

# What QIDPs Need to Know: Person Centered Planning Updates and HCBS Settings Rule

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# Top Ten Things QIDPs Should Know About Person Centered Planning

## #1 – What is Person Centered Planning?

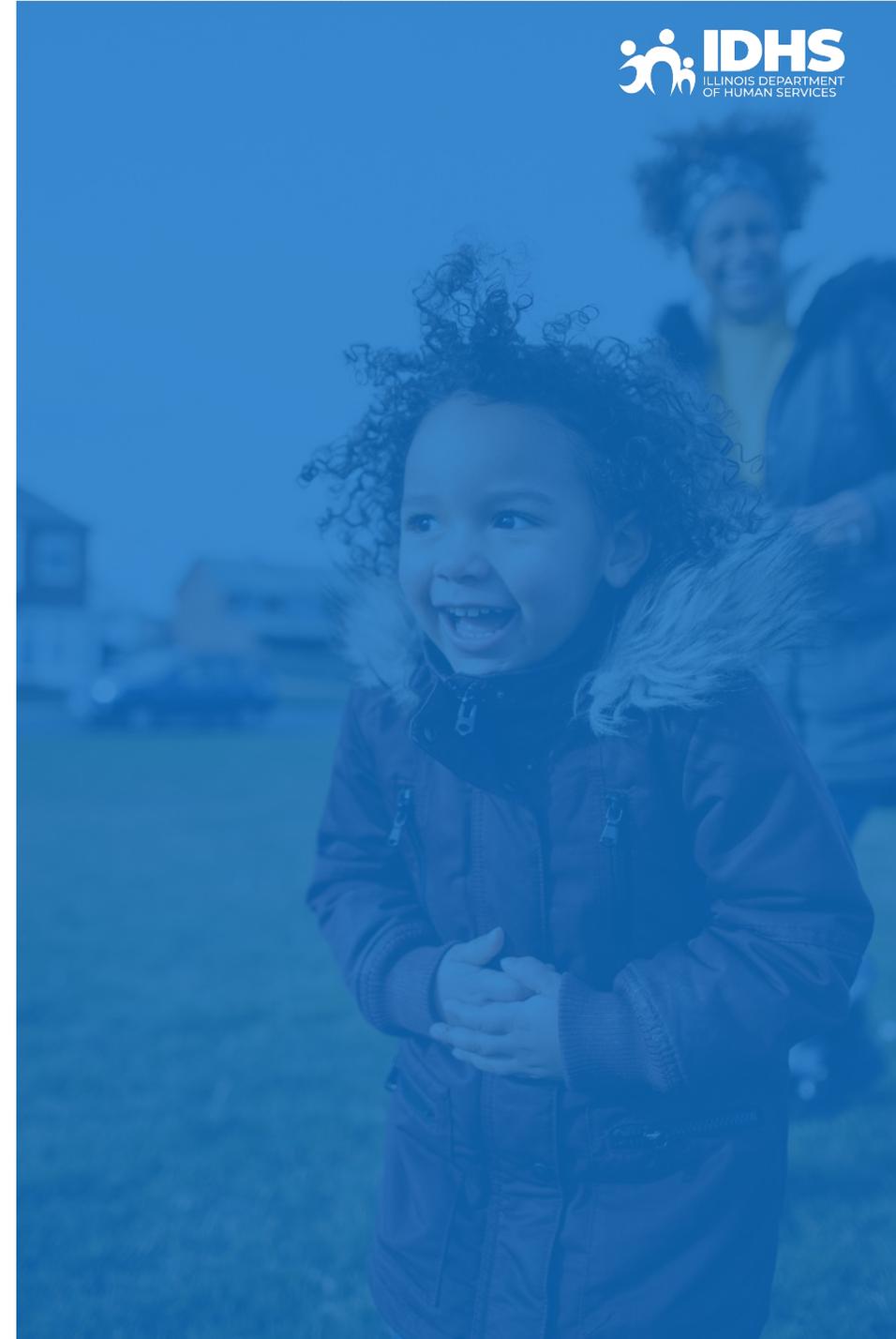
- The Person-Centered Planning process is the cornerstone of services. It can be described as the balance between what is important to a person and what is important for a person. It is a way to identify strengths, preferences, needs (both clinical and support needs) and desired outcomes of a person.

