Trainer Guide

Supports Brokering in Pennsylvania

May 2018

CONTENTS

ACKNOWLEDGEMENTS

The planning and development of this *Supports Brokering in Pennsylvania* curriculum was made possible by the collaborative expertise and contributions of the following people who share a commitment to the self-determination of all people:

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- Marian Frattarola-Saulino, MSW, Values into Action – PA
- Paul Saulino, Values into Action – PA
- Javier G. Salazar, Values into Action – PA
- Erme Maula, RN, MSN, CPS, Mental Health Association of SE Pennsylvania
- Dina McFalls, M.S. NADD-CCP, Philadelphia Coordinated HealthCare

Thanks to The National Resource Center on Participant-Directed Services. With their permission, selections from their *Consultant Training Program* were used in the development of this material.

This Trainer Guide represents the culmination of four years of learning, teaching, and reflecting on best practices in supporting people to lead their own services and supports through the Pennsylvania Participant Directed Services (PDS) system. This Trainer Guide can be used by organizations as they orient and mentor Supports Brokers, either pre- or post-certification by the Office of Developmental Programs (ODP).

HOW TO USE THIS GUIDE

This Guide and its content was developed by the collaborating organizations, and reflects the lessons learned through the facilitation of the Supports Broker Training Sessions. These sessions were held throughout the Commonwealth of Pennsylvania, and included feedback from participants. We are grateful to those who have helped to improve the content. It is hoped the curriculum will continue to evolve as communities continue to promote and expand the use of this important service.

Designed to be user friendly and instructive, this Guide should assist the Facilitators who lead the education and development of Supports Brokers in Pennsylvania. The Guide provides a step-by-step, descriptive process for delivering the content. It should be used consistently by approved Facilitators in organizations offering the Supports Broker service.

This Guide focuses primarily on the role and responsibilities of Supports Brokers working in the ODP PDS system. Session participants should also have access to the Supports Broker Policy Manual, found at www.temple.edu. Additionally, session participants should receive copies (electronic or paper) of the PowerPoint SLIDES in this Trainer Guide.

PREPARATION AND SET-UP

These lessons are designed to be interactive. An ideal audience is 18-20 participants.

Room

Tables should be set up in pods to facilitate the small group activities that will occur throughout the training.

Materials

Each participant should be provided with a folder that contains some of the materials with other items distributed by the Facilitator at the appropriate time per the curriculum.

A PowerPoint Presentation is used to guide the learning.

Adult Learning

Adult learners need frequent breaks from lecture. For best retention of information and skills, a short break should be scheduled at least every 50 minutes, with interaction and small group activities built into each module.
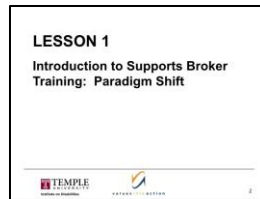
LESSON 1 [SLIDE 2]

TITLE: INTRODUCTION TO SUPPORTS BROKER TRAINING: PARADIGM SHIFT

Time: 50 minutes

Objectives: Clear expectations of the role and responsibilities of the Facilitators, participants and the overall Training Series are reviewed, with the Facilitator gauging participant experience, knowledge and skill level, and providing basic definitions of major terms. A general overview of the current system is presented along with the emphasis on shifting power to the people.

1. GETTING STARTED: INTRODUCTIONS AND LOGISTICS

   A. Introductions: Facilitator ask participants to introduce themselves by sharing:
      1. Name, where they are from and a little background (this can be structured based on size of group)
      2. Their expectations for the training

   Facilitator should use flipchart to document participant expectations and discuss any expectations outside of the scope of the curriculum.

   B. Logistics: Facilitator explains
      1. Agenda including break schedule
      2. Bathrooms, exits
      3. Cell phone use
      4. Materials provided and how they will be used

   C. Training Objectives: Review established training objectives and relate to expectations shared by participants **[SLIDE 3]**

D. Terminology**:** Before getting into specific topics, the Facilitator notes it is important to cover some basic concepts and terminology that will be used throughout the 4 days [**SLIDES 4-6]**

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"Person Driven Services"

Also called:

• Participant-Directed Services (PDS)

• Self-Directed Services

• Consumer Driven or Directed Services

• Consumer-Employer

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<td>

Financial Management Service (FMS) Organizations

• Provide specialized payroll services to people directing their own services

• Developed to improve choice and control of participant directed services

• Ensure supports and services are in compliance with tax and labor laws

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Supports Broker

Designed to assist participants in order to be successful self-directing some or all needed services.

• **Employer-related duties** (finding, hiring, managing support workers, support with paperwork for FMS)

• **Enhancing Natural Supports** (facilitating a support group that helps to meet the participant's self-direction needs -"Circle of Support")

• **Support with program rules** (assisting with monitoring expenditures and utilization of services, following rules of the waiver)

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2. PARADIGM SHIFT

A. The Facilitator plays the video 'Credo of Support (People First Version)'
    https://www.youtube.com/watch?v=wunHDfZFxXw
B. Discussion follows with the Facilitator providing a segway to this statement, "person directed services are about a complete shift in how we think about services and supports" [SLIDES 7-10]
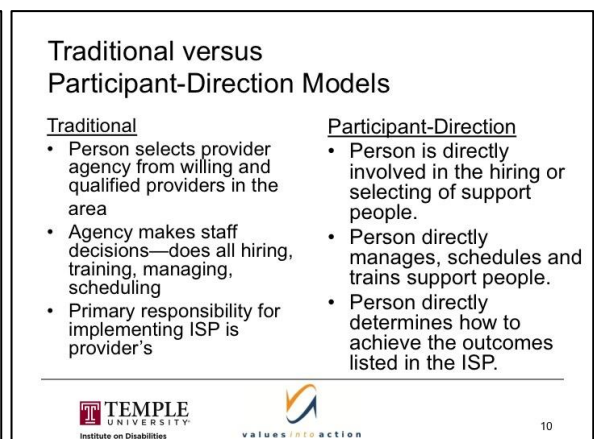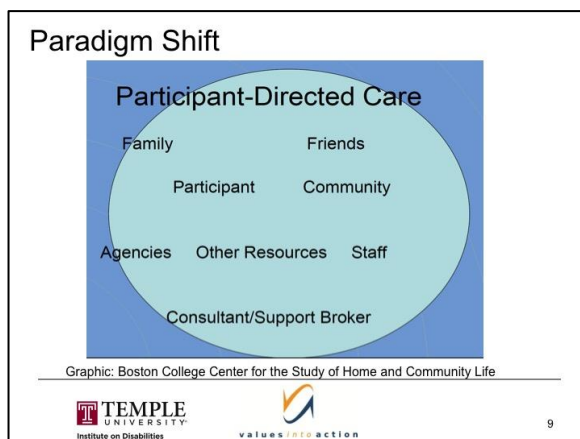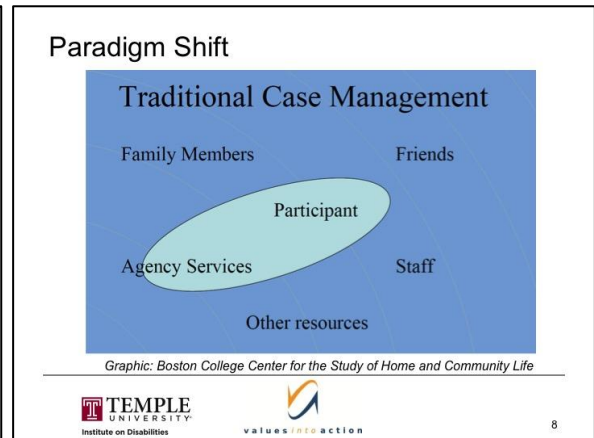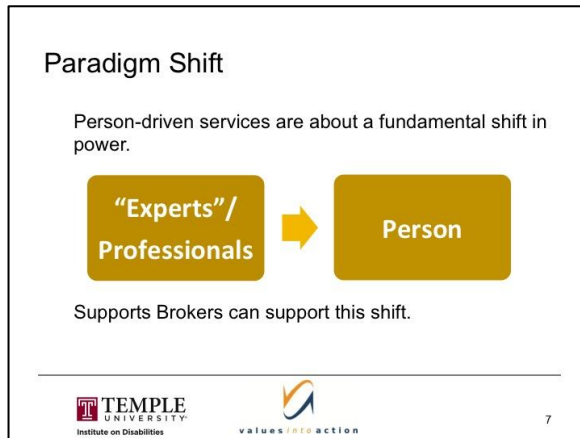
The Facilitator then states:

Participant Directed Services (PDS) is about a fundamental shift in power from experts and professionals to the person. Regardless of the person's diagnosis or perceived ability, she is acknowledged as the expert in her own life.

