



Association of Person-Centered Planning with Improved Community Living Outcomes

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Introduction and Background

In recent years, state and federal programs have promoted person-centered approaches in healthcare and long-term services and supports (LTSS) systems.¹ Core principles of person-centered planning include a focus on individuals' preferences, strengths, and choices as well as self-determination when planning and delivering services and supports.²

Person-centered planning is a facilitated process where a person receiving services and supports—someone who is a beneficiary of home- and community-based services (HCBS)—creates a service plan that focuses on and advances their personal goals, needs, preferences, and values.³ Ideally, this plan is developed through a series of meetings with a facilitator (for example, with a case manager or a care coordinator) and anyone else the HCBS recipient wants to include, such as family or friends. This helps to ensure that the plan that is created reflects the services and supports (both paid and unpaid) that the individual has chosen for meeting their holistic needs and life goals in several different areas, such as health, relationships, work, and leisure or recreation.

Person-centered planning is required in all HCBS programs and is regarded as a core feature of high-quality HCBS systems.⁴ However, the extent to which person-centered planning is happening and the quality of the process depend on many factors, including the skills or training⁵ of individuals who facilitate the person-centered planning process (who may be case managers or care coordinators) and systemic issues at the provider and state levels.⁶

Person-Centered Planning

What is person-centered planning?



- It is required in all HCBS programs.
- It focuses on each individual's preferences, strengths, & choices.
- It is based on each individual's own decisions about their services and supports.

How does person-centered planning work?



- Individuals should be given the opportunity to discuss details with facilitators, family, and friends.

- Afterwards, they must be able to provide input on their service plan.



Figure 1. Person-Centered Planning

As of now, there have been few standardized quality measures available to assess these practices across state HCBS programs.⁷ Additionally, few studies have linked person-centered planning with improved community-living outcomes.

This study is among the first to investigate how person-centered planning in multiple states impacts outcomes for older adults and individuals with physical disabilities who receive Medicaid HCBS.

The Study

What is NCI-AD?

National Core Indicators Aging and Disability (NCI-AD) is a survey of older adults and individuals with disabilities who receive LTSS. Each state that participates in NCI-AD creates its own survey sample. First, states select the LTSS programs they want to include. Then, from among the pool of individuals who receive services and supports through the selected programs, states randomly select a sample of individuals to interview.

Survey interviews are primarily conducted in-person in each participant's home with a trained interviewer. (However, since COVID-19, some interviews have been conducted remotely.) The NCI-AD survey asks a wide range of questions related to the quality of services and supports participants received. The questions ask about topics such as relationships, work, community participation, and health.

For this study, we used data from the 2018–2019 NCI-AD survey. In 2018–2019, states had the option of including new questions in their NCI-AD survey to assess the participants' experiences with person-centered planning.

Who Was Included in the Study?

Twelve states included the optional person-centered planning questions in their 2018–2019 NCI-AD survey. We used data from these states. Our study only included individuals who received their services through a Medicaid HCBS program. The sample size was 6,638 individuals.

