Person-Centered Planning

Goal Development & Restrictive Intervention Planning

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Iowa Medicaid

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Pre-Test Link:
https://www.surveymonkey.com/r/PCP-HCBSProv-Pre

Pre-Test Link:

IOWA Health and Human Services

Learning Objectives

1

Build person-centered planning skills

2

Learn a person-centered approach to goal development.

3

Learn a person-centered approach for due process of restrictive interventions including rights restrictions.

Other Recommended Trainings

Introduction to HCBS
HCBS Settings Philosophy and Rules
HCBS Settings: Understanding the Rights of Those Served and Supported
Person-Centered Practices
Motivational Interviewing Training
Active Listening Basics and Empathy Building
Person-Centered Planning
Member’s Rights and Restrictive Interventions

Context and Background

Requirements for person-centered planning and restrictive intervention planning.

Why this training now?

- Although HCBS person-centered planning and restrictive-intervention requirements are not new, several developments in Iowa make this training especially timely:
  - The **HCBS Settings Rule** transition period ended in March 2023, and full compliance is now required.
  - A **CMS site visit** in August 2024 identified gaps in person-centered service plans—especially missing person-centered goals and insufficient documentation for restrictive interventions.
  - **Quality oversight reviews** continue to show statewide challenges with person-centered goal development, provider/case manager role clarity, and restrictive-intervention planning.
  - **Feedback** from the HCBS network highlights confusion caused by conflicting requirements, inconsistent terminology, and competing expectations from various oversight bodies.

Relevant Federal Code

CFR 441.301(c)

- Waiver HCBS requirements
- Person-centered planning requirements
- Role of the case manager versus the role of an HCBS provider
- HCBS settings requirements

CFR 441.710

- State plan HCBS requirements

Relevant IAC

Chapter 90: Case Management Services.

- Specific information about PCSP and rights restrictions.

Chapter 83: (Member eligibility for) Medicaid Waiver Services

- Some information about PCSP, rights, rights restrictions, and the IDT.

Chapter 78: Amount, Duration, and Scope of Medical and Remedial Services

- Outlines settings in which HCBS may be provided.
- Addresses the contents of a PCSP and due process of restrictive interventions.

Chapter 77: Conditions of Participation for Providers of Medical and Remedial Care

- Describes provider qualifications for waivers and services.
- Defines HCBS settings and restrictive intervention requirements for the state (Federal rules still apply) .
- Establishes some minimal standards for rights and dignity.

Key Requirements: HCBS Settings Rule

For all HCBS settings

- Integrated in and supports full access to the greater community
- Opportunities to seek competitive, integrated employment.
- Opportunities to engage in community life, control personal resources, and access community resources.
- Informed choices from options including non-disability specific settings and an option for a private unit in a residential setting.
- Ensures a member's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices.
- Facilitates individual choice regarding services and supports, and who provides them

For provider owned and controlled HCBS settings

- The unit or dwelling must be a specific physical place that the individual can own, rent, or occupy under a legally enforceable agreement, providing the same responsibilities and eviction protections as landlord-tenant law; and if landlord-tenant laws do not apply, a lease, residency agreement, or other written agreement must still be in place that offers comparable protections, including eviction processes and appeals.
- Everyone has privacy in their sleeping or living unit;
- Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors;
- Individuals sharing units have a choice of roommates in that setting; and
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time;
- Individuals can have visitors of their choosing at any time;
- The setting is physically accessible to the individual

Key Requirements: Person-Centered Planning

HCBS must be delivered according to a written person-centered service plan (PCSP).

The PCSP must be developed and implemented using a person-centered approach.

Planning meetings:

- Include people the member chooses.
- Give the member the information and support needed to make informed decisions
- Occur at times and locations convenient for the member.
- Use plain language and accessible formats and reflects the member's culture and English proficiency.
- Include ways to solve disagreements and ensures protections against conflicts of interest.
- Offers informed choice about services, supports, providers, and settings.
- Document other settings the member considered.

Key Requirements:
Person Centered Service Plan (PCSP)

- Establishes that the PCSP must be written by the member's case manager and that HCBS providers must not provide case management or develop the person-centered service plan without approval from CMS.
- Outlines the required elements and content of a PCSP.
- Defines timelines for the creation and review/update of the PCSP including by member request.

