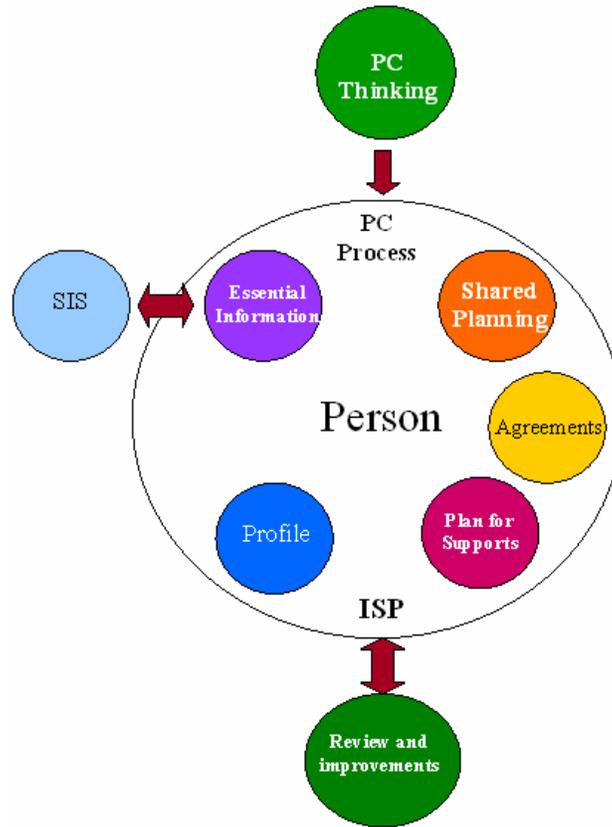


Person-Centered Planning in Virginia



Person-centered thinking (PCT) is critical to the successful implementation of person-centered planning. Leadership from the Partnership for People with Disabilities, in collaboration with OIDS, has provided Virginia with several years of grant funding from the Centers for Medicaid and Medicare Services (CMS) for consultation and training in the implementation of PCT as developed by Michael Smull, et.al. (*Support Development Consultants*). Four sites in Virginia (Virginia Beach, Middle Peninsula/Northern Neck, Hampton-Newport News CSBs and Southeastern Virginia Training Center) have participated and are using the tools and skills they have learned on a daily basis in their organizations with the individuals they support.

These initiatives have increased state capacity for training in PCT through the development and support of 9 endorsed PCT trainers and coaches. Training of CSB case managers/support coordinators in every region by certified trainers has been underway since October 2008. Close to 12 trainers are expected to meet certification by the end of 2009. Small fees must be charged to assist with the cost of trainers and materials. Anyone interested in PCT should contact Dawn Machonis at the Partnership (dmmachonis@vcu.edu or 804-828-1335). Awareness training on PCT for

providers, individuals and families is also available. Please contact your Community Resource Consultant for more information.

The new **person-centered planning process** developed by the PCP Leadership Team can be divided into **five** parts as outlined in the graphic. Each of the small circles enclosed within the larger circle represents one of these five parts. Starting at the top left, **essential information** (part I) is that information needed by the support coordinator and other providers for identifying resources and supports that are available to and needed by the individual, assuring health and safety and meeting regulatory compliance. These data elements have not changed with the new person-centered planning process, but an optional format for storing, retrieving and sharing this information is available for use or as a model for electronic systems.

The **personal profile** (part II) provides a closer, more personal view of the individual and considers preferred lifestyles, routines and supports to help individuals and partners in planning for the future and in providing day-to-day supports. Skills and experience in PCT tools will produce better descriptions (particularly for individuals who are unable to speak for themselves), but the training and tools are not required to begin using the profile. The profile, as a “living description” of the individual, will naturally change over time with the individual and as new discoveries are made. Each provider completes the personal profile (with the individual, when possible) and brings it to the planning meeting for discussion and compilation into the personal profile agreed to by the individual and partners.

As with any annual planning meeting, the individual’s **desired outcomes** (part III) are identified and providers are selected (by the individual) to assist in accomplishing each outcome. How often supports towards outcomes are to be provided and when each outcome should be achieved are also decided at the meeting. Type, frequency and preferences for routine and safety supports are identified, providers are selected and **agreements** (part IV) from all responsible partners are signed.

Person-centered planning continues following the meeting, when the individual and each provider develop **plan for supports** (part V) that reflect the agreements made at the meeting and the individual’s personal preferences, routines and desires. Every provider’s plan for supports includes detailed and person-centered instructions on how each support is to be provided. Providers remain responsible for documenting how and when supports are provided, who provides them, and why they didn’t happen as planned. There is an optional documentation format for providers to use.

The **SIS** (left side, blue circle), being phased in over three years, will be completed every three years for each individual receiving Waiver or training center services. It is expected that at some future point, additional individuals who interact with the service system (e.g., those living in non-state-operated ICFs/MR) will also participate in the completion of a triennial SIS. The information gleaned by the SIS can be used to help providers identify the routine supports needed to assure health

and safety, as well as those that might be needed to accomplish the desired outcomes. Widespread use of the SIS will provide Virginia with rich information about levels of support required by its citizens with ID. Selected CSB and training center staff ~~must be~~ will be trained as “Interviewers” and “Administrators” of the SIS. There will be several “Master Trainers” for each region of the state. These trainings have commenced. Training of the master trainers will be completed in January 2009. Regional interviewer and administrator trainings will be held between February and April 2009.

The green circle at the bottom represents the ongoing **review** of the information and the plan (beginning at the meeting before final agreements are signed) and the **improvements** that are made to plan over time as outcomes are evaluated and new information is learned about the person. There is a simple one-page evaluation tool to be used at each PC planning meeting for assuring plans match individuals personal interests, talents and desires. Quarterly reviews by the support coordinator and other providers are still required. A person-centered format for quarterly reviews is included in the optional Part V of the ISP.

OIDs is providing ongoing training on the new planning process. Since CSB case managers/support coordinators are responsible for the development of the individual’s support plan, a first round of sessions on the planning process using the draft plan were provided. During these sessions, which included private providers, non-state-operated ICFs/MR and training center staff, and through continued field-testing, additional simplifications to the format of the plan were recommended and final edits have been made. Additional training opportunities and informational sessions will be available over the coming months to CSBs, providers and ICFs/MR.