

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 15-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 082020154016

January 13, 2016

Shannon McMahon, Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 15-0011. This SPA reflects changes necessary to convert the Community First Choice program to an agency-only model.

The effective date for this amendment is October 1, 2015. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

| | | | |
|---|--|---|----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 15-0011 | 2. STATE Maryland |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE October 1, 2015 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): | | | |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: N/A | | 7. FEDERAL BUDGET IMPACT: | |
| | | a. FFY 2015: \$ 0 | |
| | | b. FFY 2016: \$ 0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1K pages 1, 2, 3, 5, 6, 13 - 19, 22, and 23. | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Att. 3.1K pages 1, 2, 3, 5, 6, 13 - 19, 22, and 23. | |
| 10. SUBJECT OF AMENDMENT: This amendment reflects changes necessary to convert the Community First Choice program to an agency-only model. | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): | | | |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT | | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: | |
| <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | | Susan J. Tucker, Executive Director | |
| <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | Office of Health Services | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/ | | 16. RETURN TO: | |
| 13. TYPED NAME: Shannon McMahon | | Susan J. Tucker, Executive Director | |
| 14. TITLE: Deputy Secretary, Office of Health Care Financing | | OHS - DHMH | |
| 15. DATE SUBMITTED: 08/20/2015 | | 201 W. Preston St., 1 st floor | |
| | | Baltimore, MD 21201 | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 08/20/2015 | | 18. DATE APPROVED: January 7, 2016 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015 | | 20. SIGNATURE OF REGIONAL OFFICIAL: /S/ | |
| 21. TYPED NAME: FRANCIS T. MCCULLOUGH | | 22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DMCHO | |
| 23. REMARKS: | | | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

Notwithstanding anything else in this State plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

i. Eligibility

- A. The State determines eligibility for Community First Choice (CFC) services in the manner prescribed under 42 CFR §441.510. To receive CFC services and supports under this section, an individual must meet the following requirements:
1. Be eligible for medical assistance under the State plan;
 2. As determined annually --
 - a. Be in an eligibility group under the State plan that includes nursing facility services; or
 - b. If in an eligibility group under the State plan that does not include such nursing facility services, and which the state has elected to make CFC services available (if not otherwise required), have an income that is at or below 150 percent of the Federal poverty level (FPL); and
 3. Receive a determination, at least annually, that in the absence of the home and community-based personal assistance services and supports, the individual would otherwise require the level of care furnished in a hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, an institution providing psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 or over, if the cost could be reimbursed under the State plan.
 4. Individuals who qualify for medical assistance under the special home and community-based waiver eligibility group defined at section 1902(a)(10)(A)(ii)(VI) of the Act must meet all section 1915 (c) requirements and receive at least one home and community-based waiver service per month.
 5. Individuals receiving services through CFC will not be precluded from receiving other home and community-based long-term services and supports through other Medicaid State plan, waiver, grant, or demonstration authorities.
- B. During the five-year period that begins January 1, 2014, spousal impoverishment rules are used to determine the eligibility of individuals with a community spouse who seek eligibility for home and community-based services provided under 1915(k).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

ii. Service Delivery Models

☒ **Agency Model - The Agency Model is based on the person-centered assessment of need. The Agency Model is a delivery method in which the services and supports are provided by entities under a contract.**

☐ **Self-Directed Model with service budget – This Model is one in which the individual has both a service plan and service budget based on the person-centered assessment of need.**

☐ **Direct Cash**

☐ **Vouchers**

☐ **Financial Management Services in accordance with 441.545(b)(1).**

☐ **Other Service Delivery Model as described below:**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

iii. Service Package

A. The following are included CFC services (in addition to service descriptions, please include any service limitations):

