider Group Meeting for AFC homes, in August 2021.

The customer service provided by LifeWays to clients and their families.

- Further follow up is required for better understanding of this question. LifeWays Quality Improvement will review with the Consumer Advisory Council for performance improvement feedback.

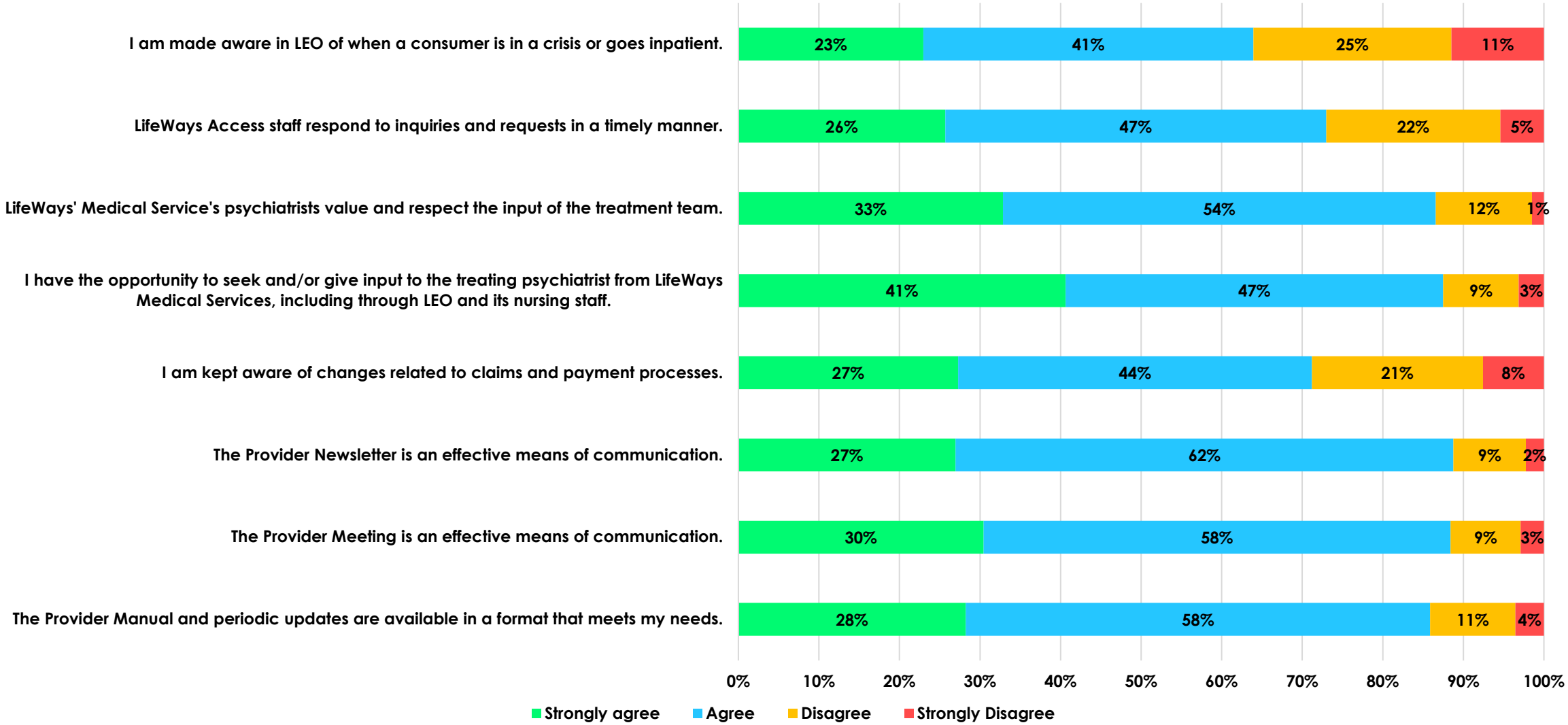
Do you feel that LifeWays clients are well informed about enrollee rights and customer services.

- During the Person-Centered Planning Process, the Primary Case Holder reviews enrollee rights with the individual and/or their guardian.

- LifeWays Quality Improvement will review this question with the Consumer Advisory Council for performance improvement feedback.

DO YOU HAVE ANY QUESTIONS FOR FEEDBACK TO SHARE?

Q3. Please Rate the following Statements:



LIFEWAYS' DEPARTMENT FEEDBACK AND IDEAS FOR IMPROVEMENT

I am kept aware of changes related to claims and payment processes.

- Per LifeWays Contracts and Provider Network Management, there have been major changes related to claims billing in which Provider Leaders and Billers were directly sent email communications and provided training.

- LifeWays Contracts and Provider Network Management department started using Constant Contact in the fall of 2020 to create email distribution lists to communicate with providers. This allows LifeWays Contracts and Provider Network Management department to track communication throughout the network by monitoring who has opened the email.

LifeWays Access staff respond to inquiries and requests in a timely manner.

- Currently, Network Providers are emailing the Access Supervisor for all follow-up on individual cases which can cause delays in response time. For a timelier response, it is important for Network Providers to reach out directly to the Access Evaluator, using the LifeWays email color coding system to prioritize inquiries, and carbon copy (CC) the Access Supervisor. This will help to speed up response times, as Access staff work different hours each day versus normal working hours.

I am made aware in LEO of when a consumer is in a crisis or goes inpatient.

- The LEO Add/Update Profile form was updated to include the option of 'This staff should be notified of a crisis with one of their consumers' feature on when a staff's profile is added or updated.

