Introduction

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Objectives

• Understand how Person-Centered Planning is incorporated as part of the Final Rule
• Understand the broad context of person-centered practice
• Know the difference between traditional service systems and person-centered systems
• Introduce case examples of traditional and person-centered service models
• Summarize core strategies that promote person-centered systems, including shift from system-centered focus to person-centered focus
Section 2402(a) of the Affordable Care Act requires the Secretary of Health and Human Services to ensure all states receiving federal funds:

- Develop service systems that are responsive to the needs and choices of beneficiaries receiving home and community-based services (HCBS) and community-based long-term services and supports (LTSS).
- Maximize independence and self-direction.
- Provide support coordination to assist with a community-based supported life.
- Achieve a more consistent and coordinated approach to administration of policies and procedures across programs.
Requires a person-centered service plan for each individual receiving Medicaid HCBS
The Broad Context of Person-Centered Practice

- **Person-centered thinking** helps to establish the means for a person to live a life that they and the people who care about them have good reasons to value.

- **Person-centered planning** is a way to assist people needing HCBS services and supports to construct and describe what they want and need to bring purpose and meaning to their life.

- **Person-centered practice** is the alignment of service resources that give people access to the full benefits of community living and ensure they receive services in a way that may help them achieve individual goals.
Person-Centered Service Plans

- The person-centered planning process is driven by the individual
- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at times/locations of convenience to the individual
Person Centered Service Plans will:

- Assist the person in achieving personally defined outcomes in the most integrated community setting,
- ensure delivery of services in a manner that reflects personal preferences and choices, and
- contribute to the assurance of health and welfare.

And that it:
- Reflects cultural considerations
- Uses plain language
- Includes strategies for solving disagreement
- Offers choices to the person regarding services and supports the person receives and from whom
- Provides a method to request updates
The Plan

Identifies:
-the strengths,
-preferences,
-needs (clinical and support), and
-desired outcomes of the individual

The plan also includes risk factors and plans to minimize them
Written Person-Centered Service Plan Documentation

- Written plan reflects -
- Setting is chosen by the individual and is integrated in, and supports full access to the greater community
- Opportunities to seek employment and work in competitive integrated settings
- Opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS
Person-Centered Service Planning Modification Requirements

- Any modifications to the HCBS settings requirements needed by an individual must be supported by a specific assessed need and justified in the person-centered plan.
- The following must be documented in the plan:
  - Identify a specific and individualized assessed need
  - Positive interventions and supports used prior to modification
  - Less intrusive methods tried
  - Describe the condition that is directly proportionate to the specified need
Person-Centered Service Planning Modification
Requirements, cont.

- Must be documented in plan:
  - Regular collection and review of data to review effectiveness
  - Established time limits for periodic review to determine if modification is still needed
  - Informed consent of the individual
  - Assure interventions and supports will cause no harm
Quality Person-Centered Service Plans Will Ensure that Planning Leads to Important Individually Defined Outcomes

• People have control over the lives they have chosen for themselves

• People are recognized and valued for their contributions (past, current, and potential) to their communities

• People live the lives they want
In Order to Meet the Criteria and the Intent of the Ruling, Person-Centered Service Planning Requires

- The time needed
  - to learn what is important to the person and
  - To support the person in having control over the process and content
- The skills that underlie strengths-based assessment, development, writing, and implementing the plan
- Structures that support development and implementation
- The skills and professional latitude to conduct discovery and planning dependant on the person they are working with.
Concerns Regarding how Medicaid HCBS Service Programs are Prepared to Deliver & Implement Person-Centered Service Plans

- It is dependent on understanding and commitment to the individual
- Many will say that what they are doing is already person-centered service planning, but some may be misguided
- Some are trying to fit person-centered thinking into an existing system and expecting different outcomes
Core Strategies to Promote Moving Toward Person-Centered Service Systems

• Develop and promote a statewide vision & universal understanding of person-centeredness across all state agencies providing Medicaid HCBS
• Align practices, structures, and priorities for those who develop plans with the criteria for good person centered service plans
• Build quality measurement frameworks that link measurement to person-centered service plans
For Further Information

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