Administration for Community Living

Office of Healthcare Information and Counseling (OHIC)

National Conference

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Putting People First: Tools & Tactics to Strengthen Person-Centered Practices

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SHIP State Health Insurance Assistance Program

Navigating Medicare

SMP Senior Medicare Patrol

Preventing Medicare Fraud

Speakers

Saska Rajcevic



Bevin Croft



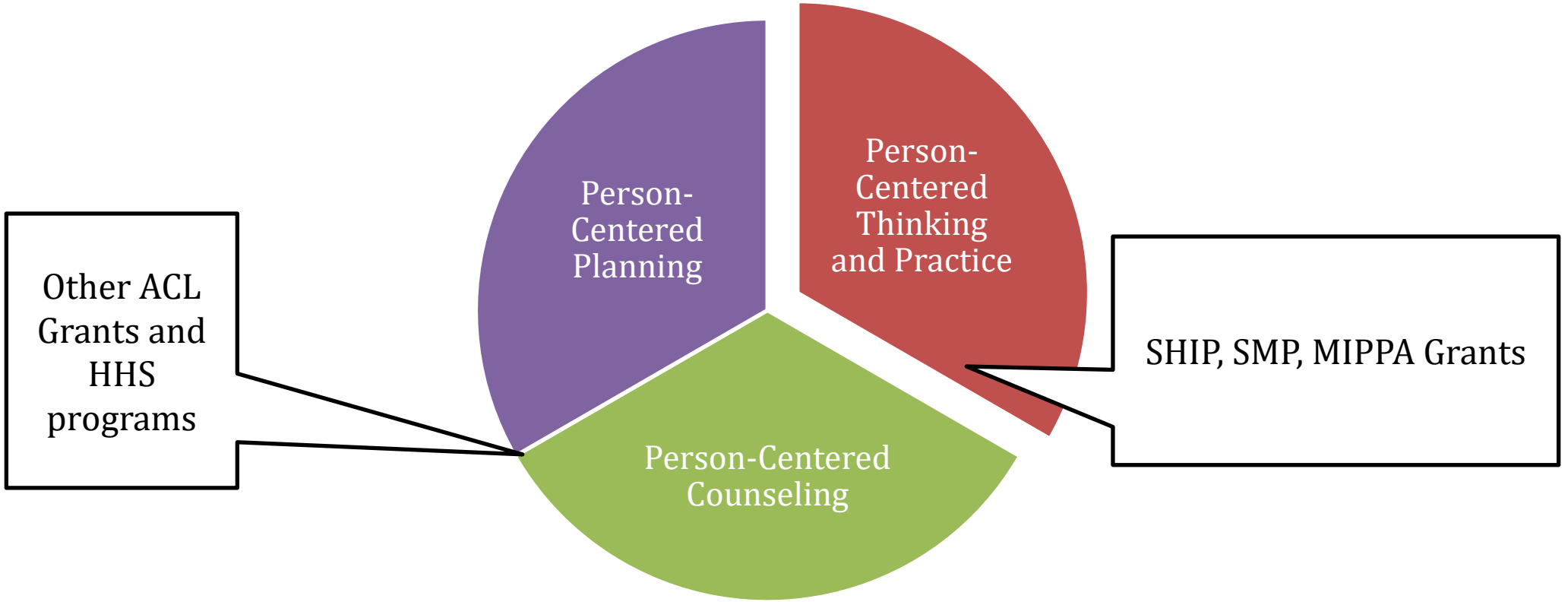
Session Purpose

- Introduce SMP, SHIP, and MIPPA grantees to key tools and resources designed to support person-centered practices in their programs.
- Explore how these tools can be applied in real-world settings and shared across their networks to improve interactions with beneficiaries, while also emphasizing strategies to support staff and volunteer well-being.
- Identify additional needs to strengthen and sustain person-centered approaches.

