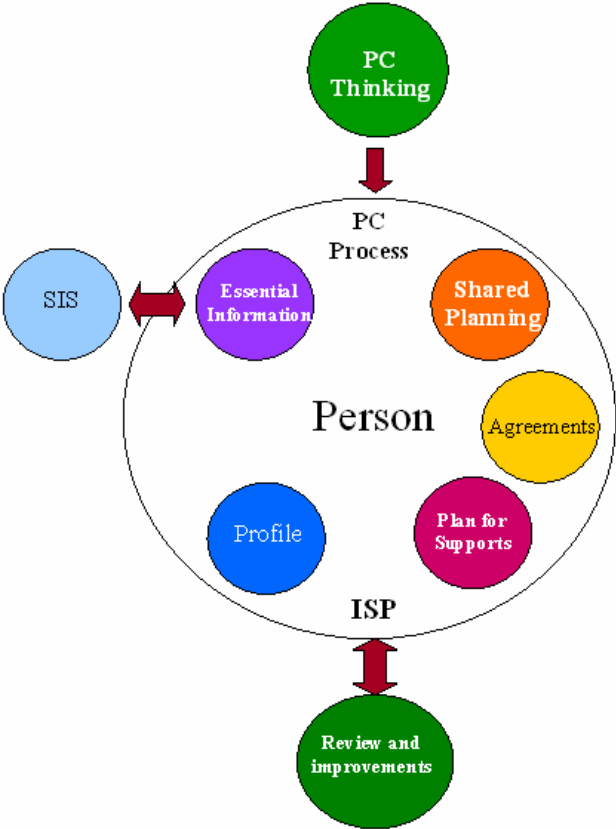


DMHMRSAS
OFFICE OF INTELLECTUAL DISABILITY SUPPORTS
COMMUNITY BULLETIN #1
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This is the first in a series of question and answer communications from the Office of Intellectual Disability Supports (OIDS) aimed at keeping MR/ID Waiver and Targeted Case Management providers (CSBs and private providers) and state training centers current regarding the multiple initiatives in which we are all engaged.

1. Give the “big picture” view of the correlation between the Supports Intensity Scale (SIS) and Person-Centered Planning (PCP) and Person-Centered Thinking (PCT). How do the various trainings relate and how do these relate in implementation?

The following graphic may help to explain the “big picture.”



Person-centered thinking (PCT) is critical to the successful implementation of person-centered planning. Leadership from the Partnership for People with Disabilities, in collaboration with OIDS, has provided Virginia with several years of grant funding from the Centers for Medicaid and Medicare Services (CMS) for consultation and training in the implementation of

PCT as developed by Michael Smull, et.al. (*Support Development Consultants*). Four sites in Virginia (Virginia Beach, Middle Peninsula/Northern Neck, Hampton-Newport News CSBs and Southeastern Virginia Training Center) have participated and are using the tools and skills they have learned on a daily basis in their organizations with the individuals they support.

These initiatives have increased state capacity for training in PCT through the development and support of nine endorsed PCT trainers and coaches. A total of 12 trainers are expected to be endorsed by the end of 2009. Training of CSB case managers/support coordinators in every region by certified trainers has been underway since October 2008. Small fees must be charged to assist with the cost of trainers and materials. Anyone interested in PCT should contact Dawn Machonis at the Partnership (dmachonis@vcu.edu or 804-828-1335). Awareness training on PCT for providers, individuals and families is also available. Please contact your Community Resource Consultant for more information.

The new **person-centered planning process** developed by the PCP Leadership Team can be divided into **five** parts as outlined in the graphic. Each of the small circles enclosed within the larger circle represents one of these five parts. Starting at the top left, **essential information** (part I) is that information needed by the support coordinator and other providers for identifying resources and supports that are available to and needed by the individual, assuring health and safety and meeting regulatory compliance. These data elements have not changed with the new person-centered planning process, but an optional format for storing, retrieving and sharing this information is available for use or as a model for electronic systems.

