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

September 2017

Welcome and Overview

- Moving to a New PCISP Approach:
  The Why, What, How, and When?

- Overview: The New PCISP Approach

- Putting It All Together:
  Key Components of the PCISP Approach

- Your Plan for Implementation: Leaving in Action

Before We Get Started

- Ground Rules
  - Mid-Morning Break, Then On Your Own
  - Lunch on Your Own
  - Using Your Parking Lot
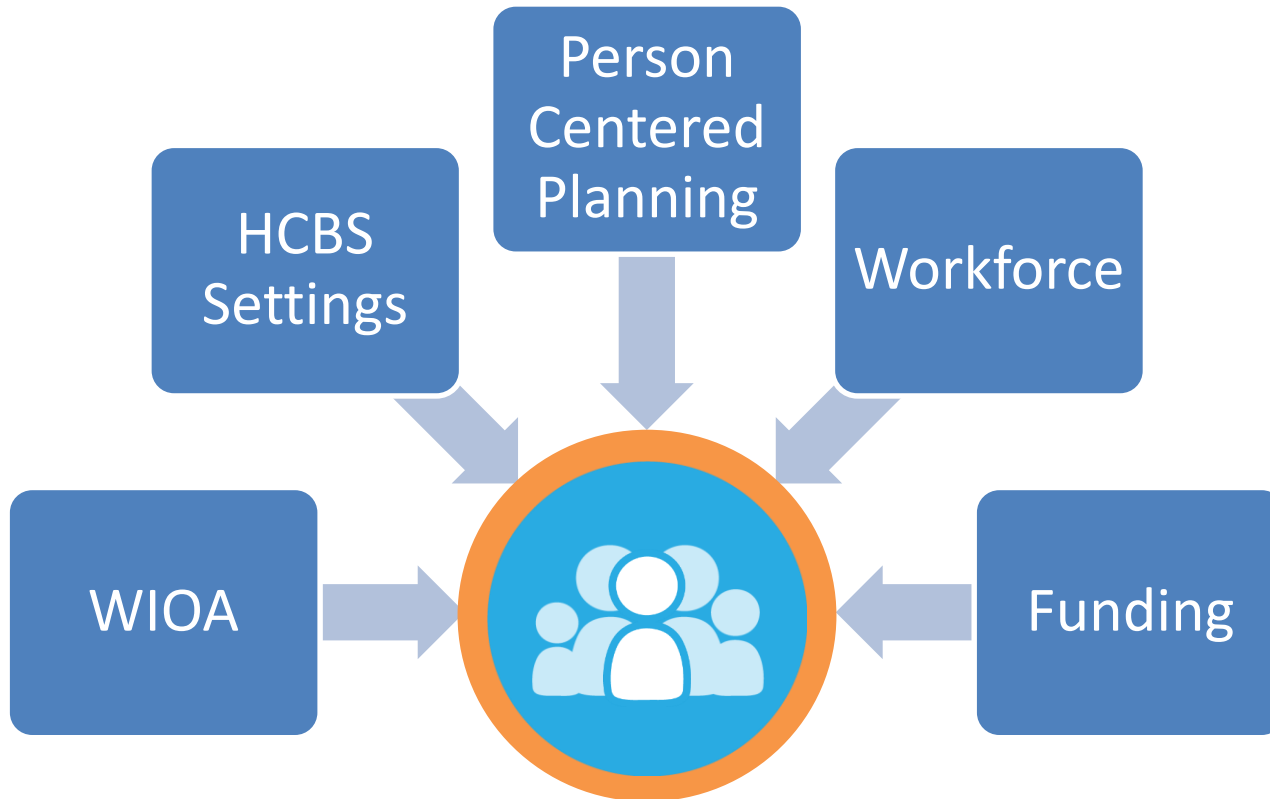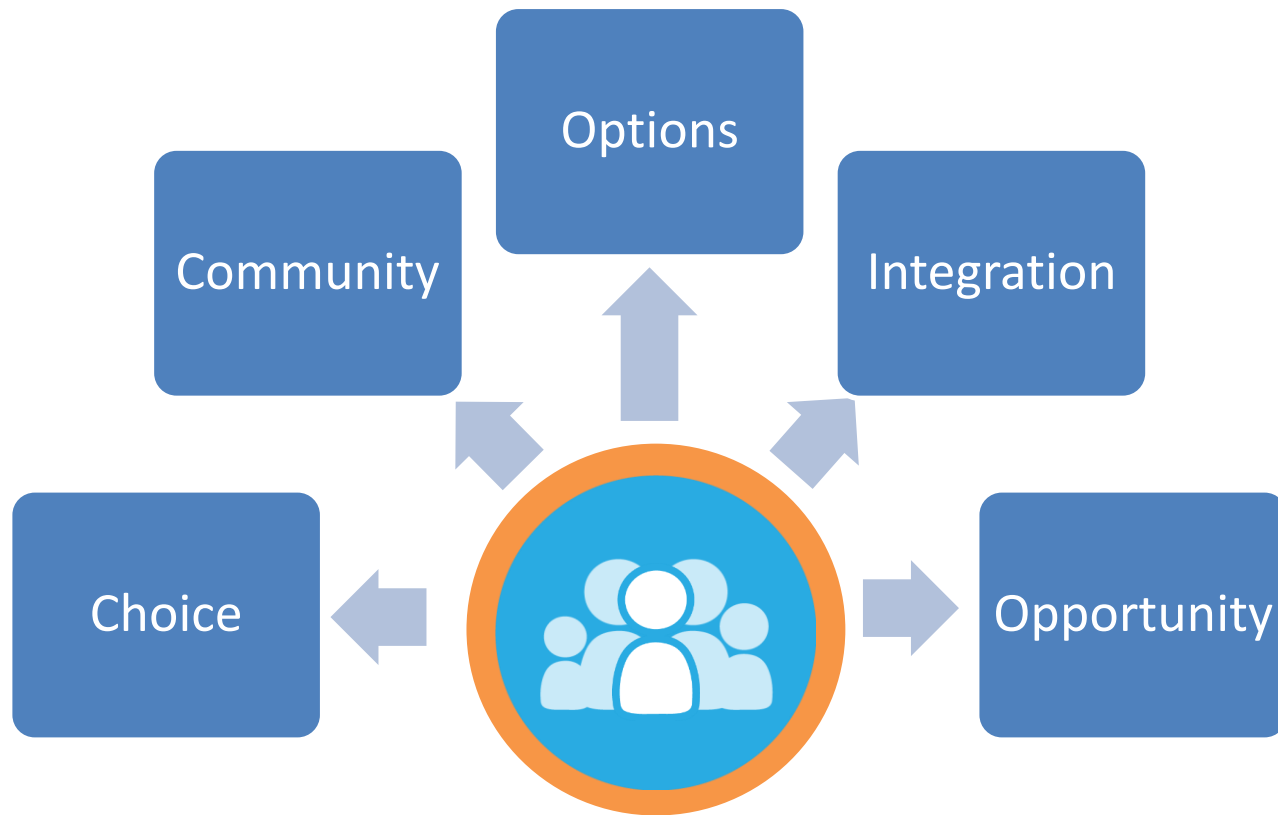 - Addressing Questions
  - Setting Our Fears Aside

All people have the right to live, love, work, learn, participate, play and pursue their dreams in their community.
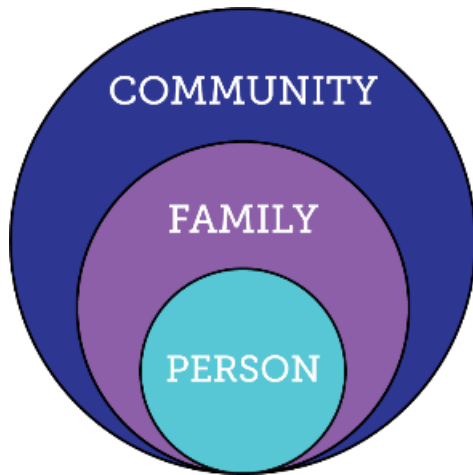
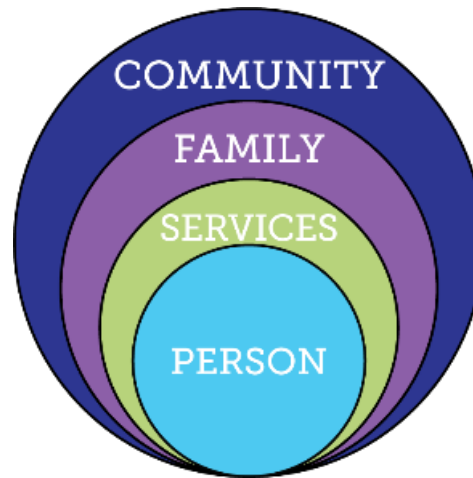# Moving to a New PCISP Approach: Why

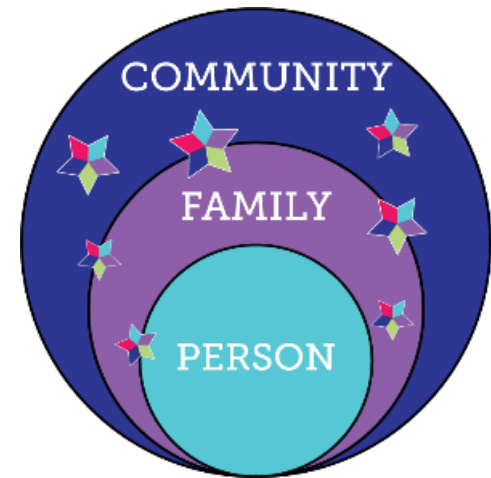# Moving to a New PCISP Approach: Why

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

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
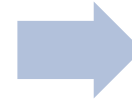
Fall 2016