Background

- Since 2022, OHIC has worked with the Human Services Research Institute (HSRI) to strengthen person-centered practices within the SMP, SHIP, and MIPPA network.
- This work has been:
  - Informed by four advisory group cohorts (36 total participants)
  - Led to the development of various webinars and resources available on the SMP Resource Center and SHIP Technical Assistance Center websites

Person-Centered Work & Your Grant(s)

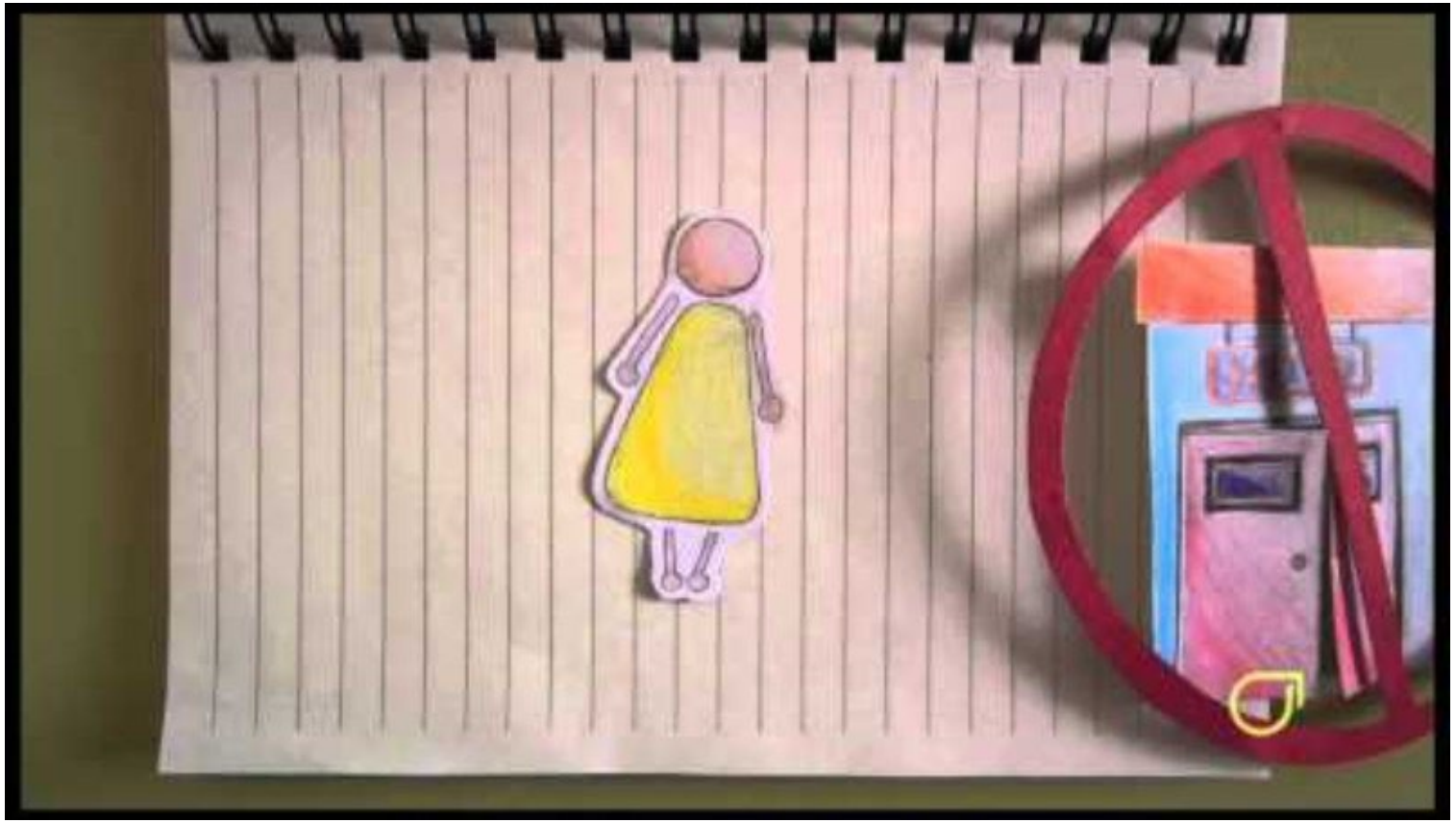


Person-Centered Practices

- Person-centered practices are present when people have the full benefit of community living and supports are designed to assist people as they work toward their desired life goals.
- The main principles of person-centered practice include:
  - Focus on the person
  - Choice and self-determination
  - Community inclusion
  - Availability of services and supports

