PCP ISP Provider Training Video Transcript

Welcome to the refresher training for person- centered practices, conversation tips, and page-by-page Individual Service Plan review.

This training provides guidance for waiver providers to help develop participants individual plans (or IPs).

So, thank you for joining Zoom. Thank you for being here on time. We have a full agenda today.

So, we'd like to get started... to make sure we have some time at the end for questions.

Questions were submitted... when you signed up, or you registered for Zoom.

You may also ask questions... live here (as we're going through the slides).

You're welcome to add your questions to the Q&A tool.

It's... it might come up differently. I'm not sure... what device you're using, or how your Zoom is set up,

But, you may need to click on the Zoom.

It's like three dots (little ellipses there... three dots), and it might say "more" or it might say "options".

If you click on that, the Q&A icon should be in there. If you open that up, you can type your question in there.

We won't be doing questions when we're going through the slides, but we will... work... on getting to those at the end of the presentation (just so we can keep everything moving along).

Okay. So, this training is being recorded.

I want to introduce myself quickly, and... my... co-workers that are on... Zoom today as well.

So, my name is Stacy Haitsuka. I am a part of the DDD's training team.

I am here on Oahu at the Waimano training office in Pearl City.

Presenting with me today is Kasha Litecky. She is our Case Management Branch Chief.

So, Kasha's here and Camden is also here.

She's going to come on a little bit later... at the end of the presentation to answer any questions... that you folks have (as needed).

Okay... alright. And, as you can see our agenda, we have a full agenda for today.

The flow of the agenda follows the pages of the Individual Service Plan pages.

So, again, we're recording... this training, and we will post it... to the DDD website (along with the slides and... this agenda).

So, you can review the information with your teams, and... to help... prepare you folks... to use this as training material... for your internal trainings.

Okay. And, I just want to say... before we get started... two things. We're wanting to share with you today's agenda topics in two specific ways.

We want to let you know what DDD case managers are being trained on.

Case managers received training (a version of this training) earlier.

So, now we're providing this training to you all... in a slightly different format and messaging— so that you all (as waiver providers)... we want you to know what case managers are doing... as they're helping the participants with their ISPs.

And then, the second specific way we want to share this information with you... is that we want you to know what to do with the information in the ISP.

So, every participant has an ISP..

You need to use the ISP to review the information from page one all the way to the last page of their ISP— and know what information is in there, and how you're going to be helping the participant to address... the goals, the health and safety, the risk issues (all of the things that they're saying that's important... to and for them).

So, the ISP is really the document... that we want you folks to be able to... have... and have the most current version of.

Okay. So... we are going to get started with.... reviewing the DDD's... vision... mission, and guiding principles.

So, up here on the screen... great! I'm not going to read all of the information on the slides to you.

If you need more time... to read the slide information, again, you'll be able to watch... the recording and pause the recording on the slides that you would need to read... more thoroughly.

But, in the interest of time and continuing our agenda, I'm will not read...

Our DDD vision and mission statements and guiding principles are here on the screen.

Our vision is for individuals with intellectual and developmental disabilities to have safe... healthy, safe, meaningful and self-determined lives in the community.

Okay. Person-centered planning... is essential to the work that we are all doing.

All of us together in our various roles and our specialty areas (whether we are DDD staff or waiver providers... we're family or guardians)... we're all supporting the participants to live their best life in the community, and doing the activities that they want to do (working on tasks that help them... to achieve their goals... and their vision for a good life).

We want to point out that the Home and Community-Based Services Final Rule or HCBS Final Rule... states that all... participants must have a choice about where they live... work, play and receive services in the community, and that these choices should be based on the participants likes... their preferences... their needs and their aspirations (all of the dreams and their possibilities that... they have for themselves).

And, case managers are assisting with the coordination of services and supports that the participant may need.

And, this can vary... depending on the stage of life (or the season of life) that they're in.

It could be working on short or long-term... health and wellness goals.

Case managers are working with... waiver providers... consumer direct workers... and community... resource... partners... to support participants.

Alright, person-centered planning— it puts the participant at the center of their plan.

So, it really allows them to direct... the services that they want in their life... the supports that they're needing— [to] communicate about... you know, everything (you know) from their abilities to... (you know) what is it that they want to do, what do they need help with, and who do they want help from.

This type of person-centered planning framework... that DDD uses is called the "Charting the LifeCourse Framework"... or "LifeCourse Framework" for short.

Charting the LifeCourse was developed in 2012... by the University of Missouri Kansas City Center for Excellence.

And, they partner with the national and… state-level stakeholders including… the National… Community of Practice for Supporting Families of Individuals with Intellectual and Developmental disabilities.

So…Hawaii is one of several states (I think… it's about 22 states)… that have joined the community of practice … for supporting families.

The LifeCourse framework operates with the core belief that all people … have the right to live, love, work, play and pursue… their life aspirations in the community.

Charting the life course framework… helps us to uphold… this core belief in these… in very specific ways. So… I'll give you some examples.

It helps to create a common language around key values and principles.

It helps to teach others (alright) about the framework, and the tools that can be used in everyday life— whether it's work or just… situations that we're wanting to problem-solve. Or as a team (right)… as a waiver provider team, you folks may use… some of these tools as part of your strategic planning or part of your teamwork… team building.

Building capacity for leadership, and also using the framework… that helps to just organize… thoughts around practices and policies and things like that (at all different levels).

Okay. So how does DDD use Charting the LifeCourse?

In 2017… DDD adopted Charting the… LifeCourse Framework to help individuals… of all abilities… all ages, and all stages of life… to develop their vision for a good life.

And, following that (in 2018)… DDD updated their… the individual service plan template. So, the… ISP… template… includes… several of the LifeCourse tools (which is what we're going to get to in just a minute).

We use Charting the LifeCourse… Framework and tools to assist the participants to develop their… person-centered plan. So, it's really a conversation tool (right) to get to know who the person is.

You know, what it is that they're wanting to do.

You know, we're wanting to get to know them as… individuals and be able to document it somewhere— where it can be the highlight.. and where everyone… (all of the people that are helping them and supporting them) can have that information, and it's updated regularly.

Okay. So, these are all of the different ways… on the screen that… DDD uses… Charting the LifeCourse Framework. Alright.

What is a person-centered plan? Okay. So, here on the screen... I just want to clarify.

So... this slide and the next two slides... are going to provide information about what a plan is... what it is not, and some of the common questions that case managers are asked.

So... the person... receiving services... (so the participant) takes the lead.

They're going to decide who's involved, right? They're going to... articulate (you know).. what are their goals.. (you know) how they want to be supported.

It definitely... pulls a lot about their strengths, and their capabilities, and what their desires are.

And, it doesn't only focus on (you know) what their... challenges are, or what they cannot do, or what they... what other people say that they cannot do, right?

