

Intro: To understand the need for the MDS 3.0 Section Q, we must understand person centered systems and the federal context that is assisting in developing those systems. Here, we can see a timeline framing some of the events that took place that have contributed towards a more person centered approach to service delivery and individual choice. One of the more well-known movements that happened early on is the Olmstead Act. Two women living with cognitive disabilities and mental illness, wanted to transition from a nursing home to the community.

The care team surrounding and supporting both women were in complete agreement: each woman could have her needs adequately met in the community. However, due to a limited number of "slots" within Georgia's Medicaid program for home and community based services, each woman remained institutionalized long after their request for community placement. Both women sued that state of Georgia, alleging that failing to discharge them to a community based setting was discrimination under the American's with Disabilities Act. The case eventually made its way to the Supreme Court. In 1999, it was decided that the women had indeed been discriminated against.

After the Olmstead Act, we can clearly see the progression of person centered programs at both the state and federal levels. One of the very first actions taken by President George W. Bush was to sign the New Freedom Initiative, which clearly states that its main function is "to help ensure that all Americans have the opportunity to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life".

So what do we mean when we talk about a person-centered system? At the core, person centered systems are about the individual, their goals, and their desired outcomes. At the very base of person centered systems, you will find a deliberate culture. This is a deliberate set of assumptions shared by a group of people. In the context of this discussion, a deliberate culture would be exemplified by professionals in an organization understanding that elders living in a nursing home have the right to access information concerning their options and care.

The second tier of person centered systems would be espoused values. These are verbal expressions that come from the adoption of a deliberate culture, Using the word "elder" instead of "resident" is an example of an espoused value. In the case of the MDS 3.0 Section Q referral process, asking an elder if they are interested in learning about their options concerning returning to the community is a perfect example of an espoused value.

The third upper most tier concerning person centered systems is represented by artifacts. Artifacts are actions that demonstrate the deliberate culture and the espoused values of an organization. Concerning the MDS 3.0 Section Q, the actual referral process is an artifact, in that the staff at the nursing facility are demonstrating support by taking action when an elder expresses interest in learning about possibly returning to the community. The staff are espousing their values and shared assumptions in asking the elder for his or her preferences, and then are demonstrating an artifact by physically completing the referral process.

Let's examine the differences between traditional service delivery versus a person centered system using an example. Mr. Gray would like to return to the community. He tells his social worker at the facility he lives in, and a care plan meeting is scheduled. During the meeting, Mr. Gray is not present. The care team discusses Mr. Gray's medical needs, and it is decided that Mr. Gray should not return to the community because he meets nursing home level of care, and would need a lot of assistance.

Ultimately, the MDS 3.0 Section Q question and referral process are excellent examples of New Hampshire's movement towards a more person centered system. By asking the elder directly for their preferences, and then by acknowledging those preferences in initiating the referral process, we are able to support the individual's personal goals. One of the most important responsibilities we have as service professionals is to provide the individuals we serve with as much choice and control as possible. By adopting a person centered culture, and by demonstrating this culture, we are celebrating the elders that we care for.