Person-Centered Thinking, Planning, and Practice: A National Environmental Scan of Definitions and Principles

Person-Centered vs. System-Centered



Person-Centered vs System-Centered - Beth Mount - YouTube

Importance of Person-Centered Practices

- Support the person to actively control their life with maximum autonomy and independence.
- Meet the person where they are and accommodate changing needs and preferences across the lifespan.
- Provide opportunities for more responsive supports and services.
- May reduce feelings of isolation by supporting relationships with loved ones and the community; and lead to better health and life outcomes.

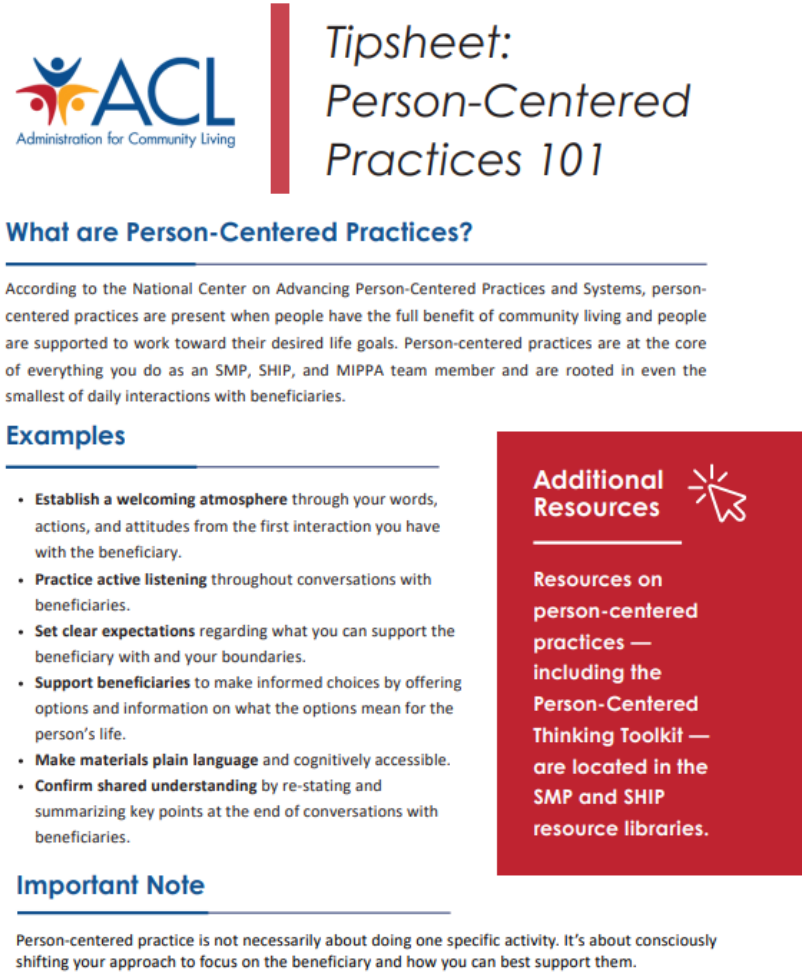
Person-Centered-Care-Report-Why-it-Matters.pdf

Key Resources: One-Page Person-Centered Practice Tipsheets

- *Person-Centered Practices 101*
  - Defines what it means to be "person-centered" along with examples of how person-centered practice is at the core of everything SMP, SHIP, and MIPPA team members do everyday.
- *Practicing Person-Centered Care Under Pressure*
  - Provides tips for how SMP, SHIP, and MIPPA team members can both provide person-centered support and meet program needs during high pressure times.
- *De-Escalation and Person-Centered Practices*
  - Defines what "de-escalation" is and outlines four tips for de-escalation in alignment with person-centered practice.

Person-Centered Practices 101 Tips

- **Establish a welcoming atmosphere** through your words, actions, and attitudes from the first interaction you have with the beneficiary.
- **Practice active listening** throughout conversations with beneficiaries.
- **Set clear expectations** regarding what you can support the beneficiary with and your boundaries.
- **Support beneficiaries** to make informed choices by offering options and information on what the options mean for the person's life.
- **Make materials plain language** and cognitively accessible.
- **Confirm shared understanding** by re-stating and summarizing key points at the end of conversations with beneficiaries.



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Tipsheet: Person-Centered Practices 101

What are Person-Centered Practices?

According to the National Center on Advancing Person-Centered Practices and Systems, person-centered practices are present when people have the full benefit of community living and people are supported to work toward their desired life goals. Person-centered practices are at the core of everything you do as an SMP, SHIP, and MIPPA team member and are rooted in even the smallest of daily interactions with beneficiaries.

Examples

- **Establish a welcoming atmosphere** through your words, actions, and attitudes from the first interaction you have with the beneficiary.
- **Practice active listening** throughout conversations with beneficiaries.
- **Set clear expectations** regarding what you can support the beneficiary with and your boundaries.
- **Support beneficiaries** to make informed choices by offering options and information on what the options mean for the person's life.
- **Make materials plain language** and cognitively accessible.
- **Confirm shared understanding** by re-stating and summarizing key points at the end of conversations with beneficiaries.

Additional Resources

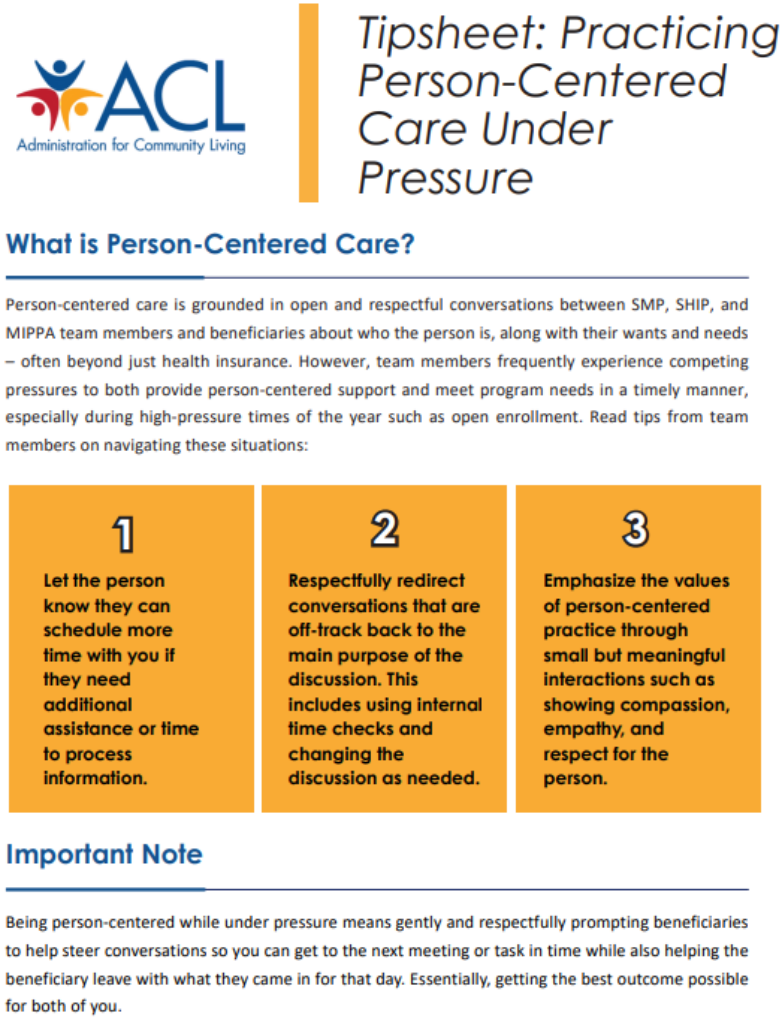
Resources on person-centered practices — including the Person-Centered Thinking Toolkit — are located in the SMP and SHIP resource libraries.

