Agenda

- Housekeeping and Introductions
- <u>Unit 1</u>: ONA and Service Groups
- <u>Unit 2</u>: Support planning in context
- <u>Unit 3</u>: Figuring out the right amount of hours
- Conclusion and Resources
- Questions

Chrissy Fuchs

Introductions

ODHS – Office of Developmental Disabilities Services

Unit 1

ONA and Service Groups

How we got here and where we are going as a service system

Why the ONA?

K-Plan

In 2014, Oregon adopted the K-plan. ODDS had to rapidly adopt a functional needs assessment to meet the k-plan requirements for in-home services.

ANA/CNA

Adult Needs Assessment (ANA) and Child Needs Assessment (CNA) developed by ODDS informed, in part, by other assessments already in use for long-term care services in Oregon.

Various assessments

ODDS had several assessments in use that set rates and hours in various ways depending on the setting where a person received services.

ONA

ODDS was directed to develop a single assessment tool that would be used across settings and would be a valid and reliable assessment.

Developing a reliable and valid tool

- Gathering input from partners and people who receive assessments

- Review of available normed and validated assessments

- Field testing of assessment questions

- Complete assessments for data analysis

- Service group framework development

- Record review

- Service group adjustment and exceptions criteria

Planning ranges

The ONA doesn't provide a specific number of hours, it provides a range of hours that most people in that same service group need to meet their needs.

Not everyone needs all the in-home hours that are available to them. Most Individual Support Plans currently authorize up to the maximum amount.

With a planning range, which is how the ONA assigns available service hours, ISPs do not need to authorize the maximum.

The ISP should consider the person's full life and authorize the right number of hours to meet their needs and achieve their desired outcomes.

Service Groups overview – Infant/Toddler and Child

INFANT / TODDLER		Hours/week:	Hours/month:
Infant/Toddler	Infant/Toddler Supports	11–14	48–61

CHILD		School Year		Summer	
		Hours/week:	Hours/month:	Hours/week:	Hours/month:
Child 3	Very Low–Low	15–19	65–83	17–21	74–91
Child 4	Moderate	20–22	84–96	22–25	92–109
Child 5	High–Very High	23–35	97–152	26–40	110–174

Service Groups overview – Adolescent

ADOLESCENT		School Year		Summer	
		Hrs/wk:	**Hrs/mo:**	Hrs/wk:	**Hrs/mo:**
Adolescent 1	Very Low	10–13	**43–56**	14–17	**61–74**
Adolescent 2	Low	14–20	**57–87**	18–24	**75–104**
Adolescent 3	Moderate	21–24	**88–104**	25–28	**105–122**
Adolescent 4	High	25–39	**105–169**	29–46	**123–200**
Adolescent 5, 5b, 5m	Very High	40–55	**170–239**	47–65	**201–282**

Service Groups overview – Adult

ADULT		Hours/week:	Hours/month:
Adult 1	Very Low	13–16	**56–70**
Adult 2	Low	17–23	**71–100**
Adult 3	Moderate	24–42	**101–183**
Adult 4	High	43–85	**184–369**
Adult 5, 5b, 5m	Very High	86–118	**370–513**

Maintenance of Effort

CMS approved the ONA as a valid and reliable assessment tool.

During the maintenance of effort period (MOE), ODDS agreed to continue using the ANA or CNA to set the minimum for in home hours.

When the ONA is higher than the ANA/CNA service level, the ISP team can decide the number of hours to include in the person's ISP.

ONA Hours

ANA / CNA Service Level

Unit 2

Support planning in context

Realizing a good life

One family's perspective of K-plan

ODHS – ODDS

Service focused planning
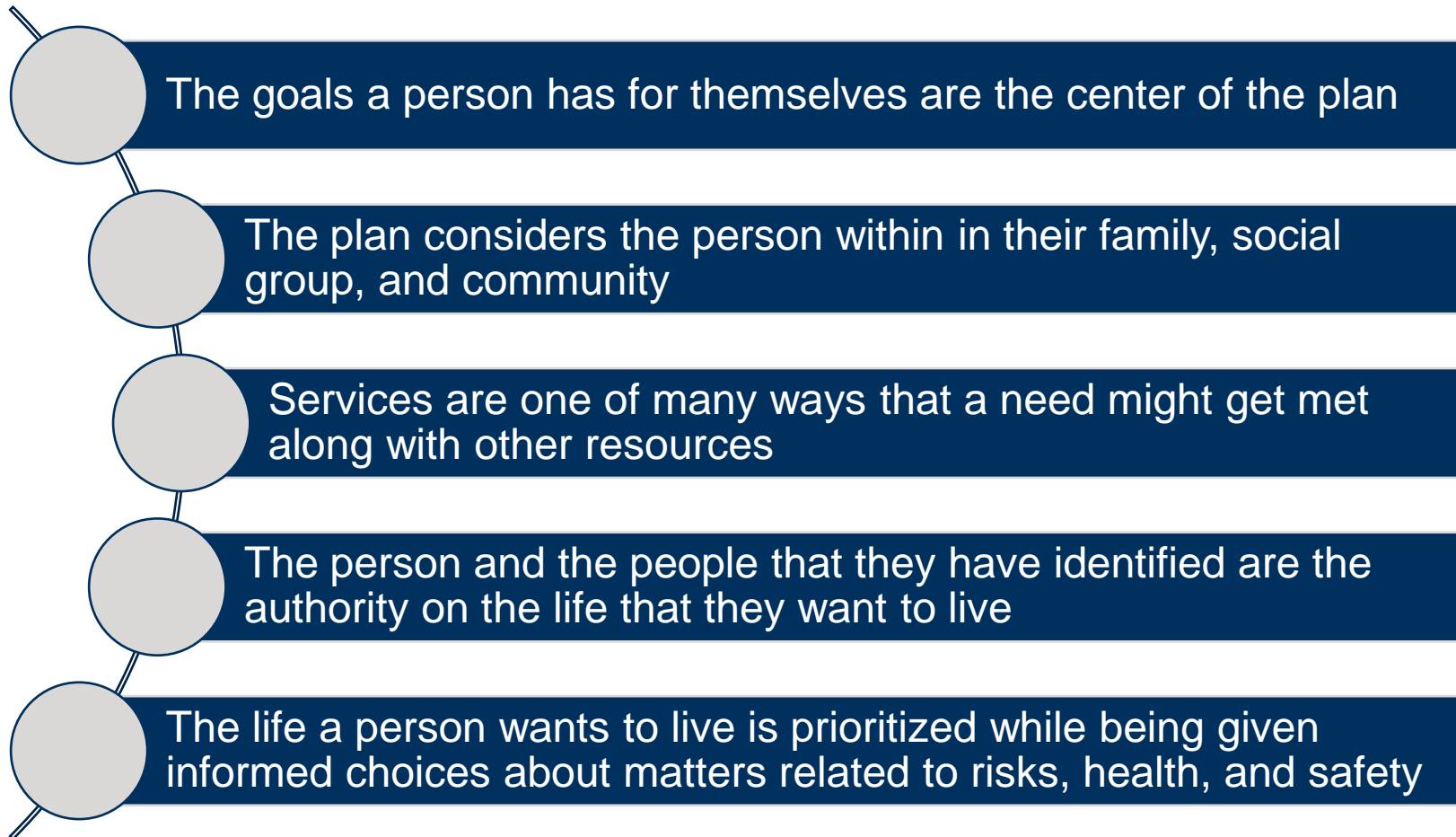
Desired outcomes are justification for services

