SCPA Core Competencies - Tier 2

SCPA 201 provides instruction for using the online modules and is omitted from the PDF version. Learners must complete module 201 when accessing the online courses in the state learning management system.

Hint: Click on the module title to navigate to the module.

Contents

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SC/PA 202: Individual Support Planning

1. SCPA - Oregon ISP Process - Services, Desired Outcomes, Risks, and Ancillary Supports

1.1 Oregon ISP Process – Services, Desired Outcomes, Risks, and Ancillary Supports

Notes:

1.2 In this course we will cover

In this course…

- Understanding how assessments lead to the Individual Support Plan (ISP)
- Ensuring ISP requirements are met

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1.3 In this course we will cover

In this course…

- Facilitating conversations that lead to long-term goals and short-term planning, evaluating progress toward and monitoring ISP outcomes
- Identifying and addressing risks in the ISP
- Understanding and connecting people to ancillary supports

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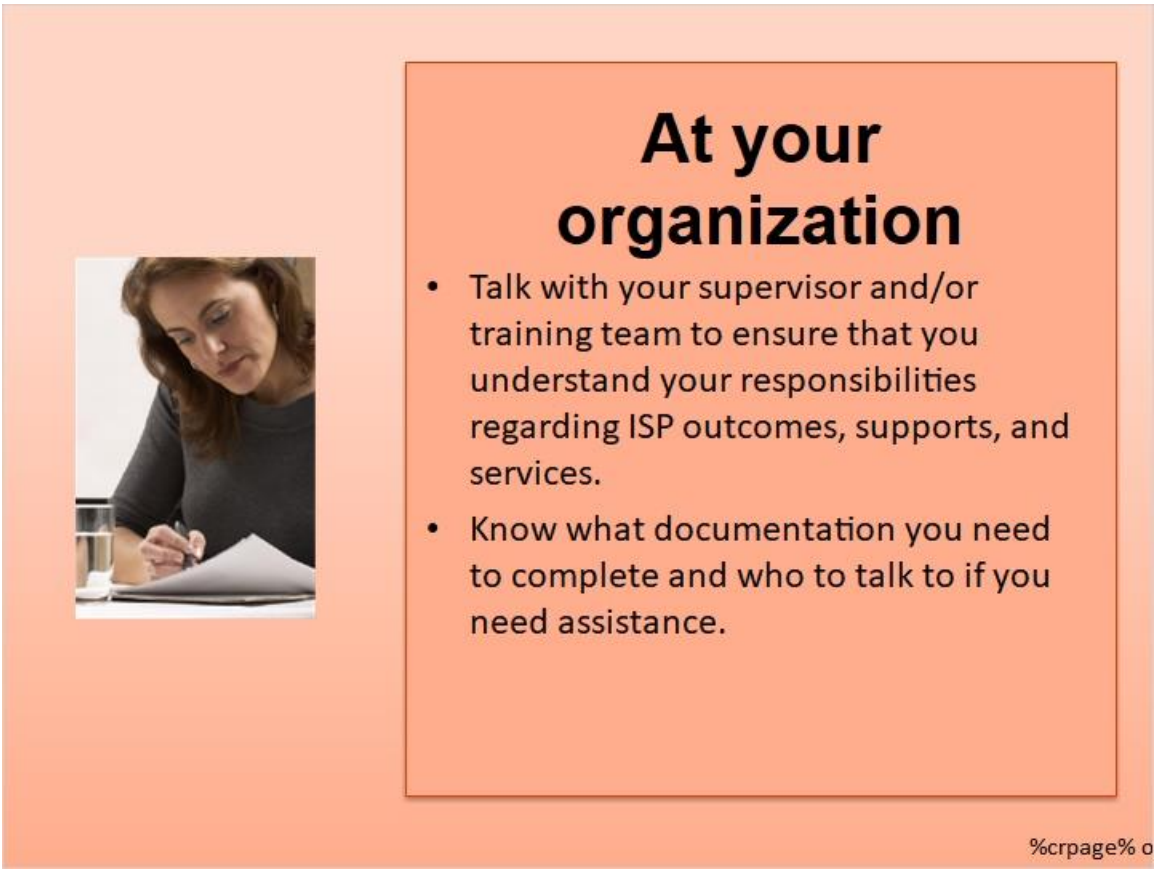
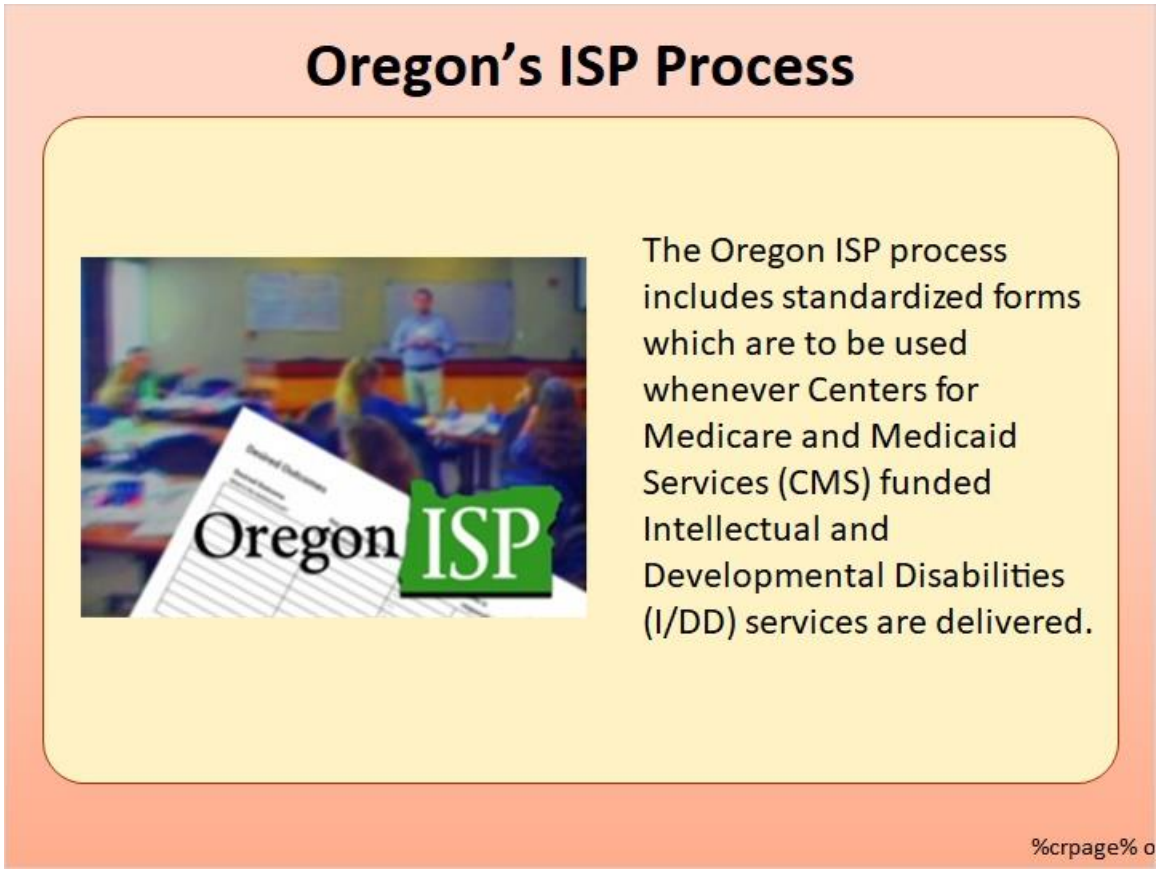
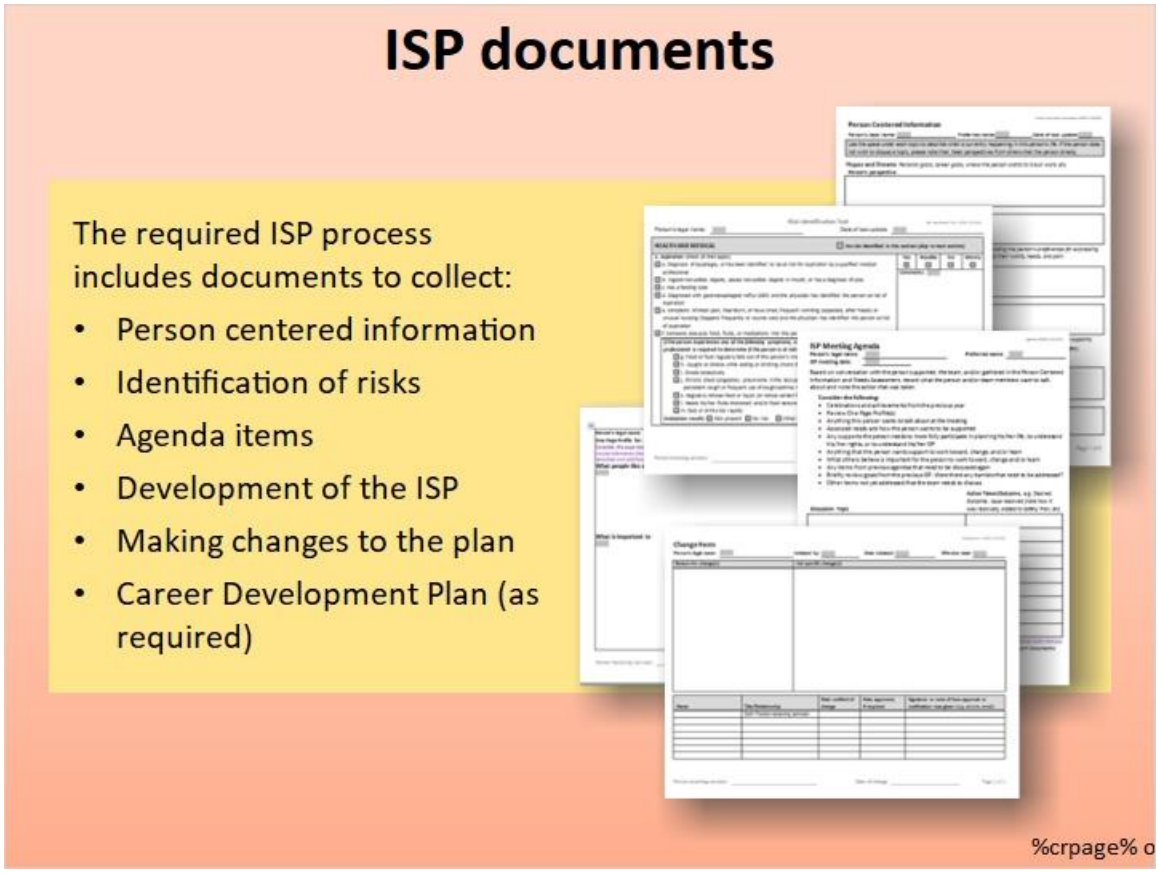
1.4 At your organization



1.5 Oregon's ISP Process



1.6 ISP documents



1.7 ISP is built from information gathered

ISP is built from information gathered

The ISP is built on information gathered from the perspective of the person, her family, guardian or designated representative, and others directed by the person such as people who provide supports.

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1.8 Planning begins with conversations

Planning begins with conversations

It is your role as a Services Coordinator or Personal Agent (SC/PA) to facilitate the development of each person's ISP.

This involves leading conversations about a wide range of topics.

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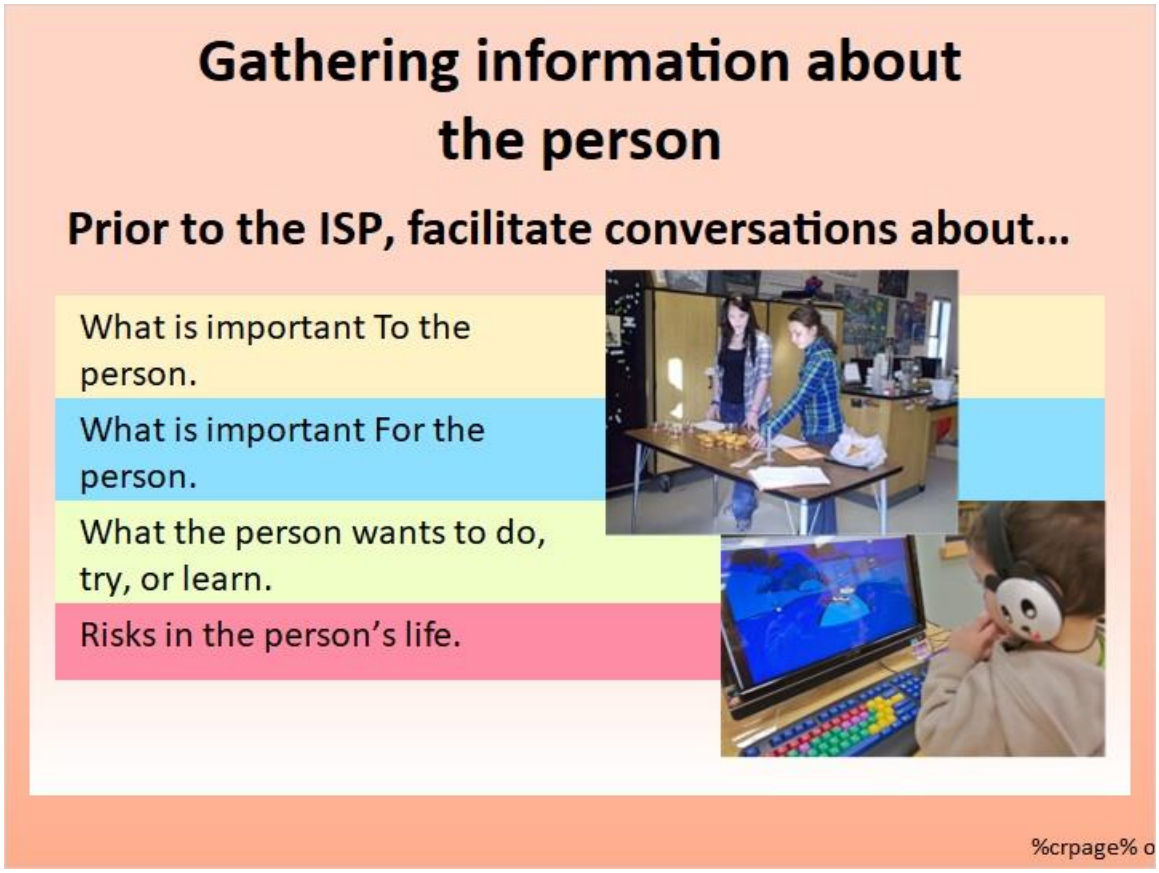
1.9 Gathering information about the person



1.10 The person's needs and supports

1.11 Using person centered skills and tools

Using person centered skills and tools

Person centered information, in the context of what is currently happening in the person's life, should drive the ISP.

- There are many person centered skills and tools that you can use to help gather information and facilitate the development of a person's ISP.

There is more information about person centered practices and planning in other modules.

See the Resource folder for a handout on person centered practices as well as additional awesome stuff.

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1.12 Assessing needs

Assessing needs

Assessing a person's needs is a required part of gathering information for planning a person's services and supports.

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1.13 CMS funding for services

CMS funding for services

Funding from CMS may be used to pay for services that are:

- Identified as "needs" using required tools, such as:
  - Level of Care assessment.
  - Needs assessment.
- Documented in the ISP.

There is more about using CMS funds in another module.

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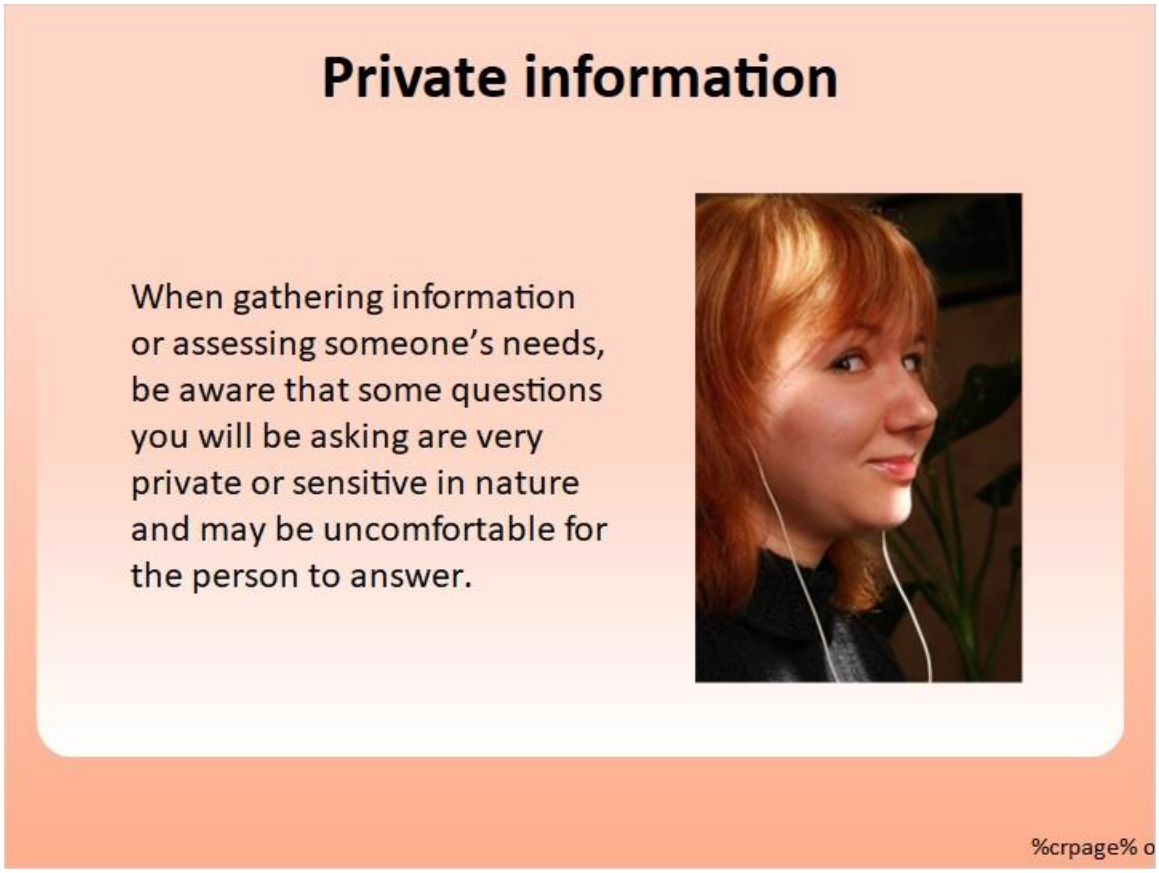
1.14 Private information



1.15 Respectful gathering of information

1.16 Identifying risks

Identifying risks

Assessing potential risks in a person's life is part of the ISP and needs assessment process.

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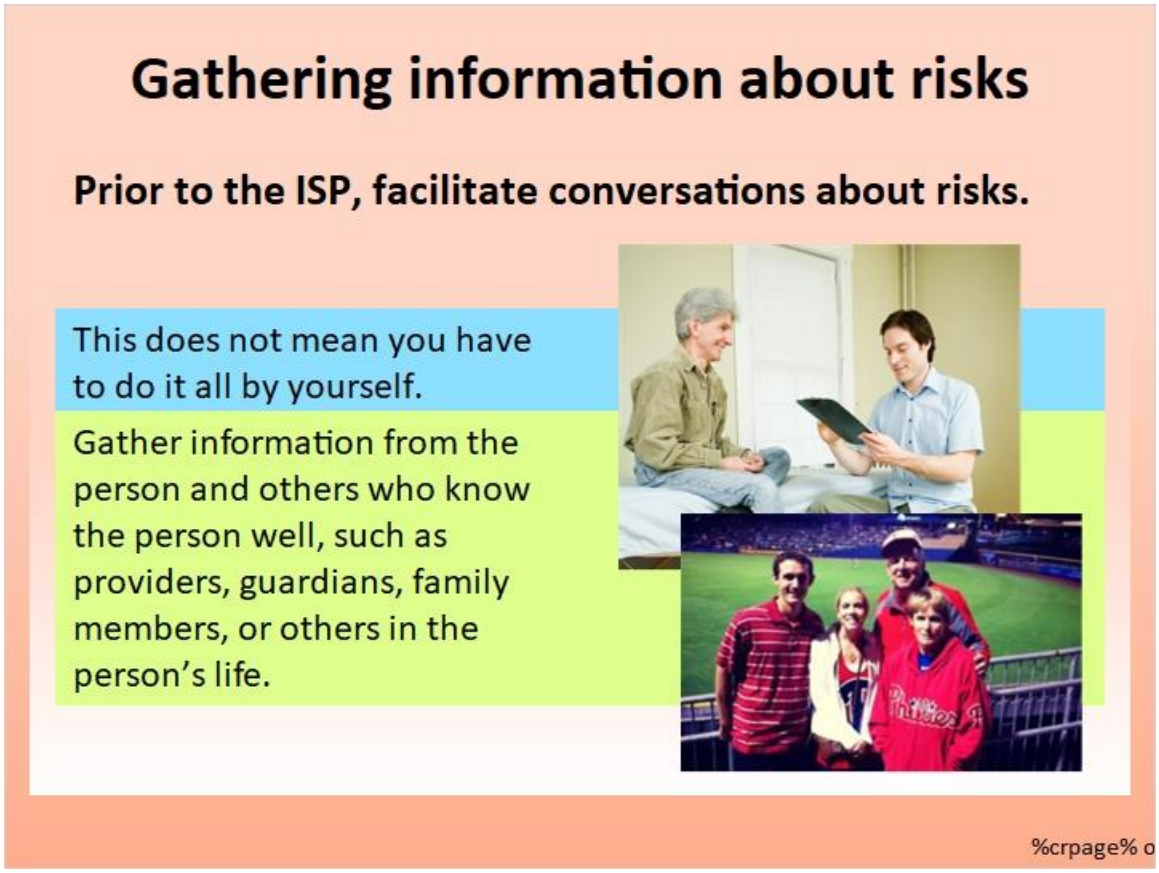
1.17 Gathering information about risks



1.18 If a person chooses not to discuss risks

1.19 Documenting the person's choice

Documenting the person's choice not to discuss risks

Document:

- The person's choice.
- Any decisions made by the person and/or others, such as a guardian.
- Follow up needed or done.

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1.20 Taking risks and the person's choice

Taking risks and the person's choice

An adult has a right to direct how risks in his life are addressed.

Ensure the person is offered information about risks and choices in an accessible and meaningful way to help him make informed decisions.

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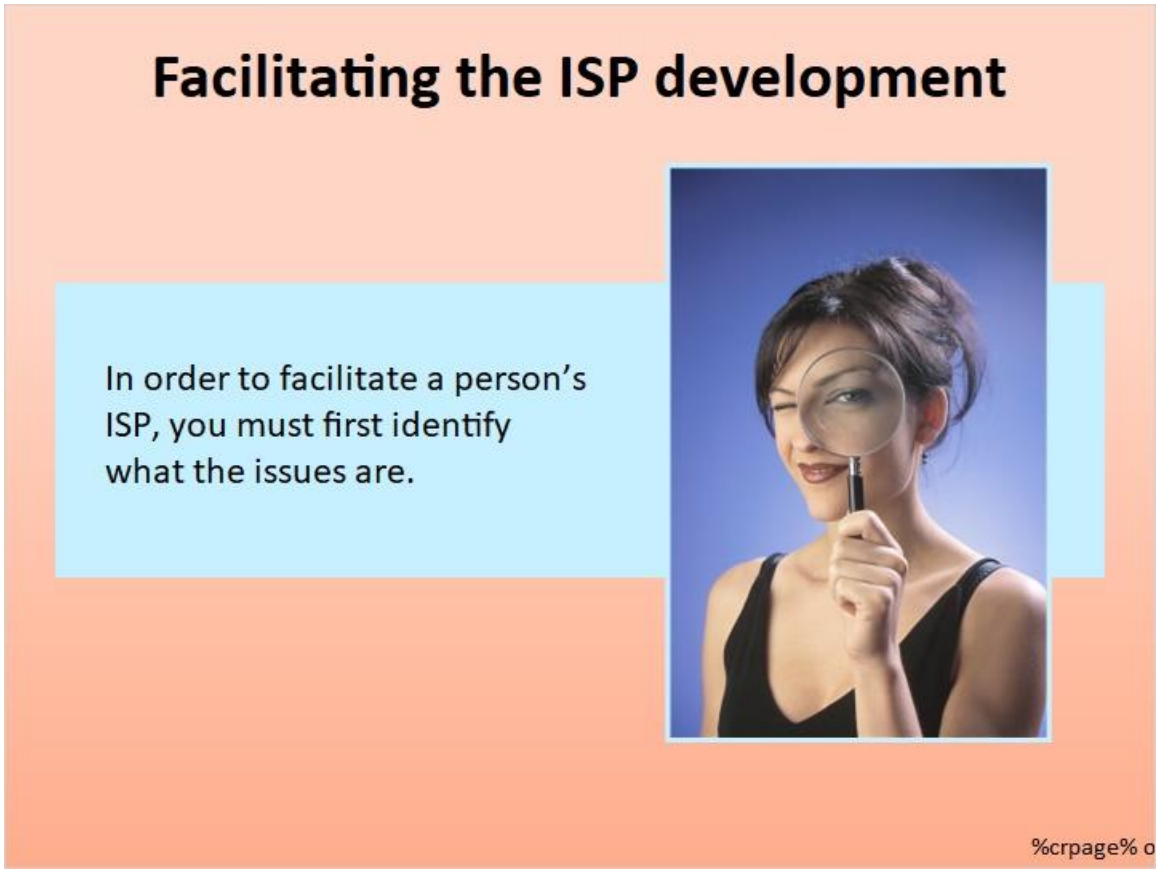
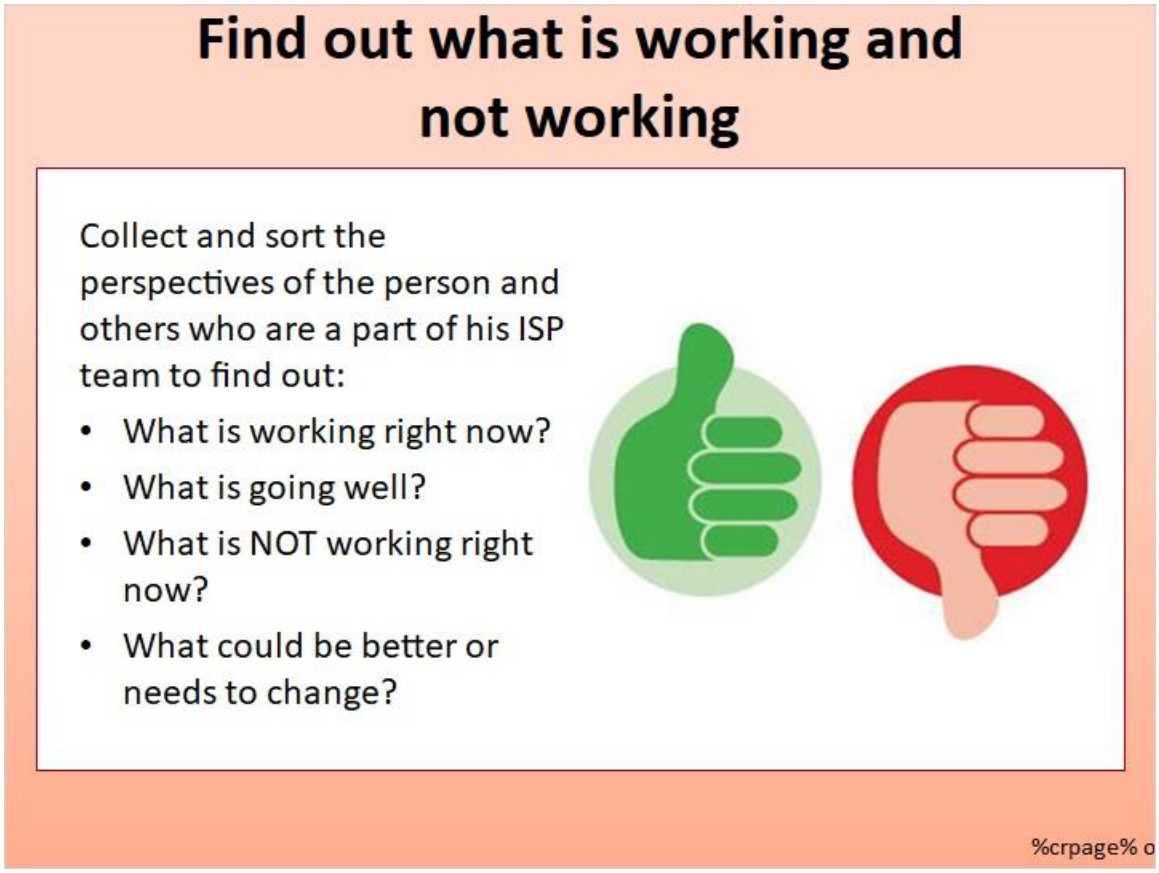
1.21 Facilitating the ISP development



1.22 Find out what is working and not working



1.23 Using information gathered about what is working and not working

Using information gathered about what is working and not working

Use the information you gathered from people's perspectives to facilitate conversations aimed at...

- Problem-solving.
- Negotiating a balance between what is important To the person and what is important For him.
- Action planning and developing meaningful Desired Outcomes.

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1.24 Adding information to the

Optional use of the ISP Agenda

The optional ISP Agenda can be a helpful tool to use in capturing what is working and not working in the person's life, and in preparation for the ISP meeting.

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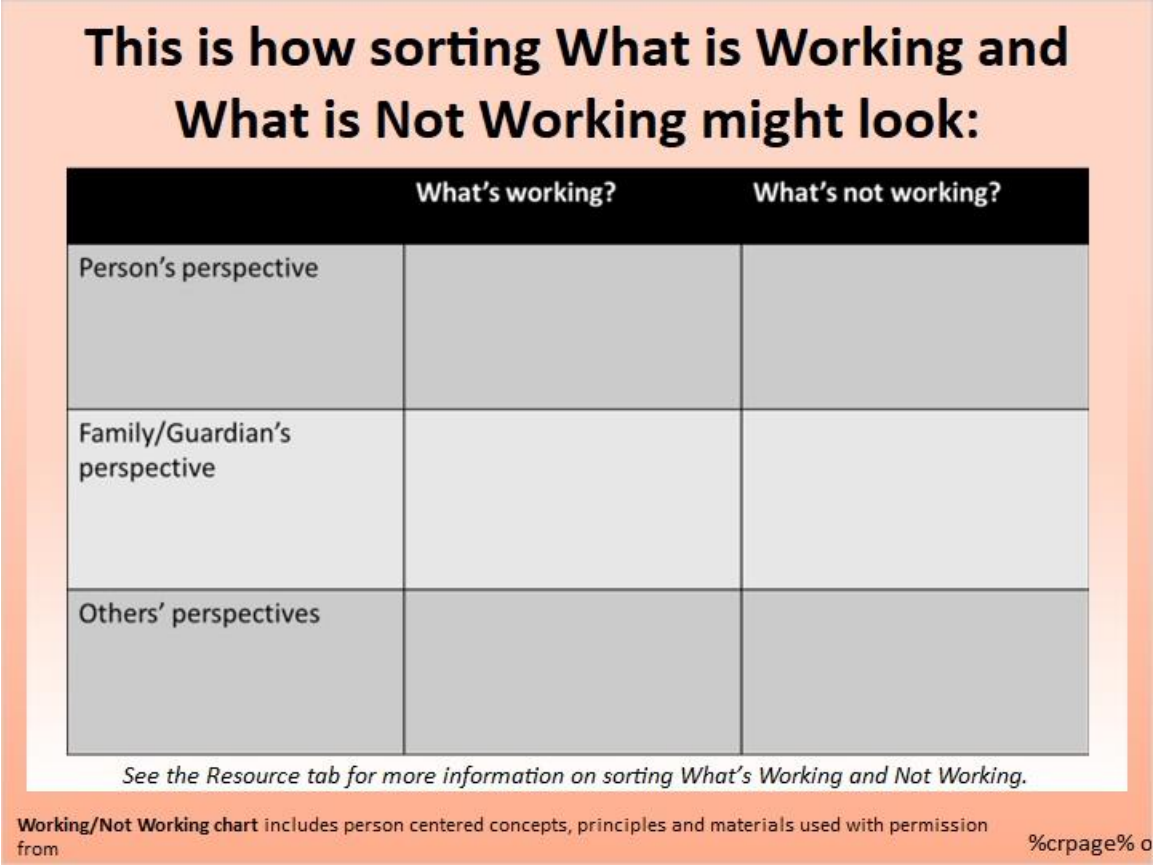
1.25 This is how sorting What is Working and What is Not Working might look:



1.26 Agreements and disagreements

Agreements and disagreements

Writing down each person's perspective will not only show what is working and not working, but it will also make it easy to see where people agree and disagree.

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1.27 Facilitating productive conversations

Facilitating productive conversations

Identifying where people agree and disagree will help you facilitate more productive conversations by...

- Finding common ground between people.
- Showing areas to focus on when action planning with the person and/or her ISP team.

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1.28 What would you change if you could?

What would you change if you could?

Another way to gather information about what is working or not working is to ask the person if he would change anything in his life.

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1.29 VIDEO – What Adam would change

In this video, Adam talks about what he would change in his life.

Select the Resource 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: Honestly, I would just wanna have my family nearby, close to me and not far, not out of state, no, just stay with me or just be on my, or take care of myself and do what I need to do. That's what I do best. It's, I mean, like, it's like if you, it's like losing family. It's like, it sticks with you forever. And um if you keep losing people you're just gunna eventually not have anybody left to help and they you won't be able to take care, you won't be able to see em, they won't be able to take care of you as much, but if it's, like, up to me, I would just rather have my mother back, honestly.

1.30 Reflecting on Adam's wishes

Reflecting on Adam's wishes

From Adam's perspective, his family not being nearby and his mother passing away do not work.

If you were Adam's SC/PA, consider how you could you use this information:

- What is most important To Adam?
- What Desired Outcomes might be interesting to him?
- What supports could be helpful?

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1.31 Desired Outcomes

Desired Outcomes

Facilitate the development of person centered, meaningful Desired Outcomes in a person's ISP.

See the Resource tab for information and a video about developing meaningful outcomes from Helen Sanderson Associates.

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1.32 Facilitating meaningful Desired Outcomes

Facilitating meaningful Desired Outcomes

Desired Outcomes:

- Relate to something the person wants to do, try, or learn.
- Are driven by the **balance** between what is important To and important For a person.
- Address the person's independence, well-being, productivity, and dignity in a way that works for the person.

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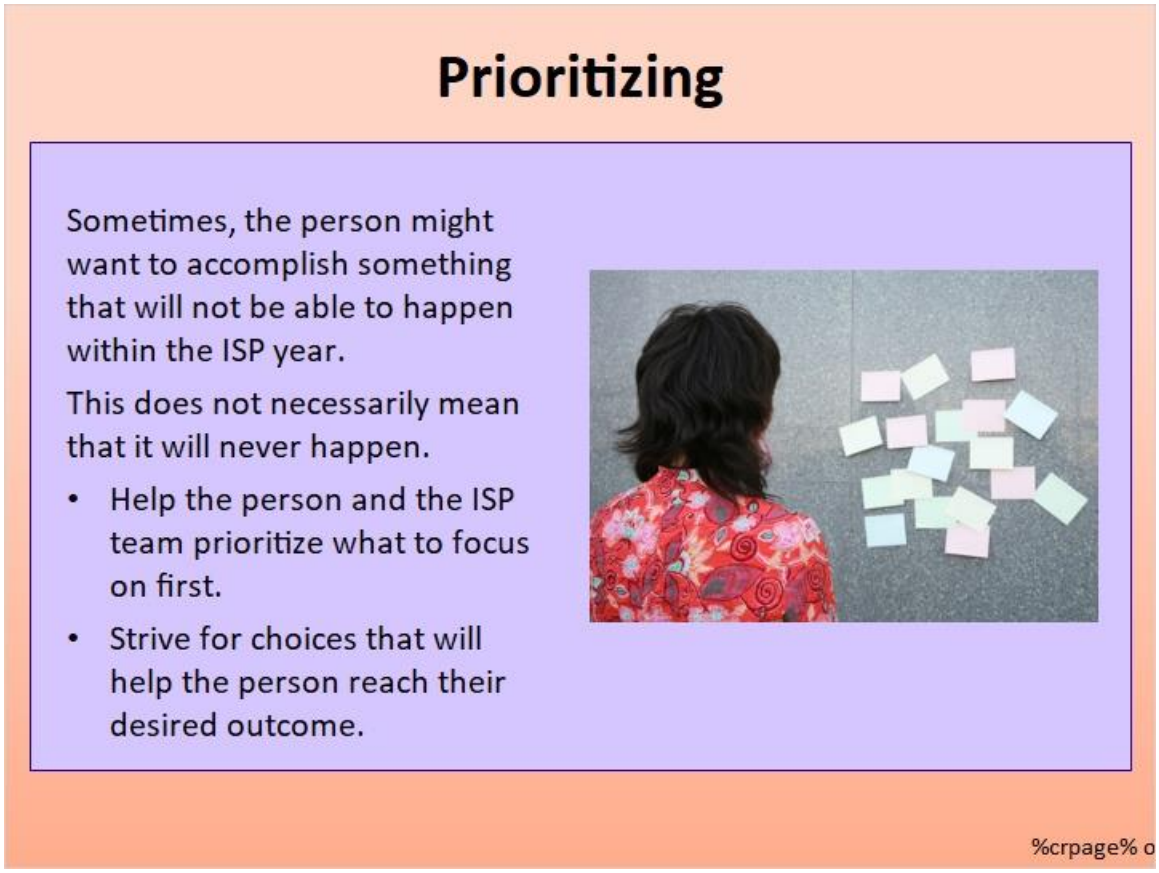
1.33 Prioritizing



1.34 Facilitating long and short-term planning

1.35 Don’t lose sight of dreams

Don’t lose sight of dreams

The ISP should reflect what is important to the person.

Do not lose sight of long-term goals, even if they cannot be accomplished right now.

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1.36 Planning ahead with children

1.37 Sometimes simple questions are best

Sometimes simple questions are best

In the following video, Cainan answers the question, “what are your goals for the future?”

Watch how he has a very different reply when he is simply asked what he wants to be when he grows up.

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1.38 VIDEO – Cainan's dreams for the future

Select the Resource tab to read Cainan's one page profile.
Select the Transcripts tab to read a transcription of this video.

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Notes:

CAINAN: Things like, um, to master a comprehension test. I'm still having some trouble about answering questions on the comprehension test. Um, all tests, um, on the mental transbooks, I really want to work on, too, because, I haven't, I haven't got 90 or 100. I've been getting 10, 20, 30, 40, 50, or 60, or 70 something like that.

MOM: What about goals in life, not just for school.

CAINAN: Um, goals for life? Well, obeying my parents. Um, yeah.

MOM: What do you want to be when you grow up?

CAINAN: Um, a bus driver and a bull rider.

INTERVIEWER: Bus driver and a bull rider?

CAINAN: Yeah. Yeah.

INTERVIEWER: Tell us a little bit about those things.

CAINAN: Um, well, I've, I've, I like to play, I like to play pretend. I like to play games where I pretend of being a bus driver at my grandma Eddy's house cuz my grandpa, my great grandpa, um, Chuck, he has an exercise bike outside and so I pretend that that is my bus that I'm driving and then I have, um, my grandma Eddy be a mom for somebody and I pick up that kid. And I pretend I pick up that kid on my bus, take them to school and then take them back home. Yeah. Yeah, it's fun. And then, bull rider, um, bull riders, I've, last year, my first year at Roosevelt, um, Mrs. Anderson showed us a video about people trying to, um, ride a four, a five year old bull, which people

couldn't ride him, cuz, cuz it wasn't, like, like when they instantly got on, like it wasn't like, it was, it was, it was instant, it was instant kicking and bucking. It wasn't like, it wasn't like slow, it was fast, not like a regular bull when you go slow kicking and bucking. It was, it was quick kicking and bucking and so people couldn't stay on him for 8 seconds, because they kept falling off of him. They kept falling off of him when he bucked and kicked and stuff like that. And then my mom also told me more about bull riding. So, that interests me too.

INTERVIEWER: Have you ever been to a real, um, bull riding?

CAINAN: Huhu. I haven't been to a real bull riding. I haven't.

BROTHER: Our other grandpa, Chuck. Um, he used to be a bull rider.

MOM: You mean uncle, Chuck.

BROTHER: My uncle, Chuck

CAINAN: Yeah

Brother: used to be a bull rider, so yeah, that's how mom knew.

1.39 Transitions begin early

1.40 Writing person centered

Writing person centered Desired Outcomes

Person centered Desired Outcomes should be:

- Clearly written.
- Meaningful to what is important to the person and what she wants to accomplish.
- Measurable—what will happen by when and who will help?

See the Resource tab for a tip sheet on writing S.M.A.R.T. desired outcomes.

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1.41 Desired Outcome steps and implementation

Desired Outcome steps and implementation

Desired Outcomes in the ISP also need to include:

- Key steps to work toward the outcome.
- Any paid services that support the outcome.
- Implementation information, such as...
  - Who is responsible?
  - Timelines.
  - Frequency or by when?
  - Where to record progress.

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1.42 Supports are not outcomes

Supports are not outcomes

Supports for basic needs should not, in themselves, be considered Desired Outcomes.

However, there may be supports *involved* with a person's Desired Outcomes, if he needs supports in order to reach his aspirations.

There is more on balancing what is important to and for a person in another module.

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1.43 Supports help people

Supports help people strive toward outcomes

Providing support with a person's activities of daily living (ADLs) and instrumental activities of daily living (IADLs) is often a critical *part* of assisting him in striving toward Desired Outcomes that reflect his **hopes**, **dreams**, and **aspirations**.

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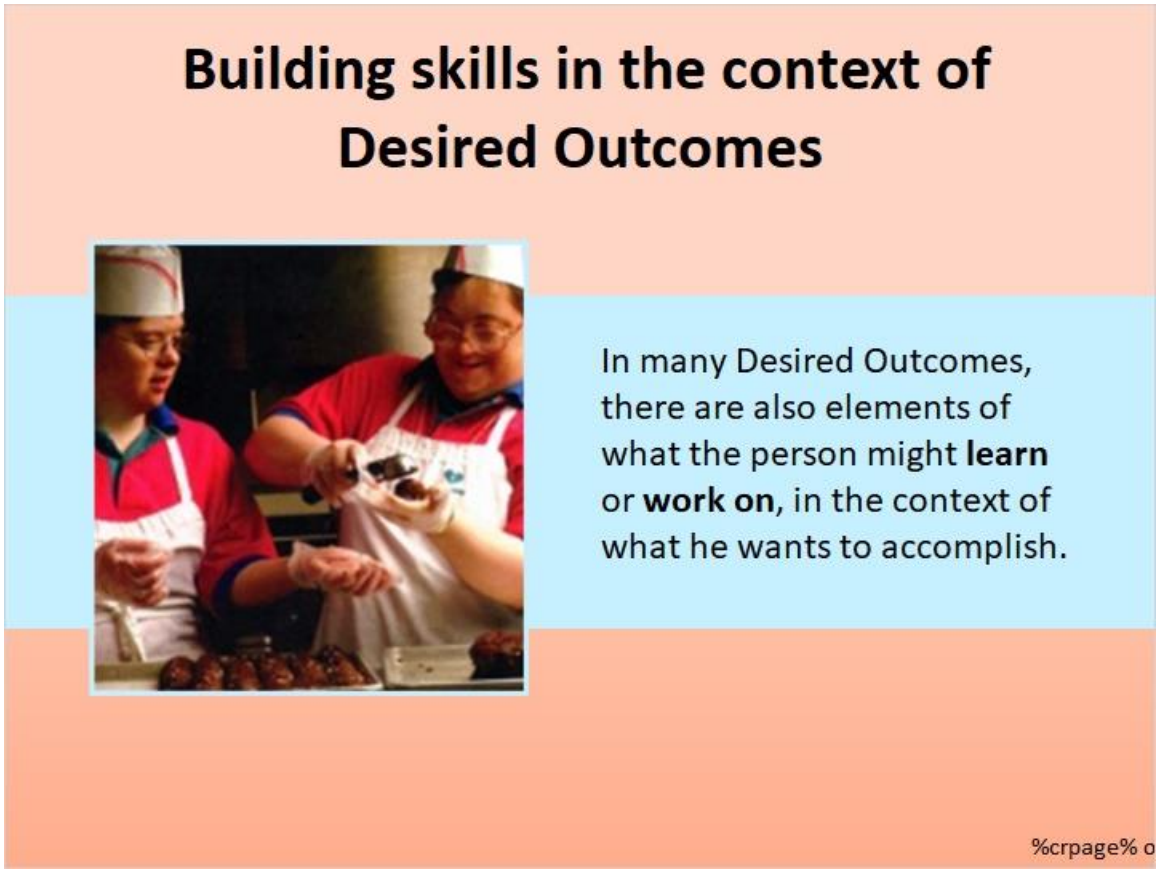
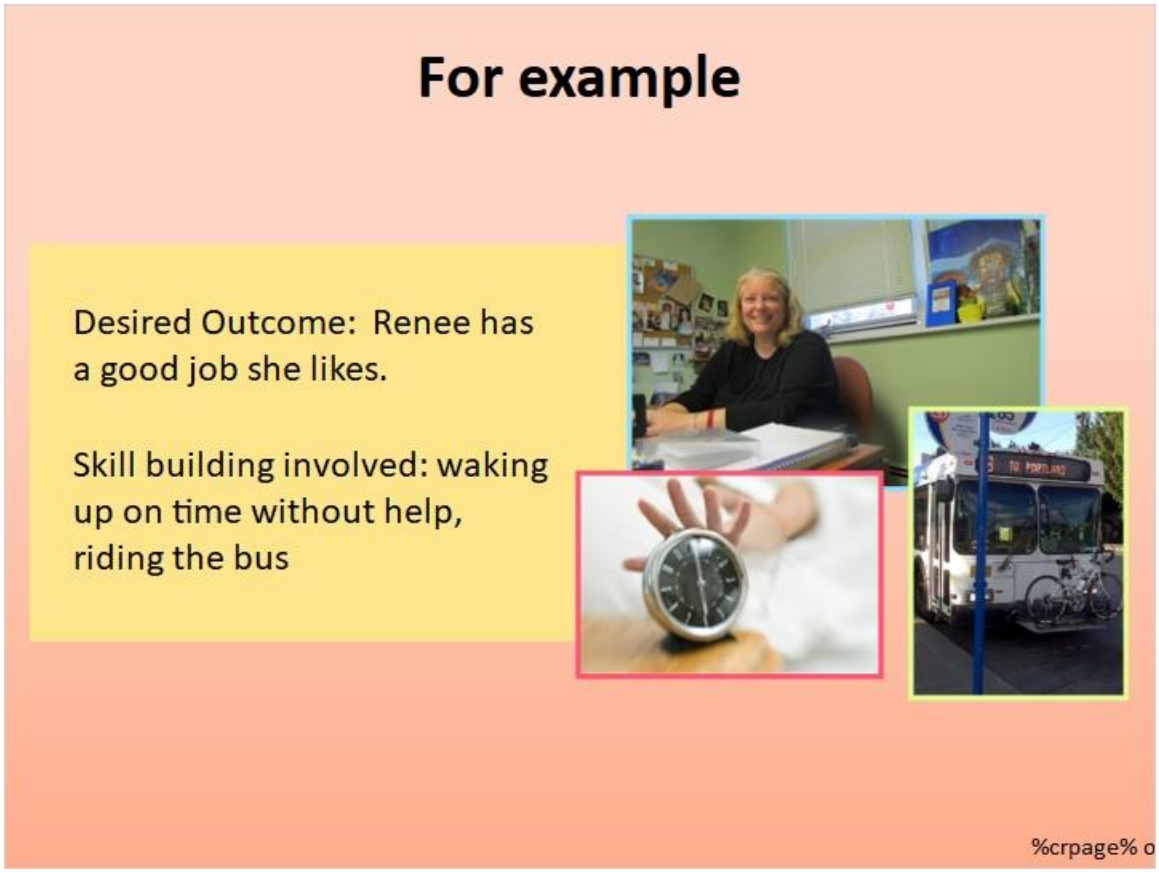
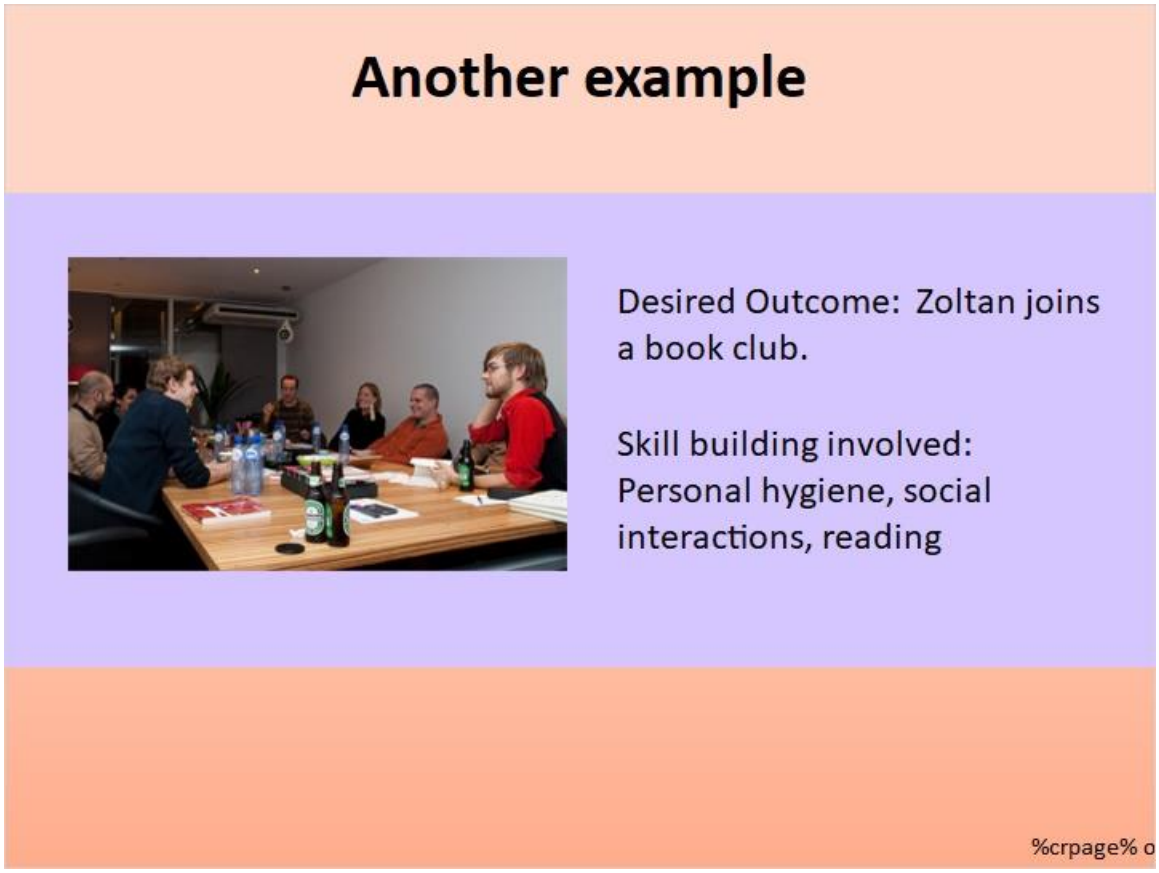
1.44 Building skills in the context of



1.45 For example



1.46 Another example



1.47 VIDEO – Adam's tattoos

In this video, Adam discusses new tattoos he would like to get to commemorate his Cherokee heritage.