Operationalizing this shift in terms of a service model means having someone who can help with planning and organizing for the paid and unpaid, the formal and the informal supports as well as someone to guide and advise on compliance and employer related responsibilities. This is the

Supports Broker. It also means having a mechanism for payment; this is the Financial Management Service (FMS) organization.

Exercise:

From the Consultant Training Program Boston College. Authors: McInnis-Dittrich, K. Simone, K. and Mahoney, K.

The Facilitator divides the large group into four smaller groups. Then instruction is given to the groups for them indicate what knowledge and skills are needed to move from Assumption One (more traditional system approach) to Assumption Two (more reflective of participant-directed services).

The groups are instructed to identify a reporter and told to take 5-7 minutes to discuss.

Group 1

Assumption 1: Because of professional training, Support Coordinators are in a position to best determine what services will support a person with special needs.	
What knowledge/skills does the *Broker* need to use and/or develop?	What knowledge/skills does the *participant or representative* need to use and/or develop?

⬇

Assumption 2: The participant or representative is the "expert" in identification of service needs and preferences.

Group 2

Assumption 1: Traditional agencies with experience in hiring and supervising workers should take primary responsibility for selecting and employing the workers who provide supports to participants.	
What knowledge/skills does the *Broker* need to use and/or develop?	What knowledge/skills does the *participant or representative* need to use and/or develop?

Assumption 2: Participants should be responsible for hiring, firing, and supervising their own workers.

Group 3

Assumption 1: The goals and outcomes of providing service supports are determined by the professional with some input from the participant and/or representative.	
What knowledge/skills does the *Broker* need to use and/or develop?	What knowledge/skills does the *participant or representative* need to use and/or develop?

Assumption 2: The participant and/or representative identifies the goals and outcomes of providing service supports with some input from the professional.

Group 4

Assumption 1: Individuals whose services are funded through Medical Assistance or other public monies should have limited decision-making in their care plans because someone else is paying for their care.	
What knowledge/skills does the *Broker* need to use and/or develop?	What knowledge/skills does the *participant or representative* need to use and/or develop?

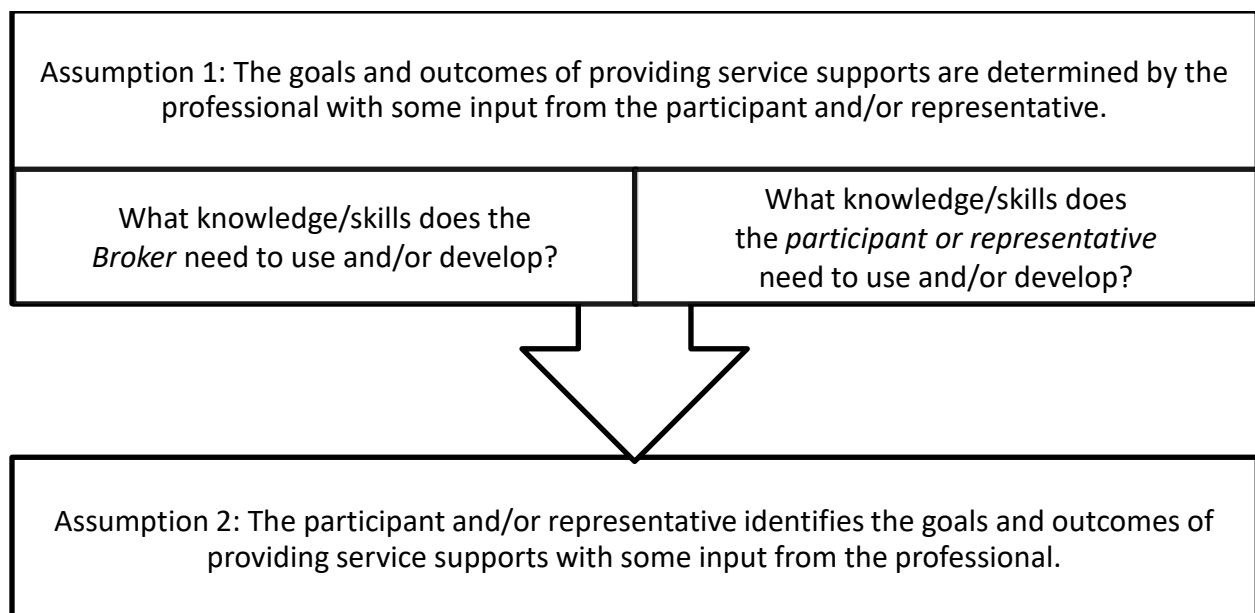Assumption 2: Participants (or representatives) should have as much input and choice as possible regardless of the source of funding for their services.

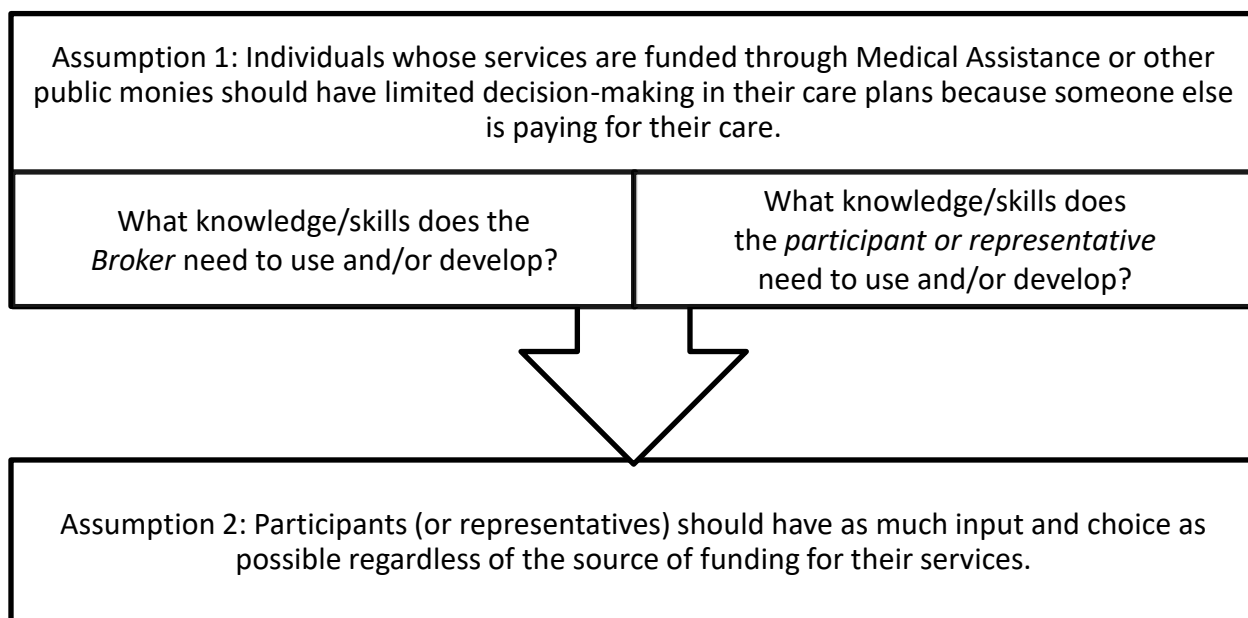**Processing the Exercise:**

The Facilitator asks each small group to report back to the larger group with emphasis on what knowledge and skills are necessary to move from each Assumption One to Assumption Two. This exercise is an example of the connection between feelings, knowledge, and skills. It gets at participants' thoughts about what people using services and/or their representatives, and Supports Brokers will need to learn. It is an issue that will make PDS successful and meaningful to both parties. It also allows for the feelings component to surface, often before group members can even start to recognize the need for new knowledge and skills on the part of the stakeholders.