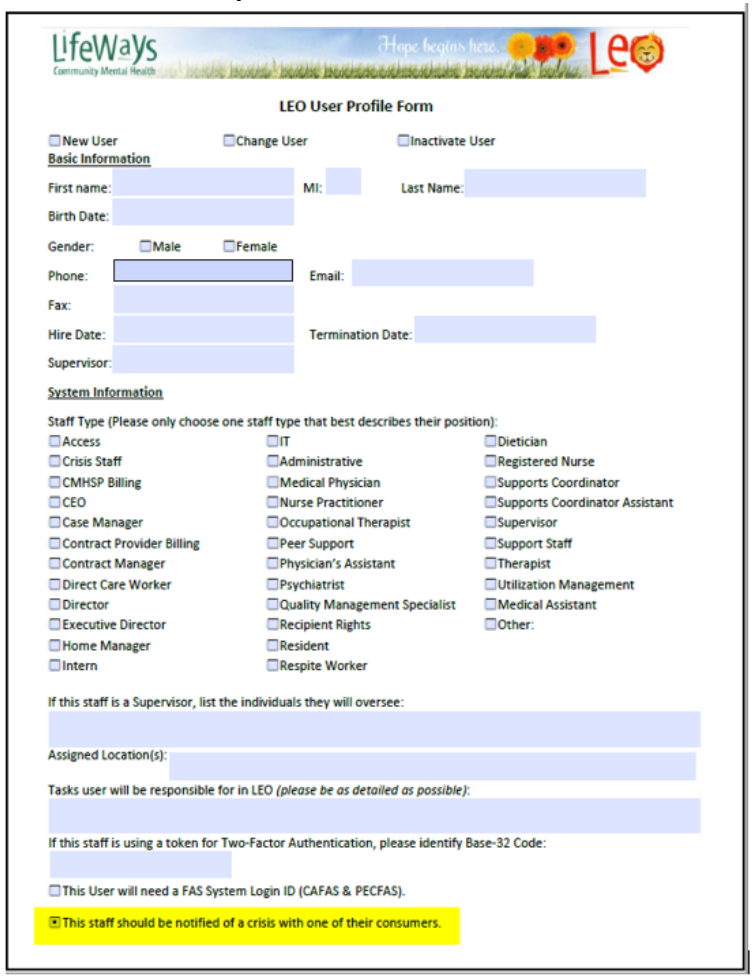
Leo User Profile form is located on the LifeWays Website under **Provider** Tab (top of page)

-EMR/LEO (located on the left side of page)

Click on the hyperlink labeled:

Click here for the form to Add or Change a User.

- Attach form to a LEO Help Desk ticket request.
- Note: form **must** be completed and submitted by designated agency personnel.



LifeWays Community Mental Health — Hope begins here. — Leo

LEO User Profile Form

☐ New User ☐ Change User ☐ Inactivate User

Basic Information

First name: MI: Last Name:

Birth Date:

Gender: ☐ Male ☐ Female

Phone: Email:

Fax:

Hire Date: Termination Date:

Supervisor:

System Information

Staff Type (Please only choose one staff type that best describes their position):

☐ Access	☐ IT	☐ Dietician
☐ Crisis Staff	☐ Administrative	☐ Registered Nurse
☐ CMHSP Billing	☐ Medical Physician	☐ Supports Coordinator
☐ CEO	☐ Nurse Practitioner	☐ Supports Coordinator Assistant
☐ Case Manager	☐ Occupational Therapist	☐ Supervisor
☐ Contract Provider Billing	☐ Peer Support	☐ Support Staff
☐ Contract Manager	☐ Physician's Assistant	☐ Therapist
☐ Direct Care Worker	☐ Psychiatrist	☐ Utilization Management
☐ Director	☐ Quality Management Specialist	☐ Medical Assistant
☐ Executive Director	☐ Recipient Rights	☐ Other:
☐ Home Manager	☐ Resident	
☐ Intern	☐ Respite Worker	

If this staff is a Supervisor, list the individuals they will oversee:

Assigned Location(s):

Tasks user will be responsible for in LEO *(please be as detailed as possible)*:

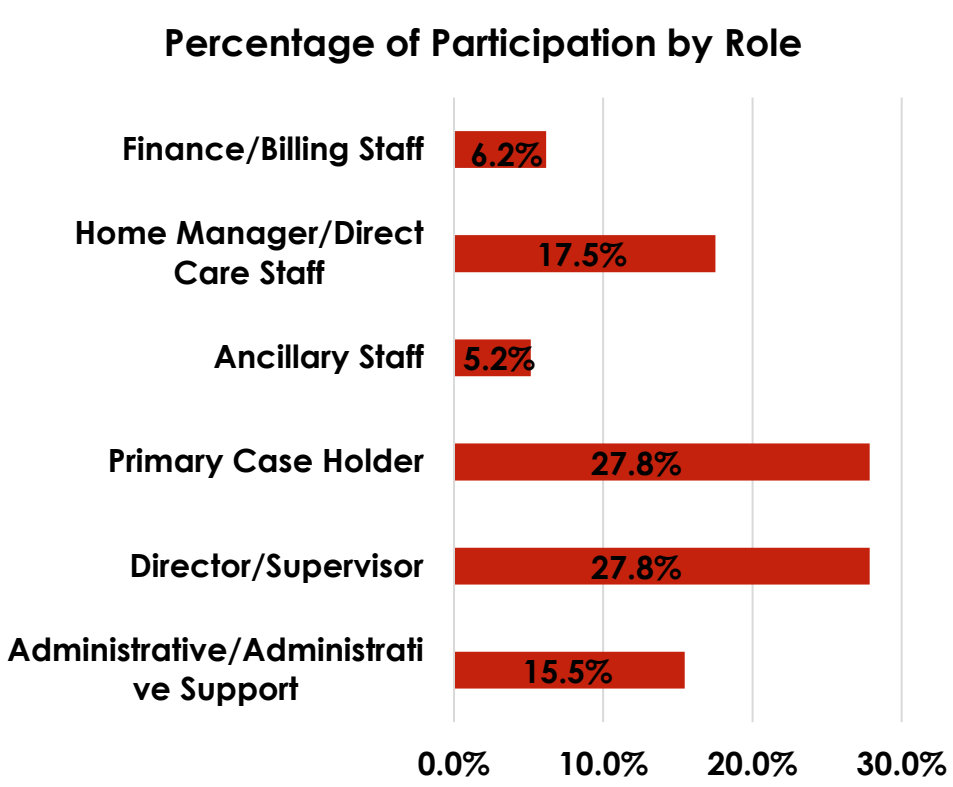
If this staff is using a token for Two-Factor Authentication, please identify Base-32 Code:

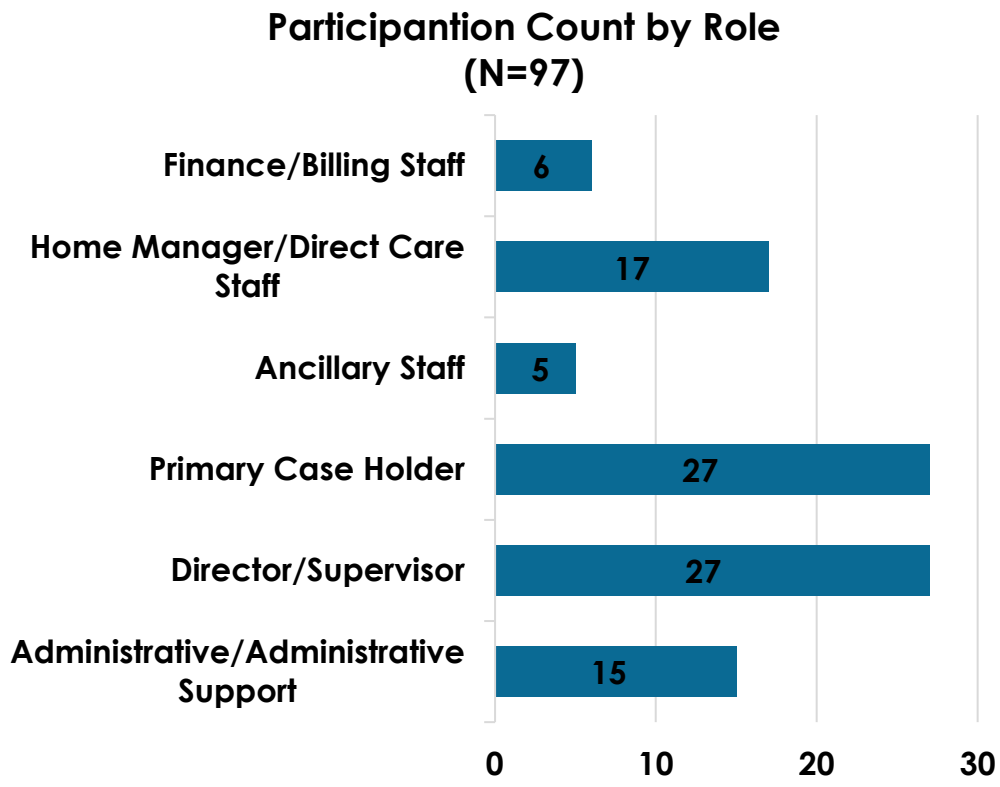
☐ This User will need a FAS System Login ID (CAFAS & PECFAS).

☐ This staff should be notified of a crisis with one of their consumers.

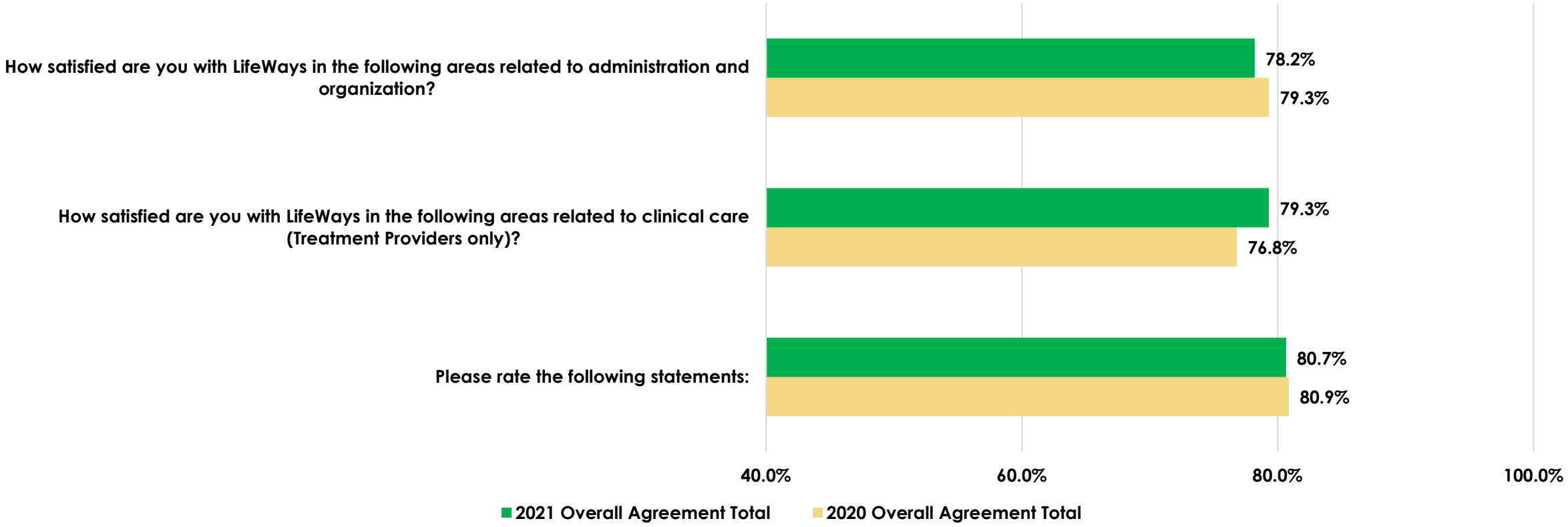
DO YOU HAVE ANY QUESTIONS OR FEEDBACK TO SHARE?