The non-I/DD resources and supports are left out of the plan

Plan points to services to meet all needs

Providers are seen as the authority on best way to meet needs

Health, safety, and risk avoidance are prioritized above all other outcomes

Service focused planning

Services are interjected into a person's life and can disconnect them from the context of their family and community

Whole life planning

The goals a person has for themselves are the center of the plan

The plan considers the person within in their family, social group, and community

Services are one of many ways that a need might get met along with other resources

The person and the people that they have identified are the authority on the life that they want to live

The life a person wants to live is prioritized while being given informed choices about matters related to risks, health, and safety

Whole life planning

Supports, both paid services and other types of supports, are planned for at the time and place that the person needs within their context
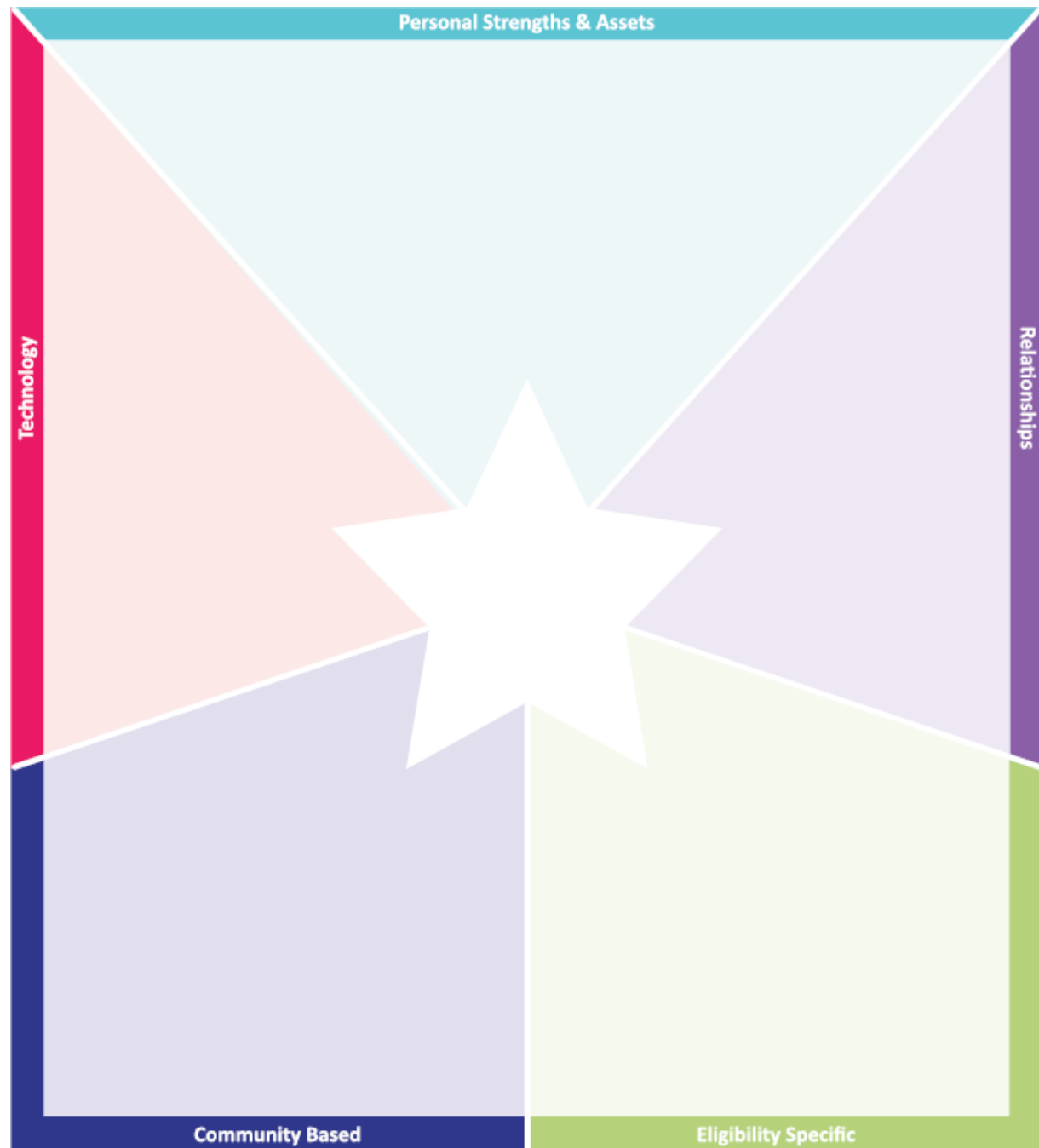
Dignity of risk

