

**CHANGE HAPPENS AT THE RATE OF
TRUST: USING *PERSON CENTERED
THINKING AND THE LIFECOURSE
TOOLBOX TO DEVELOP TRUST AND
ACHIEVE CHANGE***

Thursday, August 30, 2018
2018 HCBS Conference
Baltimore, MD

AGENDA

- Meet the Panel
- Setting the Stage
- National Leadership
 - NASDDDS
 - ACL
- What the States have: Accomplished, Learned and Next Opportunities
 - District of Columbia
 - Alabama
- Questions and Answers

MEET THE PANEL



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SETTING THE STAGE



WHY THIS PRESENTATION

- **The motivation**
- **Diversity in approach**
- **Share innovative ideas**
- **Generate discussion**

NATIONAL ROLE

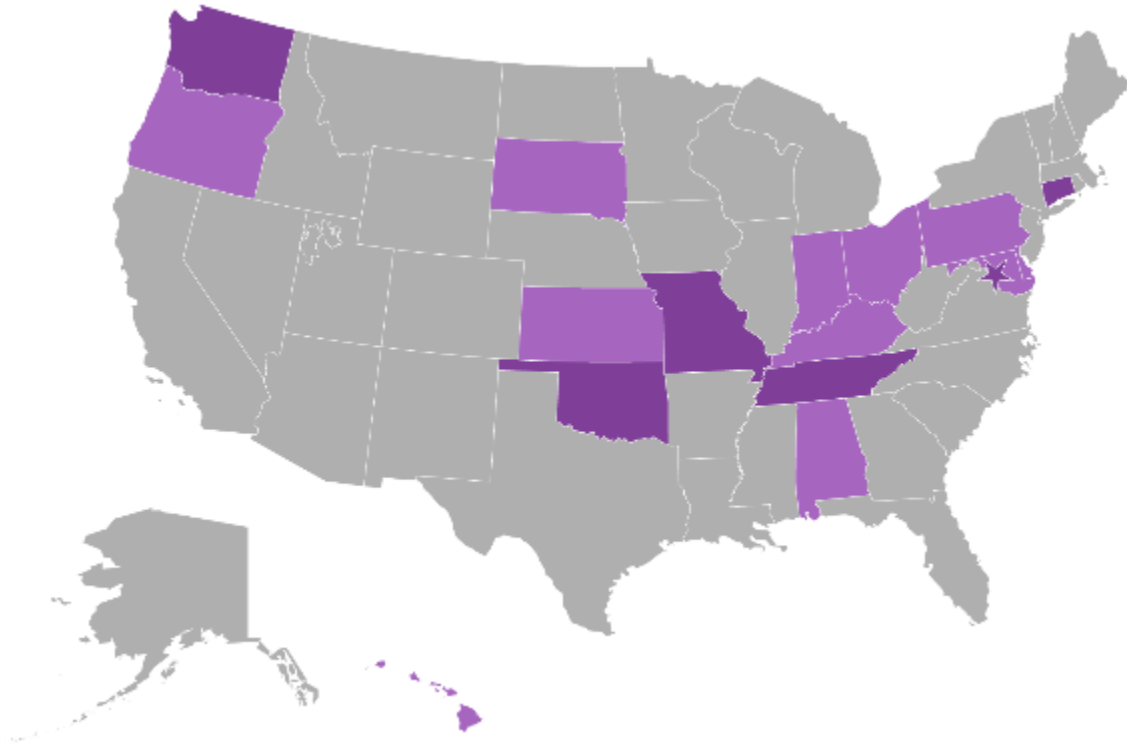




Charting the LifeCourse
Supporting Families & Person Centered
Planning-Barb Brent NASDDDS



©



Project Outcome

- State and national consensus on a national framework and agenda for improving support for families with members with I/DD.
- Enhanced national and state policies, practices, and sustainable systems that result in improved supports to families.
- Enhanced capacity of states to replicate and sustain exemplary practices to support families and systems.

National Community of Practice for Supporting Families

Project Goal

To build capacity through a community of practice across and within States to create policies, practices and systems to better assist and support families that include a member with I/DD across the lifespan.

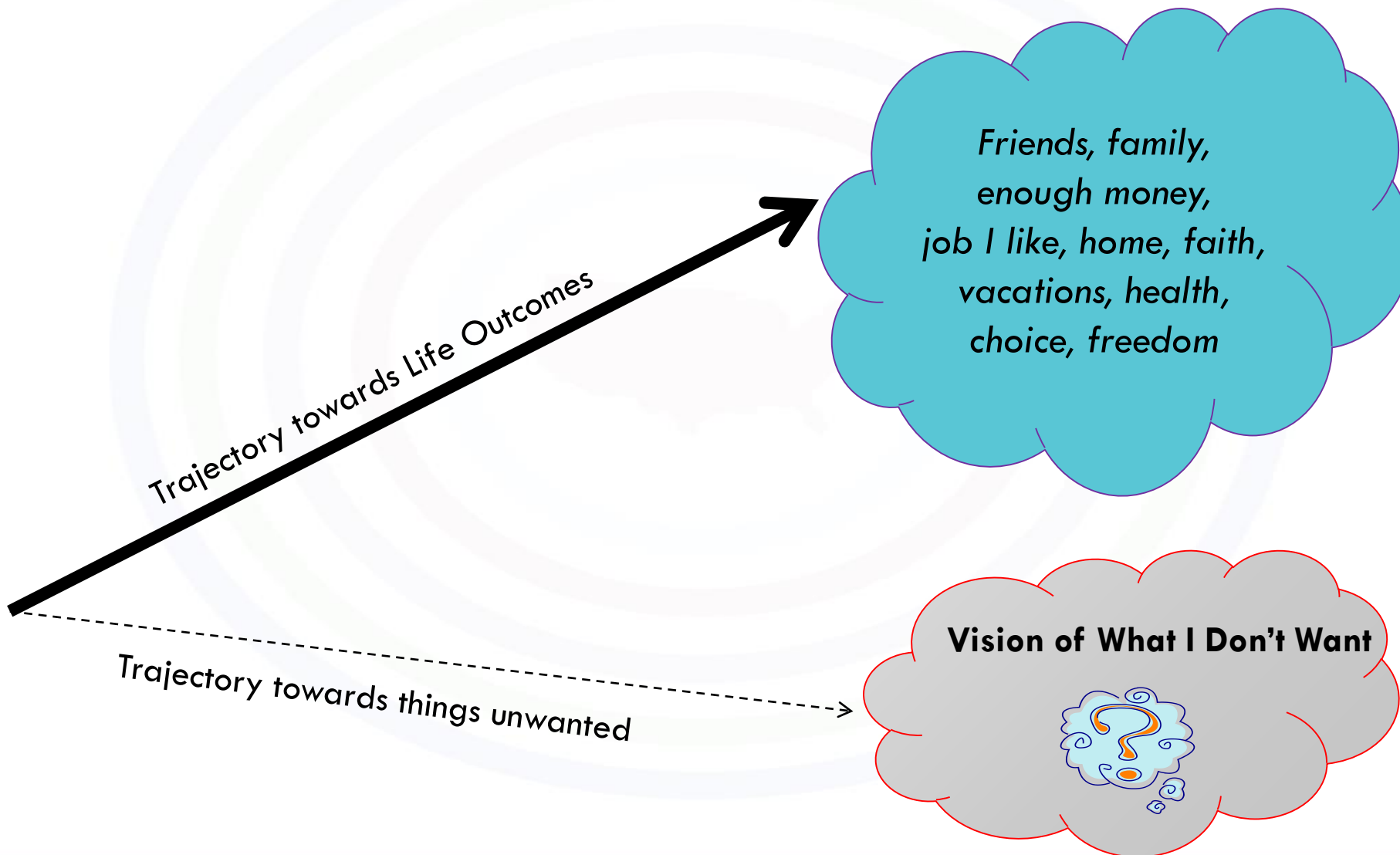
NASDDDD



UMKC
INSTITUTE FOR HUMAN DEVELOPMENT
A University Center for Excellence in Developmental Disabilities (UCEDD)

