



NCAPPS

Person-Centered Practices Self-Assessment

*For Governmental Agencies That
Oversee Human Services*

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Person-Centered Practices and Systems

February 2022



Introduction

This Self-Assessment is designed to help leaders measure their progress in making human services systems more person-centered. It is designed for use by public administrative entities (“agencies”) with the authority to administer federal programs for long-term services and supports, including home and community-based services. It can be used by the wide range of systems that oversee services and supports for people with disabilities of all ages, older adults with long-term service and support needs, and other health and social service programs.

What’s in the Self-Assessment?

The Self-Assessment is divided into eight sections, as shown in the following graphic. Each represents a key area for consideration as agency leadership seeks to increase or expand person-centered practices.



Leadership

People in charge know about, support, and promote person-centered practices



Person-Centered Culture

The system’s culture is person-centered



Eligibility & Service Access

Eligibility assessments are accessible and person-centered



Person-Centered Service Planning & Monitoring

Service planning processes are person-centered; monitoring ensures that services are working



Finance

Agreements with providers support learning, person-centered practice, and services that help people reach their goals



Workforce Capacity & Capabilities

Staff have the knowledge and skill in person-centered planning and support



Collaboration & Partnership

Service users, families, service providers, and advocacy organizations are valued partners



Quality & Innovation

The mission and vision set standards for internal and external quality and emphasize improvement

Who completes the Self-Assessment?

This Self-Assessment should be completed by state, territory or tribal agency employees who have a strong working knowledge of the administrative and operational activities of the system. This may include employees from the:

- Medicaid agency
- Older Americans Act agency
- Behavioral health agency
- Developmental disabilities agency
- Any other agency overseeing long-term services and supports

Employees at multiple levels in the organization (i.e., executives/senior administrators, mid-level managers, and frontline staff) can fill out the assessment to provide diverse insights and perspectives.

Because it is focused on technical and organizational details of system administration, this Self-Assessment is not designed for use by external stakeholders—such as people who use services, caregivers, advocates, and contracted service providers.

Instructions for taking the Self-Assessment

Each of the eight sections describes observable practice and includes five statements from which to choose. The five statements represent increasingly advanced progress toward embedding person-centered practices across a system.

1. **Read through all the statements first.** Each statement starts with a summary statement that emphasizes the most critical change.
2. **Choose the statement that best corresponds with your agency's progress to date.** If you're having a hard time choosing between two, select the one that represents practices at your organization that have been fully and completely realized, even if the next statement represents practices that have been started or somewhat implemented. For example, to check the third statement, confirm that your agency meets or exceeds the criteria described in the first and second statements.
3. **If an item is technical and beyond the scope of your role, you can select "I do not have sufficient knowledge of this topic to submit a response."** That said, some items in this Self-Assessment address organizational or system management practices that all employees should have knowledge or experience of; these items do not have an option to select "I do not have sufficient knowledge..." As mentioned above, choose the item that, in your experience, most accurately describes your agency at this time.

4. **Keep in mind that it takes significant efforts to move from one statement to the next, and very few organizations score a four or five in every area.** When first engaging in this assessment, you may find the majority of progress topping out in the first or second statements; this is to be expected and indicates there is room for progress. If your agency is making some progress, you might check the third statement. Good progress would mean checking the fourth statement, and excellent progress would mean that you're checking the fifth statement.

How are Self-Assessment results used?

Once agency employees have completed the Self-Assessment independently, they can meet to review scores, discuss discrepancies, and come to agreement on a single agency score.

It might also be useful to examine average and median scores as well as measures of spread (e.g., standard deviation) across different programs or staffing levels. Examining these differences might help you identify areas of excellence or opportunities to support areas for improvement.

The scores can also help you to develop a systems change plan. The plan should describe how you will develop changes to move your system to a score of five (excellent progress). For example, if you score a two in one area, your action plan will focus on how to implement the activities described in steps three or four. In this way, the Self-Assessment can help you decide where to focus limited energy and resources.

If you complete the Self-Assessment periodically, the scores can help provide a picture of whether and how your agency is changing as you work toward greater levels of person-centered practice. Agency leadership can use the scores to understand whether their systems change efforts are effective and to gauge whether course corrections are needed.

Establishing definitions to help with the Self-Assessment

Before you set forth on your agency's self-assessment, it can be helpful to agree to some basic definitions. Senior leadership should clarify the following with all those taking part in the self-assessment:

Leadership: Which levels of leadership is your agency including in this assessment? This should include the highest-level executives, but it may also include additional levels of leadership, depending on the size and scope of the agency. The definition of leadership will be used in Section 1.

