

# Person-Centered Planning



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# ACA Section 2402(a): Oversight and Assessment of the Administration of Home and Community Based Services

- Standards issued by the Secretary of HHS on June 6, 2014
- Includes HHS-Wide Standards for
  - Person Centered Planning
  - Self-Direction
- ACL Blog and HHS Guidance:  
[http://acl.gov/NewsRoom/blog/2014/2014\\_07\\_09.aspx](http://acl.gov/NewsRoom/blog/2014/2014_07_09.aspx)

# ACA Section 2402(a)

- The Secretary of Health and Human Services shall ensure that HCBS service systems are designed to:
  - Allocate resources in a manner that is responsive to changing beneficiary needs and choices;
  - Provide strategies to maximize independence;
  - Provide support to design individualized, self-directed, community-supported life; and
  - HCBS will be designed with more uniformity across HHS programs.

# 2402(a) Overview

- **Person Centered Planning and Self Direction\*** standards must be implemented in all Department of Health and Human Services programs that fund HCBS.
    - **Centers for Medicare & Medicaid Services**
    - Administration for Community Living
    - Health Resources and Services Administration
    - Indian Health Services
    - Substance Abuse and Mental Health Services Administration
    - Administration for Children and Families
    - Others? (e.g. Office of the National Coordinator)
- \*Self-direction is an state/program option.

# CMS HCBS

## Regulatory Requirement

- Required for both the 1915(c) and the 1915(i)
- For the 1915(c)
  - Requirements for the person-centered planning process can be found at 441.301(c)(1)(ix)
  - Requirements for the person-centered service plan can be found at 441.301(c)(2)(xiii A through H)
  - Requirements for review of the person-centered plan can be found at 441.301(c)(3)

# Regulatory Requirements

- For the 1915(i)
  - Requirements for the person-centered process and plan can be found at 441.725(a) and (b)
- The process and plan requirements are the same for both authorities.

# Process and Plan

- Each individual will be engaged in a person-centered planning process, which will lead to the development of their person-centered service plan.

# Person-Centered Planning Process

## *Leading*

- The individual will lead the person-centered planning process where possible.
- The process should provide necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.



# Person-Centered Planning Process

## *Leading*

- The individual's representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision-making authority to the legal representative.
  - All references to individuals include the role of the individual's representative.
- The planning process should only include people chosen by the individual.

# Person-Centered Planning Process

## *Requirements*

The person-centered planning process should be characterized by the following:

- Is timely and occur at times and locations of convenience to the individual.
- Reflects cultural considerations of the individuals.
- Is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.

# Person-Centered Planning Process

## *Conflict Resolution*

- The person-centered planning process should include strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.

# Person-Centered Planning Process

## *Conflict-of-Interest*

- Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan.
- Exceptions to this will only be granted when the State demonstrates that the only willing and qualified entity to provide case management or develop person-centered service plans in a geographic area also provides HCBS.

# Person-Centered Planning Process

## *Conflict-of-Interest*

- In these cases the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.
- Individuals must be provided with a clear and accessible alternative dispute resolution process.

# Person-Centered Planning Process

## *Informed Choices & Updates*

The planning process must:

- Offer informed choices to the individual regarding the services and supports they receive and from whom.
- Record the alternative home and community-based settings that were considered by the individual.
- Include a method for the individual to request updates to the plan as needed.

# Person-Centered Service Plan

- The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and support.
- The written plan must reflect that the setting in which the individual resides is chosen by the individual.

# Person-Centered Service Plan

## *Community Access*

- The State must ensure that the setting chosen by the individual is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including:
  - Opportunities to seek employment and work in competitive integrated settings
  - Engage in community life
  - Control personal resources
  - Receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.



# Person-Centered Service Plan *Requirements*

The person-centered service plan must:

- Reflect the individual's strengths and preferences.
- Reflect clinical and support needs as identified through an assessment of functional need.
- Include individually identified goals and desired outcomes.
- Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.

# Person-Centered Service Plan

## *Services & Supports*

The person-centered service plan must:

- Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and providers of those services and supports, including natural supports.
  - Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports.

# Person-Centered Service Plan

## *Services & Supports*

The person-centered service plan must:

- Include those services, the purpose or control of which the individual elects to self-direct.
- Prevent the provision of unnecessary or inappropriate services and supports.

# Person-Centered Service Plan

## *Understandability*

- The person-centered service plan must be understandable to the individual receiving services and supports, and the individuals important in supporting him or her.
- At a minimum, for the written plan to be understandable, it must be written in plain language, and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.

# Person-Centered Service Plan

## *Monitoring, Finalizing, & Distributing*

The person-centered service plan must:

- Identify the individual and/or entity responsible for monitoring the plan.
- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individual and providers responsible for its implementation.
- Be distributed to the individual and other people involved in the plan.

# Person-Centered Service Plan *Modifications*

- Any modifications of these conditions must be supported by a specific assessed need and justified in the person-centered service plan.

# Person-Centered Service Plan *Modifications*

The following requirements must be documented in the person-centered service plan:

- Identify a specific and individualized assessed need.
- Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- Include a clear description of the condition that is directly proportionate to the specific assessed need.

# Person-Centered Service Plan *Modifications*

The following requirements must be documented in the person-centered service plan:

- Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- Include informed consent of the individual.
- Include an assurance that interventions and supports will cause no harm to the individual.



# Person-Centered Service Plan *Review*

- The person-centered service plan must be reviewed, and revised upon reassessment of functional need at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.



# Person Centered Thinking, Planning and Practice

Shawn Terrell  
Administration for Community Living





I feel that Jazz improvisation is the ultimate. You have to create on the spot, the essence of this music.

