What Does Person-Centered Planning Mean for the IL Paradigm?



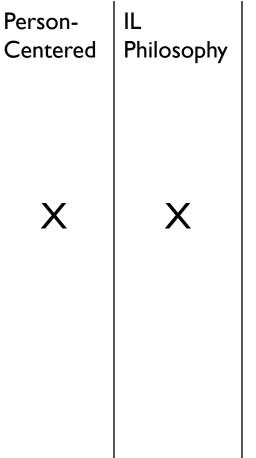






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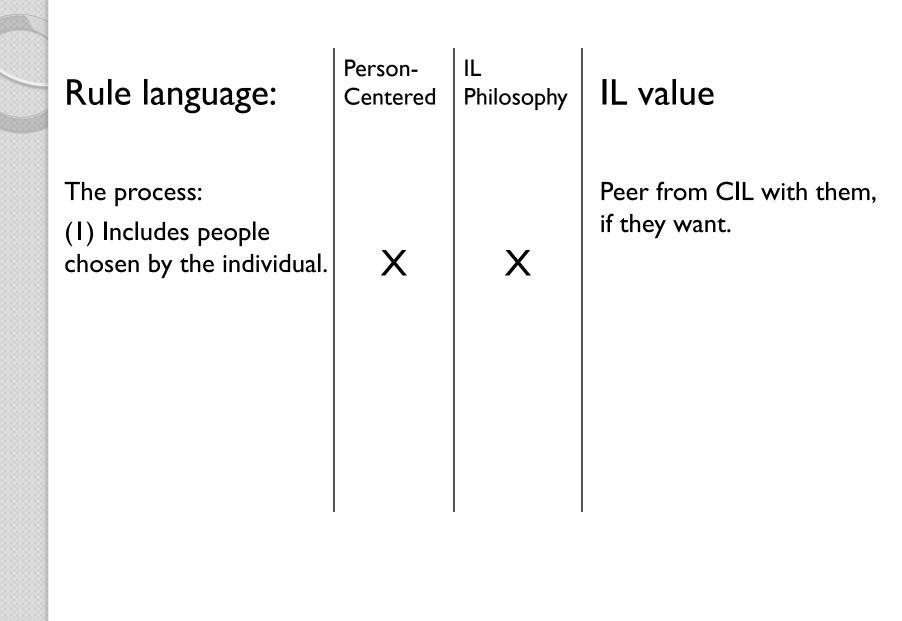
The person-centered planning process is driven by the individual.



IL value

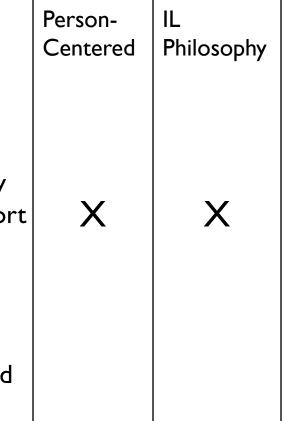
Consumer driven:

The consumer will initiate, choose their goals, choose their process, and choose their options.



The process:

(2) 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.

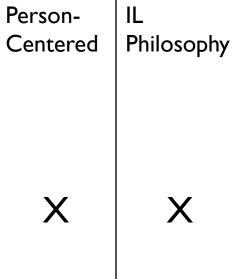


IL value

Consumer shall receive accurate, relevant, viable information in a mode and rhythm and style and language that meets their need for making their choices for how they are to live independently.

The process:

(3) Is timely and occurs at times and locations of convenience to the individual.

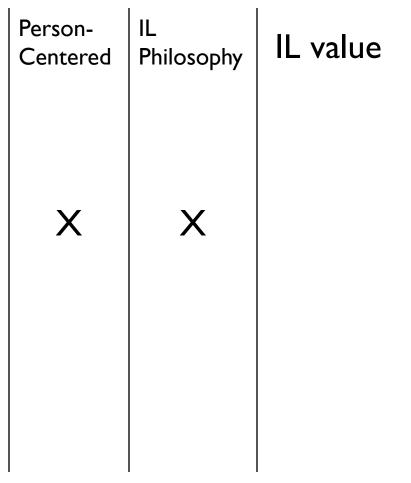


IL value

Consumer determines frequency, mode and sites for.

