NCAPPS National Center on Advancing Person-Centered Practices and Systems

Using NCAPPS Resources to Support Compliance with the HCBS Final Rule Requirements for Person-Centered Planning

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SPEAKERS
Saska Rajcevic, Bevin Croft, D. Pearl Barnett, Mary P. Sowers, Kate Brady

Bevin Croft 00:45
Good afternoon, or good morning welcome to everyone. Please come on in say hello in chat and we'll get started in one more minute.

Bevin Croft 01:20
And I will get started just as soon as I see the participant number start to slow down. Thanks to everyone who's saying hi from all over the country. And maybe there are some folks from outside of the United States as well.

Bevin Croft 01:43
Great. New York is here in Texas, Tennessee, West Virginia, Maine, Vegas, Washington State, my home state. Good to see everyone. Okay, we will begin.

Bevin Croft 02:03
Welcome to all to this webinar on NCAPPS resources to support person centered practices. My name is Bevin Croft, I co-direct the National Center on Advancing Person-Centered Practices and Systems.

Bevin Croft 02:26
We're very pleased to offer webinars each month through NCAPPS, the National Center on Advancing Person-Centered Practices and Systems. NCAPPS is funded by the Administration for Community Living, and the Centers for Medicare and Medicaid Services. All of our webinars are free, open to the public. The slides will be available for download today and on our website. And the recording and some other materials will also be available on our website later on. Next slide please.

Bevin Croft 03:27
So, this webinar today is very close to home since 2018, NCAPPS has been working to promote systems change that makes person centered principles not just an aspiration but reality in people's lives. And part of that is really about looking at structural system level issues that facilitate Person-Centered practices with the ultimate outcome of people living more self-determined lives. So we're in our final year of a five year funding cycle as a center and we thought this would be a nice time to take a look back and really showcase the resources that we have created over the years to really support human service agencies to implement Person-Centered practices, and specifically today, we're going to focus on, you know how these resources can really support states to meet and surpass right to comply with and move beyond just compliance with the home and community based services Final Rule, and specifically its requirements for Person centered planning that came into effect in 2014.

Bevin Croft 05:25
All of the resources that we'll be discussing today are available at our website, which is ncapps.acl.gov and a live link will be in chat.

Bevin Croft 06:07
This webinar is being live captioned in both English and in Spanish. You can access the live caption in English by clicking on the CC button which is at the bottom of your Zoom screen. And if you'd like to access a Spanish interpretation, you can do that by clicking the interpretation button. At the bottom of the screen. It's a world icon and then once in your in the Spanish channel, you want to make sure you silence the original audio. I'll read that in Spanish now.

Bevin Croft 06:38
Our email address is ncapps@hsri.org. We won't be responding to emails during the webinar.

Bevin Croft 07:21
And as we've noted in chat, the recording the slides, a plain language summary and any additional materials will be posted on our website in a few weeks. And you can also download the slides now you'll be able to find the link and chat Saska or Terry will put the link in chat periodically and there it is thanks, Terry.

Bevin Croft 07:43
Okay, next slide, please. Let's do a poll and see who's here. poll will come up. This is a select all that apply. We'd like to know how all 799 of you self-identify. Be sure to scroll down to get all of the choices. And if you self-identify with some other identity, Zoom only allows us to put eight. And we know there are so many more. So, use chat to say any other identities that you would like to share with this group. So, the selections are a person with a disability or someone who uses long term services and supports

a family member or loved one of a person who uses long term services and supports self-advocate or advocate, peer specialist or peer mentor, a social worker, counselor or care manager, researcher or analyst, someone from a community or faith based service provider organization or a government employee and that could be Federal, State Tribal municipal. So, we'll let more of you respond to the poll. Let me check chat. Okay, great. We've got some trainers, employment specialists. direct support providers, welcome, welcome. Quality Management, fantastic. Case Management Ombudsman. Fabulous.

Bevin Croft 09:18
Great, awesome folks from schools. That's wonderful. Okay, so we've got about 80% participating. Let's see who's here has a pretty broad mix of identities, and I'm seeing a lot of government employees, about 1/3 of you, and over a third of you are social workers, counselors or care managers, some folks from providers, some family members, and everyone is represented here. So welcome. It's good to see you and good that you're here. Next slide please.

Bevin Croft 10:04
All right, so our speakers today are near and dear to end caps. First, we have two of our very own wonderful end caps team members from the Human Services Research Institute. First person you'll hear from is Kate Brady, Kate's a project manager at the Human Services Research Institute. She's dedicated to advancing systems changes that align with HSRIs goal of seeing all people living healthy, fulfilling lives as powerful members of society. Kate has worked in disability policy, as well as systems advocacy for two decades. And she brings experience with Home and Community Based Services Vocational Rehabilitation, Medicaid, Social Security, and workforce development systems.

Bevin Croft 10:54
Next, we're pleased to have Saska Rajcevic take the stage. She's a project manager also with NCAPPS makes everything go here at NCAPPS and she's also a technical assistance lead for a few different states. She assists them in implementing Person Centered practices to ensure all people can live self-determined lives. Saska previously worked for a state agency supporting on the ground systems change efforts to ensure compliance with the Home and Community Based Services final rule and Person Centered Planning requirements.

Bevin Croft 11:31
She also brings experience working in the P&A protection and advocacy world where she focused on fair housing policy and enforcement.

