

SCPA Core competencies – Tier 1: Modules 111 – 119

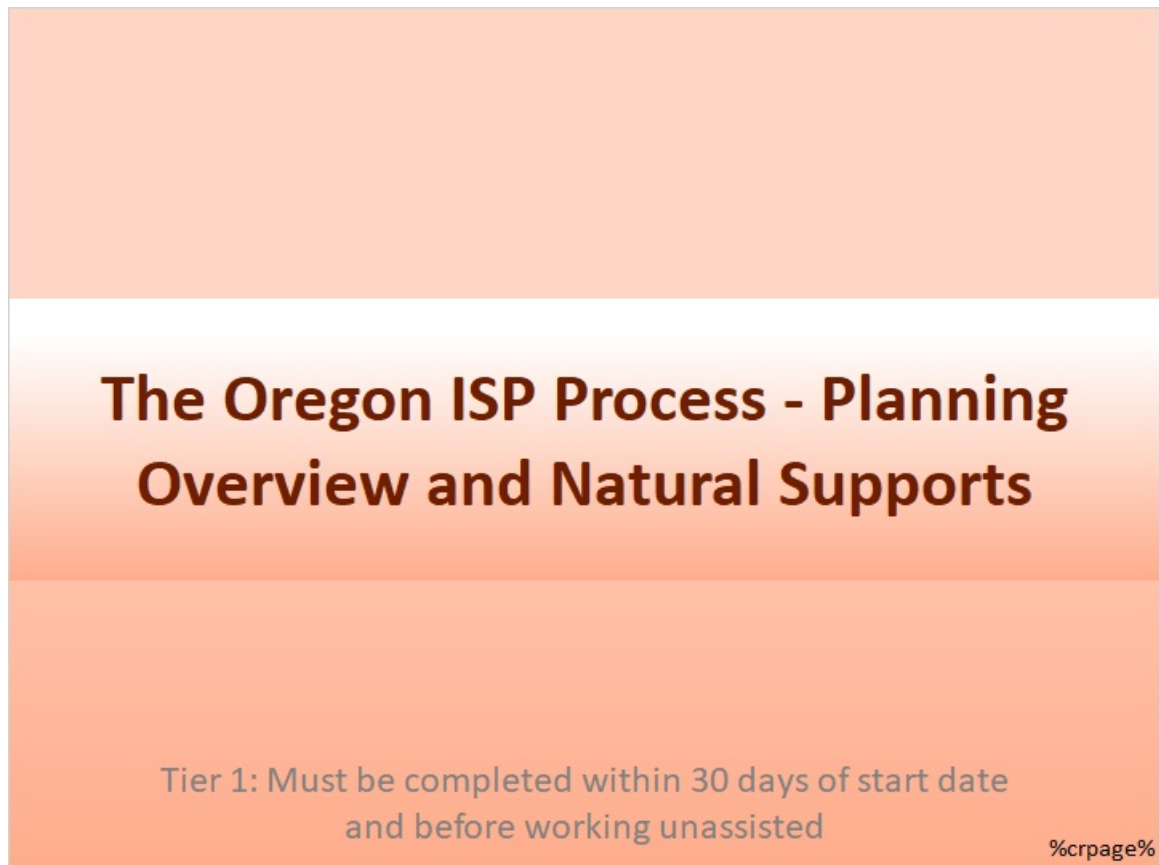
This document contains the second half of the SCPA modules in Tier 1. Modules 101-110 are contained in another document. You will need both documents to complete Tier 1. Modules do not need to be studied in order, but some new case managers may find it helpful to do so.

SC/PA 111: Oregon ISP Process (Part 1): Planning Overview and Natural Supports.....	2
SC/PA 112: Oregon ISP Process (Part2)-ISP Team, Values, and Self Determination	86
SC/PA 113: Choice Advising	139
SC/PA 114: CMS and Stewardship of Public Funds.....	190
SC/PA 115: Values and History	242
SC/PA 116: Confidentiality.....	292
SC/PA 117: Qualifying Encounters and Professional Documentation.....	318
SC/PA 118: Oregon Employment First Policy.....	354
SC/PA 119: Eligibility	438

SC/PA 111: Oregon ISP Process (Part 1): Planning Overview and Natural Supports

1. SCPA - Module 9 Part 1 - Oregon ISP Process - Planning Overview and Natural Supports

1.1 The Oregon ISP Process - Planning Overview and Natural Supports



The Oregon ISP Process - Planning Overview and Natural Supports

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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Notes:

SC/PA Competencies: Service Planning 5, 6, 8, 11, 13

1.2 In this course we will cover

In this course...

- The purpose and basic components of an Individual Support Plan (ISP)
- Your role in facilitating the development of the ISP using a person centered process
- Productivity and employment in the ISP



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1.3 In this course we will cover

In this course...

- Activities of daily living (ADLs), and instrumental activities of daily living (IADLs)
- Identifying and strengthening supports necessary for the person to accomplish the goals important to her
- The importance of informal supports, community resources and other voluntary services and supports



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1.4 At your organization



At your organization

Talk with your supervisor and/or training team to ensure that you understand your role and responsibilities regarding the Oregon ISP process.

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1.5 At your organization



At your organization

Demonstrate your understanding that people can be:

- As independent as possible.
- As productive as they would like to be.
- Able to lead their planning process to the best of their ability.

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1.6 Oregon ISP online

Oregon ISP online

Familiarize yourself and be able to access Oregon ISP forms and materials online.



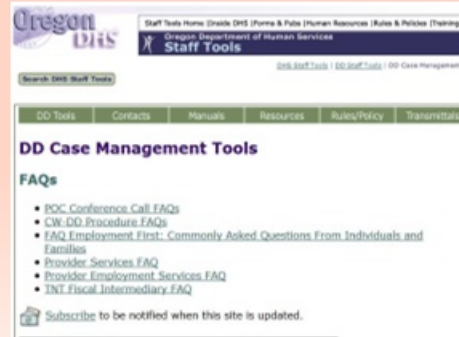
See the Resource tab to access Oregon ISP materials online.

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1.7 Know how to access the rules

Know how to access the rules

- On the DHS Staff Tools Page you can access:
 - Expenditure Guidelines
 - Information on Kplan and waiver supports
 - Oregon Administrative Rules (OARs) related to Individual Support Planning
 - Relevant transmittals
 - Executive Order for Employment First



See the Resource tab for a link to the DHS Staff Tools webpage.

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1.8 Annual planning is required

Annual planning is required



All people who receive Intellectual / Developmental Disability (I/DD) case management services must have a written plan of supports for each year.

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1.9 The Oregon

The Oregon ISP is a required written annual document for people who receive services funded by Medicaid.



- It is a plan that outlines the person's desired outcomes, supports, and services for the year.
- The Office of Developmental Disabilities Services (ODDS) has established requirements for the Oregon ISP process.

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1.10 Purpose of the ISP

Purpose of the ISP

A person's ISP...

- Supports the person's needs and provides guidance to others on how those **supports** should be delivered.



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1.11 Purpose of the ISP

Purpose of the ISP

A person's ISP...



- Outlines the person's **Desired Outcomes.**

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1.12 Purpose of the ISP

Purpose of the ISP

A person's ISP...

- Documents how identified **risks** are managed.



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1.13 Purpose of the ISP

Purpose of the ISP

A person's ISP...



- Authorizes the use of **funds for services** that meet the person's assessed needs.

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1.14 Overview of Oregon's ISP Process

Overview of Oregon's ISP Process

Each ISP is developed using a person centered process, which includes...

Gathering person centered information.

Identifying known, serious risks in the person's life.

ISP meeting, which may include the use of an ISP Meeting Agenda.

Developing the ISP document.

Change form for updates throughout the year.



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1.15 Residential service settings and

Residential service settings and the ISP process

When a person lives in a residential service setting (foster, 24-hour, supported living), there are ISP process expectations for those providers:

- To contribute to the development of the ISP.
- To develop implementation strategies as directed by the ISP.



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1.16 Basic components of an ISP

Basic components of an ISP

A person's ISP document includes information in these areas:

The screenshot shows a 'Career Development Plan (CDP)' form. It includes a sidebar with a list of services (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z) and a main content area with various sections for personal information and goals. The form is dated 1/1/2018 and is page 1 of 12.

- A snapshot of who the person is
- Desired Outcomes the person has for his life
- Career Development Plan
- What supports the person chooses to receive, who will provide services, and how

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1.17 Basic components of an ISP

Basic components of an ISP

A person's ISP document includes information in these areas:

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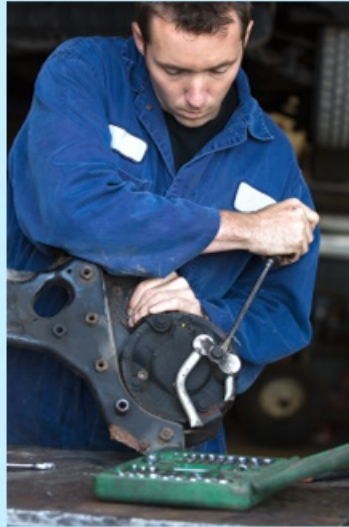
- How identified risks will be managed
- Any disagreements with ISP contents
- Agreements to the ISP, authorizing the plan, and signing the plan

1.18 Productivity in the ISP

Productivity in the ISP

Oregon state law requires that an ISP promotes the enhancement of productivity for people who receive services.

- Productivity occurs through engaging in income-producing work, or contributing to the person's household and community.



See the Resource tab for more information on related Oregon rules.

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1.19 Employment First

Employment First

Oregon became an
Employment First State in
2008.



*The requirements for Employment in the ISP will be
presented in a separate module.*

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1.20 Employment in the ISP

Employment in the ISP



There are specific expectations around the discussion of employment.

- Employment and career development are integral parts of the ISP.
- Employment planning conversations will be different with each person and also depend on the person's age.

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1.21 Your role in supporting productivity

Your role in supporting productivity

Support the person to be productive on his own terms and to ensure that it is recorded in his ISP.



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1.22 Who directs the ISP process?

Who directs the ISP process?



The person receiving services should have the opportunity to direct his own planning process as much as possible.

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1.23 Your role in the ISP process

Your role in the ISP process

Your role is to ensure...

- the planning process occurs.
- the person's perspective is sought and used in planning as much as possible.
- the ISP is developed.



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1.24 Before the ISP meeting:

Before the ISP meeting: needs assessment



- ✓ Complete a needs assessment for the person prior to the ISP meeting.
- ✓ Use the current needs assessment process for the type of service the person is receiving.
- ✓ Work with the person and others if applicable to gather information about the person.

*There is more information about needs assessments
in other trainings.*

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1.25 ADL support needs

ADL support needs

“Activities of Daily Living” refers to basic, everyday personal activities with which a person may need support.



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1.26 Examples of ADL support needs

Examples of ADL support needs



- Eating and drinking
- Bowel and bladder care
- Personal hygiene and bathing
- Dressing
- Mobility, transferring

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1.27 IADL support needs

IADL support needs

“Instrumental Activities of Daily Living” refers to things related to living independently in the community with which the person may need supports.



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1.28 Examples of IADL support needs

Examples of IADL support needs



Meal planning and preparation

Managing finances

Shopping for food, clothing, and other essential items

Performing essential household chores

Using technology, communicating by phone or other media

Participating in the community

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1.29 Facilitate conversations

Facilitate conversations

Assessed needs lead to
conversations about supports.



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1.30 How the person wants to be supported

How the person wants to be supported



- The person's preference drives how all supports, including ADL/IADL support needs, are addressed.
- It is your role to address support needs and incorporate them into the ISP.

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1.31 Before the ISP meeting:

Before the ISP meeting: gathering person centered information

An ISP needs to include
person centered information.

Facilitate the gathering of
person centered information
prior to the person's ISP
meeting.



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1.32 Your role in gathering information

Your role in gathering information



You are responsible for ensuring that person centered information about the person is gathered.

However, this does not mean you have to do it all by yourself.

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1.33 Others contribute

Others contribute person centered information

Person centered information might be contributed by the person, as well as others who know and care about the person (with the person's permission).

Others could include...

- You
- Support providers
- Family members
- Friends
- Others the person chooses



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1.34 Gathering information

Gathering information depends on the person



How person centered information is gathered varies, depending on:

- The person's services.
- Who the person wants to participate in the gathering of this information.

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1.35 Oregon ISP form

Oregon ISP form

The Person Centered Information form can be used to record information that reflects the perspectives of a child or an adult.

Person Centered Information Person Centered Information - ODS 1.01.2018

Person's legal name: Preferred name: Date of last update:

Use the space under each topic to describe what is currently happening in this person's life. If the person does not wish to discuss a topic, please note that. Seek perspectives from others that the person directs.

Hopes and Dreams Personal goals, career goals, where the person wants to live or work, etc.

Person's perspective

Additional input

Communication Describe how this person communicates including the person's preferences for expressing and receiving communication and how the person communicates their wants, needs, and pain.

Person's perspective

Additional input

Life in Current Living Arrangements Where and with whom the person lives, who provides supports, meal planning, cleaning, personal care, opportunities to develop skills at home, hobbies, pets, safety, opportunities to contribute to the household, etc.

Person's perspective

Additional input

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1.36 Gathering information for the ISP

Gathering information for the ISP

What others like and admire about a person

- This information might include:
 - what you have learned from the person.
 - what the person is good at.
 - the person's unique qualities.
 - what others might say about the person.
- These are always positive statements.



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1.37 What does “Important To” mean?

What does “Important To” mean?



What is “**Important To**” a person includes elements in her life which help her to be satisfied, content, comforted, fulfilled, and happy.

These drive all goals, supports, and services.

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1.38 What does “Important To” entail?

What does “Important To” entail?

What is important To a person includes...

- People to be with or not to be with (relationships).
- Things to do and places to go.
- Routines and rituals that must be in her life.
- The pace of life she prefers.
- The status and control she wants in her life.
- Things she wants to have.



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1.39 The person's perspective

The person's perspective



What is important to a person comes from her perspective.

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1.40 Shown, not always said

Shown, not always said

Sometimes a person says something is important to him, but it conflicts with what he is actually **doing** or **showing** with his actions.



There is more about communication in another module.

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1.41 For example...

For example...



For example, someone might say that her job is important to her, but she frequently calls in sick.

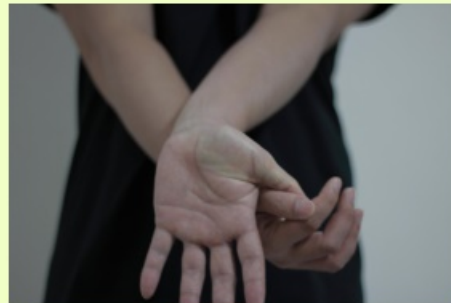
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1.42 Pay attention to actions

Pay attention to actions

Typically, when a person's actions are showing something different than what he is saying, pay attention to those actions or behaviors.

- When this happens, try and figure out **why** there is a conflict.
- Learn and use the person's preferred method of communication whenever possible.



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1.43 What is “Important For?”

What is “Important For?”



What is “**Important For**” a person includes information that others need to know to support him.

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1.44 What does “Important For” entail?

What does “Important For” entail?

What is important For a person includes information about:

- Issues of health.
- Issues of safety.
- What others see as necessary to help him be valued, and be a contributing member of his community.



Important For includes person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices. Find out more at www.learningcommunity.us.

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1.45 The connection between “Important To” and “Important For”

The connection between “Important To” and “Important For”

What is important To a person and what is important For him influence each other.

Your role is to ensure that the supports a person receives from provider organizations or others strive towards a **balance** between what is important to him and for him.



Important To and For includes person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices. Find out more at www.learningcommunity.us.

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1.46 Gathering information about the person's support preferences

Gathering information about the person's support preferences



Facilitate conversations to gather information about how the person wants to be supported.

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1.47 VIDEO - Adam's supports



In this video, Adam discusses what he likes the most about living in his adult foster care home.

Select the Resources tab to read Adam's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

ADAM: Ah! My home life, it's great. It's um, it's um, it's really cool. I like it, um, I live in a foster care home, adult Foster care home, I should say, with 5 other individuals, four, actually, minus me. Um, it's really neat. I like it a lot. Um, the people there are really great. The staff being all great, um, we go to movies, or even to the park sometimes, and we go see the... or we go to the store. It's really cool.

INTERVIEWER: So, what the best part of living there?

ADAM: Um, having every, having all the support I need. It's perfect.

1.48 Gather information about

Gather information about how the person wants to be supported

- Who does the person want to support him?
 - What is important to him in a support provider?
 - What support does he want with a particular task?
- In what setting should supports occur?
- How often?



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1.49 VIDEOS – Tim's support providers



In this video, Tim talks about what he looks for in a support provider.

Select the Resources tab to read Tim's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

TIM: Someone that's dependable. Knows what they are supposed to do on their job. Like with me, I have a whole...I have, um, a lot of meds. And, someone that doesn't know a lot about meds or anything like that, it's very important that they know what they're doing when they are. And, someone that's also very driven to know what they want. And a caregiver, it's important that they know what they want as far as a caregiver's important to them.

1.50 Some preferences are specific

Some preferences are specific

A person may want support provided in different ways for specific tasks or areas.



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1.51 Examples of specific support preferences

Examples of specific support preferences



- A person may want her PSW to help her shower, but she prefers her father to help her go to doctor's appointments.
- Another person may want his sister to help him with budgeting and his provider to assist with attending community activities.

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1.52 VIDEO – Tim's support preferences



Tim shares how he is supported in different ways with different tasks.

*Select the Resources tab to read Tim's one page profile.
Select the Transcripts tab to read a transcription of this video.*

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Notes:

INTERVIEWER: And how do they help you with your food choices?

TIM: They help me with the menus and meal planning, and, um, cooking. I also get to have a say so of what I do as far as going shopping or, and a lot of that is, I also know how to go shopping. Like, if I needed to go shopping myself, I could go to the store. Not, not right now, but I have, have had access to it- personal shopping assistance where you go to the store and they delegate somebody at the, at the, in the store and they go through the whole entire store with you and stuff like that.

1.53 Reflecting on Tim's support preferences

Reflecting on Tim's support preferences

It is very important to Tim to have a say in how his supports are provided, and he wants to be as independent as possible.

- How would he feel if staff insisted on shopping for him or helping him at the store?
- How might that affect his overall quality of life?



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1.54 Appropriate supports enable meaningful outcomes

Appropriate supports enable meaningful outcomes



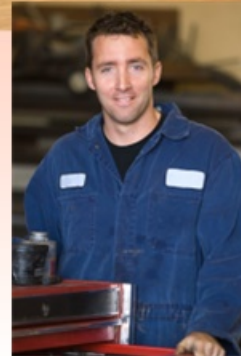
When supports are provided to a person that meet her ADL/IADL needs, she is able to pursue Desired Outcomes that are meaningful to her.

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1.55 Examples of supports leading to meaningful outcomes

Examples of supports leading to meaningful outcomes

- A child might receive Positive Behavioral Support services to assist with challenges that prevent her from accomplishing her ADLs, so that she can attend school and develop relationships in her community.
- An adult might receive Attendant Care services to assist with personal hygiene so that he can look professional at work.



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1.56 What are “natural supports?”

What are natural or informal supports?

Natural supports, also known as informal supports, are resources available to a person through relationships that occur in everyday life, when that person participates in his community.

Natural or informal supports are not paid for by CMS funds.



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1.57 Examples of natural supports

Examples of natural or informal supports

Natural or informal supports might include...



- Friends, family, significant others
- Neighbors or housemates
- Fellow students in a classroom
- Fellow employees at a workplace
- Fellow participants in clubs, organizations, and civic activities
- Community associations or organizations

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1.58 Importance of natural supports

Importance of natural or informal supports

Natural or informal supports are an important part of life.



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1.59 Natural supports enhance life

Natural or informal supports enhance life

Natural or informal supports...

Are a result of being included in one's community and developing meaningful relationships with others.

Create a network of reciprocal connections.

Reduce reliance on the I/DD system.



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1.60 Cainan's choice to be included

Cainan's choice to be included



In the following video, Cainan and his mother share why it was so important to Cainan to switch schools from a segregated school to an inclusive setting.

Cainan was asked by his mother if he would like to attend school with other children his age, and Cainan voiced that he would.

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1.61 VIDEO – Cainan and school, part 1



Cainan gives several reasons for his choice to change schools.

Select the Resources tab to read Cainan's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

MOM: He was clear immediately that he wanted to be in class with kids his own age and the same school his brother went to, and that's when we started advocating for that. And last year, this is his first year, in our home school in a general ed setting.

INTERVIEWER: That's awesome.

MOM: And he was very instrumental in presenting at his IEP meeting

CAINAN: Yeah

MOM: how important it was to him and why.

CAINAN: Yeah

INTERVIEWER: So why is it so important that you be in a classroom, in the classroom you were looking to get into?

CAINAN: Well, because I can learn, I can learn the, the actually grade stuff. I don't have to learn first grade or second grade stuff. Um, I can just be in a regular class and learning that, that right stuff. And stuff like second grade stuff and stuff like that. Yeah.

MOM: And at the time, too, you told me that you wanted to be at the same school as your brother.

CAINAN: Yes, Yes, Yeah.

BROTHER: Cuz I went there first.

CAINAN: For two years I have.

MOM: And there were a lot of activities that parents and the community were involved in at Roosevelt that we didn't really see those opportunities at the other school, and they might have been there, but the kids that were in the site based class didn't really get exposure to those. So he was hearing about grandparent's day, or the talent show, or things like that that he wasn't doing at Kennedy and he wanted to do those things.

CAINAN: Well, there was, but they didn't talk about it.

MOM: In your class.

CAINAN: M-huh

MOM: Yeah.

1.62 Natural supports now and in the future

Natural or informal supports now and in the future

Cainan's supports include family members as well as members of his community.

- This sets the expectation from early on, that he grows up to become a productive member of the community and not simply rely on the I/DD system.
- Natural or informal supports help Cainan be empowered now as well as pave the way for a successful future.



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1.63 Cainan's steps towards inclusion

Cainan's steps towards inclusion

In the next video, Cainan and his mother discuss what they had to do in order for Cainan to be able to attend school in an inclusive setting.

These steps included...

- Cainan's self advocacy and participation in planning.
- "Proving his competency" in many areas before being able to become integrated with his peers.



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1.64 VIDEO – Cainan and school, part 2



Cainan and his mom share how they advocated for Cainan to change schools.

Select the Resources tab to read Cainan's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

MOM: I felt like we had to prove his competency rather than presume his competency, they wanted to see how he did in a general ed setting, so they gave him more opportunities at Kennedy to go into some general ed classrooms, um, which is something he talked about...

CAINAN: Lots of classes

MOM: Lots of classes.

CAINAN: Lots of classes. I had to visit lots of teachers; I went to the resource room, yeah.

MOM: He talked about that in his presentation, that he enjoyed going to his classes, but he would like to go to the same class all day...

CAINAN: Yeah

MOM:...instead of going to different classes back and forth.

CAINAN: So, so all I have to do is just, um, go out of class and get pulled out of class do certain things like go with Ms. Highland, or go to the resource, or go with...(unclear)...in the resource, yeah.

