Person-Centeredness and the HCBS Settings Requirements

The Lewin Group

October 20, 2015
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
Goals and Objectives

- Realize the importance of person-centeredness within your HCBS setting.

- Understand what person-centeredness is and how to effectively include it in your setting.

- Understand how person-centeredness can help you to meet settings requirements or mitigate restrictions the settings requirements hope to address.
Questions to Consider

• How does person-centeredness already permeate everything you do?

• How could your organization strengthen service delivery to be more person-centered?

• How will person-centeredness empower the individuals you serve? How will it provide protections to you as the provider?

• What changes can I make this week to incorporate person-centeredness into all of my interactions?
WebEx Quick Reference

• Use chat to answer questions, make comments, share insights

• For technology issues, please chat to “Host”

• For questions, comments or ideas please chat to “All Participants”
What is person-centeredness?

Share your thoughts via group chat!

What does person-centeredness mean to you?

Type in the first thoughts that come to your mind!
Person-centeredness is all about life!
Person-Centeredness: A Brief History
Foundation of Person-Centered Practices

• Historical
  – Carl Rogers
  – Judith Snow
  – John O’Brien, Michael Smull, Beth Mount, Jack Pearpoint, Tom Nerney

• Finding and supporting balance ~ between what matters to the person (“important to”) and the things that help the person be safe and healthy in a way that works for him/her (“important for”).

• Recognizing the person as the expert in his/her life. This engages the person to be in control of his/her life with the necessary support and resources.

The concept of Important To and Important For comes from The Learning Community for Person Centered Practices © 2012
It’s about more than choice!

• What we learn about someone and our willingness to engage in honest dialogue about how to support them is critical to everyone’s success

• Sequence matters
  ➢ We must understand what is “important to” someone before we can support “important for.”

• Good person centered practices always address
  ➢ Important to
  ➢ Important for
  ➢ Necessary clinical elements of support

*With thanks to Mary Lou Bourne
It’s more than just choice….

- It is not about “either happy OR, healthy and safe”
  - We CAN support people to be happy, health and safe

- It starts with listening......
  - Listening to *words*
  - Listening to *actions*
  - Listening to what may be described as rituals, routines, good days/bad days, “behaviors of concern”.
  - Supporting AND minimizing risk at the same time
Understanding the Balance Between To and For

• The skills and tools of Person-Centered Thinking* © use a process of discovery to better understand what is important to someone.
  ➢ Who is important in the person’s life?
  ➢ What are the person’s important rituals and routines?
  ➢ What makes for a good day and bad day for the person?
  ➢ How does the person communicate using words, sounds and actions?
  ➢ What supports work when the person is struggling?
  ➢ Who supports the person best? What types of people?

* www.learningcommunity.us
How Do You Know You are Person-Centered?

- Learning and listening continue
- Focus on developing capacities
- Hopeful action happens
- Family members and friends are partners

Adapted from: Community Mental Health Partnership of Southeastern Michigan
How Do We Describe People?

Years ago: System-Centered
- Focus on labels
- Emphasize deficits
- See people in the context of human service systems
- Distance people by emphasizing difference

Now: Person-Centered
- See people first
- Emphasize strengths
- See people in the context of their local community
- Bring people together by discovering common experience

EXAMPLE
Say ......
“Person with a disability”
“Joe communicates with.....”
“She needs......”

Instead of......
“Disabled person”
“Joe is non-verbal”
“She has problems with....”

Please insert your examples in the chat box ---

Adapted from: Community Mental Health Partnership of Southeastern Michigan
How Do We Think About & Plan for the Future?

Years Ago: System-Centered
- Plan for a lifetime of programs
- Base options on stereotypes about people with disabilities
- Offer a limited number of usually segregated program options

Now: Person-Centered
- Craft a desirable life-style
- Find new possibilities for each person
- Design an unlimited number of desirable experiences

EXAMPLE
Do........
Think outside of the box
Pursue the person’s preferences

Instead of......
Limiting options to a specific program/specific diagnosis
Thinking and assuming the person “can’t do that!”

Please insert your examples in the chat box ---→

Adapted from: Community Mental Health Partnership of Southeastern Michigan
Who Makes the Decisions? Who is in Control?

Years Ago: System Centered
- Plan a lifetime of programs
- Rely on interdisciplinary teams to generate plans
- Respond to need based on job descriptions

Now: Person Centered
- Craft a desirable lifestyle
- Create person-centered teams to solve problems
- Respond to people based on shared responsibility and personal commitment

EXAMPLE
Do........
Provide opportunity for people to grow/control
Act on goals and preferences

Instead of......
Assuming you know what’s best
Planning for the sake of planning

Adapted from: Community Mental Health Partnership of Southeastern Michigan
What Do We Believe About Community?

