Supporting a Better Tomorrow...Today

IDD Provider Training on PSS, ASP, & Service Notes

Supporting a Better Tomorrow...Today
DMH
Mississippi Department of Mental Health

Agenda for the Day:

- Plan of Services and Supports
  9:00 a.m. – Noon

- Activity Support Plan & Service Notes
  1:00 p.m. – 3:00 p.m.

Why?

CMS says that Person Centered Planning:

- Is directed by the person and the people they choose.
- Results in a person-centered plan that reflects outcomes and preferences regarding:
  - ✓ things to do and places to go
  - ✓ employment
  - ✓ income and savings
  - ✓ health care and wellness
  - ✓ education
  - ✓ Others
- Reflect services and supports (paid and unpaid) who provide them

CMS says the Plan will:

- Assist the person in achieving personally defined outcomes in the most integrated community setting,
- Offer choices to the person regarding services and supports the person receives and from whom
- Ensure delivery of services in a manner that reflects personal preferences and choices, and
- Contribute to the assurance of health and welfare.

And that it…

- Reflects cultural considerations
- Uses plain language
- Provides a method to request updates

Person-Centered Planning

- Person
- What is Important To/For?
- What is the life he/she desires?
- How do we get there?

THINK PERSON CENTERED

Person Where He/She Is

Better Life with Paid Supports

Best Life with Little or No Supports

Team Approach

- PSS is developed by a "team"
- People who know the person best

Person Centered Thinking

- Skills (aka "Tools") provide a structure for gathering information through a conversation – Developed by The Learning Community and Support Development Associates
- Different way of thinking about people which leads to a different way of seeing people and supporting them
- Person Centered language

Plan of Services and Supports- PCT Skills ©

Relationship Map*	Good Day/Bad Day
Important TO and FOR*	Routines and Rituals
Working/Not working*	2 Minute Drill*
4+1 Questions*	The Donut
Communication Chart*	Matching Profile
Learning log	

THINK PERSON CENTERED

Determine the Team Leader

- Support Coordinator for ID/DD Waiver
- Targeted Case Manager for IDD CSP
- Community Living Provider for Non-Waiver or Non CSP (for all services the person receives)
- If no Community Living Provider, Work Activity takes the Lead for all services
- If only Supported Employment, Supported Employment develops PSS
- All providers should take notes at meeting

Plan of Services and Supports

- Record Guide – pages 145 - 172
- Waiver and IDD CSP – submitted to BIDD within 45 days of the end of the person's certification period
- Non-Waiver/Non-CSP – must be developed within 45 days of admission and annually thereafter

THINK PERSON CENTERED

Some Simple Rules in Writing the Plan of Services & Supports

- Write in complete sentences
- Use person centered language
- Write in present-tense
- Don't use abbreviations
- Paint a picture of the person
- Use positive statements

Plan of Services and Supports - Format

I. Essential Information
II. Personal Profile
III. Person Centeredness
IV. Signatures
V. Shared Planning
VI. Activity Support Plan(s)

Part I: Essential Information

- Completed prior to PSS meeting
- By phone or in-person (family, legal guardian, providers)

Part I: Essential Information

- Contact Information
  - Person's contact information
  - Family contact information

Part I: Essential Information

ID/DD Waiver and IDD Community Support Program Supports	
Services/Supports provided and provider contact information (email required)	When and how service is used
Frequency of Service	Schedule, if there is one
Why service is needed	

Part I: Essential Information

Non-ID/DD Waiver and Non - IDD Community Support Program Supports	
Names of agencies/person	Summary of how/when/why used
Examples could include: Vocational Rehabilitation, Education, Counseling, PT/OT/Speech, etc.	

THINK PERSON CENTERED

Natural Supports

Natural supports are people who are not paid to support a person. They can be family members, friends, neighbors or others in the community.

Support	Relationship	Support Role	Phone
Abby	Mom	Mary lives with Abby. Abby assists Mary with her daily needs and ensuring she is healthy, safe and happy. They are very close	000-00-0000

List persons previously listed in Contact Section if they are also Natural Supports.

