

## Independent Facilitator Agreement Template

Individual [ENTER Name of Independent Facilitator] will be contracted as an independent contractor of Independent Facilitation services for the Person-Centered Planning process. Individual [ENTER Name of Independent Facilitator] will provide some or all of the following activities for a recipient of behavioral health services at [ENTER Name of Pre-Paid Inpatient Health Plan or Community Mental Health Services Programs]. The recipient of behavioral health services determines which services the Independent Facilitator will provide.

### I. Service descriptions

- A. Pre-Planning: Assist the individual with all pre-planning activities including determining whom to invite, where to meet, establishing an agenda and meeting ground rules [what to discuss/what not to discuss], determine any accommodations for optimal participation, and review ethnic or cultural issues. Discuss the individual's current plan of service and plans for one's future to prepare for the planning process. Deliver a written summary, clearly handwritten or typed, of the pre-planning activities to the Support Coordinator/Case Manager within three (3) days prior to the scheduled planning meeting.  
Compensation for Pre-Planning:
- B. Planning: Attend and facilitate or co-facilitate the planning process. Encourage and support the person and planning participants to support the person's vision for one's life. Assist the individual and planning participants to identify behavioral health services and community resources to support the individual's vision. Deliver notes from the planning meeting(s), clearly handwritten or typed, shall be provided to the Supports Coordinator/Case Manager at the Community Mental Health or Pre-Paid Inpatient Health Plan within five (5) days after the planning process is completed.  
Compensation for Planning:
- C. Post-Planning: Contact the individual, who received Independent Facilitation services, within thirty (30) days after the submission of the planning process material to determine if the individual's dreams, goals, and objectives are reflected in the completed Person-Centered Plan and supporting Individual Plan of Service (IPOS). The contractor will provide documentation for the post-plan interview.  
Compensation for Post-Planning:

II. **Provider qualifications:** The contractor must check all boxes to certify their qualifications.

*I certify that I meet all of the following qualifications.*

- I have at least one year of experience, either lived experience with disabilities or experience working with individuals with disabilities (I/DD, MH, or SUD).
- I am eligible to be contracted as an independent facilitator:
  - 18 years or older, and
  - In good standing with the law, and

- Not employed by a Community Mental Health or contracted service provider agency. Peer Mentors, Peer Support Specialists, Recovery Coaches and Parent Support Partners may not provide Independent Facilitation to individuals receiving services from the behavioral health agency the peer is employed by. They may provide Independent Facilitation to individuals receiving services from other behavioral health agencies.
- ☐ *I have completed the required training: training on Person-Centered Planning and Recipient Rights. Specify the name and date of the training and attach copies of your training certificates when submitting this signed agreement.*
  - ☐ MDHHS “Improving My Practices” courses on Person Centered Planning (4 Course Modules)  
Date: [ENTER DATE]
  - ☐ A Person-Centered Planning training from a recognized international, national, or state organization in Person-Centered Planning  
Training Provider: [ENTER NAME OF PROVIDER]  
Date: [ENTER DATE] **AND**
  - ☐ Completion of Office of Recipient Rights training (any CMHSP is acceptable)  
Training Provider: [ENTER NAME OF PROVIDER]  
Date: [ENTER DATE]
- ☐ I attest that I am able to prevent transmission of any communicable disease from myself to others in the context of independent facilitation.

By signing this agreement, I certify all the statements are true.

Signature:

Date: