
 pennsylvania DEPARTMENT OF AGING	PENNSYLVANIA DEPARTMENT OF AGING	
	1. File Number: APD # 18-01-06	2. Disposition:
	3. Issuance Date: May 2, 2018	4. Effective Date: May 2, 2018
	5. Program Area: AAA Administration	
	6. Origin: Aging and Disability Resources Office	7. Contact: Aging and Disability Resources Office 717-783-4502

AGING PROGRAM DIRECTIVE

SUBJECT:

TO: AREA AGENCIES ON AGING
EXECUTIVE STAFF
PENNSYLVANIA COUNCIL ON AGING
ADMINISTRATION ON AGING
COMPTROLLER
PENNSYLVANIA ASSOCIATION OF AREA AGENCIES ON AGING

FROM: 
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Secretary
Pennsylvania Department of Aging

**LEGISLATIVE/
REGULATORY
REFERENCE:**

PURPOSE:

The purpose of this document is to outline the process and requirements for Person-Centered Counseling.

SECTION I. BACKGROUND

The Pennsylvania Link to Aging and Disability Resource Office designed the Person-Centered Counseling program in order to better guide Pennsylvanians on the wide range of public and private resources available to them. The goals of the program include: reducing gaps in service, empowering individuals to take action regarding their long term care, and streamlining eligibility. It was introduced in the state in 2011. Since then, hundreds of individuals across the state have been trained in Person-Centered Counseling, and have been able to assist the public in accessing long term services and supports (LTSS).

SECTION II. GENERAL REQUIREMENTS

A. Who can perform PCC?

1. Organizationally

All Oversight Committee organizations are approved to be reimbursed for PCC. Organizations outside of the Oversight Committee may be reimbursed for PCC as long as the local Oversight Committee has approved the organization. Oversight Committees are responsible for developing a uniform approval process for organizations that request approval within their Service Area. Organizations will be required to receive approval from each of the Oversight Committees in each of the Service Areas that they request reimbursement.

Organizations that perform PCC will be required to be MA Providers.

2. Individually

Individuals who would like to perform Person-Centered Counseling must fulfill the following requirements:

a. Eligibility criteria for initial approval:

- i. Employment/ contractual relationship within an organization that has been approved to provide Person-Centered Counseling by the Oversight Committee within the Service Area of that committee.**
- ii. Attendance of the full-day, in-person training sponsored by the ADRO Office.**

B. The Oversight Committee's responsibility in ensuring coverage

The Pennsylvania Link to Aging and Disability Resources Office is committed to total, statewide coverage of PCC. An Oversight Committee is responsible for ensuring that every Service Area has the ability to accommodate Person-Centered Counseling requests, regardless of age or ability level, within the counties of that Service Area. If no members of the Oversight Committee have the capacity to perform PCC, they must enlist an organization who has the capacity to carry out the work. Oversight Committees are also responsible for ensuring that PCC funds are budgeted appropriately to accommodate the need within their Service Area.

C. Basic requirements of the work

1. Type of person served

The eligibility requirements to receive PCC are as follows:

- a. The individual must be either a person with a Disability and/or an Older Adult.**

Person Centered Counseling focuses on improving the quality of service delivery and access to public and private resources for people with disabilities and older adults. A disability is self-identified by the person in need. Disability can encompass several diverse categories, such as: physical, mental, behavioral, intellectual and/or developmental disability. An Older Adult is defined as an individual who is 60 years old, or older.

- b. The individual must be a person with two or more unique Long Term Service and Support (LTSS) Needs

The Administration for Community Living, the federal body that oversees ADRC, the Administration on Aging, and the Administration on Disabilities, defines LTSS as:

Long-Term Services and Supports (LTSS) –Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) provided to older people and other adults with disabilities who cannot perform these activities on their own due to a physical, cognitive, or chronic health condition that is expected to continue for an extended period of time, typically 90 days or more. These are sometimes referred to as Long Term Resources or simply Long Term Supports.

Some of the categories that define potential LTSS needs are as follows:

- Abuse/Neglect
- Advocacy
- Assistance Coordinating Care
- Assistive Technology
- Bill Pay/ Financial Assistance
- Communication Needs
- Community Integration
- Domestic Violence
- Food
- Healthcare
- Health Literacy
- Home Repairs
- Housing
- Housing Modifications
- Immigration Services
- Language Assistance
- Legal Assistance
- LGBTQ Services
- Mental Health/ Behavioral Health
- Peer Support
- Personal Care Help
- Relationship Building
- Social Recreation
- Social Security
- Substance Misuse Support
- Transitioning from a Hospital
- Transitioning from a Nursing Home

Transitioning from Secondary Education
Transitioning, Other
Transportation
Veterans' Services
Vocational Services

D. Components of Person Centered Counseling

1. Five Core Competencies

Every PCC unit will involve the completion of each of the five Core Competencies. These are defined as follows:

- a. **Personal interview**
The personal interview is the time spent talking with a person about their specific goals, preferences, and strengths. The individual in need may identify other support persons to be involved in the process, and will dictate the depth of involvement of the persons that they have identified.
- b. **Comprehensive overview of resources**
The Person-Centered Counselor (PCCer) will review all known public and private resources with the individual in need. Organizations and individuals will develop and maintain mechanisms to ensure that they have knowledge of currently available and appropriate resources that may serve persons in need. PCCers will help individuals to build on existing strengths (eg. Informal supports, ect.), refer to private resources and assist individuals with applying for public resources.
- c. **Decision support**
PCCers will help individuals develop priorities based on their identified strengths and preferences. During this phase, PCCers will assist the individual in need in determining what their short-term and long-term priorities are.
- d. **Develop action plan**
PCCers will develop an action plan with the individual in need. The action plan will identify what resources will be pursued and what needs they will address. The action plan must be made available to the individual if requested. Most individuals will benefit from receiving an action plan that outlines the contact information for the resource they request.
It is important to note that each individual will require a personalized action plan. Some individuals will need more assistance in accessing resources than others. Listening to the individual's strengths, preferences, and values will highlight the most effective method of connecting that person to resources.
- e. **Follow-up**
Follow-up will occur based on timelines agreed upon by the individual and the anticipated length of time to address the needs.
PCCers will follow up with the individual in need to ensure that:
 - o The resources pursued were appropriate.
 - o The person's needs were addressed

- Both parties (PCCer and individual in need) were able to complete action items.
- PCCers will either reach out to the individual in need and make connection with them, or attempt to contact them at least three times unsuccessfully. If the individual's situation has evolved and they are still in need of assistance, PCCers will discuss additional resources.

One unit of PCC will involve all of the steps above at a minimum. Individuals may need more than one follow-up to ensure that they were connected to resources that meet their specific needs. If an individual is pursuing waiver enrollment, they are assumed to have two LTSS and would be eligible for PCC. If the individual undergoes a life-changing event, such as the death of a spouse, or a major hospitalization, then, another unit of PCC can be performed with the individual based on their new needs.

2. Involvement of the Person

In PCC, it is essential that the individual in need is as involved as possible from the earliest point possible. PCC is carried out in a way where the individual in need is the central character throughout the entire process. While they may identify support persons, PCC cannot be conducted without consent to work with those persons, and in the capacity identified by the person in need. PCC can be conducted for a caregiver who is an older adult or person with a disability. These individuals often will have LTSS needs related to their demands as a caregiver.

3. The Documentation Process

PCC units will be captured via the Person-Centered Counseling Assessment in SAMS and Mobile Assessments within the Harmony/Mediware database. Access to this database is granted through the Department of Aging and Harmony/Mediware. The process of gaining access to the system is prescribed within attached documents.

Recorded webinars are available via the Long Term Living Training Institute's online learning system.

The documentation should be entered during the PCC process, and no later than the end of the month after the month that the unit was completed in. The data entered will be reviewed for reimbursement, run quality assurance reports, and measure the effectiveness of the work.

Service Deliveries will also need to be submitted within the same timeframe; the end of the month following the completion date. There is an attached Tips for Documenting that can be used for guidance in filling out the Person-Centered Counseling Assessment and FAQs for Service Deliveries attached.

4. The Approval Process

Quality assurance reports are generated monthly. The reports are reviewed by the ADRO staff in order to determine whether or not the work sufficiently qualified as PCC. Some of the measures that will be assessed are:

- a. Was the PCCer approved to do the work?

- b. Was the individual in need the central figure throughout the entire process?
- c. Was the individual a person with a disability or an older adult?
- d. Were there at least two unique LTSS needs?
- e. Were the Core Competencies carried out in a way that incorporated the individual's strengths, preferences, and values?
- f. Was follow-up completed as outlined?

Please see the ADRC Program Guide for additional guidance on approval requirements.

5. The Reimbursement Process

Currently, units of PCC are vetted through the ADRO office through the criteria listed above. Approval is given directly to the organizations doing the work and the fiscal manager of the Service Area. The funds are given to the fiscal manager annually. Oversight Committees are responsible for ensuring that they have enough funds budgeted annually to accommodate the PCC in their Service Area. It is recommended that this is reviewed quarterly. If there is more work being done than what was allocated within the budget, it is important to communicate this with the program office the first quarter that an annual overage is expected.

Reimbursement for each PCC occurrence at the current approved rate will be payable in-full to the organization performing the approved PCC session. Reimbursement for a session of approved PCC will not be portioned between agencies via subcontract.