Welcome

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

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

Person Centered, Informed Choice and Transition Protocol

Guardianship and the Person Centered Protocol

Questions: Use Q&A Panel and send to "All Panelists"
Person Centered, Informed Choice and Transition Protocol

Diane Marshall
Aron Buchannan

Questions: Use Q&A Panel and send to "All Panelists"
Who is Olmstead? Lois Curtis and Elaine Wilson

Questions: Use Q&A Panel and send to "All Panelists"
Part One: Person – Centered & Informed Choice Protocol

Part Two: Transition Protocol

Living document
Who Are the Responsible Parties?

Table 1: Support Planners

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Relocation Services Coordinator</td>
</tr>
<tr>
<td>2.</td>
<td>Minnesota Security Hospital (MSH) staff</td>
</tr>
<tr>
<td>3.</td>
<td>MnCHOICES Certified Assessor</td>
</tr>
<tr>
<td>4.</td>
<td>Life Bridge staff</td>
</tr>
<tr>
<td>5.</td>
<td>Waiver case manager</td>
</tr>
<tr>
<td>6.</td>
<td>Rule 185 case manager</td>
</tr>
<tr>
<td>7.</td>
<td>Targeted case manager</td>
</tr>
<tr>
<td>8.</td>
<td>Developmental Disability-Vulnerable Adult case manager</td>
</tr>
<tr>
<td>9.</td>
<td>Assertive Community Team (ACT)</td>
</tr>
<tr>
<td>10.</td>
<td>Nursing Facility discharge planner</td>
</tr>
<tr>
<td>11.</td>
<td>Intermediate Care Facility for People with Developmental Disability (ICF-DD) Facility staff</td>
</tr>
<tr>
<td>12.</td>
<td>Moving Home Minnesota case manager</td>
</tr>
<tr>
<td>13.</td>
<td>Nursing Facility social worker</td>
</tr>
<tr>
<td>14.</td>
<td>Minnesota Department of Corrections discharge planner</td>
</tr>
<tr>
<td>15.</td>
<td>Anoka Metro Regional Treatment Center (AMRTC) staff</td>
</tr>
<tr>
<td>16.</td>
<td>Others, such as staff from grant-funded transition programs</td>
</tr>
</tbody>
</table>

Questions: Use Q&A Panel and send to "All Panelists"
An Important Distinction

“Formal” Person Centered Plan vs. a Plan that is person – centered

- How do I know when to use a formal Person-Centered Planning process?

- How do I get a formal Person-Centered Plan covered for the person I am working with?

Important – All planning and practice should have a Person Centered approach!
Three Main Tenets of MN’s Olmstead Plan

• Informed Choice
• Person – Centered
• The Right Services
Transitions Requirements

- TR1.A. Planning begins at admission into a segregated setting
- TR1.B. Maximize natural relationships and community connections
- TR1.C. Plans include sufficient proactive support to reduce likelihood of disruption
- TR2.A. People understand they have choice
- TR2.B. People are provided w/sufficient information, support and experiences
- TR2.C. It must not be assumed that the 1st move will be the “ultimate” transition
Summary of Key Elements of Move & Supports

- Where the person is moving
- Date and time move will occur
- Who will help the person prepare for the move
- Who will help with adjustment during and after the move
- Who will take the person to new residence
- How the person will get his or her belongings
- Medications and medication schedule
- Upcoming appointments
- Who will be providing support after the move
- Back-up plans

Questions: Use Q&A Panel and send to "All Panelists"
My Move Plan Summary – When Required?

People who are moving under the following circumstances:

- Change in waiver residential provider (unless it is only a change in ownership)
- From waiver residential to waiver non-residential
- From waiver non-residential to waiver residential
- From waiver residential to waiver residential - change in address of residence
- From a parent home to their own home - change in address of residence
- Moves from ICFs to waivers—Individuals in ICFs do have a DD case manager from the lead agency

Questions: Use Q&A Panel and send to "All Panelists"
Questions: Use Q&A Panel and send to "All Panelists"
**Instructions**
The case manager or support planner and the person who is moving complete the My Move Plan Summary together.