Important Note

Person-centered practice is not necessarily about doing one specific activity. It's about consciously shifting your approach to focus on the beneficiary and how you can best support them.

Practicing Person-Centered Care Under Pressure Tips

- Let the person know they can **schedule more time** with you if they need additional assistance or time to process information.
- **Respectfully redirect conversations** that are off-track back to the main purpose of the discussion. This includes using internal time checks and changing the discussion as needed.
- Emphasize the values of person-centered practice through **small but meaningful interactions** such as showing compassion, empathy and respect for the person.



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Tipsheet: Practicing Person-Centered Care Under Pressure

What is Person-Centered Care?

Person-centered care is grounded in open and respectful conversations between SMP, SHIP, and MIPPA team members and beneficiaries about who the person is, along with their wants and needs – often beyond just health insurance. However, team members frequently experience competing pressures to both provide person-centered support and meet program needs in a timely manner, especially during high-pressure times of the year such as open enrollment. Read tips from team members on navigating these situations:

1

Let the person know they can schedule more time with you if they need additional assistance or time to process information.

2

Respectfully redirect conversations that are off-track back to the main purpose of the discussion. This includes using internal time checks and changing the discussion as needed.

3

Emphasize the values of person-centered practice through small but meaningful interactions such as showing compassion, empathy, and respect for the person.

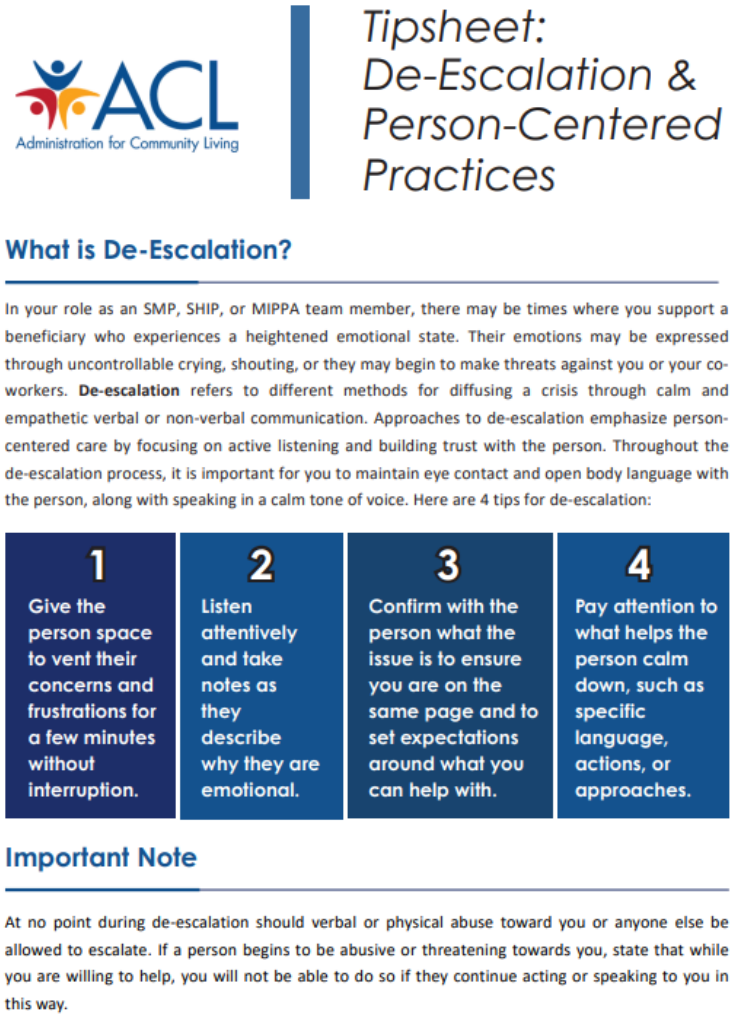
Important Note

Being person-centered while under pressure means gently and respectfully prompting beneficiaries to help steer conversations so you can get to the next meeting or task in time while also helping the beneficiary leave with what they came in for that day. Essentially, getting the best outcome possible for both of you.