The Facilitator must reinforce the notion that this paradigm shift involves a shift in *feelings, knowledge and skills*. Old assumptions about people with disabilities somehow being "broken" and in need of "fixing" by doctors or other professionals must be shed. Additionally, old assumptions about competence must be shed. Instead, we must presume competence. Always.

The Facilitator should reinforce the point that the paradigm shift addressed in this training module is contingent on the participant's awareness of all components of learning. That, for all of us, change involves *feelings, knowledge, and skills*.

If done right, the result of this shift can be:

- Less interruption in family and community involvement
- Less supplanting of support that may come through community, friends, and family
- Greater involvement in and with one's community, and with family and friends

NOTES:

LESSON 2

Principles of Self-Determination,
Everyday Lives and Recovery

L ESSON 2   [S LIDE 11]

Supports Broker Trainer Manual
Institute on Disabilities, Temple University • Values Into Action
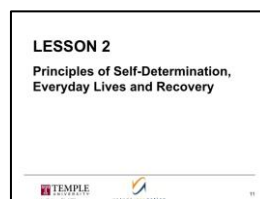
TITLE: PRINCIPLES OF SELF-DETERMINATION, EVERYDAY LIVES AND RECOVERY

Time: 50 minutes

Objective: Participants understand the importance of, and can apply the principles underlying PDS

1. WHY ARE PERSON-DRIVEN MODELS SO IMPORTANT? **[SLIDE 12]**

The Facilitator should read:

"The numbers are staggering. The late Tom Nerney, one of the founders of the Center on Self-Determination, notes that 'the current Medicaid program is on a collision course with demographics' (2010, p. 2). Nerney maintained that the sheer number of aging baby boomers who will need support is expected to overwhelm the current system. In 2008, the number of Medicaid enrollees receiving home and community-based waiver services nationally expanded to 1,241,411 individuals. While home and community-based waiver service provision expanded, waiting lists also grew to more than 400,000 people for waiver services (Kaiser Commission, 2011). Nationally, just in the population of those with developmental disabilities, more individuals live at home with an aging caregiver than receive services. Given the current demographics and fiscal condition of the service systems, Nerney argued, states must address alternate service system design. Nursing homes and public institutions continue to take the bulk of Medicaid long-term care expenditures. Per person expenditures in these institutions are often two to three times more expensive than community supports. In Pennsylvania, the costs for institutional versus home and community-based care are perfect examples. A year of nursing facility care costs taxpayers, on average, $60,000 compared to the average annual cost of community-based care of $23,000. On average, it costs $250,210 to serve a person in one of PA's five remaining public Intermediate Care Facilities for People with Intellectual Disability (ICFs/ID)[1]

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[1] Page E32.27 of Governor's Executive Budget Fiscal Year 2010-2011 (1190 people divided into sum of FY2010-11 state center budgets – does not include budgetary reserve or budget for closed institution maintenance).

and it costs an average of $143,375 to serve a person in a private Intermediate Care Facility (ICF)[2], but it only costs an average of $108,111 to serve a person with an intellectual disability in the community (this includes both residential and day services).[3]

Person-driven options are often looked to as potential alternatives to the unsustainable traditional service system. Models which the person directs may use informal supports and support systems, likely relieving some of the shortage of traditional support service staff."

Research shows that person-driven services can produce better outcomes and may save money:

Satisfaction and Quality of Life:

- People directing their own care via programs like cash and counseling are overwhelmingly more satisfied with services than those who do not direct their own services.[i]
- Individuals participating in cash and counseling programs (i.e. like PDS in Pennsylvania) reported higher quality of life than people taking part in traditional care.[ii]

Met versus Unmet Needs:

- Individuals using consumer directed services (i.e. PDS in Pennsylvania) were more likely to report that their personal assistance needs were met, and that there is more flexibility than in traditional care models.[iii]
- More people acquired the equipment they needed in cash and counseling programs than in traditional care programs. [iv]

Cost-Savings:

- After nine years of implementing a cash and counseling demonstration in Arkansas, the state reported a cumulative savings of $5.6 million. These savings do not reflect the additional savings the state reported from reduction of nursing home utilization.[v]
- A cash and counseling program in Rhode Island was reported as "a cost-effective alternative," and "will undoubtedly remain."[vi]
- People directing their own care in the Kansas Physical Disability Waiver program spent 3% less on services than individuals in an agency directed program and hospital long-term and inpatient costs were 38-64% lower for the same individuals.[vii]

2. PRINCIPLES OF SELF-DETERMINATION [SLIDES 13-17]

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[2] Page E32.6 of the Governor's Executive Budget 2010-2011 (2515 people divided into $360,590,000 budgeted for FY2010-11).
[3] Page E32.26 of Governor's Executive Budget Fiscal Year 2010-2011.

Principles of Self-Determination

Freedom

The exercise of the same rights as all citizens.

> People with disabilities, with assistance when necessary, will establish where they want to live, with whom they want to live and how their time will be occupied. They do not have to trade their inalienable rights guaranteed under the Constitution for supports or services.
> *The National Office of Self-Determination*

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Principles of Self-Determination

Authority

The control over whatever sums of money are needed for one's own support…

> including the re-prioritizing of these dollars when necessary. This is accomplished through the development of an individual budget that "moves" with the person.
> *The National Office on Self-Determination*

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Principles of Self-Determination

Support

The organization of these resources as determined by the person with a disability.

> This means that individuals do not receive "supervision" and "staffing." Rather, folks with disabilities may seek companionship for support and contract for any number of discrete tasks for which they need assistance.
> *The National Office on Self-Determination*

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Principles of Self-Determination

Responsibility

The wise use of public dollars.

> Dollars are now being used as an investment in a person's life and not handled as resources to purchase services or slots. Responsibility includes the ordinary obligations of American citizens and allows individuals to contribute to their communities in meaningful ways.
> *The National Office on Self-Determination*

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Principles of Self-Determination

Self-Advocacy

For an authentic voice in individual/personal and public policy decision-making

> Self-advocacy is about helping people with disabilities to speak up for themselves. If we do not know how to speak up for ourselves, we will never know how to dream and what we can achieve. Without self-advocacy there is no self-determination!
> *Self-Advocates Becoming Empowered*

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You may see the principles of self-determination explained in different ways. The most common is probably a breakdown of 5 principles that was published by the National Center on Self-Determination.
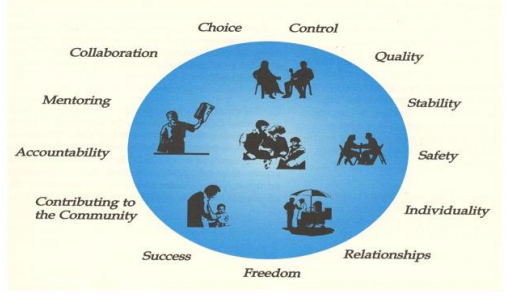
3. EVERYDAY LIVES [SLIDES 18-19]

Everyday Lives

Everyday Lives means that people with disabilities can live, work, play, and worship in their communities to have lives just like everyone else.