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

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
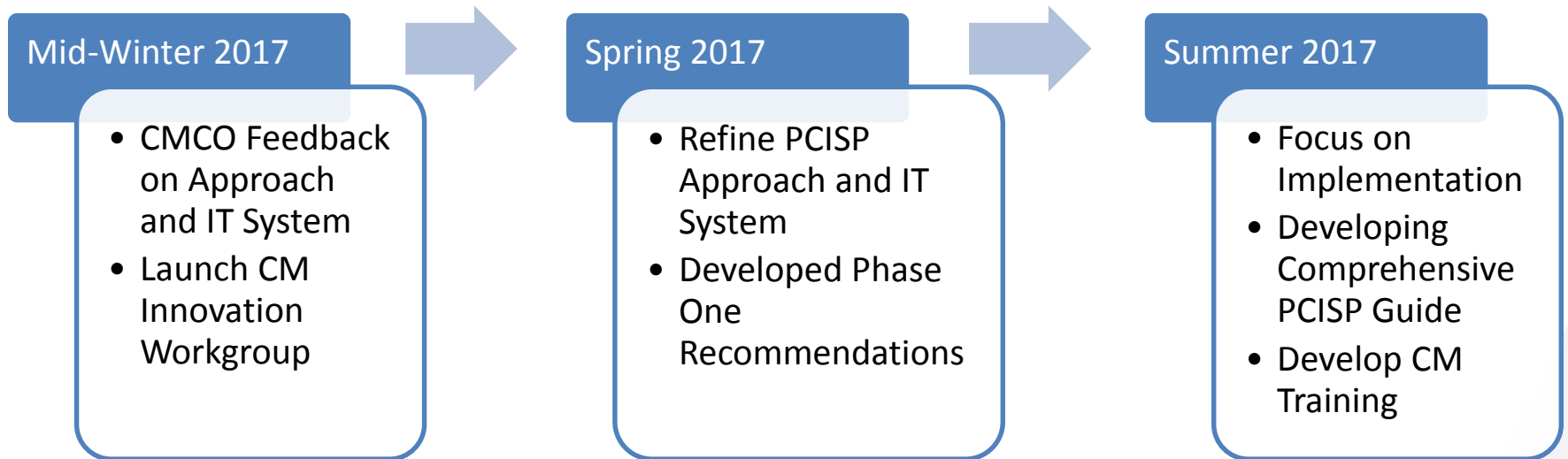
The Road Ahead – A Year of Opportunity

- Use Case Management Innovation Workgroup for Feedback on Implementation

- Support Case Managers Through Monthly Deep Dive Webinars

- Continue Work Toward a Single IT System

- Waiver Amendments to Align With New PCISP Approach

Moving to a New PCISP Approach: Why

- Improving 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

Moving to a New PCISP Approach: How

- Three Key Elements
  - Integrate Person-Centered Individualized Support Plan
  - Refine Case Manager responsibilities
  - Improve budget flexibility

Integrate Person-Centered Individualized Support Plan

- IT System Improvements to Support the PCISP
  - Two Key Areas of Focus:
    - PCISP is a living document
    - Create efficiencies that minimize "screen time"

Integrate Person-Centered Individualized Support Plan

- IT System Improvements to Support the PCISP
  - Eliminate Redundant Data Entry
  - Eliminates the need for completion of the Problem/Goal section of the CCB
  - Can be previewed to allow changes before finalizing

Integrate Person-Centered Individualized Support Plan

- IT System Improvements to Support the PCISP
  - Automatically distributes to team members (through NOA email)
  - Final document attaches risk plans / maps
  - Final document includes grouped outcomes / strategies / action steps for easy reading

Refine Case Manager Responsibilities

- DDRS 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.

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

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.

Refine Case Manager Responsibilities

- Clarifying Service Definition Expectations
  - Monitoring claims reimbursed through the approved Medicaid Management Information System (MMIS)- as available through the INSITE system - and pertaining to waiver-funded services.
    - Expectation is not to actively monitor MMIS
    - *Rather*, monitor MMIS in response to
      - Concerns regarding PCISP implementation/progress
      - Individual or family request

Refine Case Manager Responsibilities

- Streamline Administrative Activities
  - Further Refine the Monitoring Checklist
  - Clarify Monitoring Checklist CAP Process
  - Clarify/Streamline Transition Policy & Process
  - Improve / clarify BDDS PCISP Review Process

Refine Case Manager Responsibilities

- Flexibility in Supporting Individuals

	Previous Minimum Requirements	Effective January 1
Quarterly Visits / Face-to-Face Contact	• Every 90 Days • One unannounced home visit / year / person	• Every 90 Days • One unannounced home visit / year _only for_ individuals residing in provider owned or controlled settings
Team Meetings (Annual / Non-Annual)	• Every 90 Days	• Semi-annually _or_ • When requested by the individual, family, BDDS or other team members
Please note, face to face contact and team meeting requirements for individuals with high risk or health needs remain the same		

Refine Case Manager Responsibilities

- Relationship Between Team Meetings & Face to Face Contact

Previous Minimum Requirements

Team Meetings
at least 4 per year.
Counts toward Face to Face Contact Requirements

Minimum Requirements Effective January 1, 2018

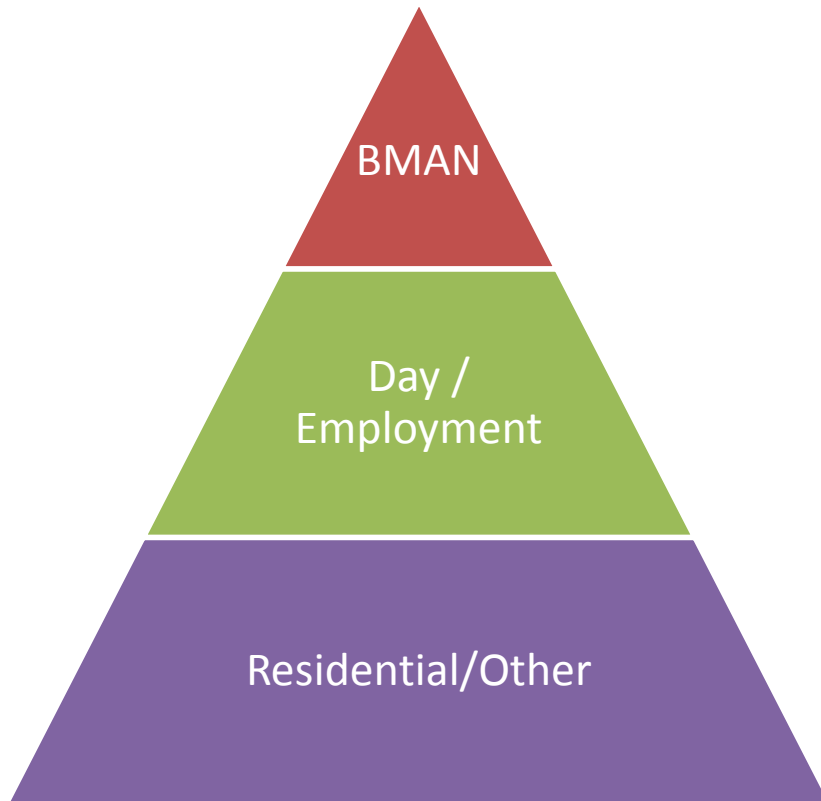**Face to Face Contact**
at least 4 per Year

Team Meetings
at least 2 per year.
Counts toward Face to Face Contact Requirements

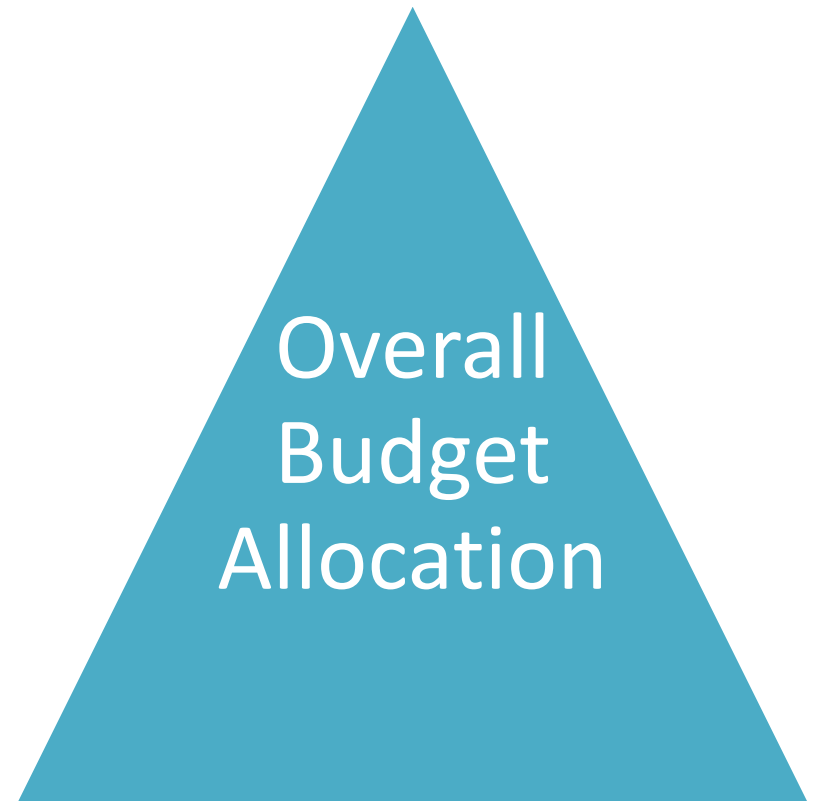# Improve Budget Flexibility

Current Budget Allocation:
Restricts where/How
the individual can use
their Budget Allocation

Beginning January 2:
Individual able to use
full budget allocation in
support of their PCISP

BMAN

Day /
Employment

Residential/Other

Overall
Budget
Allocation

Please note – services outside the OBA (i.e. CM, Wellness, Transportation, etc…) remain at their current levels

