



Bringing
Person-Centered Practice
to Scale Statewide



Looking Back

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Tennessee Council on Developmental Disabilities

TN Council on Developmental Disabilities

Developing Person Centered Systems in TN

- 2007 joint project launched- the Council and DD agency
- Purpose: better equip the service system to support person centered practices
- 3 goals:
 - Create excellent PC practices at provider & recipient level
 - Facilitate policy/practice changes at provider level
 - Facilitate policy/practice changes at the state level

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Project Structure

- 2-3 providers selected to be training/learning sites each year of the project
- Staff participated in monthly training and technical assistance meetings over a 10 month period
- PC thinking *coaches* were selected by the provider
 - Central role, support PC skills in staff, identify system changes needed
 - Meet, learn from and support each other
 - Have the *gift, passion & opportunity*

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Project Structure

- Leadership team - critical
- Role:
 - Facilitate communication among agency staff, agency leadership and systems managers
 - Act on what needs to change at systems level: state policies, procedures
- Who:
 - a mix of senior managers, middle managers, care managers, commissioners, coaches, self-advocates, and family members

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Accomplished

- 13 providers participating
- Agency staff and support coordinators learned to write excellent person centered plans
- 100% of all management teams, regional office directors, state office senior staff, direct support professionals, independent support coordinators, families, individuals supported
- State level PC thinking trainers and ‘mentor trainers’
- Significant ‘level 3’ policy/procedure changes: Support Plan forms were revised statewide
- ‘People Planning Together’ classes

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Long term impact

- Establishing Person Centered Office, State Director
- Creating Person Centered Practice Units at each regional state office
- Requiring all independent support coordinators to receive training in person centered practices
- Adding more state level PC thinking trainers and 'mentor trainers'
- 'People Planning Together' still going strong

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Long term impact

- Embedding PC practices into departmental policies
- Encouraging more providers to participate in PC thinking training in their region
- Recruiting more providers to engage in PC organizational training (3 new providers signed up this year)
- Promoting the 'one page profile' system wide

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What we didn't achieve that may affect long term sustainability.....

- Making 'person centered organization' status an expectation for providers
- Defining and requiring PC practices in the provider manual, sample policies
- Including PC practice expectations in provider agreements

Looking Ahead

Patti Killingsworth, Assistant Commissioner
Chief of Long-Term Services and Supports
Bureau of TennCare

Tennessee LTSS Programs/Services for I/DD

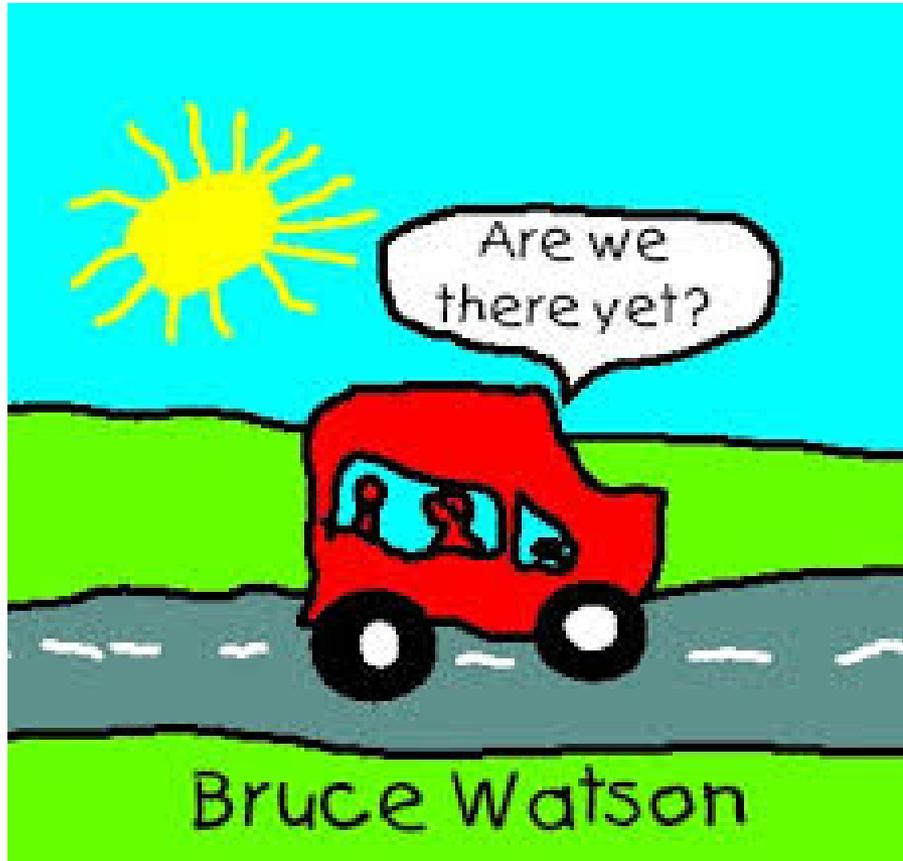
- Three Section 1915(c) home and community based services (HCBS) waivers for individuals with intellectual disabilities
 - Comprehensive Aggregate Cap
 - Statewide
 - Self-Determination
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