Select the Resource 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: Well I kind of want to get a tribal one. I'm part Cherokee, so I want to get, like a, like a, um, kinda like a um Dream Catcher, but with a wolf in the middle of it; that'd be kind of nice. I know my mom, me, my aunt and my grandmother are all part Cherokee. It's funny. I really want to check out that Ancestry.com thing and see where I, see where my ancestors came from. I would love it.

1.48 Reflecting on Adam's video

Reflecting on Adam's video

Adam wants to get more tattoos, for several reasons.

- Note that budgeting and hygienic care of his tattoo are NOT things he is particularly interested in, and would not likely work towards without some incentive.

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1.49 Building skills in an enjoyable way

Building skills in an enjoyable way

However, in the context of his Desired Outcome of getting a new tattoo, Adam will actually end up working on building important skills, in a way that is enjoyable and interesting to him...

- Budgeting
- Health
- Social interactions

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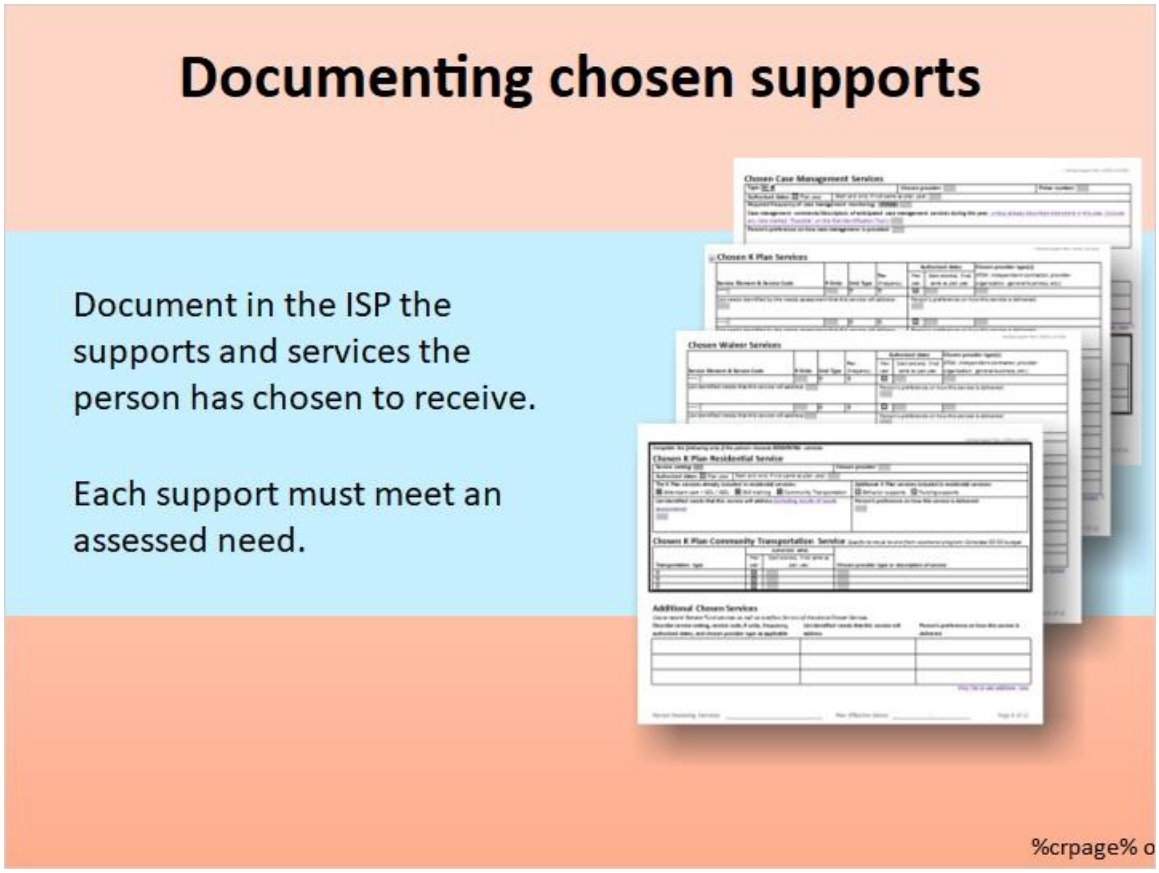
1.50 Documenting chosen supports



1.51 Documenting natural supports

Documenting natural supports

Natural supports are included in the ISP, as they meet an assessed need which would otherwise be supported with a paid service.

Natural supports include family, friends, neighbors, community resources, etc.

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1.52 Documenting funded services

Documenting funded services

Funded services in the ISP include the service setting and details of the specific service chosen.

Funded services include Waiver, K plan, K plan residential, State Plan Personal Care, etc.

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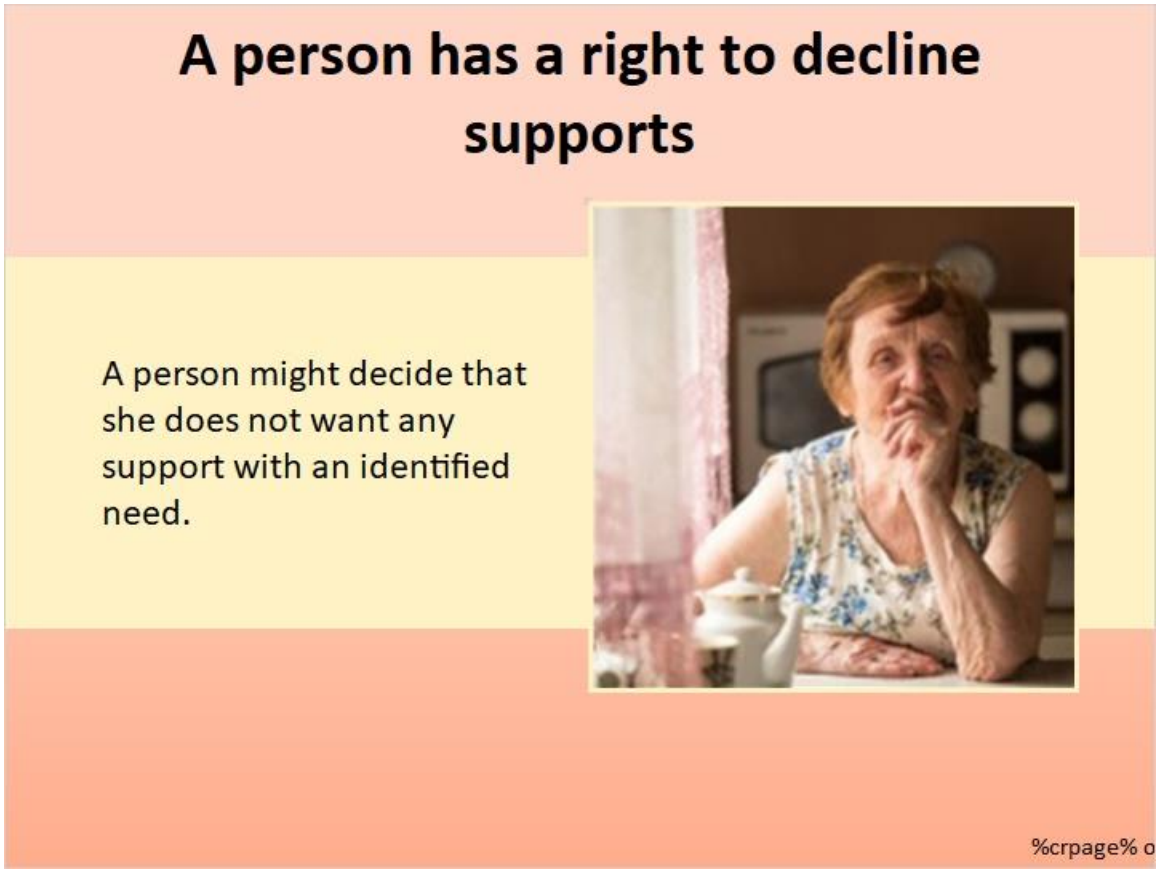
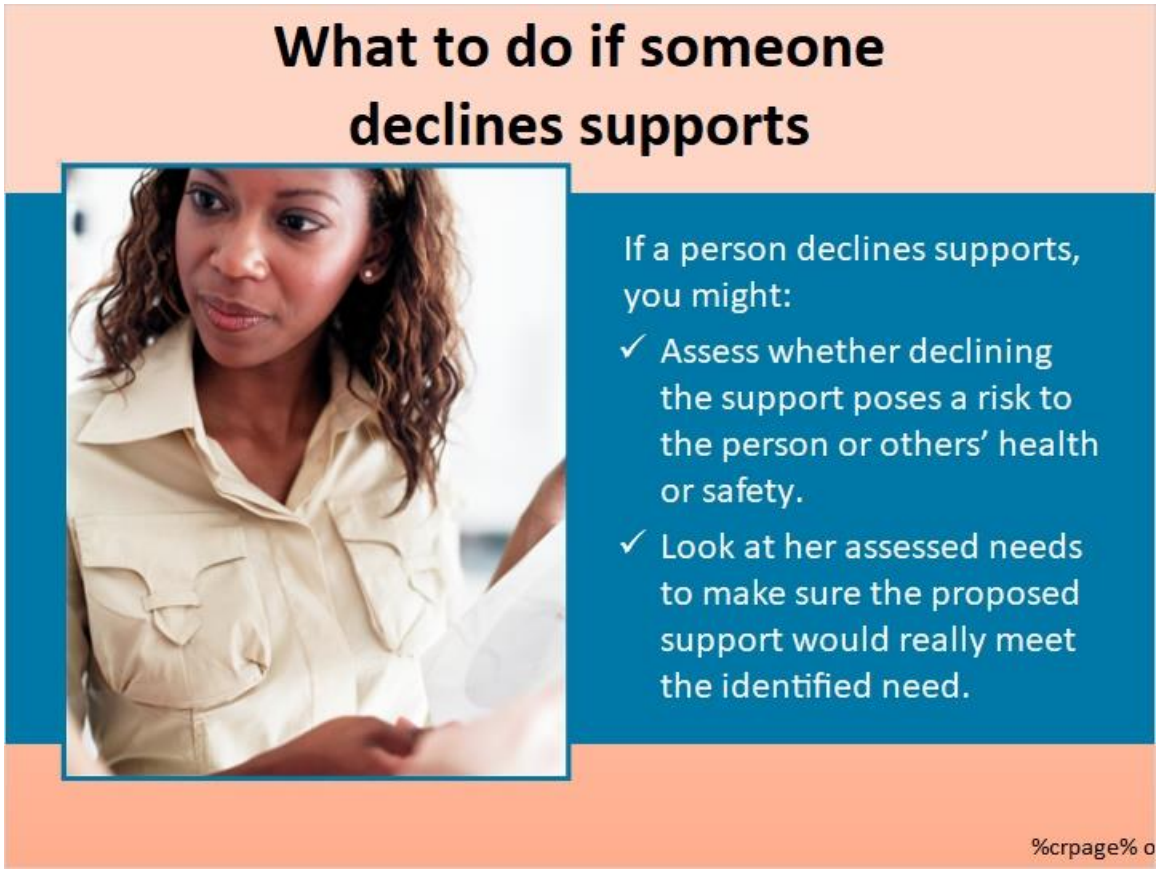
1.53 Managing risks with supports

1.54 A person has a right to decline supports



1.55 What to do if someone declines supports



1.56 Informed choices and options

Informed choices and options

- ✓ Facilitate conversations to ensure that the person is informed of possible consequences of declining support for her need.
- ✓ Problem-solve with the person to see if another, more preferred, support method or option might meet her needs.

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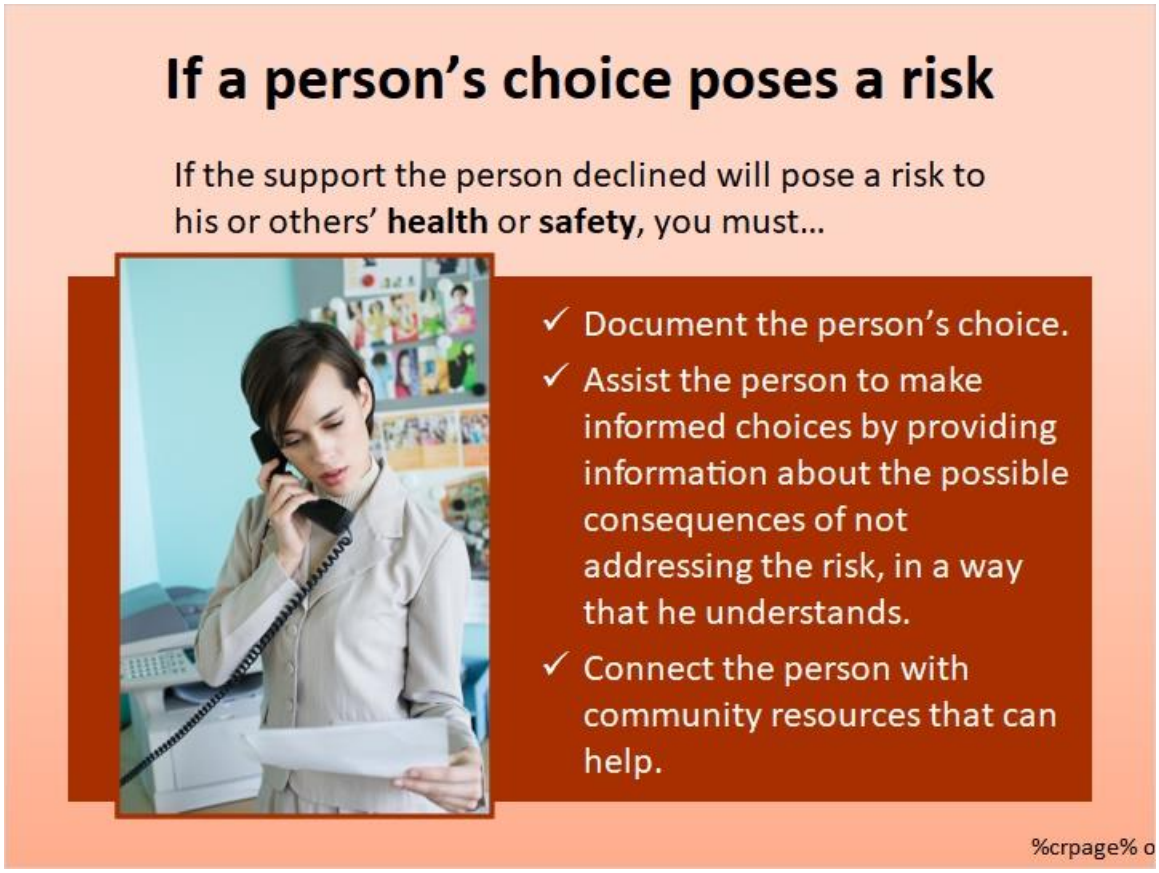
1.57 If a person's choice poses a risk



1.58 You may need to intervene

You may need to intervene

Depending on the person's health and safety needs, you may need to intervene.

- If the person's choices pose a serious risk to her or others' health or safety, you need to intervene.
- Always check with your supervisor if you are unclear about what to do.

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1.59 Intervening for safety

Intervening for safety

If you think someone is in danger, you must do something.

- ✓ Contact law enforcement for a welfare check.
- ✓ Contact protective services if you are concerned for the person or others' safety.
- ✓ Assure the person and others' immediate safety.
- ✓ Contact the person's guardian (if applicable) and/or ISP team members to facilitate longer term solutions that work for the person as well as keep her and others safe.

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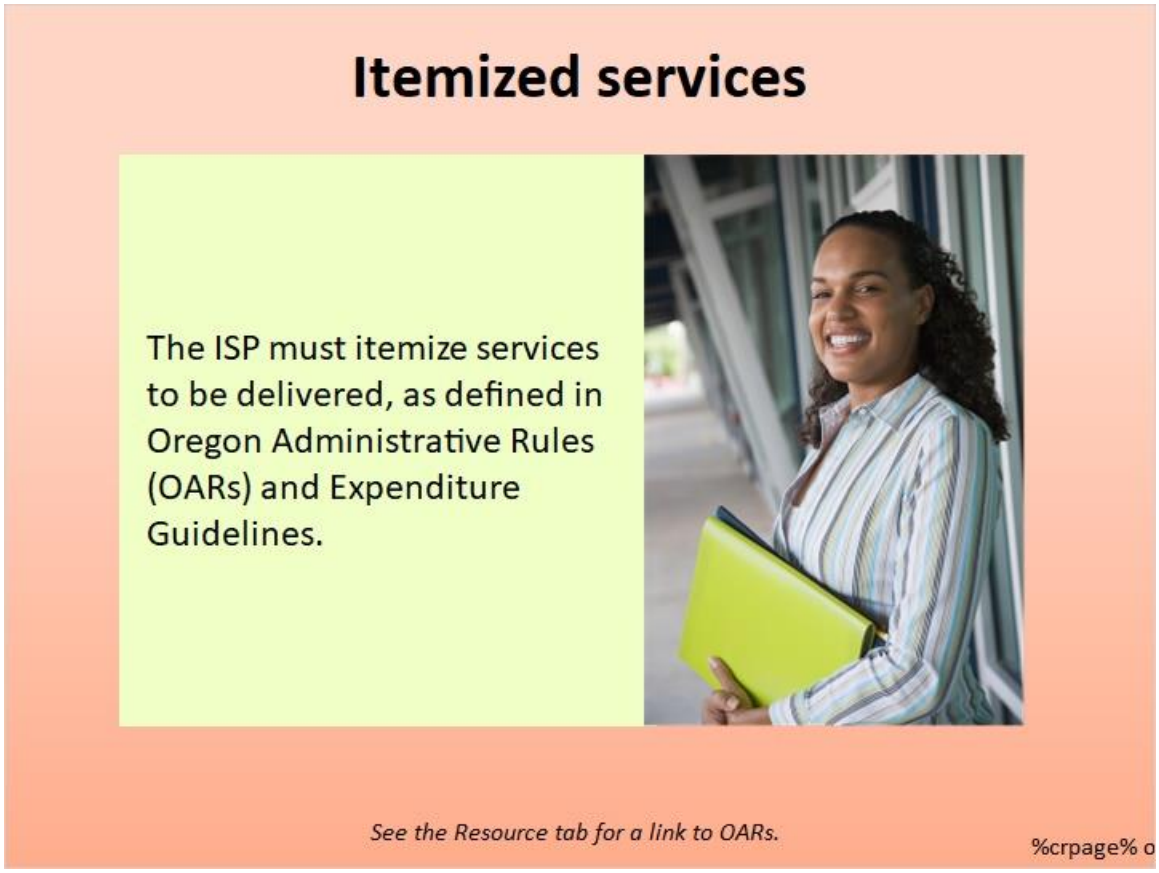
1.60 If a person is in danger

1.61 Reporting standards

1.62 Itemized services



1.63 Frequency and timelines

Frequency and timelines

Services in the ISP must include…

- Frequency
  - How often will the service be provided?
  - Examples: 24 hours a day, 20 hours a week, once a month, one time only, etc.
- Timelines
  - The plan year, or start and end times for services if they are different than the plan year.

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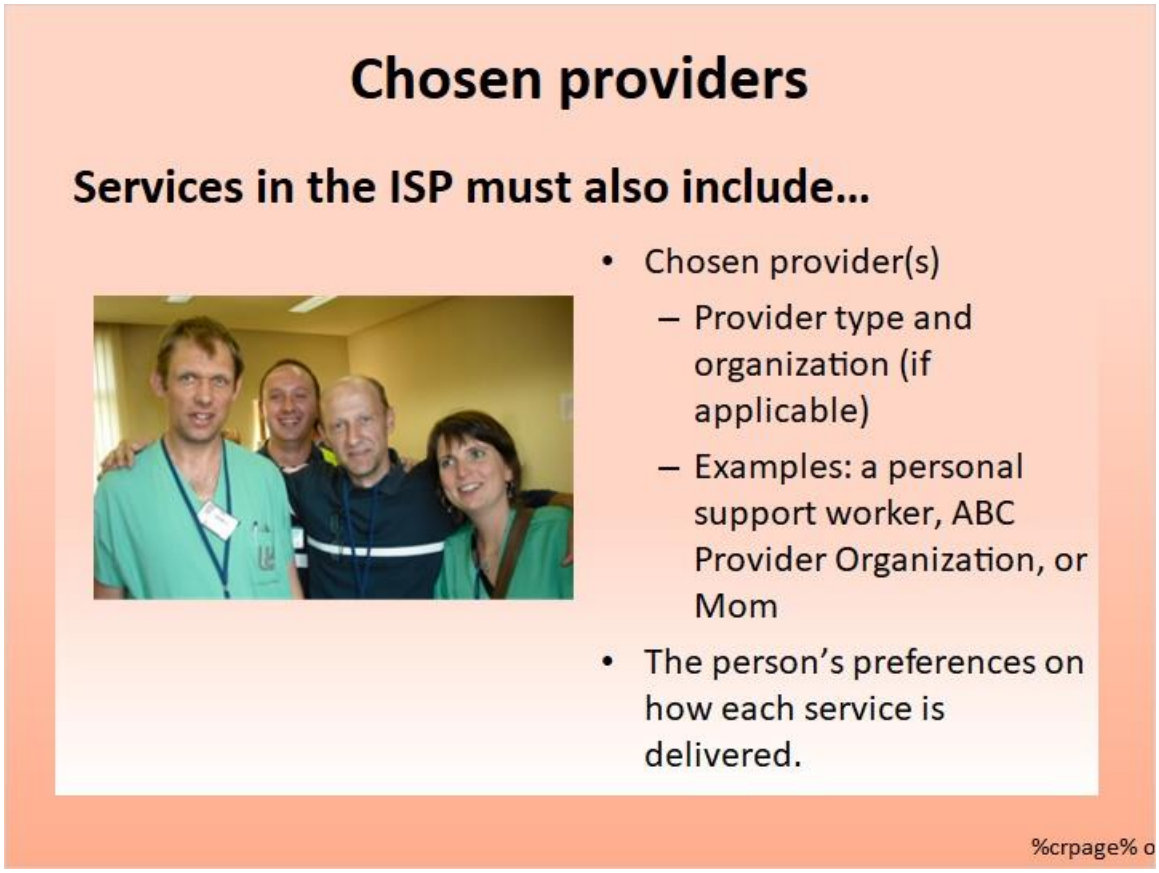
1.64 Chosen providers



1.65 Funding sources for services

1.66 Know the rules

1.67 Risk management in the ISP

Risk management in the ISP

Ensure that strategies to address risks in the person's life are developed and documented in the ISP.

This includes back-up plans in case primary support is or becomes unavailable.

There will be more about helping a person balance choices and risks, offering a person alternatives to risky behavior, person centered practices, as well as choice counseling in other modules.

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1.68 Reflecting risks and

Reflecting risks and risk management in the ISP


Risk Management Plan

Risk	How is the risk addressed?

Home
Work/School/Day Supports
Other:
Other:

List risks identified through the assessment process and indicate the strategy to address each risk in the ISP.

Strategies may be written directly into the ISP.

- ✓ Indicate if written strategies or support documents are in place.
- ✓ Note who is responsible for documents and where they can be found.

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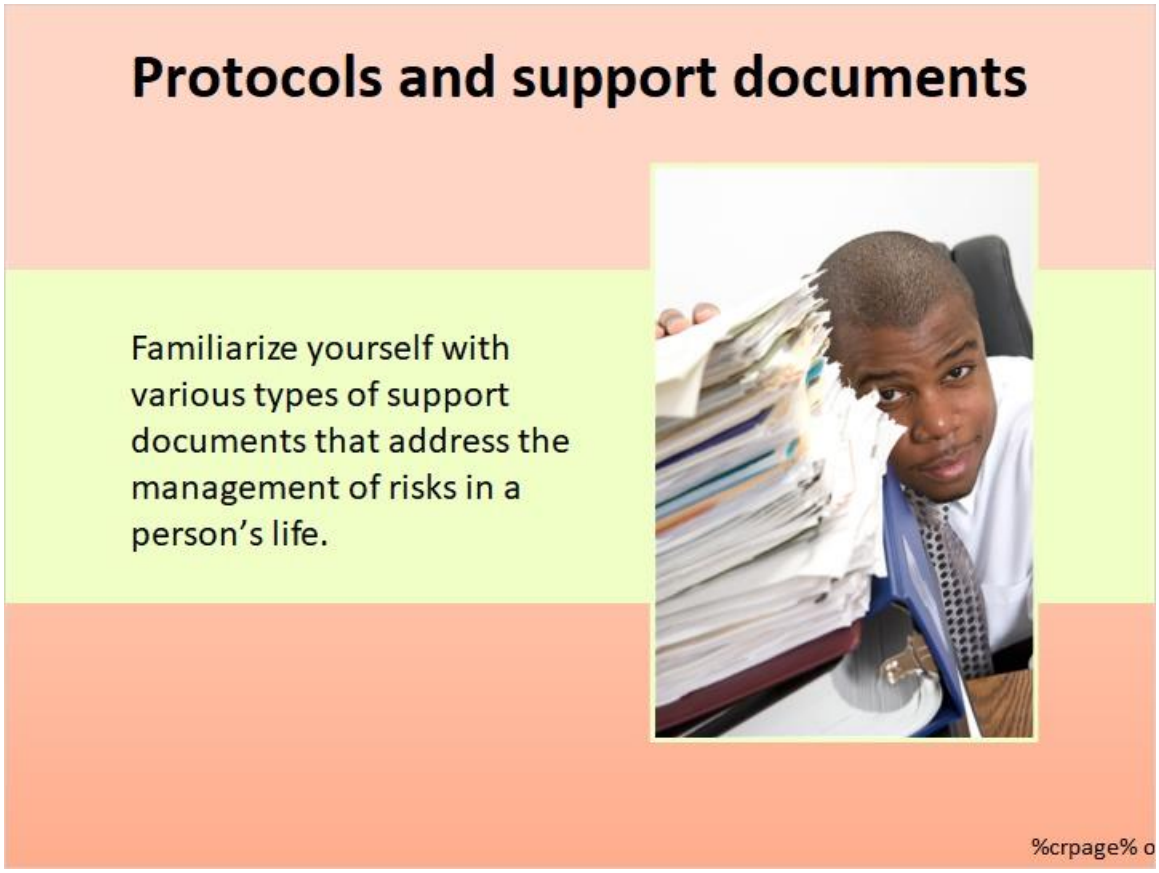
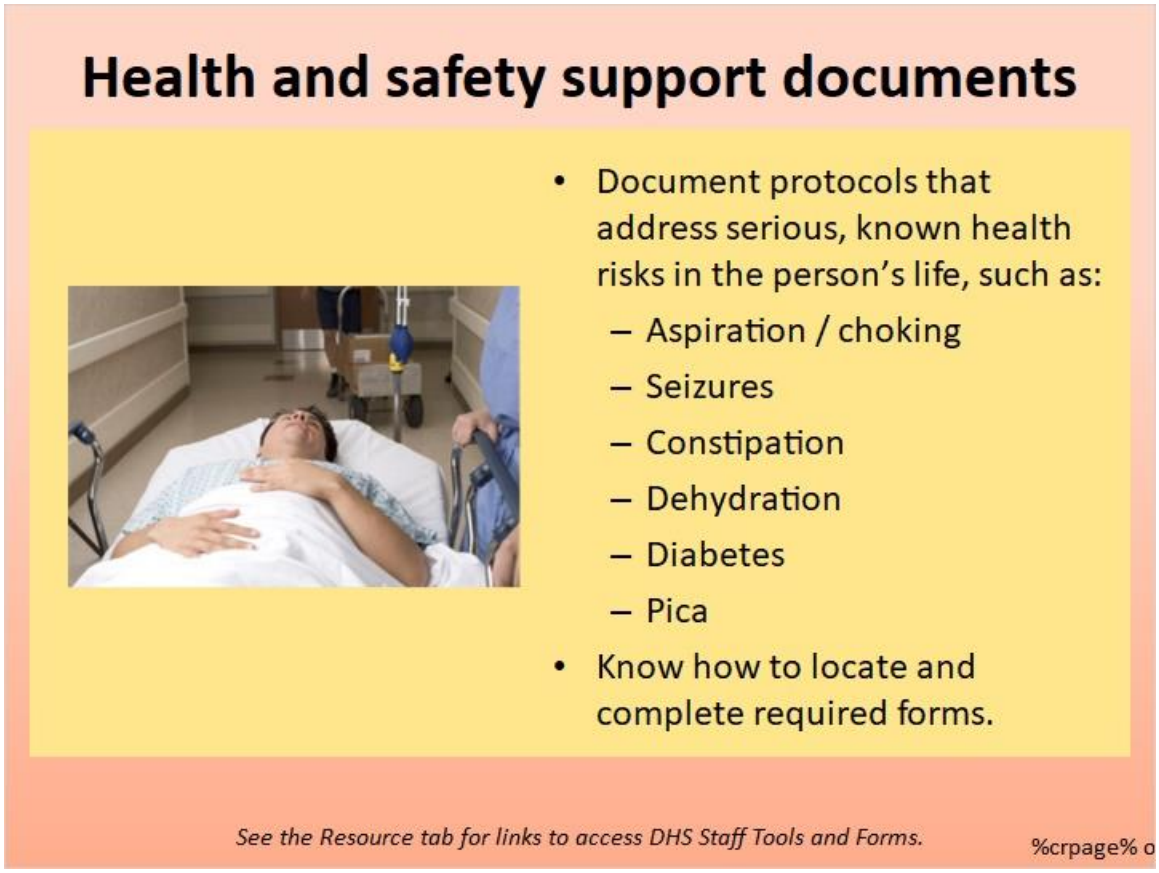
1.69 Protocols and support documents



1.70 Health and safety support documents



1.71 Safety plans

Safety plans

Safety plans look different depending on the person's supports.

If a person is supported by his family, there may or may not be a safety plan.

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1.72 Behavior supports documents

1.73 Safety supports documents

Safety supports documents

There may be additional types of documents specific to a person's needs that instruct others on how to support him to stay healthy and safe.

Know what support documents are in place to keep the person safe.

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1.74 Ensuring the ISP is current

Ensuring the ISP is current

A person's ISP is an evolving document and must be maintained to remain current.

An ISP is authorized for one year or less.

Facilitate...

- A new ISP at minimum each year.
- Changes to the person's ISP as needed throughout the year, as directed by his needs and preferences.

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1.75 Planning for evaluating progress

Ensure that progress towards Desired Outcomes occurs and is documented, to assure accountability for the ISP's implementation.

- Depending on the person and her ISP team, these details will be included in the ISP or in separate implementation documents.
- This will help you know what to look for when you monitor her ISP and services.

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Observing changes in the person

When determining the need for further evaluation or assessment, consider what you already know about the person, compared to any new symptoms or changes in behavior.

Seek out mental health resources whenever needed.

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3.11 Dual Diagnosis

Dual Diagnosis

"Dual Diagnosis" is a term applied to the co-existence of both I/DD and mental health diagnoses in a person's life.

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3.12 Keep in mind

Keep in mind

Persons with a dual diagnosis can be found at all ages and abilities.

The co-existence of I/DD and a psychiatric disorder can have serious effects on the person's life.

It is critical that accurate diagnosis and appropriate treatment be obtained for the person in a timely manner.

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3.13 Mental health services

3.14 Addictions and substance abuse

Addictions and substance abuse

A person might be susceptible to addiction and substance abuse just as anyone in the general population.

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3.15 Additional supports may be needed

Additional supports may be needed

- The person may require additional support to access and benefit from addictions services such as counseling and recovery programs.
- The person has rights and responsibilities regarding substance use and abuse, but he may need additional education and support to make informed choices.

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3.16 What are trauma informed services?

What are trauma informed services?

Trauma informed services are a way of structuring service delivery to **minimize additional harm** and **maximize recovery** to a person who has experienced trauma.

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3.17 Knowledge about trauma

3.18 Survivor centered approach

Survivor centered approach

Trauma informed services…

- Promote a survivor centered approach to supporting people.
- Emphasize “safety first” for the person receiving supports.
- Are designed to promote recovery and minimize additional stressors that can lead to re-traumatization.

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3.19 Trauma informed services in your area

3.20 Speech and language therapy

3.21 Occupational therapy

3.22 Physical therapy

3.23 Nursing services

3.24 Nursing Care Plans

Nursing Care Plans

Nurses develop Nursing Care Plans (NCP) that:

- Describe the medical, nursing, psychosocial, and other needs of a person and how those needs are met.
- Include the tasks that are taught or delegated to a qualified provider or to the person's family.

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3.25 Positive behavior support

3.26 Skills, relationships, and participation

Skills, relationships, and participation

Positive Behavior Support focuses on valued outcomes such as teaching or strengthening skills, enhancing relationships, and increasing participation in the community.

Behavior specialists may recommend adaptive or therapeutic equipment.

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3.27 Positive behavior support resources

Positive behavior support resources

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

- be safe.
- understand behavior.
- improve his ability to communicate.
- build skills.
- decrease barriers.

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3.28 Assistive technology

Assistive technology

Assistive Technology (AT) can be used by a person in order to do things that might otherwise be difficult or impossible for her to do without assistance.

AT can help a person be more independent and better able to access her community.

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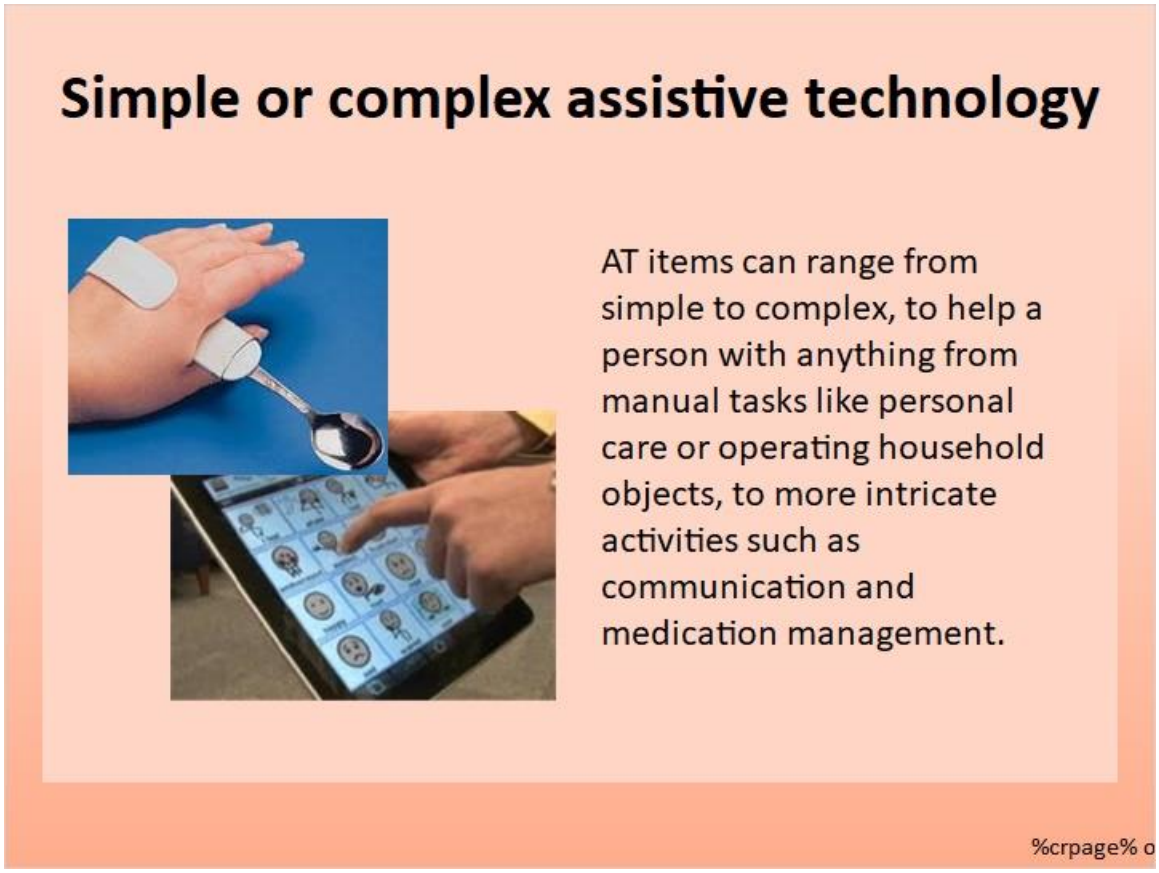
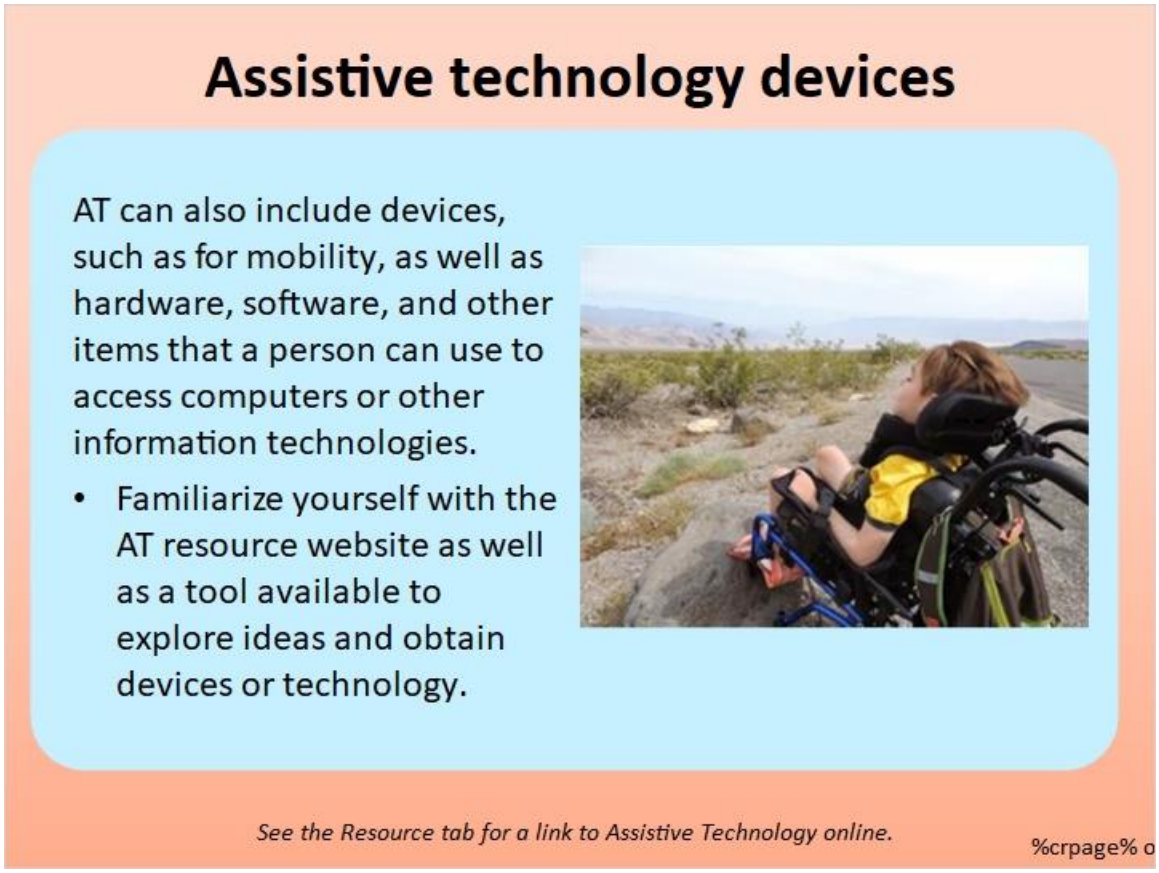
3.29 Simple or complex assistive technology



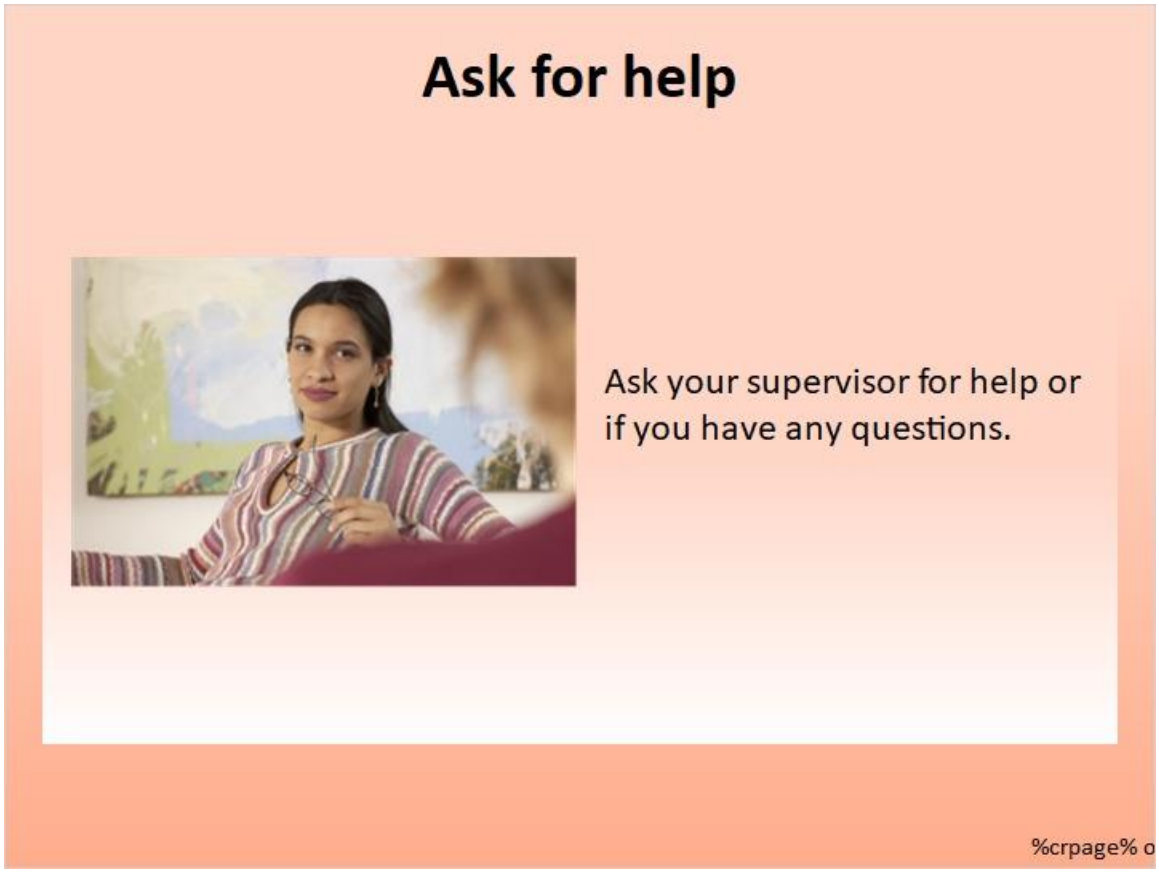
3.30 Assistive technology devices



3.31 Provide resources for ancillary supports

3.32 Getting connected to

3.33 Ask for help



SC/PA 203: Guardianship and Informed Consent

1. SCPA - Health and Welfare - Guardianship Informed Consent

1.1 Guardianship, Informed Consent

1.2 In this course we will cover

1.3 At your organization

1.4 What is guardianship?

What is guardianship?