THINK PERSON CENTERED

Part I: Essential Information

Medical Information

- Physicians
- Medications (name, dosage, frequency, reason)
- Chronic, previous, and current health conditions
- Limitations, hospitalizations, previous admissions
- Latest medical and dental exam and results
- Allergies/Reactions
- Medical support needs (equipment or treatments)
- Mental health support needs

Part I: Essential Information

- Communication and Adaptive Equipment
  - Method of Communication
  - Adaptive Equipment/Assistive Devices
  - Maintenance
  - Back-up Plans for power outages
- Modifications

Part I: Essential Information

- Risk Assessment
- Back-up and Emergency Plan
- Family and Current Living Arrangements
- Education
- Employment
- Volunteer Activities
- Previous and Current Behavior Supports
- Serious Incidents
- Evaluation Information

Essential Information to be Reviewed at PSS Meeting

- Medications
- Back Up and Emergency Plans
- Risk Assessment
- Employment
- Behavior Supports

Part II: Personal Profile

- Core of the PSS
- Contains the information necessary to know the person and support him/her in living his/her best life possible

Part II: Personal Profile

Introduction: Great Things about _____.

- Positive
- Should capture the person's spirit
- "Positive reputation"
- How you would introduce the person to someone else

Part II: Personal Profile

Hopes and Dreams

- What the person wants, not just what the team thinks is possible
- DO NOT dismiss any hope or dream
- Not tied to health and welfare

Part II: Personal Profile

- **Important TO**
  - Special to the person/Close to their heart and **why**
    - ✓ Relationships
    - ✓ Things to do and have
    - ✓ Places to go
    - ✓ Rhythm and pace of life
    - ✓ Rituals and routines
    - ✓ Status or control over one's life
    - ✓ Anything else the person wants to include

TO HAVE CHOICES IN THEIR LIFE

THINK PERSON CENTERED

Part II: Personal Profile

- **Important FOR**
  - Necessary to ensure health and welfare
    - ✓ Issues of health
    - ✓ Issues of safety
    - ✓ Support needs
    - ✓ Medical conditions
    - ✓ What is necessary to help the person be a valued contributing member of their community

Part II: Personal Profile

Working/Not Working

- Snapshot of what is currently working/not working
- From each team member's perspective (person, staff, family, others)
- Must look through the person's lenses as well as their own

Part II: Personal Profile

Working/Not Working areas to be addressed:

- ✓ Living arrangement (where and with whom)
- ✓ Relationships (family, friends, providers, others)
- ✓ What the person does for fun
- ✓ Where they like to go and what they like to do in the community
- ✓ How the person spends his/her days (school, work, day program, etc.)
- ✓ Amount of control the person has over his/her choices about everyday life
- ✓ Any plans developed to support the person (ex: Behavior Support Plan, nutrition plan, etc.)

Part II: Personal Profile

Things people need to *know* and *do* to support _____ and keep them healthy and safe

- Things others need to know and do to provide support
- Does not focus on services but on the person
- What is necessary for the person to have a good life?
- ***Very specific to the person***
- What a DSP would need to know to work with a person for the first time

Part II: Personal Profile

Things people need to *know* and *do* to support _____ and keep them healthy and safe

What would a new staff person need to know?	
Communication	Coping strategies
Likes/Dislikes	Relationships
Fears/Concerns	Treatments or Interventions and when
Medications (do they administer themselves, etc.)	Rituals and Routines

Part II: Personal Profile

Strengths

- What a person can do for him/herself and the level of assistance needed
- Actions and activities, not necessarily positive qualities

Part II: Personal Profile

Questions/Things to Figure Out

- Record things the team may need to learn more about or have questions about
- Figure out how to make something happen for the person
- Who's responsible and are any referrals needed
- Timeline for action

Questions/ Things to Figure Out

Question/Things to Figure Out	Person Responsible
Where is a place Sue can go swimming that has a lift?	Shelly/DSA
How can we get Sue to Washington to meet the President?	Abby, Sam, Susan/Supervised Living SC/TCM

