



**DEPARTMENT OF
HUMAN SERVICES**

Using Person-Centered Practices in Support Planning (Accessible version)

Presented by DHS Disability Services and the Lead Agency Review team



A Care Home's Staff Perspectives on Person-Centered Culture Change

<https://www.youtube.com/watch?v=mGWiPeHTYBs>



Jeff's Story – A Personal Perspective

<https://www.youtube.com/watch?v=LiTcUi5K6Mc&t=2s>

Welcome!

Please find a seat and make yourself comfortable

We will be moving about during the day

Introductions

Housekeeping





Objectives

- Be familiar with the Person-Centered, Informed Choice and Transition Protocol
- Learn and use resources to assist person-centered practices
- Understand how MnCHOICES supports person-centered practices
- Hear how other counties are implementing person-centered practices
- Collect ideas for implementing person-centered practices in your work
- Gain confidence in implementing strategies to successfully evidence person-centered support planning
- Understand what is needed for a successful Lead Agency Review
- Have a sense that this was time well-spent

Today's Agenda

- Intros and Overview
- Why Person-Centered?
- What does it take to be person-centered?
- The Person-Centered, Informed Choice and Transition Protocol
- Break time
- Case story, You Do the Review and Action Planning
- Lunch
- Support Planning documentation
- Break time
- Transition Planning - My Move Plan Summary
- Resources
- Close and Evaluations

Ground Rules

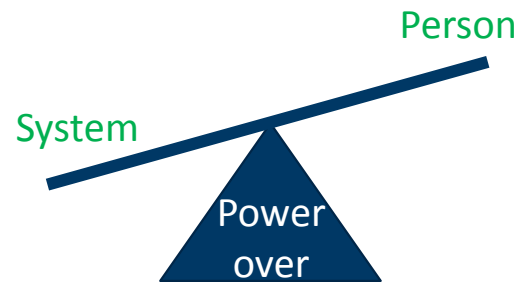
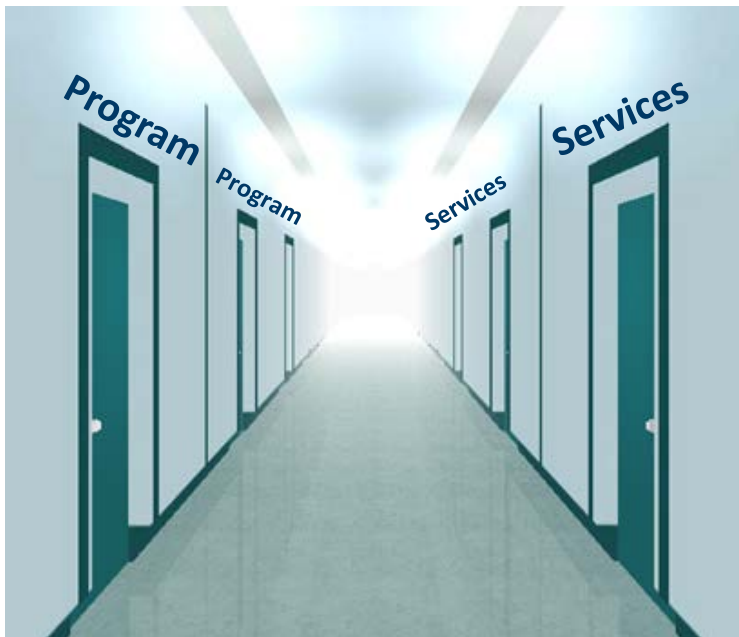
- Cell phones/laptops off/on vibrate until breaks
- Respect all speakers with silent listening
- Keep small group discussions audible for your small group
- Address whole room when sharing
- Take care of your comfort as needed
- Start on time, end on time
- Help monitor and stick to time
- Share honestly, with respect for other's opinions and experiences; share what you're comfortable sharing
- Ensure equitable conversations – take turns, curb enthusiasm, invite everyone to share
- Please use the microphone (where available) so that everyone can hear your input
- Other ground rules for consideration?



Why Person-Centered?

