



TEXAS
Health and Human Services

Shirley Ryan
Abilitylab



Don't Sweat the Small Stuff, Except When It's About Having a Skilled HCBS Workforce

RRTC on Home and Community-Based Services Outcomes Research and Measurement
National Center on Advancing Person-Centered Practices and Systems
Texas Department of Health and Human Services

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Mary Bishop, LMSW; Allen Heinemann, PhD

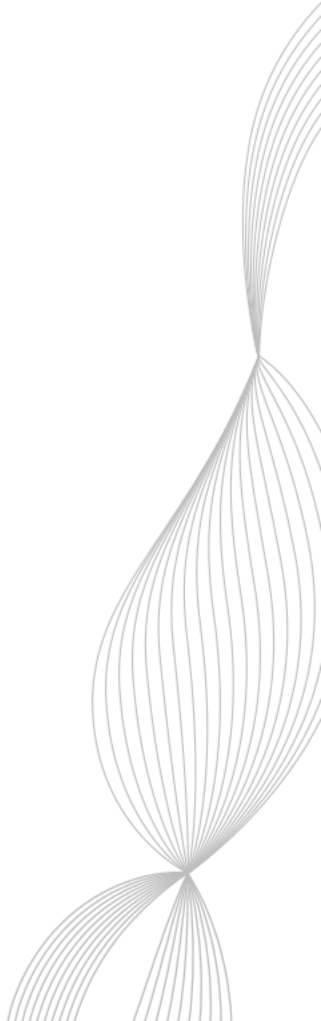
Thursday Dec 9, 2021

HCBS Conference

ACL Person-Centered Practices Work



- Amanda Reichard,
 - ACL, National Institute on Disability, Independent Living, and Rehabilitation Research
- Shawn Terrell,
 - ACL, Office on Policy Analysis and Development



Person-Centered Planning Competencies

12/9/2021



Topics for discussion today

- Some background about technical assistance efforts at the [National Center on Advancing Person-Centered Practices and Systems](#)
- Overview of a TA product, [Five Competency Domains for Staff who Facilitate Person-Centered Planning](#)
- Next steps for supporting States, Tribes, and Territories to engage in data-driven person-centered systems change

The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.



Working toward a vision expressed by ACL & CMS for person-centered systems

- People know what to expect from process, services, and supports
- People who facilitate planning processes are qualified
- Systems are configured to deliver services and supports in a manner consistent with person-centered values
- People with lived experience drive change at all levels of the system
- **Quality measures are implemented for process fidelity, experience, and outcomes based on each person's preferences and goals**
- Principles of continuous learning are applied throughout the system

NCAPPS Technical Assistance

Goal: Support systems change efforts, so the person is at the center of thinking, planning, and practice

- Available to 10 States, Tribes, or Territories each year
- Up to 100 hours per year for two years
- Delivered by national experts based on a detailed technical assistance plan

Five Competency Domains for Staff Who Facilitate Person-Centered Planning



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<https://affecttheverb.com/disabledandhere>

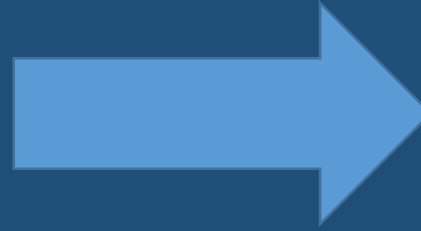
History and Context of Competency Domains



Person-Centered Planning and Practice

FINAL REPORT
July 31, 2020

This report is funded by the Department of Health and Human Services under contract HHSM-500-2017-75FCMC19F0001.



- Need for concise and user-friendly core competencies for person-centered practices
- Broad look across a range of widely endorsed approaches and state and federal practice guidelines; inclusive of lived experience input
- Extends the work of the NQF multi-stakeholder expert panel on Person-Centered Planning and Practice



Five Competency Domains for Staff Who Facilitate Person-Centered Planning

Janis Tondora, Bevin Croft, Yoshi Kardell,
Teresita Camacho-Gonsalves, and Miso Kwak
November 2020





Cataloging competencies across sources

- Multi-rater process carried out twice to support reliability and to revise domains as needed
- Systematic but not “scientific”
- We identified the most frequently noted competencies across most/all sources
- Goal was to extract the “core” competencies or “must do’s”
- Five domains emerged as consistently valued across all sources

Five Competency Domains



A note regarding applicability of this resource

This resource is intended to apply broadly to any people who support the development and implementation of person-centered plans whether they occupy a formal “facilitator” role or not

- Planning methods vary based on the unique structures of systems and the unique needs and preferences of the people they support.
- In ALL circumstances, the relationship between the person and the staff should be a mutually respectful partnership where the plan is co-created with the goal of helping the person realize their unique vision of a good life.

Translating the resource into practice

- Start with what **should** we be measuring (compliance and beyond compliance)
- Ask: what are we already measuring?
- Then, what *aren't* we measuring?
- PCP Competencies Measurement Grid
- Collaboration with others working on HCBS measurement



Questions?

Contact us!

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Creating a Skilled Workforce of Home and Community-Based Service Providers

RRTC on Home and Community-Based
Services Outcomes Research and Measurement

Lindsay DuBois, PhD, MPH; Jasin Wong, PhD; Jessica Pedersen, PhD; Dhrumil Shah, MPH; Niveda Tennety, BS; Rudy Chiu, MS; Glenn Malecki, BSN, RN; Allen Heinemann, PhD



Agenda



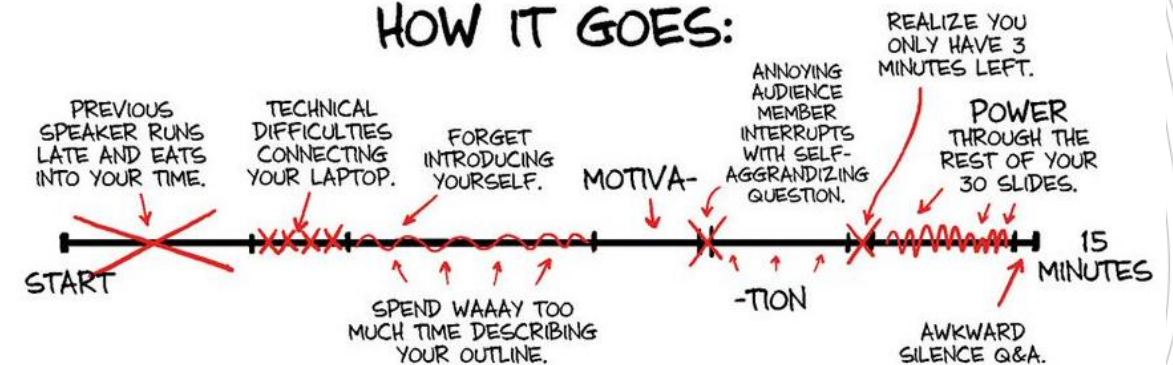
- Background & Introduction
- Aims
- Methods
- Results
- Conclusions
 - Strengths and limitations
 - Implications and future directions

YOUR CONFERENCE PRESENTATION

HOW YOU PLANNED IT:



HOW IT GOES:



Long-term services and supports (LTSS) & Home and community-based services (HCBS)



- More than 4.7 million people received Medicaid-funded HCBS in 2018
 - 2.5 million+ receive services through optional waivers
- Populations served on 1915(c) waivers (1,806,800)
 - Intellectual and/or Developmental Disability: 785,800 – 48 states
 - Seniors: 162,500 – 8 states
 - Seniors and Adults with Physical Disability: 667,000 – 37 states
 - Adults with Physical Disability: 128,200 – 16 states
 - Mental health: 25,100 – 11 states
 - Traumatic Brain Injury / Spinal Cord Injury: 17,500 – 21 states
 - Medically fragile / Technology dependent children: 17,100 – 18 states
 - HIV/AIDS: 3,600 – 5 states

HCBS workforce



- PHI National Workforce Data Center
 - 4,582,640 Direct Care Workers in 2020
- Case Managers
- DSP supervisors
- PTs/OTs
- Behavioral Specialists
- State coordinators