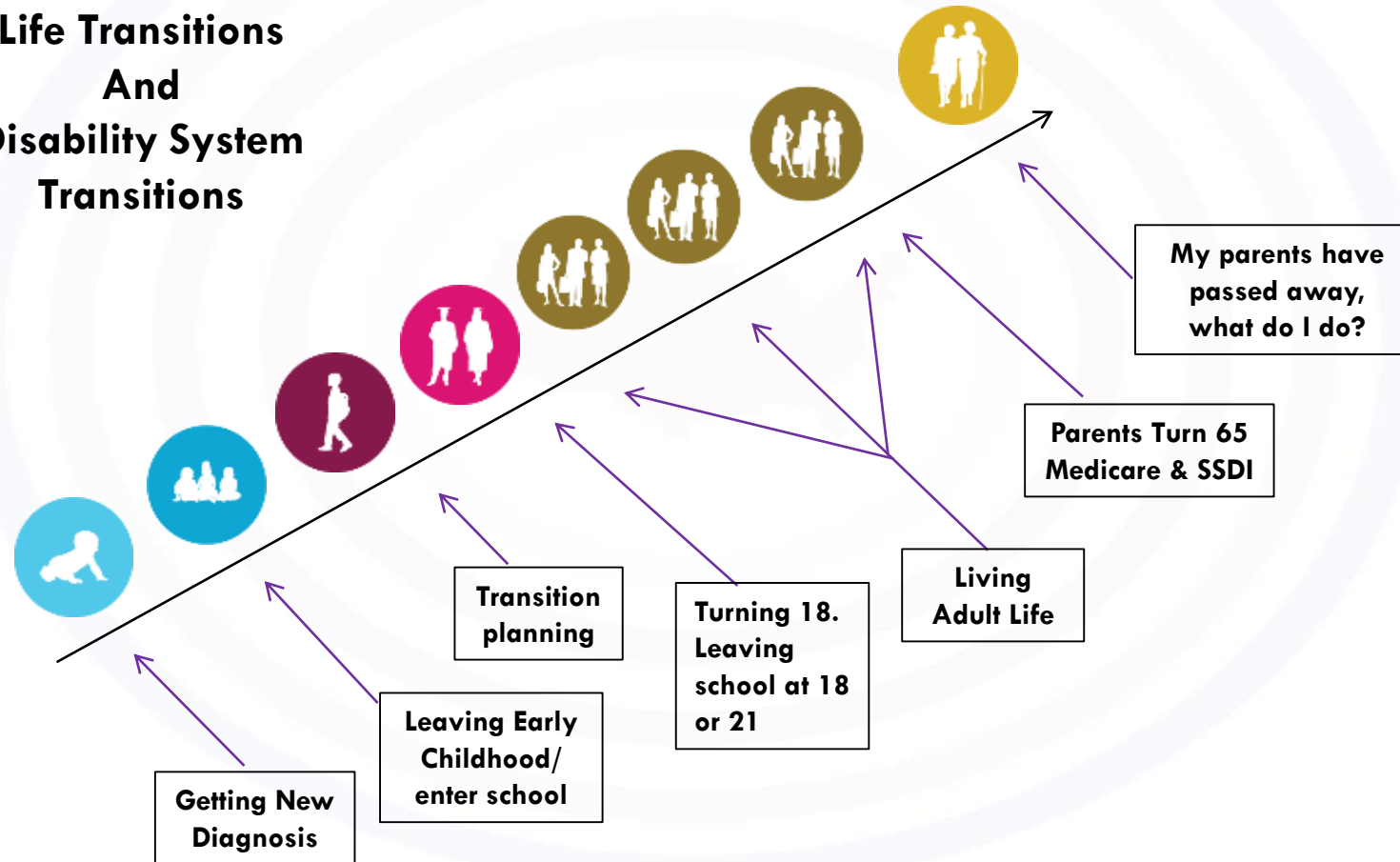


Trajectory towards Good Life

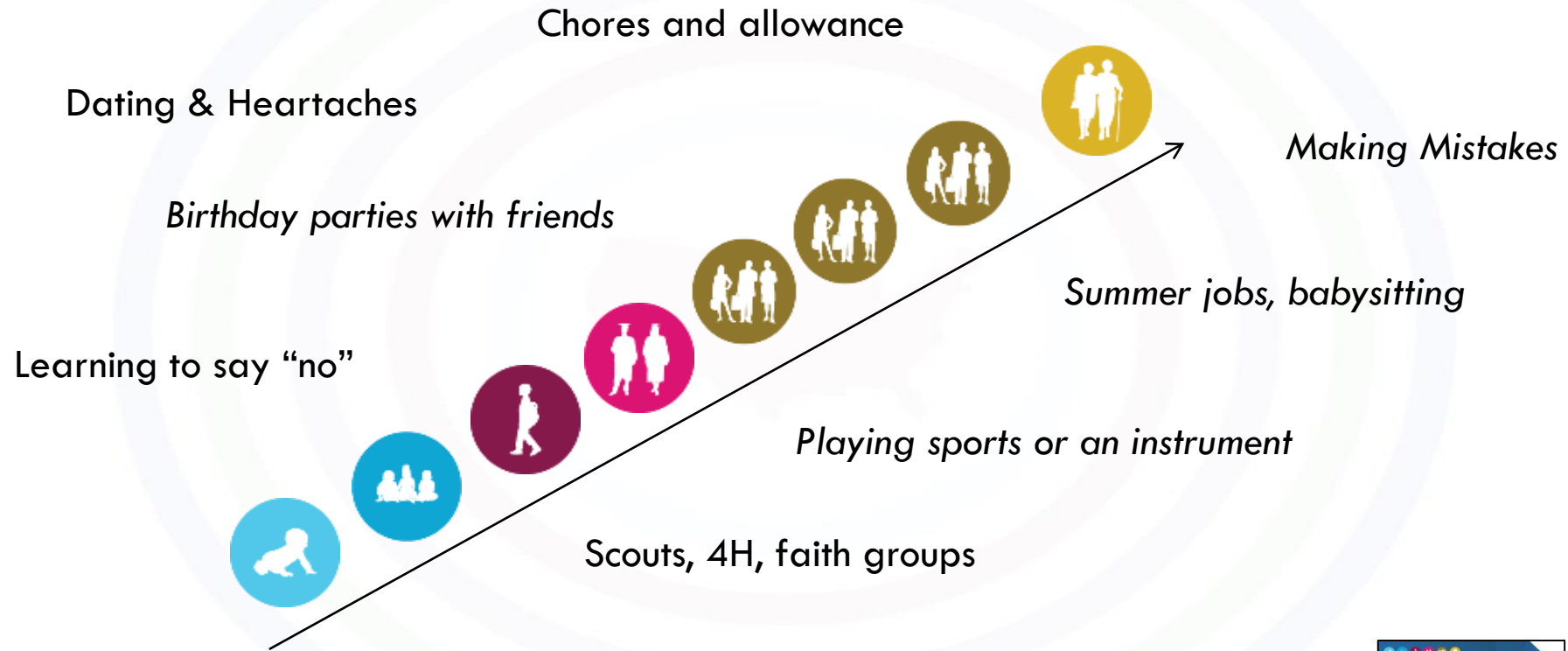


Trajectory Across Life Transitions

Life Transitions And Disability System Transitions



Trajectory Across Life Experiences



“Anticipatory Guidance for Life Experiences”



Connected Life Domains-planning



Daily Life and Employment
(school/education, employment, volunteering, routines, life skills)



Healthy Living
(medical, behavioral, nutrition, wellness, affordable care)



Community Living
(housing, living options, home adaptations and modifications, community access, transportation)



Safety and Security
(emergencies, well-being, legal rights and issues, guardianship options and alternatives)

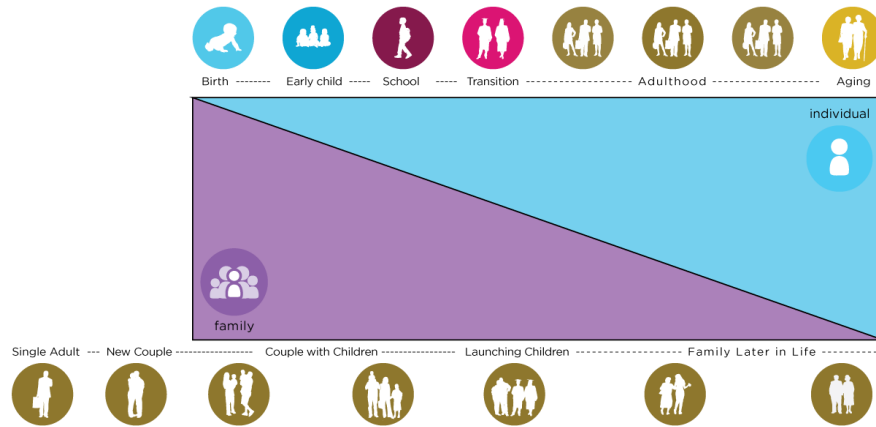


Social and Spirituality
(friends, relationships, leisure activities, personal networks, faith community)

