



DEPARTMENT OF  
HUMAN SERVICES

## Using Person-Centered Practices in Support Planning Training Workshop

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: Learners and Presenters

Housekeeping





# Ground Rules

- Cell phones/laptops off/on vibrate until breaks
  - Take any necessary calls out into the hall/outside
- Respect all speakers with silent listening, and share what you're comfortable sharing
- Take care of your comfort as needed
- Start on time, end on time
- Please use the microphone (where available) so that everyone can hear your input



# Today's Agenda

- Intros and Overview
- Meet Leo Martinez
- Why Person-Centered, and What Does it Take?
- Break time
- The Person-Centered, Informed Choice and Transition Protocol
- Lunch
- Support Planning
- Break time
- Support Planning, Continued
- Resources
- Close and Evaluations



# Objectives

- Learn and use the Person-Centered, Informed Choice and Transition Protocol
- Learn and use resources to assist 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



# Meet Leo Martinez



# 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



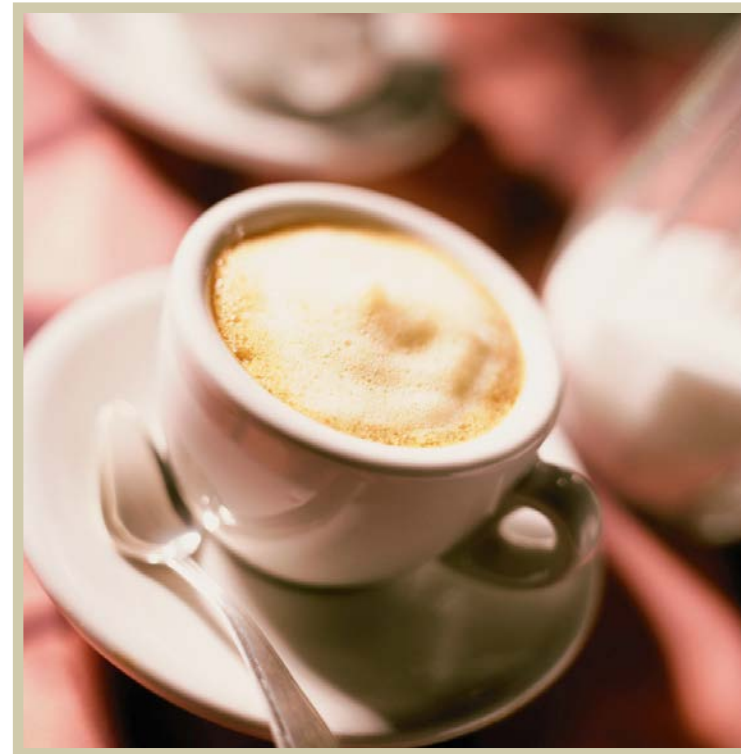
## Important *FOR* (Part One):

