AGENCY FOR PERSONS WITH DISABILITIES

Course: The Person-Centered Support Plan

Module 2 – Overview of the Person-Centered Planning Process

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Slide 1	AGENCY FOR PERSONS WITH DISABILITIES Person-Centered Support Plan Instructions, Module 2
Slide 2	**Overview of the Person-Centered Planning Process** The sections in this Module will cover: 1. The meaning of Person-Centered Planning, including characteristics of a person-centered approach, specific methods, and federal guidelines related to the support planning process 2. Who is involved in the Support Planning process and each team member's role 3. Support Plan submission time frames and activities that take place prior to the Support Plan meeting
Slide 3	**What is Person-Centered Planning?**
Slide 4	Person-centered planning is more than just filling out a form – it is an approach for discovering what is important to the individual and creating a plan to help them achieve a meaningful life.
Slide 5	Person-centered planning puts the individual at the center of the support planning process and focuses on helping the individual make life achievements based on their preferences, interests, and strengths. During person-centered planning, information is obtained from professional assessments and from people who know the individuals the best to help plan for needed services and supports. The "person-centered" approach addresses not just what is important <u>for</u> the individual, but also what is important <u>to</u> the individual.
Slide 6	**(Person-Centered Planning Video)** Beth Mount, is one of the founders of Person-Centered Planning. In this video, she describes the differences between Person-Centered Planning and System-Centered Planning. **Video narration:** "From the origin of person-centered planning, we were trying to understand and see what it looks like when we just fit people into systems and defined there needs and saw them through the eyes of what a system needs for a person to be in order to generate the funding required and to basically service them. And system-centered work tends to be based on a medical model, which assumes something's wrong with people and it's the system's job to fix them. And so, the system is invested in defining them in terms of their deficiencies, and creating a treatment plan, and then working to help people get it right before they get to be members and be

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	whole people in the real world. So person-centered planning offers a major contrast to that, which is to say that people don't belong to systems. They belong to themselves, they belong to their families, and their communities. And if we see them in a different light by the capacities that they bring, and we understand that their communities are the place where they can contribute and be citizens, then our thinking shifts dramatically from how to fit people into systems and service there, to how do we support people to live good lives in community. And then how do we take what we need from systems and services so that – services are not bad, they just tend to be wired for their own purposes, for their own self-interest. So, a good person-centered planning process calls into question the way we use services and invites us to really change the way most of our services are configured to be more responsive to the people, and the way that they want to live, and the communities that they're in."
Slide 7	In 2014, the Federal Centers for Medicare and Medicaid services made changes to Home and Community-Based Waiver rules defining the standards of the Person-Centered Planning process. Based on these changes, the support planning process must at a minimum: Include people chosen by the individual. Provide information and support so that the individual can direct the process to the maximum extent possible. Is timely and convenient to the individual. Reflects cultural considerations of the individual and provides information in plain language and in a manner that is accessible to individuals with disabilities and persons who have limited English language skills.
Slide 8	Additionally, federal rules require that person-centered planning: includes strategies for solving conflict or disagreement within the process, offers informed choices to the individual regarding the services and supports they receive and from whom. Essential to helping the individual make a genuinely informed choice is the need to provide opportunities for them to see and experience their options. For example, a person would not know if they want to live in their own apartment if they have never toured apartment options or seen pictures. Includes a method for the individual to request updates to the plan as needed. Empowers the individual to choose where they want to live
Slide 9	**Common Characteristics of a Person-Centered Planning approach** All Person-Centered Planning methods have a few things in common such as: The individual is **present** at the meeting and chooses the time, location, and who will participate in the process with them, such as family, a guardian, providers, etc. The individual **directs** the process. By facilitating their own meeting or selecting someone else, the person is in control of what is decided and the direction for their life. The planning is a conversation **with** the individual rather than professionals discussing and deciding what services are **for** the individual. The conversation should focus on the positive aspects of a person's life - what **CAN** be - rather than just a discussion of past problems or failures. The goals written in the support plan are based on what is important to the **individual,** not those providing services. Almost all Person-Centered Plans involve the creation of a drawing or other visual **image** to involve the individual and shows important aspects of their life, dreams, and how to achieve their goals.
Slide 10	**Person-Centered Methods**
Slide 11	There are many different methods that the WSC can use to facilitate a person-centered process. Each uses various techniques to help the person communicate their story and desires. Some Person-Centered Planning is facilitated using charts, pre-made worksheets, collages, or drawings to paint a graphical picture.