Everyday Lives

Choice   Control
Collaboration   Quality
Mentoring   Stability
Accountability   Safety
Contributing to the Community   Individuality
Success   Relationships
Freedom

Exercise:

The Facilitator prompts the participants to pair with another, instructs the pairs to select 2 principles and 2 Everyday Lives values that they will work on. Pairs are to come up with 4 *specific examples* of how a Supports Broker would support someone to achieve these principles. The Facilitator assigns 10 minutes to discuss. Pairs are prompted to share their examples with the larger group. The Facilitator may use easel paper and markers to note key terms, themes and/or statements.

Processing the Exercise:

During the response and discussion, the Facilitator draws the participants back to the articulated principles and encourages non-system solutions by asking follow-up and probing questions. In this manner, the Facilitator encourages the participants to think about community involvement, non-specialized services and supports, the use of technology, and the importance of person-centered planning to ensure the success of PDS.

NOTES:

LESSON 3: [SLIDE 20]

TITLE: INTEGRATING THE PRINCIPLES OF WELLNESS WITH EVERYDAY LIVES

Time: 50 minutes

Objectives: Participants will be able to identify the 14 components of *Everyday Lives* and why they are important; recognize the commonalities between *Everyday Lives* and the principles of recovery and understand the importance of empathy and advocacy

1. DUAL DIAGNOSIS AND ITS PREVALENCE [SLIDES 21-22]

Using the SLIDES, the Facilitator communicates the importance of understanding how many people living with intellectual disabilities are affected by mental health challenges.

2. PRINCIPLES OF RECOVERY AND WELLNESS [SLIDE 23]

Supports Brokers are focused on wellness, and on people taking control of their own health and recovery. The Facilitator explains and emphasizes these points.

Exercise:

The Facilitator organizes participants into small groups. Using the PowerPoint Slides, each group is to consider those with dual diagnosis and how they can best be supported in the context of wellness principles and the values of Everyday Lives.

Each group is asked to identify a reporter and allowed 5 minutes to discuss. After 5 minutes, the Facilitator asks for each group to share important points of their discussion with the larger group.

The Facilitator leads a discussion based on the following two questions: Where is the overlap between Everyday Lives and wellness? What does this mean for how we support people who are directing their own services?

Processing the Exercise:

To process this exercise successfully, the Facilitator ensures that the group is thinking about the *strength of affiliations* and *connecting with people with shared interests*. Friendships tend to be ignited and maintained around shared experience or interest whether that's a sport (playing or watching), a hobby, a common interest or activity, etc.

3. WHAT IS WELLNESS?

The Facilitator prompts a full group discussion about how we should approach people regarding their own wellness **[SLIDES 24]**
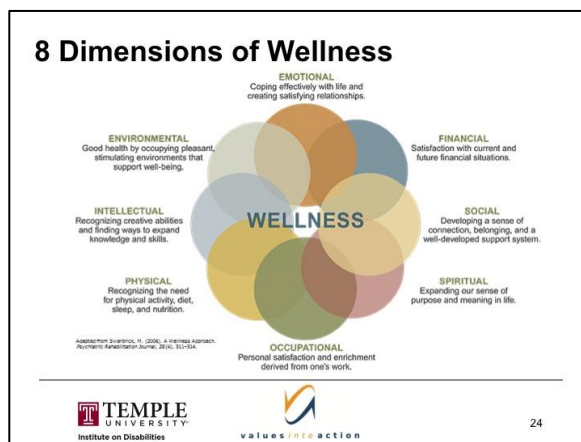
4. How does recovery fit into Everyday Lives? [slides 25-33]

Using the PowerPoint Slides as guides, the Facilitator prompts the full group to share how the principles and actions around recovery align with the values of Everyday Lives, and seeks clarity and understanding on the part of each participant.

How Does Recovery Fit Into an Everyday Life?
- For individuals who have intellectual disabilities and mental health challenges, part of their Everyday Life is focusing on recovery.
- This may mean:
  – Taking time to work on problem-solving skills
  – Educating themselves about their mental health challenge and how it impacts them
  – Maintaining a medication regimen
  – Meeting with support groups
  – Attending therapy
  – Working with a Peer Specialist
  – And other endless possibilities…..

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How Does Recovery Fit Into an Everyday Life?
- Think about someone you may know who is recovering from a mental illness, substance abuse or both…
  – Recovery is about changing how you think
  – Recovery is about changing your life
  – **Recovery can be an enormous part of someone's _Everyday Life_.**

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Principles of Everyday Lives and Recovery
- People who have intellectual disabilities and mental health challenges will:
  – Have opportunities to pursue a full and meaningful life which fosters recovery and provides adequate support for developmental and intellectual disabilities
  – Be provided adequate knowledge and information to achieve optimal health, physically, mentally and spiritually, help them take responsibility for their own lives and behaviors

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Principles of Everyday Lives and Recovery
- Be supported to understand options and outcomes and participate fully in decision making
- Be supported to find ways to communicate and express themselves
- Be supported to develop meaningful relationships in their communities
- Have meaningful opportunities to give back through employment, education and volunteering

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Principles of Everyday Lives and Recovery
- Have access to services and supports based on each person's hopes, dreams, capabilities and talents
- Be provided with supports that make a commitment to quality
- Have access to professionals and peers who have competence working with people who have intellectual disabilities and mental health challenges

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Some Strategies for Mental Health Wellness
- Relaxation and Meditation
- Physical Activity
- Relationships
- Spirituality
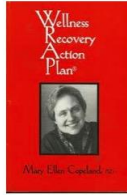- Activities and Hobbies
- Pets
- Sleeping
- Nutrition

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Incorporate Strategies for Wellness and Recovery into the Individual Support Plan (ISP)

- Waiver services could support a person in wellness strategies

- New community based treatment approaches
  – Peer Support
  – WRAP© Planning

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In Closing:

- Without an understanding of ourselves there is no change.

- Without change there is no hope.

- Without hope there is no reason to try.

- Without a reason to try, there is no chance.

- Mental health wellness and recovery is about hope, change and another chance at an *Everyday Life*.

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Resources on WRAP®

- To locate a WRAP facilitator or to receive WRAP® training, please visit the Copeland Center Website at www.copelandcenter.com

- For local resources on WRAP® and WRAP® facilitation, please contact the Mental Health Association of Southeastern PA at www.mhasp.org

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NOTES:

LESSON 4: [SLIDE 34]

TITLE: PERSON DRIVEN SUPPORTS USING PARTICIPANT DIRECTED SERVICES IN PENNSYLVANIA

Time: 50 minutes

Objectives: Participants will be able to identify and explain the various components of the PDS system.

1. PARTICIPANT DIRECTED SERVICES: EMPLOYER AUTHORITY AND BUDGET AUTHORITY **[SLIDE 35]**

Medicaid reimbursable PDS options involve a program design that allows for *employer authority* and/or *budget authority*. The Center for Medicare and Medicaid Services (CMS) defines these terms as:

- **Employer Authority:** participants are afforded the decision-making authority to recruit, hire, train and supervise the individuals who furnish their services.
- **Budget Authority:** participants may also have decision-making authority over how the Medicaid funds in a budget are spent.[4]

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[4] Self-Direction Guidelines retrieved from http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html.

The Facilitator explains that in Pennsylvania, people and their representatives only have budget authority over the Service and Support Professional's (SSP) wages, using the information contained in [SLIDES 36-38]

Employer Authority

- Person is the employer, taking on some designated responsibilities.

- ODP/OLTL provides Financial Management Services to support people with employer responsibilities.