Example Individual with an Algo 3 Who Lives with 2 Housemates

Current Overall Budget Allocation:
$72,425.37

BMAN
$5,241.60

Day / Employment
$10,500

Residential/Other
$56,683.77

Beginning January 2 Overall Budget Allocation:
$72,425.37

Remaining Allocation to be used based on PCISP*
$15,741.60

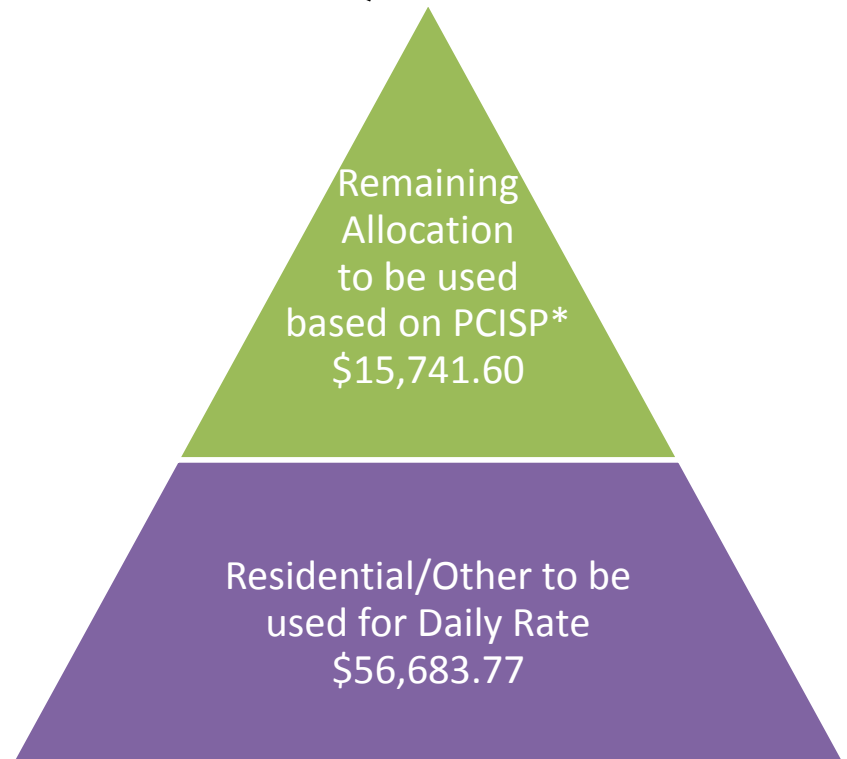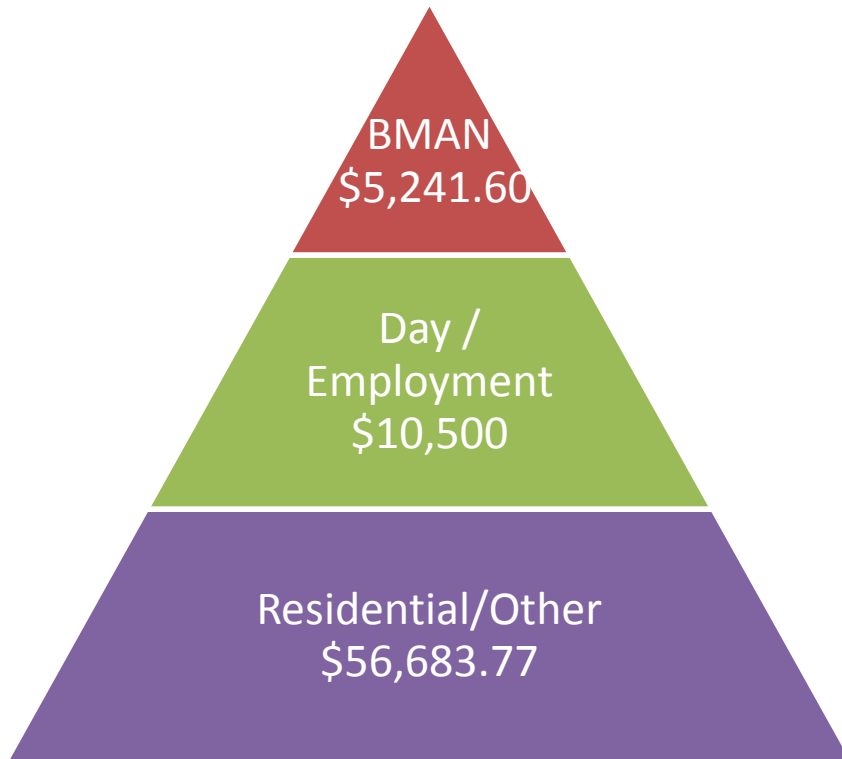Residential/Other to be used for Daily Rate
$56,683.77

Please note – services outside the OBA (i.e. CM, Wellness, Transportation, etc...) remain at their current levels

Example Individual with an Algo 3 Who Lives with Family

Current Overall Budget Allocation:
$58,994.10

BMAN
$5,241.60
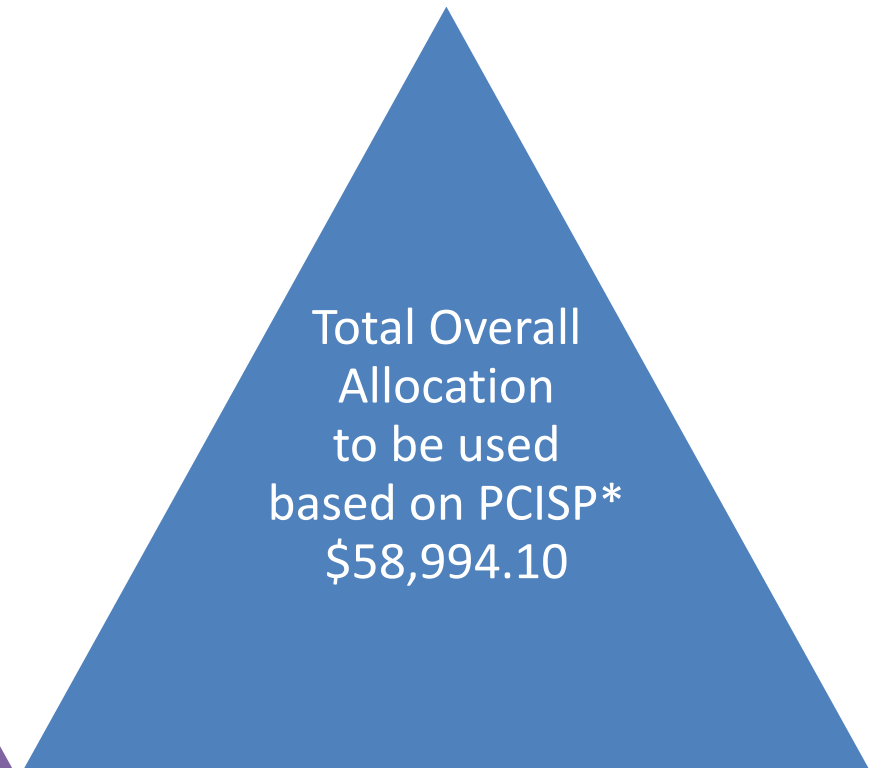
Day / Employment
$10,500

Residential/Other
$43,252.50

Beginning January 2 Overall Budget Allocation:
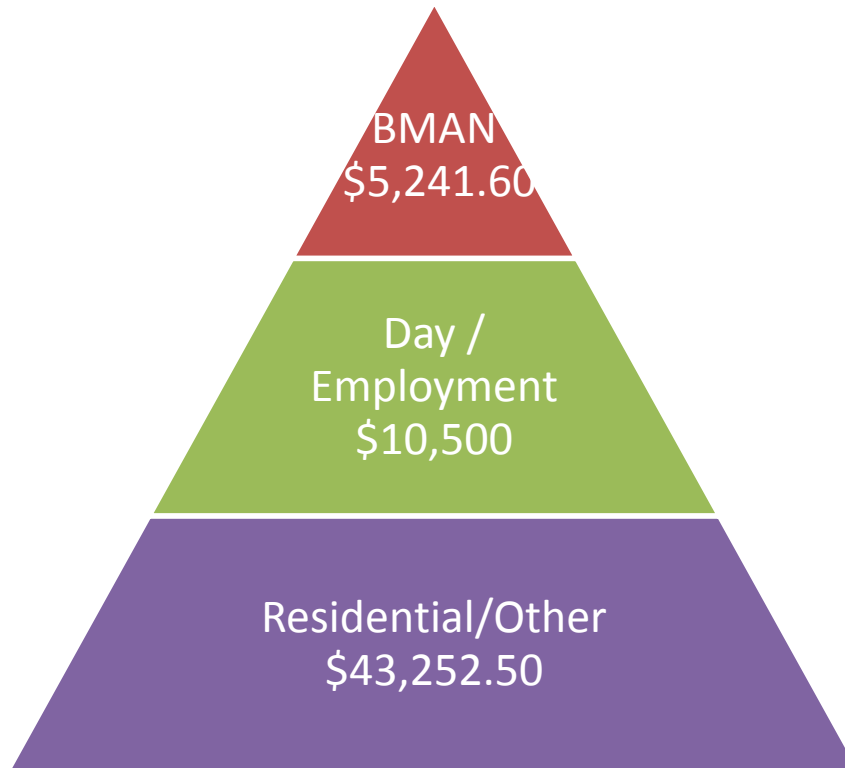$58,994.10

Total Overall Allocation to be used based on PCISP*
$58,994.10

Please note – services outside the OBA (i.e. CM, Wellness, Transportation, etc...) remain at their current levels

Overview: 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.

Overview: 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?

- 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 I Have to Use LifeCourse Tools?

- The LifeCourse Framework/Philosophy is infused throughout the Process

- The Tools are <u>available</u> and can be <u>used, as desired</u>, by:
  - The <u>Individual,</u>
  - Their <u>Family,</u>
  - Their <u>Case Manager,</u> and/or
  - Other Members of Their Team

Core PCISP Concepts

- 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 Development Requirements

- **Initial PCISP:** Developed and finalized within 45 calendar days of on-boarding the individual's file to the CMCO.