Part III: Person Centeredness

Requirements from CMS	
Understandable	Choice of services
Informed decisions	Living arrangements
Choice of providers	Choice of roommate
Control of personal resources	Choice of activities in all settings
Addresses limitations or restrictions with an accompanying written plan	

Part IV – Signatures

- Everyone at meeting must sign the Signature Page
- Agree to support identified outcomes
- Also list others that provided information but were not at the meeting

Part V – Shared Planning

- Specific outcomes to live desired life
- Ideas are developed by the person and team at the meeting
- Based on what is important ***TO*** a person
- Not directed by services/supports but by life they wish to live
- Measurable outcomes
  - See it
  - Count it

Part V – Shared Planning

- **Outcomes**
  - Indicate who is responsible for completing activities related to each outcome
  - May involve multiple services/providers and/or natural supports
  - Indicate how often and by when activities will be completed in order to reach the outcome

General Rules for Outcomes:

- Begin with end in mind – what does the person desire for his/her life?
- Written in a formula –

  (Name)- action verb – what/where – so that or in order to – expected result

- Tied to Important To
- Not about the service but must make sure each service can support an outcome

Part V – Shared Planning

Outcome Formula

Name	Action Verb	What/Where	So that/ In order to
Expected Results			

- Joe works at Wendy's so that he can make money to buy things he wants and needs.
- Tom goes to movies and hangs out at the mall and park so that he can go places he chooses and see people he likes.
- Rob emails family and friends in order to stay in contact with them and maintain good relationships.

Part V - Shared Planning

Outcome	Provider Services	How Often	Start Date	End Date
Mary attends church so that she can worship God and see her Sunday school friends.	XYZ Agency Supervised Living Sam/Abby	2 times per week	10/1/16	9/30/17
Ann does arts and crafts in order to make things to give to her family and friends.	XYZ Agency DSA/HCS	4 times per week	10/1/16	9/30/17

Part V – Shared Planning

Not Outcomes

- Joe goes to DSA so that he can learn new skills.
- Joe enjoys watching television with his friends.
- Joe drinks Coke every morning before he goes to work.
- Joe attends Prevocational Services in order to make money.

Writing Outcomes

- **Tied to an Important To**

Example: It is important to Joe to dress nice because it makes him feel good.

Outcome: Joe dresses nice in order to feel good and look good.

- **Can combine several Important To**

Example: It is important to Joe to go bowling so he can spend time with friends. It is important to Joe to go to movies because it relaxes him.

Outcome: Joe goes bowling, goes to movies, and other activities of his choice in order to spend time with friends and relax and have fun.

- **Can tie Important To with Important For**

Example: It is important to Joe to go walking outdoors because he loves being outside in good weather.

It is important for Joe to exercise to stay healthy.

Outcome: Joe walks in order to spend time outside and to stay healthy.

THINK PERSON CENTERED

THINK PERSON CENTERED

READ THE PSS!!!

Activity Support Plan

- Record Guide – pages 173-176
- Developed with the person/legal representative within 30 days of receipt of the Plan of Services and Supports
- Submitted to Support Coordinator or Targeted Case Manager by 15th of the month following development
- Other IDD Services – developed within 30 days of the date of the PSS and on record by the 10th of the month following development
- ASP belongs to the person and will follow them when they change providers

Initial ASP Developed:

- Required for each service a person receives (exceptions: Crisis Support, Crisis Intervention, Behavior Support, and Job Discovery)
- Providers should begin writing Activity Support Plans for all persons with their recertification/annual paperwork
- Can be typed or handwritten

Activity Support Plan

Outcome	Support Activities	Strategies/ Instructions	How Often/ By When

Enter the outcome statement

Activity Support Plan

Outcome	Support Activities	Strategies/ Instructions	How Often/ By When

Support Activities

Support Activities

- Relates to the desired outcome
- Includes an action verb
- Can be seen and counted
- Describes an activity that is allowable for the service