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Employer Authority:

As an employer, the person will be able to:

- Recruit, hire, manage and dismiss Support Service Professionals (SSPs)

- Take on different levels of responsibility as an employer:
  – Common Law Employer or
  – Managing Employer (ODP Only)

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Budget Authority:

If exercising Budget Authority, person also has the authority to:

- Set the hourly rate within established ranges, and

- determine whether to provide a benefit allowance for the SSP (ODP Only)

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2. PDS Utilization: across waivers [Slide 39]

Using the Slide above, the Facilitator describes the utilization, encouraging the participants that with more assistance from Supports Brokers, it is hoped that more people will use PDS.
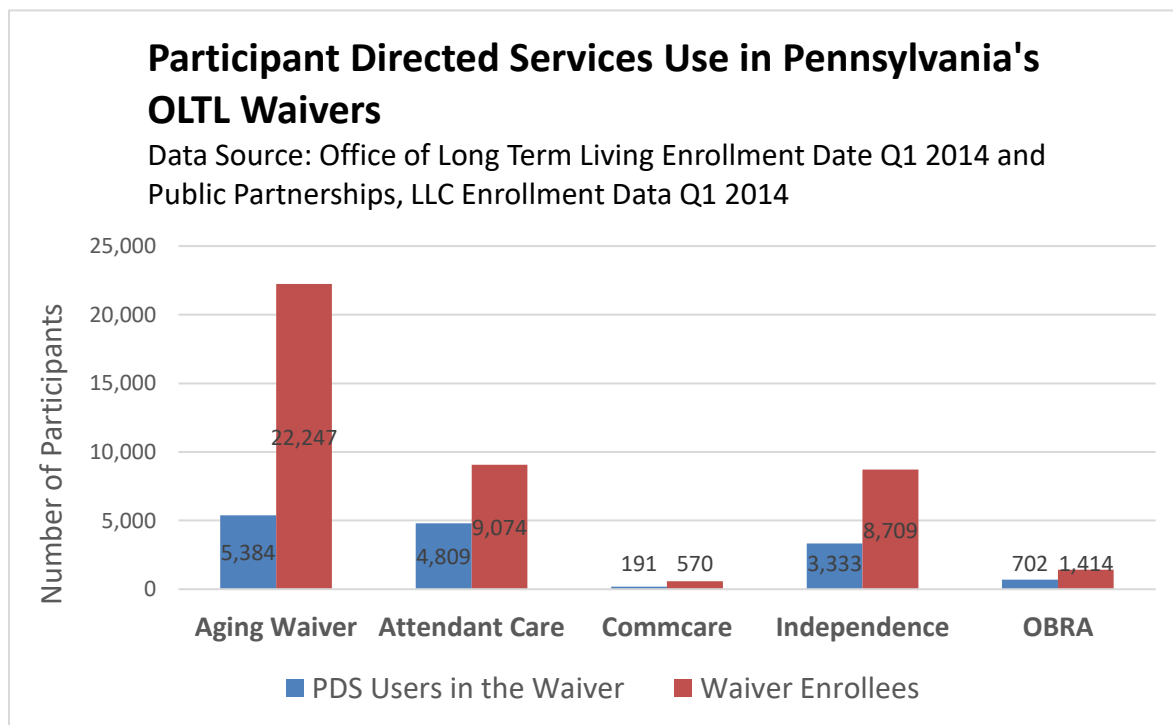
3. UTILIZATION OF PDS IN ODP

As of August 2015, 3,823 people were self-directing at least 1 of their ODP waiver services. Use of PDS for ID waiver participants varies by county from 0-42% across the Commonwealth. Cambria and Cameron/Elk have no ID waiver participants authorized to use PDS. Allegheny, Armstrong/Indiana, Philadelphia and McKean have 1% of waiver participants using PDS. Huntington/Mifflin/Juniata, Lehigh, Butler, Luzerne/Wyoming, Forest/Warren, Potter and Venango all have greater than 30% of ID waiver participants using PDS.

TABLE 1: NUMBER OF PEOPLE SELF-DIRECTING AT LEAST 1 SERVICE ON P/FDS WAIVER BY REGION
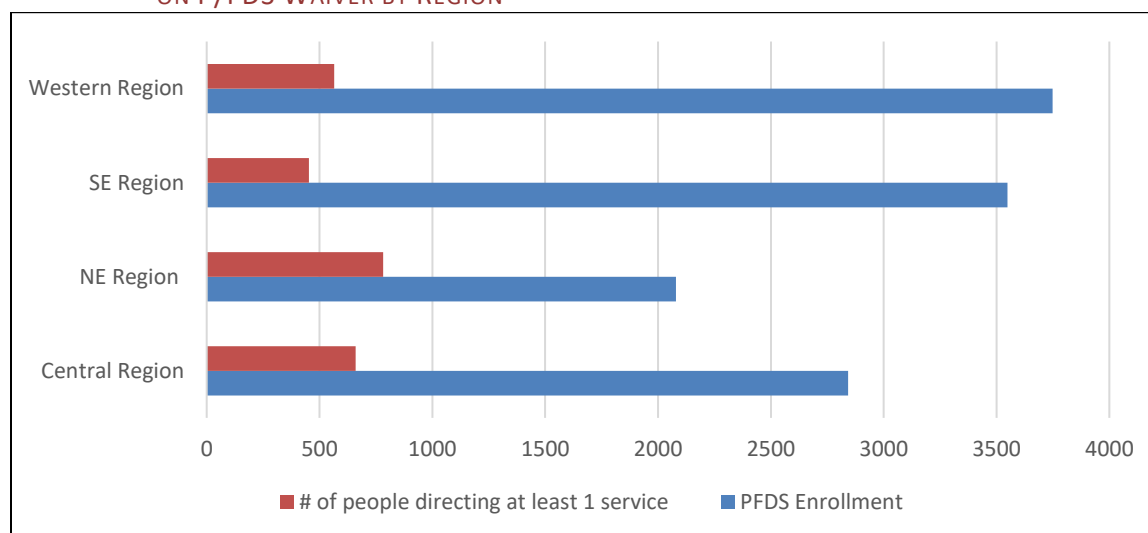
TABLE 2: NUMBER OF PEOPLE SELF-DIRECTING AT LEAST 1 SERVICE ON CONSOLIDATED WAIVER BY REGION
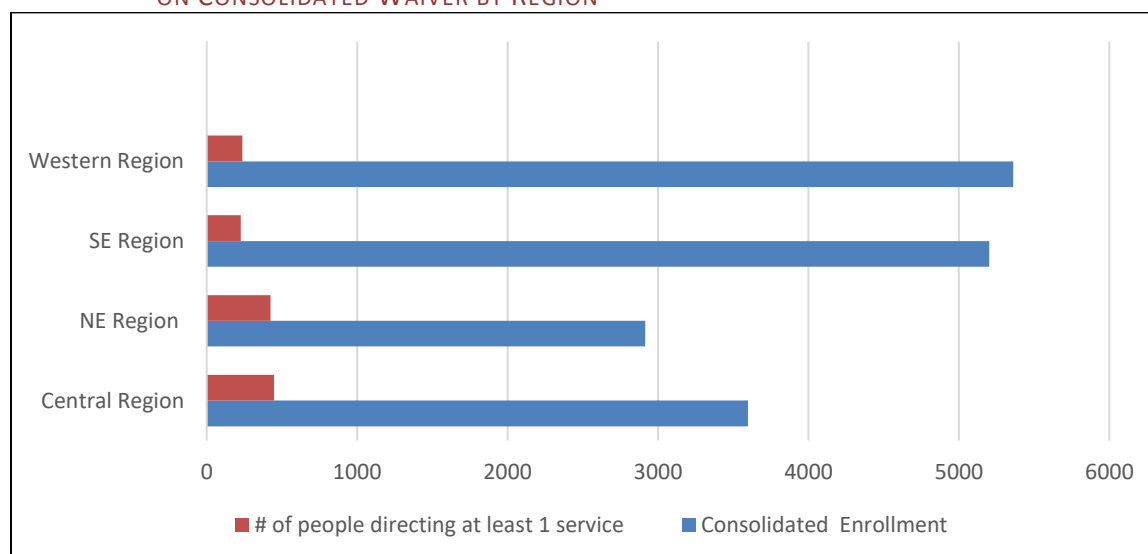
4. Services that may be self-directed **[Slides 40-41]**

OLTL Waivers:
Services that Can Be Self-Directed

- **CommCare, OBRA, Independence Waivers** – Personal Assistance, Respite

- **Attendant Care Waiver** – Participant Goods and Services, Participant-Directed Community Supports, Personal Assistance

- **Aging Waiver** - Participant Goods and Services, Participant-Directed Community Supports, Personal Assistance, Respite

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ODP Waivers:
Services that Can Be Self-Directed

- In Home and Community Supports
- Homemaker/Chore
- Unlicensed Respite
- Companion Services
- Supports Broker
- Supported Employment

- Home and Vehicle Accessibility Adaptations
- Assistive Technology
- Transportation (Mile) and Public Transportation
- Specialized Supplies
- Educational Support Services

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The Facilitator notes the services by reading from the Slides referenced above, and clarifies that in order for a person to be able to use PDS, she or he need only direct (a minimum of) one service.