## Person Centered Planning:

- Must be driven by the person
- Ensure services are delivered in a manner that reflects personal preferences and choices
- Must include evidence that setting is chosen by the individual
- Assist to achieve personally defined outcomes in the most integrated setting
- Contributes to the assurance of health and welfare of the person receiving services
- Must include opportunities to seek employment and work in competitive integrated settings
- Must include opportunities to engage in community life, control personal resources, and receive services in the community to same degree of access as those not receiving Medicaid Home and Community Based Services.
- Includes risk factors and measures to minimize risk
- Should be written in plain language that can be understood by the person who receives services and their guardian
- Reflects cultural considerations
- Include strategies for solving disagreements

## #2 - Discovery Process

- Discovery is the first component of Person-Centered Planning.
- The Discovery process is designed to gather information about a person's preferences, interests, abilities, preferred environments, activities, and supports needed.
- The ISC agencies will be responsible for facilitating the Discovery process and documenting what they gather in the Discovery Tool.
- The Discovery process is not a one-time event, but a series of information gathering activities. The ISC will gather information through discussions (face to face, phone, and electronic), observations, record reviews, evaluations, assessments, case notes).
- This process should begin with the individual and advance as needed.
- It must also include input from current providers. (The provider should be invited to the planning meeting if the person wished to invite them.)
- The information captured during this process is used to develop the Personal Plan which summarizes key and critical areas of the person's life.



## #3 –Critical Life Areas

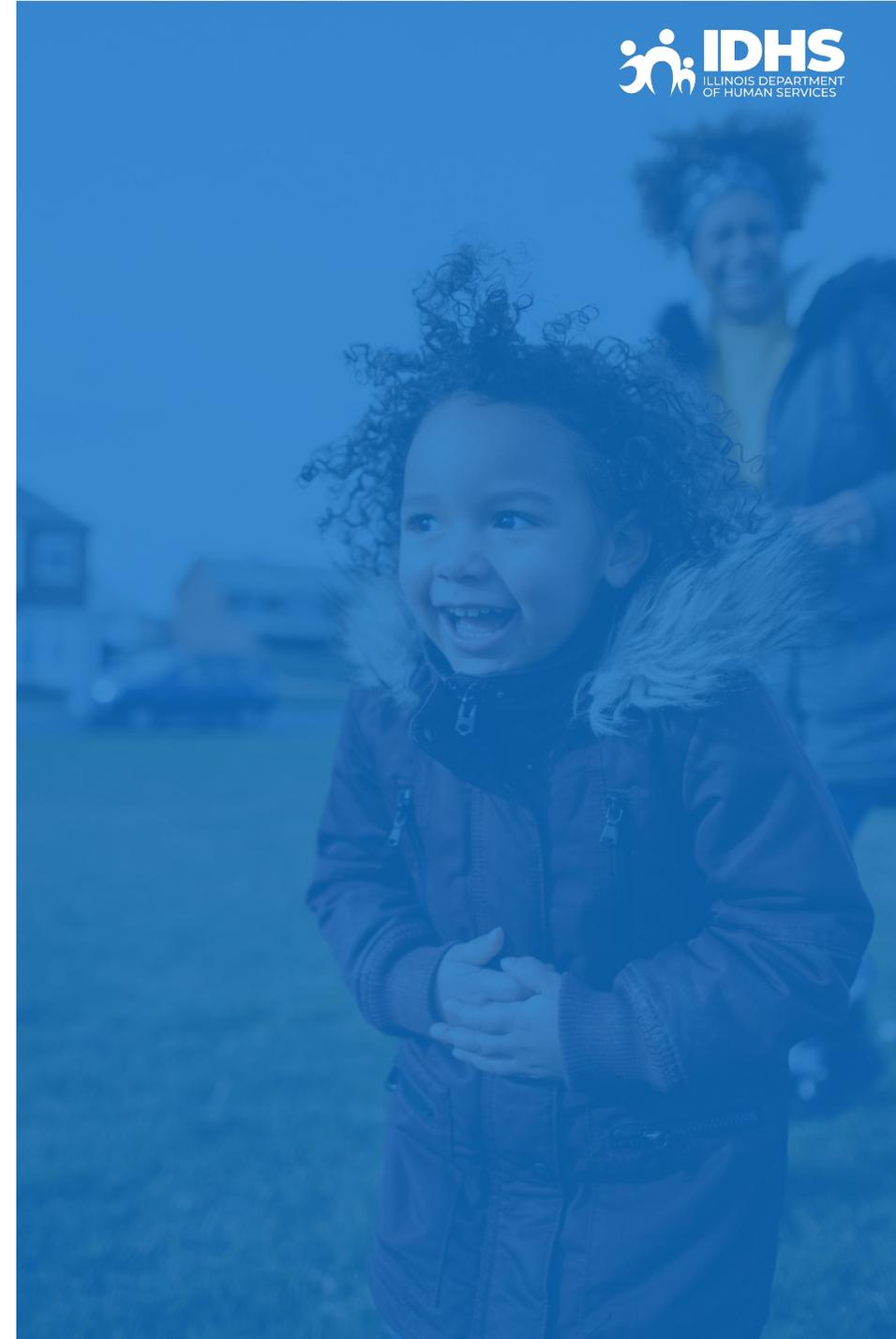
- The ISC must address each section of the Tool. Although it is not necessary to ask every question in each section, it is important to gather enough information to determine the person's preferences, abilities, support needs, barriers, and risk.