Guardianship is intended to **protect** a person (or in some cases, others) from harm, by appointing another person to be the primary decision-making authority in his life.

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1.5

According to Oregon Revised Statute (ORS):

A guardian may be appointed for an adult person only as is necessary to promote and protect the well-being of the protected person. A guardianship for an adult person must be designed to encourage the development of maximum self-reliance and independence of the protected person and may be ordered only to the extent necessitated by the person's actual mental and physical limitations.

- (ORS 125.300)

For more information on ORS 125.300 see the Resources tab.

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1.6 Guardianship may affect many aspects of a person's life

Guardianship may affect many aspects of a person's life

A person's guardian may have the authority to make many decisions about the person, such as:

- Health care and treatments
- Finances
- Where to live
- Formal education
- Supports and services
- Legal issues

Presume capacity – don't assume someone has a guardian.

For more information on guardianship see the resource tab.

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1.7 How is guardianship appointed?

How is guardianship appointed?

There is no such thing as "being one's own guardian." A person either has a guardian or does not.

All guardians are appointed by the courts.

- A person is considered a competent adult when she turns 18 years old, even if she has a severe disability or a high level of need.
- Guardians are not automatically appointed at age 18.

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1.8 What does "incapacitated" mean?

What does "incapacitated" mean?

Guardianship may be appointed by a court when a person is determined by the court to be "incapacitated."

Incapacitated means that the person cannot make decisions well enough to get health care, food, shelter, or other care necessary to avoid serious physical injury or illness and therefore needs continuing care and supervision.

Be aware that a person may be incapacitated in some areas but not in others.

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1.9 Typical responsibilities of guardians

Typical responsibilities of guardians

A guardian's specific responsibilities are decided by the court to reflect what the person needs.

- Familiarize yourself with the names and roles of guardians in the lives of people for whom you provide case management services.
- Know how to access Oregon's guardianship statute(s), ORS Chapter 125, so you understand what decisions a guardian can and cannot make.

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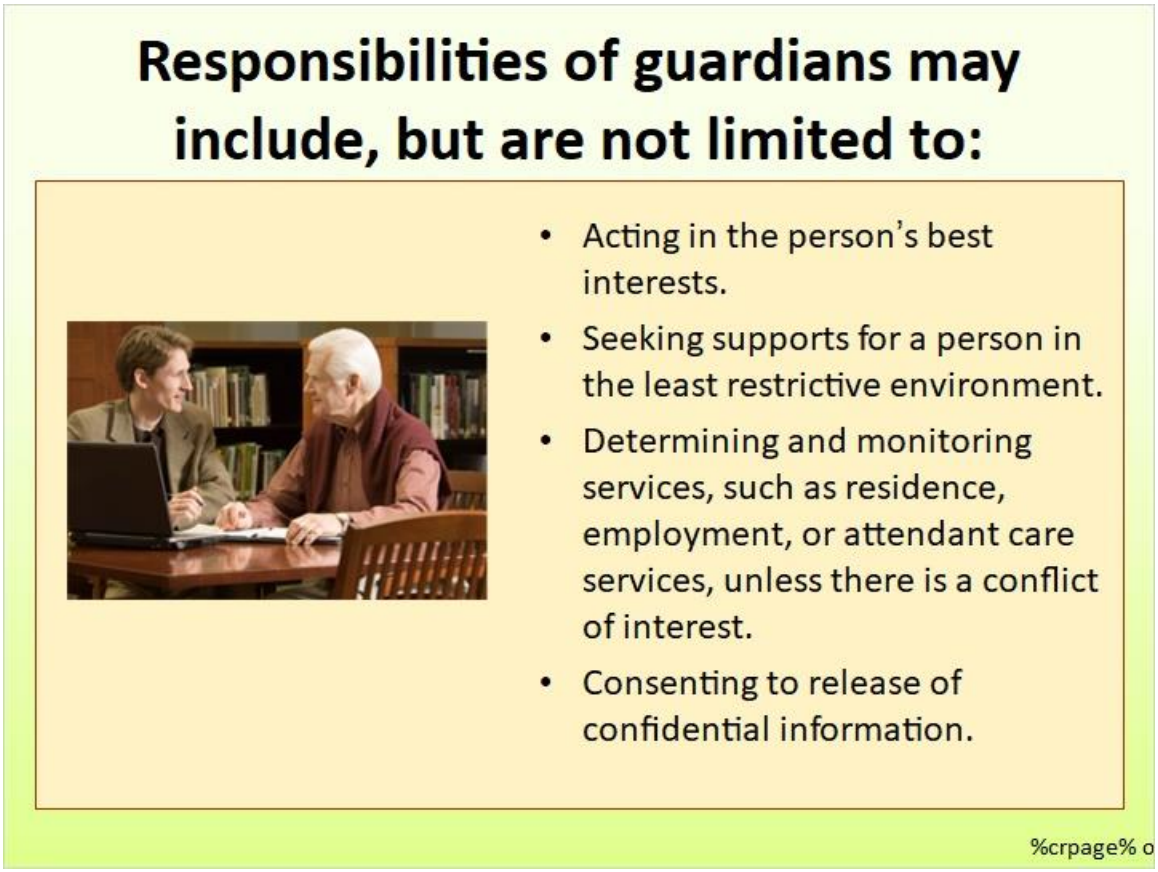
1.10 Other responsibilities of guardians may include, but are not limited to:



1.11 Guardian responsibilities

1.12 Documentation

Documentation

Do not assume someone has a guardian.

- A person's file should contain official documentation (guardianship papers) naming all guardians, including the type and scope of guardianship appointed.

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1.13 Permission to disclose information

Permission to disclose information

- Only give out information about someone if you have documented permission to do so:
  - It is requested by the person's legal guardian.
  - Express permission has been given by the person, his legal representative, or guardian.

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1.14 Guardianship limits a person's rights

1.15 Examples of rights limited by guardianship

1.16 A person retains legal and civil rights

A person retains legal and civil rights

A person retains all of his legal and civil rights, except those that have been specifically granted to his guardian.

- For example, a person who has a guardian still has rights to:
  - Have his perspective sought, understood, and recorded
  - Voting
  - Sexuality
  - Marriage
  - Participate in his own ISP
  - Contacting an attorney
  - Accessing his own records

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1.17 When a person and his guardian don't agree

When a person and his guardian don't agree

At times, a guardian will want something that a person doesn't agree with, and vice versa.

Even if what the person wants is not possible at this time, it is your role to:

- Gather and record the person's perspective and what is important to him.
- Facilitate conversations and planning that involve what is meaningful to the person.

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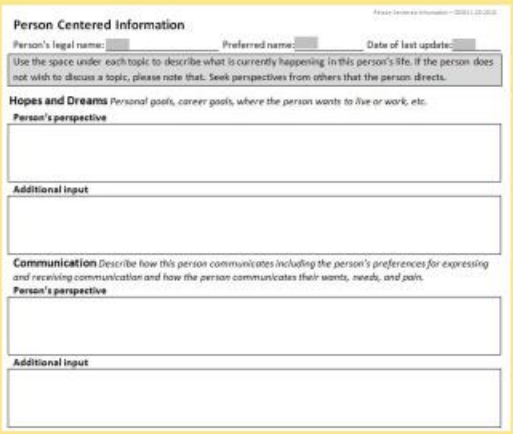
1.18 Reflecting the person and others' perspective in the ISP process

Reflecting the person and others' perspective in the ISP process

Your role includes facilitating the development of the person's Individual Support Plan (ISP).

- The person's ISP should reflect his own perspective, even if the decisions about services are made by his guardian.
- Others' perspective, including guardians, can be captured in person centered information gathering documents.



Person Centered Information

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

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1.19 Video – Adam

Adam talks about why it is important to him to be in charge of his ISP, so his voice is heard.

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:

INTERVIEWER: Why is it important to you to be the one running the meeting?

ADAM: Um, that way, so when I'm running the meet, like if I like to, like if I like to have, when I run the meetings they just under, they listen to what I have to say. They know what I like to say, they like, like when I say it, they know, so they understand me, what I want, but it works.

INTERVIEWER: So, why is that important?

ADAM: Um, because um, if you, if I didn't speak up to em, or if I didn't say anything, or if I didn't talk to them about it, they would have, um, probably would have made a decision already without, um, me. It's like my sister made a decision without consulting me first on our mother, so basically it would be kinda like that and then, once I find out, I would, I would be angry, and you don't want me to be angry.

1.20 When a person and his guardian don't agree

When a person and his current guardian don't agree

Whenever possible, facilitate negotiations that can help make progress towards helping the person live the life he wants:

- Gather information about what is important to the person.
- Work with the guardian to find ways to keep the person in the center of planning.
- Problem solve to see what can be done to help balance a person's health and safety with her personal choices.

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1.21 Video

Adam talks about how to tell him if something he wants cannot be done right now.

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: Just tell me straight to my face. I'm not afraid of anything like that. If you want to tell me that it's not able to happen, cool. I don't really care. I'm fine, but if it's, but I mean, like, if they could, if it's able to be done, right on. Let's do it, let's get it done.

1.22 If guardianship may be needed – general proceedings

1.23 Guardianship proceedings

1.24 If guardianship is needed – your role

1.25 How long can guardianship last?

How long can guardianship last?

A guardianship ends upon the death, resignation or removal of the person's guardian or when the person passes away.

In some cases, a guardian may be removed when it is found to be in the person's best interest.

- A person's guardian can only be removed or replaced by the court.
- A judge may also end a guardianship if it is determined that the person has regained his capacity to make his own decisions.

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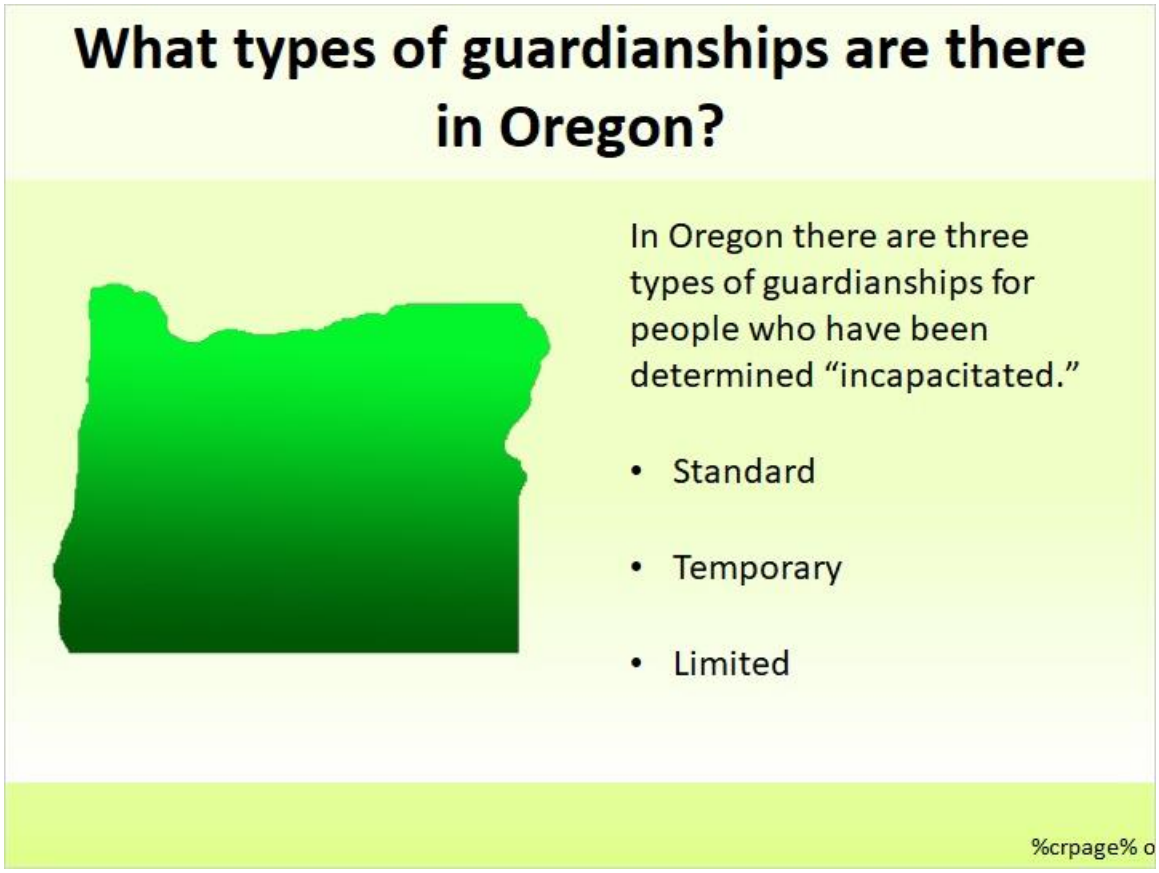
1.26 Your role when a person wants to reverse her guardianship

1.27 What types of guardianships are there in Oregon?



1.28 Standard Guardianship

Standard Guardianship

A Standard Guardianship is ongoing guardianship.

It often has long-term responsibilities of determining a person's residence, medical treatment, and consenting to the release of confidential information.

- Standard guardianship:
  - Takes longer to obtain
  - Extends for as long as the protected person needs to have someone else make decisions for him

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1.29 Temporary Guardianship

Temporary Guardianship

In an emergency, a Temporary Guardianship may be appointed.

- Temporary guardianship is typically sought when:
  - A person's welfare requires immediate action.
  - A person is incapacitated and in immediate danger which poses a substantial risk of death or serious physical harm to herself or to others.

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1.30 Scope of temporary guardianship

Scope of temporary guardianship

- A temporary guardianship can last as little as 30 days, and can be extended, if the court agrees.
- Often, if there is an emergency, a person will seek appointment as a temporary guardian on an emergency basis, and will begin the process of seeking a standard guardianship at the same time.

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1.31 Guardianship of minors

Guardianship of minors

In most cases, minors (under 18 years old) have at least one guardian.

- Know the names of all guardians as well as the type and scope of their guardianship in the child's life.
- Make sure you have current documentation.

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1.32 Additional information on Guardianship of minors

1.33 Limited Guardianship

Limited Guardianship

Limited Guardianships are designed to give a guardian decision-making authority over a person's life in **specific, limited, or short-term** capacities.

- A person may be determined to be incapacitated only in some areas of life and is able to make her own decisions in other areas.

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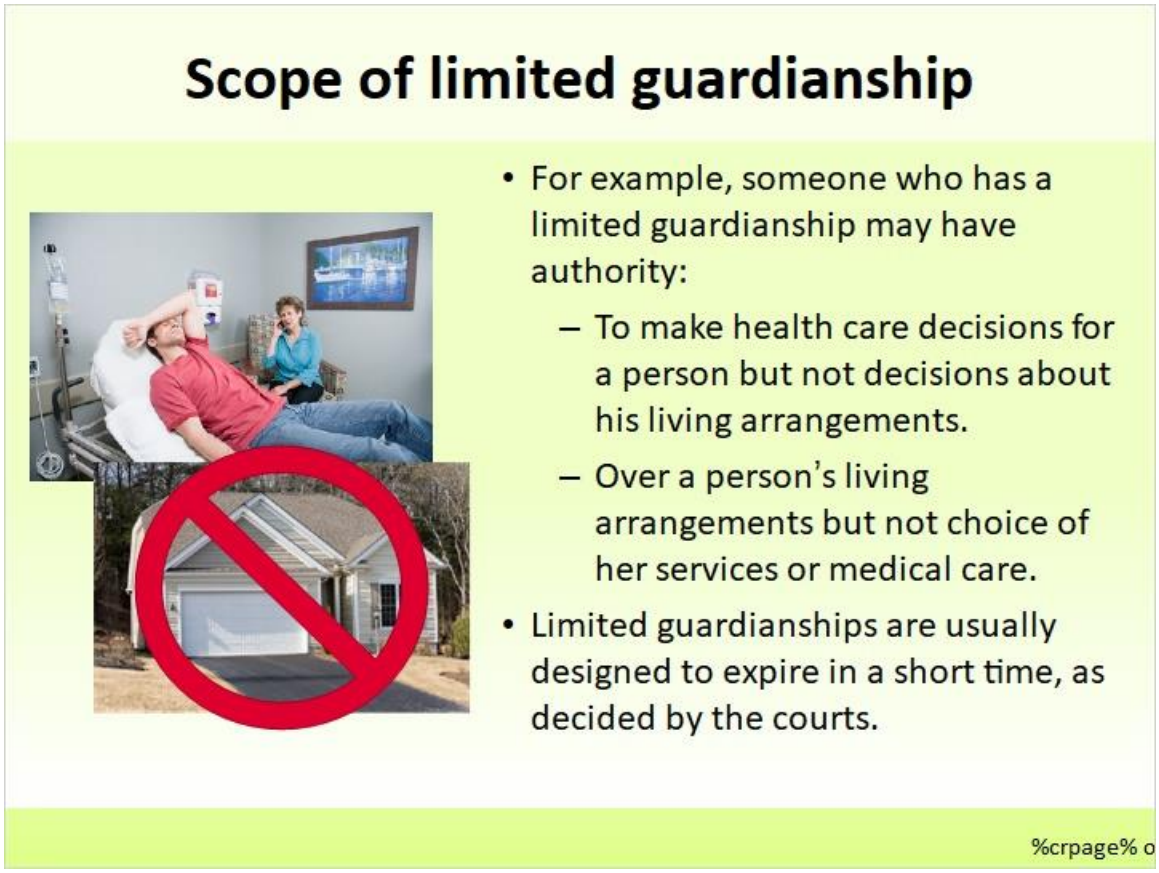
1.34 Scope of limited guardianship



1.35 Alternatives to guardianship

Alternatives to guardianship

If a person needs help making decisions, guardianships are not the only solutions available.

- There are ways a person can be supported in decision making *without* having a guardian appointed.

For more information on alternatives to guardianship see the resource tab.

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1.36 Alternatives to guardianship

1.37 Helping with finances - representative payees

Helping with finances - representative payees

A person's representative payee is chosen by the person and approved by the Social Security Administration to manage that person's benefits

- Duties of a representative payee include but are not limited to:
  - Regularly accounting to the benefit's administration on the use of the money (ex: sending in statements to Social Security).
  - Being liable to repay money if it is mismanaged.

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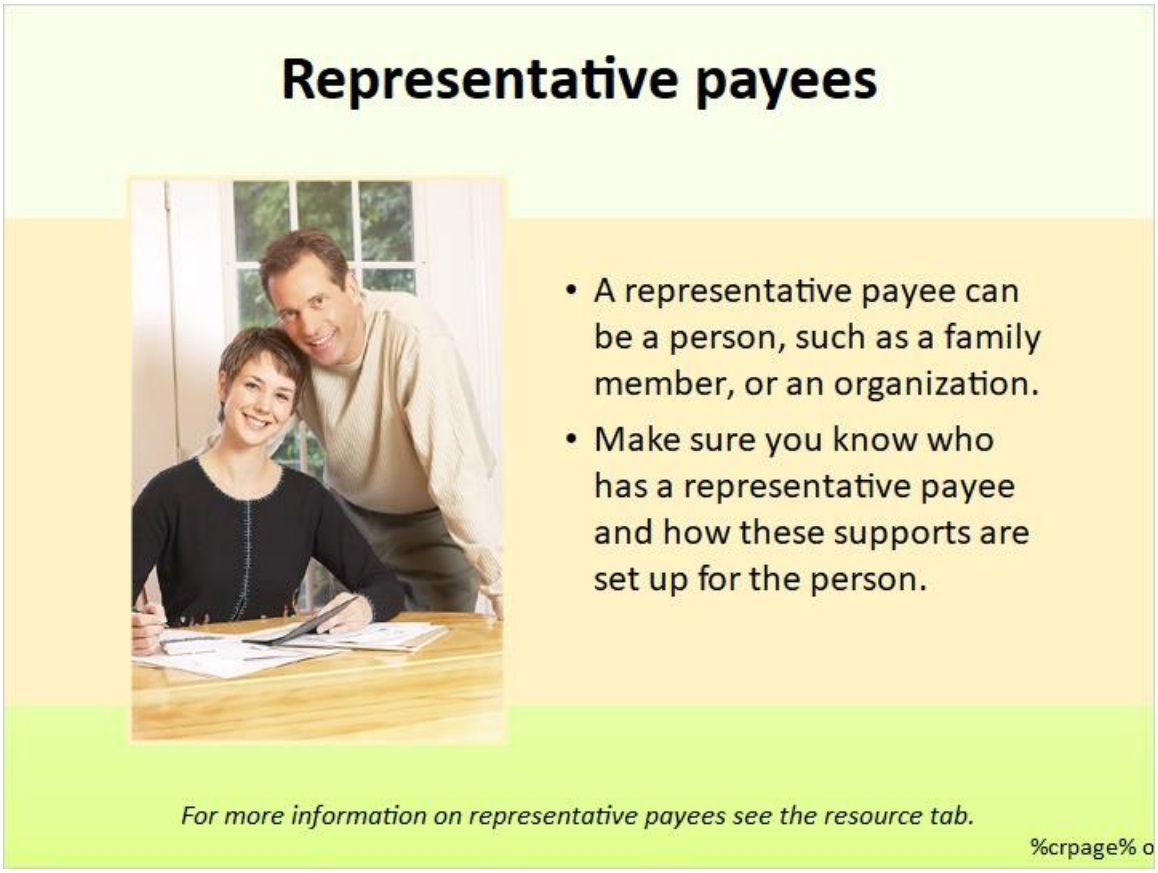
1.38 Representative payees



1.39 Helping with finances - conservatorship

Helping with finances - conservatorship

A person may have a conservator instead of, or in addition to a guardian.

- Conservatorship is a formal method of managing and protecting the income and assets of a person.
  - Conservatorship may be specific or broad in scope.
  - A person may still have access to his funds, even if he has a conservator.
- A conservator is appointed and supervised by the courts.

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1.40 Helping with legal and other decisions - legal representatives

Helping with legal and other decisions - legal representatives

A person has a right to designate someone else to make legal decisions on his behalf.

A **legal representative** is empowered to make legal decisions, as long as the person wants.

- This can be done without having to go to court and can be revoked upon the person's request.
- Having a legal representative does not remove a person's rights to make his own decisions.

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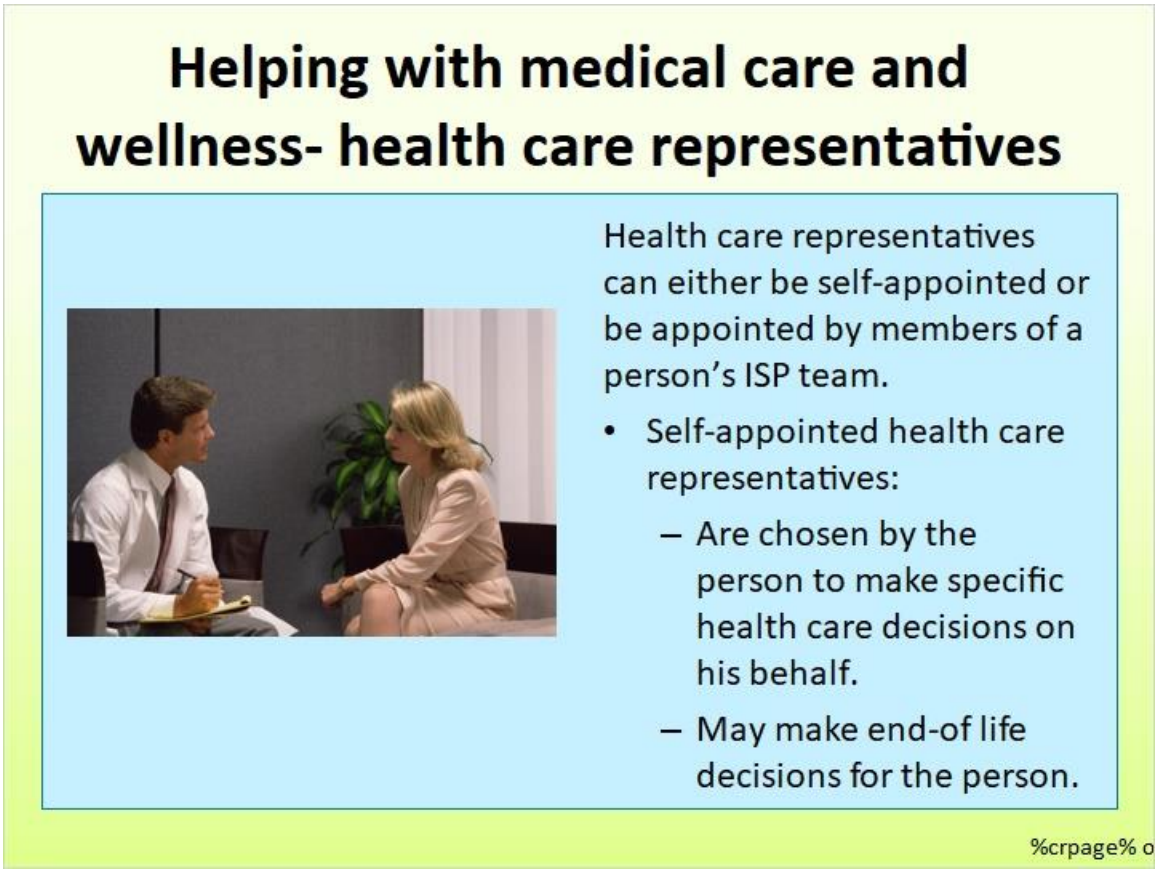
1.41 Helping with medical care and wellness- health care representatives



1.42 ISP team-appointed health care representatives

1.43 What is Informed Consent?

What is Informed Consent?

"Informed consent is a person's agreement to allow something to happen, based on full disclosure of the facts needed to make the decision intelligently."

- The Arc of Oregon

For more information on informed consent see the resource tab.

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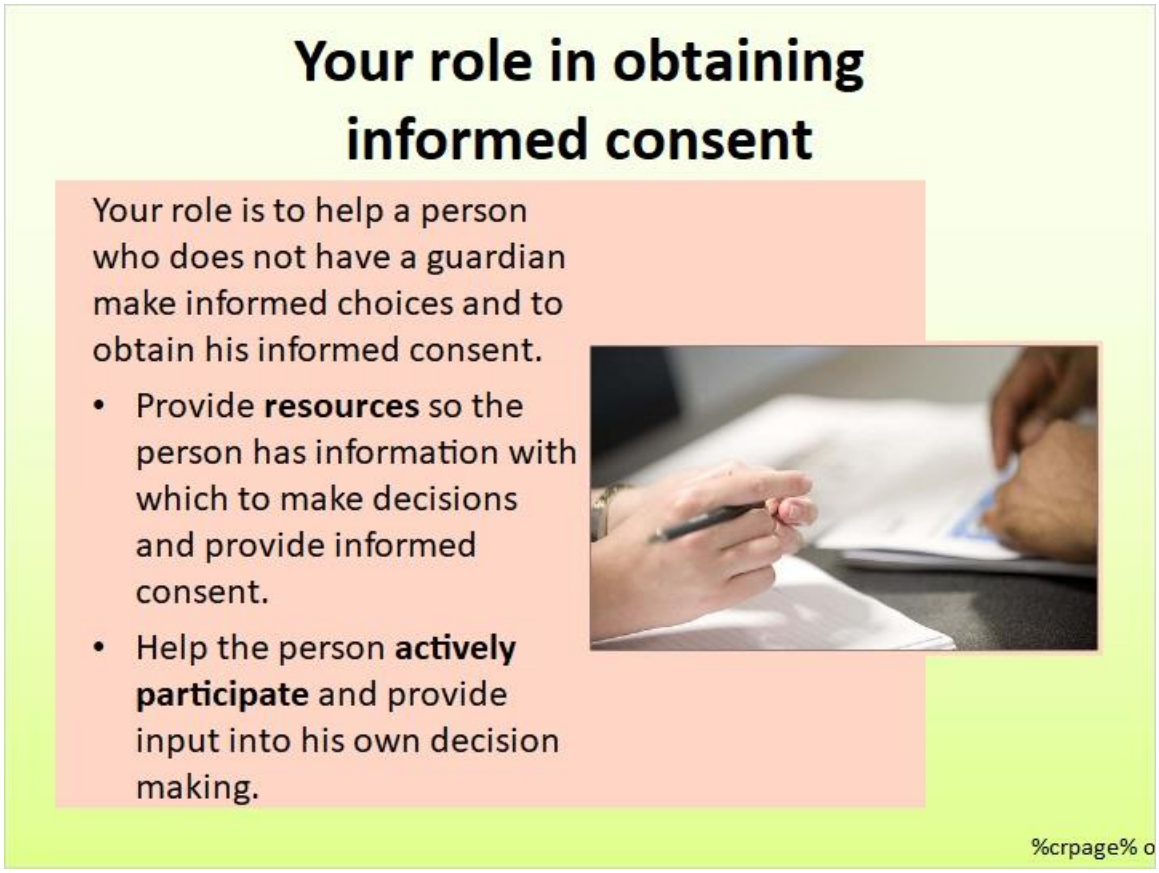
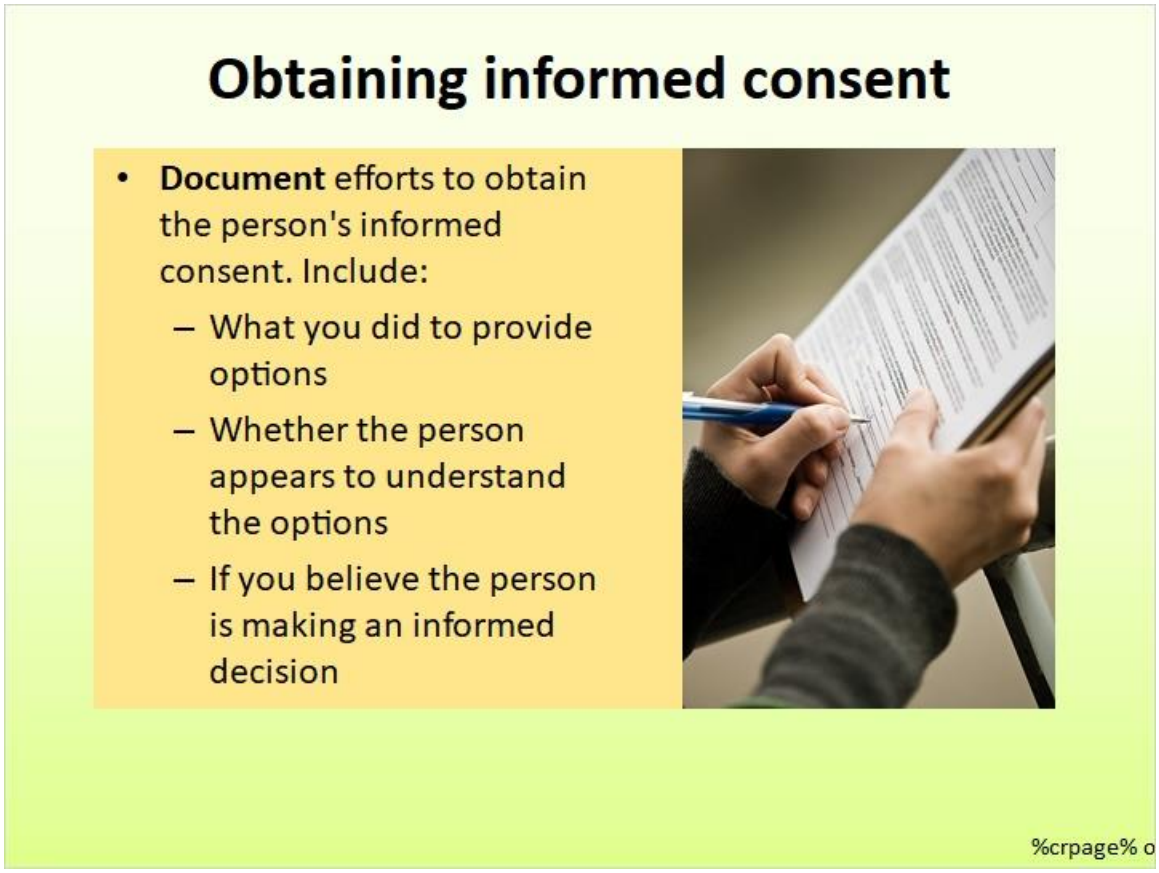
1.44 Your role in obtaining informed consent



1.45 Obtaining informed consent



1.46 Support a person to make decisions – options and consequences

1.47 Use professional judgment– does the person understand her options?

Use professional judgment– does the person understand her options?

When you are supporting a person to make decisions, you will need to use your professional judgment to decipher whether or not the person appears to understand her available options.

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1.48 What you can do to see if a person understands her options

What you can do to see if a person understands her options

It may be challenging to be certain that the person understands her available options and is able to provide informed consent.

If you are unsure:

- Explain options in detail, using terms the person is familiar with.
- Ask the person to repeat back her decision to you, using her own communication method.
- Ask the question in a different way to see if the person's answer remains consistent.

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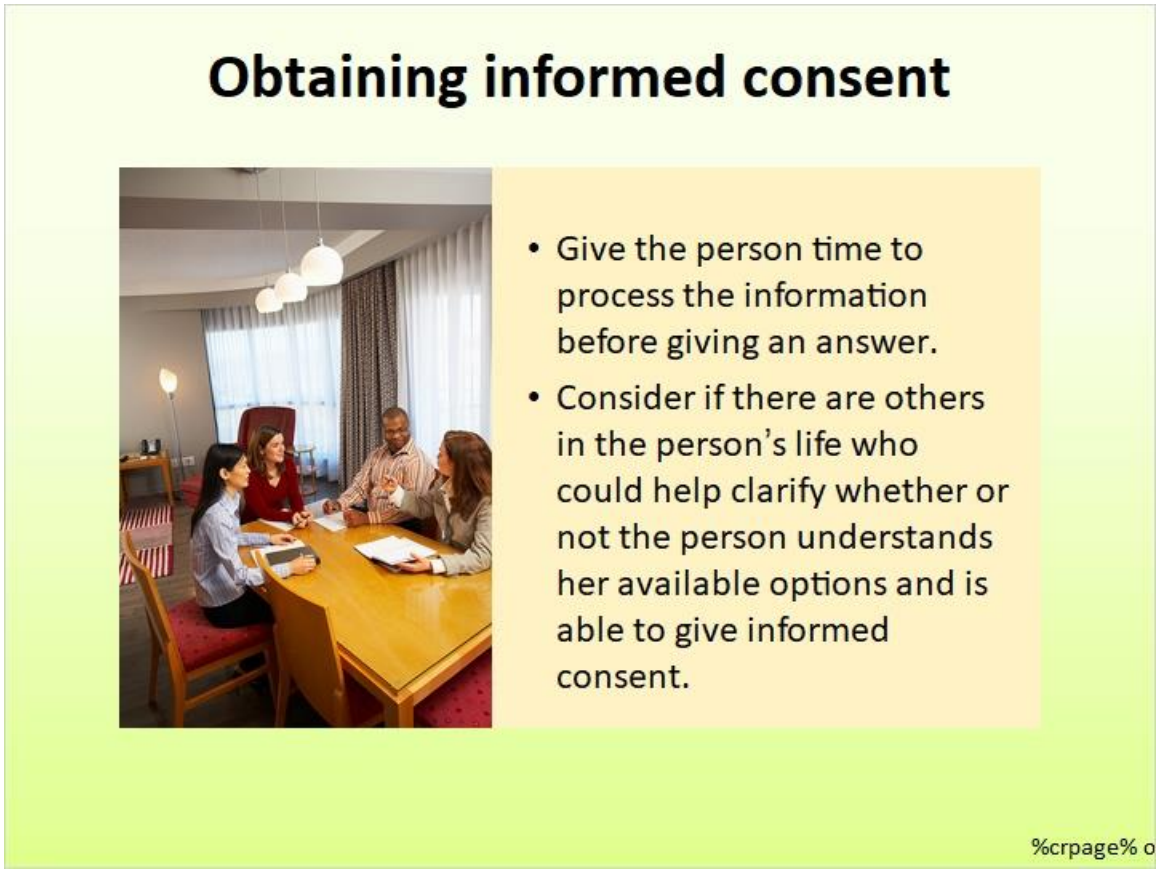
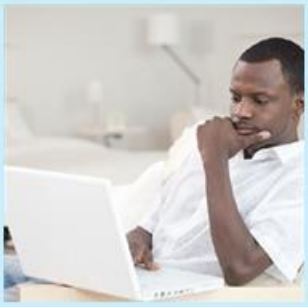
1.49 Obtaining informed consent



1.50 If you think a person needs help giving informed consent

If you think a person needs help giving informed consent



Before recommending guardianship, search for other alternatives.

- Gather information:
  - Are there some decisions that the person is able to make?
  - What specific decisions does the person need help with, and how?
  - Are there others in the person's life who could help?
  - Does the person really need a guardian and, if so, in what capacity?

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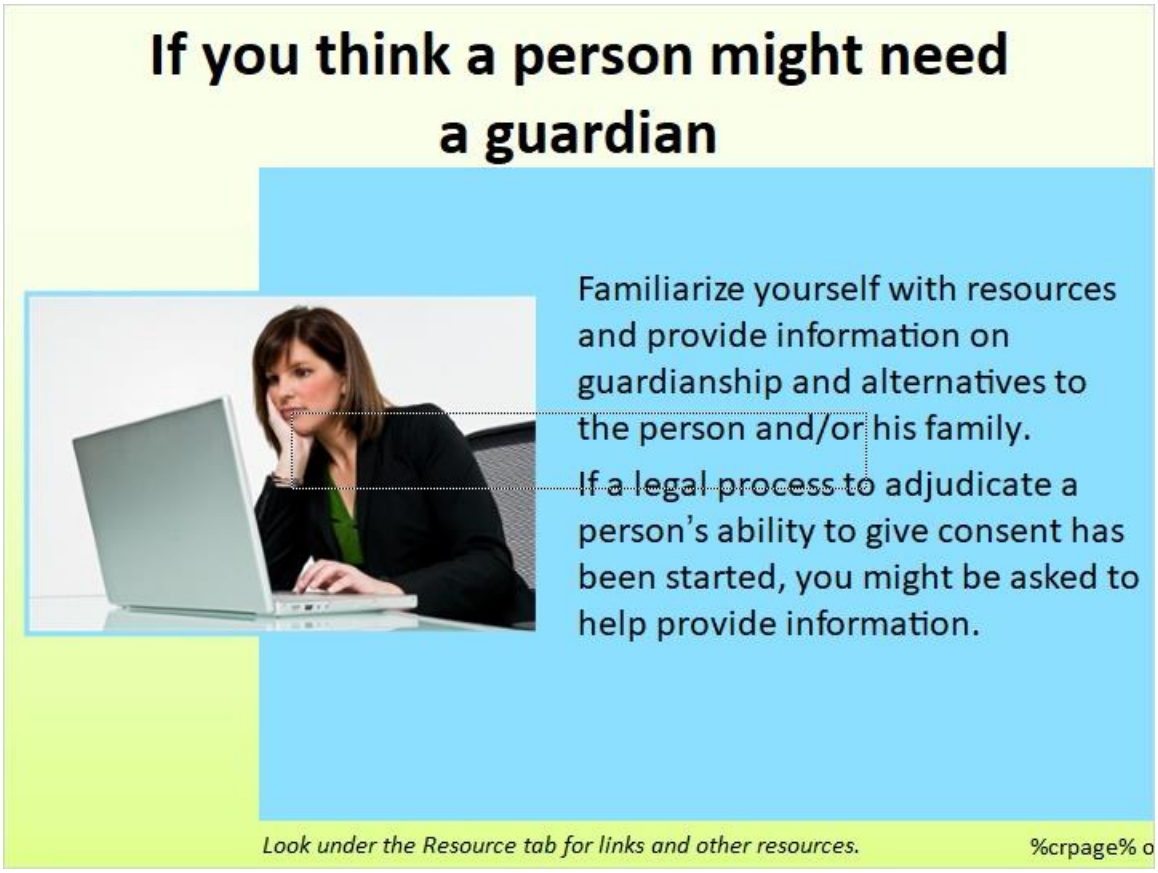
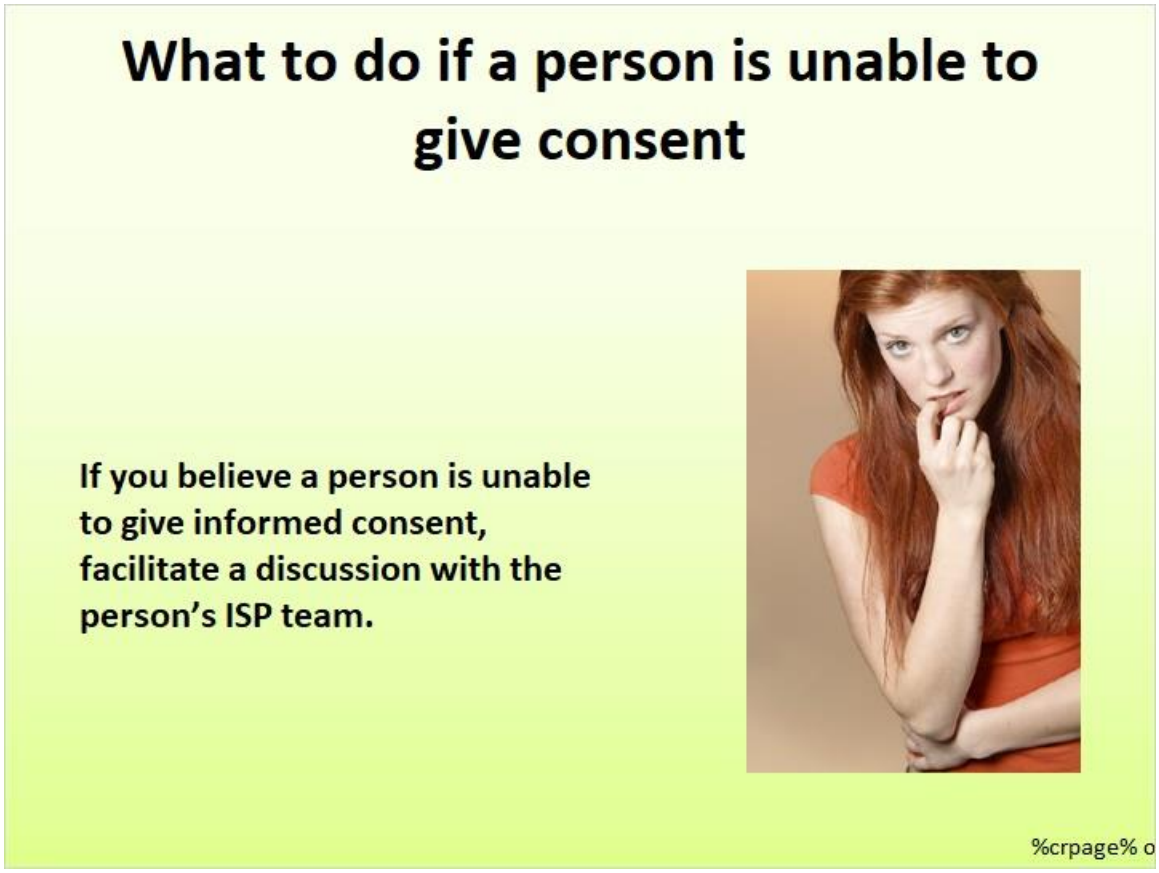
1.51 If you think a person might need a guardian



1.52 What to do if a person is unable to give consent



1.53 Options for medical decision making

Options for medical decision making

A person may be unable to provide informed consent regarding his medical needs, such as deciding on chemotherapy options or making end of life decisions.

If this is the case, options for assistance might include helping the person get connected with:

- A health care representative
  - Self-appointed
  - Appointed by the person's ISP team
- A family member or next of kin

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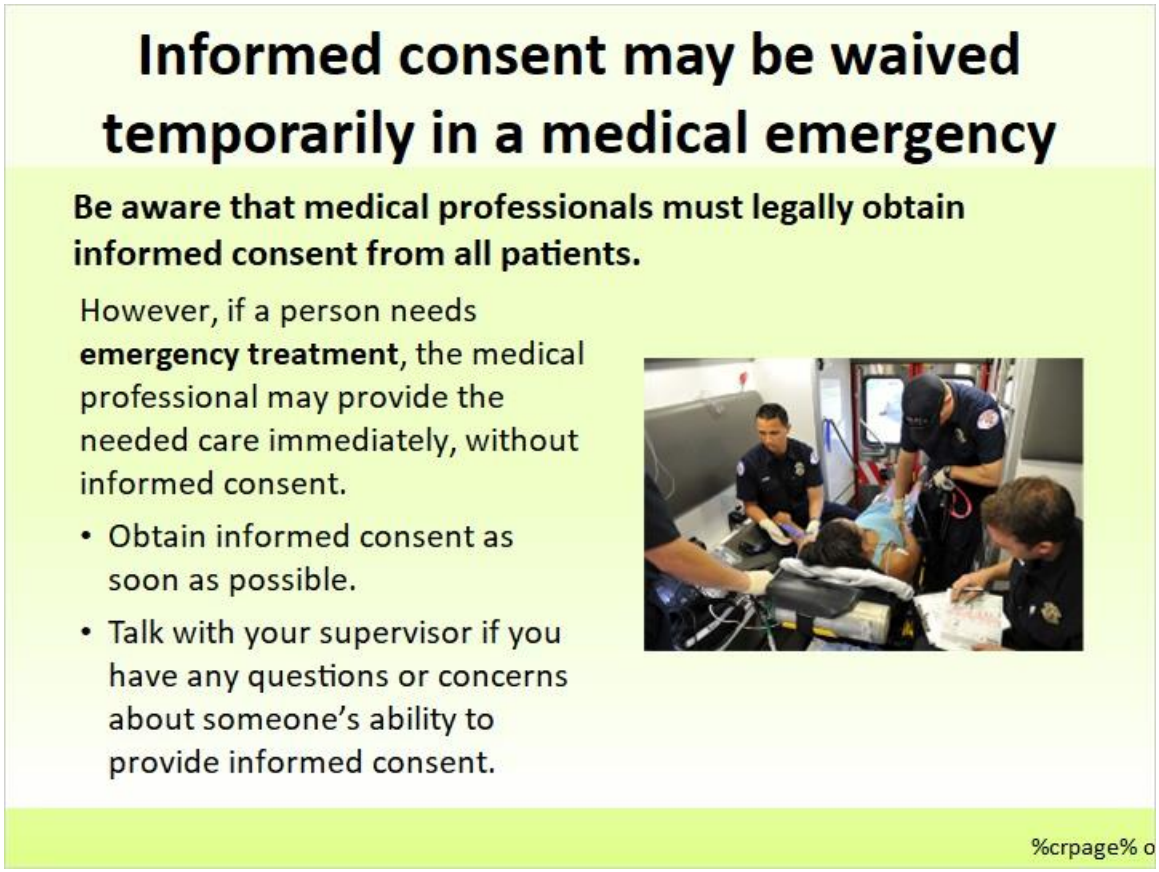
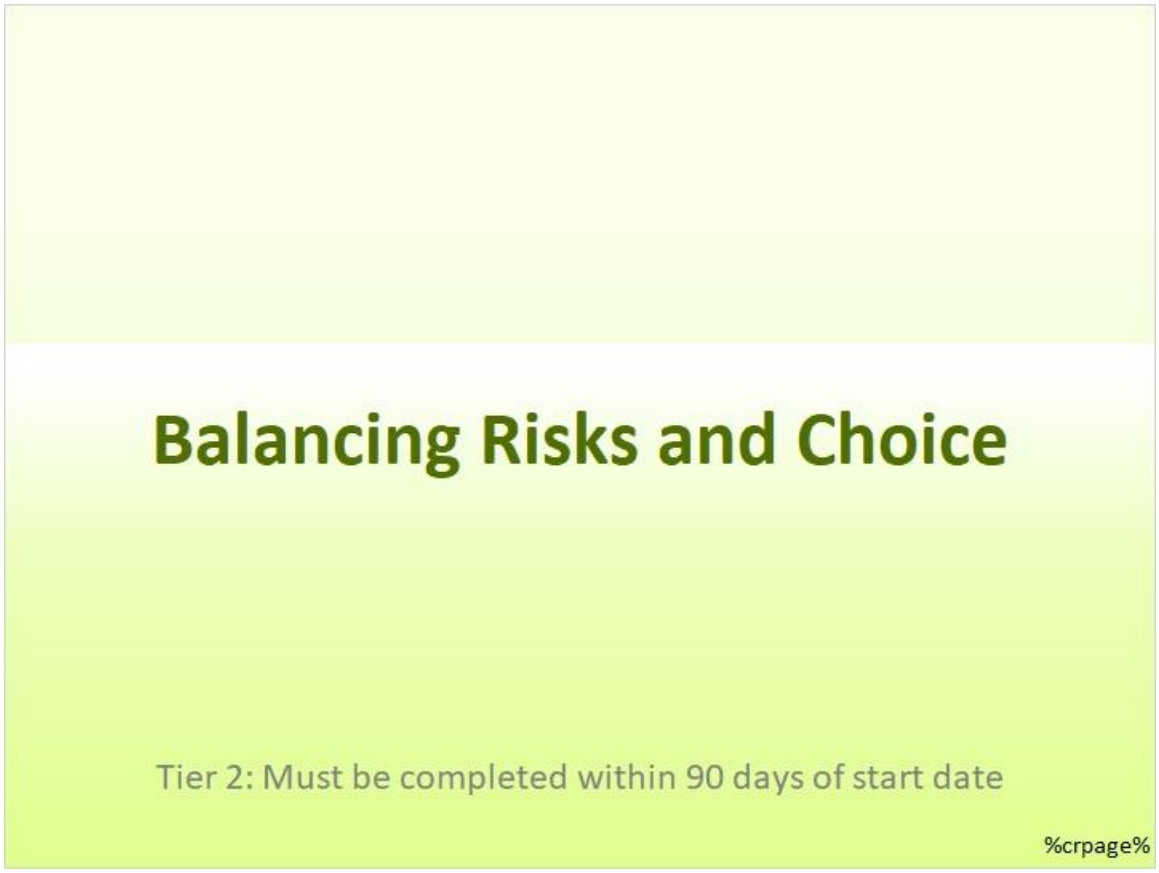
1.54 Informed consent may be waived temporarily in a medical emergency



SC/PA 204: Balancing Risks and Choice

1. SCPA - Balancing choice and risks

1.1 Balancing Choice and Risks



1.2 In this course we will cover

In this course…

- Your core responsibilities in addressing risk and where you might exercise judgment or creativity in providing options or recommending action.
- The importance of having a plan in place when a person is engaging in risky behavior.