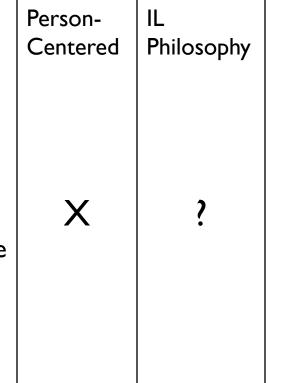
The process:

(4) 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.



The process:

(5) Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.

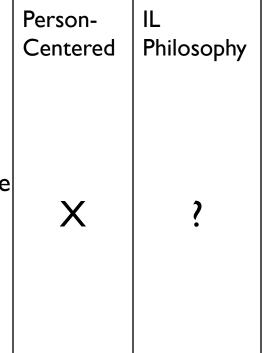


IL value

The consumer is the decision-maker. While others in the process may provide input, the consumer drives the process, with exploration of multiple viable options, and makes the decisions.

The process:

(6) Offers choices to the individual regarding the services and supports the individual receives and from whom.

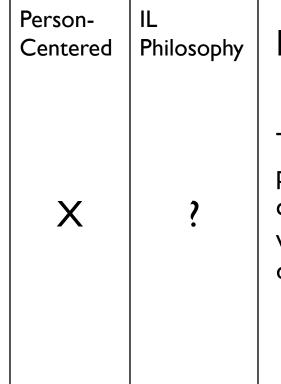


IL value

Supports/services may be offered to the consumer, however the options must not be restrictive and must not be limited to a predetermined list.

The process:

(7) Includes a method for the individual to request updates to the plan, as needed.

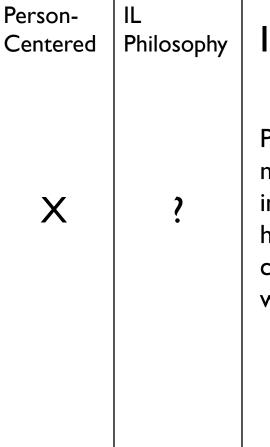


IL value

The plan is an ongoing process that can be changed and updated whenever the consumer decides.

The process:

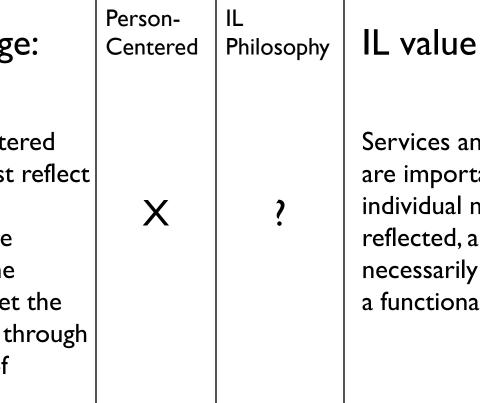
(8) Records the alternative home and community-based settings that were considered by the individual.



IL value

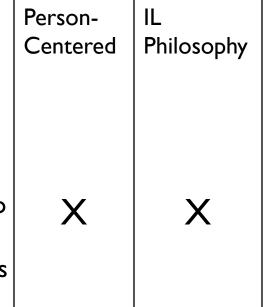
Process of decision-making may or may not be important for consumer to have recorded, it is consumer choice as to what is recorded.

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.



Services and supports that are important TO/BY the individual must be reflected, and are not necessarily related back to a functional assessment.

...as well as what is important to the individual with regard to preferences for the delivery of such services and supports.



IL value

It is always driven by consumer preferences unless not available to anyone.

The written plan must: (1) Reflect that the setting 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, includin 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.