Strategic Plan: What name is given to the guiding document that sets goals, initiatives, and strategies used by all divisions of the agency to make decisions and set priorities? Sometimes this is called an annual planning document, a guiding document, or a strategic plan—or it may be something different. The definition of strategic plan will be used in Item 1.2.

Direct Care Workforce: Who makes up the direct care workforce in your system? These are not necessarily employees of your agency; they may work for private contracted service provider agencies. However, in some states that deliver state-operated services, there may also be a direct care workforce who are state employees. The definition of direct care workforce will be used to assess person-centered practices in Item 6.3.

Advocacy Organizations: Identify groups to include when assessing the agency's engagement with advocacy organizations in Item 7.4.

Quality Management or Quality Review Council: What is the name of the committee or workgroup to consider when assessing practices in Item 8.2? This group is typically created or established through the administrative agency and is charged with reviewing system performance data and identifying areas for improvement. Agencies typically assign such a committee or work group to guide or oversee quality management activities. However, they do not carry out the tactical operations of quality improvement.



The Self-Assessment

Leadership

1.1 Leadership

- ❑ **1 Recognize and meet basic standards**
Our leaders recognize that person-centered practices are important in people's lives and assign the appropriate authority to program directors to meet basic standards.
- ❑ **2 Recognize and demonstrate values**
Leaders recognize the role that person-centered practices play in establishing values in the system and assure program directors demonstrate the values.
- ❑ **3 Value the impact on team effectiveness and successful implementation**
Leaders value the impact that person-centered practices have on internal team effectiveness and use formal feedback mechanisms to determine successful person-centered intake, assessment, planning, and monitoring activities.
- ❑ **4 Understand applicability to intake, assessment, planning and monitoring**
All leaders are trained in person-centered practices and understand the applicability of person-centered principles to intake, assessment, planning and monitoring activities.
- ❑ **5 Actively promote in all functional and program areas and with other systems**
Leaders actively promote person-centered practices in all functional and program areas within our agency. Leaders consistently communicate the importance of person-centered practices through our mission, vision, guiding principles or values. Senior leadership intentionally promotes the use of person-centered practices with other systems of care including justice, education, healthcare, and with other social service agencies.

1.2 Strategy

- ❑ **1 Person-centered practices addressed outside this agency**
The responsibility for person-centered practices lies primarily with service provider agencies or case management agencies, not this agency. It is not addressed in our agency's strategic plan or other key planning documents.
- ❑ **2 Person-centered principles included in values statements but no strategy exists**
Our agency's guiding principles or values statements describe the importance of person-centered activities, but there is no specific strategy to spread person-centered practices across the full system.
- ❑ **3 Strategy stipulates person-centered expectations throughout the system**
Our agency strategy addresses how to meet expectations for person-centered practices across the system. We used input from stakeholders (people who use services, caregivers, providers) to inform the strategy on embedding person-centered practices into our system.



- ❑ 4 **Strategy includes implementation activities and training requirements**
Our strategy for implementing person-centered practices includes adaptations to our intake, assessment, planning and monitoring procedures, and addresses training needed to fully understand this new approach.
- ❑ 5 **Strategy is fully resourced and informs all policy and guidance materials**
Our agency has a clear strategy for delivering person-centered practices supported by our senior leadership team with resources assigned to support the strategy. Person-centered practices inform all policy and guidance materials within our agency.
- ❑ **I do not have sufficient knowledge of this topic to submit a response**

1.3 Communication

- ❑ 1 **Routine communication does not reference person-centered principles**
We routinely communicate with our human service community, but we do not specifically include reference to person-centered principles and values.
- ❑ 2 **Agency acknowledges communications should align with person-centered principles**
Our agency acknowledges that effective communication practices assure that all communications of policy and practice must align with person-centered principles and values.
- ❑ 3 **Our plan aligns all communications with person-centered principles**
Our agency has a communication plan that aligns all communications of policy and practice with person-centered principles and values.
- ❑ 4 **Communication plan sought stakeholder input to meet cultural and linguistic accessibility**
Our agency's communication plan aligns all communications of policy and practice with person-centered principles and values. We use input from stakeholders to identify the right communication modes to reach culturally and linguistically diverse stakeholder populations.
- ❑ 5 **Seek feedback on effectiveness of communication modes and is transparent and culturally responsive and accessible**
Our communication plan aligns all communications of policy and practice with person-centered principles and values. Communication practices are transparent, culturally responsive, accessible, and user friendly. We use multiple modes of communication to suit all stakeholders and work to improve our communications using stakeholder feedback.