MOM: And we also made sure that he had opportunities outside of school and, um, community settings that were not specific to people with disabilities, so he was already doing that and had been doing that at church, we're very involved with our church...

CAINAN: Yeah

MOM: ...and then there was an opportunity during spring break for him, he really loves acting, so he went to a spring break acting camp and was extremely successful, it culminated in a play...

CAINAN: I was the villain. And mom said that I was a very funny villain.

MOM: So we brought that to the meeting and said, "look at all these settings, where he's included and he's a member of the community, and it's not a special setting for him. Why is school the only place where he's in a self contained setting?" And then, ofcourse, he gave his presentation that had a profound impact on the team when they heard him say, "I want to go to this school that my brother goes to," "I don't want to get up an hour early to ride the bus," "I don't want to have to hurry and eat and hurry and get ready for school,"...

CAINAN: Because if I sleep in later, then I can follow directions better that my teacher gives me. Cuz if I wake up early, I don't follow directions that my teacher gives me very well.

1.65 Natural supports carry many benefits

Natural or informal supports carry many benefits



A person's natural or informal supports can help him thrive in many ways, including becoming more self-determined and having real friends.

It may also reduce the potential of the person from becoming a victim of abuse.

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1.66 Inclusion benefits everyone

Inclusion benefits everyone

When people are included in their communities and have opportunities to be productive, **everyone wins.**



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1.67 Who is in a person's life?

Who is in a person's life?



We have people in our lives who we trust, talk to, listen to, and bounce ideas off—people who help us make some of our decisions.

In the same regard, we may have some people in our lives who we choose NOT to discuss personal matters with—who, for a variety of reasons, we do not ask for help when we make decisions.

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1.68 Information about relationships

Information about relationships

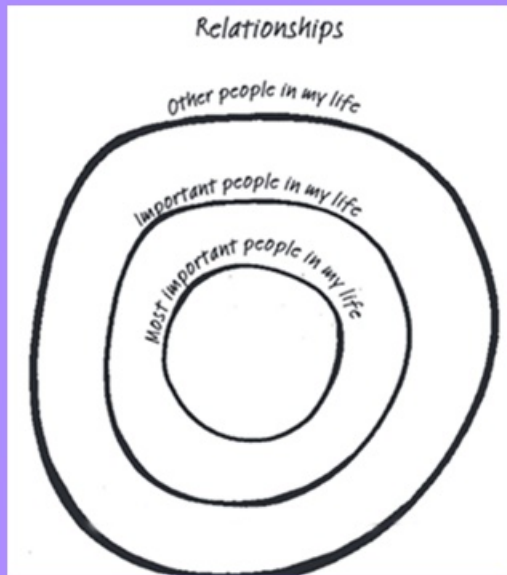
A Relationship Map provides information about who the person has and/or wants in his life.



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1.69 The Relationship Map

The Relationship Map



The Relationship Map can identify where existing relationships may be strengthened, maintained, or renewed, especially when the person is reliant on others to make contact with people.

- It also helps others learn who is important to the person.
- Relationships can vary in format.

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1.70 Familiarize yourself with resources

Familiarize yourself with resources

There are many tools and resources that can help expand a person's available natural supports as well as support relationships in her life.

- Relationship maps give ideas on how to expand the person's social circles.
- Community connecting can also be used to help the person discover resources in his community.



See the Resource tab for more information on relationships, community connecting, and the Story of Buttons.

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1.71 Relationship map in the ISP

Relationship map in the ISP

A Relationship Map is incorporated into the ISP.

Relationship map

	People who are important to this person:	Others in this person's life:
Family		
Friends		
People at work, school or in the community		
People paid to provide support		

Relationships

Anything about current relationships the youth or family/guardian would like to change, making friends, opportunities to make choices about who is involved in planning at home and at school, connections with distant friends and family, personality traits of favorite people, traits or people to avoid, etc.

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1.72 VIDEO – Marie is happy about her friends



In this video, Marie states that she is happy to have real friends who are not paid to be in her life.

*Select the Resources tab to read Marie's one page profile.
Select the Transcripts tab to read a transcription of this video.*

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Notes:

Marie: I am happy I have friends that are friends.

Mom: I'm happy I friends that are friends?

MARIE: That are not paid.

MOM: That are not paid.

INTERVIEWER: Real friends?

MARIE: Yeah. I have one paid, so...

1.73 Your role in natural supports

Your role in natural or informal supports

It is your role to assist a person to expand and strengthen the natural or informal supports that are available to him.



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1.74 How to support natural supports

How to support natural or informal supports



- ✓ Facilitate the gathering of person centered information.
- ✓ Connect the person with community resources.
- ✓ Facilitate the development of Desired Outcomes that are meaningful to the person.

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1.75 VIDEO – Tim is a part of his community



In this video, Tim talks about why he thinks it's so important to be a part of your community—so you feel better about your life.

*Select the Resources tab to read Tim's one page profile.
Select the Transcripts tab to read a transcription of this video.*

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Notes:

TIM: I do, I think it's very important and the more that people get out there, the better they'll feel about their life.

1.76 Support a person to develop relationships

Support a person to develop relationships

Oftentimes, a person has close relationships with paid supporters.

- These relationships are important but should not limit the development of other relationships.
- There is a risk that the person can suffer a significant emotional loss when the paid supporter leaves or moves on to another job.



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1.77 Developing relationships that are not paid

Developing relationships that are not paid



It is important to support the person to develop additional relationships that are not based on paid relationships.

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1.78 Personal relationships

Personal relationships

A personally meaningful relationship should not be based on employee status.

Rather, the relationship is based on the emotional ties and contribution of each person.



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1.79 VIDEO – When staff leave



In this video, Tracy talks about how hard it is for her when staff leave.

Select the Resources tab to read Tracy's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

TRACY: They get talked to by their boss, um, do you want them to stay around, do you want to be let go? Um, I hate to see people be let go, but if there not doing their job and I'm feeling the ...[unclear]...what I'm having to say, and they've had fair warnings, then they should be told, you're gunna go. But I think when staff leave sometimes, I get really sad. I mean, I can understand if it's a family emergency and they have to go or if the job doesn't fit into their schedule and they have to quit, but then I like people to say "goodbye" to me when they're leaving, sometimes, but sometimes that doesn't always happen. Maybe they've had somebody, some family member that was ill and they had to just go. I mean, there's nothing you can do, or if they're just not happy with the job then they just leave and sometimes you don't know why. Did I do something wrong? Was it something I did? Cuz sometimes when staff leave, I'll just cry, "Is it something I did," and they'll just say, "No, you didn't do anything wrong, it's just the job. It's what happens with this job, and they wanted to do something different. They found something that pays better," or whatever. Sometimes I feel like I'm the one that caused them to leave, or whatever, and I don't want to feel that way.

1.80 It's hard for Tracy when staff leave

As you can see, it is very emotional for Tracy when someone who supports her has to leave.

- Even though she understands that there are times when this is necessary, she internalizes the loss she feels and questions whether or not she did something wrong.
- How would you assist Tracy in building and strengthening her natural supports?



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1.81 Adam's relationships

Adam's relationships

Adam has lived in either his family home or a foster care home his whole life.

He has experienced significant losses of people in his life, many of which are commemorated as tattoos on his body.



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1.82 VIDEO –Losing staff



In this video, Adam talks about what it's like to lose staff.

Select the Resources tab to read Adam's one page profile.

Select the Transcripts tab to read a transcription of this video.

%crpage%

Notes:

ADAM: Give, um, well, just give me time to understand, and, um, it's gunna take me some time to get to know em and start up our relationship again, up. See, when I'm working with somebody new not my cup of tea. I tried to hide and I don't like, but I'm used to it, but when you build up that relationship you know it's gunna be a strong one but if they have, if they go, what is all the hard work with put into it on? I mean, like, if you're gunna put somebody new to take care of all of us and then they up and leave, like, "okay, that's too easy," and it kinda sucks. But it's kinda nice, though, once you, once you build up that relationship with somebody new.

1.83 Supporting Adam's relationships

Supporting Adam's relationships

Building and strengthening personal relationships are important to Adam, as well as important for him.



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1.84 Take your time and ask for help

Take your time and ask for help



Keep in mind that developing and supporting relationships takes time.

Connect with your supervisor and coworkers if you have any questions or if you need help.

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SC/PA 112: Oregon ISP Process (Part2)-ISP Team, Values, and Self Determination

1. SCPA - Oregon ISP Process - PART 2 - ISP Team, Values, and Self Determination

1.1 The Oregon ISP Process – Part 2: The ISP Team, Values, and Self Determination

The Oregon ISP Process – Part 2: The ISP Team, Values, and Self Determination

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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Notes:

1.2 In this course

In this course...

- The role of the Individual Support Plan (ISP) team
- Ensuring the person directs his plan and supporting a person's choice and preferences
- The role and rights a person has within the ISP process



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1.3 In this course

In this course...

- Your role as facilitator in the development of the ISP and to authorize the use of funds for the person's chosen services.
- Making changes to the ISP



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1.4 At your organization



At your organization

Talk with your supervisor and/or training team to:

- Ensure that you understand your role and responsibilities regarding the Oregon ISP process.
- Ensure that you demonstrate the understanding that people can be:
 - As independent as possible.
 - As productive as they would like to be.
 - Able to lead their planning process to the best of their ability.

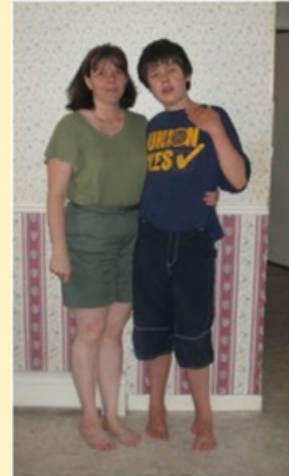
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1.5 The ISP team

The ISP team

The ISP is built on information gathered from the perspective of the person and others in his life, such as his family, guardian or designated representative, and others who care and are invited by the person, which could include those who provide services.

These contributors to planning are referred to as the ISP team.



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1.6 Who is on the ISP team?

Who is on the ISP team?



At minimum, the ISP team includes...

- The person
- You—services coordinator/personal agent (SC/PA)
- The person's legal guardian or designated representative (if applicable)
- Anyone else the person chooses

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1.7 Planning is driven by the person

Planning is driven by the person

Planning is driven by the person.

The person chooses...

- Who is on the team.
- Who is invited to his ISP meeting.
- Who contributes to his ISP at the meeting or at other times.
- The location of the meeting.



%crpage%

1.8 The person chooses the ISP team

The person chooses the ISP team



The person can choose to include or exclude anyone from her ISP team and planning process, except her SC/PA or guardian.

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1.9 The ISP team can be small...

The ISP team can be small...

Depending on the person, the “team” could be as simple as a person sitting down with his SC/PA and perhaps a chosen family member.



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1.10 ...and the ISP team can be large

...and the ISP team can be large



For someone else, it might be a more comprehensive team made up of the person, his family, representatives of his chosen provider organizations, and his SC/PA.

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1.11 The ISP team can change

The ISP team can change

A person's ISP team may change over time or even from meeting to meeting.



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1.12 The person can choose to exclude

The person can choose to exclude



A person may request that her licensed or certified service provider, such as a group home or foster provider, not be included in her ISP team.

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1.13 Facilitate conversations

Facilitate conversations

Consider if there is a particular reason why the person does not want the provider at the ISP meeting.

Discuss with the person to see if someone else from the organization may be preferred to attend the meeting.



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1.14 What to do if a provider is

What to do if a provider is not included in the ISP team

If the person asks that his provider not be on his ISP team...



- ✓ Facilitate conversations toward solutions, to ensure that the provider has adequate information and understanding of the person and his needs in order to provide necessary services.
- ✓ Make sure that the provider has the ISP and signs it as well, or has a Service Agreement.

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1.15 Keep in mind

Keep in mind

If the provider agency does not feel as though they can adequately support the person (because they are not a part of the team), it may mean identifying another provider.



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1.16 VIDEO – Brett's ISP team



Brett talks about his ISP team, and what is most important to him about having an ISP team.

*Select the Resources tab to read Brett's one page profile.
Select the Transcripts tab to read a transcription of this video.*

%crpage%

Notes:

BRETT: My ISP team does their job very well, and my ISP team is there for me to help me, you know, to help me, my needs, to what I need to do and what they need to do. And as my team, cuz they, my team comes up with a plan, this plan works, and we gonna do it. Now, if I sit down and say, "okay, let's do this plan here," or we're going keep, you know, just keep doing the budget thing, then we do the budget, but if that plan doesn't work, then I'm gonna say, "well, you know what? you guys gotta come up with something else, before I agree to it," Cuz if not, I'm not gonna agree to it and I'm not gonna sign it, and I won't deal with it until you guys come up with something else.

1.17 Informed decision making

Informed decision making

Throughout ISP planning and development, the person's informed decisions should drive the process.



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1.18 The person's signature on the ISP

The person's signature on the ISP



The person should always have the option to sign his plan, even when he has a guardian.

The guardian must also sign.

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1.19 The person chooses supports

The person chooses supports

The person and her guardian or designated representative if applicable has ultimate say in the services and supports he wants to receive.

Even if a needs assessment states a need, a person may not want paid support for it.



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1.20 VIDEO: Adam disagrees with his ISP team



Adam talks about how he handles it when he and his ISP team disagree about something. As his SC/PA, how would you make sure his choices are honored?

Select the Resources tab to read Adam's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

ADAM: Sometime. All that often.

INTERVIEWER: How do you guys work that out, when you do disagree?

ADAM: Honestly I know that my, that the team and, um, the support plan that are all put in place there for me are there for good reasons, but there are times when I don't agree. A lot of times I really don't like it, but hey, that's life. Life isn't fair or it's not fun. You gotta do what you gotta do.

1.21 Self-determination

Self-determination



Self-Determination Theory (SDT) is a theory of motivation.

It is about:

- Supporting our natural or intrinsic tendencies to behave in effective and healthy ways.
- Growing and gaining fulfillment in life.

There is more about self determination and self direction in another module.

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Notes:

*www.selfdeterminationtheory.org/

1.22 Striving for self-determination

Striving for self-determination

As part of self-determination, people strive for...

- Autonomy (self-sufficiency)
- Feeling competent
- Having a connection to others (sense of belonging)



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Notes:

*www.selfdeterminationtheory.org/

1.23 Self-determination and the ISP

Self-determination and the ISP



Your role as facilitator of a person's ISP should not affect the person in leading his plan.

- Support the person to be the leader of his ISP by facilitating the gathering of person centered information and using information about his preferences to guide the ISP.

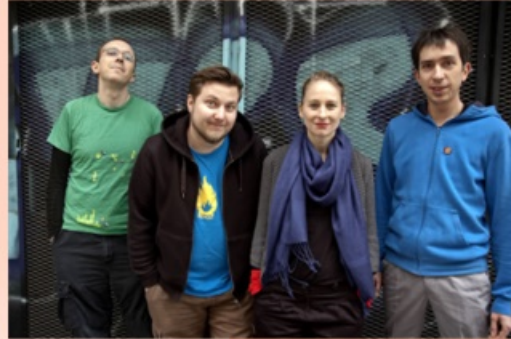
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1.24 The person's ISP rights

The person's ISP rights

While input by family members is valued, the person has the right to determine others' level of participation in her ISP.

- Support her to make informed choices, including participation of family members, exercising personal control, and decision making.



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1.25 If a person needs supports with

If a person needs supports with exercising rights

Acknowledgments

Describe the supports the person needs to understand his/her rights or to understand this plan, if any:

Indicate who will be responsible for supporting the person and timeline for completing this:

Person Receiving Services

Does this ISP reflect the services the person chooses and the outcomes the person wants to work toward? ☐ Yes ☐ No ☐ Noted

Has the person been provided information about the planning process and how to request changes and updates to the ISP? ☐ Yes ☐ No ☐ Noted

Did the person choose the location of their ISP meeting? ☐ Yes ☐ No ☐ Noted

Did the person choose who participated in their ISP development? ☐ Yes ☐ No ☐ Noted

Did the SC/PA review the services that are available to the person? ☐ Yes ☐ No ☐ Noted

Did the person receive notification of his/her DHS rights? ☐ Yes ☐ No ☐ Noted

Families and/or Guardian who provide support

Does this ISP reflect what is needed for the family to effectively provide supports? ☐ Yes ☐ No ☐ Noted

ISP Team – Does this ISP reflect...

Independence: Having control and choice over one's own life. ☐ Yes ☐ No

Integration: Living near and using the same community resources and participating in the same activities as, and together with, people without disabilities. ☐ Yes ☐ No

Productivity: Engaging in contributions to a household or community; or engaging in income-producing work that is measured through improvements in income level, employment status, or job advancement. ☐ Yes ☐ No

Describe the reason for any question above remaining "no" and the plan to address it:

Person Receiving Services: _____ Plan Effective Dates: _____ Page 11 of 12

The ISP should identify strategies to support a person to exercise her rights, if support is needed.

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1.26 Review the person's rights

Review the person's rights

In conjunction with an ISP, review the person's rights and connect the person with supports to understand his rights if needed.



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1.27 Informing someone of his rights

Informing someone of his rights



Inform the person of his rights in a way he understands.

- Be aware that you may need to provide an interpreter, if he needs such support to communicate.
- A person may need information in a variety of ways to understand his rights.

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1.28 If the person doesn't understand

If the person doesn't understand her rights

Some people you support may not understand their rights.

When this occurs, document the methods tried and why the person does not understand. Follow your organization's progress noting process.

Talk to your supervisor about what to do to support the person.



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1.29 Your role in ISP development

Your role in ISP development



- Facilitating the development of the ISP
- Ensuring the ISP is completed using required forms
- Writing the ISP
- Authorizing the ISP
- Ensuring the ISP is completed at least annually, as required

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1.30 Positive communication is vital

Positive communication is vital

Facilitate positive and productive communication with team members that fosters respect for each other's role and expertise.



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1.31 Your role as the ISP team facilitator

Your role as the ISP team facilitator



- ✓ Clearly define expectations of everyone involved.
- ✓ Establish agreements on what is to be accomplished.
- ✓ Document who will do what and timelines for completion.

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1.32 Planning together

Planning together

Facilitating a person's ISP process is not done in isolation.



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1.33 Facilitation and partnerships

Facilitation and partnerships



Facilitating a person's ISP process requires partnerships with:

- The person
- Others in her life:
 - Family members
 - Guardians or designated representatives
 - Providers
 - Employers
 - Friends or other trusted community members

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1.34 Know the ISP process

Know the ISP process

Familiarize yourself with ISP requirements and what must be accomplished:

- Assessing needs and meeting federal and state requirements
- Facilitating the development of the ISP
- Making sure required documentation is completed



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1.35 Facilitating conversations with

Facilitating conversations with the person's independence in mind



When talking with a person about what he wants to accomplish, guide conversations that explore what supports he might need to be as **independent** as possible.

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1.36 Respect the person's family and culture

Respect the person's family and culture

These conversations will vary based on the person as well as his cultural and family dynamics.

Approach each conversation with respect for the person and his family.



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1.37 Desired Outcome development

Desired Outcome development



Facilitating the development of meaningful Desired Outcomes.

- Gather information about the aspects of a person's life in which he needs supports.
- Encourage the person to take a lead role in developing his ISP.

There will be more about developing meaningful outcomes in other modules.

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1.38 What the person wants to do, try, or learn

What the person wants to do, try, or learn

Desired Outcomes should
reflect the person's hopes,
dreams, and personal goals.



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1.39 VIDEO – Pam and Ted talk about how to accomplish goals



Pam and Ted discuss what they feel can help others accomplish goals and give advice to SC/PAs on how to provide good support to people.

Select the Resources tab to read Pam and Ted's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

TED: People listen to em. That's the number one word- Listen. That's what, I tell you what, that's what piss me off most. Pardon my French, that's what piss me off most about people. They don't listen to the people with disabilities ask them what they frigg'n want in this world what their frigg'n goals are.

PAM: and what they do, they put us down.

TED: and they put us frigg'n, they put us frigg'n down.

PAM: Dumb and stupid. We can't do it.

TED: You know and it makes me, it makes me sick to my stomach. Oh, we care about people with disabilities, oh, we care about this, we care about that, bologna.

>>INTERVIEWER: So what can people with disabilities, or without, um, what can they do to help advocate for themselves like you guys have advocated for yourselves.

PAM: Maybe they can learn from like me and Ted how we have learned to do what we need to learn to do on our own and fight what we want and if they see us doing it they could do it and we can say okay now you guys, you can do it.

TED: And I'm not saying were perfect. We make our mistakes. But we learn from our mistakes. You know, we learn from em. We pick ourselves up and go on no matter what.

1.40 Desired Outcomes in the ISP

Desired Outcomes in the ISP



Facilitate conversations that lead to a person's goals within the ISP.

- Ensure that Desired Outcomes developed reflect what is important To the person, and what she would like to do, try, or learn.
- Develop and record employment goals.
- Always consider the person's preferences, strengths, and needs.

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1.41 Reviewing the ISP

Reviewing the ISP

A person's ISP is renewed at least annually.

It can change any time throughout the year, depending on what the person wants or needs.



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1.42 Changes to an ISP

Changes to an ISP



The person or any ISP team member can request to change the plan.

The change requires approval for all changes and authorization for many changes.

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1.43 Change or update the ISP when needed

Change or update the ISP when needed

The ISP is a document that should always address a person's current needs.

Changing the ISP can happen as many times as needed throughout the year.



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1.44 VIDEOS – New outcomes or changes



Brett talks about how he would change his ISP.

*Select the Resources tab to read Brett's one page profile.
Select the Transcripts tab to read a transcription of this video.*

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Notes:

INTERVIEWER: How would you make those changes to your ISP.

BRETT: I would have to say, "this is what we're gunna do. If I wanted to go to another visit in, like say, Atlanta I would have to, you know, change that in the ISP. That would have to change.

INTERVIEWER: And how do you go about doing that?

BRETT: Well, I would have to tell Dennis, "this is what I want changed. This is what's gunna happen. This is what, you know, this big change is gunna happen. Let's change something else in the ISP, then let's get, you know, get it on track." To where this has to stay, you know, right where it's at. And if there's another change coming then, you know, I'll go have him change something else.

1.45 Authorizing the ISP

Authorizing the ISP



The ISP must be authorized ...

- To use Medicaid funds
 - Indicated by the SC/PA signature.
- To be implemented as written
 - Indicated by the signature of the person and/or his legal guardian or designated representative (if applicable).

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1.46 Signatures

Signatures

It is your role to obtain necessary signatures to implement the ISP.



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1.47 Copies of the ISP

Copies of the ISP



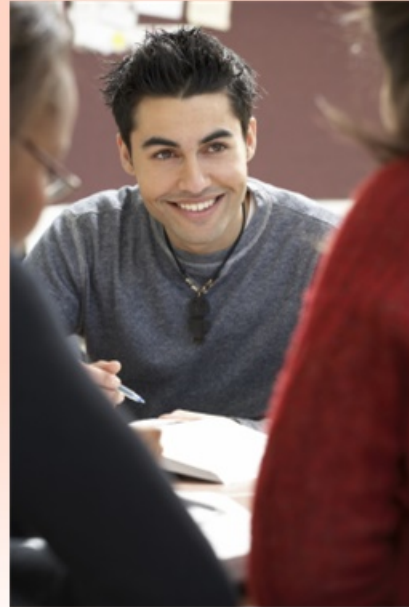
Provide copies of the completed ISP to the person, guardian if applicable, and others as directed by the person.

