



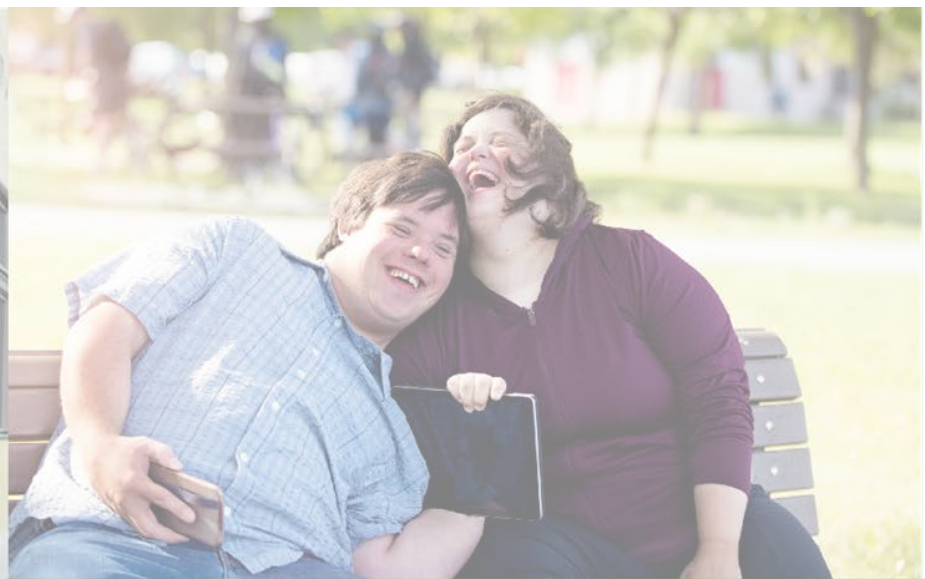
NCAPPS

Person-Centered Planning Facilitation

Summary of Research and Findings

Prepared by the Human Services Research Institute for
NCAPPS as part of NCAPPS technical assistance

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Introduction

The following report includes an overview of person-centered plan facilitation services prepared by the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) as part of technical assistance to the state NCAPPS team in Idaho. The review was initiated by a request from a state, Idaho, and explores the experience of states that have specifically included plan facilitators in their HCBS waivers, the circumstance under which the states deploy plan facilitators, the rates paid, and training requirements.

Background

Since 2017, the Idaho Department of Health and Welfare (DHW) has been engaged in a statewide collaborative workgroup led by adults with intellectual and developmental disabilities and their families. Called Community NOW!, the group also includes members from the Bureau of Developmental Disabilities, the Idaho Council on Developmental Disabilities, DisAbility Rights Idaho, the American Civil Liberties Union, Family and Community Services, service providers, and other advocates. In July 2017, Community NOW! issued a report with 17 recommendations and identified a need to establish a truly person-centered system in Idaho. Recent work has centered on creating a robust person-centered whole life planning process that embraces all resources that can be mobilized to support the individual—not just paid services and supports.

To further the development of a person-centered system, in the spring of 2019, DHW applied for and was selected to receive technical assistance through NCAPPS, a federally funded center that provides technical assistance to state agencies, tribes, and territories to advance person-centered thinking, planning and practice to support people with disabilities and older adults with long-term service and support needs. Selected states can receive 100 hours of technical assistance for up to three years. Idaho developed a technical assistance plan that included the following areas:

- Development of Person-Centered Plan (PCP) Facilitator training and certification;
- Identification of person-centered thinking and supported decision-making resources;
- Development of quality assurance practices and processes; and
- Alignment and shared understanding across DHW as to the meaning of person-centered thinking, planning, and practice.

In support of these aims, one of the specific goals in the technical assistance plan states:

By January 1, 2020, Community NOW! will present DHW with final recommended PCP facilitation qualifications including: training requirements, measures of competency, and means of

certification for implementation within its Bureau of Developmental Disabilities program beginning by 2023.

The technical assistance plan includes a number of objectives necessary to achieve this goal. This report is the product that resulted from *Objective 1.2: Compile and synthesize information regarding existing PCP facilitation requirements envisioned for DHW and conduct supplemental research*. What follows is a summary of the findings from research carried out by NCAPPS as part of the technical assistance to Idaho.