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1.3 In this course we will cover

In this course…

- Explaining options and offering to connect the person with alternatives to risky behavior.
- Awareness of other agencies that offer services.

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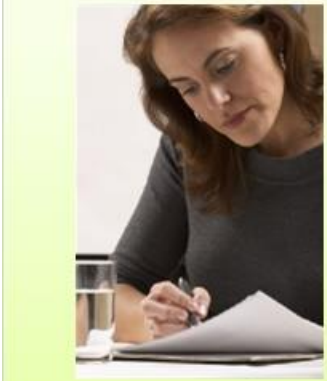
1.4 Untitled Slide



At your organization

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

- Understand your responsibilities in addressing known risks in the person's life and assisting the person in balancing choices and risks.
- Know what documentation you need to complete and who to talk to if you need assistance.

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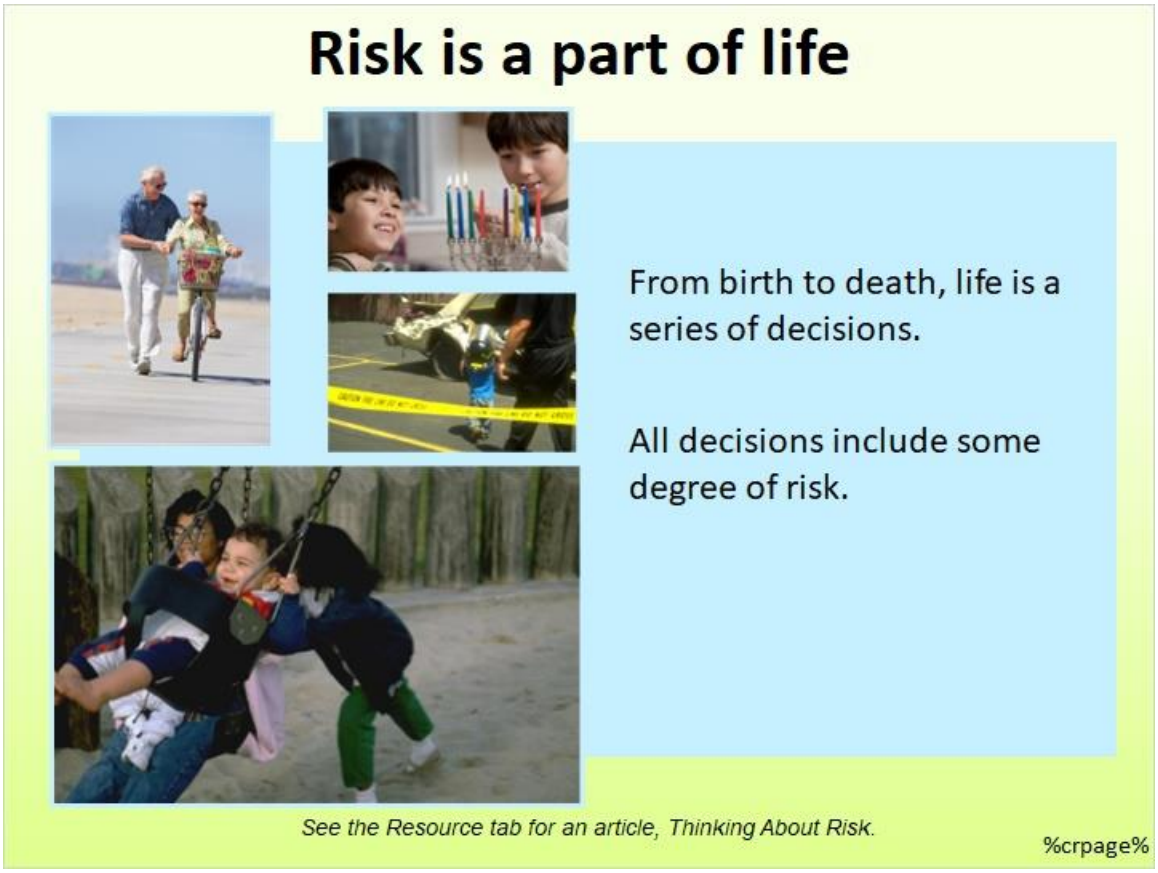
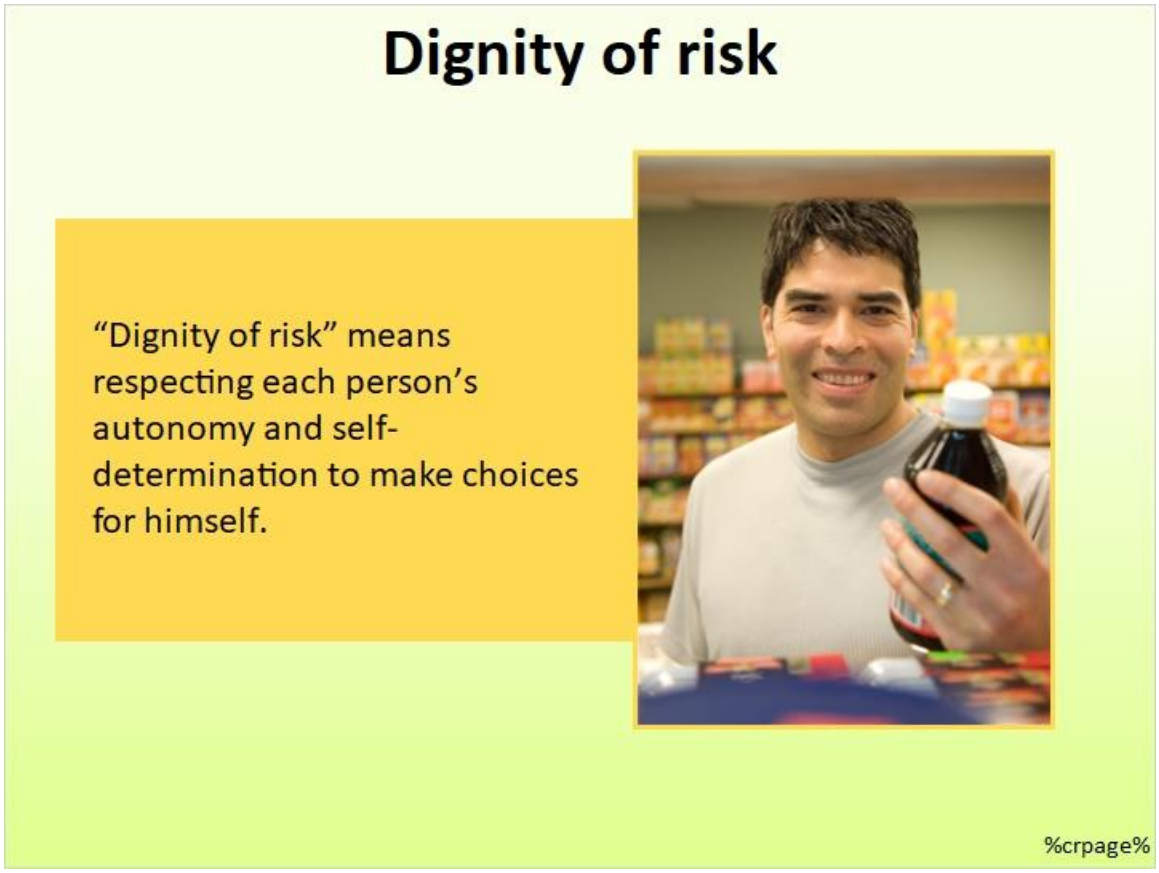
1.5 Risk is a part of life



1.6 Dignity of risk



1.7 Taking risks help us grow

Taking risks help us grow

A person has the right to grow by making his own choices and taking risks with dignity.

However, there is no dignity in serious injury.

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1.8 Robert Perske

Robert Perske

Robert Perske is an award-winning author and passionate advocate for the rights of people experiencing disabilities.

See the Resource tab for more information on Robert Perske.

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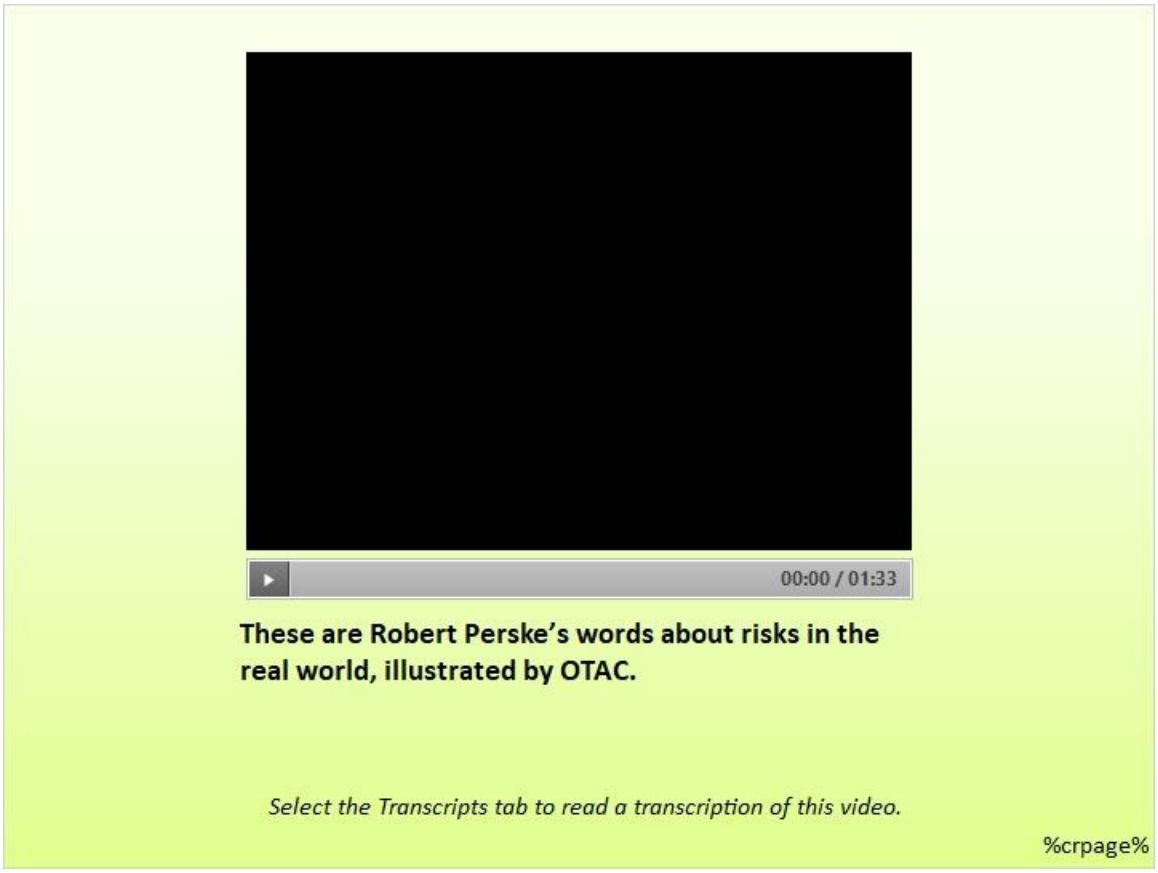
1.9 VIDEO - Real World Risks



Notes:

NARRATOR: Overprotection may appear, on the surface, to be kind, but it can be really evil; an oversupply can smother people emotionally, squeeze the life out of their hopes and expectations, and strip them of their dignity. Over protection can keep people from becoming all that they could become. Many of our best achievements came the hard way. We took risks, fell flat, suffered, picked ourselves up and tried again. Sometimes we made it and sometimes we did not. Even so, we were given the chance to try. Persons with special needs need these chances too. Of course, we are talking about prudent risks. People should not be expected to blindly face challenges that, without a doubt, will explode in their faces. Knowing what chances are prudent and which are not: this is a new skill that needs to be acquired. On the other hand, a risk is really only when it is not known beforehand whether a person really can succeed. The real world is not always safe, secure, and predictable; it does not always say please, excuse me, or I'm sorry. Every day we face the possibility of being thrown into situations where we will have to risk everything. In the past, we found clever ways to build avoidance of risk into the lives of people living with disabilities. Now we must work equally hard to help find the proper amount of risk people have the right to take. We have learned that there can be healthy development in risk taking and there can be crippling indignity in safety.

1.10 All people want control

All people want control

Everyone wants and needs control over some aspects of their life – this is what makes life richer.

%crpage%

1.11 VIDEO - Meet Tracy

Tracy talks about why being able to take risks is so important to her, as well as asking for help when needed.

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: How you gonna learn if you don't take risks? How you gonna learn? I mean, it's not smart, but how you gonna learn if you don't? It's, I think you should have the right to adventure and learn from the consequences if you do things that are dangerous and not so smart. I think that everybody should learn from some, some one dumb thing or the other. I mean, we're all gonna do it. Um, like I said, some people are scared to take chances because they're figuring, "oh, its gonna hurt me," well everybody ends up doing something that's going to get hurt. And people shouldn't, they shouldn't be afraid to ask for help. A lot of people are afraid to ask for help cuz they figure, "Oh, they don't, they won't, I don't, I won't get the help." Yes you will if you ask for help. Yes you will. So people that are stubborn and don't want help or don't know how to ask for help and I think asking for help is the most important, is the most important thing of all is asking for help.

1.12 Planning with the person for risk

Planning with the person for risk

All adults have the right to make their own choices about their health and care, even if care professionals believe these choices endanger the person's health or longevity.

Your role is in **planning** with the person and her team for those risks.

See the Resource tab for an article, Revisiting Choice.

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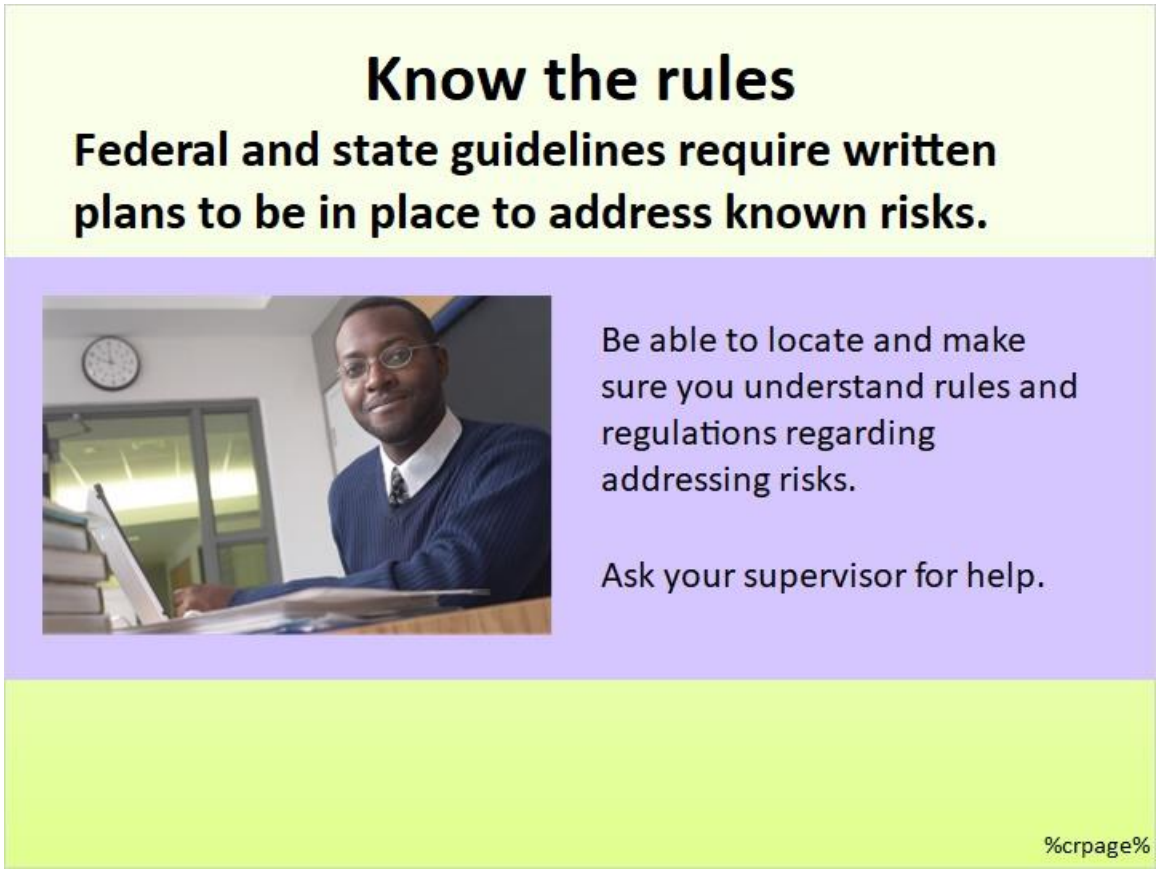
1.13 Your role in planning with the person

1.14 Know the rules



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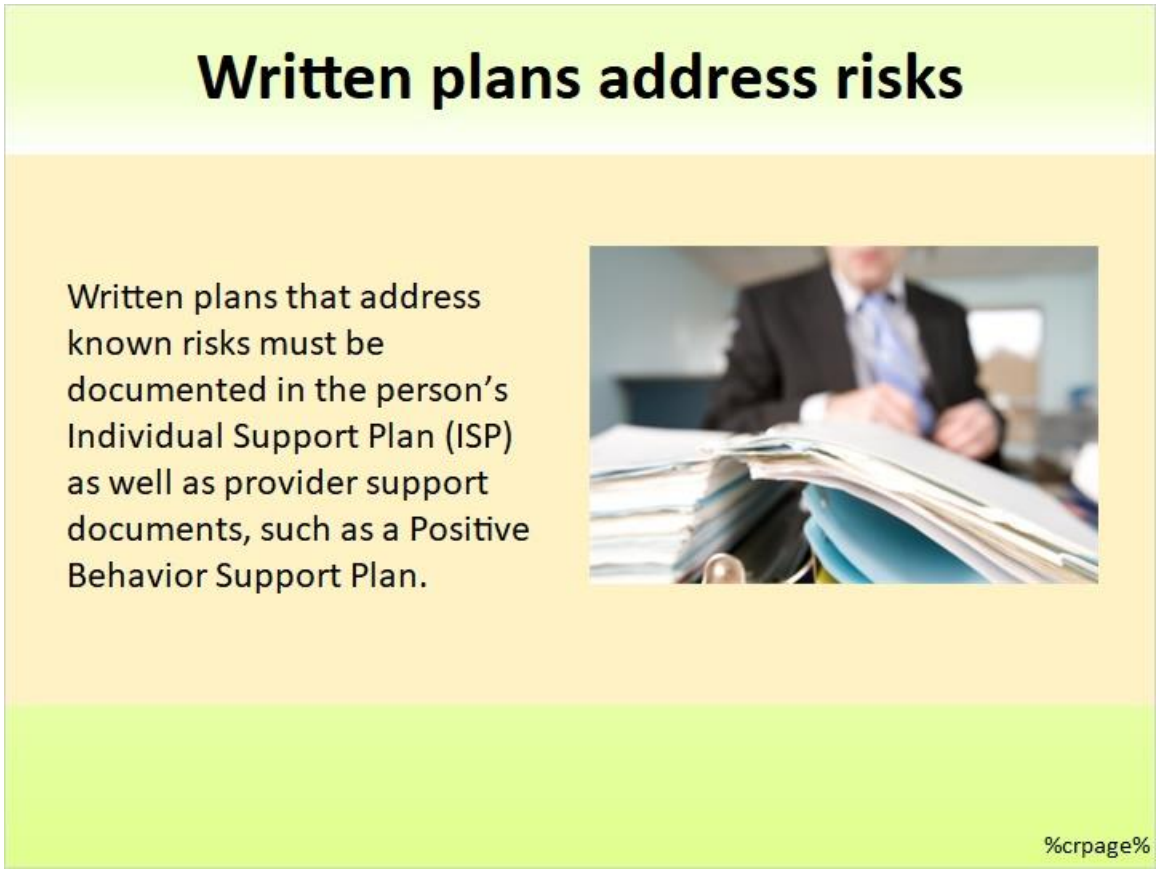
1.15 Written plans address risks



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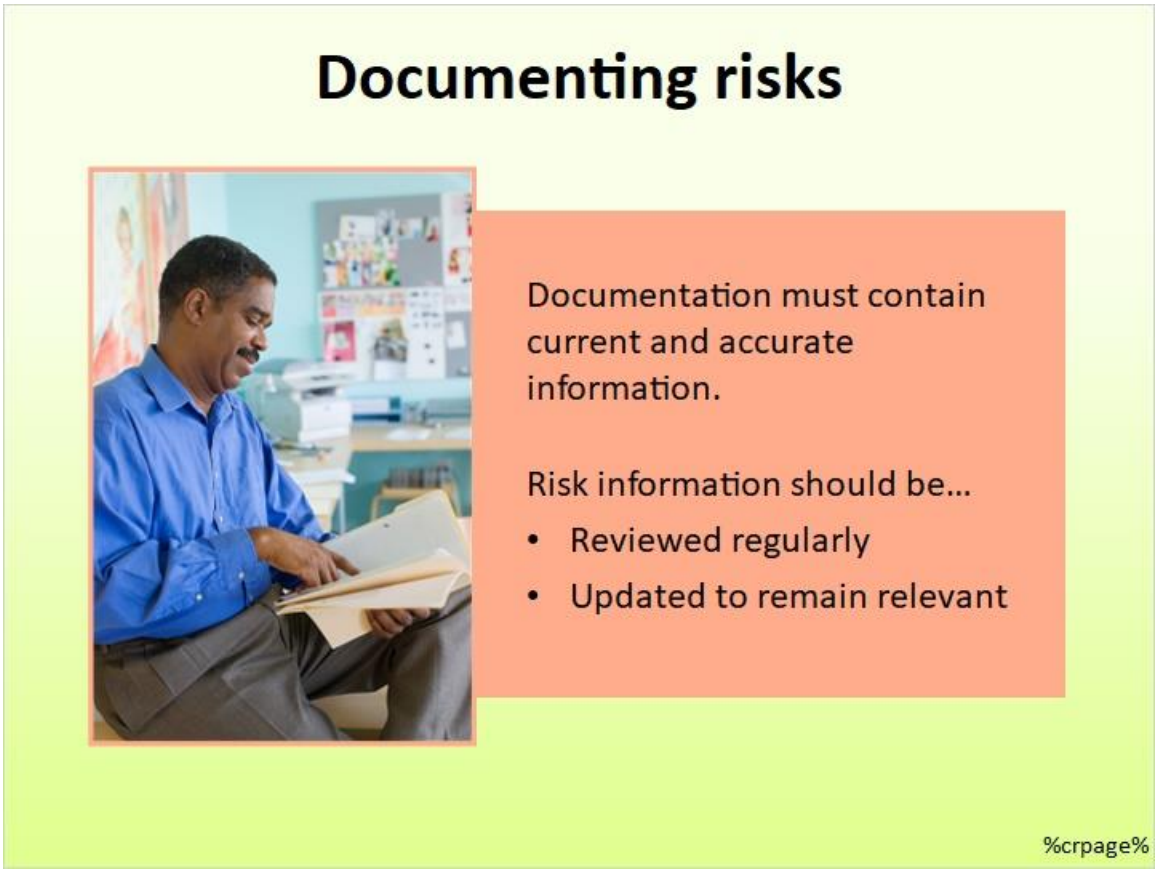
1.16 Documenting risks



1.17 Get to know the person

Get to know the person

Supporting people to take real world risks requires person centered skills.

Get to know the person in order to plan for risks.

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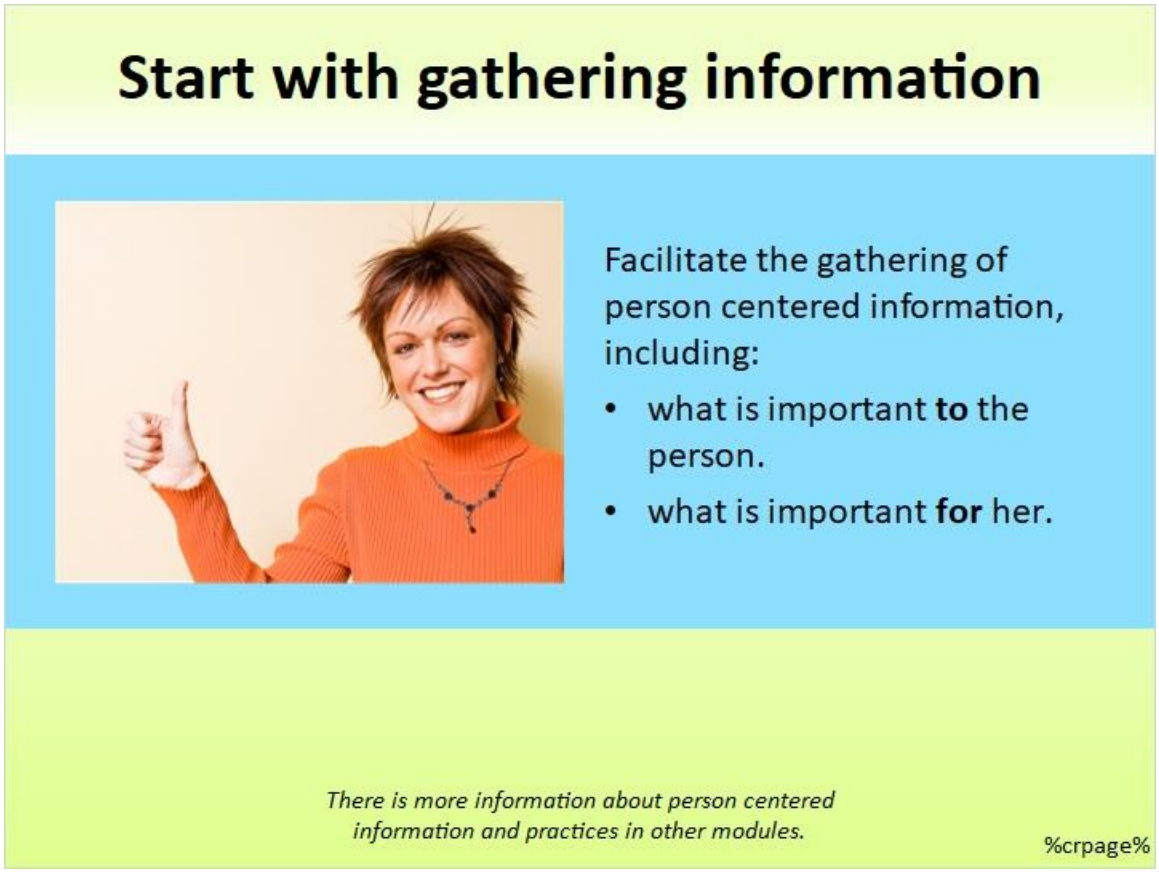
1.18 Start with gathering information



1.19 What is important TO someone

What is important TO someone

What is important TO a person includes those things in life which help the person to be satisfied, content, comforted, fulfilled, and happy – the person's own definition of quality of life.

Important To 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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1.20 The person's perspective

The person's perspective

Seek to understand the **person's perspective**.

What is important to a person includes only what she is communicating…

- With her words
- With her behavior

When words and behavior are in conflict, pay attention to the behavior.

Important To 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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1.21 What is important FOR someone

1.22 What is important FOR someone includes…

What is important FOR someone includes…

Issues of health:

- Prevention and treatment of illness or medical conditions
- Promotion of wellness (e.g.: diet, exercise)

Issues of safety:

- The person's environment
- Physical and emotional well being, including freedom from fear

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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1.23 What is important FOR someone also includes…

1.24 Seek to understand

Seek to understand

When a person chooses to engage in activities that are risky or dangerous, it is your role to seek to understand why.

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1.25 Consider the person's perspective

Consider the person's perspective

Consider...

- What barriers may exist for the person?
- Is this issue really important for him?
- Are there other people who could help?

%crpage%

1.26 Your role

1.27 Planning for risks is a partnership

Planning for risks is a partnership

Gathering information and facilitating planning for risks should not be done in isolation.

%crpage%

1.28 What you can do to

What you can do to facilitate partnerships

- ✓ Communicate with the person.
- ✓ With permission, involve others who know and care about the person, such as…
  - Providers
  - Friends
  - Family members
  - Others in the community

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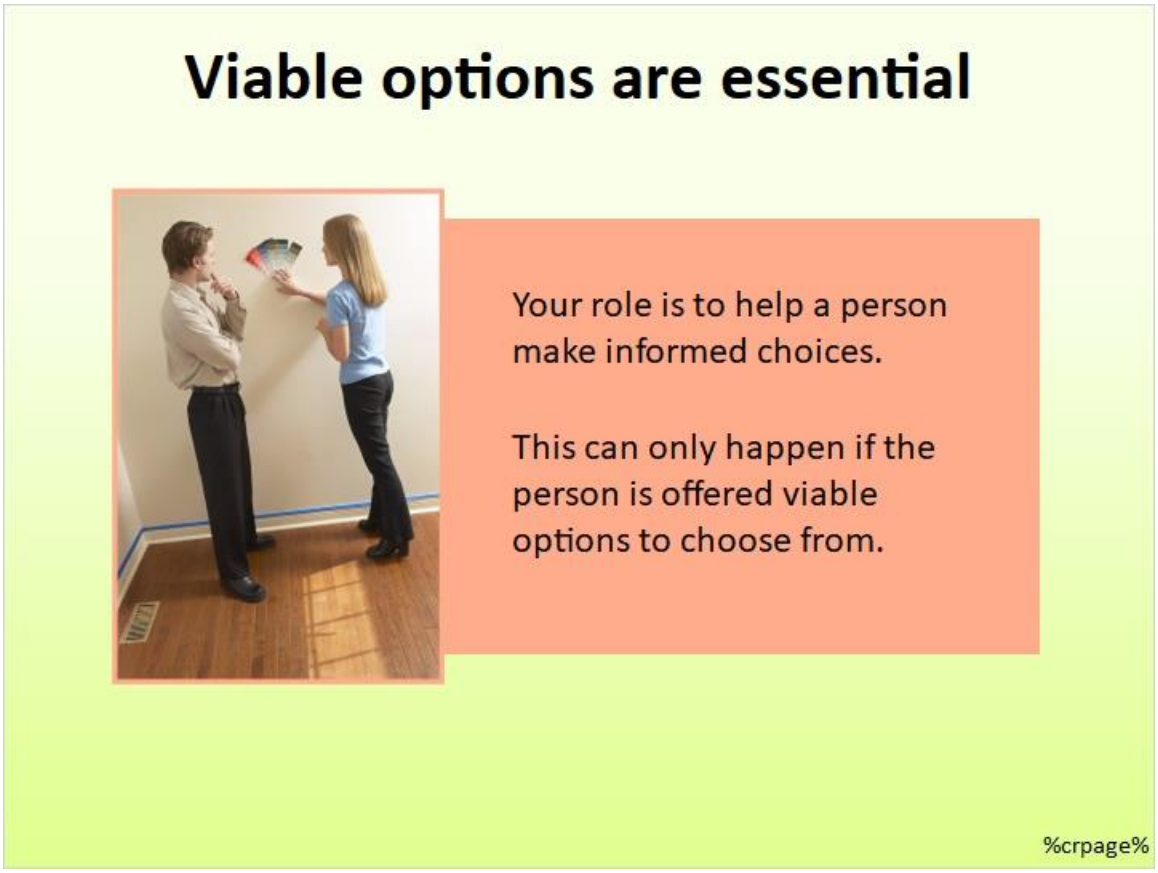
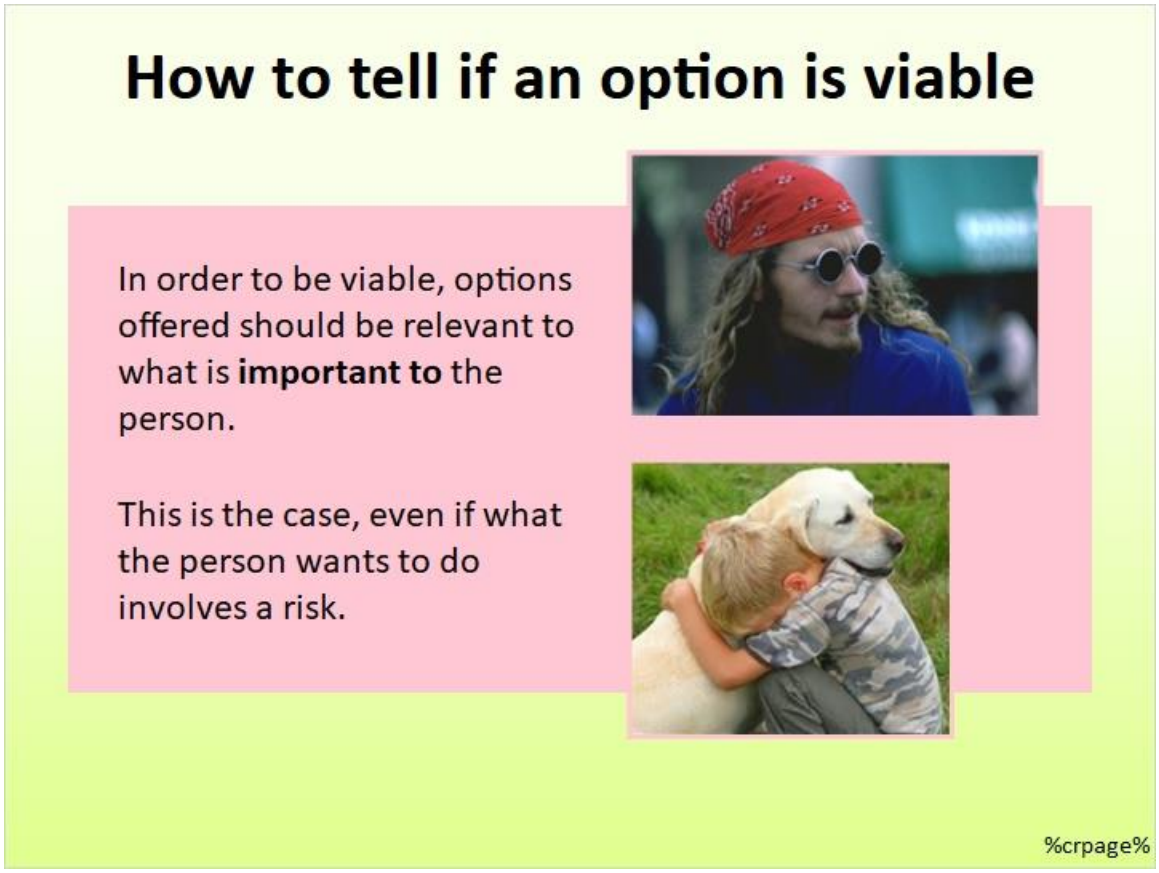
1.29 Viable options are essential



1.30 How to tell if an option is viable



1.31 For example

For example

If Shelly wants to work with animals but is allergic to cats:

- A choice between computer repair or data entry are not viable options for her.
- Rather, a job at the animal shelter walking dogs or starting her own dog walking business would offer her viable options.

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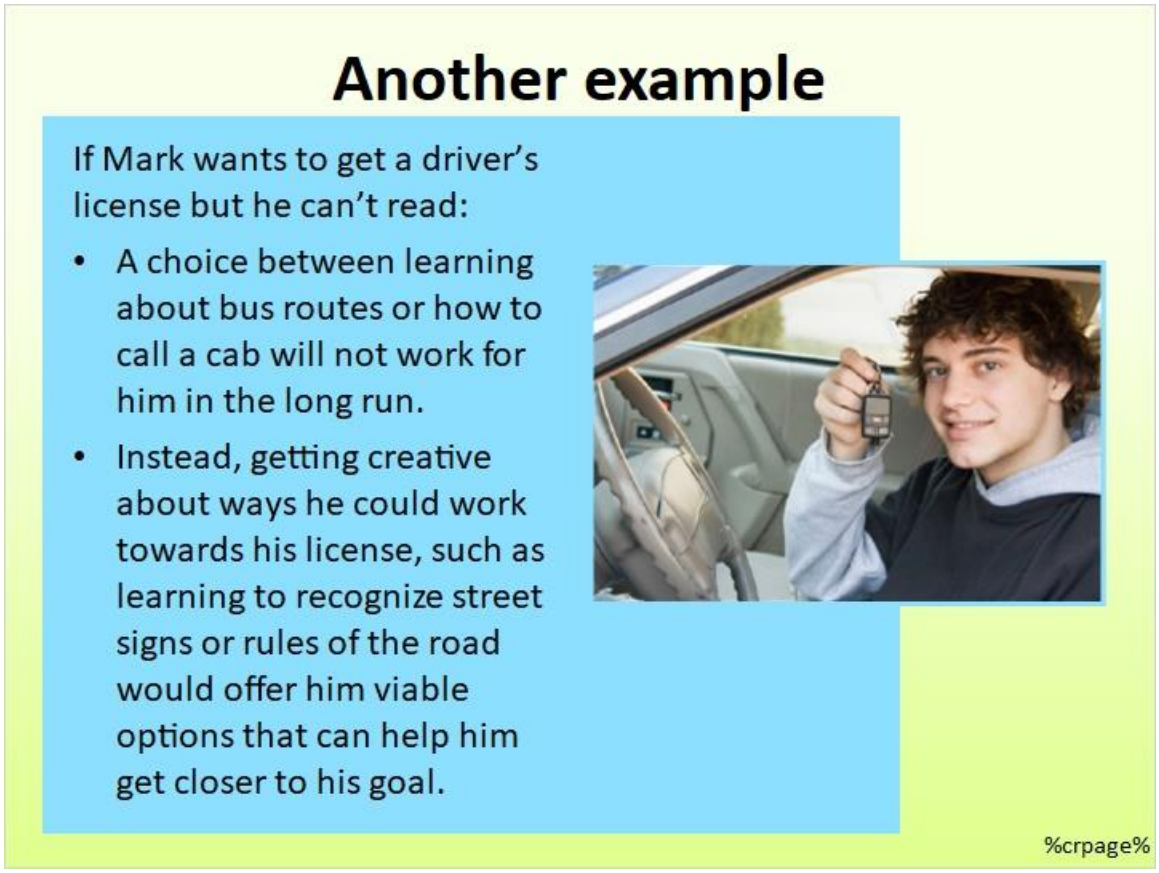
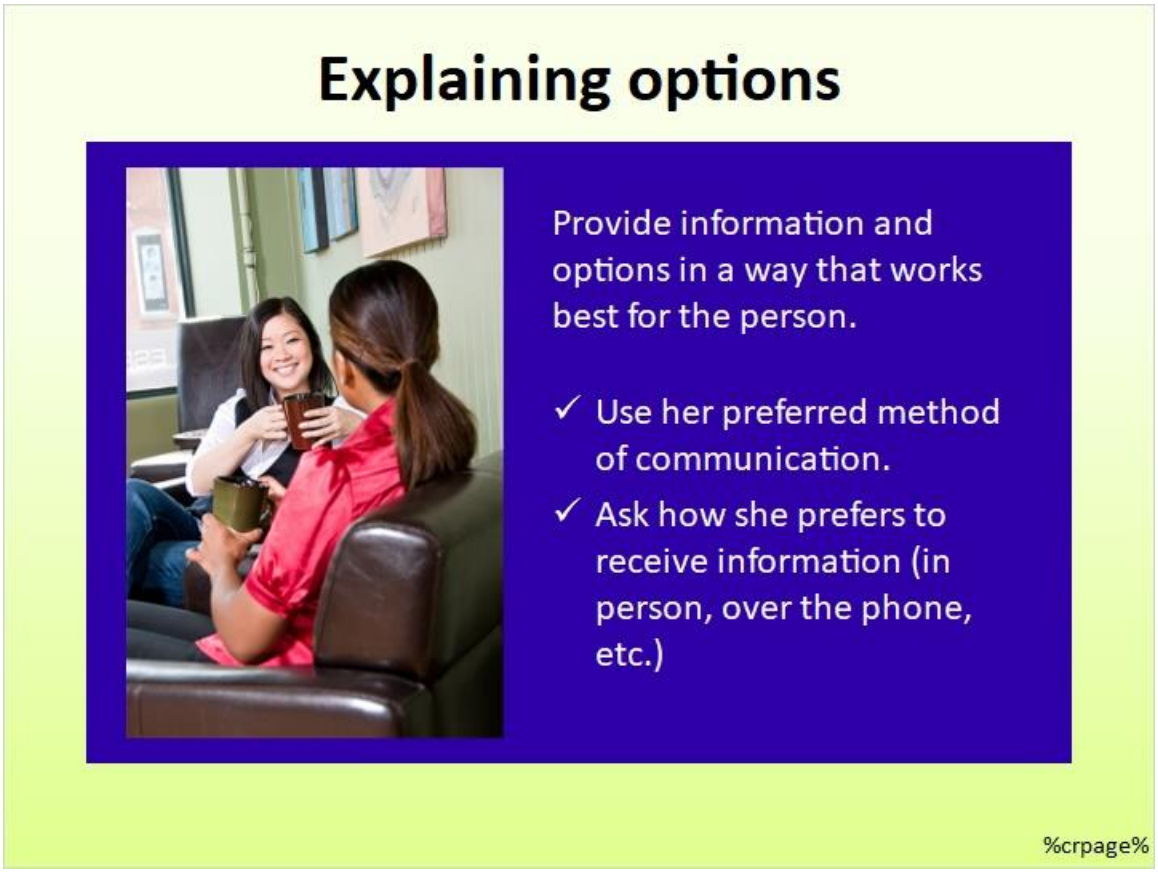
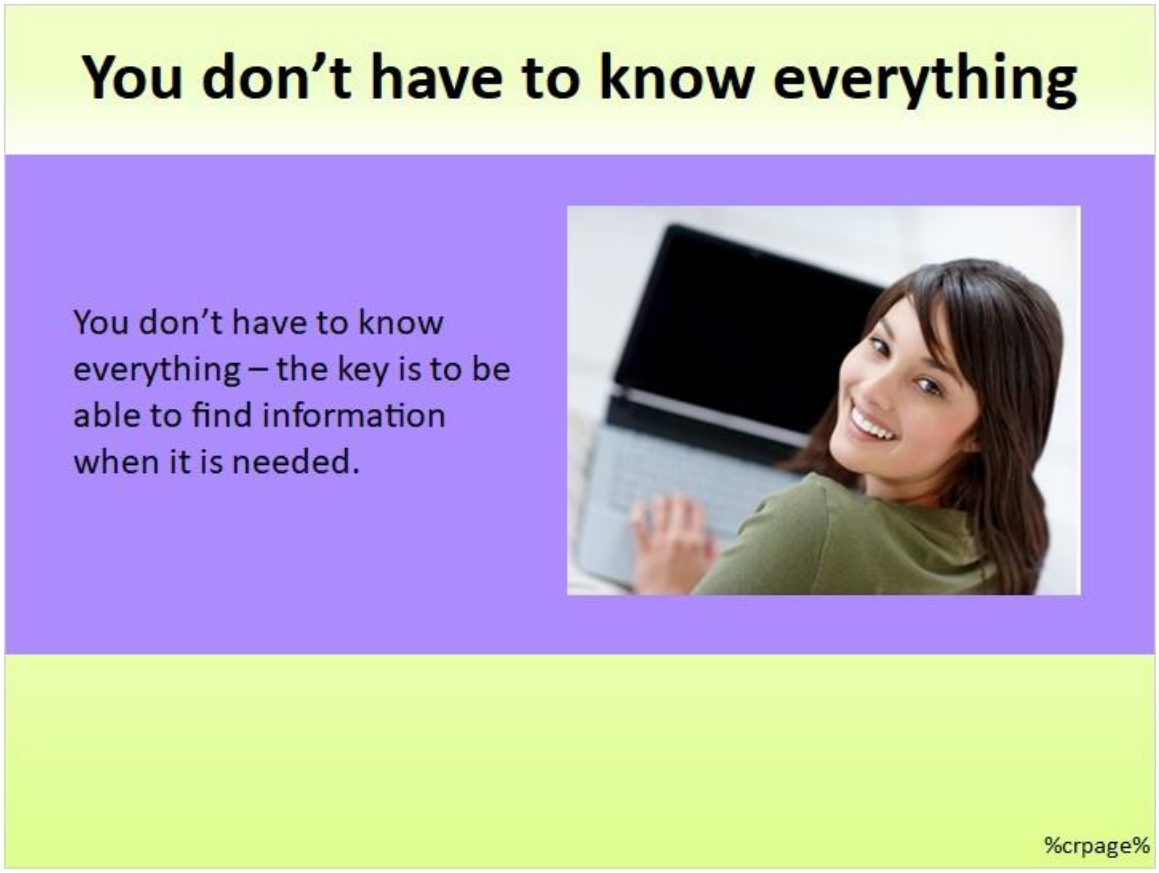
1.32 Another example