- **Annual PCISP:** Written for the same 365 day cycle as the Individual's Cost Comparison Budget (CCB).

- **Update PCISP:** Required when:
  - needs or circumstances of the individual changes,
  - services are added or removed,
  - upon request by the individual and/or guardian, or
  - for Non-Annual Team Meetings to record Team Discussion on Outcomes and any related plan changes

PCISP Team Meetings: Annual Meetings

- **Purpose:** opportunity for the individual and guardian, if applicable, to discuss their dreams, desires, and what they would like their future to be like.

- **Key Activities:**
  - Complete/Update About Me Section
  - Review each Life Domain and update based on the individual's preferences and what was learned over the past year, including outcomes for the upcoming year;
  - Identify and develop strategies to address potential risks and barriers to achieving identified outcomes;
  - Discuss how service providers will align their services with the individual's preferences
  - Identify timelines for outcomes and the type/level of support needed for reaching outcomes

PCISP Team Meetings: Non-Annual Meetings

- **Purpose:** review progress on outcomes identified in the PCISP.

- **Key Activities:**

  - Review the individual's typical week to verify it reflects the preferences, activities and needs identified in the PCISP

  - Share celebrations toward progress on outcomes and movement toward the individuals vision of a preferred life

  - Have a meaningful discussion regarding PCISP implementation based on provider reports, incident reports, health/behavioral needs and current services

  - Identify any updates or modifications needed to the PCISP.

Team Meeting: Key Expectations

- 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.

Roles and Responsibilities:
The Individualized Support Team

- The Individualized Support Team includes
  - The Individual
  - Their Guardian, if applicable
  - Their Case Manager,
  - Their Family Members
  - Their Service Providers and
  - Other Team Members Selected by the Individual, which may include BDDS

Roles and Responsibilities:
The Individualized Support Team

- The Individualized Support Team
  - 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 <u>and</u> in helping the individual obtain their potential, achieve their goals, and realize their dreams

Roles and Responsibilities:
The Individualized Support Team

- The Individualized Support Team
  - Ensures the individual receive 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

Roles and Responsibilities: Individual Served and Family, if Applicable

- The Individual Served and Family (if applicable):
  - 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

Roles and Responsibilities: The Case Manager

- The Case Manager works with the individual and their guardian, if applicable, to:
  - prepare for the IST meeting,
  - schedule the IST meeting,
  - work with the IST to gather necessary information to inform the discussion,
  - ensures the IST meeting remains focused on the individual's preferences and priorities,
  - completes the PCISP process with the information gathered during the IST meeting, and
  - Ensures the PCISP is distributed to the IST for review and approval.

Roles and Responsibilities: The Case Manager

- PCISP Implementation & On-Going Meeting Preparation
  - Primary and foundational role in creating, maintaining, and updating PCISP
  - Engage in a continuous cycle of activities to gather information related to implementation of an individual's PCISP, including:
    - face-to-face visits,
    - on-site record/documentation review,
    - contact with individual or IST members,
    - provider quarterly reports,
    - incident reports,
    - etc...

Roles and Responsibilities: The Case Manager

- PCISP Implementation & On-Going Meeting Preparation
  - In completing these activities, the case manager is evaluating:
    - To what extent the individual's PCISP is being implemented
    - Items to celebrate or address during the next team meeting
    - Obstacles encountered relative to plan implementation
    - Changes that have occurred that impacts the PCISP
    - Additional information about the individual that is needed in order to refine the PCISP
    - Issues that need to be addressed immediately; actions to take to address these immediate issues

Roles and Responsibilities: The Case Manager

- PCISP Implementation & On-Going Meeting Preparation
  - Work with the individual and guardian, if applicable, to develop an agenda for the Team Meeting by reviewing:
    - Current PCISP to identify changes and updates; determining what is working and not working for the individual
    - Issues identified in the Case Manager's case notes from on-going contact and documentation reviews:
    - Available assessments, including Life Course Tools, Person-Centered Planning MAPs, level of care assessment, recent medical examinations, etc.

Roles and Responsibilities: The Service Provider(s)

- The Service Provider(s):

    – 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

Overview: PCISP Components

- **About Me:** Strengths-Based; Provides opportunity to describe the individual's strengths and assets, what people like and admire about them, and what their good life includes

- **Profile Information:** Demographic information that Auto-Populates from the BDDS Portal Profile Screens.

- **LifeStages/LifeDomain:** Supports IST to focus holistically on helping individual to have healthy experiences, adequate support, and ample opportunities to learn. Provides framework for planning and discussion

- **Appendix:** Capture relevant historical information, case manager contact, notification frequency, and provider responsible for individual's personal file.

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 (42 CFR §441.530(a)(1)(vi))

- For Purposes of Compliance with these Requirements, Indiana DDRS Defines Provider Owned or Controlled Settings as residential settings that are
  - provider owned <u>or</u>
  - those where individuals, who don't live in the family home, utilize
    - Residential Habilitation and Support – Level Two (RHS20),
    - Residential Habilitation and Support – Daily, or
    - Structured Family Caregiving

A Note About Provider Owned or Controlled Settings

- For purposes of the PCISP, if the plan indicates that an individual resides in a Provider Owned or Controlled Settings, the IST is required to address additional questions which will populate in the PCISP. The questions address
    - 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

A Note About Provider Owned or Controlled Settings

- If the IST responds <u>NO</u> to any question, the IST must provide remediation information for that question, including:
    - 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.
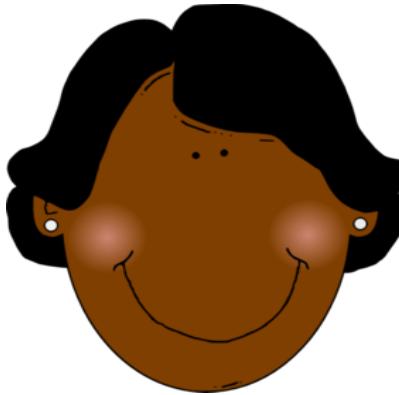   - an assurance that interventions and supports will cause no harm to the individual
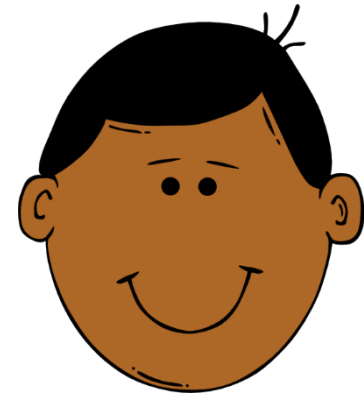
Take a Break!

Meet Carlos, Mary, and Toby

CARLOS

MARY

TOBY

Putting It All Together:
PCISP Section by Section Guidance

- **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:

- **Meet DP**

  – What people like and admire about me?

    - Friendly and interactive

    - Energetic

    - Willing to help

    - Great smile with a wonderful sense of humor and fun

- **Meet DP**

  - 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.

- **Meet DP**

  - 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

Putting It All Together
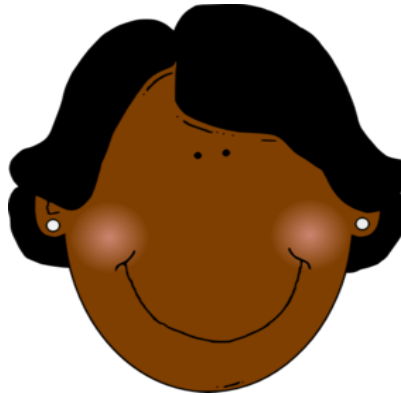# About Me Group Activity

- At Your Table, Review the Person-Centered Profile for your Focus Person.

- Note, their Current Gifts and Competencies Map lists only a few items

- Work together to see how many additional Gifts and Competencies you can identify.

Report-Out & Discussion: About Me Group Activity

CARLOS

MARY

TOBY

Putting It All Together:
PCISP Section by Section Guidance

- Personal Demographics
  - Auto-populate from the Profile within the Portal
  - Includes Basic Demographics and Contact Information
  - Differentiates Between Diagnoses Related to Waiver Eligibility and Other Health and Mental Health Diagnoses
  - Includes Guiding Question Regarding Provider Owned or Controlled Settings
  - Records Name of Facilitator and Case Manager
  - Allows Team to Select Appropriate LifeStage

Putting It All Together: PCISP Section by Section Guidance

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

Putting It All Together:
PCISP Section by Section Guidance

- 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

- 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

Putting It All Together: PCISP Section by Section Guidance

- 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
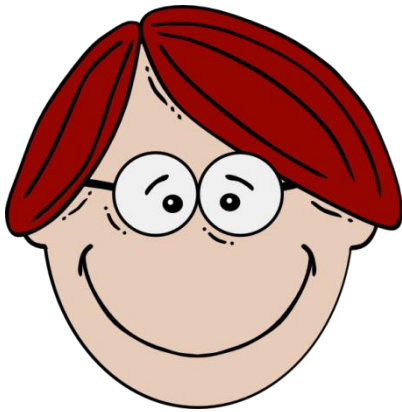
ARTHUR

- 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.