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1.48 Copies of the ISP

If the person directs not to share the ISP with someone who has a responsibility to implement the plan...

- Ensure that necessary information is provided to be able to deliver the service.
- In some cases, a service agreement or job description is used instead.
- Explain to the person that a service agreement or job description may require sharing necessary information with providers in order for them to deliver supports.



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1.49 If the ISP is not shared with

If the ISP is not shared with a provider agency



If the person requests not to share the ISP with a provider agency, ensure that a service agreement is prepared and signed by the provider.

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1.50 Job descriptions and service agreements to implement the ISP

Job descriptions and service agreements to implement the ISP

Service agreements include, at a minimum...

- Desired outcomes the provider is responsible to support.
- Chosen services the provider is responsible to deliver, including:
 - Assessed needs the service is to address.
 - Person's preference on how the service is delivered.
- Known serious risks.
- And other elements as directed by ODDS.



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1.51 Your role in service agreements

Your role in service agreements



Ensure service agreements meet the person's specific support needs.

Service agreements must include:

- The person's preferences on how specific supports are to be delivered.
- Identified risks, risk management strategies, and any other necessary contractual information.

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1.52 Information for supports

Information for supports

During the development of the service agreement, ensure that providers have an opportunity to indicate any other information that is necessary for them to provide supports effectively.



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1.53 Ask for help

Ask for help



Ask your supervisor if you have any questions or need help facilitating the development of a person's ISP.

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SC/PA 113: Choice Advising

1.1 Choice Advising

Choice Advising

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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1.2 In this course...

In this course...

- Choice advising, including for transition-age adolescents and families
- Informing a person of available services and settings, including risks and appropriateness of service options
- The importance of providing impartial information about the array of options available to a person



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1.3 At your organization



At your organization

Talk with your supervisor and/or training team, to ensure you:

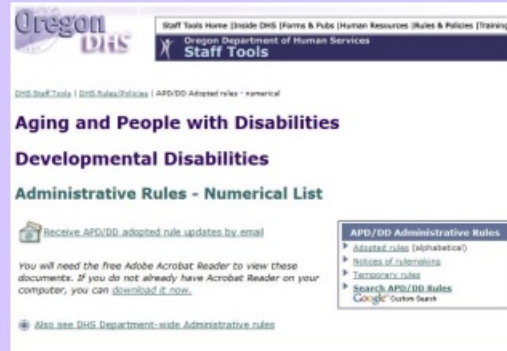
- Understand your role in advising people of their choices.
- Know what documentation to complete and who to talk to if you need assistance.

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1.4 Know the rules and documents

Know the rules and documents

- Know and follow all current Oregon Administrative Rules (OARs) and Policy Transmittals regarding Choice Advising.
- Be able to locate choice advising documents on the Office of Developmental Disabilities Services (ODDS) website.



See the Resource tab for links to access OARs and Policy Transmittals.

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1.5 Right to choose

Right to choose



People have the **right** to choose what services to receive, from whom, and how.

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1.6 Start with understanding the concept

Start with understanding the concept

In order to be able to advise someone on choices, you must first understand the concept of “choice” as it relates to services for a person with Intellectual or Developmental Disabilities (I/DD) in Oregon.

Keep in mind that OARs have definitions that are not always the same as the dictionary version.



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1.7 Decision-making related to services

Decision-making related to services



According to OARs, “choice” refers to the expression of preference, opportunity for, and active role of a person in decision-making related to services.

Choices can be expressed in a variety of ways, using the person’s preferred method of communication.

Ensure that the person has opportunities to make changes when needed.

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1.8 Video: Tim shares his experiences with choosing services



In this video, Tim talks about how he came to receive comprehensive services via the old “lottery” process, and making an informed decision that was right for him.

Select the Resources tab to read Tim’s one page profile.

To read a transcription of this video select the Transcripts tab.

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Notes:

TIM MARBERRY: Uh, well I was in the, I was placed in a lottery. Um, the, my name was, uh, drawn out of, not out of a hat but it was, I think it was, computer generated. And then when I got the comp services along with, after I got done with the, um, so basically, it was, it was through Washington county and my Washington county coordinator. Um, said you’re eligible now for your comp services and now that I’ve had that I don’t want to look back. It’s the best thing that’s ever happened.

1.9 What is choice advising?

What is choice advising?



Choice advising is the impartial sharing of information with the person, regarding but not limited to...

- Case management services
- Service options
- Service setting options
- Available providers

Choice advising can be provided by professionals who meet the qualifications in OARs.

See the Resource tab for links to access OARs and Policy Transmittals.

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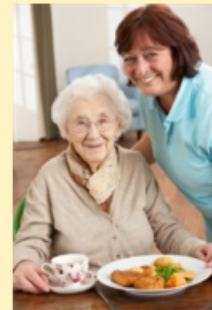
1.10 Services and settings

Services and settings

Be able to explain what is meant by “services” and “service settings.”

- Services are **supports** that a person receives, such as...

- Attendant care
- Transportation
- Employment Support
- Professional Behavior Supports
- Assistive technology



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1.11 Services and settings

Services and settings

Be able to explain what is meant by “services” and “service settings.”

- Service settings refer to **where and how** the person’s supports are provided, such as...
 - The person’s home
 - The community
 - 24 hour residential
 - Foster care home



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1.12 HCBS is a choice

Home & Community Based Services are a choice



A person must be offered the option to choose between **institutional** or **community** based services when:

- Individual initially enters DD services, or is about to have an initial ISP.
- Individual enters a new waiver, such as a child transitioning from the children's waiver to the adult waiver.

The person's choice must be recorded on the *Freedom of Choice form* (DHS 2080.)

There is more information about this in the Level of Care and Needs Assessment trainings offered by ODDS.

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1.13 What to do if someone requests institutional services

What to do if someone requests institutional services

Someone may request services in an Intermediate Care Facility (ICF/DD) over Home and Community Based Services (HCBS).

- If this happens, let the person (and his guardian/family as applicable) know that a referral to another state would be necessary, as ICF/DD services are no longer provided in Oregon.



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1.14 If the person is looking for nursing or hospital services

If the person is looking for nursing or hospital services

If the person is seeking a **nursing** facility placement or **hospital** services, help him understand that different eligibility standards would apply, and that you could facilitate a referral to the local Disability Services Office (DSO).



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1.15 Choice advising timelines

Choice advising timelines



Community Developmental Disabilities Programs (CDDPs) are required to assure **initial choice advising** service considerations are offered for all newly eligible people.

After that, it is your responsibility to assure **annual and ongoing choice advising**.

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1.16 Choice advising is part of planning

Choice advising is part of planning

Choice advising is a part of planning with a person and should be an ongoing conversation.

Provide the person with choice advising and resources, to help her...

- understand the various options available
- make informed decisions during the Individual Support Plan (ISP) process.



Choice advising will be somewhat different from person to person.

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1.17 Case management providers

Case management providers

Keep in mind that the person has the right to choose his case management provider.

Provide information to help the person, and/or his guardian if applicable, make informed decisions about receiving case management services via a Personal Agent (PA) or a Services Coordinator (SC).



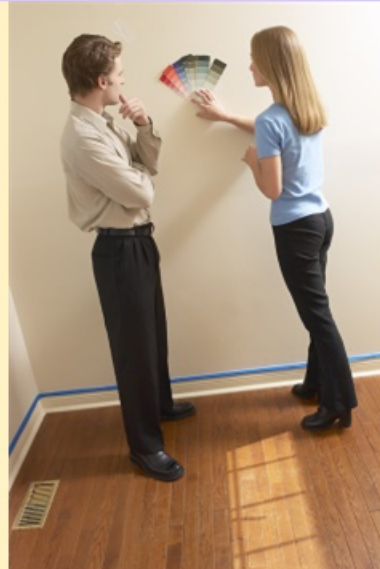
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1.18 Not letting your personal feelings get in the way

Not letting your personal feelings get in the way

Avoid letting your own preferences affect what information you provide or how you provide it.

For example, you cannot recommend a certain service provider just because you are friendly with the staff who work there.



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1.19 Remain impartial

Remain impartial



Remain impartial and unbiased when advising someone of the services and settings available for his consideration.

Influencing a person's decision-making, based on your own preferences, is violation of that person's rights.

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1.20 Who receives choice advising?

Who receives choice advising?



You must provide choice advising to adults, as well as families and/or guardians of children.

If an adult has a guardian, that guardian must also be included in choice advising.

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1.21 Transition-age children

Transition-age children



Although choice advising occurs at least 6 months prior to turning 18, **planning** for transition should begin much sooner.

Transition planning for a child begins after her 16th birthday.

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1.22 Conversations around transition planning

Conversations around transition planning

Facilitate discussions on topics that are especially important, such as...

- Diploma options and continuing education
- Employment
- Social Security Administration benefits planning
- Rights, risks, and responsibilities as an adult
- Designated representatives, health care representatives and guardianship alternatives and options.



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1.23 When should choice advising occur?

When should choice advising occur?

You must provide a person (and her guardian/family if applicable) with information regarding her options for case management and other services:



- ✓ When **newly eligible**, prior to the initial ISP.
- ✓ When an individual expresses dissatisfaction with current case management services.

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1.24 When should choice advising occur?

When should choice advising occur?

In addition, choice advising must occur:



- ✓ Annually
- ✓ At least 6 months prior to the person turning 18 years old
- ✓ Anytime it is requested by the person (or her guardian/family if applicable)
- ✓ Anytime the case manager has reason to believe existing services or providers are not working to meet the desired outcomes identifies on the ISP.

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1.25 Ongoing choice advising – check in periodically with the person

Ongoing choice advising – check in periodically with the person

Monitoring visits or other types of contact with the person are great natural opportunities to assess how things are going and provide the person with **ongoing** choice advising.



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1.26 Ongoing choice advising – check in periodically with the person

It is your role to offer the person options if she is interested in changing case management services, other service options, service settings, or providers.

Checking in can also help you discover and solve problems early on, and potentially prevent crises.



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1.27 Explain a person's options in an understandable way

Explain a person's options in an understandable way



Provide information about a person's options in a manner that is understandable to the:

- Person
- Guardian and/or family (if applicable)
- ISP team (if applicable)

Use the person's preferred method of communication and exercise active listening skills.

There will be more information about effective communication skills in another module.

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1.28 Take the time as needed to provide

Take the time as needed to provide choice advising

Schedule adequate time with a person to explain the variety of service options available to him.



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1.29 Plan ahead for time

Plan ahead for time



- ✓ Be ready to schedule multiple meetings if needed.
- ✓ Provide the person (and his guardian/family if applicable) with an opportunity to:
 - Process the information without the pressure of being in a meeting.
 - Do his own research.
 - Make informed decisions in a way that works for him.

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1.30 Examples of services to discuss –

Examples of services to discuss – case management

Be ready to assist a person in considering services and service settings.

- ✓ Case management services
 - CDDP
 - Brokerage
 - Choosing a different SC/PA if not satisfied



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1.31 Examples of services to discuss – employment

Examples of services to discuss – employment

Be ready to assist a person in considering services and service settings.

- ✓ Employment
 - Job Coaching
 - Job development
 - Discovery
 - Small Group Supported Employment
 - Employment Path Services



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1.32 Examples of services to discuss – personal and community supports

Examples of services to discuss – personal and community supports

Be ready to assist a person in considering services and service settings, such as...



- ✓ **Personal supports**
 - Attendant care
 - Assistive devices or environmental modification
- ✓ **General community services**
 - Mental health
 - Legal services
 - Housing services
 - Income related services

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1.33 Examples of services to discuss – residential and in-home supports

Examples of services to discuss – residential and in-home supports

Be ready to assist a person in considering services and service settings, such as...



✓ Housing

- Independently
- With family or friends
- Supported Living
- In a group or foster home

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1.34 According to the law

According to the law

The Oregon statute regarding entry to services for adults (ORS 427.121) states that we must

“... present to an adult at least three types of community living settings, including an option for services in the adult’s own or family home:

- (a) Each year, prior to authorizing services in a community living setting for the adult.*
- (b) When an adult is moving from one community living setting to another community living setting.”*

The statute goes on to say that we may not authorize services in a new type of community living setting without first offering those choices.



See the Resource tab for a link to the Oregon Revised Statute.

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Notes:

ORS 427.121

1.35 In other words...

In other words...



An adult has a right to choose where they live and we must offer choices.



Community Living Setting means

- a “residential setting”
- the person’s own or family home
- another nonresidential setting



Residential setting means a licensed or certified setting or program, such as a foster home, 24-Hour Residential, or a Supported Living program.

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Notes:

ORS 427.121

1.36 In other words...

In other words...



Annually, before authorizing services, we must offer each adult at least 3 types of community living settings including an option for services in the adult's own or family home.

For example, you might offer:

- Services in the person's own or family home
- A foster home
- A 24 hour residential setting

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Notes:

ORS 427.121

1.37 In other words...

In other words...

We must also offer the 3 setting types, including service in their own or family home, whenever an adult is moving from one community living setting to another.



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Notes:

ORS 427.121

1.38 Exceptions to the rule

Exceptions to the rule

There are two exceptions to this requirement.

1. Health & safety: The person is at imminent risk in their current setting.
2. Person is moving from one "nonresidential" setting to another, such as the person moving from one apartment to another.



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Notes:

ORS 427.121

1.39 Tips on sharing information with a person

Tips on sharing information with a person

There are various ways you can share information about a person's options—do what works best for the person.

- ✓ Provide the person with available **materials** or **websites** that explain what service providers offer.
- ✓ Provide concrete **examples** so that the person can better understand her choices.
- ✓ Arrange **tours** and **interviews** if the person is interested, to help further educate the person about her options.



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1.40 Support each person to make decisions in his own way

Support each person to make decisions in his own way

Assist the person to make informed decisions, by offering different ways to find out more about his options.



A person might be interested to...

- Tour a residential home.
- Find out who can provide supports in his home.
- Request more information.
- Interview providers, SCs, or PAs
- Seek advice from family or friends.

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1.41 A person has right to information regardless of service availability

A person has right to information regardless of service availability

Keep in mind that a person has the right to information about a case management or service provider, regardless of whether or not that provider has availability at the time the person needs.



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1.42 If a provider is not available

If a provider is not available

If a person requests information about a provider who does not have availability:



- ✓ Provide the information requested.
- ✓ Explain to the person that the provider does not have availability at this time.
- ✓ Provide alternate options of other providers who do have openings.

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1.43 Things to consider –

Things to consider – the person's eligibility

Choice advising must be relevant to services the person is eligible for and based on her assessed needs.



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1.44 Things to consider –

Things to consider – the person's geographical area



Choice advising must also be relevant to the person's geographical area and accessibility to transportation, if needed.

Ask your supervisor if you have any questions about what you need to do in a situation.

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1.45 Keep in mind

Keep in mind

There might be factors that can impact a person's choice and help her determine whether a service or service setting is appropriate for her.

Remember, your role is to provide resources to help the person make a informed decisions, not to make decisions for her.



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1.46 Factors that might

Factors that might impact a person's choice

Depending on the person, influencing factors could include but are not limited to...



- Amount of support available
- Location of and transportation access to the service
- Proximity to emergency or medical services
- Service provider's policies and procedures

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1.47 Others who access a service

Others who access a service

Depending on the situation, others who access the service might also have an impact on the person's choice.

- For example, a residential program specifically serving people convicted of sex offenses may be a dangerous option for person with no sex offending history, who does not use words to communicate, and may be vulnerable.



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1.48 Risks and appropriate services

Risks and appropriate services

Based on the person, an unbiased discussion about potential risks may be part of choice advising conversations.



For example, if Bethany has an assessed need for assistance to evacuate in case of an emergency, but she would like to live independently, you must:

- **Explain** the risk of Bethany not having adequate supports in the case of a house fire or other emergency if she decides to live alone.
- Facilitate a **plan** for her safety.

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1.49 Documentation for choice advising

Documentation for choice advising

You must document whenever you provide choice advising to a person and/or his guardian, if applicable.

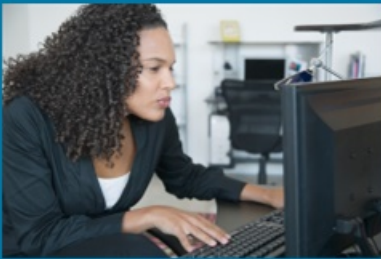


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1.50 The devil's in the details...

The devil's in the details...

Include details in documenting choice advising activities, such as:



- ✓ The date of the choice advising session.
- ✓ What options were offered.
- ✓ The person's preferences.
- ✓ Whether the person needed time for making a decision, and if so what was the agreed-upon time frame for his decision.
- ✓ Any decisions the person made.

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1.51 Ask for help

Ask for help

Ask your supervisor if you have questions or if you need any help.



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Notes:

SC/PA 114: CMS and Stewardship of Public Funds

1. Unit 6 - SCPA CMS and Stewardship of Public Funds - pre published

1.1 CMS and stewardship of public funds



CMS and Stewardship of Public Funds

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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Notes:

1.2 In this course, we will cover...

In this course...

- The basic concepts of funding Intellectual and Developmental Disabilities (I/DD) services in Oregon
- Resourceful stewardship of public funds



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1.3 At your organization



At your organization

Talk with your supervisor and/or training team, to ensure you understand:

- The basic concepts of funding of I/DD services in Oregon
- Your responsibilities in the assessment of, authorization, delivery, and oversight of waiver and state plan services

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1.4 At your organization



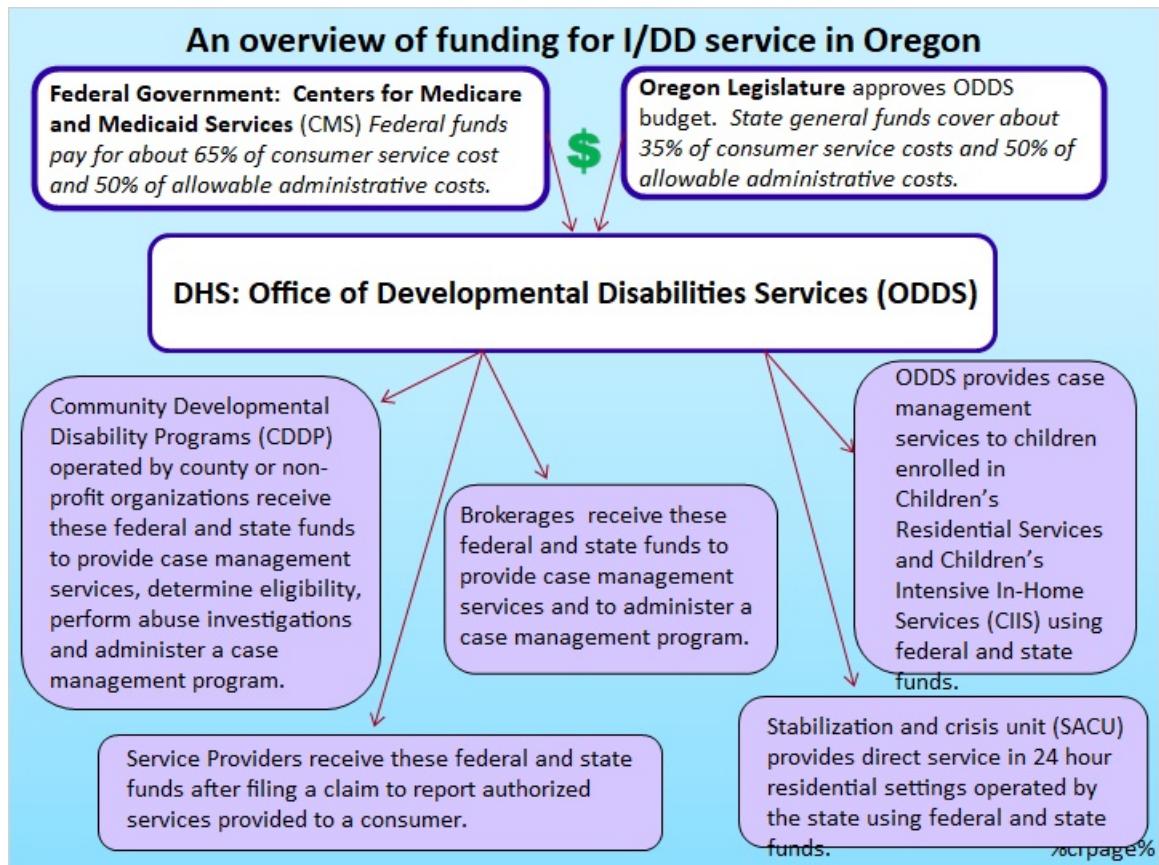
At your organization

Talk with your supervisor and/or training team, to ensure you understand:

- Your organization's policies and procedures regarding your role in the stewardship of public funds
- Where to find information about services provided by other public agencies and community organizations.

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1.6 An overview of funding for I/DD service in Oregon



1.7 Federal money

Federal money

The federal government is the major funding source for services delivered to people with intellectual and developmental disabilities (I/DD) in Oregon.



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1.8 State responsibility for federal money

State responsibility for federal money



States receive significant federal **matching funds** to help finance the cost of services through waiver and state plan programs.

- Federal programs have expectations regarding how states spend the dollars they supply.
- States must meet federal requirements in order to use the money.

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1.9 Centers for Medicare & Medicaid Services (CMS)

Centers for Medicare & Medicaid Services (CMS) is the **regulatory body** for the funds provided by the United States government.



CMS functions include:

- Administering the Medicare program,
- Working in partnership with state governments to administer Medicaid and the State Children's Health Insurance Program (CHIP), and
- Oversight in regards to HIPAA and quality standards

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1.10 Medicaid

Medicaid



Medicaid programs cover the costs of most long-term care provided to seniors and people with disabilities who meet eligibility requirements.

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1.11 Medicaid in the past...

Medicaid in the past...

Medicaid started in 1965.

At that time, funds were mainly used for services in institutions, nursing care facilities, and intermediate care facilities for people with I/DD.



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1.12 Medicaid now

Medicaid now



Currently, Medicaid pays for services that allow people to receive long-term supports while remaining in their homes and communities.

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1.15 The Community First Choice State Plan

The Community First Choice State Plan (K Plan)

In 2010, the Affordable Care Act added a new section, 1915 (k), to the Social Security Act.

This established a new state plan option to provide home and community based attendant care services and supports.

In Oregon, this is referred to as the **K Plan**.



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1.16 Home and Community Based Service (HCBS) waivers

Home & Community Based Services (HCBS) waivers

HCBS waivers provide options for people to remain in their own home or live in a **community setting** and access services that were previously provided in institutions.

Waivers give states flexibility to provide additional services that are not typically covered by Medicaid if those services will help an individual remain in the community rather than be placed in an institution.



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1.17 Home and Community Based Services (HCBS) waiver programs

Home & Community Based Services (HCBS) waiver programs

The letters 'HCBS' are rendered in a large, bold, light blue font. The letters are slightly overlapping and have a soft shadow effect, giving them a three-dimensional appearance. They are positioned on the left side of the slide, partially overlapping the title area.