## Critical Life Areas

- Has 10 Critical Life Areas.
  - Self-Description
  - Home
  - Important Relationships
  - Career and Income
  - Health and Wellbeing
  - Communication
  - Life in the Community
  - Recreation/Interests/Hobbies
  - Autonomy and Independence
  - Future Plans

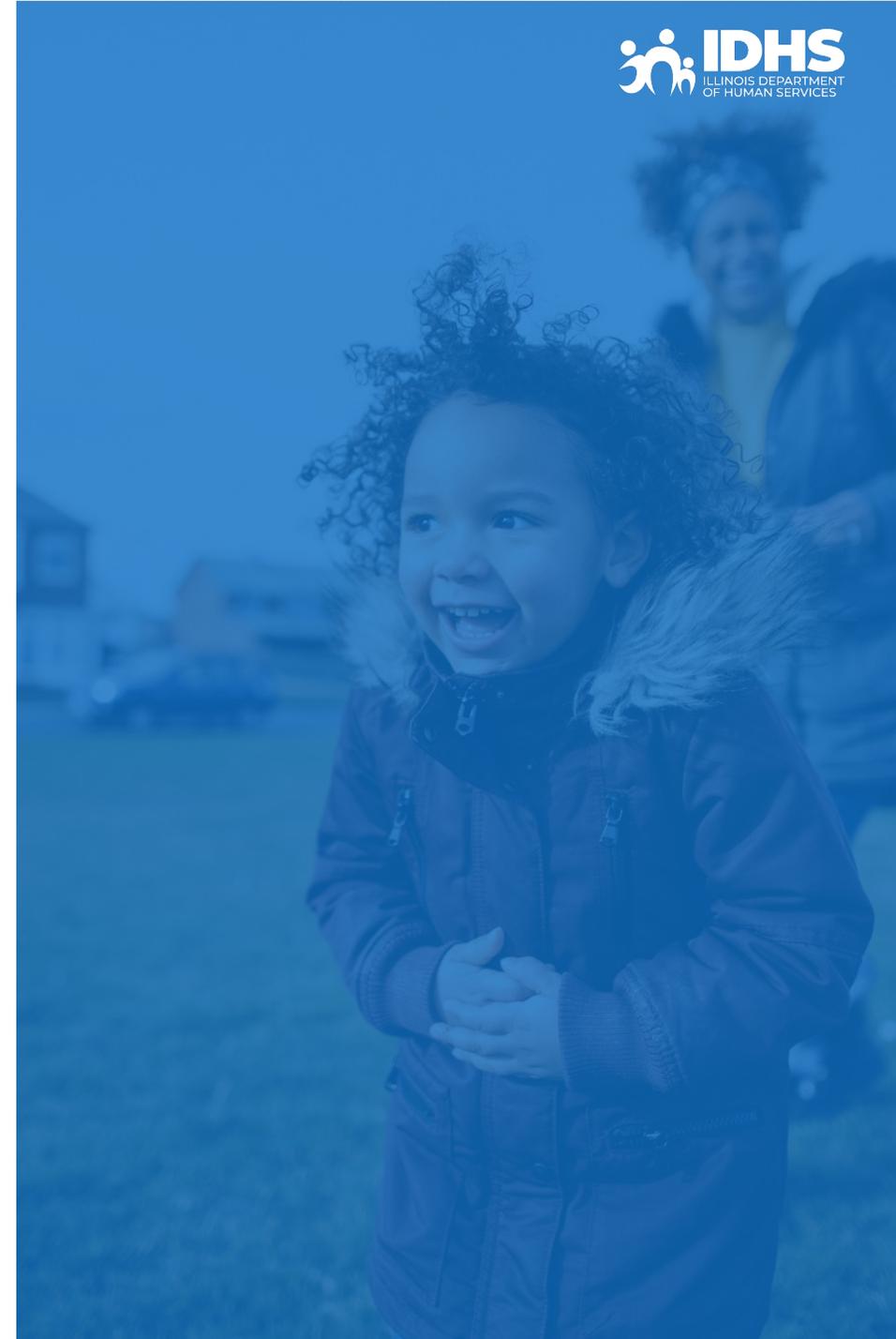
## #4 - Risks

- Risks are factors that could be exposing someone to harm or danger; it is also the possibility that something bad or unpleasant is likely to happen.
- When addressing risk, gather information from a variety of sources including the individual, guardian, family, staff, record review, and observation. Use the information gathered to document why the concern currently presents a risk or when the concern has presented significant risk in the past.



