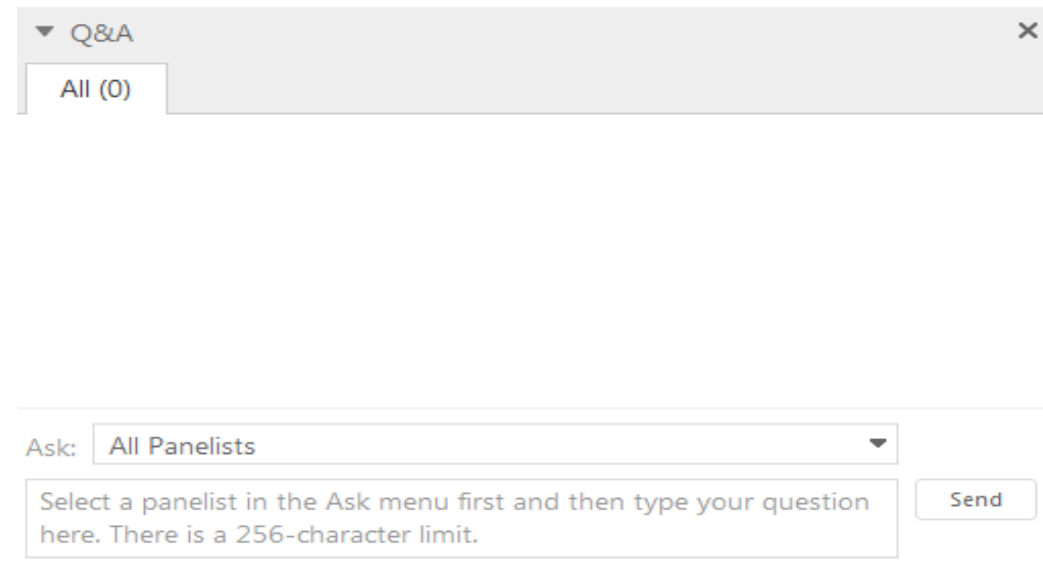




Support Planning Professional Learning Community (SPP LC)

March 28, 2018

To ask a question during the presentation use the Q&A Panel in WebEx



The screenshot shows a WebEx Q&A panel window. At the top, there is a header with a dropdown arrow and the text "Q&A" and a close button "X". Below the header is a tab labeled "All (0)". The main area of the panel is empty. At the bottom, there is a section for asking a question. It includes a label "Ask:" followed by a dropdown menu currently set to "All Panelists". Below the dropdown is a text input field with the placeholder text "Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit." To the right of the text input field is a "Send" button.

Select “All Panelists”, type your question, and click Send.

Case management training: Survey results and next steps

Person-Centered Planning in Minnesota

A wide horizontal banner image showing a sunset over a body of water. The sky is a gradient of orange and red, with silhouettes of birds in flight. The water reflects the colors of the sky. On the right side, there are dark silhouettes of trees and a rocky shore.

Case Management Training Survey

Dagny Norenberg, Case Management Training & Communications
Administrator

Lauren Germscheid, Case Management Training Specialist

Current training available

- Support Planning Professionals Learning Community monthly webinar
 - Last Wednesday of each month, 10-11:30
- Using Person-Centered Practices in Support Planning
 - 17 sessions completed, 957 attendees
- Person-centered support planning: Jump start planning with 8 simple elements
 - 20 sessions completed (about 550 attendees), 2 more sessions in the metro (Andover)

Training in development

- Creating Meaningful Person-Centered Outcomes
- HCBS Waiver Foundations

Case Management Training Survey

- In collaboration with Aging Division
- Open from February 2nd through 17th
- Sent via eList (DSD and Aging) and through Regional Resource Specialists' mailing lists
- 1042 respondents
 - 554 Case Managers
 - 294 Care Coordinators/MCO Delegates
 - 155 Contracted County Case Managers
 - 140 Supervisors
 - 65 Others
 - 820 Counties
 - 212 Managed Care Organizations
 - 3 Tribal Nations

Case Management Training Statewide Survey Results

Home and Community-Based Waivers & Alternative Care

- HCBS Disability Waivers (BI, CAC, CADI, DD): 74%
- HCBS Elderly Waiver and Alternative Care Program: 57%
- Consumer Directed Community Supports (CDCS): 51%

Case Management Training Statewide Results (cont)

Overview of other programs and services

- State Plan Home Care and Personal Care Assistance (PCA): 63%
- Medical Assistance for Employed People with Disabilities (MA-EPD): 42%
- Developmental Disability (Rule 185) Case Management: 41%
- Essential Community Supports program for older adults (ECS), Vulnerable Adult/Developmental Disability Targeted Case Management (VA/DD TCM) & Relocation Service Coordination TCM (RSC TCM): 40%