Research Activities

The Community NOW! Person-Centered Planning Implementation Work Group (PCP IWG) compiled a set of questions to inform the research regarding PCP facilitation services. To address the inquiries from the PCP IWG and complete a full review, NCAPPS staff engaged in the following activities:

- Reviewed materials produced by the Community NOW! PCP IWG such as meeting notes, previous research into PCP facilitation, and other supporting documents;
- Researched service definitions, provider qualifications, and policies for PCP facilitation or similar services in select Home and Community-Based Services waivers drawing on information available on the Medicaid.gov website;
- Consulted with other NCAPPS technical assistance staff and subject matter experts; and
- Conducted a wide search for promising practices related to person-centered planning and training.

Following is a summary of how states have addressed the need for quality person-centered plan development as well as key suggestions for Idaho to consider.

Definitions and Terms

In the field, terms used to refer to person-centered planning and practices might be used interchangeably, which can lead to confusion. For the purposes of this report, we offer the following definitions of common terms to provide clarity.

Person-Centered Thinking – A foundational principle requiring consistency in language, values, and actions. Person-centered thinking asserts that the person and their loved ones are experts in their own lives. There is equal emphasis on quality of life, well-being, and informed choice.

Person-Centered Planning – A method that intentionally identifies and addresses the preferences and interests for a desired life and the supports (paid and unpaid) to achieve it. It is directed by the person, and supported by others who are chosen by the person. This process results in what is sometimes referred to as a whole life plan. The services and supports a person may be eligible for or receive are only a portion of

what is included in the plan. For the purposes of this report, the term person-centered planning can be broader than the formal service system's annual planning process and can occur at other times during the plan year. We should reiterate the CMS Final Rule dictates that the formal service planning process must be aligned with person-centered planning principles.¹

Person-Centered Practices – This refers to practices that align services and systems to ensure the person has access to the full benefits of community living. Service planning and delivery occurs in ways that facilitate the achievement of the person's desired outcomes.

Person-Centered Plan Facilitation – A process used to guide the development and implementation of a person-centered plan. Ideally, the facilitator is knowledgeable about person-centered planning, practices and methods. In some states, the term “plan facilitation” is used to describe a routine function performed by a case manager or support coordinator. For the purposes of this report, we define plan facilitation as **assistance to the participant (which can occur before, during, or after the annual plan or subsequent revisions)** to ensure that what occurs during the service planning process and subsequent implementation aligns with person-centered practices and the individual's life goals. Facilitation can include coaching families, friends, and individuals prior to the planning process; supporting plan implementation; and designing support strategies; and/or counseling participants.

While not all individuals may need this kind of support, others – given their needs or perhaps facing a transition – may need more assistance to develop their goals and vision. The facilitator can help the individual develop a blueprint for their lives that will help them to make decisions about the services, supports and providers that will help them fulfill their vision. Traditional case managers/service coordinators, given caseload sizes, often do not have the time to provide this intensity of support.

Person-Centered Plan Facilitation Service – Person-Centered Plan Facilitation can be offered as a service to compliment **traditional case management/service coordination**. Facilitation services could include any of the planning supports noted above. This review examines Person-Centered Plan Facilitation Services that are explicitly supported through Home and Community Based-Services (HCBS) Waivers. To justify the inclusion of plan facilitation in Home and Community Based Services (HCBS) Waivers, it is important to distinguish the roles and responsibilities of the plan facilitator from case management/support coordinator in order to assure CMS that there is no overlap or duplication.

¹ <https://www.cms.gov/newsroom/fact-sheets/home-and-community-based-services>

Summary of Research

The scope of available information related specifically to PCP facilitation services was limited, as only a few states offer this or a similar service in their HCBS waivers. There are two important stipulations related to offering PCP facilitation as a waiver service: 1) it cannot duplicate any other Medicaid service (e.g., case management), and 2) it must be offered in ways that are free of conflict of interest. This generally means that a provider of PCP facilitation cannot provide any other service to the same person. In some cases, states have decided not to carve out facilitation as a separate waiver service because it is difficult to define as distinctly different from what is expected as part of the role of case managers or support coordinators in completing the annual service planning process. We did identify that the following states offered PCP facilitation or a similar service relevant for this review. A brief description of each is provided below.