- 1.1 Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), health related tasks through hands on assistance, supervision, and/or cueing, which will be provided under the Personal Assistance (formerly named personal care) Services.
- a. Personal Assistance Services means hands-on assistance, supervision, and/or cueing specific to the functional needs of a participant with a chronic illness, medical condition, or disability and includes assistance with ADLs, IADLs and health related tasks as prescribed by §441.520(a)(1). Personal assistance services may include the performance of some delegated nursing functions.
 - i. Personal Assistance services will be based on Resource Utilization Groups (RUGs) or other case mix, identified through the interRAI assessment or other assessment process for determining budgets. The highest RUG grouping budget is \$78,269 annually.
 - ii. There will be a maximum budget for personal assistance services based on RUGs, or other case mix strategy, grouping that will help inform supports planners and participants in developing the POS.
 - iii. There will be an exceptions process, based on medical necessity, for the participants requesting personal assistance services and/or hours above and beyond the recommended budget allotment.

The State will claim an enhanced match for the Personal Assistance Service.

- b. Nurse Monitoring - Nurse monitors will evaluate the outcome of the provision of personal assistance services.

The State will claim the enhanced match for nurse monitoring that will be provided by the local health departments.

1.2 Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

- ii. There is a one unit maximum per installation and there is a one unit maximum per month for PERS maintenance/monitoring. Units for each type of service are identified separately in the participant's plan of service; units submitted for payment may not exceed what is approved in the participant's POS. There is no lifetime limit on the number of installation fees, but each additional installation will need to be approved in the participant's Plan of Service. The State will claim the enhanced match on this service.

3. Voluntary training on how to select, manage, and dismiss attendants.

- a. The State will enter into a Memorandum of Understanding with the Maryland Department of Disabilities (MDOD) to develop materials and technical assistance to supports planners who provide training to participants.
 - i. Supports planners must meet minimum qualifications established through a solicitation process. Current standards can be found on the Department's website.
- b. This training will be provided to participants when requested. The Supports Planner will advise the participant of their training options. Even when an individual chooses to waive supports planning, they will still be assigned a supports planner in the tracking system in the event they need assistance or would like to request training.
- c. MDOD will develop and maintain a training manual and other materials which can be presented in many formats including: individually, in groups, and by webinar if requested.
- d. Manuals for the training will be provided to participants upon delivery of training and will also be posted on the Department's website.
- e. Participants can choose to be referred for training multiple times to enhance their skills.

4. Support System Activities

- a. Under CFC, the Area Agencies on Aging and supports planning providers identified through a competitive solicitation will engage participants in a person-centered planning process that identifies the goals, strengths, risks, and preferences of the participant. Supports Planners shall coordinate community services and supports from various programs and payment sources to aid applicants and participants in developing a comprehensive plan for community

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

- living. Supports planners shall support applicants in locating and accessing housing options, identifying housing barriers such as past credit, eviction, and criminal histories, and in resolving the identified barriers. Supports planners shall assist the applicant in developing a comprehensive POS that includes both State and local community resources, coordinates the transition from an institution to the community, and maintains community supports throughout the individual's participation in services.
- b. In accordance with §441.555 of the CFR, the Supports Planner will:
 - i. Appropriately assess and counsel an individual before enrollment; and
 - ii. Provide the appropriate information, counseling, training, and assistance to ensure that an individual is able to manage their services and budgets.
 - iii. This information must be communicated to the individual in a manner and language understandable by the individual. To ensure the information is communicated in an accessible manner, information should be communicated in plain language and needed auxiliary aids and services should be provided.
 - c. Also in accordance with §441.555 of the CFR, the POS will include:
 - i. Person-centered planning and how it is applied.
 - ii. Range and scope of individual choices and options.
 - iii. Process for changing the person-centered service plan.
 - iv. Grievance process.
 - v. Information on the ability to freely choose from available home and community-based personal assistance providers.
 - vi. Individual rights, including appeal rights.
 - vii. Reassessment and review schedules.
 - viii. Goals, needs, and preferences of CFC services and supports.
 - ix. Identifying and accessing services, supports, and resources.
 - x. Risk management agreements.
 - xi. A personalized backup plan.
 - xii. Information on how to recognize and report critical events.
 - xiii. Information about how an individual can access a Maryland-based advocate or advocacy system.

The State will claim the enhanced match on this service.

