The Challenge of Using Person-Centered Planning Practices in a Structured Planning Process

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In "the wild," a person-centered planning gathering can be a celebration of someone's life and a look ahead to a life focused on an individual's unique gifts, talents, strengths, needs, and personal preferences. This article looks at the challenges of applying person-centered planning practices in a structured planning process, with a closer look at California.

Introduction

Every state runs a planning process for people with developmental disabilities who receive public services. Federal law requires that process to be person-centered. In practice, each state must fit that federal ideal into its own structured, written plan. This creates a common gap between the ideal and the paperwork, and it shows up in every state's system.

What Person-Centered Planning Asks For, Nationally

Federal Medicaid rules require a written person-centered plan for anyone receiving home and community-based services. This requirement comes from the CMS HCBS Final Rule, at 42 CFR 441.301(c). The plan must reflect the person's own goals and preferences, not only professional judgment, and it must be developed with the people the individual chooses to include, written in plain language. See NCAPPS's overview of person-centered planning approaches. States cannot use federal HCBS funds for services delivered without a plan built this way. See CMS's fact sheet on HCBS person-centered plans.

This requirement applies whether a state serves someone through a Medicaid waiver or through its regular state Medicaid plan. Every state case manager, whatever their job title, is expected to build plans around the person's own goals.

How States Turn That Ideal Into a Structured Plan

States translate this shared federal requirement into very different local formats. Plan titles vary by state: Individual Service Plan, Person-Centered Service Plan, Plan of Care, or Life Plan are common examples. Format, review cycle, and required sections vary by state law and agency policy. The National Association of State Directors of Developmental Disabilities Services advises against comparing caseload ratios across states, because program structures differ so much from one state to the next. See Washington State's 2025 legislative review of case management.

Nearly every state also faces a shortage of case managers or service coordinators. In Rhode Island, caseworkers who are supposed to manage 35 clients are carrying 45 and climbing. Washington State's own 2025 review found case manager duties and caseload ratios vary widely even within its own programs. California's regional centers report similar strain.

CMS also reviews finished plans closely once they are written. Federal audits have found many state person-centered plans are outdated, incomplete, or missing required services. See CMS's quality review of HCBS person-centered plans. CMS has also run heightened-scrutiny site visits where settings looked more institutional than person-centered. See Medicaid.gov's guidance on person-centered service planning.

A Common Tension, Repeated Across States

Across states, the same basic tension repeats. Coordinators must build a flexible, relational plan inside a fixed, once-a-year meeting and a required template. High caseloads leave little time for the extended conversations that real person-centered planning needs.

A required list of plan sections can turn a listening conversation into a checklist to complete. Coordinators who also carry documentation and audit duties can find that compliance work crowds out relationship-building. This pattern is not unique to any one state. It is a structural effect of pairing a person-centered federal rule with locally built administrative systems, staffing levels, and forms.

California: A Closer Look

The Lanterman Act requires each person to have an Individual Program Plan, or IPP, developed through a process consistent with the federal person-centered planning rule. Since January 1, 2025, every new IPP must use one standardized statewide template. Individuals who have existing plans can move to the new template at their next annual meeting, with full transition expected by the end of 2027.

Senate Bill 138, passed in 2023, required DDS to create this standardized format. The template's required sections include an introduction, a description of how the plan was developed, a vision for the future, communication, decision making, and life areas such as daily living and employment. Coordinators must also document services against the categories the Lanterman Act itself sets out. The finished plan becomes the official record regional centers use to authorize and fund services.

State law sets required average caseload ratios for service coordinators: one coordinator to 62 or 66 consumers, depending on the group. Several regional centers

currently exceed these legal ratios. The Association of Regional Center Agencies' (ARCA) estimates California needs about 800 more service coordinators to meet its own legal standard. A full caseload leaves little room for the extended, relational conversations person-centered planning is supposed to include.

IPP meetings are usually scheduled once a year, at a set time. Real person-centered planning may need several shorter conversations rather than one annual meeting. Coordinators must also meet documentation deadlines and pass compliance reviews, while still acting as a person's main point of contact and advocate. These duties can pull a coordinator's time and attention in different directions.

DDS has released tools meant to narrow this gap. It issued a written guide for service coordinators alongside the new IPP template, and it released “Your Plan,” a guide that helps individuals prepare for their meeting in advance. Self-Determination Program participants can also access dedicated person-centered planning services before their IPP is even written. Advocates continue to press the state to fully fund the caseload ratios already required by law.

Best Practices for Service Coordinators

National and California resources point to specific practices coordinators can use. These practices do not fix caseload shortages, but they do help coordinators use limited meeting time.

- Start with a pre-planning conversation, not the annual meeting itself. Identify who the person wants in the room, using a tool such as a Relationship Map. See NCAPPS's promising practices for person-centered plans.
- Send preparation materials in advance. California's "Your Plan" guide helps individuals name their preferences, strengths, and goals before the meeting starts. See DDS's Your Plan guide.
- Write the plan in the person's own words and preferred language. Documentation should reflect their voice, not only program categories. See NCAPPS's promising practices for person-centered plans.
- Build core facilitation skills: strengths-based thinking, cultural awareness, and teamwork across paid and unpaid supports. See NCAPPS's five competency domains for person-centered planning.
- Use the written guide DDS built for coordinators alongside the new IPP template. See DDS's standardized IPP template and procedures.

- Schedule shorter check-ins between annual meetings when a person's goals or needs change, instead of waiting for the next one. See NCAPPS's overview of person-centered planning approaches.

While these steps help improve individual meetings, staffing and time remain the larger, structural fix.

Conclusion

The gap between person-centered planning and structured plan paperwork is a national pattern, not a California problem alone. Federal law sets the same person-centered goal for every state, but each state's staffing levels, templates, and meeting schedules shape how well that goal is met.

In practice, California's regional center service coordinators, like their counterparts elsewhere, must still fit person-centered work inside a compliance framework. *California's move to one standardized IPP template was built to support person-centered planning, not compete with it.* Staffing levels and meeting time remain the largest structural barrier. In California and nationally, better preparation tools and fully funded caseloads could narrow this gap over time.