1.4 Law/Statute, Regulation, Policy, and Protocols/Guidance

- 1 Have not examined governance documents**
We have not formally examined governance documents such as statute and regulations for specific areas that need to address the use of person-centered practices.
- 2 Recognize need to update governance documents**
Our agency recognizes the need to update governance documents to convey our values related to person-centered practices.
- 3 Identified and developed a plan to update regulations and policy**
Our agency has identified all regulations and policies needing updates to assure person-centered practices are defined and supported. We have a work plan in place to accomplish the work.
- 4 Updating regulations and policy currently**
We have a work team currently updating regulations, policies, and guidance documents to assure person-centered practices are defined and clearly described.
- 5 All policies, regulations and guidance fully updated and implemented**
Our policies, regulations, and guidance documents are updated and fully implemented to ensure that we actively promote person-centered practices. These documents align with statute.



Person-Centered Culture

2.1 Changing the Culture of the Service Delivery System

- ❑ **1 Our agency does not shape culture**
Our agency does not actively participate in shaping a culture of person-centered service delivery.
- ❑ **2 Role recognized, but no plan in place**
Our agency has a role in influencing the culture of our service delivery system, but we do not have a clear plan on how to promote person-centered service delivery.
- ❑ **3 We have a plan to promote person-centered principles**
Our agency has developed a plan that addresses the distribution of a clear set of person-centered principles to guide the practices of all staff across the agency.
- ❑ **4 We identify areas of successful implementation and share stories**
Our agency identifies areas where person-centered practices have successfully been implemented in our interactions with partners and stakeholders. These stories are shared publicly and recognized as promising practices.
- ❑ **5 All staff routinely communicate and demonstrate person-centered principles during meetings, trainings, and reviews**
Our agency staff routinely communicate about person-centered practices in all aspects of the service delivery system. We demonstrate person-centered principles by sharing personal narratives and other data during oversight meetings, utilization reviews, monitoring reviews, trainings, and feedback to all components of the system.

2.2 Promoting Cultural and Linguistic Competence through Person-Centered Practices

- ❑ **1 Support cultural competency**
Our agency has a statement that supports cultural and linguistic competency and identifies current best practice in providing culturally responsive services.
- ❑ **2 Staff receive routine training**
Our agency seeks to understand the diverse cultural and linguistic backgrounds of the people we serve and those who work in our agencies. We routinely implement training for all staff members in person-centered procedures that reflect cultural and linguistic competence.
- ❑ **3 Apply knowledge and skill in culturally and linguistically competent principles**
Our agency applies culturally and linguistically competent knowledge and expertise acquired through routine training in the development of person-centered practice procedures.
- ❑ **4 Written materials are culturally and linguistically competent and free from implicit bias**
Our agency has incorporated culturally competent practices, including the recognition of implicit bias, into all person-centered tools and procedures and makes this information available to all stakeholders through training, written materials, social media and other means of communication intended to reach all types of linguistic needs (for example, assessment tools, monitoring forms have been updated to remove implicit bias).



❑ 5 **Person-centered practices reflect people’s culture**

Person-centered practices engage all people we support by using culturally and linguistically competent methods. Our planning and assessment are culturally competent and are updated with input from our community stakeholders.

2.3 Person-Centered Approach to Risk

❑ 1 **External agencies address health and safety risks in plan development.**

It is the responsibility of case management and/or providers to address all health and safety risks in the planning document, and compliance reviews assure this standard is met.

❑ 2 **Identification and mitigation of risk and team selection are required**

Our agency assessment and service planning policies require a team of personnel to identify all risks to the person served and discuss mitigation of the risks. The policy includes a description of selecting who is on the team and how they are selected.

❑ 3 **Risk and dignity of choice are balanced in individual plans**

Our agency assessment and service planning policies respect the cultural identity of the individual. These policies require the team to discuss what is important to the person about each risk identified, individual preferences to address risk within their culturally accepted practice, and how the team will assure a plan is in place that balances risk mitigation with the individual’s preferences with regard to safety.

❑ 4 **Guidance has been developed and distributed throughout the system**

Our agency has developed and distributed guidance on service planning teams’ responsibility for assessing and identifying the balance between a person’s desire and rights to take reasonable risks when exploring their community or learning new skills and the potential harm that may occur. The guidance includes how to develop a balanced risk management plan for these situations, and it includes supported decision-making and conflict resolution procedures for team members.

