



Person-Centered Planning

June 28, 2016

What is Person-Centered Planning?

- Person-centered planning is a **process** by which an individual, with assistance, identifies and **documents** their preferences, strengths, capacities, and needs in order to develop short-term objectives and action steps to ensure personal outcomes are achieved within the most integrated setting by using identified supports and services.
- This is a living definition and may continue to evolve.

Graphic Representation of a Person-Centered Plan



The Broad Context of Person-Centered Practices

- **Person-centered thinking** helps to establish the means for a person to live a life that they and the people who care about them have good reasons to value.
- **Person-centered planning** is a way to assist people needing HCBS services and supports to construct and describe what they want and need to bring purpose and meaning to their life.
- **Person-centered practice** is the alignment of service resources that give people access to the full benefits of community living and ensure they receive services in a way that may help them achieve individual goals and outcomes.

Home and Community Based Services Settings

- 2014 Final HCBS settings rule applies to:
 - 1915(c) waivers (HCS, TxHmL, DBMD, CLASS, MDCP, YES)
 - 1915(i) state plan services (HCBS Adult Mental Health)
 - 1915(k) state plan services (Community First Choice)
 - 1115 (STAR+PLUS), (STAR+Kids)
 - HCBS delivered through STAR Health
- Person-centered practices in ICF and nursing facilities, and home health services through other regulations

Person-Centered Planning

- Home and Community Based Services (HCBS) settings rule requires all HCBS to be delivered through a person-centered service planning framework.
- While the state has up to five years to transition into compliance, Community First Choice and HCBS Adult Mental Health had to be compliant upon rollout.
- <https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>
- <http://www.hhsc.state.tx.us/medicaid/hcbs/index.shtml>

Person-Centered Planning

- A person-centered plan (PCP):
 - Identifies the strengths, preferences, needs (clinical and support), goals and outcomes of an individual
 - Involves what is important to the person in addition to what is important for the person
 - Touches on non-clinical areas including relationships, community life inclusion, competitive employment, finances, wellness, education and other areas, to the same degree of access as individuals not receiving HCBS

Person-Centered Planning

- Driven by the individual and **reflects his/her perspective**
- Includes people chosen by the individual
- Conducted at a time and place convenient to the individual
- Reviewed, revised annually with a functional need assessment, when circumstances or needs change, and at request of the individual

Person-Centered Planning

- Process must incorporate:
 - Plain language
 - Cultural considerations
 - Strategies for solving disagreement within the planning process
 - Choice regarding services and providers
 - A way for individuals to request an update
 - Risk factors and mitigation strategies
 - Signed documentation, with copies for the individual and representatives

Person-Centered Planning

- Final service plan must reflect:
 - Individual chosen setting and setting integrated in and supports access to the community
 - Opportunities to seek competitive employment and work in integrated settings
 - Opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving HCBS

Person-Centered Planning

- Plan must reflect
 - Individual's strengths and preferences
 - Clinical and support needs
 - Goals and desired outcomes, as defined by the individual
 - Services, including self-directed services
 - Providers of services and supports, including unpaid natural supports

Person-Centered Planning

- Plan must
 - Be understandable to the individual and the individuals important in supporting him or her
 - Be written in plain language in a manner that is accessible to the individual and those who have limited English proficiency
 - Identify the individual and/or entity responsible for monitoring the plan
 - Prevent the provision of unnecessary or inappropriate services and supports

Person-Centered Planning

- Plan must reflect
 - Risk factors and mitigation strategies
 - Backup plans
 - Individualized modifications to settings requirements
 - Important individuals
 - Responsible individuals
 - Informed consent
 - Signatures of individual and providers
 - Service authorizations

Person-Centered Planning

- Any modifications to the HCBS settings requirements needed by an individual must be supported by a specific assessed need and justified in the person-centered plan.
- The following must be documented in the plan:
 - Identification of a specific and individualized assessed need
 - Positive interventions and supports used prior to modification
 - Less intrusive methods tried
 - Description of the condition that is directly proportionate to the specified need

Person-Centered Planning

- Modifications must be documented in the plan:
 - Regular collection and review of data to review effectiveness
 - Established time limits for periodic review to determine if modification is still needed
 - Informed consent of the individual
 - Assurance interventions and supports will cause no harm

Person-Centered Planning Training

- The Learning Community's person-centered thinking two-day face-to-face training is approved to meet the requirements of the HCBS and Community First Choice rule.
- Other training viable with HHSC approval.
- More extensive training vs. introductory training according to role in service planning:
 - More extensive training required for LIDDA service coordinators, managed care organization service coordinators, and CLASS and DBMD case managers
 - Introductory training required for other participants in service planning including nurses, direct care staff

The Learning Community



Our Network

If you are a certified TLPCP Trainer and would like to be listed here and/or join our various online community of practice forums, [CLICK HERE](#).

Click in the appropriate red area of the map below to locate qualified trainers or click [here](#) for text links to locations worldwide. Before making a decision, click [here](#) for things to consider. To become a qualified trainer, please click [here](#) or contact [Michael Smull](#) for other assistance.



Please keep in mind that The Learning Community for Person Centered Practices does not recommend any one trainer over another. Who you select is up to you. We do recommend that you ask some questions so that you select the trainer who will best meet your needs.

We suggest the following questions:

- What training have they completed? When? By whom?
- How often have they delivered the specific training over the past several years?
- Who could you contact about their more recent efforts?