B. The State elects to include the following CFC permissible service(s):

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

system. The Supports Planner then schedules and completes a face-to-face meeting with the applicant/participant and their identified representatives to explore the applicant/participant's needs, preferences, strengths, risks, and goals through a person-centered planning process. This will be done by a supports planning agency that has demonstrated the ability to be culturally sensitive in all business practices and effectively relates to the cultural/ethnic diversity of participants. The person-centered planning process shall include people chosen by the individual applicant or participant. The participant can choose a new supports planning agency in the event that they are unsatisfied with their current selection.

- F. The Supports Planner will use the tracking system and have access to the clinical assessors' Recommended Plans of Care. With that information along with input from the participant, a Supports Planner will help create a proposed plan of service. Supports Planners will assist the participant in identifying enrolled providers and make referrals for voluntary training on self-direction, when needed.
- G. Supports Planners shall coordinate community services and supports from various programs and payment sources to aid applicants and participants in developing a comprehensive plan for community living. Person-Centered Planning is essential to assure that the participant's personal strengths, goals, risks, and preferences are incorporated into service planning and reflected on the POS. Supports Planners engage every applicant and participant in a person-centered planning process designed to offer the participant choice and control over the process and resulting plan.
- H. Risk mitigation strategies, including back-up plans that are based on the unique needs of the individual must ensure health and safety while affording an individual the dignity of risk. Individualized risk mitigation strategies are incorporated directly into the POS and are done in a manner sensitive to the individual's preferences. The POS will need to contain a reasonably designed back-up system for emergencies, including situations in which a scheduled provider does not show up to provide services. Strategies may include individual, family, and staff training, assistive technology, back-up staffing, etc. The proposed POS becomes effective upon approval by the Department.
- I. Per 42 CFR 441.530(a)(1)(ii) the setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board.

All actions of the aforementioned person centered planning process will comport with 42 CFR 441.540 (b).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

A description of the timing of the person-centered service plan to assure the individual has access to services as quickly as possible, frequency of review, how and when it is updated, mechanisms to address changing circumstances and needs or at the request of the individual.

- J. The first day of the process begins when an applicant expresses interest in the CFC program. The referral to the local health department occurs and within 15 calendar days the assessment and Recommended Plan of Care are completed.
- K. Supports Planner selection begins when the medical and financial eligibility processes have been completed. A Supports Planning selection packet will be mailed to the applicant at the same time that the referral for medical assessment is made. A person has 21 calendar days to select a Supports Planner or one will be automatically assigned via the LTSS tracking system. The participant may choose at any time to switch to a different available supports planning agency. They can do this by calling the Department, the existing supports planning agency, the supports planning agency of their choice, or the local health department. The Supports Planner has 20 days to submit the POS.
- L. Supports Planners and participants will have access to the POS and will have the ability to update and request changes based on significant change or upon request of the individual at any time.

A description of the strategies used for resolving conflict or disagreement within the process, including the conflict of interest standards for assessment of need and the person-centered service plan development process that apply to all individuals and entities, public or private.

- M. The process begins with a nurse and/or social worker from the Local Health Department or State contractor performing a standardized assessment. The development of the POS is then done by another entity, the Area Agency on Aging or other provider identified through a competitive solicitation. There is a separation of duties such that the same entity will not be performing the assessments and completing the plan of service with the participant.
- N. Supports planning entities that have responsibility for service plan development may not provide other direct services to the participant unless there are administrative separations in place to prevent and monitor potential conflicts of interest.
- O. Plans of service are reviewed by the Department prior to implementation to assure that there are no conflicts of interest.

vii. Home and Community-based Settings

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

CFC services will be provided in a home or community setting, which does not include a nursing facility, institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, a hospital providing long-term care services, or any other locations that have qualities of an institutional setting.

Please specify the settings CFC services will be provided.