	Person- Centered	IL Philosophy	
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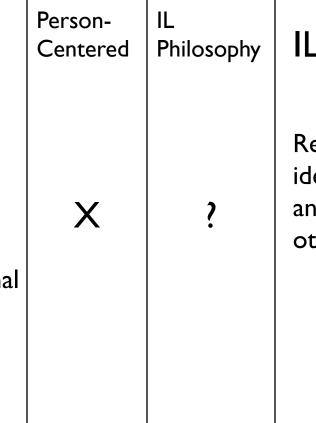
IL value

The supports and services must reflect that the setting in which the individual resides is chosen by the individual, and that the individual is fully supported and integrated in 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. However, these items are only included in the plan if they are areas which the consumer decides they need additional support or services.

The plan must: Only if consumer is in	Rule language:	Person- Centered	IL Philosophy	IL value
(2) Reflect the individual's strengths and preferences. X X A agreement to have these recorded.	(2) Reflect the individual's strengths and		X	agreement to have these

The plan must:

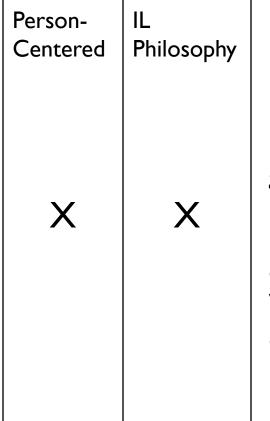
 (3) Reflect clinical and support needs as identified through an assessment of functional need.



IL value

Reflects support needs as identified by the consumer and those accepted from others by consumer.

The plan must: (4) Include individually identified goals and desired outcomes.

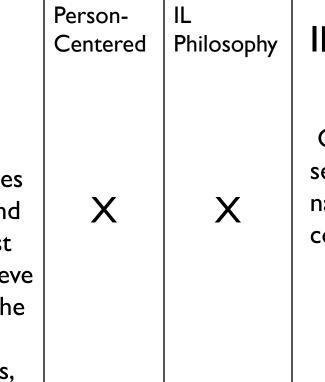


IL value

Consumer chooses their goals, unless they waive a plan, then it is done by Peer Guide, letting consumer see the goals. Waiver of plan must be signed.

The plan must:

(5) 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.

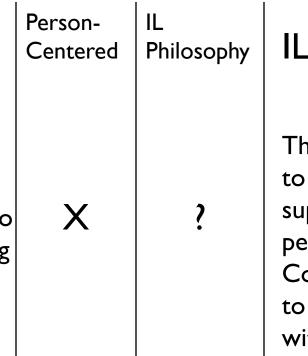


IL value

Consumer chooses their services and supports and natural supports, if consumer wishes.

The plan must:

(6) Reflect risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed.



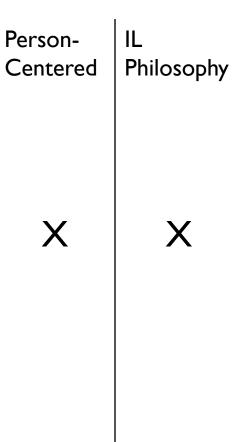
IL value

The consumer is allowed to choose services and supports to meet their personal goals. Consumers have the 'right to fail' just as individuals without disabilities do.



The plan must:

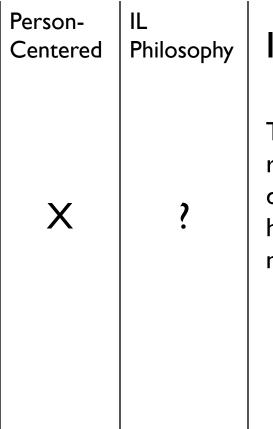
(7) Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with §435.905(b) of this chapter.



IL value

It is the consumer's plan, in their language, mode, style.

The plan must: (8) Identify the individual and/or entity responsible for monitoring the plan.