Background

Aims

Methods

Results

Conclusions

HCBS measurement & service effectiveness



- NCI & NCI-AD 2018 data

91%

Services and supports are helping people have a good life

89%

Staff have the right training to meet their needs

72%

Services meet all their current needs and goals

Study aims

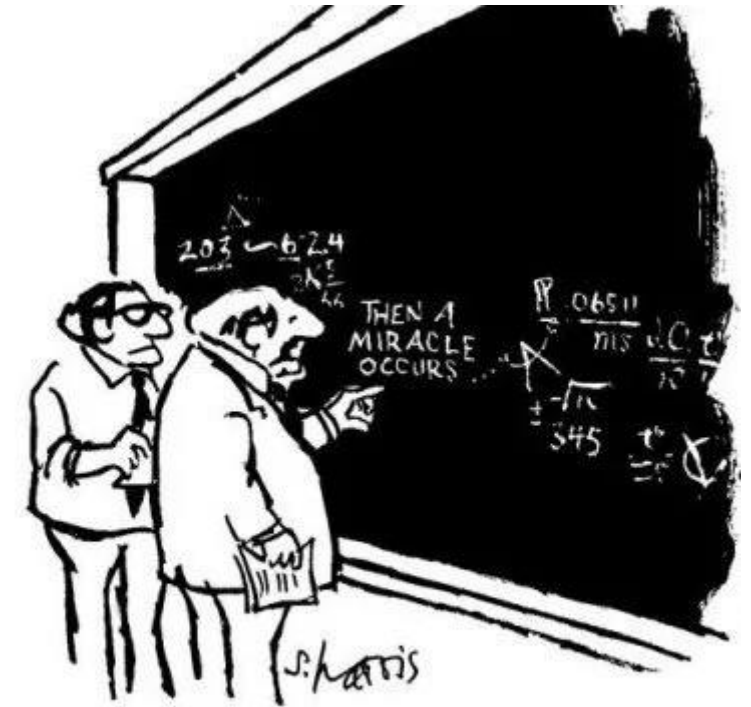


1. Identify the key competencies needed for delivery of person-centered services
2. Examine the effectiveness of person-centered services in improving HCBS provider and participant outcomes