Case Management Training Statewide Results (cont)

Case Management activities

- Develop a plan of services and supports: 78%
- Working relationship between the case manager and person: 75%
- Monitoring and coordination of services: 73%
- Continually assess through ongoing contact to evaluate effectiveness of support plan: 69%

Case Management Training Statewide Results (cont)

Additional Case Manager training topics

- Ethics in challenging situations: 59%
- Positive supports for people with challenging behavior(s): 57%
- Managing risk: 56%
- Diversity and cultural awareness: 51%

Case Management Training Statewide Results (cont)

Training Methods (in order of preference):

- In person: 60%
- Online modules: 21%
- Webinar: 14%
- Video: 13%

Information gathering

- Discussions with Lead Agency Review Team
- SPP LC Webinar surveys
- Feedback from current training/workshops
- Case Management Training Survey
- Discussions with lead agencies at their regional meetings regarding survey results and training needs

Thank you!

Dagny Norenberg
Lauren Germscheid



DEPARTMENT OF
HUMAN SERVICES

Person-Centered Planning in Minnesota

Support Planning Professionals Learning Community – 3.28.18

“What is Person-Centered Planning”

- The term Person-Centered Planning refers to:

A family of approaches

to organizing and guiding community change

in alliance with people with disabilities

and their family and friends

-O'Brien and Lovett, 1998

“What is Person-Centered Planning”

A creative process

designed to help

a group of people

craft a life of meaning and contribution

for the person who is the focus of planning

An effective plan should inspire people to act on behalf of the person with disability

-Beth Mount, Making Futures Happen

Not everyone needs the same intensity of support

Person-Centered Practices & Planning



Tertiary Support

- In-depth, formal Person-Centered Plans
- Integrated plans (PCP, PBS, Trauma-informed therapy)
- Teams monitor plan progress

Secondary Support

- Monitor plans and outcomes
- Additional quality of life strategies
- Increase strategies supporting independence and community involvement
- Mental health and wellness interventions

Primary Support

- Universal person-centered strategies
- Embedded in MnCHOICES assessment and support planning
- Encourage self-expression
- Self-determination and choice-making
- Meaningful participation in the community

What is Person-Centered Planning

- Process-oriented approach to empower the person
- Process of exploration, discovery, and learning
- Focuses on the person and having him/her in charge of visioning and defining the direction for his/her life, not on the systems that may or may not be available to serve him/her
- Facilitated process to support a person achieve their dreams and make steps towards those dreams

What is Person-Centered Planning

- Ultimately leads to greater inclusion as valued members of both community and society
- A process where experience, talents, and contributions of people, families, and communities are strengthened and supported
- A process that honors and respects the person and their dignity
- Process that responds respectfully and effectively to people of all cultures, classes, ethnic backgrounds, races, religions, and other diversity factors to affirm their worth as members of their community

What is Person-Centered Planning

- Learning through shared action
 - People who engage in Person-Centered Planning may produce documentation of their meetings
 - These are only footprints: the path is made by people walking together

-O'Brien and Lovett, 1998

Better Lives, Not Better Paper

Purpose of Person-Centered Planning

- To understand who a person is
- To establish and support a personal vision
- To build community supports and actions on behalf of the person

- Every plan has a specific purpose

What is involved in PCP process

- Person will meet with the PCP facilitator-
- Listen to understand the context of a person's life
 - Listen for problems and opportunities
- Have conversation about life and the life the person wants to create, by paying close attention to ensure everyone is heard
- Identify action steps to move forward
- Enroll key people who can help support these actions and to help the person be involved in their community
- Measure success based on quality outcomes, and follow up to make sure everyone is following through on their commitments

Implementation is key for success

- Plans created in partnership are much more likely to be implemented
 - Those created in isolation are less likely to be implemented
- Implementation requires commitment
 - Willingness to follow up on/ implement the plan - - not just "do" a plan
- People doing the day to day work have the requisite person centered thinking skills = better implementation
 - Training supporters may be needed

- **CELEBRATE!!!**



Why do a formal Person-Centered Plan?

- If the person asks for it
- If the person's voice is not being heard or their voice is not strong enough
- If the person is stuck and they need more in-depth help support to envision their future
- If a person doesn't know what they want and they don't know the possibilities

Why do a formal Person-Centered Plan?

- If you (support planner) are having trouble figuring out what is important to or for the person, and the balance between important to and important for
- If prior plans have not produced good/meaningful outcomes for the person

Why do a formal Person-Centered Plan?

