

Person Centered Planning Stakeholders Feedback

HCBS Requirements (excerpts from rule)	What We Do Now – Stakeholder Perspective	What We Need To Do – Stakeholder Suggestions	Comments/Barriers/Concerns from Stakeholders
PERSON CENTERED PLANNING PROCESS			
<p>The individual will lead the person centered planning process where possible. The individual’s representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision-making authority to the legal representative. All references to individuals include the role of the individual’s representative</p>	<p>Two support plan formats used.</p>	<p>Training needed for individuals receiving services to empower decision making.</p> <p>Training needed for all providers to fully understand the process.</p> <p>Training needed for families to understand the meaning of Person Centered Planning.</p>	<p>Personal Outcomes are challenging when the service is for the parent rather than the individual (i.e., respite).</p> <p>Funding for services.</p> <p>Concern that the plan is a mechanism to justify funding rather than the person’s plan.</p> <p>Large caseload size and workload issues.</p> <p>Planning around services.</p>
<p>Includes people chosen by the individual.</p>			
<p>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.</p>			
<p>Is timely and occurs at times and locations of convenience to the individual.</p>			
<p>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</p>	<p>Sometimes families assist with interpreting during support planning meetings.</p>	<p>Develop resources for WSCs/APD for working with families who have Limited English Proficiency.</p>	<p>Consider individuals who do not speak and ensure that they have a voice.</p> <p>APD Region offices need to accommodate for this need as well.</p>
<p>Includes strategies for solving conflict or disagreement within the process, including clear conflict-of interest guidelines for all planning participants.</p>		<p>Training/Guidelines</p>	
<p>Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case</p>	<p>Rules require that WSCs be legally and financially independent from and free-standing of persons or</p>	<p>Need to ensure no provider conflict of interest, as well as WSC.</p>	<p>Consider guardianship as a waiver funded service (guardian advocacy, client advocate, etc). However,</p>

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<p>management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.</p>	<p>organizations providing direct services within the state of Florida, other than support coordination.</p>	<p>Ensure Regions or independent party investigate unusual WSC dismissals or other activity/patterns identified by the WSC. Develop tool to assist with this or identify independent entity.</p>	<p>consider whether guardian has professional tie with provider.</p> <p>Barrier of WSC dismissal as a result of provider decision.</p> <p>Ensure guardians are not coerced.</p> <p>Concerns regarding duplicate forms, Delmarva requirements (including signature requirements), etc.</p>
<p>Offers informed choices to the individual regarding the services and supports they receive and from whom.</p>		<p>Training</p>	<p>Red flag issues of medication or unusual physical changes occurring after a new placement.</p>
<p>Includes a method for the individual to request updates to the plan as needed.</p>	<p>Currently funding driven.</p>	<p>Training to individuals understand they can request it and that they understand that it can be meaningful.</p>	<p>Community resource development.</p>
<p>Records the alternative home and community-based settings that were considered by the individual</p>	<p>WSCs required to discuss different residential options at the support plan meeting. However, this may not be consistent. Not recorded in the support plan at this time, but may be in support notes.</p>	<p>Training/clarify process</p> <p>Meaningful education of the individual</p> <p>WSCs need proper training in order to train individuals and families.</p> <p>Consider experience requirements for solo providers.</p> <p>Ambassador model for peer support in each Region.</p>	

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PERSON CENTERED SERVICE PLAN			
<p>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, as well as what is important to the individual with regard to preferences for the delivery of such services and supports. Commensurate with the level of need of the individual, and the scope of services and supports available under the State's 1915(c) HCBS waiver,</p>	<p>Using the QSI in the support planning process. It has to be discussed, but not everything has to be included.</p> <p>QSI and algorithm</p>	<p>Consider use of one defined instrument/process. However, 1 instrument may not capture the unique needs of all individuals.</p> <p>Must have a unified process.</p> <p>Use the standard assessment, along with relevant ancillary assessments.</p> <p>Consider use of ADA Guidelines as a tool.</p>	<p>Need clarity on type of assessment.</p> <p>Documentation of need assists in requesting funding as it demonstrates the need.</p>
<p>Reflect that the setting in 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, including opportunities to seek employment and</p>	<p>Currently already in place. However, sometimes supplemental funding is denied because of funding and other rule requirements.</p>	<p>Include language about living within their means. If setting is not the first choice, identify the due diligence of the WSC.</p>	<p>If WSC has gone through due diligence to help the individual access the setting of choice, is the requirement met?</p>