When completing the form, follow these required steps:
1. Complete all the required fields (noted by the asterisks)
2. Include the person's signature at the end
3. Include case manager/support planner's signature and other members of the support team involved in planning.
4. Attach a copy of the person's medication schedule
5. Attach a copy of the person's back-up or crisis plan
6. Provide a copy to the person and his/her service providers
My Move Plan Summary

Case manager/support planner responsibilities
The case manager or support planner is responsible to evaluate the person’s needs, update the support plan as needed and communicate information to others involved.

If the My Move Plan Summary was not completed, the case manager/support planner should indicate why:
- Case manager/support planner was not aware of the move.
- The person declined to complete a move plan summary.
- Other
### My information

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### My goals

The place I want to live is:

The address I'm moving to:

<table>
<thead>
<tr>
<th>STREET ADDRESS*</th>
<th>CITY*</th>
<th>STATE*</th>
<th>ZIP CODE*</th>
<th>MOVE DATE*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

These are the important things I want the people who support me to know:

These are the people who are important to me:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to me</th>
<th>Contact information (email or phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Questions: Use Q&A Panel and send to "All Panelists"
My Move Plan Summary

My supports

This is how I will get to my new place. And this is the person(s) who will take me there:

This is what I will need to set up my new place:

The person(s) who will help me with this:

This is where my belongings are now:

Date and time my belongings will arrive:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
</table>

This is how my belongings will get to my new place:

The person(s) who will deliver my belongings:

This is who I will call if my belongings don’t arrive:

If I take medications, this is who will help me make sure my medications get to my new place and who will help me get them organized:

<table>
<thead>
<tr>
<th>Pharmacy name</th>
<th>Pharmacy address</th>
<th>Phone number</th>
</tr>
</thead>
</table>

Add pharmacy

Questions: Use Q&A Panel and send to "All Panelists"
My follow-up supports
Date and time someone will check with me to see if I am okay after I get to my new place:

<table>
<thead>
<tr>
<th>DATE*</th>
<th>TIME*</th>
</tr>
</thead>
</table>

This is who will check in with me as I settle into my new place:

This is how I contact this person, if I need something:

I have upcoming appointments:  ○ Yes  ○ No

These people are on my support team:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to me</th>
<th>Contact information (email or phone)</th>
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<tbody>
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</table>

Add person

My Move Plan Summary
My full plan is kept in this location:

These are the other people who have a copy of my plan:

Questions: Use Q&A Panel and send to "All Panelists"
### My Move Plan Summary

#### Signatures

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MY NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Check here if this planning session happened over the phone (and therefore will not have my signature)

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT/LEGAL GUARDIAN NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT CASE MANAGER NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW CASE MANAGER NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPORT PLANNER NAME (if different than the case manager)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT PROVIDER NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW PROVIDER NAME (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELOCATION SERVICES COORDINATOR NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER NAME</td>
<td>ROLE</td>
<td>SIGNATURE</td>
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</tbody>
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Questions: Use Q&A Panel and send to "All Panelists"
Questions?
Engaging Guardians in Supported Decision Making & Person-Centered Practices

July 27, 2016

Barbara Kleist, M.Ed. J.D.
University of Minnesota
Institute on Community Integration
Research and Training Center on Community Living

Questions: Use Q&A Panel and send to "All Panelists"
Law & Policy Influencing Our Right to Make Choices

Federal Level
- Constitution
- Bill of Rights
- Civil Rights
- ADA
- Uniform Guardianship Act
- Case Law

State Level
- Guardianship statutes and regulations
- Vulnerable Adult Act
- Adult Protection statutes and regulations
- Case Law

Questions: Use Q&A Panel and send to "All Panelists"
Questions to Run On

How do we move from our current practice of substitute decision making through guardianship to supported decision making?