Bevin Croft 11:40
Next, we have a pair of a close colleagues who are our key partners with NCAPPS. We'll hear from Pearl Barnett, who is an experienced leader in providing technical assistance and managing state long

term services and supports in her role at ADvancing states. She focuses on Home and Community based services, Medicaid waivers, no wrong door systems, Person Centered practices and equity, her passion for HCBS Person Centered practices, equity, organizational change are all reflected by her professional experience, her personal training, and her research on these practices.

Bevin Croft 12:23
And finally, we will be joined by Mary P. Sowers, who is with the National Association of State Directors of Developmental Disability Services or NASDDDS. She's been with NASDDDS since 2014. And before that consulted with states and served in the federal government at CMS, the Centers for Medicare and Medicaid Services, where she specialized in Medicaid home and community based services and strategies to design Person Centered systems. So, for experts, who will share their knowledge with you for the next hour plus. And with that, I will turn things over to my colleague Kate.

Kate Brady 13:05
Thank you for having me, it's a pleasure to be here. with you all today. A visual description. I am a middle aged white woman with short brown hair and round glasses. I'm wearing a blue shirt and in the background it's my home office where there's some art on the wall. And so, in today's webinar, we'll be focusing on the part of the HCBS final rule that outlines requirements for Person centered planning, regarding both process and the plan itself. But before we dive into that, we wanted to be sure that we had a shared understanding of what home and community based services are so that HCBS abbreviation is home and community based services, and these are services that help people with disabilities and older adults live in their communities. They provide funded support for things like employment, transportation, home health care, medication, housekeeping, sometimes in home therapies, as well as activities of daily living like bathing, dressing toileting, as well as finances and assistive tech and home mods in 2018, so that you have a sense of scope. More than 4.7 million people received Medicaid funded HCBS services, and each state has its own system for HCBS services and makes decisions about which populations they will offer home and community based service waivers to. Next slide please.

Kate Brady 15:02
So, the rule sets forward a requirement for documenting any restrictions that are allowed. And this is of critical importance, because it protects people's basic human rights, and it protects their rights to the dignity of risk. So no longer without adhering to these requirements, can we place any restrictions in service plans. So first off, the Rule requires that we identify a very specific and assess need, that we document that there have been positive supports used to, to support the need prior to the implementation of any restrictions, and that all less intrusive methods have been tried. And that there's documentation about them being tried and why and how they did not work. There should be a very clear description is directly proportionate to the specific assessment, the presence or proportionality is really important to take note here that we're trying to contain, and be extremely cautious with any restrictions, or there should be regular collection and review of data to see if the restriction is effective.

And there should always be time limits included, so that the modification can be terminated as possible. And I'm sorry, not the magnification, the restriction. And, of course, we want informed consent, meaning that the individual for whom the plan has been written, has full understanding of the restriction and the logic therein.

Kate Brady 22:02
And last, but not least, at all, that no harm will become will come to the individual as a result of the plan. So that's the context in which we will be looking at NCAPPS resources. And our aim today really is to connect the dots for you, between the HCBS final rule in particular, how it pertains to Person centered planning. And as Bevin mentioned, the tools and resources that the NCAPPS project has produced. Next slide, please.

Kate Brady 22:42
Thank you. So, I am very pleased to introduce and hopefully we introduce some of you to the person centered practices self-assessment, which was authored for NCAPPS, by the very brilliant and accomplished Mary Lou Bourne. You'll see here on the screen and the image of the person centered practices self-assessment, and also links that Saska has already put in the chat for you to the tool itself, a plain language version, as well as a Spanish version. Next slide, please.

Kate Brady 24:43
So, it's important to note that this is a tool for quality. It isn't a research tool. So, when we say it's for quality, we mean that it's aimed at activities that will bring about improvement that applies to a specific law recall system or organization is for internal uses and provide support for continuous improvements that builds upon one another. This can be contrasted with research, which is often aimed at answering a specific question contributing to the general knowledge has an external application and usually has an end, right, the publication of that research study. Next slide, please.

Kate Brady 25:33
And the tool demonstrates for us what to do and what to stop doing. And it points the system towards person centeredness in a way that exceeds compliance, which is the goal of the NCAPPS center. Next slide, please.

Kate Brady 27:03
So, diving a little more closely into the domains of the assessment. I'm going to talk specifically about some relationships to the requirements the little places for planning. So, in the leadership domain, we're looking at our leaders actively demonstrating the in persons, the importance of Person Centered practice, where we're looking at communications across all levels, is it aligned with person centered principles and values, and people in all levels of the organization reflect on their impression of how person centered the leadership is? Next slide, please. So, when we're looking at culture, we're looking

for active engagement in forming and nurturing and maintaining a person centered culture we're looking at communication through stories, we want to see that narratives include respect for cultural and linguistic understanding and reflect and honor individuals' stories and culture. And you'll see that this assessment can support movement towards an exceeding compliance with the rule, in that there is a process requirement that the planning process ought to reflect cultural considerations of the individual. And then it should be conducted by providing information in plain language in in a manner that is accessible. Next slide.

Kate Brady 28:42
That's third domain and the person centered practices and systems self-assessment is eligibility and access. So, at the at the domain of eligibility and access, we are examining whether eligibility is incorporating the whole person and accounts for the depressed person's desired lifestyle. We want to see whether these processes in our system demonstrate respect for persons racial, ethnic and linguistic background, and, and whether those identities are accounted for in the actions that are used by the system to carry out eligibility processes. So, you'll see that in the rule, there is a requirement that the plan reflects clinical and support needs that are determined through a functional assessment. Right. So, a functional assessment should analyze a child or an adult need for home and community based services. So, there's alignment there at domain three. Next slide, please.