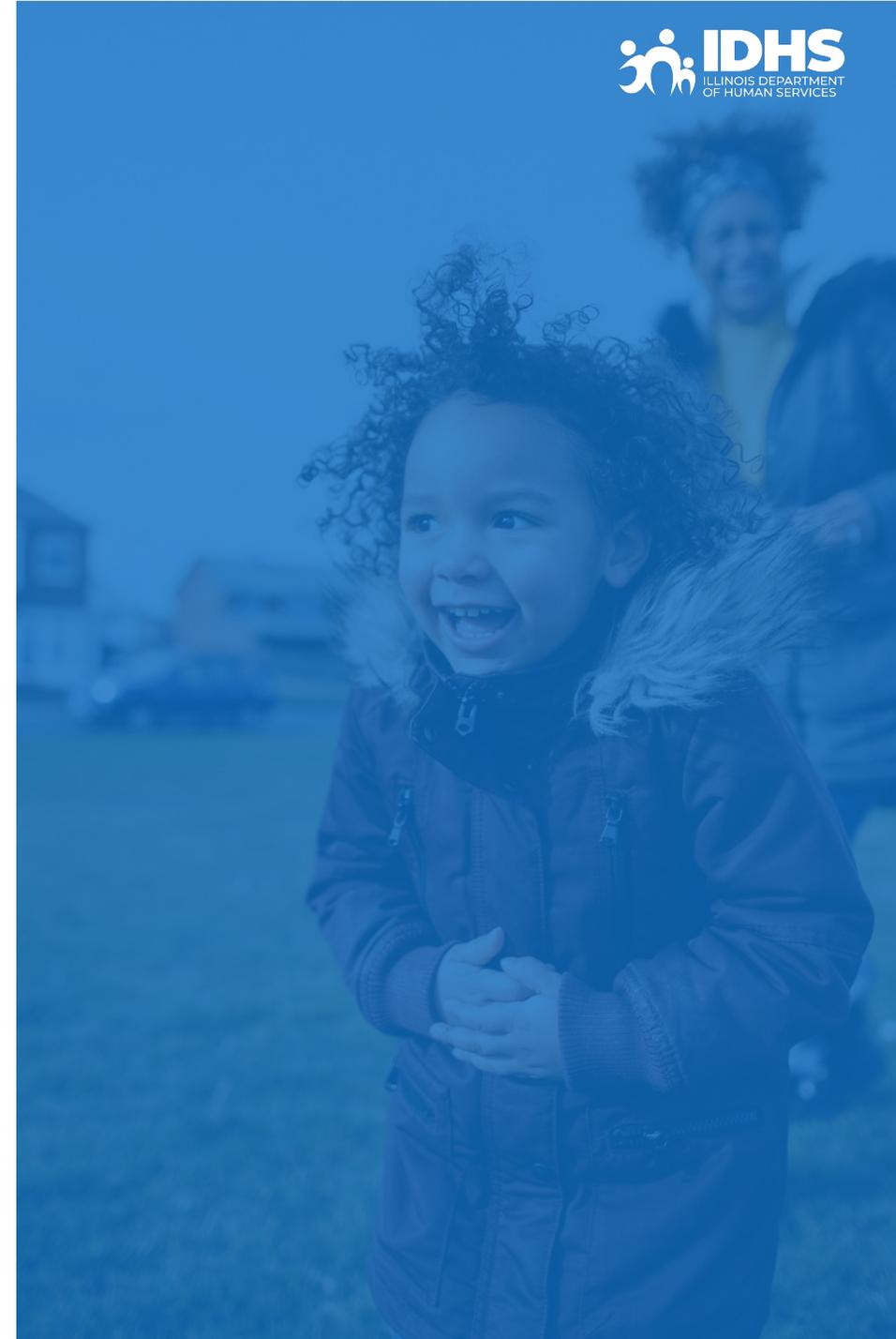
## #5 - Personal Plan

- The Personal Plan is the single, comprehensive personal vision for a person's life.
- This document is developed through a person-centered process and serves as a mechanism for sharing this information with those who will be involved in supporting the person to achieve his/her desired life. The Personal Plan provides the basis for receiving services, service monitoring and quality evaluation.
- It focuses on the individual's strengths, preferences, needs and desires.
- The Personal Plan will not only contain the outcomes that the person requires in their life, but also documents choices of qualified providers, reflect what is important to the person regarding delivery of services in a manner which ensures personal preferences, health and welfare.



## Personal Plan

- The ISC is responsible for developing the outcomes and ensuring the completion of the Plan based off information gathered during the Discovery Process.
- The contents of the Plan must reflect the key aspects of a person's life as outlined on the form
- The ISC must ensure the Plan accurately reflects the outcomes, preferences, strengths and support needs of the individual.
- The Plan must include any Rights Restrictions or Modifications that will be included in the plan.
- The Plan must also discuss risk and strategies to minimize these risks.