State	Medicaid Source	Service
Kentucky	Supports for Community Living Waiver	Person-Centered Coaching
Michigan	Medicaid Coverage, under Mental Health Service Plan Development	Independent Facilitator
Minnesota	Developmental Disabilities Waiver	Family Training and Counseling
Missouri	All IDD HCBS Waivers	Person-Centered Strategies Consultation
Washington	Individual and Family Support Waiver	Person-Centered Plan Facilitation

Kentucky

Service Definition: Person-Centered Coaching

Kentucky offers Person-Centered Coaching on the Supports for Community Living (SCL) Waiver which is intended to serve two groups of individuals: 1) individuals who have intellectual disabilities and otherwise need institutional services and 2) individuals who transition from ICF/IIDs to the community. While this service is not explicitly PCP Facilitation, it was included in this review due to its unique nature as a service specifically designed to support the individual and his or her team in implementation of the plan of care in a manner that is person-centered. The following is an excerpt from the service definition.²

² Kentucky Support for Community Living Waiver, Person-Centered Coaching Service. <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81771>

Person-Centered Coaching (PCC) is an individualized service of monitoring, training, and assessing effectiveness of person-centered planning. These services provide for modeling, monitoring, assessing and implementing the person-centered plan. The service is delivered by a Person-Centered Coach who assists the person and the team in implementing and assessing effectiveness of the Plan of Care (POC). The coach models person centered thinking. The Person-Centered Coach is responsible for training the individual, family, guardian, natural and paid supports as well as other team members who are recognized as an integral part of person-centered planning when barriers challenge the success of the individual in achieving their goals.

Provider Qualifications

Providers of this service are certified SCL waiver provider agencies. Other standards include that the provider meets all applicable Department standards for a waiver provider agency and employ qualified staff who:

- a) Assist a participant and the participant's person-centered team in implementing and monitoring the effectiveness of the participant's person-centered plan of care;
- b) Model person-centered thinking;
- c) Are responsible for training a participant, family, guardian, natural and unpaid supports, and other members of the person-centered team when barriers challenge the success of the participant in achieving his or her goals;
- d) Have:
 1. A high school diploma or GED; and
 2. a. Two years of experience in the field of intellectual or developmental disabilities; or
b. Completed 12 hours of college coursework in a human services field;
- e) Meet all personnel and training requirements established in Section 3 of Kentucky's Administrative Regulation, 907 KAR 12:010, Section 3, Subsections (dd)—(jj): Training Requirements;³ and
- f) Perform required documentation.

³ Kentucky Administrative Rule: <https://apps.legislature.ky.gov/law/kar/907/012/010.pdf>

Service Rate

According to the Current Provider Information for Supports for Community Living (SCL) Waiver document updated on March 5, 2019, the rate for PCC is \$6.33 per unit (15-minute increment).

Michigan

Service Definition: Independent Facilitator

In Michigan, an Independent Facilitator service is allowable under mental health “Treatment Planning” as a state plan service. While not a waiver service, this model was included in the review because Michigan provides a wealth of material related to Independent Facilitation. The following is from informational material describing when and how to engage an Independent Facilitator to assist with plan development.⁴

An Independent Facilitator is an individual who facilitates the Person-Centered Planning (PCP) process in collaboration with the person. In Michigan, individuals receiving support through the Community Mental Health Service Provider (CMHSP) have a right to choose an independent or external facilitator for their PCP. The terms independent and external mean that the facilitator is independent of or external from the CMHSP. It means that the person has no financial interest in the outcome of the supports and services outlined in the PCP. CMHSPs are required to have contracts with enough independent facilitators to ensure availability and choice of people to meet their needs. Independent facilitators must not have any other role within the CMHSP.

Provider Qualifications

The provider qualifications are very broad for this particular service. According to the informational material, a person can facilitate their own plan or choose a trusted person who can help them at no charge. However, if the facilitator wants to be paid through Medicaid, the facilitator must be free of any financial interest in the outcome of the supports and services outlined in the PCP and be trained to be an Independent Facilitator.

Service Rate

Michigan utilizes a managed care framework and managed care entities are responsible for setting rates for individuals’ services. Therefore, a standard fee schedule was not available for this service.