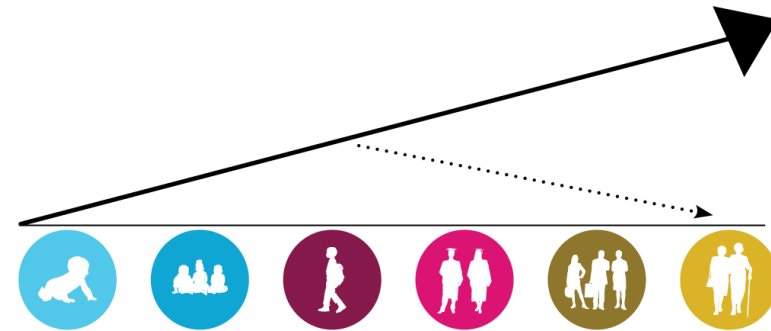


Citizenship and Advocacy
(valued roles, making choices, setting goals, responsibility, leadership, peer support)

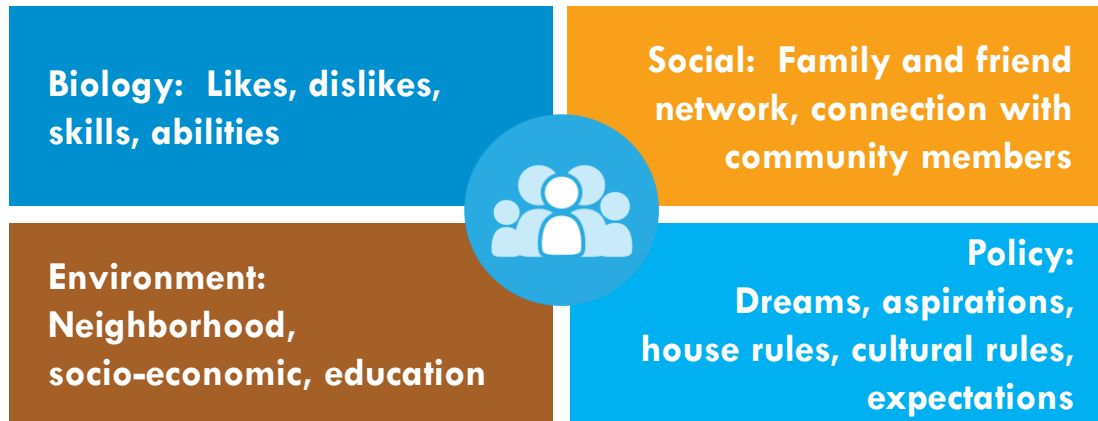




Family Cycle Impacts Member Life Cycle



Family Life Experience Impacts Trajectory



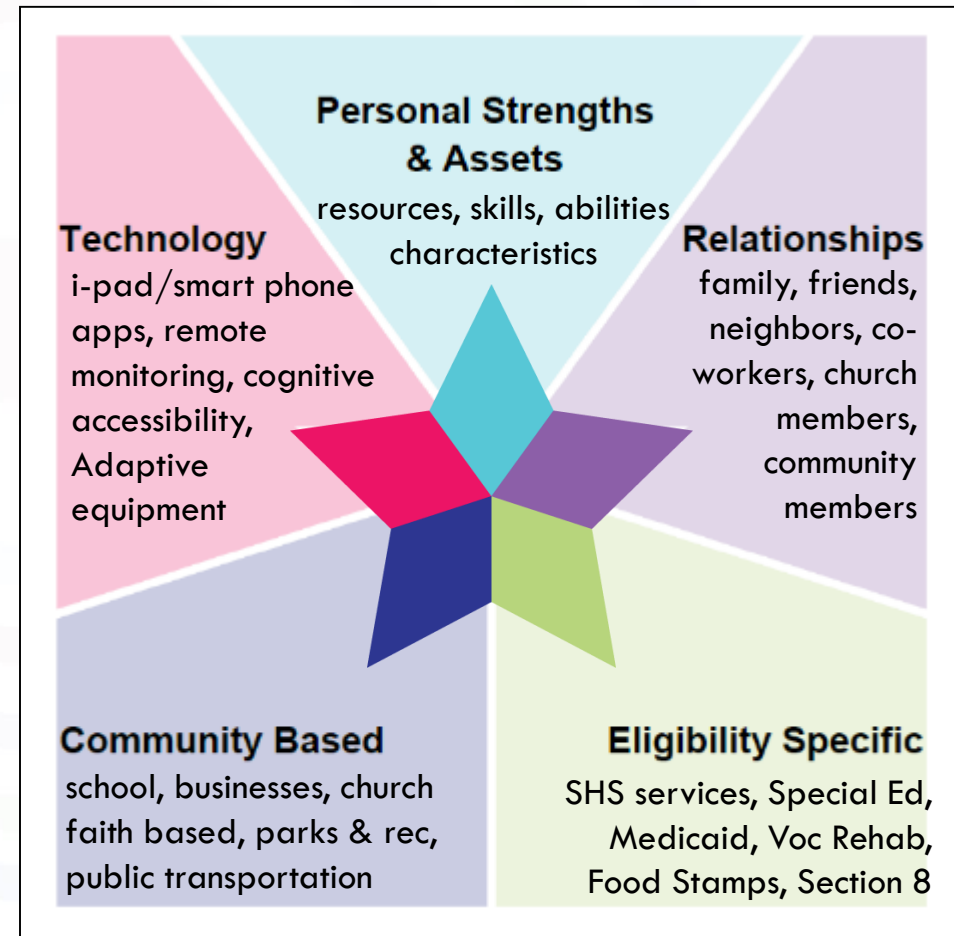
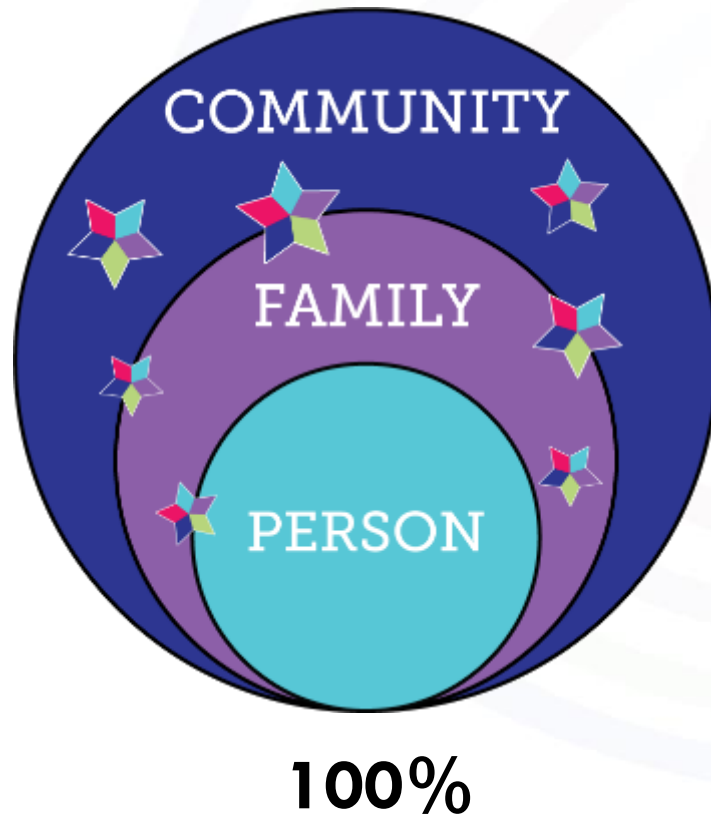
Family Unit Impacts Individual Level Characteristics




Person Centered Supports
 Person within Context of Family
(regardless of where they live or their age)




LifeCourse Integrated Supports STAR-for planning, problem solving and brainstorming



CT and MO has LifeCourse in ISPs



 Learning Opportunities Quality Works, Inc
Initial and Annual Assessment


 Consumer Name (first, middle initial, last name):
 Date of birth:

Instructions for use: Mark if this assessment is annual or initial assessment. Meet with the individuals of their choice, ask each question in succession. Answers should be recorded in full sent when they are read in succession the answers create a story, without need to summarize.