- What needs to change?
- What needs to stay the same?

What can you do in your role as a support planner to explore supported decision-making as an alternative to guardianship?

How can you use person-centered skills and tools to engage guardians in supported decision making?
What is guardianship?

- It's founded on the principle of “*parens patriae*” – parent of the state
- It's a legal process that requires a court order
- It requires proof that a person lacks sufficient understanding or capacity to:
  - make or communicate responsible decisions concerning their own person, and
  - demonstrate an inability to meet their needs for medical care, nutrition, clothing, shelter and/or safety
- And no alternative less restrictive alternatives for substitute decision making exist including use of appropriate technology

MN Stat § 524.5-301
Who can be a guardian?

The law says...the most suitable and best qualified among those available and willing to act as guardian.

- Parents
- Adult children
- Siblings
- Other relatives
- Friends
- Professionals
- Health care agent
- Others

MN Stat § 524.5-309
How much power does a guardian have?

Scope of Powers:
- general care and needs, and where to live,
- care, comfort and maintenance (food, clothing, shelter, health care, social and
- recreational, training, education, habilitation or rehabilitation),
- taking reasonable care of personal effects,
- giving necessary consent for medical or other professional care, counsel, treatment, or service,
- approving or withholding approval of contracts, except for necessities, (this power is only given if there is no conservator of the estate) and
- exercising supervisory authority which limits civil rights and restricts personal freedom only to the extent necessary to provide needed care and service

MN Stat § 524.5-313
## Guardianship Duties & Responsibilities

<table>
<thead>
<tr>
<th>Core Responsibilities</th>
<th>Use Creativity &amp; Judgment</th>
<th>Not Our Usual Responsibility</th>
</tr>
</thead>
</table>

Questions: Use Q&A Panel and send to "All Panelists"
Supported Decision Making
What is supported decision making?

Supported Decision-Making is..

- a method of developing decision-making skills by relying on Supporters to assist you in collecting information, processing information, and coming to a reasoned decision.

- an alternative to guardianship in that it provides a trusted environment for individuals who are seeking assistance with decision-making while still promoting self-determination.

- flexible and can change with the needs of the individual to provide more opportunities for independence and autonomy.

Source: http://supportmydecision.org/
Using relationship maps to find Supporters

Questions: Use Q&A Panel and send to "All Panelists"

Source: TLC-PCP 2012  www.learningcommunity.us
Person-Centered Practices

USING PERSON-CENTERED SKILLS AND TOOLS TO ENGAGE GUARDIANS IN SUPPORTED DECISION MAKING
Balancing Important To and For

- Health & Safety
- Self-Determination & Choice

Questions: Use Q&A Panel and send to "All Panelists"
Choice has Boundaries

- There is no “unfettered choice,” for any of us
- The question is always: where should the boundaries be drawn?

- The answer is impacted by many factors
  - Laws
  - Values
  - Resources
  - Ripple Effect (how choices impact others, such as partners, roommates, coworkers, etc.)
  - Personal Safety
  - Public Safety

Source: TLC-PCP 2012 www.learningcommunity.us
Using Person-Centered Skills to Find Balance

- What’s working/Not working
- 4+1
- Communication Chart
- Matching Profile

Questions: Use Q&A Panel and send to "All Panelists"
## Creating an agenda for change

