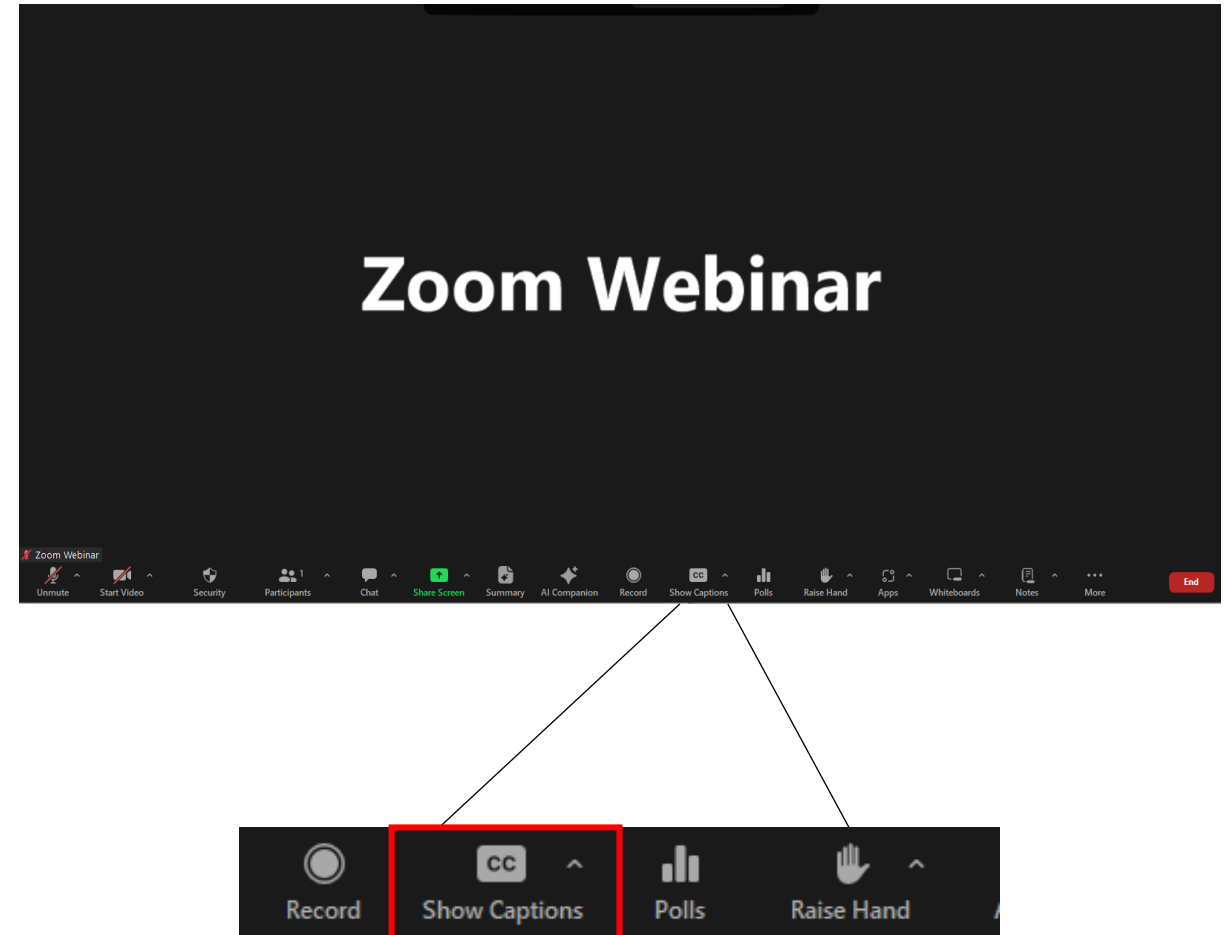


Person-Centered Service Planning in HCBS: Individual Rights and Modifications of the Settings Requirements for Provider-Owned or Controlled Residential Settings

**Division of Long-Term Services and Supports
Medicaid Benefits and Health Programs Group
Centers for Medicaid and CHIP Services**

Instructions for Closed Captioning

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Presentation Objectives:

This session will provide:

- An overview of the Medicaid home and community-based services (HCBS) regulations pertaining to person-centered service plans, modifications, and conflict of interest provisions;
- A review of themes identified during CMS HCBS Settings site visits regarding individual rights and modification of the settings requirements for residential settings;
- Strategies to ensure individual rights for all HCBS beneficiaries;
- How to address modifications of the settings requirements for provider-owned or controlled residential settings; and
- State approaches to the promotion of individual rights.