Initial Assessment Annual Assess

Contributing staff or family:


Community Living
Living Arrangement:
 Do you like where you live and who you live with? Are there any modifications needed (ramps, stairs, etc.)? Do you feel safe when you are at home?

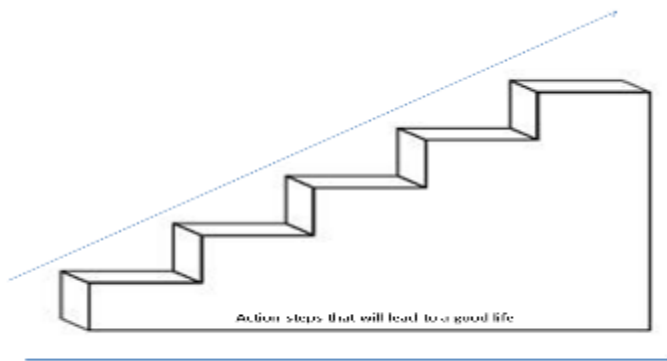
Transportation and Community Access:
 Are there nearby places you like/need to go and how do you get there? What support do you need, if any, to access your community?

 Is there anything you would like to learn how to do as a hobby or a special interest to you?


Social and Spirituality
Communication:
 Who are your family and friends that are most important to you and what do you enjoy doing together?

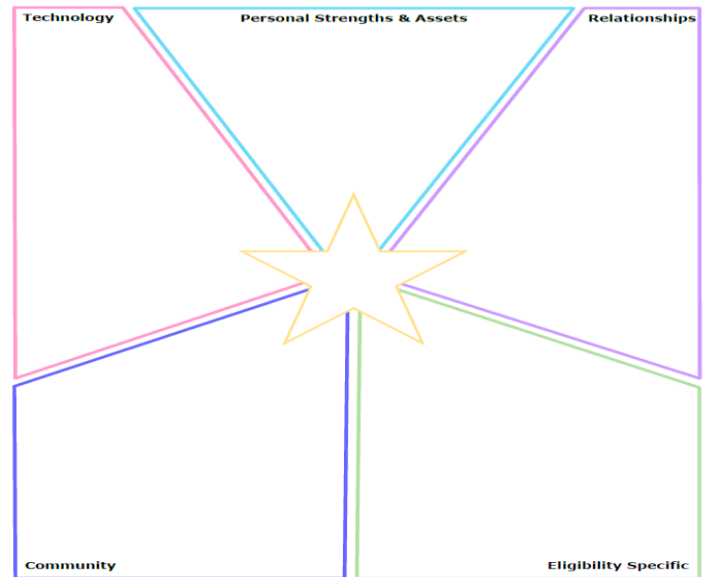
How do you communicate with your family and friends (Verbal/ Nonverbal, letters, phone, email, sign language, communication device) and is there a way you could make more frequent contact?

All Charting the Life Course category logos and graphics from the Missouri Family to Family Resource Guide, and can be found at: <http://mofamilytofamily.org/?catId=62>.



Vision for A Good Life
 Let what you want your good life to look like

Live what you don't want your life to look like



Indiana An Updated PCISP Approach

- © LifeCourse Framework
 - ★ Infused Throughout the Process
 - ★ Focus on Holistic Planning
 - ★ Emphasis on Supports Beyond Goods & Services
 - ★ Tools Available to Individual, Family, and Case Manager to Use, As Desired
 - ★ Promote more effective plan implementation through linking between PCP and ISP
 - ★ Address elements of HCBS settings rule





Person-Centered: From Principles to Practice

Shawn Terrell, Administration for Community Living





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.

Questions to Ask in Developing Person-Centered Systems

- **Person-Centered Planning Facilitators:**
 - Training requirements?
 - Credential or competency demonstration?
 - Are there any specific tools or resources used to implement the process?
 - Is there any research on the approach?
 - Ongoing learning?
- **How are trainers supported?**
 - Train the trainer, private consultants?

Questions to Ask (cont.)

- **How do providers know what is expected of them?**
 - Clear descriptions of requirements?
 - Review processes?
 - Is there a focus on systems level changes?
- **How do consumers know they are getting a qualified facilitator?**
 - Consumer education on expectations?

Questions to Ask (cont.)

- **How are programs reimbursing for person centered planning?**
 - Part of Case Management, peer supports, independent?
 - Conflict of interest standards?
 - How are person centered planning functions differentiated from functional assessments and service authorizations?
- **How does the process become a plan?**
 - How does the plan introduce people to others?
 - How are goals linked to services and supports?
 - How are unpaid supports woven in to support goals?

Questions to Ask (cont.)

- **How are plans implemented?**
 - Do all providers and the person receive copies and know their responsibilities?
- **How are plans monitored?**
 - Consumer experience measures?
 - Review of goal achievement/progress?
 - IT systems development?

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



Change Occurs at the Rate of Trust:

Person-Centered Planning Tools and LifeCourse Tools

August 30, 2018

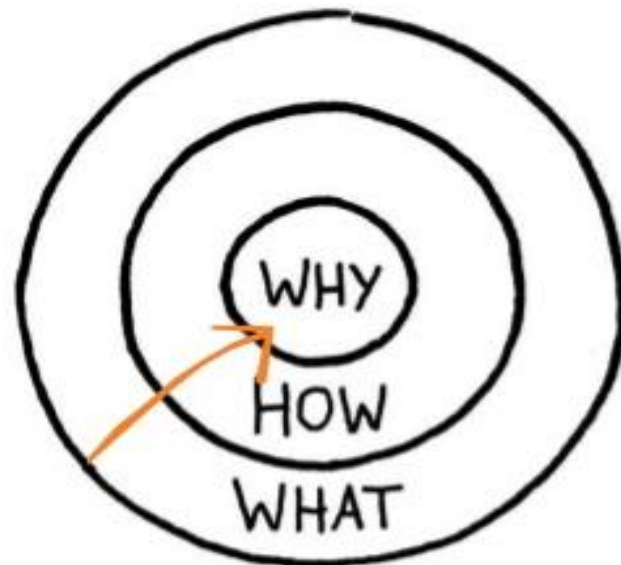
District of Columbia



- Person-Centered Thinking
- Supporting Families
Community of Practice
- Employment First: EFSLMP,
Partners in Employment
- No Wrong Door LTSS
Implementation Grant
- National CoP on Cultural &
Linguistic Competency
- HCBS Transition Plan