PERCENTAGE AND COUNT OF PARTICIPATION BY ROLE

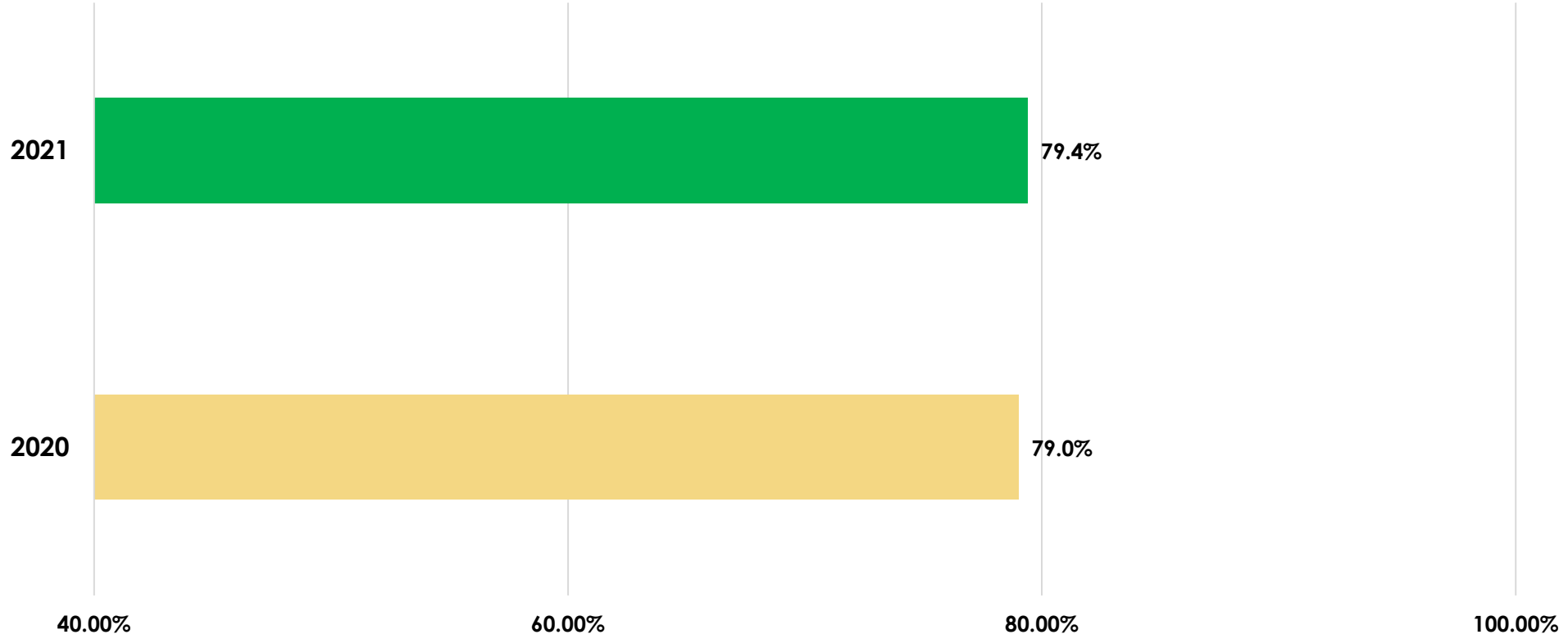




Annual Comparison of Overall Provider Satisfaction by Primary Question



Total Overall Average Percentage in Agreement



SAVE THE DATE

November 10, 2021

LifeWays Community Mental Health's

IMPROVING OUTCOMES CONFERENCE

A major focus in health care today is improving treatment outcomes. This results in higher quality of care and lower costs.

Join with other LifeWays Network Partners to learn more about how you can improve outcomes. The session presenters will be from organizations across Michigan.

Coming Soon - Conference and registration information.

Origination:	*7/1/2015*
Effective:	*4/5/2021*
Last Approved:	*4/5/2021*
Last Revised:	*4/5/2021*
Next Review:	*4/5/2022*
Owner:	*Michael Cupp: Contracts and Provider Network Management Director*
Area:	*10. Contracts | Service Providers*
Audiences:	*LifeWays Staff, LifeWays' Provider Network*

10-01.05 Person-Centered Planning

I. PURPOSE

This Operating Procedure specifies how the LifeWays Community Mental Health (CMH) network will implement Person-Centered Planning as required by the Michigan Department of Health and Human Services (MDHHS) Policy and Practice Guideline and Michigan Mental Health Code.

II. DEFINITIONS

Amount – The number and type of units for the support or service being provided, i.e., 50 15-min units.

Conflict – A situation where an individual's other interests would benefit from a particular decision by the planning team or where individuals on a planning team will have disagreements over any decisions the team will be considering.

Dignity of Risk – A right of the individual served to have personal responsibility for making choices about their health and how they will live their life like any other member of the community, including choices that include risk.

Duration – The predicted number of days or months the support or service will be needed, also referred to as length of stay, i.e., 4 months.

Electronic Health Record (EHR) -- LEO is the EHR system where all documentation related to LifeWays Network services is entered or uploaded.

Episode of Care – the set of services provided to treat a clinical condition from admission to CMH services until discharge.

Formal Review – A review of the treatment plan to determine progress made and consider changing needs. Conducted every three months at a minimum.

Functional Impairment – Refers to both of the following:

a. With regard to serious emotional disturbance, substantial interference with or limitation of a minor's achievement or maintenance of one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.

b. With regard to serious mental illness, substantial interference or limitation of role functioning in one or more major life activities including basic living skills such as eating, bathing, and dressing; instrumental

living skills such as maintaining a household, managing money, getting around the community, and taking prescribed medication; and functioning in social, vocational, and educational contexts.

Goal – A statement of what specifically the individual desires to accomplish related to improving their level of functioning on their journey to recovery and independence, as stated in the individual's words and using "I" statements when appropriate. These statements shall focus on the goals of the individual while also ensuring that the person's basic needs for food, clothing, shelter, and others, as identified, continue to be met.

Independent Facilitation – Individuals may choose an independent or external facilitator of the person-centered process. Independent facilitation must be offered during pre-planning and is chosen by the individual as a guide throughout the process. The facilitator may help the individual with pre-planning activities and co-leads PCP meetings with the individual.