The Facilitator should inform the participants that as of July 2017, there is inclusion of people with autism in all ODP Waivers.

5. Financial Management Services (FMS) **[Slides 42-45]**

Financial Management Service (FMS) Organizations

- Provides specialized payroll services to people directing their own services

- Enhances the person's choice and control of the services they are directing

- Ensures supports and services are in compliance with tax and labor laws

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Financial Management Services

- In ODP, the *person can choose*
  - Vendor Fiscal/Employer Agent (VF/EA) –only one organization
  - Agency With Choice (AWC)-at least one per AE

- In OLTL, *there is only one* FMS and it is Vendor Fiscal/Employer Agent (VF/EA)

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Vendor Fiscal/Employer Agent (VF/EA):

- Person or surrogate is the "Common Law Employer" or the "Employer of Record"
- Person or surrogate are the legal employer of Support Service Professionals (SSPs) hired
- VF/EA Financial Management Service Organization is the "employer agent" who completes all of the administrative and legal tasks.

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Agency With Choice (AWC):
(ODP Only)

- Person or surrogate are the "Managing Employer" and joint-employer with AWC Financial Management Service organization
- AWC FMS is the "Employer of Record" and performs most of the administrative and legal functions
- Support Service Professionals (SSPs) are employees of the AWC—the person recruits,selects and manages the SSPs

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Referring to the 4 Sʟɪᴅᴇs listed above, the Facilitator explains the following information:

- Exercising *employer authority* and *budget authority* can be complicated. Being an employer means being responsible for paying staff, taxes, and insurances. This can be difficult for anyone. That is why ODP has made FMS available to people who direct their own services.

- The FMS will provide payroll services and take care of paying all taxes and insurances.

- There are two FMS models in ODP and both will provide the payroll service, purchase workers compensation and unemployment insurances and process background checks.

The big distinctions between the two models that Supports Brokers must be aware of:

- **Hands-on support** – Typically the Agency With Choice (AWC) model is more hands-on and supportive. They are a local or regional agency and will typically do orientation and may even provide some in-person training.
- **Legal characterization** - The main difference between the two models of FMS is a legal one.
  - In the Vendor Fiscal/Employer Agent (VF/EA) model, the participant or their representative is the legal, Common Law Employer (CLE). The Commonwealth of Pennsylvania and the federal Internal Revenue Service (IRS) will have the person /representative's name on file as a Domestic Employer.
  - In the AWC model, the agency is the legal employer or Employer of Record and the person or their representative is the Managing Employer (ME) as she or he is responsible for the management of the daily tasks of the Support Service

Professional (SSP). The individual or her/his representative can request, and obtain minimal assistance from the AWC with the recruiting, hiring, managing and separation of the SSPs.

- **Rates** - The other difference between the two models is in the rates for services included in the Individual Support Plan (ISP). Note that the FMS itself does not impact the person's budget as it is considered an Administrative Service. However, there are differences in how much services like Habilitation and Supported Employment cost, depending upon whether the person uses the VF/EA or the AWC. In the VF/EA model the cost to the ISP depends on how much the SSP is paid per hour (within the current and approved AWC and VF/EA Wage Ranges documents). In the AWC model, the AWC is paid a set rate for each service regardless of the SSP wages.

- **Training** – The AWC may offer training and compensate workers for attending training but this is not usually the case. In the VF/EA model, the CLE is responsible for all training and the SSP is not paid for their training time

6. CASH AND COUNSELING MODELS

The Facilitator uses these SLIDES to offer examples of other PDS models that offer greater flexibility, budget and employer authority. The Facilitator should clarify that in Pennsylvania it is called "Services My Way" and is only currently available in the Office of Long Term Living (OLTL) Attendant Care and Aging waivers and as part of the Community HealthChoices Managed Care system [SLIDES 46-49]

...

Cash—the Flexible Budget

- **Participant-Directed Goods and Services**
  - Services, equipment, supplies not covered by other service in waiver, MA, Medicare, etc.
  - Examples: washing machine, home modification or adaptive equipment, other items that promote independence
- **Participant-Directed Community Supports**
  - Support to assist with ADLs, health maintenance, meal prep, household chores, access community activities

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Counseling – Info and Assistance

- **Service Coordinator**
  - Assist in developing and managing budget
  - Accessing services and workers
- **Financial Management Services (FMS)**
  - Payroll, workers comp, taxes, etc.
  - Make payments for goods and services in plan

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7. SUPPORTS BROKER **[SLIDE 50]**

Supports Broker Role

Designed to assist participants in order to be successful self-directing some or all needed services.

- **Employer-related duties** (finding, hiring, managing support workers, support with paperwork for FMS)
- **Enhancing Natural Supports** (facilitating a support group that helps to meet the participant's self-direction needs -"Circle of Support"
- **Support with program rules** (Assisting with monitoring expenditures and utilization of services, following rules of the waiver)

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The Facilitator refers to this slide to discuss the role of Supports Broker. This service is not currently available in all waivers, including the Adult Autism Waiver.
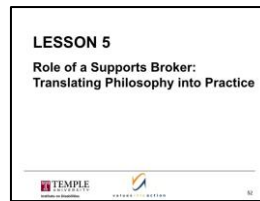
8. PDS IN PA'S BEHAVIORAL HEALTH SYSTEM **[SLIDE 51]**

Again, referring to the specific SLIDE, the facilitator explains the PDS opportunities available in the behavioral health system in Pennsylvania.

NOTES:

LESSON 5 [SLIDE 52]

TITLE: ROLE OF A SUPPORTS BROKER: TRANSLATING PHILOSOPHY INTO
PRACTICE

Time: 50 minutes

Objectives: The participants are able to articulate the history of the Supports Broker service, and its contemporary use in PA's PDS system.

1. HISTORY [SLIDE 53]

The Facilitator explains that the concept of support brokering dates back to the 1970s in British Columbia, Canada. Families with children with I/DD institutionalized at the Woodlands School believed that institutional models of care were not serving their children well and that their children belonged in the community with their peers. They were also dismayed by how public funds were spent to provide care for their children. They became determined to find a better way to use funding spent on behalf of their children.

These families formed the Community Living Society, an organization that developed a brokerage model including an approach to individualized funding. Through this organization, they successfully diverted funding from the institution, allowing some of their children to be supported in the community. This approach was then replicated in other parts of Canada.

Simultaneously, the United States was experiencing its own shift. The Independent Living Movement, with funding and support from the Robert Wood Johnson Foundation advanced self-determination including the funding of projects to support self-direction in Pennsylvania.

Major expansion of self-directed models in the U.S. was tied to the recognition of the model in Medicaid Home and Community Based waivers. Participant-Directed Services (PDS), also known as "self-directed services" or "self-directed care," have been an option in Medicaid[5], therefore eligible for federal matching funds, since the 1990s. Major growth occurred in states using the PDS model when, in 2001, the Centers for Medicare and Medicaid revised the 1915(c) Home and Community Based Services (HCBS) waiver application to include participant-directed options. Currently, all states have at least one program that allows for self-direction.[6] These programs serve people across the disability spectrum including people with intellectual and developmental disabilities (I/DD), people with autism and people who receive aging services.

