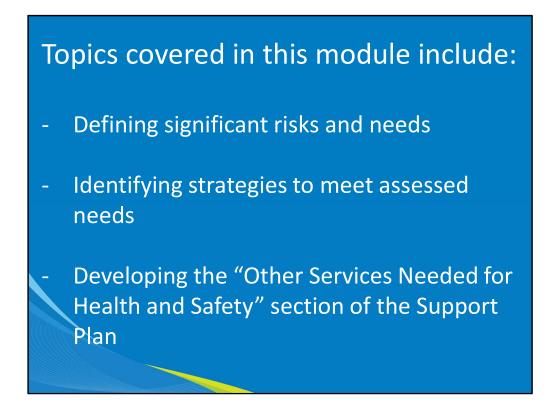


Good morning, thank you for joining us today. Before we begin, I would like to remind everyone that this training is an hour long and is worth 1.5 CEUs. At the end of the training, there will be an assessment auto-generated and sent to your email. Please complete the assessment before 5 pm today. A score of 4 or higher will be a passing score and you will earn 1.5 CEUs. The Test Results page is your certificate. Please save this page for your records.

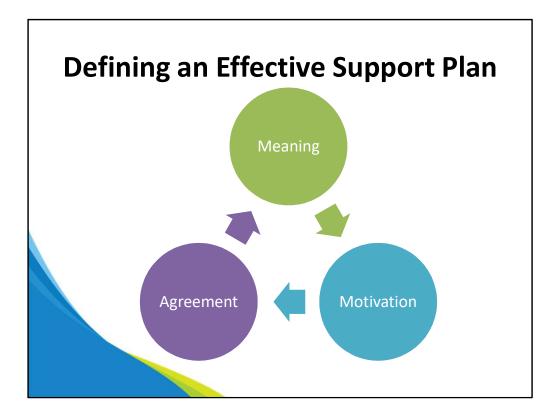
We will be monitoring the chat box throughout the training. This training will have interactive moments, so please utilize the chat box to send your answers. As always, we will address your questions at the end of the call, so please hold your questions until then.

Again, thanks for joining and let's begin!



Today, we will cover the following topics related to the support planning process: Defining significant risks and needs How to identify strategies How to develop Other Services Needed for Health and Safety

Please note that the information in this training is meant to provide a framework for understanding how to fill out the person-centered support plan related to needs and risks. This training is not meant to be the only source of understanding regarding how to address specific needs and significant risks. For further information, resources will be provided at the end of the training. Throughout this training, we will refer to the Person-Centered Support Plan.



To start off, let's briefly review the three aspects of an effective support plan. As you have been using the new Person-Centered Support Plan, you may have asked yourself, "What makes a good support plan good?" or, "What is the difference between a support plan that is just words and a support plan that actually leads to a better quality of life?"

All support plans should look different, since every person's life and needs are unique. However, all good support plans will be developed based on three main ingredients: meaning, motivation, and agreement.

Meaning

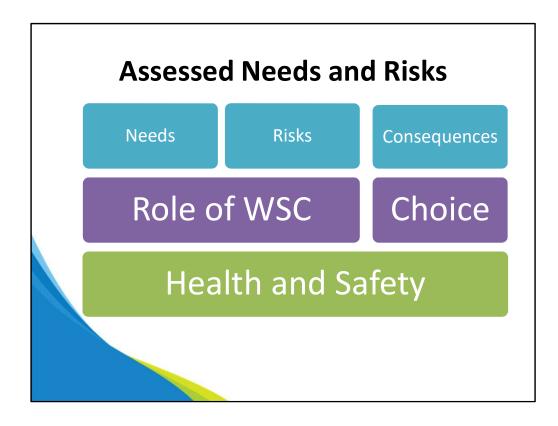
A meaningful support plan is one that captures what the individual desires. It is their vision for their life that drives the process of achieving goals and making the support plan effective. Without meaning, it will not matter what is recorded in the support plan; no one will desire to follow through to make it happen.

Motivation

Closely related to meaning is motivation. A good support plan will motivate all members to get on board with the vision and stay committed to seeing it through.

Agreement

The last ingredient in a effective support plan is agreement. In fact, there is no plan if the members of the support team are not in agreement of the various elements of the plan and how to carry it out. A vital role as a WSC is to make sure that ALL members of the circle of supports are clear about the information recorded in the support plan, what it means for them, and that they agree to work together to assist the person to make the plan a reality.



An important element of a support plan is that it clearly identifies needs and any significant risks present in their life.

