DMHMRSAS
OFFICE OF INTELLECTUAL DISABILITY SUPPORTS
COMMUNITY BULLETIN #2
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This is the second 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. Community Services Boards/Behavioral Health Authorities (CSBs/BHAs) and private providers are concerned that efforts to implement the Supports Intensity Scale (SIS) and Person-Centered Plan (PCP) by April 1 will be challenging. Is it possible to implement a more gradual phase-in?

- **The April 1 start date for PCP will begin a 3-month phase-in as providers become familiar with and comfortable with the new process.**

- **Provider trainings on the plan began in January and more than a dozen will be provided around the state through May (and beyond).**

- **We are planning a web-based training through Trilogy on the expectations of the new process to be held beginning in the month of May for providers who have not yet been exposed to the PCP planning process.**

- **The only requirements of the new PCP planning tools that are being implemented are:**

    1. ***Essential Information*** **(but only the elements of it are required and it can be gathered in the format of the providers' choice). This is the same information that has always been gathered. We have now gathered it in one place for your use if you choose it. If you prefer your own format, the only requirement is that you have the elements.**

    2. **The *Personal Profile* is completed in advance of the ISP meeting. For those persons whose plans are due in May, the personal profile will be begin in April.**

    3. **At the annual meeting (the first ones to use the PCP process will be held in May), the new instruments that will be used for the first time are the *Shared Planning* and *Agreements* (signature page) sections.**

- **While there is also a new plan format that has been developed for providers to follow, if they choose, providers are not required to use Part V *Plan for***

***Supports*, if they prefer to adapt their own versions of completing the ISP process.**

- **There are guidance materials on the website and OIDS Community Resource Consultants to assist providers and share resources.**

- **The expectation for the CSBs on the SIS is that 1/3 of the caseload will be selected in April to begin using the SIS as the assessment instrument. This means that, at their annual plan meeting that occurs during the 12-month period beginning with May 1, the SIS will be the assessment tool used.**

2. Some CSBs/BHAs and private providers feel that they lack sufficient time to conduct PCP meetings and provide necessary follow up, particularly given the demands on case managers to assure health and safety.

The PCP process does require up-front intensive work. The pay-off is the improved services to individuals and investment of *less* time later to address issues due to unsatisfactory plans. The process will become easier and teams will learn to be more efficient over time.

4. Technology Supports to use the PCP and SIS need to be better planned. Line staff may lack adequate technology resources.

Each agency has their own system for electronic records and time frame for adding any changes. Paper forms will be accepted until each agency reaches their full electronic potential.

5. Private providers need training in person-centered planning, person-centered thinking and the SIS. When will this occur?

We agree that much training is needed for private providers in person-centered thinking, about the SIS, and on their responsibilities in the new person-centered planning process. We have just completed the first round of orientation sessions for case managers on the plan, are in the middle of training the SIS interviewers and administrators and have been offering provider training on the plan since January.

Every region will hold training on the SIS and PCP for providers in April and beyond. We are building in-state capacity on person-centered thinking training and looking for ways to share resources, so it can be more available (e.g., SEVTC has offered a session to interested providers). Providers will not be expected to perform beyond the information and training provided to them. The slide presentation for "Orientation of Providers" will soon be available on our web site so that agencies may do their own training, as well.

In April, individuals whose annual (or initial) planning meetings are scheduled for May will begin working on their profiles, with the help of their case manager, family member or provider. In May providers will be expected to attend the planning meeting and participate in the new planning process. It is not complicated and providers who have not been to a training prior to a PC annual meeting should still be able to participate and learn the new process on the job.

6. How much variation can CSBs make to forms to facilitate integration with agency forms and electronic health records?

There have been consultations and many conversations with IT on the PCP. There is no mandate for a particular format, only for the components to be used; information needs to be easily accessible during planning for exchange among providers and for auditors. The elements remain, although how we think about them and the language we use has changed.

7. Will case managers be expected to attend facility services planning meetings?

Case managers are expected to know the supports needs and wishes of the individuals on their caseloads in the training centers. They are also expected to actively participate in the discharge planning process for anyone who is transitioning from the facilities to the community.

8. CSBs/BHAs and private providers are concerned about the prospect of much longer and more frequent meetings, as well as a significantly greater paperwork burden.

Regarding the person-centered plan, providers are expected to:

1. **attend the annual planning meeting,**
2. **share knowledge about the individual to enhance the profile,**
3. **assist in helping the individual identify desired outcomes,**
4. **agree to support the individual to move towards selected outcomes,**
5. **develop a plan for supporting the individual, which takes into account personal preferences and moves the individual toward the agreed-upon outcomes.**

Regarding the SIS, providers are expected to:

1. **participate in its completion, since the SIS is a *team* assessment (only 1-2 people who know the individual best and work with them daily need to participate).**
2. **use the information from the SIS to assist in preparing plans for support**

9. What outreach is being planned for families, so that they will know what to expect in the way of changes?

Individuals and family members will learn about the profile and the new planning process from their case managers as their annual plans are due and meetings are scheduled. A brochure for people who use services and their families -- What Does "Person-Centered" Mean?—is available on the Partnership for People with Disabilities website to download and share with individuals and families.

10. The Virginia Association of Community Services Boards' Data Management Committee reports that it will take at least a year to integrate the SIS and PCP with the various software systems. Please comment.

As noted earlier, this may be the case for some CSBs based on which software package they have or will be purchasing. This is expected to be part of the roll out process. Paper formats may be used in the interim. The DMC understands that the language used within the electronic system does not need to change to implement PCP. This fact significantly reduces the concern that systems will need to change extensively to begin implementation.

11. Please explain the requirements regarding risk assessment and risk mitigation.

CMS requires that risks to individuals receiving Waiver supports be identified and appropriately mitigated. They ask specific questions about this in the Waiver application, which DMAS and DMHMRSAS are completing in order to renew the MR/ID waiver this year.

The SIS is done every three years but the risk assessment portion (section 4) must be completed by the case manager annually. Since section 4 cannot be completed on-line as a stand-alone or printed separately, case managers will have to complete it manually and put it in the individual's file or load it into Anasazi or other electronic record software. Additional risk assessment information not covered by the section 4 questions may be addressed in the Person-Centered plan in the "Important for me for planning this year." It is essential that follow-up for each identified risk is completed in the form of identified "risk mitigation" strategies. The "important fors" as identified in the SIS, risk assessment and profile are described in terms of successful outcomes during the Shared Planning. Specific supports and instructions for assuring success with each outcome are completed in the provider's Plan for Supports.

12. What process will be used to insure that providers will be able to use the new procedures and remain in compliance with regulations?

The MR Waiver application is currently under revision and will be submitted to CMS for a July 1, 2009 implementation. Changes to the waiver included in the application reflect our move toward person-centered thinking, the use of the new person-centered planning process and Individual Support Plan and the adoption of the SIS as a triennial

assessment. Once approved, the emergency regulations will be implemented to reflect the new requirements.