Dignity of risk is the idea that **taking reasonable risks is essential to learning new things and supporting autonomy for people with disabilities**. Risk should be balanced with ensuring the person's health and welfare.
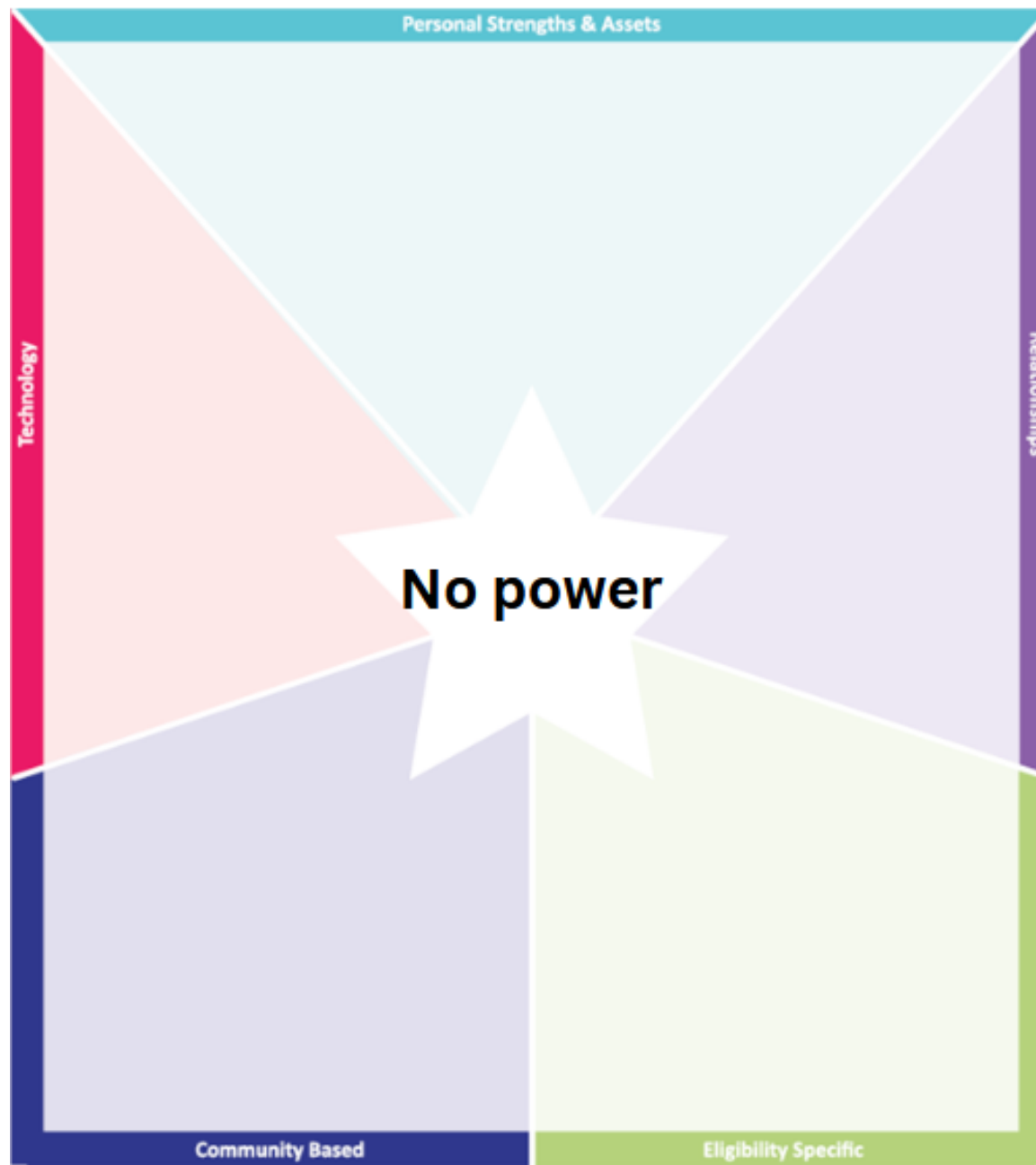
Dignity of risk is another way of saying **you have the right to live the life you choose, even if your choices involve some risk**.

Dignity of risk means **the right to fail, the right to learn and the right to make choices**. We all learn from our mistakes.

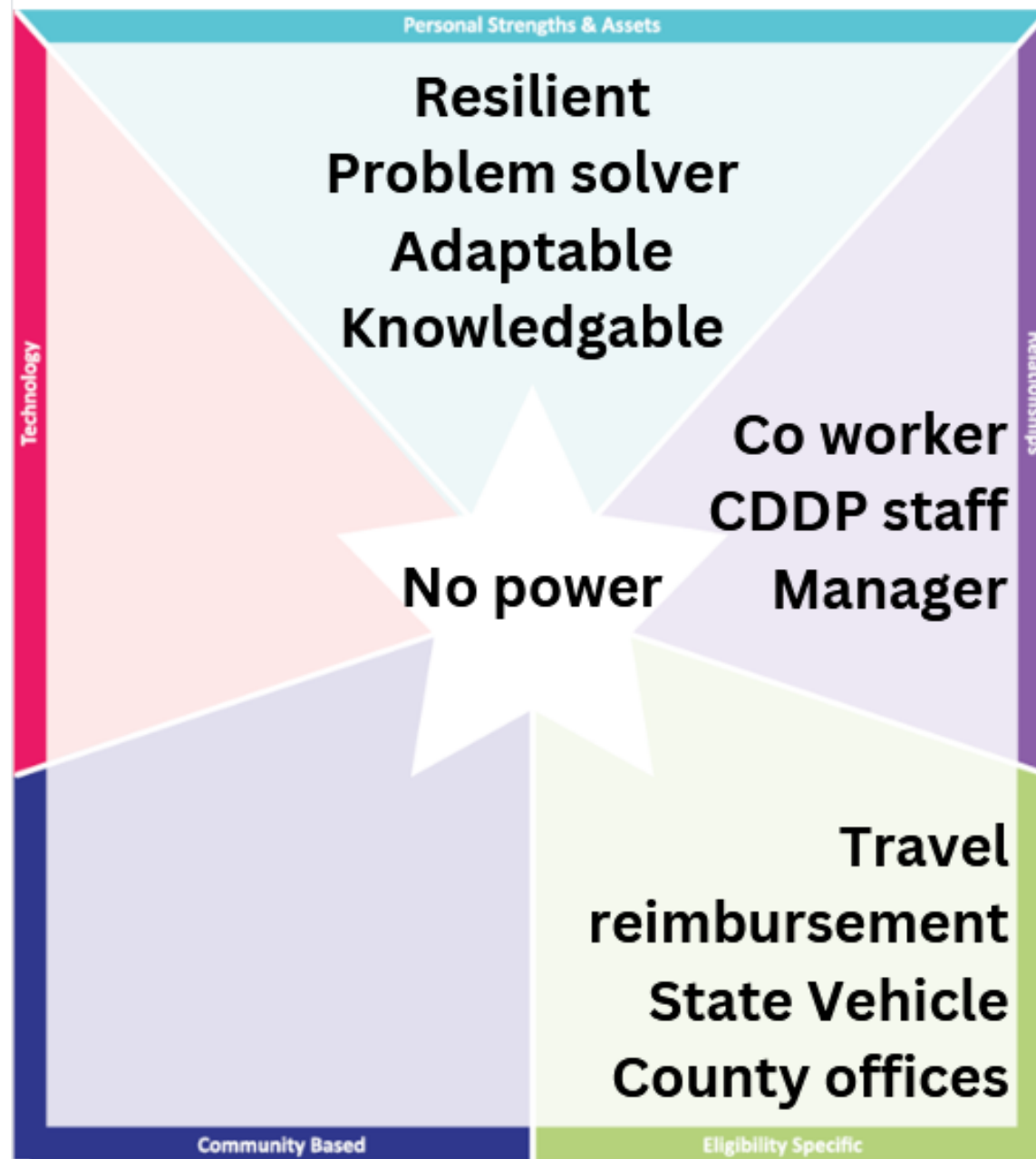**The dignity of risk is, in itself, a duty of care**.

