



# Person-Centered Service Planning

## What Pennsylvanians with Disabilities Need to Know about Getting Long Term Services and Supports in Community HealthChoices

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### Background

These materials were developed by individuals receiving Long Term Services and Supports and their advocates for people enrolled in Community HealthChoices. Community HealthChoices (CHC) is the name that the state has given to the new managed care program for certain people who get long-term services and supports. Before CHC, these services were usually referred to as waiver services.

The state has contracted with three managed care plans to provide services in CHC. Those plans are Amerihealth Caritas/Keystone First; PA Health & Wellness; and UPMC Community HealthChoices.

Effective Person-Centered Service Planning is the key to making sure you receive all the services and supports you need to live an independent, healthy, productive, safe and meaningful life in the community.

These materials were created to help you understand the importance of a Person-Centered Service Plan and how to make sure you have one.

### **What does Person-Centered Planning have to do with me and my CHC plan?**

The federal and state Medicaid programs **require** individuals who receive long-term services and supports (LTSS) to have a Person-Centered Service Plan developed with a Person-Centered Planning Team.

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### **So what does that mean?**

“Person-Centered” means **you** should be the focus (the center) of all planning and conversations about your life. Your wants, needs, goals and dreams for your life should drive your Person-Centered Service Plan.

### **Who is a part of my Person-Centered Planning Team?**

Your team is you, the family and friends you want to be part of your Team, your Service Coordinator and other professionals you consider important to your well-being, independence and happiness.

### **What should Person-Centered Planning look like if I am getting LTSS through my CHC plan?**

If your plan is developed as it should be, with **you** and others you choose, mostly directing how it goes, several things should happen.

### **Let’s begin with the basic things that should occur to make sure you truly have a Person-Centered Plan:**

- ✓ Developing your plan should happen when and where you want it to, at times convenient for you.
- ✓ You should decide who else you want to be a part of your planning process because those are the people who are then your Person-Centered Planning Team. Your Service Coordinator must be a part of your planning because he or she is paid to make sure your hopes and needs are talked about and to help you have the life you want.
- ✓ Your plan should involve many conversations with you and your Team members to make sure all your needs and the goals for your life are clear and understood. This should not be a “one and done” kind of thing.
- ✓ Your Plan should not just be about the paid services you can get from your CHC plan. Your Plan can include where you want to live, how you want to live, day to day activities and short and long-term goals.

You can use the following **My Person-Centered Service Plan WORKSHEET** and the **My Life Vision Chart** to help you think through your goals, preferences and activities that are important to you and supports your need to accomplish them.



# My Person-Centered Service Plan WORKSHEET

This Worksheet can help you think about your plan for your life, personal and professional connections, and your goals and dreams and how to reach them!

It can be very helpful to review and complete all parts of this Worksheet that you can **before** you meet with your Service Coordinator and the rest of your Team.

Developing your Person-Centered Service Plan will include a list of questions from your Service Coordinator from the "InterRAI Home Care Assessment Form". You can ask to see the form. Your Service Coordinator should ask you every question on the form but that should not be all that gets used to determine your Plan!

**Step One** in developing your Person-Centered Service Plan is to think about you and the people who care most about you and are important to you. Then consider:

- 1) Who do I want to be a part of my planning process? (Who is on my "Team"?)
- 2) Do I have a Power of Attorney (POA) or Legal Guardian who should or must be a part of my planning process? If so, who are those people?
- 3) Do I need or want someone to speak on my behalf when planning for my needs? Who is that person or persons? List all those people here:

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**Step Two** in developing your Person-Centered Service Plan is to talk with those important people in your life and list your needs. You can use these questions to think through your needs:

1. Do I have challenges with vision, hearing or communication? If so, what accommodations or help do I need with developing my service plan?

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- 2.a. What are my daily needs (bathing, dressing, toileting, mobility, cooking, eating, laundry, cleaning etc.) that I need help with?

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2.b. Who do I want or need to help me with the daily needs listed above?

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2.c. What times of the day or days of the week do I need help with these things?

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2.d. How much time does it take for me to complete my daily needs? Does it take more time if I am having a "bad" day?