Each state runs its own
HCBS waiver program.

- Oregon has several waivers that support children and adults in a variety of support settings.
- Each HCBS waiver defines its own programs.

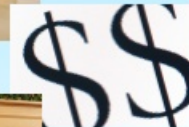
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1.18 Waiver assurances

Waiver and State Plan Assurances

The state of Oregon must meet specific CMS assurances as well as additional requirements that apply to the operation of HCBS waivers and state plan services.

This is done by developing performance measures and having monitoring processes in place for discovery and remediation. The results of the discovery and remediation activities are then reviewed to determine whether the performance of the system reflects compliance with the assurances.



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1.19 CMS Waiver Six Assurances

CMS Six Waiver Assurances

Level of Care

People who receive supports meet the required level of care criteria, which is consistent with that of people who live in institutions.

Health and Welfare

People are protected from abuse, neglect and exploitation, and get help if needed.

Service Plan

Each person's Individual Support Plan (ISP) reflects his needs, preferences and the plan for delivering supports.

Financial Accountability

Services must be approved and provided, and the aggregate cost cannot exceed the aggregate cost of nursing facility or institutional care.

Qualified Providers

Licensed or certified provider organizations, independent providers and general businesses supporting people with I/DD.

Administrative Authority

A state Medicaid Agency is fully accountable for HCBS waiver design, operations and performance.

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1.20 HCBS Waiver Six Assurances in detail—Level of Care

HCBS Waiver Six Assurances



The state must assure that people getting services under the HCBS waiver require the level of care that is provided in a Medicaid-reimbursed institution.

Assurance 1: Level of Care

Detailed descriptions of how level of care determinations will be made are required. These must include:

- Criteria and methods for determining qualifications for institutional level of care.
- A schedule for evaluating, at least annually, that a person continues to meet institutional level of care.

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1.21 HCBS Waiver Six Assurances in detail— Service Plan

HCBS Waiver Six Assurances



The state must establish policies and procedures for how ISPs are developed, who coordinates and monitors service delivery, and how plans and services are updated when necessary.

Assurance 2: Service Plan

An ISP is required for everyone who receives Medicaid-funded services.

Case management plays a key role in assuring that people:

- ✓ Actively engage in the **planning** process.
- ✓ Have the information they need to make **decisions**.
- ✓ Understand the **choices** available to them.

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1.22 HCBS Waiver Six Assurances in detail— Qualified Providers

HCBS Waiver Six Assurances



The state must assure that only those agencies and individuals meeting the state's qualification requirements provide services to HCBS waiver participants.

Assurance 3: Qualified Providers

The state must establish **qualification requirements** for people and organizations that provide each type of service offered under the HCBS waiver.

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1.23 HCBS Waiver Six Assurances in detail— Health and Welfare

HCBS Waiver Six Assurances



The state must assure the health and welfare of HCBS waiver participants by reporting, investigating, and resolving critical events.

Assurance 4: Health and Welfare

The state must have a system for reporting and investigating critical events including, at a minimum, allegations of:

- abuse
- neglect
- exploitation

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1.24 HCBS Waiver Six Assurances in detail— Financial Accountability

HCBS Waiver Six Assurances



The state must comply with Medicaid requirements in order to receive the federal portion of Medicaid payments.

Assurance 5: Financial Accountability

Compliance requirements are established for each of the following:

- Financial Integrity
- Provider Rates and Bills
- Payments
- Unallowable Costs
- Cost Neutrality

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1.25 HCBS Waiver Six Assurances in detail— Administrative Authority

HCBS Waiver Six Assurances



The state must structure its HCBS waiver so that a state Medicaid agency retains authority over HCBS waiver decisions and oversight.

Assurance 6: Administrative Authority

Any entity performing HCBS waiver functions must meet requirements.

This includes situations in which the administration and operation of the HCBS waiver is decentralized to other state or non-state entities.

Oregon Health Authority (OHA) is the Medicaid administrative authority and the Department of Human Services is the operating agency in Oregon.

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1.26 Six Assurances...and you

Six Assurances...and you

Why is it important to know about the CMS Six Assurances?

- Most of your job responsibilities tie back to the Six Assurances.
- Adequate documentation you complete ensures your organization (and therefore the state) is using funds appropriately, in order to meet these assurances.
- You need to be able to explain how funding works to people and families.



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1.27 Draw from New Question Bank

Draw all questions randomly from New Question Bank

1.28 Eligibility

Eligibility

People must be determined “eligible” by state and federal guidelines in order to receive Medicaid-funded services.



Eligibility for funded services is based on:

- disability determination
- poverty level income
- level of need

There is more information on eligibility, needs assessment, and Level of Care in other modules.

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1.29 Eligibility for services is not automatic

Eligibility for services is not automatic

When a person meets the criteria as someone with an I/DD, they become eligible to receive case management services.

- However, being eligible for case management does not automatically make someone eligible for other state plan or waiver services.
- The person must also meet other eligibility criteria in order to qualify to receive additional state plan or waiver services.



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1.30 Eligible people can receive services using K Plan and/or waiver funds

Dependent on their eligibility people can access services via the K Plan and/or waiver



Some people are eligible to access services through both the K Plan and one of Oregon's waivers, at the same time.

However, only one waiver can be accessed at a time. People cannot access services through multiple waivers simultaneously.

You can find more information about services and eligibility in the Resource folder. %crpage%

1.31 Receiving K Plan and waiver-funded services

Receiving K Plan and waiver-funded services

However, a person can receive services from the K Plan **in addition** to waiver services.

For example, a person may receive:

- K Plan attendant care services at home
- waiver employment services



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1.32 Subject to change

Available services may change

Be aware that the state may change an existing waiver, submit new waivers and/or amend the K Plan.

In that event, services available to a person can change.

You can find current waiver and K plan services information on the DHS website.



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1.35 Snapshot of Oregon DHS, OHA, and ODDS

Snapshot of Oregon OHA, DHS and ODDS

In 2009, Oregon's Department of Human Services split into two agencies:



You can download OHA's organizational chart in the Resource folder.

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1.36 Snapshot of Oregon DHS, OHA, and ODDS



Oregon Health Authority (OHA):

- Oregon's single state Medicaid Agency
- Authorizes and oversees waiver and state plan operations
- Primarily provides public, physical and mental health services

You can download OHA's organizational in the Resource folder.

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1.37 Snapshot of Oregon DHS, OHA, and ODDS



Department of Human Services (DHS):

The Organized Health Care Delivery System (OHCDS) and operating agency for social services received by eligible people in Oregon includes ODDS:

- ODDS is responsible for assuring compliance to waiver and state plan operations, including quality assurance and oversight of case management roles.
- ODDS must meet the Waiver and State Plan assurances required by Medicaid.

You can download OHA's organizational in the Resource folder.

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1.38 What are some of the departments under DHS and OHA?

What are some of the departments under DHS and OHA?



- Aging and People with Disabilities
- Office of Developmental Disability Services
- Self Sufficiency
- Office of Vocational Rehabilitation Services
- Child Welfare



- Health Systems
- Health Policy
- Pharmacy Services
- Public Health
- PEBB & OEBA (Benefit Boards)

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1.39 Waiver and state plan oversight

Waiver and state plan oversight

Case management is responsible for the following activities, including but not limited to:



- ✓ Choice advising
- ✓ Level of Care
- ✓ Assessment
- ✓ Plan development
- ✓ Risk assessment
- ✓ Monitoring

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1.40 Stewardship

Stewardship



Stewardship: stew·ard·ship

noun \ 'stü-ərd-, ship, 'styü-; 'st(y)ürd-\ : The activity or job of protecting and being responsible for something.

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1.41 Case management role in stewardship of public funds

Case management role in stewardship of public funds



You are responsible for assuring:

- ✓ Delivered services are cost effective and efficient
- ✓ Resources are being used *only* when necessary and according to the person's Individual Support Plan (ISP).

There will be more about assessing needs and Level of Care in another module.

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1.42 Your role in stewardship of waiver and state funds

Waiver and state funded services should be used **only** when no other resources can support the person's needs.



CMS funds are referred to as the “last dollar” used.

- ✓ Assist the person and/or family to explore all alternative options first, whenever possible.
- ✓ This includes natural and community resources.

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1.43 Using other resources first is required

Using other resources first is required

If a person is eligible to receive services from another funding source, she must access that before using waiver or state plan funds.

Examples of other funding sources might include:

- Natural Supports
- Vocational Rehabilitation
- Schools
- Oregon Health Plan
- Private insurance



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1.44 Examples of using other resources first

Using other
resources first (Click on each)



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Untitled Layer 1 (Slide Layer)

Using other resources first (Click on each)

A young adult still in school wants a job. Her school must fund career development support as long as she is a student.

A child needs specific medical supplies (such as wipes), which may be covered by OHP. Therefore, OHP must be accessed *first*, to see if they will either pay for it or deny the request, before the supplies can be purchased with waiver funds.

An adult who wants job development services must access Vocational Rehabilitation first, until he uses up the available funding. After that point, he can receive waiver-funded employment services.

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1.45 Promoting self-sufficiency and natural supports is a part of stewardship

Promoting self-sufficiency and natural supports is a part of stewardship

Your role includes assisting people to increase self-sufficiency and build natural support networks.

This can help reduce the person's need for waiver or state plan funded services.



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1.46 How to promote self-sufficiency and natural supports

How to promote self-sufficiency and natural supports

Help strengthen a person's natural support networks by assisting and encouraging people to connect with:

- ✓ neighbors
- ✓ friends
- ✓ family members
- ✓ other community resources



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1.47 Stewardship of public funds

Stewardship of public funds



Remember, funds for services are from taxes that citizens pay, so you are responsible to spend it ethically and efficiently.

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1.48 Video - Pam's natural supports



In this video, Pam discusses how her neighbors help her with various things, demonstrating that she has natural supports and is a part of her community.

Select the Resources tab to read Pam and Ted's one page profile.

To read a transcription of this video select the Transcripts tab.

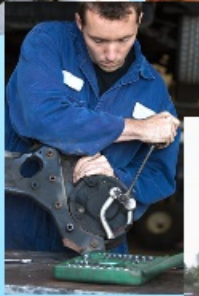
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Notes:

PAM: I have the neighbor here, and I have the neighbor here (points to either side). What after I had my operation on my nose, both of them were over here to help me out; help me out, kinda get me back on my feet, do what I need to do. Both of them are very close to me right now. They're not disabled people. They're very close. I noticed they kinda stick up for me; do what I need to do, and they helped me out a lot when I was down for four weeks after I had the operation. I never thought about that.

1.49 The importance of natural supports

The importance of natural supports



Natural supports enhance the quality of a person's life experiences and help develop a sense of social belonging, dignity and self-esteem.

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1.50 The importance of natural supports

Natural supports are important in planning for a person's future.



Federal and state laws regarding funded services may change, while a person's needs for some kind of support are likely to continue.

Natural supports can help ensure that a person will be supported, regardless of what funding may be available in the future.

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1.51 Video – natural supports in Cainan’s life



In this video, Cainan’s younger brother talks about how he helps Cainan when he is upset. Cainan’s mom discusses how supports are embedded in the family’s daily life and it just comes naturally to both of the kids now.

Select the Resources tab to read Cainan’s one page profile.

To read a transcription of this video select the Transcripts tab.

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Notes:

ASHER: Try to cheer him up

INTERVIEWER: Is there anything special that you do to help try to make him happy?

ASHER: Cainan loves to play with a type of toy that I have called, “Hero Factory”, so I probably would let him play with that.

CAINAN: Sometimes, you let me play with that. Or, sometimes, you let me play with any of your toys that I want to, right?

ASHER: Um, let you go first on something.

CAINAN: Yeah, yeah.

MOM: I think, for Asher, because he’s the younger child, it’s not something that he can articulate; he’s grown up in that environment. What I’ve noticed is that he will talk to Cainan, and he will talk to others very similar to the way we talk to Cainan. If we’re talking him through something, or we’re trying to explain something, I’ve seen Asher use the same type of patient, step-by-step...

INTERVIEWER: Strategic...

MOM: Mhmm. And, it’s just because that’s what he’s naturally been a part of. So, for him, it’s not something, a

strategy, that he's necessarily employing to help. It's just...this is what we do; this is how you help someone. If they're not understanding it, then you stop and you tell them to take a breath, and you say, "Look, we can do this together." So, I don't think that he would recognize that he's doing stuff to help his brother; he's just doing what you do.

1.52 Reflecting on Cainan and his family

Reflecting on Cainan and his family



Cainan is 9 years old. He is now in a fully integrated classroom with other children his grade.

Put yourself in the role of Cainan's SC/PA.

- ☐ Who and what are natural supports in Cainan's life?
- ☐ In what ways do they help him to be happy and grow?
- ☐ How might these natural supports be important in planning ahead for Cainan's future?

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1.53 Be ready to help

Be ready to help

You may need to provide assistance to people in navigating and accessing resources.

Systems are complex, often operate independently of each other, and can be confusing for people and families.



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1.54 Get to know people and their needs

Get to know the person, so you can assist him with what he needs.



Various state agencies, service providers, organizations, and community programs offer specialized services.

For example:

- Food stamps
- Housing assistance
- Transportation

See handout on frequently used resources in the Resources.

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1.55 Many communities are rich in resources

Your role is to locate and provide resources.

Many communities are rich in resources, you just have to know about them.

- ✓ Familiarize yourself with resources available in your area.
- ✓ Develop your own list of resources that may be helpful to people.
- ✓ Network with your co-workers and supervisor.



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1.56 Changes happen.

Changes happen.

Systems are dynamic and evolving to meet people's needs.

These changes are opening doors for people to receive supports that help them be as independent as possible.



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1.57 Coping with changes

Continual changes can be stressful in your work.

What can you do to cope with changes?

- ✓ Manage your stress, so that you can focus on people.
- ✓ Know and follow current rules and regulations.
- ✓ Keep up with changes in policies and initiatives that affect your job.
- ✓ Talk to your supervisor if you need help.



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SC/PA 115: Values and History

1. Unit 8-C (3 of 3) SCPA Other Competencies 8 9 Values

1.1 Values within Oregon's Intellectual and Developmental Disability system

Values and History

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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1.2 In this course ...

In this course...

- The Oregon Department of Human Services (DHS) Core Values
- The basic values on which services for people with Intellectual and Developmental Disabilities (I/DD) are based
- The importance of self determination and self direction



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1.3 In this course you will learn about ...

In this course...

- The concept of “least restrictive environment”
- Basic concepts in supporting people with behavior challenges
- The historical use and closure of institutions, lawsuits, and settlement agreements which shaped Oregon’s I/DD system



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1.4 At your organization



At your organization

Talk with your supervisor and/or training team to ensure you:

- Understand your responsibilities regarding Oregon DHS core values and other values of the I/DD system.
- Know what documentation to complete and who to talk to if you need assistance.

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1.5 Universal rights

Universal rights



State and federal regulations, and programs for people with I/DD are based upon human and civil rights that are granted to all United States citizens.

Helping a person to live life on her own terms in her own community includes providing access to supports in positive and proactive ways.

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1.6 Oregon Department of Human Services (DHS) – Core Values

Oregon Department of Human Services (DHS) – Core Values

The Office of Developmental Disabilities Services (ODDS) is a part of DHS.

The core values that guide all DHS services:

- Integrity
- Stewardship
- Responsibility
- Respect
- Professionalism



These can be found on the DHS website.

For more information select the Resources folder.

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1.7 Self-determination



Part of your role is to support a person's ability to make informed choices.

Self-determination is the big-picture process, by which a person controls and is **empowered to make general decisions in her own life.**

- Decisions about things like:
 - Where and how to live
 - Who to include or keep out of specific aspects of her life
 - Where to work
 - How to spend time
 - How to spend money
 - What services to receive

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1.8 Principles of self-determination

Principles of self-determination

Self determination is reflected in these principles:

Freedom

Authority

Support

Responsibility



You can find more in-depth information on the principles of self-determination in the Resource folder.

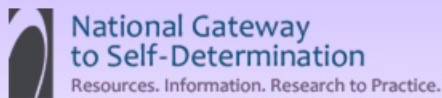
%crpage%

Notes:

www.autismnow.org

1.9 Self-determination resources

Self-determination resources



- There is a lot of information on self-determination available on websites, such as the Arc of Oregon, Disability Rights Oregon, and the Oregon Council on Developmental Disabilities, and the National Gateway to Self-Determination.
- Familiarize yourself with self-determination resources in your area.

Find more resources on self-determination in the Resource folder.

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1.10 What is self-direction?

What is self-direction?

Self-direction is an essential **element** of self-determination and an integral part of Oregon's I/DD service delivery system.

- Self-direction promotes personal choice and control over the delivery of waiver and state plan services, including who provides the services and how services are provided.
- The self-directed service delivery model is an alternative to traditionally delivered and managed services.



Find more information on self-direction in the Resource folder.

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1.11 Self direction guides services

Self direction guides services



A person, or his legal or designated representative, if applicable, has decision-making authority over his own services.

- Self-direction of services allows a person to have the responsibility for managing all aspects of service delivery through a person-centered planning process.

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Notes:

http://ocdd.org/index.php/ocdd/policy_detail/self-determination/

www.autismnow.org

1.12 VIDEO: Canina demonstrates self-determination



Cainan is a 9-year old who demonstrates self determination by participating in his own IEP. In this video, Cainan talks about why school is important to him.

Select the Resources tab to read Cainan's one page profile.

To read a transcription of this video select the Transcripts tab.

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Notes:

CAINAN: I really like my school. Um, the school that I go to is Roosevelt. I like making new friends. I like my teachers; they're really nice. Um, I like learning about the solar system. I like learning about, um, earth- volcanos and earthquakes. That's what we're learning about right now. We're learning, we're doing Earth science. Um, I like learning about history, like tsunamis and stuff like that. Um, I like, um, I like to do Fun Friday at school; um, that's fun. Um...

Interviewer: What's that like? What's Fun Friday?

CAINAN: Fun Friday is on Fridays. Um, there's a special activity that we have to do, that you do for fun. It's for fun. I really like it a lot. Um...

MOM: Is it sometimes, it's a movie, or sometimes it's a game?

CAINAN: Usually, sometimes it's like a show, like Bill Nye the Science Guy in another class, in Mrs. Bound's class, or something like that. Um, yeah, that's really fun. Yep.

1.13 VIDEO: Cainan demonstrates self-determination



In this video, Cainan talks about telling his IEP team what his goals are.

Select the Resources tab to read Cainan's one page profile.

To read a transcription of this video select the Transcripts tab.

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Notes:

CAINAN: What I really participate, I think I participate the IEP is I give, um, a presentation to all the grownups in the IEP, um, I say I have IEP goals, I say, um, I also say in my presentation that I want to be back a Roosevelt and I say who's class I want to be in. Um, I also, um, tell, um, tell them what, what I really, what I feel, what I really feel, like, I need to work on and stuff like that. In the class, like not being frustrated when there's, when unexpected things happen like having a substitute and I don't know why and something like that, um, I, yeah, it's, it's really fun.

INTERVIEWER: So how do you guys figure out or how do you figure out what you want to tell your IEP team about?

CAINAN: Um, we, I, me and my mom talk about it.

1.14 Your role in supporting

Your role in supporting self-determination

Support a person to be self-determined by assisting him to:

(click on the images)

- **Advocate for himself**



- **Understand potential risks and his responsibilities**



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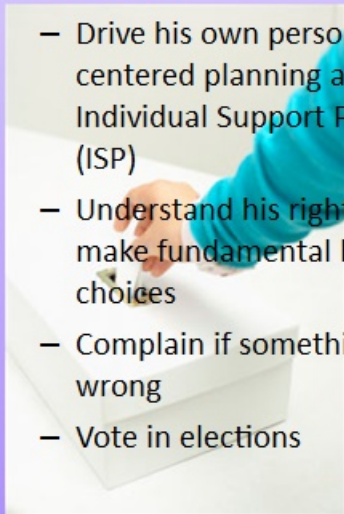
Your role in supporting self-determination

Support a person to be self-determined by assisting him to:

(click on the images)

- **Advocate for himself**

- Drive his own person centered planning and Individual Support Plan (ISP)
- Understand his rights to make fundamental life choices
- Complain if something is wrong
- Vote in elections



- **Understand potential risks and his responsibilities**

- Balance risks, including those that involve health and safety needs
- Make informed choices about how to handle risks
- Express his perspective when there is a disagreement with his guardian or ISP team regarding taking risks.



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1.15 Self determination supports for community access

Self determination supports for community access

Support a person to be self-determined by assisting him to:

(click on the images)

- **Access resources**
- **Be actively involved with his community**



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Self determination supports for community access

Support a person to be self-determined by assisting him to:

(click on the images)

- **Access resources**

- Find a bank she likes
- Learn about available service options
- Choose a doctor or clinic
- Join an advocacy group that promotes self confidence in decision making



- **Be actively involved with his community**

- Attend community events
- Join school clubs
- Go places with friends



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1.16 Supporting self determination in employment and choice

Supporting self determination in employment and choice

Support a person to be self-determined by assisting him to:

(click on the images)

- **Seek employment**



- **Exercise more choice,
control and authority over
his supports and services**



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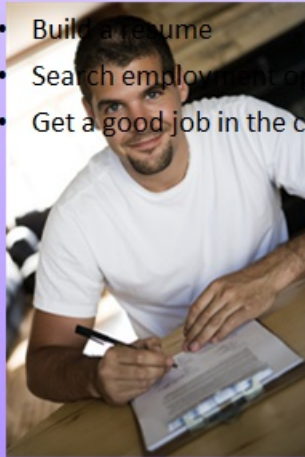
Supporting self determination in employment and choice

Support a person to be self-determined by assisting him to:

(click on the images)

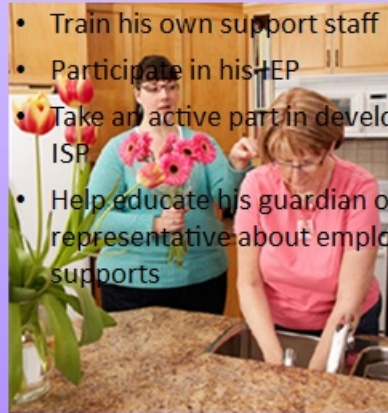
- **Seek employment**

- Build a resume
- Search employment options
- Get a good job in the community



- **Exercise more choice, control and authority over his supports and services**

- Train his own support staff
- Participate in his IEP
- Take an active part in developing his ISP
- Help educate his guardian or legal representative about employer supports



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1.17 Your role in supporting

Your role in supporting self-direction

By supporting a person to be **self-determined**, you are *also* supporting him to be **self-directed**.

- Provide choice advising, to empower a person to exercise self-direction by being in charge of guiding his own services.
- Assure that a person's choices are documented and supported in planning.



More information on this will be covered in the module regarding choice advising.

Find more information on self-direction in the resource tab.

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1.18 Supporting self-direction

Supporting self-direction

- Support a person to direct how available resources are used.
- Assure that a person has opportunities to participate in his ISP process.
- Provide resources to guardians and designated representatives that can help them make decisions that reflect the person's preferences.



