Five Skill Areas for Person-Centered Planning

NCAPPS

Plain Language Version | January 2023

Person-centered planning is a way to learn about a person's idea of a good life. It is directed by the person. The plan focuses on the supports they need. 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,** like a family friend or trusted ally who can help create the plan. What matters most is that the plan is created by the person to help the person live their good life.

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).

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.

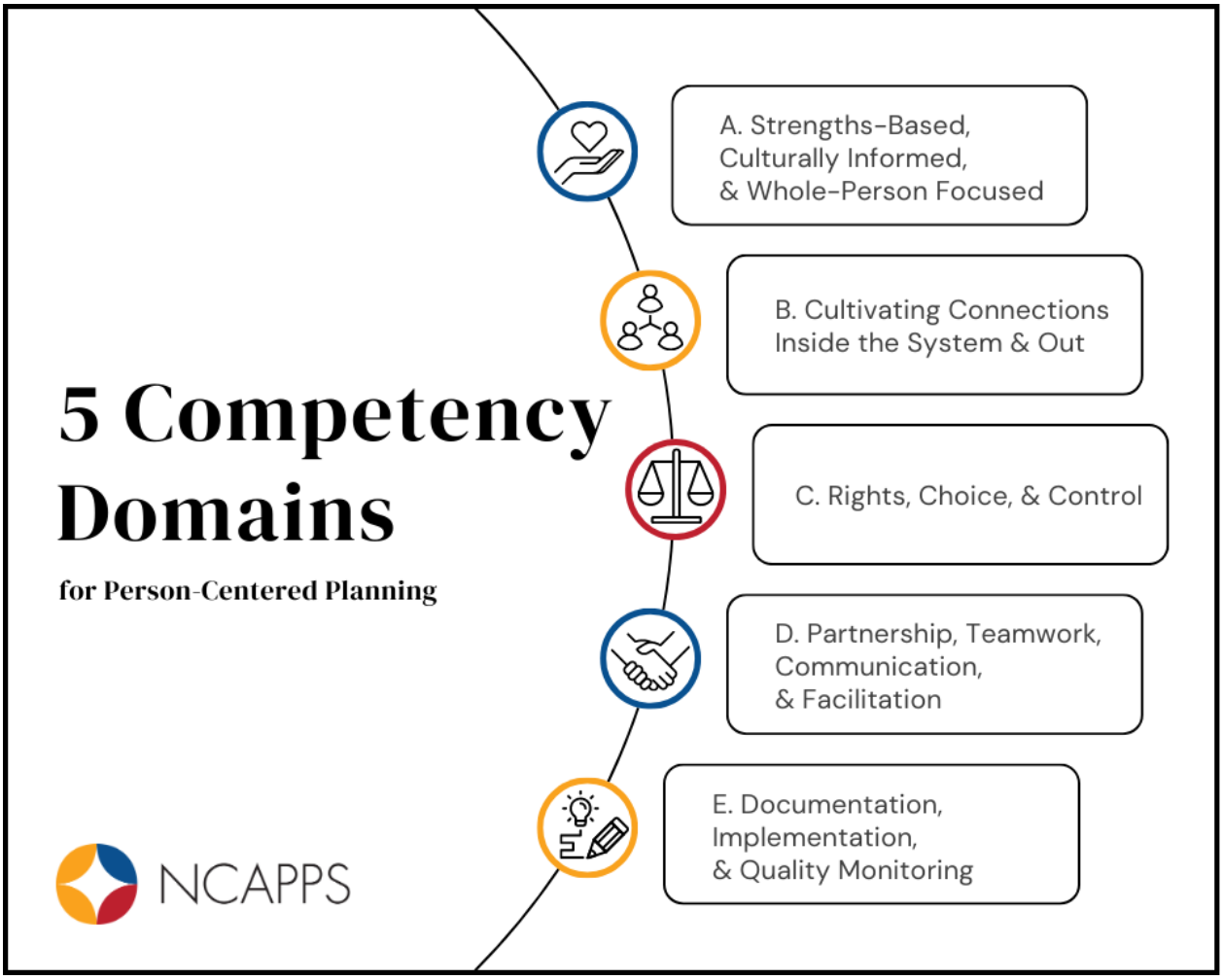

Figure 1. Five Competency Domains for Person-Centered Planning

A. Strengths-Based, Culturally Informed, Whole Person–Focused

What does this mean? Person-centered planning recognizes that people grow and change. All planning steps should focus on the person's whole self — not simply their diagnosis or disability. Planning should focus on the person's identity, culture, and idea of a good life.

Facilitators should:

- Be aware of their own culture and identity. Recognize 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, 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 cares about.
- See the person's strengths and interests beyond their disability or diagnosis. Don't assume what a person can or cannot do.

B. 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 from 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 them 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. You don't have to earn a meaningful life.

C. Rights, Choice, and Control

What does this mean? The planning process is based on respect. People can make their own decisions. Sometimes people need help to learn about their rights and find their voice in creating their plan.

Facilitators should:

- Recognize a person's right to participate in the planning process. Believe all people have the ability to participate. Some people may need support to participate.
- Embrace the concept of "dignity of risk." This means people have the right to fail and learn from their mistakes.
- Keep people informed about their rights in the service system and in the community.
- Learn about the history and achievements of disability and aging advocacy groups.
- Encourage people to speak up for themselves during the planning process. Provide support in conflicts or disagreements
- Practice supported decision-making. This means helping the person to make and communicate decisions about their life.
- Learn the signs of abuse, neglect, and mistreatment. Make sure you know how to report these.

D. 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 is it 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 teamwork through differences and conflicts.
- Maintain focus on the person's life goals and outcomes.

E. Person-Centered Plan Documentation, Implementation, and Monitoring

What does this mean? The person-centered plan is created by the person and the facilitator. The plan is written out. It can be updated as needed. Once the plan is in place, follow-up and monitoring are required.

Facilitators should:

- Prioritize the person's strengths and interests throughout the planning process. Continue to do so while the plan is active.
- Write the plan using the person's chosen name, language, and identity.
- Describe goals in clear, accessible language. Use the person's own words as much as possible.
- List services and supports (both paid and unpaid) in the plan.
- Ask questions about how the plan is going. Check in with both the person and supporters.
- Make sure everyone sticks to the plan and services happen as directed.

Final Thoughts

It's important that people know what to expect from their services. This resource explains the skills that facilitators need to help with person-centered planning. But there is no "right" way to do person-centered planning. The process should 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 ncapps.acl.gov.

About this document

This document is a plain language version of *Five Competency Domains for Staff Who Facilitate Person-Centered Planning*, available at 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.

Acknowledgments

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.