- 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

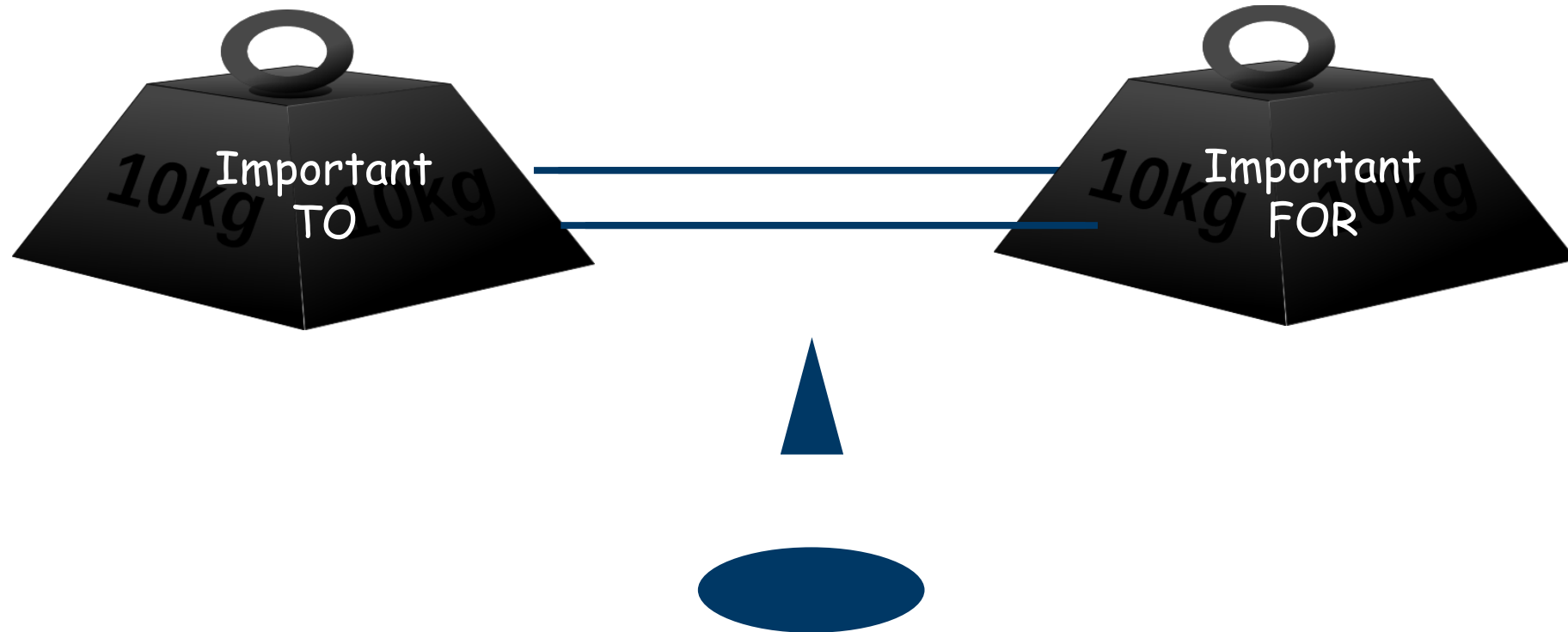
## Important FOR (Part Two):

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

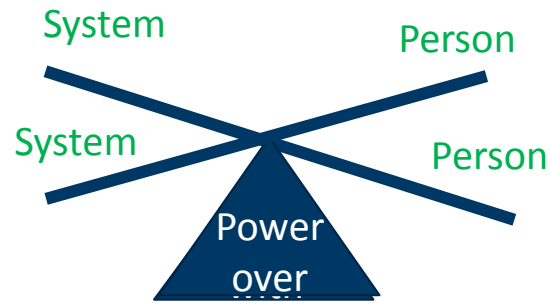
Report back to large group



Why Person-  
Centered and  
What Does it  
Take?

# 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



# 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
  - The Positive Supports Rule
- The Person-Centered, Informed Choice and Transition Protocol