While it is important to support the individual to pursue their dreams and goals, you could ask: What would happen if you only planned for what the person expressed as a want or desire? What if I ignored their obvious needs and potential risks in their life? As with anyone, when health and safety needs are not addressed, serious consequences to the individual or others can occur.

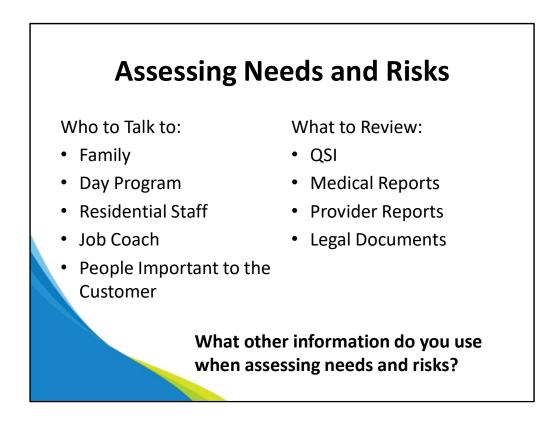
Person-centered planning puts the individual at the center of their life choices, which means that there will always be a certain amount of risk related to these choices. Support coordination cannot eliminate risks completely, but it is the role of the WSC to ensure that the person's health and safety are maintained to the fullest extent possible. With that, it is equally important that the person has a choice regarding how their health and safety will be maintained. It is important to remember that an individual must have sufficient information to understand the choices available, including pros, cons, and the impact of their choice. It is the WSC's responsibility to provide the information and discuss all options with the individual so that the realities, consequences, and risks are presented and understood.



So, what is a significant risk?

Significant risks are needs that, if not addressed, could result in institutionalization, medical attention, legal action, or place the individual or others in danger.

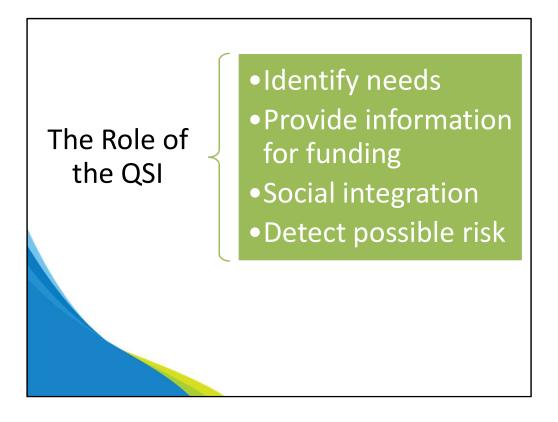
The foundation for person-centered planning is the principle of self-determination, which states that the individual has the right to control and direct their life. It's important that both the individual and their circle of supports understand the role that risk plays when the individual is making their own life choices. The WSC has the important responsibility of ensuring that the consumer is provided with opportunities to experience real choice without endangerment. With that, the WSC also has the responsibility to make sure that the individual and his or her supports understand the potential risks and what strategies are available to minimize them.



Reviewing documentation (such as the QSI) is important in identifying risks. However, it is not the only avenue that a WSC must explore. During the development of the support plan, other supports should also be consulted, such as day program, residential staff, supported living coach, or family. Having conversations with supports is necessary to clarify information you read in documents like the QSI, medical reports, or other provider progress notes. Sometimes, what is read in one document may not be reflected in another, or there may be conflicting information. Since the WSC is the facilitator of all information gathering and assessing, it is imperative that you have as many conversations and read as much documentation as necessary to get a clear picture of the individual's needs.

If information within the person's QSI is found to be either inaccurate or misleading, contact your local APD office so an up-to-date QSI can be done.

What other information do you use when assessing needs and risks? Please use the chat box to send in your examples.



Federal rules require that the support plan "reflect clinical and support needs as identified through an assessment of functional need." The plan must "reflect risk factors and measures in place to minimize them, including individualized back-up plan and strategies when needed."

The QSI is the agency's assessment tool used to identify needs and potential health or safety risks and is part of a full needs assessment process.

For the purposes of this training, we will not go into detail on the content and process of conducting the QSI, but we can summarize the purpose of the QSI in providing important support plan information.