Kate Brady 29:55
Looking at domain for Person Centered service monitoring and planning. We're examining if there's alignment within the system between policy and practice, we're looking at the expectations, the systems put forward for what's in the plan, hoping to see requirements for what's important to and what's important for. We're examining how plans are monitored, and how changes are flagged, and how risk is addressed. And so, there are a number of requirements within the final rule that point towards this domain. And those are that the process ought to include a way for the individual to request updates to the plan as needed, and that the plan itself should include risk factors and measures that reduce risk and should also put forward backup plans and identify who will be responsible for monitoring the plan. Next slide, please.

Kate Brady 31:08
In the fifth domain, where we're looking at finance, we're examining whether the system has clearly identified the mechanisms through which payments or plan are made contract service definitions, whether services are authorized in a way that ensures people's lives are not interrupted. And you'll see that the rule requires that the plan should identify services and supports both paid and unpaid that help the individual achieve their goals. Providers of these services must be identified within the plan document itself. And natural support are voluntary. And unpaid support except the individual receives from an everyday relationship can also be documented in the domain. Next slide, please, is workforce capacity and capabilities.

Kate Brady 32:09
So, when we're examining the workforce capacity and capability of a system, we're hoping to see that the system has overcome and person dynamics so that people working in those various parts of the system are knowledgeable and informed and interconnected in in moving the system towards person centeredness. And we're hoping to see that all employees recognize their connection to person centered principles and practices, we see that the rule requires of the process, that we've offered informed choices to the individual regarding services and support, again, both what those services are and from whom no services come, and that the planet itself include any services that are self-directed, that reflects the setting where the individual lives is one that they chose themselves, and that the plan reflects that the individual agreed to the plan. As you can see, that has broad implication across a variety of workforce segments within the system. Next slide, please.

Kate Brady 33:29
In the seventh domain, the self-assessment is looking at collaboration and partnership, meaning that we want to see trust with all stakeholders with lived experience. And we'll talk a little bit more about stakeholder engagement later today. And so, we see that the process requirements are that the plan be led by the individual that include people chosen by the person, and that the plan itself identifies services and support. Next slide, please.

Kate Brady 34:06
Alright, the quality and innovation domain is the final domain within the self-assessment. And it looks to see that we're moving from anecdotes to data that supports Person Centered practices, that we're moving from a compliance only model to a quality assurance and ongoing improvement approach. And that re engaging all stakeholders in the active pursuit of quality and shared learning. And so, we see that the will puts forward the process requirements of including tactics to resolve conflict or disagreement and to document if the individual considered any settings other than those, those settings already represented in the planning. And again, are looking specifically to see documentation, the availability and consideration of non-disability specific settings where people with or without disabilities live. Next slide please.

Kate Brady 35:16
So that you can have a little bit better sense of how the self-assessment is implemented. I want to share with you an example, where the state has been working with, it's really committed to the implementation of this tool. The process is such that we identify leads in divisions and identify who the participants will be the tool is taken online and doesn't take more than 30 minutes. We then gather a workgroup and review scores and set a baseline across those eight domains. stakeholders are engaged, very deliberately inclusive of service users to get their feedback on the scores of the self-assessment. And then an action plan is created and communicated. And then we re-evaluate every nine months to a year. Next slide, please.

Kate Brady 36:17
So, we recognize that with any self-assessment tool, the score is not the only thing that we're getting. We're also getting the learning that happens by reflecting on the state of the system, as its employees perceive it. But we do use the numbers to help measure progress. It also generates accountability to the change process and determines how we're going to focus very limited resources. Typically, a division will identify just one or two focal areas to work towards in a very set timeline. Next slide, please. In North Dakota, next slide, please.

Kate Brady 37:01
The Department of Health and Human Services has committed to implementing this tool across their entire agency. And they came together at the executive level, as well as in the technical assistance workgroup to plan the implementation and have gotten ongoing feedback from stakeholders. Next slide, please.

Kate Brady 37:26
To date, we have seen the Aging Services behavioral health, developmental disabilities, communications, legal and vocational rehabilitation divisions commit to this tool. Next slide, please. As an example, I wanted you to be able to see the Division of Adult and aging services action plan in 2019. They had 71% Your staff complete the self-assessment. And since then, the division has expanded, so they'll reassess, and they have selected four areas of focus. But slim to three, inclusive of case managers and service coordinators, agency employees and mission standards. Next slide please.

Kate Brady 38:23
So that you can see an example of an action plan. This is a sample of what might result from a division, taking this off attachment, convening a work group settling on consensus scores, and then identifying areas of focus. So, you'll see here, there is a baseline score in the mission and standards area, they identified a goal of working towards clarifying their mission. They identified who would be responsible. They use the survey monkey to get public input, and then committed to an annual survey to get feedback and ensure that that survey would take only five minutes and committed to reevaluating in 60 minute notes. Next slide, please.

Kate Brady 39:23
So, what they've accomplished since that initial work in 2019, they've had ongoing meetings in North Dakota to review progress. They've made updates to the annual survey hosted listening sessions with tribal nations and new Americans. They've done a staff survey on strengths as well as on change management and are currently in the process of developing a competency based Person Centered practices training for all staff. So very proud of the people now, that team is done. At this time, I'll turn it over to Saska. Thank you.