# 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

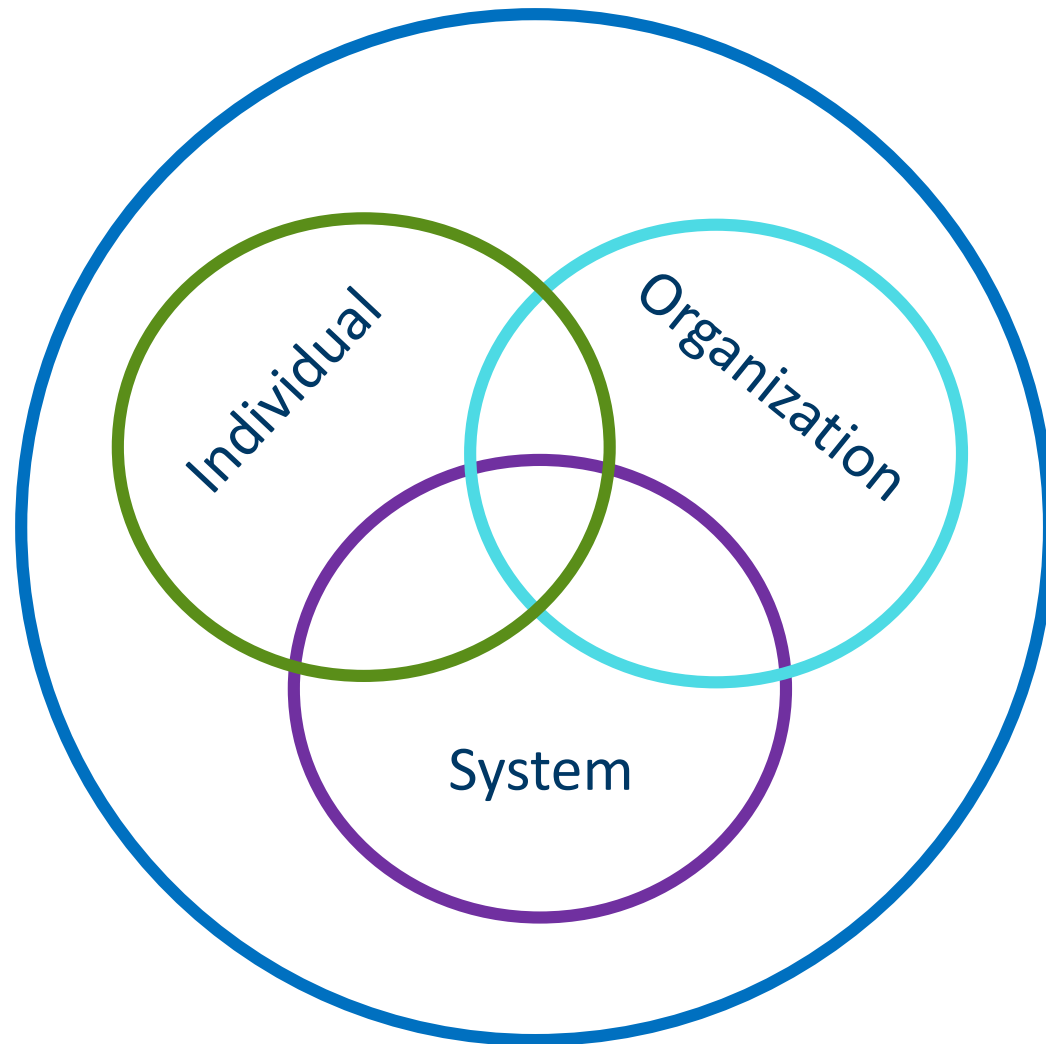


# To Help Support Better Lives

- Video clip

<https://www.youtube.com/watch?v=sQDypbjal2o>

# Three Levels of Change



# Process for Developing Person-Centered Skills





BREAK



# The Person-Centered, Informed Choice and Transition Protocol

# 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



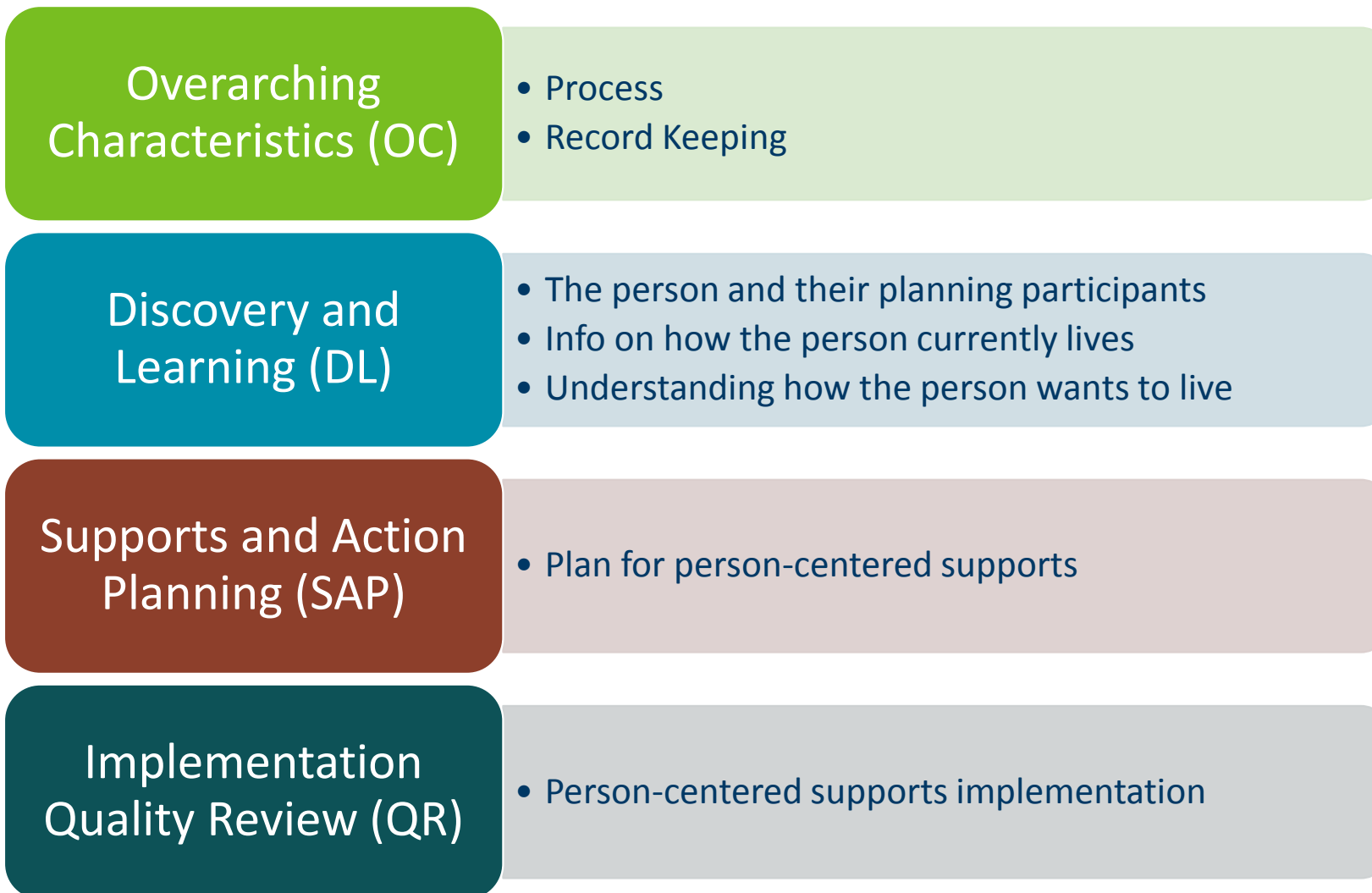
# When Do I Use the Person-Centered Protocol?