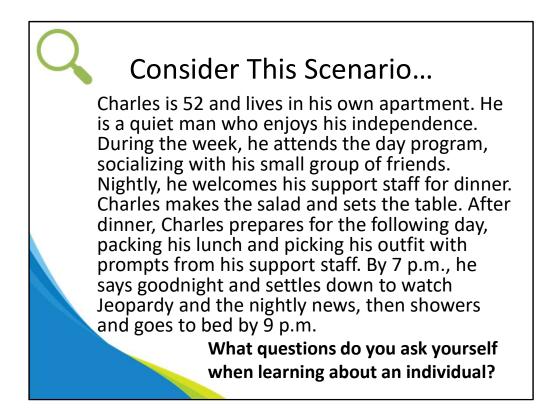
The assessment is designed to facilitate an interview process that will:

a) identify a person's needs for supports and services,

b) provide relevant information for use of a resource allocation algorithm to assign a funding range for each person receiving services,

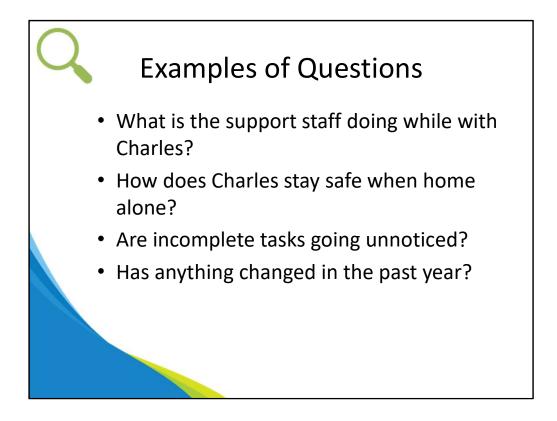
c) estimate a person's degree of social integration into the community and stimulate efforts to improve social integration, and, lastly,

d) detect possible risks or threats and alert the individual's supports so that undue hardship, illness, or harm is avoided.



So let's take a moment to consider this scenario, and let's focus on Charles' home life: Charles is 52 and lives in his own apartment. He is a quiet man who enjoys his independence. During the week, he attends the day program, socializing with his small group of friends. Nightly, he welcomes his support staff for dinner. Charles makes the salad and sets the table. After dinner, Charles prepares for the following day, packing his lunch and picking his outfit with prompts from his support staff. By 7 p.m., he says goodnight and settles down to watch Jeopardy and the nightly news, then showers and goes to bed by 9 p.m.

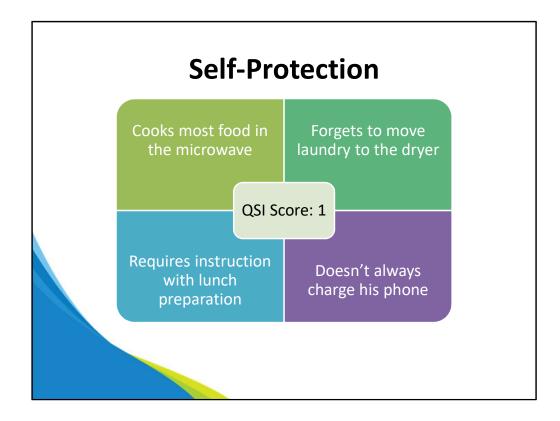
What type of questions do you ask yourself when learning about an individual? Please use the chat box to send in your examples.



Thank you for your examples!

Although this is a clear description of Charles' routine, there are questions you as the Support Coordinator should ask. What is the support staff doing while with Charles? How does Charles stay safe when home alone? Are incomplete tasks going unnoticed? Has anything changed in the past year?

These types of questions will help the WSC hone in on specific risks or needs that may be harder to identify.



When reviewing the contents of the QSI and supporting provider documentation, it is determined that an area of risk for Charles is Self-Protection.

Charles' QSI score in the area of Self-Protection is a 1. You discover that he requires reminders and instructions throughout his home, specifically during his nighttime routine. He requires education and follow-up conversations about how to keep himself, his home, and his belongings safe. He enjoys cooking but only uses the microwave to heat things up. Charles is able to be alone at night and can enjoy community activities by himself, and he has a phone and can use it in case of an emergency. You also learn that he stayed home during the last hurricane and did not have the proper supplies ready for an emergency.

Based on the review of documentation, you discover that Charles cooks with his microwave, makes his own lunch with verbal prompts, forgets to complete his laundry, and doesn't keep his phone charged.

As the WSC, you recognize that two main risks are identified: assistance with meals and remembering tasks. A third risk was identified because last year Charles was not prepared for loss of power during a hurricane.



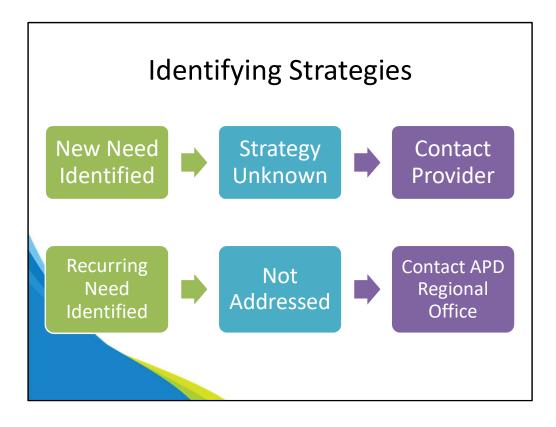
Examples of Strategies:

As the Support Coordinator, it is your responsibility to facilitate conversations that identify the strategies that will support the independence Charles loves so much. In this scenario, you and Charles develop three strategies that will support Charles' three risks.