De-Escalation & Person-Centered Practices

Tips

- **Give the person space to vent** their concerns and frustrations for a few minutes without interruption.
- **Listen attentively and take notes** as they describe why they are emotional.
- Confirm with the person **what the issue is** to ensure you are on the same page and to set expectations around what you can help with.
- Pay attention to **what helps the person calm down**, such as specific language, actions, or approaches.



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Tipsheet: De-Escalation & Person-Centered Practices

What is De-Escalation?

In your role as an SMP, SHIP, or MIPPA team member, there may be times where you support a beneficiary who experiences a heightened emotional state. Their emotions may be expressed through uncontrollable crying, shouting, or they may begin to make threats against you or your co-workers. **De-escalation** refers to different methods for diffusing a crisis through calm and empathetic verbal or non-verbal communication. Approaches to de-escalation emphasize person-centered care by focusing on active listening and building trust with the person. Throughout the de-escalation process, it is important for you to maintain eye contact and open body language with the person, along with speaking in a calm tone of voice. Here are 4 tips for de-escalation:

1	2	3	4
Give the person space to vent their concerns and frustrations for a few minutes without interruption.	Listen attentively and take notes as they describe why they are emotional.	Confirm with the person what the issue is to ensure you are on the same page and to set expectations around what you can help with.	Pay attention to what helps the person calm down, such as specific language, actions, or approaches.

Important Note

At no point during de-escalation should verbal or physical abuse toward you or anyone else be allowed to escalate. If a person begins to be abusive or threatening towards you, state that while you are willing to help, you will not be able to do so if they continue acting or speaking to you in this way.

Key Resource: Person-Centered Thinking Toolkit

- Provides:
  - An overview of person-centered thinking
  - Actionable ideas for how team members can implement person-centered practices in their day-to-day work
  - A variety of person-centered tools and resources for use
  - Real-life examples of person-centered practices from the SMP, SHIP, and MIPPA network



Person-Centered Thinking Toolkit for Teams

Using the Tipsheets and Toolkit

- Can be used for:
  - Individual self-reflection
  - Interactive group skill-building
  - Initial and ongoing training
- The toolkit is more in-depth with videos, reflective activities, and person-centered tools. It can be completed all at once or over time (could choose a section to complete each month).

Person-Centered Tools

- There are a variety of person-centered templates or "tools" that can prompt person-centered conversations and help organize information about the person you are supporting.
  - Charting the LifeCourse: https://www.lifecoursetools.com/
  - Helen Sanderson Associates Person-Centered Thinking Tools: https://www.helensandersonassociates.com/person-centered-thinking-tools/
  - Support Development Associates: https://sdaus.com/resources-2/

Balancing Important To and For

- Important **to** = what matters most to the person
- Examples:
  - Rituals and routines
  - Things in the person's life that support status and control
  - People and relationships
  - Rhythm and pace of life
  - Purpose and meaning
  - Belongings and activities

- Important **for** = what is important for the person in terms of health and safety
- Examples:
  - Prevention and treatment of illness/medical conditions
  - Promotion of wellness (diet, exercise)
  - Environment
  - Well-being (physical, emotional, mental)
  - Freedom from fear

Example: Charlotte's Story (1)

"In early July 2023, I received a call from a PACE program located in our AAA building. A PACE recipient was disenrolling and the PACE program asked to schedule an appointment for her to reinstate in Medicare, plus any appropriate supplement plan. On occasion, if a person doesn't feel as though PACE is a good fit, we can help them transition back to Medicaid or Medicare. We met with the participant in our offices right away to avoid a gap in her coverage. It turned out she had received a sizeable inheritance which made her ineligible for Medicaid, and this was the reason she could no longer participate in PACE, unless she self-paid. The inheritance also made her ineligible to continue living in her income-based housing."

Example: Charlotte's Story (2)

"There were also several other factors contributing to her need for assistance in this situation:

- She lives with some cognitive limitations due to a stroke, including short-term memory limitations.
- She uses a wheelchair.
- Her inheritance is governed by a trustee.
- She is under financial conservatorship and a trustee for the inheritance is the conservator. This situation makes it difficult for her to access her fund and limits her ability to make her own decisions.
- Her adult son lives with her and is her primary caregiver. He is not working, and he did most of the talking for his mother.
- All indications are she cannot live on her own."

Example: Charlotte's Story (3)

"We proceeded to Medicare.gov to get started, only to find that the system did not recognize her Medicare number. We discovered that all Medicare information goes to the trustee's business address. Once we had the appropriate zip code for that address, we were able to proceed. We were able to reestablish Medicare A & B, and Part D. We also compared Medicare Advantage plans. Her son stepped out of the office for a moment, and I spoke more directly with the beneficiary. I could see that while information retention would likely be an issue, she was fully cognizant and rational. She had no trouble comprehending or understanding our questions or following the conversation. To be honest, we were initially a bit concerned about her situation and the risk of elder financial abuse, but a few leading questions reassured me her son has been acting in her best interests."

Example: Charlotte's Story (4)

"When her son returned, we discussed the importance of contacting an Elder Law attorney, and we provided a list of those offices in our county. We also reviewed a checklist of resources for:

- Apartments in our county
- Transportation resources
- A comprehensive list of local food sources for congregate meals, Meals on Wheels, and food pantries.
- In-home support should that become necessary."

Example: Charlotte's Story (5)

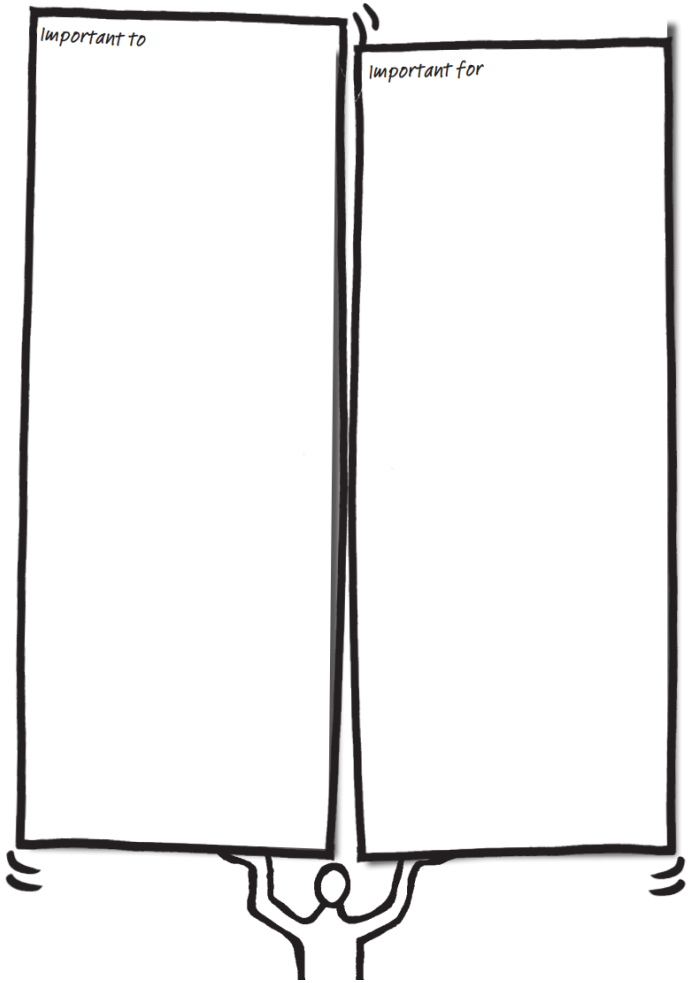
"As we wrapped up our discussion, the beneficiary told me she was looking forward to next steps. I asked if there was anything in particular, she was looking forward to and she shared that she hopes that the new place they live has a patio, as she enjoys drinking her coffee outside in the morning (weather permitting) and listening to the news on the radio. She likes it when her son joins her outside. She would also like to someplace where she could have a small pet. She and her son both like pets but she cannot have one right now in her current income-dependent apartment. And she was excited to learn about congregate meal sites. She is worried about her son taking on all the responsibilities and she liked the idea of being able to get out of her apartment a bit on her own and giving him some time to himself to do whatever he wants to do."

