



Person-Centered Practices Self-Assessment

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Introduction

This Self-Assessment is designed to help leadership at human service agencies in States, Tribes, and Territories to measure their progress in developing a more person-centered system. It is designed for use by the administrative entities (“agencies”) with the authority to administer or operate federal programs for long-term services and supports, including home and community-based services.

It can be used by the wide range of systems that oversee services and supports for people with disabilities of all ages, older adults with long-term service and support needs, and other health and social service programs.

How to Use It

We encourage you to take this Self-Assessment on a regular basis (for example, every six months). It should be completed by individuals who have a strong working knowledge of the operational activities of the system, including the administrative functions carried out by the Medicaid authority. Each State, Tribe, or Territory will vary in the use of the Self-Assessment, depending on the breadth of involvement with NCAPPS and other factors. For example, the Self-Assessment may or may not include the Older Americans act agency, the behavioral health and developmental disabilities agencies and/or any other administrative agency overseeing the availability of long-term services and supports. Individuals engaging in the Self-Assessment process should have the authority to use the information to pursue systems change efforts.

If warranted, the Self-Assessment could be filled out by individuals at multiple levels in the organization (i.e., executives/senior administrators, mid-level managers, and frontline staff) who can provide diverse insights. If multiple individuals complete the Self-Assessment, it might be useful to examine average scores as well as measures of spread (e.g., standard deviation, absolute deviation). Once individuals within the agency have completed the Self-Assessment independently, they can meet to look at the scores, discuss discrepancies, and come to agreement on a single agency score.

The Self-Assessment is divided into eight sections, as shown in the following graphic. Each represents a key area for consideration as agency leadership seeks to increase or expand person-centered practices.



Leadership

How well people in charge know about and support person-centered practices



Person-Centered Culture

How person-centered is the system's culture and how can person-centered approaches help address risks



Eligibility & Service Access

How person-centered is the intake and assessment process for people seeking supports



Person-Centered Service Planning & Monitoring

How is the process for creating person-centered plans and ensuring the services are working



Finance

How are agreements with providers structured and how well are services helping people reach their goals



Workforce Capacity & Capabilities

How well staff know about and have the skills to deliver person-centered planning and supports



Collaboration & Partnership

How are partnerships with service users, families, service providers, and advocacy organizations



Quality & Innovation

The agency's mission and standards

Each of the eight sections describes observable practice and includes five statements from which to choose. **It is very important to read through all of the statements before checking the one that best applies to your agency.** Each statement includes bolded key terms to emphasize the most critical change. Choose the statement in each section that best corresponds with your progress to date. Many of the statements depict a succession of increasingly person-centered practices. If you're having a hard time choosing between two statements, check the one that represents practices at your organization that have been fully and completely realized, even if the next statement represents practices that are started or somewhat implemented. In other words, in order to check the third box, confirm that your agency meets or exceeds the criteria described in the first and second boxes.

When first engaging in this assessment, many agencies find the majority of progress topping out in the first or second statements; this is to be expected and indicates there is room to grow in your agency. If you are making some progress, you might check the third statement. Good progress would mean checking the fourth statement, and excellent progress would mean that you're checking the fifth statement. **It takes**

significant efforts to move from one statement to the next, and very few organizations score a four or five in every area.

How to Use Your Scores

The scores from this assessment can inform development of a systems change plan. Examining differences in scores between different programs or staffing levels in your agency might help you identify targeted efforts to support particular areas for improvement. The plan should describe how you will develop changes to move your system to a score of five (excellent progress). For example, if you score a two in one area, your action plan will focus on how to move to a three or four. In this way, the Self-Assessment can help you decide where to focus limited energy and resources. If you complete it on an ongoing basis, the assessment scores can help provide a picture of whether and how your agency is changing over time as you work toward greater levels of person-centered practice. Agency leadership can use the scores to understand whether their systems change efforts are effective and provide information for changing course if necessary.