Putting It All Together:
PCISP Section by Section Guidance

- Relationship Between Important To and Important For: Health and Safety Dictate Lifestyle
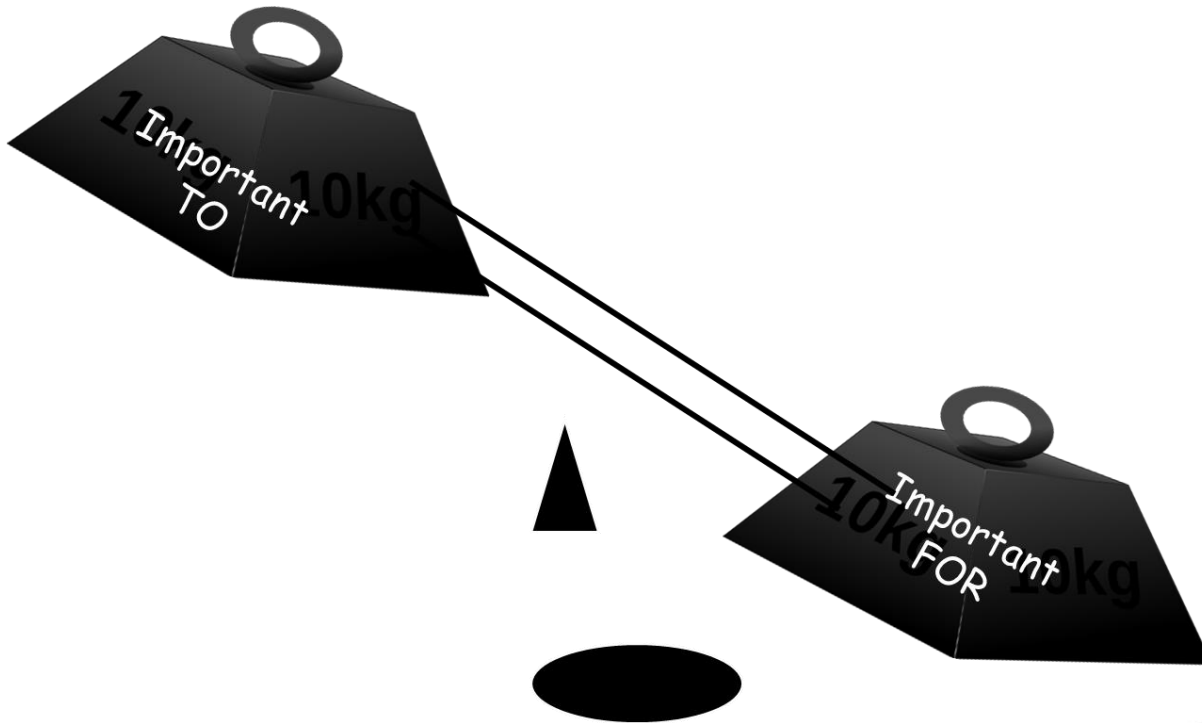
What Happens for Arthur When Health and Safety Outweigh Lifestyle

- 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.
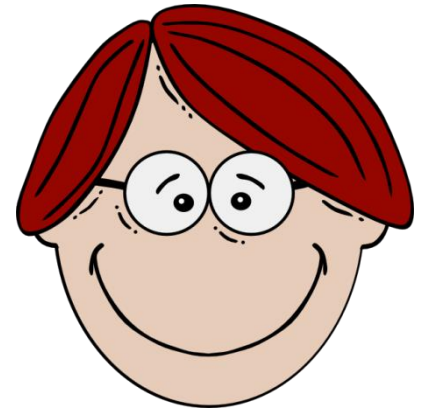
ARTHUR

Putting It All Together:
PCISP Section by Section Guidance

- Relationship Between Important To and Important For: All Choice and No Responsibility
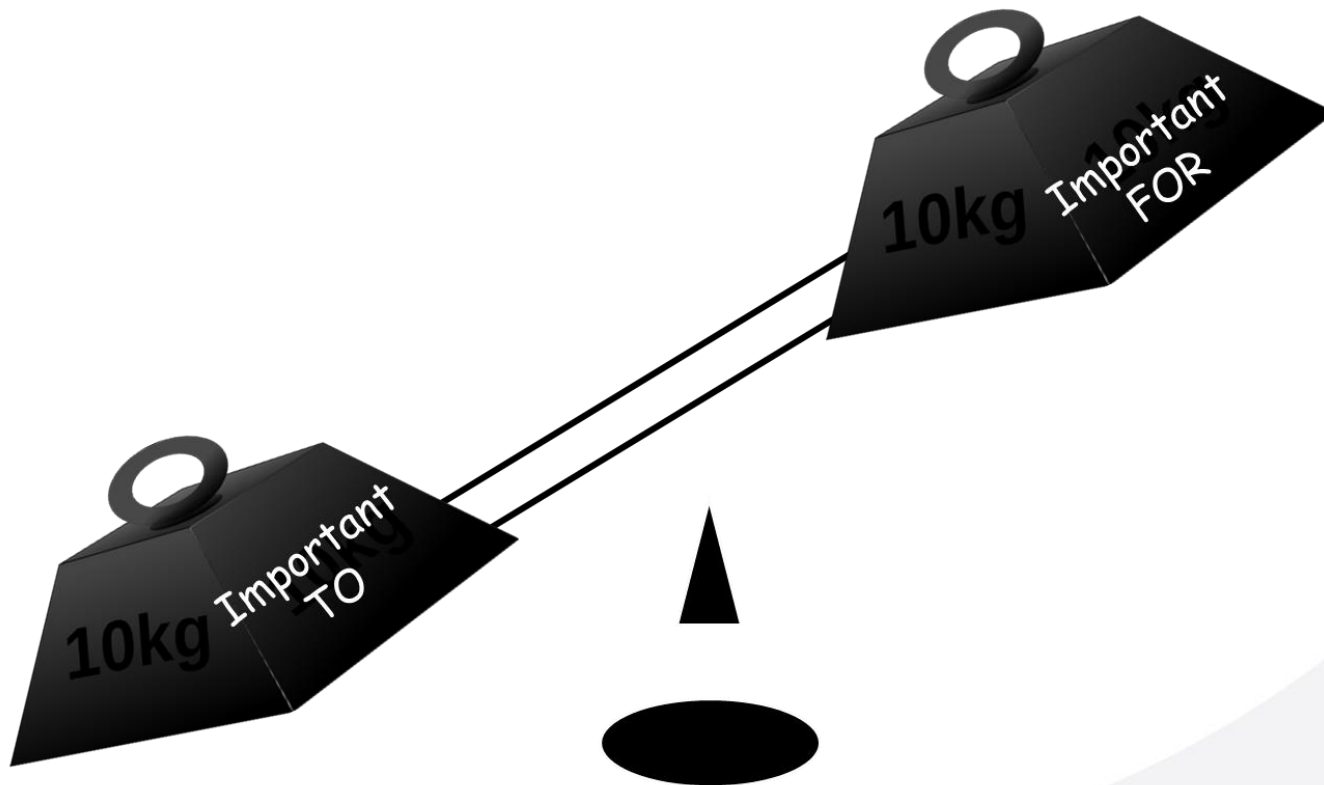
What Happens for Arthur When Lifestyle Outweighs Health and Safety

- 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.
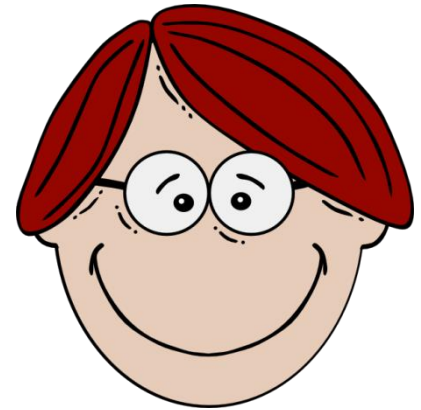
ARTHUR

Putting It All Together: PCISP Section by Section Guidance

- The PCISP strives to combine and balances the two.

Important TO · 10kg · 10kg · Important FOR · 10kg
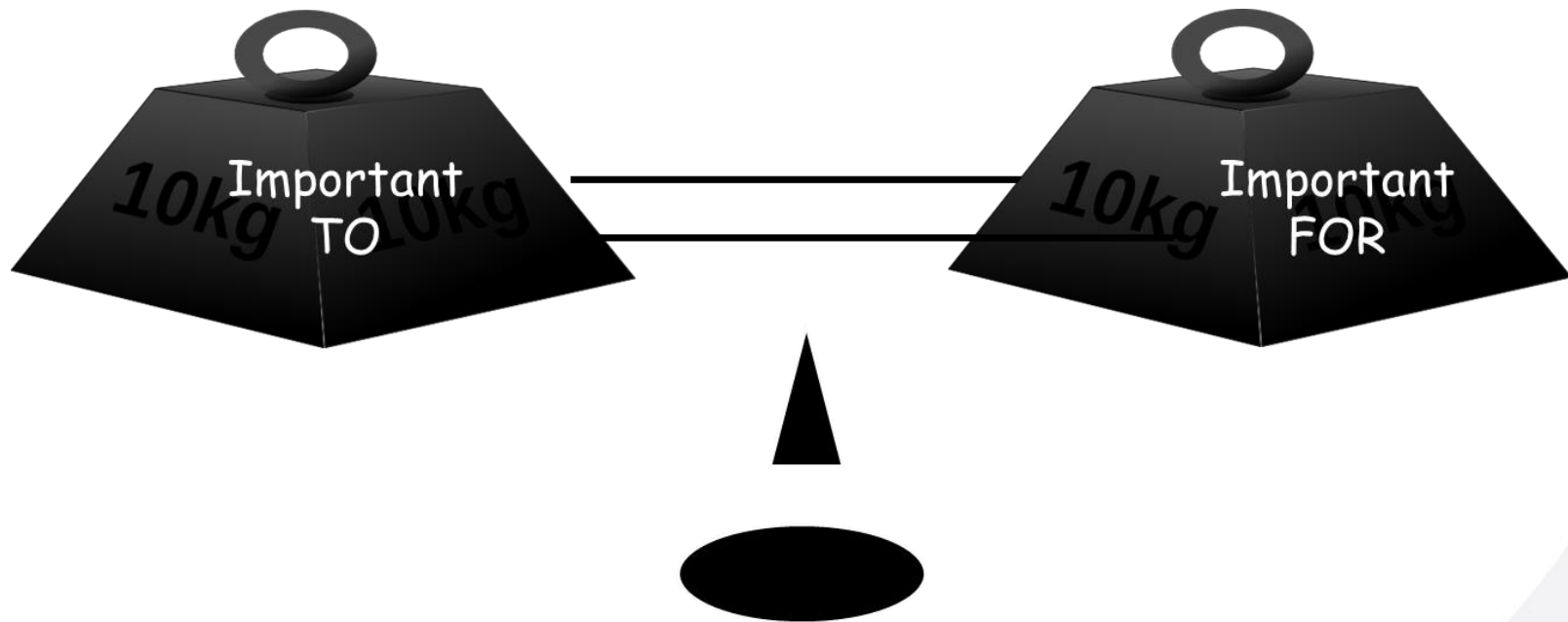
- Keep in mind, people usually don't do what is important for them unless there is also a reason it is important to them

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.
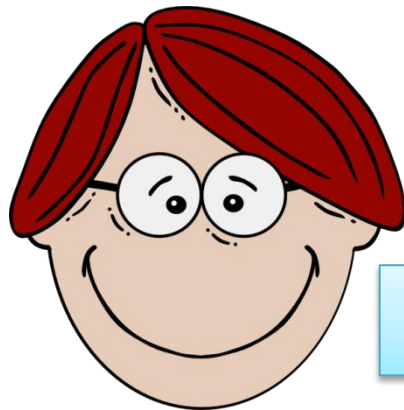
ARTHUR

Putting It All Together: PCISP Section by Section Guidance

- 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?