❑ 5 **Stakeholders have been involved in developing policy**

Our agency has worked with all stakeholders—including people who use services, caregivers, service providers, case managers, licensing staff and others—to develop and implement assessment, service planning, and service plan monitoring policies that fully align with balancing dignity of choice and risk with the supports that assure health and safety. Included in this are assurances the person has demonstrated an informed understanding of the choices made.

❑ **I do not have sufficient knowledge of this topic to submit a response.**



3. Eligibility and Access

3.1 Eligibility

- 1 **Use clinical needs-based or deficit-based assessments**
Our agency relies on and uses clinical needs-based or deficit-based assessments completed by professionals to determine eligibility.
- 2 **Needs-based assessment includes understanding of the request for support**
Our agency understands the benefits of including an interview with the person requesting enrollment to understand the reason for their request, along with needs-based assessments completed by professionals in the eligibility/intake process.
- 3 **Reviewing eligibility requirements**
Our agency is in the process of reviewing eligibility requirements to determine how to include a person-centered assessment in addition to professionals' assessments when determining eligibility. We are removing discussions of services during intake and eligibility discussions.
- 4 **Program eligibility includes a person-centered assessment**
Our agency has developed a process to determine program eligibility that includes a person-centered assessment. The assessment involves an exploration of strengths and desired results through conversations with the applicant and their caregivers or circles of support as well as a professional assessment. The assessment process is culturally and linguistically competent.
- 5 **System-wide use of a person-centered assessment**
Our agency uses a person-centered assessment system-wide, in addition to professional assessments, to determine eligibility and make appropriate referrals to additional services. Our agency tracks results to determine equity in access.
- I do not have sufficient knowledge of this topic to submit a response.**

3.2 Cultural Relevance and Linguistic Accessibility

- 1 **Some informational materials are provided in languages other than English**
Our agency provides some informational materials in languages other than English but does not have a comprehensive plan for ensuring all informational materials are accessible to people with limited English language proficiency or who need alternative communication options due to disability.
- 2 **Use demographic data to develop informational materials**
Our agency uses demographic data to understand the racial, ethnic, and linguistic backgrounds of people who are eligible for services, and we use these data to develop linguistically accessible informational materials.
- 3 **Informational materials are both linguistically accessible and culturally relevant**
Our agency uses demographic data to ensure informational materials are both linguistically accessible and racially, ethnically, and culturally relevant (i.e., pictures and examples depict people from different cultural backgrounds, and content is sensitive to cultural differences, practices, and customs).



- 4 **Partnership with communities for material development**
Our agency partners with members of culturally and linguistically diverse communities and uses demographic data to create culturally and linguistically accessible information distribution methods and materials.

- 5 **Develop and execute an accessible and culturally competent strategy**
Our agency uses demographic data and partners with members of culturally and linguistically diverse communities to develop and execute a strategy for community education about services which meet National CLAS standards and ADA communication accommodations. Informational materials and education methods are accessible to people of all cultural, ethnic, and linguistic backgrounds.



4. Person-Centered Service Planning and Monitoring

4.1 Person-Centered Planning and Support Plans

- 1 External service planning policies are required to meet standards**

Our agency requires each care coordination/case management/service coordination agency to include in their service planning policy the methods they use to address person-centered planning requirements—including both state and federal HCBS regulations as applicable.
- 2 Identified the need for revisions to service planning policy**

We have identified the need for a service planning policy that requires all service plan development to use a culturally and linguistically competent person-centered planning process and meet all statutory or regulatory requirements found in federal and state HCBS regulations.
- 3 Updating service planning policy**

Our agency is currently updating our service planning policy so that all plans are developed through a culturally and linguistically competent person-centered planning process and meet the requirements in federal and state HCBS regulations. Discussions include how to address what is important to the person and what is important for the person aligned with their cultural and ethnic preferences.
- 4 Service planning policy addresses federal requirements for conflict resolution, addressing risk, and person-led facilitation**

Our service plan policy includes a requirement that all plans must be developed through a culturally and linguistically informed person-centered planning process. The process includes identifying strategies for the person to lead their own planning if desired, resolving disagreements, addressing what is important to the person and what is important for the person, and how the team will identify and plan for any known risks the individual may encounter when learning or engaging in new experiences.
- 5 Service planning policy addresses federal requirements and meets CLAS standards**

Our service planning process aligns with all applicable federal and state HCBS regulations and meets the National CLAS standards. The process includes identifying strategies for the person to lead their own planning if desired, resolving disagreements, addressing what is important to the person and what is important for the person, respecting the individual's unique cultural or ethnic traditions, values, and background, and how the team will identify and plan for any known risks the individual may encounter when learning or engaging in new experiences.
- I do not have sufficient knowledge of this topic to submit a response.**