Key Requirements: Limitations, Modifications, and Restrictive Interventions

Any limitations, modifications or restrictions must meet the following components.

Must be supported by a specific assessed need and justified in the person-centered service plan.

Justification in the PCSP includes but is not limited to:

- Identification of the specific and individualized assessed need.
- Identification of the right or standard that is being limited, modified, or restricted.
- Documentation of the positive interventions and supports used prior to any modifications to the person-centered service plan.
- Documentation less intrusive methods of meeting the need that have been tried but did not work.
- A clear description of the condition that is directly proportionate to the specific assessed need.
- Identified of a regular collection and review of data to measure the ongoing effectiveness of the modification (Iowa rules require at least quarterly review)
- Identification of time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (Iowa rules require at least quarterly review)
- Demonstration of the informed consent of the individual.
- Assurance that interventions and supports will cause no harm to the individual.

Interdisciplinary Team Roles

- **The Interdisciplinary Team (IDT)** is a collection of people involved in a member's life who collaborate with the member and each other to develop and implement a holistic, person-centered service plan that address the member's physical and mental health social /relational, daily living and service needs. The IDT is directed by the member to the maximum extent possible and facilitated by the member's Case Manager. The IDT empowers the member and comes along side them to help them make decisions, understand their options, and carry out the agreed upon PCSP.
- HCBS providers are part of the IDT and have a responsibility to work within the IDT.
- The IDT must include:
  - The member (leads the team or appoints someone to do it for them)
  - The member's case manager (acts as facilitator and writes the PCSP)
  - Parents (for minors)
  - Legal representatives
  - Current service providers
  - Anyone else the member chooses such as involved family, friends, or other professionals involved in the member's life

Goal & Restrictive Intervention Planning

An Approach to Person-Centered Planning

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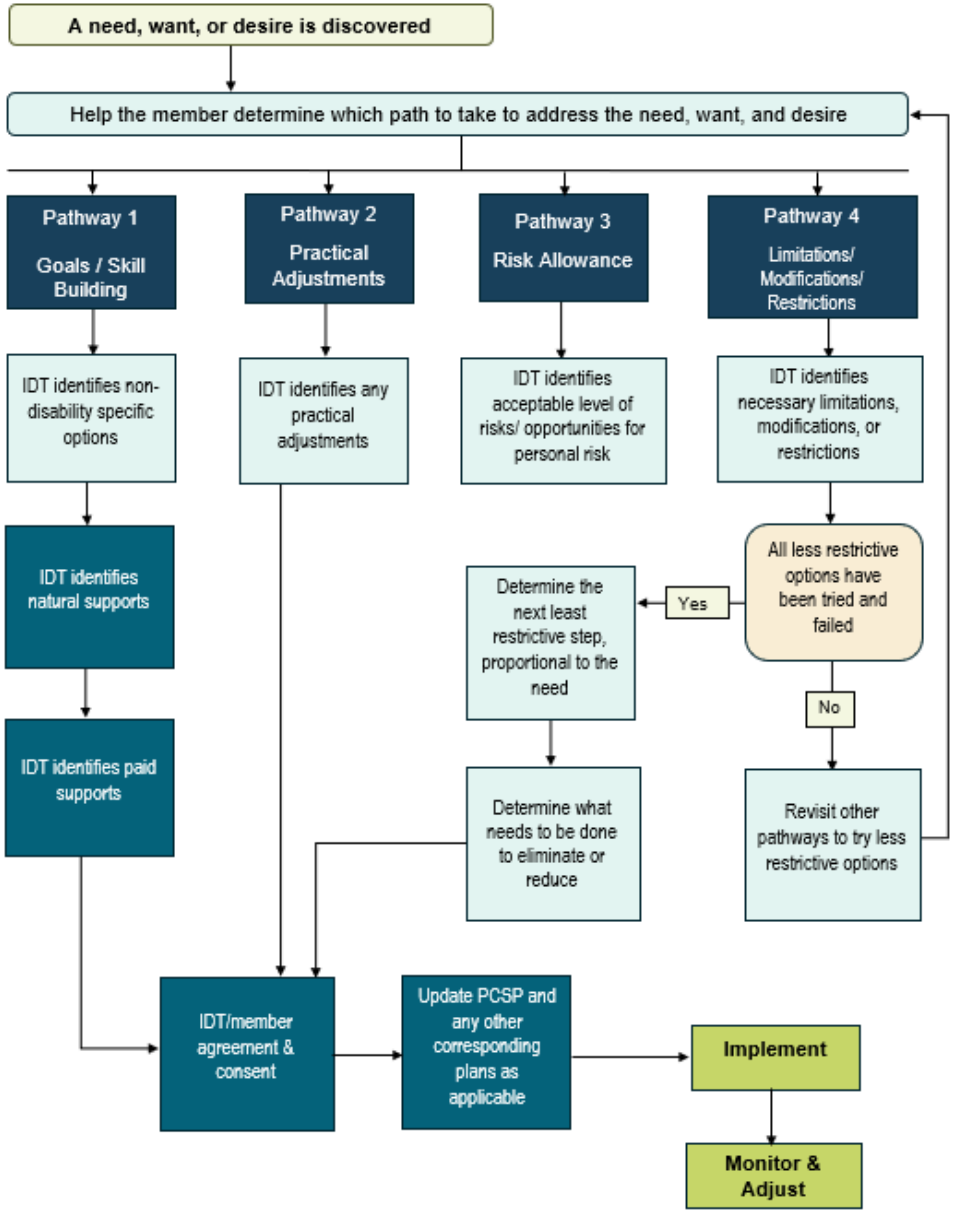