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1.19 Advocacy/self-direction video



00:00 / 01:20

Ted explains that what others can do to help a person is to *listen*, and he also expresses his frustrations with others who say they listen but in fact do not. Pam discusses her views on self-advocacy and being a role model, showing others “if we can do it, they can do it.”

Select the Resources tab to read Pam and Ted’s one page profile.

To read a transcription of this video select the Transcripts tab.

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Notes:

TED: People listen to em. That’s the number one word- Listen. That’s what, I tell you what, that’s what piss me off most. Pardon my French, that’s what piss me off most about people. They don’t listen to the people with disabilities ask them what they frigg’n want in this world what their frigg’n goals are.

PAM: and what they do, they put us down.

TED: and they put us frigg’n, they put us frigg’n down.

PAM: Dumb and stupid. We can’t do it.

TED: You know and it makes me, it makes me sick to my stomach. Oh, we care about people with disabilities, oh, we care about this, we care about that, bologna.

INTERVIEWER: So what can people with disabilities, or without, um, what can they do to help advocate for themselves like you guys have advocated for yourselves.

PAM: Maybe they can learn from like me and Ted how we have learned to do what we need to learn to do on our own and fight what we want and if they see us doing it they could do it and we can say okay now you guys, you can do it.

TED: And I’m not saying were perfect. We make our mistakes. But we learn from our mistakes. You know, we learn from em. We pick ourselves up and go on no matter what.

1.20 Untitled Slide

Reflection: Ted pointed out that they are “not perfect, we make our mistakes...but we learn from them.” This illustrates a core value, of a person’s right to take risks and make informed choices. In your work, how will you go about supporting people to make decisions that are right for them?



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1.21 A person has a right to receive supports in the least restrictive environment

The “*least restrictive environment*” means that children and adults should have the same access to resources and opportunities that people without a disability access.

- Examples of least restrictive environments might include:

- community events or activities
- stores and businesses
- places of worship
- childcare
- local coffee shops and restaurants
- school
- work
- health care



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1.22 Examples of supporting least restrictive environments

Examples of supporting least restrictive environments



- A one-on-one aide to allow a child to attend a general education classroom
- Drop-in services to help support someone to live in his own community
- Note-taking assistance when a person attends college to further his education
- Phone or tablet applications such as medication reminders, timers or communication aids.

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Notes:

1.23 Successful integration!



Cainan attends elementary school and is fully integrated in a class with other children in his grade. To help Cainan succeed in this “least restrictive environment,” he receives some support during the school day. In this video, Cainan talks about what Patrick (his one-on-one support provider at school) helps with, and why this is important.

Select the Resources tab to read Cainan’s one page profile.

To read a transcription of this video select the Transcripts tab.

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Notes:

CAINAN: I think I would like to tell them, um, about Patrick, when he comes.

INTERVIEWER: Who is Patrick?

CAINAN: Patrick is somebody who is, is um, some, he picks me, he, it’s somebody who picks, draws me out of class usually 9:21 as our recess is 9:25, pick me up from class.... So he picks me up at 9:21, 4 minutes early before recess so that I can have more time to go to the bathroom, eat my snack and have more time to play at recess and not just having like, oh, I go out there and I start to play and then, “oh, it’s time to go,” I actually have a little bit more time cause he get me out 4 minutes early before recess starts so I get a little bit, I get, my, my first recess is a little bit longer, so, yeah.

CAINAN’S MOM: And is Patrick helping you at recess play with friends?

CAINAN: Yes he is and I, and I tell him sometimes, um, he, he sometimes he takes me to get on a swing and he watches me get on a swing and swing or, this morning when he got me, um, I showed, I showed him a couple, I showed, I, I wanted him to watch me go down two of my favorite slides, the big tall slides and the corkscrew.

1.24 Supporting self-determination for people who communicate using behavior

Supporting self-determination for people who communicate using behavior

Challenging behaviors, such as aggression, threats, or self-harm can be part of a person's attempts to communicate.

- Understanding what a person's behavior may be attempting to communicate is the first thing to consider. Supports can then be explored in an effort to meet those desires.
- Looking for least restrictive options that support inclusion and involvement should be prioritized, if that is in the person's interests.



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1.25 Supporting challenging behaviors in Oregon

Supporting challenging behaviors in Oregon

- Oregon focuses on positive and proactive strategies when addressing challenging behaviors.
- Punitive practices are prohibited.



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1.26 Resources to help support people in exercising self-determination

Resources to help support people in exercising self-determination

Oregon has systems and resources to assist people and families in supporting a person who communicates using challenging behaviors.



Familiarize yourself with Positive Behavior Support resources in your area, which focus on proactive ways to help a person:

- Be safe
- Understand behavior
- Improve their ability to communicate
- Build skills
- Decrease barriers

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1.27 Oregon Intervention System (OIS)

Oregon Intervention System (OIS)

OIS is a system that focuses on the implementation of Positive Behavior Support (PBS) and safe intervention at home and in their community.

OIS provides training and support in:

- Elements of Positive Behavior Support and non-aversive behavior intervention.
- General practices for supporting people both proactively and in response to challenging behaviors.
- Using protective physical intervention techniques that are used to maintain health and safety.



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1.28 Shifting values drive changes

Shifting values drive changes

Shifting values influence the treatment of United States citizens who experience disabilities.



This “values shift” shows in attitudes towards people:

- A push to no longer accept inhumane treatment of people
- Shifting from isolation towards inclusion and integration
- Move towards self determination
- Moving away from devaluing language
- Employment options for anyone who wants to work

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1.29 Shifting values in services

Shifting values in services



- This shift is also reflected in services:
 - Community-based supports and integration
 - Funding shifts towards education, employment, and community-based services

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1.30 National changes - 1990

National changes - 1990

The Americans with Disabilities Act (ADA) marked a major civil rights victory for people with disabilities.

- Key achievements include:
 - *Same protection* under the law as other people with or without disabilities, and
 - *Equal opportunity* for people with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications.



Find more information on the ADA in the Resource folder.

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1.31 National changes: 1999

National changes: 1999



The 1999 Supreme Court decision in *Olmstead v L.C.* ruled states must stop unnecessary segregation, and provide services to people with disabilities in the *least restrictive environment*.

Find more information on the Olmstead decision in the Resource folder.

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1.32 National changes: 2009-2010

National changes: 2009-2010



- In 2009, President Barack Obama launched "The Year of Community Living," a new effort to assist Americans with disabilities by improving access to *housing, community supports, and independent living arrangements*.
- In 2010, Rosa's Law passed, replacing the term "mental retardation" with "*intellectual disability*" in federal laws.

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1.33 The power of Oregonians' grassroots efforts

The power of Oregonians' grassroots efforts

Activism, advocacy, and grassroots actions have had an important role in shaping services for people with I/DD living in Oregon.

(click on the image)

From programs started by parents in church basements to the closing of all institutions in Oregon, people with disabilities, families, and community members have been a moving force in systems change.



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1.34 Continued efforts in Oregon

Continued efforts in Oregon

Oregonians have long worked to better the lives of people with I/DD, by promoting home and community-based supports, integration in schools, self-determination, self direction and a directive for full and competitive employment.



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1.35 History of institutions in Oregon

History of institutions in Oregon



At one time, physicians guided parents who had a child with I/DD to “place” their child in an institution.

Families often felt this was their only option for their child to receive the care they needed.

- As a result:
 - Their children were not a part of the larger community.
 - Ties with family members were often severed.

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1.36 Fairview Hospital and Training Center

Fairview Hospital and Training Center

In 1907, the Oregon State Institution for the Feeble-minded was created as "an institution for the training, care and custody of feeble-minded, idiotic and epileptic persons."

- It was renamed several times and is now commonly referred to as "Fairview."



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1.37 Pam's story



Ted McCarthy

00:00 / 04:54

Pam shares her story of living at Fairview as a child, how she ended up moving out, and what it has taken for her to be where she is today.

Select the Resources tab to read Pam and Ted's one page profile.

To read a transcription of this video select the Transcripts tab.

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Notes:

TED: Well I saw a movie of Fairview, okay, they have em chained up against the wall, no clothes on, sleeping in their own vomit and all this stuff. Up against the wall, chained like animals, and they eat, they eat like dogs.

PAM: I was one of them.

TED: And

PAM: I was, I was in Fairview. I remember a lot of bad things that I had when I was in Fairview. It, it does, if you, when you have that memory. When you remember what they did to you and what it does, it hurt you. They always had me in, like, strait jackets. Because with me, every time they let me out of this, of this room or something, they put me there by myself with a bed and no toilet or anything like that, they put me in there with a strait jacket on me. Every time they let me out, I just take right back out because I did not like it like it, where I was living at because I had feel like was they was, how should I say, they mean to me, just mean, and just mean and abuse me that way. And I, and I have seen a lot of people there, like, been knocked around, hit around, pushed around and doing all that stuff. And there was times they had knocked me around a couple of times too. That is why I said to myself I've had enough of the place. I want out if this place. They put me out there because I did not have nowhere else to go because the state took me away from my natural mom. And they put me out there, put me out there. I was in like, how should I say, in different foster homes and stuff like that and they put me out there. I didn't have anywhere else to go. And I lived out there for so long I was still, like, in diapers, diapers and I wasn't, like, potty trained or anything like that. I was still in diapers. I was about maybe 8 years old and when I was still in diapers. And when I got up around maybe 13 or maybe 12, I had a foster mom, she's no longer alive. She passed away a long, long, long time ago. She came out there, I think she came out there and did that. The doctor said to her I really did not need to be

1.39 Eastern Oregon State Hospital

Eastern Oregon State Hospital

Eastern Oregon State Hospital was a facility founded in 1913 to house and treat people from eastern Oregon counties who were deemed “insane”.

- In 1965, programs were added for people with intellectual/developmental disabilities.



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1.40 Eastern Oregon Training Center

Eastern Oregon Training Center



In 1985, the institution was divided into two separate facilities:

- Eastern Oregon Psychiatric Center
- Eastern Oregon Training Center (EOTC)
 - EOTC closed in 2009.
 - Its residents moved to homes in the community.

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1.41 Staley v. Kitzhaber

Staley v. Kitzhaber

In 2000, with the help of The Arc of Oregon, five people and their families filed a lawsuit against the state of Oregon.

- They claimed they were unfairly being denied access to Medicaid services.
- Staley v. Kitzhaber became a class action suit representing over 3,000 Oregonians with developmental disabilities.
- It resulted in a settlement agreement known as “the Staley Agreement.”



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1.42 The Staley Agreement

The Staley Agreement

The intent of the Staley Agreement was to eliminate or significantly reduce the number of people waiting for services, by:

- Increasing the availability of comprehensive services on a non-crisis basis
- Providing self directed support services for eligible adults

As a result, Brokerages were created to provide access to self-directed supports.



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1.43 Employment

Employment



Oregon advocates established an Employment Task Force in 2004.

- The Task Force began with a goal of improving employment opportunities for people with I/DD in Oregon.
- It became the driving force for the development of Oregon's *Employment First* Policy.

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1.44 Employment First Policy

Employment First Policy

In September of 2008, Oregon became one of the first states to formally adopt an Employment First Policy.

- This policy provides the general action, framework, and expectations for employment service planning and delivery, so people can get jobs in the community.



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1.45 The lawsuit that challenged workshops

The lawsuit that challenged workshops

In Lane vs. Kitzhaber, an employment lawsuit in 2012, Oregon state officials were charged with violating the Americans with Disabilities Act by:

- Confining people with disabilities to segregated settings where they have little or no interaction with others who do not experience disabilities.
- Paying people far below the state's minimum wage for doing tasks that offer no training, skills, or advancement.



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1.46 The result: Employment First Policy

The result: Employment First Policy



Oregon's governor issued Executive Order No. 13-04 as a result of this lawsuit in April 2013.

- This gave DHS and Oregon's Department of Education specific strategies, actions and milestones to meet toward the fulfillment of Oregon's **Employment First Policy**.

Find more information about the Employment First Policy in the Resource folder.

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1.47 What does it mean to be an Employment First state?

What does it mean to be an Employment First state?

The state of Oregon has adopted key procedures and principles for employment services for people, including a specific set of goals and outcomes related to employment.

- You must address employment, at least annually, with each person for whom you provide case management services, as a part of the person's ISP process.

Career Development Plan (CDP)
Revised 10/2014. Check one.

Students (age 16-20): Expected date of exit from school:
Date by which CDP will be completed:

☐ Attending school and wants to work now.
☐ Attending school and receiving employment supports elsewhere.
☐ Has an IEP Post-Secondary Goal with employment or training focus.
☐ Attending school and not receiving any employment supports.

Students with Vocational Rehabilitation (VR) (age 18 and up):
☐ Currently receiving VR services. ☐ Not a referral to VR.
☐ CDP is not applicable, explain:

Working age adults (age 21-60) must choose one of the following statements:
(If the person is at least 18 years old and has exited school, complete this section instead of the "Students (age 16-20)" section.)

☐ Employed in integrated employment and chooses to: Check all that apply:
☐ Retain current job.
☐ Advance in current job (more hours, raise, new skills, promotion, etc.)
☐ Get a new job.
☐ Get an additional job.
☐ Retire - is at least 60 or will be this 60 years. Employment Outcomes are not required.
☐ No longer continue in integrated employment at this time. Complete Decision Not to Explore Employment section.

☐ Currently not working in integrated employment and chooses to: Check all that apply:
☐ Get integrated employment.
☐ Explore interests in integrated employment through an Employment Path, Discovery, or other time limited service.
☐ Retire - is at least 60 or will be this 60 years. Employment Outcomes are not required.
☐ Not explore integrated employment at this time. Complete Decision Not to Explore Employment section.

Potential barriers to working in an individualized, integrated job **How will this obstacle be addressed?**

--	--

Person Receiving Services: _____ Plan Effective Dates: _____ Page 3 of 12

More in-depth on employment first can be found in another module

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SC/PA 116: Confidentiality

1. Unit 9-A SCPA-Other Competency 7-Confidentiality

1.1 Preventing Breaches of Confidentiality

Confidentiality

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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1.2 In this course

In this course...

- Basic HIPAA requirements
- Your role in maintaining strict confidentiality standards and complying with confidentiality requirements
- Ways to prevent breaches in confidentiality



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1.3 At your organization



At your organization

- Talk with your supervisor and/or training team, to ensure that you understand and are able to follow the confidentiality processes of your organization.
- Demonstrate your ability to prevent breaches of confidentiality at your own organization.

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1.4 Only the legal guardian has a right to information

Who has a right to information about a person?

Only a person or their **legal guardian** has a guaranteed right to information about that person.

Being the person's relative or close friend does not grant an automatic right to information about that person.



Find links to DHS and OHA privacy policies in the Resources tab.

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Notes:

DHS Privacy Policies: <http://www.dhs.state.or.us/policy/admin/privacylist.htm>

The new OHA Privacy Policies are at the following link:
<http://www.dhs.state.or.us/policy/>

1.5 Disclosing information

Disclosing information

You must ensure that any information you disclose is in compliance with state and federal laws, as well as the policies and procedures of your organization.



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Notes:

DHS Privacy Policies: <http://www.dhs.state.or.us/policy/admin/privacylist.htm>

The new OHA Privacy Policies are at the following link:
<http://www.dhs.state.or.us/policy/>

1.6 HIPAA

HIPAA



The “Health Insurance Portability and Accountability Act” (HIPAA) is a **federal law** that protects personally identifiable health information that is kept or transmitted in any form.

Find more information in the Resources tab.

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Notes:

kept or transmitted in any form or medium
electronic, paper, or oral

1.7 Protected Health Information (PHI)

Protected Health Information (PHI)

PHI refers to personal information that **can directly identify the person** receiving services, such as his:

- Name
- Address
- Social Security number
- Medical record number
- Health plan, Medicaid, ID, or other identifying number



Additionally, it is critical to protect information that may identify a person's intellectual or developmental disability (I/DD) without permission.

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Notes:

See resource: <http://www.hipaa.com/2009/09/hipaa-protected-health-information-what-does-phi-include/>

1.8 Other protected information

Other protected information

In addition to PHI, any other information that could identify a person receiving services must be kept confidential.

"Kathy likes going to the pet store with her mom."

Referring to Kathy may not in itself be a breach of confidentiality...

Find more information in the Resources tab.

%crpage%

Notes:

Reference:

http://www.oregon.gov/oha/OHPR/hispc/docs/appendixc_final_hiiac_report.pdf

1.9 Other protected information

Other protected information

...however, saying Kathy's name *in combination* with other protected information is a breach of confidentiality.



"A woman I work with named Kathy goes to the pet store with her mother because it helps her deal with her anxiety, which is partly caused by her autism."

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Notes:

Reference:

http://www.oregon.gov/oha/OHPR/hispc/docs/appendixc_final_hiiac_report.pdf

1.10 When is it necessary to obtain authorization to release information?

When is it necessary to obtain authorization to release information?

Release of Information

A Release of Information (ROI) is required to disclose PHI about someone:

- To another person (even a close relative) who is not the person's guardian
- To an organization or service provider
- To a state or federal entity outside of ODDS (such as Medicaid or Social Security)

In some circumstances, work conducted on behalf of ODDS may also require authorization to release information, such as National Core Indicator (NCI) surveys.

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Notes:

When is it necessary to obtain authorization to release information?

(scroll over the image)

Release of Information

A Release of Information (ROI) is required to disclose PHI about someone:

- To another person (even a close relative) who is not the person's guardian
- To an organization or service provider
- To a state or federal entity outside of ODDS (such as Medicaid or Social Security)

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1.11 Releasing information about a person

Releasing information about a person

- ✓ Ensure that you have a current ROI on file that specifically identifies the information that may be shared AND for what specific time period the information is permitted to be released.
- ✓ Talk with your supervisor if you have any questions about authorization to release PHI.



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Do you need a new authorization?

You may need to obtain a new authorization to disclose records if the authorization doesn't include:

- the specific purpose for disclosure
- the specific person/entity who the information will be disclosed to
- the specific information to be disclosed
- correct dates

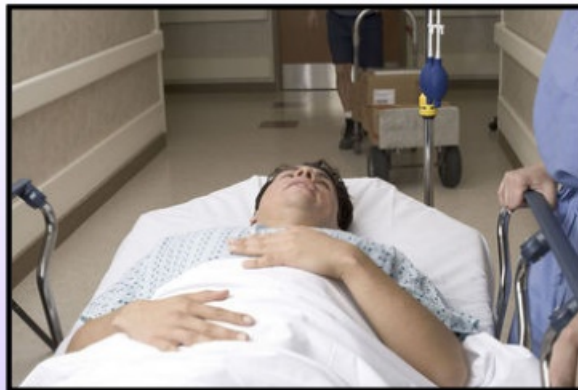


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1.13 Verbal authorization

Verbal authorization

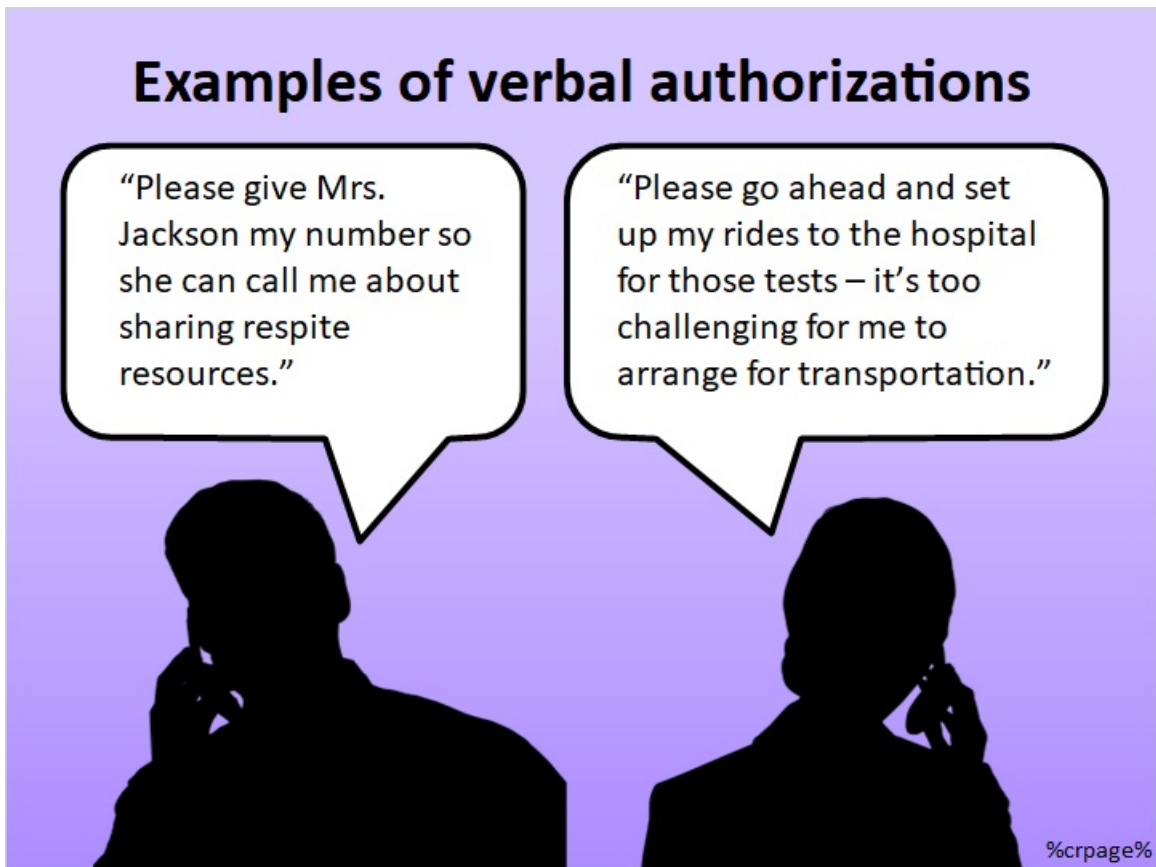
A **verbal authorization** is sometimes permitted if it is not possible to get a written ROI in time to meet the person's needs in an urgent situation.



The verbal authorization only applies to that particular instance.

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1.14 Examples of verbal authorizations



Notes:

-
-

1.15 Sharing information without authorization

Sharing information without authorization

In cases of an emergency when **the need for medical or safety support is immediate**, you may need to share important, relevant information without prior written authorization.

Calling the police, an ambulance, or fire rescuers because a person is in a life-threatening situation

Dealing with a natural disaster

Participating in an abuse investigation

Making a police report



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Notes:

The form to track information disclosed/released is MSC 2097

1.16 In an emergency

In an emergency

Use your best judgment about what information to release without authorization.

- ✓ Disclose as little information as possible and only when necessary.
- ✓ Always document any information you disclose.



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1.17 Things to consider before disclosing protected information

Things to consider before disclosing protected information

Ask yourself:

- Does another person need this information to perform his job?
- What is the least amount of information needed?
- Do I need a written release?
 - If yes, do I have it and where is it?