4.2 Monitoring

- 1 Lacking method for verification**

Our case management monitoring procedures do not address a method for verifying that the person's preferences are present as indicated in the service plan, or that the effectiveness of any modifications to a person's rights are demonstrated through data.
- 2 Redesigning case management monitoring procedures**

Our agency has initiated the redesign of case management monitoring procedures to include routine review of service plans to ensure the person's preferences are present in addition to meeting their needs, and that service plans that call for a modification to a person's rights demonstrate the effectiveness of the modification through data reporting.
- 3 Stakeholders are included in redesign**

The process of redesigning the case management monitoring procedures includes consultation with stakeholders from all cultural backgrounds in our communities to assure preferences and needs are met, reasonable risks are accepted and addressed, and that service plans that call for modification to a person's rights also demonstrate effectiveness through the use of data and include a plan for reducing the rights modifications.
- 4 Case management monitoring process has been updated and implemented**

Our state's case management monitoring process has been updated and implemented to ensure: service plans demonstrate respect for the unique cultural identity of the person; service plans address the individual's preferences and needs; services are implemented as identified and authorized; reasonable risk is accepted; and any modifications to a person's rights include data collection reviews to test the effectiveness of the modification(s), with plans to remove the rights modifications at the first indication they are no longer necessary to assure safety or wellbeing of the individual or others.
- 5 Method for verification ensures that a person's preferences are addressed**

Currently our case management monitoring process ensures service plans demonstrate respect for the unique cultural identity of the person, verifies the presence of the individual's preferences when addressing needs, confirms services are implemented as identified and authorized, risk is accepted and includes steps for mitigation, and any modifications to a person's rights are based on data analysis which shows the modifications are effective and that plans are underway to remove the rights modifications at the first indication they are no longer necessary for safety or wellbeing considerations.
- I do not have sufficient knowledge of this topic to submit a response.**



5. Finances

5.1 Contracting

- 1 Contracts are compliance-focused**

Our agency contracts generally focus on meeting compliance requirements, describing minimum standards for service delivery, and reporting on compliance activities.
- 2 Recognizes the benefits of including requirements that go beyond compliance**

Our agency recognizes the benefits of including requirements for person-centered planning training or other capacity building in our case management and service provider contracts and reporting on these requirements.
- 3 Notified providers and case managers of contract language changes**

Our agency has informed case management and service provider agencies of upcoming changes to contract language that will address capacity building for person-centered planning skills. These contract language changes will also involve the addition of person-centered principles into contract reporting requirements.
- 4 Revising contract language**

Our agency is revising contract language to include requirements for person-centered planning for all people receiving services, training in person-centered principles for all staff, and requirements for performance measures and reporting standards related to person-centered requirements.
- 5 Contracts require person-centered planning and performance improvement**

Our agency's contracts require person-centered planning for all people receiving services, training in person-centered principles for staff, and requirements for performance measures and reporting that meet National CLAS standards related to person-centered requirements. We also require performance improvement activities for unacceptable performance with contract requirements.
- I do not have sufficient knowledge of this topic to submit a response.**

5.2 Authorizing Services

- 1 Service plans and authorizations are developed within the required frequency cycle**

Service plans are developed within the program's required frequency cycle (e.g., annually, twice per year, every 90 days) with a specific set of services authorized. Amendments to service authorizations outside of this cycle take significant time to accomplish.
- 2 Understand that the service planning process must be flexible**

Our agency understands that people's needs are dynamic and the service planning process and service authorizations must align with a person's changing needs.
- 3 Work team has been established with specific goals to improve**

Our agency has formed a work team to address methods for ensuring the service authorization process is dynamic, responsive, flexible, and supports accomplishing personal outcomes for people using services.



