

# Doing With, Not Doing For: What it Takes to Facilitate Person-Centered Planning

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NCAPPS



# Welcome to Today's Webinar



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Thank you for joining us to learn about **Person-Centered Facilitation Staff Competencies**.

This webinar series is sponsored by the National Center on Advancing Person-Centered Practices and Systems. NCAPPS is funded by the Administration for Community Living and Centers for Medicare & Medicaid Services.

NCAPPS webinars are free and open to the public.

The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.





# Webinar Logistics

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- Participants will be muted during this webinar. You can use the **chat** feature in Zoom to post questions and communicate with the hosts.
- Toward the end of the webinar, our speakers will have an opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English and Spanish. To access the Spanish captions, please use this link: <https://www.streamtext.net/player?event=HSRI-SPANISH>
- El seminario de web estará subtulado en vivo en Inglés y Español. Para tener acceso a los subtítulos en Español, utilice este enlace: <https://www.streamtext.net/player?event=HSRI-SPANISH>
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



# Feedback and Follow-Up

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- The webinar **recording**, along with a pdf version of the **slides** and a **Plain Language summary**, will be available within two weeks at [NCAPPS.acl.gov](https://ncapps.acl.gov). We will also include questions and responses in the materials that are posted following the webinar.
- After the webinar, you can send follow-up questions and feedback about the webinar to [NCAPPS@hsri.org](mailto:NCAPPS@hsri.org).

(Please note that this email address is not monitored during the webinar.)



# Who's Here?

**“In what role(s) do you self-identify? Select all that apply.”**

1. Person with a disability / Person who uses long-term services and supports
2. Family member / loved one of a person who uses long-term services and supports
3. Self-advocate / advocate for dementia supports
4. Peer-Specialist / Peer-Mentor
5. Social worker, counselor, or care manager
6. Researcher/analyst
7. Community or faith-based service provider organization employee
8. Government employee (federal, state, tribal, or municipal)

# Meet Today's Panelists



**Janis Tondora**



**Darien Todd**



**Carole Britton Laws**



**Amy Pierce**

# Five Competency Domains for Staff Who Facilitate Person-Centered Planning



Photo Credit: Disabled and Here  
<https://affecttheverb.com/disabledandhere>



# History and Context of Core Competencies



## Person-Centered Planning and Practice

FINAL REPORT  
July 31, 2020

This report is funded by the Department of Health and Human Services under contract number 75FCMC19F0001.



- Need for concise and user-friendly core competencies in PCP to support quality
- Broad look across a range of widely endorsed PCP approaches and state and federal practice guidelines; inclusive of lived-experience input
- Extends the work of the NQF multi-stakeholder expert panel on PCP and Practice



## Five Competency Domains for Staff Who Facilitate Person-Centered Planning

Janis Tondora, Bevin Croft, Yoshi Karu,  
Teresita Camacho-Gonsalves, and Misael

November 2020



# A note regarding applicability of this resource

This resource is intended to apply broadly to any/all individuals who support the development of PCPs whether they occupy a formal “facilitator” role or not

- Methods of PCP vary based on the unique structures of systems and the unique needs and preferences of the people they support.
- 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.