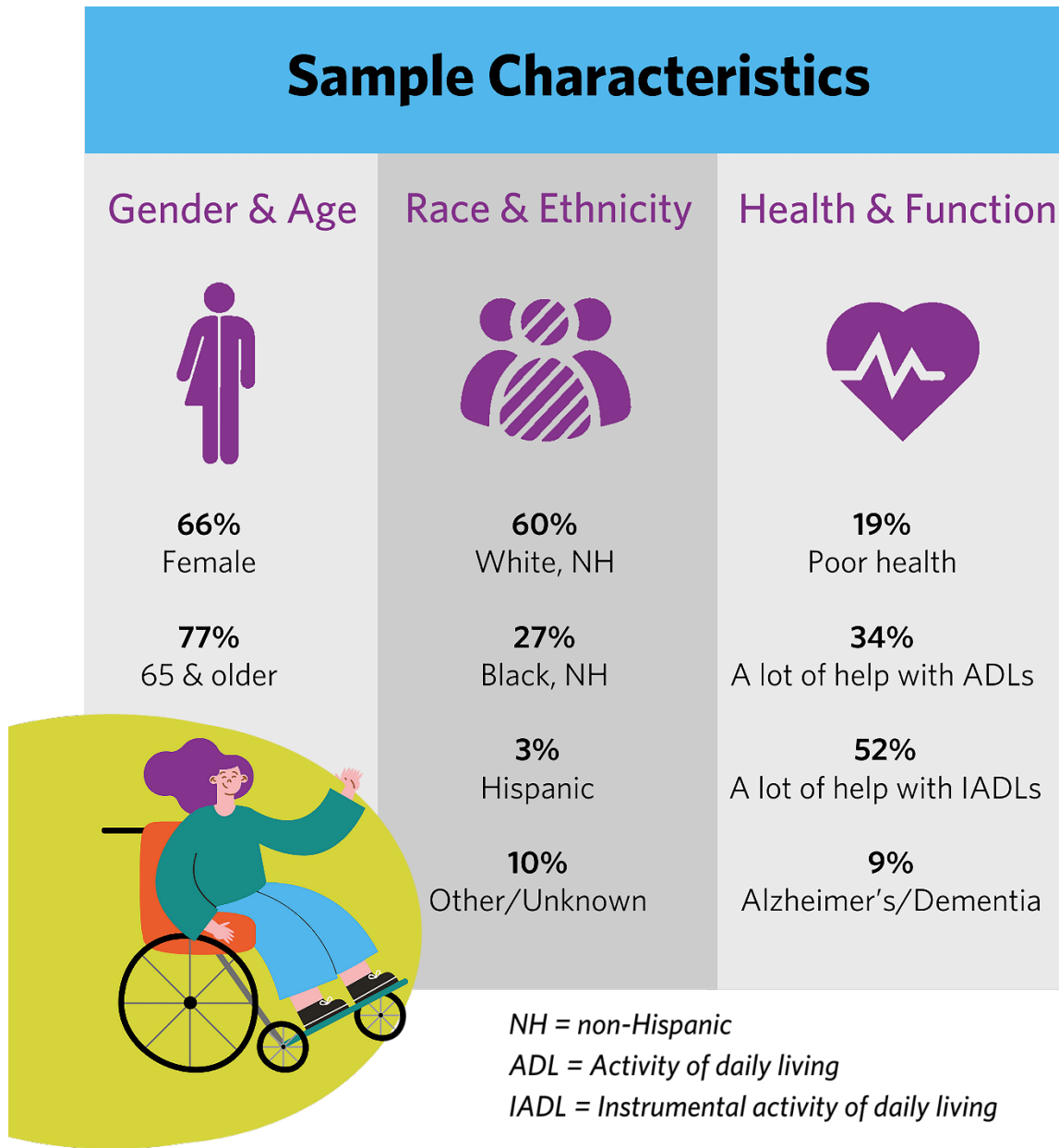


Figure 2. Sample Characteristics

How Was Person-Centered Planning Measured?

The survey asked everyone:

- Were you involved in making decisions about your plan and goals?
- Were your preferences and choices reflected in your service plan?

For people who remembered their last service-planning meeting, the survey asked whether they felt their preferences and needs were heard and whether their plan reflected what was

discussed in the meeting. Based on these questions we created a scale of how person-centered the person said their meeting was. Each meeting was rated as either low, medium, or high based on how person-centered it was.