- 4 **Service authorization policy has been initiated**

Our agency initiated a service authorization policy that requires service authorizations to align with and support the accomplishment of personal goals or outcomes and assures the process is dynamic, responsive, and flexible with clear timeframes for mid-cycle updates or changes.
- 5 **System-wide policy demonstrates person-centered values**

Our system-wide policy requires that service planning and service authorization align and demonstrate person-centered values (i.e., dynamic, responsive, and flexible). Our service planning and authorization process ensures that services accomplish personal goals and objectives, can change as needed, do not hold a person back from taking new opportunities, and are accomplished in a timely fashion.
- I do not have sufficient knowledge of this topic to submit a response.**



6. Workforce Capacity and Capabilities

6.1 Case Managers/Service Coordinators

- 1 **Case management not expected to have knowledge of person-centered planning**

Our agency has case management expectations that include knowledge of service planning and monitoring, but the expectations do not specify knowledge of person-centered planning or practices.
- 2 **Identifying expectations for person-centered practices**

Our agency started identifying expectations for person-centered assessment, planning, and monitoring—and the correlating knowledge and skills needed by case managers.
- 3 **Identified knowledge and skills and supervisory mentoring**

Our agency has identified the knowledge and skills needed by case managers to complete person-centered assessments, planning, and monitoring, including supervisory expectations for mentoring.
- 4 **Competencies resulting from knowledge are described**

Our agency has described the person-centered competencies needed by case managers to demonstrate the knowledge and skills to carry out person-centered assessing, planning, and monitoring; the competencies include supervisor’s knowledge and skills to ensure adequate mentoring of case managers.
- 5 **Case managers are required to demonstrate person-centered competencies**

Our agency requires case managers to demonstrate culturally, ethnically, and linguistically informed person-centered assessment, planning, and monitoring procedures. We ensure that case managers expand their knowledge and skill by receiving support and mentoring from their supervisors and attending ongoing training sessions.
- I do not have sufficient knowledge of this topic to submit a response.**

6.2 Agency Employees

- 1 **Staff aware of person-centered practices**

All agency staff have knowledge or awareness of person-centered practices, including administrative staff (financial and support) and all senior and executive leadership.
- 2 **Staff participated in training on person-centered practices**

All agency staff participated in training in the fundamentals of person-centered practices, including culturally competent person-centered assessment, planning, and monitoring procedures and requirements.
- 3 **Staff demonstrate links between mission and practice**

All agency staff, including senior and executive leaders, can demonstrate the links between our mission and vision and person-centered practices. Our clinical staff routinely align clinical practices used in the field with culturally and linguistically competent person-centered assessment, planning, and monitoring tools.



- 4 **Staff are annually trained in updates**

All agency staff attend training annually to update their knowledge; they apply their new knowledge and understanding to existing procedures when engaging with stakeholders to reflect their understanding and respect for cultural and linguistic differences.
- 5 **Staff utilize skills**

All agency staff have opportunities to use person-centered practice skills during hiring, onboarding, and annual performance reviews, and person-centered discovery tools are used to identify learning outcomes for each employee.

6.3 Supporting Direct Care Workforce

- 1 **Providers are responsible for workforce stability**

Direct care workforce stability is the responsibility of provider agencies; our agency staff are not or cannot be involved in private provider staffing decisions.
- 2 **Identified the impact of workforce stability**

Our agency has identified areas in which direct care workforce stability impacts the successful implementation of person-centered practices.
- 3 **Work group established**

Our agency convenes a work group that includes provider agency representatives to explore areas where direct care staff might experience barriers in meeting both person-centered expectations and rules or regulatory requirements. This work group has developed a plan to address opportunities to improve knowledge and skills, or inconsistencies in practice, including gaps in cultural, ethnic, and linguistic competency.
- 4 **Improvements made through feedback and technical assistance/training**

Our agency supports the ongoing implementation of methods to remove barriers and promote knowledge and skill development related to culturally, ethnically, and linguistically competent person-centered practices for provider agency direct care staff. Direct care staff data collection provides feedback to inform technical assistance, training, and support of collaborative learning.
- 5 **Measures and indicators have been developed**

Our agency leads the development of measures or indicators that demonstrate the presence of person-centered practice among the direct care workforce.
- I do not have sufficient knowledge of this topic to submit a response.**



7. Collaboration and Partnership

7.1 Supporting People Who Use Services

- ❑ 1 **Professionals develop policy and procedure**
Professionals, program directors, and other subject matter experts develop policies, procedures, and programs related to the use of person-centered planning.
- ❑ 2 **Working toward training and awareness to support engagement**
Our agency has identified the need for input from people who use services in the development of policies and procedures related to person-centered planning, and we recognize the need to provide training to assure people are well-informed and able to contribute to system design.
- ❑ 3 **We engage people to raise awareness and solicit feedback**
Our agency engages in training for people who use services to raise their awareness of person-centered practices and to solicit their input on policy and procedures. We engage people from cultural and ethnic backgrounds that match the demographics of the communities we serve.
- ❑ 4 **Engagement is routine, accessible, and transparent**
Our agency routinely engages in training and other awareness activities with a culturally and ethnically diverse range of people who use services to monitor and improve the performance and strategic implementation of person-centered planning throughout the system. We use transparent and accessible communication so people know how we use their feedback to inform our strategies and decisions to change system policies.
- ❑ 5 **People who use services regularly identify changes and advise on policy decisions**
Our agency routinely engages a culturally and ethnically diverse range of people who use services to monitor and improve the performance and strategic implementation of person-centered planning throughout the system. We use transparent and accessible communication so people know how we use their feedback to inform our strategies. People who use services regularly identify needed program changes, initiate new developments, and advise on policy decisions.