Start with Why

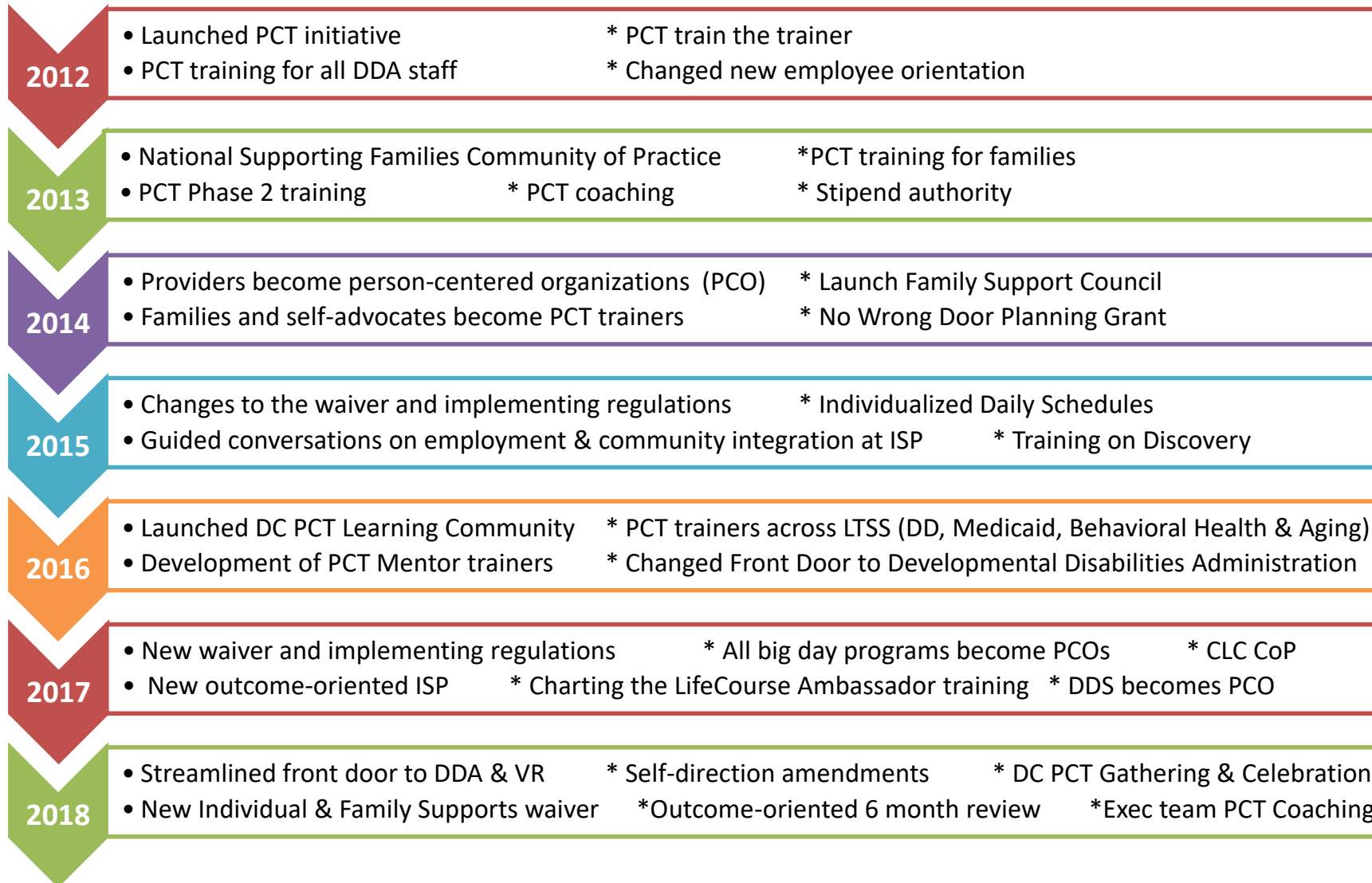
The Golden Circle



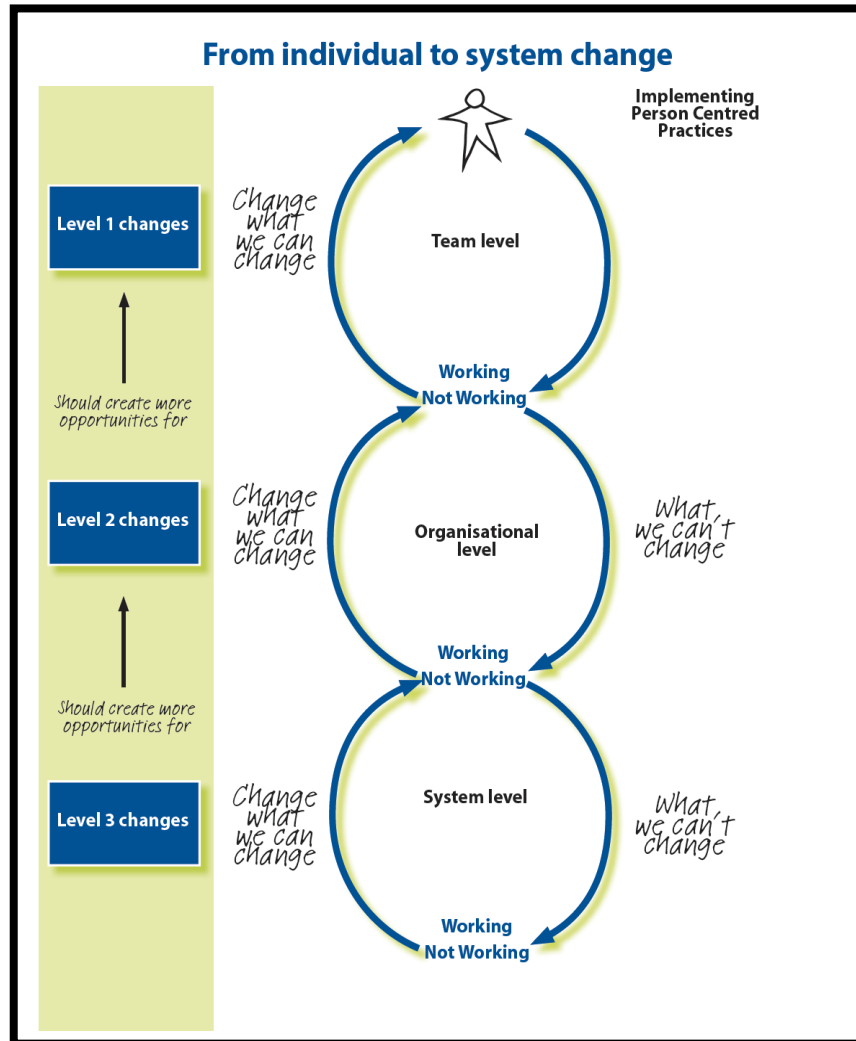
Why is a purpose,
cause or belief.

It is the very reason
we invest in
person-centered
thinking.

Milestones of PCT Systems Change



It Takes a Village



PCT Training for Staff



Becoming a Person Centered Organization:

The Department on Disability Services,
The Developmental Disability Administration



**We are Peer Trainers for
People Planning Together.**

Engaging Families



Providers Become PCOs



- Providers become person-centered organizations



PCT Training Across LTSS

Person-Centered Counseling, as [articulated by ACL for a NWD system](#), includes the following functions:

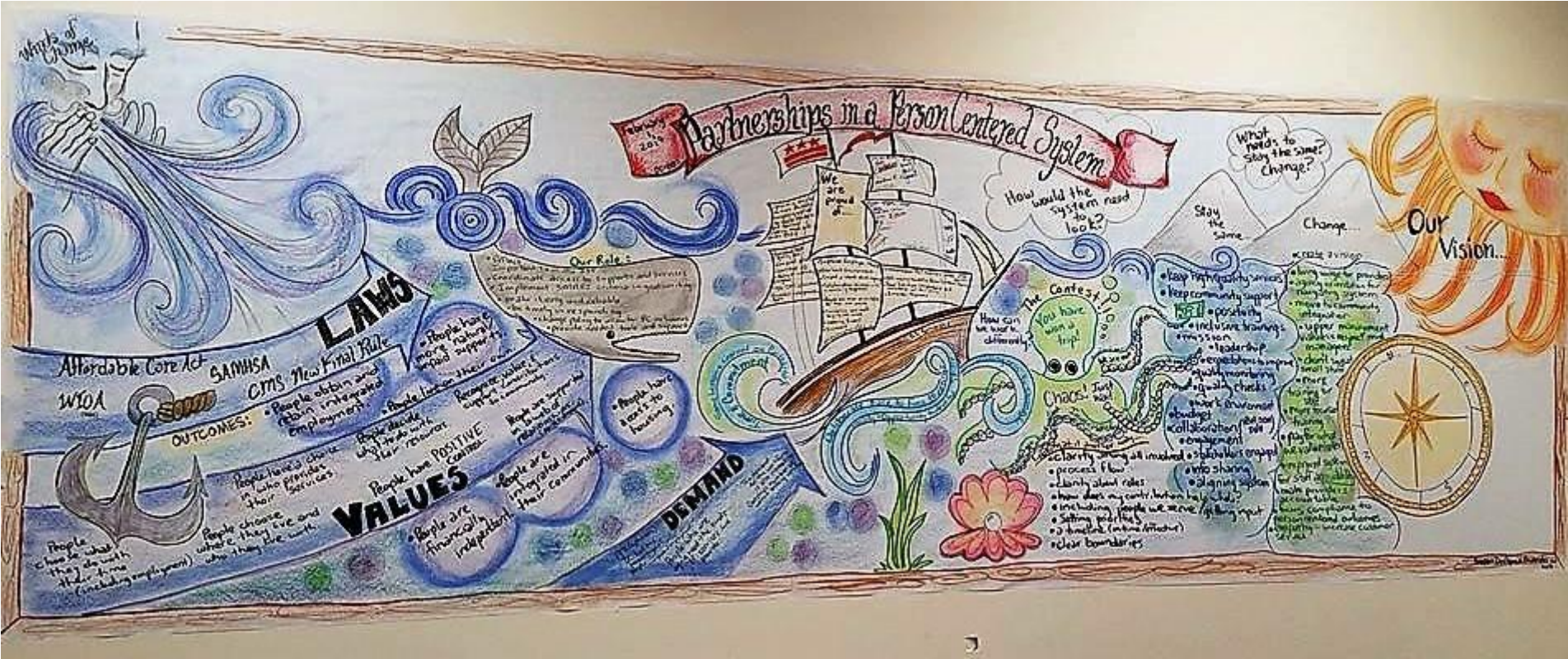
- Confirm the need for/interest in person-centered counseling
- Support any immediate LTSS needs, conduct personal interview, and identify strengths and preferences
- Conduct comprehensive review of private resources, informal caregiver supports and screening for public programs
- Facilitate the development and implementation of the person-centered plan