## #6 - Modifications to the HCBS Settings Expectation

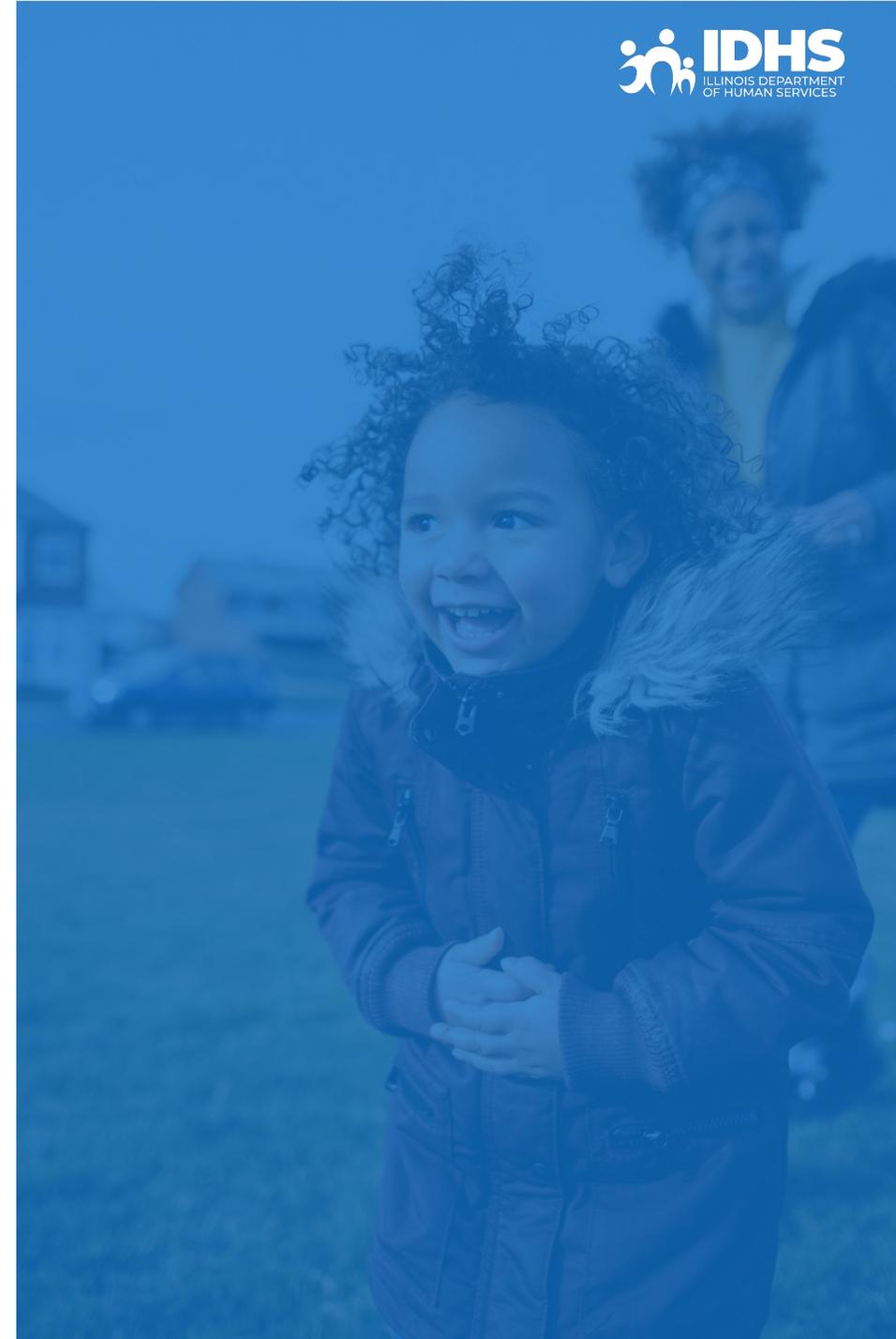
- Modification is a restriction of the HCBS Settings Expectation.
- "Restriction" means anything that limits or prevents an individual from freely exercising his/her rights and privileges. Something is usually considered restrictive if it impedes the enjoyment of general liberties that are available to all citizens.
- In the Discovery Tool, ISCs need to talk about any assessed needs in each Critical Life Area.
- And then in the Personal Plan, indicate a restriction/modification information in the respective Critical Life Areas.