Scoping review

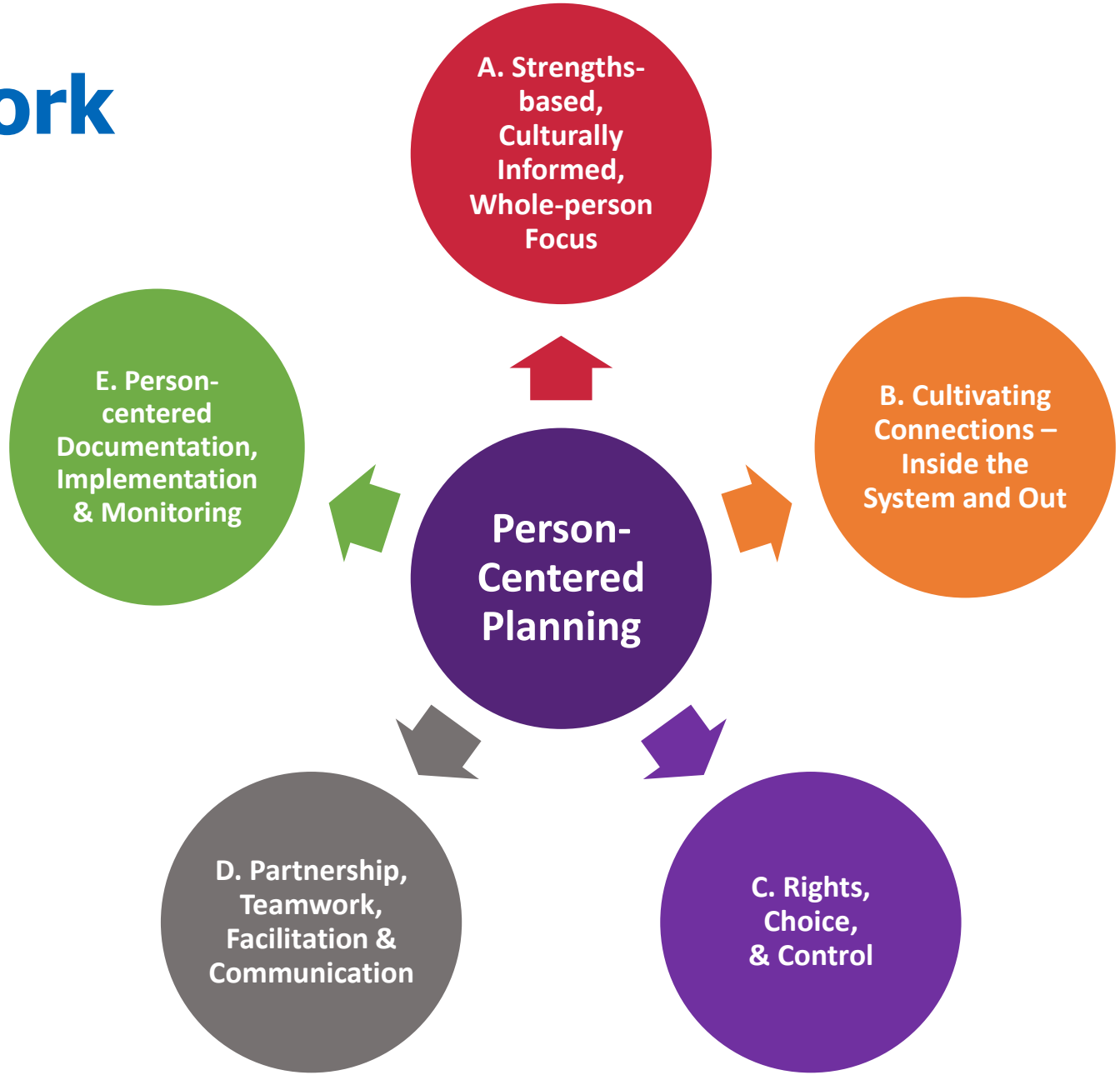


- Search Ovid, Wiley, Ebsco, Elsevier and ProQuest databases using MESH terms
- Key words: HCBS, service-delivery competencies, and non-clinical workers
 - Focused on US-based research
 - All years included
- Screen abstract and review full text in pairs
- Evaluate and score quality using Hawker et al. (2002) appraisal tool
- Extract data into major findings and categorize competencies