The **personal profile** (part II) provides a closer, more personal view of the individual and considers preferred lifestyles, routines and supports to help individuals and partners in planning for the future and in providing day-to-day supports. Skills and experience in PCT tools will produce better descriptions (particularly for individuals who are unable to speak for themselves), but the training and tools are not required to begin using the profile. The profile, as a “living description” of the individual, will naturally change over time with the individual and as new discoveries are made. Each provider completes the personal profile (with the individual, when possible) and brings it to the planning meeting for discussion and compilation into the personal profile agreed to by the individual and partners.

As with any annual planning meeting, the individual's **desired outcomes** (part III) are identified and providers are selected (by the individual) to assist in accomplishing each outcome. How often supports towards outcomes are to be provided and when each outcome should be achieved are also decided at the meeting. Type, frequency and preferences for routine and safety supports are identified, providers are selected and **agreements** (part IV) from all responsible partners are signed.

Person-centered planning continues following the meeting, when the individual and each provider develop **plan for supports** (part V) that reflect the agreements made at the meeting and the individual's personal preferences, routines and desires. Every provider's plan for supports includes detailed and person-centered instructions on how each support is to be provided. Providers remain responsible for documenting how and when supports are provided, who provides them, and why they didn't happen as planned. There is an optional documentation format for providers to use.

The **SIS** (left side, blue circle), being phased in over three years, will be completed every three years for each individual receiving Waiver or training center services. It is expected that at some future point, additional individuals who interact with the service system (e.g., those living

in non-state-operated ICFs/MR) will also participate in the completion of a triennial SIS. The information gleaned by the SIS can be used to help providers identify the routine supports needed to assure health and safety, as well as those that might be needed to accomplish the desired outcomes. Widespread use of the SIS will provide Virginia with rich information about levels of support required by its citizens with ID. Selected CSB and training center staff will be trained as “Interviewers” and “Administrators” of the SIS. There will be several “Master Trainers” for each region of the state. These trainings have commenced. Training of the master trainers will be completed in January 2009. Regional interviewer and administrator trainings will be held between February and April 2009.

The green circle at the bottom represents the ongoing **review** of the information and the plan (beginning at the meeting before final agreements are signed) and the **improvements** that are made to the plan over time as outcomes are evaluated and new information is learned about the person. There is a simple one-page evaluation tool to be used at each PC planning meeting for assuring plans match individuals personal interests, talents and desires. Quarterly reviews by the support coordinator and other providers are still required. A person-centered format for quarterly reviews is included in the optional Part V of the ISP.

OIDs is providing ongoing training on the new planning process. Since CSB case managers/support coordinators are responsible for the development of the individual’s support plan, a first round of sessions on the planning process using the draft plan were provided. During these sessions, which included private providers, non-state-operated ICFs/MR and training center staff, and through continued field-testing, additional simplifications to the format of the plan were recommended and final edits have been made. Additional training opportunities and informational sessions will be available over the coming months to CSBs, providers and ICFs/MR.

2. *It has been shared at training that the SIS requires 225 – 250 hours per year per Administrator. One Administrator is required for 10 - 12 Interviewers. Even for CSBs with caseloads small enough to have only one Administrator, the preceding figures equate to over one month’s worth of a clinician-level staff person’s time (over 31 days). How can CSBs juggle the need for skilled staff to resolve individual-specific issues with the need to devote this much time to attending meetings, etc. related to the SIS, particularly when budget cuts might necessitate staff cuts?*

A recent correction to the above estimate of Administrator time is 125 to 175 hours per year or 10 – 15 hours/month/Administrator. The assumptions used to achieve this calculation are:

Activity	Amount of time per activity	Total Annual Hours
Clarifications from Master Trainer (call or meeting)	6 x 2 hours	12
Reviewing completed SISs online	2 hours/week x 50 weeks	100
Annual inter-rater reliability checks	12 x 3 hours	36
Managing passwords, changing caseload assignments, additional time spent with case managers	Will vary	20
TOTAL		168

It is recommended that the SIS Administrator be a training center supervisor/management staff or CSB CM Supervisor/ID Director. Thus, much of this time becomes an opportunity to provide supervision to training center staff/case managers in the areas of assessment completion and leading a team meeting to develop individuals' support plans.