- 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.

# Part 1 = Person-Centered and Informed Choice Protocol

location of  
12 high  
impact  
Protocol  
items



# 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)

## 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

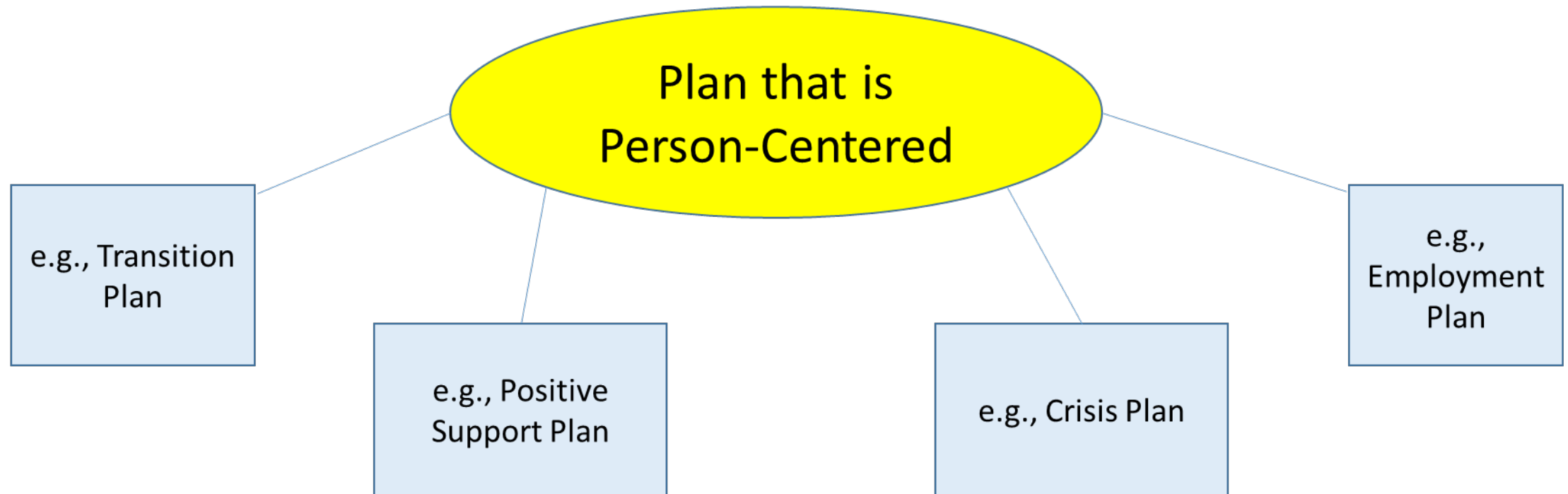


## My Move Plan Summary – When is it Required?

**When a person is moving!**

# 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



# MnCHOICES Person-Centered Connections



Assessment



Community Support Plan - CSP



Coordinated Services  
and Support Plan- CSSP



# Measuring Sustainability, Independence, and Person-Centered Outcomes

- History of the Review Process
- Performance Measures
- Best Practices and Feedback about Technical Assistance
- Upcoming Changes:
  - Person Centered (January 2018)
  - Form 2727 (January 2018)
  - Provider Signature (2018)



# 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



# Current Lead Agency Review Results

<b>Person-Centered, Informed Choice and Transition Protocol Item – as documented in the plan</b>	<b>% Meeting Requirements for MN as of March 2017</b>
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%

# Current Lead Agency Review Results

<b>Person-Centered, Informed Choice and Transition Protocol Item – as documented in the plan</b>	<b>% Meeting Requirements for MN as of March 2017</b>
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%

## 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](#)



# 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

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?