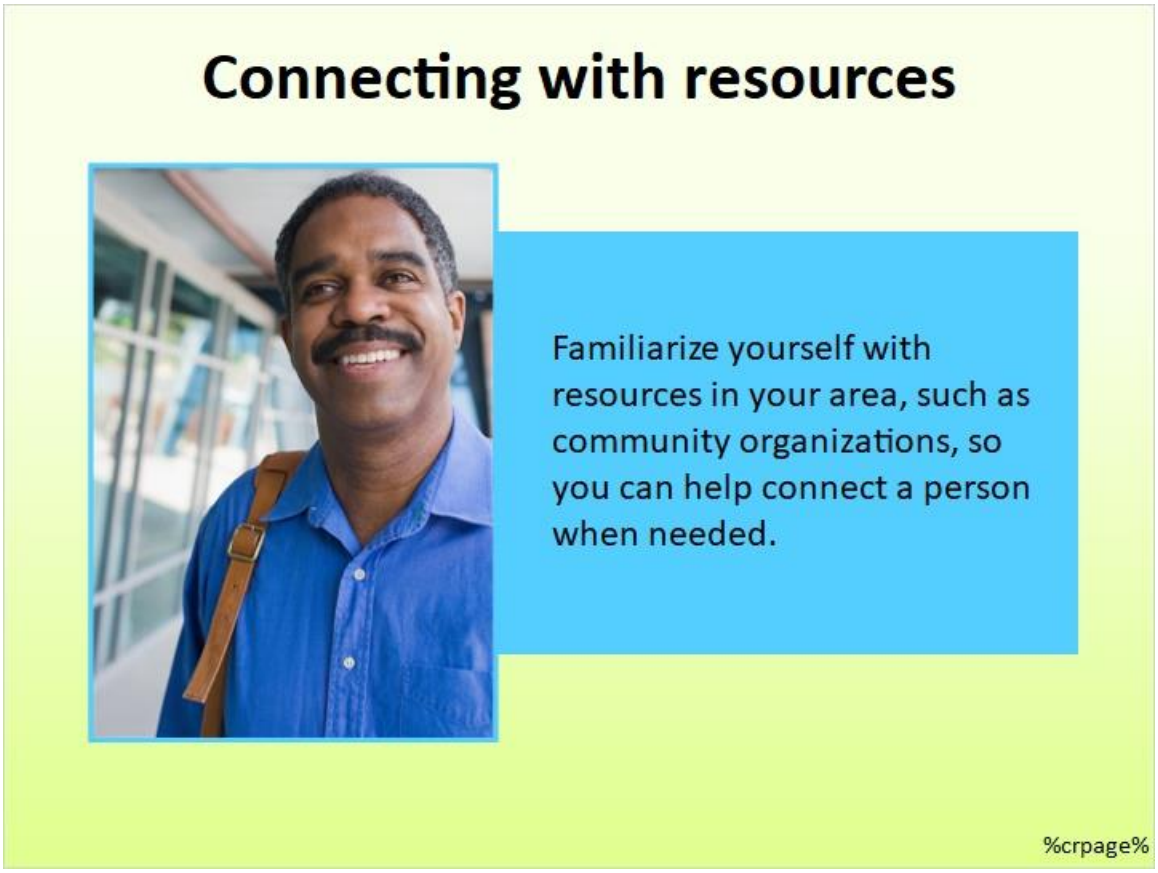
1.33 Explaining options



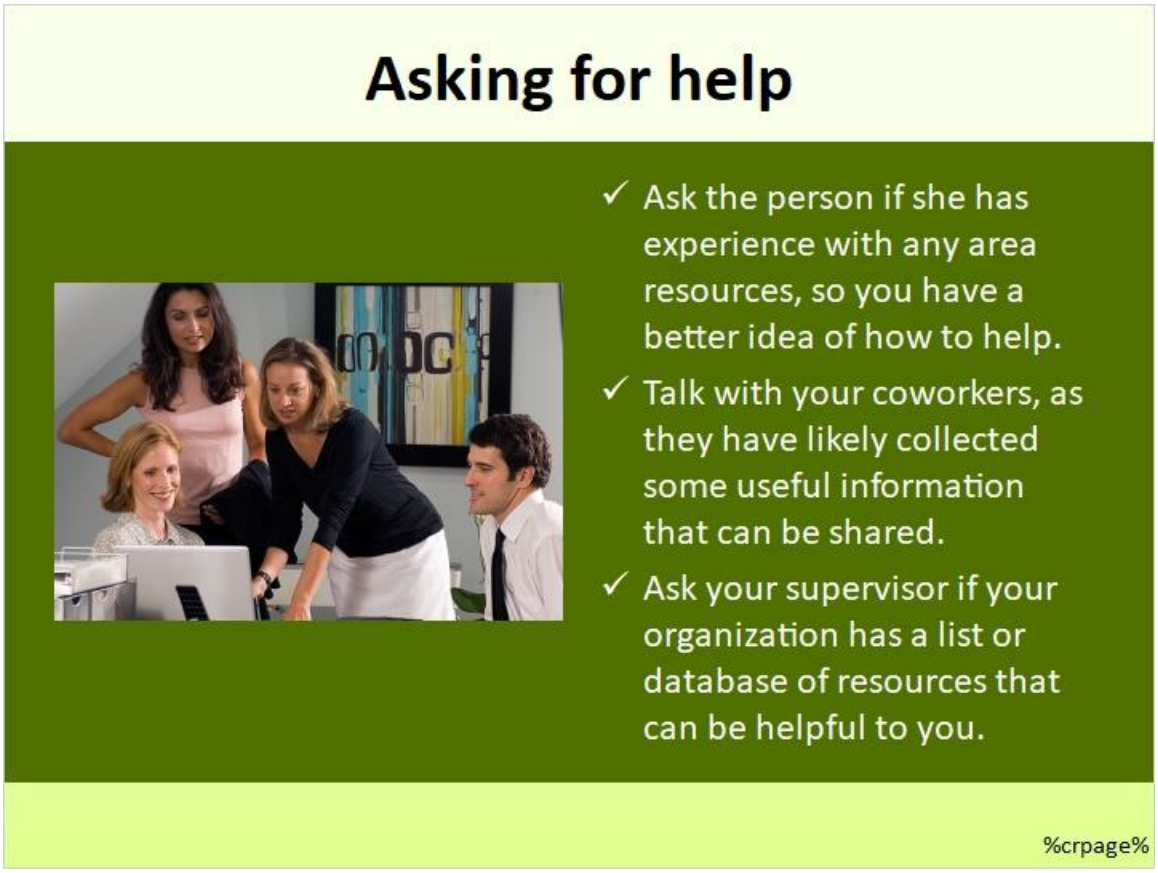
1.34 You don’t have to know everything



1.35 Connecting with resources

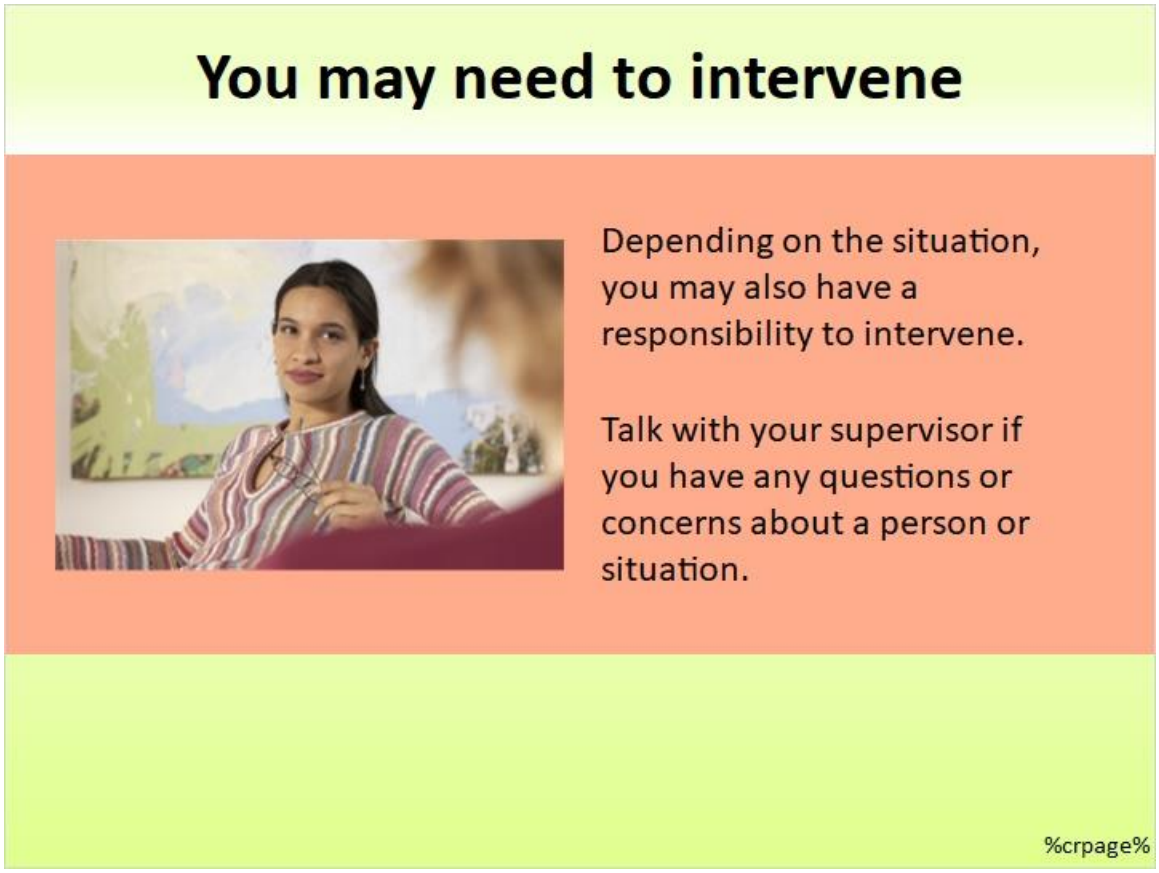


1.36 Asking for help

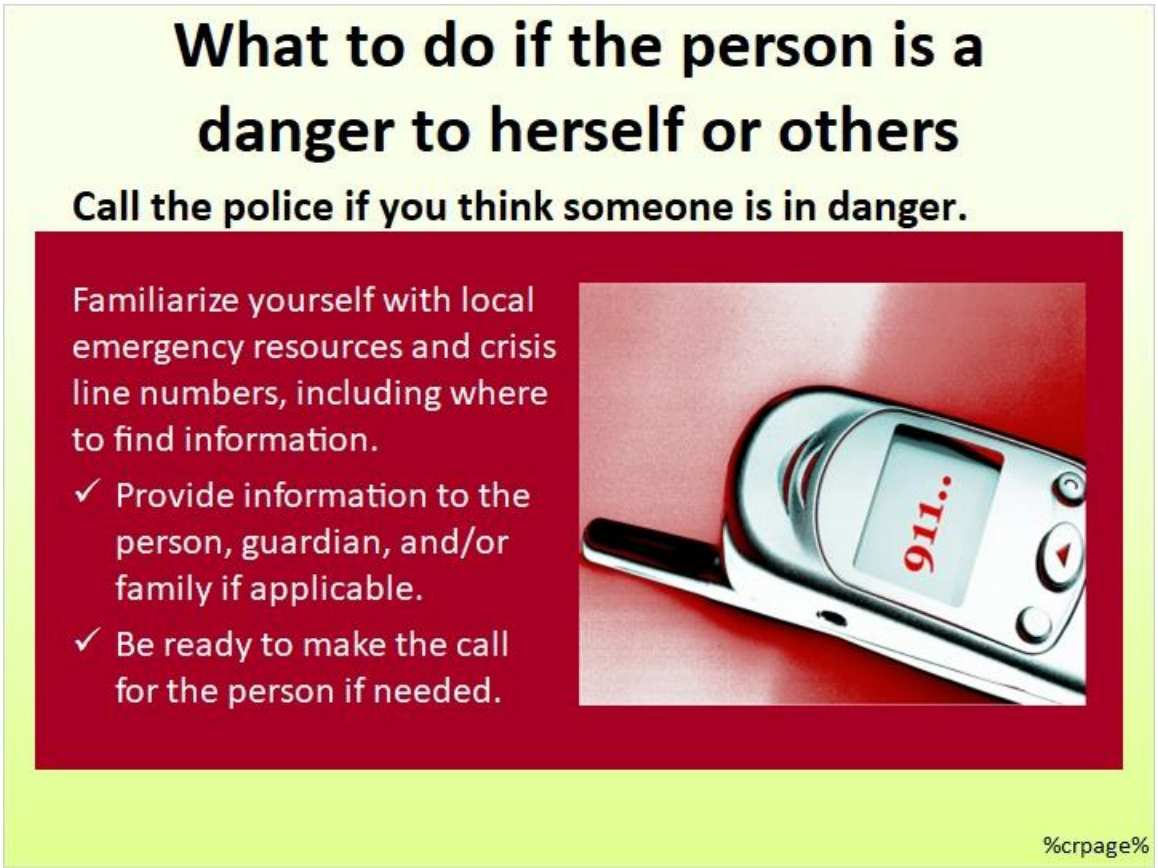


1.37 Your core responsibilities

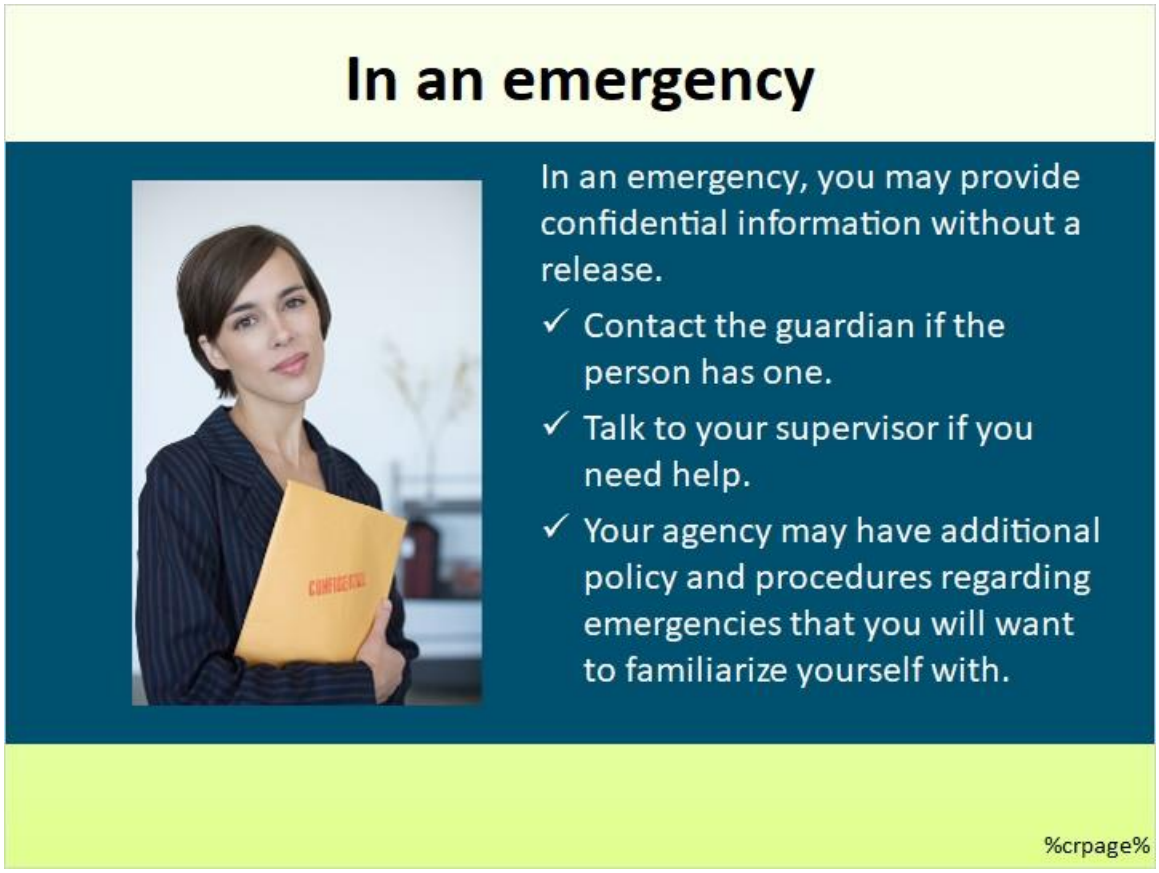
1.38 You may need to intervene



1.39 What to do if the person is a danger to herself or others

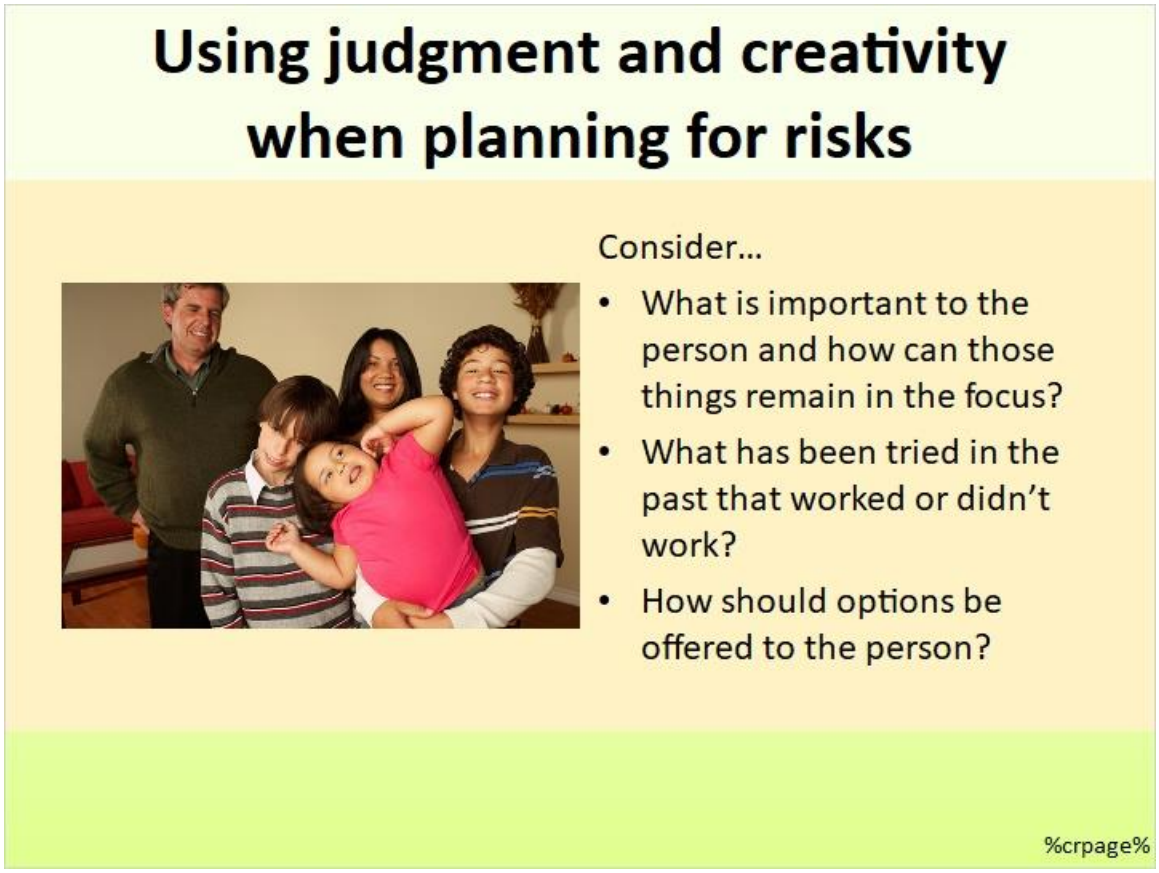


1.40 In an emergency



1.41 Using judgment and creativity

1.42 Using judgment and creativity when planning for risks



1.43 Offering alternatives to risks

1.44 Facilitating partnerships when offering alternatives to risks

Facilitating partnerships when offering alternatives to risks

It may take time for a person to feel comfortable enough to share information with you.

- With permission, engage others in the person's life who she may feel more comfortable with, to have those conversations.

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1.45 Ultimately, it's the person's decision

Ultimately, it's the person's decision

Your role includes offering options and, at times, recommending action to a person (and guardian, designated representative, and/or family if applicable).

However, you are not the decision maker in the person's life.

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1.46 Documentation is vital

1.47 It doesn't have to be perfect…it's life

It doesn't have to be perfect …it's life.

"Don't wait until everything is just right. It will never be perfect. There will always be challenges, obstacles and less than perfect conditions. So what. Get started now. With each step you take, you will grow stronger and stronger, more and more skilled, more and more self-confident and more and more successful."

- Mark Victor Hansen, the founder and co-creator of the "Chicken Soup for the Soul" book series.

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SC/PA 205: Monitoring, Follow Up, and Ensuring Honesty

1. SCPA Unit 12 Monitoring

1.1 Monitoring, Integrity, and Action when Providers are Not Meeting Requirements

1.2 In this course we will cover

In this course…

- Required monitoring of services.
- Identifying, communicating, documenting follow-up, and "closing the loop" on issues found during monitoring.
- Your role as it relates to licensing and regulatory oversight of licensed or certified providers.

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1.3 In this course we will cover

1.4 At your organization

1.5 At your organization

1.6 Minimum monitoring requirements

Minimum monitoring requirements

The minimum requirements for contact with a person and monitoring of services a person is receiving are primarily governed by the funding sources of those services, such as…

- Community First Choice (K Plan) state plan.
- Home and Community Based Services (HCBS) waivers.

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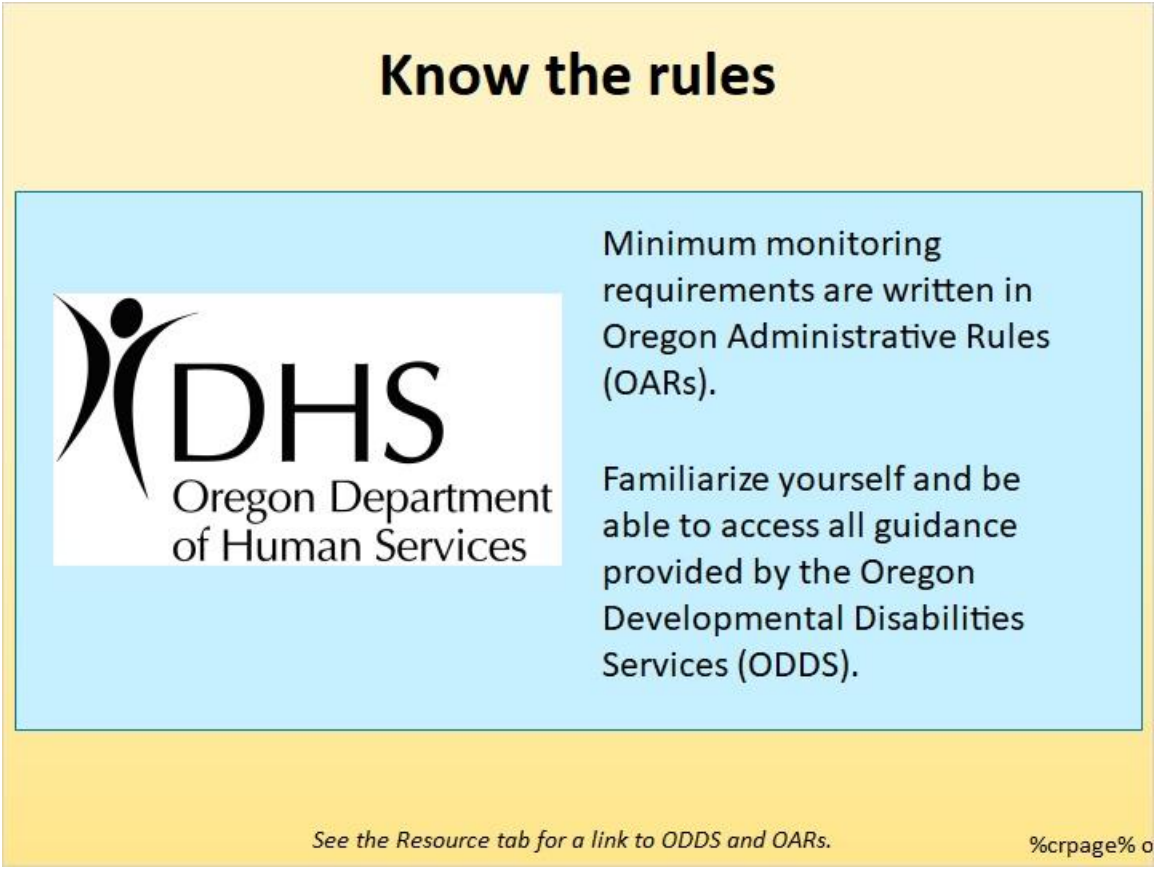
1.7 Know the rules



1.8 Why monitor?

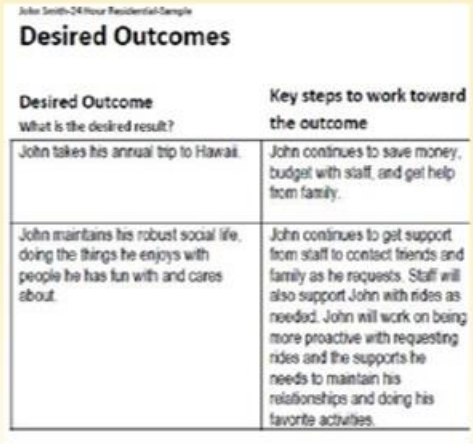
1.9 Monitoring health, safety, and supports

1.10 Monitoring relates to the ISP

Monitoring relates to the ISP

Monitoring is done to review that…

- The person's services are being provided as described in his Individual Support Plan (ISP).
- The ISP outcomes remain relevant and are being implemented as planned.
- The services outlined in the ISP continue to meet what is important to and important for the person.



John Smith-24 Hour Residential-Sample

Desired Outcomes

Desired Outcome What is the desired result?	Key steps to work toward the outcome
John takes his annual trip to Hawaii.	John continues to save money, budget with staff, and get help from family.
John maintains his robust social life, doing the things he enjoys with people he has fun with and cares about.	John continues to get support from staff to contact friends and family as he requests. Staff will also support John with rides as needed. John will work on being more proactive with requesting rides and the supports he needs to maintain his relationships and doing his favorite activities.

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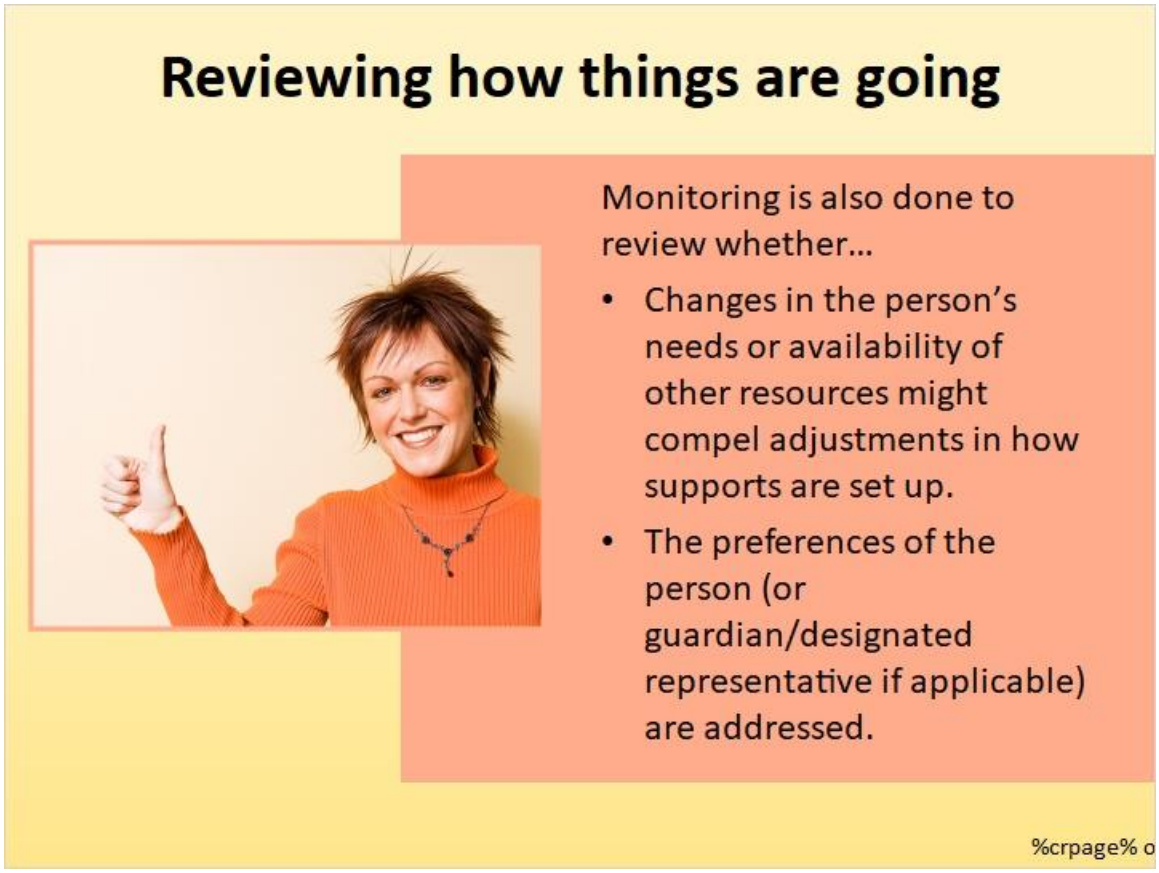
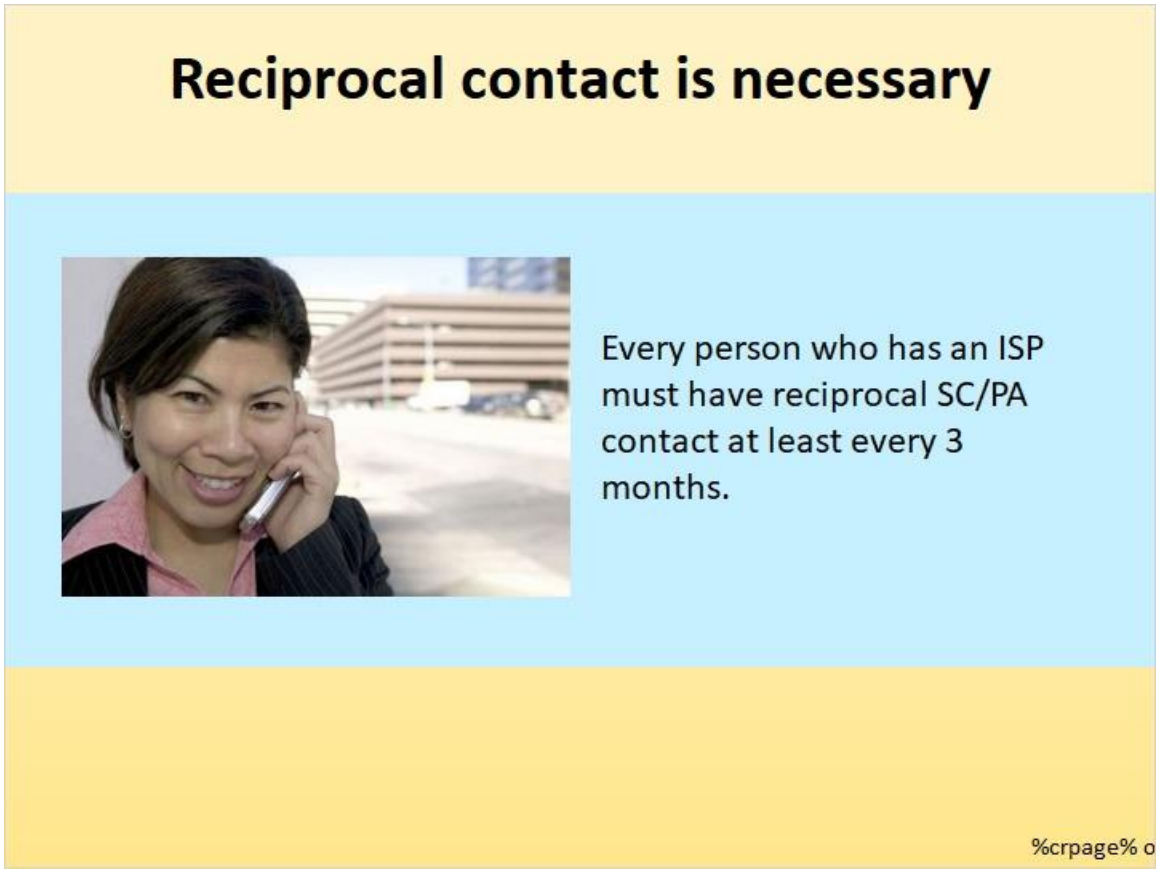
1.11 Reviewing how things are going



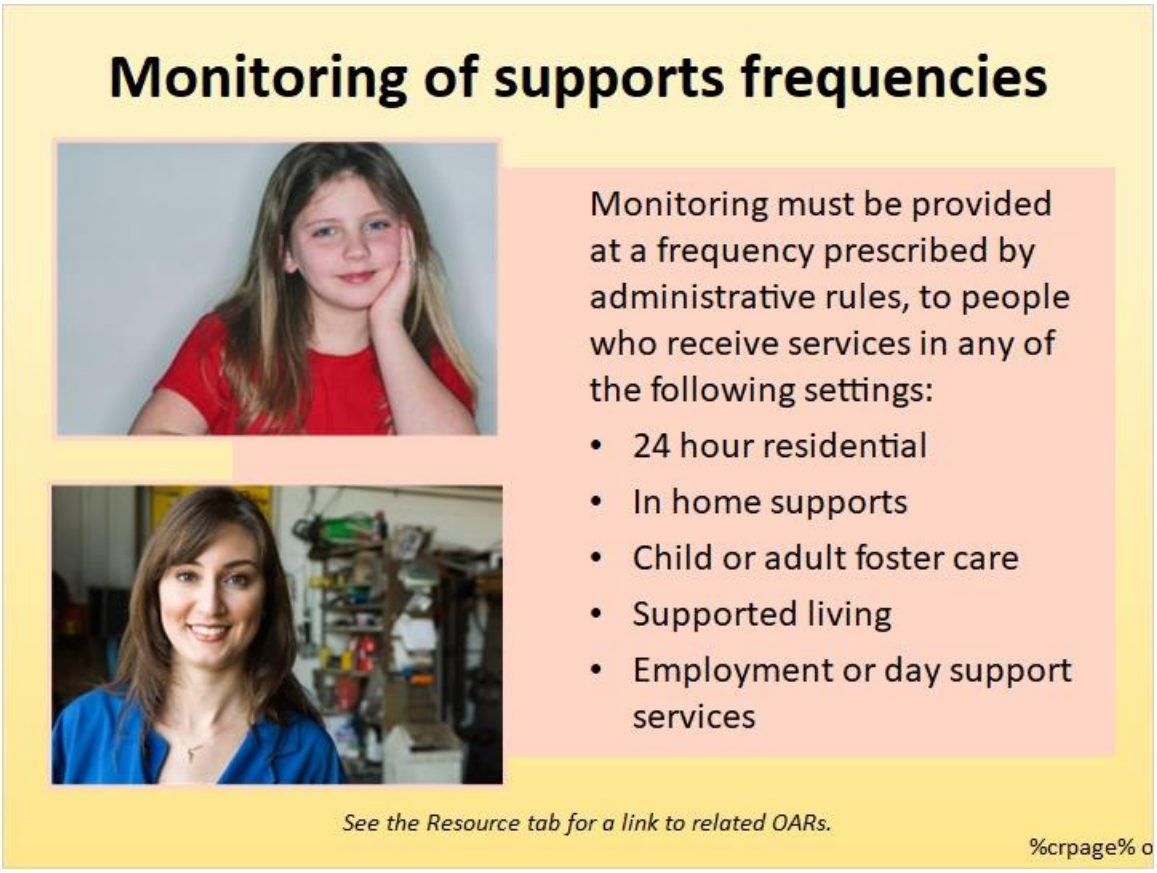
1.12 Monitoring also helps protect rights

1.13 Reciprocal contact is necessary

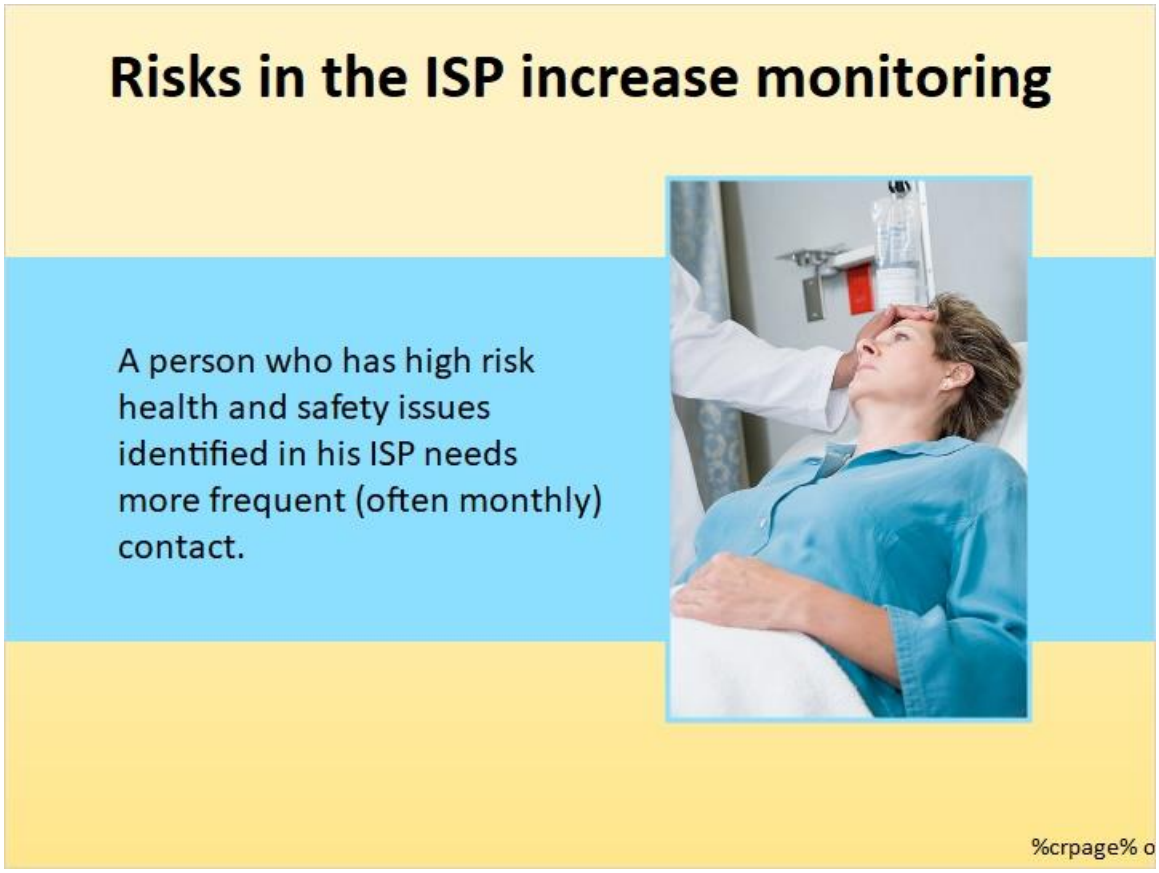


1.14 Monitoring varies

1.15 Monitoring of supports frequencies



1.16 Risks in the ISP increase monitoring



1.17 Monitoring of personal finances

Monitoring of personal finances

There must also be regular monitoring and review of a person's access and utilization of personal funds for individuals enrolled in a 24 hour residential or adult foster home.