Individualized Plan of Service (IPOS) – The IPOS is the plan that is developed using a person-centered planning process and reflects the supports and services that will be used to help the individual achieve their goals and continue to have their basic needs met (e.g. food, clothing, shelter). LifeWays has established the term "treatment plan" to mean the IPOS as it is more understood by primary care.

Inservice – Training that is conducted before the treatment plan becomes effective, after an effective treatment plan has been amended, and/or when new personnel provide services with the individual, to provide education to those responsible for implementing the plan. At a minimum, the training will include a review of the goals, objectives, and staff interventions that are written in the active treatment plan to orient staff to what they are to work on.

Interim Plan – 60-day treatment plan developed at Initial Intake Assessment.

Intervention – Specific activities the provider of a support or service will do to assist the beneficiary in meeting the related objectives.

Level of Care – A determination of the individuals current functioning and the expected type and intensity of services resulting. This determination is based upon standardized level of care assessments (LOCUS, DLA-20, PECFAS/CAFAS, SIS, etc.). LifeWays will maintain a Level of Care Grid that identifies expected types, amounts, and frequency of services.

Medical Necessity – A determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of service.

Objective – The steps being worked on to progress toward a goal and state specifically what the beneficiary is going to do (an action vs. will attend) and not what the staff are going to do. Goals and objectives should be measurable and observable, related to the scope of the covered service or support and give a time frame for completion.

Person-Centered Planning (PCP) – A *process* for planning and supporting an individual receiving services. It builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices, and abilities. MCL 330.1700(g)

PCP Meeting – The activity used to bring together the individual's allies and supports to develop an individualized, strength-based and recovery-focused treatment plan.

Pre-Planning – The process of gathering information and resources needed to set the agenda for the person-centered planning meeting that is used to develop the treatment plan.

Primary Service Provider (PSP) – A program or agency that is responsible for ensuring the services provided meet contractual requirements.

Primary Case Holder (PCH) – A staff person at the primary provider that is assigned to the case and is responsible for coordinating the service delivery on behalf of the individual and is accountable for the formal review.

Scope – A description of the service being provided, which includes who will provide the service, when and how often, where the service will be provided, and how the service will be provided (face to face, group, tele, etc.)

Secondary Service Provider – All other service providers that have an authorization to serve the individual and a role in the treatment plan, but do not perform the primary role. Secondary service providers are responsible for providing a summary of progress to the Primary Case Holder to support the formal review.

Subject Matter Expert – The treatment team member that is most knowledgeable about a specific set of services that should be performed as outlined in the staff interventions. If the subject matter expert is not available, a train-the-trainer model can be used to designate someone as responsible to ensure staff are trained.

Treatment Plan – The term LifeWays uses to describe the individualized plan of service (IPOS) for the individual.

III. STANDARDS

1. All individuals receiving services through the LifeWays network are entitled and presumed competent to participate in a person-centered process for planning their life around their desires, goals, and basic needs and developing an IPOS to identify needed supports and services.
2. Each individual (except for prevention services, those individuals who receive 20 sessions of outpatient therapy only, or those who are incarcerated) is entitled to use pre-planning to ensure a successful person-centered planning process for any planning meeting.
3. Each individual will be allowed the dignity of risk in making choices while identifying potential risk factors and necessary measures to ensure the health and safety of the individual. Freedom of choice for all individuals will be respected unless there is a documented health or safety factor. Any restriction of individual rights must be documented according to LifeWays Procedure 2.01.01 **Protection of Recipients of LifeWays Services**.
4. Except in emergent situations, CMH supports and services must be documented in an active IPOS prior to provision and billing. An active treatment plan must include the service authorizations that have been approved and must be signed by the individual or guardian. If a signature cannot be obtained in a timely manner and to avoid delay of service, the Primary Case Holder may document the reason and temporary verbal consent to the IPOS.Should the individual refuse to sign the treatment plan, the Primary Case Holder must begin working with the individual and their identified supports to address the concerns and develop a plan to address any and all barriers. Independent facilitation is encouraged to help assist with plan resolution.
5. The treatment plan shall remain in effect during the entire episode of care and be modified when needed to reflect changes in the intensity of the individual's needs (including inpatient, crisis residential, and intensive stabilization placements) or preferences for support, unless the individual served requests a new treatment plan.

6. The in-service is a staff training used to provide plan-specific education to staff serving the individual. The in-service must address all services within the plan to ensure staff are knowledgeable about the various service providers' scope of work and desired treatment outcomes.
7. If an individual transitions Primary Providers in the middle of the IPOS, the newly-assigned Primary Provider will complete a formal review of the treatment plan within 15 days of the individual's assignment to the new PSP. A new IPOS is not required unless the individual is being transferred to a residential or BHT (Behavioral Health Treatment) plan.
8. All Primary Case Holders must successfully complete the LifeWays PCP Training prior to coordinating the PCP process. Primary Case Holders who are repeatedly identified to have not completed the process in a manner compliant with this procedure may be asked to complete re-training prior to further PCP activity
9. Level of Care Assessments (CAFAS or PECFAS for SED children, DLA-20 for all adults, and LOCUS for SMI) must be completed as required using the Electronic Health Record modules when available.
10. A Crisis Plan will be completed for each individual, as required by the current level of care, during the planning process and the Crisis Plan must be reviewed quarterly and updated when needed.
11. The Primary Case Holder will coordinate with the attending psychiatrist prior to all planning meetings to discuss treatment needs, including amount and frequency of medication/nursing reviews. This is accomplished when possible during the medication review prior to the planning meeting. For outpatient therapy primary providers this communication can be by email.
12. The IPOS must document that communication with the Primary Care Physician has occurred unless there is documentation that the individual or guardian refused to provide consent. The IPOS must also include what coordination will occur with the Primary Care Physician during the course of treatment.
13. If an individual exhibits seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at imminent risk of physical harm, and restrictive or intrusion interventions may be necessary, a functional behavioral assessment shall be conducted first to rule out physical, medical, and environmental (i.e., trauma, interpersonal relationships) conditions that might be the cause of the behaviors. If from the functional behavioral assessment, a restriction or intrusion is identified, then a behavior treatment plan shall be developed, approved and reviewed at predetermined interval. All other restrictions or intrusions must be documented using the Documentation of Restrictions Form. Please refer to 05-01.16 Behavior Treatment Committee.
14. Bio-psychosocial assessments and Level of Care Assessments (CAFAS or PECFAS for SED children, DLA-20 for all adults, and LOCUS for SMI) must be completed as required using the Electronic Health Record modules when available and used in the PCP process.