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	The most well-known include:
Slide 12	**White Boards or Chart Paper** White boards or large paper can be used to brainstorm ideas and goals, to Develop a vision for life, record choices, assign responsibilities, and agree on timelines.
Slide 13	**Dream Boards are another example.** **Dream Boards e**ngage the individual in a process of choosing images and words, from magazines or other sources, to create a collage that expresses their dreams, goals, and what is truly important to them. The collage is a springboard for a person-centered conversation
Slide 14	**PATH (Planning Alternative Tomorrows with Hope)** **PATH is another potential method for planning for future goals.** This approach uses a graphic process to help the individual develop a vision for their future, the ultimate place their path is heading towards. Working backwards, a step-by-step path is created that provides a clear visual timeframe for how the individual can reach their goal. A benefit of the PATH process is that it engages the whole support team and helps to commit them to specific tasks.
Slide 15	**MAP (Making Action Plans)** **The MAP process is another graphical planning tool.** MAP uses a series of questions and answers that are recorded graphically to construct a personal life story for the individual, and builds a plan with action steps to move toward their dreams
Slide 16	**Worksheets** There are many different printable worksheets that can be used to help the individual develop a vision for their future and goals. A Star Chart (shown here), provides a way to identify goals and the supports needed to reach those goals. Other worksheets include: • "What is working/Not working" • "Important To and For" • "Good Day or Bad Day" All these tools are ways to help the individual and those close to them brainstorm ideas of what could lead to a more meaningful life. More information can be found on all of these person-centered methods by visiting the links provided.

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Slide 17	**The Support Team**
Slide 18	Supporting the individual is not limited to just the Waiver Support Coordinator. Family, friends, legal guardians, and providers also play an important role and they should contribute to the extent requested by the individual and if the individual chooses to include them in the support planning process. Each person has specific responsibilities throughout the process.
Slide 19	**The Individual** Individuals must be provided the opportunity and resources to be able to "direct the process to the maximum extent possible". This direction includes, but is not limited to choosing when, where, and who they would like to have participate in the planning process; participating in the support planning meeting in a way that they choose; communicating their desires, hopes, and dreams for their future, including what is working in their life and what is not working; this communication can happen anytime during the year; signing the support plan to indicate agreement. If there are areas of disagreement within the plan, he/she can convey those concerns to the team; requesting and approving revisions to the support plan throughout the year as desired or needed; communicating any concerns or feedback with the WSC throughout the year. If disagreements are not resolved, the individual may request that their concerns are noted on the support plan before signing it.
Slide 20	**Family, Legal Representatives and Friends** The individual may choose to have others participate in the planning process, however, a designated guardian or legal representative must be included. Participation may include contributing to the person-centered information based on their own intimate knowledge of the individual; identifying strengths and positive attributes; helping to identify and address known risks; assisting the individual to plan for their future and provide support if requested; reviewing and approving the plan and other documents by signing the Support Plan; sharing any concerns or disagreements during the planning process with the WSC; reviewing and approve changes to the support plan throughout the year if needed; sharing any concerns or feedback with the WSC throughout the year.
Slide 21	**Waiver Support Coordinators** A WSC facilitates and completes the development of the Support Plan. Conducts a person-centered planning process that considers all supports that are available to the person, whether waiver funded, funded by other sources, or by natural supports such as volunteers. Ensures that the support plan addresses the individual's personal goals and desires, meets the person's current service needs, and complies with requirements for the chosen service setting(s) and associated funding. In addition, the WSC provides to the individual, the legal representative, or both, via secure e-mail, U.S. mail, or hand-delivered, a copy of all changes made to the support plan, along with an APD approved cost plan; documents in the progress notes, the date and method the support plan and cost plan were provided to the individual; files a copy of the support plan and the cost plan signature pages in the recipient's central record; monitors service provision, progress on goals, and the person's satisfaction with their services and providers; addresses and resolves any issues by meeting with the recipient and pertinent providers.
Slide 22	**Service Providers** Service Providers can be paid or non-paid and may participate by assisting the person to participate in the planning process as fully as possible; contributing to the planning process as directed by the individual;