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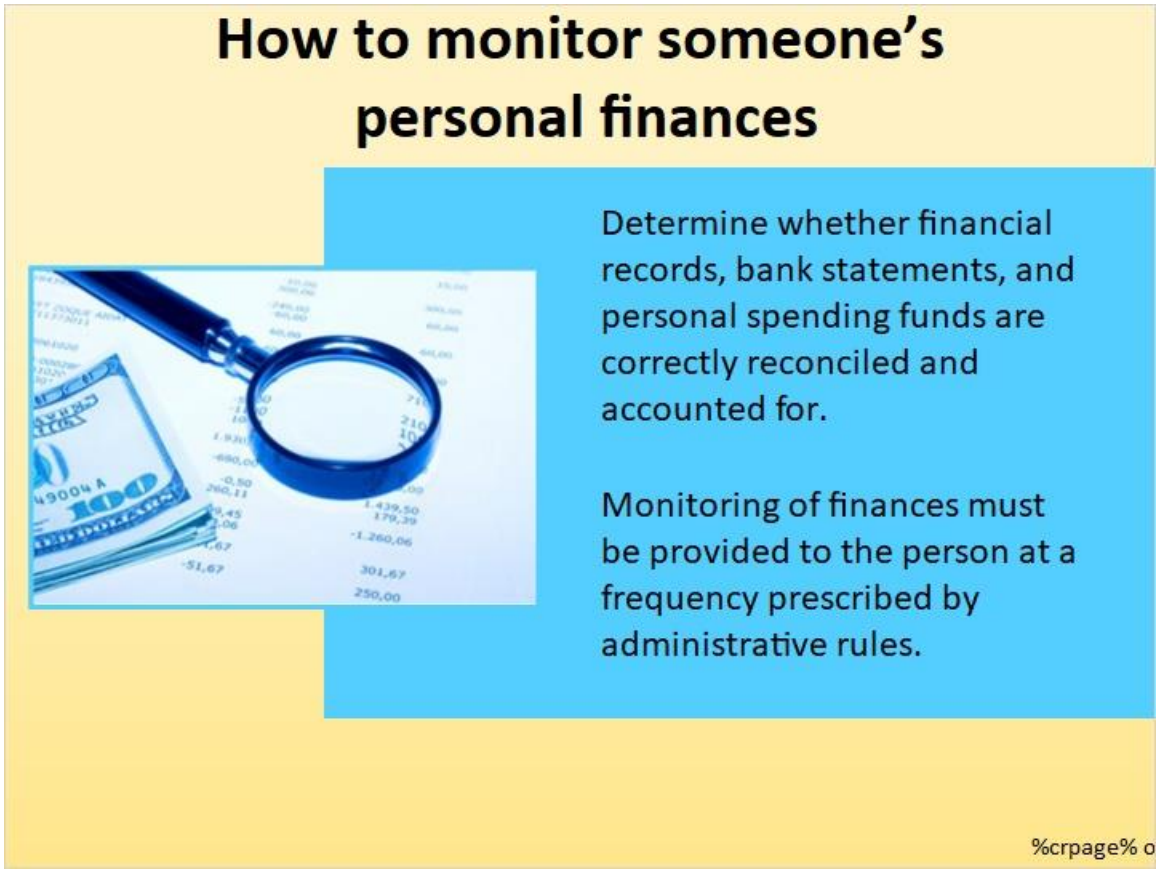
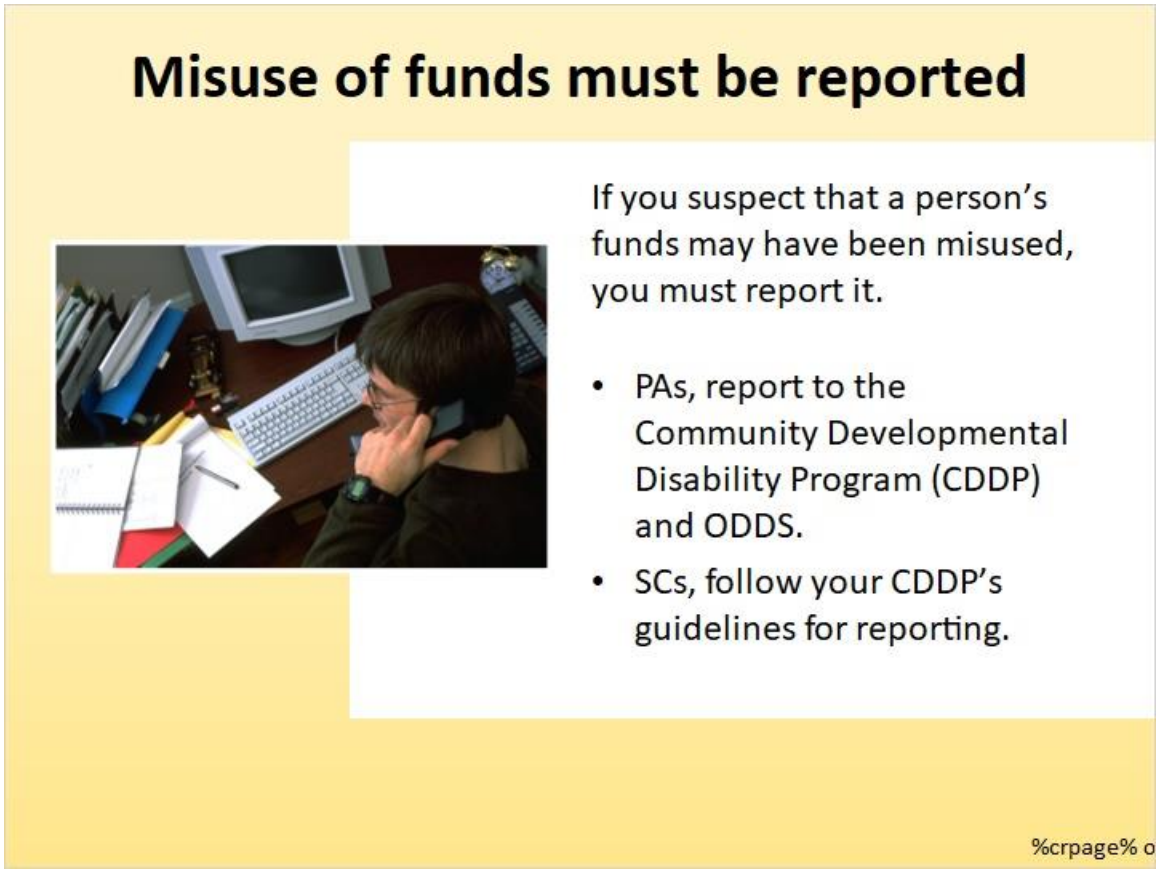
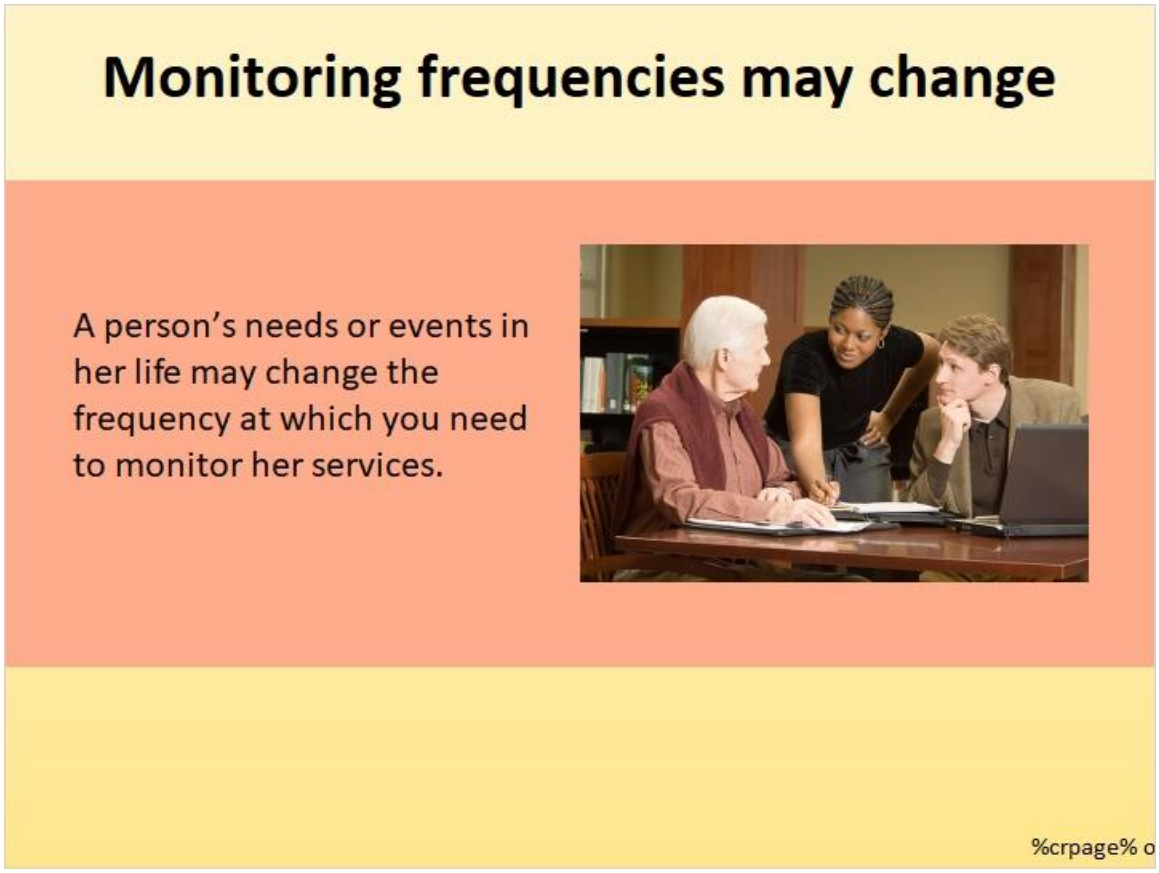
1.18 How to monitor someone's



1.19 Misuse of funds must be reported



1.20 Monitoring frequencies may change

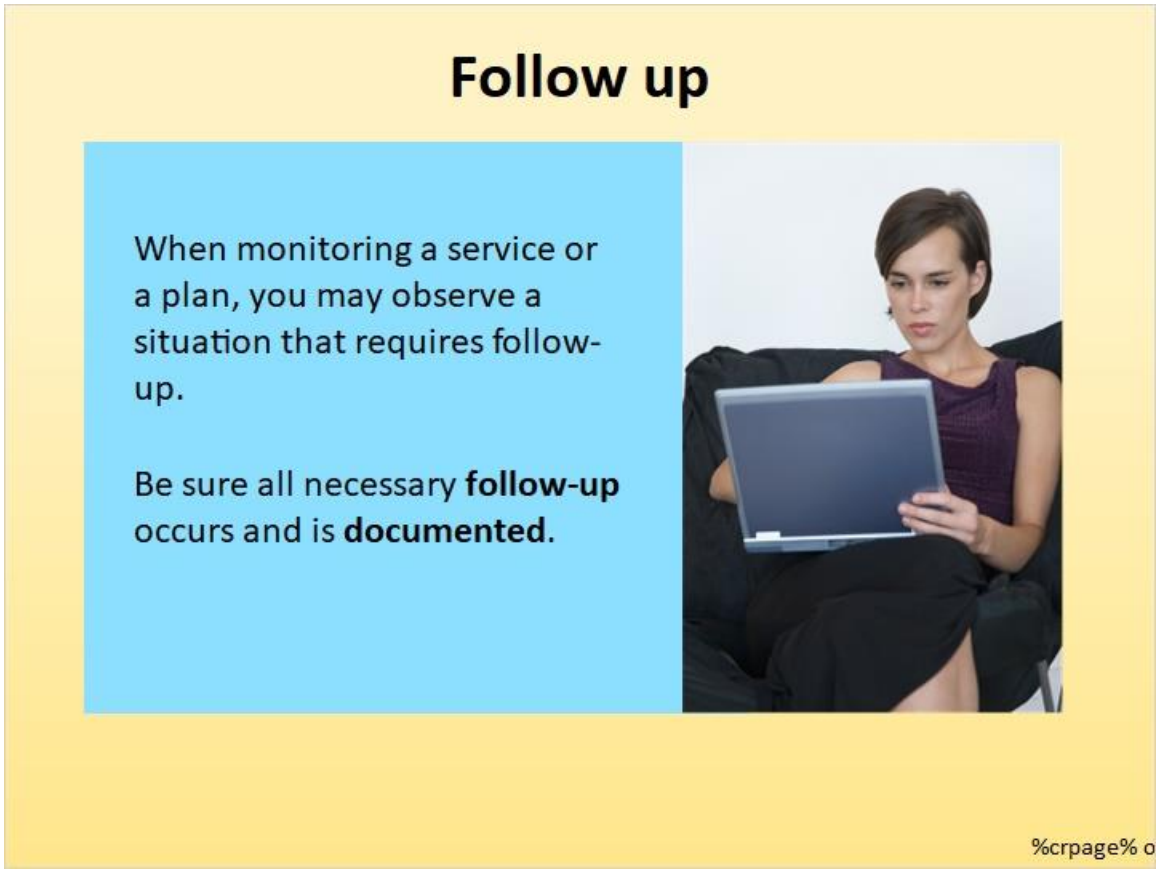


1.21 For example…

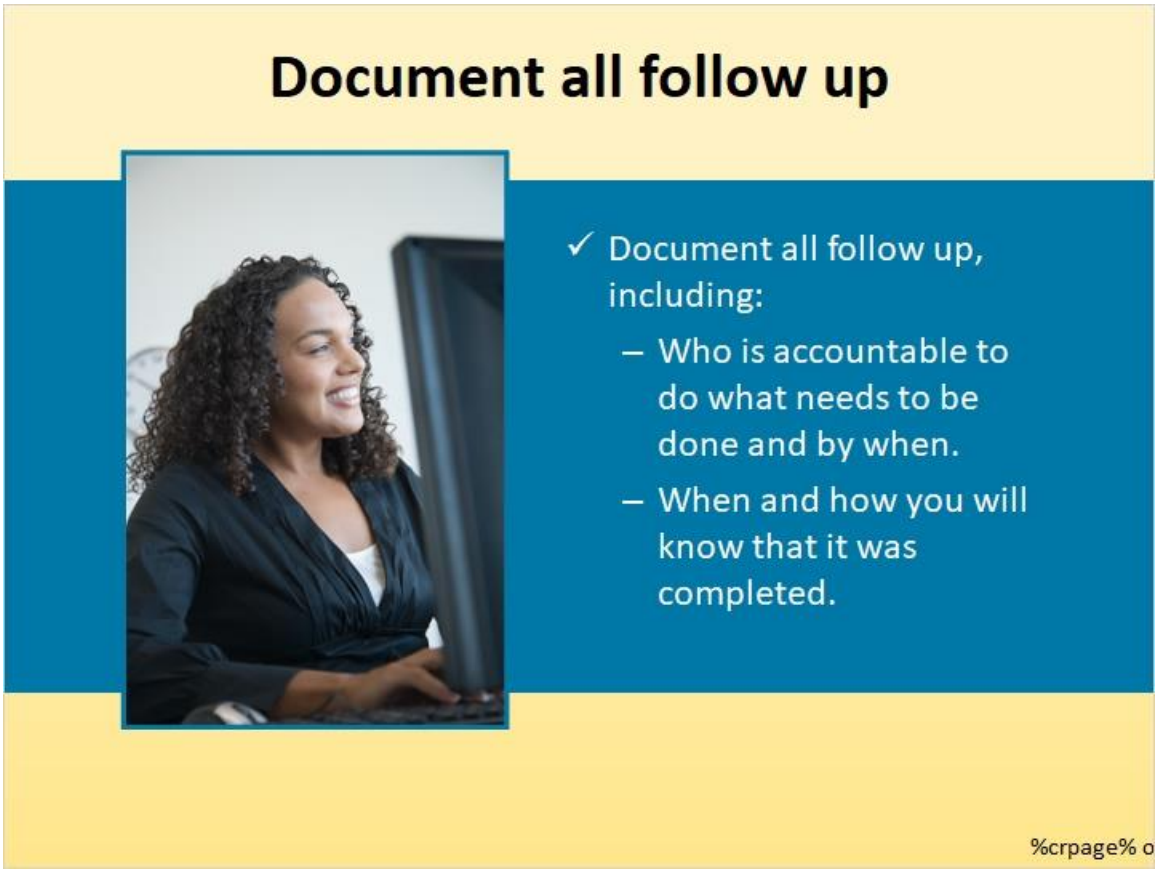
1.22 Additional monitoring requirements

1.23 Case management only

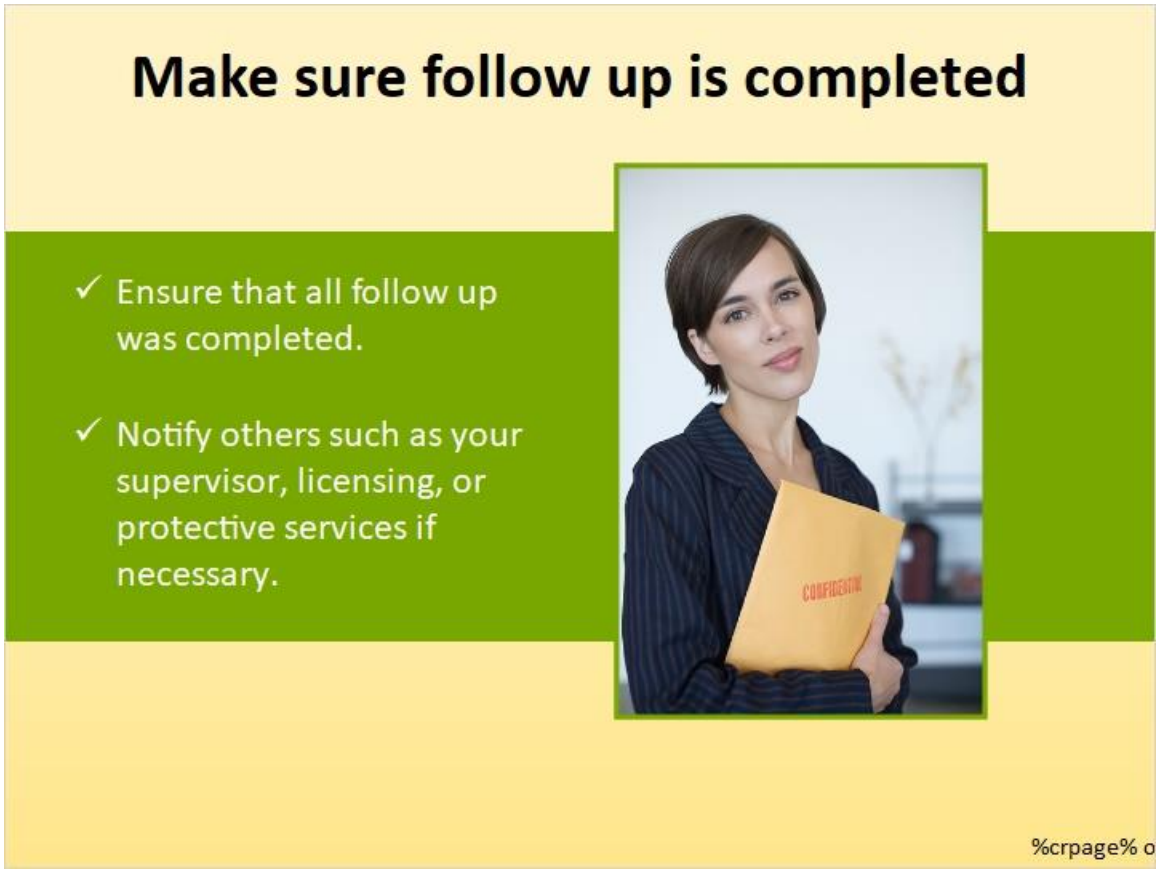
1.24 Follow up



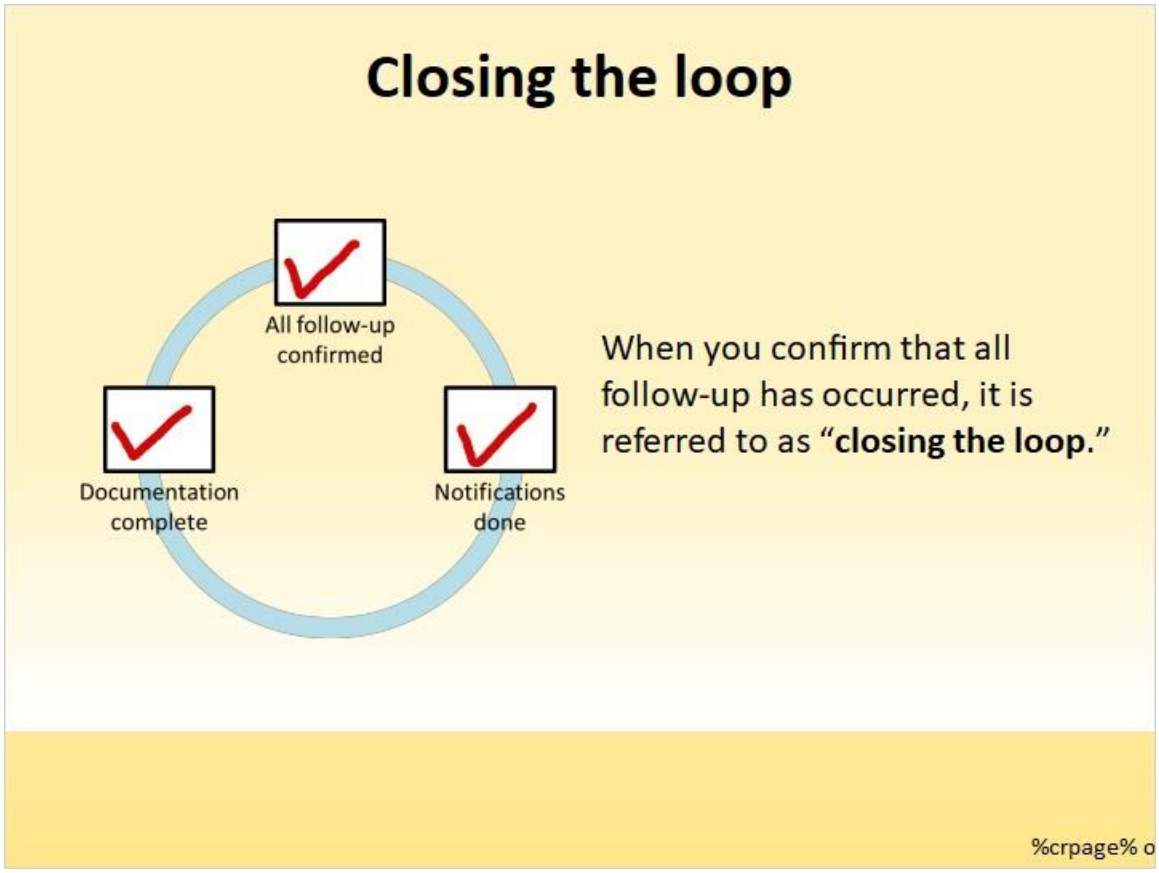
1.25 Document all follow up



1.26 Make sure follow up is completed



1.27 Closing the loop



1.28 Monitoring tools and documentation

Monitoring tools and documentation

Familiarize yourself with various tools and/or methods for monitoring and documenting.

- In most instances, progress notes can be used to document monitoring.
- ODDS provides guidance on monitoring documentation requirements and tools.

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1.29 Know what is required

1.30 Licensing and regulatory oversight

1.31 Communicating with your supervisor

1.32 Services and variances

Services and variances

Familiarize yourself with what services each person receives.

Maintain awareness of any variance, sanctions or limitations in place for a person, such as...

- A variance for someone's apartment because there are not enough fire exits.
- Barriers in the home (having a locked kitchen).

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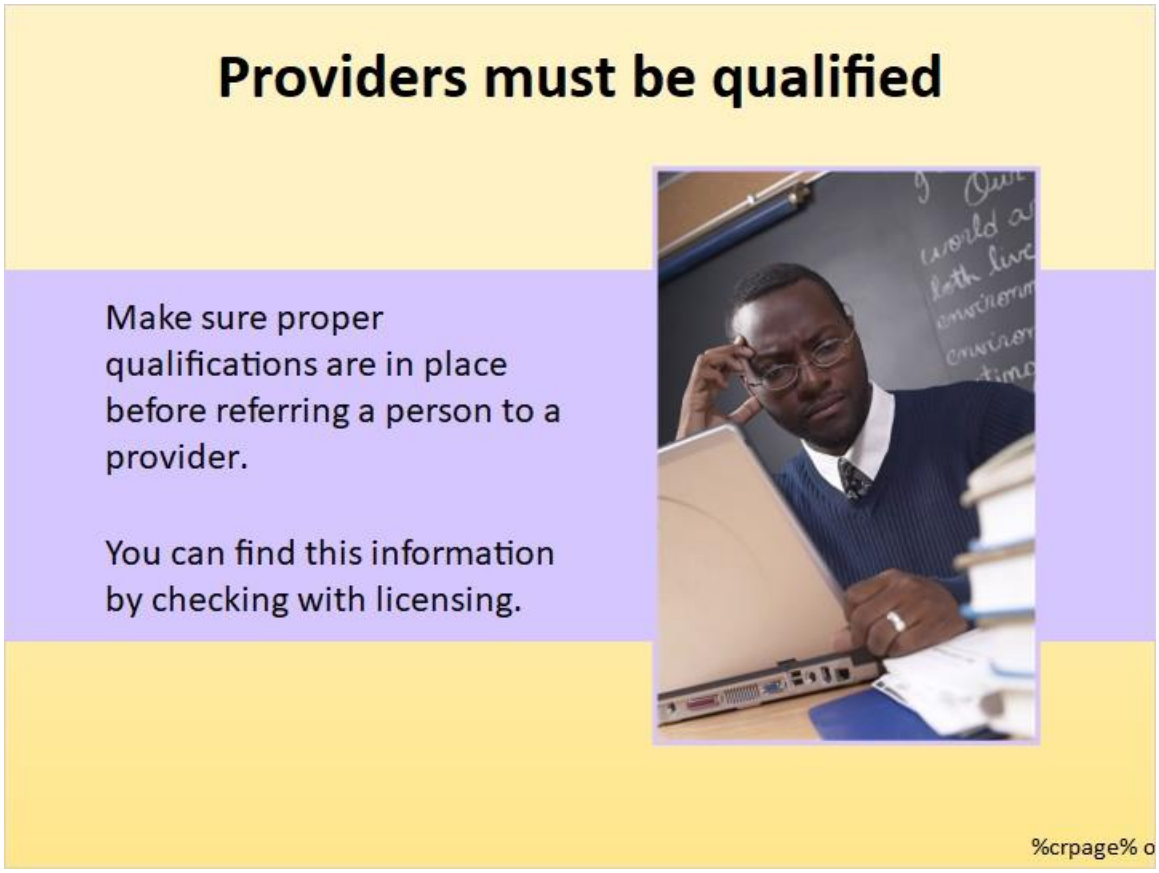
1.33 Providers must be qualified



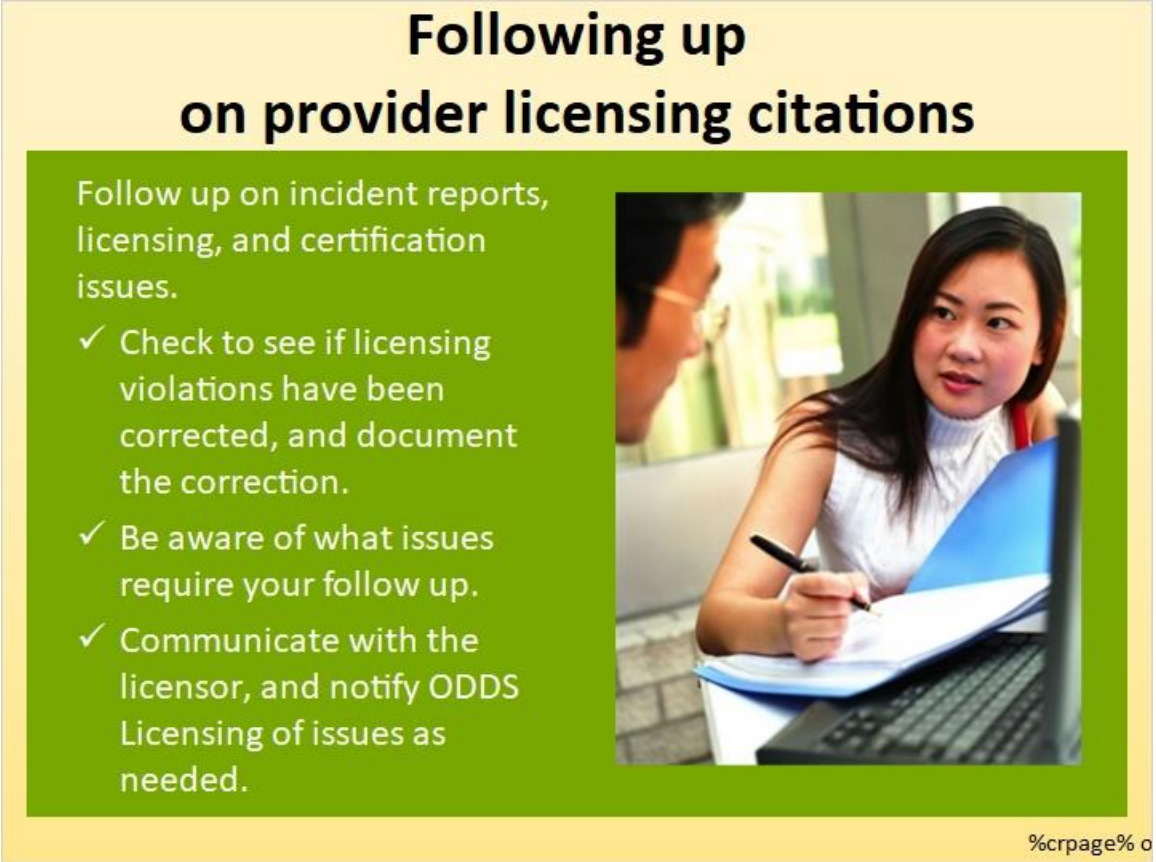
1.34 Reviewing incidents for licensing and regulatory oversight issues

1.35 Participating in follow up

1.36 Communicating issues

1.37 Being observant during visits

1.38 Following up



1.39 Your role in improvement and

1.40 Ongoing concerns

Ongoing concerns

Document all of your efforts to improve or resolve any issues with providers.

If you are not able to improve or resolve any issues with providers, talk with your supervisor to develop a plan of action.

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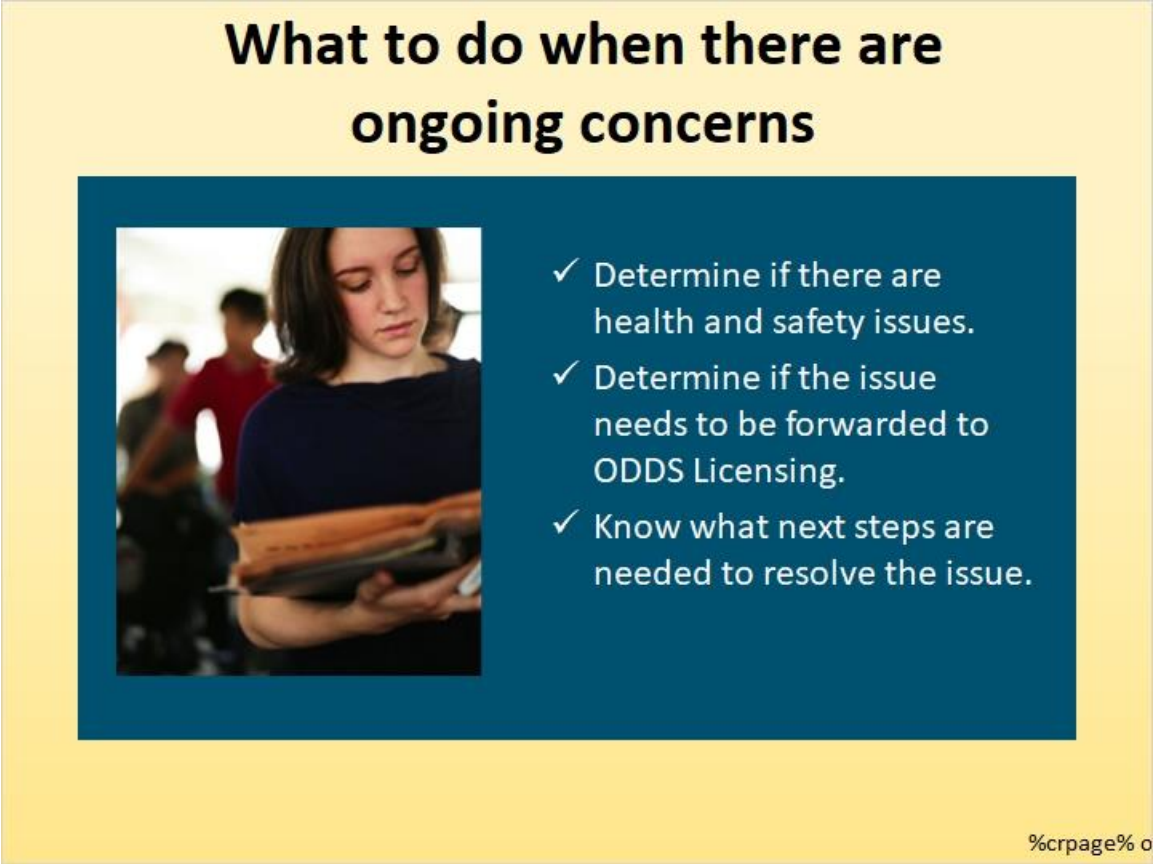
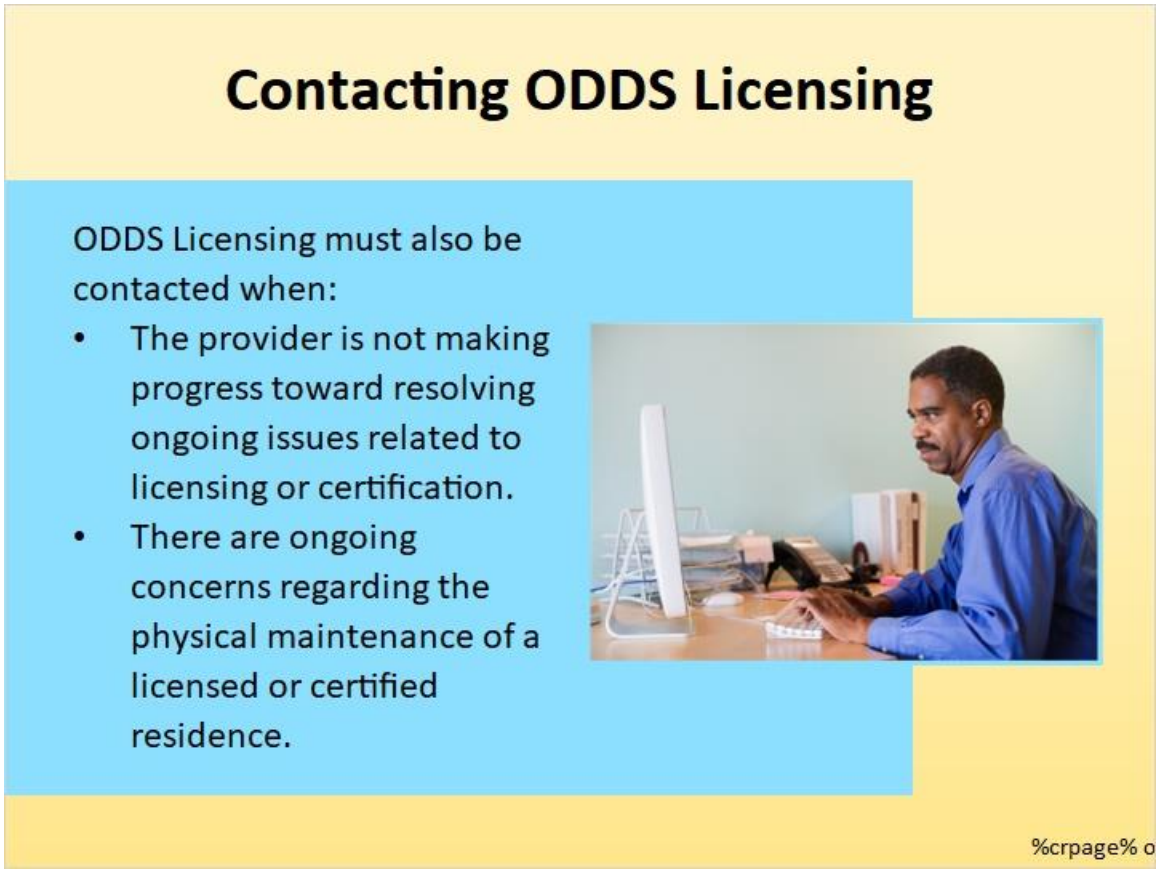
1.41 What to do when there are



1.42 Contacting the Office of Licensing and Regulatory Oversight

1.43 Contacting the Office of Licensing and Regulatory Oversight



1.44 Understanding what constitutes fraud

1.45 CMS defines "fraud" as…

CMS defines "fraud" as…

- The **intentional deception** or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.
- It includes any act that constitutes fraud under applicable Federal or State laws.

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1.46 CMS defines "abuse" as…

CMS defines "abuse" as…

- Provider practices that are **inconsistent** with sound fiscal, business, or medical practices, and result in an **unnecessary cost** to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
- It also includes recipient practices that result in unnecessary costs to the Medicaid program.

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1.47 For example

For example

Examples of Medicaid fraud include but are not limited to…

- Intentionally giving information that is not true or leaving out information for the purpose of getting benefits.

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1.48 For example

For example

Examples of Medicaid fraud include but are not limited to…

- Inaccurate billing, such as:
  - Billing for services that were not provided.
  - Billing 50 minutes for a service that took 10 minutes.
  - Billing twice for the same service.
  - Billing for services that someone else provided.
    - For example, someone's sister provided the service but mom billed for it.

%crpage% o

1.49 For example

For example

Examples of Medicaid fraud include but are not limited to…

Giving an item provided for a person to someone else

- For example, a bus pass.

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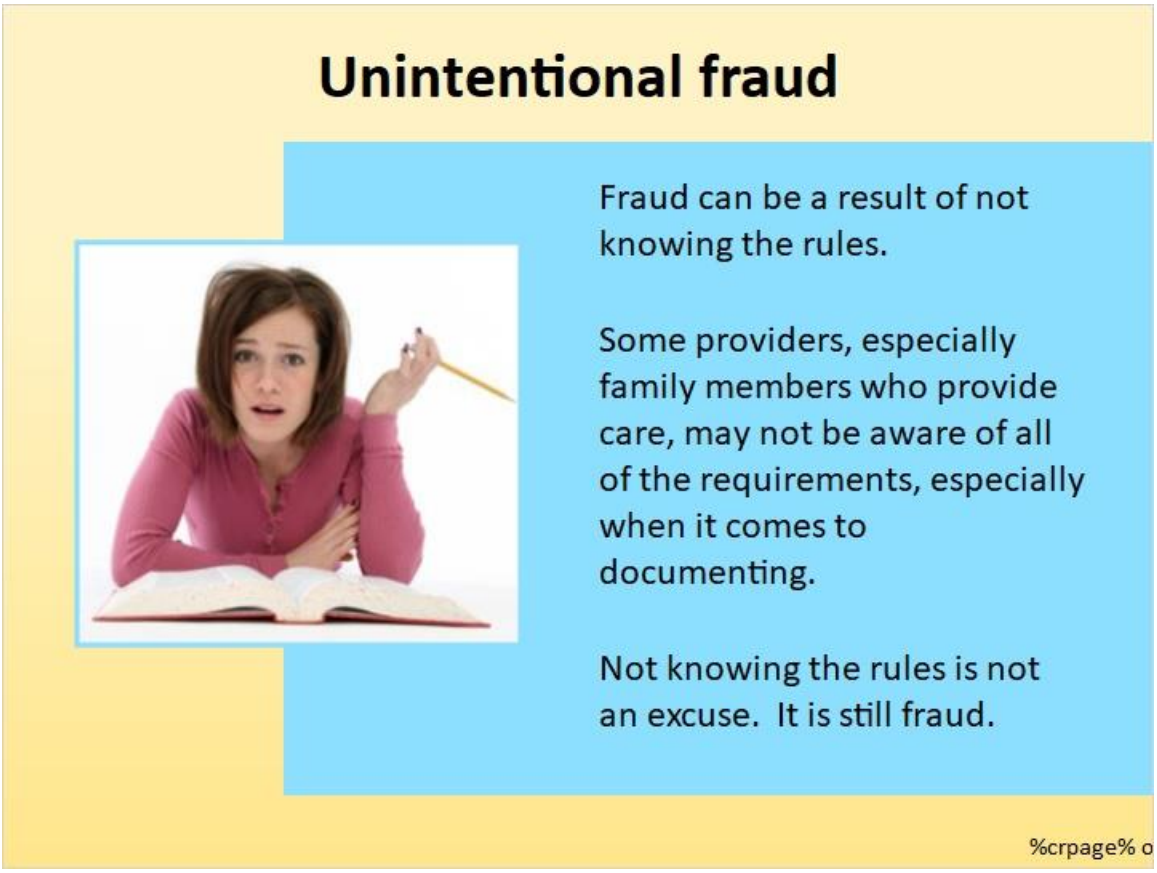
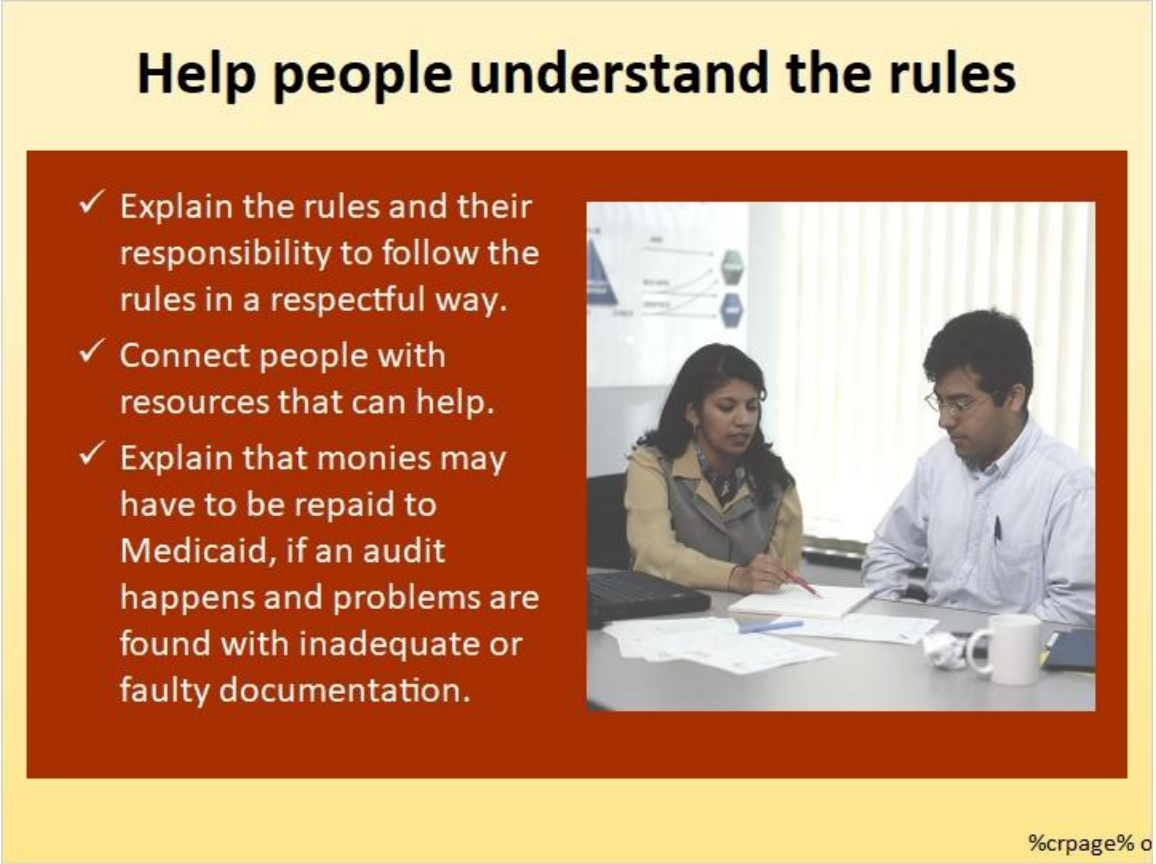
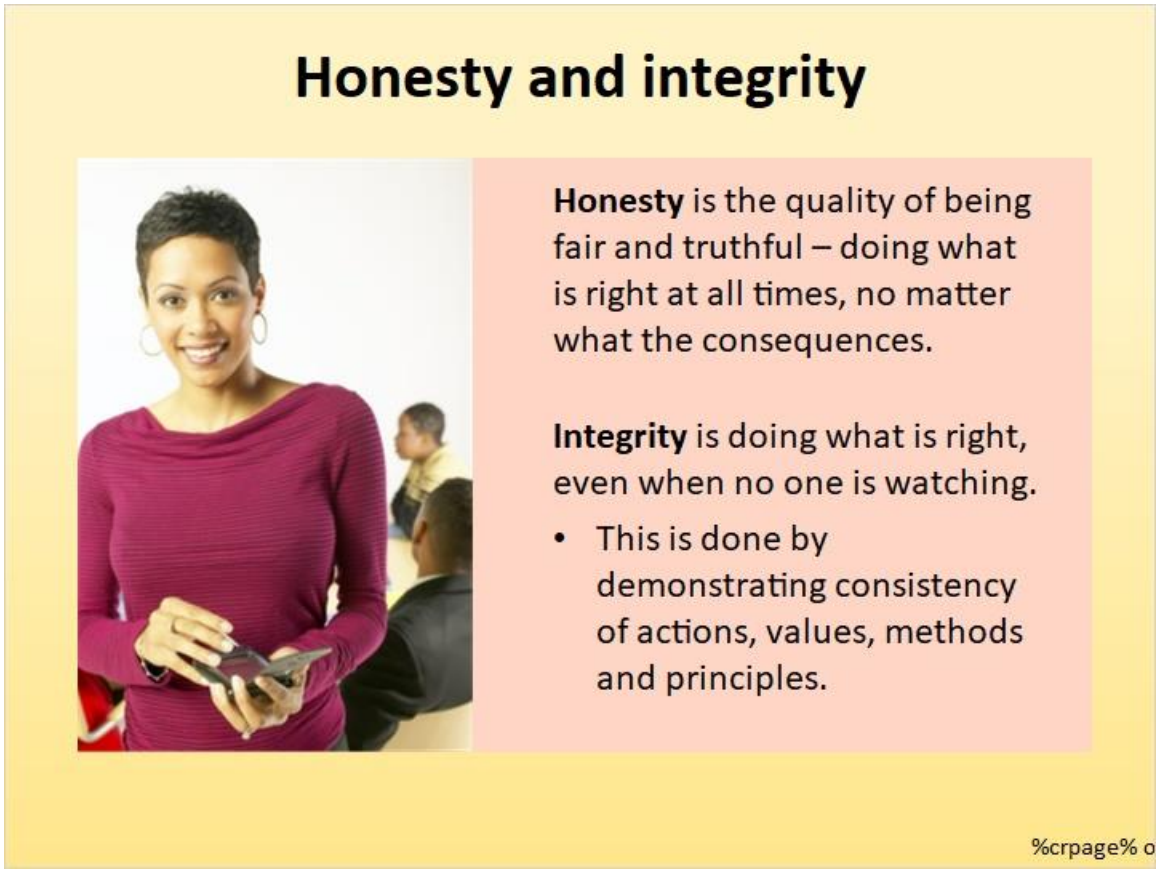
1.50 Unintentional fraud



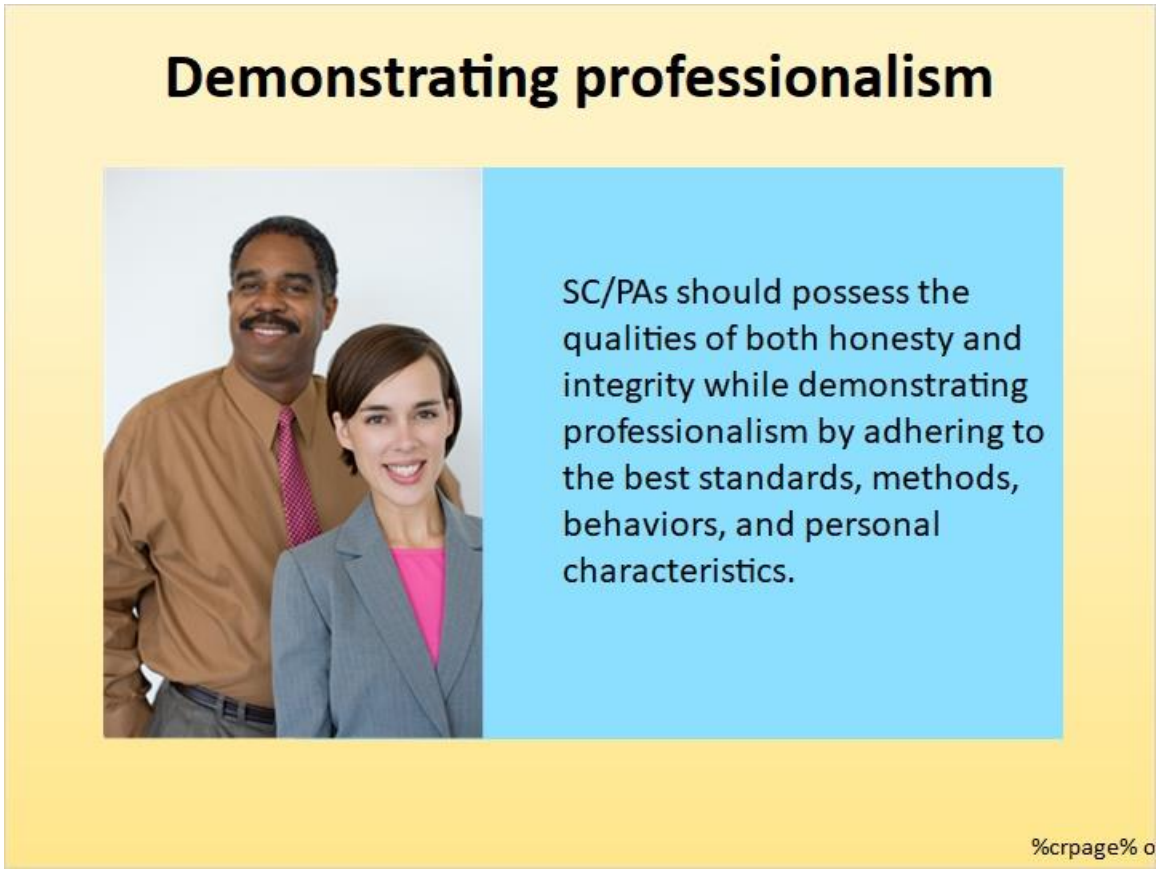
1.51 Help people understand the rules



1.52 Honesty and integrity



1.53 Demonstrating professionalism



1.54 Help people avoid unintentional fraud

Help people avoid unintentional fraud

Inform family members and providers of the rules, so they can avoid unintentionally committing fraud.

Maintaining honesty and integrity (and avoiding fraud) is everyone's job.