Food Preparation – Charles agrees that he doesn't use his stove because he doesn't know how to choose the right temperature. Support Staff agrees to educate and train Charles on the different temperature settings. Together, they will create directions for the stove. Charles also would like to have a variety of lunches but usually only makes ham and cheese sandwiches. He requested to have a list, with pictures that show other sandwich options so he can try to make different things. Stove directions and lunch options will be posted in the kitchen.

Remembering Tasks – Charles and his support staff picked one day of the week for laundry. Charles will begin his laundry independently, and when his support staff arrive they will ask him if he has moved his clothes over. If he has not, he will complete the task when asked. Charles also understands how to use his phone, although he does not always charge it at night. So, support staff and Charles will make a nighttime checklist that will include tasks like, checking the laundy, plugging in his phone, locking the front door, and turning off all the lights. Charles tells you that he likes the idea of having a checklist to use before bed.

Emergency Preparedness – When talking with Charles, he expressed hesitation with being home during another hurricane. He said he did not want to be in his home if power was out for longer than two days. The two of you decided that if he had more supplies on hand, he would probably feel more comfortable being without power for 1-2 days. You and Charles work together to figure out what he would need and what he would like to have to be prepared, such as batteries, backup charger, lantern, snacks, water, puzzles, etc., and Support Staff assists Charles with collecting the items and putting them in a box.



Throughout Charles' scenario, the strategies developed were all handled by the WSC and the support staff. Now, let's focus on what to do if a WSC needs assistance with identifying or developing strategies.

- If the WSC sees a significant need, but does not know how to address it, they are responsible for talking to the other supports (e.g., ABA, nursing, group home staff, PT) to figure out the most effective strategies. The WSC may also reach out to the APD regional office for assistance.

- If there is a longstanding risk/need that is not being addressed by a support, and the WSC does not know what to do, then they must contact their local APD office to get guidance.



So now that you have some ideas of risks and strategies, the Support Plan has sections related to significant needs and risks, and specific areas to include developed strategies.

The main sections for this type of information are: Other Services Needed for Health and Safety Back-up Plans for My Critical Needs/Risks Personal Rights My Health Equipment and Supplies Personal Disaster Plan

Today, we will focus on the "Other Services Needed for Health and Safety" section.

0	Other S		ices Needed fo Safety	or Heal	th and
			dentify: A) Areas of critical needs/potential risk ere to find this information C) The services/sup		
	entified Need/Risk Area		Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
F	inctional (Choose all that	apply)			
	Vision				Choose Item
	Hearing				Choose Item -
	Eating				Choose Item
	Ambulation				Choose Item
				-	

The Other Services Needed for Health and Safety section contains the bulk of the information regarding significant needs and risks. The information contained in this table is directly connected to the individual's most current Questionnaire for Situational Information, or QSI. In the future, the scored items within the QSI will be pulled directly into the support plan form found within the APD iConnect system. When completing this section, the WSC will expand on the identified Needs and Risks by providing specific details about the individual.

Now, let's review each section in the Other Services Needed for Health and Safety:

Identified Need/Risk Area

To complete this section, review the individual's current QSI Comprehensive report. For all items where the score is 1 or above, the WSC completes the chart for that Identified Need or Risk.

Specific Concern: The WSC will need to provide a brief but specific description of the need or risk. Since the items listed on the support plan are categories of risks or needs, it is necessary to describe exactly what is going on that can lead to a significant risk. One-word answers, copying the QSI scoring descriptors, or generalizations will not be enough to give readers a full understanding of the specific issues being addressed. For example, if ambulation is checked, it is not immediately clear what the concern is. Does the individual walk, but falls sometimes? If they fall, under what circumstances do they fall? Do they need to use a wheelchair with assistance, or can they propel the wheelchair themselves? When filling in this section, always ask yourself, "Is this information clear? Does it give someone a good understanding of the individual's actual needs and potential risks?

This section is also where the WSC will list the strategies in place to address risk/need. These strategies or procedures can be verbal agreements by members of the person's circle of supports. Strategies often include formal documentation such as a Safety Plan, Behavior Implementation Plan, or Nursing Care Plan. In this case, make note of the name of the document so that it is clear where to find the specific steps or strategies that staff is to follow.

