NC DEPARTMENT OF
**HEALTH AND**
**HUMAN SERVICES**
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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# PCP Training Frequently Asked Questions

**Is the new Guidance Document still in draft or is this the final version?**

-The Guidance Document is finalized, it is posted to the DHHS website, Person-Centered Planning Training | NCDHHS

**Which services are required to use the new PCP Guidance Document and Template?**

-This is determined by each service definition/policy for that specific service. If your service definition has a requirement that a Person-Centered Plan must be completed, then that service provider is required to use the new PCP Guidance Document.

-Providers can use the PCP template to develop their own template, but it must contain all of the required elements listed in the PCP Guidance Document.

**Is the new PCP going to be replacing the ISP for Innovation waiver services?**

-No, the new PCP will not replace the Individual Service Plan.

**Will the signature page be for both innovations and LTCS clients?**

-This depends on the service being provided. If the service definition, for the service being provided, requires the completion of a Person-Centered Plan then you will need to complete the signature page.

**Where do you note the service as well as the frequency and intensity of interventions?**

-These documentation components are all included within the interventions statements that follow each Short-Term goal. A well-written intervention statement should note: WHO is offering the intervention (e.g., Clinician); WHAT the intervention is (e.g., psychotherapy); WHEN it is being offered (e.g., frequency and duration, for example, once a month for 3 months), and WHY it is needed (e.g., individualized purpose and intent). Note that when you can reasonably anticipate the intensity of a specific intervention (e.g., the length/# of minutes), then you should also include that intensity with the intervention statement. For example, "*Clinician will provide CBT Psychotherapy for 30 mins once per week for 3 months to assist the client in addressing their negative thoughts*." However, some interventions do not follow structured session times/lengths. For example, if a QP is working on completing housing applications with an individual, they may not be able to anticipate the number of minutes each application will take. In these cases, intensity does not need to be noted, but other elements should still be included (e.g., QP will provide assistance one time weekly for the next month for the purpose of completing 2 applications per week).

**When will the new Guidance Document and PCP Template go live?**

-Effective June 1, 2023 providers who have completed the training can begin utilizing the new PCP Guidance Document and template. Effective November 1, 2023 providers will be required to use the new PCP Guidance Document and template.

**Are we still required to complete a Crisis Plan with each PCP?**

-Any service provider that is required to complete a Person-Centered Plan (PCP), based on what is documented in their respective service definition/policy, is now required to complete the 3-page Crisis Intervention Plan. A blank template can be found on the DHHS website, Person-Centered Planning Training | NCDHHS.

-Please note: When opening the Crisis Plan in Excel there are several tabs at the bottom of the workbook. The first tab contains instructions on how to complete the Crisis Plan. Page 1, Page 2 and Page 3 are the pages that you need to complete along with the PCP. The last tab, titled Data Validation, was used to create the drop-down lists in the Crisis Plan. Altering any information on this tab will change the choices available on the drop-down lists. Please disregard this tab.

**Will training participants receive a copy of the presentation?**

-Yes. Everyone who attends the live training will receive slides of the presentation. You can expect to receive an email from *Constant Contact* with a copy of the slides approximately 2 weeks after attending the live training.

-Once the live trainings have commenced, a recorded version will be available on *UNC Behavioral Health Springboard (BHS).* Once participants have completed the training, post-evaluation survey and quiz they will receive a copy of the training materials, including the training slides.

**The Guidance Document references that all who develop plans must attend a state-approved training. Does this mean that providers can no longer do 'in house' trainings?**

-Any provider who is responsible for developing a person-centered plan must take this training. This training meets the requirements for "Person-Centered Thinking" and "Person-Centered Plan Instructional Elements". As this is an introductory training to person-centered planning, we strongly encourage providers to attend additional person-centered planning trainings in conjunction with this training to continue to enhance their skills.

-This training is owned by the State and cannot be reproduced. Providers can continue to facilitate 'in-house' trainings on person-centered planning, but those trainings cannot take the place of this training.

**How do you develop an individualized person-centered plan when you are working with a minor or an adult with a guardian?**

-Some of these concerns are covered in the training. When working with a child who has different goals/aspirations than their parent/legal guardian/natural support, it is a compromise. You need to acknowledge the goals that the child has for themselves, while also honoring the areas the parent/legal guardian/natural support, would like the child to work on. This can often be resolved by including both sets of goals – the goals the child has identified and the goals the parents/legal guardian/natural supports want to focus on.

**Is it acceptable to have the information come from the family/guardian when working with someone with I/DD who does not use verbal language to communicate?**

-Absolutely. First, you can learn a lot about what is important to an individual by appreciating the other ways they communicate (e.g., through their behavior, body language, or the use of assistive devices). This data can then be combined with information regarding the person's goals, desires, interests that may be offered by those who work closely with them or by the individual's family and/or natural supports.

**What is the process for updates/reviews given that there is no longer a section to document these? How often does a PCP need to be updated?**

-For an annual PCP review, you would complete a new blank PCP, saved with the new date and file the old PCP away.

-For an update/continued stay criteria, you can update a Short-Term goal by writing the date and the word "update" and provide a description/summary of the progress towards the goal in the Short-Term goal box for each goal.

-For a revision, which is when someone has a change in life circumstances, a change in providers, a change in needs, or a goal has been completed, you can write the date, the word "update" and provide a description/summary of the progress towards the goal.

-Once you have updated a PCP, you would save that PCP file as the new version while keeping the old PCP files. Providers are expected to contact their LME/MCO (future Tailored Plans) for any additional specific guidance. Also refer to page 16 of the PCP Guidance Document for more information on this.

**If you have an approved authorization for 6 months do all of your target dates for goals need to be 6 months?**

-Providers are expected to contact their LME/MCO (future Tailored Plans) for specific guidance on authorizations, as instructions may vary by each LME/MCO. However, according to the PCP Guidance Document and training, target dates are **not** necessary at the level of the Long-Term goal. The Long-Term goal should be a simple quote reflecting the person's desired life changes (e.g., I want to finish college). Rather, target dates are required at the level of the **Short-Term** "SMART" goal where you identify measurable first steps the individual being served wants to work on (e.g., Within 90 days, Roma will report at least 2 nights per week of uninterrupted sleep for 3 consecutive weeks where she does not wake up from nightmares).