Putting It All Together: PCISP Section by Section Guidance

- Remember DP?
  - 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.

Putting It All Together
Personal Focus Group Activity

- At Your Table, Review the Person-Centered Profile for your Focus Person.

- Work together to describe:
  - What is Important to your Focus Person in the Life Domain of Social and Spirituality?

  - What is Important for your Focus Person in the Life Domain of Social and Spirituality?, and

  - What is need to support your Focus Person in the Life Domain of Social and Spirituality?

  - What might the team still need to learn or better understand about your Focus Person?

Report-Out & Discussion:
Personal Focus Group Activity
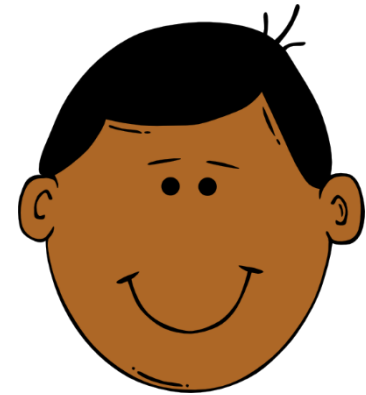
Putting It All Together:
PCISP Section by Section Guidance

- 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

Putting It All Together:
PCISP Section by Section Guidance

- 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.

Putting It All Together: PCISP Section by Section Guidance

- Vision of a Preferred Life – What is Currently Happening
  - Describes the individual's:
    - Current Friendships and Relationships
    - Leisure Activities
    - Personal Networks
    - Faith Community and/or Practices
  - Questions to prompt discussion include:
    - Does the individual have family and friends?
    - How does the individual make and keep friends?
    - Does the individual have someone to talk with about feelings, emotions, and concerns?
    - What hobbies or interests does the individual participate in?

Putting It All Together: PCISP Section by Section Guidance

- Vision of a Preferred Life – What I Prefer?

  - Describes the individual's preferred life

    - Friendships and Relationships

    - Leisure Activities

    - Personal Networks

    - Faith Community and/or Practices

  - Questions to prompt discussion include:

    - What kind of relationships does the individual want in their life?

    - What activities does the individual want to do in the community for fun and friendship?

    - Does the individual want to get involved in civic engagement or leadership?

    - Does the individual participate in faith-based practices of their choosing?

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.

Putting It All Together: PCISP Section by Section Guidance

- Vision of a Preferred Life – Tools and Resources

  - What's working/what's not working

    - Analyzes an issue / situation across multiple perspectives. Provides a picture of how things are right now.

  - Good Day/Bad Day

    - A way to identify the specifics of what makes up a good and bad day for a person; can also help discern what is important to and how to best support

  - Rituals Routines

    - Identifies the specifics of a particular time of day or event; helps to learn what parts of a ritual/ routine are important to the person

Putting It All Together:
PCISP Section by Section Guidance

- Vision of a Preferred Life – Tools and Resources

  - Charting the LifeCourse: Experiences and Questions Booklet

    - Questions to ask and things to think about throughout the life course, in order to have the experiences that help lead to the good life

    - Most of the questions and life experiences in this booklet could apply to anyone, whether they have a disability or not.

  - Charting the LifeCourse: Exploring Life Possibilities

    - Explore variety of options for living, work and other activities, and for having fun.

  - Tools for Developing a Vision

    - Supports thinking about a more specific vision for life as an adult

Putting It All Together: PCISP Section by Section Guidance

- 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.

Trajectory Toward Positive Life Outcomes

Across the Lifespan

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

Trajectory towards Outcomes

Trajectory towards things unwanted

Vision of What I Don't Want

Charting a Trajectory for DP

- 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

Charting a Trajectory Group Activity

Using Your Focus Person's Person-Centered Profile, Complete the Trajectory Tool

3 –What is Currently Happening in Their Life That Moves Them Toward Their Vision.

5–What New Activities or Experiences Would Move Them Toward Their Vision.

4 –What is Currently Happening in Their Life That Moves Them Toward What They Don't Want.

Vision for a Good Social & Spirituality Life for _____

1 –List What A Good Social and Spiritual Life Looks Like for Your Focus Person.

What _____ Doesn't Want for Social & Spirituality Life

2 – List What Your Focus Person Doesn't Want to Happen in Their Social & Spiritual Life.

Report-Out & Discussion:
Charting a Trajectory Group Activity

CARLOS
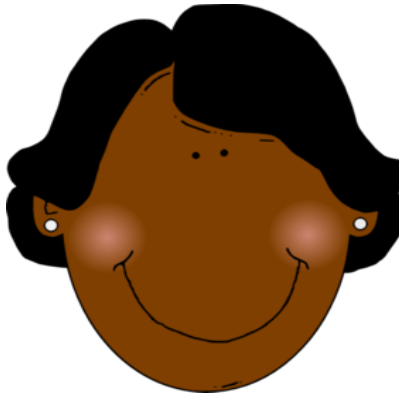
MARY

TOBY

Putting It All Together:
PCISP Section by Section Guidance

- 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.

Putting It All Together: PCISP Section by Section Guidance

- 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."

- 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.

- 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."

Putting It All Together:
PCISP Section by Section Guidance

- 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."

Putting It All Together:
PCISP Section by Section Guidance

- 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."

Putting It All Together: PCISP Section by Section Guidance

- ## Developing an Action Plan – Pulling It All Together
  - ### Remember DP?

- 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.**

- 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

Putting It All Together: PCISP Section by Section Guidance

- Developing an Action Plan – Pulling It All Together
  - Remember DP?

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. I need visits to be limited to short periods of time. I need to purchase a Smart Phone using my Special Needs Trust	1.) I will use SnapChat to stay connected with his father. 2.) I will use FaceTime to talk with his Dad. 3.) I will plan visits with his family who live locally	1.) I will have a SnapChat account. 2.) Successful weekly calls with Dad using FaceTime 3.) Successful visits with family who live locally each month	1.) DP and DSP by October 15, 2017 2.) DP and DSP beginning December 15, 2017 3.) DP and DSP beginning February 2018
"I Want"	"I Need"	"I Will"	"I Did"	

- Action Planning – Tools and Resources
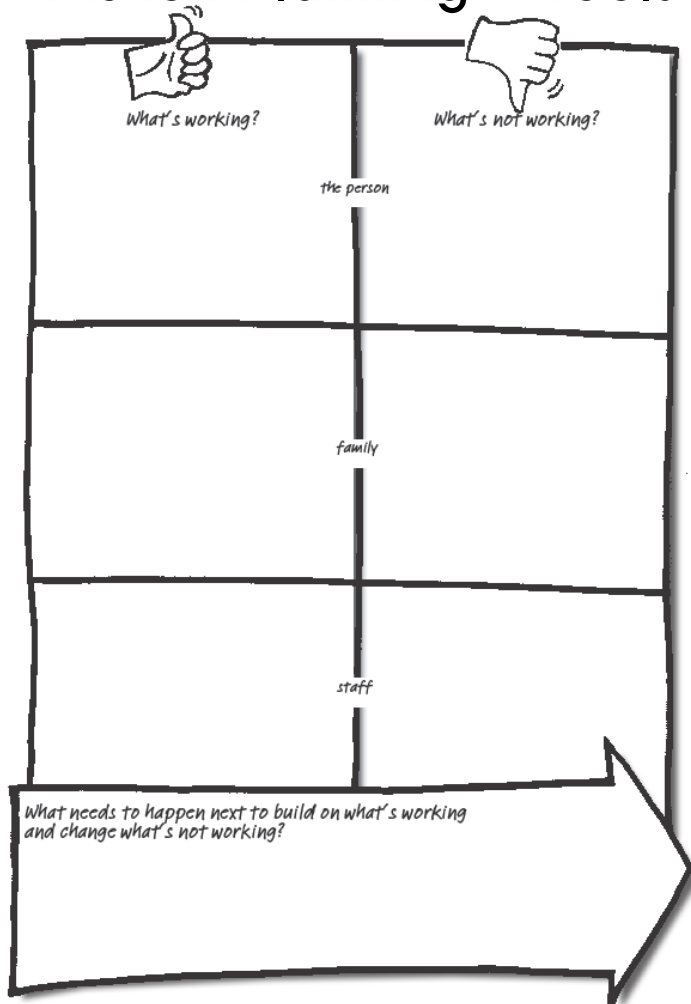
  – Person Centered Planning MAPS
    - What's Working by Perspective
    - What's Not Working By Perspective
    - What needs to happen next to build on what's working and change what's not working

What's working?

What's not working?

the person

family

staff

What needs to happen next to build on what's working and change what's not working?

Putting It All Together: PCISP Section by Section Guidance

- Action Planning – Tools and Resources

  - Charting the LifeCourse: Experiences and Questions Booklet

    - Questions to ask and things to think about throughout the life course, in order to have the experiences that help lead to the good life

    - Most of the questions and life experiences in this booklet could apply to anyone, whether they have a disability or not.

