



CABINET FOR HEALTH AND FAMILY SERVICES	Subject: Participant Directed Services SOP Title: Person-Centered Planning PDS-SOP-6.29
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PURPOSE

The Participant Directed Services (PDS) standard operating procedure (SOP) person-centered planning (PCP) section describes the PCP framework for PDS delivery. The goal of this section is to ensure the case management agency and the case manager understand and comply with the PCP framework.

POLICY

Introduction

1. PCP is a cornerstone of PDS delivery.
2. The case manager is responsible for overseeing and coordinating all aspects of PCP.
3. Case management involves working with the participant, the participant's legal guardian, and their authorized representative, if applicable, and others who the participant identifies, such as immediate family member(s), in developing a Person-Centered Service Plan (PCSP).
 - a. The case manager is responsible for assembling these entities into a PCSP team.
 - b. When a participant has a PDS representative, the case manager must include the PDS representative on the PCSP team to assist in the planning of PDS.
 - c. The PCSP team should include the participant, the PDS representative (if applicable), any legal guardian/authorized representative, the case manager, any individuals the participant chooses to be present, and if applicable, a representative of any direct service provider responsible for providing waiver services.
 - d. All individuals participating in the development and execution of the PCSP must sign the PCSP to indicate their involvement and understanding of the plan's content.
4. Case managers shall begin the PCSP by reviewing the participant's annual assessment to become familiar with the participant's functional strengths and areas of need. Currently for SCL, the SIS ARP is done in between the years that the full SIS is done.
5. Using a PCP framework, case managers shall assist the participant and their PCP team in creating a PCSP that identifies and advances the participant's identified goals, using waiver-funded and non-waiver funded services as well as available nonpaid or natural supports.
6. Case managers ensure the PCP meetings are timely and occur at times and locations of convenience to the participant.
7. Case managers assure the PCP process reflects cultural and education considerations of the participant, and that information is provided in plain language and in a manner that is accessible, as outlined in 42 CFR 435.905(b).
8. Case managers assure that participants have informed choice and freedom of choice of providers.
9. Case management shall be conflict-free, and the case manager and case management agency cannot provide other waiver services to the participant while also providing case management.
10. Case managers shall provide education to support the participant's ability to choose between traditional waiver services, PDS or blended PDS/traditional services.
11. Case managers shall comply with all requirements for completing the Person-Centered Service Plan and accompanying documents in the Medicaid Waiver Management Application (MWMA), which include:



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- a. Enter PDS employee information in the "View PDS Employees" drop down in MWMA.
 - i. A PDS employee must be entered and selected to develop the PDS Person-Centered Service Plan.
 - b. Implement participant crisis prevention and risk mitigation and transition plans that identify unpaid natural support and include individual narrative and medical information.
 - i. Documentation of the crisis prevention and risk mitigation and transition plans shall be completed and submitted with the PCSP in the MWMA and reviewed annually using the Accompanying Data and Documents.
 - ii. Complete the necessary paperwork if a PDS employee is a legally responsible individual (LRI) and submit the mandatory documents in the MWMA according to the requirements outlined in the "Legally Responsible Individual" section of PDS-SOP 6.33.
12. Case managers shall review the PCSP at least annually prior to Level of Care (LOC) determination and more often as needed.
 13. Case managers shall detect, report, and mitigate suspected abuse, neglect, and exploitation of participants, including adherence to mandatory reporting laws.
 14. Case managers shall assist the participant in developing and coordinating access to social networks to promote community inclusion as requested by the participant.