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

NCAPPS framework

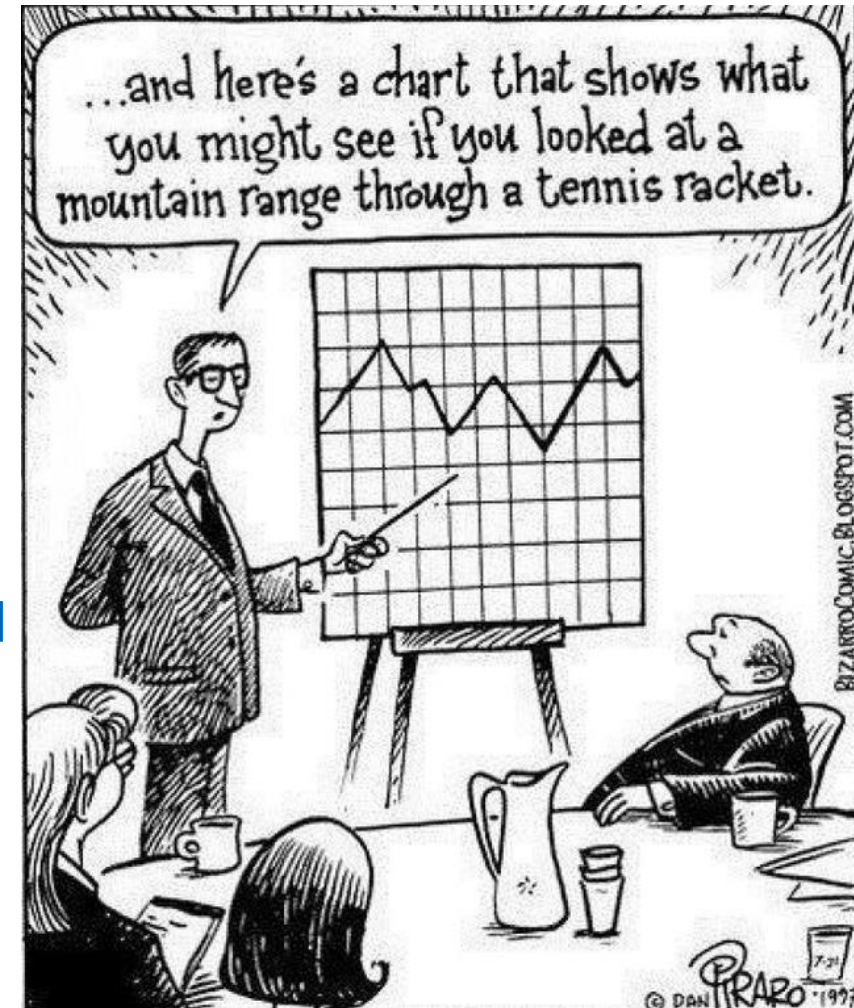


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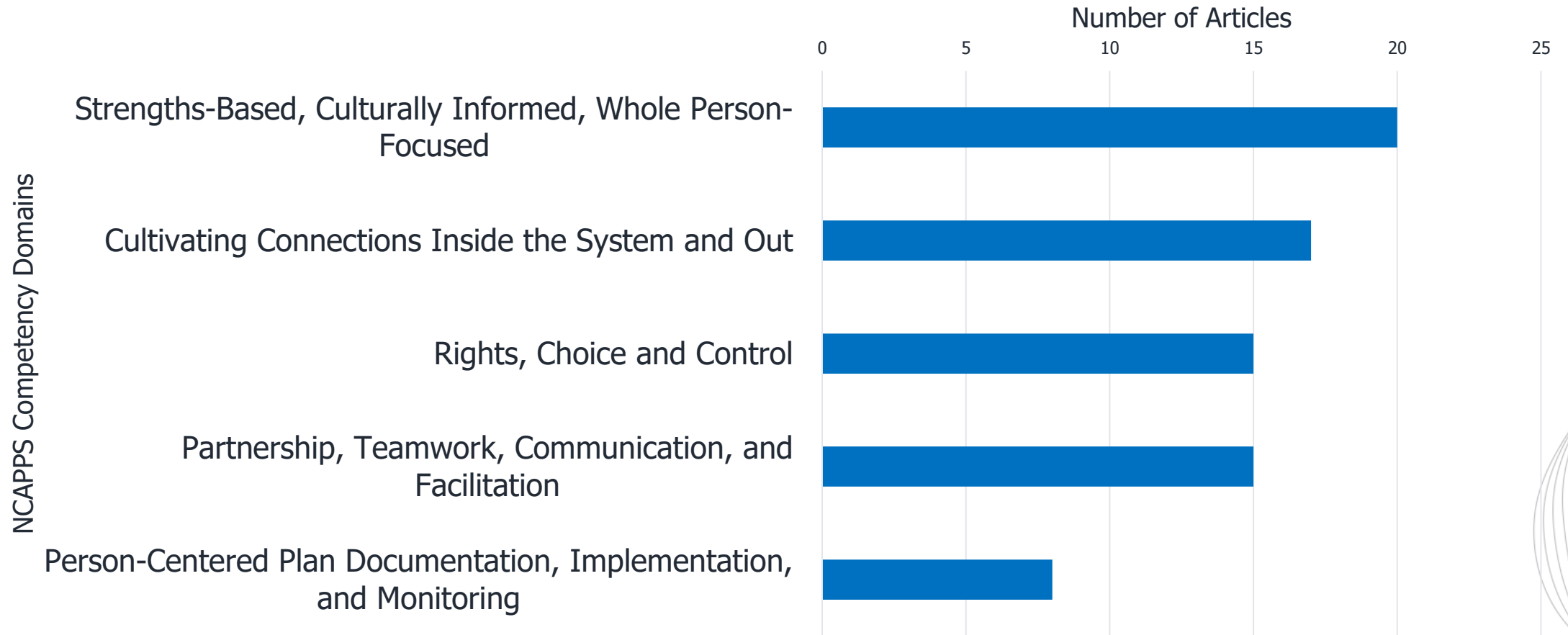
Results