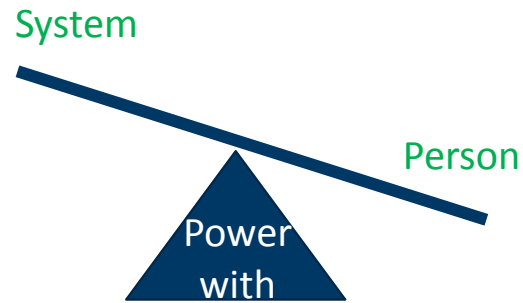
Changing to a Person-Centered Focus

- From focus on health and safety, programs and services
- To supported decision-making, addressing risk and choice customized to the person's preferences



Changing to a Person-Centered Focus

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Policy

- To ensure all people living with disabilities have the right to make choices and to live in the most integrated setting of their choice
- MN's Olmstead Plan
- Federal HCBS Rules
- MN Statute 245D



5 Valued Experiences



- Expanding Personal relationships
- Contributing to the community
- Making choices and having positive control over their life
- Being treated with dignity and respect and having a valued social role
- Sharing ordinary places and activities

Lead Agency Review

- Review process
- Person-Centered, Informed Choice and Transition Protocol
- Remediation beginning January 2018





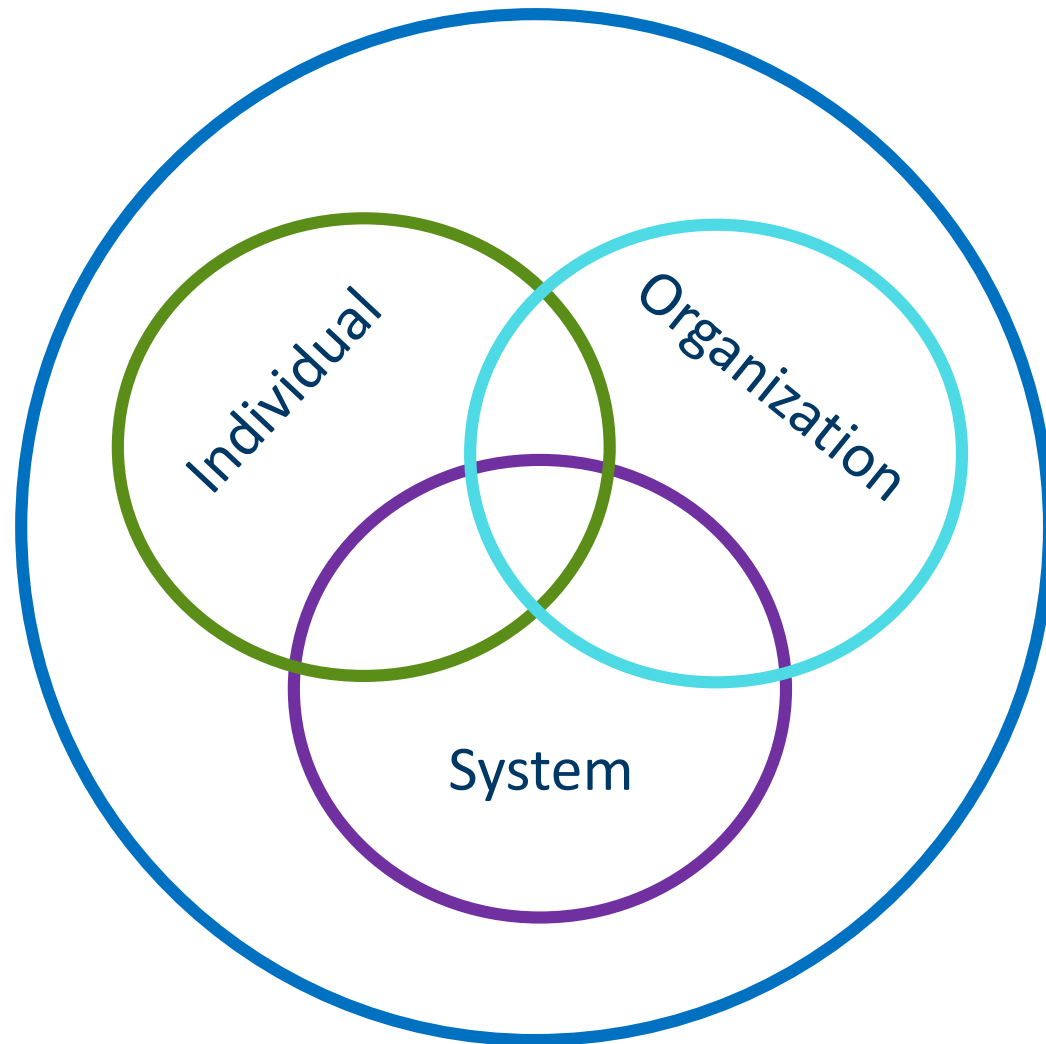
To Help Support Better Lives

- Click the video link in presentation mode
<https://www.youtube.com/watch?v=sQDypbjal2o>



What Does it
Take?