Tennessee LTSS Programs/Services for I/DD

- Longstanding focus on person-centered practices in HCBS programs for individuals with I/DD
- Person-centered thinking and tools embedded in planning processes
- Person-centered thinking and organization training
- First state system in the country to seek and achieve network accreditation in person-centered excellence by the Committee on Quality and Leadership (CQL)

Tennessee LTSS Programs/Services for I/DD

- Doesn't meet we're "there yet"



Opportunities to:

- Ensure that **every** person is supported in a person-centered manner
- Expect **every** provider to be a person-centered organization
- Embed person-centered practices in provider agreements, policies, and reimbursement approaches

Tennessee LTSS Programs/Services for I/DD

- Three Section 1915(c) home and community based services (HCBS) waivers for individuals with intellectual disabilities
 - Comprehensive Aggregate Cap
 - Statewide
 - Self-Determination
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
- **New** MLTSS program implemented July 1, 2016:
Employment and Community First CHOICES

Bringing Person-Centered Practices to Scale

- How do we:
 - Build on an existing foundation of person-centered values
 - Continue to develop person-centered practices in the current system
 - Ensure that the new MLTSS program for people with I/DD is every bit as “person-centered”
- Is that even possible? **Yes!**

Bringing Person-Centered Practices to Scale

- Engage and listen to stakeholders in designing and implementing the new program
 - Individuals who need/receive HCBS
 - Family members
 - Advocates
 - Providers
- Partner with State Department of I/DD
 - Leverage capacity and expertise in person-centered practices
- Engage experts
 - Michael Smull and Tanya Richmond, Lisa Mills, Allan Bergman
- Build health plan (MCO) capacity for person-centered practices

Leverage MCO Contracts

- Person-Centered Support Plan (PCSP)
 - Accurately documents the person's strengths, needs, goals, and preferences
 - Outlines the services and supports that will be provided to help the person achieve *their* preferred lifestyle and goals
 - Directed by the person
 - Assists the person in achieving a personally defined lifestyle and outcomes in the most integrated community setting
 - Ensures the delivery of services in a manner that reflects personal preferences and choices
 - Contributes to the assurance of health, welfare, and personal growth

Leverage MCO Contracts

- PCSP must include (excerpts, not a complete list):
 - Documentation that the setting is chosen by the person and meets HCBS Settings Rule requirements
 - The person's strengths and interests
 - Person-centered goals and objectives, including employment and integrated community living goals, and desired wellness, health, functional, and quality of life outcomes
 - Risk factors and measures to minimize them, including for any modification regarding the conditions set forth in the federal HCBS setting rule at 42 C.F.R. §§ 441.301(c)(4)(vi)(A) through (D), all of the documentation requirements specified at 42 C.F.R. §§ 441.301(c)(2)(xiii)(A-H) and 441.301(c)(4)(vi)(F)(1-8)

Leverage MCO Contracts

- PCSP must include (excerpts, not a complete list):
 - Caregiver training or supports identified through caregiver assessment
 - The primary language spoken by the person and/or primary caregiver, or other means of effective communication, such as, sign language and other auxiliary aids or services, and a description of any special communication needs including interpreters or special devices
 - Psychosocial needs, including housing or financial assistance needs that could impact the person's ability to maintain a safe and healthy living environment and how needs will be addressed to ensure person's ability to live safely in the community

