

## Tips for States to Advance Person-Centered Planning in Self-Direction Models

Person-centered planning is key to successfully implementing self-direction in home- and community-based settings. Self-direction is a service delivery model available under Medicaid that supports individuals who need home- and community-based services (HCBS) to help maintain their independence. In a self-directed model, individuals direct many or all of their own HCBS. This tip sheet offers suggestions for states operating managed long-term services and supports programs or other managed integrated care programs to: (1) understand the person-centered planning process; (2) establish robust contract requirements and policy guidance that support person-centered self-direction models; and (3) assess managed care plans' person-centered planning practices in self-directed models.

### Understanding the Person-Centered Planning Process

The goal of person-centered planning is to ensure that individuals have authentic choice and control to meet their care needs and desired outcomes. The service plan must respect individuals' linguistic and cultural traditions, self-identified goals, preferences, and needs, and be flexible to changing needs and preferences over time. Achieving person-centered service planning often involves culture change on the part of states, health plans, and case managers accustomed to traditional agency-led HCBS programs in which the agency – not the individual – identifies the individual's needs, and hires, trains, and pays attendants (i.e., someone chosen by the individual to provide direct personal assistance; this may include friends and family).

To develop contract requirements for managed care plans and provide oversight for these programs, it is important for states to embrace the philosophies and have a deep understanding of how person-centered service planning may be incorporated in self-direction models. Examples of requirements for person-centered service plans include:

- Allowing the process to be driven by the individual;
- Accounting for what the individual says is important to him or her;
- Offering choices to individuals regarding which services and supports they receive and from whom;
- Being developed at the convenience of the individual and in a manner that meets identified needs in a timely fashion;
- Assisting the individual in achieving personally defined outcomes in the most integrated community setting; and
- Ensuring delivery of services in a manner that reflects personal preferences, choices, and cultural considerations.

### Establishing Robust Contract Requirements and Policy Guidance that Support Person-Centered Self-Direction Models

After developing a strong understanding of person-centered planning, states should establish robust contract requirements and other programmatic policies that promote these principles in self-direction models. Providing clear guidance to managed care plans to engage their case managers in person-centered service planning training is an effective strategy. Training for case managers on person-centered care planning is available at the Integrated Care Resource Center.<sup>1</sup> Following is a list of tips that may assist states in helping managed care plans and their case managers successfully implement person-centered planning for individuals in self-direction programs.

- After establishing self-direction as a key care management priority, ensure this priority is reflected in the contract language for managed care plans.
- Assess whether managed care plans have organization-wide policies and procedures to ensure person-centered planning during health plan readiness reviews.
- Ensure that training materials for case managers clearly describe and support the state’s vision for providing self-directed Medicaid HCBS.
- Align practices, policies, and priorities for contracted managed care plans on service planning.
- Ensure buy-in from managed care plans’ leadership teams.
- Ensure that managed care plans’ quality measurement assesses the provision of person-centered service planning.
- Regularly review service plans to ensure that managed care plans provide individuals with the greatest degree of access and engagement to the greater community.

## Assessing Managed Care Plans’ Person-Centered Planning Practices in Self-Directed Models

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Quality assurance in Medicaid self-direction models involves assessing managed care plans’ ability to effectively administer person-centered service planning. To assess a managed care plan’s ability to achieve person-centered planning, states may require managed care plans to report several metrics related to: the individual’s satisfaction with the planning process; degree of individual choice and control over service plan resources; goals that are established and achieved; amount and type of services received; attendants; and level of integration and involvement in the community.

## ENDNOTES

<sup>1</sup> Integrated Care Resource Center. “Self-Direction of Home- and Community-Based Services: A Training Curriculum for Case Managers.” April 2017. Available at: <http://www.integratedcareresourcecenter.com/integrationResourceLib/SDtraining.aspx>.

### ABOUT THE INTEGRATED CARE RESOURCE CENTER

The **Integrated Care Resource Center** is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the **Integrated Care Resource Center** are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com).