

Person Centered Service Plan (PCSP) Requirements Checklist (per CMS Final Rule)

The **Person Centered Service Plan (PCSP)** must reflect the services and supports that are important for the individual's identified needs and preferences for delivery of such supports and services. According to Section **441.301 (2) (i) through (xiii)** of the Final Rule (**CMS 2249-F/2296-F**), a **written PCSP** must:

- Reflect that the current residential setting was the individual's choice and is integrated in, and supportive of full access of the individual to the greater community.
- Reflect the individual's strengths and preferences.
- Reflect clinical and support needs that have been identified through a functional needs assessment.
- Includes individually identified goals and outcomes.
- Reflect the (paid/unpaid) services/supports, and providers of such services/supports that will assist the individual to achieve identified goals.
- Reflect risk assessment, mitigation, and backup planning.
- Be understandable (e.g. linguistically, culturally, and disability considerate) to both the individual receiving HCBS/the individual's support system.
- Identify the individual and/or entity responsible for monitoring the PCSP.
- With the written, informed consent of the individual, be finalized, agreed to, and signed by all individuals/providers responsible for implementation of the PCSP.
- Be distributed to the individual and others involved in the PCSP.
- Include services that afford the individual the option to self-direct.
- Prevent service duplication and/or the provision of unnecessary services/supports.
- Document that any modifications to compliance with the HCB settings requirements for provider owned/operated residential settings are supported by a specific assessed need and justified in the PCSP in the following manner:
 1. Identify a specific and individualized assessed need.
 2. Document previous positive interventions and supports utilized prior to any modifications to the PCSP.
 3. Document less intrusive methods of meeting the need(s) of the individual that did not work.
 4. Include a clear description of the condition that is directly proportionate to the specific assessed need.
 5. Include a regular collection and review of data to measure the ongoing efficacy of the modification.
 6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 7. Included informed consent of the individual.
 8. Include an assurance that interventions and supports will cause no harm to the individual.
- The PCSP must be reviewed and revised upon reassessment of functional need at least once every 12 months, **OR** when the individual's circumstances/needs change, **OR** at the request of the individual.