<table>
<thead>
<tr>
<th>Perspective</th>
<th>What works/makes sense</th>
<th>What doesn’t work/make sense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person</td>
<td>Spending time with her boyfriend</td>
<td>Not being able to have boyfriend stay overnight</td>
</tr>
<tr>
<td></td>
<td>Eating what she want, when she wants it</td>
<td>Not being allowed to have pizza whenever she wants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Counting calories</td>
</tr>
<tr>
<td>Guardian</td>
<td>Safe relationships</td>
<td>Having boyfriend stay overnight</td>
</tr>
<tr>
<td></td>
<td>Choices in what she eats</td>
<td>Not having access to healthy food choices</td>
</tr>
<tr>
<td></td>
<td>Healthy weight</td>
<td>Being taken advantage of by boyfriend</td>
</tr>
<tr>
<td>Staff</td>
<td>Relationship with boyfriend</td>
<td>Boyfriend staying overnight not okay with roommates</td>
</tr>
<tr>
<td></td>
<td>Making sure she has access to healthy food that she likes</td>
<td>Having pizza more than once a week</td>
</tr>
<tr>
<td></td>
<td>Having a healthy eating plan to manage weight</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What can we do to increase decision making support for person using services?

<table>
<thead>
<tr>
<th>What have we tried?</th>
<th>What did you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When did you do it?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What have we learned?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What are we pleased about?</th>
<th>What went well?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What worked for you?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are we concerned about?</th>
<th>What challenges were encountered?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What didn’t you like about what you tried?</td>
</tr>
<tr>
<td></td>
<td>What didn’t work for you?</td>
</tr>
</tbody>
</table>

Given your learning what will you do next?

Questions: Use Q&A Panel and send to "All Panelists"
Using a communication chart to help guardians listen to behavior

<table>
<thead>
<tr>
<th>What is happening</th>
<th>_____ does</th>
<th>We think it means</th>
<th>And we should</th>
</tr>
</thead>
</table>

Questions: Use Q&A Panel and send to "All Panelists"
Working with guardianship to figure out how best to support a person

Using a matching profile with guardians in support planning can help identify:

- What supports are wanted and needed
- What skills are needed
- What personality characteristics are needed
- What shared common interests would be nice to have

Questions: Use Q&A Panel and send to "All Panelists"
Resources

Its My Choice, William T. Allen, Reprinted 2014
http://mn.gov/mnddc/extra/publications.htm

Working Interdisciplinary Network of Guardianship Stakeholders (WINGS-MN)

National Resource Center for Supported Decision-Making
http://supporteddecisionmaking.org

Minnesota Bill of Rights for Wards and Protected Persons (2009)
http://www.minnesotaguardianship.org/education/bill-of-rights/
Resources

Minnesota Association of Guardianship and Conservatorship (MAGiC)
http://www.minnesotaguardianship.org

Conservatorship and Guardianship in Minnesota

Minnesota Courts Self-Help Center-Guardianship & Conservatorship
http://www.mncourts.gov/selfhelp/?page=1207

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How do we move from our current practice of substitute decision making through guardianship to supported decision making?

- What needs to change?
- What needs to stay the same?

What can you do in your role as a support planner to explore supported decision-making as an alternative to guardianship?

How can you use person-centered skills and tools to engage guardians in supported decision making?
How can you apply what was shared today to your work?
Contact Information

Barbara Kleist
kleis041@umn.edu
612-624-1297

Research and Training Center on Community Living
Institute on Community Integration (UCEDD)
University of Minnesota, Twin Cities
Where to Find Help Now?

- **Bulletins**
  - [http://www.dhs.state.mn.us/main/id_000305](http://www.dhs.state.mn.us/main/id_000305)

- **Lead Agency Review Website**
  - [http://www.minnesotahcbs.info/](http://www.minnesotahcbs.info/)

- **E-List Announcements**
  - [http://www.dhs.state.mn.us/main/id_000677#](http://www.dhs.state.mn.us/main/id_000677#)

- **CBSM Main Page**
  - [http://www.dhs.state.mn.us/main/id_000402](http://www.dhs.state.mn.us/main/id_000402)

Questions: Use Q&A Panel and send to "All Panelists"
Please take a moment to let us know your thoughts.

- Take our Survey: http://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=146956634564
Meeting Wrap

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

855-859-2056

Conference ID:
53404782

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

Questions: Use Q&A Panel and send to "All Panelists"
Thank you for attending!