Integrated Support Star

Personal Strengths & Assets

Technology

Relationships

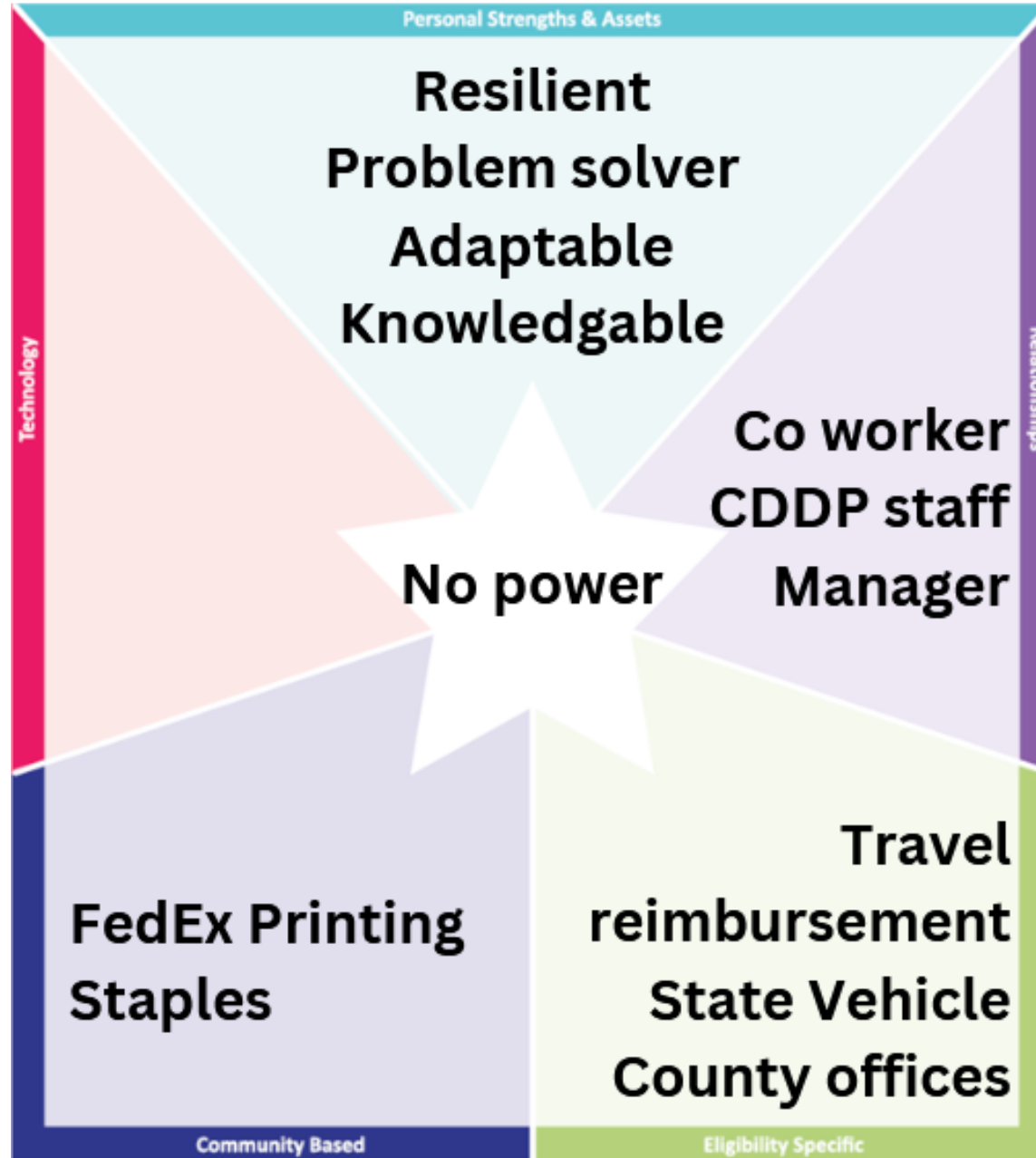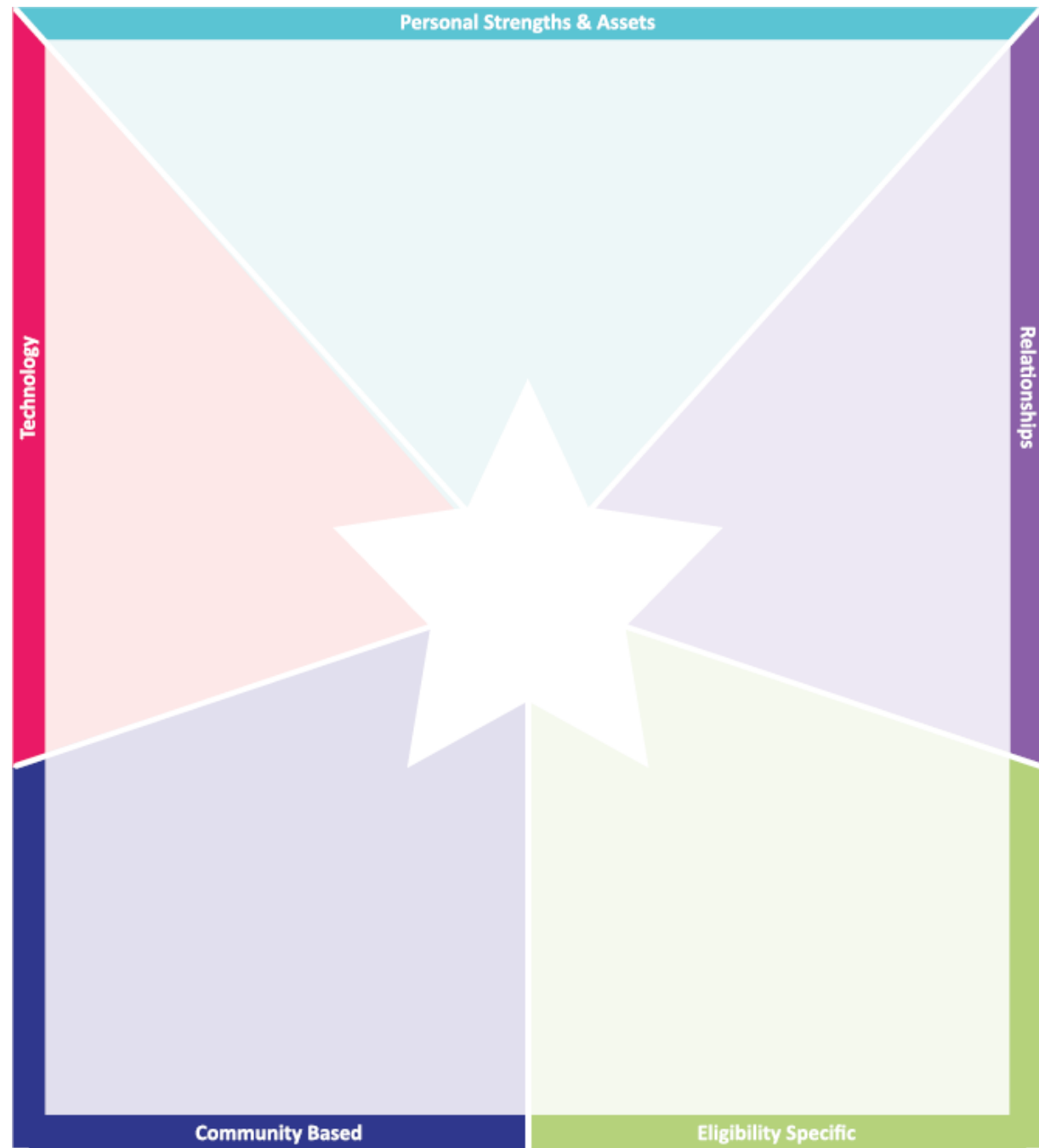Community Based

Eligibility Specific

26

Start the conversation

Your goal is to [insert desired outcome], what is keeping you from doing that?