  - Charting the LifeCourse: Exploring Life Possibilities

    - Explore variety of options for living, work and other activities, and for having fun.

Putting It All Together: PCISP Section by Section Guidance

- 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

LifeCourse Integrated Supports STAR

COMMUNITY

FAMILY

PERSON

100%

Personal Strengths & Assets

Technology

Relationships

Community Based

Eligibility Specific
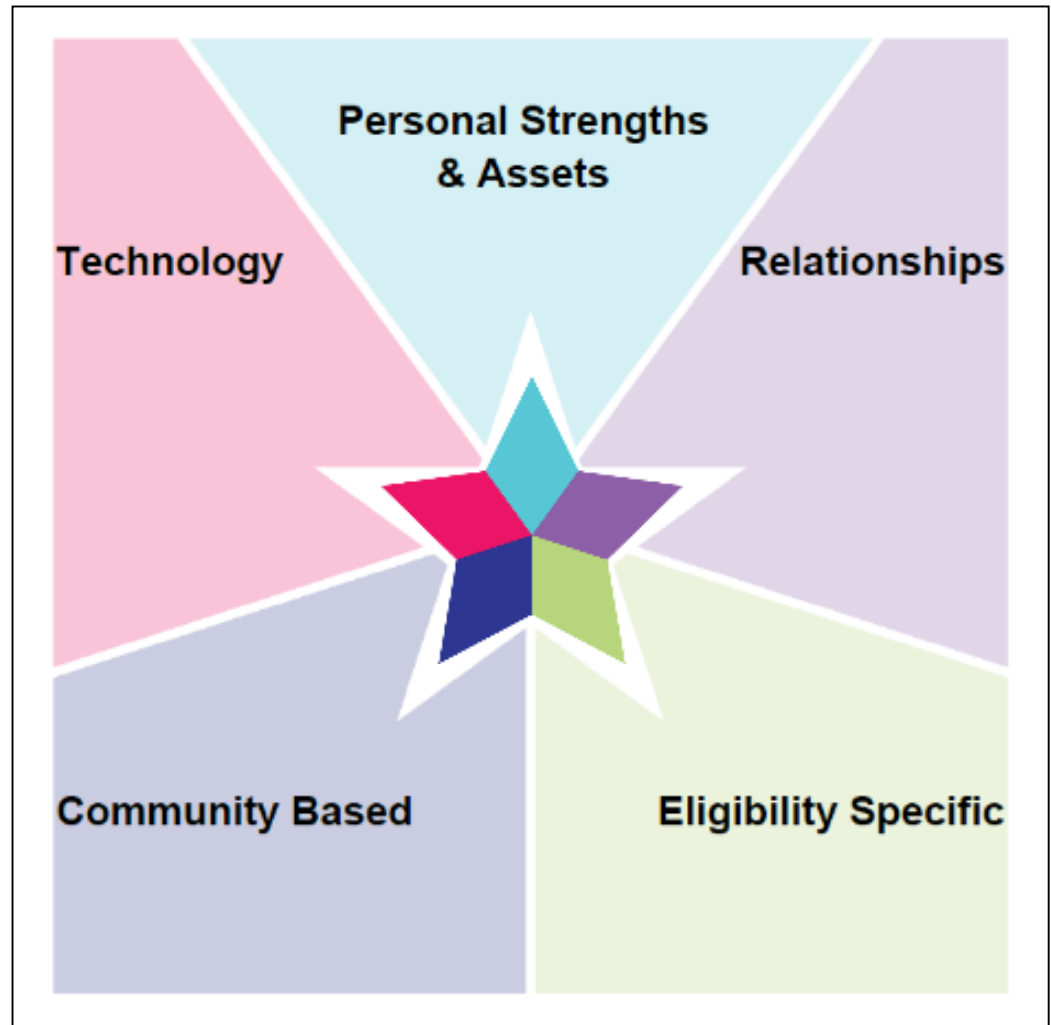
Identifying Integrated Strategies for Problem Solving and Exploring Options

Identifying Integrated Supports for Social & Spirituality

Technology

Personal Strengths & Assets
- Friendly
- Enjoys SnapChat
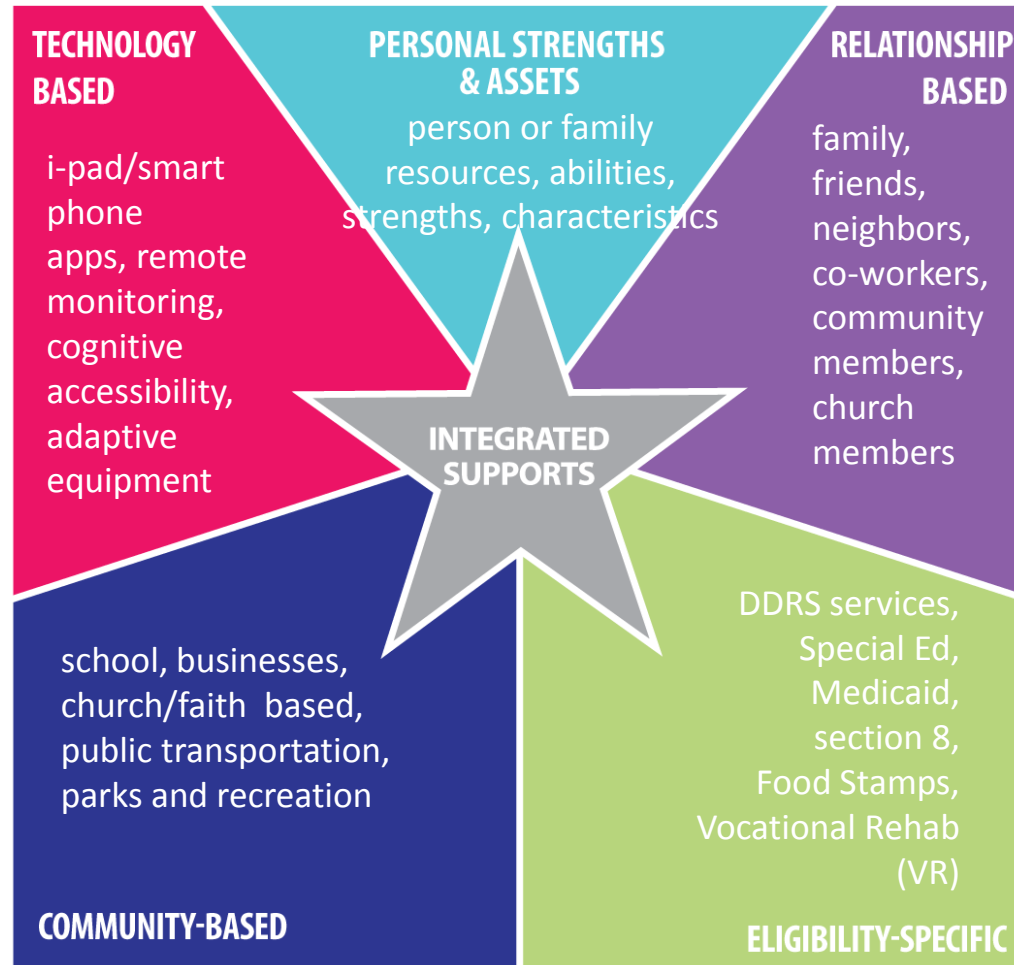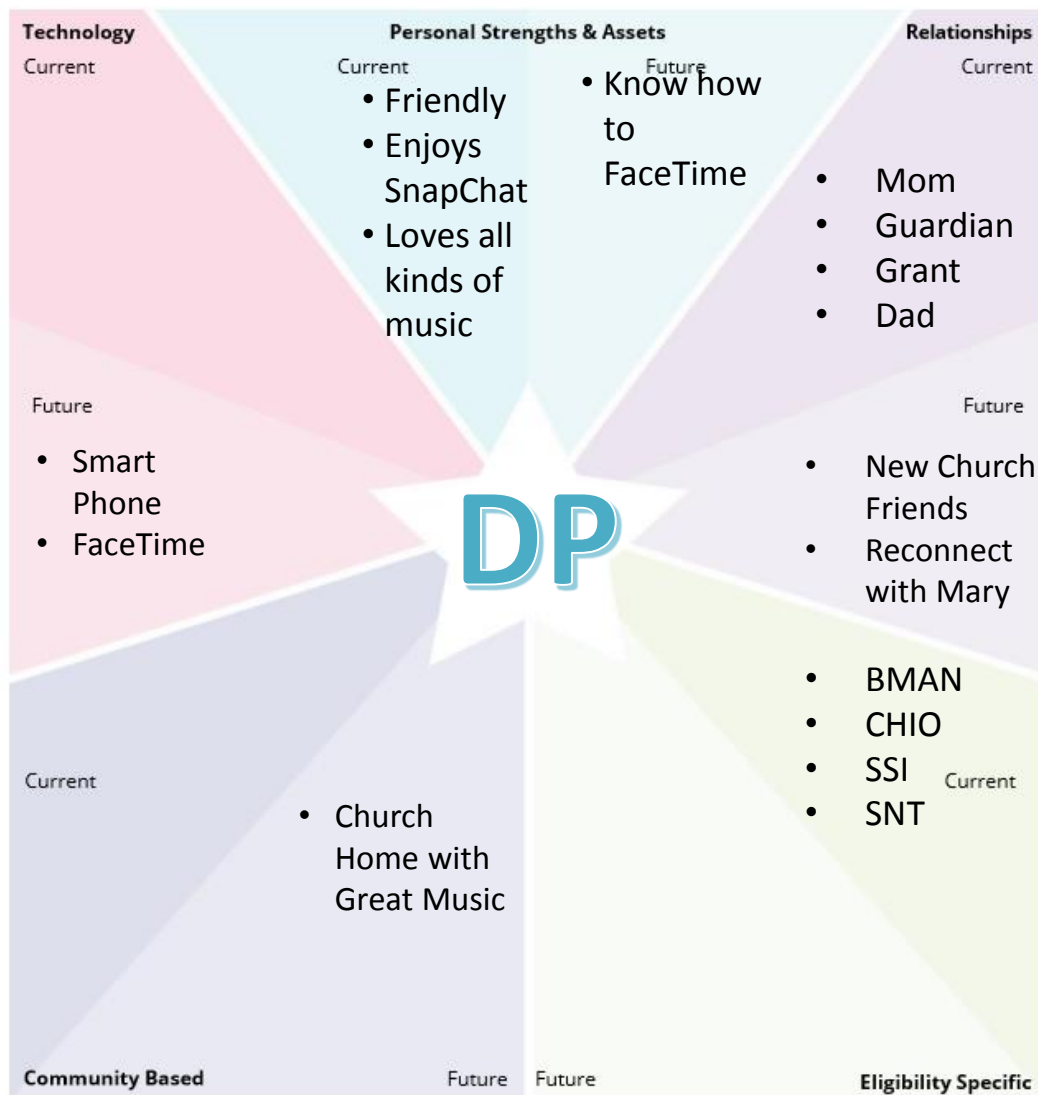- Loves all kinds of music