If you can obtain references ask those who received the training:

- How useful/helpful did the participants find the training?
- Did the trainer keep the participants interest throughout the training?
- Was the trainer available for to answer questions and to provide assistance after the training?
- How have they stayed current with the training?
- When was the last time they received updated training materials? (Note that most training materials are updated every 1-2 years.)

If you have questions about the trainings please feel free to contact any Board member via email by clicking on their name at the following link:

<http://www.learningcommunity.us/board.html>

The Learning Community's
web address:

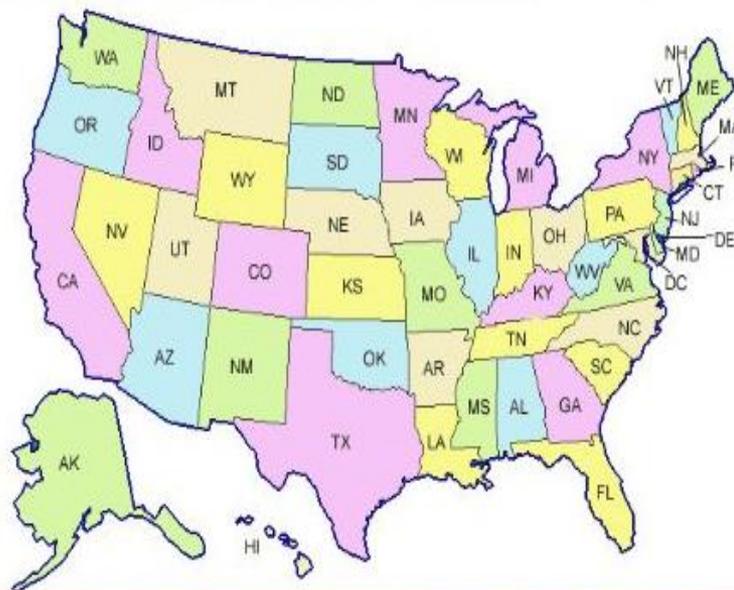
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The Learning Community



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Trainer: Person Centered Thinking Skills/ Essential Lifestyle Planning;
Families Planning Together; Person Centered Thinking Skills ([1 page profile](#))

Mentor Trainer: Person Centered Thinking Skills/Essential Lifestyle Planning

Current Focus Areas: Children/Young people in transition;
Developmental disabilities/intellectual disabilities/learning disabilities; Families

Shelley Dumas

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Mentor Trainer: Person Centered Thinking Skills/Essential Lifestyle Planning

Current Focus Areas: Children/Young people in transition;
Developmental disabilities/intellectual disabilities/learning disabilities; Families

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Trainer: Person Centered Thinking Skills; Essential Lifestyle Planning ([1 page profile](#))

Mentor Trainer: Person Centered Thinking Skills/Essential Lifestyle Planning

Current Focus Areas: Children/Young people in transition; Families
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Trainer: Person Centered Thinking Skills ([1 page profile](#))

Current Focus Areas: Developmental disabilities/intellectual disabilities/learning disabilities

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Trainer: Person Centered Thinking Skills ([1 page profile](#))

Person-Centered Planning Systemic Changes

- A person-centered system requires:
 - The time needed to learn what is important to the person and to support the person in having control over the process and content
 - The skills that underlie strengths-based assessment, development, writing and implementing the plan
 - Structures that support development and implementation
 - The skills and professional latitude to conduct discovery and planning dependent on the person they are working with

Common Concerns & Barriers

- Misunderstandings of the process
- Lack of sufficient ingredients to the process
- Failure to integrate person-centered planning into existing team culture and process
- Unwillingness on the part of professionals to relinquish power to the consumer
- Lack of social and service resources
- Inadequate facilitation

Implementation of PCP Leads to Meaningful Outcomes

- Emerging research shows PCP has a significant **IMPACT** on **OUTCOMES**
 - Greater engagement in services
 - Reduced no-show rates/improved medication adherence (Stanhope et. al, 2013)
 - Improved relationships between staff and persons served; more individual involvement in planning; more individualized plans (Lodge, Kaufmann, Stevens-Manser, 2015)
 - Significant improvements in wide range of clinical and recovery outcomes (Tondora et. al, in press)
 - Found employment 53% more often than those that did not participate in person-centered planning (Croke and Thompson, 2011)

Implementation of PCP Leads to Meaningful Outcomes

- Decrease in crisis events and high-intensity service use:
 - reduced emergency room visits
 - inpatient days
 - risk-related behaviors (self harm and harm toward others)

Tools and Resources Cited

- CT Department of Mental Health and Addiction Services

<http://www.ct.gov/dmhas/cwp/view.asp?q=456036>

- New York Office of Mental Health, PCRCP Resource Page

https://www.omh.ny.gov/omhweb/pros/Person_Centered_Workbook/

- New York Care Coordination Program

<http://www.carecoordination.org/transformation-initiatives.aspx>

Tools and Resources Cited

- Getting in the Driver's Seat of Your Treatment and Your Life: Preparing for Your Plan (English & Spanish avail)

<http://www.ct.gov/dmhas/lib/dmhas/publications/PCRPtroolkit.pdf>

- Person-Centered Care Questionnaire: Tondora & Miller 2009

<http://www.ct.gov/dmhas/lib/dmhas/publications/PCCQprovider.pdf>

Questions

- Person-centered planning training workgroup with HHSC/DADS will consider ideas and proposals
- Minimum criteria for training programs and list of approved trainings in next several weeks
- Questions or concerns can be sent to HCBS mailbox at
Medicaid_HCBS_Rule@hhsc.state.tx.us