Three Levels of Change



The Person-Centered Journey



Time and Network

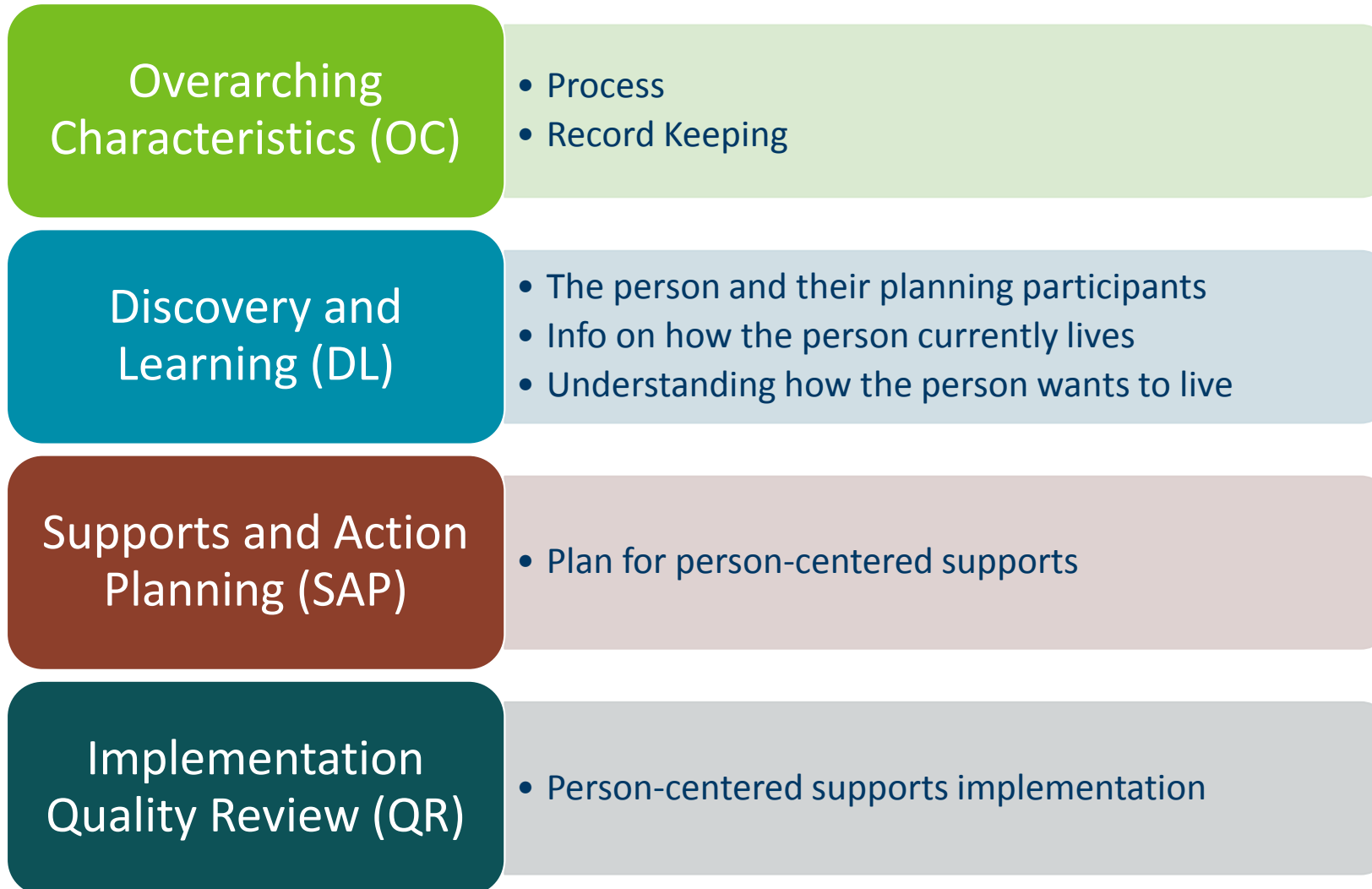




The Person-Centered, Informed Choice and Transition Protocol

Part 1 = Person-Centered and Informed Choice Protocol

location of
12 high
impact
Protocol
items



Part 2 = Transition Protocol (TR)

Overarching Characteristics

- Integrated settings asap (where desired)
- Community presence, participation and connection
- Plans include proactive supports to prevent disruption

Options and Informed Choice

- The person understands they have choices
- The person is provided information to balance choice and risk
- Trial of options as part of the process
- Process for exploring options documented in plan

Coordination/Transfer of Responsibilities

- Preparation for the move
- During the move and adjustment afterward
- Sharing information with person and others