Tell me about your typical day. What do you like about it? How would you like it to look different?

Think about your life in five years (or one year). What is the same? What do you want to be different?

Who are the most important people in your life? Are there relationships that you wish you had more of? Parts of you community that you wish you were more connected to?

Stay curious

Sometimes people have a really specific idea of how they want to use the supports that are available.

Keep the discussion open by seeking to understand their motivation for those supports, how those supports will achieve their goals, and how this support gets them closer to their good life.

Knowing what people want to avoid in their life is a good way to understand when there is fear of lack of supports or resources

Let go of perfection

Service planning is ongoing

There is no "right answer" when it comes to choosing the number of hours, the ISP team works together to make the best guess of the number of hours to include in the ISP.

People have fluid lives and planning is ongoing.

Our commitment

Today we are only going to talk about pouring hours in from the ONA.

We know this is a big change and we can practice with it over the next year.

Due to the MOE requirements, reductions cannot be made until after March of 2025. We are not going to talk about reductions today.

We commit to coming back out to have conversations about reductions, NOPAs, and the exceptions process in more depth in 2024.

Unit 3

Figuring out the right amount of hours

Using a range for planning

Good planning

The best way to prepare to transition to using a range of hours for support planning is to focus on the person-centered planning process.

We are going to provide some tools and tips for setting a good foundation before you get to selecting the specific number of hours.

Gather

A key responsibility of case managers is to gather information that will inform the person-centered planning process.

Seek to gather information from the person's perspective.

When invited, also gather the perspectives of people who know the person well and the people who support the person frequently.

Supporters, including paid providers, are important participants in the planning process. They will be able to hear directly from the person about their goals, needs, and resources. The case manager can ensure that there is common understanding of their role.

Occasionally, people may want to have their planning meeting without their paid providers. That preference will be honored

Danica – ISP team

Case Manager role:

Provide information / guidance about the benefits of inviting supporters and other contributors while understanding and following the preferences of the person

Coordinate scheduling the meeting to invite the people identified by the person

Seek input from important supporters that may not be able to attend
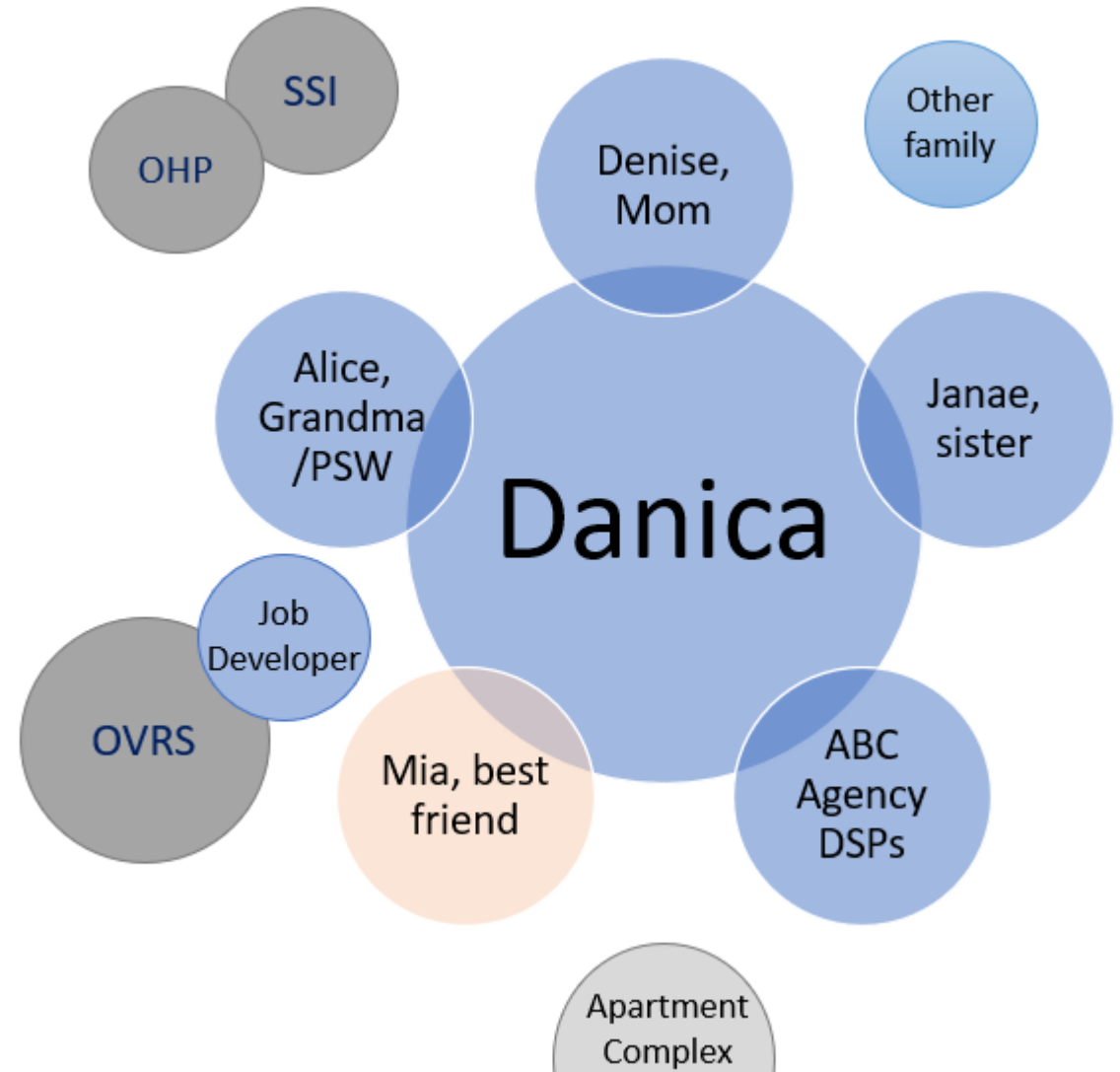
Aspire

Have high expectations!

Everyone has things they want in their life and things that they want to avoid. Understand what the person wants now and in the future for their good life.

These aspirations are the guide to whole life planning.

When desired outcomes are required outcomes

Sometimes when a person is facing a crisis, they are not able to dream big about the future. They need to focus on resolving the crisis before they have the space and ability to think about dreams beyond surviving the crisis.

Even when the desired outcome is centered on resolving a crisis, it is helpful to listen carefully for the person's preferences and what would lead the person closer to their good life.