Overview of Person-Centered Service Planning, Modifications, and Conflict of Interest Provisions

Commonalities Between HCBS Authorities: Person-Centered Service Plan (PCSP)

- Regulations under 1915(c) HCBS waivers, the 1915(i) State Plan HCBS benefit, and the 1915(k) Community First Choice benefit describe the PCSP, including the content of the plan, the planning process, and the review of the plan.
- The person-centered assessment and planning requirements for 1915(c), 1915(i), and 1915(k) are very similar. The slides that follow will include the regulatory citations for all authorities at the bottom of the slides with 42 CFR §441.301 governing 1915(c) waivers, 42 CFR §441.725 governing the 1915(i) state plan amendments (SPAs), and 42 CFR §441.540 governing 1915(k) SPAs.

<https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

Person-Centered Service Planning Process (1 of 3)

- The individual will lead the person-centered service planning process where possible*.
- In addition to being led by the individual receiving services and supports, the person-centered service planning process:
 - Includes people chosen by the individual;
 - Provides 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.
 - Is timely and occurs at times and locations of convenience to the individual;

42 CFR §441.301(c)(1)

42 CFR §441.725(a)

42 CFR §441.540(a)

*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.

Person-Centered Service Planning Process (2 of 3)

- Reflects cultural considerations of the individual and 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, consistent with 42 CFR §435.905(b);
- **Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants;**
- Offers informed choices to the individual regarding the services and supports they receive and from whom;
- Includes a method for the individual to request updates to the plan as needed; and
- Records the alternative home and community-based settings that were considered by the individual.

42 CFR §441.301(c)(1)

42 CFR §441.725(a)

42 CFR §441.540(a)

Person-Centered Service Planning Process (3 of 3)

- 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,
 - except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.
 - 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.

42 CFR §441.301(c)(1)

42 CFR §441.730(b)

42 CFR §441.555(c)

Person-Centered Service Plan

- The goal of person-centered service planning is to **empower** individuals to build the life they choose or aspire to at any age across their lifespan.
- It is a way to assist people who need HCBS to construct and describe what they want and need to bring purpose to their life.
- 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 supports.

42 CFR §441.301(c)(2)

42 CFR §441.725(b)

42 CFR §441.540(b)

HCBS Settings Expectations (1 of 3)

- HCBS settings must have all the qualities specified in regulations at 42 CFR §441.301(c)(4) for 1915(c) HCBS waivers, 42 CFR §441.710(a)(1) for 1915(i) State Plan HCBS, and 42 CFR §441.530(a)(1) for 1915(k) SPAs.
- These include being integrated in and supporting access to the greater community, having privacy, dignity, and respect and freedom from coercion and restraint, among others.
- In addition to these qualities, the regulations specify additional conditions that must be met when services are delivered in provider-owned or controlled residential settings.

HCBS Settings Expectations (2 of 3)

In a provider-owned or controlled residential setting, in addition to the qualities at 42 CFR § 441.301(c)(4)(i) through (v) for 1915(c) waivers, 42 CFR §441.710(a)(1)(i) through (v) for 1915(i) benefits, and 42 CFR §441.530(a)(1)(vi) for 1915(k) SPAs, the following additional conditions must be met:

(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

42 CFR §441.301(c)(4)

42 CFR §441.710(a)(1)

42 CFR §441.530(a)(1)

HCBS Settings Expectations (3 of 3)

(B) Each individual has privacy in their sleeping or living unit:

(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.

(2) Individuals sharing units have a choice of roommates in that setting.