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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.			
Reflect the individual's strengths and preferences.	Sometimes when strengths are identified, there is a concern that funding will not be approved.	<p>Funding justification could be separate from the support plan process.</p> <p>Planning cannot be tied to the individual's deficits.</p> <p>Increase control of the budget to the individual/families.</p> <p>Consider use of the Supports Intensity Scale (SIS)</p>	
Reflect clinical and support needs as identified through an assessment of functional need.	Support plan is written based on funds currently received, QSI information, etc.	Do not write the support plan to justify funding. Any plan/form can capture this information. However, how the form is used is the key to person-centered planning.	<p>Concerns with current assessment. Ensure current assessment identifies needs if tied to funding.</p> <p>Ensure consistency between APD Regions for service reviews/approval.</p>
Include individually identified goals and desired outcomes	<p>Current form has goals and outcomes, but they are not always person-centered. Goals are tied to waiver services rather than individual-specific.</p> <p>Sometimes goals are modified by providers so that they can be measurable to satisfy Delmarva requirements rather than based on consumer desires.</p>	<p>Training on how to do this (WSCs, providers, etc.). Also, how can this be facilitated for individuals who are non-verbal?</p> <p>Ensure Delmarva follows requirements.</p> <p>Not everything on the person-centered plan is a goal. Not everything requires measurement.</p>	<p>Person Centered Planning does not fit into a box.</p> <p>Need to ensure provider training. Sometimes the training for providers is not comprehensive.</p> <p>Review State of Maryland person-centered planning process.</p>

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		<p>Ensure person's preferences are implemented.</p> <p>Restructure system so that the plan is the person's plan. The person's plan should be separate from what is reviewed by Delmarva, for funding justification, etc.</p>	
<p>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. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports</p>	<p>Not always included, although it is a requirement. Delmarva audits for this requirement.</p>	<p>APD/Region training and consistency.</p>	<p>Some WSCs may not understand that the support plan can include non-waiver information.</p>
<p>Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.</p>	<p>Not on the current statewide support plan format. However, it is a Delmarva requirement.</p>	<p>Need to create method to collect/capture.</p>	
<p>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.</p>	<p>Sometimes the plans have more clinical terms to justify funding rather than understandable language.</p>	<p>Provide lists of languages spoken by WSCs in a Region to assist the consumer with WSC selection.</p> <p>Need to identify mechanism to help individuals who are unable to speak or communicate understand the plan.</p> <p>Legislation/Rates to implement technology to implement, i.e. Photograph pictures of someone engaging in the activity to help communicate, or other ideas.</p>	
<p>Identify the individual and/or entity responsible for monitoring the plan.</p>	<p>The individual receiving services does not have an understanding of who monitors it and when.</p>	<p>Incorporate into process.</p> <p>Consider caseload size, workload, and paperwork concerns, etc. – If</p>	<p>WSC Rate concerns.</p> <p>Not all providers have e-mail.</p>

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	WSC is checking on the status of goals with the provider.	providers have access to view/print service authorizations, this will help. Consistency between Regions, Providers, WSCs, etc.	
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.	Current support plan requires a signature of consumer and/or legal representative and all attendees of support plan meeting. Process requires WSC to gather info from providers prior to the meeting.	Ensure consumer controls invitation list and process. Some signatures may be required later if providers responsible cannot attend. <u>However, it is preferred that persons responsible for carrying out the plan attend.</u> For those who cannot attend, gather input ahead of time. Proposed: Signature page for those attending and then other signature page for those responsible who did not attend acknowledging that they read the support plan. In Electronic System, allow for providers to acknowledge “read” and “agree” to support plan.	Considering timeframe requirements of support plan submission.
Be distributed to the individual and other people involved in the plan.	Currently required.	Need to ensure implemented. Use Electronic System for this.	
Include those services, the purpose or control of which the individual elects to self-direct.	iBudget allows for self-directed in how dollars are to be spent. CDC is self-directed. Provider choice and the availability of providers.	Training on how to engage individuals in the process of self-direction.	Consider “no reject” for other providers besides WSC.
Prevent the provision of unnecessary or inappropriate services and supports		Plan to hold accountable services and outcomes. APD ensure accountability to implement what the support plan directs.	LRC oversight concern for fading. Also, review concerns regarding the overall system for compliance with state law for monitoring reactive strategies.

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		Develop protocol for monitoring.	Delmarva audit – Freedom of Choice and health/safety concerns
Document that any modification of the additional conditions, under paragraph (c)(4)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan		<p>Ensure health/safety factors are met. If an individual's rights are restricted (i.e. behavioral concerns), have documentation of why and how those restrictions can be faded. This may need to be included in supplemental documentation and referenced in the person-centered plan.</p> <p>However, medical information needs to be specific in the person-centered plan.</p>	
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 did not work.			
Include a clear description of the condition that is directly proportionate to the specific assessed need.			
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 interventions and supports will cause no harm to the individual.			
REVIEW OF THE PERSON CENTERED SERVICE PLAN			

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<p>The person-centered service plan must be reviewed, and revised upon reassessment of functional need as required by § 441.365(e), at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.</p>	<p>Currently have annual reviews. QSI is only done every 3 years.</p>	<p>Individuals/families receiving services need to be empowered to ask for a change. This is a training need.</p>	<p>Determine if the QSI needs to be performed annually with this requirement.</p>