



HHS Standards on Person-Centered Planning and Self-Direction

National Resource Center for Participant-Directed Services

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Administration for Community Living

HCBS Policy Development

- Since 1981 - Increasing opportunities for people to live in their homes and communities.
- However –
 - we did not define what we mean by “home” and “community.”
 - We were not clear on what is meant by person centered planning and practice
- Result: People experienced institutional lives while living in home and community based settings far to often.

Movement Toward Community Living

- Centers for Independent Living
 - Person Directed Planning
- Department of Justice
 - Olmstead actions
- Substance Abuse and Mental Health Services Administration
 - Recovery
- Centers for Medicare & Medicaid Services
 - HCBS Final Rule
- Administration for Community Living:
 - ACA Section 2402(a)

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

- The Secretary of Health and Human Services shall promulgate regulations to 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) Implementation Team

- HHS Office on Disability (now part of ACL) convened an HHS working group which included:
 - Centers for Medicare & Medicaid Services
 - Substance Abuse and Mental Health Administration
 - Office for Civil Rights
 - Indian Health Services
 - Health Resources and Services Administration
 - Assistant Secretary for Planning and Evaluation
 - Administration on Aging (now ACL)
 - Administration on Intellectual and Developmental Disabilities (now ACL)

How to Define HCBS?

- What does most integrated setting mean? Who gets to decide?
- Discussion was first focused on the number of beds in a facility:
 - How many people with disabilities can live together before the setting becomes institution-like: 4? 6? 10? 16?
 - There is no agreed upon body of evidence that helps us decide what bed number is the upper limit.
- What if we look at the question of institutionalization from the perspective of the person?
 - This led us directly into a discussion about quality of life.

Quality of Life

- Relationship building/maintenance
- Meaningful community participation
- Living arrangement
- Physical Environment
- Employment, personal income and asset building/maintenance
- Transportation
- Health care needs
- Education
- Daily routines/rituals
- Other areas of importance to the person and/or family

CMS Affirmative Statement on Settings

- Home and community-based settings must have all of the following qualities,... as **indicated in their person-centered service plan**:
 - The setting 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, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
 - Ensures an individual’s right to privacy, dignity and respect, and freedom from coercion and restraint.
 - Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

Excerpted from: CMS HCBS final rule

Person-Centered Planning and Practice is the Basis for Community Living

- Person centered planning and practice is the foundation for realizing the settings rule requirements and the vision for community living.
- Person centered planning, done correctly, creates a level playing field that supports the optimal balance of freedom, health and welfare for each person.
- The 2402(a) Standards are the framework over which is draped the application, and implementation of person-centered planning and practice across the department.

Person Centered Planning: Overview

- A process that is **directed by the person** with long-term support needs, and may also include a representative whom the person has freely chosen, or who is authorized to make personal or health decisions for the person.
- Identifies the strengths, preferences, service and support needs, and desired outcomes of the person.
- Agency workers' (options counselors, support brokers, and others) role in the PCP process is to enable and assist the person to identify and access a personalized mix of paid and non-paid services.

Person Centered Planning: Overview (cont)

- The person's **personally-defined outcomes**, preferred methods for achieving them, training supports, therapies, treatments, and other services needed to achieve those outcomes become part of a written services and support plan.
- The plan must be consistent with the person's health, including behavioral health, cultural preferences, housing, family, employment, community integration, and social supports needs (e.g. employment, relationship building/maintenance).

Person Centered Planning: Overview (cont.)

- Modifications: Any effort to restrict the right of the person to realize preferences or goals must be justified by a specific and individualized assessed safety need and documented in the PCP.

Person Centered Planning and Practice Implementation

- Training and Credentialing
 - PCP is a set of skills that are mastered over a long period of time
- Create administrative structures that support person centered planning facilitators to do their work.
 - Person centered thinking at all levels
 - Conflict of interest
 - Functional assessments and person centered planning
 - Services and support needs unrelated to agency work (e.g. housing).

Person Centered Planning and Practice: Monitoring

- Ensure that the paid and unpaid services and supports are delivered
- Progress toward achieving the person's goals is monitored, that the plan is reviewed according to the established timeline
- Feedback mechanism for the person to report on progress, issues, and problems – grievance and complaint process.

Self Direction

- Includes person centered planning
- Defines a service and support budget and/or allows for the hiring and firing of support workers
- Includes financial management and a personnel function
- Support brokers help identify HCB services, supports and goods that support community living
- Peer supports and other key recovery oriented services are generally included for the mental health population

Self Direction Issues

- Support Broker:
 - Finding personal assistant services
 - Participation is often functionally limited to people with family supports
- Integrating budgets:
 - How can systems increase success by integrating (braiding) budgets?
- Populations: Self-direction has not been widely used in behavioral health populations
- Policy: Dept of Labor Home Care Rule requires overtime and minimum wage starting 01/01/2015.

2402(a) Next Steps

- ACL to form cross HHS work team
 - Develop plan for HHS programs to implement PCP and SD standards
 - Share lessons and best practices
 - Report to the Secretary annually
- ACL is working on a training program for PCP and credentialing standards for practitioners.

Down the Road

- Measuring person centered outcomes
- Aligning financial incentives
- Fully develop national credentialing standards
- Automate person centered planning through ehealth records

Questions/Comments?