A hand-drawn worksheet titled "4 + 1 Questions" is shown. It is divided into four quadrants by a vertical and a horizontal line. Each quadrant contains a question: "What have we tried?" (top-left), "What have we learned?" (top-right), "What are we pleased about?" (bottom-left), and "What are we concerned about?" (bottom-right). Each quadrant has a small smiley face icon in the bottom corner. Below the four quadrants is a large, hand-drawn arrow pointing to the right, containing the question "What do we need to do next?".



# Your Action Planning

Thinking time, recording time, sharing time

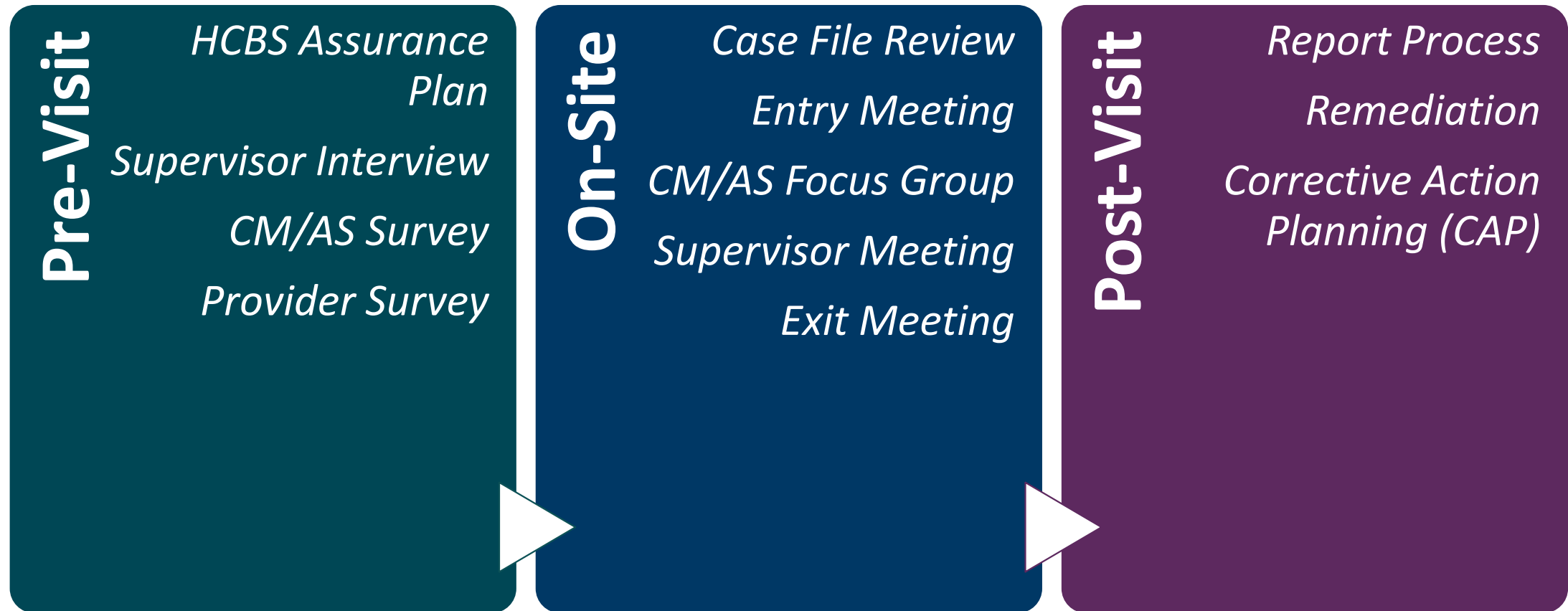
<b>Person-centered resource or practice</b>	<b>Idea for using a resource or practice</b>	<b>People I can share this with</b>	<b>Resources needed</b>	<b>Action completed by</b>	<b>Further notes</b>