Establishing Definitions to Help with the Self-Assessment

It will be helpful for your agency to agree to some basic definitions before you complete the Self-Assessment. Senior leadership should identify the following terms:

Leadership: What levels of leadership in addition to the highest-level executives are included in the definition of leadership for this assessment in your agency?

Strategic Plan: What document name is given to the guiding document that sets goals, initiatives, and strategies to be used by all divisions of the administrative agency to make decisions and set priorities? Sometimes this is called an annual planning document, a guiding document, or a strategic plan—or it may be something different. Identify the plan used in your agency to which these elements will be applied.

Direct Care Workforce: Who are the staff that would be identified as direct care workforce in this system? These are not necessarily agency employees; they may work for private provider agencies. However, in some states that deliver state-operated services, there may also be a direct care workforce who are state employees. The definition of direct care workforce here will be used to assess person-centered practices in Section 6.3.

Advocacy Organizations: Identify groups to include when assessing the agency's engagement with Advocacy Organizations in Section 7.4.

Quality Management or Quality Review Council: What is the name of the committee or workgroup to be considered when assessing practices in Section 8.2? This group is typically created or established through the administrative agency and is charged with reviewing data that demonstrates the service delivery system's performance and using such data to identify areas for improvement. Agencies typically assign such a committee or work group to guide or oversee quality improvement strategies for the full system on a regular basis. However, they do not carry out the tactical operations of quality improvement. This council or committee might also provide specific guidance to internal quality management offices or other related quality guidance and direction. Some agencies may have a work group or team focused exclusively on reviewing critical incidents or health/safety data and making recommendations on how to improve in this area. While it is a good first step, quality councils typically have a broader charter to include factors beyond health, safety and welfare.



The Self-Assessment

Leadership

1.1 Leadership

- ❑ 1 Our leaders recognize that person-centered planning is important and assign the appropriate authority to program directors to meet **basic assurances**.
- ❑ 2 Our leaders recognize the role person-centered planning plays in establishing values in the system and **assure program directors carry it forward**.
- ❑ 3 Our leaders value the impact person-centered planning has in people's lives and on team effectiveness. We have **formal feedback mechanisms** to determine how person-centered planning is being implemented.
- ❑ 4 Our leaders value the impact of person-centered planning and **have been trained** in person-centered planning. Our leaders recognize the **applicability of person-centered principles to intake, assessment, planning and monitoring activities** (person-centered practices).
- ❑ 5 Our leaders demonstrate the value of person-centered practices by **actively participating** in training opportunities, promoting person-centered practices in **all functional areas** within our agency, and **consistently communicate** the importance of person-centered practices. **Measures of person-centered practices** are part of our regular quality improvement activities and senior leadership intentionally promotes the use of person-centered practices with other systems of care including justice, education, healthcare, additional social service agencies.

1.2 Strategy

- ❑ 1 Our agency **does not specifically address** person-centered planning or practices in a strategic plan or other key strategy documents. The responsibility for person-centered planning and practices lies primarily with service provider agencies or case management agencies, not this agency.
- ❑ 2 Our agency has a strategic plan, and our values include the importance of person-centered planning or practices, but we **do not have a specific strategy** to spread person-centered planning and practices.
- ❑ 3 We have identified some of the areas of our system that we think will be affected by person-centered practices and have a clear strategy to **address how we will meet the expectations**. We have **sought input** from other stakeholders on how and where person-centered practices can be embedded into our system.
- ❑ 4 Our strategy for implementing person-centered **practices includes our assessment, planning and monitoring procedures, and training** needed to fully understand this new approach. Our plan includes starting with agency leadership and management staff training.
- ❑ 5 We have a **clear vision and strategy** for delivering person-centered practices. Our strategy is based on a good understanding of where we are now, and on the future expressed by people we support and other stakeholders. Our agency senior leadership team actively supports the strategy and has **aligned resources** to support the strategy. We are all held accountable for delivering on it. Person-centered practices **inform all policy and guidance materials** within our agency.