Saska Rajcevic 40:14
Hello, everyone, my name is Saska. I am a white woman with short brown hair, it's looking really rough these days I chopped it, and now it's growing out. So, I do apologize for that. I am in my home office, which has some different floral decorations. And I hope is just a nice cozy environment. So, let's go to the next slide, please.

Saska Rajcevic 40:42
So, thank you to Kate for providing an overview of the self-assessment. And I will be talking about the NCAPPS five competency domains for staff who facilitate person centered planning resource. So many of you on this webinar today may have your own definition of what person centered planning means to you. But the way that we define it at NCAPPS and in this resource, and that I hope you agree with is that it's a way to learn about the choices and interests that make up a person's idea of a good life, and to identify the supports paid and unpaid, needed to achieve that life. So, it's not something that you do to a person, nor is it something that you do for a person. Instead, it's directed by the person with support from a facilitator as needed, and as desired. And this facilitator might be a case manager, Support Coordinator, Clinician, Peer Specialist, or another independent staff person who is specifically tasked with helping to co-create a person-centered plan. And the methods used to undertake person centered planning may vary based on the unique structures of systems and the unique needs and preferences of the people they support. And you'd likely see this across the different systems that you work with. However, in all circumstances, the relationship between the person and the facilitator is a mutually respectful partnership, where the plan is co-created with the goal of helping the person realize their unique vision of a good life. So that being said, to date, there are no universally agreed upon standards or competencies for facilitators of Person centered planning. And I do want to be clear, when I say competency, we are referring to the skills and abilities that a facilitator needs to make person centered planning really work.

Saska Rajcevic 42:48
So NCAPPS recognized that standards are needed to ensure that the planning process is consistent with the values and principles of Person Centered thinking, planning and practice. So, in collaboration with our partners, we developed this resource the five competency domains for staff who facilitate person centered planning, I know that's a long title, so I'll be referring to it as the five competency domains. And I would like to acknowledge the authors of this resource. So, Janis Tondora, who's a great partner of ours, Bevin Croft to introduce this webinar today and as our wonderful co-director of NCAPPS, Yoshi Kardell and Terry Camacho-Gonsalves, and Miso Kwak, all of whom have been involved in the NCAPPS project. So, thank you to them for this amazing resource. I do want to also note that this resource is intended to apply broadly to any and all people who support the development of Person Centered plans, whether they occupy a formal facilitator role or not. And this document is for people as well who want to learn about the five skill areas that facilitators should have. And this is good information for people who use person centered planning and for their families to know what to expect from their facilitator. And we'll talk a little bit about how exactly you might be able to implement this resource in that context. And I do want to acknowledge just looking at the clock.

Saska Rajcevic 44:22
We don't have time today to go in depth into how this resource was created. But if you are interested, there is further information and the resource itself. Essentially, we had a team who extracted 400 potential competencies from 16 source documents that outlined the essential skills practice standards, federal regulations and learning objectives for Person Centered thinking, planning and practice from a range of fields. And it became abundantly clear that there were several areas that were valued across all sources, and that's how the five competencies emerged.

Saska Rajcevic 44:59
I also want to note, really quickly that there are two versions linked in the slides. And in chat, there is a main version and a plain language version of this resource. Both of these documents have actually recently been updated. And they're currently in the process of getting uploaded to our website. So please be on the lookout for those, we'll send out an announcement to everyone on our email list. And if you aren't receiving our monthly newsletters, I'll just briefly plug you can email us at ncapps@hsri.org. And we can get you on there to make sure that you receive those updates. So next slide, please.

Saska Rajcevic 45:45
All right so here are the five competency domains. So, domain a states that facilitators of Person centered planning should take a strengths-based, culturally informed and whole person focused approach. Domain B facilitators cultivate connections inside the system and out. Domain C, uphold the person's rights choice and control. And then domain D, they are skilled at partnership teamwork, communication and facilitation. And finally, Domain E, they adhere to documentation implementation and quality monitoring requirements. Let's go on to the next slide.

Saska Rajcevic 47:20
So, starting off with Domain A, which is strengths based, culturally informed and whole person focused, what does this mean? What does this look like for facilitators a person centered planning? Well, in this domain facilitators should be aware of their own culture and identity recognize that the person's values and culture may differ from the service systems, values and culture respect the person's values, beliefs, customs and rituals, and see the person's strengths and interests beyond their disability or diagnosis. So not assuming what a person can or can't do. And they should hold high expectations for the person's quality of life in areas that the person cares about. So how does domain a tie back to the person centered planning requirements of the HCBS Final Rule? Well, the requirements state that the planning process must reflect the cultural considerations of the person and be conducted by providing information in plain language, and in a manner that is accessible to them. And those who are limited English proficient, the person centered plan must reflect the individual strengths and preferences. And these are just examples, I think this domain can tie back to, again, some additional planning requirements. I do also want to say that as we go through each of these domains, you'll see that the domains very naturally tie back to the planning requirements of the HCBS Final Rule. If facilitators have

competencies in each of these domains, it's really almost second nature to facilitate planning in a way that aligns with these requirements. So, we'll head on to the next slide. Domain B is cultivating connections inside and out. So, if it's facilitators should understand the various systems and supports that a person may choose. This could include things like health care, social services, recreation, housing, and employment supports, and so on. The facilitators should help the person connect to community activities, help them develop relationships that matter most to them. And also understand that a meaningful life in the community is a human right, and you don't have to earn a meaningful life. So, some examples of how this competency domain ties back to the person centered planning requirements of the HCBS final rule is that it's required that the person centered planning process should offer informed choices to the person regarding the services and supports they receive and from whom. The person centered plan should identify services and supports both paid and unpaid that will help the person achieve their goals. And the provider of the supports and services should also be identified along with any natural supports. add on to the next slide.

