

**State of Nevada**  
**Division of Health Care Financing and Policy (DHCFP)**  
**Person Centered Planning Transition Plan**

**1915(c) Waivers:**

- HCBW for Individuals with Intellectual Disabilities and Related Conditions
  - This waiver incorporates person centered planning within its planning by including the recipient, family members, providers and State staff. The team meets quarterly to address the outcomes of the plan. If there are problems, the team decides on an approach to address the situation. All team members sign the document and are responsible for implementation and monitoring. The plan is updated/revised annually.
  - This waiver is in full compliance with person centered planning.
    - Conflict of Interest: There are no conflict of interest concerns. State service coordinators provide targeted case management services only, no direct waiver services.
- HCBW for the Frail Elderly
  - This waiver does not incorporate all of the elements of person centered planning. Currently, as State staff member completes a comprehensive social health assessment with the individual and develops a Plan of Care with the individual. The individual or family members have complete input. There is no team approach at this time.
    - Conflict of Interest: There is no conflict of interest as State staff completes this activity and does not provide any other service.
- HCBW for Persons with Physical Disabilities and Related Conditions
  - This waiver does not incorporate all of the elements of person centered planning. Currently, as State staff member completes a comprehensive social health assessment with the individual and develops a Plan of Care with the individual. The individual or family members have complete input. There is no team approach at this time.
    - Conflict of Interest: There is no conflict of interest as State staff completes this activity and do not provide any other service.

**1915(i) Services:**

- Adult Day Health Care
  - This service does not incorporate all of the elements of person centered planning. This service requires a physician to complete a Physician authorization form, which indicates the need for this service.
    - Conflict of Interest: There is a conflict of interest in that the service provider currently completes the plan of care and service plan.

- This will be addressed by bringing the service planning into the State and having State staff complete the service plan.
  - Assessment results – A provider self assessment form was sent to 100% of Adult Day Health Care providers and 73% were returned. The results indicate that that all areas are 100% with exception of the following: 73% of recipients have access to public transportation; 55% can come and go as they please; 73% chose what to eat and whom they eat with.
    - Almost all providers provide their own transportation; however, recipients may use public transportation, or friends and family.
    - All providers have dining rooms where individuals can sit anywhere they chose.
    - All providers post daily menus which offer at least two choices.
    - All providers accept individuals with dementia and Alzheimer’s, so the doors are monitored in order to prevent elopement.
- Home Based Habilitation Services
  - This service does not incorporate all of the elements of person centered planning.
    - Conflict of Interest: There is a conflict of interest in that the service provider currently completes the plan of care and service plan.
      - This will be addressed by bringing the service planning into the State and having State staff complete the service plan.
    - Assessment results – An in person visit was conducted to verify provider settings for those individuals living in Residential Settings under this service.
      - Individuals are living in homes within the community with access to public transportation.
- Partial Hospitalization
  - This service does not incorporate all the elements of person centered planning.
    - Conflict of Interest: There is a conflict of interest in that the service provider currently completes the plan of care and service plan.
      - This will be addressed by bringing the service planning into the State and having State staff complete the service plan.

**Areas of Person Centered Planning which must be addressed and incorporated for 1915 (i) Services, HCBW for the Frail Elderly, and HCBW for Persons with Physical Disabilities**

