



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**BIG SKY WAIVER  
Policy Manual**

**Section: PERSON CENTERED PLANNING**

**Subject: Person Centered Planning**

**Reference: 37.40.1005, 37.40.1114**

**PURPOSE**

Coordinated visits are required when a member has a Plan Facilitator that is different than his/her Community First Choice/Personal Assistance Services (CFC/PAS) provider agency. Whenever a member has a case manager as his/her Plan Facilitator a coordinated visit must occur.

Coordinated visits are part of the person-centered planning (PCP) process and it is expected that the wishes of the member will be at the forefront when the Plan Facilitator schedules an appointment time for the intake or annual visit. The Plan Facilitator should also work collaboratively with the CFC/PAS provider agency to find an agreeable time to meet. Both the Plan Facilitator and provider agency will need to be flexible to ensure a coordinated visit schedule is developed and can be successfully implemented.

**PROCEDURE**

A recommended approach to scheduling the coordinated visit is outlined below:

Month Prior to Visit:

1. Plan Facilitator communicates with member to determine member schedule preferences for the following month; including a variety of time and dates.
2. Plan Facilitator communicates with provider agency to determine schedule availability for the following month; including a variety of time and dates.
3. Plan Facilitator communicates with other interested parties, per member request. The self-directed Personal Representative (PR) is required to attend all coordinated meetings.
4. Plan Facilitator determines a proposed date and time that works for member and provider and notifies all parties.

**REQUIREMENTS**

1. The annual CFC/PAS PCP visit must be a coordinated visit.
2. The CFC/PAS PCP intake visit should be a coordinated visit; but when this is not possible the Plan Facilitator and provider agency may coordinate services without attending the in-person visit together. When this occurs, a coordinated visit must occur within the next six months. If a coordinated visit does not occur during CFC/PAS PCP intake the Plan Facilitator and provider agency must ensure that all the required documentation is completed and signed by the appropriate individuals.

**NOTE:** The Case Manager Plan Facilitator and provider agency may still be responsible for conducting an in-person visit, even though the coordination of the visit may be done over the phone.

3. The Case Manager Plan Facilitator, provider agency, member, and self-directed PR (when applicable) is required to attend the coordinated visit. The best approach is early scheduling and open communication.
  - a. If an unanticipated event occurs, such as inclement weather or an unexpected illness, and the provider representative or Plan Facilitator is unable to attend the scheduled visit, the other parties may proceed with the visit so long as the member is agreeable. In this case the reason the visit was not jointly attended must be thoroughly documented. The entity that missed the visit must then complete a separate visit to finish their portion of the necessary paperwork.
4. The Department expects missed coordinated visits to occur on rare occasions. The rural nature of our state presents some unique challenges to coordinated visits; however, the expectation is that Plan Facilitators and provider agencies will work collaboratively and creatively to assure that they fulfill this service delivery requirement.