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2.e. Do I need overnight supports? If so, what supports do I need and why?

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3. Am I currently satisfied with my housing? If no, where do I want to live and who can help me with new housing?

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4. Do I need physical accommodations to my home to be more accessible to me or for safety? If yes, what are my needs?

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5. Do I need assistance with transportation? What goals do I have that connect to my need for transportation? What type of assistance do I need? Do I have a vehicle that needs modifications for me to be able to use it?

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6. What do I want to be doing that I am not doing now such as working, going to school, volunteering, and social activities? Why am I not doing these things? Do I need help making these things happen in my life? What help do I think I need?

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7. What health conditions or health worries do I have that I want or need my Team to know about? Physical health issues? Emotional concerns? Nutrition concerns? Medication issues? Who on my Team needs to know what about me for my well-being?

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8. Did I get letters from my doctor or other health care providers documenting my health conditions and my daily and nightly needs to share with my Service Coordinator?

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9. There are many services and supports available to me in Community HealthChoices to help address all the issues above. Have I identified needs that my Service Coordinator failed to suggest CHC-funded supports? (See Page 7 for a list of services available in CHC.)

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10. What services and supports are going to be written into my Person-Centered Service Plan? Is my written Plan clear about the hours of services I need and the days I need those services?

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11. Did my Service Coordinator tell me that if services are not written into my Plan as I requested that I can file a grievance with my CHC plan?

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12. When my Plan is written who do I want to have a copy of it besides me and my Service Coordinator?

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13. Did my Service Coordinator tell me about the option to hire my own aides and explain that process to me?

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14. Did my Service Coordinator tell me I can manage my own budget through “Services My Way” and explain that process to me? (Learn more about Services My Way on the state’s Department of Human Services’ website at:

<http://www.dhs.pa.gov/citizens/longtermcareservices/index.htm>)

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Once you have listed all your needs, you can consider the services and supports that can help meet them.

Look at the next page for a list of Long Term Services and Supports Available in Community HealthChoices.



## **What Long Term Services and Supports are Available with CHC?**

There are a range of services available with CHC described below. To receive a service, it must first be identified by you as a need, included in your Person-Centered Service Plan, and approved by your CHC plan!

### **Adult Daily Living Services:**

Community-based center providing, at a minimum, personal care, social, nutritional and therapeutic services. These services are generally provided at least 4 hours a day for at least one day a week. There are “basic” and “advanced” adult daily living services. Advanced adult daily living services have additional requirements regarding nursing, increased staff, physical, occupational and speech therapy and medical services.

### **Assistive Technology:**

An item, piece of equipment or product system that is needed by you as identified in your Person-Centered Service Plan. The technology is intended to ensure your health, welfare and safety and increase, maintain or improve functioning in communication, self-direction, self-help, life supports or adaptive capabilities.

### **Behavioral Therapy Services:**

Services that assist participants to improve functioning provided by professionals and paraprofessionals in behavioral management. Services include the completion of a functional behavioral assessment; the development of an individualized behavioral support plan; and training to participants, family members and direct service providers.

### **Benefits Counseling:**

This service provides work incentives counseling and planning services for those actively considering or seeking competitive employment or career advancement. The service provides an individualized assessment regarding available work incentives for SSI, SSDI, Medicaid, Medicare, housing subsidies, food stamps, etc.

### **Career Assessment:**

A comprehensive, individualized employment assessment used to help identify potential career options based on your strengths and interests. The outcome of the assessment is a Career Assessment Report identifying your needs, interests, strengths and characteristics of potential work environments and training or skill development necessary to achieve your career goals. Career Assessment services are only available if you have a closed case with OVR or they have determined you are not eligible for their services.

### **Cognitive Rehabilitation Therapy Services:**

Services which focus on attaining or relearning skills to improve the participant's functioning in real-world situations. Services are provided by an occupational therapist, licensed psychologist, licensed social worker or licensed professional counselor. Services can include assessment, developing a treatment plan, training family members and providing technical assistance to carry out the plan. Services can include consultation, ongoing counseling and coaching and cueing.