Trajectory

Past Life Experiences

List past life experiences and events that have supported your vision for a good life

List past life experiences that pushed your trajectory toward things you don't want

Moving Forward

List current or future life experiences or goals that will continue to support your good life vision

List things to avoid that could keep you from your good life vision or lead to what you don't want

Vision for What I Want

List what you want your "GOOD LIFE" to look like

What I Don't Want

List the things you don't want or what is NOT a "good life"

WANT

DON'T WANT

WANT

To have to miss work

DON'T WANT
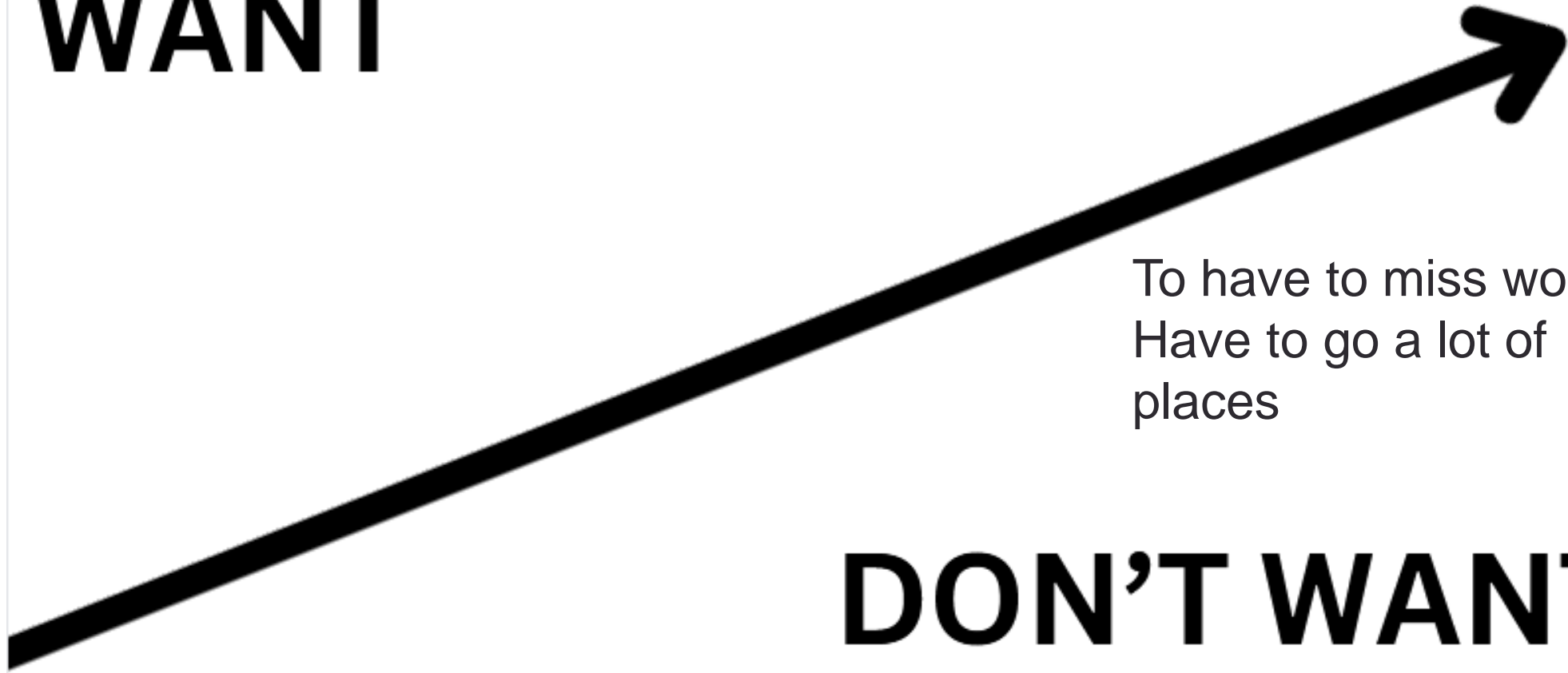
WANT

To have to miss work
Have to go a lot of
places

DON'T WANT

WANT

Flexibility

To have to miss work
Have to go a lot of
places

DON'T WANT

WANT

Flexibility
Reliability

To have to miss work
Have to go a lot of
places

DON'T WANT

WANT

Flexibility
Reliability

To have to miss work
Have to go a lot of places
Worrying about quality

DON'T WANT

WANT

Flexibility
Reliability
Affordable

To have to miss work
Have to go a lot of places
Worrying about quality

DON'T WANT

Past Life Experiences

List past life experiences and events that have supported your vision for a good life

Lots of family
Love art and fashion

List past life experiences that pushed your trajectory toward things you don't want

Bored in the summer

Treated like a baby

Moving Forward

List current or future life experiences or goals that will continue to support your good life vision

Mia – best friend
Getting a job
Have help with things I need

List things to avoid that could keep you from your good life vision or lead to what you don't want

Not having enough money

Vision for What I Want

List what you want your "GOOD LIFE" to look like

Move out with Mia
Get a job – fashion / art!
Make art with people
See my family a lot

What I Don't Want

List the things you don't want or what is NOT a "good life"

Bored
Lonely
Not have money

Danica – Desired Outcomes
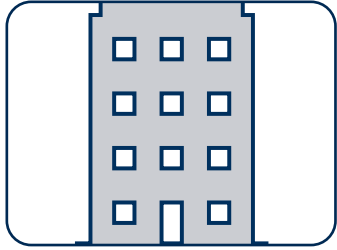
Live in an apartment with my best friend, Mia
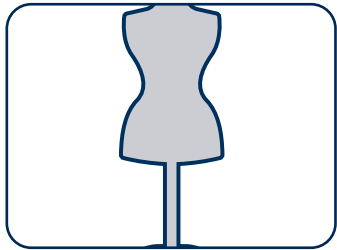
Get a job in art or fashion
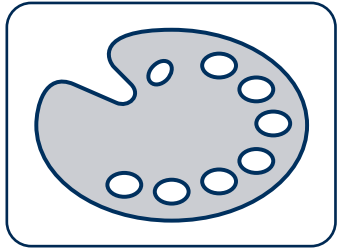
Make art and make connections with other artists in the community

Assess

Often, we think of the ONA as how case managers do assessments. The ONA is one type of assessment that helps identify areas that a person needs support. Case managers also assess:

- Progress made toward goals
- The strengths and skills of the person
- The resources that the person has available to them
- Their family and community supports

Case managers also use assessments that are done by others to inform the planning process including

- Nursing assessments
- Functional behavior assessments
- Discovery profiles
- Other documents created by other systems

Integrated Supports

Using the Integrated Support star can help planning teams see where the person have resources and strengths that they can use to support their good life

It can also help to see where a person might need to develop supports and resources to fill out their life

PERSONAL STRENGTHS & ASSETS
Skills, personal abilities, knowledge or life experiences;
Strengths, things a person is good at or others like and admire;
Assets, personal belongings and resources

TECHNOLOGY
Personal technology anyone uses;
Assistive or **adaptive** technology with day to day tasks;
Environmental technology designed to help with or adapt surroundings

RELATIONSHIPS
Family and others that love and care about each other;
Friends that spend time together or have things in common;
Acquaintances that come into frequent contact but don't know well

COMMUNITY BASED
Places such as businesses, parks, schools, faith-based communities, health care facilities;
Groups or **membership** organizations;
Local services or **public** resources everyone uses

ELIGIBILITY SPECIFIC
Needs based services based on age, geography, income level, or employment status;
Government paid services based on **disability** or **diagnosis**, such as special education or Medicaid

Connect

All people need to get support to achieve their dreams and live the life that they want. We often get supports from family, friends, colleagues and other community resources to help us.