Example: Putting Important To and For Together

- Important **to** Charlotte
  - Having access to her inheritance
  - Protecting her assets
  - Her son as a caregiver
  - Ensuring her son has time to himself
  - Having a patio
  - Having a daily routine that she enjoys
  - Possibly using a congregate meal site occasionally
- Important **for** Charlotte
  - Being able to manage some of her own money, even with assistance
  - Having personal care at home
  - Having ongoing medical care to address any health issues related to her stroke or prevent any additional issues; and ensuring her providers accept Medicare

Let's Try it Out!

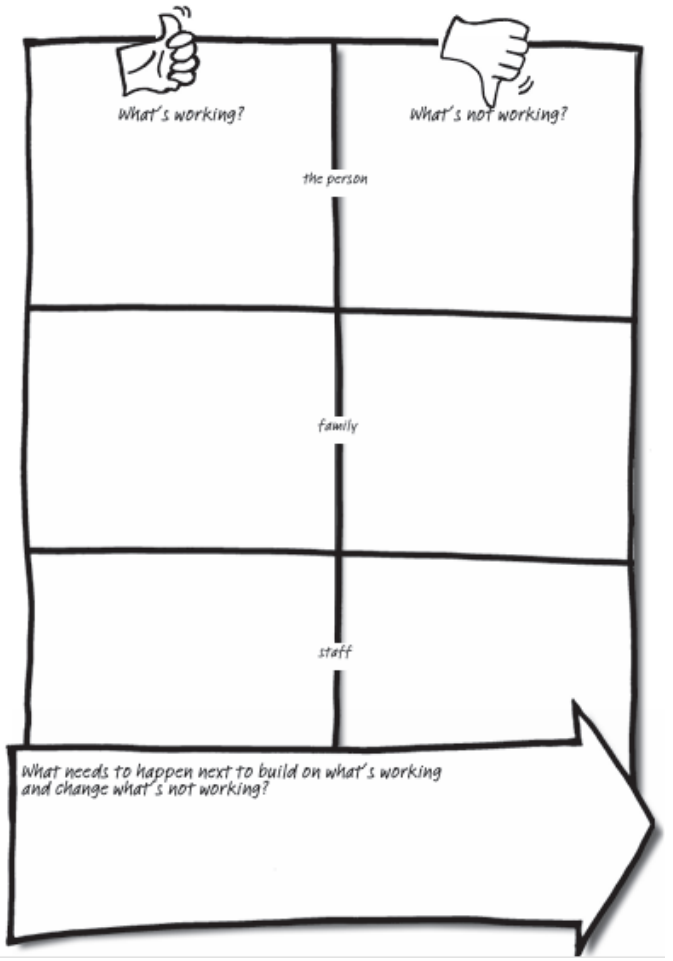
- Important To/Important For
  - Turn and share with the person next to you: what are two or three things that are important to you and important for you?
  - Group reflections: what did you notice or learn through doing this activity?



[Person-Centered Thinking Tools - Helen Sanderson Associates]

Let's Try it Out Again!

- What's Working/Not Working
  - This tool helps create a picture of "right now" including what should continue and what should change.



[Person-Centered Thinking Tools - Helen Sanderson Associates]

What's Working/Not Working

What's Working with Person-Centered Practices	What's Not Working with Person-Centered Practices	What Needs to Happen Next Based on What's Working and Not Working?

Questions?

- Email the Human Services Research Institute at caps@hsri.org!
- Search for “person-centered” in the SMP Resource Center and SHIP Technical Assistance Center websites to access more resources.