IV. PROCESS

A. **Evaluation and Interim Plan**

1. During the Brief Screen to determine CMH eligibility and Level of Care, LifeWays Access completes a referral to the following based on the individuals choice of available providers.
    a. Primary Case Holder provider agency: an intake appointment is scheduled on the LEO calendar within 14 days.
    b. Independent Facilitator: a pre-planning appointment is scheduled in LEO within 7 days unless the individual requests an alternate PCP facilitation process.
2. The intake assessment (bio-psychosocial) is part of the person-centered planning process and

ensures a thorough needs assessment, explanation of functional impairments, and identification of strengths and available supports.

a. The assessment will be completed by a properly credential LifeWays Network staff.

b. A diagnosis made by a mental health professional, operating within their scope of practice, will be included in the assessment.

c. The assessment will be entered in LEO and all required fields will be completed before signature.

3. An interim treatment plan is completed during the intake assessment appointment. The interim treatment plan addresses all of the following:

a. Immediate service or support needs.

b. Secondary Service Evaluations (residential, nursing, psychiatric, behavior, OT, dietary, etc.)

c. Coordination of PCP process.

4. The interim plan is effective for 30 days starting on the date of the Initial Intake Assessment.

5. The Primary Case Holder completes a first service appointment within 14 days of the intake assessment.

B. **Pre-Planning**

1. The following are essential elements collected during the pre-planning process and documented in the LifeWays LEO pre-plan form:

a. When and where the meeting will be held;

b. Who will be invited (including whether the individual has allies who can provide desired meaningful support or what actions need to be taken to cultivate such support);

c. Possible conflicts of interest that may exist for each person invited and how to address those concerns;

d. What will be discussed and not discussed;

e. What accommodations the individual may need to meaningfully participate in the meeting (including communication needs);

f. Who will facilitate the meeting;

g. Who will record what is discussed at the meeting;

h. Hopes, dreams and desires they would like to discuss;

i. Meaningful activities and supports that can be used to achieve goals by reviewing information on the full range of services available through the LifeWays network; and

j. Health and safety or other needs that should be discussed and addressed.

2. The Primary Case Holder will identify the Level of Care from the LifeWays Level of Care Grid in the Pre-Plan and review recommended services and supports to assist in the planning process.

3. Pre-planning is documented in the Electronic Health Record Pre-Planning form within one business day of the pre-planning meeting. Each provider should be copied on the form which will serve as invitation and request for evaluations and recommendations.

4. All providers will submit required evaluations and recommendations for objectives/interventions to the Primary Case Holder at least 3 business days prior to the PCP Meeting.

5. If no formal evaluation document is available in the electronic record, the treatment team member can summarize their proposed service recommendations via a chart note in the electronic record copied to the Primary Case Holder.
6. The individual and guardian (for services to children) is able to choose the participants that they would like present at the PCP meeting and discusses with their Primary Case Holder how they will be invited to the meeting.
7. The Primary Case Holder shall offer Independent Facilitation and document this occurrence in the consumers chart and assist the individual with selecting a facilitator if desired.
    a.
    b. Utilization Management will maintain and distribute a process flow for Independent Facilitation, to be referenced by PCH when this service is desired.
8. The Primary Case Holder informs the individual about receiving services under a self-determination arrangement and offers information on how to enter into the arrangement if they choose. If the individual is interested in self-determination, the LifeWays Self-Determination Coordinator is invited to the PCP meeting.
9. If applicable, the Primary Case Holder ensures that the individual chose the setting in which they live and documents that the individual has chosen this setting, as well as any alternative settings that the individual considered.
10. The Primary Case Holder informs the individual/guardian about what to expect at the PCP meeting and how an individualized treatment plan is developed.
11. The Primary Case Holder informs the individual about his or her rights and choices during the PCP process, including their ability to choose or change service providers.
12. If the individual is a Habilitation Supports Waiver (HSW) recipient, the Primary Case Holder shall explain the available HSW services and providers to the individual. The Primary Case Holder will indicate within the pre-plan form the HSW services that the individual is interested in discussing during the PCP meeting.

C. **Planning Meeting**

1. The PCP process includes a planning meeting which is used to develop an IPOS that focuses on the individual's life goals, interests, desires, preferences, strengths and abilities as a foundation for building a plan to work toward and achieve identified outcomes.
2. The PCP meeting may be facilitated by the Primary Case Holder, individual/guardian or an independent facilitator as chosen by the individual at the pre-planning meeting.
3. The PCP meeting is held at least 14 calendar days in advance of the effective date of the new treatment plan.
4. All treatment team members shall provide updates to the Primary Case Holder or Independent Facilitator, if unable to attend prior to the PCP meeting or as chosen by the individual served.
5. Results and outcomes of the PCP meeting are documented on the electronic PCP Meeting and Treatment Plan form using the Electronic Health Record.
6. The meeting shall result in a draft of the IPOS.
7. Upon completion of the meeting, the Primary Case Holder or other designated service provider shall schedule a staff in-service at the earliest possible time to ensure staff are appropriately trained on

the contents of the new plan in a timely manner.