1.3 Communication

- ❑ 1 We engage with the community using communications practices, but these practices **do not specifically address** person-centered principles and values.
- ❑ 2 We understand that for communication practices to be effective, all communications, policy, and practice must be **aligned with person-centered principles and values**.
- ❑ 3 We have **begun discussions** about a communication strategy that aligns all communications, policy, and practice with person-centered principles and values.
- ❑ 4 We have **designed components of our communication strategy** that align all communications, policy, and practice with person-centered principles and values. We are **meeting with stakeholders** to determine if the strategy ensures the right communication modes to reach all stakeholders, including diverse cultural and ethnic accessibility.
- ❑ 5 Our communication strategy **aligns policy and practice** with person-centered principles and values and includes a **feedback loop** to collect stakeholder input. The strategy also includes **various modes of communication** that best suit all stakeholders and is transparent, culturally responsive and accessible, and user friendly.

1.4 Law/Statute, Regulation, Policy, and Protocols/Guidance

- ❑ 1 We **have not yet examined** statute and regulations for specific areas that address the use of person-centered planning or practices.
- ❑ 2 Our agency **recognizes the need** to update governance documents to convey our values related to person-centered planning and practices.
- ❑ 3 Our agency **has identified all regulations and policies that need updating** to assure person-centered planning practices are defined and supported. Our agency **has a work plan** in place to accomplish the work.
- ❑ 4 We **have a work team** currently updating regulations, policies, and guidance documents to assure person-centered planning and practices are defined and clearly described.
- ❑ 5 Our policies, regulations, and guidance documents **have been updated and fully implemented** to ensure active promotion of person-centered practices, and these documents are aligned with our statute.



Person-Centered Culture

2.1 Changing the Culture of the Service Delivery System

- ❑ 1 Our agency **does not actively participate** in shaping the culture of person-centered service delivery.
- ❑ 2 Our agency can influence the culture of our service delivery system, but **we do not have a clear plan** on how we will do so.
- ❑ 3 Our agency has **developed a plan**, including a communication plan, that describes expectations of all leaders and managers to engage with service users, family members, and service providers. The plan includes a clear set of person-centered principles to guide the practices of all staff across the full agency.
- ❑ 4 Our agency **identifies areas** where person-centered principles and practices have successfully been implemented in their interactions with partners and stakeholders; these **stories are shared** publicly.
- ❑ 5 Our agency staff **routinely communicate** about person-centered practices in all aspects of the service delivery system. We demonstrate person-centered principles through the use of **personal narratives and other data** during oversight meetings, utilization reviews, monitoring reviews, trainings, and feedback to all components of the system.

2.2 Promoting Cultural Competence through Person-Centered Planning and Practice

- ❑ 1 Our agency **has a definition of cultural competency** that incorporates current best practice in understanding cultural, ethnic, linguistic and other differences.
- ❑ 2 Our agency **applies culturally competent knowledge and expertise** in the development of person-centered planning procedures.
- ❑ 3 Our agency **seeks to understand** the diverse cultural and linguistic backgrounds of the people we serve and those who work in our agencies, and **implements training** in culturally competent, person-centered practices for all staff members.
- ❑ 4 Our agency has incorporated culturally competent practices into all person-centered tools and procedures and makes this information available to all stakeholders through training, written materials, social media and other means of communicating intended to reach all types of linguistic needs.
- ❑ 5 Person-centered planning tools and practices **demonstrate best practice** in engaging with all people we support in culturally competent methods and **reflect individual cultural backgrounds and preferences**.



