

# Person-Centered **Planning**

**Common Myth:** We're already doing it! **Reality:** We're doing some of it!

## 1. Person-Centered **THINKING**



### BALANCING WHAT'S IMPORTANT TO WITH WHAT'S IMPORTANT FOR

- Among other things, consider what's important **to** the person served (friendships, meaning in life, dreams).
- **Balance** this with what's important **for** the person (safety, medication, housing, food).

## 2. Person-Centered **PLANNING**



### TRUE PERSON-CENTERED PLANNING SHOULD BE HAPPENING ALL THE TIME

- Goals/dreams often change – PCP leads to a plan that is a living, breathing document, always evolving with regular conversations.
- PCP must: be led by the person served whenever possible, with staff support as needed; include those who the individual wants to be there; include time-limited modifications, with staff support, if **any** individual rights are restricted.

## 3. Person-Centered **PRACTICE**



### THE MANY DIFFERENT WAYS WE PROVIDE CARE, SUPPORT, AND SERVICES

...that allow for **all** individuals being supported to have:

- **real** choices to consider and decisions to make;
- control over their space and resources; and
- true involvement in the communities where they live, work and play.

The federal government updated their regulations that made many changes to Medicaid-funded home and community-based services (HCBS), including requiring those providing HCBS to follow revised person-centered planning guidelines.

For more info go to:

[www.health.ny.gov/health\\_care/medicaid/redesign/docs/hcbs\\_final\\_rule.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/hcbs_final_rule.pdf);

[www.person-centered-practices.org/](http://www.person-centered-practices.org/); [www.tlcpop.com/](http://www.tlcpop.com/)



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of Health