**Community Integration:**

This is a short-term, goal-based support designed to help you acquire, retain and improve self-help, communication, socialization and adaptive skills needed to live in the community. This service is focused on people moving from a nursing home to the community, from a family member's home or a change in condition that requires new skill sets.

**Community Transition Services:**

These are one-time expenses used for Participants to transition from an institution to a home in the community. These expenses can include such things as furniture, moving expenses and security deposits, to name a few.

**Counseling Services:**

Services, not already covered by the Medicaid state plan, provided by a licensed psychologist, licensed social worker or licensed professional counselor that assist participants to improve functioning and independence. Services can include developing a treatment plan, training family members and providing assistance to carry out the plan. Counseling services are non-medical counseling services provided to participants in order to resolve individual or social conflicts and family issues.

**Employment Skills Development:**

Services which provide learning and work experiences, including volunteer work to develop strengths and skills that contribute to jobs in paid employment in integrated community settings.

**Exceptional Durable Medical Equipment:**

Equipment costing \$5,000 or more which includes air fluidized beds, powered air flotation bed, augmentative communication devices and ventilators. This can also include "specially adapted durable medical equipment" that is uniquely constructed or adapted with the written orders of a physician.

**Financial Management Services:**

These are supportive fiscal related services for participants who want to hire their own staff and/or manage their own waiver budget dollars. Fiscal management services reduce the burden on participants while also assuring the proper use of Medicaid funds. These services include orientation and skills training to participants on required documentation for their employees, how to complete state and federal forms, timesheet completion, good hiring and firing practices, etc.

**Home Adaptations:**

Physical adaptations to the home of the participant to ensure health and safety and greater independence. This includes adaptations to the outside of the home, bathroom and common shared areas within the home. These adaptations might include ramps, grab bars, vertical lifts, widened doorways, stair gliders and a range of other accommodations.



**Home Delivered Meals:**

A service that provides meals to participants who cannot prepare or obtain nutritionally adequate meals for themselves. Participants may receive more than one meal a day but not three meals per day. Home delivered meals can only be provided if no other household member or relative, caregiver or community organization can provide the meals.

**Home Health Aide Services:**

Services prescribed by a physician, every 60 days, and supervised by a registered nurse. Home health aide activities include personal care, performing simple measurements and tests to monitor a participant's medical condition, assisting with ambulation, medical equipment and exercises taught by a registered nurse.

**Job Coaching:**

Individualized services to participants who need ongoing support to learn and maintain a new job in competitive employment in a position that meets job and career goals. These services can also be used for self-employment. Job Coaching provides components; Intensive Job Coaching and Extended Follow-Along. These services can only be provided when the participant has been determined ineligible for OVR (Office of Vocational Rehabilitation) or their case has been closed.

**Job Finding:**

An individualized service that helps a participant obtain competitive, integrated employment paid at or above minimum wage. This service helps identify and assists the participant in obtaining a job that fits their skills, preferences and employer's needs. Job Finding can only be authorized for 90 days at a time for up to one year and includes transportation. This service can only be provided after the participant has been determined ineligible for OVR services or their case has been closed.

**Non-Medical Transportation:**

Transportation services which enable participants to gain access to long terms services and supports as identified in their Person-Centered Service Plan. Transportation services can include transportation to community activities, grocery shopping, religious services, Adult Daily Living services, employment, volunteering or other activities as identified and approved in the participant's Person-Centered Service Plan.

**Nursing Facility Services:**

Nursing and other health related services provided in a facility licensed by the PA Department of Health and certified as a nursing facility provider in the Medicaid Program.

**Nursing Services:**

Direct services prescribed by a physician and provided by a Registered Nurse or Licensed Practical Nurse. Nursing services can only be prescribed by a physician for 60 days at a time. Based on the individual participant, these services might be needed ongoing, intermittent or short-term.

**Nutritional Consultation Services:**

Services provided by a Registered Dietician or Certified Nutrition Specialist that assist the participant and paid and unpaid caregivers in developing a diet and planning meals that meet the participant's nutritional needs. The service may include initial assessment and reassessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan, and monitoring of the participant, caregiver and any providers in the implementation of the plan. Nutritional Consultation Services are limited to 90 minutes per month.