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1.18 You can help prevent breaches in confidentiality

You can help prevent breaches in confidentiality

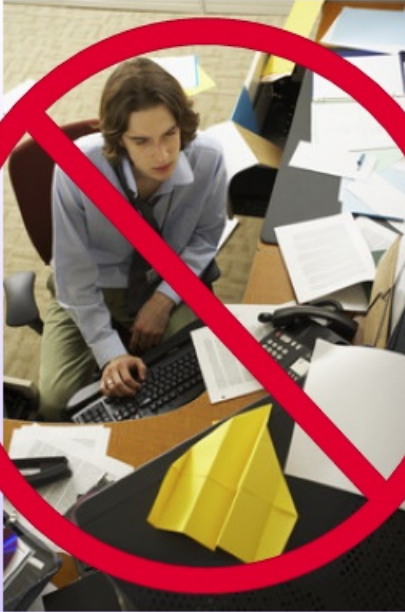
- ✓ Do not hold private meetings in public areas unless the person specifically requests it.
- ✓ Avoid talking with your peers about a person unless it is necessary to do your job.
- ✓ Do not discuss people's personal information with your friends or family members.



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1.19 Take measures with papers and files

Use caution with papers and files



- ✓ Do not leave confidential documents out on your desk unattended.
- ✓ Maintain a documentation system that does not co-mingle different people's personal information.
- ✓ Never leave confidential information visible in your car.
- ✓ Use a cover sheet when you fax confidential information.

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1.20 Avoid unintentionally viewing protected information

Avoid unintentionally viewing protected information



Stop and think: Do I really need this
information to do my job?

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1.21 Take measures with electronic devices

Securing electronic information

- ✓ Log off of devices when you are not working on them.
- ✓ Send confidential information via “secure” emails.
- ✓ Use a secure internet connection whenever possible.

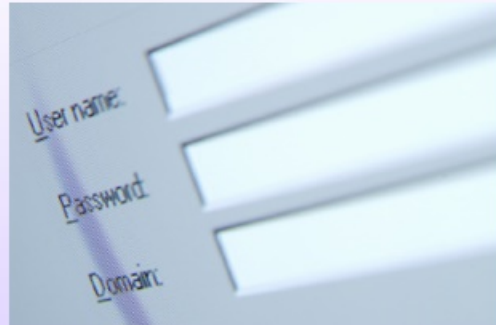


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1.22 Take measures with electronic devices

Securing electronic information

- ✓ Keep your device's screen facing away from others' view.
- ✓ Keep track of materials you copy or send to a printer.
- ✓ Follow your organization's policy on creating and updating passwords on all devices.



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1.23 Follow your organization's file storage guidelines

Follow your organization's file storage guidelines

This may mean...

- Signing files out and back in
- Keeping confidential files in the building vs. leaving with them



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1.24 Properly dispose of information

Properly dispose of information



**Do not destroy information
that must be retained for
future use.**

Follow your organization's record destruction procedures when you are finished working on something that contains someone's private information.

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1.25 Report breaches in confidentiality

Report breaches in confidentiality

Immediately report any incident or risk of confidentiality violation to your supervisor.



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SC/PA 117: Qualifying Encounters and Professional Documentation

1. Unit 9-B SCPA Other Competencies 11, 10, 12 - Qualifying Encounters, Forms, Professional Writing in Documentation

1.1 Qualifying Encounters, Professional Documentation, and DHS Forms

Qualifying Encounters and Professional Documentation

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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1.2 In this course

In this course...

- Qualifying encounters
 - The correlation between delivery of qualifying encounters and payment for case management services
 - Which contacts are considered qualifying encounters
 - Requirements for documenting qualifying encounters
- How to access DHS forms



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1.3 In this course

In this course...

- Basic skills of professional writing in documentation
- How to ensure the person's voice is represented accurately in documentation



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1.4 At your organization



At your organization

- Talk with your supervisor and/or training team to ensure that you understand **your responsibilities regarding qualifying encounters**.
- Understand what **documentation** you need to complete for a qualified encounter and who to talk to if you need assistance.
- Understand **specific timelines and requirements** of your organization in documenting qualifying encounters.

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1.5 At your organization



At your organization

- Complete training and demonstrate competency in **completing and submitting documentation** according to your organization's policies and procedures.
- Familiarize yourself with the **key forms** required for use by case management at your organization.

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1.6 “Qualifying encounters” defined

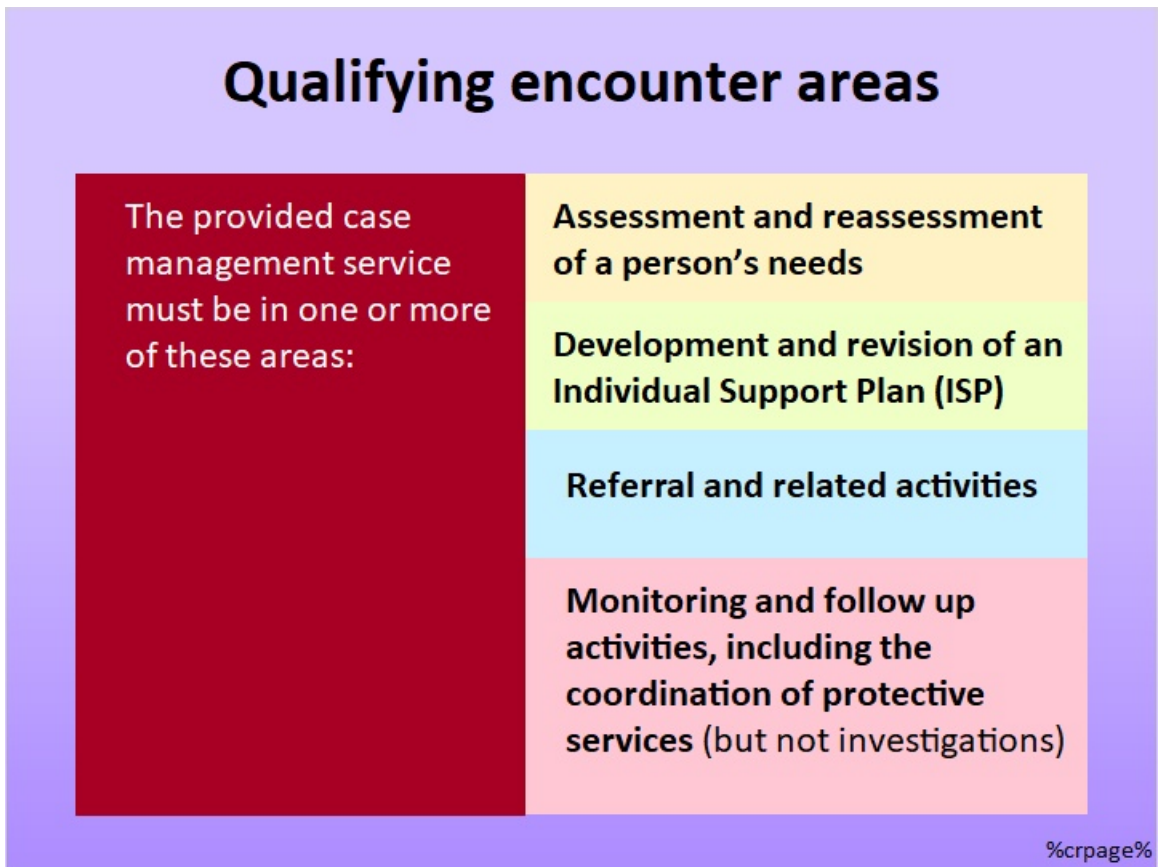
“Qualifying encounters” defined



A qualifying encounter is a **case management service** provided by a Services Coordinator/Personal Agent (SC/PA) to assist a person in gaining access to needed medical, social, educational and other services.

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1.7 Qualifying encounter areas



Notes:

1.8 Qualifying encounters fund case management

Qualifying encounters fund case management

- Documented qualified encounters provide proof of case management services so that a Community Development Disability Program or Support Services Brokerage receive funding for providing those services.
- Each qualifying encounter is paid for by the state after being entered into the eXPRS payment system.



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1.9 CMS matches funding with proper documentation

CMS matches funding with proper documentation



The state receives matching federal funds from the Centers for Medicare and Medicaid Services (CMS) for qualifying encounters.

ODDS relies on sufficient documentation to verify to CMS that those case management services were provided.

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Notes:

1.10 Examples of qualifying encounters: assessment and ISP

Examples of qualifying encounters: Assessment and ISP

Assessment of needs

- Performing a needs assessment
- Assessing an individual crisis situation
 - Determining support needs
 - Finding services available to mitigate the crisis

Individual Support Plan (ISP)

- Facilitating the annual ISP
- Revising the ISP as a person's needs change



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1.11 Examples of qualifying encounters: referring and authorizing services

Examples of qualifying encounters: Referring and Authorizing services

Referral and related activities

- Assisting a person to access the services and resources identified in their ISP
- Making a referral to ODDS-funded programs
- Providing information and timely referral for services available from other agencies or organizations within the community

Authorizing services

- K-plan, waiver, Personal Care services, etc.

In Home Expenditure Guidelines (SE 49, SE 149, SE 151, Employment)

Funding Authorities:

1915(k) Community First Choice (K Plan)

Waiver 1915(c) Comprehensive and Support Services Waivers

Notes:

- The ISP must authorize each service using the name in the shaded box at the top of the service description in this guideline. Qualities or more specific service descriptions may be used in addition to the name of the service to provide clarity or detail for the individual or providers.
- Every need identified for an individual must note on the ISP which funding authority is being used to meet the need, or that natural support is meeting it, or that the individual is choosing to have the need go unmet.
- The services authorized in an ISP reflect an amount not to be exceeded. If some amount of an authorized service is not required by the individual, then a claim may not be made for it by a provider. For example, if an individual is assessed as requiring 200 hours per month of attendant care to meet identified ALN goals, Health Related Tasks, but is away on vacation when a natural support is providing the services for two weeks of a month, the usual provider is not necessarily entitled to claim the full 200 hours for that month. Similarly, Attendant Care can't necessarily be "bunched" into a single day or a few days of the month unless doing so aligns with the customer's support needs. A provider should not claim more hours in any given day than are necessary to provide the

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1.12 Examples of qualifying encounters: monitoring and follow-up activities

Examples of qualifying encounters: Monitoring and follow-up activities



These are just a few examples of case management services that are qualifying encounters.

Ongoing monitoring of:

- The effectiveness of services identified in the ISP
- Personal funds of someone living in group or foster care home
- Service for a child served via in-home supports
- The health and safety of someone receiving K plan services

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1.13 Examples of qualifying encounters: coordination of protective services

Examples of qualifying encounters:

Coordination of protective services

- Assessing the need for protective services
 - including the ability of a person to understand the nature of protective service and his willingness to accept services
- Arranging for services to protect a person or prevent further abuse or neglect
- Monitoring the implementation of a Protective Service Report's recommendations



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1.14 Other examples of qualifying encounters

Other examples of qualifying encounters



- Investigating possible alternatives to civil commitment
- Coordinating a person's exit from hospital, nursing home, jail, etc.
- Assisting a person to regain lost benefits, such as Supplemental Nutrition Assistance Program (SNAP) benefits

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1.15 Minimum contact requirements

Minimum contact requirements

The OARs and guidance from ODDS outline minimum contact requirements.

Talk with your supervisor, to make sure you are aware of and able to fulfill the required minimum contacts with people.



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Notes:

1.16 Summary of your role with qualifying encounters

Summary of your role with qualifying encounters



You must:

- ✓ Deliver case management services that meet the criteria as qualifying encounters.
- ✓ Document the services provided.

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1.17 Not all important activities are considered qualifying encounters

Not all important activities are considered qualifying encounters

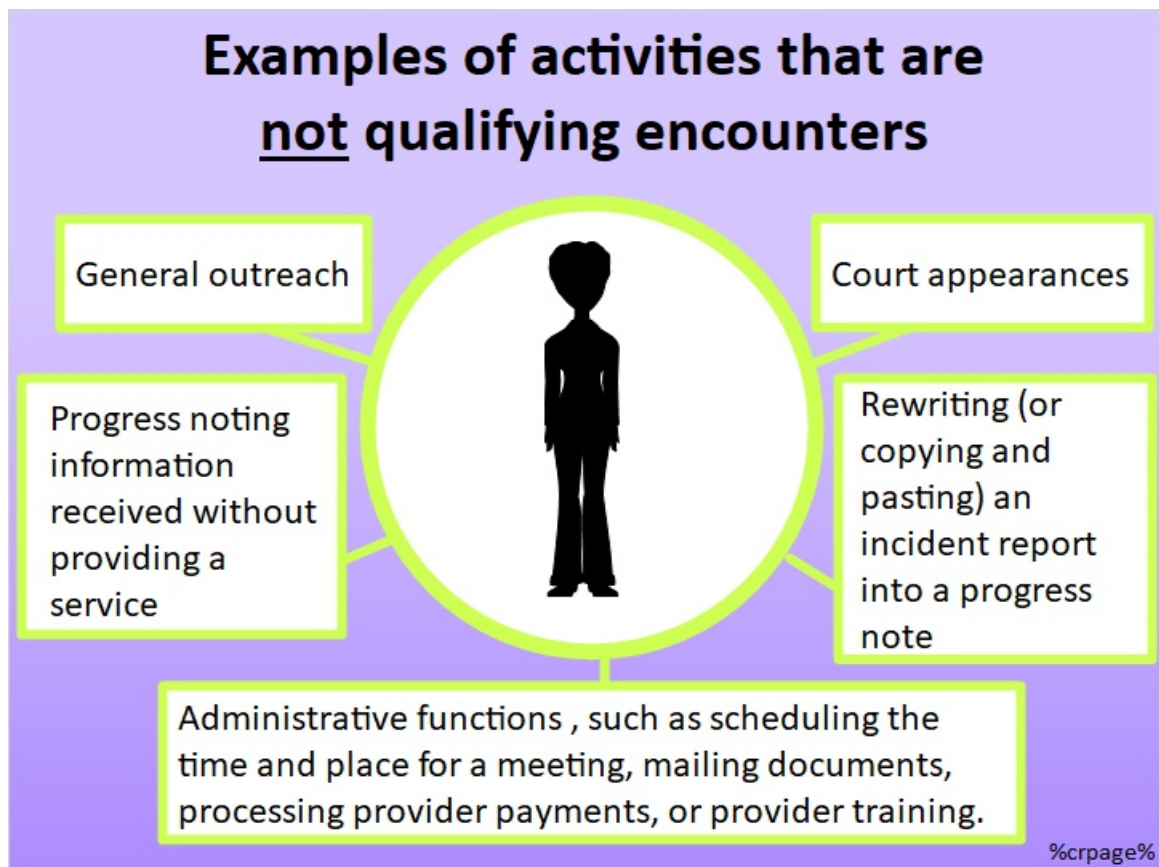


The work of an SC/PA includes qualifying encounters as well as other work essential to providing the supports necessary for a person to have a happy, safe, and productive life.

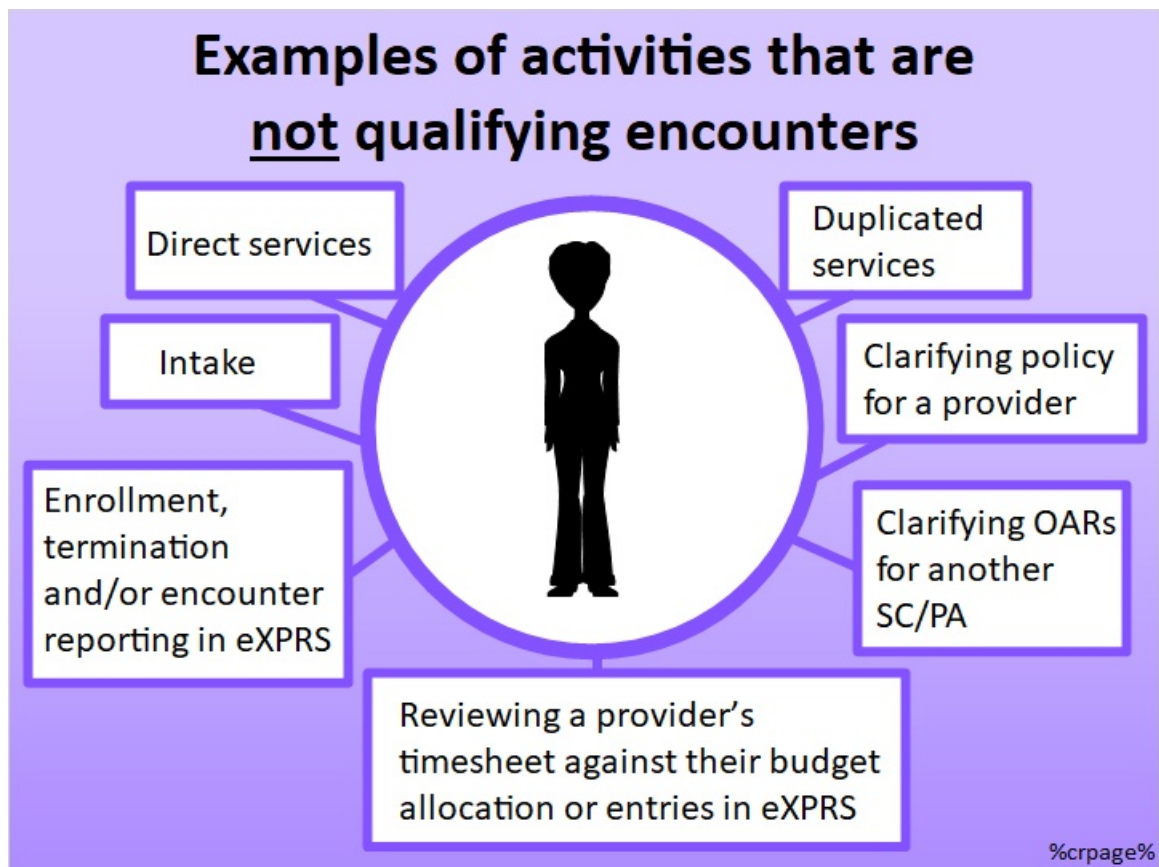
Many valuable and important interactions between a SC/PA and a person and/or other people do not meet the criteria for a qualifying encounter.

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1.18 Examples of activities that are not qualifying encounters



1.19 Examples of activities that are not qualifying encounters



Notes:

1.20 Documentation is required

Documentation is required

“If you didn’t write it down, then it didn’t happen.”



If documentation of a case management service is missing or inadequate, you will be unable to make a claim for that service.

- ✓ Use progress notes to describe the case management services delivered.
- ✓ Follow OARs which detail the requirements of an acceptable progress note.

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Notes:

1.21 Documentation has an impact

Documentation has an impact

Your progress notes are legal documents.

Anything you document becomes a part of the person's permanent, legal record, including your emails.

Your documentation may become part of:

- a legal proceeding,
- or an audit,
- or an investigation.

Your documentation may become evidence and you may be required to testify in court.



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Notes:

1.22 Your documentation holds the person's story

Your documentation is a record of important details of someone's life.



Record information respectfully and professionally.

- It helps preserve their story.
- It can ensure continuity of services.

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Notes:

1.23 Stories change as people grow and change

Stories change as people grow and change.



Current and accurate documentation helps ensure relevant and effective supports are in place.

It helps us consider the person's history and what relevance it has to the person's current experiences and needs.

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1.24 Quality documentation is important for the person

Quality documentation is important for the person

Inaccurate or incomplete documentation can result in significant consequences for the person, based on misinformation. Copying and pasting generic progress notes into the files of people in service is not acceptable.

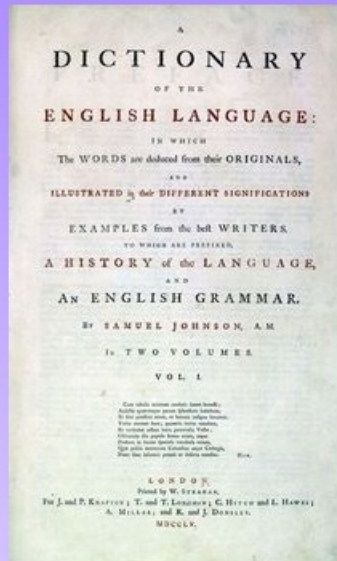
- ✓ Ask for help if you have any questions or need help with documenting.



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1.25 Use well-written, professional language

Use well-written, professional language



- ✓ Use grammatically correct English.
- ✓ Do not use “text language,” acronyms, or abbreviations.

Documentation that exemplifies **accuracy, objectivity, clarity, and brevity** reflects professionalism and respect for the person.

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1.26 Untitled Slide



Accuracy is defined as
“the quality or state of
being correct or precise.”

Accuracy in your work:

- ✓ Document what you know to be true; do not speculate.
- ✓ Follow up—document what you will do and then document when you did it. (i.e. “close the loop”)

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1.27 Untitled Slide



Objectivity is defined as
“the quality of being
unbiased.”

Objectivity in your work:

- ✓ Document facts, not your opinion.
- ✓ Use quotes when reflecting information that other people provide.
- ✓ Do not document assumptions or conclusions that cannot be supported by facts.

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1.28 Objective documentation

Objective documentation

Examples:

Esther was smiling and singing as her mom helped zip up her coat.
— Instead of: Esther was happy.

Brian said he had a good day at work.
— Instead of: Brian had a good day at work.

Kyle did not reply when I greeted him; his direct support staff Kim Thomson informed me that he was “upset about a disagreement with his housemate.”

— Instead of: Kyle was in a bad mood.

It was 92 degrees in Amy’s home according to the thermostat.

— Instead of: It was hot.

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1.29 Untitled Slide



Brevity is defined as “the quality of expressing much in few words.”

Brevity in your work:

- ✓ Document the key facts.
- ✓ Do not add extra details that confuse the story.

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1.30 Untitled Slide



Clarity is defined as “the quality of being easily understood.”

Clarity in your work:

- ✓ Ensure others can fully understand the situation from reading your documentation.
- ✓ Keep it simple—avoid unnecessary use of jargon and acronyms.
 - Keep in mind that over time, others will need to read and understand your documentation—acronyms and terms can change over time.

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1.31 Information to include in documentation

Information to include in documentation

- ✓ First and last names
- ✓ Job titles
- ✓ Roles in the situation or the person's life
- ✓ Date of progress note, with signature and full title
- ✓ Date on which the service actually occurred



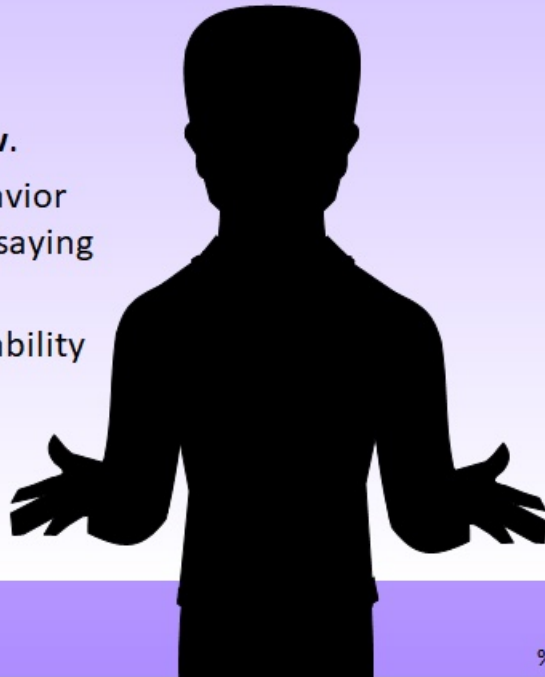
**Exclude names of others who receive services from ODDS.*

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1.32 Represent the person's voice accurately in your documentation

Represent the person's voice accurately in your documentation

- ✓ Listen to the person.
- ✓ Document **what** he is communicating, and **how**.
- ✓ Note if the person's behavior conflicts with what he is saying with words.
- ✓ Refer to the person's disability only when necessary.