- 2,491 references identified
- 36 articles retained
 - 33 included data on the participant population served
 - Elderly population most frequently covered
 - 33 discussed specific competencies of the HCBS workforce
 - DSPs most frequently studied



Frequencies of competencies (n=33)



Effectiveness of practices



- 20 articles (56%) provided information on effectiveness of practices
 - 16 reported HCBS provider outcomes (e.g., skills, confidence, job satisfaction)
 - 5 reported HCBS participant outcomes (e.g., trust, challenging behaviors, well-being)
 - 3 reported the relationship between organization characteristics and outcomes

Conclusions



- Most frequently described competencies relate to
 - Culturally informed, whole-person focused supports
 - Cultivating connections
 - Promoting choice and control
- Less emphasis on partnership in communication and person-centered documentation and monitoring
- Effectiveness of practices was mostly related to the provider outcomes, and not intermediate or long-term outcomes of participants

Strengths, limitations, and implications



○ Strengths

- Rigorous methods & use of the NCAPPS framework

○ Limitations

- Generalizability
- Terminology
- Inclusiveness of research

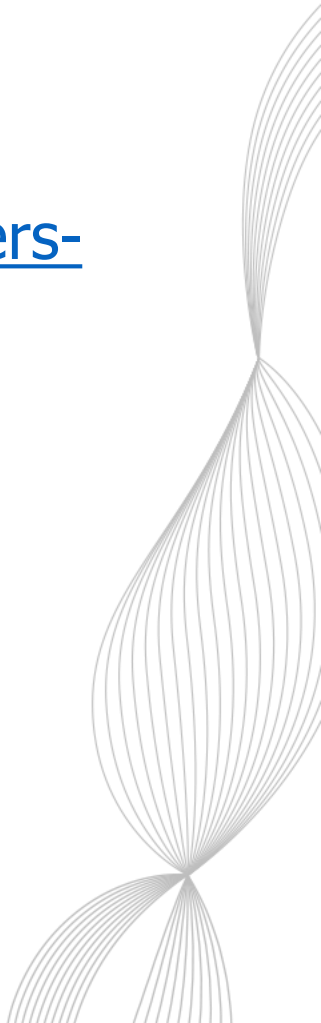
○ Implications

- Provider training must address individual needs and systems improvements
- Evaluation of impact of training on participant outcomes is needed
- Information from qualitative and grey literature sources needed

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- Glenn Malecki
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The Good, The Bad & The Ugly When Measuring Systems

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Wait, Reverse that! The Ugly, The Bad and The Good

The Ugly!

- Obtaining Provider “Buy-in”
 - “Is this just the flavor of the month, year, or decade?”
- Ownership of the human being served –
 - “Shush, you cannot make as much money if the people you support are doing well!”
- Guardianship



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The Bad!

- Silos are NOT just in Texas
- Nor is Constant leadership change
- And become huge barriers
 - Texas consolidate everything in 2004 and again in 2016
 - Let us talk about the process for engaging leaders



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The Good!

- Reaching for a Person-Centered Organizational and Systems Level
 - You need consensus on how to become a Person-Centered Organization and System
 - Expansive Person-Centered Steering Committee & Workgroups
 - Workgroups want more tools
 - Big movement for peer-support
 - The request to expand across MORE divisions of HHSC
 - Policies change, practices change, papers change



“Nothings Done Until the Paperwork Is Done!”

- What does Measurement look like in Texas?



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Where do we go from here?



- NQF provides leadership and methods to monitor and improve quality of HCBS services
- NCAPPS operationalizes person-centered planning framework
- Scoping review reveals how little peer-reviewed literature addresses topic of improving HCBS person-centered planning
- Texas' experience illustrates challenges of administering waiver programs and trying to promoted system change
- Funding is critical for person-centered planning and improved quality of HCBS
- Training and technical assistance must focus on person-centeredness
- Build Back Better plan implications





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Thank You