(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

(C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

(D) Individuals are able to have visitors of their choosing at any time.

(E) The setting is physically accessible to the individual.

42 CFR §441.301(c)(4)

42 CFR §441.710(a)(1)

42 CFR §441.530(a)(1)

Requirements for any Modification of Certain HCBS Setting Requirements

For provider-owned or controlled settings, the written plan must document that any modifications of the additional conditions under 42 CFR §441.301(c)(4)(vi)(A) through (D) for 1915(c) waivers, for 1915(i) State Plan HCBS 42 CFR §441.710(a)(1)(vi)(A) through (D), and 42 CFR §441.530(a)(1)(vi)(A) through (D) for 1915(k) SPAs must be supported by a specific assessed need and justified in the person-centered service plan.

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

- (a) Identify a specific and individualized assessed need;
- (b) Interventions and supports used prior to any modifications to the person-centered service plan;

42 CFR §441.301(c)(4)(vi)(F)

42 CFR §441.710(a)(1)(vi)(F)

42 CFR §441.530(a)(1)(F)

Requirements for any Modification of Certain HCBS Setting Requirements (cont.)

- (c) Document less intrusive methods of meeting the need that have been tried but did not work;
- (d) Include a clear description of the condition that is directly proportionate to the specific assessed need;
- (e) Include a regular collection and review of data to measure the ongoing effectiveness of the modification;
- (f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;
- (g) Include informed consent of the individual; and
- (h) Include an assurance that interventions and supports will cause no harm to the individual.

42 CFR §441.301(c)(4)(vi)(F)

42 CFR §441.710(a)(1)(vi)(F)

42 CFR §441.530(a)(1)(F)

Reflection

Scenario:

- Sally lives in a home with two housemates. The home is owned by the provider who helps with day-to-day activities. One of the housemates, Mary, sometimes becomes anxious and leaves the home. Lately, Mary is more anxious than ever. Staff sometimes have trouble finding her. Sally is very worried about her.
- Staff are worried too. The provider adds double-locks to the doors.
- Sally is more than worried now. She feels afraid. She doesn't understand what's going on with her friend and now she can't leave the house to go sit on the front porch without asking staff for a key.

Discussion Questions:

1. Were rights modified for Sally and her housemates? If yes, what right was modified?
2. What could the provider have done differently?

Themes Identified During
CMS HCBS Settings Site Visits:
Person-Centered Service Plans, Individual Rights,
and Modification of the Settings
Requirements of Residential Settings

CMS HCBS Settings Site Visits

- CMS conducted HCBS Settings site visits in sixteen states where settings were identified by the state and/or stakeholders as having the qualities of an institution as outlined at 42 CFR §441.301(c)(5) for 1915(c) HCBS waivers, 42 CFR §441.710 (a)(2) for 1915(i) State Plan HCBS benefits, and at 42 CFR §441.530(a)(2) for 1915(k) CFC SPAs.

Themes Identified: Unnecessary Restrictions in Provider-Owned or Controlled Settings

In numerous settings, CMS found restrictions on visiting hours posted on-site, included in lease language and/or documented elsewhere in the program. Some examples include:

- Residential settings that prohibit overnight guests.
- Residential settings that set a limit on number of visits an individual can receive.
- Residential staff who indicate there is no written agency policy, but staff may prevent a person from having visitors or restrict the time of day the person can have visitors.
- Participants in a smaller subset of settings reported the need to get approval to have guests and that having guests was an infrequent experience if they had guests at all.

[HCB Settings Compliance Post March 2023](#)

Themes Identified: Restrictive Lease or Residency Agreements in Provider-Owned or Controlled Settings

CMS found restrictive language in lease or residency agreements that is inconsistent with typical lease agreements.

- Examples of restrictive language in lease or residency agreements seen during site visits include requirements for the individual to:
 - Work on the provider's worksite;
 - Pay the provider for lack of attendance at the worksite;
 - Move out during specified periods of time; and/or
 - Be evicted if the individual's needs increase even if resources were available to provide additional support.