2.3 Person-Centered Approach to Risk

- 1 It is the responsibility of case management and/or providers to **address all health and safety risks** in the planning document, and compliance reviews assure this is met.
- 2 Our agency has an **assessment and service planning process and procedures** that require the team to **identify and discuss all risks** and how each risk will be mitigated. The policy includes a description of who is on the team and how they are identified.
- 3 Our agency has developed an assessment and service planning process that respects the cultural identity of the individual, and includes a **discussion of what is important to the person** and associated risks, how the individual prefers to address risk within their culturally accepted practice, and how the team (including legal guardians as appropriate) will assure a plan is in place to **assure preferences are honored** while also minimizing the impact of identified risks. Such assurances include how to resolve conflicts related to risk taking within the context of respecting culturally diverse and appropriate practices.
- 4 Our agency has **developed and distributed guidance** on how service planning teams will assess and identify the **balance between a person's desire and rights to take reasonable risks** when exploring their community or learning new skills and the potential harm that may occur. The guidance includes how to develop a **risk management plan** for these situations, inclusive of supported decision making and conflict resolution procedures for all team members.
- 5 Our agency has worked with all stakeholders—including people who use services, families, service providers, case managers, and others—to develop and implement assessment, service planning, and service plan monitoring procedures that **fully align with finding a balance between dignity of choice/risk and the supports provided**. Included in this are assurances the **person has demonstrated an informed understanding** of the choices made.



3. Eligibility and Access

3.1 Eligibility

- ❑ 1 Our agency relies on and uses **deficit-based or clinical needs-based assessments** completed by professionals to determine eligibility.
- ❑ 2 Our agency understands the need to **include an interview with the person** requesting enrollment along with assessments completed by professionals as part of the eligibility/intake process. The focus of intake and referral is not on potential paid services but on the **goals and outcomes a person wants** for their life, respecting their cultural and linguistic background.
- ❑ 3 Our agency is in the **process of reviewing eligibility requirements** to determine how to include a person-centered assessment in addition to professionals' assessments when determining eligibility. We are **removing discussions of services during intake** and eligibility.
- ❑ 4 Our agency has **developed a new process** to determine eligibility that includes a person-centered assessment developed through **conversations with people and their families or circles of support** and clearly demonstrates respect for people's cultural and/or ethnic background and identity.
- ❑ 5 Our agency has implemented the **system-wide use of a person-centered assessment** in addition to assessments from health providers to determine eligibility and make appropriate referrals to additional services, and our agency **tracks our results to determine cultural and ethnic equity** in access.

3.2 Cultural Relevance and Linguistic Accessibility

- ❑ 1 Our agency provides **some informational materials in languages other than English** but does not have a comprehensive plan for ensuring all informational materials are accessible to people whose proficiency in English language may be limited.
- ❑ 2 Our agency **uses demographic data to understand the racial, ethnic, and linguistic backgrounds** of people who are eligible for services and uses these data to develop linguistically accessible informational materials.
- ❑ 3 Our agency uses demographic data to understand the racial, ethnic, and linguistic backgrounds of people who seek out services and those determined eligible for services. We **use these data to ensure informational materials are both linguistically accessible and racially, ethnically, and culturally relevant** (i.e., pictures and examples depict people from different cultural backgrounds, and content is sensitive to cultural differences, practices, and customs).
- ❑ 4 Our agency **partners with members of racially, ethnically, and linguistically diverse communities** and **uses demographic data** to create culturally and linguistically accessible information distribution methods and materials.
- ❑ 5 Our agency **uses demographic data and partners with members of culturally and linguistically diverse communities to develop and execute a strategy** for implementation of entry procedures and distribution of informational materials which are accessible to people of all cultural, ethnic, and linguistic backgrounds.



4. Person-Centered Service Planning and Monitoring

4.1 Person-Centered Planning and Support Plans

- 1 Our service planning process **does not yet require person-centered planning** approaches that meet the requirements found in federal guidance such as those outlined in the federal HCBS regulations § 441.725 and other federal or state Medicaid HCBS rules, or tribal, territory or other nation regulations (federal and state HCBS regulations).
- 2 We have **identified the need** for developing a person-centered planning policy requiring all service plan development to occur through a culturally and linguistically sensitive person-centered planning process and meet all statutory or regulatory requirements found in federal and state HCBS regulations.
- 3 We are **discussing making changes** to our service planning process so that all plans are developed through a culturally and linguistically sensitive person-centered planning process and meet the requirements in federal and state HCBS regulations. Discussions include how to address what is **important to** the person and what is **important for** the person within the cultural and ethnic communities present in our service system.
- 4 We are **revising our service plan policy** to include a requirement that all plans must be developed through a culturally and linguistically informed person-centered planning process and meet the requirements in federal and state HCBS regulations. The process includes identifying strategies for the person to lead their own planning if desired, **resolving disagreements**, addressing what is **important to** the person and what is **important for** the person, and how the team will identify and plan for any **known risks** the individual may encounter when learning or engaging in new experiences. Our revisions include assuring the documents and procedures incorporate support for the diverse cultural and linguistic traditions, values, and backgrounds present in our communities.
- 5 Our **service planning process is in alignment with all applicable federal and state HCBS regulations**. The process includes identifying strategies for the person to lead their own planning if desired, **resolving disagreements**, addressing what is **important to** the person and what is **important for** the person, respecting the individual's unique cultural or ethnic traditions, values, and background, and how the team will identify and plan for any **known risks** the individual may encounter when learning or engaging in **new experiences**.