The plan... is written... but it's always evolving— just as you and I (right)... we have different... life... goals.

We may have short-term goals. We may have goals that are we're working on now that may not be the same as... maybe next quarter. But, these plans are meant to be ongoing.

They are not meant to just be concrete— made one time a year, and they're never touched again. So, they're always evolving.

It takes into consideration... what are some of the cultural... and linguistic challenges (or linguistic areas) that they're wanting to work on.

And definitely, pulls a lot... of the personal... preferences... that they... that the participant has.

So, what we're... looking at is utilizing alternative forms of communication and assistive technology.

If that's something that applies to the participant, we'll want to include that.

We want to gather whatever relevant information... from the circle members... that tell us about the participants strengths and their interests... and regularly reviewing... the plan.

Okay. And... what the plan is not...

So, in summary... the plan... is not... developed... based on... solely on other people's input.

And, I know... this can be challenging if we're working with a participant that... is non-verbal.

Maybe you're re relying a lot on their... support system... and that may be true.

But, that's why it's so important, right? So, the case managers are out there in the community.

They should be seeing... and interacting... with the participants, getting to know them getting to know... them through observation, through listening... and talking story... with their... support staff.

Okay. The plans... a plan that never changes year after year— that's... not good. That's not a good plan.

Plans that... don't help the individual to build... or keep (right)... or to... maintain their connections outside of their immediate circle.

Developing one-size-fits-all plans— we're definitely not doing that.

We don't want to see any... templates... or filling in of blank plans.

So, this is not a one-size-fits-all (everybody gets the same plan at the same time with the same writing).

Okay. Plans that are created... prior... to even meeting with the participant... we're not wanting... to see or do that either.

Okay. Here are some common questions that we get. Case managers are sometimes asked about... this family or a circle... and knowing them. You know, isn't that good enough?

It's not... good enough. It's great that they have a support system, right? We want all participants to have support.

But, we really want... the participant ... to be the lead of their plan... to be the lead... in their life, and to be able to tell us what they want.

Participants... (I mentioned this on the previous slide)... they may not be verbal... (may not be able to communicate... as we... are speaking to them), but... that's why their circle is there.

We want to work with them, but again... the case manager should be also out there... eyes and ears... talking story... observing in the participants... environments (wherever they may be located)... to talk... and develop that... person- centered approach... and practice with them.

Okay. What… part of the ISP should have person-center focus?

Easy answer is… all of it.

The entire plan is the participants' plan. So, it should include them from page one all the way to the end.

And, whose voice is the ISP written in? This… you should be able to see… clearly… written… the case managers… are all… refresh training on this.

So… it should all be written in "first person"— meaning that if this is my plan, it should be written… in first person to me.

So, I… they… (you know) she… whatever my… preference is for how I want to be called.

And, does the participant need to attend their ISP meeting?

Absolutely… 100%. So, case managers are directed to always have the participant… at their ISP meeting.

Okay. That is… not negotiable. Alright. Moving along. Okay,

Kasha: Stacey, can I just… add a couple of things in there?

Stacy: Yeah.

Kasha: So, I just want everyone to be really clear so that you folks can support the case managers in doing this.

So, you know, we train the case managers on this… and to understand what a person-centered plan is and is not.

So, just a couple of things Stacy brought up I want to emphasize.

So, we are asking the case managers to please make sure that the participant… is at their ISP— unless, of course, that participant themselves chooses not to participate.

You really… it's difficult to have a person-centered plan if the participant is not even there.

So, case managers are really trying to make sure the participants are present at their ISP meetings.

They're working to engage them to use alternate forms of communication (if they are non-verbal)… to still (of course) gather information from the circle… and the individuals that know that participant well. But, doing as much as they can to engage the participant and even let them… control their own meeting, right? So… case managers will be working on that and we ask for the provider's support in… doing so. So, it may make scheduling a little

more challenging— especially for school-age kids we know. So… please support and work with the case managers on that. Thank you so much.

And then… they will be (as Stacy said) writing the ISPs more in the first person… verbiage.

So, only the risk and support section (we'll talk about a little later)… may not necessarily be in the first person, but the rest of the plan will be. So… I think that was…

Stacy: Yeah!

Kasha: Just wanted to…

Stacy: Perfect!

Gotcha. Okay. So, moving into the next page…of the ISP which is the one-page profile.

So, this page… is going to highlight… well it's a… it's really a snapshot. So, what I want to do is it… it looks at the participant as being the center (right) of their life. And it talks… going to talk a little bit more about specific things that… they may be saying are important to them.

What's important to and for them— it (you know) it's… about creating a balance.

It definitely is… preference.. .(in terms of what's important to them).

I can only speak for myself. But, if this was my one-page profile, I would probably list many…

I can probably list a whole lot of things… very easily about what might be important to me… that may not be exactly what I would list for what's important for me… (because there's some things that I just like to do in life).

And, I… if I am being fully honest, I may like to overindulge in some things. I may like to do some things… more frequently.

But, maybe I have… maybe I know that there are things that are important for me that I also need to keep in mind— things that maybe are about my health and my wellness, things that help me to… regulate (right) my own mental health… maybe things that help me to… understand (right) what are my… things that I need to watch out for my own health and my own safety.

So, this one-page profile discusses… those types of things.

And we… yes, we do strive to have a balance.

So, here's an example of the ISP where we're talking about what's important.

So, the participant here is saying (right)... these are things that are important to me. I like to go fishing (right) with my dad.

You know... I live (you know) with my dad (you know). I... these are the things I like to do... playing Minecraft on my computer.

I like to go swimming (you know), dancing, etc.

There's no one cookie cutter version right? So, we talked about that.

But, each participant is going to be unique. So, this is why you want to really take a look at the ISP pages and understand— because this is going to help you to have conversations with the participant when you see them.

You can refer back there and say, "Hey, Stacy, I read in your (you know) one-page profile.

Let's take a look at this. Could you tell me a little bit more about what you mean... when you say that it's important to you to get a job so that you have money? What do you... do about that. Tell me more."

Right... to have those open-ended questions... so that you can learn more.... from your perspective as a provider— which may be different than the conversations that the... case manager may be having with the participant when they're seeing them.

Okay.

On this page... so flipping over to what's important for. So, you see there it's a different... different examples about what's important for. So... brushing teeth, you know... eating healthy choices, getting movement, going to church are all important things.

But, this section, you may have to ask for input from the participant circle... because (again) it may not be as easy to come up with things in the important four section.

This could be things like medical provider, you know... guidance, medications...

It could be specific to other, you know, health and safety areas— so you may have to... ask for input.

This section may also trigger mid-year ISP... plan changes, okay?

And, because they're done... if updates need to be made (if there's something that comes up during the plan year) this might be one of those reasons why... that you might see a revised ISP during the plan year.

Okay. And then, how to best support me.

So, support it can change based on the environment. It could change based on their preferences. It could change based on their mood.

You know... the participant may be saying that they like to do things with a certain... person (maybe it's a worker-specific), and they (you know) respond or communicate differently with their family. And, that is okay.

It's good to have... specific... examples and information here.

Case managers... and you as well as providers... when you're working with the participants, we want you (again) to make this feel like a conversation... not an interview.

So, you'll be able to use some of your observations and your insight to talk story about some of these things that... you see here up on the screen.

Okay.

Let me move over to the life domain section. Just a second.

Okay, the next part of the ISP (moving along) are the life domains.

So, life domains are very specific to different areas of... a participant's life.

So, this... in this current... the current template will... change. You're going to see it a little bit differently because what we're wanting to do is... If you're familiar with the current template (right) there may be a list of questions that may or may not be applicable to the participant.

So, [what] we're wanting to do is... collapse all of that— put all the questions on the side.

So, those are conversation starters (right)... prompts that the case manager can use... when they're working with the participant at... the beginning of the plan year to develop their... annual ISP.

But, in the actual ISP, what we want to see is those filled-in text boxes.

It's not going to be information about their entire life, but it's going to just talk about... what the participant... what we need to know about them... during the plan year that is important for them (in these various domain areas).

So... in the following slides, I'm going to show you... what each of these six... so these are the icons. I'm going to show you what each of them are... and provide you with some subdomains so that you might be able to... further discuss with the participants... you know, what that means for them in their life, and how that connects to you folks... as you're... preparing, or you're providing services to them.

Okay. So, I'm going to go through this again quickly.

I'm not going to read everything off of these slides.

You'll be able to do that… once we post the recording and the slide handouts… to the DDD website.

Okay. So, daily life and employment. So, this includes information about what the participant does in their everyday life.

So, this could be activities… if they're going to school… if they are employed, maybe they are volunteering (which is great also)… how they're communicating, what are their routines— just (you know) what are their… plans.

So, these are all the different things that might be in that particular box— when we're talking about their daily life and employment in the ISP.

When we move over to community living, what we're looking at is… you know, this is information about their housing (right).. their living options.

Maybe one of their goals is to live more… independently or to live in their home but live more independently.

So, what does that… look like? Transportation options is a really big one.

Home adaptations— sometimes those things take time, but those are things that… are already presenting as something that needs to be discussed or needs to be planned for (right)— whether it's… (you know) working… to get those things ordered and installed. Some of these are much bigger ticket items… so they may need to go through… (you know… what do you call those) like the… blueprint changes (things like that). You might have to get a permit.

But, those are all of those types of things.

And then, also looking at their environment (right)… in their neighborhood and their community. What do they have access to?

So, all of those things are combined into that community living section of the ISP

For social and spirituality — so where are their friends, right?

Where are their friends located, and what kind of social relationships do they have?

You know… what are they involved with in terms of their hobbies, their recreational activities— what do they enjoy doing?

What are they… are they affiliated with?

So, if they are affiliated because they have connect groups with their faith-based community.

Maybe they are part of other (you know) craft groups or they have… (you know) kupuna programs, or they're part of (you know) young adult… (you know) leisure activities… whatever those are, that's where you will find it… (located in the social and spirituality section). Right?

So, you can see just from these… first three… life domains, there's so much to know about the participant, right?

There's so much that we can glean from it that we can ask them more questions about… to understand how we can connect with them as… waiver providers and what it is that we might want to consider… when we're building up some of those action steps that we're going to… want to build in when we're looking at their goals.

Okay, moving on. healthy living, right?

So, healthy living— this is one of the heavier domains… because it talks more about that health care and their… maintaining their wellness.

So, this could be anything from mental health, behavioral health, developmental… issues… just wellness, nutrition… all of those types of things. It'll be here.

If we're talking about (you know) supports that are needed (so things that need to be put in place that take time to do… advanced directives, durable powers of attorney… the post form… physicians orders for life sustaining treatment for post… and arranging for any type of… you know… ADLs… and in home care)—those take time to arrange.

But, this is the section where we want to talk about everything from preventative care to just (you know) life choices… (you know) what they want to do with themselves… (you know in terms of their health… this is what we want to know).

And, for advocacy and engagement, sometimes… I don't… know… I'm challenged to see more… development in this area.

I would love to see more about what the participants… choices are… when it comes to being their own self-advocate.

I would love to know more… just generally about (you know) what… they want to do… if they are an advocate.

I know we see so many… of them, right? And, when they come out to Day at the Capital— but what are they doing in their everyday life or in their… community.

We have... some participants that are so... great about sharing their story and advocating through social media. So, they have... (you know) their own Facebook or their own (you know) Instagram pages. And, you know, maybe they have help (you know) to post on there.

But, I... think it's great. That's what they enjoy doing.

And, they're able to share it with their friends and... advocate. That's great... have community networking.

Alright. And then, the last life domain section is safety and security. So, we want to know... the participants (you know)... what is it... that they're looking at when they're talking about safety for themselves (safety in public)?

Maybe it's safety because they're looking at some... legal issues or financial... protections, right?

So, that's what we want to see in this area.

It could be very specific concerns that they have.

It could be things that they've already put in place— little safeguards, what are they... and what is it that... they need help with?

So, we're going to look in this section ... to find out all of those things (including emergency and disaster preparedness), right?

Okay. I am going to switch over slides now to Kasha. Hang on...

Okay....

Kasha: Thank you Stacy! And... I just want to reflect on a few things that Stacy discussed as we're starting to talk about LifeCourse trajectory.

So, I'm going to cover the trajectory portion of the LifeCourse tool with everyone.

And, we're going to take that right into the action plan and goal development (because they're very connected... yeah).

So, just a few things to think about that Stacy covered as we're going to... transition into this section is... (you know) when Stacy was talking earlier about what's important and meaningful to me in the beginning of the LifeCourse tool...

I think we're going to see a lot of

that (or we should see a lot of that) reflected here as well.

As we're talking about somebody's vision for a good life, we want to see that jive with what's important and meaningful to them (yeah).

When we are talking about life experiences to pursue and avoid (some of those action steps to meet those goals), we may see a lot of the “How to Support Me” section reflected in there—(you know) the how to support me section right now… case management was using it very focused on this is… “How I communicate when I'm happy, I'm this, when I'm sad, I'm that.”

And, we're trying to transform that (as Stacy mentioned) into a section that really focuses on… what truly can we do to support that person in achieving their goals.

What do they like and not like? What type of experiences work best for them? Are they day or night people?

Do they like crowds or doing things by themselves? So, that that how to best support me section… is going to help guide the future life experiences to pursue and avoid in this section.

And then, finally, the… let's see… and then… (yeah)… so it's going to help guide some of our action steps here.

So, I think that this part of the ISP— (you know) we were trying our best to use it and understand it.

And, I think as we're moving towards this new… (not really new, but improved person-centered model of doing the ISP) really truly trying to get back to a person-centered practice… where we're not so focused on compliance, but we're really focused on the person, and we're focused on doing things in a person-centered way.

We're going to see that we are still able to meet that compliance.

We're still able to do what we're supposed to be doing on the compliance side while still able to be person- centered.

And, we really see the value in this trajectory because this trajectory is a very valuable tool… when used in the right way, especially when it comes to guiding goal development.

So, you know… so yeah, so that's really the intent.

We want to use this to really understand what somebody's good quality life looks like. We want to use it to… guide possible goals and outcomes in the action plan, and help them identify that.

We want to also identify action steps to move in that direction.

So, there's some things we're going to be considering in this section— which is about… the person's lifespan. Where are they in their lifespan?

We really want to make sure we hear from the person… what they want. The circle contributes, but we want to hear from the person.

And, we really want to get a picture of who the person truly is… and ultimately what they want for their life.

And, next slide please.

Okay. So, one thing I mentioned that we want to think about in this trajectory section and honestly throughout the entire ISP… is we want to think about where this person is in their life stage, right?

There's certain things that are true for… (you know) everybody in certain stages of life.

So, we want to think about… is this a school-age kid?

You know, are we thinking about school and transition and peers and puberty, and all those things that could… you know, be very important considerations when looking at their trajectory and what's important and meaningful to them and what their vision of a good life is.

Or… maybe they're aging, right? So, we want to think about… what does that transition look like?

So, we just want to ask the circle… (and case management will be doing this). They'll be asking the circle, okay, let's think about what stage… of life that this individual is in.

Let's all keep this in mind. Let's also keep in mind every stage is connected.

That's why this is a trajectory. What happens before matters, and it is going to guide what happens in the future.

So, we want to think about (you know) the person-centered planning across the life stages, and along this trajectory.

Next slide… please.

So, when we start to do the trajectory… we focus really on the vision of a good life first.

This part is one of the most important parts of the ISP.

The vision of a good life is really like… “What is that big picture long-term… aspirational desire or vision that the participant has?”

I like to think of it as… what's at the end of the rainbow. What does their ultimate life look like?

The vision of a good life is very informative. That really tells us what their vision looks like... what that success looks like.

If this is the ultimate goal, what does that look like for this individual?

So, when we do the trajectory, we start there. And, we start focusing on that.

Okay, next slide please.

I just wanted to show... I think this is what we've seen in the past in the vision of a good life.

We've seen... "I want to be healthy and safe", "I want help with my ADLs and my IADLs".

"I want to develop social skills". I... when I think about an ISP meeting, that's not what I hear a participant say, right?

I mean, maybe... maybe sometimes that's what a participant says as their vision of a good life.

But, I think that that's what we've been doing, because we're very... compliance-based. We're thinking about the standards.

We really need to start thinking about the person.

We really want to hear from them what their vision of a good life is.

And, I think when we do that, we're not so much going to hear this kind of thing, and see this in this section.

If we can go to the next slide, please.

We're gonna see more of this kind of stuff in that section, right?

This is the kind of stuff I hear when I actually talk to a participant and listen to what they have to share.

I want to have friends. I want to volunteer at an animal shelter.

I want to make jewelry. I want to sell it at a craft fair. I want to ride the bus because I want to be able to go to the library or the mall or... wherever it is by myself.

So, I think we want to aim for having a very person-centered vision of a good life that's from the participant in their words... (or however it is that they communicate, right?) or the circle helps communicate on their behalf

And, we want to see that person- centered vision. Next slide, please.

So, let's see... okay. And then, we look at positive past experiences. Why do we look at positive past experiences?

It's actually quite simple. It's because that really helps highlight what worked before.

We always want to look at... what worked well before— because that helps inform how we're going to approach this vision of a good life in the future, right?

So, we may hear somebody say (you know... like) their vision of a good life could be that they want to make more friends, right?

And we say, okay, so what was a positive past experience that helped you make more friends?

Oh... I used to go to the Eagles club. I used to go there, you know, Fridays once a month and play bingo, and I got to meet a lot of people.

Super important, helpful information to help us kind of decide, okay.

This is strategies and ideas we can use now to help them approach that vision of a good life— that ultimate goal and good life that they want.

Another example would be like... if they want to learn how to ride the bus.

Okay, so what happened in the past that that worked well that really helped you be able to ride a bus?

Oh, I used to take bus with my mom. I really liked it.

Okay, great. Good. You know, good to know. that. Also, again, can help inform some of the steps we can take to help them reach that vision of a good life. Next slide please.

Okay. So, this future life experiences to pursue.

So, we know what the vision of a good life is now.

We know what... the participants vision is.

We know what experiences in the past worked well to move them in that direction (in that trajectory).

And so, future life experiences to pursue— we want to think about those as the action steps.

What are action steps we can take to... or the participant (sorry) can take to move towards that vision of a good life (to get there, right).

So, this future life experiences to pursue is a super important part of this ISP, because it helps us understand at least a couple of steps we need to get there.

So, the case managers (you know) will be saying... your vision of a good life is this... (you know) what are two or three things you can do to start moving in that direction, right?

So, that's what the case managers will be focused on facilitating in that section.

Next slide, please.

I hope I'm not rushing too much.

Sorry, guys. I'm just trying to be considerate of time, and there's a lot to cover.

So, I think this is... oops, we already covered that slide. Can we go to the next one, please?

Okay, so here's a few examples. Okay.

So, this is directly from an ISP. And this is (I think) a very person-centered example of something we may hear in an ISP... and what this part of the trajectory may look like. The vision of a good life is "I want to get in shape— so I can look good, and I can wear the outfits we want, right?"

I think that's a goal for many of us. So, what are a few action steps you can take to get there?

Well, I can get a gym membership. I can get a Fitbit that can help me count the daily steps.

And then... (oh, here's another example)... so, if somebody wants to save money so that they can buy a new iPad, maybe that's part of their vision of a good life. I want an iPad.

That is a good life to me.

Some action steps they can take. Okay, so what are two or three things you can do to help get an iPad?

I can look at prices. I can go through my bills, and see if I can save money.

I can set a budget— so I don't overspend every week. Right? So that's what we're trying to identify in this section.

Next slide please.

Okay. So then, the negative trajectory— I think... what we've seen in the past on negative trajectories is a lot of just... repetitive things like "I don't want to be sick, because I was sick.

Therefore, I want to avoid being sick again." [Laughing] That's what we would kind of see in this section.

But, we got to understand just as a vision of a good life is important what somebody does not want in their life can also be very important.

It can also help us identify goals that the person wants to work on— help us identify, you know, what their vision of a good life includes and does not include, and what steps can we take to move away from that.

Next slide, please.

Okay. So, here's some… examples of negative past experiences. Right?

So, when we do this negative trajectory, we start with negative past experiences a lot of the time—because we may hear somebody say, "I got picked on in school." And, what does that tell us that they don't want?

We have to dig a little bit, and facilitate, and figure out… "Okay, so what is the participant telling us that they don't want in their lives?"

If that was their past experience, maybe it's that they don't want to not have any friends.

They don't want to get their feelings hurt (you know), or if they say, "I got really sick with COVID"… that was a really negative past experience."

You know, what does that tell us? We have to probe. We have to ask.

That says maybe they don't like the doctor. Maybe they don't like getting shots. Maybe they don't want to get sick.

So, that's what we're looking at in this negative past experiences section.

Next slide, please.

Okay. And that tells us a lot (as I kind of just gave an example)… that really tells us a lot about what they don't want.

So, we may see things here that are person- centered like "I don't want to live by myself.

I don't want to not have friends. I don't want to go to the doctor."

Some people do say "I don't want to not have services." You know, it's okay if a participant says that that's something they don't want. They don't want to be without services.

We can still be person-centered and capture that in the ISP. That's coming from the person. That's what they're sharing with us.

Next slide, please.

Okay. And then finally, in this negative trajectory, we get to future life experiences to avoid.

So, this is going to tell us what happened in the past that took them in that negative direction that they did not want to go.

It should be realistic, right? We don't want to create a scenario that could happen... that would take them in that negative trajectory. We want to look at what actually has happened in the past (you know).

And, it could be something indirectly that took them in that negative direction. So...

So, the... so that's kind of the... approach we take on the negative is... in the positive trajectory we start with the vision of a good life.

In the negative trajectory, we start looking at negative past experiences, and that really guides the conversation. That's the natural flow.

Okay. So, why are we covering goals right after this? Well, in case it wasn't as apparent as you're doing the trajectory... you're starting to get a vision of what goals this person wants to work on, right?

So, you're seeing that vision of a good life, and you're seeing what they don't want.

And, that is where we can start extracting goals directly from the ISP.

Like... we're getting an idea— that big picture long-term (you know) big vision— which is... what a goal is, and then what that success looks like (what that outcome is).

Okay. Next slide please.

So, a person-centered goal (a true person-centered goal) is not "I want assistance with my ADLs and my IADLs."

You know... that's [laughing] not a person- centered goal. Person-centered goal is something that is participant driven it's in their own words

It's written in the first person.

It does include dignity of risk, right? So, even if they're saying something that we may think is risky, we want to honor that. We want to give them that dignity of risk, and let them... (you know... as long as it's not a major safety, you know, hazard).. of course we want to, you know, really... put our own subjective opinions on the side, and try to honor what that person really wants.

And, it... hopefully, you know, will connect them with the broader community (if that's what they want).

It's rooted in their desires and their dreams.

So, it may be things that seem really simple to us that we're not familiar or comfortable with because we're so used to these... clinical compliance-written goals that we see in the action plan all the time.

So, we may see something (you know) that seems very simple like... "I want to make new friends" and we're like, "Oh my gosh, that's... is that going to meet the standards? Is that going to, you know... be okay for monitoring?" And yes, it will be— because it is truly person- centered. And, as long as we are... supporting them to reach that goal, we are doing our job (and what we're supposed to be doing)— in identifying those steps and delivering that service to support that person- centered goal.

Next slide, please.

Okay, so this is where we're going to... this is a little bit of a shift.

And again, I'm going a little over time, but I'm trying not to rush it too much.

So, right now, an action plan has three parts. So... and it's not what you're seeing on this slide.

Right now... an action plan has goals, objectives, and outcomes. Right?

We remember back in the day it was just goals and outcomes. Every DD-ISP had goals and outcomes.

And then, we put in a third tier (which was objective). So, then it went... goal, objective, outcome. I... in trying to align with a person-centered approach... we need to shift that again. We need to shift our three parts of the goal to align and support a person-centered approach.

And, we're going to do that. Thank you guys. I love the hearts and the claps. I'm so glad you guys are all supportive of this.

So, what we're going to look at... and we are going to update our action plans that you're going to see coming in the ISP report. That's going to happen in like a week. I'll give you more info about that later.

But, we are going to shift kind of back towards a model where we have... the goal (which is the big picture).

We have the outcome— that is what success looks like. And then, we have the action steps to get there— because that makes sense.

That is person-centered. That is much more [simple] to extract from an ISP discussion and plan than what we're currently doing.

So, the goal, objective, outcome model we're using now that's used a lot more in business… fiscal planning— that's really putting a focus on the objectives.

Person-centered planning puts the focus on the outcome (on that success).

And then, the services support… the action steps that the person's going to take to reach that goal to get there.

So, we'll go into that just a little bit more. Next slide, please.

Okay, so this is what the transition's going to look like. And, don't worry, it shouldn't be a big… change, and a big shock. We can already start using our action plans in this way

But, it's going to it's just a little bit different thinking process and philosophy.

So, the goal is going to (of course) be the goal. That stays the same.

The second part (the part that's right now the objective) is really going to be the outcome.

So, it's going to be the goal— the big picture, the outcome, what that success looks like.

And then, the third tier is going to be the action steps that the person takes to get there.

So, we will let you guys… I'll cover that again in a little bit. So don't worry, we'll give you more info on that.

But, we'll be updating the action plan to reflect this approach.

Okay, next slide, please.

So, here's how we take a non-person centered goal and make it person-centered, right?

So, let's say on an ISP, this is what last year's goal said: "You know, I'll follow a picture schedule to do laundry".

The goal that the participant is telling us that we should document as a goal in the action plan may be… "I want to take care of my own clothes… because I want to be able to wear my favorite outfits, and I want to be clean." Right?

Or… maybe the goal in the last ISP said "I want to maintain a healthy diet and lose weight."

Person-centered goal is "I want to know how to cook healthy. I want to cook things that taste good, and I want to be able to do that." Right?

One final example. So, this is a common one, right?

Participants… will be able to complete their ADLs independently.

So, if we actually (like) look at the conversation we had… what that actual goal is that the participant told us is: "I want to groom myself— so I can look nice so I can make new friends."

And, that's a beautiful person-centered goal and example, and that's what should be in our action plans.

Okay, next slide please.

Okay. So, really quick… (so I don't take up the… I have to get moving because we're running out of time).

But… yes, but basically I think these next couple slides we can skip—because I was just going to go into a little bit more detail about the goal, the outcome and the action steps.

And, you see where that comes directly from the trajectory, right?

So, you're going to do the trajectory, and the case managers will be able to help extract directly from there.

Here's the goal. Here's the outcome that success looks like. And, here's the action steps (like couple action steps to get there).

And, that's going to be our action plan. And then, we're going to (you know) then let the providers have a little bit more ownership in what is that approach going to be.

The team will still discuss… yeah, we can skip to like slide 44 Stacy.

The team will still be discussing… what are we measuring, right? We're still going to talk about… okay so… this is what the person wants these are a couple action steps you know like… they want to buy an iPad. That's the goal. Success looks like you know… within (like) the next 6 months, I will have (you know) be able to purchase an iPad. A couple action steps may be… budgeting and maybe (you know) like… going through bills and seeing where you can save money.

That's something any of us would do, right? So… then the provider will then take those action steps… and they will come up with those methods, plans, and approaches. And, the team can discuss that at the ISP meeting (so we're all on the same page).

But, you know, the provider who's delivering the service will be able to say, "Okay, we're going to do it like this.

We're going to measure this. This is the baseline. This is where we're going to go."

So, there'll still be a lot of discussion and support to do so, but that will (kind of) be a little more ownership in the providers to have the freedom to be able to do that.

Slide 45— I'll cover at the end. Stacy… when well… oh, never mind… this part is up.

I'll give you guys a little more information about this later (because we need to move on), but we will just be using the Inspire-generated action plan. Okay?

We've been using that Microsoft Word document action plan like a second action plan because it has the signature lines.

We're going to transition to just having the ISP and the Inspire-generated action plan.

And, I'll explain how we're going to do that, and it will be supported in the standards.

And, we will send out a memo, and it will be clear for everybody.

Stacy: Yes! Okay…

Kasha: Sorry… I did my best. I know that was about 15…

Stacy: That was great! That was great!

Because, the next these next slides are actually similar.

I'm just going to… summarize here.

When you look at this section of the ISP which is part of the integrated supports and services…star.

So, what it's going to do is… it's going to provide you with information that the… participant… has been sharing about all of these different areas.

Again, like life domains, just different areas— where they are wanting to share what is… what they're using or what they're accessing. Right? So, whether it's technology…their personal strengths and assets (you know… what is it about them that we need to know), who are the relationships… that they have (specifically by name— who are they and how are they related)… community based… services or supports or any resource that they access (whether that's the library… they're going to go to the park… wherever that is), and then eligibility-specific is going to be those paid supports. So, this section you'll definitely want to look at what is filled in here.

And, if you see something that... is there, but maybe it's not quite right... or you're like, "Wait a minute.... you know, Stacy, you told me in a previous conversation that you really...

you know, really use these types of technology tools. Is that something that you're still using?"

We should definitely make sure that that gets updated in... on your next... ISP (because it should be recognized here).

So, you folks are also going to play a role in updating these parts because you may (again) interact with participants differently than maybe the... what the case manager may have had conversation with them about.

So, you're able to also provide... updates here.

So, the next few slides... are just going to give you examples of things to consider... when you're looking at these different areas... of the integrated supports and services star.

Okay? And, you can read through these.

Okay. And then, for this... page, the... my circle of support... very important page. I know it's just one page, but it should be filled in here.

Like I said, if you know that someone is missing here... if there is a circle member that is not... listed, or they're listed but they should be removed (because the participant has already said they're no longer active in my life, or I do not want them here... on my... in my circle anymore), we need to remove them.

If any of these other... agencies (support agencies) are... being utilized... they will be checked off there.

And yeah, this is... for their meeting supports.

And, case managers information should always be updated with the current case manager's contact info.

Okay. And then, Kasha, back to you.

Kasha: Okay. So, in the risk and support section— everyone's (or risk and safety section)... everyone's favorite section.

This is a section that... is in the ISP.

It gets updated frequently when we have AERS (or adverse events) or updates for the participant.

So, this is the one of the more dynamic pieces of the ISP.

It's also one of the most important pieces of the ISP.

So, you know what the case manager is going to be doing in this section is identifying different risks that are brought up by the participant and the circle members, and then identifying the supports.

So, the reason why we do this (of course) is we want to safeguard our participants. It's also a very important communication tool.

We really want to make sure (also) that you folks as providers are… very clear on what the risks are that have been identified— so that you can train your staff to support the participant with these risks.

So… you can go to the next slide, please.

Okay. So, if any of these risks that the case manager is identifying or any of the supports are going to reference a specific document, we will be attaching that document to the ISP.

So, if we're referencing a behavior support plan, a seizure plan or whatnot, that'll be attached to the ISP.

If there's an RN assessment or a nurse delegation plan (which are so important)— so providers… you know, please make sure we're doing those RN assessments and delegation plans.

We're going to have those attached to the ISP as well.

The case managers will also be focusing on citing their sources (when they're identifying the risk). It's really important we know… where did that information come from? Who is telling us that? So, that's why this is one of the sections of the ISP that may not… be in first-person— because it may be per mom… per (you know)… agency, per physician's report (whatever it is).

So, they'll be identifying the risk clearly.

They'll be identifying the supports— that'll be based on information they're obtaining.

They will site their sources— so it's clear where that information is coming from.

And then, we (of course) want the provider to be able to take that information, put it into their individual plans, understand how those supports are important… (in how they're supporting the participant in certain services and certain goals).

And, we can just see all of that jive really beautifully. So, that's really our intent.

The next slides are just a couple examples of some common risks.

These are not risks. We see this all the time. This is one thing worth mentioning in the short time we have left.

Unable to preserve. That is a very subjective statement.

If we just say across the board "all of our participants are unable to preserve", that's I (you know)... that's not the approach we want to take.

That's not person- centered. That's not individualistic. That can be very restrictive... (you know)... to that participant. What we want to do is... we really want to look at (right) what is it specifically that that person needs support with?

What is that specific risk?

Just because they're in a wheelchair does not mean it's a risk. Many people are in wheelchairs and... (you know) that doesn't necessarily mean that there's a fall risk, or that there's certain kind of risks.

We want to look at the person and individually— what the risks are for them.

So, we just want to be careful to avoid broad generalizations that put people into a box that don't allow us to look at them as an individual, and really understand the risk for that specific individual.

And then, next slide— this is just a couple examples of common... risks that we see. So, these are things we might see (right)— risk of seizures, choking, falling, and elopement.

So... case managers have all received some good specific training in their session on... how to identify... supports, what things to look at when we're identifying supports for those risks.

So, we hope that this will be a more comprehensive and informative section of the that.

And then... am I doing the My Information section?

Stacy: Yeah... I got this. I think all I want to say on here is... again... this... you should be reviewing this section.

The participants should be identifying: who... is their guardian (if they have one), if there are any type of legal documentation or things that you need to know about... that might

impact the services that you provide. If they are… Medicaid eligible (which the majority of them are) their Medicaid information should be here.

Medicaid should be checked off, and their policy and plan information is there.

And again, if you have updates that (you know… because they've shared it with you directly), please either ask the participant to contact their case manager or if you're able to… share that on the next visit that… you see the case manager, please… do so.

We want to make sure that this is updated… regularly (if there are any changes during the ISP plan year).

Kasha: Right. And, one important thing we're going to be doing is we're going to be trying to make sure we're documenting the health plan for every participant— whether that be Medicaid health plan or other because… we are doing some information sharing with different health plans. So, we're going to be focused on that.

Stacy: Yeah, and same thing here. If there's any… updates you know in terms of their… housing, their community living… education… employment, we want to make sure that we acknowledge… all of these areas… that they may be involved with, or that any of the achievements that they have… that they have earned.

Kasha: And, one special mention is… that we're putting all… unit supervisors and case managers through a specialized training on… supported employment— because we really want case managers to be able to facilitate valuable and meaningful conversations with participants about employment, volunteering.

We want to make sure we're offering that opportunity to everybody.

We're helping caregivers understand that everybody can work and…

should be able to (if they want to).

And, there are supports to help them do that.

So, that section of the ISP will hopefully be… look like a more comprehensive valuable discussion.

When it comes to my health… so case managers will be reviewing these sections.

They will be taking information from the circle and from other documents.

So, some of this may be filled in ahead of time before the ISP by the case manager based on the physician's evaluation we got or any updated medical records.

But the case manager just… you know, needs to have an understanding of what the diet looks like… you know, any physical limitations. We do, the case managers are going to try

to make sure that there's documentation (like medical documentation)... to support these things— because we know... we may hear of an allergy (and maybe that was 35 years ago), and we don't know if it really is still an allergy or not.

So, we want to make sure that we have current... correct information that's supported by medical documentation, but we will of course still be taking input from the circle.

And then on the next slide, the health supports is just where we list medications.

So, all of this is... there's a lot of Inspire things to think about here.

So, what you folks may see on the ISP may look a certain way— because we have to select pre-inputted information from Inspire in this section.

So, it's... basically like they have to select from drop-own menu.

So, medication is going to be labeled in a certain way.

You know... so just keep that in mind when you see this section— that it's kind of based on... options that we have to choose in Inspire.

So, but we want to make sure we have current up-to-date information and we do get a lot of that from the PE.

Right? So, we get the PE, and there's a medication list often attached to that.

But if you folks (as providers... you know) talk to the families, if... (you know) everyone can be prepared to make sure we have the most up-to-date medication information. That's very valuable for case managers with their other processes... like going to CIT, doing exceptions requests, that... going to be our... behavior support review committee— very important to know what people's current medications are.

And then, we also just have one little section. Next slide, please.

At the back of the ISP (where we talk about different funding sources), we have our... wonderful laser (who... Goodwill is our vendor... who helps us with that funding source).

And then, we also have family support services programs... which is more of a cost-reimbursement program.

But, for those that are not eligible for waiver and don't receive waiver services, there are additional funding sources that the case manager will discuss with them... (at the time of the meeting).

Okay. And then... just... really quickly for behavioral... supports here on the bottom (well actually on the top).

So, if any... equipment that is used or any medical supplies... it should be updated here.

And then, any of the information related to behavioral supports. This is very... helpful to know.

I think... we've seen... (you know) examples where maybe participants... (you know) maybe needing additional support... maybe... there are requests... internally.

The case manager is helping to advocate for additional... support— whether that be through... you know... exceptions or other ways.

But please, take a look here. You should be able to see what some of those... the FBA says you should be able to see any... behavioral support plan documentation.

And, if you (again)... if you have any input here, this would be the area where we would want to see any of those... updates.

It could be where you might need to have an additional meeting... to discuss just this one section and that is... and that is okay, too.

Sometimes, it needs to be its own conversation. But, on this screen, you can see some of the examples... of things that might be listed, and some... behavioral... support... and some tips that you can... use when having a conversation.

Okay. And, I think the last slide... okay, last slide here (or last couple slides).

Emergency and crisis planning. So, definitely take a look here. This is just being proactive.

We want to make sure that the participant knows... who their emergency contacts are, what... in what situations they might need... to contact them. I don't... have any.. .you know specific tip... but I know that we have some.... participants who are very... keen to keep their... emergency contact information either in their bag, in their wallet, in their... pouch... their... neck pouch whatever works for them.

So, it may be duplicated there. It may need to be updated there.

But you... this is a section that might... change... during the plan year as well.

Okay.... disaster preparedness. This is something that we... want to cover with them... with the... participants routinely (and also with you folks).

There may be some things that you... may do in your facilities... that the participant need may need to be aware of.

So, if those things also need to be taken into consideration here (such as who is their... buddy... who is their person)— we may need to update... in this area as well.

So, it's important... for... waiver providers to be... present... at the ISP review meeting— so that we can get your feedback and any updates or... additional information here.

Okay. So, that is it. I'm so sorry that we... ran five minutes over, but this is the core of what we wanted to cover... today (I know we went by... really quickly).

But, this is... these are all of the pages of the ISP... that you should be able to see for every participant... that you're working with (that you're helping to create... individualized plans for).

We do have some...questions... but we... very... aware that we're over time.

So.... if you are wanting to stay on... from this point forward... you may.

If you're not able to, please go ahead and log off. We will still capture this in the recording... and we will leave the question and answer session available for you to... review.

Okay, we have just a couple... questions here that we can go over and we will... get to those.

Let me scroll back up. Okay,

Michelle's question: "Are case managers required to invite the provider to the ISP meeting?"

Kasha: Hi, Michelle. Okay, so my response to that is... who's at the ISP meeting?

That's the choice of the participant. So, the case manager will ask the participant who they want at the ISP meeting.

Case managers will definitely encourage and talk about the value of having the provider at the ISP meeting.

So, there shouldn't be any case managers that are like "Oh... we're just going to do the ISP meeting, and we're not going to include the provider."

It shouldn't be approached like that, right?

So, case manager ask the participant and legal decision makers who they want there... encourage attendance from all circle members that can contribute valuable and important information— which (of course) we know provider's input is super valuable and important at the ISP.

If for some reason the participant or legal decision maker is adamant that they absolutely do not want a provider at the ISP for... (I think that's super rare)... but for whatever reason

that would be... then the case manager's next step would be to try to discuss that, and find out what's going on.

You know... why is it you wouldn't want them there (to also let them know)?

You know... even if they're not at the ISP meeting, we'll have to be in touch with them.

We're going to have to communicate them (to them), and share with them any new information in the ISP, and still have a discussion with them about the service plan... get important input from them as well.

So, it definitely makes the job a little tougher, and it would require more facilitation.

But, I think our end goal is to have an ISP where it's the participant having that choice.

But, we can also try to facilitate having the providers present and involved (as involved as possible).

[No Audio]

Is it just me? I can't hear you, Stacy.

Stacy: No, it's me. Melinda's asking or commenting... the action plan... part sounds similar to the plans and approaches.

Kasha: I'm not sure which... part... Melinda. Are you talking about (like) the action steps part that we were talking about in the training?

Stacy: She might have left.

Kasha: She's still on? Okay. So, I will say that if it's the action plan first...

Stacy: Yes... yes she is...

Kasha: So, what the case manager is doing is they're identifying the overall goal.

They're identifying what that success looks like (which is the outcome). And then, the action steps to get there.

The plans and approaches part is the how, right? So, we're just saying the steps... like the participant is saying to get to that goal, I want to do A-B-C.

The plans and approaches is... "Okay, now we're going to look at the ISP." We're going to look back at... what's important to them— specifically that part... how to best support them, right?

Because, that's going to tell us a lot. The domain section... we're going to look at all that, and we're going to figure out, okay, what planner approach do we want to take? Some examples may be...let's say the person is not a morning person.

So, one of the approaches may be (you know) okay so (you know) one of the strategies is... to do it at this time of day, to do it in this type of environment.

You know... so, we're going to have the measurable part too, right?

Are we measuring prompt... are we measuring frequency? What is it we're measuring?

We're going to have that piece of it (right)— where there's some kind of measurement, and are we improving what are we (you know) working towards?

But, then there's also going to be the plan and approach part where... it's the strategies... it's the (you know) ideas of... "How are we best going to support this person to get there?"

So, I hope That kind of answered that. So, it is different than the action steps, right? The action steps are the “what”.

The plans and approaches are the how.

Stacy: Okay. And then, one more question.

This is from Stephanie: "Let's say there needs to be an exception for a participant.

How long is best practice in terms of time frame for that decision?

Kasha: So... according to the policy once a complete exceptions request is submitted, they have 30 days to make that decision.

I think what happens sometimes (why that gets drawn out)... is maybe all the information that the exceptions committee needs to make the decision is not available.

So, if they receive an exceptions request and they say... (you know) we need a little bit more information on like... what does their daily schedule look like, right? Providers get that request a lot.

Like, “Oh, we're being asked to provide a daily schedule.”

That's because the exceptions committee really needs to understand "What does that support look like during service time?"

They need that snapshot. They need that picture, right?

So, the case manager doing a face- to-face provides some of that. Daily schedule provides some of that. Quarterly reports provide some of that.

So, if the exceptions committee sees that there's some information lacking, they really want to make sure they're considering the whole picture before they make a decision— so they're doing it accurately and fairly.

So, because of that… there may be a request for additional information, and it takes a little bit of time to get that.

And then, that pushes that decision (because it is not yet a complete exceptions request).

But, I will say that case management is working very closely with the exceptions team…and our Outcomes and Compliance Branch to understand very clearly ahead of time… what we need to support participants with exceptions requests. So, that should be an ISP conversation.

This person has an exception. So, at the ISP, let's understand what we need. Okay, maybe it's support for behaviors.

So, let's make sure that when we're looking at the plans and approaches in the IP for… (you know) for this participant (when we're looking at goals)… that we are getting documentation.

So, we're communicating that to you folks from the get-go— not at the end of the year saying, "Oh, well, your reports don't have this and this and this and this."

We want to identify that… ahead of time— so everybody knows, and is on the same page.

Okay, you know, when you're providing documentation, could you please include how these behaviors may create barriers to completing these goals?

So, those conversations are ongoing. And, we're trying to get ahead of the game, and make it easier for everybody. So…

Stacy: Okay last question— because it was asked a couple different ways. But… when in terms of implementation… so now that we've… provided… this information providers going to go back and tell story internally… when is the go live or when are these changes… going to be effective?

Kasha: So, we were just working with our IT department— because our action plan just needs to be relabeled, right?

So, you can also think of action steps as objectives.

So, those three parts are in the action plan already. They're just a little backwards from how we want them.

So, our IT department is going to be able to update our action plans (I think) within about a week or so.

They've been working super hard and doing an amazing job. It takes a lot more than we would think… to update our ISP report in our IT program (which is called Inspire).

So, with the… before the end of April, our plan is to send out a memo to case managers and providers… to let you folks know that the ISP report has been updated to reflect the goals, outcomes, and action steps.

Once that is done, the case managers will be able to much more easily take that approach during the ISP meetings to do that.

So, yeah… so before the end of April. But, with memos and guidance and support and… (you know) preparation for (yeah)… for how we're going to do that moving forward. And…

Stacy: So, we'll remember to attach that as part of the uploading of the documents to this recording. So, no problem.

Kasha: Yeah. And (you know) case managers can already kind of (you know) start doing that.

Like…when you guys are developing goals right now… I know it says "goals, objectives, and outcomes." That's in that order.

But, I think we're already kind of trying to use it in that way.

It just hasn't really been fitting. But, I mean, person-centeredness, it should have already been… it should be ongoing.

Everything person-centered that we're doing in that approach is now.

And, it is… we're just growing something that I think we already started, and we're trying to do better.

So, all that person- centered approach is happening as we speak, and becoming a regular practice and philosophy for Case Management Branch.

As for the actual action plan— that is going to be implemented before the end of the month. So…

And then, for developing the IP (like you asked you know)… I think that… when I look at IPs right now you guys are already doing a really great job I think of doing that.

I think that one thing we might see a little bit differently is… you know, you guys will take the goals, the outcome and the action steps to your IPs and then… you will be… right now

case managers are having to put a lot of that measurement piece in, and a lot... like three out of five prompts they will do this and that.

Some case managers are already putting that in their action plan, right?

And, we may see that more reflected on the IP side now.

But like I said, those discussions are still happening in the ISP meeting with the team and you guys are talking about that and you're figuring out... what that's going to look like. But then we will support providers... to (you know) be the best ones to tell us like... what is the baseline and what is that measurement going to be and how is it going to be implemented— because you guys are the ones delivering the service, and there is no one better to (you know) communicate that in the IP.

But, eventually Lily we are moving to more like standardized (you know)... standardized IPs and quarterly's in the future (in the near future).

And, there will be a lot of guidance from CRB to everybody on when that is happening, and what that looks like.

Stacy: Excellent. Alright. Thank you so much. We appreciate your... extra time today.

Look forward to getting a email from... Ellen from CRB. We'll make sure that we... send it out to everybody (case managers... as well internally) when all of this information... the recording are posted.

So, thank you so much for being here.

Have a great... week. If you have any additional question that you would like to ask... please send it to the... doh.dddraining@doh.hawaii.gov email and we will... get that... question to the right person.

Kasha: Is that on the registration link or something for that?

Stacy: Yeah, it's [the] same email that we always use. It's in the chat as well.

Kasha: So, send us your questions and we'll try... if there's a lot of... like common questions we see... (that we feel would benefit everybody to answer), we'll try to share that with all the providers.

Stacy: Alright. Thank you very much everybody!

Kasha: Thank you!