3. *What is the extent of training needed for CSBs and private providers related to the roll-out of the SIS and PCP?*

Activity	CSB Case Managers & Training Center Social Workers	MR/ID Waiver Service Providers & Training Center Staff
SIS training	2 full-days 1 full-day (additional for SIS Administrators only)	3 hours
Person-Centered Thinking training	2 days	2 days
Person-Centered Plan training	1 day	1 day
TOTAL	5 – 6 days	3.5 days

To see the full schedule of planned SIS/PCP initiative training, go to the second bulleted item at <http://www.dmhmrzas.virginia.gov/OMR-training.htm>. Check regularly for updates.

CSBs have received disks of the PC plan slideshow and training materials that may be shared with providers. Final updates to the plan and training materials are available on the website. OIDS is exploring web-based versions of the person-centered plan training and adding information to the Staff Orientation Workbook.

4. *What forms are required and by who for Person-Centered Planning?*

Individuals participating in the Money Follows the Person initiative must have a plan utilizing the person-centered plan format/process, which is located on the DMHMRSAS website.

For other individuals being supported through the MR/ID or DS Waiver or residing in a training center, effective 4/1/09 training center team leaders and case managers/support coordinators will lead the team in a person-centered planning process. It is essential that Waiver service providers and training center staff fully participate in ISP meetings in a person-centered way (e.g., service goals, individual's outcomes and routine supports to be provided should not be developed by providers in isolation, but together as a team). OIDS encourages the use of all of the PCP forms on the DMHMRSAS website and is eager for those who fully make use of them to provide feedback for ongoing improvements.

However, as a result of feedback from both the CSBs and private providers for a more gradual roll-out of the plan and due to the variety of electronic record systems already being used across Virginia:

- a. only **2 new** forms will be required during this first year – the “**Personal Profile**” (part II), and “**Shared Planning**” (part III) of the Virginia person-centered plan. The Personal Profile will be completed prior to the meeting by everyone on the individual's “circle of support” (support team). A final profile will be developed at the meeting and used in planning. The Shared Planning form is completed at the

meeting by all partners and includes desired outcomes, selected providers, how often and for how long supports will be provided in assisting with each outcome, and a final review of the plan at the meeting (**plan rating questions**) prior to the signing of the agreements. **A copy of the individual's personal profile, shared planning results and signed agreements are distributed to all partners by the support coordinator following the meeting.** This planning process and forms will be used for all individuals in the MR/ID and DS Waivers beginning 4/1/09 as each individual's annual plan becomes due during the year.

- b. CSB support coordinators, providers and training centers may use their own (existing) formats for documenting their plans for supports (comprised of elements traditionally known as objectives, strategies and schedules). However, in the interests of simplicity, uniformity, enhanced user-friendliness for individuals and ease of transfer between providers, OIDS encourages providers to use the Virginia support plan format, comprised of instructions for staff on providing routine supports built upon individual's preferences and supports aimed at the individual's desired outcomes. This preferred format, available on the Department's website, also includes a schedule of supports, a simple, person-centered documentation format and person-centered quarterly review.

The chart below lists the required Virginia person-centered plan components as of 4/1/09, what they replace, who is responsible and when each element is completed. For an expanded chart listing all of the Virginia person-centered plan components (including Part V: Plan for Supports), as well as a complete sample of an Individual Support Plan visit: www.dmhmrzas.virginia.gov.

Component	Form	Required Elements	Replaces	Who Is Responsible	When Completed	Where Kept
Personal Profile	Personal Profile as prepared by PCP Leadership Team or as developed within EHR	<ul style="list-style-type: none"> - Description of a Good Life - Talents and Contributions - What's working/not working in 8 life areas: <ul style="list-style-type: none"> • Home • Community Interests & Relationships • Work & Alternates to Work • Learning • Money • Transportation & Travel • Health and Safety - Important TO - Important FOR 	50% of the Social Assessment, as well as satisfies Licensing and Medicaid Requirements (other 50% of Social Assessment captured in Essential Information elements)	Individual, with support as desired, and each provider completes and discusses perspectives at the meeting. One profile compiled during meeting (by recorder) and distributed by Support Coordinator.	Annually, and updates made with new discoveries and shared during quarterly and as appropriate.	Master copy in all records with provider updates as learned during the ISP year.

