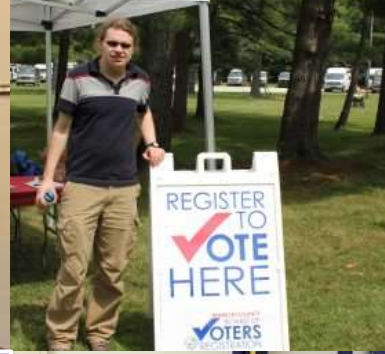


*Facilitating a Pathway to a
“Good Life” for Hoosiers with Disabilities
Implementing the Person-Centered Individualized Support Plan*

Winter 2017





All people have the right to live, love, work, learn, participate, play and pursue their dreams in their community.



Person-Centered Planning: Background and History

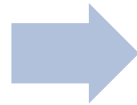
- Since 2001, the Bureau of Developmental Disability Services has had standards related to Person-Centered Planning
- When first implemented, there was extensive training provide for all stakeholders and published guidance on the philosophy and approach. Standards were also incorporated in Indiana Administrative Code (460 IAC 7)
- Over the years, BDDS has continued to emphasize person-centered planning, but the practice has become more process-driven and the level of guidance/support has diminished
- In 2014, the Centers for Medicare and Medicaid Services published rules regarding its expectations for Person Centered Planning.



The Pathway to a New PCISP Approach

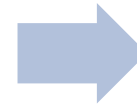
May 2016

- DDRS Implementation Sub-Committee Recommends Integration
- Division begins effort to move to a single IT system



Summer 2016

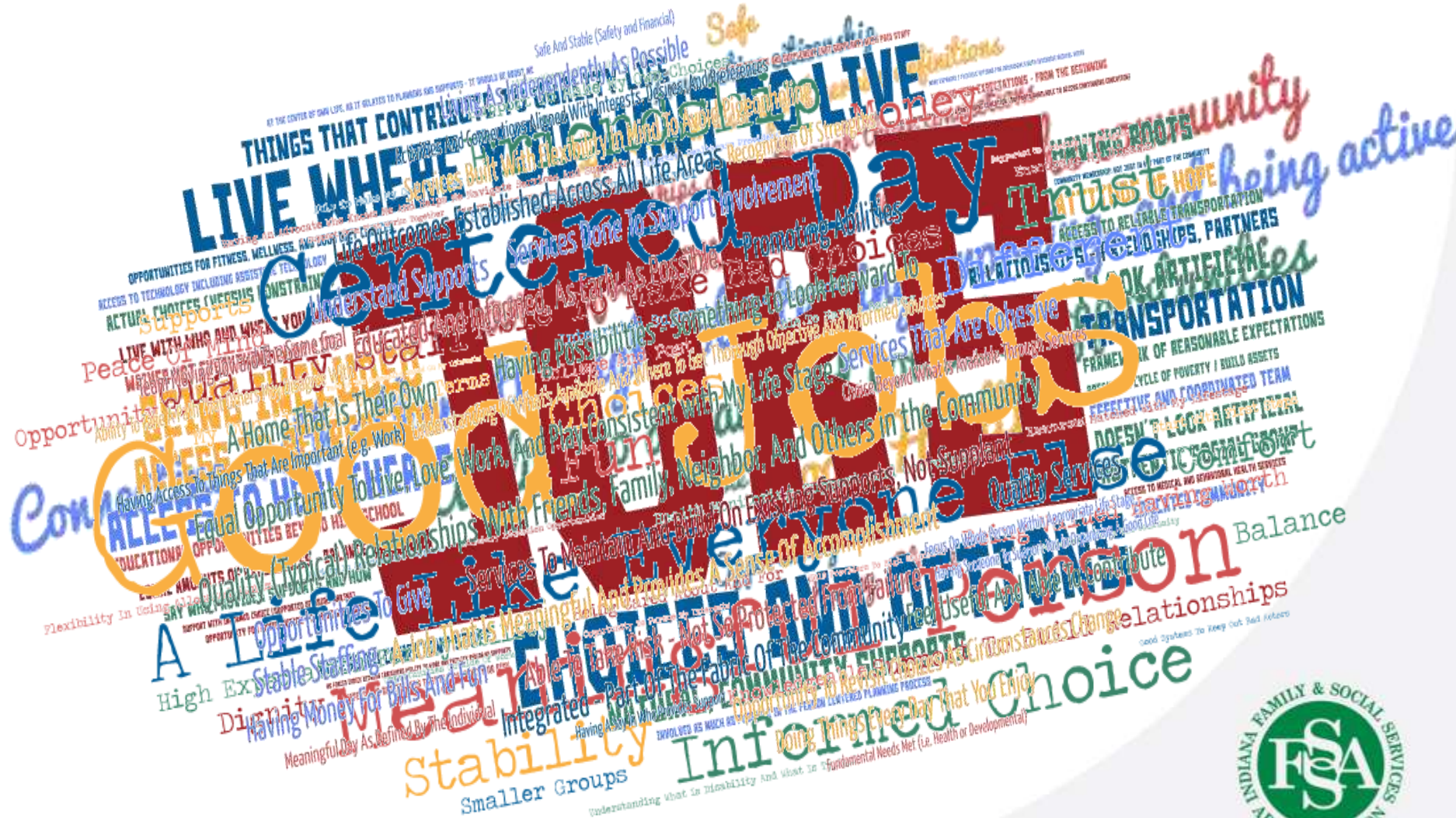
- Begin PCISP Development
- Join Supporting Families Community of Practice



Fall 2016

- Host 15 Self-Advocate / Family Forums
- Preview PCISP with CMCOs
- Share PCISP with the Sub-Committee, Self-Advocates, and Families

A Note About Stakeholders' Vision for PCP



The Pathway to a New PCISP Approach

Mid-Winter 2017

- CMCO Feedback on Approach and IT System
- Launch CM Innovation Workgroup

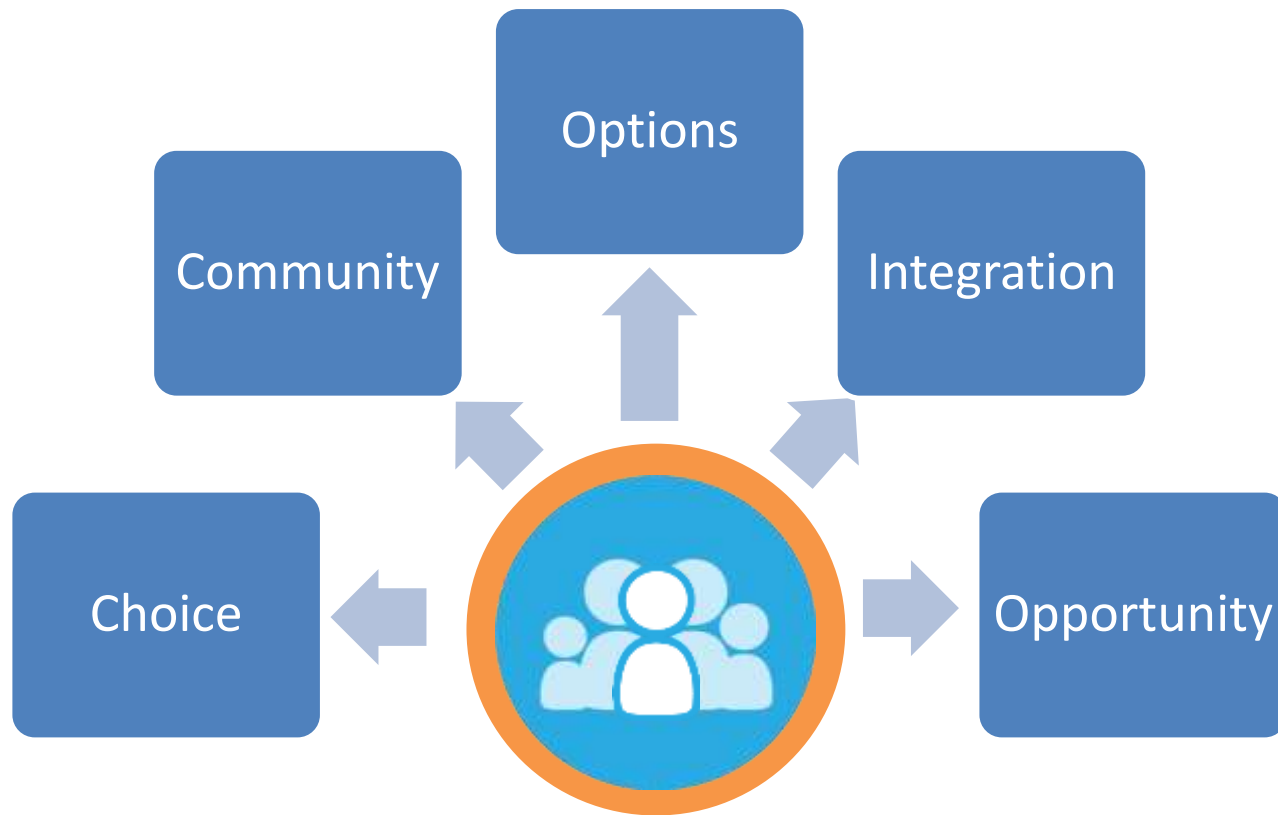
Spring 2017

- Refine PCISP Approach and IT System
- Developed Phase One Recommendations

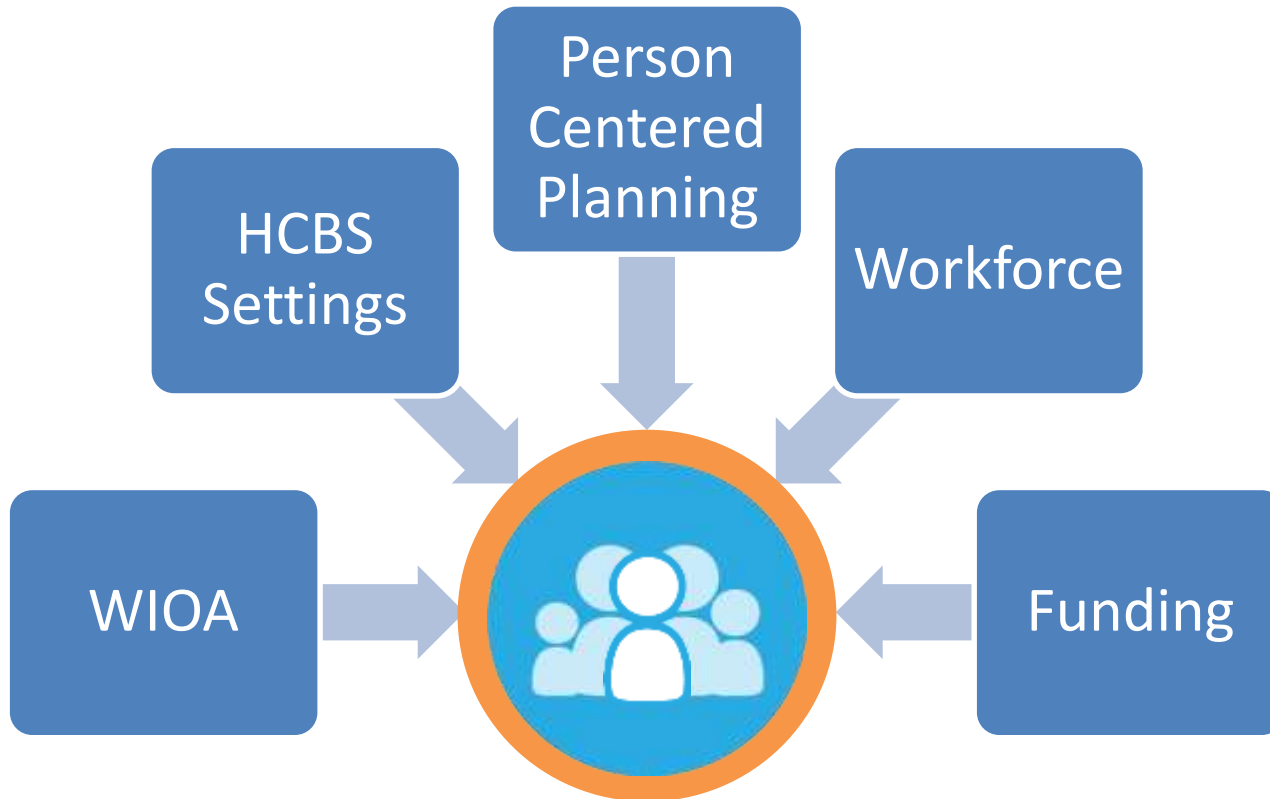
Summer 2017

- Focus on Implementation
- Developing Comprehensive PCISP Guide
- Develop CM Training

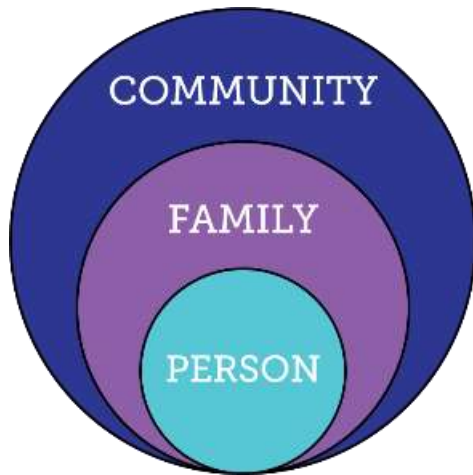
Moving to a New PCISP Approach: Why



Moving to a New PCISP Approach: Why



Moving to a New PCISP Approach: Why



Everyone exists within the context of family and community



Traditional Disability Services



Integrated Services & Supports within context of person, family and community

Moving to a New PCISP Approach: Why

- Improve Engagement for Families and Self-Advocates
- Infuse the LifeCourse Framework & Values within the process
- Braid philosophical and technical components so that individuals and their families are supported in
 - creating a co-creative partnership with their case manager and team;
 - identifying their needs; and
 - understanding the full array of support options available to address them
- Promote plan implementation by effectively linking PCP & ISP
- Address CMS' Person-Centered and HCBS settings rules



Supporting the New PCISP Approach: Refine Case Manager Responsibilities

- DDORS Vision for Case Management:
 - Indiana’s approach to case management under its Home and Community Based Services Waivers for Individuals with ID/DD are person-centered and focused:
 - on supporting the individual in identifying their outcomes and preferences,
 - in navigating resources and
 - on connecting the individual to supports aligned with their needs.



Supporting the New PCISP Approach: Refine Case Manager Responsibilities

- DDRS Expectations for Case Management:
 - Indiana's HCBS Waiver Case Managers serve individuals with ID/DD as:
 - An expert navigator;
 - An advocate; and
 - A partner in the process



Supporting the New PCISP Approach: Refine Case Manager Responsibilities

- DDRS Vision and Expectations provides
 - The “Why”
 - Framework for Considering How Case Management Activities Contribute to
 - Developing;
 - Implementing; and/or
 - Monitoring the Plan.



The New PCISP Approach

- The new PCISP process will:
 - Provide individuals with the opportunity and ability to make the PCISP a more person centered, living document that reflects their hopes and dreams.
 - Create a supportive environment that encourages the use of common and understandable language to assist individuals and their families to engage in robust discussion to create meaningful plans.
 - Promote greater opportunities for individuals to exercise choice and self- determination.



The New PCISP Approach

- The new PCISP process will:
 - Emphasize outcomes and strategies/activities that relate to the individual's vision for a preferred life.
 - Enhance and promote collaboration among Individualized Support Team (IST) members by providing discussion guidance, more consistent expectations, and a PCISP document that creates a clear road map for the IST to follow in support of the individual.



How is the New Approach Different?

- Process Led by Individual
- It is NOT About a Form
- Closer tie to Person-Centered Planning and LifeCourse Tools and Resources.
- More Holistic – Planning for a Good Life not just Good Services
- Evolving Process That Allows the Plan to Grow As the Individual Learns and Grows



Do We Have to Use LifeCourse Tools?

- The LifeCourse Framework/Philosophy is infused throughout the Process
- The Tools are available and can be used, as desired, by:
 - The Individual,
 - Their Family,
 - Their Case Manager, and/or
 - Other Members of Their Team – including Providers



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PCISP Expectations: In General

- The new PCISP will ensure that those who support the individual have a:
 - a clear picture of the individual’s vision for their future,
 - an understanding of the individual’s current circumstances, and
 - a roadmap for the actions needed in the next year to move closer to individual’s vision for their preferred future.
- The new PCISP will include both paid and natural supports and will emphasize the individual’s present and preferred life.



PCISP Expectations: In General

- The new PCISP will support the goals and objectives of the Family Support and Community Integration & Habilitation Waiver which are to:
 - Provide access to meaningful and necessary home and community-based services and supports
 - Implement services and supports in a manner that respects the participant's personal beliefs and outcomes
 - Ensures that services are cost-effective
 - Facilitates the participant's involvement in the community where they live and work
 - Facilitates the participant's development of social relationships in their home and work communities, and facilitates the participants independent living.

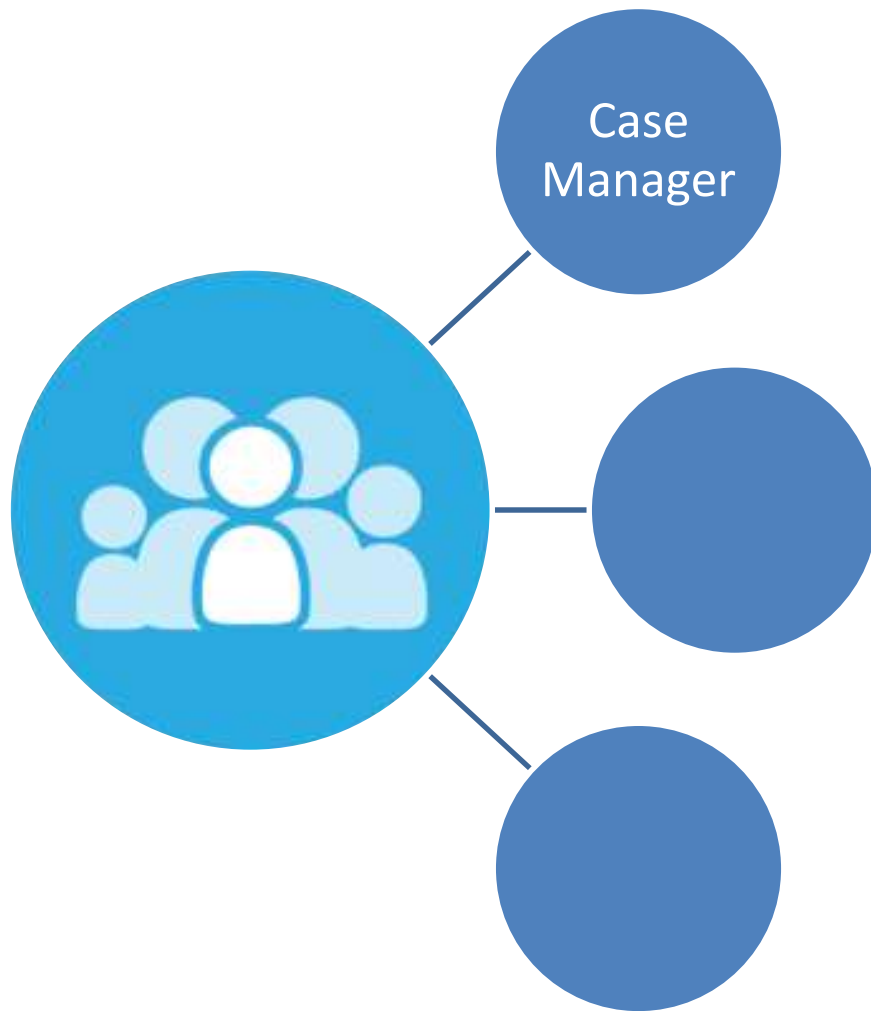


PCISP Expectations: IST Roles and Responsibilities

- Prepare for and Participate in IST Meetings
- Work Toward Leading the Process
- Share Changes that Might Have an Impact on the Plan
- Consider What Natural Supports are Working or Might Be Available

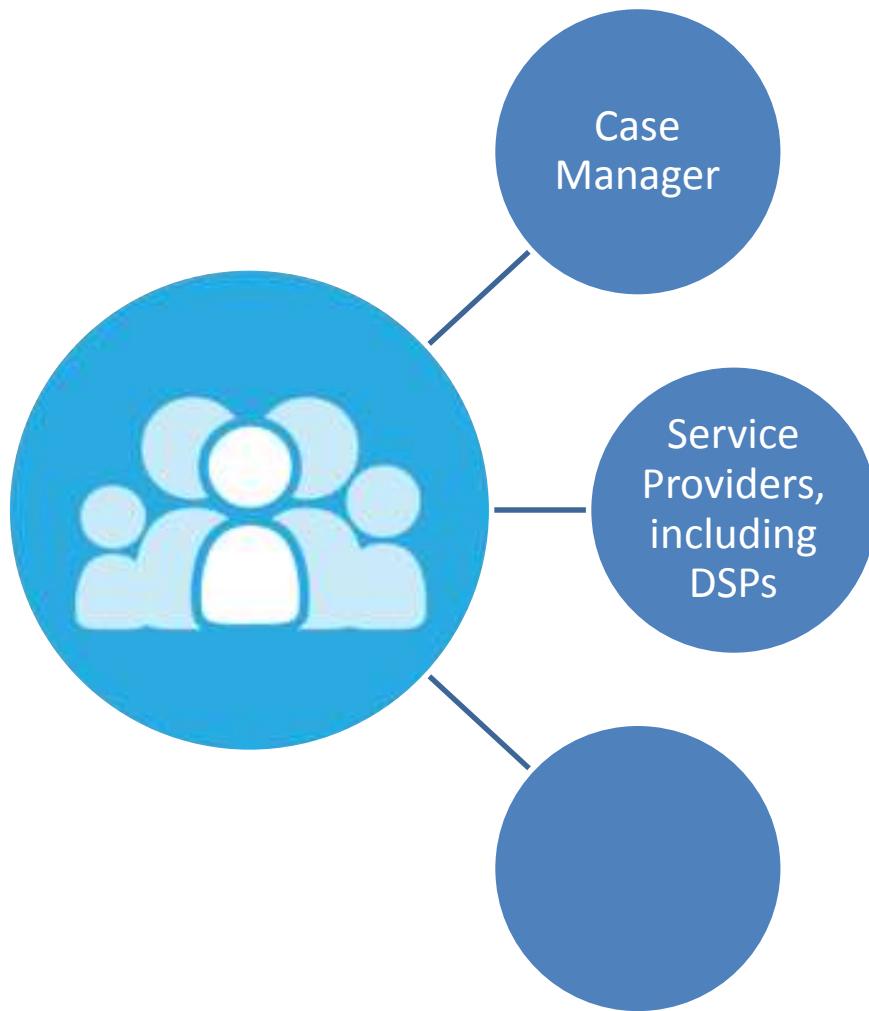


PCISP Expectations: IST Roles and Responsibilities



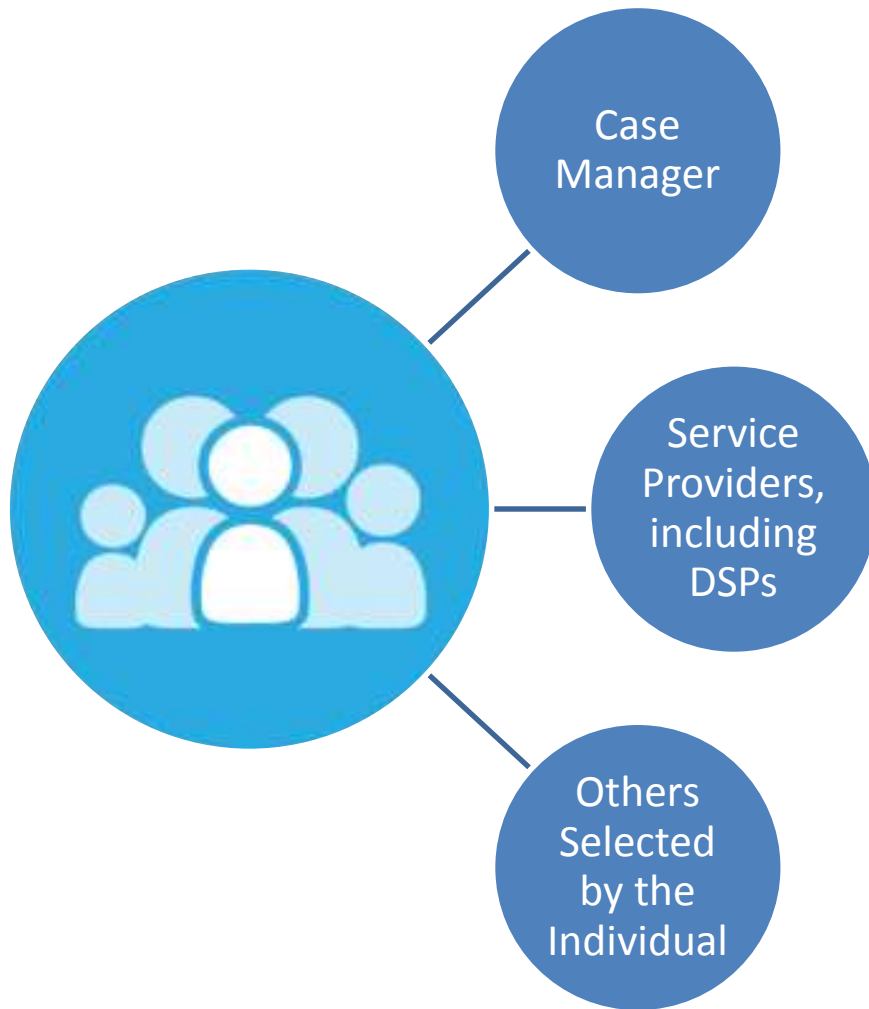
- Create, maintain, and update PCISP
- Engage in a continuous cycle of activities to gather information related to PCISP implementation, including:
 - face-to-face visits,
 - on-site record/documentation review,
 - contact with individual or IST members,
 - provider quarterly reports,
 - incident reports,
 - etc...

PCISP Expectations: IST Roles and Responsibilities



- Prepare for and Participate in IST Meetings
- Implement Strategies & Action Steps as identified in the PCISP;
- Report progress on the outcomes and strategies at least quarterly (using the current quarterly reporting requirements)
- Be Familiar with Person-Centered Planning and LifeCourse Tools and Resources

PCISP Expectations: IST Roles and Responsibilities



- Prepare for and Participate in IST Meetings
- Implement Strategies & Action Steps as identified in the PCISP;
- Report progress on the outcomes and strategies at least quarterly (using the current quarterly reporting requirements)
- Be Familiar with Person-Centered Planning and LifeCourse Tools and Resources

PCISP Expectations: IST Roles and Responsibilities

- Helps the Individual Develop their PCISP
- Builds and Sustains Relationships with the Person & with Other Team Members
- Uses their community contacts, relationships, experiences, and resources to contribute in supporting action toward an individual's preferred life
- Cooperates in problem solving and in helping the individual obtain their potential, achieve their goals, and realize their dreams
- Ensures the individual receives necessary information and supports so they can
 - direct and contribute to the process to the maximum extent possible
 - be empowered and supported to make informed choices and decisions



PCISP Expectations: Team Meetings

- Individualized Support Team meetings are
 - facilitated by the individual or by a person selected by the individual, which may (or may not) be the Case Manager.
 - to occur at times and locations that are comfortable and convenient to the individual.
 - focused on the individual and their families dreams, desires, and what they would like their future to be like.



PCISP Expectations: Team Meetings

- Individualized Support Team meeting activities include:
 - Reviewing the individual's typical week to verify it reflects the preferences, activities and needs identified in the PCISP
 - Sharing celebrations toward progress on outcomes and movement toward the individuals vision of a preferred life
 - Regularly reviewing each Life Domain and updating or modifying the PCISP as needed.
 - Identifying strategies to address potential risks and barriers to achieving identified outcomes; including timelines and the type/level of support needed.
 - Discussing how service providers will align their services with the individual's preferences
 - Having meaningful discussion regarding PCISP implementation based on provider reports, incident reports, health/behavioral needs and current services



PCISP Key Components: About Me

- Detailed, Strengths-Based Introduction to the Individual
- Focuses on:
 - What people like and admire about me?
 - My strengths and assets are:
 - My Good Life includes:



PCISP Key Components: About Me Example

- **About David Example**
 - What people like and admire about me?
 - Friendly and interactive
 - Energetic
 - Willing to help
 - Great smile with a wonderful sense of humor and fun



PCISP Key Components: About Me Example

- **About Me: David Example**
 - My strengths and assets are:
 - I have a great memory – I know the words to many songs, I can identify artists after listening to a song, and I can recite dialogue to many of my favorite movies
 - I like to look nice – I can make choices in clothing and accessories
 - I know when it is time to make a grocery list and show initiative in doing so, with support.



PCISP Key Components: About Me Example

- **About Me: David Example**
 - My Good Life includes:
 - Something interesting to do each day of the week – I like to swim and shoot hoops
 - Music!
 - Be a part of a church community that has a great music program
 - Have a lease in my name so I can control my living situation – I have moved a lot
 - Support staff who are laid back, even / calm, warm and kind, have a sense of humor, who encourage me and aren't bossy



PCISP Key Components: Planning within Life Domains

Life Stages and Life Domains



Daily Life & Employment:

What you do as part of everyday life– school, employment, volunteering, communication, routines, life skills.



Community Living

Where and how you live– housing and living options, community access, transportation, home modifications.



Safety & Security

Staying safe and secure– emergencies, well-being, guardianship options, legal rights and issues.



Healthy Living

Managing and accessing health care and staying well– medical, mental health, behavior, developmental, wellness and nutrition.



Social & Spirituality

Building friendships and relationships, leisure activities, personal networks, faith community.



Citizenship & Advocacy

Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.



Prenatal/Infancy

Early years, wondering if meeting developmental milestones



Early Childhood

Preschool age, getting a diagnosis



School Age

Everyday life during school years



Transition

Transitions from school to adult life– Realizing school is almost over!



Adulthood

Living life as an adult



Aging

Getting older and preparing for end of life (parent/family/individual)

PCISP Key Components: Planning within Life Domains – Personal Focus

- What is Important to Me?
- What is Important For Me?
- What do people need to know to support me?



PCISP Key Components: Planning within Life Domains – Personal Focus

- Personal Focus – Important To
 - Usually relates to joy, comfort, purpose, happiness, contentment, fulfilment, and satisfaction; it includes:
 - People to be with /relationships
 - Things to do & places to go
 - Rituals or routines
 - Rhythm or pace of life
 - Status & control
 - Things to have



PCISP Key Components: Planning within Life Domains – Personal Focus

- Personal Focus – Important To
 - Includes what matters the most to the person – their own definition of quality of life.
 - What is important to a person includes only what people “say”:
 - with their words
 - with their behavior



PCISP Key Components: Planning within Life Domains – Personal Focus

- Personal Focus – Important For
 - Generally, what is necessary to maintain health and safety, including
 - 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
 - What others see as necessary to help the person:
 - Be valued
 - Be a contributing member of their community



Meet Arthur

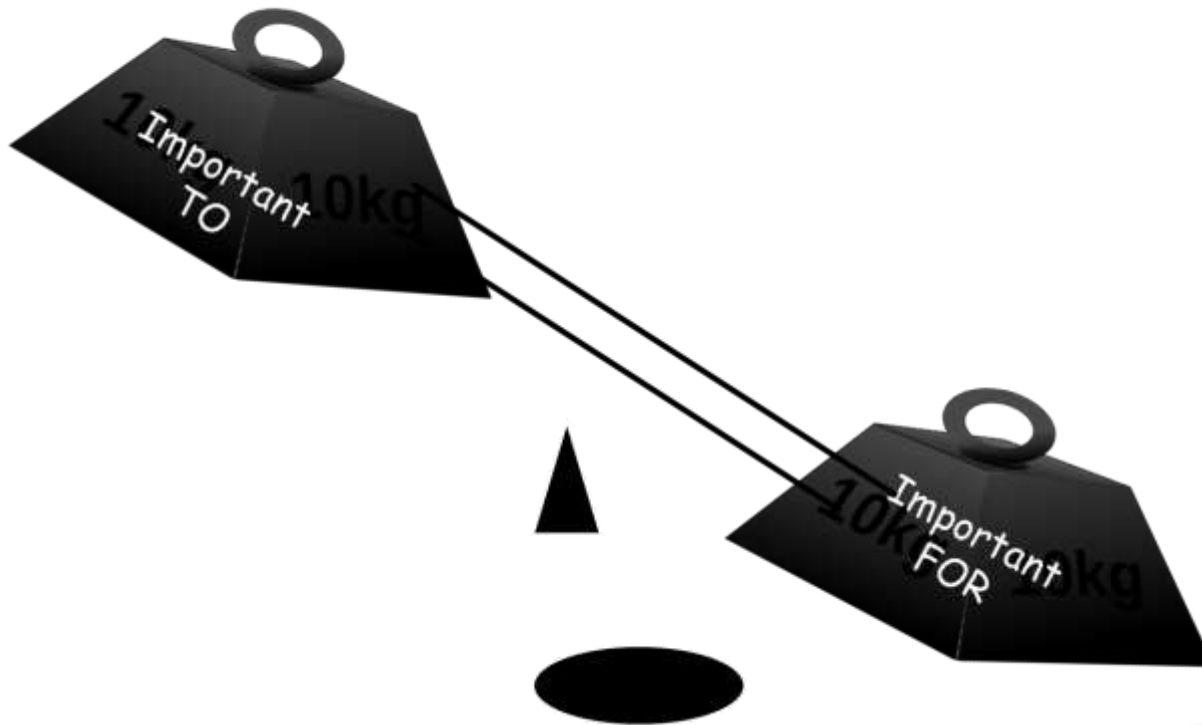


ARTHUR

- What is **Important to** Arthur is that he have hot meals and not to eat alone.
- What is **Important For** Arthur is that he does not go out alone, and has his food brought to him.

PCISP Key Components: Planning within Life Domains – Personal Focus

- Relationship Between Important To and Important For:
Health and Safety Dictate Lifestyle



What Happens for Arthur When Health and Safety Outweigh Lifestyle

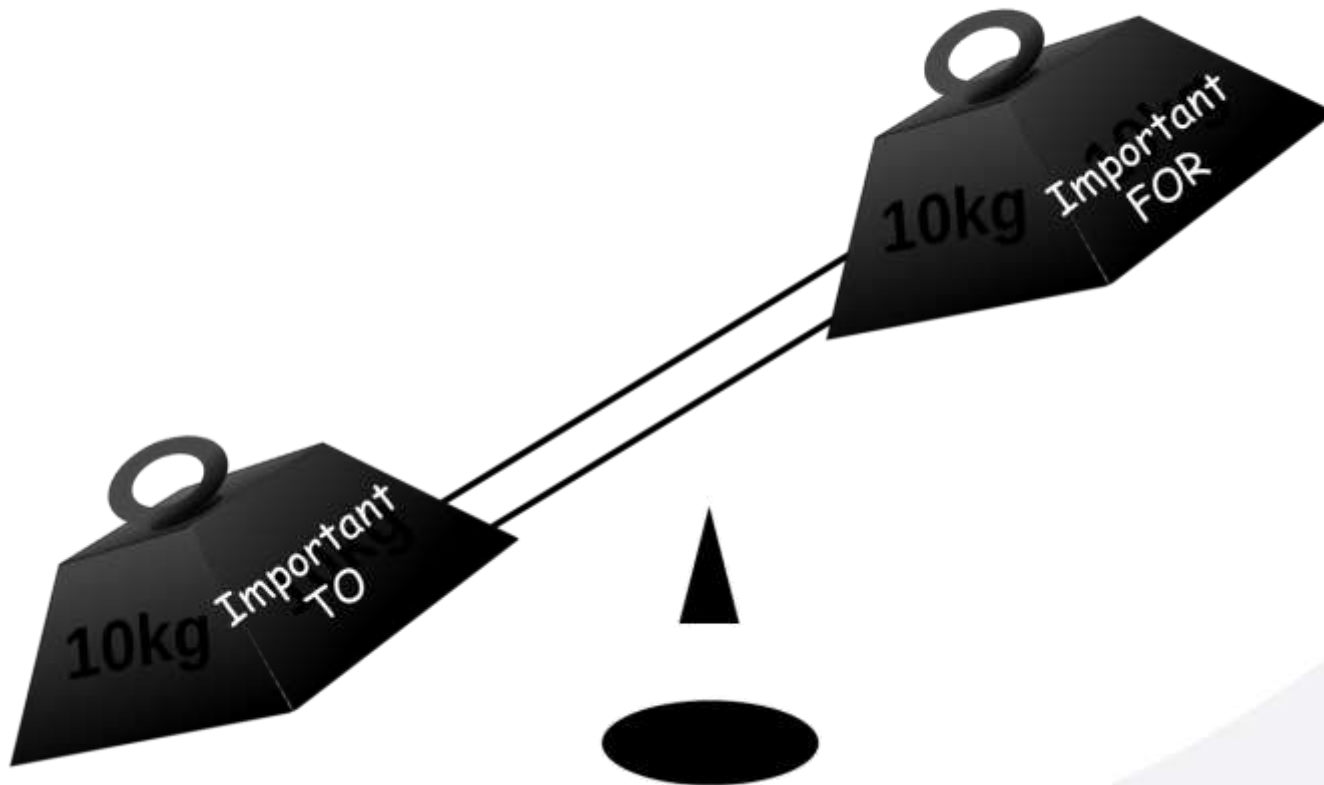
- Arthur's staff were bringing sandwiches and leaving them in the fridge for him.
- This addressed what was important for Arthur by having food brought to him without him having to go out alone.
- BUT, Arthur hated this and would throw the sandwiches into his backyard because it didn't address what was important to him.



ARTHUR

PCISP Key Components: Planning within Life Domains – Personal Focus

- Relationship Between Important To and Important For:
All Choice and No Responsibility



What Happens for Arthur When Lifestyle Outweighs Health and Safety

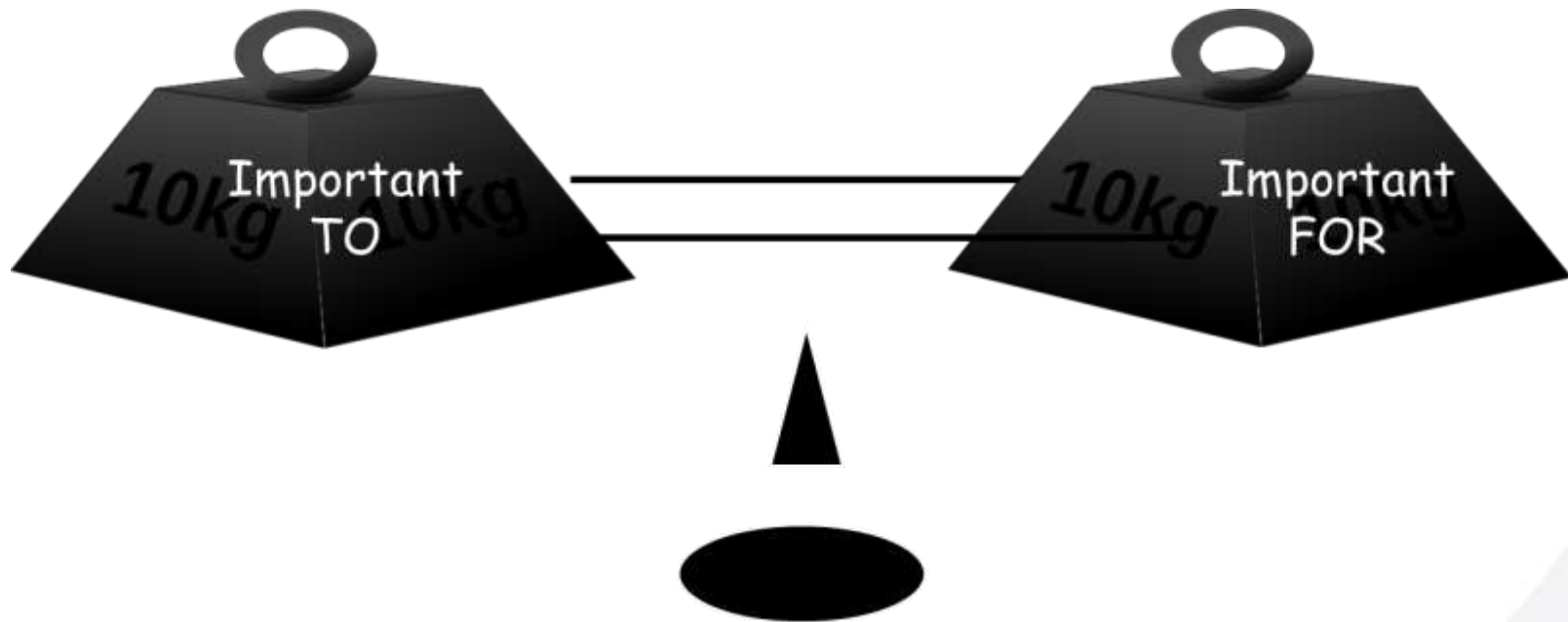
- Instead of eating the sandwiches left by his staff, Arthur started walking to the local diner for his meals.
- This addressed what was important to Arthur by having a warm meal with other people.
- BUT, Arthur was experiencing frequent falls and would often get lost getting home because it didn't adequately address what was important for him.



ARTHUR

PCISP Key Components: Planning within Life Domains – Personal Focus

- The PCISP strives to combine and balances the two.



- Keep in mind, people usually don't do what is important for them unless there is also a reason it is important to them

What Happens for Arthur When Lifestyle and Health & Safety Are In Balance

- The balance between important to and for here was for Arthur to use his services to
 - Utilize public transportation options to enable him to get to the diner more safely and
 - for staff to join him at lunch to support him in developing connections with “regulars” at the dinner.



ARTHUR

PCISP Key Components: Planning within Life Domains – Personal Focus

- “What Others Need to Know to Support Me”
 - Identifies how supports need to be provided day to day based on the individual’s preferences.
 - Consider variations based on Life Domain, for example
 - Are supports needs different at home versus the community?
 - What about when I’m not feeling well – how is that different than when I am feeling good?



PCISP Key Components: Planning within Life Domains – Personal Focus

- Remember David Example?
 - Personal Focus: In terms of Social and Spirituality, what is important to me is be involved in a church family with music, to visit my family, and to reconnect with staff people from my past who I really liked. What is important for me is to limit the time I spend with family, to make sure support staff are with me during family visits, and to have a plan to help me manage my behavior so that staff feel safe and I can be seen in a positive light by my neighbors and other community members. To support me in this area, it is important to plan activities that involve music, swimming, or basketball; I respond well to being engaged and included; and I need a couple of hours to “wake up” before I am ready to go.



PCISP Key Components: Planning within Life Domains – Personal Focus

- Assessments
 - Formal and Informal
 - Provide Insight and Perspective
 - Inform the Planning Process
- Assessment Examples:
 - Formal assessments from therapists/medical providers
 - Observation by Case Manager, Providers, or Others
 - Conversation with the Individual and Family
 - LifeCourse Tools
 - Person-Centered Planning MAPS



A Note About: Provider Owned or Controlled Settings

- CMS Requires Provider Owned or Controlled Settings to Comply with “Additional Conditions,” in Addition to the Settings Rule Requirements
- For Purposes of Compliance with these Requirements, Indiana DDRS Defines Provider Owned or Controlled Settings as residential settings that are
 - provider owned or
 - those in which individuals, who are not living in their family home, utilize
 - Residential Habilitation and Support – Level Two,
 - Residential Habilitation and Support – Daily, or
 - Structured Family Caregiving



A Note About: Provider Owned or Controlled Settings

Required additional Conditions

- Privacy in their sleeping or living quarters
- Lockable doors and access to keys
- Choice of roommate
- Freedom to furnish and decorate their sleeping or living quarters
- Freedom and support to control own schedule/activities
- Owned, rented, or occupied under a lease with same responsibilities / protections from eviction as other tenants
- Physical accessibility
- Access to Food
- Access to Visitors

Points to address modification:

- Specific and individualized assessed need.
- positive interventions and supports used prior
- less intrusive methods tried
- clear description of the condition directly proportionate to need
- regular collection and review of data
- established time limits for periodic reviews
- informed consent of the individual.
- an assurance that interventions and supports will cause no harm to the individual



PCISP Key Components: Planning within Life Domains – Vision

- Vision of a Preferred Life
 - Includes Two Primary Components
 - What is Currently Happening
 - What I Prefer?
 - Addresses the question: What would the person like to learn, enhance or maintain in their life – how can the PCISP help accomplish these things.



PCISP Key Components: Planning within Life Domains – Vision

What is Currently Happening

- Describes the individual's current experience within the LifeDomain

What I Prefer?

- Describes the individual's preferred life within the LifeDomain



A Note About Preferred Life

- What if the person wants to go to Disney? Wants to meet Paris Hilton? Or own a zebra?
- **So what?**
 - Our role is not to be the dasher of dreams
 - We all have dreams that others may think are unrealistic and we tend to have “choice” words for those who say no to our dreams
 - Our role is to
 - learn more
 - better understand why this is important
 - do our best to support the individual in trying to refine their vision of a preferred life and move closer to it.



Using the LifeCourse to Support Developing A Preferred Vision

- Vision of a Preferred Life – Tools and Resources
 - LifeCourse Trajectory Worksheet
 - Supports individuals and families think about what a good life means to them, and also identify what they know they don't want.
 - Can also be used to think about current or needed life experiences that help point the trajectory arrow in the direction of the good life vision.

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Trajectory Toward Positive Life Outcomes

Across the Lifespan

*Friends, family,
self-determination,
community living,
social capital and
economic sufficiency*

Trajectory towards Outcomes

Vision of What I Don't Want



Trajectory towards things unwanted



Charting a Trajectory for David Example



- Having support staff with me for short visits with my family who live locally
- Visits with my father, who lives out of state.
- I have a had a few favorite staff people, current and past.
- Keeping in contact with Grant (prior staff) via phone.
- I loved going to church with Grant on Sundays – I wore a suit and we went out to eat afterwards.
- **Find a Church home in my new community**
- **Participate in local events and activities that include music in order to meet people with shared interests.**

Staff who are bossy and/or not trained about what is important to know to support me

- I have a long history of a negative reputation that has involved harming others.
- I have not gone to church since I moved to this town.
- Outside of my preferred staff, support team, and family, I don't have any lasting friendships.

Vision for a Good Social & Spirituality Life for DP

- Become a welcome member of a church where there is music.
- See and visit with my family... in small numbers for appropriate lengths of time (varies by person)
- Maybe a Bible Study suited to me
- Reconnect with people from my past who I really liked
- Develop lasting friendships

What DP Doesn't Want for Social & Spirituality Life

- No contact with my family
- No friends
- Nothing fun or interesting to do



PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – Desired Outcome
 - Functional statement that includes what an individual would like to LEARN, PARTICIPATE IN, IMPROVE UPON, MAINTAIN or ACCOMPLISH toward their preferred vision.
 - represent a specifiable intermediate point in movement from what is currently happening in the individual's life to what the individual preferred vision.



PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – Desired Outcome
 - Outcomes:
 - Reflect what is important to and important for a person;
 - Are specific and measurable
 - Support progress toward the Vision of a Preferred Life
 - Can be derived from what is working and not working in a person's life
 - Outcomes complete the statement “I want to . . . in order to move to my preferred vision.”



PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – Strategies for Implementation
 - In situations where there are different people implementing the outcome, strategies can assist all supporters to know how to consistently implement each action step.
 - Strategies provide information needed to understand the individual's expectations, family / team expectations, staff / agency expectations, etc., to implement each action.



PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – Strategies for Implementation
 - Strategies shall focus on:
 - How the individual learns best (if teaching is involved)
 - Instructions to teach defines what it takes to reach the action
 - How to best document progress
 - Addressing barriers
 - Building on what is working and overcoming what isn't working
 - Strategies complete the statement “I need . . . to support me with my outcomes.”



PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – Action Steps
 - Action steps are stepping stones toward outcome.
 - Include tasks that needs to be carried out in order to support an individual in achieving an outcome.
 - Action steps are SMART:
 - SPECIFIC
 - MEASURABLE
 - ATTAINABLE
 - REALISTIC
 - TIMELY
 - Action Steps complete the statement “I will do . . . to achieve my outcomes.”



PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – How Will Progress be Measured?
 - Helps the individual and their IST determine if
 - progress is occurring,
 - what needs to continue to occur,
 - if more time is needed to achieve the action taken,
 - if the means of measuring progress is working or not working and
 - if the timeline makes sense
 - How Progress is Measured completes the statement “I did . . . to achieve my outcomes.”



Using the Life Course to Support Developing an Action Plan

- Action Planning – Tools and Resources
 - LifeCourse Integrated Support Star
 - Tool to brainstorm the supports that they already have or might need in order to work in partnership to make their vision for a good life possible.
 - “Cheat Sheets” and Integrated Support Options Tool Provide General Ideas and Suggestions By LifeDomain

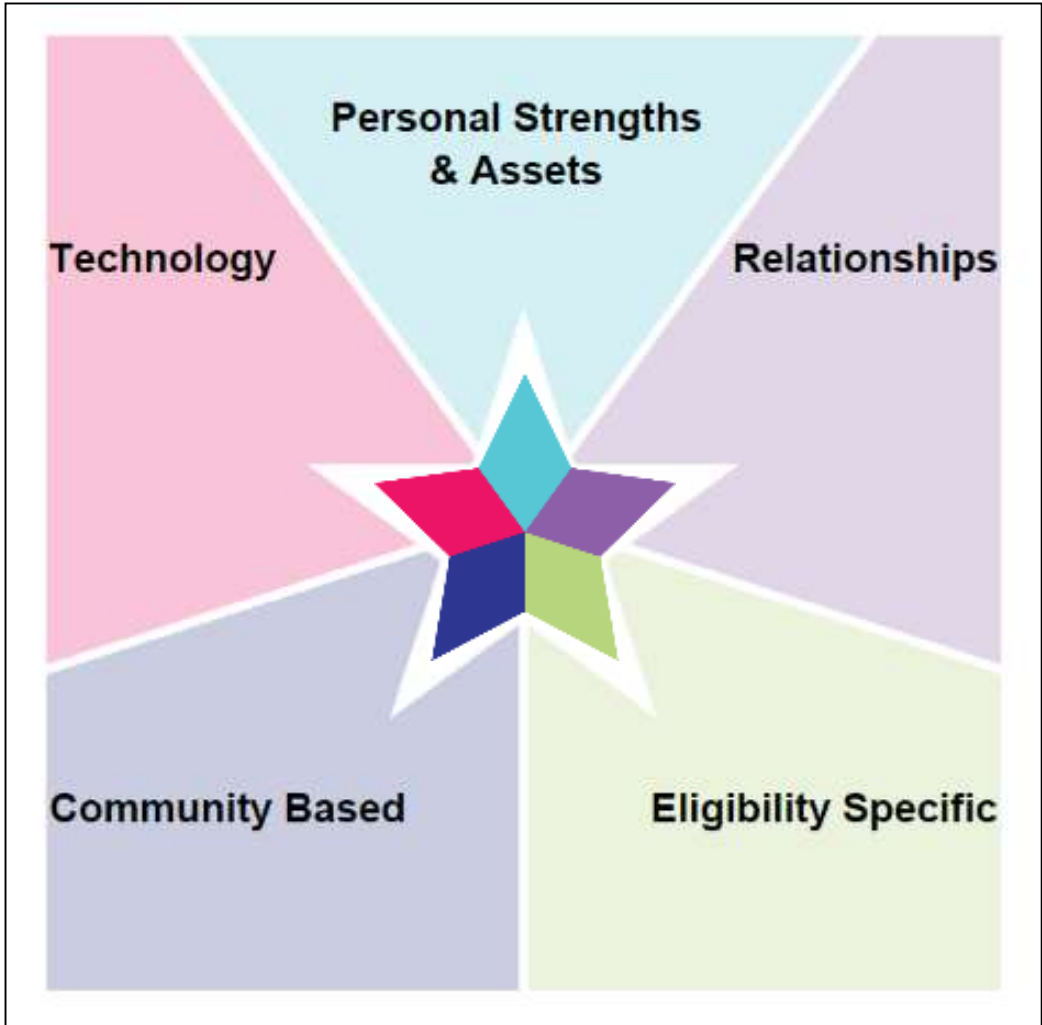
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Using the Life Course to Support Developing an Action Plan



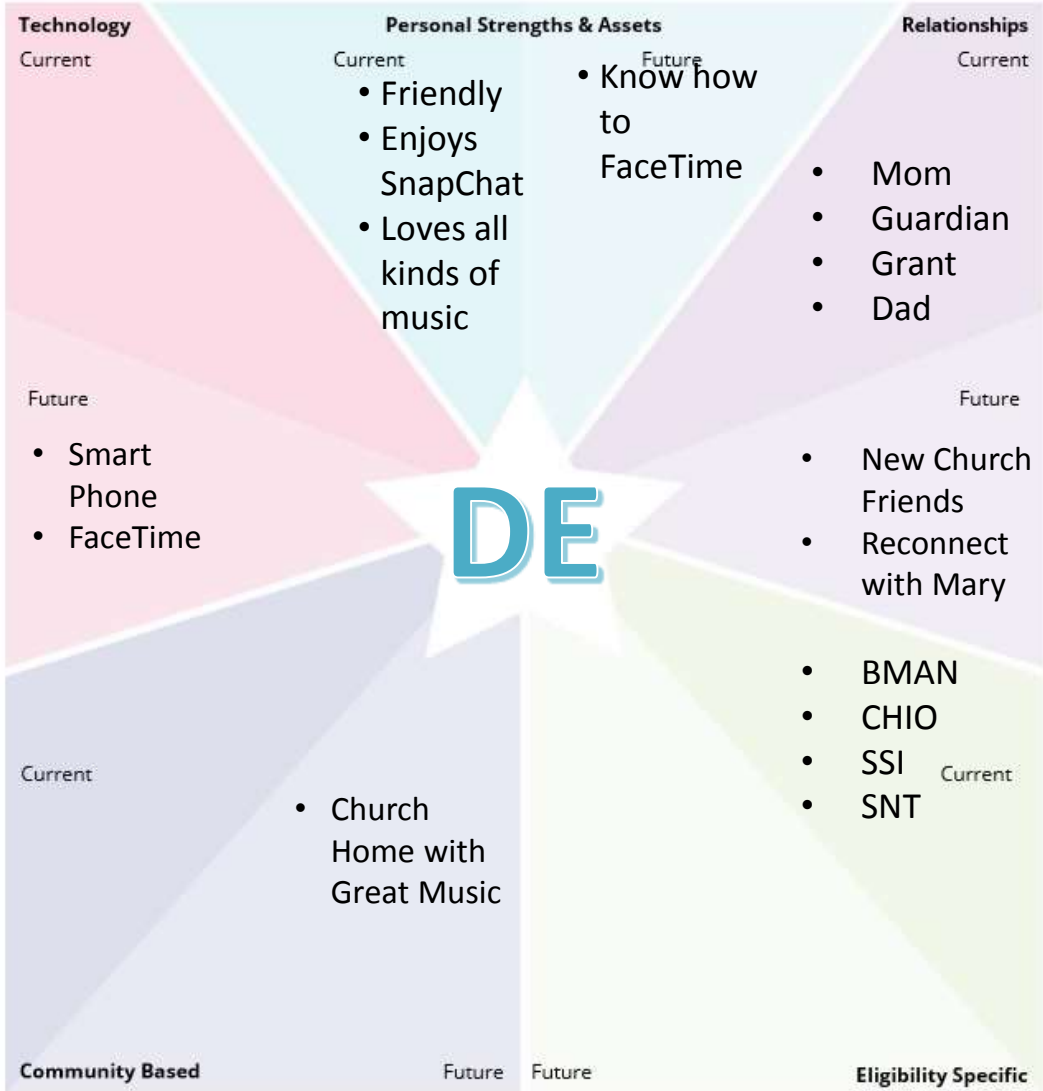
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Using the Life Course to Support Developing an Action Plan



Using the Life Course to Support Developing an Action Plan



PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – Pulling It All Together

Outcome	Strategies for Implementation	Action Steps	Measure Progress	Who /When?
I want to find a new church home that has music.	<p>I need staff to assist with transportation and supporting me at church.</p> <p>I need staff to be trained on how to support me so that I am not put into situations that cause me to behave in a challenging way.</p>	<p>1.) I will research churches in the area with music.</p> <p>2.) I will visit churches that look interesting.</p> <p>3.) I will regularly attend my favorite church.</p>	<p>1.) List of Possible Churches</p> <p>2.) Share my thoughts on the churches I've visited</p> <p>3.) Successful attendance at my church of choice weekly</p>	<p>1.) DP, DSPs, IST Members by Dec. 2017</p> <p>2.) DP and Team at Semi-Annual Meeting</p> <p>3.) DP and DSP beginning May 2018</p>
"I Want"	"I Need"	"I Will"	"I Did"	

PCISP Key Components: Planning within Life Domains – Action Plan

- Developing an Action Plan – Pulling It All Together
 - David – Social and Spirituality Example

Outcome	Strategies for Implementation	Action Steps	Measure Progress	Who/When?
I will maintain relationships with my family	I need support staff to be with me during my visits.	1.) I will use SnapChat to stay connected with his father.	1.) I will have a SnapChat account.	1.) DE and DSP by October 15, 2017
	I need visits to be limited to short periods of time.	2.) I will use FaceTime to talk with his Dad.	2.) Successful weekly calls with Dad using FaceTime	2.) DE and DSP beginning December 15, 2017
	I need to purchase a Smart Phone using my Special Needs Trust	3.) I will plan visits with his family who live locally	3.) Successful visits with family who live locally each month	3.) DE and DSP beginning February 2018
“I Want”	“I Need”	“I Will”	“I Did”	

PCISP Key Components: Supporting the Overall Philosophy

- The PCISP is a living, breathing document that reflects the full array of supports an individual needs to achieve their preferred vision of a good life.
- As a result, each LifeDomain also includes sections to capture:
 - Team Discussion on Outcomes
 - Actions for *My Health and Safety*
 - Natural Supports and Paid Supports
 - Appendix



Your Plan for Implementation

Leaving in Action

- What Can You Do Today?
 - Learn more about LifeCourse Tools and other Resources at www.lifecoursetools.com
 - Begin thinking about and discussing these changes with the IST and considering what they mean to your PCISP – or to the PCISPs for those you support.
 - For Case Managers and Providers, continue using Person-Centered Planning tools and thinking.





All people have the right to live, love, work, learn, participate, play and pursue their dreams in their community.

