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
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

- Individual
- Organization
- System
Process for Developing Person-Centered Skills

Tools and Resources

The Basics
- Person-Centered Skills
- Using Person-Centered Practices in Support Planning Training

Reinforcement
- Monthly Support Planning Professionals Learning Community webinars
- Conferences

Learning with others by doing
- Communities of Practice
- Sharing practices with Staff
BREAK
The Person-Centered, Informed Choice and Transition Protocol
## Who Does the Protocol Apply to?

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

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

- Overarching Characteristics (OC)
  - Process
  - Record Keeping

- Discovery and Learning (DL)
  - The person and their planning participants
  - Info on how the person currently lives
  - Understanding how the person wants to live

- Supports and Action Planning (SAP)
  - Plan for person-centered supports

- Implementation Quality Review (QR)
  - Person-centered supports implementation
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)
## 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
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.

Plan that is Person-Centered

- e.g., Transition Plan
- e.g., Positive Support Plan
- e.g., Crisis Plan
- e.g., Employment Plan
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
<table>
<thead>
<tr>
<th>Person-Centered, Informed Choice and Transition Protocol Item – as documented in the plan</th>
<th>% Meeting Requirements for MN as of March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person’s preferred work/education/productive activities are identified</td>
<td>72%</td>
</tr>
<tr>
<td>The social, leisure or religious activities the person wants to participate in are described</td>
<td>89%</td>
</tr>
<tr>
<td>The support plan describes goals or skills related to person’s preferences</td>
<td>78%</td>
</tr>
<tr>
<td>Action steps describing what needs to be done to achieve the person’s goals or skills</td>
<td>71%</td>
</tr>
<tr>
<td>Identifies who is responsible for monitoring implementation of the plan</td>
<td>52%</td>
</tr>
<tr>
<td>The support plan includes details about what is important to the person</td>
<td>82%</td>
</tr>
</tbody>
</table>
## Current Lead Agency Review Results

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

Thinking time, recording time, sharing time

<table>
<thead>
<tr>
<th>Person-centered resource or practice</th>
<th>Idea for using a resource or practice</th>
<th>People I can share this with</th>
<th>Resources needed</th>
<th>Action completed by</th>
<th>Further notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LUNCH
Support Planning
Lead Agency Review... In Real Life

Pre-Visit
- HCBS Assurance Plan
- Supervisor Interview
- CM/AS Survey
- Provider Survey

On-Site
- Case File Review
- Entry Meeting
- CM/AS Focus Group
- Supervisor Meeting
- Exit Meeting

Post-Visit
- Report Process
- Remediation
- Corrective Action Planning (CAP)
## Case File Review... In Real Life

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

### Case File Review

**WHO**
- Sample: Who does the LAR Team review?

**WHAT**
- What does the LAR Team review in files?

**HOW**
- How can case managers know that their documentation is properly reflected by LAR?

---

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

<table>
<thead>
<tr>
<th>PMI First Name</th>
<th>Waiver Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case File Compliance**

- Current support plan
- Support plan signed
- Outcomes and goals
- Needs in plan
- Service details
- Health and safety
- Services in plan
- Choice in plan
- Release of information
- Appeal rights
- Privacy rights
- Frequency of visits
- BI/CAC Form

- DD Level of Care
- Related Condition
- OBRA
- Form 2727
- Employment assessed
- Emergency backup plan
- Current assessment
- Current screening
- Under 18 form
- Public guardian
- AC Form 3518
- AC Form 2630
- DD screen doc Signed

**Person-Centered Items**

- Risks identified
- Support plan monitoring
- Support plan identified
- Global statement about dreams
- Natural supports/services
- Specifics identified in file
- J (Support plan)

---

**We invite Feasibility and Communication**
What does the LAR Team DO With the Data?

### Aeiou County (B)
#### Quality Indicators Dashboard

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

<table>
<thead>
<tr>
<th>System-centered</th>
<th>Person-centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Lives with...</td>
</tr>
<tr>
<td>outing</td>
<td>Going to ____</td>
</tr>
<tr>
<td>Setting, environment, placement</td>
<td>Lives with or at</td>
</tr>
<tr>
<td>Let/allow</td>
<td>Assist/Help with</td>
</tr>
<tr>
<td>Support staff/Caregiver</td>
<td>People who support</td>
</tr>
<tr>
<td>DD/ behavior program</td>
<td>Person who lives with X condition and who shows X behavior when experiencing Y condition</td>
</tr>
<tr>
<td>Client/ customer/ etc.</td>
<td>Person’s name</td>
</tr>
<tr>
<td>Non-communicative</td>
<td>Communicates with eyes/ hands/ device, etc.</td>
</tr>
</tbody>
</table>
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.
• 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!
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
### Your Action Planning

**Thinking time, recording time, sharing time**

<table>
<thead>
<tr>
<th>Person-centered resource or practice</th>
<th>Idea for using a resource or practice</th>
<th>People I can share this with</th>
<th>Resources needed</th>
<th>Action completed by</th>
<th>Further notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resources
Process for Developing Person-Centered Skills

The Basics
- Person-Centered Skills
- Using Person-Centered Practices in Support Planning Training

Reinforcement
- Monthly Support Planning Professionals Learning Community webinars
- Conferences
- Videos and online training

Learning with others by doing
- Communities of Practice
- Sharing practices with Staff

Tools and Resources
Where to Find Help Now – DHS Websites

Person-centered Practices
  • [http://tiny.cc/mndhs-pcp](http://tiny.cc/mndhs-pcp)

Positive Supports MN
which houses the Person-centered Organizational Development Tool for assessing an organization’s person-centeredness
  • [https://mnpsp.org/](https://mnpsp.org/)

Survey tool for assessing person-centered organizations

DHS Lead Agency Review’s website
  • [http://minnesotahcbs.info/](http://minnesotahcbs.info/)

Person-Centered, Informed Choice and Transition Protocol

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](http://tiny.cc/mndhs-db101)

Support Planning Professionals’ Learning Community Webpage
Where to Find Help Now – other websites

**Housing Benefits 101**
- [https://mn hb101.org/](https://mn hb101.org/)

**Person-centered Toolkit**
from Support Development Associates (Michael Smull’s organization in Maryland)
- [http://sdaus.com/toolkit](http://sdaus.com/toolkit)

**LifeCourse Person-Centered Tools**
(Kansas City Institute of Human Development)

**Person Centered Thinking 2-day Trainings**

**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://tlpcpc.com/](http://tlpcpc.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](https://ici.umn.edu/products/impact/292/292.pdf)

**Helen Sanderson UK Person-Centered Toolkit**
(partner of Michael Smull)
• Large group check-in
• Evaluations
• Good luck in your person-centered journey!

Thank you for your time and input!
Tips

• See speaker notes