

§ 441.466

42 CFR Ch. IV (10–1–10 Edition)

- (i) Person-centered planning and how it is applied.
 - (ii) Information about the services available for self-direction.
 - (iii) Range and scope of individual choices and options.
 - (iv) Process for changing the service plan and service budget.
 - (v) Grievance process.
 - (vi) Risks and responsibilities of self-direction.
 - (vii) The ability to freely choose from available PAS providers.
 - (viii) Individual rights.
 - (ix) Reassessment and review schedules.
 - (x) Defining goals, needs, and preferences.
 - (xi) Identifying and accessing services, supports, and resources.
 - (xii) Development of risk management agreements.
 - (xiii) Development of an individualized backup plan.
 - (xiv) Recognizing and reporting critical events.
 - (xv) Information about an advocate or advocacy systems available in the State and how a participant, or a participant's representative, if applicable, can access the advocate or advocacy systems.
- (3) Offers additional information, counseling, training, or assistance, including financial management services under either of the following conditions:
- (i) At the request of the participant, or participant's representative, if applicable, for any reason.
 - (ii) When the State has determined the participant, or participant's representative, if applicable, is not effectively managing the services identified in the service plan or budget.
- (4) The State may mandate the use of additional assistance, including the use of a financial management entity, or may initiate an involuntary disenrollment in accordance with § 441.458, if, after additional information, counseling, training or assistance is provided to a participant (or participant's representative, if applicable), the participant (or participant's representative, if applicable) has continued to demonstrate an inability to effectively manage the services and budget.

(e) *Annual report.* The State must provide to CMS an annual report on the number of individuals served and the total expenditures on their behalf in the aggregate.

(f) *Three-year evaluation.* The State must provide to CMS an evaluation of the overall impact of the self-directed PAS option on the health and welfare of participating individuals compared to non-participants every 3 years.

§ 441.466 Assessment of need.

States must conduct an assessment of the participant's needs, strengths, and preferences in accordance with the following:

(a) States may use one or more processes and techniques to obtain information about an individual, including health condition, personal goals and preferences for the provision of services, functional limitations, age, school, employment, household, and other factors that are relevant to the need for and authorization and provision of services.

(b) Assessment information supports the determination that an individual requires PAS and also supports the development of the service plan and budget.

§ 441.468 Service plan elements.

(a) The service plan must include at least the following:

(1) The scope, amount, frequency, and duration of each service.

(2) The type of provider to furnish each service.

(3) Location of the service provision.

(4) The identification of risks that may pose harm to the participant along with a written individualized backup plan for mitigating those risks.

(b) A State must develop a service plan for each program participant using a person-centered and directed planning process to ensure the following:

(1) The identification of each program participant's preferences, choices, and abilities, and strategies to address those preferences, choices, and abilities.

(2) The option for the program participant, or participant's representative, if applicable, to exercise choice and