Implementation

- First week/day of move
- Contact within first 45 days
- On-going review

Who Does the Protocol Apply to?

| Population | Level of Accountability | Monitoring | Subject to corrective action/ remediation |
|--|-------------------------|---|---|
| People with disabilities, including people with mental illness, who receive disability waiver services regardless of program or age | Required practice | Lead Agency Review | Yes |
| People who receive Rule 185 case management or relocation services | Required practice | Not at this time | No |
| People with mental illness who are not on a waiver and but receive mental health targeted case management, regardless of age | Recommended practice | Monitoring upon lead agency request | No |
| Older adults who use community-based long-term supports and services through the Elderly Waiver, Alternative Care program, or Essential Community Supports | Required practice | Elderly Waiver (fee-for-service) and Alternative Care recipients: Lead agency review Elderly Waiver (managed care organization): Monitored by health plan; information reported to DHS Essential Community Supports: No | Elderly Waiver (fee-for-service): Yes Alternative Care: Yes Elderly Waiver (managed care organization): Yes Essential Community Supports: No |

Who Uses the Protocol?

| Support planner (includes lead agency staff and contracted case managers) | Role | Level of Accountability |
|---|---|-------------------------|
| Waiver/Alternative Care case manager | Develops a plan that adheres to the protocol | Required |
| Care coordinators | Develops a plan that adheres to the protocol | Required |
| Rule 185 case manager | Develops a plan that adheres to the protocol | Required |
| Vulnerable adult and adults with developmental disabilities case manager | Develops a plan that adheres to the protocol | Required |
| Adult mental health targeted case manager | Develops a plan that adheres to the protocol | Recommended |
| Children's mental health targeted case manager | Develops a plan that adheres to the protocol | Recommended |
| MnCHOICES certified assessor | Contributor (MnCHOICES assessment will address many of the required elements) | Required |
| Relocation services coordinator | Contributor | Required |
| Moving Home Minnesota case manager | Contributor | Required |



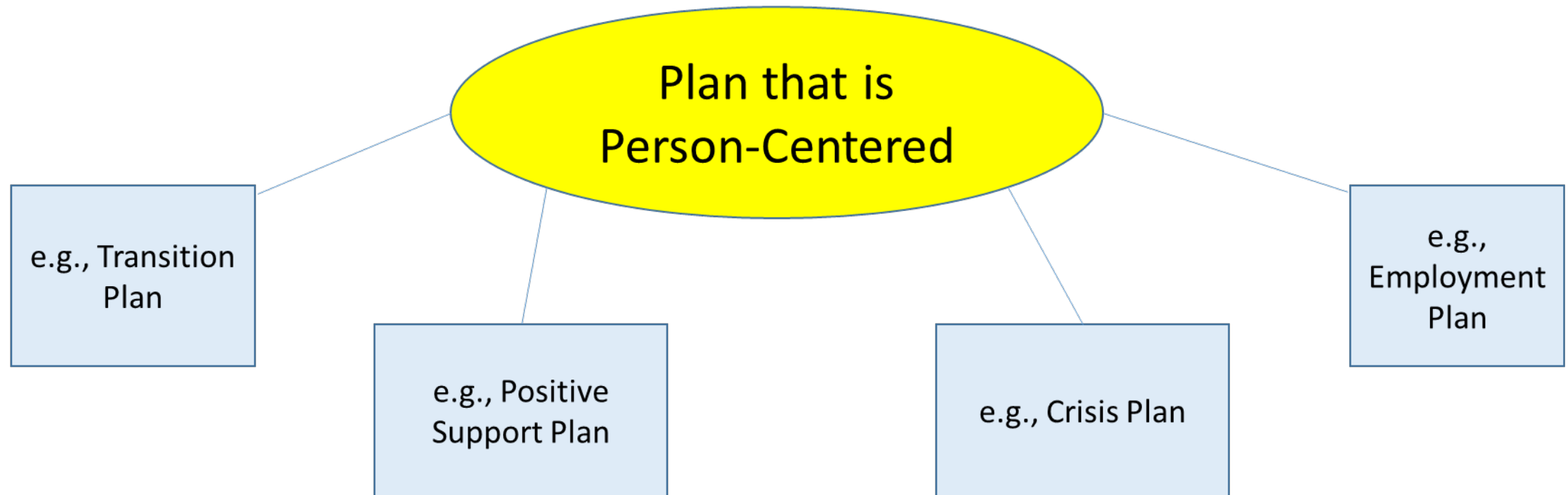
When Do I Use the Person-Centered Protocol?