Activity Support Plan

Outcome	Support Activities	Strategies/ Instructions	How Often/ By When

Support Instructions

THINK PERSON CENTERED

Support Instructions

- What the person can or likes to do
- The type of support needed – (detailed)
- Teaching steps when skill-building activity
- What staff need to do
- What is needed for success
- Where and what learning is recorded

Activity Support Plan

Outcome	Support Activities	Strategies/ Instructions	How Often/ By When

How Often & By Whom

THINK PERSON CENTERED

Activity Support Plan

Outcome	Support Activities	Strategies/ Instructions	How Often/By When
Mary participates in arts and crafts in order to make things to give to her family and friends.	Offer Mary options of what art or craft project she may want to work on Provide assistance as needed	• Give Mary several options of art/craft project to choose from • Assist her in identifying what materials she will need to complete the project • Assist her with gathering and setting up the materials • Do not leave Mary alone with glue. She eats it. • Provide assistance as necessary and talk Mary through the project by explaining and showing her what to do • Assist Mary with cleaning up and putting the materials away • Record in the Service Notes what art or craft project she chooses to do, how things went for her and the amount of assistance provided	3 times per week

THINK PERSON CENTERED

IDD Service Note & Weekly Service Note

- Both
  - Document activities that take place during the provision of services
  - Detailed and specific to the person
  - Specific to each person's ASP
  - Staff activities to support the person
- IDD Weekly Service Note for services provided in Day Programs
- IDD Service Note for all other services (Except Crisis Support & Intervention & IHNR)

Both Service Note & Weekly Note Documents:

- Activities chosen by the person/done with the person or for the person
- Where activities occurred (Home, specific location in community)
- How and why activities were completed (relate back to ASP)
- Things that work well - the person liked
- Things that did not work well – person disliked
- Staff activities
- Progress toward outcomes

IDD Service Note

- Documents the Who, What, When, Where, How and Why of service provision for the following services:

Each DAY services provided for:	
Shared Supported Living	Host Homes

Each SHIFT services provided for:	
Supervised Living	

Each TIME services provided for:	
Behavior Support	Job Discovery
In Home Respite	Supported Living
Supported Employment	Home & Community Supports

THINK PERSON CENTERED

Date	11/4/15	Begin Time	3:00pm	End Time	8:00pm	Total Time	20 units	Location:	Home and Church

Person's Activities	Staff's Activities
(Who, When, Where, What, How, Why)	
Who: Mary, DSP Why: To freshen up at home and to go for fellowship and worship at church What: Arrived at Mary's home. She was waiting for me to help her ready for church. She got her bag ready with her Bible, water, and choir sheets. We brushed her teeth and washed her face to freshen up from the day. Transported Mary to the church. Attended Bible study and choir practice. Mary participated in the Bible study conversation. She visited with her friends, Leah and Jake, between Bible study and choir practice. She sang during choir practice but became short of breath and had to sit down and rest halfway through practice. She did finish practicing. She was tired and ready to go as soon as the last song was sung. We went home and Mary got in the house and went straight to her room. She had a good time but it took a lot out of her. I don't think she was feeling too good today but she didn't want to miss church.	How: DSP assisted Mary with brushing teeth and washing her face. DSP assisted Mary with buckling her seatbelt in the front seat of the car. DSP assisted Mary with getting all of her things together for church. DSP accompanied Mary to church and helped her with operating the elevator and holding her hymnal. DSP made sure Mary had enough water to drink and didn't exert herself. DSP buckled Mary in the car and took her home to the care of her mom.

IDD Weekly Service Note

- Documents the Who, What, When, Where, How and Why of service provision for the following services:

Documents service provision for:	
Prevocational Services	Work Activity
Day Services Adult	Community Respite
Day Habilitation	

Time In/Time Out must be documented daily, each Time services are provided. Mark Absences.

THINK PERSON CENTERED

All Providers should use Daily Service Note to record:

- When supports are not provided according to the Activity Support Plan
- Why a person chose not to participate in an activity
- Unusual events/circumstances
- Why a person is absent on any given day
- Phone calls or interaction with family or other providers/entities on behalf of the person

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Questions