[HCB Settings Compliance Post March 2023](#)

Themes Identified: Modifications of Additional Conditions/Rights Restrictions

In reviewing service plans and talking to individuals, the site visit team found restrictions in practice that did not adhere to the regulatory requirements.

- The restrictions were not supported by a specific assessed need for the individual or justified in the individual's person-centered plan and, therefore, are not permissible under the regulations as an individual modification to the regulatory criteria.
- Restrictions included not having locks on bedroom or bathroom doors, restricted access to the community (e.g., locked building entrance doors with no keys or other accommodations afforded to the individual), behavior plans requiring individuals to earn the ability to participate in activities or using the loss of activities as a negative consequence, and restrictions on visitors, smoking, and access to food.

[Themes Identified During CMS' Heightened Scrutiny Site Visits \(medicaid.gov\)](https://www.medicaid.gov)

Themes Identified: Overlooking Provider-Owned or Controlled Settings

CMS found instances of states not identifying provider-owned or controlled settings as such if the setting is not formally owned by a provider of HCBS.

CMS reminds states and stakeholders that the additional regulatory criteria found at 42 CFR §441.301(c)(vi) also applies to settings controlled by a service provider where the provider holds the lease on the property.

- This includes scenarios in which a provider has influence over whether an individual is accepted for residency.
- This includes scenarios in which the landlord has influence over which service providers the individual in the setting uses.

[HCBS Settings Compliance Post March 2023](#)

The Importance of Person-Centered Planning

- The site visit observations have raised for CMS the importance of assisting states to meet the full obligations of the person-centered planning process.
- Adherence to the person-centered service planning requirements is essential to successful, individualized decision-making, community integration, and full compliance with the HCBS settings criteria, ensuring that people receiving Medicaid HCBS can live their lives by making informed choices, having full control, and accessing a broad array of quality services.

Strategies to Ensure Individual Rights for All Beneficiaries

Strategies to Ensure Individual Rights for All Beneficiaries

- Support beneficiaries to exercise their rights by offering training and resources to expand advocacy and empowerment skills.
- Talk about individual rights often.
- Embed mentors of individual rights across all levels of service delivery.
- Share best practices for ensuring individual rights.
- Develop and implement meaningful performance measures and outcomes.
- Monitor for quality and intervene for continual improvement.

Discussion Question:

1. What are some effective strategies you have used?

How to Address Any Necessary Modifications of the Settings Requirements for Provider-Owned or Controlled Residential Settings

How to Address Modifications of the Settings Requirements for Provider-Owned or Controlled Residential Settings (1 of 2)

- Develop a culture of person-centered practice. Any modifications in a person-centered service plan must be driven by the individual.
- When the individual and their person-centered planning team identifies a specific and individualized assessed need, brainstorm the potential positive interventions. Focus on what is important to, and what is important for, an individual. Find the balance between important to, and for.
- Document the positive interventions that have been used and what worked or didn't work.

How to Address Modifications of the Settings Requirements for Provider-Owned or Controlled Residential Settings (2 of 2)

- Using a strength-based approach that honors the individual's culture, language, and desired life outcomes, try any positive interventions that the individual and their team has not tried yet.
- Document again and collect data to monitor the impact of any modification.
- Stay away from blanket restrictions of any kind!
- Keep an eye out for innovative and positive practices that could impact a modification.
- When included in a person-centered service plan, establish a timeline to check-in on progress and expeditiously reduce or eliminate the modification.

State Approaches to the Promotion of Individual Rights

Modifications & restrictions

How Utah's service system ensures compliance to HCBS Settings Rule requirements

Settings collaboration background

- Settings collaboration group met regularly beginning in 2019 to discuss needs in the service system to prepare for Settings Rule implementation.
- This inter-departmental collaboration included representatives from long-term services and supports, aging waivers, services for people with disabilities, and office of service review.
- Collaborated on developing resources, fact sheets, and training.
- Worked together to validate all Settings prior to March 17, 2023.
- Continue to provide ongoing technical assistance to providers on Settings Rule and rights restriction implementation.