8. The individual/guardian shall be educated and empowered to have a decision-making role in the individual's care. This practice is not limited to adults. Youth and families should have a major decision-making role in the development of the IPOS.
9. The treatment team members shall come to the meeting prepared with copies of the documents that were submitted to the Primary Case Holder.
10. During the meeting, all members of the treatment team will assist the individual in formulating over-arching goals based upon the individual's dreams, hopes, desires, strengths, needs, abilities, and preferences…
11. During the meeting, the individual/guardian shall develop a crisis plan as required by the Level of Care. The Primary Case Holder will coordinate completion of an Advanced Directive if desired by the individual.
12. The individual/guardian shall be informed of choice for service providers and identified supports.
13. The purpose of PCP is for the individual to define the life that he/she wants. Though completing paperwork should not be a distraction from this, completing a written IPOS is fundamental to the process.
    a. The team should work together to help the individual complete the necessary components of the IPOS based on the PCP process.
    b. Collaborative Documentation is highly recommended for accomplishing this goal of the PCP process.
14. By the end of the meeting, the Primary Case Holder will have gathered all necessary aspects of the individual's treatment plan to formulate the IPOS which shall include goals, objectives, medical necessity criteria for service, interventions, authorization details, and other required components.
15. Individual and guardian satisfaction with the process should also be documented in the IPOS document.

D. **Writing the Individual Plan of Service**

1. IPOS goals and objectives are developed at the PCP meeting with all participants' input and expected to reflect outcomes the individual desires and clearly identifying all of the following.
    a. Stage of treatment.
    b. Preferences and accommodations.
    c. Any identified functional impairments and assessed needs from completed assessments.
        i. Note: these functional assessments are used to enhance the PCP process and shall not be used to substitute the process. Functional assessments shall be conducted as part of the PCP process and the scores used to identify goals, risks, needs, authorizing services, utilization management, and review.
    d. Individual's strengths and how they can be used to address needs and goals.
    e. In the context of a youth and their family, this is based on the strengths of the individual, family members, and family as a whole.
    f. The plan to share the IPOS with family/friends/caregivers (identifying with whom it will be shared and any restrictions in sharing the IPOS with these individuals).

g. The desires and needs for community inclusion and meaningful activities.

h. The specific roles and responsibilities for all people involved in implementing the IPOS, both payed and unpaid. This includes but is not limited to case manager, supports coordinator, family, friends, secondary providers, health care providers, spiritual supports/clergy, or community advocates.

i. The current health and safety needs and opportunities to coordinate services with primary health care provider.

j. Any restriction of rights due to a documented, specific health or safety needs. Any restriction of rights will need to be recommended in a Behavior Treatment Plan and approved by the Behavior Treatment Committee.

k. If trauma history is identified in the evaluations, what trauma specific services will be delivered and how the IPOS will be implemented using a trauma informed approach.

l. The signature of the primary case holder, individual and/or guardian, and/or the support broker/ agent, if applicable.

m. The IPOS must be signed by all parties to be able to bill for services.

2. Specific services and supports requests for each goal, including the date each service should begin and the amount, scope, and duration are determined at the PCP meeting with all participants' input. Amount, scope and duration of identified services shall be reflective of the identified individual need and should not simply reflect a one-year authorization; however, the duration must not exceed one year.

3. The Primary Case Holder submits authorization requests for all services based on the PCP meeting and identified interventions via the IPOS. Supporting documentation required by the LifeWays Provider Manual for specific service requests (e.g., PC/CLS worksheet) are scanned and attached to the IPOS.

   a. Use the standardized LifeWays form for an integrated IPOS.

   b. This plan shall be completed by the Primary Case Holder within 2 business days following the PCP meeting.

   c. The IPOS shall be presented to the individual or guardian within 15 business days of the PCP Meeting and will assure the signature page has been scanned into the Electronic Health Record.

4. For Home and Community Based Services (HCBS):

   a. Documentation on the specific person or persons, and/or provider agency or other entity providing services and supports shall be included in the IPOS.

   b. Documentation on the non-paid supports, chosen by the individual and agreed to by the unpaid provider shall be included in the IPOS.

   c. HCBS Life Choices Form shall be completed at a minimum annually during the PCP process and for any move (i.e., to a new home) for all individuals residing in a licensed or unlicensed residential setting. If there is a restriction, proceed to complete the Documentation of Restrictions Form.

   d. Non-behavioral or medical restriction(s) or intrusion(s) as prescribed by a physician/physician assistant for enhanced health services, must be recorded on the LifeWays' Physician Order

Form, as per 04-02.23 Enhanced Health Services Prescription Requirement.

5. The process for restriction(s) or intrusion(s) of an individual's rights that do not require a Behavior Treatment Plan for the primary case holder, shall include:
    a. Completion of Documentation of Restrictions Form in LEO.
    b. Complete a LEO Chart Note that documents what the restriction is, where the document can be found and use the 'Send Copy To' function to the Behavior Treatment Committee Chairperson for review and approval.
    c. After review, the Behavior Treatment Committee Chairperson or designee shall send a LEO Chart Note to the primary case holder approving or denying the proposed intervention.
    d. If approved, the primary case holder shall document the restriction or intrusion within the treatment plan:
        i. In the health and safety section.
        ii. In a measurable objective(s) that focus on how the treatment team will know if the intervention is working and when the restriction can be removed or reduced.
6. If authorization requests are denied or approved at a lower amount, frequency, or duration than requested the Primary Case Holder will modify the IPOS and present it to the individual/guardian for signature. The Primary Case Holder will scan the signature page into the Electronic Health Record.
    a. The primary case holder will ensure that the IPOS does not allow for the provision of unnecessary supports and/or inappropriate services.
7. Individuals are informed of processes to resolve any conflicts/concerns regarding the planning process, service providers, service authorization, and service delivery by the Primary Case Holder. Individuals are informed of ongoing opportunities to participate in Person-Centered Planning processes, including IPOS development, revisions, and/or modifications.
8. The primary case holder holds the responsibility to monitor the individual's IPOS.