- A. CFC services are available and provided to individuals residing in settings that meet the federal regulatory requirements for a home and community-based setting and include, but are not limited to, single family homes, duplexes, apartments, and congregate settings serving three or fewer unrelated individuals. Settings criteria will meet the requirements of 42 CFR 441.530. CFC participants may receive services in the workplace or other community settings.

viii. Qualifications of Providers of CFC Services

- A. In accordance with CFR 441.565 (a)(1)-(3):
1. An individual retains the right to train attendant care providers in the specific areas of attendant care needed by the individual, and to have the attendant care provider perform the needed assistance in a manner that comports with the individual's personal, cultural, and/or religious preferences.
 2. An individual retains the right to establish additional staff qualifications based on the individual's needs and preferences.
 3. Individuals also have the right to access other training provided by or through the State so that their attendant care provider(s) can meet any additional qualifications required or desired by individuals.
- B. Provider qualifications have been designed to ensure necessary safeguards to protect the health and welfare of participants. Personal Assistance agencies may include providers certified by the Office of Health Care Quality as a residential services agency (RSA).
1. Agency-based personal assistants are required to be certified in the performance of CPR.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

2. Agency-based personal assistants must receive instruction, training and assessment from the delegating nurse regarding all services identified in the plan of services.
 3. Certified Nursing Assistant status may be required for activities that would normally be delegated by a nurse; or, if required to administer medications, be either a certified medicine aide in accordance with COMAR 10.39.03; or a Medication technician in accordance with COMAR 10.39.04.
 4. Agencies are required to verify that all personal assistants have complied with criminal background check requirements.
 5. All CFC services providers must meet the "general requirements" for participation located at COMAR 10.09.84.05.
 6. Enrolled personal assistance agencies are required to ensure that their assistants meet the applicable standards prior to working with CFC participants.
- C. Per 42 CFR 441.540(a)(1), the person-centered planning process shall include representatives chosen by the individual.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

ix. Quality Assurance and Improvement Plan

Provide a description of the State's Community First Choice quality assurance system. Please include the following information:

- **How the State will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement;**
- A. Community First Choice will adopt the waiver Quality Management Strategy where appropriate.
- B. CFC will have a Quality Management Strategy designed to review operations on an on-going basis, discover issues with operations, remediate those issues, and develop quality improvement initiatives to prevent the repeat of operational problems. The State Medicaid Agency oversees a cross-agency quality committee called the Quality Council. The Quality Council meets regularly to address quality issues through data analysis, share program experiences and information, and further refine the quality management systems.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

- C. Regular reporting and communication among the Office of Health Services, providers, the utilization control agent and other stakeholders, including the Community Options Advisory Council, and Quality Council, facilitates ongoing discovery and remediation. The Office of Health Services is the lead entity responsible for trending, prioritizing and determining system improvements based on the data analysis and the formulation of recommendations for system improvements. Partners include, but are not limited to, the Office of Health Care Quality (OHCQ), providers, participants, family, Community Options Advisory Council, and the Quality Council. A plan to work on significant problem areas may result in the establishment of a specific task group or groups, which may include stakeholders.
- D. When program data are received, it is documented by OHS staff. Data sources include, but are not limited to, provider enrollment documents, provider and participant audits, the provider database, the tracking system, reportable events submissions and other reporting. Data are assigned to appropriate staff to be reviewed, prioritized and recorded in the appropriate trends and anomalies that may need immediate attention. Plans developed as a result of this process will be shared with stakeholders for review and recommendation for remediation.
- E. In accordance with the Department's Reportable Events Policy, all entities associated with Community First Choice are required to report alleged or actual Reportable Events. All Reportable Events shall be reported in full on the Department's Reportable Events form in the tracking system to analyze trends and identify areas in need of improvement.
- F. Any person who believes that an individual has been subjected to abuse, neglect, or exploitation in the community or an assisted living facility is required to report the alleged abuse, neglect, or exploitation immediately to an Adult Protective Services (APS) or Child Protective Services (CPS) office and, within 24 hours, the Office of Health Services.
- G. The supports planners will have access to a check list for any residents in congregate settings in order to ensure the setting meets HCBS settings requirements. The supports planner will be able to utilize this form during any of their quarterly visits with participants where there is a residence change or there is a change in living situation of the current residence. They will be required to submit this form in the tracking system to the State. The State will be responsible for oversight during Plan of Service review.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