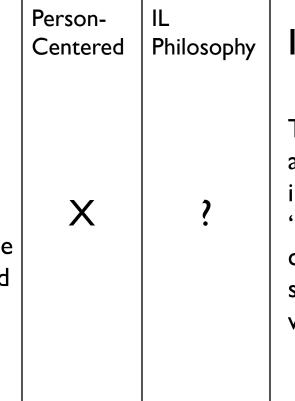


IL value

The consumer is the responsible entity for determining whether his/her needs are being met.

The plan must:

(9) 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.

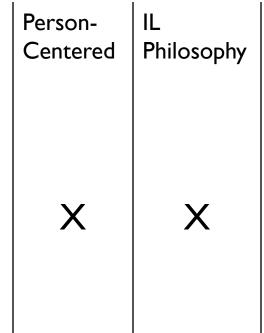


IL value

The plan is not intended as a contract between the individual and their 'person-centered counselor', but rather is a set of plans and contracts with service providers.

The plan must:

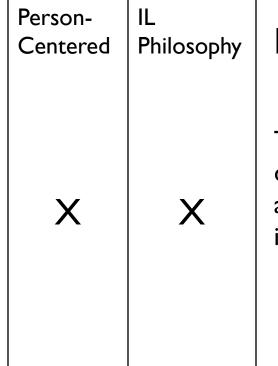
(10) Be distributed to the individual and other people involved in the plan.



IL value

All with consumer permission, and if not with written permission, then not distributed.

The plan must: (11) Include those services, the purchase or control of which the individual elects to selfdirect, meeting the requirements of §441.740.



IL value

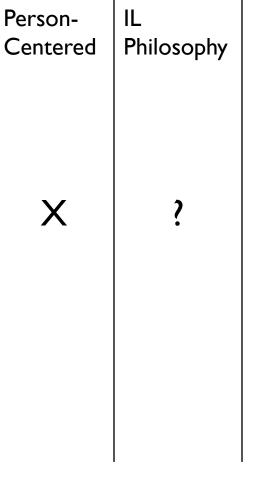
The consumer will selfdirect all of the services and supports they receive if they desire to do so.

Rule language:	Person- Centered	IL Philosophy	IL value
The plan must: (12) Prevent the provision of unnecessary or inappropriate services and supports.	X	?	The consumer decides which services and supports are appropriate for their needs, except for specific public programs that have specific eligibility requirements.

The following slides address how consumer rights are protected and what must be in place by residential providers when corporate liability comes into question so that limitations on consumers choices are considered.

The plan must:

(13) Document that any modification of the additional conditions, under §441.710(a)(1)(vi)(A) through (D) of this chapter, must be supported by a specific assessed need and justified in the personcentered service plan.



IL value

All needs are self assessed with information from other sources shared with consumer, and only if consumer agrees it is a need is it added to their plan.

The following must be documented in the plan: (i) Identify a specific and individualized assessed need.



Person-

Centered

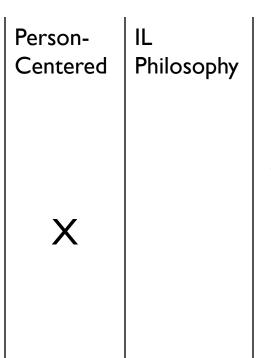
IL

Philosophy | IL value

Only if consumer chooses.

The following must be documented in the plan:

(ii) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.

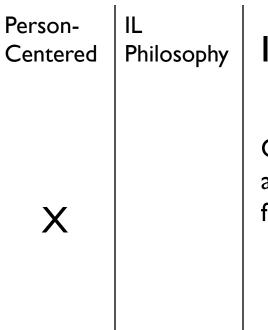


IL value

Any modifications that the consumer prefers can be made at any time.

The following must be documented in the plan:

(iii) Document less intrusive methods of meeting the need that have been tried but did not work.