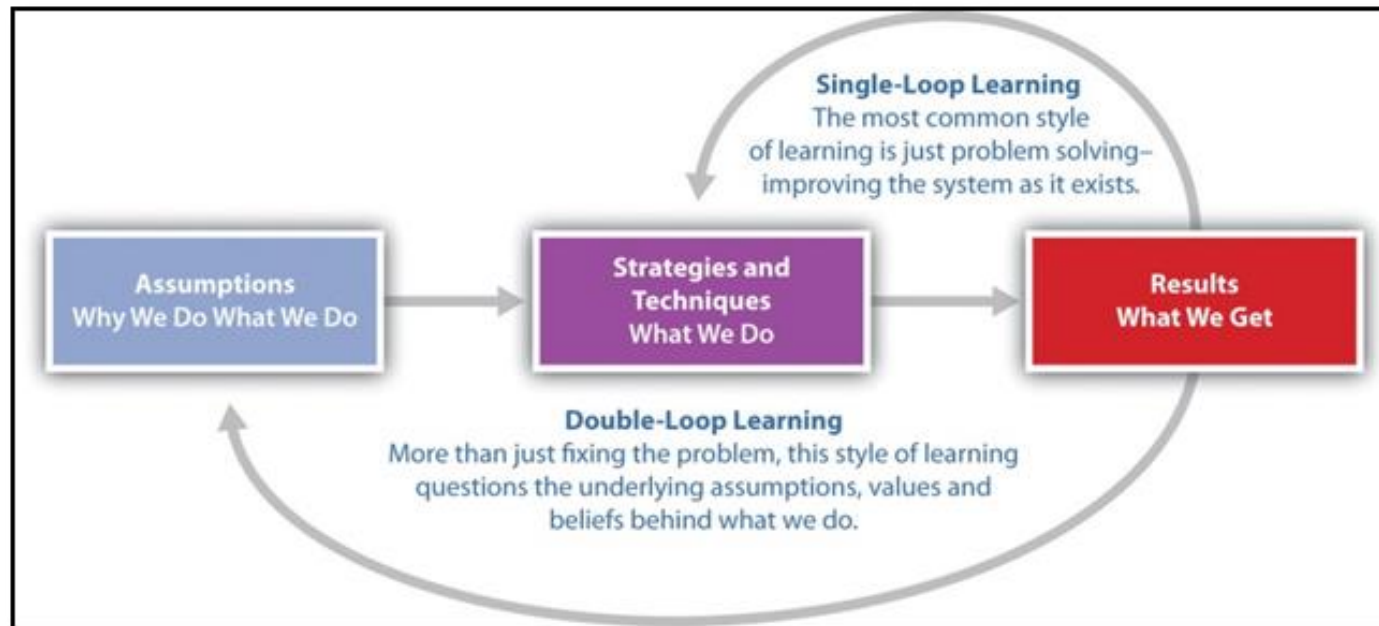
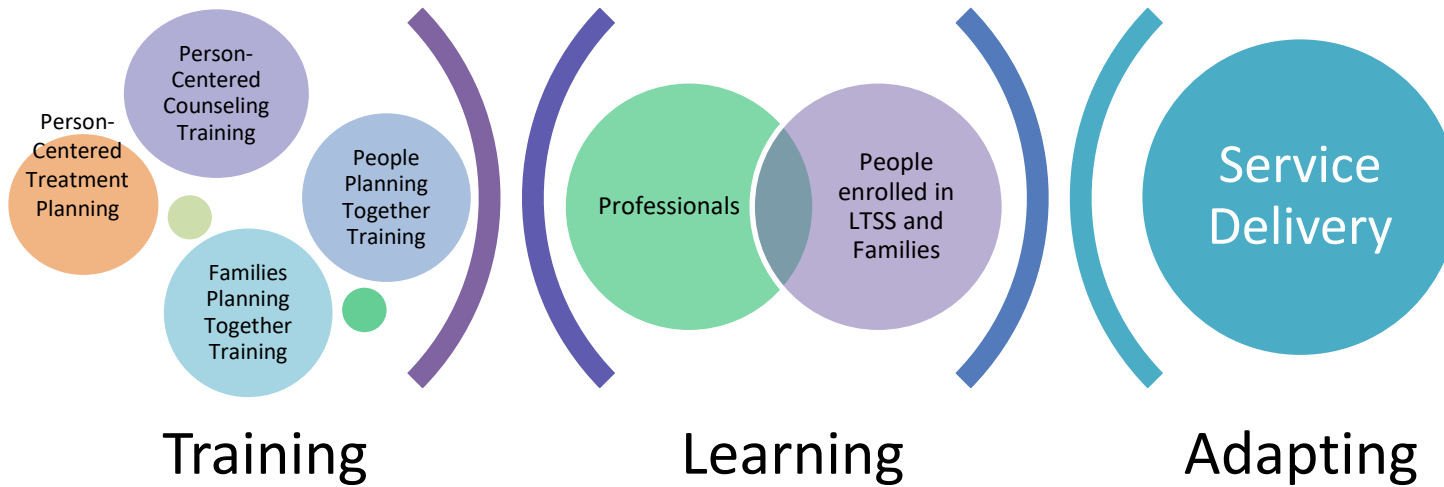
DDS Becoming PCO