Case managers help people achieve the life they want by connecting the person to the supports that they need to reach their desired outcomes.

Some of those supports are resources in the person's social network or community, some of those supports are through other social welfare systems, and some of those supports are developmental disabilities services.

ISP

Plan for needed supports

- Natural supports
- Paid supports
  - In Home Hours Allocation
  - Other DD services

Desired Outcomes

Career Development Plan

Back up plan

Risk Management Plan
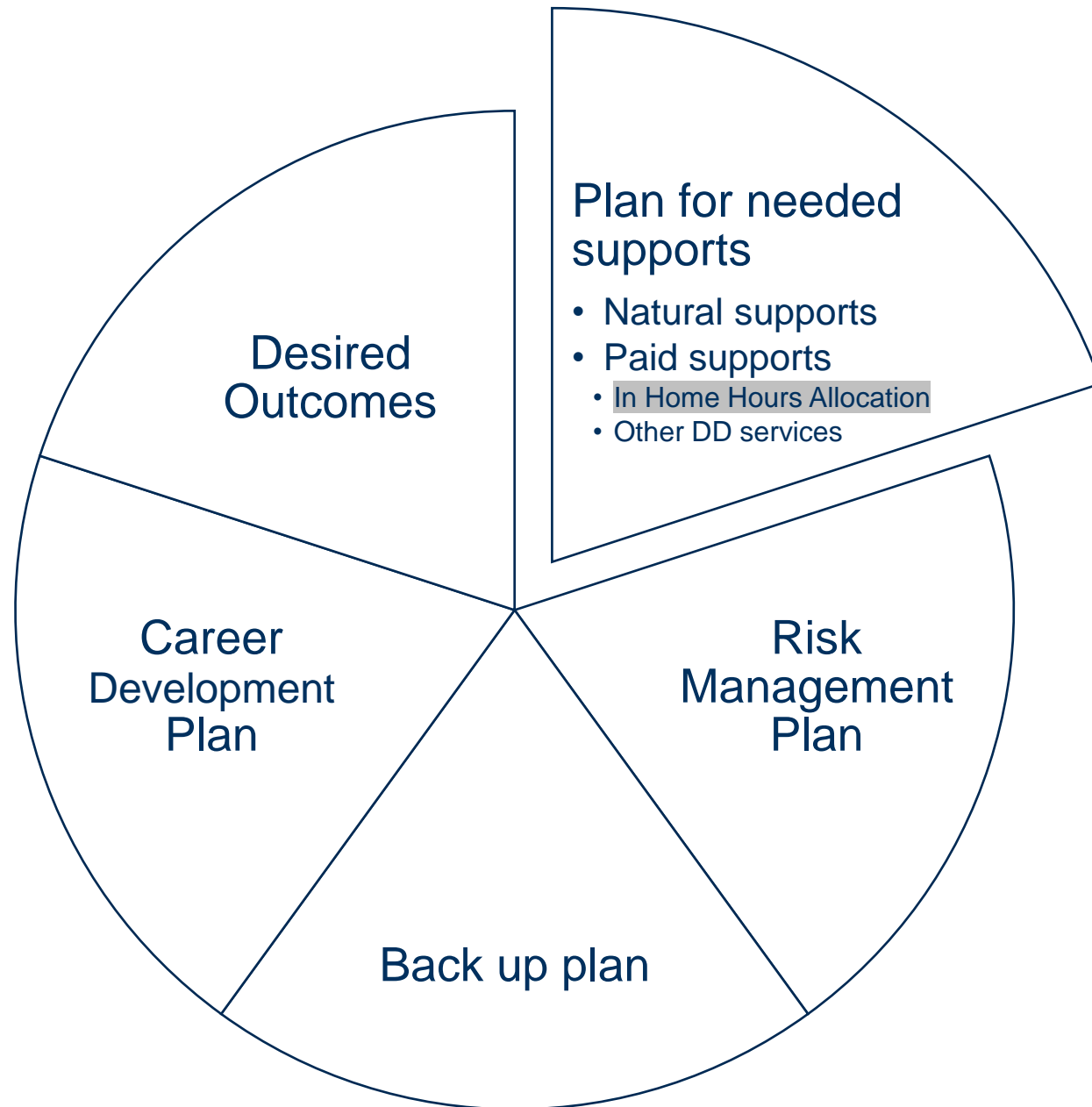
Danica – ISP planning

Live in an apartment with my best friend, Mia

Get a job in art or fashion

Make art and make connections with other artists in the community

Personal Strengths & Assets

Fashionista
Artist
good friend
outgoing
funny/silly

Technology

iPhone
Reminder app
Budget app

Relationships

Mia
Mom
Sister
Grandma
Family

Community Based

Low-income apartment
Maker space?
Public Transportation
Library
Church?

