

Introduction to the Principles of Person Centered Planning

HCBS Advisory Workgroup
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HCBS Final Rule

- In this final rule, CMS specifies that service planning for participants in Medicaid HCBS programs under section 1915(c) and 1915(i) of the Act must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals.
- Requires that the person-centered planning process is directed by the individual with long-term support needs, and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process.

HCBS Final Rule (continued)



- Minimum requirements for person-centered plans include:
 - Individual goals and preferences.
 - Assist 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.



Olmstead

- Foundations
 - Strong consumer-professional and family-professional partnerships.
 - People with disabilities must be central participants in planning, developing, and providing services.
 - People are unique and their support needs are unique.
 - Needs should be met in a dignified fashion.
 - Each person, each family, are the experts about their own needs.
 - Accountability should be based on consumer satisfaction and measured by positive outcomes.
 - All individuals are entitled to a quality life.
 - Choice is Job 1.



Olmstead (continued)

- Desired Outcomes:
 - Services should be consumer-driven.
 - Consumer and family education about person-centered planning and control of services, including availability, quality, variety.
 - Should include services that improve the quality of life for people with disabilities.
 - Services should be aimed at developing self-sufficiency in decision-making with support from family and community.
 - Plan should lead to continued reduction in LTC facilities and institutions and toward increased community-based supports.
 - Plan should focus on life-long needs for support.
 - Plan should look at broad spectrum of support needs – not just traditional services.

Administration for Community Living (ACL)



- Person-centered planning is a process directed by the person with long-term services and supports (LTSS) needs. The person-centered planning approach identifies the person's strengths, goals, preferences, needs (medical and HCBS), and desired outcomes.
- The role of staff, family, and other team members is to enable and assist the person to identify and access a unique mix of paid and unpaid services to meet their needs, and to provide support during planning and implementation.
- When done thoughtfully, person-centered planning creates a space of empowerment—a level playing field—that allows for consideration of personal preferences as well as health and safety needs, without unnecessarily restricting freedoms. The best person-centered planning helps people to live better lives, with support to do the things most important to them.

Administration for Community Living (continued)



- Self-direction standards allow the person maximum control over his or her HCBS including the amount, duration, and scope of services and supports, as well as choice of providers, which may include family or friends.
- Self-direction allows the person to have much greater control over services and supports than would be possible under traditional arrangements.
- Consistent with the philosophy of independent living, self-direction embraces the values of freedom, authority, autonomy, and responsibility to allow the person to fully participate in community life with the necessary supports.



Workgroup Discussion

- Is my organization's transition process person-centered?
- How does your organization strike a balance between wants and needs?
- How does your organization adhere to person-centeredness when there are limited options?