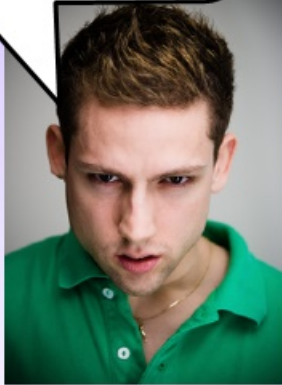


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1.33 Use quotation marks for clarity

Use quotation marks for clarity

"I'm not OK with
Bill wearing my
Nikes!"



**Only use the first person
tense when the words come
from the person and are a
quote.**

Use quotes to show what a person said.

- Examples:
 - Bryan told me that he discovered his Nikes were not in his closet when he got home today. He said, "I know Bill is out there walking through just anything in them. I am not OK with Bill wearing my Nikes!"
 - Bryan's DSP Nikki told me that his Nikes were missing and that he had said, "I'm not OK with Bill wearing my Nikes!"

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1.34 Emails in documentation

Referencing emails in progress notes



- ✓ Avoid using copied email communication as the whole of a progress note.
- ✓ Include quoted sections of an email in progress notes when useful. Provide adequate context in your documentation to convey the information clearly.
- ✓ Check with your manager to learn if your organization has policies that preclude the use of emails within progress notes.

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1.35 Simple is professional

Simple is professional

- ✓ Keep it simple, while still providing adequate information.
- ✓ Use the person's name rather than a label such as "consumer" or "client".
- ✓ Use clinical or technical language only when necessary.



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1.36 DHS Forms

DHS Forms

You can find many of the forms needed for your job responsibilities on the DHS Forms website.

(For more information click the resources tab)

- ✓ Use the most current version of each form.
- ✓ Ask your supervisor for help if you are unsure:
 - which form is required and when
 - how to locate or fill out a form

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SC/PA 118: Oregon Employment First Policy

1.1 Case Management Role in Carrying Out Oregon's Employment First Policy

Oregon's Employment First Policy

Tier 1: Must be completed within 30 days of start date
and before working unassisted

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1.2 In this course ...

In this course...

Basic information about
Employment First,
including the policy and
the Executive Order

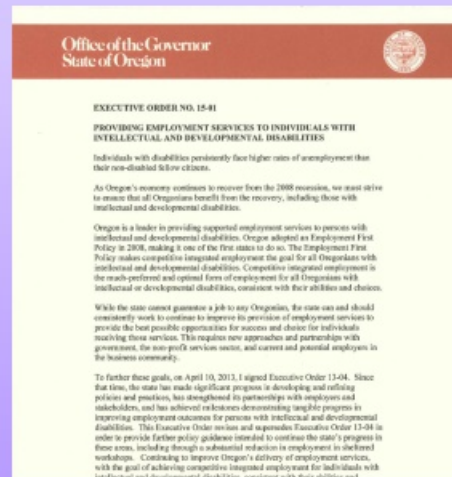


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1.3 In this course ...

In this course...

- Your role in communicating the Employment First policy and service expectations
- Basic information about employment services and resources



Notes:

1.4 At your organization



At your organization

Talk with your supervisor and/or training team to ensure you understand:

- Payment system for Employment Path or Supported Employment services.
- The detailed process to complete necessary forms such as the Career Development Plan, Person Centered Information, and Action Plans.

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1.5 At your organization



At your organization

Talk with your supervisor and/or training team to ensure you understand:

- The facts about Employment First, the Executive Order, Oregon Administrative Rules, and policies relevant to employment services for individuals with Intellectual/Developmental Disabilities (I/DD).

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1.6 What is Employment First?

What is Employment First?

A **national movement** changing services for people I/DD.

An overarching policy that applies to all people within the I/DD system, regardless of how much support a person may need.

- Oregon's Employment First policy was **adopted on September 18, 2008.**



*See the Resources tab for more information on Oregon's
Employment First Policy*

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1.7 What is Employment First?



Employment First:

- The concept that people should receive **opportunities and supports** to work.
- A call for people, companies, governments, and service systems to **explore fully integrated employment** with competitive wages **for working age adults**.

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1.8 Goals of Employment First

Goals of Employment First

To increase the numbers of people:

- ✓ in **competitive integrated employment**
- ✓ **working** in their community
- ✓ earning **minimum wage** or higher



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1.9 What is integrated employment?

What is integrated employment?



A setting that:

- Provides opportunity for people to **interact with people who do not experience disability.**
- Is in a **typical work** environment in the person's community.
- **Can include** small group employment.

See the Resources tab for the definition of integrated employment.

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1.10 What is integrated employment?

What is integrated employment?

Integrated employment is **not**:

- Segregated employment at an employment path-facility or sheltered workshop
- At a provider-owned, operated, or controlled setting.
- Non-work activities



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1.11 Oregon Employment First belief statement

Oregon Employment First belief statement

We believe:

- *Everyone can work and there is a job for everyone. Our job is to be creative and tenacious in providing support.*
- *Not working should be the exception. All individuals, schools, families and businesses must raise their expectations.*
- *People will be hired because of their ability not because they have a disability.*
- *Communities embrace people who contribute.*
- *Everyone has something to contribute and needs to contribute.*
- *People are healthier, safer and happiest with meaningful work.*
- *True employment is not a social service.*
- *Employment is a win/win for everybody.*

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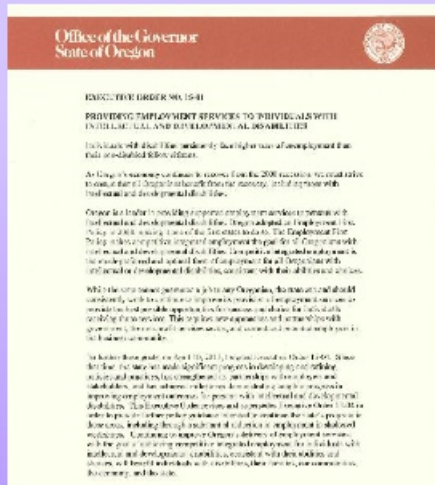
1.12 In addition to the Employment First policy

**IN ADDITION TO THE EMPLOYMENT
FIRST POLICY...**

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1.13 What is Oregon's Executive Order?

What is Oregon's Executive Order?



- Executive Order 13-04 signed by Governor Kitzhaber on April 10, 2013 directing systems to provide “employment services to individuals with I/DD” and superseded by Executive Order 15-01, signed February 2, 2015.
- One important step in Oregon's commitment to **competitive integrated employment**.
- An outline of actions to **improve employment outcomes** for Oregonians within I/DD services.

See the Resources tab for more information about Oregon's Executive Order.

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1.14 Relationship between Employment First and the Executive Order

Relationship between Employment First and the Executive Order

The Employment First policy established in 2008 established the expectation that competitive integrated employment will be the **first option discussed** during a person's annual planning meeting.



See the Resources tab for current Employment First documents and publications.

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1.15 Relationship between Employment First and the Executive Order

Employment First and the Executive Order:



The Executive Order provides a framework to **move the policy forward**.

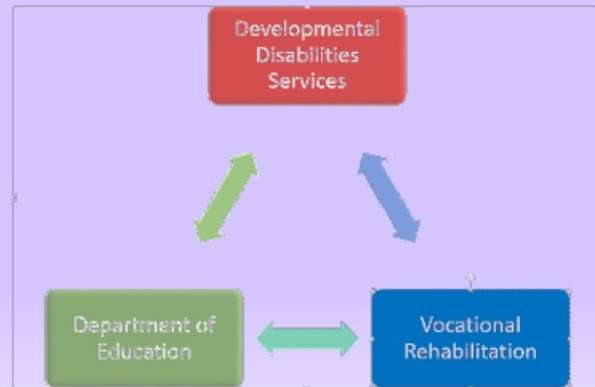
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1.16 To implement Oregon's Executive Order

To implement Oregon's Executive Order

These state entities
are **working together**:

- Vocational Rehabilitation (VR)
- Office of Developmental Disabilities Services (ODDS)
- Oregon Department of Education (ODE)



See the Resources tab for more information about the Memorandum of Understanding between these agencies.

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1.17 Employment opportunities: Your role

Employment opportunities: Your role



Services Coordinators and Personal Agents are responsible for ensuring people have the **best opportunities to reach their employment goals.**

Your role is key to implementing Employment First, the Executive Order, and helping people achieve their employment goals.

See the Resources tab for more information about Core Competencies for Employment Services for SC/PA's.

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1.18 Promoting Employment First

Promoting Employment First

Your role is to **provide informed choice regarding Employment First.**

- ✓ During annual planning discuss competitive integrated employment options and goals before other employment and day supports services.



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1.19 Promoting Employment First

In promoting Employment First...



- ✓ Begin the conversation about employment as early as possible.
- ✓ During planning with children and families set the expectation of future employment, while taking into account the age of the youth.

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1.20 Promoting Employment First

Promoting Employment First

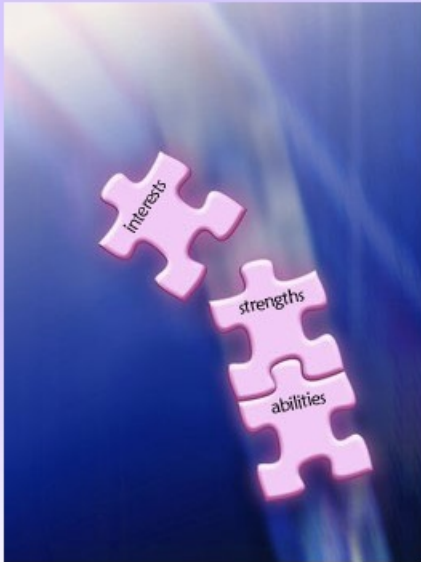
Presume that ALL people with I/DD are **capable** of:

- working in an integrated job.
- earning competitive wages.
- working the number of hours consistent with their goals.



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1.21 Promoting Employment First



Promoting Employment First:

Supports need to be consistent with **person centered approaches**, meaning people should be continually encouraged to explore their:

- **Interests**
- **Strengths**
- **Abilities** relating to employment

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1.22 Strategies for implementing Employment First

Strategies for implementing Employment First

- ✓ Emphasize your belief in the person's abilities.
- ✓ Assist a person in making **informed choices**.
- ✓ Understand where the person is on **her path to employment**.



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1.23 Strategies for implementing Employment First

Strategies for implementing Employment First



- ✓ Discuss with the person and her team, when applicable.
- ✓ Build and **focus on** individualized **goals**.
- ✓ Look to other **resources**.
- ✓ Move **beyond barriers** to employment.

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1.24 For everyone

For everyone

Everyone...

- Can and should contribute in their community.
- Can achieve competitive integrated employment when the right supports are in place.

The support you and others in the person's life provide will help him reach his employment goals.



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1.25 Employment Services

Employment Services



From the Executive Order, employment services are based on:

- **Person centered planning principles**
 - Identifies direction of future vocational and employment activities.

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1.26 Employment Services

Employment services are
based on:

- **Evidence-based practices**
 - Systems that are effective with people who are 16 and older.
 - Specific practices with people with I/DD.
- May include **post-secondary education** and/or training.



See the Resources tab for more information about Core Competencies and Training Standards for Supported Employment Professionals.

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1.27 Starting the conversation

Starting the conversation



- There are skills and strategies that can assist to guide employment and pre-employment conversations.
- A few definitions of employment services will be reviewed and then, the strategies to provide assistance toward the services a person wants/needs.

*See the Resources tab for more information about
Employment First resources.*

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1.28 Key terms to know

Key terms to know

☐ Employment Services

☐ Supported Employment Professionals

☐ Employment Team

☐ Discovery

☐ Career Development Plan

☐ Informed Choice

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1.29 Employment services

Employment services



Some different types of employment services currently available are:

- Individual Supported Employment
- Small Group Supported Employment
- Discovery

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1.30 Employment services

Employment services

Additional supports may be available through Vocational Rehabilitation.

You will learn about all types of services that are related to the services you provide with your supervisor or training team.



See the Resources tab for more information on policy and practices.

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1.31 Some employment services

Employment services



People who provide these services are called Employment Professionals.

Job Development is

- Support to identify and obtain a job.
- Only available through ODDS if VR services are not available due to order of selection.

Job Coaching is

- The support in a competitive integrated job, earning minimum wage or better, that supports a person to maintain or advance in their job.
- Intended to fade over time.

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1.32 Some employment services

Employment services

Small Group Supported Employment

- Occurs in regular business settings.
- Not at a provider-owned, operated or controlled setting.
- May be comprised of groups of 2 to 8 people.
- Must be compensated at minimum wage or better.



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1.33 Some employment services

Employment services

Employment Services are designed to:



- Promote integration into the workplace.
- Include interactions with people without disabilities in the workplace.
- Promote independence on the job.
- Reduce reliance on paid supports over time.

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1.34 Understand where the person is on her path to employment

Understand where the person is on her path to employment

This pictorial may help you identify where people you support may be on their various paths to employment.

(Use your mouse to hover over the images)



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Learn more (Slide Layer)

Understand where the person is on her path to employment

This pictorial may help you identify where people you support may be on their various paths to employment.

(Use your mouse to hover over the images)



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Understand where the person is on her path to employment

This pictorial may help you identify where people you support may be on their various paths to employment.

(Use your mouse to hover over the images)



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Understand where the person is on her path to employment

This pictorial may help you identify where people you support may be on their various paths to employment.

(Use your mouse to hover over the images)



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Understand where the person is on her path to employment

This pictorial may help you identify where people you support may be on their various paths to employment.

(Use your mouse to hover over the images)



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Understand where the person is on her path to employment

This pictorial may help you identify where people you support may be on their various paths to employment.

(Use your mouse to hover over the images)



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1.35 Outside of employment services

Employment Service Providers



Employment Service Providers may provide a variety of **employment services**.

These could include:

- Training and skill development;
- Assessments to identify a person's strengths and skills; and,
- Career exploration opportunities.

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1.36 Outside of employment services

Self- Employment

Individuals who are interested in pursuing self-employment may also utilize Job Development and Job Coaching in order to support their pursuit of entrepreneurship.



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1.37 Pre-employment

Youth and Employment



It is about the conversation.

- For youth, specific career conversation is not always necessary.
- Consider the **age of the youth** when discussing employment:
 - When a youth is 5, having a conversation with the family about skills and interests would be appropriate.
 - When a youth is 14, a conversation about summertime work would be appropriate.

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1.38 Under 16 years old

Under 16 years old

School is the primary learning environment, and will focus on functional skills.

- Before age 16, a conversation toward employment goals and outcomes occurs.
- At 16, information for the Career Development Plan, Part of the Individual Support Plan, begins to be developed.



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1.39 At 16 years old

Beginning at 16 years old...



- The information for the Career Development Plan may include transition services
 - Information is gathered.
 - The use of Transition Network Facilitators might be needed (through ODE).
- Discussion about employment options is part of annual planning.

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1.40 Services towards employment

Pre-employment

This includes a variety of services such as

- Discovery
- Job Development

Some people will need all of these services, while others may only need one or two.



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1.41 Introduction to Discovery

Introduction to Discovery



Discovery is a **service** that:

- Is **person centered**.
- Includes work-related and other activities to **figure out a person's**:
 - Strengths
 - Interests
 - Abilities

*See the Resources tab for the definition of
Discovery in Executive Order.*

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1.42 Introduction to Discovery

Introduction to Discovery

Discovery is **time limited**, and will result in a *Discovery Profile*. This will inform the person and the employment team - which includes you - of the strengths, interests, and abilities of the individual toward work. This may include self-employment options. The expected outcome of Discovery is a referral to VR for Job Placement.



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1.43 Discovery Profile

Discovery Profile

- Must contain the minimum standards established by ODDS.
- Requires contact and follow up throughout the process with the Discovery Provider, individual, and the VR Counselor.
- There is an approved template available on the DHS Employment website.

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1.44 Discovery Profile

Discovery is...

- Is a service that may take up to three months to complete, to learn more about the strengths of an individual.
- The optimal expected outcome of Discovery is a completed Discovery Profile, and a referral to Vocational Rehabilitation (VR) to begin job development.



See the Resources tab for more information.

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1.45 Examples of Discovery activities

Examples of Discovery activities



Job shadowing

- Job and task analysis activities
- Review for assistive technology to promote increased independence in the workplace
- Job shadowing
- Informational interviewing
- Volunteer positions to identify transferable skills and job/career interests
- Work-experience positions

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1.46 Career Development Plan

Career Development Plan

- Tool to facilitate the employment conversation.
- Is developed as part a person's Individual Support Plan (ISP)
- Focuses on a person's strengths, must be person centered, and include goals

Career Development Plan (CDP)

Education level completed: High school - modified or alternate certificate

Students (age 16-20) Expected date of exit from school:

Date by which CDP will be completed:

- ☐ Attending school and wants to work now.
- ☐ Attending school and receiving employment supports elsewhere.
- ☐ Has an IEP Post-Secondary Goal with employment or training focus.
- ☐ Attending school and not receiving any employment supports.

Status with Vocational Rehabilitation (VR) (age 16 and up)

- ☐ Currently receiving VR services ☐ Want a referral to VR
- ☐ Other/Not applicable, explain:


Working age adults (age 21-60) must choose one of the following statements:
If the person is at least 18 years old and has exited school, complete this section instead of the "Students (age 16-20)" section.

- ☐ Employed in integrated employment and chooses to: Check all that apply.

You can find more information about the Career Development Plan in another module.

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1.47 VIDEO: Good job match



Ted McCarthy

00:00 / 01:37

Ted talks about his good job match. His previous job did not find out if something was wrong. He now has confidence in his work, and is getting new tasks.

Select the Resources tab to read Pam and Ted's one page profile.

Select the Transcripts tab to read a transcription of this video.

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Notes:

TED: People I did for over at [cut] never did tell me where I stand with my work, and these people at Greenleaf that treat you as family. And if you got a problem, they can tell somethings bugging you. They take you outside and find out what it is. Then they let you go back to work. But, if you got something bug'n you, they can tell right off the bat and stuff like that, so...and I learn how to plant; I learn how, now I'm learning to take the carts inside the greenhouse without hitting no benches, because you have so much space between the benches you have to keep that cart straight, right in the middle. Sometimes it's hard when you do it. First time I did it I hit a lot of benches and now I get this thing right down in between the benches. They got, I got glasses, but they probably goes, "this is what I say, Ted. You have to learn. You have to be more comfortable doing that." And I got to more I do it, more I feel comfortable where I can take a cart full of plants and put em on the benches without hitting no benches, and all that. And that's what I'm learning now, so...

1.48 Assist a person in making informed choices

Assist a person in making informed choices

Informed choice occurs when a person makes a decision based on **all of the information and knowledge** they need to make that decision.

Your role is to ensure the person has the **supports, information, and opportunities needed** to make informed choices.



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1.49 Assist a person in making informed choices

Assist a person in making informed choices



A person:

- Must **fully understand** all of her employment options, including the costs and benefits of those options.
- **May need assistance** from others qualified to obtain information about her employment options.

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1.50 Assist a person in making informed choices

Making informed choices, a person:

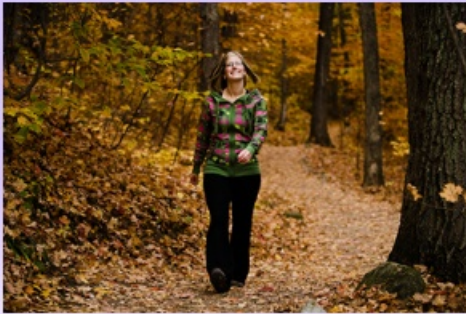
- May need opportunities to experience new situations to determine how she feels about and understands her employment options.
- Must be offered and be given the opportunity to choose from different employment environments and options.



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1.51 Understand where the person is on her pursuit for employment

Understand where the person is on her pursuit for employment



It's her path.

Each person you support will be at a different place on her employment path.

Understanding where each person is on her path will help you structure the conversation and the goals of support as you work with the team.

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1.52 Understanding ...pursuit of employment

Understanding ...pursuit of employment

Example:

Sal is not sure what type of job she wants. The outcome of **Discovery** may be to help her define her employment interests, skills, and abilities as well as her **ideal work conditions**.



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1.53 Understanding ...pursuit of employment

Understanding the pursuit of employment



Examples:

A person is already employed in a typical job earning minimum wage. The Desired Outcome in her ISP may be to **work more hours** or **learn a new skill** at her current job.

Johnny is ten, and will work someday. At his IEP meeting, you were asked about the options he will have just **prior to graduating school**.

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1.54 Understanding ...pursuit of employment

Understanding the pursuit of employment

Example:

Bob works in a Small Group Supported Employment and is considering a competitive integrated job but is not ready to give it a try. The goal may be to learn how to **travel to his work location independently**, so he can be more prepared for a job in the future.



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1.55 Understanding ...pursuit of employment

Understanding the pursuit of employment

Example:

Gail is in Employment Path Services. In order to utilize any employment service, the person must have the goal of obtaining a job in an integrated employment setting. Working toward that goal, her key step may be to **learn a new soft skill at her current employment path provider.**



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1.56 Discuss with the person and her team

Discuss with the person and her team

Some people are more successful when they have a team of support to reach their employment goals. This could be **paid** or **natural** support (unpaid).



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1.57 Discuss with the person and her team

Discuss with the person and her team:



Your role is to help the team come together and work toward a common employment goal.

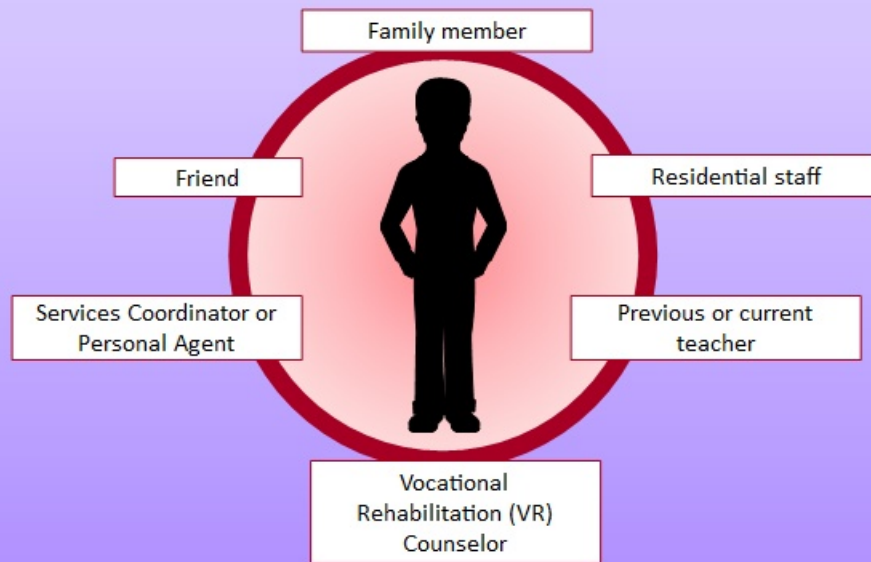
With youth, maintain regular discussions regarding employment in the future. Always maintain the expectation that everyone can work with the right support.