4.2 Monitoring

- 1 Our case management monitoring **process does not** require service plans to address the preferences of the person, or that the plan include data collection strategies for demonstrating the effectiveness of any modifications to a person's rights.
- 2 Our agency has **identified the need to develop a plan** describing how we will redesign the case management monitoring process to include routine review of service plans that ensure preferences are included in addition to the needs of the person, and that service plans that call for modification to a person's rights also include a data collection strategy to demonstrate effectiveness of the modification(s).
- 3 Our plan for updating the case management monitoring policy **includes a method** to consult with and **directly involve stakeholders** from all cultural and ethnic backgrounds in our communities, in developing a streamlined case management monitoring process that includes routine review of service plans that ensure preferences are included in addition to the needs of the person, reasonable risks will be accepted and addressed, and that service plans that call for modification to a person's rights also include a data collection strategy to demonstrate effectiveness of the modification(s).
- 4 Our state has initiated implementation of a new case management agency monitoring process that ensures service plans demonstrate respect for the unique cultural identity of the person, address the needs and preferences of the person, supports are implemented as identified and authorized, reasonable risk is accepted and includes steps for mitigation, and any modifications to a person's rights are identified and include data collection reviews to test the effectiveness of the modification(s), or we are **working on streamlining** our current approach.
- 5 Currently our case management monitoring process **ensures** service plans demonstrate respect for the unique cultural identity of the person, address the needs and preferences of the person, supports are implemented as identified and authorized, risk is accepted and includes steps for mitigation, and any modifications to a person's rights are identified and include data collection reviews to test the effectiveness of the modification(s).



Finances

5.1 Contracting

- ❑ 1 Our agency currently holds contracts that are generally focused on **meeting compliance requirements and reporting on compliance activities**.
- ❑ 2 Our agency **understands that our contracts should include** requirements for person-centered planning, person-centered training for case management/providers, providing person-centered services, and reporting on these requirements.
- ❑ 3 Our agency is **engaged in discussion** about methods for embedding person-centered principles into all contract and reporting requirements.
- ❑ 4 Our agency is **revising contracts** to include requirements for person-centered planning for all people receiving services, training in person-centered principles for all staff, and requirements for performance measures and reporting standards related to person-centered requirements.
- ❑ 5 Our agency contracts **require** person-centered planning for all people receiving services, training in person-centered principles for all staff, and requirements for performance measures and reporting standards related to person-centered requirements. We also **require performance improvement activities** for unacceptable performance with contract requirements.

5.2 Authorizing Services

- ❑ 1 Service plans are developed **within the program's required frequency cycle (e.g., annually, twice per year)** with a specific set of services authorized. Amendments to service authorizations are very cumbersome and take significant time to accomplish.
- ❑ 2 We **understand that people's needs are dynamic**, and the service planning process and service authorizations must align with a person's changing needs.
- ❑ 3 We are **discussing how to ensure** the service authorization process is dynamic, responsive, flexible, and that it supports accomplishing personal outcomes for people using services.
- ❑ 4 We are **implementing policy** that requires service authorizations to **align with goals or outcomes** and to be dynamic, responsive, and flexible with clear timeframes.
- ❑ 5 Our system **requires** that service planning demonstrate person-centered values (i.e., dynamic, responsive, and flexible). Our service planning and authorization process also **ensures that services are designed around personal goals and objectives, can change as needed**, do not hold a person back from taking new opportunities, and are accomplished in a timely fashion.