In Pennsylvania, the Supports Broker service has been in the P/FDS waiver from its beginning. The same service was added to the Consolidated Waiver, later. It is included in the Community Living Waiver too. It wasn't until recently that there has been movement to recruit and train Supports Brokers who are available to provide services, thanks in large part to the Pennsylvania Developmental Disabilities Council.

2. Role Slide [SLIDE 54]

Continuing to use the SLIDES as guides, the Facilitator explains that the concept of a Supports Broker came out of the idea *that if people truly had person-centered plans and individualized budgets, they could buy the services and supports they needed on an "open market".* This means they could buy both specialized and non-specialized goods to meet their needs. In other words, if paying for a taxi was a more efficient and effective way of meeting a transportation need than using paratransit, the person could choose to use waiver funding for a taxi. If hiring the physical trainer at the gym instead of a habilitation aid or a physical therapist could meet the same need,

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[5] Pursuant to section 1905(a) (24) of Social Security Act.
[6] Sciegaj, M., Mahoney, K. J., Schwartz, A. J., Simon-Rusinowitz, L., Selkow, I., & Loughlin, D. M. (2014).

great. If hiring a person down the street to assist with bathing three times a week meant that a person could continue living at home instead of having to move to a group home, then that was a better use of public dollars. In this approach, because a person is able to purchase goods and services on an open market (not just from designated specialized service system providers), it makes sense that a person may need a "broker" to help negotiate these goods and services.

3. Broker Services in ID System [SLIDES 55-57]

Supports Brokers: ODP Waivers

Designed to assist participants or their surrogates in order to be successful self-directing some or all needed services.
- **Employer-related duties** including assistance with:
  - effective recruiting and hiring techniques
  - determining pay rates of workers
  - worker schedules
  - back-up plans
  - effective management and supervision techniques
  - fulfilling responsibilities as the Common Law or Managing Employer

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Supports Brokers: ODP Waivers

- **Enhancing Natural Supports**
  - Facilitating a support group that helps to meet the participant's self-direction needs ("Circle of Support")
  - Expanding and facilitating informal, unpaid resources and networks within the community to support success with participant direction
  - Identifying areas of support that promote success with self-direction and in/terdependence and sharing with SC for inclusion in ISP

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Supports Brokers: ODP Waivers

- **Support with Participant-Direction Program Rules**
  - Assisting with monitoring expenditures and utilization of services
  - Complying with the standards, regulations, policies and the waiver requirements related to self-direction
  - Advising in problem-solving, decision-making, and achieving desired personal and assessed outcomes related to PDS
  - When applicable, securing a new surrogate and responding to notices for corrective action from the FMS, SC, AE or ODP

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The Facilitator continues to explain how the Supports Broker service is used with the P/FDS, Community Living and the Consolidated Waivers. Participants using PDS may hire an Independent Supports Broker through the FMS, or choose a qualified agency that offers the Supports Broker service (also referred to as Support & Brokerages).

4. Limitations **[SLIDE 58]**

The Facilitator leads this discussion: "Given what you know and have learned about the role of a Supports Broker, encourage the participants to think of someone they know or someone they support. Why and for what would they use Supports Broker services? How often? How do they envision the service would be authorized in their ISP? Weekly, monthly, annually?"

5. Supports Brokers and Support Coordinators: Roles and Responsibilities **[SLIDES 59-61]**

...

Supports Coordination and Supports Brokering

Supports Coordination	Supports Brokering
• Inform individuals about the use of unpaid, informal, generic, and specialized services and supports • Contact with family, friends, and other community members to facilitate coordination of the individual's natural support network	• Expanding and coordinating informal, unpaid resources and networks within the community to support success with self direction • Facilitating a support group that helps to meet the individual's self-direction needs ("Circle of Support") • Scheduling and facilitating the use of a blend of paid and unpaid supports

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The Facilitator conveys that ODP's waivers very clearly distinguish between the role of a Support Coordinator (SC) and a Supports Broker. The distinction is so clear that providing hands-on support with employer-related responsibilities is literally not a billable service for SCs. Likewise, Supports Brokers should not assist people with matters related to agency providers. For example, a Supports Broker should not be assisting people to visit or interview traditional agency providers or otherwise arrange for services provided through traditional agency providers.

6. ROLES AND RESPONSIBILITIES IN PDS

The Facilitator leads the completion of Exercise #1, using the designated handouts and providing clear instructions per the handout.

7. NAVIGATING INTERPERSONAL CHALLENGING INTERPERSONAL SITUATIONS

The Facilitator leads the completion of Exercise #2, providing the handouts and giving clear instructions per the handout.

Notes:

LESSON 6 [SLIDE 62]

> **LESSON 6**
> **Person-Centered Thinking**
> **Overview**
>
> TEMPLE
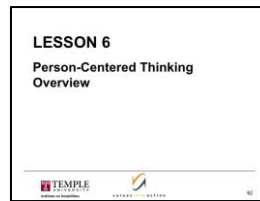
TITLE: PERSON-CENTERED THINKING OVERVIEW

Time: 50 minutes

Objectives: The participants will be able to identify and explain some of the tools of person centered thinking and planning.

1. GIFTS AND STRENGTHS

The Facilitator begins by explaining that Person Centered Planning (PCP) is about <u>focusing first on the person</u>. What makes the person who he or she is? What makes the individual happy? What will make her or him flourish?

The Facilitator emphasizes that this process begins by looking at all of the great things about that person. What do other people enjoy about the person? What do others admire? Identify any and all of the person's gifts, strengths and talents.

Exercise:

The Facilitator asks participants to find a partner and to spend 3 minutes jotting down the gifts and strengths of their partner.

Processing the Exercise:

The exercise is processed by participants sharing what they learned about their partner. The Facilitator guides the large group in discussing the varying perspectives of the participants.

2. IMPORTANT TO/IMPORTANT FOR

The Facilitator states that the second part of really understanding someone is understanding what is most important to them – from their own perspective, the things, people and activities that <u>must</u> be part their lives.

The Facilitator gives the participants a brief overview of what we mean by "Important To"

- "These are the things that must be present in your life for you to feel that you have a good quality of life. This is pure to you – never about what others think or want for you, (those will be captured in important FOR).
- Quality of life from *your* perspective and on *your* terms, such as:
  - o Your relationships
  - o Your job

- o Where you live
- o Your spirituality
- o Examples: having a pet, entertainment (music, movies, etc.)

- For some, this is such a big question that it is difficult to answer in detail. It may be helpful to ask yourself more specific questions and to consider specific situations to make sure that you're getting to everything that is really important to you.
  - o Think about routines/rituals, celebrations"

The Facilitator, using easel paper, can record participant responses shared as examples of what is important to them by creating two columns, labeled Important To | Important For and listing responses accordingly in the Important To column.

Next, the Facilitator provides a brief overview of what is meant by "Important For"

"What is important for us includes only those things that we need to keep in mind regarding:
- Issues of health or safety
- And/or what others see as important to help us be a valued member of our community"

The Facilitator will record responses on the easel paper under the Important For column

Finally, the Facilitator provides a brief overview of what is meant by the balance between "Important To" and "Important For".

- o Using the examples shared, the Facilitator illustrates the difference and the need for understanding and respecting people's right to express their preferences, and the job of a Supports Broker to work toward ensuring those preferences are heard and honored.
- o In addition, the Facilitator sharing an example of a personal struggle and how balancing "Important To" and "Important For" helps or has helped should summarize this section.

NOTES:

LESSON 7
Person-Centered Planning:
Vision

TEMPLE

TITLE: **PERSON-CENTERED PLANNING: VISION**

Time: 50 minutes

Objectives: Participants will describe the importance of a person's vision as a guide in the planning process and be able to explain the components of the PATH (Planning Alternative Tomorrows with Hope), a tool of personal futures planning.