7.2 Supporting Caregivers

- ❑ 1 **Professionals develop policy and procedure**
Professionals, program directors, and other subject matter experts develop policies, procedures, and programs related to the use of person-centered planning.
- ❑ 2 **Identified the need for input from caregivers**
Our agency has identified the need for input from caregivers in the development of policies and procedures related to person-centered planning. We recognize the need to provide training to assure caregivers are well-informed and able to contribute to system design.
- ❑ 3 **We engage caregivers to raise awareness and solicit feedback**
Our agency engages in training for caregivers to raise their awareness of person-centered practices and to solicit their input on policy and procedures. We engage caregivers from cultural and ethnic backgrounds that match the demographics of the communities we serve.



- ❑ 4 **Engagement is routine, accessible, and transparent**
Our agency routinely engages in training and other awareness activities with a culturally and ethnically diverse range of caregivers to monitor and improve the performance and strategic implementation of person-centered planning throughout the system. We use transparent and accessible communication so caregivers know how their feedback informs our strategies and decisions to change system policies.
- ❑ 5 **Caregivers regularly identify changes and advise on policy decisions**
Our agency routinely engages a culturally and ethnically diverse range of caregivers to monitor and improve the performance and strategic implementation of person-centered planning throughout the system. We use transparent and accessible communication so caregivers know how their feedback informs our strategies. Caregivers regularly identify needed program changes, initiate new developments, and advise on policy decisions.

7.3 Building Trust with Service Providers

- ❑ 1 **Providers are viewed as crucial partners**
Our agency views providers as crucial partners in delivering high-quality services.
- ❑ 2 **Support providers' learning**
Our agency views providers as crucial to the system's success, and we support their learning about person-centered practices.
- ❑ 3 **Recognize that we can learn from providers**
Our agency supports the learning of our providers, and we recognize we can learn from them. We engage with providers about person-centered practices during licensing reviews or survey/certification activities when identifying gaps in policy and practice.
- ❑ 4 **Seek feedback from providers**
Our agency seeks feedback from our providers on all policy changes and views opportunities for improvement through their perspective.
- ❑ 5 **Seek to understand systemic factors**
When an area for improvement (e.g., failure to meet minimum training requirements or file required paperwork accurately) is identified as a trend across provider agencies, we seek to understand the systemic contributing factors and we share in the corrections.



7.4 Building Trust with Advocacy and Self-Advocacy Organizations

- ❑ 1 **Advocates are viewed as crucial partners**

Our agency views advocates (including self-advocates) and advocacy agencies (including self-advocacy agencies) as crucial partners in informing us on the effectiveness of the agency's policies and procedures, particularly related to person-centered planning and practice.
- ❑ 2 **Support advocates' learning**

Our agency views advocates and advocacy organizations as crucial to our success, and we support their learning about person-centered practices.
- ❑ 3 **Recognize that we can learn from advocates**

Our agency supports advocates and advocacy agencies in learning about person-centered practices, and we recognize we can learn from them, particularly about person-centered practices. Our agency works collaboratively with a variety of advocacy and self-advocacy organizations.
- ❑ 4 **Seek feedback from advocates**

Our agency seeks feedback from advocacy organizations on all policy changes and views opportunities for improvement through their perspective in addition to other stakeholders.
- ❑ 5 **Developed routine methods for feedback**

Our agency recognizes the important role of advocates and advocacy agencies and has built routine methods to listen to and seek out their input when identifying opportunities to improve in our person-centered practices.