# LUNCH

# Support Planning

# Lead Agency Review... In Real Life



# Case File Review... In Real Life

## Case File Review

*CAC, CADI, BI*  
*DD*  
*EW,AC*  
*Transition*  
*PSTP*  
*Jensen Settlement*

### Case File Compliance Report (refer to List of Items Reviewed for more details)

<i>PMI</i>	<i>Waiver</i>
<i>First Name</i>	<i>Last Name</i>
<b>Case File Compliance</b>	
Current support plan	1
Support plan signed	1
Outcomes and goals	2
Needs in plan	3
Service details	4
Health and safety	5
Services in plan	6
Choice in plan	7
Release of information	15
Appeal rights	16
Privacy rights	17
Frequency of visits	18
BI/CAC Form	19
DD Level of Care	21
Related Condition	22
OBRA	23
Form 2727	24
Employment assessed	8
Emergency backup plan	9
Current assessment	10
Current screening	10
Under 18 form	11
Public guardian	12
AC Form 3548	13
AC Form 2630	14
DD screen doc Signed	10

### Person-Centered Items

Risks identified	A (Support plan)	Global statement about dreams	J (Support plan)
Support plan monitoring	G (Support plan)	Natural supports/services	E (Support plan)

# What does the LAR Team DO With the Data?



## Aeiou County (B) Case File C

Required Items
Documentation that face to face visits with the person has occurred within the required timelines for each program.
The support plan (ISP, CSSP, etc.) was completed in last year.
The current support plan was signed by all required parties.
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.
The person's outcomes and goals are documented in person's support plan.
The needs that were identified in the assessment/screening process are documented in the support plan.
A person's health and safety concerns are documented in their support plan.
The services a person is receiving are documented in support plan.
Service details are included in the support plan (frequency, type, cost, and name).



## Aeiou County (B) Quality Indicators Dashboard

Items Reviewed	Total	AC	EW	CAC	CADI	BI	DD
The person's level of involvement in the planning process is described.	82%	100%	100%	44%	88%	90%	64%
Opportunities for choice in the current environment are described.	82%	80%	90%	78%	88%	100%	64%
The person's current rituals and routines (quality, predictability, and preferences) are described.	69%	70%	90%	11%	65%	100%	64%
Social, leisure, or religious activities the person wants to participate in are described.	90%	90%	100%	78%	79%	100%	96%
Action steps describing what needs to be done to achieve goals or skills are documented.	89%	90%	95%	67%	85%	90%	96%
The person was provided information to make an informed decision about employment.	100%	N/A	N/A	83%	86%	100%	94%
The person was offered experiences to help them make an informed decision about employment.	63%	N/A	N/A	83%	73%	71%	100%
A decision about employment has been documented.	100%	100%	N/A	83%	83%	100%	100%

# The Language We use

System-centered	Person-centered
Diagnosis	Lives with...
outing	Going to ____
Setting, environment, placement	Lives with or at
Let/allow	Assist/Help with
Support staff/Caregiver	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.



BREAK

# 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



# You Do The Review: Debrief

- Choose one presenter and one recorder within your group.
- Using the large post-it paper, record the following:
  - What are the STRENGTHS of your person?
  - What are your person's GOALS and/or DREAMS?
  - Any questions regarding the LAR Review of these documents?
- The presenter will present your answers to the larger group.



# 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





## County example – Sherburne County

- Sherburne County
- Peer review of Case Files turned into Peer Learning
- Began out of a shared need to deal with a backlog of work-ended as a fabulous learning opportunity!



## County example – Pope County

- 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

# Planning for Your Change - 4 + 1 Questions



- Based on what we've learned and discussed today...
- 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?

A hand-drawn worksheet titled "4 + 1 Questions" is shown. It is divided into four quadrants by a vertical and a horizontal line. The top-left quadrant is labeled "What have we tried?" and contains a smiley face icon. The top-right quadrant is labeled "What have we learned?" and contains a smiley face icon. The bottom-left quadrant is labeled "What are we pleased about?" and contains a smiley face icon. The bottom-right quadrant is labeled "What are we concerned about?" and contains a sad face icon. Below the four quadrants is a large, hand-drawn arrow pointing to the right, which contains the text "What do we need to do next?".



# Your Action Planning

Thinking time, recording time, sharing time

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

# Resources

# Process for Developing Person-Centered Skills



# 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](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](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!



# Tips

- See speaker notes