Person-centered planning is a way to learn about a person’s idea of a good life. It focuses on the supports (paid and unpaid) they need. It is directed by the person. They might get support from someone known as a “facilitator.” The facilitator could be a Case Manager, a Support Coordinator, or a Peer Specialist. Or it could be someone else who can help create the plan.

**What Skills Should Facilitators Have?**

Facilitators need certain skills and abilities to make person-centered planning work. These skills are also called “competencies.” Here, we describe five skill areas that facilitators should have. These skills support a good person-centered planning process.

**Who Is This Document For?**

This document is for people who want to learn about the five skill areas that facilitators should have. This is good information for people who use person-centered planning—and for their families. It will help them know what to expect from their facilitator (the person helping).
1. Strengths-Based, Culturally Informed, Whole Person-Focused

**What does this mean?** Person-centered planning recognizes that people grow and change. It focuses on helping the person live their idea of a good life. All the planning steps should focus on the person—and not just their diagnosis or disability. The planning should also focus on the person’s unique culture and identity.

Facilitators should:

- Be aware of their own culture and identity. Understand that the person’s values and culture may differ from the service system’s values and culture.

- Learn about the person’s culture and language. Respect the person’s values and beliefs, customs, and rituals.

- Use helpful tools to find out about the person’s goals and their idea of a good life. Use tools that support people to choose their own services.

- Hold high expectations for the person’s quality of life in areas that the person values.

- See the person’s strengths and interests beyond their disability or diagnosis. Not assume what a person can or cannot do based on their disability.
2. Cultivating Connections Inside the System and Out

What does this mean? Planning includes all different kinds of supports. Supports might be from providers or from friends or family. All the planning actions should connect people to community activities and build relationships with people who matter to the person.

Facilitators should:

- Understand the systems and supports a person may choose. They may include things like:
  - health care
  - social services
  - recreation
  - housing and employment supports
  - faith-based organizations and events
  - resources provided by cultural groups
  - food pantries and clothing donations

- Understand the needs of different groups of people. For example, older adults or people with disabilities.

- Help the person connect to community activities. Help the person develop relationships that matter most to them.

- Involve family caregivers and/or other supporters in the planning process.

- Understand that a meaningful life in the community is a human right and not something people have to earn.
3. Rights, Choice, and Control

**What does this mean?** Planning activities are based on respect. The person is expected and supported to make decisions about their own life. People are supported to find their voice in creating their plan. People learn about their rights.

Facilitators should:

- Understand that all people have the right and ability to participate in the planning process.
- Understand the concepts of “dignity of risk.” This means that people have a right to fail. People can learn from their mistakes.
- Tell people about their rights in the service system and in the community. Know about the history and achievements of disability and aging advocacy groups.
- Support people to speak up for themselves during the planning process. Help when things are tense or when providers or supporters are disagreeing with the person.
- Practice supported decision-making. This means helping the person to make and communicate decisions about their life.
- Know how to tell if the person is being abused, neglected, or mistreated. Know how to report this.
4. Partnership, Teamwork, Facilitation, and Coordination

What does this mean? Planning meetings are held in a respectful, professional way. The person can bring in more people and supporters if they want. All people on the person’s team are helped to be a part of the planning process.

Facilitators should:

- Respect how the person identifies. Understand the difference between person-first vs. identity-first language.
- Respect the person’s input about planning meetings. This includes things like: Who is invited? Where is it held? When it is held? Who leads the meeting?
- Hold the meetings in a respectful, professional manner. This covers things like:
  - start the meeting on time
  - keep down disruptions
  - give the person full attention
  - check with the person to be sure they understand
  - ask the person if they have questions
- Listen to all the team members during the meeting. Make sure the person’s voice is a priority.
- Make sure the team gets a copy of the plan and can make changes. Help them make changes as needed.
- Help the team work through differences and conflicts.
- Maintain a focus on the person’s life goals and outcomes.
5. Person-Centered Plan Documentation, Implementation, and Monitoring

**What does this mean?** The person-centered plan is made together and put in writing. The plan is a “living document” that can be updated as needed. There is follow-up and monitoring of the plan.

Facilitators should:

- Include the person’s strengths, interests, and talents in their plan. This is also done when carrying out the plan.
- Write the plan using the person’s preferred name, language, and identity.
- Use language that is clear and accessible to describe the goals. Use the person’s own words when they can.
- Write down the services and supports (paid and unpaid) in the plan.
- Find out from the person and their supporters how the plan is going.
- Make sure that everyone is sticking to the plan. Make sure that services are happening as the person wants them to.

**Final Thoughts**

It’s important that people know what to expect from their services. This resource is meant to explain the skills that facilitators need to help with person-centered planning. But there is no “right” way to do person-centered planning. It needs to be flexible. Every person is different, and every person-centered plan is different.
About 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 to help States, Tribes, and Territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).

NCAPPS partners with a host of national associations and subject matter experts to deliver knowledgeable and targeted technical assistance.

You can find us at [https://ncapps.acl.gov](https://ncapps.acl.gov)

This document is a plain language version of *Five Competency Domains for Staff Who Facilitate Person-Centered Planning*, available at [https://ncapps.acl.gov](https://ncapps.acl.gov). All NCAPPS resources are publicly available for use in the administration and improvement of supports for older adults and people with long-term service and support needs. All uses should acknowledge NCAPPS and the developers of this content. Permission is required if the material is to be modified in any way or used in broad distribution.

*The authors are grateful to Yoshi Kardell and Nicole LeBlanc of HSRI and members of the NCAPPS Person-Centered Advisory and Leadership Group Martha Barbone, E. Jenn Brown, and Kelly Lang for their guidance in developing these documents.*