Saska Rajcevic 50:08
Domain C covers rights choice and control. So, with this domain, we're looking at facilitators embracing the dignity of risk, right, which means that people have the right to fail and learn from their mistakes. And facilitators should also encourage people to speak up for themselves during the planning process and provide support and any conflicts or disagreements that may arise. And they should also recognize a person's right to participate in the planning process and believe that all people have the ability to participate. Recognizing that some people may need support to participate, maybe they need a lot of support. And maybe they need a little support just depends. So, some examples of how Domain C ties back to the person centered planning requirements of the HCBS final rule. The rule states that the person centered planning process should be led by the individual where possible, information should be provided to the individual in order to make sure that they are able to lead the planning process as much as possible and make informed choices and decisions. And the person centered plan must be agreed to by the individual. Head on to the next slide.

Saska Rajcevic 51:20
So, Domain D is partnership, teamwork, communication and facilitation. And with this domain, the facilitator should respect the person's input about planning meetings. So, this includes things like who is invited, where is the planning meeting held, when is it held, who leads the meeting, and that all connects back to the person centered planning requirements in the HCBS final rule, right, the person centered planning process must include people chosen by the person, the person centered planning should happen at times and in places that is easily accessible to the person. And with this domain, all people on the person's team are helped to be a part of the planning process. And per the person centered planning requirements of the HCBS final rule, the person centered plan should be distributed to the person and others involved in the plan. Again, this domain just very naturally covers facilitation competencies that easily tie back to the person centered planning requirements of the HCBS Final Rule. Head on to our last domain.

Saska Rajcevic 52:26
So, Domain E covers documentation, implementation and quality monitoring. And with this domain, the facilitator should prioritize the person's strengths and interests throughout the planning process. Write the plan using the person's chosen name, language and identity, ask questions about how the plan is going and check in with both the person and the supporters to see if updates are needed. So, this connects back to pieces of the HCBS Final Rule, person centered planning requirements in that the person centered plan must identify who will be responsible for monitoring. And the planning process must include a way for the person to request updates to the plan, as needed.

Saska Rajcevic 53:13
So, this is just an example of how one of our technical assistance states used the five competency domains resource I want to give a shout out to Marnie Mountjoy in Kentucky who so very kindly, let us use her slides in today's presentation. So, the Kentucky team set out to develop Person Centered competencies for case managers specific to their state. So, what they did was they reviewed a variety of competency sets, including the five competencies from endcaps competencies from the National Quality Forum, and some others. And they went through and highlighted the competencies that should specifically be emphasized and Kentucky's persons under competencies, paying particular attention to common themes, repeated ideas or phrases and so on. So, let's go to the next slide.

Saska Rajcevic 54:03
This core competency area states case managers support individuals and families to identify and access integrated supports and services that support their overall wellbeing and quality of life. There are then practice areas or subcategories with the first being plans for the whole person, which connects back to Domain A connects to resources, so Domain B, and the five competencies document. And then there's also documents accurately, which goes back to Domain E.

Saska Rajcevic 55:34
So, I do believe I'm going to turn it over to Kate. But I also want to acknowledge Kate, this is kind of an on the fly thing that we are running out of time. So not sure if you wanted to really quickly go through the stakeholder engagement piece or...

Kate Brady 57:18
Thank you. Yes, Saska, I saw that we're about five minutes behind schedule, I think we can recoup time, quickly just by providing our next slide please. The orientation that we're switching gears to look at tools and approaches tour to stakeholder engagements. And just important for you didn't know that stakeholders are, are considered people who receive services, their family members, and any other members of the community. And this is an essential component of any systems change effort because it helps us be sure that we are accurately making changes that reflect the needs of the people who will be the most impacted. Next slide.

Kate Brady 58:16
So HSRI through the NCAPPS center has convened a coalition of national organizations who are working to grow stakeholder engagement with the HCBS final rule with funding from the administration for community living. Next slide please.

Kate Brady 58:40
training resources based on the assessed needs of the subcontractors. Next slide. Those subcontractors include APRIL, ASAN, AUCD, NACDD, NASILC, NDRN, and SARTAC/SABE. And those organizations are working nationally through their membership organizations at the state level to respond to statewide Transition Plans engage with heightened scrutiny, provide guidance on class disability efforts. And that's the thing that we're most excited about is that we're really building a network of grassroots advocates who are connected across. Next slide, please.

Kate Brady 59:53
So that the takeaway here is that we're so appreciative that ACL has recognized the importance of public engagement with the HCBS Final Rule, and that this is such a keyway to make systems change. And, and there's a perfect pathway for the engagement of community members with home and community based service settings and programs to ensure the person centeredness of those services. So, we're thrilled to have that is our support of that work. And next slide.

Kate Brady 1:00:37
Have you run into any issues that you'd like us to know about? And where would more support and information be helpful, and I'll put those prompts in the chat. And for now, turn it back to Saska so that we can keep moving. Thanks.