## Modifications to the HCBS Settings Expectation

- In the Implementation Strategy, the provider should talk about what they have done to minimize and revisit the modifications, along with the appropriate HRC approvals.
- Justification and documentation for any restriction(s) or modifications that limit the person's choice, access or otherwise conflict with HCBS standards including...
  - Identify a specific and individualized assessed need (Discovery Tool)
  - Documentation that less intrusive methods were attempted and previous attempts to use positive interventions/support (PP and IS)
  - Includes a clear description of the condition that is directly proportionate to the specific assessed need
  - Description of data collection methods (PP and IS)
  - Timeframes for periodic review to determine if modifications remain necessary (PP and IS)
  - Informed consent of the person (PP and IS)
  - Assurance that intervention will not harm the person (PP and IS)

## #7- Outcomes

- Outcomes may reflect something the individual desires that is not currently present (such as learning a new hobby or skill) or it may reflect something that is already present, and they want to maintain.
- Can only be developed after identifying what is important to the person.
- Should include what is important for the person. The outcome statement should reflect "in order to" or "so that".
- May have to be prioritized.
- Are not services and supports.
- Should make sense for a person without an intellectual/developmental disability.
- Each outcome will be partnered with a measurable strategy developed by the provider, to assist the individual in achieving their dreams.



## #8 - Implementation Strategy

- Implementation Strategy describes how the provider organization will support the person to achieve his/her desired outcomes.
- The primary objective of the Implementation Strategies (IS) is to provide sufficient direction for direct support staff to support the individual safely and according to their needs, preferences, and risks.

## Implementation Strategy

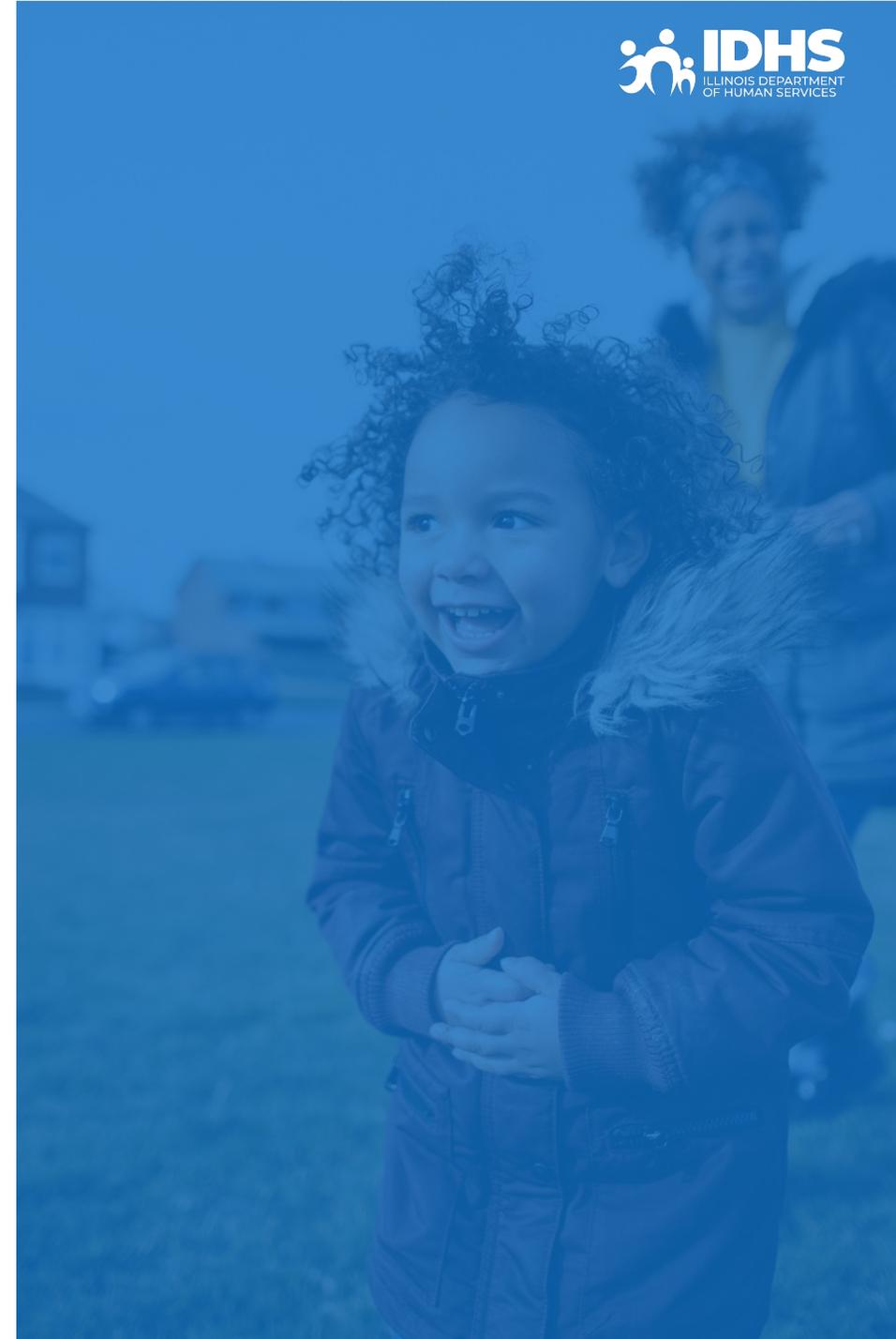
- IS the “recipe” for the provider staff to appropriately support the person. Includes what is needed, how much is needed, how it is to be done, and what it is done for.
- Provider organizations are accountable for providing services and supports that will assist the person to pursue the outcomes outlined in the Personal Plan.
- The information identified in the Personal Plan must be addressed and accounted for in the Implementation Strategy, but it should NOT be copy and pasted.
- The Implementation Strategy MUST demonstrate how your agency is encouraging individual choice and autonomy.