- A person first requests services; or the first time a person gets a plan
- There is a required plan review
- There is a change in the person's circumstances that effects the plan
- The person requests to re-visit the plan
- The person is considering employment
- The person is moving

Any time support planning takes place, the Person-Centered Protocol must be used.

Formal Person-Centered Plans vs. Plans that are Person-Centered

The support plan that is person-centered is central—
all other plans are built off of it



12 High Impact Protocol Items

- 1) The person's strengths (DL2.E)
- 2) Opportunities for choice (DL2.G)
- 3) Current physical and/or mental and/or chemical health status (DL2.H)
- 4) Rituals and routines (quality, predictability, and preferences) (DL2.L)
- 5) Person's dreams and aspirations (DL3.A)
- 6) Preferred living setting (DL3.B)
- 7) Preferred work/education/productive activities (DL3.E)
- 8) Social, leisure or religious activities (DL3.F)
- 9) Goals or skills related to person's preferences (SAP1.B)
- 10) Action steps needed to achieve goals or skills (SAP1.C)
- 11) Identifies who is responsible for monitoring implementation of the plan (SAP1.L, SAP1.N)
- 12) Details about what is important to the person (OC1.I, DL1.C, DL2.B, DL2.G, SAP1.J, TQR1.C)

Current Lead Agency Review Results

| Person-Centered, Informed Choice and Transition Protocol Item – as documented in the plan | % Meeting Requirements for MN as of March 2017 |
|--|---|
| The person's strengths are included in the support plan | 75% |
| Opportunities for choice are documented in the plan | 84% |
| The person's current physical and/or mental and/or chemical health status is described | 89% |
| The person's current rituals and routines (quality, predictability, and preferences) are described | 79% |
| The support plan includes a global statement about the person's dreams and aspirations | 17% |
| The person's preferred living arrangement is identified | 83% |

Current Lead Agency Review Results

| Person-Centered, Informed Choice and Transition Protocol Item – as documented in the plan | % Meeting Requirements for MN as of Sept 2016 |
|--|--|
| The person's preferred work/education/productive activities are identified | 72% |
| The social, leisure or religious activities the person wants to participate in are described | 89% |
| The support plan describes goals or skills related to person's preferences | 78% |
| Action steps describing what needs to be done to achieve the person's goals or skills | 71% |
| Identifies who is responsible for monitoring implementation of the plan | 52% |
| The support plan includes details about what is important to the person | 82% |

MnCHOICES Person-Centered Connections



Assessment



Community Support Plan - CSP



Coordinated Services
and Support Plan- CSSP

The Answer Key – Lead Agency Reviewed Items

- Actual document used during the LAR review meeting
- Available on DHS's LAR website
- Find the 12 high-impact protocol items





BREAK

<https://www.youtube.com/watch?v=nbgIxJHLhmc&feature=youtu.be>



Resources, Skills and Discussions



Meet Leo Martinez

Small group activity: Read Leo's Face Sheet and discuss your impressions of him



Important *TO*

What is important to a person includes those things in life which help us to be satisfied, content, comforted, fulfilled, and happy. It includes:

- People to be with /relationships
- Status and control
- Things to do and Places to go
- Rituals or routines
- Rhythm or pace of life
- Things to have

Important *FOR* (Part One):

- Issues of *health*:
 - Prevention of illness
 - Treatment of illness / medical conditions
 - Promotion of wellness (e.g.: diet, exercise)
- Issues of safety:
 - Environment
 - Well being ---- physical and emotional
 - Free from Fear

Important FOR (Part Two):