Keep in mind that a person most likely requires the same type of support in any setting that is part of their daily routine. For example, someone who requires a low-sodium diet at home will also require it at a day program or if they go to visit family. Therefore, most likely a planned menu will need to be available in all settings. If a person does not require the same supports in a different setting, that should be clearly stated. These details are very important so that all providers are clear about their responsibilities -- Which leads us to the next section.

Service or Support: Identify who (or what entity) is responsible to address the need. This could be a paid or unpaid support. If more than one person or entity is responsible, you can add additional choices. Again, the supports listed here should tie back to the specific strategies described in the previous box.

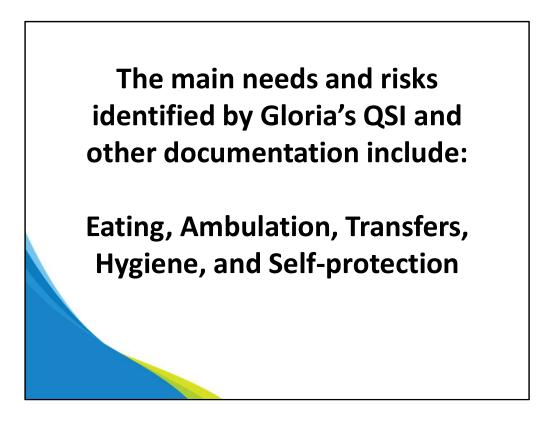
Source of Support: In this last box, identify how this support is funded. This is also a drop-down menu, and multiple choices can be selected if needed.

Consider This Scenario...

Gloria is 43 and lives by herself but loves to socialize with her neighbors and family. Gloria attends a local day program, where she enjoys creating art for sale. Gloria is not able to walk or transfer on her own. She ambulates primarily with her wheelchair and needs physical assistance to complete her personal hygiene tasks. Sometimes Gloria aspirates on liquids. In her free time, Gloria enjoys listening to the top hits on her radio while working on puzzles.

Consider this scenario:

Gloria is 43 and lives by herself but loves to socialize with her neighbors and family. Gloria attends a local day program, where she enjoys creating art for sale. Gloria is not able to walk or transfer on her own. She ambulates primarily with her wheelchair and needs physical assistance to complete her personal hygiene tasks. Sometimes Gloria aspirates on liquids. In her free time, Gloria enjoys listening to the top hits on her radio while working on puzzles.

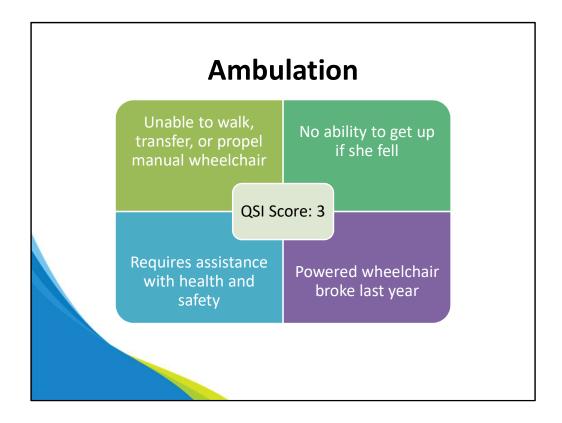


The main needs and risks identified by Gloria's QSI and other documentation include:

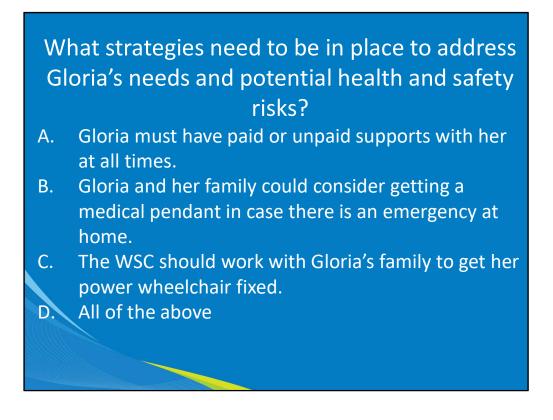
Eating, Ambulation, Transfers, Hygiene, and Self-protection

How can Gloria's support coordinator address her needs and risks, not only at home but across different settings? Please use the chat box to send in your answers.

These are all great suggestions. Now let's work on completing the Support Plan based on Gloria's needs and risks.



