SPECIAL EDITION: AGING HORIZONS – Person Centered Planning

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This edition of Aging Horizons will be a bit different than you might be used to; we are taking this opportunity to share our work on an exciting project!

Montana's Senior and Long-Term Care Division received a federal technical assistance grant in 2019 to explore ways in which to improve "Person-Centered Thinking, Planning and Practice" in our support systems as we face the future. In this special edition of **Aging Horizons**, we will share information about what we have learned person-centeredness means, we will explore how SLTC is working to improve and strengthen the person-centeredness of the services we provide and plans we help create, and share what we will be doing next!

What is Person-Centered Thinking, Planning and Practice?

- **Person-centered thinking** focuses language, values, and actions toward respecting the views of the person and their loved ones. It emphasizes quality of life, well-being, and informed choice
- **Person-centered planning** is directed by the person with helpers they choose. It is a way to learn about the choices and interests that make up a good life and identify supports (paid and unpaid) needed to achieve it.
- **Person-centered practices** are present when people have the full benefit of community living and supports that are designed to assist people as they work toward their desired life goals.

ncapps.acl.gov/about-ncapps.html

Transforming How We Think

"Clearly it is in our human grasp to see each other differently, to change our structures so that the barriers are leveled and to embrace each other's presence as full members of human society" - judith snow

Person-centered planning is an on-going problem-solving process that is used to assist people with disabilities, plan for their future. Person-centered practices are ways of planning, providing and organizing services through listening to what people say they want, and helping them live in their communities based on their choices. These practices are used in many different situations and settings to support people from the very young to the end of life.

These practices are used in many situations; a variety of organizations and settings use person-centered practices to improve the supports that are offered to people. Disability-related services, nursing homes, behavioral health organizations, family homes, and other human service programs are just a few examples of settings where person-centered strategies are used to improve quality of life.

The goal of systems change is to change the values and actions of staff and caregivers by moving them away from the view that something is *wrong and must be fixed* to building on each person's unique strengths and creating opportunities for them flourish.

Traditional planning methods have often focused on placing individuals into already existing services and supports. In person-centered practices, there is an emphasis on determining what is wanted and needed and then tailoring supports and services to meet each person's preferences, desires, and meaningful future. https://mnpsp.org/

Person-centered planning (PCP) is a process for selecting and organizing the services and supports that an older adult or person with a disability may need to live in the community. **Most important, it is a process that is directed by the person who receives the support.**

PCP helps the person articulate and build a vision for the future, consider various paths, engage in decision-making and problem solving, monitor progress, and make needed adjustments in a timely manner. It highlights individual responsibility, including taking appropriate risks (for example, whether arranging for back-up staff is needed). Emergency planning is often part of the process.

The PCP approach identifies the person's strengths, goals, medical needs, needs for home- and community-based services, and ***their*** desired outcomes. The approach also identifies the person's preferences in areas such as recreation, transportation, friendships, therapies and treatments, housing, vocational training and employment, family relationships, and social activities. Unique factors such as culture and language also are addressed.

These elements are included in a written plan for supporting the person, which is developed based on those considerations.

The process may include a representative who was freely chosen by the person, and who may or may not be authorized to make personal or health decisions for the person. The person-centered planning process also should include family members, legal guardians, friends, caregivers, and others the person wishes to include. The role of agency workers, such as options counselors, support brokers, and social workers, in this process is to enable and assist people to identify and access the services they need and to provide support during planning. **PCP should involve the individuals receiving services and supports to the maximum extent possible, even if the person has a legal representative.**

PCP is an important component of all of the (Administration on Aging) ACL's programs, and it is a cornerstone of the No Wrong Door systems model. https://acl.gov/programs/consumer-control/person-centered-planning

"Person-centered planning begins when people begin to listen carefully and in ways that can strengthen the voices of people who have been or are at risk of being silenced." -john o'brien

What is Montana doing to effect PCP systems change?