Eligibility Specific

OVRS – Job developer
SSI
OHP
ODDS services
ONA hours (Adult Low)
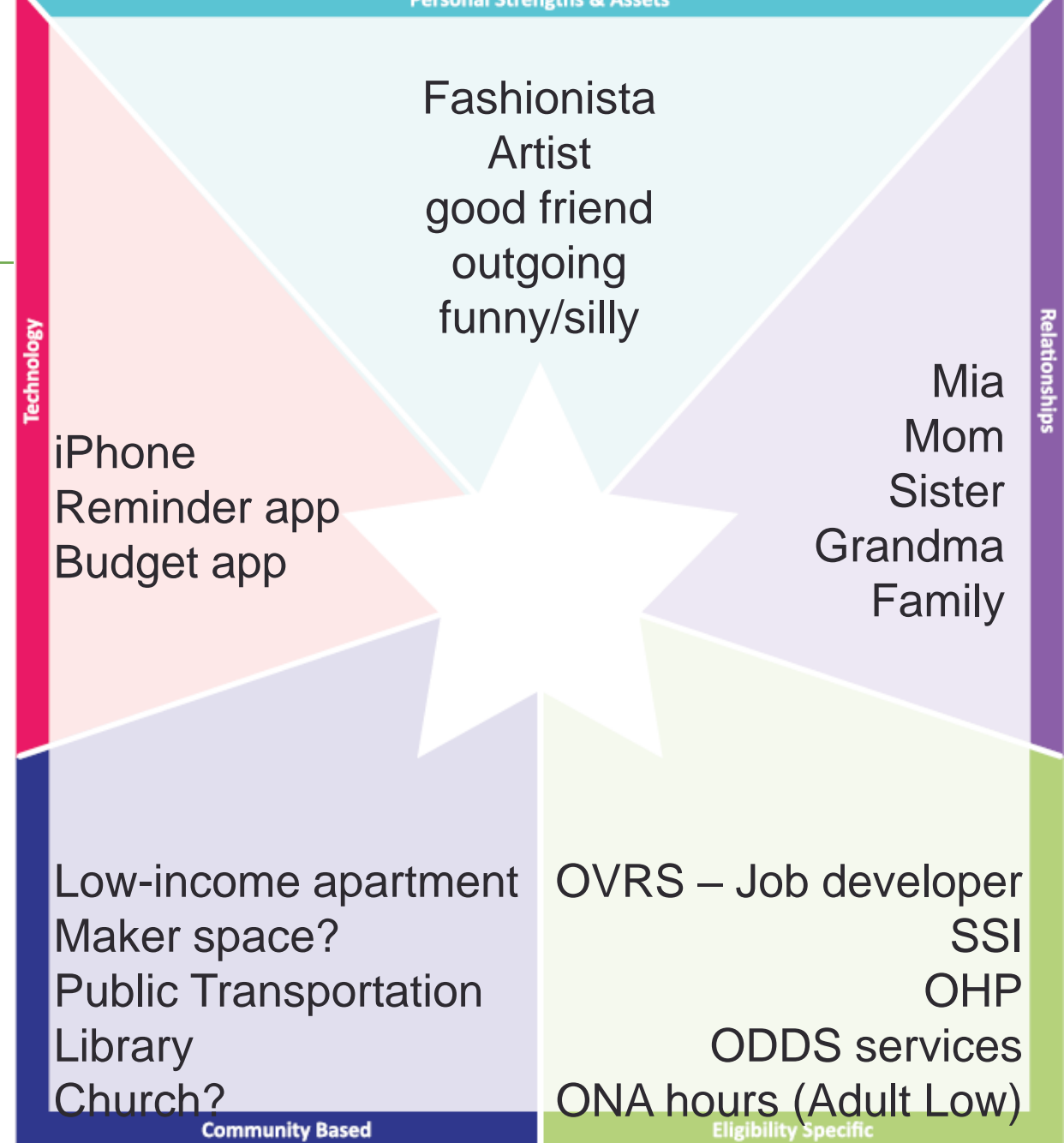
Picking the number

A range of hours is intended to be flexible.

Seek to understand a typical day or week, what areas need support, which resources can provide that support, and what gaps are left.

Ask about how current supports are being used and what needs are not currently being met

Be ready to make changes

Danica – My daily life

Typical week

- Work about 30 hours
- Go to maker space 2x
- Do laundry 2x
- Go shopping for food and household items
- Meet up with friends or family 3x
- Daily hygiene routine
- Cook at home 4x
- Keep apartment clean and tidy

Hygiene	Housework	Cooking
Laundry	Budgeting	Shopping
	Transportation	Communication

Danica – Hour allocation 2023

In Danica's 2023 ISP, she had 65 hours as determined by the ANA. She uses those hours to help right now while she lives at home. Her grandma has been her PSW and helps with hygiene, chores, and transportation. Her family all lives together and a lot of the cooking, budgeting, shopping, and transportation has been part of what her family does as a natural support.

In preparation for moving out the PSW started helping more with creating a budget, shopping for herself, and cooking meals.

ANA

- 65 hours / month

Danica's supporters

- PSW (15 hours / week)
  - Hygiene, chores, transportation
  - Budgeting, shopping, cooking
- Family (weekly as needed)
  - Shopping, budgeting, cooking, decision making, communication
- Mia (weekly)
  - Community inclusion, friendship

Danica – Hour allocation 2024

Danica is planning to move into an apartment with her friend Mia.

Danica wants to hire ABC Agency to help her live in her new apartment.

She thinks she will need more hours this year than she had in 2023 because her budget, shopping, and cooking will not be provided by her family when she lives in her apartment, and she wants to go to the maker space more.

ONA Hour Range

- Adult Low – 71-100

Danica's supporters

- PSW (8 hours / week)
  - Hygiene, chores, cooking communication
- ABC Agency (10 hours / week)
  - Shopping, budgeting, transportation, community inclusion
- Family (as needed)
  - Community inclusion, communication, decision making
- Mia (daily)
  - Friendship, roommate, community inclusion

Hour allocation

- 80 hours per month

Other tools

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
6:00-6:30 AM							
6:30-7:00 AM							
7:00-7:30 AM							
7:30-8:00 AM							
8:00-8:30 AM							
8:30-9:00 AM	green	green	green	green	green	green	green
9:00-9:30 AM							
9:30-10:00 AM							
10:00-10:30 AM	blue					blue	blue
10:30-11:00 AM	blue					blue	blue
11:00-11:30 AM	blue					blue	blue
11:30-12:00 PM	blue					blue	blue
12:00-12:30 PM	blue					blue	blue
12:30-1:00 PM	blue					blue	blue
1:00-1:30 PM	blue	blue			blue	blue	blue
1:30-2:00 PM	blue	blue			blue	blue	blue
2:00-2:30 PM	blue	blue			blue	green	green
2:30-3:00 PM	blue	blue			blue	green	green
3:00-3:30 PM	blue	blue	green	green	blue	green	green
3:30-4:00 PM	blue	blue	green	green	blue	green	green
4:00-4:30 PM		blue	green	green	blue		green
4:30-5:00 PM	green	blue	green	green	blue		green
5:00-5:30 PM	green	blue			blue		
5:30-6:00 PM		blue			blue		
6:00-6:30 PM		blue			blue		
6:30-7:00 PM		blue			blue		
7:00-7:30 PM		purple			purple		
7:30-8:00 PM		purple			purple		
8:00-8:30 PM							
8:30-9:00 PM							
9:00-9:30 PM							
9:30-10:00 PM							
10:00-6:00 AM							

Schedules can be a helpful tool to help visualize what a person's life looks like and where supports might need to be used.

They are not required to be used and are not intended to be reduce the flexibility in the person's life or justify hour for hour any amount in the plan.

For people with higher support needs, it might be helpful to look at the support needed per day while people with lower support needs might benefit from looking at their week.

Making changes

The range of hours is intended to be flexible. Within the range, people can make changes that are needed when there are changes.

A change form is needed to change the hours authorized in the ISP however a signature is not required, document approval in a progress note.

Every conversation, case management contact, monitoring with a provider, resource or referral, is an opportunity to continue planning.

Change Form (Reader ⓘ)

DHS | Oregon Department of Human Services
OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

Person's legal name: _____ Date initiated: _____ Effective date: _____

Initiated by: _____

Reason for change(s)

List specific change(s)

Name	Title/relationship	Date notified of change	Date approved, if required	Signature or note of how approval or notification was given (*e.g., phone, email*)
	Self/person receiving services			

Please direct any questions to:

General In-Home Hours Questions:

https://www.surveymonkey.com/r/TWCG68F

Specific, Detailed Questions and Other Questions:

ODDS.Questions@odhs.oregon.gov

The Compass Project

YOUR CHOICE. YOUR PATH. YOUR FUTURE.