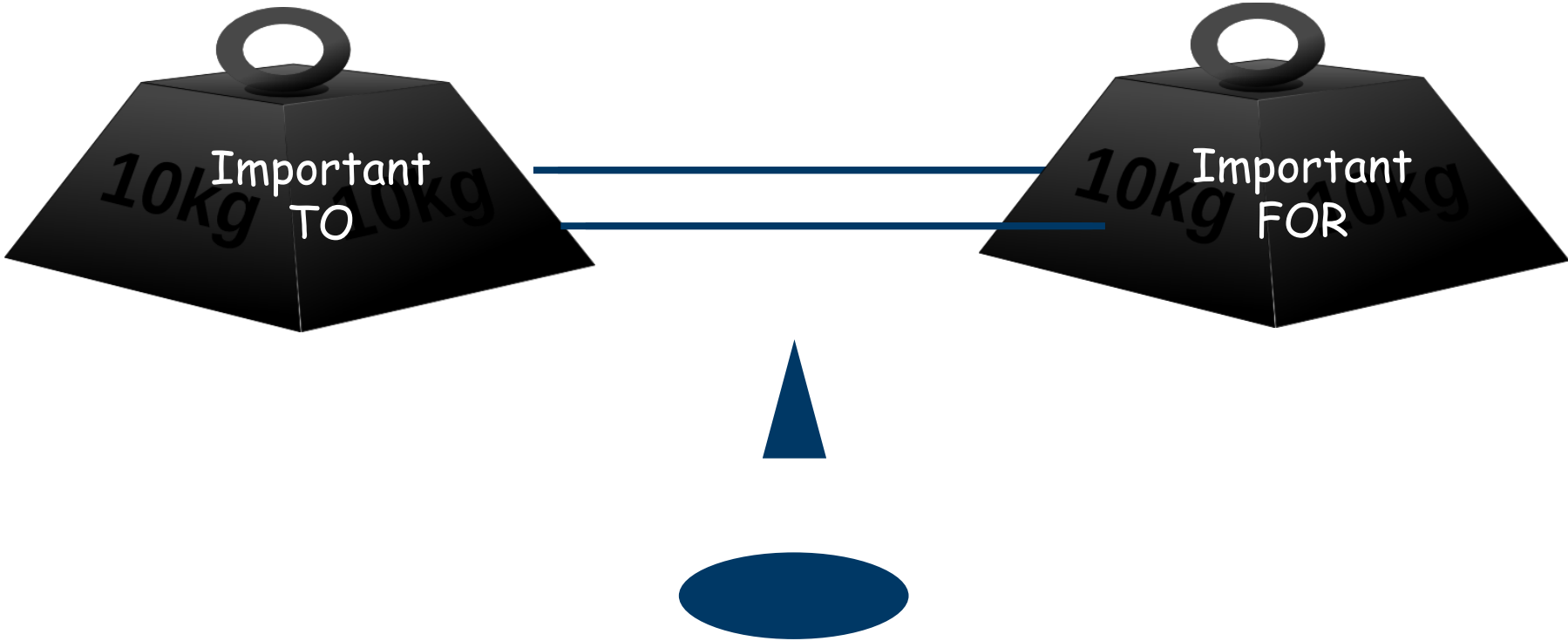
What others see as necessary to help the person:

- Be valued
- Be a contributing member of their community





Balance



Core Concept – Important To and Important For

- A framework for thinking about different perspectives
- Discovers what is important **to** the person (What makes them happy and contented)?
- Discovers what is important **for** the person (What keeps them healthy and safe)?
- Consideration for what others need to know/do
- Identifies what needs to be learned or better understood
- The balance between is key



Meet Leo Martinez Again

Small group activity: Read Leo's One Page Description and Good Day/Bad Day and use the Important To and Important For handout to note what might be important to Leo and import for Leo. Also discuss what you need to know or learn.

5 mins

Report back to large group



The Language We use

| System-centered | Person-centered |
|---------------------------------|--|
| Diagnosis | Lives with... |
| outing | Going to ____ |
| Setting, environment, placement | Lives with or at |
| Let/allow | |
| Support staff/Carers | People who support |
| DD/ behavior program | Person who lives with X condition and who shows X behavior when experiencing Y condition |
| Client/ customer/ etc. | Person's name |
| Non-communicative | Communicates with eyes/ hands/ device, etc. |

County Example – Positive Facilitation – St. Louis County

- Core – 1 Thing We Like and Admire About the Person
- Helps set a positive tone for the meeting
- Can be very rewarding for the person
- Can help those that support the person be reminded of positive attributes
- Other organizational changes



Core Concept – Dreams and Aspirations – Small group activity

- How can we discover what Leo's dreams and aspirations are, taking account of his communication capabilities?
- What things can we try if the concept of dreams and aspirations may be difficult for the person to understand?
- What next steps can we take if the person's dreams and aspirations aren't perceived as realistic or achievable?

[Video of Cathy's story](#)





Cathy's Dreams

Planning for Your Change - 4 + 1 Questions



- Take a moment to consider the resources and processes we've talked about this morning
- Small group discussion
- Large group share

The worksheet is titled "4 + 1 Questions" and is divided into five sections, each with a small icon in the corner:

- Top Left:** "What have we tried?" with a smiley face icon.
- Top Right:** "What have we learned?" with a smiley face icon.
- Bottom Left:** "What are we pleased about?" with a smiley face icon.
- Bottom Right:** "What are we concerned about?" with a frowny face icon.
- Bottom Center:** A large arrow pointing right, containing the text "What do we need to do next?"