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	gathering person centered information and share it with the WSC prior to the meeting; helping to identify serious risks by providing medical or other historical information; communicating with the WSC or other team members if a person's desired outcomes or other support needs change; carrying out activities that assist the individual in achieving their goals.
Slide 23	**Support Plan Submission Time Frames** The final step in completing the Support Planning Process is submitting a copy of the signed plan to the individual, all others who attended the support planning meeting, and the Regional APD office. There are specific time frames established in Rule and they vary depending on the Support Plan being developed: **An Initial Support Plan is t**he first support plan is completed when an individual enrolls on to the iBudget Waiver Program. Initial support plans must be completed within 45 calendar days of the individual choosing their Waiver Support Coordinator. However, if the individual enrolled onto the waiver due to a crisis situation, the initial support plan must be completed within 30 calendar days of the selection of a waiver support coordinator. Updates to the initial support plan must be submitted as soon as additional information becomes available.
Slide 24	**An Annual Support Plan** All individuals enrolled on the iBudget Waiver must have a Support Plan meeting on a yearly basis and a new support plan that reflects the decisions made in that support plan meeting. Once completed, the WSC must provide copies of the support plan to the individual or legal representative within 10 calendar days, and to providers within 30 calendar days of the effective date.
Slide 25	**A Support Plan Update** Throughout the year, the WSC works with the individual to revise their support plan as necessary. This is called a "support plan update." If the update is related to a change in the individual's needs or circumstances, the WSC should notify the Region to determine if a new Questionnaire for Situational Information, or QSI is required. The WSC must provide a copy of the updated support plan to the individual or legal representative within 10 calendar days of the change.
Slide 26	**Getting Ready for the Meeting** Remember, the Support Planning Meeting itself is only one piece of the puzzle that must happen to develop an effective person-centered plan. The Support Planning process is not filling out a form, but consists of many conversations and decisions. The Support Plan meeting is the last step in a process that begins many weeks prior and continues throughout the year.
Slide 27	The WSC should begin planning at least 60 days prior to the expiration of the current support plan. This will allow enough time for the Support Team to plan to attend and for the WSC to gather all the necessary information.
Slide 28	To complete the process, the Waiver Support Coordinator must contact the individual (or their Legal representative); visit them face-to-face or talk by phone; begin helping the person visualize their goals, needs, and specific services; discuss what is working and what the individual would like to stay the same; also discuss

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	what the individual would like to change; help the individual choose the time and day of the meeting, review the topics to discuss, who can contribute to the planning process, and who is invited to the actual meeting; contact providers and start gathering information, including Annual Reports; encourage the individual to choose people to invite (or include in the process) who may be helpful in developing the person-centered plan; review the QSI and other documents to gain a full picture of any changes over the past year, and current needs. The WSC is responsible to gather resources: Does the individual need a specific accommodation at the meeting? If so, plan to have those items there. Does the individual communicate using sign or speak in another language? Take steps necessary to schedule an interpreter. Will the meeting include the creation of a PATH, MAP, or Dream Board? Ensure all the supplies are available. Once these steps are completed, it's time to have the meeting!
Slide 29	Keys to Success in Support Planning The following are some helpful tips on how the WSC can facilitate the Support Planning process. Gather information in a way that respects the individual, their family, and what they desire to communicate. Keep in mind that the person may choose not to answer some of the questions. Everyone communicates, but in different ways. Determine how the person communicates and assist them to be fully heard and understood. This requires 'listening' not only to their words, but also to their body language, gestures, sounds, and even silence. This may require finding others who know the person to help in the process. Bring resources to help the individual express their desires and choices, such as: • communication devices, • markers and pens, paper, • communication charts • an interpreter if needed **Resources for interpreters and other services can be found at the following links:** interpreterresource.com languageline.com fadcentral.org/interpreting-services resourcedirectory.apd.myflorida.com/resourcedirectory/
Slide 30	**You have completed Module 2 of 4 for the Person-Centered Support Plan.**