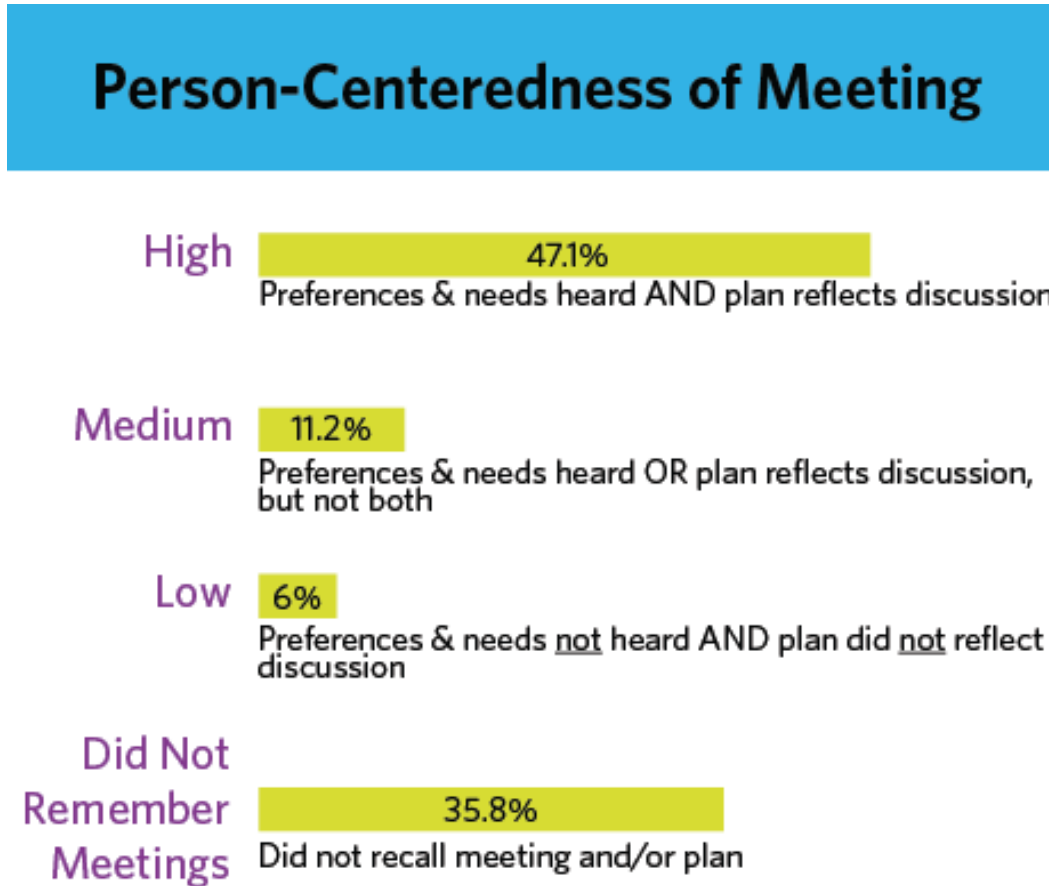


Figure 3. Person-Centeredness of Meeting

What Outcomes Did We Look At?

The study looked at these outcomes:

- Unmet needs outcomes
- Community living outcomes



Figure 4. Unmet Needs and Community Living Outcomes

Findings

This study is one of the first to examine the relationship between person-centered planning and HCBS outcomes for older adults and individuals with physical disabilities who receive Medicaid HCBS.

The study found that:

- Person-centered planning decreased how likely a person was to have unmet needs for assistance with daily activities, home modifications, assistive equipment, and transportation.⁸ The results of the study suggest that focusing on person-centered planning could help reduce unmet needs and improve outcomes for individuals who receive HCBS.
- Person-centered planning, which allows people to tailor their services to their individual preferences, was linked to positive outcomes in community living. These positive outcomes included: people enjoyed increased participation in the community, they felt more in control of their life, and they were more satisfied with

how they spent their days. The study suggests that involving individuals in planning their services is crucial for services to reflect individuals' preferences and for the quality of home- and community-based services to improve.