# Process for Cataloguing Competencies Across Sources

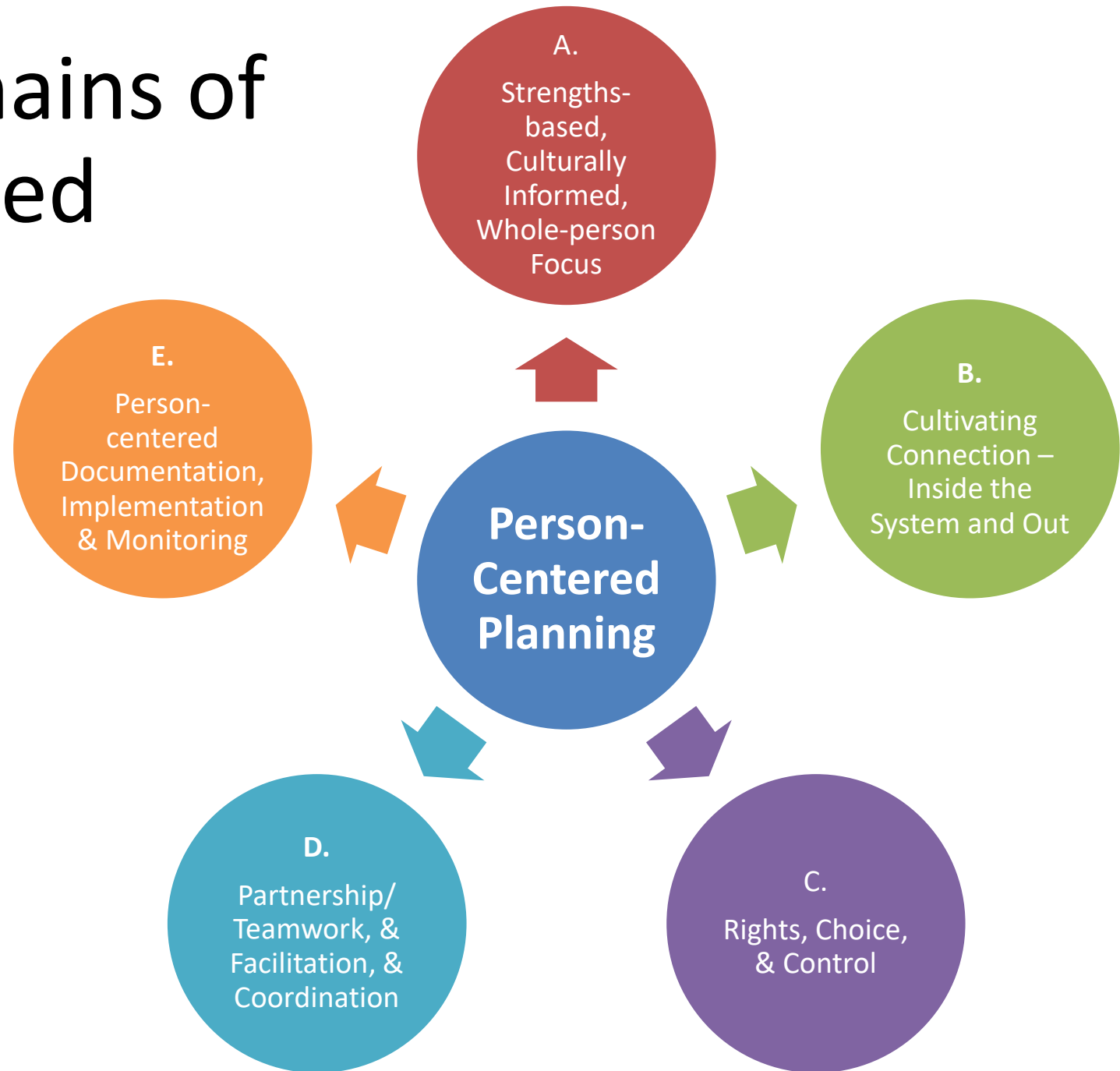
- Multi-rater process carried out twice to support reliability and to revise domains as needed
  - Systematic but not “scientific”
- Identifying most frequently noted competencies across most/all sources aids in the extraction of “core” competencies or “must do’s”
- Helps show which models are particularly rich in which areas