Leverage MCO Contracts

- PCSP must include (excerpts, not a complete list):
 - Capabilities and desires regarding personal funds management; any training or assistance that will be provided to support the person in managing personal funds or to develop skills needed to increase independence with managing personal funds; goals and objectives involving use of personal funds; and any health, safety or exploitation issues that require limitations on the member's access to personal funds and strategies to remove limitations at the earliest possible time
 - A person-centered statement of goals, objectives and desired wellness, health, functional and quality of life outcomes for the member and how services are intended to help the member achieve these goals

Leverage MCO Contracts

- **Support Coordination:**

- Identifying, developing, and supporting opportunities for community involvement, including achieving and maintaining competitive, integrated employment consistent with individual strengths, preferences and conditions for success
- Leveraging strengths, resource and opportunities available in the person's community, and natural supports in coordination with paid services and supports to enable the person to achieve his/her desired lifestyle and goals for community involvement, employment and independent living and wellness
- Assessing physical, behavioral, functional, and psychosocial needs

Leverage MCO Contracts

- Support Coordination:

- Identifying physical/behavioral health, LTSS and assistance (e.g., vocational rehabilitation, housing or income assistance) to enable the person to achieve desired lifestyle, goals for community involvement, employment and independent living, and wellness, and to address identified needs
- Ensuring timely access to and provision, coordination and monitoring of physical/behavioral health, and LTSS to facilitate community involvement, including achieving and maintaining competitive, integrated employment, consistent with individual strengths, preferences and conditions for success and necessary to maintain or improve physical or behavioral health status and functional abilities, maximize independence, ensure rights and choices, health, safety and welfare, and delay or prevent institutional placement
- Facilitating access to other support services and assistance to achieve desired lifestyle, goals for community involvement, employment and independent living and wellness, and to address identified needs

Leverage MCO Contracts

- Support Coordinator training in person-centered practices (excerpts, not a complete list):
 - A comprehensive training program on person-centered thinking, planning, and service delivery, including training on assessing a member's strengths and goals and identifying, developing and accessing community and natural resources
 - Federal person-centered planning and HCBS setting requirements and the importance of the individual's experience
 - Planning and implementing HCBS to support employment and community integration and participation
 - Supporting members in directing the person-centered planning process
 - Facilitating individual choice and control, including the use of supported decision making

Leverage MCO Contracts

- Support Coordinator training in person-centered practices (excerpts, not a complete list):
 - Working with family members and/or conservators, while respecting individual choice
 - Supporting family caregivers, which at a minimum shall include the following: The *Supporting Families* initiative and approach
 - Family caregiver needs assessment and support planning processes
 - Understanding guardianship, and alternatives to guardianship, including supported decision making, and understanding guardians' and conservators' legal role and working with family members, guardians or conservators on assisting an individual with supported decision making processes when applicable;

Leverage MCO Contracts

- Support Coordinator training in person-centered practices (excerpts, not a complete list):
 - An introduction to the unique behavioral health, including behavior support challenges, individuals with I/DD may face; understanding behavior as communication; potential causes of behavior, including physiological or environmental factors; person-centered assessment and support planning for individuals with challenging behaviors, including positive behavior supports (e.g., supported employment); and Behavioral Health Crisis Prevention, Intervention and Stabilization Services and the System of Support, and the role of the Support Coordinator on the System of Support Team
 - Quarterly training including at least one (1) activity on person-centered thinking; opportunities for peer discussion and assistance; and timely access to SMEs

Leverage MCO Contracts

- Person-Centered Support Plan Template:
 - Cover page
 - Legal and preferred name
 - What we like about [person]
 - What is important to [person]
 - How best to support (i.e., important for) [person]
 - Information about me

Leverage MCO Contracts

- Person-Centered Support Plan Template:
 - Personal Focus
 - Decision Making and Rights
 - Employment
 - Education
 - Relationships and Community Integration
 - Communication
 - HCBS Settings Compliance
 - Personal Funds Management