**Occupational Therapy:**

Services prescribed by a physician that assist participants in acquiring, retaining or improving skills necessary to enable the participant to live more fully in the community. Occupational therapy must be prescribed by the physician every 60 days, as needed. These services can include programs to improve sensory or motor functions and teaching skills and behaviors to improve the participant's social functioning.

**Participant-Directed Community Supports:**

These supports are only available to participants who are managing their own waiver budget through the "Services My Way" program and hiring their own employees. Participant-Directed Community Supports can include a wide range of services such as help with basic living skills, bowel and bladder routines, improving mobility, household chores and many other services.

**Participant-Directed Goods and Services:**

These services are only available to participants who are managing their own budget through the "Services My Way" program. Participant-Directed Good and Services are services, equipment or supplies purchased from the participant's Individual Spending Plan. The purchased items must address an identified need in the participant's service plan and meet certain requirements such as promoting independence or inclusion in the community.

**Personal Assistance Services:**

Service that assist the participant with activities such as bathing, dressing, eating, bowel and bladder routines, wound care, meal planning and a range of other services. Personal Assistance Services can also accompany the participant in the community for grocery shopping and picking up medications.

**Personal Emergency Response System:**

This is an electronic device which enables participants to get help in an emergency by connecting them with trained operators 24 hours a day/ 365 days a year. This service is limited to individuals who meet certain criteria.

**Pest Eradication:**

Services to aid in maintaining a home free of insects, rodents and other potential disease carriers to enhance safety, sanitation and cleanliness of the participant's residence.

**Physical Therapy:**

Services prescribed by a physician that assist participants in acquiring, retaining or improving skills necessary to integrate more fully in the community and ensure their health, welfare and safety. These services must be prescribed every 60 days, as needed.

**Residential Habilitation:**

Residential Habilitation are community-based services provided in a home like environment where the participant stays. A range of individualized services provided can include assistance with activities of daily living, transportation to activities, supports to assist with socialization and greater independence.

**Respite:**

Respite is services provided on a short-term basis due to absence or relief of unpaid caregivers. These services can be provided in the participant's home or home of friend or relative or in a facility. Services may be provided by a relative or family member as long as the relative or family members is not a legal guardian, power of attorney or reside in the participant's home.

**Specialized Medical Equipment and Supplies:**

Services or items that provide direct medical or other benefit to the participant and are directly related to the participant's disability. The services or items must be necessary to ensure the health, welfare and safety of the participant and enable them to function with more independence. To receive Specialized Medical Equipment and Supplies, the participant must have an independent evaluation by a speech language therapist, physical therapist or occupational therapist AND be prescribed by a physician.

**Speech and Language Therapy Services:**

Services prescribed by a physician including the evaluation, counseling, habilitation and rehabilitation of individuals whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech language system. Speech and Language Therapy services also include the examination for and adapting and use of augmentative and alternative communication strategies. These services must be prescribed every 60 days, as needed.

**Structured Day Habilitation:**

Services provided in a day program to assist with self-help skills and socialization to support participants to become more independent and improve thinking, communication, problem solving and life skills. Services must be provided at least 4 hours a day, one day a week and can be provided 8 hours a day, 5 days a week based on the participant's needs and desires. "Enhanced" Structured Day Habilitation is also available when a participant needs additional behavioral supports. Enhanced Structured Day Habilitation can be provided one staff to one participant or two staff for one participant.

**Telecare:**

Services using various technology to monitor health conditions of a participant to promote independence and reduce the need for nursing home placement. Telecare services can include: 1) Health status measuring and monitoring, 2) Activity and sensor monitoring and 3) Medication dispensing and monitoring.

**Therapeutic and Counseling Services:**

Services which assist participants in improving functioning and independence, are not covered by the Medicaid state plan, and are necessary to improve the participant's inclusion in the community. These services can include cognitive rehabilitation therapy, counseling, nutritional counseling and behavior management.

**Vehicle Modifications:**

Modifications to the participants car or van that is their means of transportation. Vehicle modifications can include lifts, portable ramps, alterations to seats and various other accommodations. The vehicle must be less than 5 years old and have less than 50,000 miles for modification request over \$3,000.