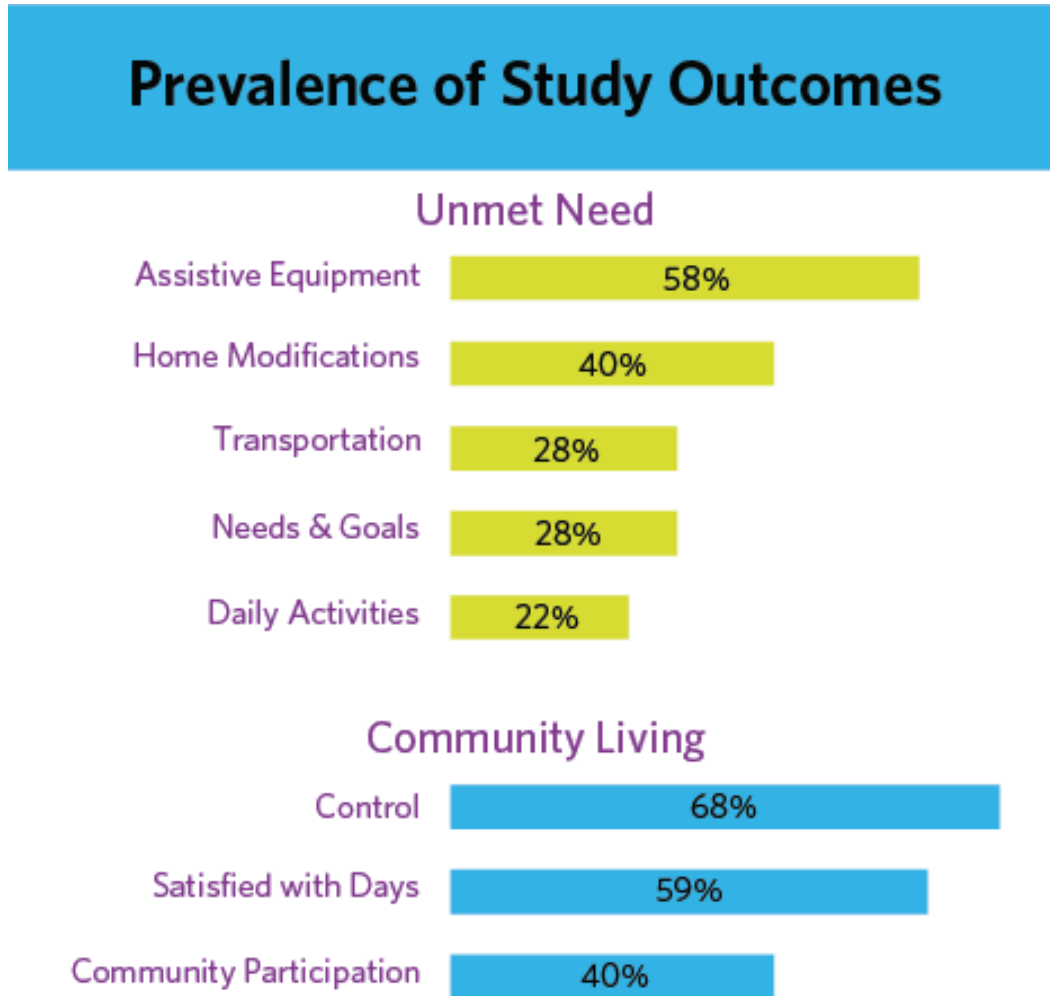


Figure 5. Prevalence of Study Outcomes

- There was wide variation in person-centered planning between states. For example, in one state, only 32% of people said their plan reflected their preferences and choices. In contrast, in another state, 77% of people said their plan reflected their preferences. Similarly, in one state, only 44% of people said they were involved in decision-making about their plan and goals.

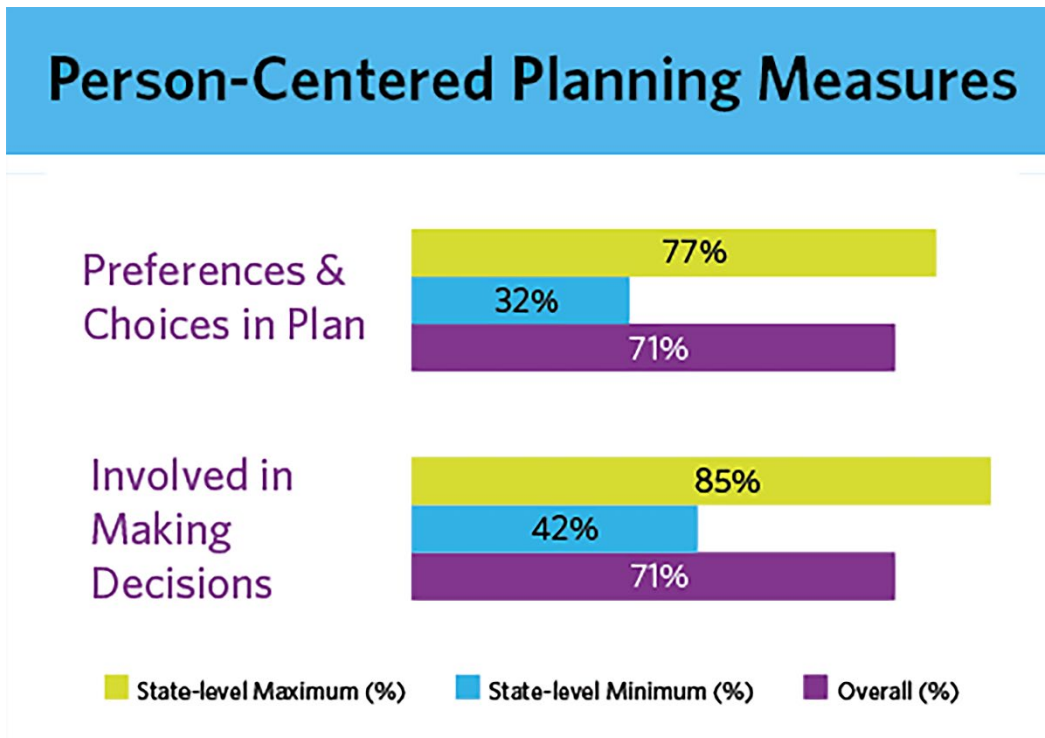


Figure 6. Person-Centered Planning Measures

Recommendations

This study highlights the importance of engaging people who receive HCBS in person-centered planning to improve their community living outcomes. Potential areas for improvement in HCBS programs include:

- More needs to be done to assist states and providers with implementation of person-centered planning. The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an important initiative of the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS). The initiative helps states, tribes, and territories implement person-centered thinking, planning, and practice.
- More states should adopt the NCI-AD survey. NCI-AD provides states with an effective tool to monitor how they are doing on person-centered planning and community-living outcomes. It allows states to compare how they are doing with other states and nationally and to set benchmarks for quality improvement.
- Additional measures that assess the skills of individuals (such as care coordinators) who facilitate person-centered planning and how they affect the outcomes for beneficiaries would be useful. The introduction of other measures that track individuals' progress towards their self-defined goals over time would also be helpful.

Credit

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How to Cite

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Endnotes

¹ Crisp, S. & Lawrence, J. (2019). Person-centered thinking, planning, and practice: A national environmental scan of foundational resources and approaches. Cambridge, MA: National Center on Advancing Person-Centered Practices and Systems. https://ncapps.acl.gov/docs/NCAPPS_ResourcesApproaches_NationalEnvironmentalScan_December2019.pdf

² Fazio, S., Pace, D., Flinner, J., & Kallmyer, B. (2018). The fundamentals of person-centered care for individuals with dementia. *The Gerontologist*, 58(suppl_1), S10-S19. <https://doi.org/10.1093/geront/gnx122>; Human Services Research Institute. (2019).

Person-centered thinking, planning, and practice: A national environmental scan of definitions and principles. Cambridge, MA: National Center on Advancing Person-Centered Practices and Systems. https://ncapps.acl.gov/docs/NCAPPS_Principles_NationalEnvironmentalScan%20191202.pdf

f; Lawrence, J. (2020). Person-centered thinking, planning, and practice: Representative examples of state definitions. Cambridge, MA: National Center on Advancing Person-Centered Practices and Systems.

https://ncapps.acl.gov/docs/NCAPPS_Definitions_RepresentativeExamples_200930.pdf

³ National Quality Forum (2020). Person-centered planning and practice. Washington, DC: National Quality Forum.

https://www.qualityforum.org/Person_Centered_Planning_and_Practice.aspx

- ⁴ Bucy, T., Mulcahy, J., Shippee, T., Fashaw-Walters, S., Dahal, R., Duan, Y., & Jutkowitz, E. (2023). Examining satisfaction and quality in home- and community-based service programs in the United States: A scoping review. *The Gerontologist*, 63(9), 1437-1455. <https://doi.org/10.1093/geront/gnad003>; National Quality Forum (2016). Quality in home and community-based services to support community living: Addressing gaps in performance measurement. Washington, DC: National Quality Forum. https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx
- ⁵ See Tondora, J., Croft, B., Kardell, Y., Camacho-Gonsalves, T., & Kwak, M. (2023). Five competency domains for person-centered planning. National Center on Advancing Person-Centered Practices and Systems. [https://ncapps.acl.gov/docs/Resources/V2%20NCAPPS%20Five%20Competency%20Domains%20for%20Person-Centered%20Planning%20\(508\).pdf](https://ncapps.acl.gov/docs/Resources/V2%20NCAPPS%20Five%20Competency%20Domains%20for%20Person-Centered%20Planning%20(508).pdf)
- ⁶ Caldwell, J., Heyman, M., Katz, G., & Ho, S. (2023). Facilitators and barriers to person-centered planning from the perspectives of individuals receiving Medicaid home and community-based services and care managers. *Disability and Health Journal*, 16(3). <https://doi.org/10.1016/j.dhjo.2023.101473>
- ⁷ Id. at National Quality Forum (2016).
- ⁸ See Chong, N., Akobirshoev, I., Caldwell, J., Kaye, H. S., & Mitra, M. (2022). The relationship between unmet need for home and community-based services and health and community living outcomes. *Disability and Health Journal*, 15(2). <https://doi.org/10.1016/j.dhjo.2021.101222>