Let's look at Ambulation first. The QSI reflects a score of 3 in the area of ambulation. The specific risk is that Gloria could fall and injure herself. After reading the QSI report, the personal support logs, and annual reports by Gloria's service providers, you find that Gloria is unable to walk, transfer, or propel her manual wheelchair. She would have no ability to get up if she fell out of her chair. She would also have no ability to meet her health and safety needs if she were home by herself. Gloria used to have a power wheelchair, but it broke last year.



A. Gloria must have paid or unpaid supports with her at all times

B. Gloria and her family could consider getting a medical pendant in case there is an emergency at home.

C. The WSC should work with Gloria's family to get her power wheelchair fixed. D. All of the above

[answer is d, all of the above]

It is crucial for Gloria to have someone with her, especially during times that she is awake, to ensure her health and safety, whether paid or unpaid. Helping Gloria get her power wheelchair fixed and obtaining a medical pendant that she can use independently will greatly increase her independence and reduce her risks in case something happens while she is at home or in the community.

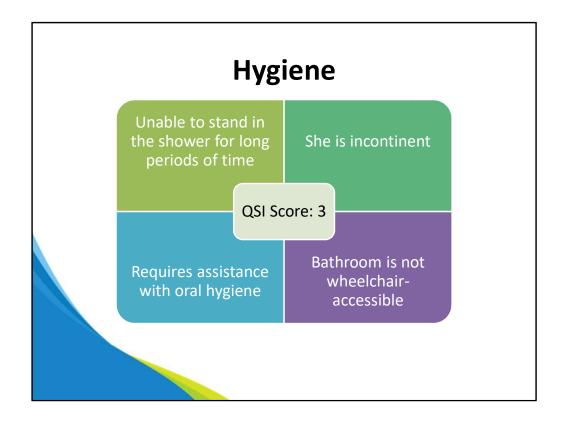
Identified Need/Risk Area	Ambul	Service/Support	Source of Support
Ambulation	Gloria is unable to ambulate independently, her powered wheelchair is broken. Gloria cannot be home by herself, she is dependent on others for her health and safety. WSC is working teaching Gloria and her family about a medical pendent and is working on getting her wheelchair repaired. In the mean time, support staff is present with Gloria at all times.	Support Staff is providing care, WSC is accessing Medicaid for wheelchair repair funding. Personal Emergency Response System may be requested in the future.	Medicaid

Here is an example of the Support Plan completed for Gloria's ambulation needs within the "Other Services Needed for Health and Safety" section.

Specific Issues: Gloria is unable to ambulate independently because her powered wheelchair is broken. Gloria cannot be home by herself, as she is dependent on others for her health and safety. The WSC is teaching Gloria and her family about a medical pendant and is working on getting her wheelchair repaired. In the meantime, support staff is present with Gloria at all times.

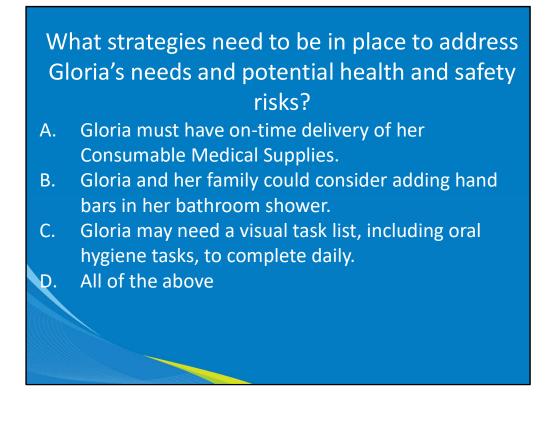
The service or support that is responsible: Support Staff is providing care. The WSC is accessing Medicaid for wheelchair repair funding; Personal Emergency Response System may be requested in the future.

The source of funding: Medicaid



Now, let's look at the another identified need for Gloria.

Hygiene: The QSI reflects a score of 3 in the area of Hygiene. The specific risk is that Gloria could have major health issues if her support for hygiene tasks is not available. After reading the available documentation, you find that Gloria has a walk-in shower stall and is unable to transfer and stand in the shower without physical assistance; she primarily uses a shower chair. She would have no ability to get up if she fell out of her chair. When Gloria was younger and living with her family, she had a wheelchair-accessible bathroom, but her current apartment does not have a bathroom large enough for her wheelchair. Gloria is also diagnosed with bladder and bowel incontinence and will need consumable supplies to keep her healthy and dry. You read in the personal supports logs that Gloria has not been to the dentist in many years and she struggles with brushing her teeth on a regular basis.