A need, want, or desire is discovered
Help the member determine which path to take to address the need, want, and desire
Pathway 1
Goals / Skill Building
Pathway 2
Practical Adjustments
Pathway 3
Risk Allowance
Pathway 4
Limitations/ Modifications/ Restrictions
IDT identifies non-disability specific options
IDT identifies any practical adjustments
IDT identifies acceptable level of risks/ opportunities for personal risk
IDT identifies necessary limitations, modifications, or restrictions
IDT identifies natural supports
All less restrictive options have been tried and failed
Yes
Determine the next least restrictive step, proportional to the need
No
IDT identifies paid supports
Determine what needs to be done to eliminate or reduce
Revisit other pathways to try less restrictive options
IDT/member agreement & consent
Update PCSP and any other corresponding plans as applicable
Implement
Monitor & Adjust

Discover

Discover the member's needs, wants, and desired outcomes.

- ❑ What are their assessed/documented needs?
- ❑ What does the team already know about the member?
- ❑ What does the member's assessment tools, social history, incident data, service documentation reveal about their needs?
- ❑ What does the member say their needs, wants, and desires are?

Choose Paths

Decide which pathways to take to address the need, want, or desired outcome.

Pathway 1: Create a goal/build a skill

Pathway 2: Make a practical adjustment

- *sensible changes to the member's life or environment (i.e., pick up the rugs that the person keeps tripping over)*

Pathway 3: Risk

- *opportunities for the member to accept an appropriate level of risk*

Pathway 4: Limitations, modifications, restrictions

Pathway 1: Goals and Skill Building

Identify Goals or Areas Skills Can Be Developed:

- Work with the member and IDT to identify specific, measurable, achievable, relevant, and time-bound (SMART) goals that help them build skills or otherwise address the need, want, or desired outcome.

Decide on Non-Disability Specific Options:

- Discuss and determine non-disability specific resources that can help the member address the need, want, or desired outcome (e.g., retail stores, gyms, libraries, restaurants, recreational classes or sports, salons, clubs, housing, jobs, etc.,) that are already available to everyone in the community

Discuss Natural Support Options:

- Discuss and determine how the member's natural supports or resources (friends, family, resources) can help the member address the need, want, or desired outcome.

Define What Paid Supports Can Do:

- Discuss and determine what paid supports can do to help the member address the need, want, or desired outcome.
- Install and authorize services that help the member address the need, want, or desire and reach their goals-as opposed to creating goals for the service. The service is installed to help reach the goal/meet the need.
- Make sure the action steps are detailed enough to effectively guide the paid supports in providing services and supporting the member to reach their goals.