Component	Form	Required Elements	Replaces	Who Is Responsible	When Completed	Where Kept
Shared Planning	The Plan as prepared by PCP LT or as contained within EHR	<ul style="list-style-type: none"> - Individual's desired outcomes. <ul style="list-style-type: none"> • A standard outcome: "To be healthy and safe and receive supports as agreed to in my plan." - Responsible partners - How often/by when - Agreements 	CSP goals & ISP goals	Support Coordinator facilitates planning meeting; recorder at meeting completes required elements to be agreed to by responsible partners.	At annual planning meeting.	All provider records. Distributed by SC following annual planning meeting.

5. *Which groups of individuals (i.e., Waiver, SPO, non-Medicaid) will require the SIS? Which will require Person-Centered Planning?*

During the roll-out (beginning April 1, 2009) SIS's are required to be completed on **individuals residing in training centers and individuals receiving MR/ID and DS Waiver services** only (1/3 each year through March 2012 and thereafter).

The new person-centered planning process and formats as described in question 1 must be used with each individual participating in MFP. Beginning 4/1/09, all individuals receiving supports under the MR/ID or DS Waiver, as well as each individual living in a training center will also be using the new PC planning process as his/her plan comes up for review during the year.

6. *What are all the associated costs (including upcoming training costs) of implementing the SIS and Person-Centered Planning?*

OIDS cannot anticipate the exact cost of SIS and PCP implementation for each agency. However, OIDS will make every attempt to minimize the costs for CSBs and private providers. OIDS is already doing this by paying the costs associated with the SIS and utilizing grant funding and OIDS resources for PCT training and offering PC plan training in a variety of venues.

Some of the associated costs are the usual "cost of doing business:" staff training (there will be multiple training opportunities regarding each initiative available over the next few years), assessment and planning with the individual and staff supervision, as always. OIDS anticipates that the new SIS/PCP system will result in efficiencies gained with the result being a cost savings over time.

7. *How are the CSBs to manage "dual systems" during the three year transition period (i.e., teaching new staff about both the SIS and old assessments and old CSPs and new PCP elements)?*

In view of the fact that a certain amount of discomfort is inherent in any major change, OIDS acknowledges that the next three years of transition will be challenging. However, OIDS has

scaled back the required person-centered plan elements in an attempt to lessen the burden of change (see #4 above).

During the orientation sessions on the new planning process, OIDS learned that the new planning process, as developed by the PCP Leadership Team, is not significantly different from planning processes at some CSBs or with some case managers/support coordinators, so change in that regard should be minimal for those CSBs. Changes for case managers have now been limited to replacing the social assessment with the personal profile, and using a standard agenda/format for the plan meeting.

MR/ID and DS Waiver providers may continue to use their current DMHMRSAS-approved functional assessments (including information about “what’s important to/for the individual” as can be found in the widely circulated “Personal Inventory” form) for individuals not yet participating in the SIS during the first two years of this transition period.

8. *Will the SIS interface with our existing IT system? What will be the cost?*

A subcommittee of the VACSB Data Management Committee lead by Steve Burke (IT staff from Norfolk CSB) is meeting in the spring of 2009 to discuss this issue. More information will follow.

9. *Will the new Person-Centered Plan format and the every-third-year SIS be accepted by our regulators **in place of** our existing forms/assessments (i.e., QMR and Office of Licensing)?*

DMAS and Office of Licensing staff have been involved in the ongoing development of these new systems and have voiced positive responses at each review juncture. Their suggestions have been incorporated into the current versions. It should be noted that the new, proposed, Licensing regulations that will be going out for public comment shortly have a provision to accept an alternative assessment.

Regardless of regulators’ satisfaction with any assessment, planning or documentation format, demonstration of compliance with regulations in terms of *required content* is the responsibility of the provider.

For answers to questions regarding any of the information contained in this bulletin please contact the following:

- Your Community Resource Consultant for issues regarding the MR/ID Waiver, Day Support Waiver or regional PCP or SIS issues
- Susan Elmore for ICF/MR issues regarding the SIS or PCP
- Cheri Stierer for general SIS issues.