Your Action Planning

Thinking time, recording time, sharing time

| Person-centered resource or practice | Idea for using a resource or practice | People I can share this with | Resources needed | Action completed by | Further notes |
|---|--|-------------------------------------|-------------------------|----------------------------|----------------------|
| | | | | | |

LUNCH

You Do The Review

- Review your example case files/stories and discuss in small group
- Use the 12 high impact protocol items to find evidence of each in case documentation
- Note where you think improvements could be made to better evidence person-centered practice

30 minutes



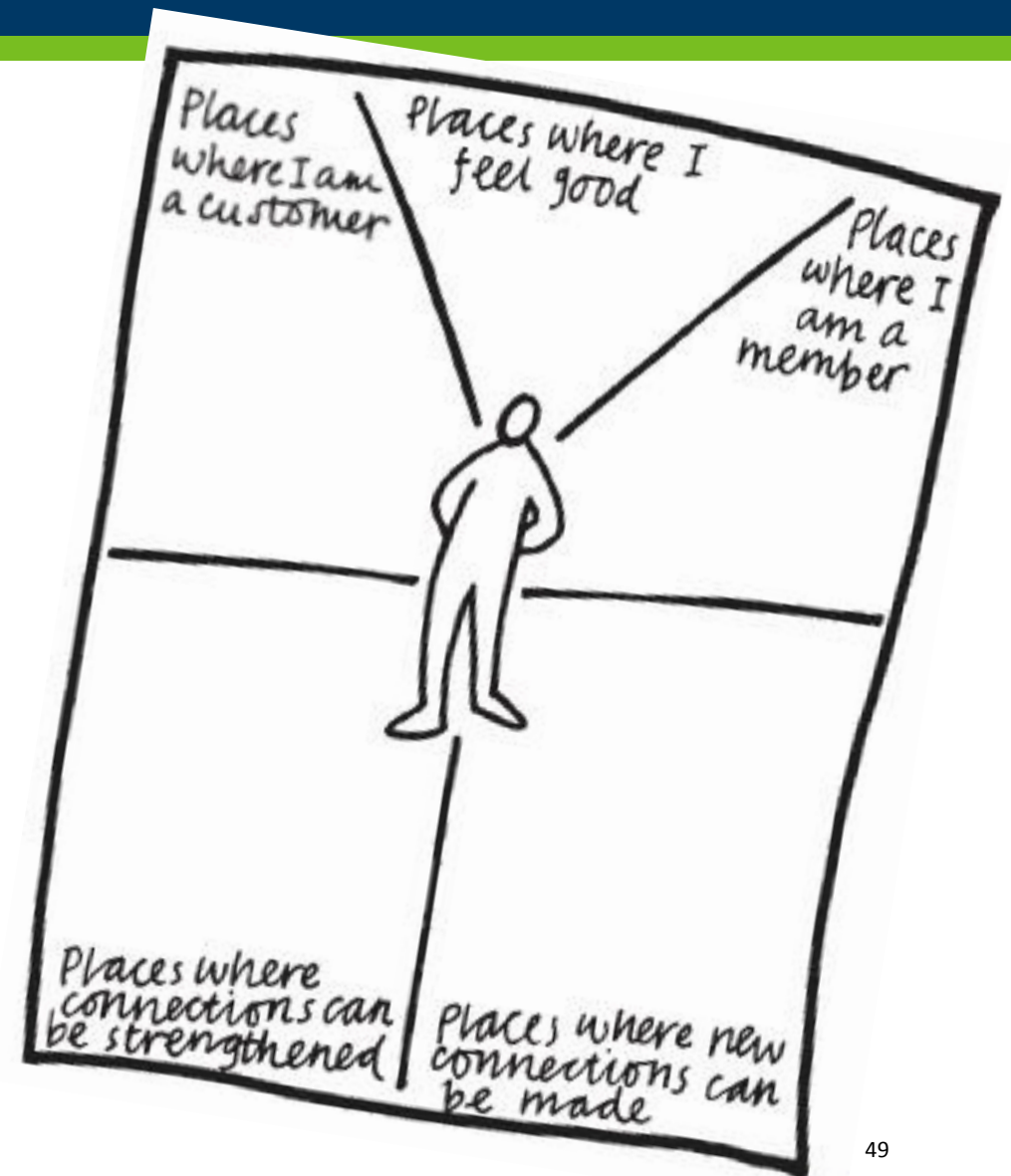
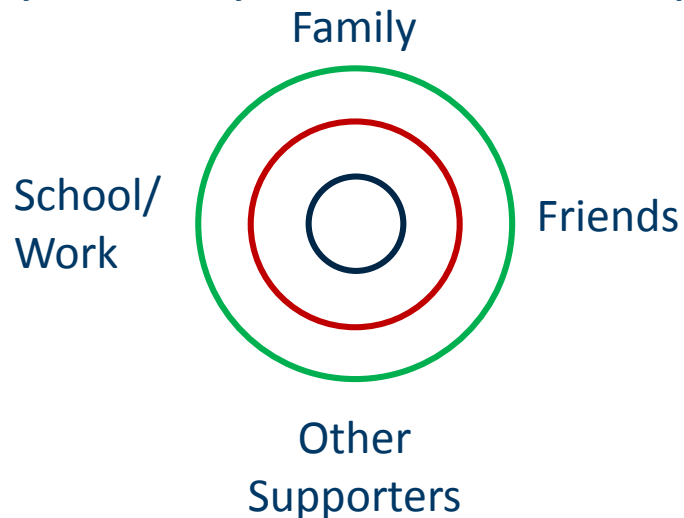
Supporting a Person's Dreams and Goals