Case study - state/provider partnership

- Rights restriction process for large provider was not Settings Rule compliant.
- Collaboration group met with provider leadership to review overall processes for rights restrictions, including documentation.
- Collaboration group provided feedback and technical assistance.
- After allowing time for revision of rights restriction documentation, reviewed same rights restrictions to determine compliance.
- Approved an implementation timeline to bring restrictions into compliance by March 2023.
- Repeated steps with other contracted providers found non-compliant in their rights restriction process.

Modifications and restriction documentation

- During validation visits, rights restriction documentation was reviewed and found to be compliant or non-compliant.
- If non-compliant, technical assistance was provided.
- Review of rights restrictions showed most providers have similar paperwork to document eight required areas for Settings Rule.
- Division of Services for People with Disabilities (DSPD) using compliant contracted provider documents as source material for standardized templates for rights restrictions.
- DSPD incorporating rights restriction data collection into software system to track rights restrictions.

Rights restriction workgroups

- DSPD held three separate workgroups on rights restrictions with case managers, providers, and individuals/families.
- Each workgroup met three times to discuss specific concerns with the rights restrictions process including standardization of data collection.
- At final meeting, groups met together to provide recommendations where consensus was reached, or perspective where there was disagreement.
- Recommendations and perspectives shared with DSPD leadership to review and determine implementation.

DHHS supports a person-centered approach

- All training and technical assistance emphasizes rights restrictions are person centered and individualized.
- Every provider has access to a provider human rights committee to review each rights restriction proposed, verify it meets all documented areas, and is proportionate to the individual need.
- Emphasize that review of rights restrictions happens separately from person centered service plan (PCSP) meetings.
- DSPD will add a peer-support specialist to assist individuals in the rights restriction process as needed.

Ensuring informed consent

- Individuals have the right to make informed decisions about their care and services, including rights restrictions.
- Informed consent involves providing options, information and experience with the options to the extent possible.
- When applicable, guardians are included in the informed consent process.
- DSPD is creating a template and guidance document for ensuring informed consent for a rights restriction is obtained.
- Training and technical assistance provided on: working with guardians, when an individual does not give consent, consent for individuals with limited communication, and more.

New provider training and ongoing monitoring

- The Office of Service Review (OSR) presents the initial training on rights restrictions to new providers.
- OSR approves provider human rights plans.
- OSR provides ongoing monitoring of rights restrictions.
- DHHS relies heavily on case managers to report inappropriate use of rights restrictions.
- Settings collaboration group provides support, training, and ongoing technical assistance for service providers, case managers, individuals and families.

Next steps

- Update service system software for case managers (USTEPS), service providers (UPI), and individuals and families (MySTEPS) to include rights restriction requests, data collection, and transparency in the process.
- Standardized documents for ensuring informed consent, and rights restriction documentation.
- Training on all aspects of rights restrictions for providers, case managers, and individuals/families on role of guardians, informed consent, what to do when there are disagreements, etc.

Websites:



- <https://dspd.utah.gov/settings-rule/>
- <https://medicaid.utah.gov/ltc-2/hcbstransition/>
 - Submit feedback
 - Sign up for newsletter
 - Guidance documents and handouts



HCBS Settings Team Email: HCBSsettings@utah.gov

Resources

Honoring Individual Rights and Ensuring Validity of Modifications

Presented by: Leah E. Pogoriler,
Strategic Policy Advisor

Preview

- Infrastructure supports the rule
- Knowledge is power
- Monitoring and enforcement round things out

Infrastructure supports the rule

State codification of the rule sets clear expectations

- Details the rights people have at particular kinds of settings
- Defines rights modifications
- Establishes a process for rights modifications

10 CCR 2505-10 [8.7001.B](#) ([formerly 8.484](#))

Other tools and systems reinforce expectations

Informed Consent template

- Provider can fill out most of the information
- Only case manager can obtain signature

3. Other ways you have been supported that have not worked on their own
Carefully detail what positive interventions and supports and what less-intrusive approaches have been implemented, without the result needed. (Examples include “you have been attending therapy weekly,” and “you have tried to practice self-monitoring techniques for making healthy food choices.”) State when these alternative approaches were tried.