- If the team is stuck on implementation of the person's vision or needs support in deepening the planning process with the person
- If there is a major change like transitioning out of school or out of the family home
- If the person's team is at odds/disagrees about future steps or next directions

What does a Person-Centered Planning Facilitator do?

- Uses a "toolbox" of methods and resources that enable people to choose their own pathways to success
 - the facilitator simply help them to figure out where they want to go and how best to get there
- Help gather a group a people important to the person who can help them achieve their dream
 - The group celebrates the person's gifts, strengths and talents
 - The group creates trust that the person can make a contribution to their community

What does a Person-Centered Planning Facilitator do?

- Facilitator acknowledges all voices in the group while asking probing questions to spark conversations and discussions
- The team brainstorms ideas with the person and the facilitator captures the action steps to support the person in achieving their dream

PCP Facilitators work in partnership

- How facilitators work with teams:
 - Spend time building trust
 - Building a safe place /trust to say anything
 - Help to clearly identify goals
 - Identify support to implement them
 - Everyone having fun

What may the Case Manager/ Support Planner do (after a planning session)?

- Support directions defined by the person
- Provide caring and personalized supports based on new learnings
- Increase knowledge of available services. The services people find helpful.
 - Services can adapt and respond to people
 - Think outside the box
- Authorize waiver services to provide people with individualized packages of support
- Check in with the person and group to see how implementation is going and progress being made

Paying for Person-Centered Planning for BI, CAC, CADI, and DD waiver recipients

- The lead agency may use the [Family Training and Counseling Service](#) to cover the following expenses during the person-centered planning process:
 - Educate the person about what person-centered planning is
 - Pay for a professional person-centered planning facilitator to help a person develop his or her plan.
- The professional meets the Family Training or Family Counseling qualifications; and
- The lead agency prior authorizes the provider of services on the service agreement.

Person-Centered Planning on the service agreement

- The lead agency should use the Family Training code of **S5110**, the code for Family Training, for person-centered plan facilitation
- The lead agency should use the Family Counseling code of **H004** only when the PCP facilitator meets the provider standards for Family Counseling.
- Family Training and Family Counseling are market rate services.

After the Plan is completed

- The information obtained through the planning process about what is important to/important for and the balance between, preferences and desires, etc. needs to be incorporated into waiver services the person is authorized to receive and into any informal, unpaid services.
 - But what if the providers of those services need supports in order to implement the plan?

PCP Implementation Support

- If the person has a need for one or more of the required areas (found on the next slide), the lead agency may use specialist services to cover the following expenses after the plan has been completed:
 - Training staff and caregivers on how to implement the person-centered plan
 - Monitoring of person-centered plan implementation
 - Evaluation of outcomes identified in the person-centered plan
- Specialist services are market rate.
- The amount of time and cost may vary.

Requirements for Using Specialist Services to Increase Staff/Caregiver Competence to Implement PC Plan

- The person-centered plan must document the person's need in one or more of the following areas:
 - Augmentative communication
 - Behavior and mental health symptom support
 - Community safety training and support
 - Functional motor skills
 - Independent living skills
 - Personal health
 - Social, leisure, and recreational skills

Specialist Services and PCP Implementation (cont.)

- If the person's person-centered plan documents a need in one or more of those eligible areas on the previous slide, the lead agency may consider authorizing Specialist Services to increase staff and caregiver competence to implement the person-centered plan.

Covered Specialist Services

- Assessments
- Program development
- Training and supervision of staff and caregivers
- Monitoring of specific program implementation
- Evaluation of service outcomes identified in plan

Non-covered Services

- Specialist services do not cover services that duplicate other Minnesota State Plan or waiver services.
 - Cannot pay for case management service activities
 - Cannot pay provider staff or caregivers to implement PC plans