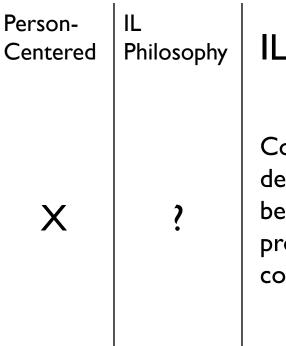


IL value

Only if consumer chooses, as this can be looked at as failure.

The following must be documented in the plan:

(iv) Include a clear description of the condition that is directly proportionate to the specific assessed need.

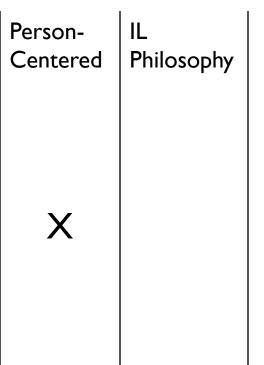


IL value

Consumer must be the definer of the conditions being put in place in provider owned or controlled settings.

The following must be documented in the plan:

(v) Include a regular collection and review of data to measure the ongoing effectiveness of the modification.

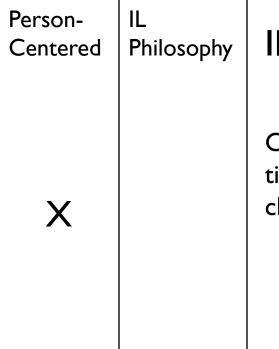


IL value

Consumer provides feedback if the service or modification is no longer effective. Checking in with the consumer is only to assess consumer satisfaction and/or additional needs.

The following must be documented in the plan:

(vi) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.



IL value

Consumer determines time limits and need for changes.

The following must be documented in the plan: (vii) Include informed

consent of the individual.

Centered Philosophy

Person-

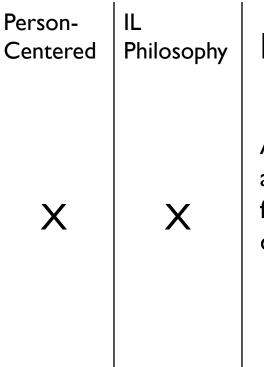
IL

IL value

The plan does not serve as a contract between the counselor and the consumer; rather it is a set of decisions and service contracts between the consumer and service/support providers.

The following must be documented in the plan:

(viii) Include an assurance that the interventions and supports will cause no harm to the individual.



IL value

Allow consumers to assume the same right to fail as individuals without disabilities have.

Reviewing the personcentered service plan: The person-centered service plan must be reviewed, and revised upon reassessment of functional need as required in §441.720, at least every 12 months, when the individual's circumstances or need change significantly, and at the request of the individual.

	Person- Centered	IL Philosophy	I
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The plan is reviewed when the consumer has determined that they need or want it to be reviewed, either to modify, add, or get rid of supports or services. This is done at least every six months, more frequently as consumer discusses/shares changes he/she needs.

Websites

- <u>NCIL</u> www.ncil.org
- Independent Living Center of the North Shore & <u>Cape Ann, Inc.</u> www.ilcnsca.org
- <u>ADRC of the North Shore & Cape Ann, Inc.</u> www.adrcgns.org
- <u>Administration on Community Living</u>: www.acl.gov
- <u>Center for Medicare & Medicaid Services</u>: www.cms.gov

Resources

- <u>NCIL ADRC Task Force</u>: www.ncil.org/adrctf
- <u>NCIL's ADRC Position Paper</u>: www.advocacymonitor.com/ncil-policy-on-aging-and-disability/ncilposition-paper-aging-and-disability-resource-centers-adrcs
- <u>Link to the HCBS Regulations and accompanying documents:</u> http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html
- <u>HHS Person Centered Planning and Self-Direction standards/ blog</u>: www.acl.gov/NewsRoom/blog/2014/2014_07_09.aspx
- Julia Sain's Person-Centered vs. Consumer-Controlled video: https://www.youtube.com/watch?v=c18bi7V0G90&feature=youtu.b e

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