Person Centered Thinking, Planning, and Practice: The Federal Policy Context

Shawn Terrell
Administration for Community Living
Person-Centered Policy

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

• **Section 2402(a) Guidance** issued by Secretary Sebelius on June 6, 2014

• Includes HHS-Wide Standards for
  – Person Centered Planning
  – Self-Direction

• **Person Centered Planning and Self Direction** standards must be implemented in all Department of Health and Human Services programs that fund HCBS.
2402(a) Across HHS

- **CMS HCBS Final Rule**
  - eLTSS ONC Project

- **SAMHSA included in AOT Demonstration Program and Certified Community Behavioral Health Clinics**

- **ACL Person Centered Counseling Training Program**: component of the ADRC No Wrong Door grant program.

- **Quality**
  - **NQF HCBS group**: PCP will be a significant area for measure development
  - **NIDILRR RRTC on HCBS Outcomes**
Options Counseling vs. Person Centered Counseling

• Options Counseling is a Job Title/Category with practice standards for many people working in a State NWD System.

• Person Centered Counseling is a training program to impart person centered thinking, planning, and practice skills to people working in HCBS systems including Options Counselors and others in the State No Wrong Door System.
CMS Final Rule Published January 26, 2014 - Effective March 17, 2014

Requires a person-centered service plan for each individual receiving Medicaid HCBS
The Broad Context of Person-Centered Practice

- **Person-centered thinking** co-creates 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 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

- They are recognized and valued for their contributions (past, current, and potential) to their communities

- They 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 more or less discovery and planning in general depending on the person they are working with.
How Can I&R Specialists Deliver & Implement Person-Centered Thinking, Planning and Practice?

• It requires ongoing goal of understanding and commitment to the person

• Many are already performing person centered thinking, planning, and practice activities, but, like any practice, there is always more to learn, develop, and apply.

• Successful implementation requires system-wide commitment (e.g. just training is not enough).
Skills I&R Specialists Already Have

• Negotiation
• Dispute resolution
• Engagement
• Active Listening
• Strengths based thinking/positive attributes
• Empathy
• Individual and systems advocacy
• Cultural humility, competency
• Openness to learning
• Critical and creative thinking
• Team Building
• Customer service
Core Strategies to Promote Moving Toward Person-Centered Systems

• Develop and promote a statewide vision & universal understanding of person-centeredness across all state agencies involved in LTSS
• 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
• Support service providers to build capacity to support more community-based options
• Devise reimbursement methodologies to incentivize meeting the spirit as well as the letter of the HCBS rule.