⁴ *Independent Facilitation: What’s it all about?* Michigan Developmental Disabilities Council. https://www.michigan.gov/documents/mdhhs/1_pg_Independent_Facilitation_pg_2_614608_7.pdf

Minnesota

Service Definition: Family Training

Lead agencies responsible for administering the HCBS waiver programs in Minnesota may use Family Training (S5110, H004) to pay for a professional person-centered planning facilitator to help a person develop their plan. Below is an excerpt from the Family Training and Counseling service definition from the Developmental Disabilities Waiver.⁵

Training for participants includes education to develop self-advocacy skills, exercise civil rights, and acquire skills that enable participants to exercise control and responsibility over the supports they receive as well as facilitation of a person-centered learning and discovery process and development of a comprehensive person-centered description and plan.

Provider Qualifications

Providers of this service can be enrolled as a Minnesota Health Care Programs (MHCP) provider or, alternatively, lead agencies can approve qualified vendors through an “Approval-Option” process.⁶

Minnesota DHS, in collaboration with the College of Direct Supports (CDS), developed a guiding document to help people select a qualified person-centered planning facilitator. It specifies the four basic areas of competencies expected of person-centered planning facilitators: knowledge, skills, attitudes and values, and experiences and resources.⁷

Service Rate

These services are offered at a “Market Rate” which allows lead agencies to use specific components of the service and support needs of the person to work with the provider to determine an appropriate service rate. Therefore, a standard rate is not available.

⁵ Minnesota Developmental Disabilities Waiver, Family Training and Counseling service: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82186>

⁶ Minnesota Department of Human Services Job Posting; Person-Centered Planning Facilitator: <http://www.nasdds.org/uploads/jobs/MN-DHS-Person-CenteredPlanningFacilitator.pdf>

⁷ Minnesota, Person-Centered Planning Facilitator Selection Process https://mn.gov/dhs/assets/03102017-PCP-facilitator-questions_tcm1053-283509.pdf

Missouri

Service Definition: Person-Centered Strategies Consultation

Missouri provides a Person-Centered Strategies Consultation service on all of its IDD HCBS waivers. This service has a focus on person-centered strategies which could influence plan development but is not intended to be a plan facilitation-type service. Below is an excerpt from the service definition.⁸

This service involves consultation to the individual's support team to improve the quality of life for the individual through the development of and implementation of positive, proactive and preventative, Person Centered Strategies and a modified environment and/or life style for the individual. Person Centered Strategies consultation (PCSC) involves evaluating a person's setting, schedule, typical daily activities, relationships with others that make up the supports for an individual including paid staff/paid family and unpaid natural supports. The evaluation leads to changes in strategies including such things as re-arranging the home to reduce noise and stimulation, adding a personal quiet area to allow the individual to get away from annoying events, teaching skills to promote more positive interactions between the individual and supporting staff or family.

Provider Qualifications

Below is an excerpt from the provider qualifications/other standard in the approved waiver application:

Providers of this service can be either an agency or an individual. Other standards related to provider qualifications stated in the waiver include:

- An agency or an individual must have a DMH contract.
- This service can be provided by an Individual or an agency who is a Qualified Person-Centered Strategies Consultant. A Person-Centered Strategies Consultant is a person with a bachelor's degree with special training, approved by the Division, related to the theory and practice of Person-Centered Strategies for individuals with intellectual and developmental disabilities, or Applied Behavior Analysis and implementation of Person-Centered Approaches.
- Training will be approved by Division of DD staff if the training syllabus describes positive, proactive intervention strategies, quality of life variables and evaluation and improvement strategies and system wide implementation of evidenced based practices. This includes for example:

⁸ Missouri Department of Developmental Disabilities Community Support Waiver, Person-Centered Strategies Consultation Service: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82321>

The Tools of Choice training with additional coaching of tools training; college course work for example within a special education department involving implementation of Tiered Supports strategies; training from a state agency on implementation of tiered supports and person-centered strategies and quality of life.⁹

Service Rate

One document reported Person-Centered Strategies Consultant H0004 at the rate of \$17.46 per unit (15-minute increment).