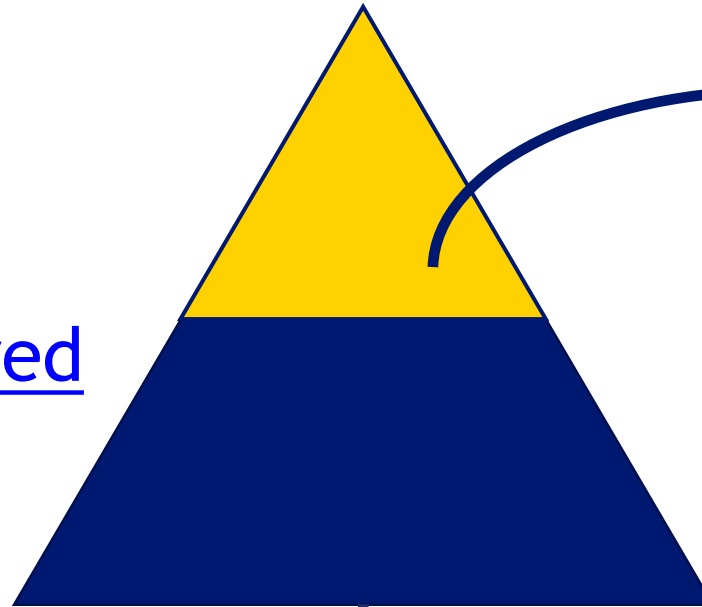
Person-Centered Support Plan

- Case manager enters info from template into IT system
- Case manager saves copy of the signed template + PCSP
- And gives materials back to implementing provider(s)

Knowledge is power

Foundation: shared understanding of person-centeredness, person-centered practices, and dignity of risk.


Web-based [person-centered thinking training](#) for all HCBS provider agencies and Case Management Agencies (CMAs).



And: People need to know what the rule requires. Does everyone know what compliance looks like, and what to do if they think there is a rule violation?

Empowering individuals (and families, guardians, advocates)

What rights apply at what settings	What a rights modification is and how to navigate the process	What to do in case of a question or concern
<ul style="list-style-type: none"> Optional trainings for members (web version, slides) and families (web version, slides) Optional video: My Rights (Eng., Span.) Resource sheet (Eng., Span.) 	<ul style="list-style-type: none"> Materials at left, plus: Optional video: Rights Modifications (Eng., Span.) 	<ul style="list-style-type: none"> Materials at left “Ask a Question/Report a Concern” section on our website

Self-Advocacy

- [Right Question Institute](#)
- [Self-Advocacy Online](#)
- [Self Advocacy Resource and Technical Assistance Center](#)
- [Self Advocates Becoming Empowered](#)
- [Speaking for Ourselves – Colorado](#)
- [Speak Up Colorado](#)

State Agencies

- Colorado Department of Health Care Policy & Financing (Health First Colorado)
 - [HCBS Settings Final Rule website](#)
 - [Email us](#)
- Colorado Department of Public Health & Environment: [File a complaint](#) if you think staff are violating your rights

Empowering case managers

What rights apply at what settings

- Mandatory training, most recent June 2021 ([web version](#), [slides](#))
- Memos, responses to FAQs, and other issuances (on our [website](#))
- Ongoing monitoring guide (soon)
- New web-based training (soon)

What a rights modification is and how to navigate the process

- Materials at left, plus:
- [Memo](#) and trainings on recording rights mods, most recent Dec. 2022 ([recording](#), [slides](#))
- Technical assistance session ([recording](#))

What to do in case of question or concern

- Materials at left
- “Ask a Question/Report a Concern” section on our [website](#)

Rights Modifications – Common Questions from Providers and Case Managers

- ✓ This is something I used to handle as a rights suspension. What is changing?
- ✓ This is something I used to handle as a restrictive procedure. What is changing?
- ✓ This is a "medical restriction" that is being implemented under doctor's orders. I never used to treat it as a rights suspension or restrictive procedure. What is changing?
- ✓ I work with individuals covered by the Human Rights Committee. What is changing?