Saska Rajcevic 1:01:52
Thank you, Kate. Let's head on to the next slide.

Saska Rajcevic 1:01:57
So, the final resource we wanted to touch on today that could help you ensure compliance with the HCBS Final Rule, person centered planning requirements is the toolkit for stakeholder asset mapping. And we want to give credit to our colleague, Erin McGaffigan with Collective Insight for developing this resource for us through NCAPPS technical assistance. So, in the same way that Kate wrote out in one of her last slides, like who are the stakeholders, we need to hear from stakeholder asset mapping is a similar process of essentially listing out or visually portraying stakeholders and how they are engaged by your agency or your partners. And what asset mapping does for you is it helps you understand how stakeholders are already engaged so that as you work on systems change and redesign efforts, you're

not duplicating anything, and you're actually saving time and resources, while building trust with the communities that you support.

Saska Rajcevic 1:02:51
So, we wanted to provide a few examples of completed asset maps for you. First, we wanted to talk about Montana. And there are three different asset maps on your screen. There's one on stakeholders, one on engagement methods, and one on ways to improve engagement. So, you can really use asset mapping to look at different parts of your system as it relates to stakeholder engagement. Montana here began with understanding who their stakeholders are. And these smaller circles are still pretty general. So, you know, examples, some, say providers of services, health care organizations, colleges and universities, you could actually go deeper into that and create smaller asset maps for each of those stakeholder groups and write out specifically, you know, who are the tribal nations, which colleges, you can go as broad or as detailed as you need and as its most helpful to you. And once the stakeholders were identified, Montana started thinking about, well, what are the ways that we already engaged with our stakeholders? What are all of the different ways that we can also engage with them, and so they listed conferences, webinars, there's a local television show, state advisory councils, and finally, Montana also looked at how they could improve their engagement with stakeholders. So, partnering with providers more meeting with stakeholders individually in smaller groups and using independent facilitators as an example. Let's head to the next slide.

Saska Rajcevic 1:04:45
Another state I wanted to provide an example of is Utah who actually turned their asset map into a searchable online tool called find a community engagement resource. And it's essentially an internal resource made public, where the state could go, oh, we really want to engage this specific population around the persons that are planning requirements of the HCBS Final Rule, what are some organizations that we should get in touch with? So, this particular asset map, you can also see, they went super detailed with it into their structure committees. So, identifying the Utah Developmental Disabilities Council, the supported employment Leadership Network, the HCBS transition planning workgroup. All of these organizations to pull from as they worked on their systems change efforts around person centered planning. Next slide, please.

Saska Rajcevic 1:05:39
So Utah used their asset map when considering who and how to engage around their efforts to comply with the HCBS final rules, person centered planning requirements, and what they ended up doing was creating a person centered support plan, or group made up of self-advocates, state employees, providers, case managers, community advocacy organizations to help design review and test the new person centered planning case management software, which was being created to align with the person centered planning requirements of the HCBS Final Rule. And I can't speak solely for Utah, but I know that they've cited this workgroup as being really valuable in developing the electronic planning system, and moving person centered planning forward in their system. So, apologies if I went through that pretty quickly. But that is our final uncaps resource for today. So, we've gone over the person

centered practices self-assessment, the five competency domains for staff who facilitate person centered planning, and the toolkit for stakeholder asset mapping and how you can consider using them to support compliance with the person centered planning requirements of the HCBS Final Rule. There are many more and caps resources that can support you in your efforts. And you can find those on our website. I'm sure we'll get a link in the chat. With that being said, we want to also provide some time for our partners at ADvancing States and NASDDDS to talk a little bit about the different things that they are also doing to support states as they work to comply with the person centered planning requirements of the HCBS final rule. So Pearl, I will hand it over to you.

D. Pearl Barnett 1:07:20
Thank you, Saska. Good afternoon, everyone. My name is D. Pearl Barnett, I am the Deputy Director of State Services at ADvancing States. I'm an African American woman with red glasses, wearing a black shirt with green, pink, yellow, gray, purple and white designs. I wear dark curly hair pushed back by a white scarf, black and red designs and I'm in the office. With a blue wall, I decided to be very colorful today.

D. Pearl Barnett 1:07:52
ADvancing States is the organization that represents all state Aging and Disability Directors, as well as Medicaid Long Term Services and Supports Administrators across the country. LTSS are inclusive of home and community based services. Along with institutional services. We are also an NCAPPS partner and passionate about systems work to advance Person Centered practices throughout all state LTSS system. Person centered planning is not a onetime fixed action, but a continuous system that supports individuals living where and how they want to live. A CMS webinar in April 2018 highlighted that person centered planning without Person Centered thinking throughout the system results in better paper or files but not necessarily better lives. A couple of things that I want to note here is consistent with the information that has been shared. Person centered planning is led by the person receiving services and supports, and all of the individuals receiving the services must be the focal point of the process. Person centered planning includes assessments, plan development, ongoing monitoring of service delivery, and changing the plan to meet the changing goals of individuals receiving services. This includes state assessments that are administered using Person Centered approaches. It includes sharing information across platforms and technology systems, from eligibility to informing plan development. And it can be multiple ways that this system is shared through state systems, managed care organization, providers, creating interfaces across systems and data.

