Why Person Centered Planning Matters and What You Can Do About It Tomorrow

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What Perpetuates Disability?

1. Substituting programs for a life.
2. Replicating "community" with artificial programs.
3. Violating the law (Olmstead, not making reasonable accommodations, etc.)

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What Perpetuates Disability? 2

4. Training people to live in the disability bubble.
5. Insisting "professionals" know what a person and/or community and/or provider can and should be/do.
6. Not supporting logical and natural relationships

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Creating Unjustifiable Barriers

1. Supporting "Learned Helplessness"
2. Limiting legitimate authority/self-determination
3. Denying essential motivations
4. Making people's lives more stressful
5. Demands that create resistance

Idiot =

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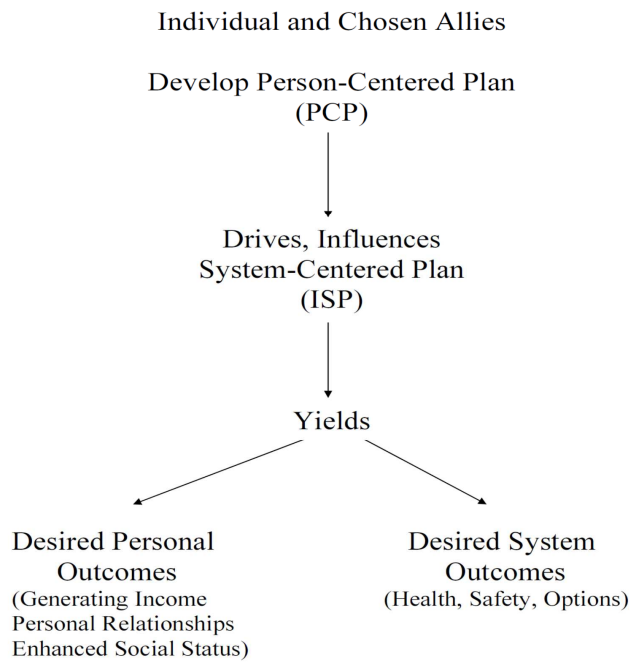
You must Kill "can't" …to kill "stupid"

CMS' stated intention in the final rule is to maximize opportunities for people to have access to the benefits of community living, including receiving all services in the *most integrated setting* and to ensure that Medicaid funding and policy support needed strategies to meet their legal obligations under the ADA and the Supreme Court's Olmstead ruling.

Self-Determination
Vs.
System Determination

System Determination	Self-Determination
Assessment (ICAP, etc.)	Person-centered Planning
↓	↓
Desired Team Outcomes	Desired Life Outcomes
↓	↓
Level of Service Level of Support Level of Funding	Assessment of Supports Needed (Supports Intensity Scale)
↓	↓
To Meet Outcomes of ISP	Intensity of Support Needed Level of Funding
	↓
	To Meet Outcomes of PCP



(1) *Person-Centered Planning Process.* The individual will lead the person-centered planning process where possible. 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.

(i) Includes people chosen by the individual.
(ii) 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.
(iii) Is timely and occurs at times and locations of convenience to the individual.
(iv) 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 § 435.905(b) of this chapter.
(v) Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.
(vi) 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.
(vii) Offers informed choices to the individual regarding the services and supports they receive and from whom.
(viii) Includes a method for the individual to request updates to the plan as needed.
(ix) Records the alternative home and community-based settings that were considered by the individual.
(2) *The 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 supports. Commensurate with the level of need of the individual, and the scope of services and supports available under the State's 1915(c) HCBS waiver, the written plan must:
(i) Reflect that the setting in which the individual resides is chosen by the individual. 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, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
(ii) Reflect the individual's strengths and preferences.
(iii) Reflect clinical and support needs as identified through an assessment of functional need.
(iv) Include individually identified goals and desired outcomes.
(v) Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the 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.
(vi) Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.
(vii) 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, consistent with § 435.905(b) of this chapter.
(viii) Identify the individual and/or entity responsible for monitoring the plan.
(ix) Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.
(x) Be distributed to the individual and other people involved in the plan.
(xi) Include those services, the purpose or control of which the individual elects to self-direct.
(xii) Prevent the provision of unnecessary or inappropriate services and supports.
(xiii) Document that any modification of the additional conditions, under paragraph (c)(4)(vi)(A) through (D) of this section, 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) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
(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.
(H) Include an assurance that interventions and supports will cause no harm to the individual.
(3) *Review of the Person-Centered Service Plan.* The person-centered service plan must be reviewed, and revised upon reassessment of functional need as required by § 441.365(e), at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.
(4) *Home and Community-Based Settings.* Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:
(i) 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.
(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
(iv) 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.