6. Workforce Capacity and Capabilities

6.1 Case Managers/Service Coordinators

- ❑ 1 Our agency has case management expectations that include knowledge of service planning and monitoring, but the **expectations do not specify person-centered practices.**
- ❑ 2 Our agency has **begun identifying** the person-centered assessment, planning, and monitoring expectations, and we have identified the knowledge and skills needed for case managers.
- ❑ 3 Our agency has **clearly identified** the knowledge and skills needed for case managers to complete person-centered assessments, planning, and monitoring, **including supervisory expectations for mentoring.**
- ❑ 4 Our agency is **building the training curriculum** that is needed to ensure case managers have the right knowledge and skills to complete person-centered assessments, planning, and monitoring, which includes making an **investment in supervisors** to ensure adequate mentoring.
- ❑ 5 Our agency **ensures case managers can continue to demonstrate knowledge** of culturally, ethnically, and linguistically informed person-centered assessment, planning, and monitoring. We ensure that case managers can maintain that knowledge by receiving support and mentoring from their supervisors and attending **ongoing training sessions.**

6.2 Agency Employees

- ❑ 1 All agency staff **have knowledge** of person-centered planning, including administrative staff (financial and support) and all senior and executive leadership.
- ❑ 2 All agency staff **have been trained** in the fundamentals of person-centered practices, including person-centered assessment, planning, and monitoring procedures and requirements including knowledge and awareness of cultural and ethnic communities, as appropriate.
- ❑ 3 All agency staff, including senior and executive leaders, **can demonstrate the links between our mission and vision and person-centered practices.** Our clinical staff routinely align culturally and linguistically sensitive person-centered assessment, planning, and monitoring tools with clinical expectations of the field.
- ❑ 4 All agency staff **annually attend training to update their knowledge and apply new knowledge and understanding** to existing procedures when engaging with stakeholders, to assure understanding and respect for cultural and linguistic differences.
- ❑ 5 All agency staff have **opportunities to utilize person-centered practices** during hiring, onboarding, and annual performance reviews, and person-centered discovery tools are used to identify learning outcomes for each employee.



6.3 Supporting Direct Care Workforce

- ❑ 1 Direct care workforce stability is the responsibility of provider agencies; our agency staff **are not or cannot be involved** in private provider staffing decisions.
- ❑ 2 Our agency has **identified areas** in which direct care workforce stability impacts the successful implementation of person-centered practices.
- ❑ 3 Our agency **convenes a work group** inclusive of provider agency representatives to explore areas where direct care staff might experience confusion or difficulty in meeting both person-centered expectations and rules or regulatory requirements. Feedback to the work group is provided from direct care staff data collection. This work group has developed a plan to address any need for knowledge and skills, or inconsistencies identified in practice, including gaps in cultural, ethnic, and linguistic breaks in practice.
- ❑ 4 Our agency **supports the ongoing deployment of knowledge and skill development** related to culturally, ethnically, and linguistically competent person-centered practices for provider agency direct care staff, through technical assistance, training, and support of collaborative learning.
- ❑ 5 Our agency **leads the development of measures or indicators** that demonstrate the presence of person-centered practice among the direct care workforce.



