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**Partnerships Project Glossary**

**Participant Direction:** Participant direction is a service model that empowers individuals and their families by expanding their degree of choice and control over the services and supports they need to live at home. Many self-directing participants share authority with or delegate authority to family members or others close to them. Designation of a representative enables minor children and adults with cognitive impairments to participate in participant direction programs.

Participant direction represents a major paradigm shift in the delivery of publicly funded home and community-based services (HCBS). In the traditional service delivery model, decision-making and managerial authority is vested in professionals who may either be state employees/contractors or service providers. Participant direction transfers much (though not all) of this authority to participants and their families (when chosen or required to represent them).

The participant direction service model has two basic forms, each with a number of variations. The more limited form of participant direction—referred to as **employer authority**—enables individuals to hire, dismiss, and supervise individual workers (e.g., personal care attendants and homemakers). The comprehensive form—**budget authority**—provides participants with a flexible budget to purchase a range of goods and services to meet their needs.

Choice is the hallmark of participant direction and this includes the choice to direct or not to direct to the extent desired. Program designs should permit individuals to be able to elect the traditional service model if participant direction does not work for them or to direct some of their services but receive others from agency providers. [Adapted from [*Developing and Implementing Self-Direction Programs and Policies: A Handbook*](http://www.bc.edu/content/bc/schools/gssw/nrcpds/tools/handbook.html)]

**Person-Centered Approach:** The person-centered approach is driven by the person with long-term support needs; it may also include a representative whom the person has freely chosen or is legally authorized. A person-centered approach focuses on the individual’s personal needs, wants, desires, and goals so that they become central to the support planning process. This can mean putting the person’s needs, as they define them, on par with those identified as priorities by long-term services and supports agency workers. There are a number of common elements to a person-centered approach, including:

* Knowing the person as an individual.
* Being responsive.
* Respecting the individual’s values, preferences, and needs.
* Fostering trusting caregiving relationships.
* Emphasizing freedom of choice.
* Promoting physical and emotional comfort.
* Involving the person’s family and friends, as appropriate.

The agency worker’s (options counselor, support broker, and others) role in a person-centered approach is to enable and assist the person to identify and access a personalized mix of paid and non-paid services. The individual’s personally-defined outcomes, preferred methods for achieving them, training supports, therapies, treatments, and other services needed to achieve those outcomes become part of a written LTSS plan. [Adapted from 2402a interagency HHS work group]

**Options Counseling:** Options counseling is an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term services and supports. The process is directed by the individual and may include others that the person chooses or those that are legally authorized to represent the individual. Options counseling includes the following steps:

1. A personal interview to discover the individual’s strengths, values, and preferences and the utilization of screenings for public programs.
2. A facilitated decision support process exploring resources and service options and supporting the individual in weighing pros and cons.
3. Developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options when requested.
4. Quality assurance and follow-up to ensure supports and decisions are working for the individual.

Options counseling is for persons of all income levels but is targeted for persons with the most immediate concerns, such as those at greatest risk for institutionalization. [Adapted from the [*Administration for Community Living Draft National Options Counseling Standards June 2012*](http://www.adrc-tae.acl.gov/tiki-download_file.php?fileId=31869)]

**Options Counselor:** Staff engaging in options counseling with individuals may have the title of options counselor or have other titles.

**Strengths-Based Perspective:** The strengths-based perspective is a social work practice theory that emphasizes people’s self-determination, strengths, abilities, and potential rather than problems, deficits, and pathologies. There are a number of common elements to a strengths-based perspective, including:

* People have numerous strengths and the capacity to continue to learn, grow, and change.
* The focus of intervention is on the individual’s strengths and aspirations.
* The community or social environment is seen as being full of resources.
* The service provider collaborates with the individual.
* Interventions are based on self-determination.
* There is a commitment to empowerment.
* Problems are seen as the result of interactions *between* individuals, organizations, or structures rather than deficits *within* individuals, organizations, or structures.