Leverage MCO Contracts

- Person-Centered Support Plan Template:
 - Health Supports
 - Action Plan – Vision for My Life
 - Services and Supports (Unpaid and Paid)
 - Attachments

Leverage MCO Contracts

- Preferred Contracting Standards:
 - Accreditation from a nationally recognized accrediting body, e.g., Commission on Accreditation of Rehabilitation Facilities, Council on Quality and Leadership (CQL)
 - Vocational Rehabilitation Letter of Agreement
 - Completed DIDD person-centered organization training
 - Documented success in helping individuals with I/DD achieve employment opportunities in integrated community settings at a competitive wage (e.g., number or percent of persons provider has successfully placed in integrated employment settings who are earning a competitive wage; success in developing customized employment options for individuals with more significant physical or behavior support needs, etc.)

Leverage MCO Contracts

- Preferred Contracting Standards:
 - Leadership in employment service delivery and community integration, e.g., designing and implementing plans to transition away from facility-based day services to integrated employment services
 - Longstanding community relationships that can be leveraged to assist members in pursuing and achieving employment and integrated community living goals
 - Successfully transitioning persons supported into more independent living arrangements
 - Policies and systems in place to support member selection of staffing and consistent staffing assignment, which are implemented and monitored
 - Employs a Certified Work Incentive Coordinator (CWIC) to counsel members on benefits and employment

“Empowerment” Supports

- **Self-Advocacy Supports**

- Individual Education and Training
- Peer-to-Peer Support and Navigation for Person-Centered Planning, Self Direction, Integrated Individual/Self Employment, and Independent Community Living
- Conservatorship and Alternatives to Conservatorship Counseling and Assistance (counseling component required to preserve rights, support decision-making)

- **Family Empowerment Supports**

- Community Support, Development, Organization and Navigation
- Family Caregiver Education and Training
- Family-to-Family Support
- Health Insurance Counseling and Forms Assistance

Person-Centered Behavior Supports

- Behavioral Health Crisis Prevention, Intervention & Stabilization Services
- Implemented in March 2016 under the managed care program
- Focus on crisis prevention, in-home stabilization, sustained community living, employment and independence, and building a person-centered “system of support” (“SOS”) around each individual
- Reimbursement aligned to support improvement and independence
- Performance measures will be tracked and utilized to establish a value-based component (incentive or shared savings) for the reimbursement structure
 - Decrease in crisis events
 - Decreased ED/inpatient utilization
 - Decreased use of psychotropic medications (except to treat diagnosed MH conditions)
 - Increased community tenure/stability in living arrangement
 - Increased participation in integrated, competitive employment
 - Increased participation in community activities
 - Improved quality of life

Quality Improvement in LTSS (QuILTSS)

- TennCare value-based purchasing initiative to promote the delivery of high quality LTSS for TennCare members (NF as well as HCBS)
- Identifies performance measures that are most important to people who receive LTSS and their families
- Creates a new payment system for NFs and certain HCBS based on performance on those measures
 - Align payment with key system goals, including integrated competitive employment and integrated community living
 - Reward providers that improve the member's experience of care and promote a person-centered supports delivery model

Quality Improvement in LTSS (QuILTSS)

- Performance measures that are most important to people who receive LTSS and their families—that are “person-centered”
 - Being respected and valued
 - Having choice and autonomy—about what? *Everything!*
Where I live, who I live with, who visits me in my home and when, how I decorate my home, the places I go, the things I do, what I eat, when I sleep, how I spend my money, *anything and everything* we all make choices about every day
 - Being able to work and have meaningful day activities
 - Having relationships, spending time with those people, sharing experiences

Person-Centered Practices “Partnership”

- With TN Council on DD to “embed” *sustainable* person-centered practices in MLTSS programs
 - Person-centered thinking training for all Support Coordinators prior to go-live
 - Two-day systems change retreat
 - Person-centered organization training for each MCO
 - Develop Certified Person Centered Thinking Trainers
 - Develop People Planning Together Certified Trainers
 - Review state/health plan policies, procedures, hiring practices, etc. and make recommendations