- The Montana DPHHS/Senior & Long-Term Care division is currently in its second project year of working on Montana's Person-Centered Practices and Systems grant and has gathered a group of staff to devote time to this important project. The Montana NCAPPS committee members are:Tom Osborne, Director of North Central Independent Living
- Michael Woods, Program Manager/Self Advocate, Community Services Bureau
- Kimme Evermann, Program Support, Aging Services Bureau
- Abigail Holm, CFC Section Manager, Community Services Bureau
- Jean Perrotta, Program Manager, Community Services Bureau
- Freddi Haab-Fiedler, Project Specialist, Senior & Long-Term Care Administration
- Barb Smith, Administrator, Senior & Long-Term Care Administration
- Alena Vazquez, Technical Assistance

This group has been working hard establishing goals, encouraging discussions and developing some of the best practices necessary to make proposals for *PCP* ***systems change*** effective and successful. A "system" is anything organized for a purpose and "systems change" is an intentional process to make that system more "user -friendly." Systems change takes place when people collaborate with many different people working on many different levels.

Here's a look at how we are collaborating in Montana:

Getting Started

During Year One of the project, we concentrated our efforts on collecting information which helped us become familiar with the current understanding of "Person Centered Planning" or PCP, among various MT helping programs and field staff, stakeholders and MT DPHHS Dept staff. Time was spent discussing and drafting plans to encourage future stakeholder collaboration and engagement in general, and specifically, collaborations with Montana's Tribal Nations, with the assistance of Subject Matter Experts (SMEs). Year One was also spent gathering foundational information which allowed the team to refine their goals for communications and processes.

In the first part of the Second Year, the group spent some time examining the project scope, and restructuring and redefining goals and best practices based on stakeholder collaboration, feedback and their unique wisdom, as well as the invaluable input from a variety of DPHHS and contract staff in a wide assortment of positions. The NCAPPS Team agreed to use the PCP definition drafted by the National Quality Forums' Person-Centered Planning Committee and presented it to the MT Community First Choice Council for feedback. The MT PCP definition was changed to reflect that feedback.

Continuing on in the Second Year, the NCAPPS committee conducted a division-wide self-assessment and sought PCP related feedback from folks representing a large cross section of programs and advocates. The NCAPPS Team presented findings from the self-assessment to the CFC Council with support from the NCAPPS TA. The CFC Council agreed to collaborate with the NCAPPS Team to provide feedback and support on the self-assessment action steps.

The NCAPPS team also worked closely with their subject matter expert, Erin McGaffigan from Collective Insight, to develop and implement a stakeholder engagement plan. Some efforts in project year two were delayed due to COVID-19; however collaboration with a PCP sub-committee of the CFC Council is underway and the NCAPPS team has plans for other stakeholder group engagement for project Year Three

What's Next for Montana

In Year Three, the MT NCAPPS Team is committed to continuing the implementation of their stakeholder engagement plans in order to communicate with stakeholders, obtain more feedback on the draft definition of person-centered planning, and the person-centeredness of the services already offered more generally. The NCPPS team will also focus on collaboration with Montana's American Indians, to raise their voice as part of the strategy.

Montana is home to seven reservations and several tribes. Specific culturally sensitive stakeholder engagement activities will be developed/deployed to best serve this population; for instance, the MT Native American Council meets twice a year and will be invited to participate in NCAPPS planning activities. Two MT tribes have expressed the desire to collaborate on a variety of Medicaid waivers and increase provider involvement. to improve the tribal healthcare currently available in their systems.

How Montana defines Person-Centered-Planning (PCP)

Montana's NEW draft definition of Person-Centered-Planning

Person-centered planning is an approach to organizing your supports and services so that you can live the kind of life you want for yourself. This type of planning goes on throughout the time you are using support, not just during a planning meeting. Decisions are usually made in a meeting or a series of meetings. There are some important things to make sure the planning process stays focused on you:

- The person facilitating your planning process or assisting you in developing your own plan should not work for any agency that also could provide supports to you.

- The conversation in the meeting(s), and the plan that comes out of it, should be about your goals, dreams, needs, wants, things you like and don't like, and what is important to you in your life and future.

- You are in charge of your plan. You should be supported in taking whatever leadership role you prefer in the meeting(s), up to, and including, running the meeting yourself. There may also be someone else called a facilitator there to help guide the process and make sure it stays focused on what is important to you.

- Person-centered planning takes a positive approach, meaning it is based on what you are good at or like.

- You are in charge of inviting whomever you would like to have at your meeting, such as family, friends, or the people who give you care that you need.

Other members of your person-centered planning team are there to help you think through the kind of life you want for yourself.

"Nothing About Us—Without Us"

One of our most important partners' in this project has been the Community First Choice Council

The NCAPPS team is excited and honored to collaborate with the Community First Choice (CFC) Council and their Person-Centered subcommittee; which includes Medicaid members, advocates and stakeholders.