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Reminder 5

Review rights modifications, if still needed you will renew them every year.

- Or sooner if desired by the individual.
- Don't assume it's still needed or that changes are not needed.
- New form, new signature, new BUS data entry



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Expectation	Red flags—the individual says or you observe that . . .	Positive signs—the individual says or you observe that . . .
Privacy, dignity, and respect 	<ul style="list-style-type: none"> • In typically private places like bathrooms, changing areas, bedrooms, or residential common areas, they are subject to cameras, audio monitors, or devices that chime/alert others when someone moves or goes through a door • They are subject to intensive supervision (one-on-one (1:1), line-of-sight, or 24-hour supervision) • Their name is posted on their bedroom/apartment door • Their medications, dietary needs, or other personal information is posted • Adults are not allowed to enjoy typical adult freedoms like drinking alcohol at home or smoking/vaping • Staff do not honor person-centeredness and dignity of risk 	<ul style="list-style-type: none"> • They are not subject to devices as described at left, or if they are, such measures (including Medicaid-funded home modifications) are documented consistent with 8.7001.B.2.a.iii.1. • They have been informed of cameras on staff-only desks, exterior sides of entrances/exits, and shop floors • They are not subject to intensive supervision, or if they are, such supervision is documented as a Rights Modification if required by 8.7001.A.6. • Their name and other personal information is not posted • They can drink alcohol and smoke/vape as others do (where legal and of age) • Staff honor person-centeredness and dignity of risk

Empowering providers

What rights apply at what settings

- Mandatory training, most recent June 2021 ([web version](#), [slides](#))
- Memos, responses to FAQs, and other issuances (on our [website](#))
- [Community integration tip sheet](#)
- Ongoing monitoring guide (soon)
- Web-based training (planned)

What a rights modification is and how to navigate the process

- Materials at left

What to do in case of question or concern

- Materials at left
- “Ask a Question/Report a Concern” section on our [website](#)

Support them to host events or get-togethers with their neighbors, just like anyone else might
host events for their neighbors on occasion

Consider recurring events such as:

- Happy hour
- Knitting club
- Book club
- Poker/bridge night
- Potluck



Informed Consent – example

1. Description of your proposed Rights Modification for the period 7/1/21 - 12/31/21
Your right to eat at any time you want will be modified in that you will only be able to eat at certain times outlined in your person-centered plan.
2. The reason for your Rights Modification, based on your assessed needs
You have Prader-Willi Syndrome and with free access to food, you have been eating to the point of becoming sick
3. Other ways you have been supported that have not worked on their own
You have tried to practice self-monitoring techniques to only eat at certain times. You tried this for the past 6 months.

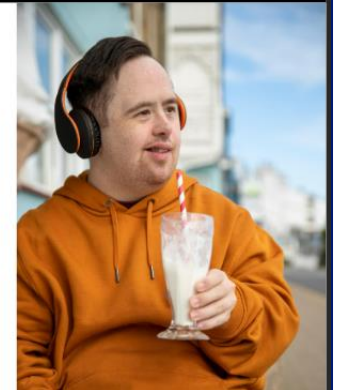
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Individual Initiative, Autonomy, and Independence In Making Life Choices

What Does it Mean?

- Whether to work and where
- How to spend money
- What to eat and when
- Who to be friends with
- When to have visitors
- What to do for enrichment, fun, or relaxation
- Schedule not dictated by providers or support staff



Monitoring and enforcement round things out

Even with comprehensive information available, some providers and case managers might:

- misunderstand expectations,
- make mistakes, or
- simply choose not to follow the rules.

So, what do we do? How do we detect and address problems?

Monitoring and enforcement, cont.