D. Pearl Barnett 1:09:48
This allows individuals to not have to tell their story over and over to different people to receive the same services. ADvancing States regularly works with states as well as vendors to consider implementation, more integrated systems to support person centered planning. ADvancing States also is working on has released a partnership called advancing enterprise. This partnership is a support and training package that helps the states to implement NRI Home Care Assessment, which is an

international research based tool used in 23 states to support eligibility and plan development in home and community based services programs.

D. Pearl Barnett 1:10:36
NRI is an instrument that is compatible across health and human services sectors that improves continuity of care, promoting Person Centered approaches and outcomes. This is a partnership with advancing state's HCBS strategies NRI corporation and NRI fellows to ensure that states are able to better implement and utilize the data from assessments to better support, plan development and service delivery or people receiving services. ADvancing States also conducts technical assistance in several areas across the state systems. We do this through a number of a number of programs, including grant funded efforts, limited state specific technical assistance that we are funded through our member assessments, and consulting to states within our focus areas.

D. Pearl Barnett 1:11:37
These six areas are included as person-centered, high functioning long term services and support systems. So includes Advancing Consumer Access, which includes our National Information and Referral Support Center includes assisting states with screening tools development and implementation, as well as development of Person-Centered Option Counseling programs. These are vital components of a good No Wrong Door system. We also advanced health and wellness. We do this by supporting aging and disability program implementation, as well as supporting community based organizations through business acumen development.

D. Pearl Barnett 1:12:21
We also advanced community integration, ADvancing States is doing a number of things that support compliance with person centered planning and Medicaid HCBS. This is done through HCBS waiver policy and implementation support ARPA implementation spending plan support, as well as technical assistance through our managed long term services and supports program. We also host the annual national home and community based services conference. It will be held in Baltimore in August 2023.

D. Pearl Barnett 1:12:56
We advanced justice through enhancing Adult Protective Services Program and supporting the long term care ombudsman Resource Center, we advanced organizational effectiveness, because as they say, if you see one Medicaid program, you see one Medicaid program. So, we help states as they develop their programs to make sure that it best aligns with their state's needs and resources. And then finally, we advanced quality. We do this through our national core indicators for Aging and Disability. Information about individual service planning process is explicitly addressed in the NCI-AD consumer survey via the optional service planning module. This is previously called the person-centered planning module, which ADvancing States partners with HSRI to help states plan and implement many important aspects indicative of a person-centered service planning process and a person-centered system are

captured in the full survey, and additional indicators are in the optional module. For example, NCI-AD survey asked questions around individual's primary language because of course, we need to speak in accessible way to ensure they're receiving services as they desire.

D. Pearl Barnett 1:14:22
I also recommend utilization of our ADvancing State's IQ Online Learning Center. It is a free center that is designed to help strengthen participants knowledge of Aging and Disability networks.

D. Pearl Barnett 1:14:37
Our online courses provide an overview and analysis of systems and services impact older adults, people with disabilities and their caregivers. Anyone can sign up and create a free account to learn more about these programs, and other programs. These are just a few examples of some of the work that it takes ADvancing States is doing to help support states implement person centered planning, and more broadly Person Centered approaches across state systems. I will pass it to Mary Sowers, who will speak next about the work being done at the National Association of State Directors of Developmental Disabilities. Thank you.

Mary P. Sowers 1:15:21
Thank you so much, Pearl. And thank you very much to NCAPPS for having us today, I'm really thrilled to be able to talk with you about the person centered provisions of the HCBS regulation, and how it's really coming to life, I think across the country. But as Pearl mentioned, that it's a work in progress. And the state has really never done in terms of building a person centered system of support for individuals with disabilities. Like ADvancing States, NASDDDS has a lot of interactions with the states and their partners in development of Person Centered practices. We're pretty regularly providing direct technical assistance to states as they're working with their case managers, or support coordinators, whatever the term of art might be, in a particular states to build up the capacity of those individuals to really facilitate meaningful person centered planning activities. We recognize the seminal impact of the HCBS regulation in requiring Person Centered practices and really thinking about what's important to an individual as well as what's important for an individual.

Mary P. Sowers 1:16:23
But I think we see as with anything when it is regulated can sometimes become routine or road. And it takes real muscle building to have that muscle memory. To practice meaningful Person Centered practices time in and time out. We are working very regularly with states on just the principles of Person Centered practices, not just in the planning process, but in every aspect of their Service Delivery System. States are increasingly recognizing the importance of infusing Person Centered thinking practices across the full array of activities that they undertake, whether it's from obviously from the planning process itself, to the service authorization process, to the things that they finance and hold valuable and increasingly as states look to alternative payment methodologies to really increase

outcomes and payment for quality rather than just volume of particular services. But importantly, it's also thinking about those things outside of the formal service delivery system that really breathe life into helping individuals have meaningful lives in their communities. And one of our projects, as many of you might be familiar is the supporting families community of practice.

Mary P. Sowers 1:17:30
In partnership with the University of Missouri, Kansas City, we have a collaborative of now almost half the states, who have really looked to support individuals in the context of their families with an eye toward Person Centered practices, infusing that activity, really thinking about ways to support individuals in their communities, leveraging those natural supports whenever necessary, and peppering in the formal supports when needed, so as not to create a barrier for individuals to engage in their communities, but instead, to really foster those community relationships that are just so essential. I'd also say we are much like advancing states providing direct technical assistance to states in the design of their home and community based services program, and inevitably spend time talking with him about the practices and expectations around Person Centered practices. Certainly, the planning process itself becomes extraordinarily important. And as we all know, all too acutely that the direct support workforce shortage is impacting tremendously individuals' experiences and community based settings. We're also seeing our staff members really wrestled with turnover among their skilled case managers. And so, making sure that there are sustainable systems in place to help case managers if they might be new to the job really gained their skills to facilitate meaningful conversations, where individuals with intellectual and developmental disabilities can be at the center of those discussions really leading the charge. And those are skills that are necessary to practice and cultivate. And so, we're working with states to think about really sustainable practices to help infuse that longer term, despite the challenges with perhaps vacancy rates among case managers or turnover in their systems.