- A. Gloria must have on-time delivery of her Consumable Medical Supplies.
- B. Gloria and her family could consider adding hand bars in her bathroom shower.
- C. Gloria may need a visual task list, including oral hygiene tasks, to complete daily.
- D. All of the above

[answer is d, all of the above]

It is crucial for Gloria to have her incontinence supplies to meet her health needs; without these supplies, she could be at risk for major health issues. Helping Gloria get a safe shower stall with hand bars greatly increases her ability to be stable in the bathroom, lowering her risk of falling and injury. Creating a simple task list for Gloria to follow while completing her personal hygiene routine would ensure she has dental care that prevents pain, infection, or dental surgery in the future.

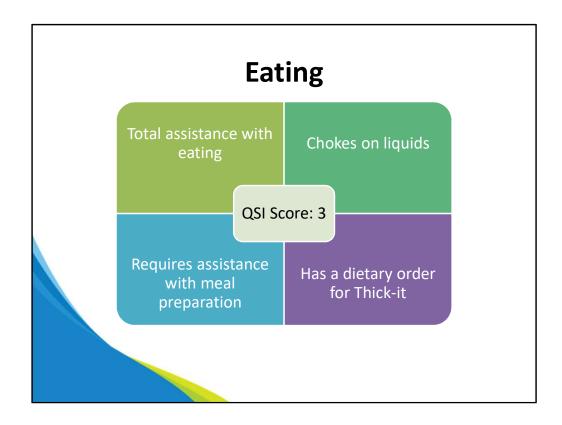
lentified Need/Risk rea	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
] Hygiene	She does not have a wheelchair accessible bathroom, she uses a shower chair. She would have no ability to get up if she fell out of her chair. WSC is collecting quotes for installing shower hand bars. Gloria is incontinent and needs consumable supplies. WSC and Gloria had a discussion about completing her hygiene tasks daily, both agreed to creating and posting a bathroom chart for reminders.	hygiene tasks, WSC will help create hygiene task chart.	iBudget Waiver

Here is another example of how to document strategies in the the "Other Services Needed for Health and Safety" section of the Support Plan.

Specific Issues: She does not have a wheelchair-accessible bathroom, she uses a shower chair. She would have no ability to get up if she fell out of her chair. The WSC is collecting quotes for installing shower hand bars. Gloria is incontinent and needs consumable supplies. The WSC and Gloria had a discussion about completing her hygiene tasks daily, and both agreed to creating and posting a bathroom chart for reminders.

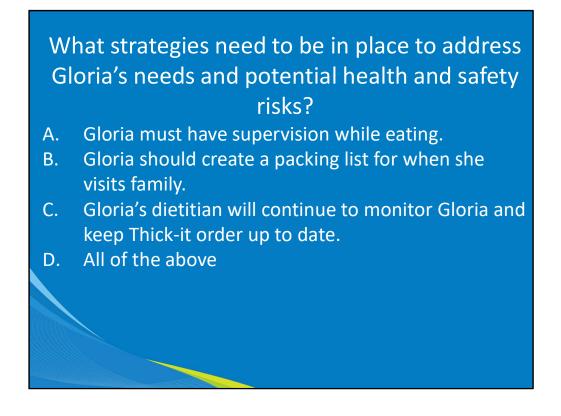
The service or support that is responsible: Support staff will assist with hygiene tasks, and the WSC will help create hygiene task chart.

The source of funding: iBudget Waiver



From the QSI, supporting documentation, and talking to Gloria's family and support staff, you learned that:

Gloria's QSI score in the area of eating is a 3. In addition to the QSI, you reviewed a dietary order and personal support staff notes. It is clear that Gloria tends to choke on liquids and requires total assistance to prepare her meals. The specific risk is that Gloria could choke or aspirate during mealtime. Gloria's dietary order is for thickened liquids and coarsely chopped foods. At home, Thick-it is used at all mealtimes to help Gloria consume liquids. From both the QSI and talking with Gloria and her family, you find out that Thick-it was sometimes forgotten during her weekend visits. This is a potential risk.



- A. Gloria must have supervision while eating.
- B. Gloria should create a packing list for when she visits family.
- C. Gloria's dietitian will continue to monitor Gloria and keep Thick-it order up to date.
- D. All of the above

[answer is d, all of the above]

Gloria requires assistance to eat, as her risk of aspiration is significant and could put her in danger if she were alone. Her solid foods are coarsely chopped. During the Support Plan meeting, the WSC can suggest a packing list since it has been identified that Thick-it is not always available. The ADT and the family will keep extra cans for backup. Also, the dietitian with continue to educate Circle of Supports with safety procedures and keep all dietitian orders current.