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1.58 Discuss with the person and her team

Discuss with the person and his team

Some members of the team may include:



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1.59 Discuss with the person and her team

Discuss with the person and her team:



As a Services Coordinator or Personal Agent (SC/PA), you are **always part of the person's team.**

Collaboration among **team** members, or people involved in supporting her on the job, will most **likely increase the person's employment success.**

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1.60 Individual Support Plan

Individual Support Plan

- All team members must understand and agree to expectations and responsibilities involved with **employment Desired Outcomes**.
- People are **more successful** when their team members know or have **agreed to how they will support the person** in her employment efforts.



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1.61 How team members may support a person in her employment efforts

How team members may support a person in her employment efforts



- A residential provider needs to understand their role in helping Jennifer do her **laundry** to have a **clean uniform** for work.
- A family member needs to understand how and when to assist their family member with **reporting wage earnings** to Social Security.

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1.62 Build and focus on individualized goals

Build and focus on individualized goals

Individualized employment goals and/or outcomes can be one of your most valuable strategies as a SC or PA.



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1.63 Build and focus on individualized goals

Build and focus on individualized goals



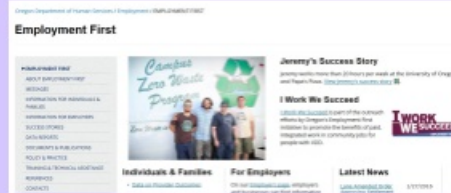
Individualized employment outcomes:

- Promote team work, agreement and understanding.
- Measure progress.
- Help identify what aspects of employment supports are effective, and those that are not.

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1.64 Look to other resources

Look to other resources



Additional resources may be available to help a person reach their employment goals.

These include:

- Vocational Rehabilitation (VR)
- School transition programs
- Social Security benefits planning
- Employment First resources

See the Resources tab for information about DHS Employment First.

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1.65 Vocational Rehabilitation (VR)

Vocational Rehabilitation (VR)



- The main goal is to help people obtain **competitive integrated employment**.
- Services are **short-term**, and a person must qualify.
 - When a person is eligible for developmental disability services, the person is typically eligible for VR services.

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1.66 Vocational Rehabilitation

Vocational Rehabilitation

Your collaboration in this process is key to helping people be successful at VR. Additionally, if a person is blind, VR will work with Oregon Commission for the Blind (OCB) to help ensure employment success.



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1.67 School transition programs

School transition programs



Transition programs:

- Are geared toward students with disabilities between the ages of 16-21.
- Help students prepare for and move from school to adulthood.

See the Resources tab for information about the Transition Community Network.

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1.68 School transition programs

School Transition programs

- Often **collect information about students'** identified preferences, interest, needs and skills, often referred to as PINS, which can be very valuable to the student and the person's employment team.
- After a student has exited the transition program, or completed their last year of school, ask the school for the Summary of Performance (SOP). This document summarizes the work assessments, skills, and other data the school has collected through the programs.



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1.69 Social Security benefits planning

Social Security benefits planning



Analyzes how **earned wages** will impact a person's Social Security **cash benefits** such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), and identifies appropriate work incentives to maximize earnings. This is very important as many people depend on their benefits for living expenses.

See the Resources tab for information about the Social Security Administration: How We Can Help with Vocational Rehabilitation.

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1.70 Social Security resources

Social Security resources

There are two resources in Oregon for benefits planning:

- Disability Rights Oregon
- The Work Incentives Network (WIN)

Connect the individual to one of these resources when the impact of earned income on benefits is a concern.

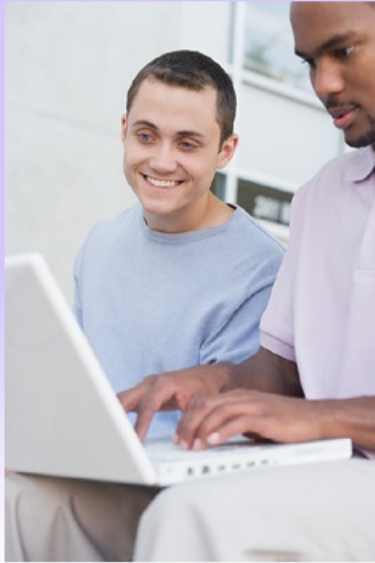


*See the Resources tab for information about the
Disability Rights Oregon: Benefits Planning.*

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1.71 Employment First resources

Employment First resources



Utilize your local Employment First (EF) team as the resources are changing and evolving based on best practices.

Resources, stories, and tools are available at the DHS Employment First website.

*See the Resources tab for information about the
DHS Employment First website and the Employment
First Team.*

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1.72 Move beyond barriers

Move beyond barriers

When barriers are not identified and addressed, a job can easily be lost.

- **Creative solutions** are most helpful with saving a job.
- **Knowing the person** and supports needed prior to starting a job is important.

The **sooner barriers are identified**, *the more success a person can have with a job.*

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1.73 Move beyond barriers

Move beyond barriers



You are responsible to help a person **find and coordinate the resources** needed to overcome barriers.

This may occur through utilizing a Personal Support Worker (PSW), an Independent Contractor, or a provider organization.

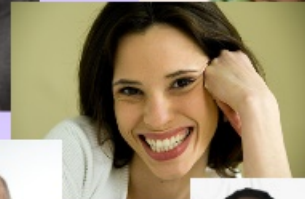
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1.74 Move beyond barriers

Move beyond barriers

Your approach to tackling barriers can positively impact the outcome:

- Encourage by using a **can-do attitude**.
- Expect that **goals** will be **reached**.
- **Share excitement** about discovering what is possible.
- **Celebrate** even the smallest steps forward.



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1.75 What to do when the plan is not working

What to do when the plan is not working



- **Review the goals** to see which pieces are not progressing.
- **Contact** the person's PSW, Independent Contractor, or employment provider.
- Assist with **arranging time to talk with the person** and her team, when applicable.
- **Connect with others** in the field about the challenges.

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1.76 Tips to consider

Tips to consider

- ✓ Utilize the **employment team** for ideas and resources. You may not find all of the solutions on your own.
- ✓ **Share information** about supported employment, including useful websites and tools or strategies with the team.
- ✓ **Share success stories** with the team or family to spark creativity and locate resources.



See the Resources tab for websites, tools, and examples of success.

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1.77 Things to research

Things to research



- Employment Services have a **specific payment process**.
- ODDS has:
 - **Services and rates** for employment
 - **Rate guideline** and billing requirements

See the Resources tab for more information

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1.78 Things to remember

Things to remember

Specific services have considerations.

These considerations for provider organizations include, but are not limited to:

- Job Coaching, **when no other day support** type of service is provided, can be billed for the hours the individual works, **up to 40 hours** per week.
- When there is a **combination of services**, the hours are **limited to 25 hours/week**, OR an average of 108.3 hours/month.



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1.79 Authorize billing

Authorize billing

Your role is to **authorize billing** for employment services.



Small Group Employment or other Employment Path services:

- May be combined with other services.
- Always billed at no more than 25 hours/week or 108.3 hours/month.
- May only be billed for direct services delivered to the individual.

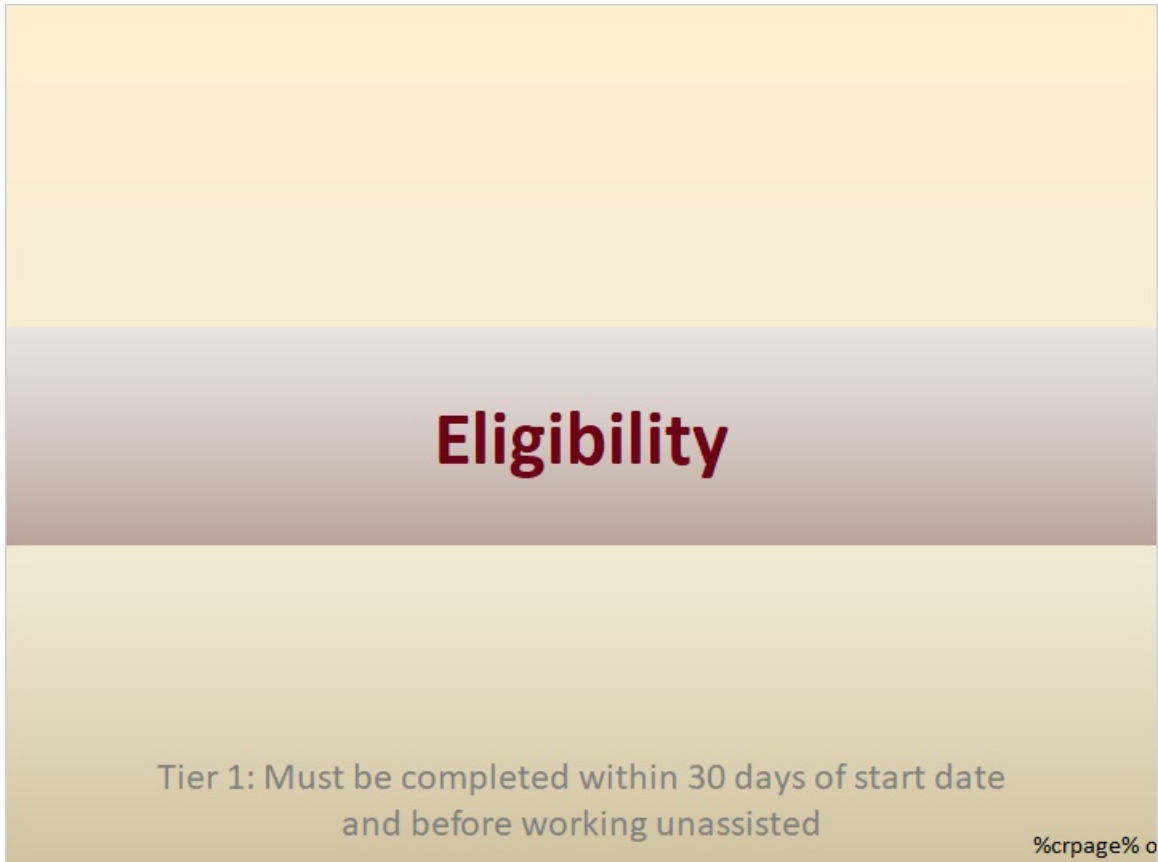
See the Resources tab for information on Documents and Publications.

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SC/PA 119: Eligibility

1. SCPA Eligibility

1.1 Basic Eligibility Standards



1.2 In this course we will cover

In this course...

- How someone is determined eligible for services from the Office of Developmental Disabilities Services (ODDS).
- The relationship between eligibility determination and Level of Care (LOC).
- Your role when someone is determined ineligible for services.



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1.3 At your organization



At your organization

- Talk with your supervisor and/or training team to ensure that you understand your responsibilities regarding basic eligibility.
- Know what trainings are required and/or offered at your organization.
- Know who to talk to if you need assistance.

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1.4 Your role

Your role



Part of your job as a Services Coordinator or a Personal Agent (SC/PA) is to help provide information when you are asked about how a person becomes eligible for Intellectual/Developmental Disability (I/DD) services.

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1.5 Be informed

Be informed

Familiarize yourself with...

- What intellectual and developmental disabilities are.
- How eligibility for I/DD services is determined.
- Your responsibilities in referring a person for a determination of financial eligibility.



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1.6 Each person is different

Each person is different



Keep in mind that intellectual and developmental disabilities affect each person in a unique way.

Avoid making any assumptions about a person based on his diagnosis.

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1.7 Eligibility Specialists

Eligibility Specialists

A person's eligibility for I/DD services in Oregon is assessed by qualified Eligibility Specialists at Community Developmental Disability Programs (CDDPs) or ODDS.



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1.8 Be able to explain eligibility

Be able to explain eligibility



As a SC/PA, you will most likely not have responsibilities *directly* related to determining a person's eligibility for I/DD services in Oregon.

However, you need to understand how eligibility is determined, so you can explain it to a person or family.

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1.9 The first step

The first step

I/DD eligibility determination is a person's first step in accessing I/DD services in Oregon.

From the first contact, eligibility specialists should provide resource referrals.



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1.10 Initial I/DD eligibility

Initial I/DD eligibility



To be eligible for I/DD services, a person must have a qualifying **intellectual** or **developmental disability**.

An eligibility determination results in a decision of whether or not the person qualifies for I/DD services.



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1.11 What is an “intellectual disability?”

What is an “intellectual disability?”

An **intellectual disability** is characterized by significant deficits in a person’s intellectual and adaptive behavior, prior to age 18.



See the Resource tab for more information on intellectual disabilities.

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1.12 Intellectual disability criteria

Intellectual disability criteria



An intellectual disability may affect a wide range of intellectual, social, and practical skills.

Generally, a person who has an Intelligence Quotient (IQ) below 70 is considered to have an intellectual disability, as long as onset was prior to age 18 and is expected to continue indefinitely.

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1.13 What is a “developmental disability?”

What is a “developmental disability?”

A **developmental disability** is a neurological condition that primarily originates in and affects a person’s brain.

The condition is present in a person’s developmental period (prior to age 22) and is expected to continue indefinitely.



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1.14 Developmental disability criteria

Developmental disability criteria



Developmental disabilities significantly impact adaptive behavior and skills.

- IQ scores are not the primary factor used to determine eligibility under this criteria.
- Developmental disabilities may include Autism Spectrum Disorders, Cerebral Palsy, Epilepsy, and other neurological conditions.

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1.15 What is not a Developmental Disability?

What is not a Developmental Disability?

Conditions that do not meet I/DD criterion include but are not limited to:

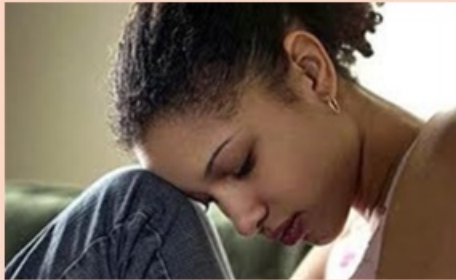
- Mental illnesses
- Learning disabilities
- Attention Deficit Hyperactivity Disorder (ADHD)
- Some communication disorders
- Sensory Impairments (vision & hearing)
- Substance abuse
- Physical or orthopedic Impairments , including motor impairments



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1.16 Mental health support needs

Mental health support needs



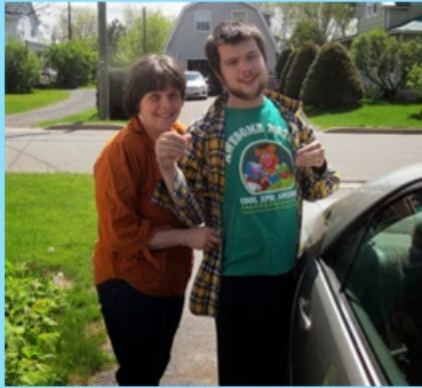
Individuals with I/DD may also have a co-occurring mental health diagnosis. These individuals may access services through the DD system as long as the I/DD diagnosis is the primary cause of their adaptive impairments and meets the eligibility criteria.

See the Resource tab for more information on mental illness and mental health supports.

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1.17 What are “adaptive behaviors?”

What are “adaptive behaviors?”



Adaptive behaviors are everyday living skills, referring to a person’s ability to independently perform activities of daily living or function in general society.

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1.18 Examples of adaptive behaviors

Examples of adaptive behaviors

For example...

Talking (communication)



Getting dressed or toileting (self-care)

Walking (mobility)

Going to school or work
(community use)



Making independent decisions
and choices (self-direction)



This is not an all-inclusive list.

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1.19 Adaptive behaviors and eligibility

Adaptive behaviors and eligibility



Adaptive behaviors are *considered* when determining a person's eligibility, but they alone do not qualify a person for I/DD services.

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1.20 Different eligibility criteria for children and adults

Different eligibility criteria for children and adults

Eligibility criteria for children and adults differs.

Help the person or family understand the rules that address eligibility requirements.



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1.21 Know the rules

Know the rules

Familiarize yourself with the Oregon Administrative Rules (OARs) that define eligibility.

This is particularly important if working with young children, and when someone is transitioning to adulthood.



See the Resource tab for related OARs.

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1.22 Different roles in different settings

Different roles in different settings



SCs, get to know the Eligibility Specialist within your CDDP with whom the person or family will be working.

Since PAs don't work at a CDDP, refer people interested in I/DD services to the local CDDP Eligibility Specialist for an eligibility determination.

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1.23 Eligibility for children

Eligibility for children

Eligibility for children is **provisional**.

- This means that the child's eligibility will have to be reviewed periodically, and his eligibility status may change.
- A child's eligibility may be re-determined any time new information is obtained.
- Redetermination is required at age 7 or 9 depending on what documentation was used to establish the original eligibility (medical statements vs. assessments.)



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1.24 Eligibility for children under 7

Eligibility for children under 7



There are specific timelines by which provisional eligibility must be re-determined.

- Eligibility determinations for children less than 7 years of age must be based on documentation that is no more than one year old.

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1.25 School age children eligibility timelines

School age children eligibility timelines

Eligibility determinations for school-aged children must be completed on children who are at least 5 years of age and who have had school aged testing completed.



See the Resources tab for more information.

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1.26 Maximum ages for children's eligibility

Maximum ages for children's eligibility

Eligibility determinations for school aged children may be completed up to...

- Age 18 for school aged children who are provisionally eligible based on a condition of an **intellectual** disability.
- Age 22 for school aged children who are provisionally eligible based on a condition of another **developmental** disability.



1.27 Redetermination of children

Redetermination of children for adult eligibility



Redetermination of school aged children for adult eligibility must be completed:

- Between the ages of 16 and 18 if school aged eligibility was determined based on an intellectual disability.
- Between the ages of 20 and 22 if school aged eligibility was determined based on another developmental disability.

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1.28 Adults

Adults

In the context of I/DD eligibility, “adult” means a person aged 18 or older.

However, adult eligibility is most often completed prior to this.



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1.29 Adult eligibility determinations

Adult eligibility determinations



Adult eligibility determinations most often occur:

- Between the ages of 16 and 18 for a person with an intellectual disability.
- Between ages 20 and 22 for individuals with other developmental disabilities.

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1.30 Re-determination of eligibility

Re-determination of eligibility

A person's eligibility may be re-determined any time new documentation is available, especially if new information is obtained that contradicts the original eligibility determination.



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1.31 Your role in re-determination of eligibility

Your role in re-determination of eligibility



The CDDP must notify the person (or his guardian/legal representative if applicable) any time a re-determination of eligibility is needed.

- You may be asked by the Eligibility Specialist to help gather information if a re-determination is required.

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1.32 How does a person start the process to eligibility determination?

How does a person start the process to eligibility determination?

A person who is interested in receiving I/DD services (or her guardian/legal representative if applicable) should start the eligibility determination process by **contacting her local CDDP** for a determination of eligibility.



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1.33 Next step: application

Next step: application



The next step is submitting an application including any assessments, evaluations, school records, reports from doctors, or any disability related information to help make an eligibility determination.

The eligibility specialists can provide assistance as needed.

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1.34 Initial I/DD eligibility entitles the person to case management services

Initial I/DD eligibility entitles the person to case management services

Once a person has been determined I/DD eligible by an Eligibility Specialist, he is entitled to receive case management services.



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1.35 Additional criteria for other services

Additional criteria for other services



The person must meet further criteria in order to receive other services, in addition to case management.

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1.36 Your role

Your role



- ✓ Refer and assist in the financial eligibility determination process.
- ✓ Refer for Oregon Needs Assessment (ONA) to determine Level of Care and support needs.
- ✓ Facilitate the development of the person's Individual Support Plan (ISP).

Completion of these steps is necessary for determining what services a person may be able to access.

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1.37 Connecting the dots –

Connecting the dots –Level of Care

It is necessary to determine whether a person requires an institutional level of support that can be provided in a community based setting. This is sometimes referred to as Level of Care, and is included in the Oregon Needs Assessment (ONA.)

An ONA must be completed, submitted to ODDS and approved prior to the person accessing Community First Choice State Plan (K Plan) or Home and Community Based Services (HCBS) waiver services.



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1.38 Oregon Needs Assessment assesses Level of Care (LOC)

Your role in the LOC



An ONA Assessor must conduct the initial ONA. There are other times when the ONA must be conducted by an ONA Assessor. Case Managers conduct the ONA when an ONA Assessor is not required to conduct it.

Refer to the Worker Guide “Case Management Activities and the ONA” for information on when the ONA must be conducted by an ONA Assessor. (This worker guide can be found under the Resources tab.)

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Resources:

Worker Guide may be obtained [here](#).

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/ODDS-Worker-Guides.aspx>

1.39 Oregon Needs Assessment

Talk to your supervisor if you have questions about the process for scheduling the ONA.

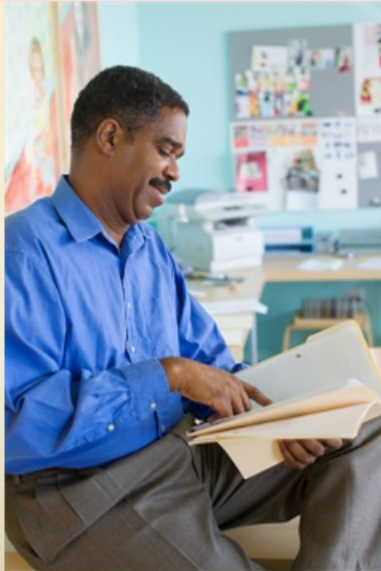


See the Resource tab for a link to the LOC Technical Guide.

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1.40 Connecting the dots –

Connecting the dots – Needs assessment



In addition to assessing the whether a person requires the level of care to qualify for Medicaid waiver or K plan services, the also ONA assesses the types and amount of supports a person needs.

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1.41 Keep in mind

Keep in mind

- A person is not *required* to receive services for all of his assessed support needs—this is just the total amount of I/DD services he is eligible to receive.
- Natural supports should be explored before using I/DD services.



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1.42 Right to appeal

Right to appeal



A person has the right to appeal any decisions made about her, including in the event that she is determined not to be eligible for I/DD services that he is requesting.

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1.43 What to do if someone is determined ineligible for services

What to do if someone is determined ineligible for services

- ✓ Assist the person in understanding her rights as well as how to appeal.
- ✓ Connect the person with other community or ancillary resources that might be helpful to her.
- ✓ Ask your supervisor or an Eligibility Specialist if you need help or have any questions.



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1.44 Connecting the dots –

Connecting the dots – ISP



Once a person has been determined eligible for I/DD services and the ONA has been completed, you will need to facilitate the development of her ISP.

There is more information about person centered practices, ISP planning and process in other modules.

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1.45 Supports and services in the ISP

Supports and services in the ISP

The ISP document, among other things, itemizes the supports and services the person has chosen to receive.

Chosen services are based on:

- The person's assessed support needs.
- Her preference for how those supports should be provided.

Natural and other unpaid supports are also documented in the ISP.



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1.46 Ask for help

Ask for help



If you have any questions or concerns about someone's eligibility, connect with an Eligibility Specialist and your supervisor.

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Notes:

