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Person-Centered Healthcare in Planning and Practice

October 22, 2020
Featured Speakers

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Conflict of Interest & Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.
Learning Objectives & Outcome

Objectives:
- List person-centered planning standards of the Medicaid HCBS Final Rule;
- Explain the balance between what is ‘important to’ a person and what is ‘important for’ a person; and
- Describe how buy-in to person-centered thinking, planning and practice improves overall patient healthcare outcomes.

Outcome: Learners will expand their knowledge and understanding of concepts and skills used in Person-Centered Practice.

The Home & Community Based Services (HCBS) Final Rule

- Final Rule - all settings where HCBS are provided and where people receiving HCBS live must be:
  - Integrated in and support full access to the greater community
  - Selected by the individual from list of options
- HCBS settings also must:
  - Ensure individual rights of privacy, dignity, and respect
  - Ensure freedom from coercion and restraint
  - Optimize autonomy and independence in making life choices
  - Facilitate choice about services and who provides them


HCBS Final Rule
Person-Centered Plan Requirements

- Established many new standards for Person-Centered Planning (PCP)
  - A person-centered service plan for every person who receives Medicaid-funded HCBS – 42 CFR 441.301(c)(1)
  - A significantly enhanced version of PCP
  - Most PCP conditions required as of rule’s effective date (March 2014)
- Stipulated modifications to additional standards for provider-owned and controlled settings be done on case-by-case basis within PCP’s
  - States have until March 2022 to comply
- The Person-Centered Plan requirements are included in Section 2402(a) of the Affordable Care Act

HCBS Practices & Skills

At its core, the HCBS rule asks that we support people in making informed choices about:
1. Where they live
2. Who they live with
3. What they do with their time
4. What they do with their resources
5. What services and supports they choose
6. Who provides the services and supports
Making Informed Choices

Choice and control have a context:

- It begins with the person …
- But culture, environment, and personal history shape how it is made and how it is implemented

Making Informed Choices

When risk is present...

Avoid the trap of **Either/Or**

Always seek **Both/And**
Supporting Choice Requires Change in Assumptions

Changing mindset from:

- “We know best,” to the person knows best
- Power *over* to power *with*

Informed Choice

Assumes the person knows:

- What they want
- What is possible and desirable
- Recognizes “trade-offs” (e.g., getting *this* choice precludes having *that* choice)
More Than Planning

Person Centered Skills

Important “to” & important “for” & the balance between them

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The Core Concept

First consideration – determining what is:

- Important TO a person
- Important FOR a person
- AND the BALANCE between

Important TO

Includes things in life which help us to be satisfied, content, comforted, fulfilled, and happy:

- People to be with/relationships
- Purpose and meaning
- Status and control
- Things to do and places to go
- Rituals or routines
- Rhythm or pace of life
- Things to have
Important TO

- What matters most to the person – their own definition of quality of life

- Includes what people “say” …
  - With their words
  - With their behavior

*When words and behavior are in conflict, pay attention to the behavior and ask “why?”*

Important FOR

- Issues of health:
  - Prevention of illness
  - Treatment of illness / medical conditions
  - Promotion of wellness (e.g.: diet, exercise)

- Issues of safety:
  - Environment
  - Well being – physical and emotional
  - Free from fear

- What others see as necessary to help the person:
  - Be valued
  - Be a contributing member of their community
Important TO & Important FOR Are Connected

- Important TO and important FOR influence each other
- No one does anything that is important FOR them (willingly) unless a piece of it is important TO them
- BALANCE is dynamic (changing) and always involves tradeoffs:
  - Among the things that are important TO
  - Between important TO and important FOR

Balancing Important TO & FOR

Sorting Important TO from Important FOR and finding a better balance between them

| Important TO | Important FOR |
“Fire” by Judy Brown

What makes fire burn is space between the logs, a breathing space. Too much of a good thing, too many logs packed in too tight can douse the flames almost as surely as a pail of water would. So building fires requires attention to the spaces in between, as much as to the wood.

When we are able to build open spaces In the same way we have learned to pile on the logs, then we can come to see how it is fuel, and absence of the fuel together, that make fire possible.

We only need to lay a log lightly from time to time. A fire grows simply because the space is there, with openings in which the flame that knows just how it wants to burn can find its way.

Person-Centered – the Difference

- The Difference
  - For us as practitioners
  - For participants
Misconceptions & Myths

Myth: We are already doing this!
Reality: We are doing some of it

A Culture of “No!”

- Doing what has always been done
- That is beyond my scope
- We don’t do that here
- I’ve hit a road-block
- That person is non-compliant
- The environment is non-supportive
A Culture of “Maybe…”

- Moving from a culture of No! toward a culture of maybe!
  - Why not?
  - It’s worth a try!
- Recognizing our constraints and turning them into opportunities
- Go above but not beyond

But How Is It Done?

Not just a bag of tricks but Mary Poppins’ Bag of Tricks
Brain Storming

- Important TO
- Important FOR
- The hook - notice the person’s behavior and their words
- Bag of tricks
- Focus is on health and safety... but also what else is important
- What is working/not working?

Open Heart Open Mind

- Feed that flame and fuel it needs to burn bright
- Outside the box thinking
- Willingness to experience discomfort
- Curiosity and readiness
The Shift
By Doing The Right Thing, You Are Doing The Required Thing

It’s a Win-Win!!!

Making Space for Person-Centeredness
- Can it be taught? Modeled? Encouraged?

YES!
- Model “the way” from the top down
- Generate a space for “buy in”
- Fuel one another’s flames from the ground up
Top-down & Bottom-up Change

The shift is happening!
- At the state-level
- In local agencies

Training Opportunities

New York State Department of Health’s Person-Centered Planning Statewide Training Initiative
- Supports best practices in person-centered planning, thinking, and practice
- Targets people providing, overseeing and receiving home and community-based services
- Offered at **no cost** statewide through 2020
- Information and registration at: [nydohpcptraining.com/events](http://nydohpcptraining.com/events)
So Far …

Sessions Conducted: 103*
Learning Institutes: 6
Regional Trainings: 84
  • PC Practice for Managers: 14
  • PC Plan Development: 29
  • PC Thinking: 13
  • PC Plan Implementation: 28
  • PC in Times of Crisis (Virtual): 6
  • PC & the HCBS Rule (Virtual): 2

*Session numbers for January 2019-June 2020

Training Participants: 1,973*

Service Sectors Represented
Among Training Participants – a Snapshot

- Adults affected by HIV/AIDS
- Adults diagnosed with Traumatic Brain Injury (TBI)
- Adults with substance use conditions
- Adults with chronic/disabling conditions or physical disabilities (incl Alzheimers)
- Adults with intellectual/developmental disabilities
- Adults with mental/behavioral health needs
- Children (under 18) with physical or dev/intel disabilities or serious emotional disturbance
- Other
Growth in Person-Centered Thinking

<table>
<thead>
<tr>
<th>Knowledge of Concepts/Skills</th>
<th>Before Training</th>
<th>After Training</th>
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</thead>
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<td>PC Plan Development</td>
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<td>4.48</td>
</tr>
<tr>
<td>PC Thinking Train-the-Champion</td>
<td>3.37</td>
<td>4.65</td>
</tr>
<tr>
<td>PC Plan Implementation</td>
<td>3.41</td>
<td>4.53</td>
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Person-Centered Planning in Practice
What Trainees Had to Say

- “I felt that participants [in the training] were able to share their passion for the work and the people we support.”
- “I will [be] more aware of what the client would like to work on rather than telling them what they will do for themselves.”
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