## #9 - Choice

- The Personal Plan and accompanying Implementation Strategy must contain documentation that services and supports are linked to individual strengths, preferences and assessed clinical and support needs.
- It is vital that all 3 tools, document how the individual is encouraged and supported to make choices and practice autonomy in day-to-day life.
- Opportunities for choice in living arrangement, work, friends, community involvement, mealtime preferences, leisure activities, etc. must be clearly documented.

## #10 – You are **CRITICAL** to the success of the Person Centered Planning Process

- QIDPs are important to all aspects of the person centered planning process and help to ensure that people get the services and supports they need to live the life they want.
- You listen through the planning process.
- You support the person and problem solve when issues arise or changes are needed.
- You can encourage people to think big about their lives and help with creative solutions and new opportunities so people be the most independent leaders in their own lives.



# Five Things You Need to Know About the HCBS Settings Rule

## #1 – HCBS Setting Rule 101

- Released in 2014 by CMS, covering ALL HCBS waiver services.
- The goal is to ensure that waiver services support people to live in the community with as much independence, autonomy and community integration as they want.
- Provider-controlled sites must be validated as compliant by March 17, 2023 if they are to continue providing waiver services.
- 11 Settings expectations must be met.
- HCBS Settings Rule training is critical for QIDPs and frontline staff. Check out the resources section on DDD HCBS Settings Compliance page.



## #2 – Person Centered Planning is Key to Settings Compliance

- QIDPs have a major roll in HCBS Settings Rule compliance through the person centered planning process
  - PCP Discovery, Personal Plan and Implementation Strategies
  - Ongoing service delivery, changes in choices/needs, adding or removing modifications
- CMS is focusing on PCP as a way to ensure people have options for services, are making choices in their services and schedules and are only limited through modifications if there is an assessed need.

## #3 – Individualization is a Must

- HCBS Settings are clear that from the plan to daily life, services and supports should be individualized to that person.
- No more blanket rules, restrictions or activities.

## #4 – Documentation is Important

- We know there are challenges to the waiver system of support – staffing, funding, capacity of certain services, transportation
- HCBS Settings wants us to document choice and the providers/ISCs efforts to help the person achieve their choice.
- CMS wants to see efforts to listen and implement documented in the PCP templates and notes.
- The person's experience shouldn't change, but rather the provider should create systems to track preferences.

## #5 – System Wide Areas of Focus

- Privacy
- Choice
- Community Integration
- Independence

## Thank You. Questions?

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