Mary P. Sowers 1:19:15
We've also, much like ADvancing States and in partnership with the Human Services Research Institute, we operate the National Core Indicators survey and many of you know that suite of NCI-IDD surveys that look at both of the individual's experience firsthand, as well as the perceptions of the family and the state of the workforce. And we are very proud that within the last couple of years, we've gained national quality forum endorsement for 14 measures very specifically looking at the state's performance around person centeredness. So that's another area where states are really using data to gauge where they need to do additional work and to make investments of time and energy to help bolster the person centered experiences of individuals that are being supported by those systems of support. I'd be remiss if I didn't mention that really carrying out the aspirations of person-centeredness is often really challenged when there are high levels of turnover or vacancies among the direct support professionals that in some instances plays such a key role in helping individuals engaged in their communities. And so, we're continuing to engage with partners to try to address and come up with creative solutions for our members on the direct support workforce issues. But recognizing that the whole system really acts in tandem, and it's really important to understand that really achieving meaningful person-centered has gotten to me and addressing several things within the service delivery systems to fortify that.

Mary P. Sowers 1:20:43
But I think, as we work with states, we're extraordinarily heartened to see an ongoing commitment to the principles of person centeredness, we're seeing them infuse these issues in every aspect of service delivery, and in the quality measurement aspects of their work, and increasingly, in how they're paying for services. But we're also seeing this growing recognition that it's not person centered planning for planning's sake, its person centered planning, so that the individuals can really maximize autonomy and choice and control over their lives, and that the services and supports can achieve them, help them achieve those outcomes. So, we're recognizing the importance of person-centered planning and having individuals identify their preferred living situations and exercising choice and control around their employment opportunities. And really, all of those things that are necessary to really fully engage in community life and really build those relationships that are so very important. So, a hearty congratulations to all of you for engaging in this NCAPPS webinar, but also for the work NCAPPS is doing to support state efforts in this round. We're very pleased to be able to amplify and support the work around Person Centered practices and very much appreciate the historic opportunity, we've had to participate in different types of activities and helping states really do those assessments on their on their own practices, so that they can continually improve. So, thanks very much.

Bevin Croft 1:22:09
Hi, everyone, this is Bevin, again, thank you to Mary, for those remarks. And to Pearl for your remarks. We're so grateful for our partnership with ADvancing States and NASDDDS.

Bevin Croft 1:22:34
Also, thank you to the hundreds of you who are engaging on chat, I've really enjoyed this conversation, I think we've come up with like three or four additional webinars that we need to do at NCAPPS with some of the meaty topics that are coming up here. So, we will add them to our list.

Bevin Croft 1:22:56
We have only a few minutes left not enough to do Q&A. But I think what I'd love to do is just circle back one more time and give the mic back to Kate, and then to Saska just to offer up any closing remarks or summaries before we say goodbye for the afternoon. So, Kate, over to you any closing remarks.

Kate Brady 1:23:19
Thanks, Bevin. Well, I would just echo your appreciation for Pearl and Mary and their partnership. And I think as a final point, I would like to say aloud the thing you said at the opening, which is that the HCBS Final Rule, put forward these requirements for Person centered planning in 2014. They've been they've been an existing expectation for that, that full amount of time. And so, while we continue to navigate these intersecting issues, we can expect a level of presence over these standards in state systems and

then hope that the tools that we've presented support the events of the person centeredness of those systems. Yeah, I think that's it. I'll pass it to Saska. Thanks, Bevin.

Saska Rajcevic 1:24:30
Thank you, Kate. Thank you, Bevin. I would also like to express my gratitude to Pearl and Mary for their partnership. And I would also like to just reflect back that, you know, systems change is a long process. It doesn't happen when we wake up tomorrow. It doesn't happen a year from now, five years from now. It's a continuous and ongoing process. And I know that there's also, you know, just some commentary in chat of wow, I no longer feel alone, and you shouldn't you shouldn't feel alone and recognize that we are all doing our best. And we all must continue to do our best and work actively with stakeholders in our communities, people receiving services and supports who can really help drive and structure, home and community based services. And it's something that we'll have to continue to do, but we have each other, and we have NCAPPS. So, feel free to reach out to us at ncapps@hsri.org and to some of the different resources that we've linked in the chat. And know that we're all in this together, we're all here to ensure that home and community based services are person centered, and that we are meeting the planning requirements and ensuring that people can lead self-determined lives. So, thank you very much. Back to you.

Bevin Croft 1:25:42
I love that. Love that. Thank you, Saska. We are we're in community together. And let's all support each other as we go forth and do this work. Thanks to all have a great rest of your afternoon or evening and we'll see you next month. Oh, please do take a little time to before you leave to fill out the six questions here in this post webinar evaluation. We do use the data from these evaluations to improve our webinars each month. So, taking a moment to click in your answers before you leave is much appreciated. We'll leave things up while people take their time. And we will see you again soon. Take care everyone.