

Person-Centered Service Plans & Rights Modifications



The Home and Community-Based Settings: Final Settings Rule

- Is a tool a law for promoting full access to community life
- Defines for the first time, institutional vs. non-institutional settings
- Applies to all settings where people with disabilities and older adults live, work, or spend time



The Final Settings Rule

• Requires that service providers support the person's full access to community life, including access to employment if desired, opportunities to be involved in community activities, and control over personal resources



The Final Settings Rule

- Settings must be selected by the person
- Settings must ensure a person's right to privacy, dignity, respect, and freedom from coercion and restraint
- Settings must optimize autonomy, independence, and personal decision making



The Final Settings Rule

In settings not owned by the person or family, residents must:

- Have a legally enforceable lease
- Have privacy, including lockable doors on bathrooms and bedrooms
- Control their own schedules, including access to food at all times
- Have the right to visitors at any time
- Have physical accessibility



Settings Rule Requirements

- Each person must have a person centered service plan
- The person must lead the development of that plan, with support as needed
- The plan must include the elements of daily life that matter to the person, as well any identified health or safety concerns.
- The person centered plan must go well beyond basic medical information



Current State/Future State

- CMS informed the Division of Aging that our person centered service plans and process do not meet the expected standard of practice
- The Division of Aging is working with CaMMS to bring our process into compliance
- This compliance process will evolve over the next few months



- PCSPs were primarily medically focused
- Lack of social supports
- What is important TO and FOR the individual
- Lack of individual preferences
- Information on rights' modifications
- Not signed by the individual
 - Were they included in the process?
- Plans were not completed by a neutral party
- Plans were not distributed to all providers
- Other services were not considered in the plan
- Lack of individual goals







Elements of the Person-Centered Planning PROCESS

The individual is in control of the PCSP Process!

- Their meetings
- Request meetings
- Who attends
 - Representative and guardians
- Time and location
- Must agree to the plan



- Strengths based approach
 - Focuses on personal abilities, qualities, achievements
 - Does NOT focus on diagnosis, perceived deficits or behaviors
- Strengths and needs assessment should be documented



- Personal preferences
- Cultural preferences
- Information in understandable format



- Conflict resolution
- Informed choice
- Specific to each individual and the participants
- Explore other elements





- Drafted by AAA care manager
- Reflect strengths and preferences
- Positive attributes at the beginning of the plan



- Choice in setting
- Integrated Settings
 - Engagement in community life
 - Control of personal resources
 - Supports and services in the community



- What is important TO the individual
- What is important FOR the individual
- Balancing Important TO and Important FOR





- Individually identified goals and outcomes
- Goals must consider quality of life
- Documented in their own words
- Describe HCBS services and supports
- Specific persons, paid and unpaid, must be documented
 - Must include provider and any support network individuals



- Prevent unnecessary or inappropriate services
- Risks and measures to reduce risk
- Efforts to restrict preferences must be identified by assessed safety need



- Must support health and safety
 - Include functional needs assessment
- Include an emergency back-up plan
- Monitoring implementation recorded
- Discussions with family, friends, caregivers



- Timeline for review of the plan
- Signatures of everyone with responsibility
- Plan distribution



HCBS Rights Modifications



What is a Rights Modification?

A rights modification is a limitation to an individual's rights due to an assessed risk or specific need in order to support the health, safety, and well-being of the individual or the community. A plan is put in place for the individual in order to modify expectations of a specific HCSBS standard.



HCBS Rights Modifications

- When someone does something that puts themselves or others at risk, we must assess the person's ability to take that risk
 - E.g., taking a walk around their neighborhood alone
- Can the person understand the upside and downside of that choice (the benefits or associated risks)?
- The plan must address support for "dignity of risk"

Managing Risk

Managing any risk begins with learning what is "important to" the individual as well as what is "important for" the individual and finding a balance between.





Six Tenets of Risk

- 1. It's not acceptable to keep people safe but leave them miserable
- 2. We cannot eliminate risk, but we can manage it
- 3. The more isolated the life the greater the risk of abuse, neglect, or exploitation
- 4. Health and safety should go hand in hand with happy and fulfilled
- 5. In response to risk, fear is often the primary motivator for restrictions
- 6. We should never restrict rights lightly, but we also have obligations where harm to self or others is involved. Finding what is and is not a necessary restriction and ways to avoid those is the goal



Creating the HCBS Rights Modification Plan



Identify & Assess Risk

- Identify and assess the risk
 - Witness and document
 - Alternatives tried prior to rights modification
- If the person cannot understand the risk or cannot make the decision safely, the facility may implement a restriction



The Rights Modification Plan

- Work with the care manager
- The proposed restriction must be proportionate to the risk
 - E.g., it's not okay to restrict someone's right to go outside alone ever again simply because they fell one time
 - The person's plan must reflect the specific restriction and the assessed rationale
 - In Indiana, this will be documented in the person-centered service plan
- There must be a plan and a timeline for attempting to restore the right to the person

The Rights Modification Plan (continued)



- The plan must reflect informed consent
- If the person does not agree:
 - Look to the plan to identify what to do if there are disagreements
 - Develop a detailed plan for helping the person:
 - Understand the risk and the associated issues, and
 - Have the opportunity to engage in their chosen "risk" with support
- Facilities/leadership/staff cannot make unilateral decisions about restricting someone's rights



Summary

Person-Centered Service Process and Plan



- Process:
 - Individual is in control
 - Strengths-based
 - Conflict resolution and informed choice
- Plan:
 - Reflect strengths and preferences
 - Important TO and important FOR
 - Individual goals



HCBS Rights Modifications

- Identify and assess the risk
- Once alternatives have been explored, a rights modification may need to be developed
- Work with the care manager to develop a reasonable, proportionate plan to the risk involved
- The person's rights, dignity, and wants must be respected
- The person must ultimately agree to the rights modification



Questions?

Resources

Honoring Preferences When Choice Involves Risk

A Process for Shared Decision Making and Care Planning

A Positive Approach To Risk Requires Person Centred Thinking

Indiana's Area Agencies on Aging Map