Years Ago: System Centered
- Community is rejecting
- Protect individuals with disabilities
- Simulate safety in secluded settings

Now: Person Centered
- Community can be welcoming
- Negotiate acceptance by building relationships
- Find associations, settings and people who facilitate new experiences

EXAMPLE
Do........
Provide opportunities for inclusion
Support informed risk

Instead of......
Limiting the person to a provider driven routine/lifestyle
Controlling risk to the disservice of the person

Adapted from: Community Mental Health Partnership of Southeastern Michigan

Please insert your examples in the chat box --->
Share your thoughts via group chat!

Name some actions you take that are person-centered?

Can you identify a time when you feel you were treated in a person-centered way? And a time when you were not?
Person-Centeredness within the Final Rule
Final Rule for Home and Community Based Settings

• Person-Centeredness and Planning is not a new term or process to many in the field home and community based services (HCBS) waiver programs.

• 2402a of the Affordable Care Act

• Person-Centered Planning is a component under the new home and community based settings requirements final rule and was built upon 2402a.
Final Rule for Home and Community Based Settings

• Further promotes meaningful community integration for individuals receiving home and community-based services (HCBS).

• Enhances the quality of HCBS and provides protections to participants.
Family Members & Friends are Partners

• Family members, friends and others who care deeply about the person have important knowledge about the individual.

• Their contributions are invaluable and cannot be replaced (assuming the person you support wants them involved).

• This information can be gathered in multiple ways aside from having the family and friends at the care planning meeting.
Focused on Developing the Individual's Capacities

The rule insists that individuals have real and meaningful opportunities to contribute to the life of their communities and to benefit from their contributions in turn.
Listening & Learning Continue

This is a journey you're on with the person

The rule recognizes that positive possibilities unfold as individuals learn from experience
Person-Centeredness and HCBS Settings
Considerations in Services

• If people have housemates or roommates, did they choose to live with each other?
  ➢ Are plans being made to help people who currently live together and do not share space well, find new places to live?

• If someone wants to have a job, are real employment options explored?
Considerations in Services

- How are you supporting and minimizing risk? How are you helping the person learn from those risks?

- What happens if someone you support disagrees with a decision made about their life? How is that disagreement negotiated?
Considerations in Services

• How are you supporting cultural issues?
  ➢ Language barriers
  ➢ Family hierarchies
    ▪ Our role is to support the person, but how do we engage with the family if cultural respect deems we always talk with a parent, or other responsible family member?

• How are you planning with people?
  ➢ Where? What time of day?
  ➢ How would it work for your organization if someone wanted a Saturday-afternoon planning session?
What changes would your organization need to implement to be fully person-centered?

a) Offer training
b) Modify processes
c) Shift our culture
d) Seek technical assistance from the state
Person-Centered Plan and HCBS Modification Documentation
Modifications to the HCBS Setting Requirements

• The service plan must:
  ➢ Identify a specific and individualized assessed need.
  ➢ Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
  ➢ Document less intrusive methods of meeting the need that have been tried but unsuccessful.

• Include a clear description of the condition that is directly proportionate to the specific need.
Modifications to the HCBS Setting Requirements

- Include a regular collection and review of data to measure the ongoing effectiveness of the modification.

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

- Include informed consent of the individual.

- Include an assurance that the interventions and supports will cause no harm to the individual.
Where can I go for more information?

- A summary of the regulatory requirements of fully compliant HCBS settings and those settings that are excluded

- CMS Final Rule for Home and Community Based Settings Requirements (which includes PCP) Fact Sheet

- Guidance for Implementing Standards for PCP and Self Direction in HCBS Programs - Section 2402(a)

- Medicaid Home and Community Based Services Website

- HCPF HCBS Settings Final Rule Website (including STP for public comment)
Questions to Consider

• How does person-centeredness already permeate everything you do?

• How could your organization strengthen service delivery to be more person-centered?

• How will person-centeredness better empower the individuals you serve? As well as provide protections to you as the provider?

• What changes can I make this week to better incorporate person-centeredness into all of my interactions?
Take a minute to reflect!

Share your thoughts via group chat!

What changes can I make this week to better incorporate Person-Centeredness into all my interactions with individuals?
Questions?
Contact Information

Adam Tucker
Division of Intellectual and Developmental Disabilities
303-866-5472
adam.tucker@state.co.us

Caitlin Phillips
Long-Term Services and Supports
303-866-6873
caitlin.phillips@state.co.us