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## My Life Vision Chart

This chart can be used to help you think about the many things to consider to have a full, inclusive, quality life in the community. You can identify which areas are a priority for your health, well-being and quality of life. Use this chart with the Person-Centered Service Plan WORKSHEET to identify all your needs.

<b>Life Domain</b>	<b>Things to Consider</b>	<b>Current Supports</b>	<b>Level of Support Needed</b> (Full assistance, Some assistance, Cueing, Setup)	<b>Priority of Importance</b>
<b>Daily Living</b>	What help do I need with basic living such as bathing, dressing, mobility, etc?			
<b>Healthy Living</b>	What help do I need with diet, exercise, sleep, daily schedule?			
<b>Medical Care</b>	Do I need help with scheduling medical appointments, medical transportation, in-home nursing, medications, medical equipment or in-home treatment?			
<b>Safety &amp; Security</b>	What concerns do I have about my financial security?			
	What concerns do I have about my physical or emotional safety?			
	What concerns do I have about my online security?			

<b>Life Domain</b>	<b>Things to Consider</b>	<b>Current Supports</b>	<b>Level of Support Needed</b> (Full assistance, Some assistance, Cueing, Setup)	<b>Priority of Importance</b>
<b>Home Life</b>	Do I need help cooking, cleaning, maintaining my home?			
<b>Employment or Volunteering</b>	Am I working or do I want to work or volunteer? Do I need job training, job coaching or other employment supports so I can work?			
<b>Social life &amp; Spirituality</b>	What do I want to do for fun or to enrich my life?			
<b>Relationships</b>	What family, friends or personal relationships are important to me? What about online communications or relationships?			
<b>Transportation</b>	How do I get to the places I want and need to go? Do I need transportation assistance? Modification to my vehicle?			
<b>Services &amp; Supports</b>	What services & supports do I need (paid and unpaid) to live the life I want?			

<b>Life Domain</b>	<b>Things to Consider</b>	<b>Current Supports</b>	<b>Level of Support Needed</b> (Full assistance, Some assistance, Cueing, Setup)	<b>Priority of Importance</b>
<b>Technology</b>	Do I need a phone, computer, other devices or smart home technology? Do I need home safety technology such as fire, smoke or carbon monoxide alarms?			
<b>Assistive Technology</b>	Do I need devices to help with vision, hearing, communication or mobility?			
<b>Home Modifications</b>	Do I need things like ramps, wider doorways and bathroom accommodations?			
<b>Education</b>	Do I want to further my education, enroll in a program or take classes? Do I need job training?			

## Detailed List of Daily Activities

Daily Living Activities	Level of assistance needed	Time needed to complete activity	What supports needed
<b>Bathing:</b> preparing bath or shower, gathering supplies, and bathing	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	Hands on, Cueing, Prepping Etc.?
<b>Grooming:</b> hair, makeup, etc.	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Oral hygiene:</b> brushing teeth, flossing, etc	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Mobility/transferring:</b> getting in and out of bed, sitting to standing, bed to wheelchair, etc.	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Toileting:</b> setup of any supplies, transferring, etc.	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Dressing:</b> making clothing choice and physically dressing	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	



Daily Living Activities	Level of assistance needed	Time needed to complete activity	What supports needed
<b>Basic communication skills:</b> using a phone, email, video call	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Eating:</b> serving portion, cutting, feeding self with or without assistance	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Meal preparation:</b> meal planning, preparation, storage, using kitchen equipment	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Exercise:</b> stretching, walking, lifting weights, etc.	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Shopping:</b> grocery shopping and other supplies	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Housework:</b> doing laundry, cleaning dishes, cleaning living space, removing trash and clutter, etc.	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	

Daily Living Activities	Level of assistance needed	Time needed to complete activity	What supports needed
<b>Overnight Needs:</b> are overnight needs different than day in terms of nature, time needed, supports needed?	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Transferring/mobility</b>	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Positioning</b>	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	
<b>Toileting</b>	Independent Minimum assistance Moderate assistance Full assistance	Hours – Minutes	

The PA Health Law Project and its Community HealthChoices Advisory Board members developed these materials for CHC participants.

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This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please call the Helpline at 1-800-274-3258.

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