Recently, the CFC Council reached out to some MT stakeholders and here a just a few of their comments about how Person-Centered-Planning has affected their lives:

"I enjoy this because it's important that I am able to share what direction I am going with my plan".

"I like it because it helps other know more about me. I am able to track my goals".

"The PCP brings room for conversation about my needs and wants".

"a nice tool to track my progress".

"It gives you direction to focus on something other than your illness or disability."

"Focus on what I wanted to do – look outside of myself and work towards something to do, other than planning medical appointments. "

"Helps me set a goal and really makes me want to try to achieve it. "

"Help give a positive outlook on life."

"Puts you in a different frame of mine – hopefulness."

"Person Centered Planning means that I as a Montanan with a disability can live independently as possible in my community with supports needed to live my life as I want. I have the right to define my goals and life as needed. I have the right and privilege to live and participate in my community. I also have the responsibility to navigate and address pitfalls and shortcomings in my support system and community."

"I felt it was okay. I enjoyed getting to do it."

"I'm ambivalent about it, however, it does make us stop and think about making goals."

"In a way it's beneficial as it makes me think about the goals. Initially it puts me on the spot, and as soon as we have discussed it, I don't think much about having to achieve those goals. Kind of like in one ear and out the other."

"There is nothing to bring our attention back to that piece of paper, until we discuss it the following year."

NCAPPS

What is NCAPPS?

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid

Services that helps States, Tribes, and Territories implement person-centered thinking, planning, and practice in line with U.S. Department of Health and Human Services policy.

In the past 30 years, the support systems for older adults and people with disabilities have changed dramatically. In that time, long-term services and supports have generally moved to embrace person-centered values which are dedicated to the idea that individuals should have the power to define and pursue their own vision for a good life. However, many systems still struggle to put person-centered principles into practice and deliver on these commitments.

The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people who require services and supports across the lifespan. NCAPPS will assist States, Tribes, and Territories to transform their service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It will support a range of person-centered thinking, planning, and practices, regardless of funding source. https://ncapps.acl.gov/about-ncapps.html

Training & Resources

PERSON-CENTERED-PLANNING

learning opportunities

available on-line

ACL

https://acl.gov/programs/consumer-control/person-centered-planning

NCAPPS

https://ncapps.acl.gov/

Cornell Universityhttps://www.personcenteredplanning.org/index.cfm

Aging Horizons TV Show

"If you are asking about it, we are talking about it"

Sundays at 10:30AM on KWYB – ABC Butte/Bozeman KFBB – ABC Great Falls

KHBB – ABC Helena KTMF – ABC Missoula/Kalispell

SWX and NBC in Billings– Saturday at 9:00AM on SWX &
Sunday at 9:30AM on NBC (KULR8)

Did you know you can watch AGING HORIZONS on YOUTUBE?

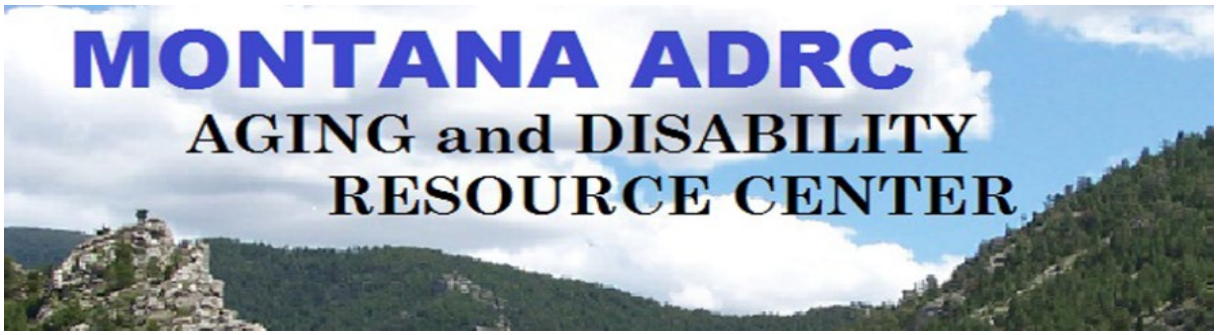
Click on www.youtube.com/user/MontanaDPHHS

For a Hand Up with Medicare – Contact your local SHIP Counselor at 1-800-551-3191

ship NATIONAL NETWORK state health insurance assistance programs

LOCAL HELP FOR PEOPLE WITH MEDICARE

Looking for Resources?



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