E. **In-servicing**

1. In-services are conducted for non-clinical staff and supports identified in the plan in preparation for a new or amended treatment plan, or for newly hired non-clinical staff providing services to the individual.
2. The in-service shall be performed by the Primary Case Holder and/or subject matter experts.
3. All in-services must be completed before the effective date of the upcoming treatment plan.
4. More than one (1) in-service may be held when various specialty areas are included, as long as they occur before the effective date of the plan.
5. In-services shall be documented using the LifeWays electronic form that is generated from the treatment plan section of the Electronic Health Record.
6. All staff attending the in-service shall sign the in-service form as documentation of their attendance. Documentation shall include the date, start and stop time, and name of the trainer.
7. New hires are trained on the individual's treatment plan prior to independently working with an individual. This is documented on an in-service form and scanned as an attachment to the treatment plan in LEO.
8. A train-the-trainer model can be used by providers at their discretion to address the volume of staff

training that is needed.

a. For example, the group home manager may take on responsibility to train new hires once the individual's plan becomes effective.

b. All trainers must be observed training staff by the Primary Case Holder and Subject Matter Experts before training independently.

c. The Primary Case Holder and Subject Matter Experts will monitor staff that have been trained to ensure adequate training by the trainer and document this on the inservicing form.

d. Train the trainer cannot be used for Behavioral Health Treatment/Applied Behavior Analysis technician training.

9. The Primary Case Holder is responsible to ensure that there is training conducted on the entire plan, inclusive of all services.
10. The treatment team begins to plan for or schedule the in-service date for all involved staff at the PCP meeting.
11. The Primary Case Holder notifies all participants of the planned in-service.
12. The Primary Case Holder coordinates the in-service and attendance of subject matter experts to perform the training.
13. The trainers for the in-service collects the attendees' signatures on the in-service form and ensures a copy is sent to the Primary Case Holder.
14. The Primary Case Holder scans the completed in-service form as an attachment to the treatment plan in LEO.
15. If addendum to the plan occurs, the Primary Case Holder restarts the process to conduct an in-service on only the changes to the plan.

F. **Progress Review and Plan Addendum**

1. Progress reviews shall be completed by the Primary Case Holder with the individual and guardian at least every 3 months (90 days) after the effective date of the treatment plan, unless otherwise specified in the IPOS. The Formal Review document will be used to document this review. This is not a formal PCP meeting.
2. Additional progress reviews can be conducted as determined by the treatment team if the individual achieves goals, is not making desired progress toward goals or it is determined that goals, objectives, interventions or authorizations may need to change.
3. Progress reviews can be requested by the individual or guardian at any time and shall occur within 15 days of the request.
4. Any admission to inpatient treatment or crisis residential requires a review of and if necessary adjustments and changes to the IPOS to address any needs or concerns that may have led to the elevated level of care.

   a. These post admission IPOS reviews are completed using a progress note and selecting the post admission review button.

   b. Review and changes to the treatment plan should also include any recommendations from the Lifeways Diversion Committee.

5. All providers serving the individual shall conduct a review of progress towards the treatment plan

goals and objectives and provide this information to the Primary Case Holder at least 7 business days prior to the review date.

6. The individual's satisfaction with services, staff and progress is monitored during the progress review. Use of services according to the amount and frequency identified in the plan will be reviewed and any increased or decreased usage will be addressed by the team and the plan modified if needed.
7. The secondary provider shall contribute additional information, as needed, on other goals and objectives that may not be within their scope.
8. The Primary Case Holder receives the secondary information from all secondary treating providers and uses this information to create the formal review document.
9. The Primary Case Holder's completed formal review is copied to all contributing treatment team members.
10. If the progress review determines a change to the treatment plan goals, objectives, interventions or authorizations is needed, the Primary Case Holder initiates a Treatment Plan Update or Discharge document. Treatment Plan Updates must be presented with built-in adequate notice to the individual/ guardian and signed in the same way as the original plan.
11. A Treatment Plan Update must be completed at least every year or whenever requested by the individual served or when changes to the plan are necessary. 30 days prior to a Treatment Plan Update meeting, a new Pre-Planning session will be completed. Evaluation updates will be requested from secondary providers at the time of the pre-planning meeting as needed. Minimally, at least annually, changes to the Psycho-social Assessment will be completed prior to the Update meeting.

REFERENCES

Michigan Department of Health and Human Services
CMHSP Contract – Attachment P3.4.1.1
LifeWays Operating Procedures
02-01.02 Suitable Services, Treatment Environment, Person-Centered Planning
04-02.23 Enhanced Health Services Prescription Requirement
05-01.16 Behavior Treatment Committee

Attachments

Inclusion_Practice_Guideline_2020.pdf
Family-Driven_and_Youth-Guided_Policy_and_Practice_Guideline_2020.pdf
Person-Centered_Planning_Practice_Guideline_2020.pdf
Documentation of Restrictions Form
Documentation of Restrictions Form - Example
Documentation of Restrictions Form Directions

Approval Signatures

Approver	Date
Karen Cascaddan: Executive Director, Governance	4/5/2021
Maribeth Leonard: Chief Executive Officer	4/2/2021
Shannan Clevenger: Chief Operating Officer	3/19/2021
Alison Magda: Chief Financial Officer	3/16/2021
Gina Costa: Chief Clinical Officer	3/11/2021
Aleksandra Wilanowski: Medical Director	3/11/2021
Wade Stitt: Director, Access & Crisis Services	2/25/2021
Angie O'Dowd: Recipient Rights Officer	2/23/2021
Julie Robert: Access Services Supervisor	2/22/2021
Amon Hodge: Information Technology Executive Director	2/19/2021
Kim Grindall: Crisis Residential Supervisor	2/15/2021
Christina Tindal: Supervisor, Crisis Services	2/10/2021
Cassandra Watson: Integrated Health Director	2/10/2021
Randy Evans: Special Programs Director	2/9/2021
Amy Cosgrove-Bridges: Case Management & Supports Coordination Supervisor	2/9/2021
Chad Surque: Communications & Outreach Director	2/4/2021
Ken Berger: Corporate Compliance Officer	2/4/2021
Cindy Keyes: Quality Improvement Specialist	2/2/2021
Philip Hoffman: Quality Improvement Supervisor	2/2/2021
David Lowe: Director, Utilization Management	2/2/2021
Karen Cascaddan: Executive Director, Governance	2/2/2021
Michael Cupp: Contracts and Provider Network Management Director	2/2/2021