Major Objective	Interim Tasks	Deliverables	Current Status	Anticipated Challenges	Plan to Address Challenges	Anticipated completion date
<ul style="list-style-type: none"> <li>Includes people chosen by the individual</li> <li>Completed at a location selected by the individual</li> <li>Reflects cultural considerations</li> <li>Includes strategies for solving conflicts</li> <li>Includes a method for the individual to include updates</li> <li>Reflects the setting chosen by the recipient</li> <li>Lists strengths and weaknesses</li> <li>Lists clinical and support needs</li> <li>Includes outcomes</li> </ul>	Develop a method to include these in the Comprehensive Social Health Assessment Document	Revised CSHA	<ul style="list-style-type: none"> <li>Completed a crosswalk to identify gaps</li> <li>Developing questions to fill in the gaps</li> </ul>	<p>SAMS case management system updates if there are form changes</p> <p>Cost to make changes Sister Agency Buy in</p>	The State will make all efforts to coordinate these deliverables to all for full cooperation across agencies and hierarchal approval	July 2016
Be understandable by the individual	Develop a process for case managers to prepare and explain the Plan to the individual	Revised Plan	Not yet started	Policy change	The State will include recipients and case managers in the development process and obtain buy in	July 2016
Identify the persons responsible for monitoring the plan	Develop a page within the Plan to include all individuals involved	Revised Plan	Not yet started	Policy change	The State will include recipients and case managers in the development process and obtain buy in	July 2016
Be finalized and agreed to in writing, and signed by all participants	Develop a process for case managers to prepare and explain the Plan to the individual	Evidenced by signatures	Discussing the possibility of having a signature page	Obtaining signatures of all participants	The State will include recipients and case managers in the development process and obtain buy in	July 2016
Be distributed to all persons involved	Develop a distribution process	Method of distribution	Not yet started	Include a page within the Plan	The State will include recipients and case managers in the	July 2016

					development process and obtain buy in	
Prevent unnecessary or inappropriate services	Develop a process to prevent unnecessary and inappropriate services	Revised Plan	Not yet started	Policy change	The State will include recipients and case managers in the development process and obtain buy in	July 2016
Document and changes	Develop a process to document changes	Revised Plan	Not yet started	Policy change	The State will include recipients and case managers in the development process and obtain buy in	July 2016

**Areas of Person Centered Planning which must be addressed and incorporated for 1915 (i) Services, in addition to areas addressed above.**

Major Objective	Interim Tasks	Deliverables	Current Status	Anticipated Challenges	Plan to Address Challenges	Due Date
<ul style="list-style-type: none"> <li>Offers informed choices</li> <li>Includes goals</li> <li>Identifies Risks and Risks Mitigation</li> <li>Reflects all services and supports (paid or unpaid)</li> </ul>	Incorporate a social assessment to include all areas of person centered planning	Utilize the CSHA currently being used for 1915 (c) waivers	<ul style="list-style-type: none"> <li>Completed a crosswalk to identify gaps</li> <li>Current CSHA needs revision</li> </ul>	1915 (i) services are not incorporated into the SAM case management system. This is will be completed on paper or within a PC.	The State will make all efforts to coordinate these deliverables to all for full cooperation across agencies and hierarchal approval	July 2016

All changes to the Comprehensive Social Health Assessment will be in coordination with the Balancing Incentive Payment (BIP) Plan, which the State has been awarded. One of the Benchmarks for the BIP is to use a core standardized assessment. The BIP project manager and the PCP work group are working in coordination to make all changes required at one time. The project will be completed by September of 2015.

The BIP project manager is looking at two solutions to a standardized core assessment. 1) Updating and revising the current Comprehensive Social Health Assessment, or 2) Purchasing an assessment tool off the market.

### Conflict of Interest

Major Objective	Interim Tasks	Status	Due Date
Address conflict of interest where service providers complete the service plan <ul style="list-style-type: none"> <li>• Adult Day Health Care</li> <li>• Home Based Habilitation</li> <li>• Partial Hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Hire additional State staff to take on this responsibility</li> <li>• Bring this task within the State – and include provider as a member of the team</li> <li>• Review prior authorization requirements</li> </ul>	Requested budget authority to hire staff	July 2016

Historically, the State has allowed the provider community for the services under 1915 (i) to complete their own service plan, which is part of the prior authorization process, and subject to approval by the fiscal agent. These services have been operated much the same as State Plan services in that the provider receives verification from a physician that services are needed, and requests and prior authorization directly from the fiscal agent.

DHCFP requested six new HCC positions to complete the evaluation and service planning of 1915 (i) services, in the new budget. This is pending budget approval and legislative approval.