



# Putting the Person First: A National Dialogue on Advancing the Interests of the Person in HCBS Systems

Thom Campbell, ACL

Melissa Harris, CMS

Joseph Lugo, ACL

Shawn Terrell, ACL





**Person Centered Thinking, Planning,  
and Practice is the foundation of  
HCBS**



# Person-Centered

- **Person-centered thinking** recognizes that people are experts in their own lives, everyone can express their preferences and live a full life in their own community that they and the people who care about them have good reasons to value.
- **Person-centered planning** identifies and addresses the preferences and interests that make up a desired life and the supports (paid and unpaid) needed to achieve it. It is directed by the person and supported by others selected by the person, who are independent of any service/support to be delivered in the plan.
- **Person-centered practice** is the alignment of service resources and systems that give people access to the full benefits of community living and delivers services in a way that facilitates achieving the person's desired outcomes.

# Person-Centered Requirements/Guidance in HHS Programs

- ACA Section 2402(a) Guidance (HHS-Wide)
- HCBS Final Rule (CMS)
- Long Term Care Rule (CMS)
- Managed Care Rule (CMS)
- Health Homes (CMS)
- Accountable Care Communities FOA (CMS)
- Discharge Planning Rule (CMS)
- Person & Family Engagement Program (CMS)
- No Wrong Door (ACL)
- Mental Health Block Grants (SAMHSA)
- Certified Community Mental Health Clinics (SAMHSA)
- eLTSS Standards (ONC)

# Current State of Practice

- Several states have committed, ongoing emphasis on person-centered planning in part or all of their HCBS programs.
- Most states have very small commitments
- Large state demand for TA (no central entity)
- No agreed upon practice standards or systems design requirements
- Little end user awareness of what to expect
- Little research on best practices, KSAs, systems design.

## Status Quo Prevails

- People are often left with someone else's plan:
  - Doing things they don't want to do
  - With people they don't want to be with
  - In places they don't want to be

# ACL Vision for Person-Centered Systems

- People know what to expect
- People who facilitate planning processes are competent
- Systems are configured to deliver services and supports in a manner consistent with person-centered values
- Quality measures are implemented for process fidelity, experience, and outcomes based on each person's preferences and goals.
- Principles of continuous learning are applied throughout the system.

# States Expressed Unmet TA Needs

State programs are seeking actionable support for implementing person-centered planning in their systems including:

- Operational definitions
- How to reconfigure systems to support person-centered planning and service delivery
- What training models are available and how to choose one most appropriate for a given state system
- How to structure payment systems to support person-centered planning
- How to select and implement structural, process, and outcome quality measures to effectively evaluate the impact person-centered planning has in state systems



# National Center for Advancing Person-Centered Practices and Systems (NCAPPS)

- Central clearinghouse for all stakeholders to access useful information through a centralized website.
- Provide effective TA to states on the full spectrum of needs related to implementing person-centered thinking, planning, and practices in their systems
- Assist states in creating the organizational culture, processes, payment incentives, policy, and practices at all levels of state systems to support Person-centered planning.
- Support state-to-state E-Learning communities of practice to facilitate the development and sharing of best practices across state systems.



**MELISSA HARRIS, CMS**





# **ACL's Traumatic Brain Injury State Partnership Program**

**Thom Campbell, ACL**



# TBI State Partnership Program Purpose

- 1) To help states strengthen and grow their capacity to support and maintain a system of services and supports that will maximize the independence, well-being, and health of persons with TBIs and their families
- 2) To learn from and call upon the expertise of states that have built and maintained a strong and sophisticated state TBI infrastructure

# The TBI State Partnership Program

## **Activities**

- State Advisory Boards
- State Plans
- Working with State Registries
- Creation of a Professional Development Training Infrastructure




**JOSEPH LUGO, ACL**

[www.menti.com](http://www.menti.com)




# Questions to Explore in Developing Person-Centered Systems

- **Person-Centered Planning Facilitators, training, competencies?**
- **How do providers know what is expected of them?**
- **How do recipients know they are getting a qualified facilitator?**
- **How are programs reimbursing for person centered planning?**
- **How does the process become a plan?**
- **How are plans implemented?**
- **How are plans monitored?**



Discussion: What technical assistance support do you need to help move your organization toward positive change?





# Additional HHS Work Forthcoming

- Review and revise the definition of person-centered practice standards
- Develop a set of core competencies of people performing PCP facilitation
- Develop a framework for PCP measure development
- Develop a research agenda
  - Help validate proposed competencies
  - Suggest areas for development of meaningful quality measures
- Make recommendations for systems characteristics that support PCP
- Develop and finalize an environmental scan of PCP in LTSS systems