|    | A  | B               | C                    |
|----|--|-----------------|----------------------|
| 1  | Core Competency Set/Framework; Document or Source Material Reviewed  | Source Number # | Domain of Competency |
| 2  | *Comprehensive set of core competencies informed by multiple source models across multiple disability systems/target populations. For each core competency framework presented, the particular source is noted in column A in RED followed by the set of “core competencies.” Note: NO systematic collection of “Core Competencies” in PC thinking and practice currently exists (aside from those currently being catalogued by the National Quality Foundation). For the sake of this effort, core competencies will need to be extrapolated from: essential skills, practice standards, federal regulations, learning objectives, 1. Source of Core Competency Set/Framework: National Quality Foundation Person-Centered Planning and Practice Report, Interim Report, November 2019 |                 |                      |
| 3  |  |                 |                      |
| 4  | <b>FOUNDATIONAL SKILLS</b>   |                 |                      |
| 5  | <i>Understanding the Individual</i>  |                 |                      |
| 6  | Informed decision making—The ability to help the person understand what the options are and to support the exploration of potential options in order to enhance decisions.   | 1               | D                    |
| 7  | Contextual understanding—Appropriate planning occurs with a full recognition of the person within the context of family, friends, and community.   | 1               | E                    |
| 8  | Actualizing effective freedom—Understanding the factors that effectuate the successful implementation of the person’s freedoms and choices.  | 1               | D                    |
| 9  | Group power dynamics—Person-centered planning optimizes the person’s autonomy and control, which in many instances may be limited by the people around the consumer, even ones who care deeply for the person. The facilitator understands limitations to the person’s ability to actualize their plan, including the power dynamics between the person and their family, caregivers, systems, and broader social and cultural dynamics.   | 1               | E                    |
| 10 | Understanding disparities—The facilitator considers the influence of the person’s race, gender, sexual orientation, culture, and other factors in creation and maintenance of the plan.  | 1               | C                    |
| 11 | <i>Empowering the Individual</i>   |                 |                      |
| 12 | Advocacy - Ability to support the person in speaking up for their interests and to model the behavior when asked by the individual.  |                 | D                    |
| 13 | Strengths-based thinking—Focus is on the positive attributes of a person; the process is person-led, and centered on strengths-based outcomes and positive attributes. Facilitators interact and respond with a positive focus.  |                 | C                    |
|    | Validating control—The ability to have planning driven by the person through self-direction and self-  | 1               | D                    |

Several “core domains” emerged as consistently valued across ALL models/sources...



# Common Domains of Person-Centered Planning



A

Strengths-based,  
Culturally-  
Informed,  
Whole-Person  
Focused

## **Domain Description and Representative Competencies:**

- *Person-centered planning is based on the fact people are able to grow, change, and realize personally valued goals. PCP focuses on the universally valued goal of living a good life as defined by the person. All activities focus on the person as a whole (not just their diagnosis or disability) and are informed by the person's unique culture and identity.*
  - **Completes a comprehensive, strengths-based profile with the person that helps them discover or rediscover themselves as a whole person with strengths and interests beyond their disability or diagnosis**
  - **Conveys high expectations for meaningful outcomes across a broad range of quality of life areas valued by the person that go far beyond the management of a disability or diagnosis**

## B

# Cultivating Connections Inside the System and Out

### **Domain Description and Representative Competencies:**

- *Planning facilitates linkages with both paid (professional) and unpaid (natural) supports. This requires understanding of the person's relevant health or disability issues as well as knowledge of the array of systems the person may access. All activities seek to maximize connections to natural community activities and relationships in inclusive settings wherever possible and when consistent with the preferences of the person.*
  - Understands the systems and supports a person may access (e.g., LTSS) and facilitates linkages as appropriate, e.g., to health care, faith-based, social-service, entitlement programs, recreation and leisure, housing and employment supports, faith-based opportunities, employment resources, culturally-specific resources, and safety net providers such as food pantries and clothing donations
  - Connects people to the valued natural community activities and relationships that matter most to them. Encourages a person's experiences and activities beyond those provided in segregated environments designed only for people with disabilities/diagnoses

C

# Rights, Choice, & Control

## **Domain Description & *Representative Competencies:***

- *Relationships and planning activities are based on respect and the assumption that people are presumed competent and have the right to control decisions that impact their lives. Practitioners support people in empowering themselves and discovering their voice in all aspects of plan co-creation and implementation. Practitioners are aware of and able to educate people (when necessary and desired) about the range of legal protections that promote both fundamental safety (i.e., the right to be free from abuse and neglect) and community inclusion (i.e., the right to be free from discrimination and the right to exercise freedoms)*
  - Provides basic education about one's rights in services as well as one's right to be free from discrimination, both within the service system and in the community at large.
  - Supports people to advocate for themselves (and/or advocates for them when appropriate and desired) when their preferences or values are not being honored in the person-centered planning process and during times of tension or disagreement with providers or supporters