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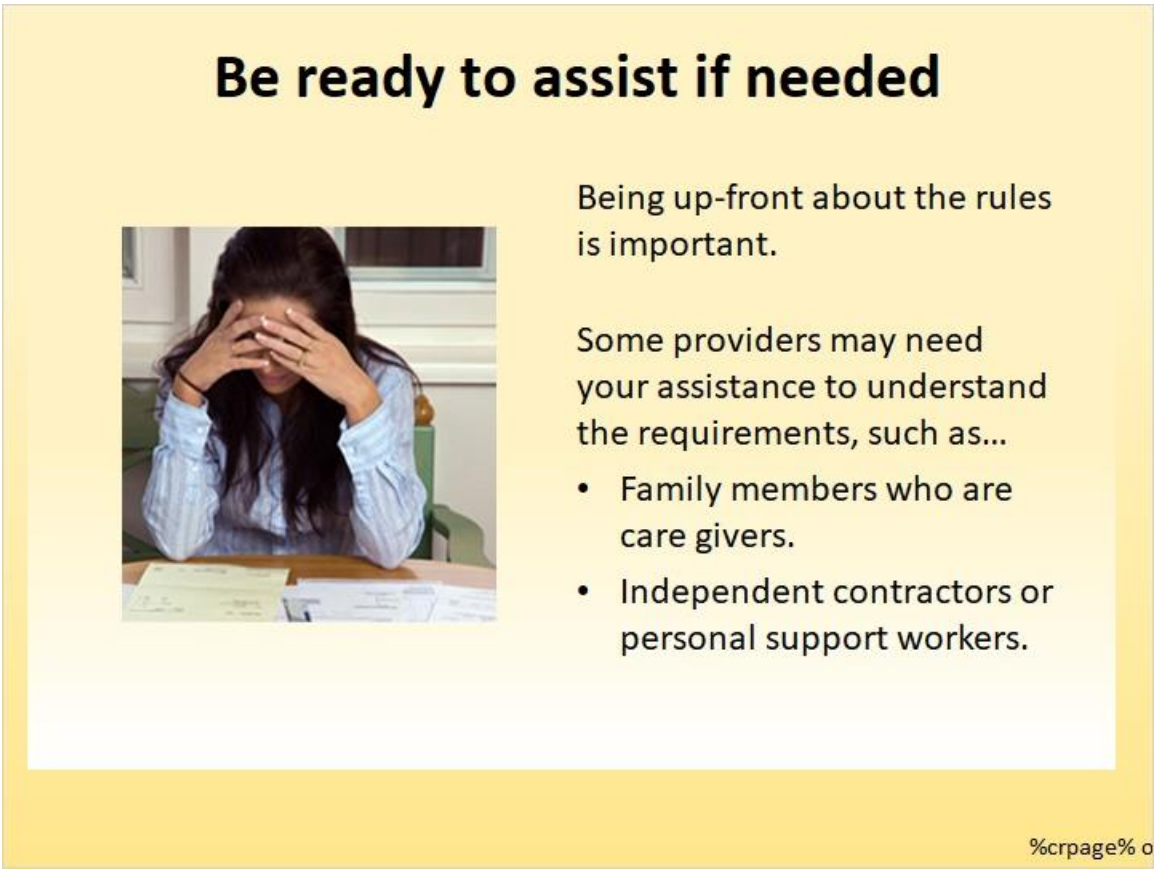
1.55 Be ready to assist if needed

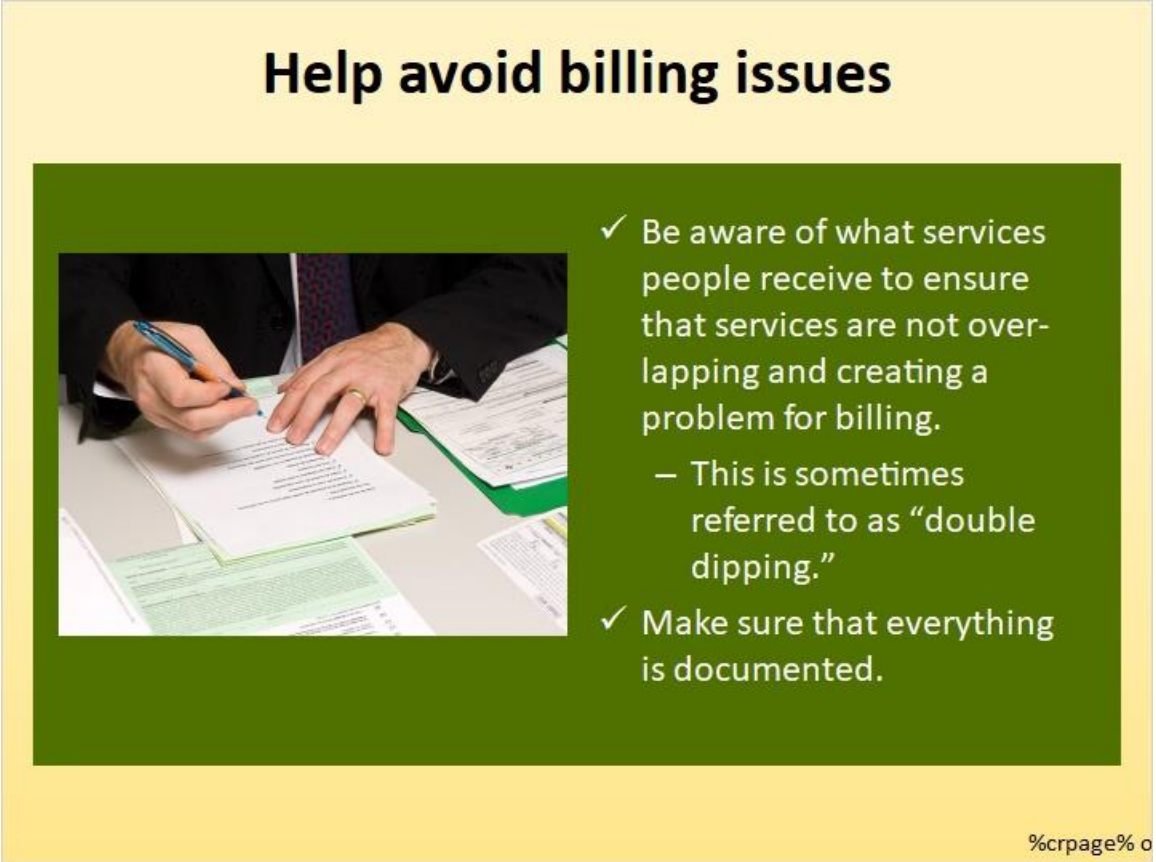


1.56 Report suspected fraud

1.57 What you can do

1.58 Maintain good stewardship

1.59 Help avoid billing issues



1.60 Truthfulness in documentation

Truthfulness in documentation

Demonstrate truthfulness in all reporting, such as assessments, progress notes, time sheets, and expense claims.

There is more about professional documentation and confidentiality in other modules.

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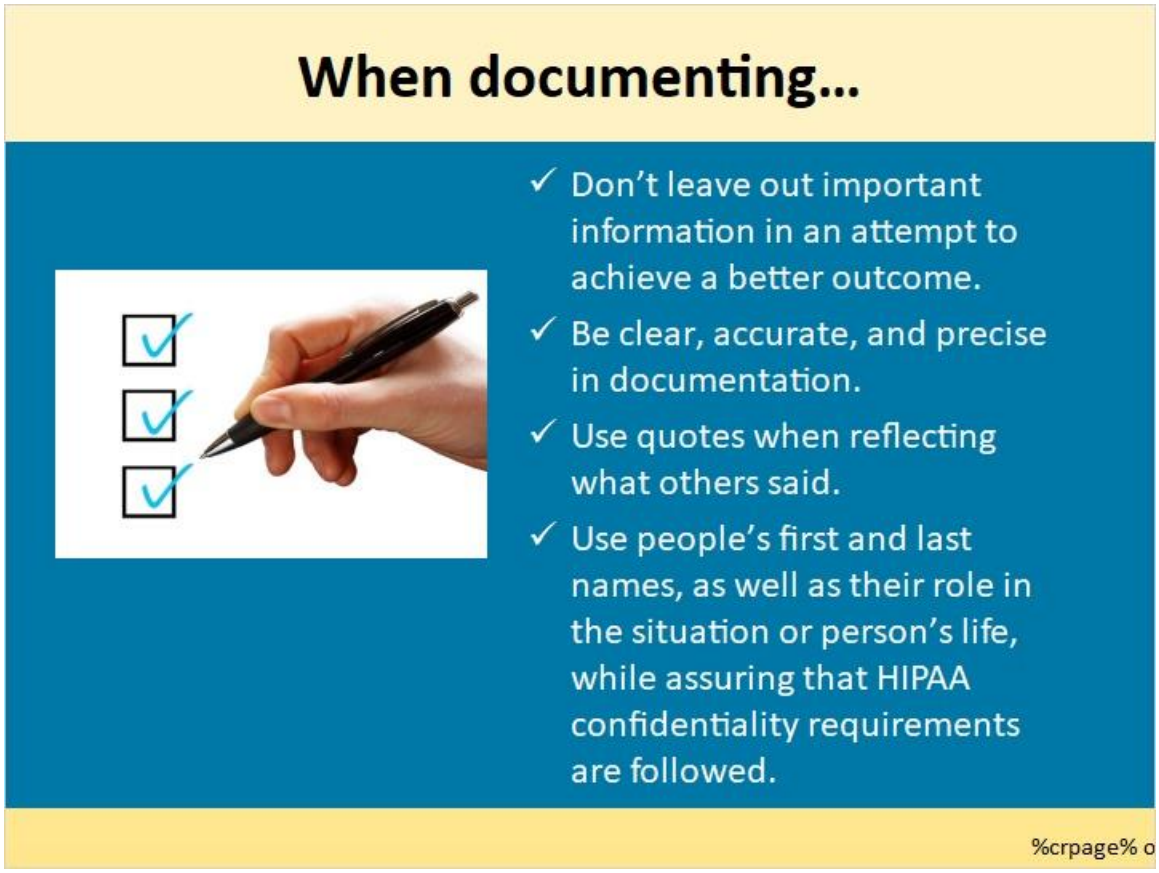
1.61 When documenting…



1.62 Resources

Resources

You can find valuable information on the DHS website, such as...

- OARs related to your job, such as the I/DD Case Management Rule (OAR 411-415)
- Training materials.
- Manuals and Technical Guides.
- Program tools and resources.

See the Resource tab for a link to DHS resources.

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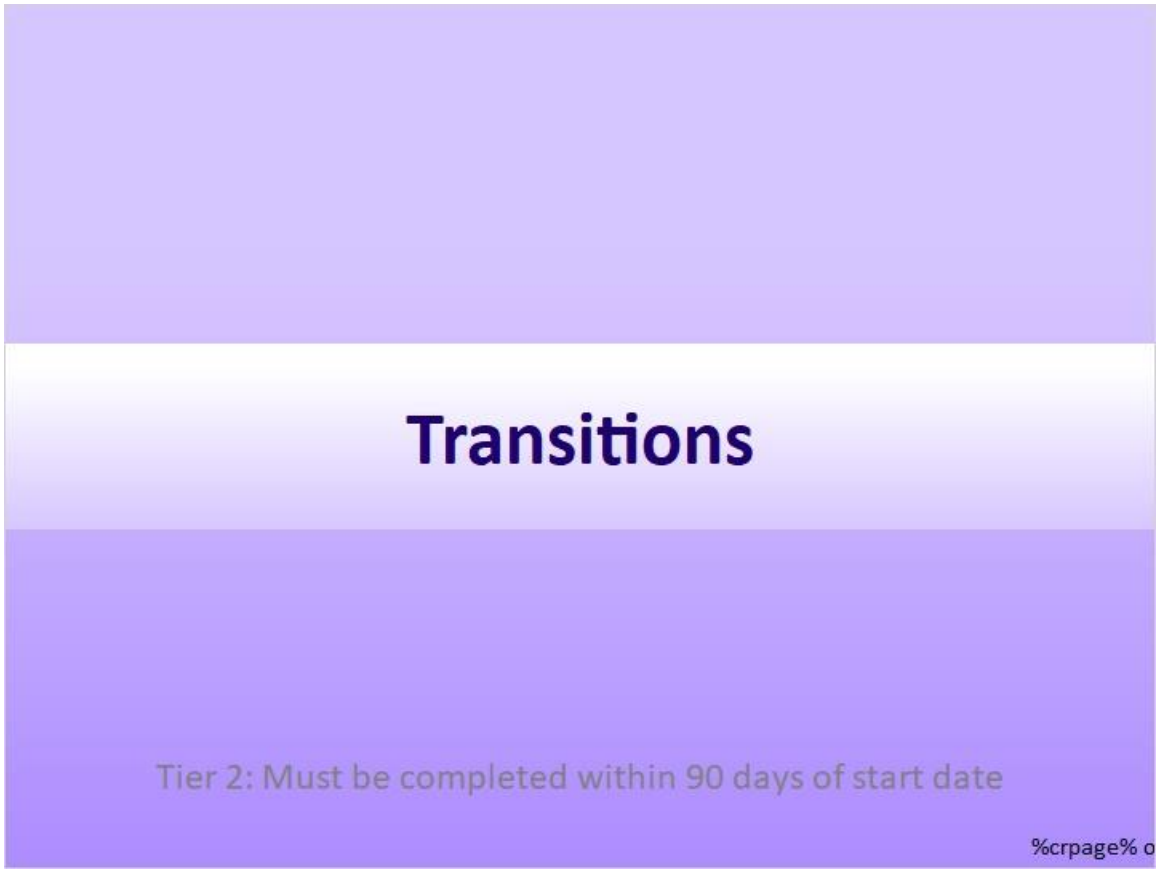
SC/PA 206: Transitions

1. SCPA Transitions

1.1 Transitions



1.2 In this course

In this course…

- Continuity of care
- Your role in assisting people and families with a wide variety of transitions

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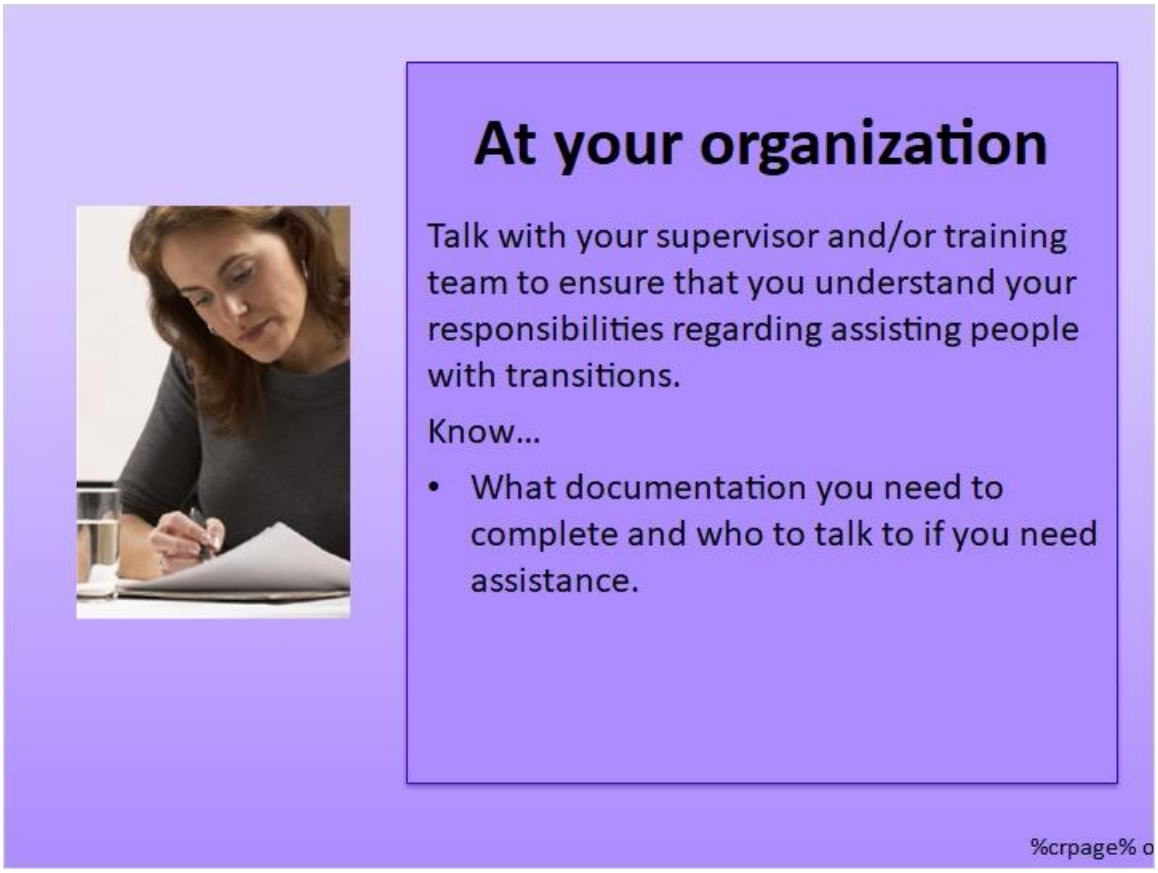
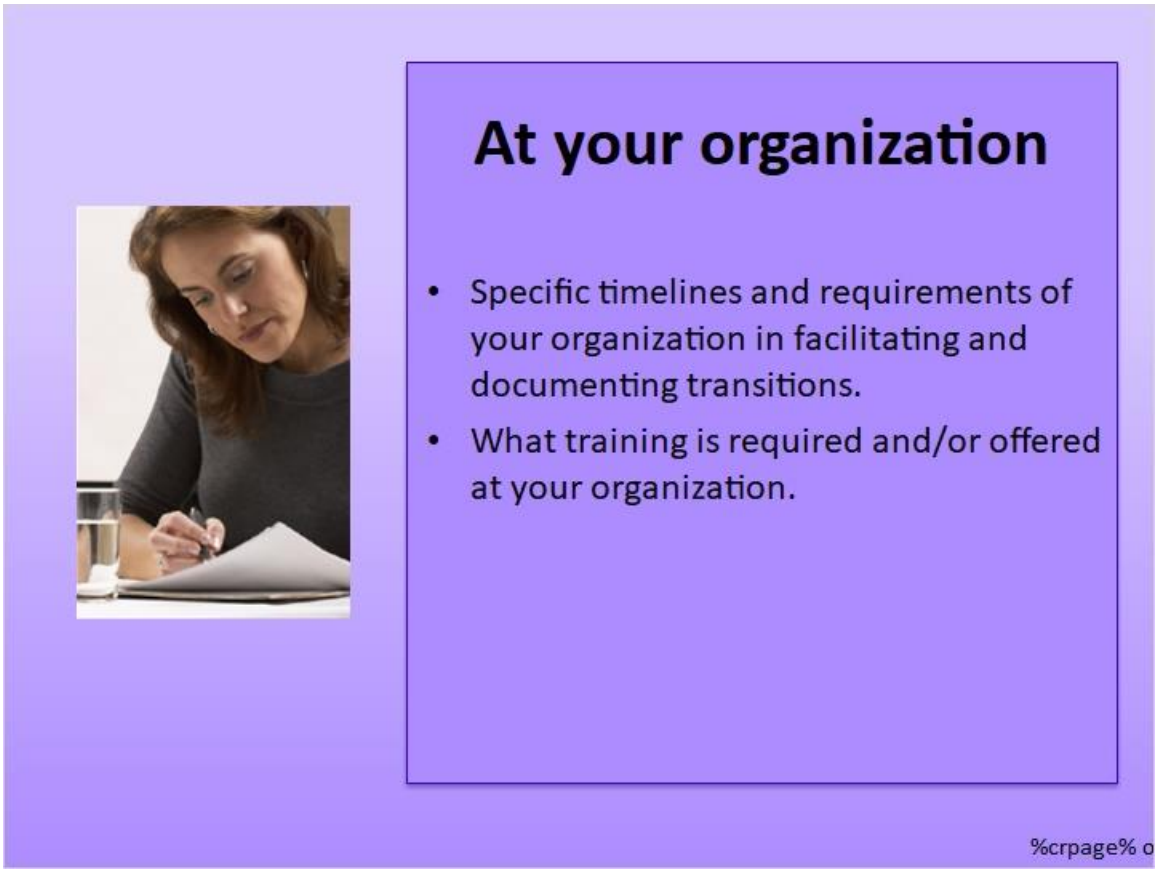
1.3 At your organization



1.4 At your organization



1.5 The DHS website

The DHS website

The Office of Developmental Disabilities Services (ODDS) has resources available on the DHS website to help Services Coordinators (SCs) and Personal Agents (PAs) ensure that no critical detail is overlooked.

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

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1.6 Be able to access ODDS resources

Be able to access ODDS resources

Familiarize yourself with resources so you are able to access them when you need to.

Helpful resources include:

- Transition planning forms and checklists.
- Technical Guide.
- Oregon Administrative Rules (OARs) related to transitions.

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1.7 Seamless transitions

Seamless transitions

There are many types of transitions a person may encounter.

It is your role to assist the person and/or her family, to assure that transitions are as seamless as possible and the person's services are uninterrupted.

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

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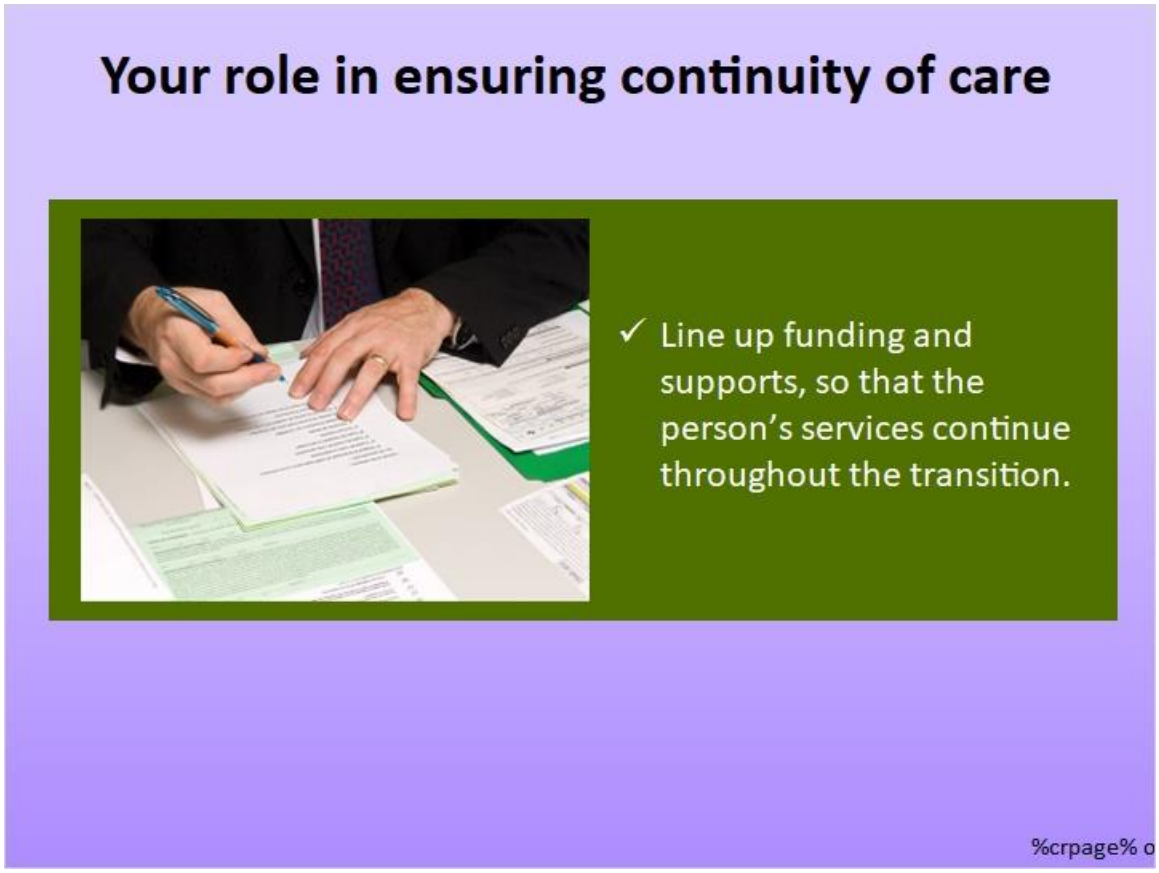
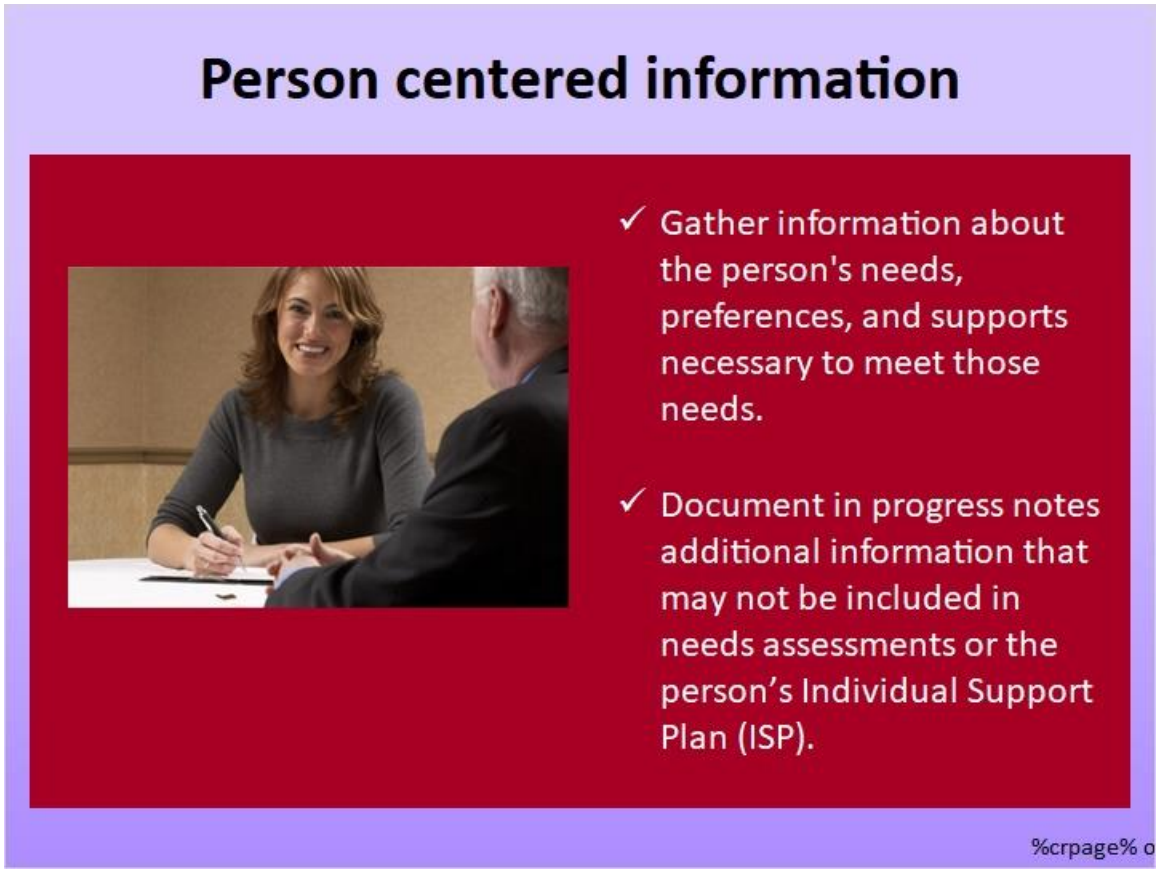
1.8 Continuity of care during transitions

1.9 Your role in ensuring continuity of care



1.10 What you can do to ensure

1.11 Person centered information



1.12 Updating the ISP

1.13 Transitions can be challenging

Transitions can be challenging times for the person and her family.

As they leave behind one system of supports and services and enter another, your assistance is crucial to ensuring a successful transition.

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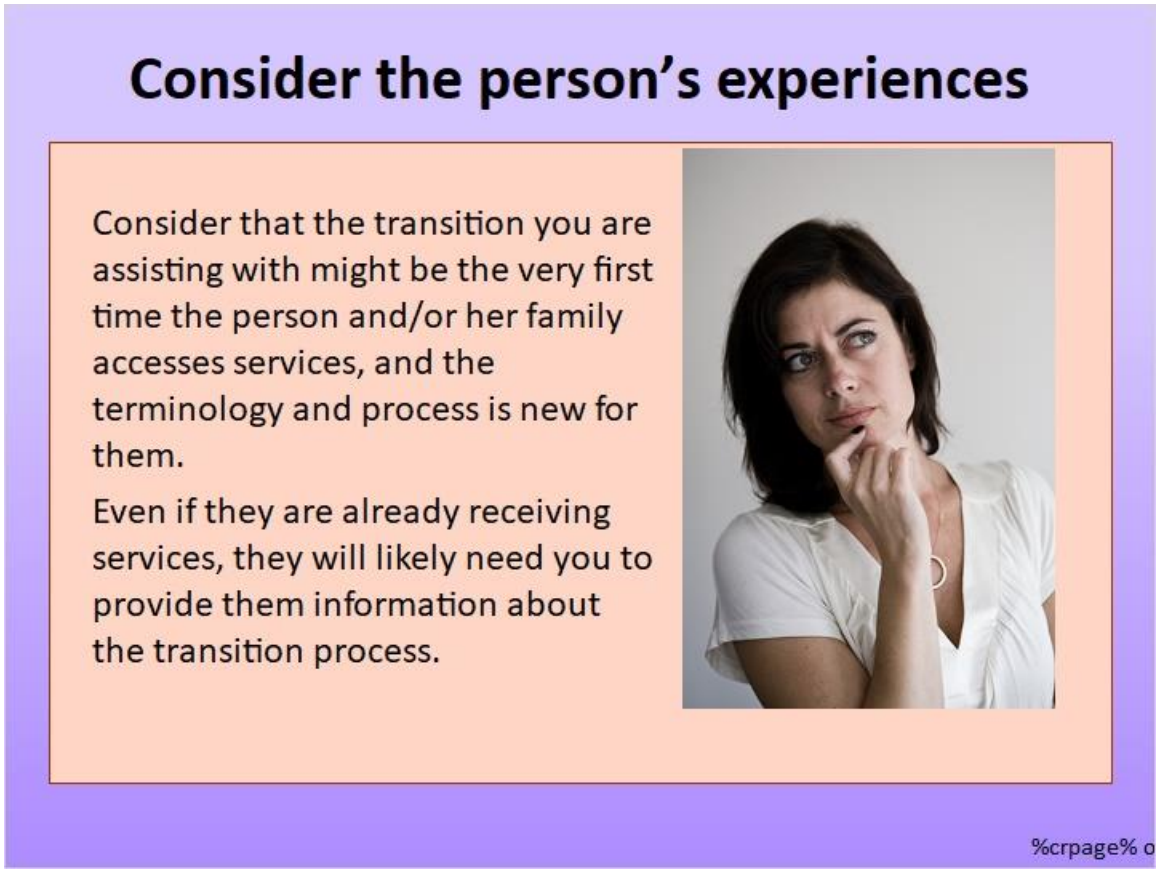
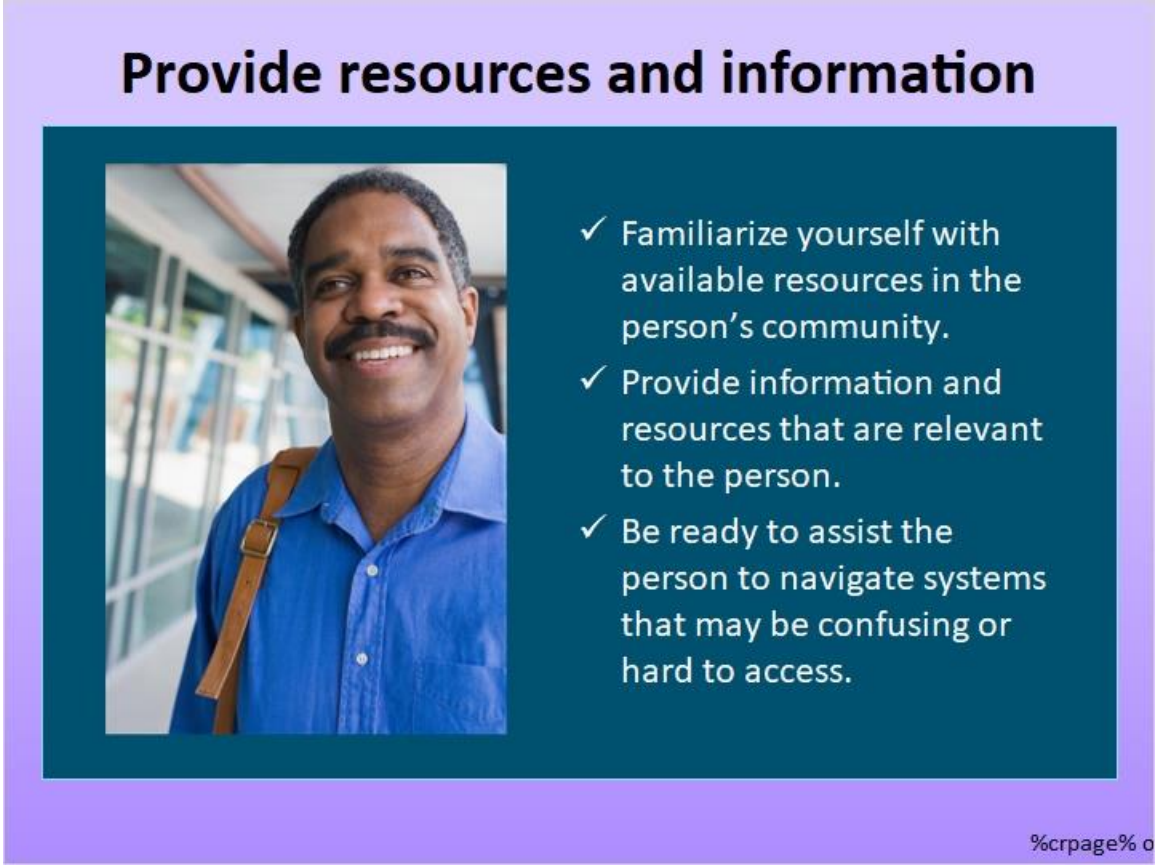
1.14 Consider the person's experiences

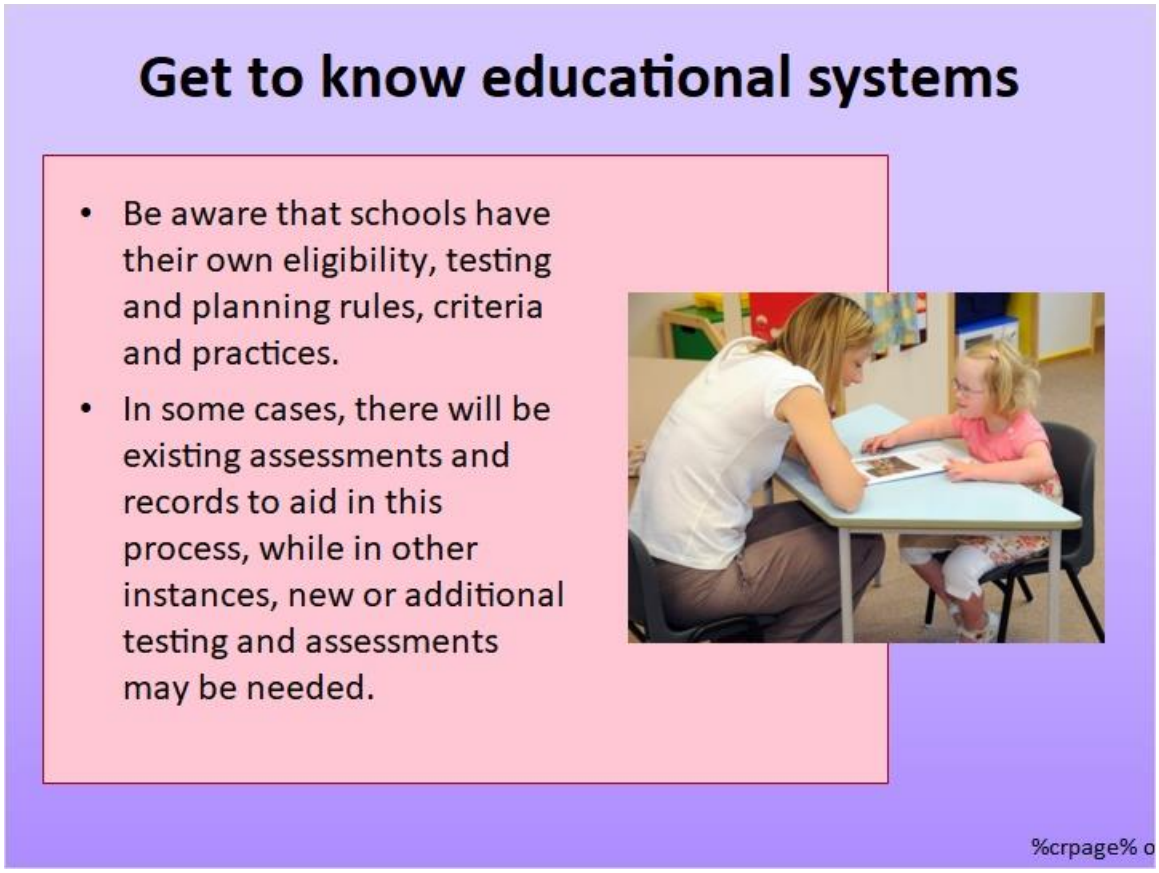


1.15 Provide resources and information



1.16 Understanding a child's supports

1.17 Get to know educational systems



1.18 DHS Child Welfare

DHS Child Welfare involvement can impact transition, especially if the person is in school.

- ✓ Find out whether DHS Child Welfare is involved with anyone for whom you provide case management services.
- ✓ Be sure you know who can receive information about the person.
- ✓ Ask your supervisor for help or if you have any questions.

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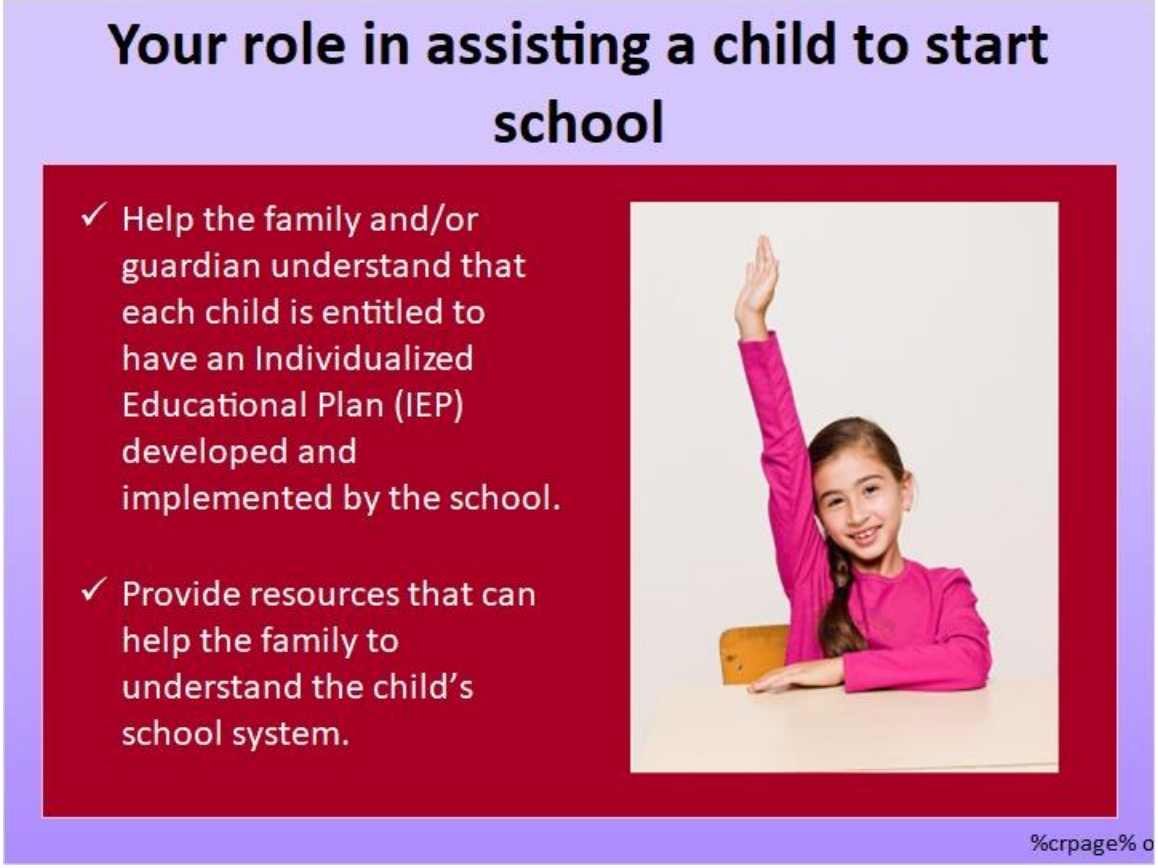
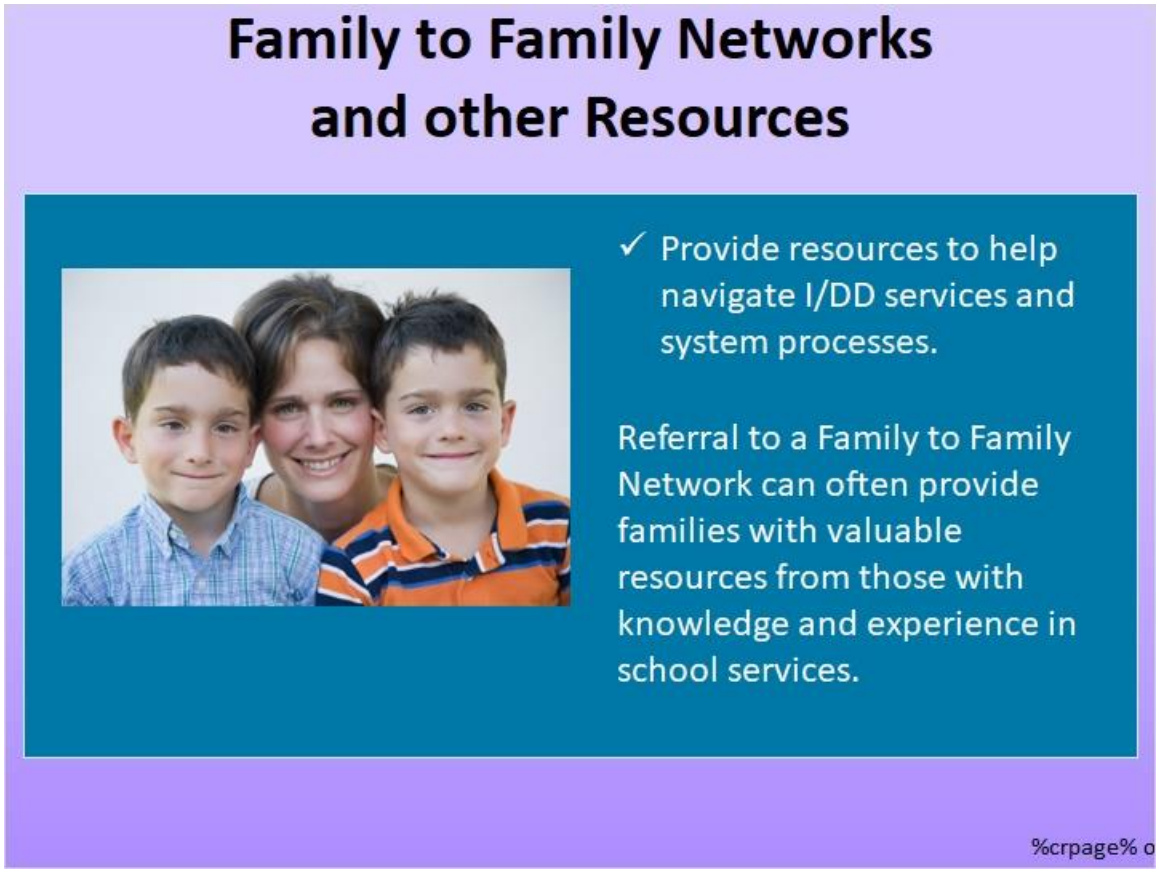
1.19 Your role in assisting a child to start school



1.20 Family to Family Networks



1.21 Preparing for employment

Preparing for employment begins in childhood

Planning for a person's future career and/or employment should begin as early as possible to help ensure that the person has the most opportunities and options as an adult.

While transition planning to adulthood technically begins at age 16, preparation and discussion should begin in earnest by age 14.

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1.22 Thinking about the future with

Thinking about the future with children and families

Encourage active participation by the child and his family and/or guardian(s) in all aspects of planning and service delivery.

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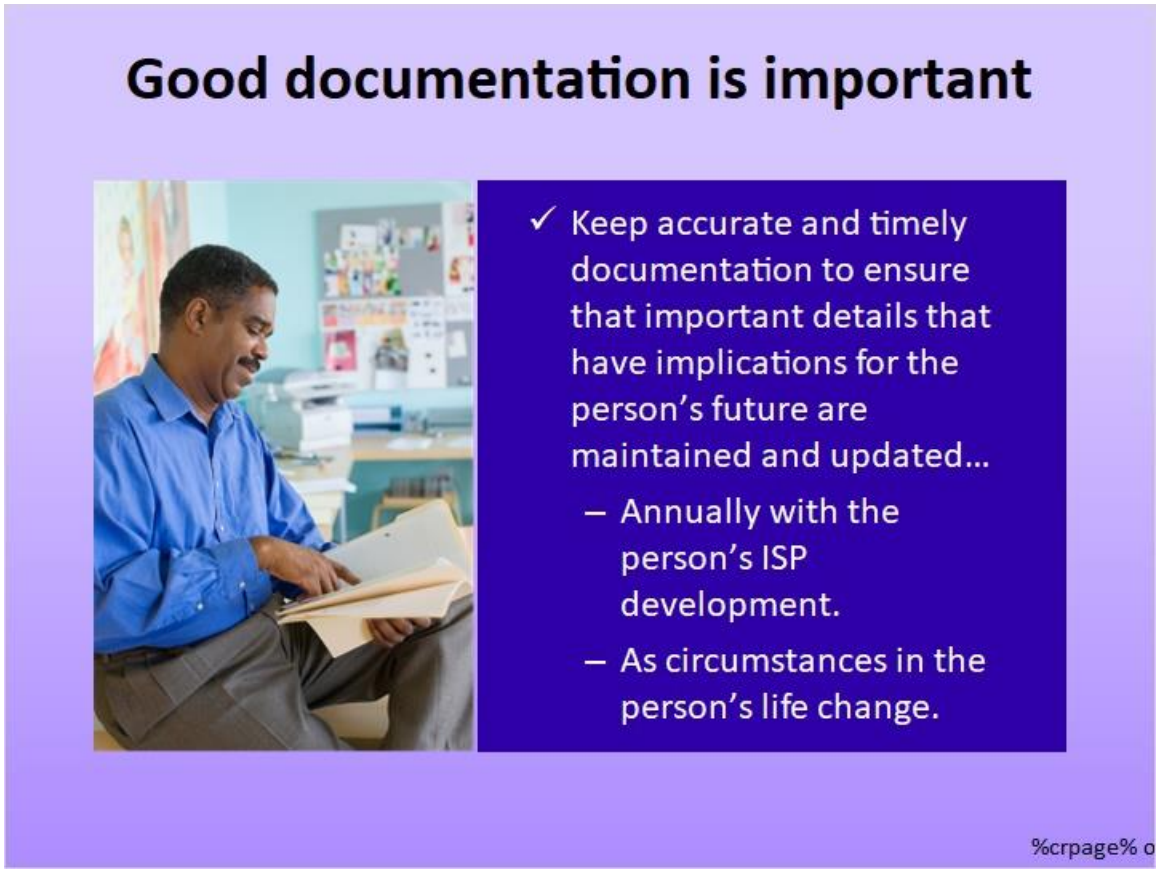
1.23 Conversations about the future

1.24 Your role in assisting a person to prepare for future employment

1.25 Good documentation is important



1.26 Leaving school and

Leaving school and preparing for adult services

Students who experience I/DD are eligible to receive school services through their 21st year.

However, **planning** for the transition into adult services begins at age 16.

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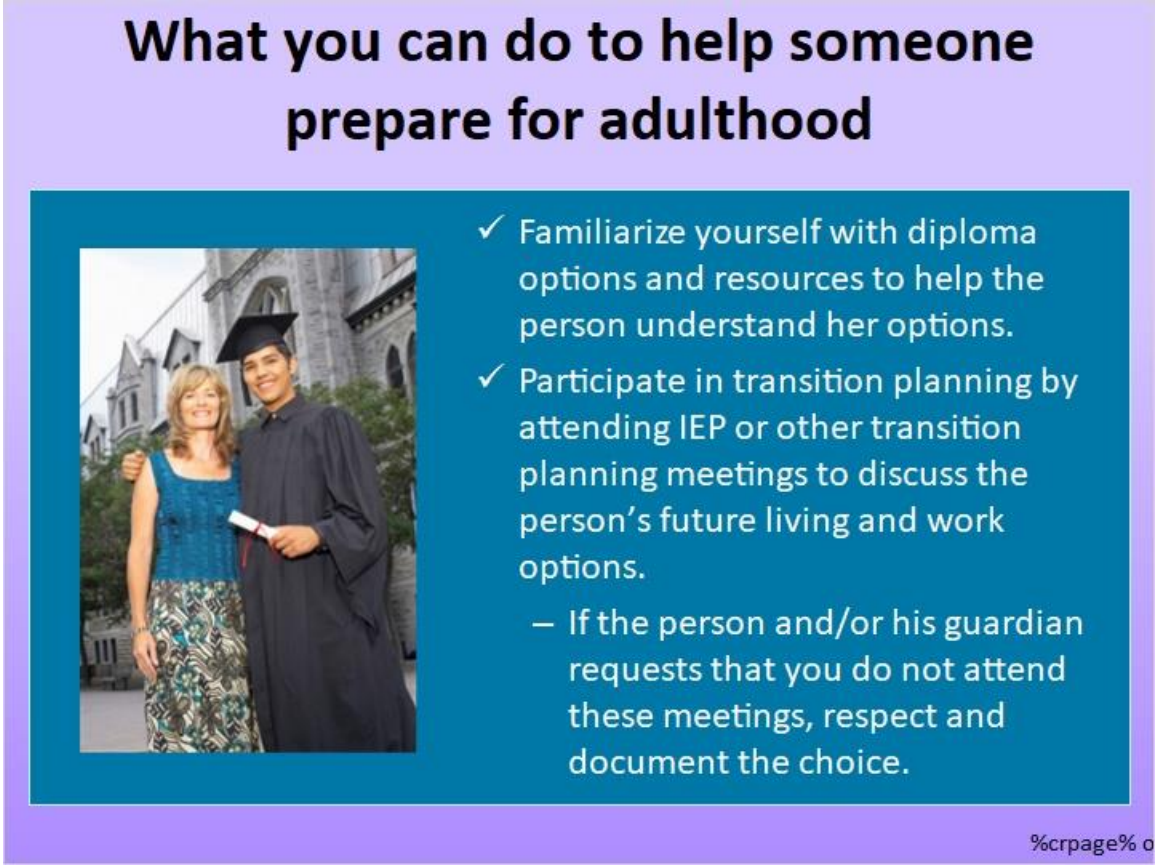
1.27 What you can do to help someone prepare for adulthood



1.28 Changing providers

Changing providers

A person may choose to change providers for various reasons.

Keep in mind…

- The person is not required to give a reason for choosing to change providers.
- The person has the right to choose her provider from among all available options.

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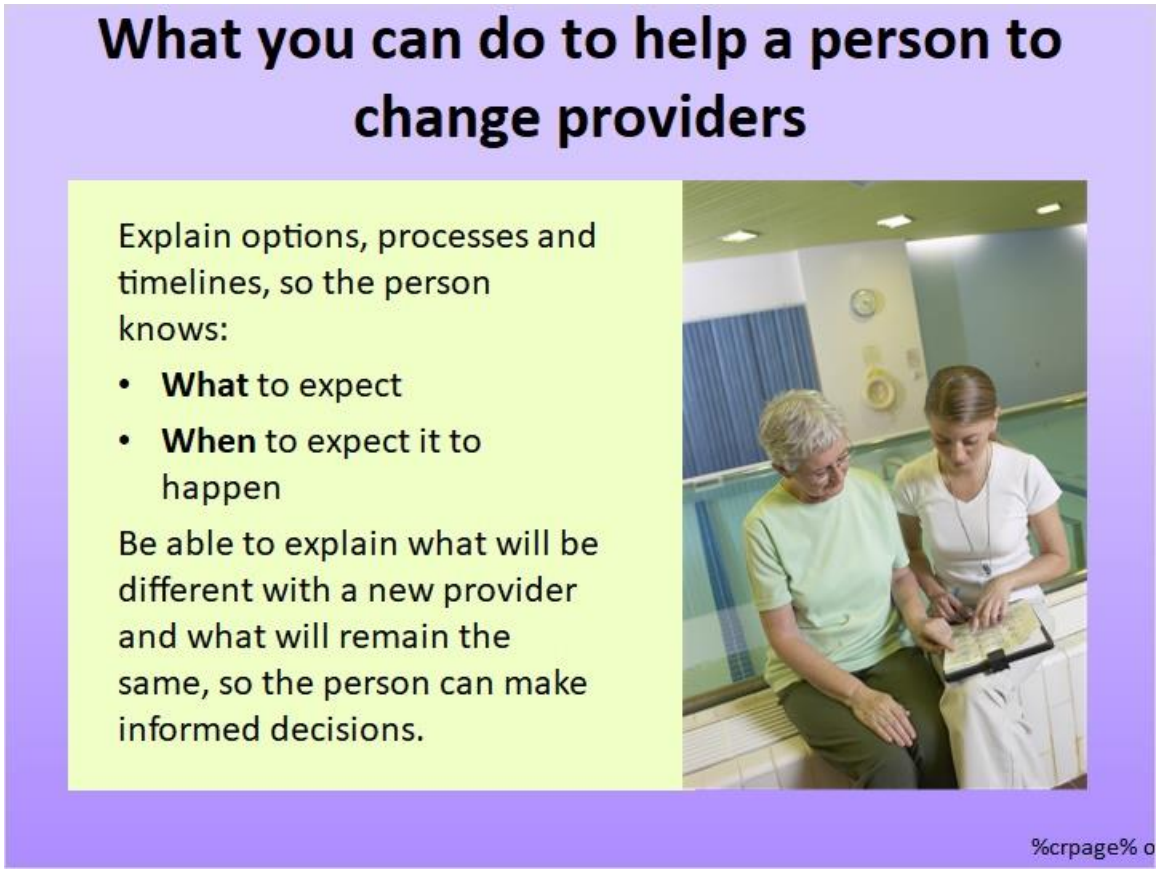
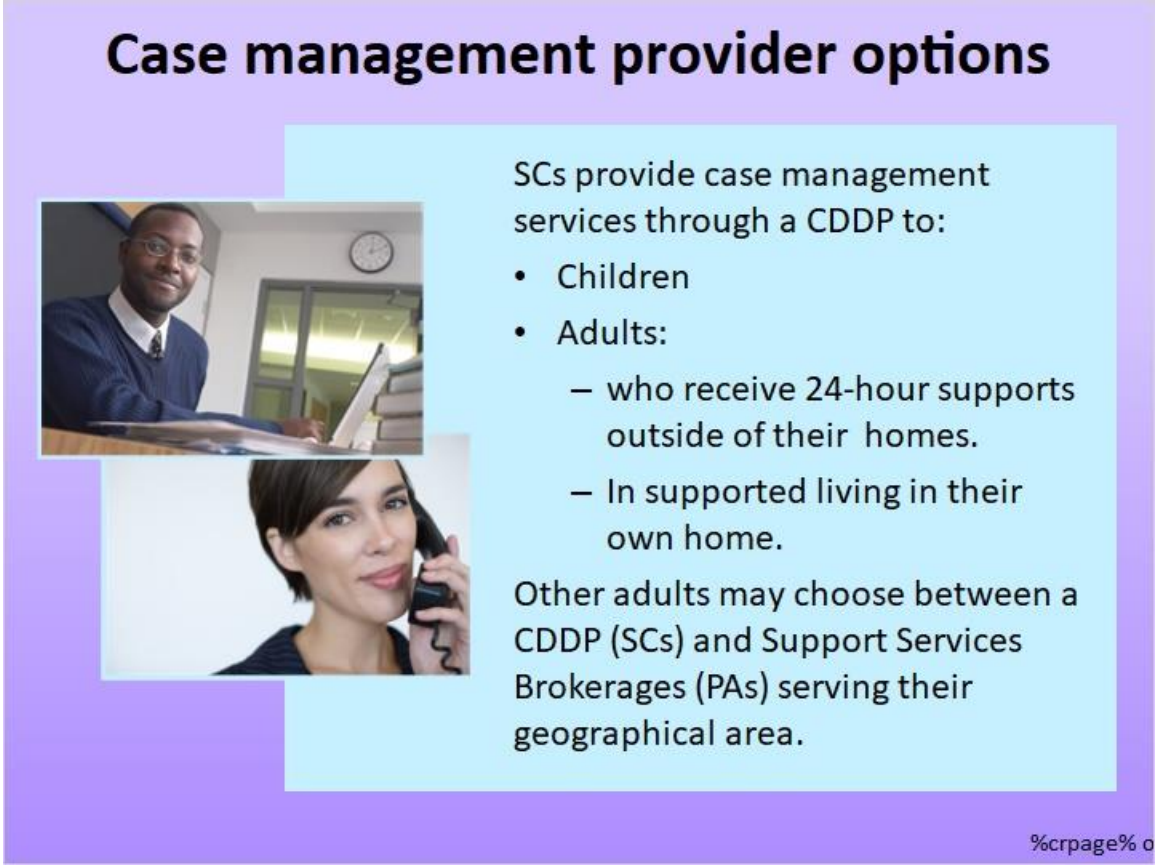
1.29 Why would someone want to

1.30 What you can do to help a person to change providers



1.31 Case management provider options



1.32 Changing case management providers

Changing case management providers

A person has the right to request a different SC/PA if desired or needed.

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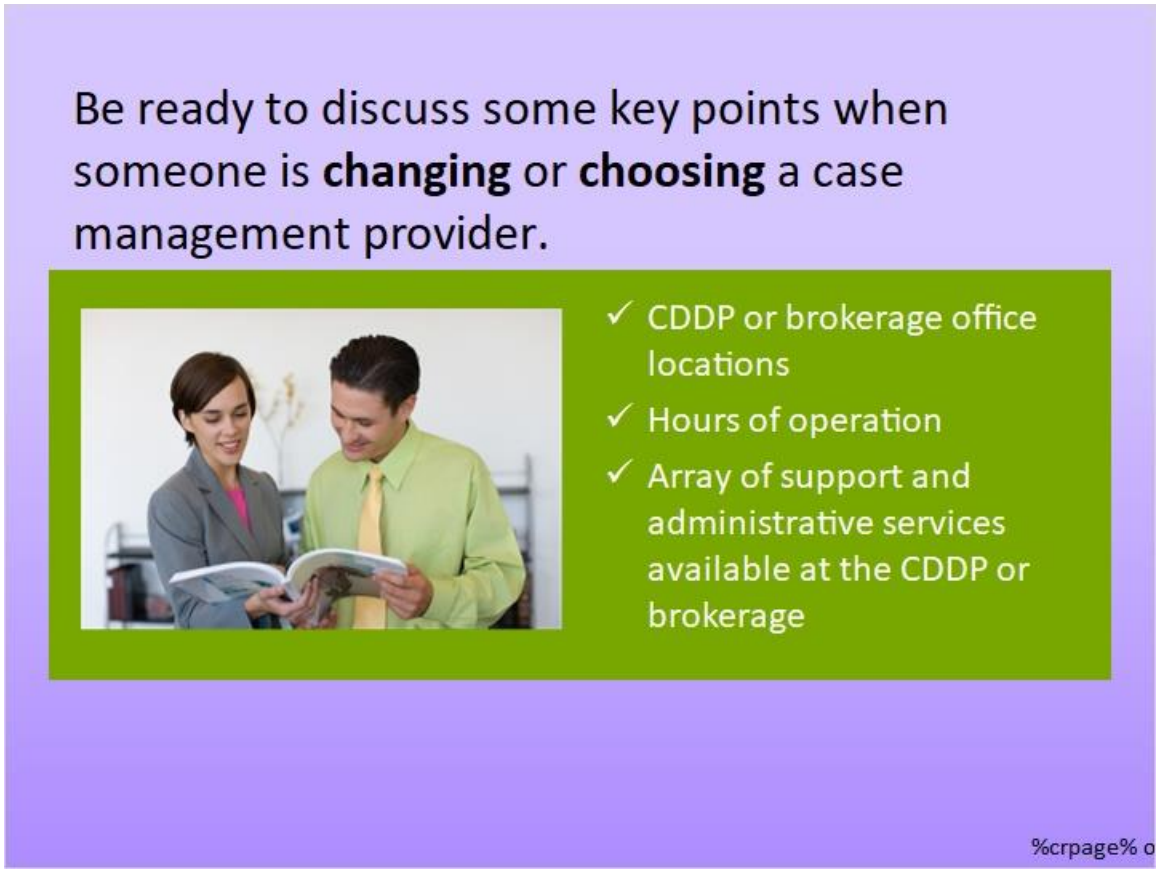
1.33 Assist the person in understanding case management options



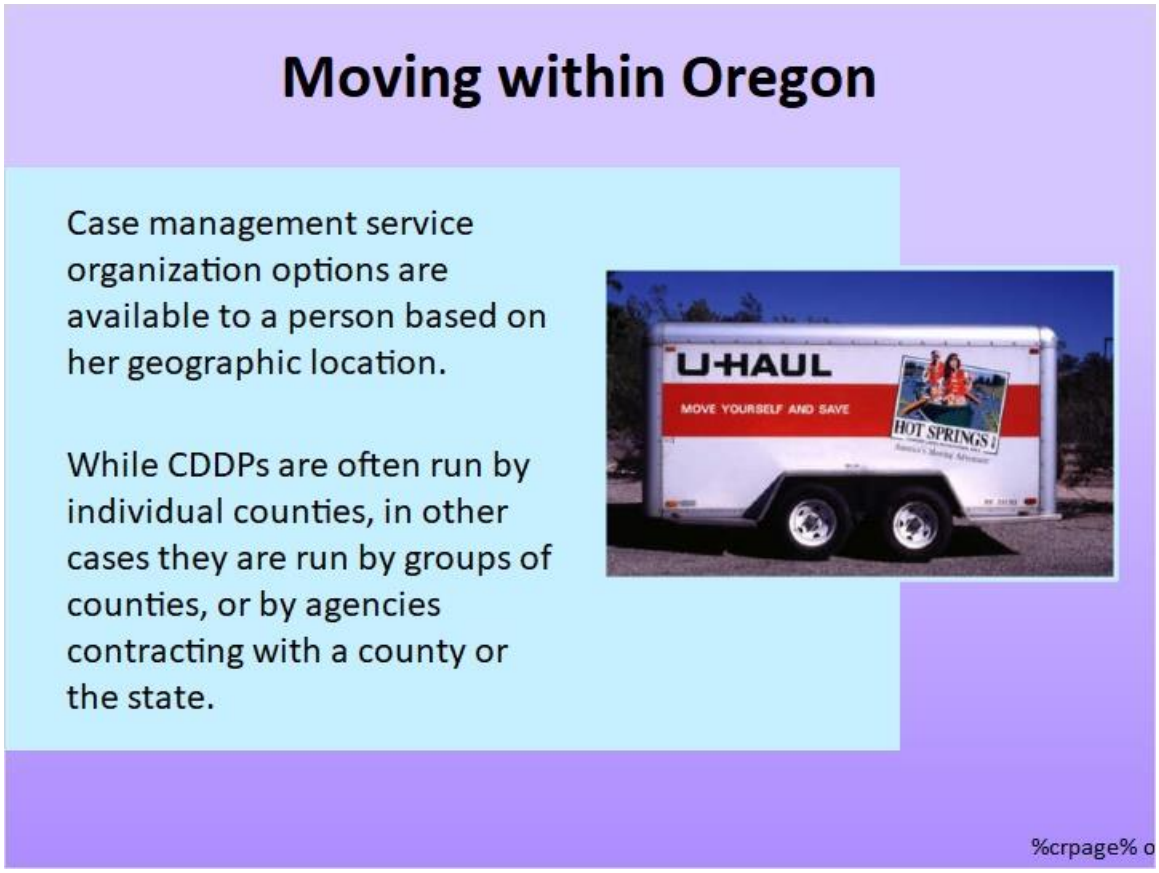
1.34 Assist the person in understanding case management options

1.35 Visits can help someone decide

1.36 Know your role

1.37 Keeping documents up to date

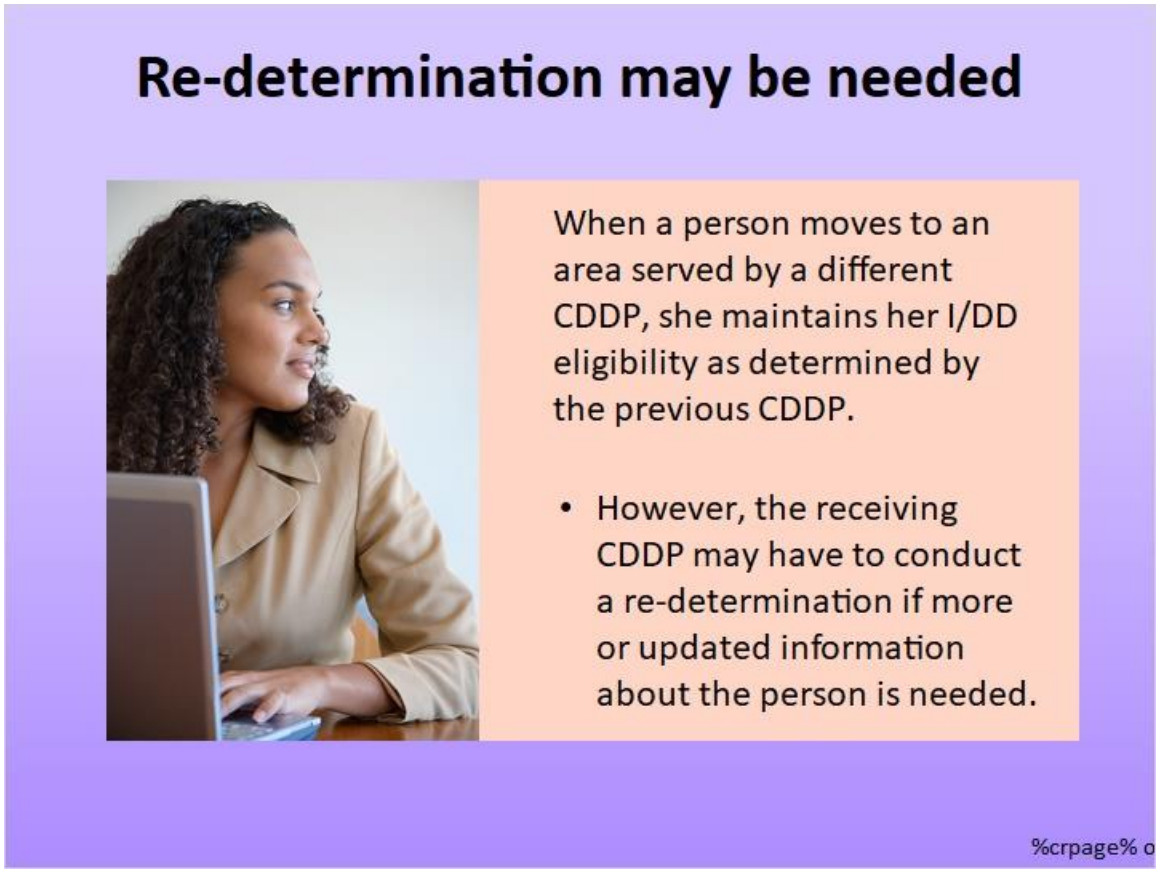
1.38 Moving within Oregon



Notes:

Minor formatting change. Shelly

1.39 Re-determination may be needed



Notes:

Minor formatting change. Shelly

1.40 Your role in assisting a person to

Your role in assisting a person to move within Oregon

Provide choice advising regarding case management and other service options to a person who is moving from one county to another within Oregon.

- This must be done within the required timeframe as stipulated in OARs.

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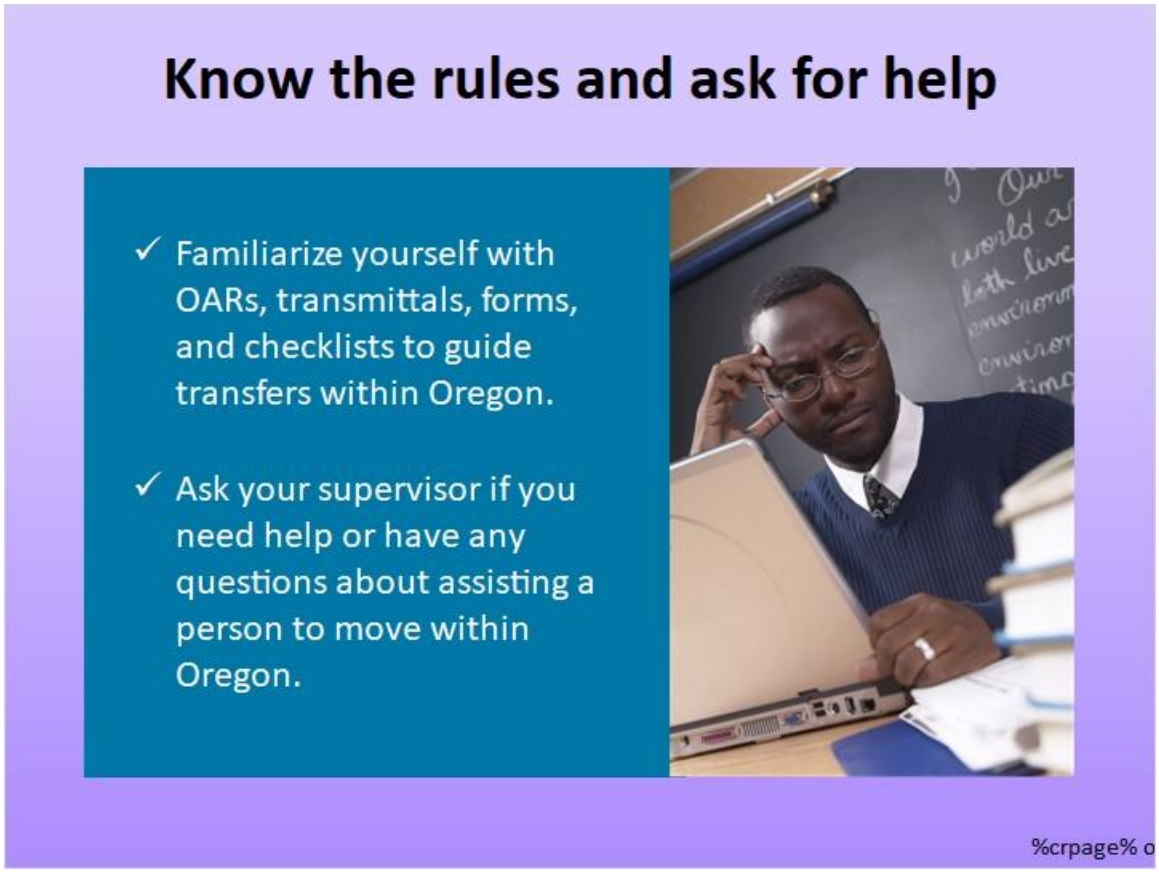
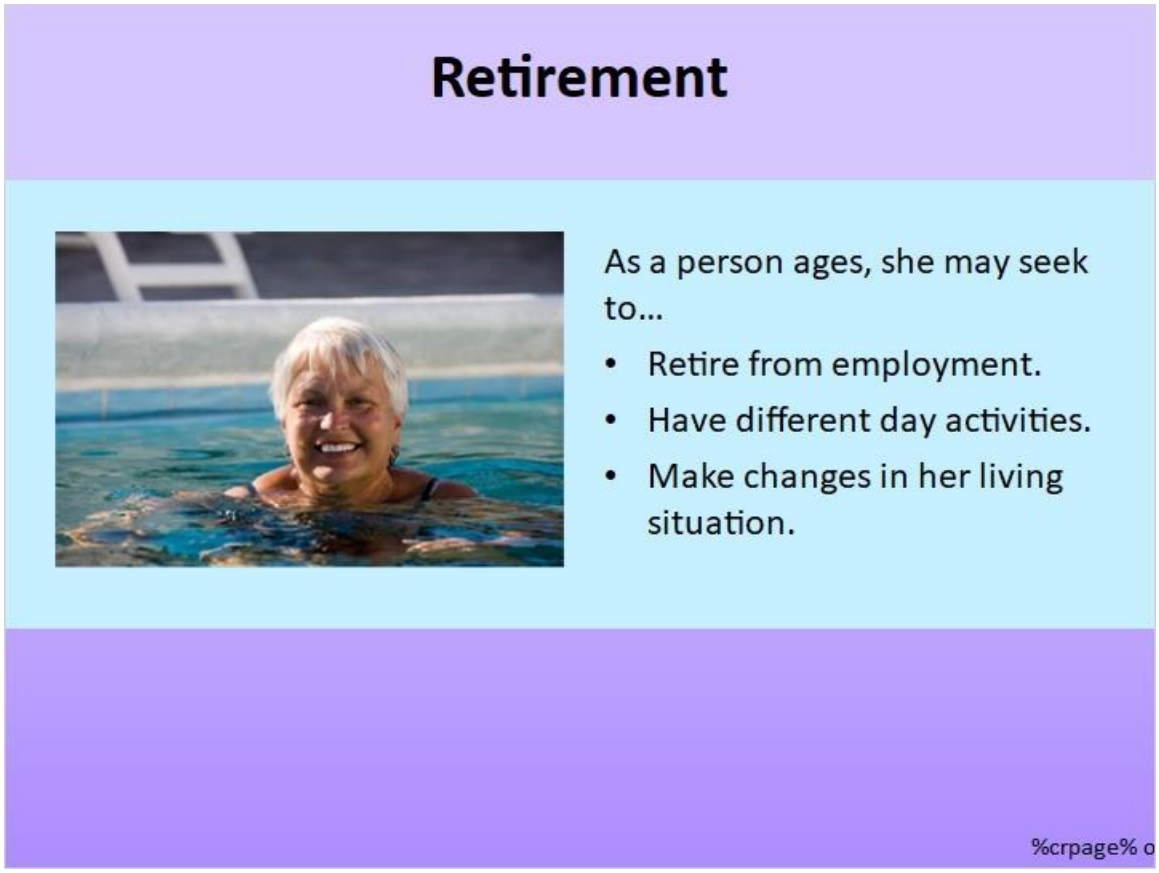
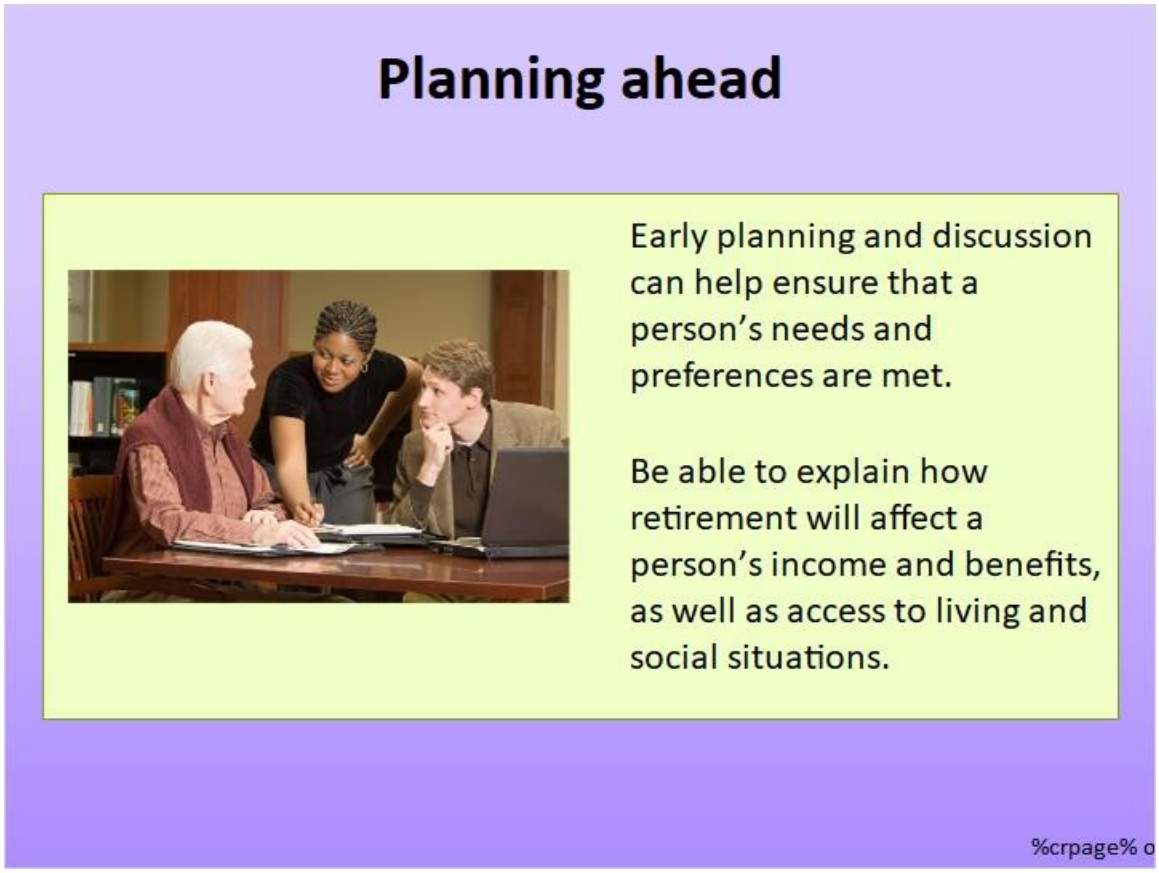
1.41 Know the rules and ask for help



1.42 Retirement

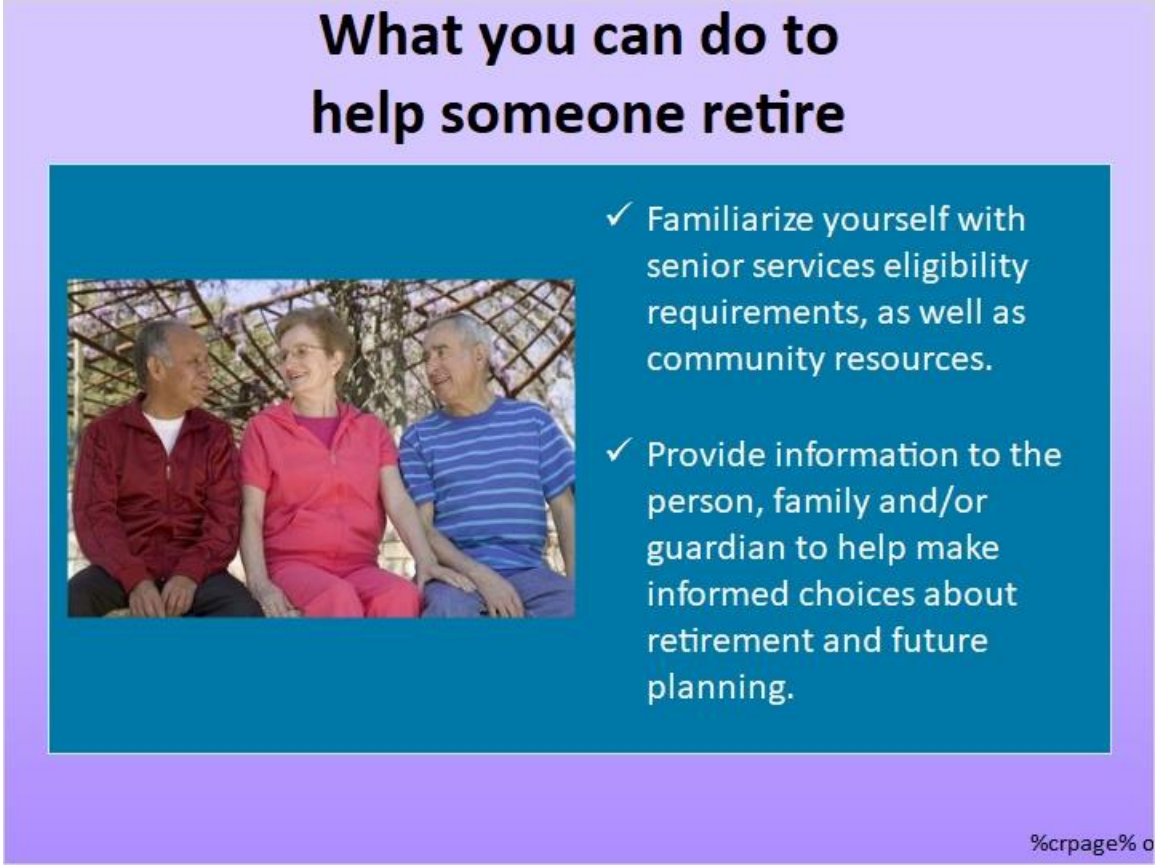


1.43 Planning ahead



1.44 Services for senior citizens

1.45 What you can do to



SC/PA 207: Cultural Sensitivity

1. SCPA Cultural Sensitivity

1.1 Cultural Sensitivity

1.2 In this course

In this course…

- Becoming aware that case management interacts with a diverse population

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1.3 At your organization

1.4 DHS mission statement

DHS mission statement

The Oregon Department of Human Services (DHS) mission statement is:

"To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity."

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1.5 Diverse interactions

Diverse interactions

People of various cultural and ethnic backgrounds use Oregon Developmental Disabilities Services (ODDS).

As a Services Coordinator (SC) or Personal Agent (PA), your job requires you to interact with people who have a wide range of cultures.

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1.6 Keep in mind

1.7 What is culture?

What is culture?

Culture represents the values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world.

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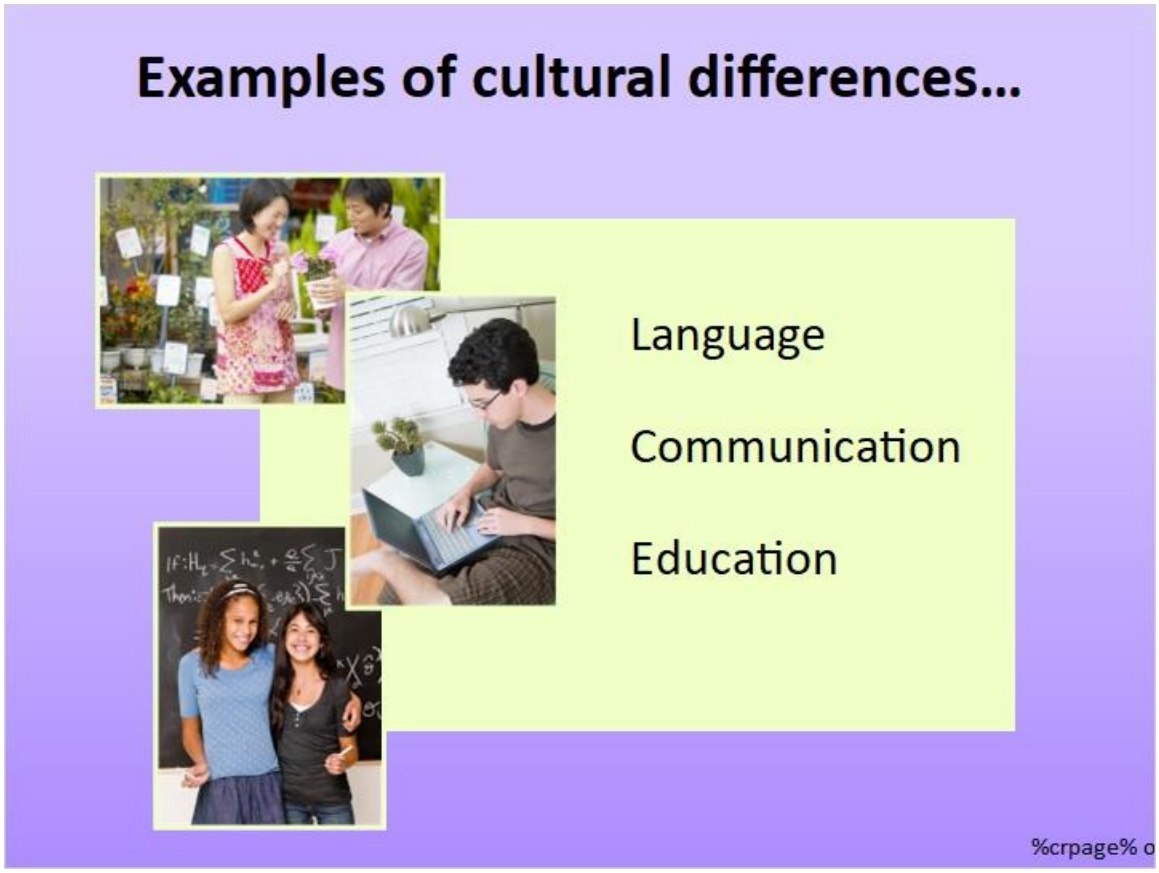
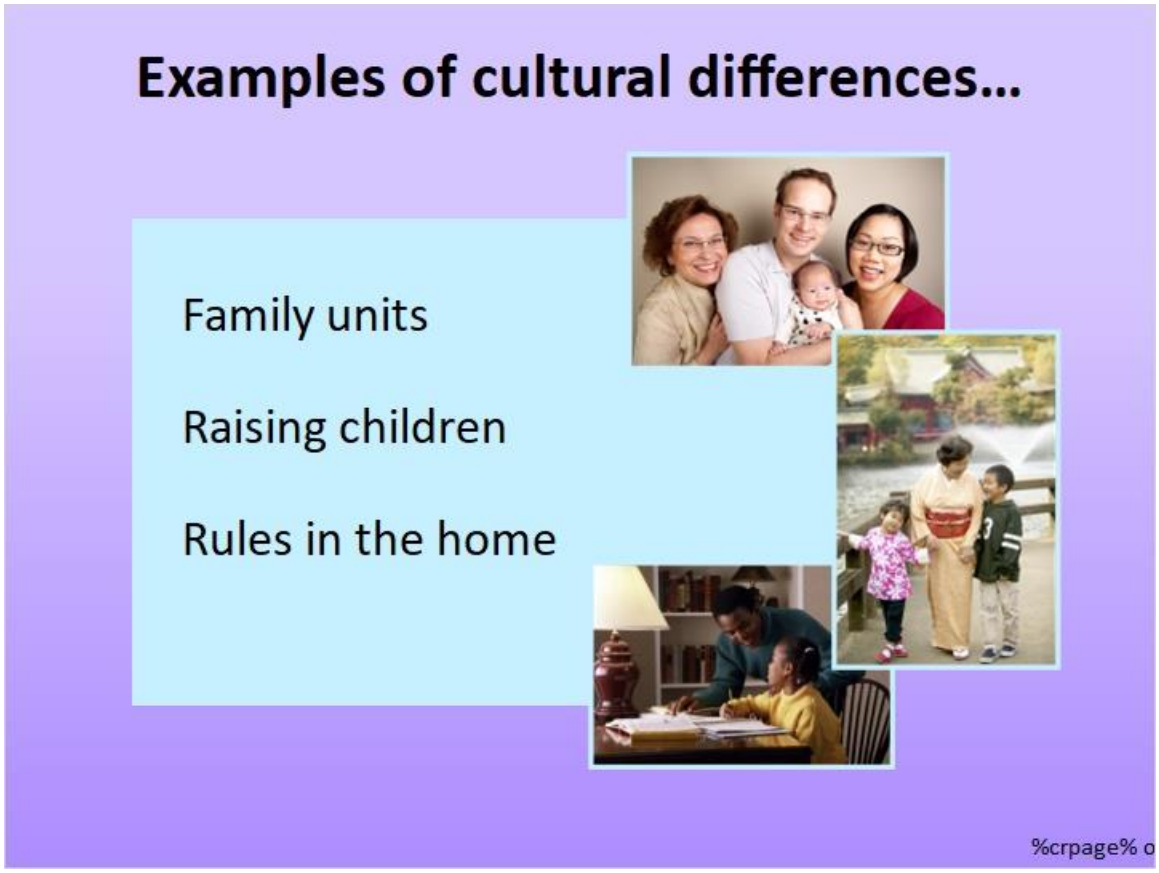
1.8 Examples of cultural differences…

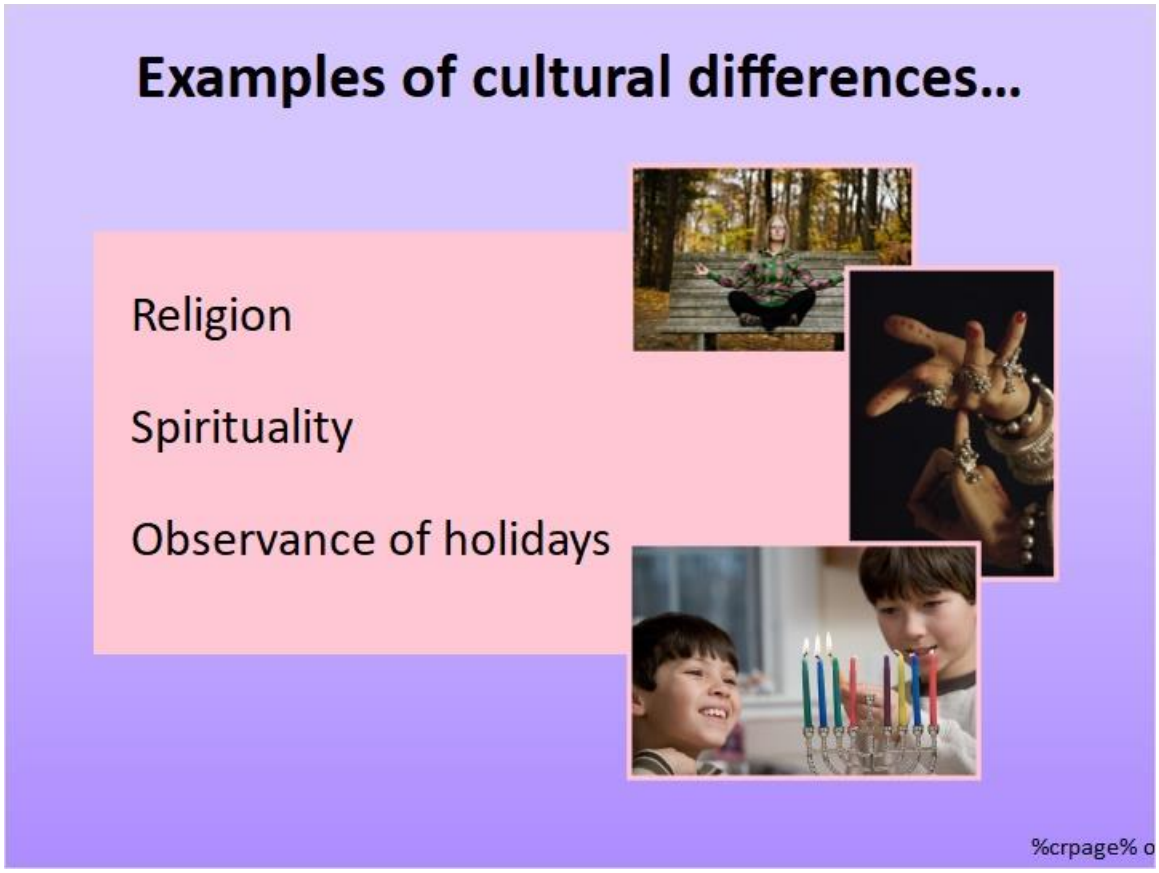


1.9 Examples of cultural differences…

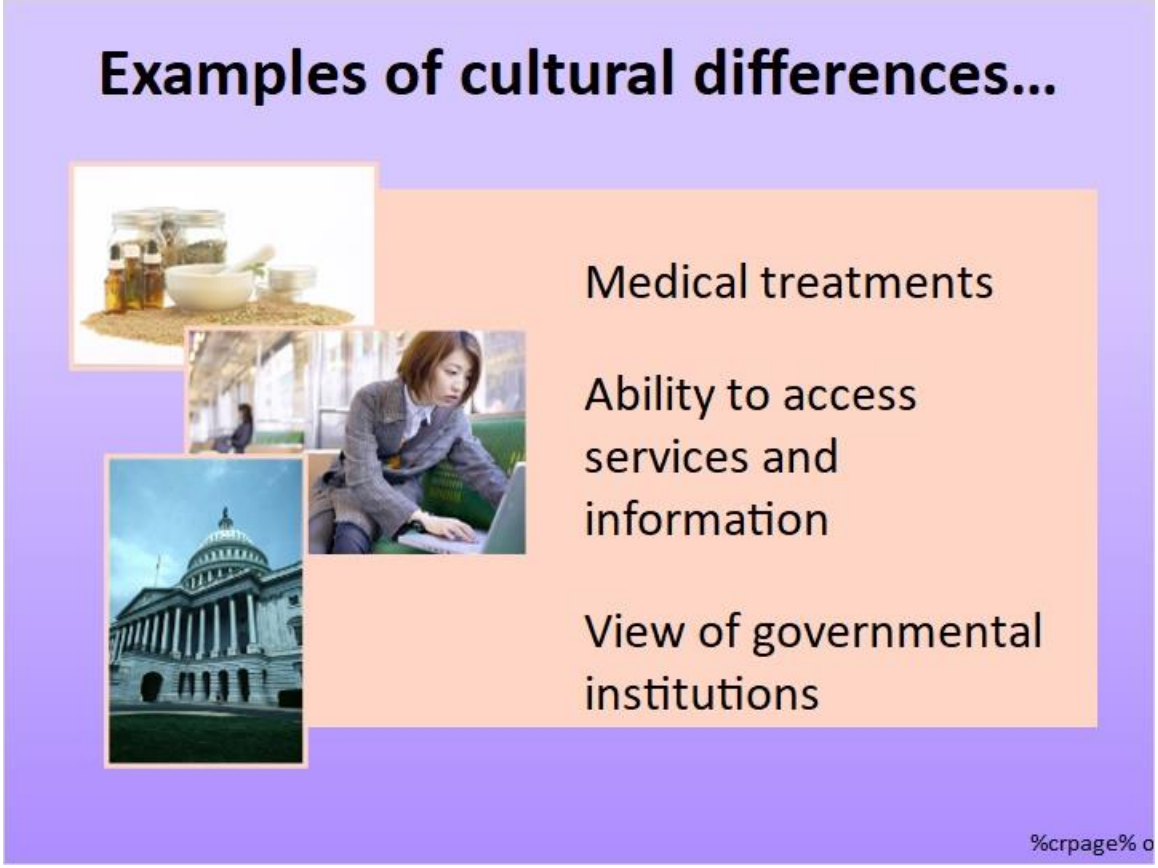


1.10 Examples of cultural differences…

1.11 Examples of cultural differences…



1.12 Examples of cultural differences…



1.13 Meet people where they are at

1.14 When meeting with

When meeting with a person or family

You need to build trust first.

- The person or family may not be ready to have a conversation with you that involves sharing private information.

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1.15 Some options may be stressful

Some options may be stressful

It may be too soon to offer options that would mean a big change for the person or the family's life.

- For example, don't start a conversation by offering attendant care or out of home services to a family who has been caring for their loved one, as this can be upsetting or frightening to them.

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1.16 Timing may not be right for a conversation

1.17 Consider the person's bilingual needs

Consider the person's bilingual needs

The person or family may need bilingual assistance to understand service options and requirements.

- Eligibility
- Funding
- Choices
  - What is available to the person
  - Making informed choices
- Access to services
- Service delivery
  - Having someone come to their home, documentation, and monitoring

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1.18 Interpretation

Interpretation

- If the person does not understand English or uses sign language to communicate, it is required to offer interpretation.

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1.19 Interpretation resources

1.20 Consider the person's culture

1.21 Eye contact

1.22 Communicating with respect

Communicating with respect

When you are interacting with the person and/or family, consider:

- Your choice in words when communicating
  - Are you sensitive to the person and/or family's language barriers, educational background, or reading abilities?

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1.23 The person's access to information

The person's access to information

When you are interacting with the person and/or family, consider:

- The person's access to information and communication
  - Is he able to use a computer, phone, or mail?

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1.24 Concept of time

Concept of time

When you are interacting with the person and/or family, consider:

- Timelines and timeliness
  - What is considered "on time?"
  - Does the person and/or family need more time to process and understand the information you are providing?

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1.25 Gifts and food

Gifts and food

When you are interacting with the person and/or family, consider:

- Gifts or food offered by the person and/or family
  - What is more harmful, accepting or refusing a gift or food?
  - Know your organization's policies regarding receiving gifts or food.

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1.26 Gender roles

Gender roles

When you are interacting with the person and/or family, consider:

- Gender roles
  - Are you sensitive when offering services, or discussing support preferences?

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1.27 Avoid assumptions

1.28 Get to know people

1.29 Get to know the community

1.30 Ask for help