7. Collaboration and Partnership

7.1 Supporting People Who Use and Access Services

- ❑ 1 Our agency develops policies, processes, procedures, and programs with **input from the professionals, program directors, and other subject matter experts.**
- ❑ 2 Our agency **has identified the need for input and assistance from people who use our services** regarding the development and ongoing maintenance of our service delivery system.
- ❑ 3 Our agency **values the perspectives** of people who use our services and **has initiated methods to receive their feedback, respectful of their diverse cultural and ethnic backgrounds, and raise awareness of person-centered practices among this group,** when we review the service delivery system. We will use this information to influence strategic decisions.
- ❑ 4 Our agency **has developed and begun to implement strategies** to enable people who use our services to **regularly comment on the performance and strategic direction** of the system. We have methods in place to know we are **raising awareness of how we use their feedback** to inform our strategic plans and system change policy decisions.
- ❑ 5 Our agency ensures people of all cultural and ethnic backgrounds who use our services have **opportunities to be involved** in program changes/new developments and **have a valued role** in providing feedback regarding our system and advising on policy decision/direction. People receiving services are involved in planning, implementing, analyzing, and reviewing the system via **formal procedures** (i.e., advisory groups, steering committees, etc.). Any **changes in program design are transparent**—from planning to implementation and monitoring to people using services.

7.2 Supporting Families

- ❑ 1 Our agency develops policies, processes, procedures, and programs with **input from the professionals, program directors, and other subject matter experts.**
- ❑ 2 Our agency **has identified the need for both input and support from families of people who use our services** regarding development and ongoing maintenance of our service delivery system. We recognize it is the responsibility of our agency to raise the awareness of family members to assure they are **well-informed** and able to contribute to system design.
- ❑ 3 Our agency **has initiated discussions with families of people who use our services** when we review the service delivery system, and we **recognize families as well-informed subject matter experts in providing support.** We will use this information to influence strategic decisions and assure such decisions are made in a manner that creates equity for people of all culturally and ethnically diverse backgrounds.
- ❑ 4 Our agency has developed and begun to implement strategies to enable families of people who use our services to **regularly comment on the performance and strategic direction** of the system. Families are **becoming aware of how we use their feedback** to inform our strategic plans and system change policy decisions. We openly seek feedback on how well our system responds to the varying needs of all culturally and ethnically diverse people in our state.
- ❑ 5 Our agency ensures families of people who use our services have **opportunities to be involved** in program changes/new development and **have a valued role** in providing feedback regarding our system and advising on policy decisions/directions. Families of people receiving services are a valued part of our system, and as subject matter experts they are involved in planning, implementing, analyzing, and reviewing the system via **formal procedures** (i.e., advisory groups, steering committees, etc.). Any **changes in program design are transparent**—from planning to implementation and monitoring to families.



7.3 Building Trust with Service Providers

- ❑ 1 Our agency **views providers as crucial partners** in delivering high-quality services.
- ❑ 2 Our agency views providers as crucial to our success, and we **support their learning** about person-centered practices.
- ❑ 3 Our agency supports the learning of our providers, **and we recognize we can learn from them**, particularly about person-centered practices (including licensing reviews or survey/certification units).
- ❑ 4 Our agency **seeks feedback from our providers** on all policy changes and views opportunities for improvement through their perspective in addition to other stakeholders.
- ❑ 5 When an area for improvement (e.g., failure to meet minimum training requirements or file required paperwork on time) is identified across provider agencies, we **seek to understand what systemic factors contributed**, and **we share in the corrections**.

7.4 Building Trust with Advocacy and Self-Advocacy Organizations

- ❑ 1 Our agency **views advocates (including self-advocates) and advocacy (including self-advocacy) agencies as crucial partners** in informing us on the effectiveness of the agency's policies and procedures, particularly related to person-centered planning and practice.
- ❑ 2 Our agency views advocates and advocacy organizations as crucial to our success, and we **support their learning** about person-centered practices.
- ❑ 3 Our agency supports **advocates and advocacy agencies** in learning about person-centered practices, **and we recognize we can learn from them**, particularly about person-centered practices. Our agency **partners with a variety** of advocacy and self-advocacy organizations.
- ❑ 4 Our agency **seeks feedback from advocacy organizations** on all policy changes and views opportunities for improvement through their perspective in addition to other stakeholders.
- ❑ 5 Our agency recognizes **the important role of advocates and advocacy agencies** and has built routine methods to listen to and seek out their input when identifying opportunities to improve in our person-centered practices.