- Given the person's dreams and goals, what would your group recommend as next action steps?
- Who would you involve and how?
- Where else might you look to source support?
- What questions would you like to ask?
- Share any similar experiences you may have had with the group as part of your discussion



Discovery and Learning – Relationship Map

- Helps identify everyone that can possibly be helpful in supporting the person
- Shares the creative energy needed of a solid support plan
- May identify new relationships to work toward





County example – Peer learning

- Sherburne County started a peer review of case files to help share the review responsibility
- Peer learning and sharing proved very useful in person-centered practices, especially around documentation
- Pope County joined efforts with 5 other rural counties to create case manager peer sharing process to learn and sustain person-centered practices from each other
- Person-centered practices now being used in employee development and positively impacting engagement

Supporting a Move

- In your small groups, discuss next steps and those who can help the person move
- Who would you engage to help in the transition?
- What resources would you source?
- What actions are short, medium and longer-term?
- How and where would you document the plans for transition/move?
- Large group share



Planning for Your Change - 4 + 1 Questions



- Based on what we've learned and discussed this morning...
- Small group discussion
- Large group share

4 + 1 Questions

What have we tried?

What have we learned?

What are we pleased about?

What are we concerned about?

What do we need to do next?



Your Action Planning

Thinking time, recording time, sharing time

| Person-centered resource or practice | Idea for using a resource or practice | People I can share this with | Resources needed | Action completed by | Further notes |
|---|--|-------------------------------------|-------------------------|----------------------------|----------------------|
| | | | | | |

Resources

Where to Find Help Now – DHS Websites

Person-centered Practices

- <http://tiny.cc/mndhs-pcp>

Positive Supports MN

which houses the Person-centered Organizational Development Tool for assessing an organization's person-centeredness

- <https://mnpssp.org/>

Survey tool for assessing person-centered organizations

DHS Lead Agency Review's website

- <http://minnesotahcbs.info/>

Person-Centered, Informed Choice and Transition Protocol

- http://mn.gov/dhs-stat/images/PCP_protocol.pdf

MN's Community-based Services Manual (CBSM)

- http://www.dhs.state.mn.us/main/id_000402

Disability Benefits 101

- <http://tiny.cc/mndhs-db101>

Support Planning Professionals' Learning Community Webpage

- <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/support-planners/>

Where to Find Help Now – other websites

Housing Benefits 101

- <https://mn.hb101.org/>

Person-centered Toolkit

from Support Development Associates (Michael Smull's organization in Maryland)

- <http://sdaus.com/toolkit>

LifeCourse Person-Centered Tools

(Kansas City Institute of Human Development)

- <http://www.lifecoursetools.com/planning/>

Person Centered Thinking 2-day Trainings

- <http://rtc3.umn.edu/pctp/training/newdates1.asp?training=1>

The Learning Community

for Person-Centered Practices has a treasure trove of useful information, contacts, groups and tools. There are resources for every level and role from leader to implementer.

- <http://tlcpcp.com/>

Impact Newsletter

from the University of Minnesota's Institute on Community Integration on Person-centered Positive Supports and People with Intellectual and Developmental Disabilities

- <https://ici.umn.edu/products/impact/292/292.pdf>

Helen Sanderson UK Person-Centered Toolkit

(partner of Michael Smull)

- <http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/>



Close

- Large group check-in
- Evaluations
- Good luck in your person-centered journey!

Thank you for your
time and input!