- **The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.**

H. Performance Measures:

1. The standardized assessment instrument for CFC captures information about support needs and along with the tracking system, maintains a database of all applicants and participants. All historical data can be retrieved easily by ad hoc reporting. Reports are available on measures such as number of applicants receiving an annual assessment, number of participants in each RUG or case mix category, and other measures which can be sorted by time frame, assessor, by jurisdiction, and other criteria. The Department can evaluate the timeliness of the completion of the assessments, the Utilization Control Agent in completing their reviews, and of various tasks of the Supports Planners.
2. The Department will work to increase the overall scope and effectiveness of the program. The Department has included measures in LTSSMaryland to track quality indicators of providers and will expand the quality review process to include participant-indicators.
3. The Department has added a Reportable Events module to LTSSMaryland to enhance and coordinate reviews of incidents and track information in one uniform system.

I. Outcomes Measures

Another benefit to utilizing the standardized assessment tool is access to quality data reports to track long term changes in medical status and needs of participants. The interRAI tool is equipped to track data across years and report based on aggregate data by jurisdiction or program as well as tracking individual participant outcomes and changes throughout time. The Department will also use Resource Utilization Groups (RUGs) based on the interRAI assessment to identify level of need and track improvement over time.

J. Satisfaction Measures

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

- Q. Participants and/or their representatives may request assistance applying for a Fair Hearing from a provider, supports planner or other individual of their choosing. Information sent with the adverse action notice also includes contact information related to Legal Aid and the Maryland Disability Law Center, the State's Protection and Advocacy Agency.
- **Describe the quality assurance system's methods that maximize consumer independence and control and provide information about the provisions of quality improvement and assurance to each individual receiving such services and supports.**
- R. Voluntary training on self-direction will be offered to participants through their supports planners using materials and guidance from the Maryland Department of Disabilities. This training will be available when a participant requests assistance.
- S. Supports Planning will also educate participants about consumer independence and control and provide information about the provisions of quality improvement and assurance as described above in *iii. Service Package, A.4 Support System*. Supports Planners will assist the participants in accessing training on self-direction, selecting providers of consumer training services, and in learning how to navigate the Consumer portal of the LTSS tracking system. Participants may monitor provider time keeping, view reports, and access and update their POS through the tracking system.
- T. In-Home Supports Assurance System (ISAS) –A telephonic time keeping system that will track personal assistance hours and use a landline phone or one-time password device to ensure that a provider is in the participant's home when clocking in and out. Participants may view and monitor the time keeping of their providers in this system.
- U. The CFC Implementation Council will remain to be a consumer majority committee that will advise the State Medicaid Agency on ongoing issues and procedures of the CFC program.
- **Describe how the State will elicit feedback from key stakeholders to improve the quality of the community-based attendant services and supports benefit.**
- V. The State will continue to have a consumer-majority advisory council. The council will have the opportunity to meet at least quarterly. The State welcomes other stakeholders and advocates to attend these meetings either in person or via conference call/webinar format.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

- **The methods used to continuously monitor the health and welfare of Community First Choice individuals**

W. The health and welfare of CFC individuals will be monitored by all of the previously mentioned standards in performance and outcome measurements including via nurse monitoring visits, Supports Planning contacts, and Reportable Events. The State will use all available information in the standardized assessment and reporting capabilities of the tracking system to monitor health services for participants.

- **The methods for assuring that individuals are given a choice between institutional and community-based services.**

X. A person-centered planning process will begin before the choice of an identified supports planner. Materials will be mailed to applicants on all available supports planning agencies by jurisdiction. This will include information on all resources and services available. Upon entrance into the Program, the participant will be able to select their Supports Planner. It will be the responsibility of supports planners to counsel an individual on their choice between receiving institutional and community-based services. Activities of the Supports Planner will be entered in the tracking system and monitored via automated reports.