



### Person Centered Planning and the Settings Rule

The Settings Rule, effective in 2014, established requirements for home and community based service (HCBS) settings under Medicaid. The rule focused on the experience of the person - do they have autonomy, control, freedom in their choices about services, providers, daily schedule, ability to come and go from the setting, access to food, etc. The Settings Rule also noted that in some cases there could be modifications to these requirements as part of a person centered planning process. For instance, a person with dementia and a demonstrated risk of wandering, might not be able to come and go freely from the setting. That modification is acceptable under the Settings Rule provided it is participant, not provider-driven. That person centered planning process is a critical element in Settings Rule compliance; of course, person-centeredness has rewards beyond compliance.

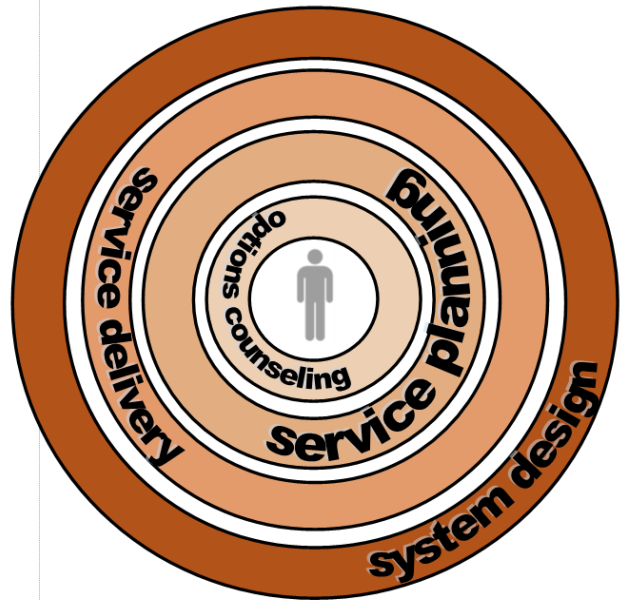
What has become known as the Settings Rule is really just a portion of the Final Rule CMS issued in 2014. The Rule also provided guidelines on what person centered planning should look like. A lot of the requirements focus on the physical plan document. Those requirements outline a roadmap for a person centered planning process but they are just the guardrails. They are the requirements for compliance.

### Person Centered Planning - Beyond Compliance

Person centered planning is just one piece of the culture needed to create programs, service delivery systems, and care that are truly person centered. There are very few people actually involved in true service planning. Person-centeredness must be more pervasive than just planning in order to have the desired impact.

The plan may clearly identify the modification a person with dementia needs. It can outline all previous interventions. The format can meet all the CMS requirements for a person centered plan. But if the individuals actually delivering care don't act from some foundation of person-centeredness, if the services offered are inflexible or inadequate, if reimbursement structures don't incentivize person centeredness, or worse de-incentivize it, then the plan may not meet that person's needs, goals, or preferences.

Person centered thinking represents the larger culture shift that leads to systems and service delivery that are person centered. Compliance with the Settings Rule requires person centered planning when modifications are made. Compliance with the Final Rule in total requires that plans meet the requirements CMS has laid out. It requires that process incorporate the elements CMS has proscribed. Creating systems, programs, services, processes informed by person centered thinking is the path beyond compliance. The rewards are more efficient use of public dollars, better outcomes for individuals and payers, and greater effectiveness in the LTSS system overall.



**Sage Squirrel Consulting would love the opportunity to help you develop a culture of person centered thinking and the organizational change that it can bring.**