— *Sonny Rollins* —

AZ QUOTES

# Person Centered Planning Knowledge and Skills

- Person Centered Planning is a set of knowledge and skills that are applied in a particular conceptual space and mastered over a long period of time.
- Formal training and a culture of learning and experimentation.

# Person Centered Planning: Knowledge


- Self awareness: cultural assumptions, psychological development and temperament, personality dynamics, prejudices.
- Group power dynamics (family, systems, broader social/cultural dynamics).
- Long Term Services and Supports System
- Safety net providers
- Community Assets
- Populations and subgroups
- Legal issues: Protective services, family court, guardians.
- Local advocacy and individuals
- Gaps in services and supports

# Person Centered Planning: Context

- Knowledge and skills are applied in a particular **conceptual space**:
  - Human Rights
  - Olmstead
  - Americans with Disabilities Act
  - Independent Living Philosophy
  - Effective Freedom
  - Recovery
  - Empowerment
  - Social Model of Disability
  - Self Determination
  - Dignity
  - Respect

# Person Centered Planning Skills

- Negotiation
- Dispute resolution
- Engagement skills
- Active Listening
- Strengths based thinking/positive attributes
- Individual and systems advocacy
- Cultural humility, competency
- Openness to learning
- Critical and creative thinking
- Team Building
- Customer service

A black and white photograph of Charlie Parker, a jazz saxophonist, captured in a close-up profile view as he plays his saxophone. He is wearing a dark suit jacket, a white shirt, and a patterned tie. The lighting is dramatic, highlighting his face and the instrument against a dark background.

**"Master your instrument.  
Master the music. And  
then forget all that bullshit  
and just play."**

*Charlie Parker*



# It begins with learning how people want to live their life: What's **Important TO**

What is important **to** a person includes what results in feeling satisfied, content, comforted, fulfilled, and happy.

- Relationships (People to be with)
- Status and control (valued role)
- Rituals & routines (cultural and personal)
- Rhythm or pace of life
- Things to do and places to go (something to look forward to)
- Things to have

# Within that context, Important FOR is addressed

What others see as necessary to help the person

- Be valued (social rules, laws)
- Be a contributing member of their community (citizenship)

Issues of health

- Prevention of illness
- Treatment of illness/medical conditions
- Promotion of wellness (diet, exercise, sobriety)

Issues of safety

- Environment
- Well being (physical and emotional)
- Free from fear (threats, abuse)

# Health & Safety Dictate Lifestyle



# All Choice No Responsibility



# Balance

**Important  
For**

- Health & Safety
- Valued Social Role

**Important  
To**

- People
- Status & Control
- Things To Do
- Routines

# Important To and For are Connected

- Important *to* and important *for* influence each other
- No one does anything that is “important for” them (willingly) unless a piece of it is “important” to them

*Balance is dynamic (changing) and always involves tradeoffs:*

- *Among the things that are “important to”;*
- *Between important to and for*


# Choice requires a person centered assessment before offering options – Discover Preferences

- Sequence matters – preferences first, options second
- We discover *how* each person wants to live and what they want out of life before we ask -
  - Where?
  - Who with?
  - Doing what?
- We have to learn what matters, what is “important to”

# *Informed Choice*

- Informed: not just “told” – informed expects that people understand the differences, and understand the implications and impact of the different choice. It is not the same as “pick”.
- Choices require that they be desirable – if an option is undesirable then it’s not a choice.
  - *“Don’t take a vegetarian to a butcher shop and tell him he has choice.”* (Mary Lou Bourne, SDA)





**“Anyone can make  
the simple complicated.  
Creativity is making the  
complicated simple.”**

*Charles Mingus*

## ~ Ruth's One Page Description ( at home) ~

### What People Like and Admire about Ruth

- Such a "grandmother"
- A true lady
- Has the gift of gab ~ can hold a conversation with anyone!
- Always dressed so nice ~ everything always matches, right down to socks and earrings
- Very liberal thinker for her age



### What is Important to Ruth

- Living with granddaughter and grandson-in-law
- Being warm and feeling safe with caregivers
- Having "a little pour" before bed (rum and tea)
- Being a part of whatever is going on at home ~ being in the middle of it!
- Sweets during the day!

### Supports Ruth Needs to be Happy, Healthy and Safe

- Needs people to ask frequently if she is warm enough and help her put on sweater/sweatshirt if she is not (she'll be cold when you're not)
- Must have assistance with her medications ~ knows them by color but you need to dole them out and keep track of times
- Needs assistance with bathing and dressing ~ will tell you what clothes she wants to wear for the day/event
- When bathing, no water on face ~ she will wash with cloth
- Must talk with daughter 2-3 times a week on the phone ~ will need you to dial for her
- Must see her doctor right away if she has cough, fever or is "off balance" ~ indications of systemic infection that will grow quickly!

### People Who Support her Best

- Like to chit chat
- Are timely and stay busy
- Polite and mannerly
- Have a witty and dry sense of humor
- Can be reassuring and help Ruth feel safe

# A Few Big Questions

- **How is your agency/organization able to support the person-centered planning (PCP) process and implement it into a viable practice for individuals? Where is your agency/organization in the process? What obstacles, challenges are you facing as you focus your efforts on PCP?**
- **How is your state able to support the person-centered planning process? How does the state help/support you in your efforts to implement a viable practice for individuals? What obstacles, challenges are you encountering?**
- **How might a person needing LTSS know that the Person Centered Planning facilitator has the necessary knowledge and skills?**

# Final Thoughts

- When you begin to see the possibilities of music, you desire to do something really good for people, to help humanity free itself from its hang-ups – John Coltrane



John Coltrane - Part 1 - Acknowledgement.mp3