Relationships
- Mom
- Guardian
- Grant
- Dad

DP

Community Based

Eligibility Specific
- BMAN
- CHIO
- SSI
- Special Needs Trust

Identifying Integrated Supports for Social & Spirituality

Technology

Current

Future
- Smart Phone
- FaceTime

Personal Strengths & Assets

Current
- Friendly
- Enjoys SnapChat
- Loves all kinds of music

Future
- Know how to FaceTime

Relationships

Current
- Mom
- Guardian
- Grant
- Dad

Future
- New Church Friends
- Reconnect with Mary

DP

Current
- Church Home with Great Music

Community Based

Future

Eligibility Specific

Current
- BMAN
- CHIO
- SSI
- SNT

Future

Putting It All Together
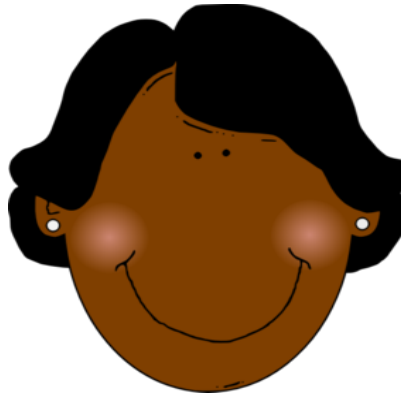## Integrated Support Star Group Activity

- At Your Table, Use the Integrated Support Star to identify

  - current supports available to your Focus Person in the Social & Spirituality LifeDomain, and

  - future supports that might be needed to help move your Focus Person toward their vision of a preferred life.

Report-Out & Discussion:
Integrated Support Star Group Activity

CARLOS

MARY

TOBY

Putting It All Together:
PCISP Section by Section Guidance

- Developing an Action Plan – Pulling It All Together
  - Remember DP?

Outcome	Strategies for Implementation	Action Steps	Measure Progress	Who/When?
I want to find a new church home that has music.	I need staff to assist with transportation and supporting me at church. 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.	1.) I will research churches in the area with music. 2.) I will visit churches that look interesting. 3.) I will regularly attend my favorite church.	1.) List of Possible Churches 2.) Share my thoughts on the churches I've visited 3.) Successful attendance at my church of choice weekly	1.) DP, DSPs, IST Members by Dec. 2017 2.) DP and Team at Semi-Annual Meeting 3.) DP and DSP beginning May 2018
"I Want"	"I Need"	"I Will"	"I Did"	

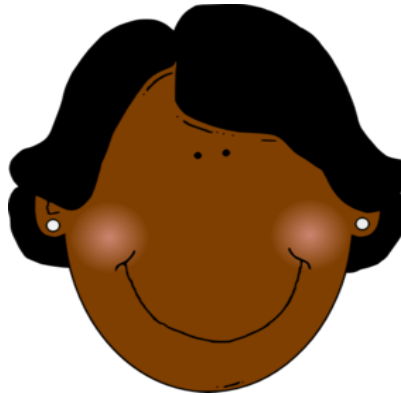# Putting It All Together: Action Planning Group Activity

- Using the Integrated Support Star, Trajectory, and other Materials Developed Today:
  - Identify Objective
  - Strategies
  - Action Steps
  - Who/When
  - How Progress is Measured
  - Risks

Report-Out & Discussion:
Action Planning Group Activity

CARLOS

MARY

TOBY

Putting It All Together:
PCISP Section by Section Guidance

- Team Discussion on Outcomes
  - As we discussed earlier, team meetings should include:
    - Opportunity for the individual and/or guardian to address the team on the dreams, desires, and what they would like their future to be like.
    - Review schedules to verify they accurately reflect the activities, timeframes, preferences, and needs of the individual.
    - Meaningful discussion regarding implementation of the PCISP
    - Celebrations towards progress on outcomes and strategies
  - Following this discussion, the Case Manager will use this section to capture key discussion points and team decisions relative to modifying the plan and/or strategies to ensure outcomes and strategies stay on track or get back on track.

A Note About Risk: Actions for My Health/Safety

- If not addressed elsewhere in this Action Plan, provides an opportunity for the team to identify required actions or activities within the domain of Social & Spirituality needed for the individual's safety.

- Identifies potential risks through assessments or as reflected as "Important For" in the Personal Focus section,

- Specifies the actions needed to address, manage, or alleviate the risk, including the type, frequency, and location of supports and services needed.

A Note About Risk:
Actions for My Health/Safety

- In specifying the actions to address, manage, or alleviate risk, the IST should:
  - Identify the risk
  - Clarify the problem they are trying to solve
  - Describe what would happen if nothing was done
  - Identify the action the IST decided to take to manage this risk
- When a risk plan is needed for a risk in this domain, it is to be attached to the PCISP for distribution using the link in the Appendix.

- Supports and Services
  - Natural Supports
    - Summary of Needs, Outcomes, Strategies, and Actions Addressed by Natural Supports
    - Identify the Natural Support, Relationship (if support is a person), and Frequency
  - Paid Supports
    - In finalizing the PCISP, information from the CCB will pull in.
    - Before finalizing, the Case Manager should add the need being addressed by the services.
    - Using DP as an example,
      - CHIO – Community Access to Church
      - RHS – Maintain Contact with Family, Learn to FaceTime

Putting It All Together:
PCISP Section by Section Guidance

- Appendix
  - Historical Information: included to provide a record of important events in the individual's life and their effect on the individual, as well as pertinent general information about the individual's past.
  - Contact and Meetings: Record preferences regarding case manager contact and team meetings above minimum requirements, as well as date of next meeting
  - Frequency of Notification
  - Personal File

Sneak Preview of the PCISP In the Portal

John P. Smith

SmitJohP101234121111
Waiver: FSW – Active

Case Mgr: Jackie Price
CMCO: Advocacy Links

PCISP

Type: Update
Status: *In Development*

Effective Dates: 4/1/17-3/31/18

Created Date: 4/11/17
Last Edited: 4/22/17

Life Domain: Community Living

Where and how someone lives – housing and living options, community access, transportation, home adaptation and modification.

General ✓
About Me ✓
Daily Life & Employment
Community Living
Community Living
Safety & Security
Healthy Living
Social & Spirituality
Citizenship & Advocacy
Other Areas
Appendix

Personal Focus

What's important to and for me and what do others need to know to support me in the area of community living?

What assessment tools were used in identifying these areas?

Vision of a Preferred Life

What is currently happening in this domain?

FSA
INDIANA FSSA ADMINISTRATION SERVICES

John P. Smith

PCISP

Type: Update
Status: *In Development*

Effective Dates: 4/1/17-3/31/18

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Where and how someone lives – housing and living options, community access, transportation, home adaptation and modification.

General ✓

About Me ✓

Daily Life & Employment

Community Living

Safety & Security

Healthy Living

Social & Spirituality

Citizenship & Advocacy

Other Areas

Appendix

What I prefer in this life domain:

What is the desired outcome?

Strategies for implementation:

Action steps needed

How will progress be measured?

Who? When?

+ Add additional outcome

John P. Smith

PCISP

Type: Update
Status*: In Development*

Effective Dates: 4/1/17-3/31/18

Created Date: 4/11/17
Last Edited: 4/22/17

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General ✔	
About Me ✔	
Daily Life & Employment	
Community Living	
Community Living	
Safety & Security	
Healthy Living	
Social & Spirituality	
Citizenship & Advocacy	
Other Areas	
Appendix	

Team Discussion on Outcomes

Actions / Activities for My Community Living Safety

N/A ☐

Has informed consent and HRC approval been received and uploaded into the Document library? ▾

HCBS Required Questions

Does the individual have privacy in their sleeping or living quarters? ▾

Does the individual's living quarters have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed? ▾

If the individual shares living quarters, did the individual have a choice of roommates? ▾

John P. Smith

SmitJohP101234121111
Waiver: FSW – Active

Case Mgr: Jackie Price
CMCO: Advocacy Links

PCISP

Type: Update
Status: *In Development*

Effective Dates: 4/1/17-3/31/18

Created Date: 4/11/17
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Life Domain: Community Living
Where and how someone lives – housing and living options, community access, transportation, home adaptation and modification.

General ✓
About Me ✓
Daily Life & ~~Employment~~
Community Living
~~Community Living~~
Safety & Security
Healthy Living
Social & Spirituality
Citizenship & Advocacy
Other Areas
Appendix

Does the individual have the freedom to furnish and decorate their sleeping or living quarters within the lease or other agreement? NO ▾

HCBS Remediation

Does the individual have privacy in their sleeping or living quarters? ▾

Supports and Services

NATURAL SUPPORTS
Enter the natural supports providing assistance as identified under Vision of a Preferred Life.

Need	Name	Relationship	Frequency

+ Add Natural Support

Your Plan for Implementation: Leaving in Action

- Three things you need from the Division to be successful with the new PCISP approach (other than rate)

- Three things you plan to do immediately to support your success with the new PCISP approach.

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