(2) *The 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 supports. Commensurate with the level of need of the individual, and the scope of services and supports available under the State's 1915(c) HCBS waiver, the written plan must:

Regulatory Requirements for Home and Community-Based Settings:

appropriate, based on the needs of the individual as indicated in their person-centered service plan:

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Regulatory Requirements for Home and Community-Based Settings:

- Ensures an individual's rights of 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.
- Facilitates individual choice regarding services and supports, and who provides them.
- In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:

GUIDANCE ON SETTINGS THAT HAVE THE EFFECT OF ISOLATING INDIVIDUALS RECEIVING HCBS FROM THE BROADER COMMUNITY

Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.
- The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

Sample Non-Residential Setting Issues

Exploratory Questions:

1. *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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
2. *The setting is selected by the individual from among setting options including non-disability specific settings … The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, … 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)*
3. The setting e*nsures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)*
4. *The setting 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. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
5. *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

- Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?
- Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
- Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?
- Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?
- Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?

Person Centered Planning

- Is a road-map of services and supports – both formal and informal
- Is focused on both real-life outcomes that matter - as well as the process
- Addresses what is important TO the person and what is important FOR the person

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Person Centered Planning 2

- Helps everyone know what they are, and aren't, supposed to be doing
- Is developed by a team of people who are invested in the well being of the individual.
- Always involves the person that the plan is for being present at the meeting.

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Person Centered Planning Elements 3

- Supports and services are designed specifically for each person in order to meet their unique personal needs, interests, abilities, etc.
- Addresses difficult issues (risk, choice, responsibility) and engages in *ongoing* practice and negotiation regarding those issues

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KEY CONCEPTS

- REAL informed choice - Documented
- Paid and natural supports
- Building competence/reducing dependence
- The foundations of real life, a real job, and a real home
- Facilitates life as a valued member of the community – full integration

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KEY CONCEPTS (CONTINUED)

- Creates community connections
  - Membership not just presence…
  - Inclusion is not the same as integration
- Sees individuals in the context of their culture
- Supports mutually respectful and partnering relationships

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Effective Person Centered Planning Is…2

- **Flexible and responsive:**
  - As the major needs change – the plan changes.
  - No need to wait for an arbitrary date or "stage" to be met.
  - Each day you may implement the plan a little differently based on the symptoms, skills, mood/attitude, etc.

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Effective Person Centered Plans…

- **Encourage self-advocacy**
- **Promote interpersonal interaction and growth (not just activities).**
  - This is not about "doing stuff", it is also about:
    - Being "with and of" – relationships
    - Gaining skills and abilities and practicing those skills in many different situations.

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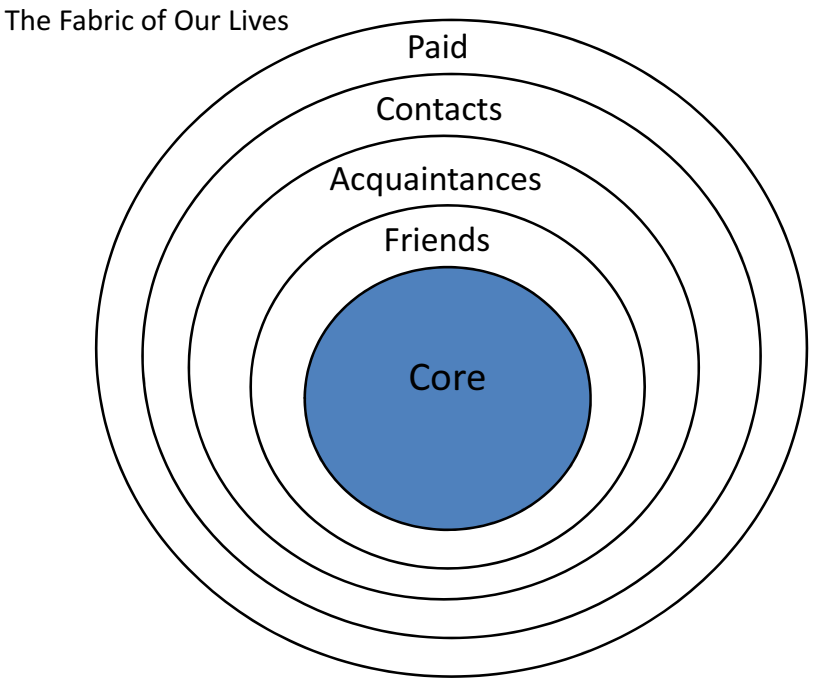

6 Factors for Success

- Respect
- Understanding/Empathy
- Enthusiasm
- Flexibility/Adaptability
- Creativity
- Organization

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Finally…

"Bad decisions made with good intentions, are still bad decisions."

How The Mighty Fall: And Why Some Companies Never Give In

Courage

The decision to do
the right thing
despite your fear.

Excellence can be attained if you…

- *Care* more than others think is wise.
- *Risk* more than others think is safe.
- *Dream* more than others think is practical.
- *Expect* more than others think is possible.