8. Quality and Innovation

8.1 Mission and Standards

- ❑ 1 **Specific standards not established**

Our agency mission, vision and/or values espouse person-centered principles, but specific standards for person-centered practices are not established within our licensing, certification, or review procedures or instruments.
- ❑ 2 **Mission, vision, and values not connected to practice**

Our agency mission, vision, and values convey standards for person-centered practices, but they do not clearly connect with practice. Our licensing, certification, or review procedures include requirements that a person-centered plan be present, but the requirements are not fully consistent with our mission, vision, and values.
- ❑ 3 **Use anecdotal reports**

Our agency's mission, vision, and values reflect person-centered practices in service delivery. We use anecdotal reports to demonstrate implementation of our mission, vision, and/or values, but we do not yet use data systematically. Our licensing, certification or review procedures include descriptions of the process needed to develop a person-centered plan.
- ❑ 4 **Use data to measure progress**

Our mission, vision, and values connect directly to our standards for person-centered practice in service delivery through our licensing, certification, or review procedures and instruments. Our system measures progress through data about these standards and identifies areas for improvement for service providers and case managers.
- ❑ 5 **Areas for improvement are identified**

Our mission, vision, and values connect directly to standards that reflect person-centered practices in our administrative functions as well as our service delivery, including how we license and certify providers and how we engage in administrative oversight. Our agency measures progress through these standards and identifies areas for improvement for the full system collectively (for example, the length of time to certify new provider agencies impacts choice for people waiting for services).

8.2 Learning from People to Inform Improvement Opportunities

- ❑ 1 **Quality review council consists of internal agency members**

Our agency quality review council members are internal agency employees.
- ❑ 2 **Quality review council includes external stakeholders**

Our agency quality review council includes service users and caregivers and is responsible for identifying opportunities for improvement in service access, coordination, and delivery.
- ❑ 3 **Quality management system in place**

Our agency has a quality management system. The quality management system is composed of a quality council and a data strategy that includes data collected directly from service users and caregivers to understand their experiences with the system.



- ❑ 4 **Quality management system collects data and prioritizes improvements**
Our agency has a well-coordinated and comprehensive quality management system, inclusive of input from all stakeholders. Service users and caregivers identify and prioritize opportunities for improvement of the system.
- ❑ 5 **Data informs progress on improvements and shared learning**
Our entire system engages in quality management practices. The practices include the use of data from service users and caregivers to drive quality. We routinely use the data to identify opportunities for improvement and to demonstrate progress on improvement areas. We share our learning across all system components through an annual quality improvement plan. Quality councils hold the system accountable for progress on the plan each year.
- ❑ **I do not have sufficient knowledge of this topic to submit a response.**

8.3 Internal Quality Practices

- ❑ 1 **Internal quality management staff, but no formal quality strategy**
Our agency does not have a formal internal quality management strategy, but we do have quality management staff.
- ❑ 2 **Internal quality strategy includes structured methodology**
Our agency has quality management staff with technical knowledge and skill in quality management tools and practices, including a structured methodology for routine improvement and learning.
- ❑ 3 **Quality measures and standards within each unit**
Our agency quality management system includes defined measures and standards of person-centered practice for each unit within our agency, developed by the staff who work within the units. The standards are routinely reported among all agency staff.
- ❑ 4 **Data from external stakeholders included in measuring improvements**
Our quality management system includes feedback provided by external stakeholders, as well as data collected from internal staff and sister agencies. This feedback is used to identify and measure improvement.
- ❑ 5 **Have a transparent internal performance excellence system**
We have a transparent internal performance excellence system. We publicly report on our person-centered practices.

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services to help States, Tribes, and Territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).

NCAPPS partners with a host of national associations and subject matter experts to deliver knowledgeable and targeted technical assistance.

You can find us at <https://ncapps.acl.gov>

The Self-Assessment was created by Mary Lou Bourne at Management Support Solutions, Inc. and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) for the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) at the Human Services Research Institute (HSRI). It is based on tools used in the Baldrige Framework for Performance Excellence. Originally developed by Management Support Solutions in 2006, the tool was used by agencies participating in a project called Becoming a Person-Centered System. It was then adapted for international use as a tool called Progress for Providers, developed by Helen Sanderson Associates and others, that is currently in use in the United States, the United Kingdom, Canada, New Zealand, and Australia to measure service providers' adoption of person-centered practices. This adaptation for NCAPPS is designed for governmental agencies that oversee human services.

This Self-Assessment is publicly available for use in the administration and improvement of supports for people with long-term service and support needs. All uses should acknowledge NCAPPS and Mary Lou Bourne as the developers of this content. Permission is required if the material is to be modified in any way or used in broad distribution.

Recommended Citation:

Bourne, Mary Lou (2020). *NCAPPS Person-Centered Practices Self-Assessment*. National Association of State Directors of Developmental Disabilities Services, Management Support Solutions, Inc., and Human Services Research Institute. Cambridge, MA: National Center on Advancing Person-Centered Practices and Systems.