# D

## Partnership, Teamwork, Facilitation & Coordination

### **Domain Description & Representative Competencies:**

- *Planning interactions and meetings are facilitated in a respectful, professional manner and in accordance with person-centered principles and the preferences of each individual. Ensures the primary focus remains on the priorities and perspective of the person. Supports the person in expanding their team or circle as desired. Encourages all members to make meaningful contributions and facilitates the process in a way that is transparent and accessible to all parties involved*
  - Solicits meaningful input about the design of planning meetings, including who the person would like to involve, preferences around logistics (location, schedule, etc.), priority areas for discussion, and preferences around facilitation (e.g., self-facilitated or supported)
  - Facilitates 1:1 or team meetings in a respectful, professional manner and ensures the person is at the center. Meetings start on time; disruptions are minimized; the person is given the team's full attention; the conversation follows the person's lead; the person is never "talked about" as if they are not in the room; the facilitator regularly checks in with the person during planning conversations; the person is always offered a copy of their plan and given a copy to review, edit, and suggest changes if it does not fit with their input

# E

## Person-Centered Documentation, Implementation, & Monitoring

### **Domain Description & *Representative Competencies***

- *The person-centered plan is co-created and captured in writing in a manner that adheres to established expectations around person-centered plan documentation. The plan is valued as a “living document” that is revised as needed based on the person’s preferences and evolving situation. There is responsible follow-up and monitoring of the plan’s implementation*
  - Writes plans using the person’s preferred name and language and identity preferences throughout
  - Actively includes the person’s strengths, interests, and talents in their plan and its implementation
  - Solicits ongoing feedback from the person and their supporters on progress and concerns and revises the plan as needed in an expedient manner

# What it might look like in practice to use competency domains to support PCP implementation?

## Identify

### Identify the Competency

- Actively identifies and incorporates strengths into the planning process and documentation

## Confirm

### Confirm the Competency is Covered in Training

- BH PCRIP Curricula (Tools and exercises exploring: strengths/assets, what people like/admire about me, what is important to me, how best to support me)
- CLC: Integrated Supports Star to tap both natural and professional support assets

## Align

### Align QM Tools

- Develop QM tools/items
- Carry out observational audits of PC process in-vivo
- Complete chart reviews to assess presence of SB content in PCPs
- Assess quality directly from participant perspective

## Apply

### Apply Data to Support PCP Implementation

- Design prep/training programs
- Inform HR decisions
- Identify training needs
- Spotlight “exemplar” staff and programs
- Inform performance eval and improvement
- Align expectations across MCOs, the state, providers, and participants

# Future Directions

- Resource can be adapted to address state-specific culture and context
- Plain-language version in development to promote accessibility across all stakeholders
- Wide distribution to various stakeholders across the country, including this NCAPPS panel webinar
- Maybe 😊... a matrix cross-walking core competencies with existing (or to be developed) PCP QM tools
- Potential for the tool to be piloted by interested states in supporting their various PCP implementation efforts



# Meet Today's Panelists



**Janis Tondora**



**Darien Todd**



**Carole Britton Laws**



**Amy Pierce**

# Carol Britton Laws

## Doing WITH not FOR in I/DD HCBS Systems

| Role                                      | PCP Competencies |   |   |   |   |
|---|------------------|---|---|---|---|
|   | A                | B | C | D | E |
| Direct Support Professional               |                  | X | X |   | X |
| Case Management/Quality Assurance         | X                |   |   | X | X |
| PCP/ELP Planning Trainer                  | X                |   | X | X |   |
| PCP Planning Facilitation IPSE            |                  | X | X |   | X |
| PCP in State Systems -Living Well Georgia |                  | X |   | X | X |

### Five Competency Domains:

- A. Strengths Based, Culturally Informed, Whole Person-Focused
- B. Cultivating Connections Inside the System and Out
- C. Rights, Choice , and Control
- D. Partnership, Teamwork, Communication, and Facilitation
- E. Documentation, Implementation, and Monitoring



Questions?

# Real-Time Evaluation Questions

- Please take a moment to respond to these seven evaluation questions to help us deliver high-quality NCAPPS webinars.
- If you have suggestions on how we might improve NCAPPS webinars, or if you have ideas or requests for future webinar topics, please send us a note at [NCAPPS@hsri.org](mailto:NCAPPS@hsri.org)



# Thank You.

Register for upcoming webinars at

[ncapps.acl.gov](https://ncapps.acl.gov)

NCAPPS is funded and led by the Administration for Community Living and the Centers for Medicare & Medicaid Services and is administered by HSRI.

The content and views expressed in this webinar are those of the presenters and do not necessarily reflect that of Centers for Medicare and Medicaid Services (CMS) or the Administration for Community Living (ACL) .