DDS Executive Team Coaching



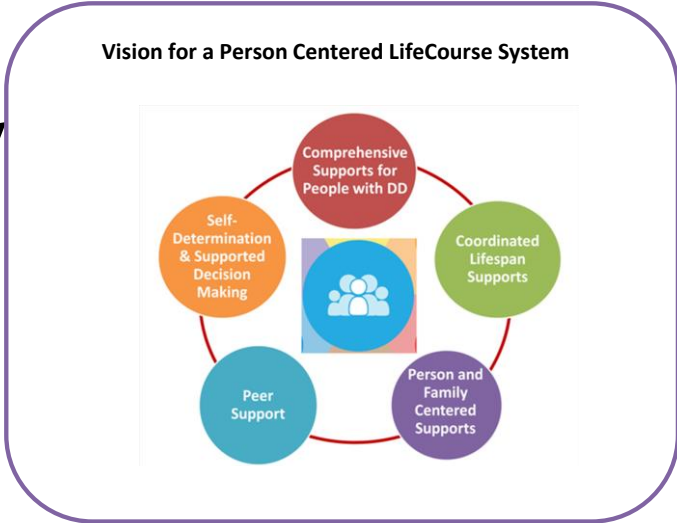
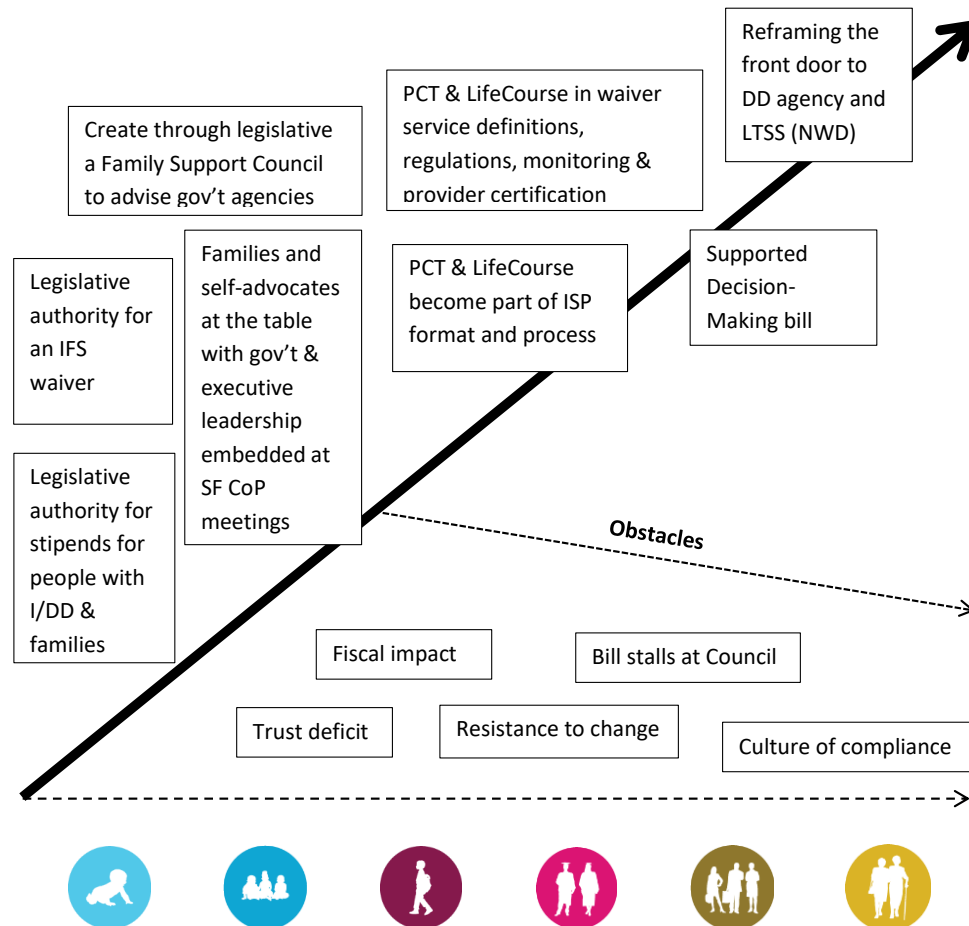
DC's PCT Learning Community



DC Level 3 Changes

Trajectory Worksheet: The Service System

Person and Family Centered Support Through the LifeCourse



- ### What we don't want
- When seeking services or supports, having to make multiple phone calls before we reach someone who can help, speaking with people who are annoyed with us for not understanding the "system," and having to share details about what we CAN'T do over and over again.
 - Isolation from our communities and loneliness.
 - Not having financial means to do things that make us happy.
 - Services that create barriers between us and our families because professionals think they know best.

Changing the Front Door

- Person-Centered Planning starting at intake
 - *Like and Admire* to determine strengths
 - *Working/ Not Working* to identify LTSS needs
 - *Trajectory* to identify goals
 - *Integrated Supports Star* to match to supports
 - Start eligibility for public LTSS, only if needed
- Aligns with Initial ISP at DDA
- Guided conversation on employment leads to streamlined intake for Vocational Rehabilitation

DDA Front Door Tool:
Person-Centered Planning For Supports & Services

Within 7 business days of meeting or shortly thereafter DDA services, the Community Outreach Specialist will coordinate a visit with the applicant, and ensure they identify to participate, to complete an initial person-centered planning, using this tool.

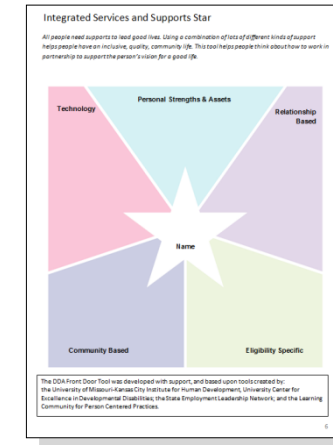
Person's Name: _____ Date: _____
DDA Intake & Eligibility Determination Link Sheet: _____

1. Circle of Support
ASK: Who else the person want to participate in the process? Are they present?

Name	Relationship	Contact Information	Present (%)

2. Summary of Immediate Long-Term Needs and Supports Needs
For each of us, there are areas of our life that are working well and areas that are not working, that we would like to change. Simply noting a person what is working and not working in their life can give us a lot of important information. Please describe to help us understand what really matters to people and to plan for change if needed.

Perspective of the Person	Working	Not Working
Perspective of the Family (if applicable)		

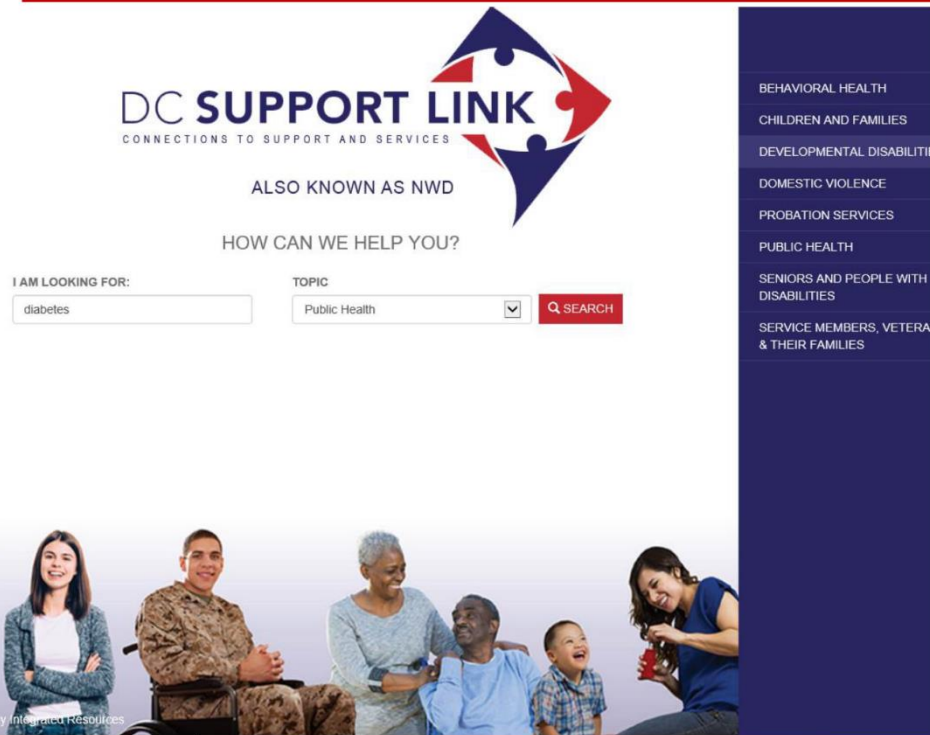


Resources Across LTSS

2018

Preview

Resource Portal



DC SUPPORT LINK
CONNECTIONS TO SUPPORT AND SERVICES

ALSO KNOWN AS NWD

HOW CAN WE HELP YOU?

I AM LOOKING FOR: TOPIC:

- BEHAVIORAL HEALTH
- CHILDREN AND FAMILIES
- DEVELOPMENTAL DISABILITIES
- DOMESTIC VIOLENCE
- PROBATION SERVICES
- PUBLIC HEALTH
- SENIORS AND PEOPLE WITH DISABILITIES
- SERVICE MEMBERS, VETERAN & THEIR FAMILIES