Washington

Service Definition: Person-Centered Plan Facilitation

Washington state offers the closest service to what Idaho is seeking to replicate. A Person-Centered Plan Facilitation Service is available on the Individual and Family Support (IFS) Waiver, which provides supports to individuals with developmental disabilities 3 years and above who choose to remain in the family home. Below are selected excerpts from the service definition for Person-Centered Planning Facilitation.¹⁰

...an approach to forming life plans that is centered on the individual. It is used as a life planning model to enable individuals with disabilities or others requiring support to increase personal self-determination...

By definition, person-centered planning facilitation is not a service-oriented approach but a broad exploration of an individual's vision for a valued life that offers a platform for the individual and her/his trusted friends and family members to express this vision and commitments of support without limiting that expression to what can or will be provided by the service system.

In Washington State's experience, facilitated person-centered plans have been a source of significant support for individuals in transitional stages of their lives; for example, for young people transitioning from high school into employment and moving out of the family home.

Provider Qualifications

Providers of this service are independent contractors. More specific standards were not provided in the waiver. Tracy Warren of ICDD conducted independent research

⁹ Missouri Department of Developmental Disabilities Community Support Waiver, Person-Centered Strategies Consultation Service: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82321>

¹⁰ Washington Individual and Family Services Waiver, Person Centered Plan Facilitation Service: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83526>

and received supplemental information from Lonnie Kessie, former IFS Waiver program manager, stating that all PCP facilitators are trained in Essential Lifestyle Planning.

Service Rate

The following is taken from an example DHS contracting document for Person-Centered Planning Facilitators.

- a. DSHS shall pay the Contractor \$68.00 per hour (\$17 per ¼ hour unit)
- b. The Contractor shall be paid for one or more of the following provided to DDA clients:
 1. Initial planning meeting up to 2 hours
 2. Person-Centered Planning Meeting facilitation – up to 5 hours
 3. Follow up meetings, reporting and tracking progress completed within 90 days – up to 5 hours

General Findings

Though current HCBS waiver assurances require that the individual plan must be reviewed yearly, there may be times during the year when the planning team is reconvened to address changes in the participant's circumstances (e.g., health challenges, inadequate provider capacity, death of a caretaker, abuse events, etc.). PCP facilitation may be necessary during such mid-course corrections or as needed outside of the formal planning process. Some states limit or define the circumstances under which PCP facilitation would be beneficial. For example, in Kentucky, Person-Centered Coaching (PCC) is provided when a barrier challenges the success of the person or the implementation of the plan of care. Washington does not specifically limit the service, but the service definition suggests that plan facilitation might be particularly useful for youth transitioning into adult life from high school. It is also of note that Washington's IFS waiver offers four levels of funding dependent upon an individual assessment—\$1,200, \$1,800, \$2,400, or \$3,600—which in and of itself acts as a potential limit as to how often the service is used.

Tennessee was not included in our review as they do not appear to offer a separate plan facilitation service; however, we note that the Tennessee Department of Intellectual and Developmental Disabilities does offer additional person-centered planning support for certain situations. The Person-Centered Planning Unit Facilitation Referral Form includes the following categories:¹¹

- High risk issues (increased behavior incidents, medical, communication, mental health, and incarceration risks)
- New to services
- Transition (including mental health, nursing home and developmental center)
- Barriers to service delivery
- Dissatisfaction with services
- Potential discharge from services or waiver

With the limited availability of information on rates, we can only conclude that there is a range in the reimbursement rates for plan facilitation or similar services.

However, given the type of situations identified above, it suggests that the person performing the plan facilitation should have the skills or experience necessary to successfully navigate the planning process given challenging circumstances, and that a rate should be commensurate with that experience and abilities.

Service definitions can explicitly describe how the plan facilitation does not duplicate any other service: For example, the Kentucky service definition for Person-Centered

¹¹ Tennessee DIDD Person Centered Planning Unit Referral Form: https://www.tn.gov/content/dam/tn/didd/documents/divisions/accreditation/PCP-Person_Centered_Planning_Unit_Facilitation_Referral_Form.pdf

Coaching states that, “this service shall not duplicate case management or any other service. These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).” Missouri’s Person-Centered Strategies Consultant service states that this service, “differs from the ABA service in that PCSC the focus and whole scope of the service is on identifying barriers to a good quality of life and improving proactive, preventative and teaching based strategies to increase desirable, healthy skills and thus reduce problem situations. In addition, the PCSC will require providers with a less involved level of training and experience than ABA.”