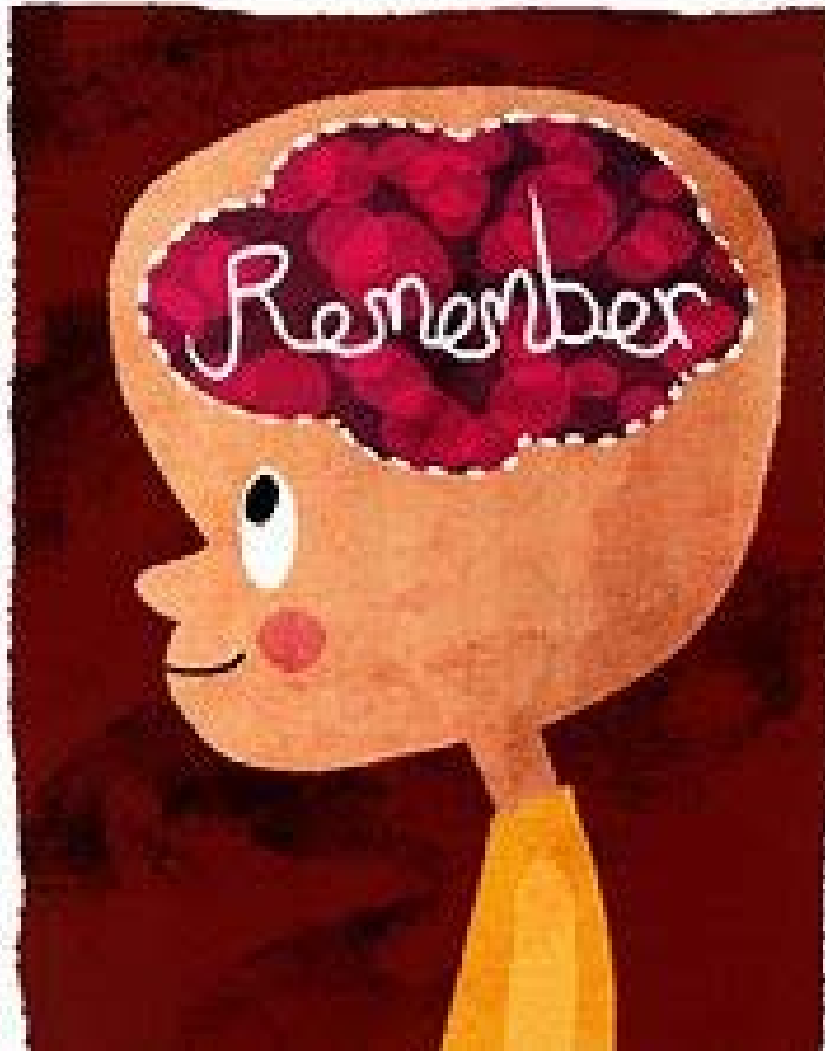
Specialist Services Provider Standards and Qualifications

- Specialist services providers must be licensed under 245D as an intensive support provider and enrolled in Minnesota Health Care Programs.
- Family Training and/or Family Counseling providers do not need a 245D license for PCP facilitation; however, if the PCP facilitator is to be authorized under specialist services to train staff and caregivers on how to implement the PCP, monitor outcomes in the PCP, and evaluate outcomes of the PCP, he/she would also need to be licensed under 245D.

How to find a PCP facilitator

- <https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/person-centered-practices/>

A few things to remember....



- ANY “person-centered” approach can be used in an agency-centered or system-centered way
- It’s not the approach as much as the values and the thinking driving it

Quality Person-Centered Planning

There is no “right planning method” for all people and all situations. A quality plan is:

- a promise to listen
- a promise to act on what is heard
- a promise to be honest
- a promise to KEEP discovering and honoring what’s important to people.

Discussion with Panel

Please send you questions in the Q and A panel.

- Jennifer Stamm, Navigator, Mains'l Services, Inc.
- Joanna Varriano, Bridges Minnesota
- Angie Kurkoski, Bridges Minnesota
- Felicia Thomsen, Adult Mental Health Social Worker/CLS Case Manager, Dakota County

Thank You!

DSD.ResponseCenter@state.mn.us

Where to find help now

- Person Centered Thinking 2-day Trainings
 - <http://rtc3.umn.edu/pctp/training/newdates1.asp?training=1>
- Person Centered Practices Webpage
 - <http://mn.gov/dhs/partners-and-providers/continuing-care/provider-information/person-centered-practices/>
- Olmstead Plan Webpage
 - <http://mn.gov/dhs/general-public/featured-programs-initiatives/olmstead-plan/>
- DHS Training Archive page
 - http://www.dhs.state.mn.us/main/dhs16_143138
- Bulletins
 - http://www.dhs.state.mn.us/main/id_000305
- Lead Agency Review Website
 - <http://www.minnesotahcbs.info/>
- E-List Announcements
 - http://www.dhs.state.mn.us/main/id_000677#
- CBSM Main Page
 - http://www.dhs.state.mn.us/main/id_000402
- Disability Hub MN
 - <http://disabilityhubmn.org/>
- Positive Supports Minnesota
 - <https://mnpssp.org/>

Please take a moment to let us know your thoughts.

- Take our [Survey](#):
- <http://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=152216461851>

Audio from today's session will be available beginning tomorrow morning by dialing:

855-859-2056

Conference ID:

7174154

If you have questions following the session, email to
DSD.ResponseCenter@state.mn.us

Thank you for attending!