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Sample Service Pages



Network of Care

DC SUPPORT LINK
CONNECTIONS TO SUPPORT AND SERVICES

Children, Youth & Families

Find Local Services by Topic or Keyword

Search by Keyword

Network of Care provides information on local services, up-to-date



Network of Care

DC SUPPORT LINK
CONNECTIONS TO SUPPORT AND SERVICES

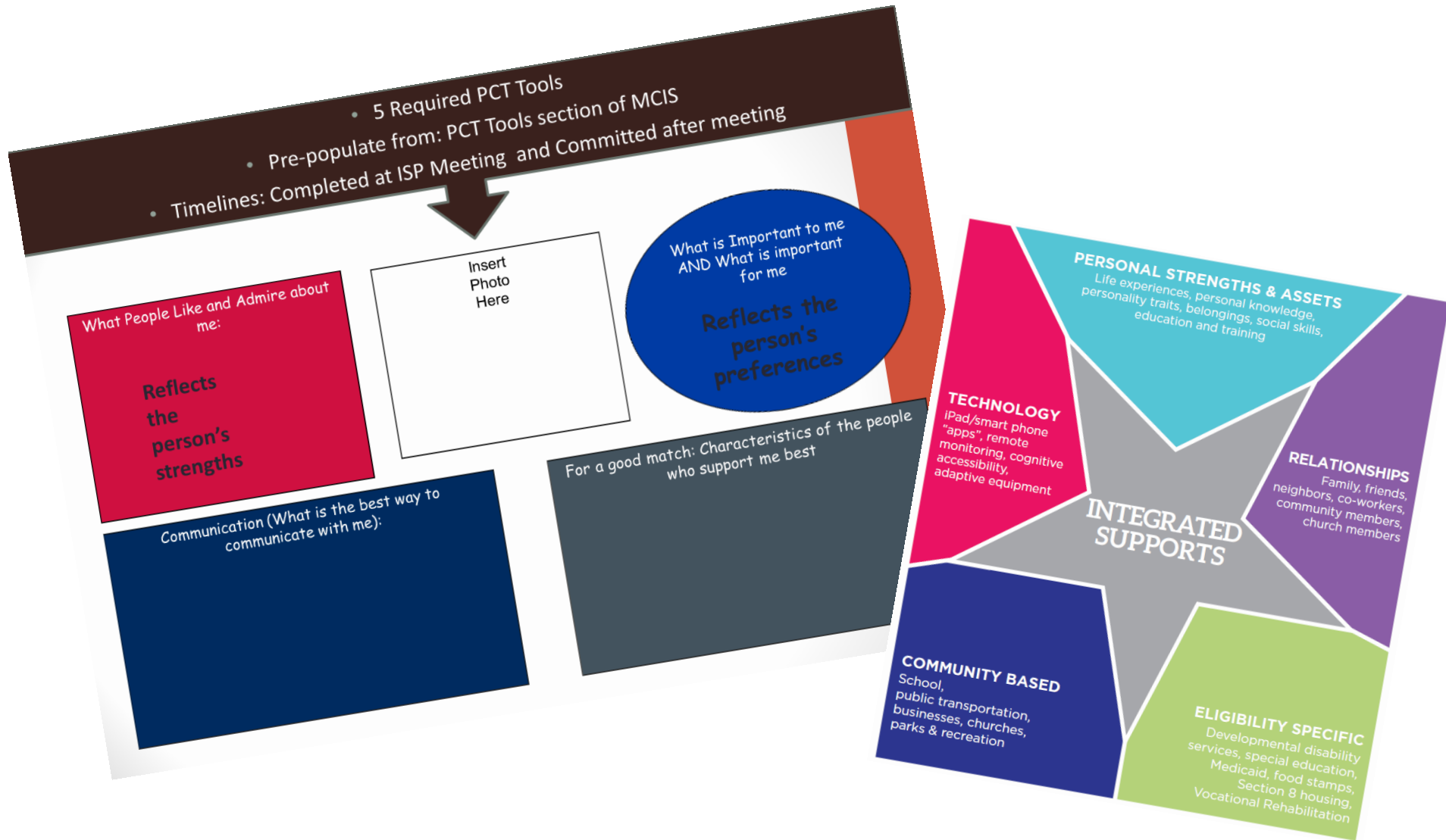
Seniors and People with Disabilities

Find Local Services by Topic or Keyword

Search by Keyword

Network of Care provides information on local services, up-to-date

PCT & LifeCourse in Planning



PCT & LifeCourse in HCBS waiver

- Waiver renewal in November 2017
- Weekly open meetings with stakeholders
- New Services:
 - Significant limits to congregate day services – but allow facilities to remain as “launch and landing pads”
 - Peer to peer support for families (individual and small group)
 - Parenting Supports (peers and professionals; individual & small group)
 - Flexible Assistive Technology service
- Currently working on an amendment for self-direction + new Individual and Family Support waiver

Disability Services Reform Amendment Act

- Puts decision-making back in the hands of people with disabilities and their families by:
 - Formally recognizing Supported Decision-Making
 - Ending involuntary civil commitment of people with I/DD



ALABAMA

Karen Coffey

QUESTIONS???

Presenter contact info on Slide 3 and Bios on next slide

BIOS

- **Cathy Anderson**-Cathy has more than 30 years of experience (government and consulting). She has held leadership roles in state agencies supporting people with intellectual and developmental disabilities and was responsible for the organization and management of statewide service systems. She is the former director of services for people with intellectual and developmental disabilities in Nebraska, Iowa, and the District of Columbia, and she also served as the Medicaid Director in Iowa. She is a past President of NASDDDS Board of Directors. Ms. Anderson has extensive experience in designing, visioning, revising and monitoring waiver programs both as a state employee and as a consultant. She initiated the District of Columbia's Developmental Disabilities Administration's work to become a Person-Centered Organization (PCO) and the administrations participation the Supporting Families Community of Practice work. She has provided training for states on the LifeCourse Took Kit and the compatibility with person-centered practice. She is also a key lead on PCG's Person Centered Organization efforts.
- **Barbara Brent**-Barbara Brent, M.S., is the Director of State Policy for NASDDDS and the Co-Director of the CoP for Supporting Families Across the LifeSpan. Barbara has more than 34 years of experience in publicly funded systems for children and adults with disabilities. She has worked in state and county government, as well as in the private sector in a variety of roles. Barbara served as the state director for the Arizona Division of Developmental Disabilities Services, overseeing the state's acute/medical and long-term service and supports through a unique managed care system. Barbara was also the state I/DD director in Tennessee. Her primary areas of expertise are Medicaid, positive behavior support, supporting families, quality improvement, employment, autism and stakeholder engagement.
- **Karen Coffey**- Karen Coffey began her career in the field of Rehabilitation in 1994 as a Vocational Evaluator at the Opportunity Center Rehabilitation Facility. She has also worked as an Independent Living Specialist for the Alabama Department of Rehabilitation Services in Anniston, Alabama. Following this position, she took a position of Vocational Rehabilitation Counselor for the State of Alabama Independent Living (SAIL) Waiver and Homebound programs. In 2002, Ms. Coffey went to work in the SAIL state office in Montgomery as a Rehabilitation Specialist I. From 2006 to 2015 she was the SAIL Coordinator. She then took her current position of Director of System Management at the Alabama Department of Mental Health. Her primary responsibilities with ADMH/DDD are ensuring that the waivers are written and submitted to CMS routinely and as waiver amendments are done she provides oversight to the ADIDIS billing system. Other duties include assisting the Employment Coordinator in employment initiatives and serving as the Department's facilitator for the Community of Practice; Supporting Families for the Lifetime. Ms. Coffey collaborates with the Alabama Medicaid Agency, the Alabama Departments of Senior Services, Public Health, the Governor's Office on various projects and committees, and with various provider and state agencies throughout Alabama. Her home is originally Piedmont, Alabama where she still has family and friends.
- **Erin Leveton**-Erin is the Program Manager of the State Office of Policy, Planning & Innovation at the D.C. Department on Disability Services, working to achieve best practice in areas such as Supporting Families, Person Centered Thinking, Employment First, Community Life Engagement and Supported Decision-Making. Erin is D.C.'s Project Director for several federal grants to create systems change: No Wrong Door, Partners in Employment, and the National Community of Practice on Cultural and Linguistic Competence. Erin has nearly 30 years of experience working with people with disabilities, including more than 25 years doing legal services and policy work. Erin graduated with honors from George Washington University Law School; and magna cum laude, Phi Beta Kappa, from Binghamton University. Erin is a graduate of the National Leadership Institute on Developmental Disabilities and has been recognized by Georgetown University, Human Rights Action - Amnesty International as Outstanding Human Rights Practitioner for her work on behalf of people with disabilities in the Washington DC metropolitan area.
- **Shawn Terrell**-Shawn has been working in the long term services and supports (LTSS) arena for 18 years. Currently he is a Health Insurance Specialist at the Administration for Community Living, where his primary focus is on developing person-centered planning capacity and quality measurement and improvement in home and community based services (HCBS) systems. Shawn is engaged in a number of policy development and implementation activities including: behavioral health recovery, self-directed HCBS, managed LTSS, LTSS access, and Medicaid financing. He holds a Master's Degree in Medical Anthropology/Health Services Administration and a Master's Degree in Social Work.

THANK YOU!