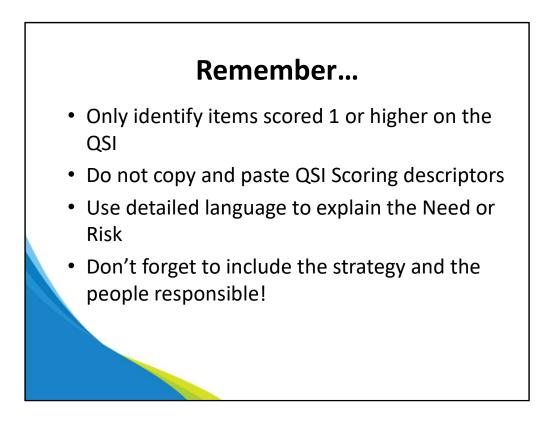
Area place to	c issue and measures in o address/minimize risk	Service/Support	Source of Support
She ha all her I liquids. choppe when a it is not Suppor to the p	requires total assistance to eat. s a dietary order for Thick-it in inguids as she aspirated on Her solid foods are coarsely d. It has been identified that t ADT or visiting family, Thick- always available. Circle of ts has agreed to add Thick-it aacking list and ADT and will keep extra cans for b.	The Dietician will continue to provide oversight of the aspiration procedures and Thick-it order. Personal Supports and family will follow the dietary procedures and use Thick-it at all meals. Everyone will continue to monitor Gloria during mealtimes.	iBudget Waiver

Lastly, here is an example of the Support Plan completed for Gloria's eating needs.

Specific Issues: Gloria requires total assistance to eat. She has a dietary order for Thick-it in all her liquids, as she aspirated on liquids. Her solid foods are coarsely chopped. It has been identified that when at the ADT or visiting family, Thick-it is not always available. Circle of Supports has agreed to add Thick-it to the packing list and the ADT and family will keep extra cans for backup.

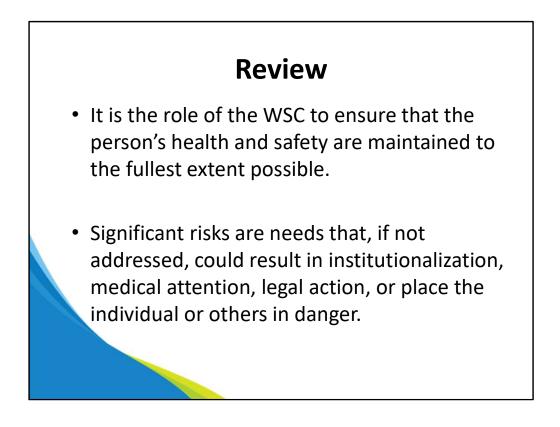
The service or support that is responsible: The dietician will continue to provide oversight of the aspiration procedures and Thick-it order. Personal Supports and the family will follow the dietary procedures and use Thick-it at all meals. Everyone will continue to monitor Gloria during mealtimes.

The source of funding: iBudget Waiver



When completing the "Other Services Needed for Health and Safety" section, you will need to keep in mind that this section should only identify the significant risk and information to clarify the scoring on the QSI. You will want to avoid adding information that identifies what the individual can do.

- Only identify items scored 1 or higher on the QSI. Items that were scored as 0 on the QSI do not need to be indicated in this section.
- When explaining a risk or need, do not use language from the QSI. Copying and pasting the scoring descriptors or the QSI Assessor's notes should not be used to explain the Risk or Need.
- Using vague language or leaving details out does not provide a good understanding of the situation to providers and the Agency.
- Always include the strategy! If supporting documentation is needed, include it.
- Include the people responsible for assisting with the support. They assist with creating and implementing the strategy, so they need to be included on the support plan.



- The individual has the right to enjoy opportunities in life. These opportunities may include some risks. It is the role of the WSC to ensure that the person's health and safety are maintained to the fullest extent possible and based on how the person would like to be supported.
- Significant risks are needs that, if not addressed, could result in institutionalization, medical attention, legal action, or place the individual or others in danger.

Review

- The QSI is the agency's assessment tool used to identify needs and potential health or safety risks and is part of a full needs assessment process.
- When assessing needs and risks, the WSC should consider the current QSI and all other medical and non-medical documentation from the past 12 months, as well as having conversations with all supports that know the individual.
- The QSI is the agency's assessment tool used to identify needs and potential health or safety risks and is part of a full needs assessment process.
- When assessing needs and risks, the WSC should consider the current QSI and all other medical and non-medical documentation from the past 12 months, as well as having conversations with all supports that know the individual to get a clear picture of the individual's health and safety needs.
- Should you find contradictions between a newly completed QSI and provider documentations, please contact the Regional APD Office for assistance.