Administration, Oversight, and Quality Assurance

With such a small sample to review, it was difficult to ascertain common approaches and address specific questions posed by the Community NOW! Implementation Group related to structures for delivering the type of PCP facilitation service that Idaho seeks. The structures employed for administration and oversight of plan facilitation services varied among the states included in this review and were often guided by the existing administrative structures used to deliver Medicaid waiver services. For example, Minnesota contracts with lead agencies (counties and tribes) to administer waiver services in the state. Therefore, the lead agencies are responsible for administration and oversight of waiver services including family training and consultation services under which plan facilitation can be authorized. In Michigan, the Community Mental Health Service Providers manage and oversee plan development. In Washington, providers are independent contractors.¹²

Beyond specific insights offered by the services included in this review, there are many layers to embedding quality assurance in any person-centered planning structure. For example, quality assurance mechanisms can target:

- PCP facilitator qualifications and training
- Monitoring and oversight of PCP facilitators
- Indicators of satisfaction with the planning process
- Indicators of satisfaction with the plan

Training and Certification

The states we reviewed varied in terms of expectations for training and certification for PCP facilitators. In general, provider qualifications for other waiver services provided the baseline requirements such as age and background checks. To respond to the questions posed by the PCP IWG related to training and certification relevant for PCP facilitators, the NCAPPS TA team expanded the search to include a review of training and certification programs that exist for person-centered planning more generally.

¹² Washington Person Centered Plan Facilitation Statement of Work Sample Contract: <https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Statement%20of%20Work-%201805.pdf>

States typically accept training in nationally recognized person-centered planning methods such as PATH, MAPS, Essential Lifestyle Planning, other trainings endorsed by The Learning Community, or a state-developed or state-approved person-centered training. An additional resource regarding PCP approaches that was completed as part of NCAPPS Technical Assistance has been provided to Idaho as a supplement this research.¹³

The resources below provide examples of training available in a number of states:

- **Pennsylvania: Keystone Institute/Person-Centered Planning** (<https://www.keystonehumanservices.org/keystone-institute/person-centered-planning-facilitators-institute/facilitators-institute.php>)

“In 2006, the Keystone Institute in Pennsylvania created the Person-Centered Planning Facilitator’s Institute to improve the lives of vulnerable people through creative processes, empower the individuals we serve to lead the way to the future, and coach and mentor experienced facilitators in the community.”

They provide a seven-part course that is open to both Keystone employees and interested members of the community.

- **Minnesota: Owakihi** (<https://www.owakihi.com/training-and-certifications/person-centered-certification/>)

“Owakihi is committed to Person Centered Practices that allow people to have positive control over a life they find meaningful. It is our vision to enrich the lives of people with intellectual disabilities by training others to provide the same Person Centered support that helps the people we support achieve their hopes and dreams. Training others on best practices in person centered supports is essential to assuring person centered services.”

- **Oregon: Oregon Training and Consultation (OTAC)** (<https://otac.thearcoregon.org/services/training/courses/facilitating-a-person-centered-process-for-planning/>)

Since 1984, OTAC has provided technical assistance and training in Oregon and beyond on a plethora of topics including Person Centered Practices. OTAC offers a three-day hands-on workshop in order to become a recognized Person Centered Plan Facilitator. They describe the curriculum as follows:

Day 1: Focus is on gathering information and demonstrating respect and partnership to all people involved in the person’s life. We will explore asking questions and sorting through answers.

Day 2: Focus is on organizing and synthesizing information so that it becomes useful and contributes to the person’s plan. We’ll bridge from

¹³ Person-Centered Thinking, Planning and Practice: A National Environmental Scan of Foundational Resources and Approaches. Prepared by Susanne Crisp for NCAPPS.

gathering information to developing effective action plans. Participants will leave with an assignment to develop a person-centered description, or plan, using the tools learned and bring it for the third day.

