



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

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK T. BENTON • Deputy Secretary for Health
KELLY CROSBIE • Director

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 put frequency and intensity of interventions?

-When you can reasonably anticipate the frequency of a specific intervention, then you should include that frequency with the intervention (e.g., Clinician will provide 30 mins per week of psychotherapy using CBT to assist the client in addressing their negative thoughts). Some interventions are more difficult to estimate the intensity and frequency (e.g., QP will assist the client in completing 2 housing applications per week). In this example, it is difficult to know how long it will take you to complete each of those applications, therefore the intensity can be written as an estimate (e.g., QP will assist the client in completing 2 housing applications over the next 2-3 weeks)

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 October 2, 2023 providers will be required to use the new PCP Guidance Document and template. Please refer to Joint Communication Bulletin (JCB) # J445 for more information. [Joint Communication Bulletin #J445 Person-Centered Planning Training Update](#)

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

LOCATION: 306 N. Wilmington Street, Bath Building, Raleigh, NC 27601

MAILING ADDRESS: 3001 Mail Service
Center, Raleigh, NC 27699-3001
www.ncdhhs.gov • TEL: 919-733-7011 •
FAX: 919-508-0951

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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 Enhanced Crisis Intervention Plan. A blank template can be found on the DHHS website.

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)* starting approximately July 1, 2023. 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 is non-verbal?

-Absolutely. There are ways to communicate with someone who is non-verbal, and you should always try to assist the individual in identifying the things that are important to them. In cases where the individual has trouble communicating, it can be helpful to gather information (such as goals, desires, interests) from those who work closely with the individual or from the individual’s family and/or natural supports.

What is the process for update/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 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 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 your 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.

There is not an identified area for the service (CST/ACTT/IIH) or target dates for the goal; where should these items be addressed?

When you are documenting the interventions under each short-term goal you can include the type of service, the target date for the goal and frequency. There is narrative space given to include these under the short-term goal.

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 your LME/MCO (future Tailored Plans) for specific guidance on authorizations as instructions may vary by each LME/MCO. However, if the individual being served has identified the written PCP goals as goals they want to work on over the course of the authorization time, it would be appropriate to have 6 months as a target date.