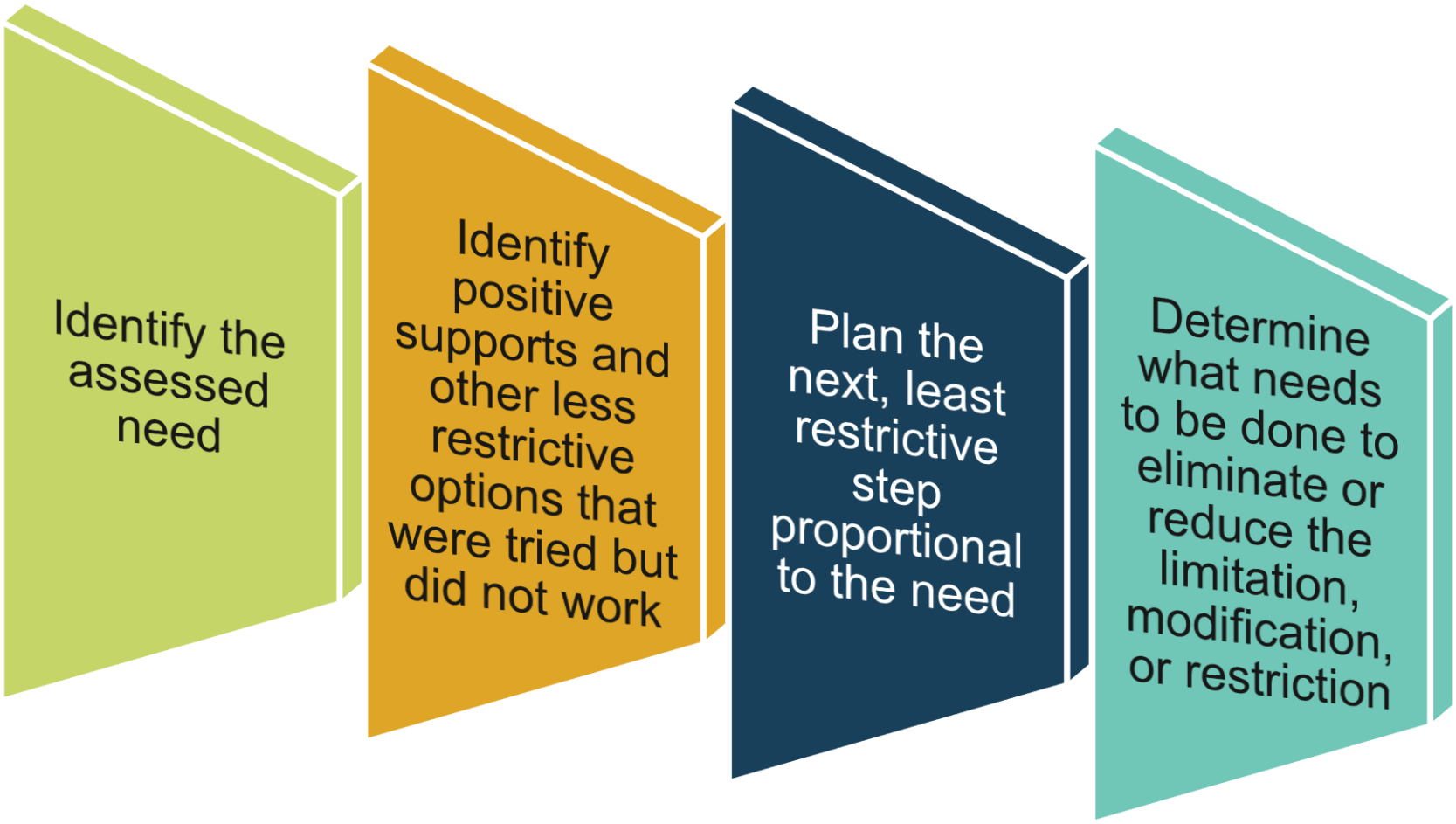
Pathway 2: Practical Adjustments

Practical adjustments are simple, non-restrictive changes to a member's environment, routine, or support strategies that help address a need or reduce risk without requiring the member to develop a new skill or work toward a goal. These are straightforward fixes—such as reorganizing the home, adding reminders, or modifying how a task is carried out—that improve safety, comfort, and independence while preserving the member's rights and autonomy.

Pathway 3: Supporting Acceptable Risk

- Dignity of risk means people have the right to make informed choices—even when those choices involve some level of risk.
- Experiencing reasonable risk is a normal part of life and essential for growth, learning, and independence.
- Negative outcomes (such as getting hurt, lost, or disappointed) can teach valuable lessons and should not automatically lead to restrictions.
- The IDT must look for ways to enhance safety without removing independence or restricting the member's rights.