Day 3: This follow-up session occurs four to six weeks after Day 2. Participants will bring a plan (or description) they developed in the interim and build on it throughout the day. Information covered this day will include:

- How the process of gathering information can differ from person to person
- Adding to plans as we learn new information
- Going from action plans to meaningful outcomes
- Using Communication Charts and Relationship Maps to identify outcomes

Prior to completing this course, individuals must take the two-day Person-Centered Thinking training, also offered by OTAC.

Supporting PCP Through Technology

While not an explicit inquiry made by DHW, our research into best practices, techniques, and methods for person-centered planning facilitation identified a handful of electronic tools that are being used to facilitate the development of person-centered plans. The three products below allow a user to develop or commemorate a person-centered plan on a secure web platform. The plan can then be shared at the discretion of the individual. This can be a way to support greater infusion of the person-centered plan into the provision of services, share the plan widely, and update a plan with greater ease so it can more effectively become a living document.

- **England: RIX Wiki** (<https://rixresearchandmedia.org/rix/wikis/>)
- **New York, Westchester Institute for Human Development** (<http://wihdmtc.org/about-rix-wikis/>)
- **MyCompass** (<https://www.mycompassplanning.com/>)

While some of these technological solutions, like MyCompass, are proprietary, some similar attempts to better incorporate technology into the planning process are also underway within state IT systems:

- **Ohio: ImagineIS** (<https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/dodd-apps/imagineis/>)

Ohio's Department of Developmental Disabilities has been working on rolling out and expanding its Imagine Information System (ImagineIS) since 2014. This system was built to support a person-centered team to share information in real time, discuss goals and outcomes, and communicate changes to services. Individuals and families, providers, as well as county board staff, can

all use and share information via this business application. The individual profile gives the person receiving support an opportunity to describe what they are interested in, the important people in their lives, and the best way to communicate with them. They can also upload pictures that help to convey those messages, and the profile can be edited at any time. ImagineIS also provides information about the current service plan, providers, etc.

When considering possible qualifications, expectations, or training requirements of PCP Facilitators in Idaho, DHW may want to consider highlighting or noting a desire for facilitators who have interest in technology-supported PCP.

Remote Facilitation

The physical distancing requirements necessitated by the coronavirus pandemic of 2020 have ramped up service systems' needs and capacities to expand remote communication for service planning. Remote person-centered service planning using telehealth platforms and other remote means was approved on an emergency basis by CMS in March 2020. If remote connections and physical distancing are needed for health and safety reasons, we anticipate PCP facilitation services could be offered in a remote fashion if needed, with approval for remote access aligning with allowance for remote person-centered service planning and service coordination.

Conclusion and Next Steps

This review of other states' efforts related to PCP facilitation, both as a process and as a unique service, provides detail for the Community NOW! PCP IWG to consider when finalizing the training requirements and qualifications for the forthcoming PCP Facilitation service. However, many of the decisions required to design and implement a PCP facilitation service will need to be fashioned to respond to the unique circumstances in Idaho.

When determining how to move forward with answering those questions that remain, below are some key considerations:

- **What is the intent of the PCP Facilitation service?** Is it intended to provide additional support at points of transition and/or challenging circumstances? Is it intended to be an option for everyone in each year, and if so, how does this differ from the existing person-centered service planning process?
- **Who should be a PCP Facilitator?** What level of training and/or experience would be satisfactory to make sure that the facilitator is capable of providing the intended service?
- **What existing structures can be employed to facilitate the delivery of this service in Idaho?** Who is trained in PCP in the state right now? What qualifications do they meet? What entities or agencies do they work for? How did they receive their training?

- **What existing models and approaches of PCP align or don't align with Idaho's vision for this service?** Is there an interest in being prescriptive as to the training that facilitators must receive or being more open? Is there capacity or interest in developing an Idaho-based curriculum or supplement to existing trainings? Will certification be required?
- **How will you know that Person-Centered Planning Facilitation is working as intended?** What quality assurance measures are already being used by DHW? Are any relevant for this service? What will the process be for ongoing refinement and development of this service and the workforce being built to supply it?

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 to deliver knowledgeable and targeted technical assistance.

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

This document is publicly available for use in the administration and improvement of supports for older adults and people with long-term service and support needs. All uses should acknowledge NCAPPS and the developers of this content.

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