- Individuals (and families, guardians, advocates)
- Case managers
- Providers
- State agencies
 - Colorado Department of Health Care Policy & Financing (Medicaid)
 - Colorado Department of Public Health & Environment (state survey agency)
 - Colorado Department of Human Services (child welfare)
 - State Long-Term Care (LTC) Ombudsman and Adult Protective Service (APS) professionals

Contact Info

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[HCBS Settings Final Rule website](#)

Thank you!

Person-Centered Planning Technical Assistance (1 of 2)

- The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living (ACL) and CMS to help states, tribes, and territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).
- In response to states' continued need for assistance with documenting modifications in person-centered service plans, NCAPPS will bring together state human service agency representatives, service providers, case managers, advocates, and other community partners across the country from April to September 2024 to engage in peer-to-peer learning around modifications.

Person-Centered Planning Technical Assistance (2 of 2)

- The state-led teams will pursue a common aim to improve processes for documenting and implementing modifications in compliance with the person-centered planning requirements of the HCBS Final Rule. States can apply to take part in this learning collaborative.
- Individual state technical assistance will also be available for states facing challenges implementing person-centered planning consistent with the HCBS final rule. The focus of the TA will be based on specific needs of the state to assist in developing a detailed, logical, and concrete plan to come into compliance with the rule. Information on NCAPPS and the technical assistance available can be found at [Medicaid.gov](https://www.Medicaid.gov) where states can also request [NCAPPS technical assistance](#).
- The NCAPPS website has resources on various aspects of person-centered planning, such as Promising Practices for Person-Centered Plans (link found on the resources slides).

Summary

- CMS site visit findings highlight the need to work with states to ensure that they are meeting the requirements of the HCBS Settings rule and that individuals receiving HCBS have the same rights and freedoms in the community as any of us do.
- Everyone has a role in promoting individual rights and ensuring that when rights are modified in a provider-owned or controlled setting they address all the regulatory requirements
- States must adhere to person-centered service planning requirements in the regulation and should help create a sustainable system where older adults and people with disabilities live their lives by making informed choices, having full control, and accessing a broad array of quality services.
- CMS stands ready to assist states and to provide technical assistance where needed to identify strategies to strengthen person-centered planning practices.

Resources (1 of 2)

- CMS Baltimore Office Contact—Division of Long-Term Services and Supports (DLTSS): HCBS@cms.hhs.gov
- Joint Statement from CMS/ACL: Implementation of the HCBS Settings Regulation: [March 17, 2023 ACL-CMS Statement \(medicaid.gov\)](#)
- DLTSS HCBS Training series:
 - Steps to Creating a Statewide Person-Centered Service Planning System: [Steps to Creating a Statewide Person-Centered Service Planning System Slide Deck \(medicaid.gov\)](#)
 - System Wide Person-Centered Planning: <https://www.medicaid.gov/sites/default/files/2019-12/system-wide-person-centered-planning.pdf>
 - Person-Centered Service Planning in HCBS: Requirements and Best Practices: https://www.medicaid.gov/sites/default/files/2024-01/person-centrd-servc-plan-hcbs-req_best-pract.pdf

Resources (2 of 2)

- National Center for Advancing Person-Centered Practices and Systems (NCAPPS): <https://ncapps.acl.gov/>
- Request NCAPPS technical assistance: <https://forms.office.com/r/LjCMWTYxqf>
- Five Competency Domains for Staff Who Facilitate Person-Centered Planning: [Five Competency Domains for Staff Who Facilitate Person-Centered Planning \(acl.gov\)](#)
- How to Expand Supported Decision-Making and Increase Informed Choices: [How to Expand Supported Decision-Making and Increase Informed Choices \(acl.gov\)](#)
- Person-Centered Practices Self-Assessment: [Person-Centered Practices Self-Assessment \(acl.gov\)](#)
- Promising Practices for Person-Centered Plans: [Promising Practices for Person-Centered Plans \(acl.gov\)](#)

Questions?

Feedback

Please complete a brief survey to help CMS monitor the quality and effectiveness of our presentations.

Please use the survey link: <https://www.surveymonkey.com/r/DLTSS41024>

WE WELCOME YOUR FEEDBACK!