Pathway 4:
Limitations, Modifications, & Restrictions



Obtain Agreement & Consent

The IDT and the member agree to the plan.

- Ensure the member and other IDT participants understand the plan and their roles and responsibilities in carrying it out.
- Make sure the member thoroughly understands the options and feel like they made an informed choice.

Implement

Now the team implements the PCSP as agreed upon.

Monitor Progress & Adjust

- Regularly review the member's progress towards their identified goals, towards eliminating or reducing limitations, modifications, or restrictions, effectiveness of practical adjustments, and continued tolerance to agreed-upon risk.
- Monitor service documentation to ensure plan is carried out as agreed upon.
- Make updates and adjust the PCSP as needed.

What to Avoid When Planning Restrictive Interventions

- Do not start with pre-determined restrictions.
  - Avoid bringing a list of restrictions the member “has always had” or that someone believes they should have.
  - Restrictions must always begin with an assessed need.
- Do not assume that writing a restriction into the plan makes it justified.
  - A restriction is not justified simply because it appears in the PCSP.
  - Every required step must be completed: assessed need, less intrusive strategies, proportionality, consent, and no harm.
- Do not use blanket or standardized restrictions.
  - Provider policies (e.g., locked medication cabinets, cameras, universal curfews) cannot override person-centered requirements.
  - Federal and state rule requires all restrictions to be based on individualized assessed need, not provider convenience or policy.
- Do not impose restrictions based on guardian preference.
  - Guardians cannot limit rights the court has not specifically given them authority to control.
  - Restrictions cannot be added simply because a guardian wants them; all person-centered criteria must still be met.
- Do not use restrictions as punishment or reward.
  - Plans that require members to “earn” access to activities, visitors, food, or possessions—or that remove these as consequences—are prohibited.
  - Restrictions must never be used for punishment, staff convenience, or control.

Practice Scenarios

Blanket Restrictions (Provider Policy)	Provider locks all members' medications due to policy. Member has *no* assessed need and values managing meds.
Camera Use Without Assessed Need	Provider wants cameras in common areas "for safety." Member has no need for monitoring; cameras violate privacy.
Housemate Restriction Applied to Everyone	One member has a food-access restriction; provider locks kitchen for all. Another member is restricted unnecessarily.
"Alone Time"	The IDT writes in the plan that the member is "restricted to 2 hours of alone time." Teams should assess the member's actual supervision needs rather than assigning arbitrary limits on "alone time."
Starting in the Middle ("Is this a rights restriction?")	Team jumps to identifying restrictions (e.g., thermostat access). Tool requires starting with needs, wants, and desired outcomes.

Practice Scenarios

Medication Misuse (Documented Harm)	Member repeatedly misuses medications; ER visit occurred. Less intrusive supports were tried and failed. Time-limited staff-administered meds with step-down plan is justified
Unsafe Seizure Activity During Cooking	Member had a seizure while cooking unsupervised. Safety risk is clearly assessed; attempts at safer supports made. Temporary restriction on unsupervised cooking is proportionate
Elopement Risk in the Community	Member has repeated dangerous incidents (traffic, strangers). Many prevention attempts failed. Restriction on independent community time justified with reduction plan.

Behavioral Intervention

- **Behavioral Intervention Plans** (BIPs) must identify specific maladaptive behaviors and describe exact steps staff must follow: This includes what to do at each point in the behavior, how long, and who is permitted to intervene (only trained staff), and must meet all requirements for documenting restrictions.
- **Behavioral supports** are everyday strategies for typical emotional or behavioral needs: They do not target maladaptive behaviors and are typically documented as services/supports in the PCSP, while BIPs address defined risky behaviors and require formal planning and due process.
- A PCSP or BIP may not simply reference provider policy or a behavioral program—interventions must be individualized, explicit, and clear enough to guide staff actions.

Wrap-Up:
What We Accomplished Today

- Built stronger person-centered planning skills by focusing on discovery, meaningful conversations, and truly understanding each member's needs, wants, and desired outcomes.
- Learned a person-centered approach to developing goals, including using practical adjustments, natural supports, non-disability specific options, and clear action steps that support what matters most to the member.
- Learned a person-centered, compliant approach to restrictive interventions, including how to plan, implement, document, and apply due process for limitations, modifications, restrictions, behavior plans, and restraints — always ensuring interventions are individualized, justified, least restrictive, and tied to assessed needs.

Questions

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