8. Quality and Innovation

8.1 Mission and Standards

- ❑ 1 Our agency mission and/or values espouse person-centered principles, but we **do not have specific standards** for person-centered practices within our licensing, certification, or review procedures or instruments.
- ❑ 2 Our agency has a mission and standards for person-centered practices, but they **do not clearly connect with each other**. Our licensing, certification, or review procedures or instruments include requirements that a person-centered plan be present, but it is not fully described or consistent with our mission and values; and not all members of our team see measures of our values as necessary or reliable.
- ❑ 3 We have a mission, vision, and standards that reflect person-centered practices in service delivery. **We use anecdotal reports** to demonstrate implementation of our mission, vision, and/or values, but we **do not yet use data systematically**. Our licensing, certification or review procedures **include descriptions of a person-centered plan**.
- ❑ 4 Our mission, vision, and values **connect directly** to a set of standards within licensing, certification, or review procedures and instruments that reflect person-centered practices in service delivery. Our system **measures progress through these standards** and **identifies areas for improvement for service providers and case managers**.
- ❑ 5 Our mission, vision, and values **connect directly** to a set of standards that reflect person-centered practices in our **administrative functions as well as our service delivery**, including how we license and certify providers and how we engage in administrative oversight. Our agency **measures progress through these standards** and **identifies areas for improvement for the full system collectively**.

8.2 Learning from People to Inform Improvement Opportunities

- ❑ 1 Our agency **does not have a quality review council**.
- ❑ 2 Our agency **has a quality review council(s)** that includes service users and/or family members. The quality review council is **responsible for identifying areas where improvement is needed** in service access, coordination, and delivery.
- ❑ 3 Our agency has a **well-coordinated and comprehensive quality management system**, inclusive of people who access and use services and family members. The quality management system **collects data directly from service users and families** to understand their experience with the system.
- ❑ 4 Our agency has a **well-coordinated and comprehensive quality management system**, inclusive of people who access and use services and family members. The quality management system **collects data directly from service users and families** to understand their experience with the system and identify **prioritized opportunities for improvement** of the system.
- ❑ 5 Our entire system **uses service user and family engagement data to drive quality and routinely identify opportunities for improvement** and **share learning across all system components** through an annual quality improvement plan. **Quality councils hold the system accountable** for progress on the plan each year.



8.3 Internal Quality Practices

- ❑ 1 Our agency **does not have a formal internal quality management strategy**, but we do have quality management staff.
- ❑ 2 Our agency has quality management staff with formal knowledge and skill in quality management tools and practices, including a **formal methodology for routine improvement and learning**.
- ❑ 3 Our agency quality management system includes **defined measures and standards of person-centered practice for each unit within our agency**, developed by the staff who work within the units. The standards are routinely **reported among all agency staff**.
- ❑ 4 Our quality management system includes **feedback provided by external stakeholders, as well as data collected from internal staff and sister agencies**. This feedback is used to identify and measure improvement.
- ❑ 5 We have a **transparent internal performance excellence system**, including demonstrations of person-centered practice, which are **reported publicly**.

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services to help States, Tribes, and Territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).

NCAPPS partners with a host of national associations and subject matter experts to deliver knowledgeable and targeted technical assistance.

You can find us at <https://ncapps.acl.gov>

The Self-Assessment was created by Mary Lou Bourne at the National Association of State Directors of Developmental Disabilities Services (NASDDDS) for the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) at the Human Services Research Institute (HSRI). It is based on tools used in the Baldrige Framework for Performance Excellence. Originally developed by Management Support Solutions in 2006, the tool was used by agencies participating in a project called Becoming a Person-Centered System. It was then adapted for international use as a tool called Progress for Providers, developed by Helen Sanderson Associates and others, that is currently in use in the United States, the United Kingdom, Canada, New Zealand, and Australia to measure service providers' adoption of person-centered practices. This adaptation for NCAPPS is designed for governmental agencies that oversee human services.

This Self-Assessment is publicly available for use in the administration and improvement of supports for people with long-term service and support needs. All uses should acknowledge NCAPPS and the developers of this content. Permission is required if the material is to be modified in any way or used in broad distribution.

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