1. VISIONING

The Facilitator explains that the key to being an effective Supports Broker begins with ensuring the person and all team members have a clear understanding of the person's vision. Important to emphasize:

~The person may need assistance to clearly articulate her or his vision!~

Once that is done, the vision must be clearly and consistently stated and acknowledged. This drives the planning process, both short term (ISP) and longer term (PATH). The PATH is the preferred tool given that it is accessible and graphic/pictorial. It also provides an inclusive process for engaging the person and their chosen supporters in beginning with the end in mind. All actions stem not from what is, but from *what will be*. Aspirations, not deficiencies, guide the planning process.

No matter what, the vision must be the person's and it be must be understood and honored by all team members. If it is not, this is where the Supports Broker must work to guide and support the person and her team to help figure that out.

The Facilitator then leads:

Exercise:

- Participants pair up and talk/facilitate discussion so that both persons' visions are articulated and understood by their partner for the next 1, 2, 5 and/or 10 years out. Encourage participants to ask the following questions:
    - Where will the person live? With whom?
    - What will they spend time doing?
    - What is making the person happy?
    - What excites them and gets them up each morning?

Processing the Exercise:

The Facilitator encourages and guides discussions from each pair of participants as they share information related to the questions, as well as about the process of asking and receiving responses related to their partner's vision.

The Facilitator needs to be certified in PCP Facilitation (preferably PATH but could be Essential Lifestyle Planning/ELP).

Ideally, the participants observe a portion of a person's PATH being facilitated or they are given access to a person's PATH to see the actual graphics, content, order of process etc.

NOTES:

LESSON 8   [SLIDE 64]

TITLE: PERSON-CENTERED PLANNING: TIME FOR ACTION

Time: 50 Minutes

Objectives: Participants explain the steps taken to ensure the person centered plan is implemented.

1. PERSON-CENTERED PLANNING

The Facilitator begins the module with this question:

"As a Supports Broker, you have used a few of the Person-Centered Thinking tools, and you have observed how that information translates to the plan itself. Now that you know these things about a person, their vision and preferences, what do you do to ensure all components are integrated into the plan?"

The Facilitator then explains the exercise designed to bring it all together:

Exercise:

"Based on the vision exercise, the Important TO/FOR exercises, and what you have seen of a PATH, pair up again and spend 5 minutes on each person jotting notes about how to best support that person to be successful in whatever context makes sense, i.e. work, home, with a partner etc."

Processing the Exercise:

The Facilitator invites the participants to share with the larger group.

The Facilitator allows for time to debrief and for participants to share good stories and ideas**.**

Then, this is introduced by the Facilitator.

Exercise:

"You all have the 'Include/Listen to Me Worksheet'. This can be an invaluable tool for understanding the person's preferences and aspirations and may be a tool for staff training. Work on this with a partner, completing it on each other, taking 5-7 minutes."

Processing the Exercise:

The Facilitator invites the participants to share with the larger group.

NOTES:

Lesson 9 [Slides 65-66]

Title: Supported Decision-Making

Time: 50 Minutes

Objectives: Participants will be able to describe the process for supporting people in making their own informed decisions, with support from those they choose; will be able to discuss the cognitive, emotional, social and purpose-driven components of choice and decision-making; will be able to discuss the ethical and practice dilemmas that arise when the "right to choose" may conflict with the "right choice" and be able to explain the skills needed for facilitating the choice and decision-making process with people, as a Supports Broker.

The Facilitator begins the session by reviewing and/or discussing the following:

- o How would you feel if you had no say in where you live?
- o Or where you work?
- o Or with whom you spend time?
- o Or what you can buy and spend money on?

The Facilitator then states that this is what can happen to people with disabilities when someone else has the power to make decisions for them, similar to when they are determined to be incompetent and have a guardian.

The Facilitator reads this quote: "We believe that **everyone** has the Right to Make Choices. Supported Decision-Making is a way people can make their own decisions and stay in charge of their lives, while receiving any help they need to do so"**. –National Resource Center for Supported Decision-Making**

1. **TENANTS OF A PARTICIPANT-DIRECTED SERVICE SYSTEM [SLIDE 67]**

- Places the participant as expert in identifying needs and desires.
- Beyond planning for services, to total life planning.
- The Supports Broker's role is that of facilitator, coach, and teacher, not expert.
- Focus is on choice and active decision-making.

2. **DECISION MAKING: HOW DO WE MAKE DECISIONS? [SLIDE 68]**

Using the SLIDES referenced above, and below, the Facilitator introduces this section by asking participants "How do we make decisions?"

● **Intellectual Factors (Head) in Decision-Making [SLIDE 69]**

Intellectual Factors (Head) in Decision-Making

- What knowledge (or lack of) do participants bring to making decisions about services?

- What knowledge may affect decisions participants will make?

- How do we educate and inform participants without violating their right to self-determination?

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What "knowledge" (or lack of) does the person have to make decisions about her/his services?

What knowledge may affect the kinds of decisions the person will make?

How do we educate or inform the person without violating their right to self-determination?

● **Emotional (Heart) Factors in Decision Making [SLIDE 70]**

Emotional Factors (Heart) in Decision Making

- How do past emotional experiences affect the decisions a participant makes?

- What kinds of things do participants have strong emotional reactions to? Fear? Joy? Anxiety? Anger?

- How do emotional factors cloud the role of knowledge in decision-making?

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How do past emotional experiences affect the decisions a participant makes?

What kinds of things do participants have strong emotional reactions to? Fear? Joy? Anxiety? Anger?

How do emotional factors cloud the role of knowledge in decision-making?

- **Social (Hands) Factors in Decision-Making [SLIDE 71]**

Social Factors (Hands) in Decision-Making

• What social experiences (or a desire for social experiences) affect who participants want to interact with them?

• How do you think the participant sees himself or herself in relationship to the greater society? How does this affect decision-making?

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What social experiences (or a desire for social experiences) will affect who the person wants to interact with them.

How do you think the person sees himself or herself in relationship to greater society? How does this affect decision-making?

- **Purpose-Driven Factors in Decision-Making [SLIDE 72]**

Purpose-Driven Factors in Decision-Making

• Do you think the participants have a vision for their lives? Why? Why not?

• Do they have dreams of what they want in life?

• Do they see a reason for their lives?

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Do you think the person has a vision for her/his life? Why? Why not?

Does the person have dreams of what she or he wants in life?

Does the person see a reason for their lives?

3. WHAT IS RISK? [SLIDES 73-76]

Facilitator reviews the SLIDES discussing the content on each, sharing examples and eliciting examples from participants.

- What is risk? [SLIDE 73]

- What is your risk tolerance? [SLIDE 74]

● Risk tolerance is a function of what factor(s)? [SLIDE 75]

Risk tolerance is a function of:

• Personality structure
• The biological need for thrill
• Age and gender
• Birth order
• Level of education
• Previous experience
• Perception of irreversibility

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● Risk with dignity? [SLIDE 76]

Risk with Dignity

• Exploration of options

• Careful consideration

• Honoring of choice

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4. SUPPORTING PEOPLE WITH DECISION MAKING – NAVIGATING CHALLENGING SITUATIONS

The Facilitator opens this section by discussing the following:

Supported decision-making ensures that a person's expressed needs, desires, and interests are kept front and center, and heard. This responsibility is central to a Supports Broker's role.

Supports Brokers must be able to navigate a myriad of competing interests and opinions about what informal supports and/or services a person should be receiving and who should be providing them and when.

There exist multiple stakeholders in any person's life. These include family, the Support Coordinator (SC), Administrative Entity (AE) personnel, service providers, SSPs, FMS

organizations and others. With these many stakeholders, there are bound to be challenging situations and competing agendas. A Supports Broker must be able to navigate through them, transfer information, mediate as necessary, adhere to rules and regulations, <u>all the while ensuring the person's preferences take precedence</u>.

Exercise:

Using **[SLIDES 77-78],**

The Facilitator organizes the participants into small groups. The groups are asked to identify a reporter and a recorder. One scenario is shared with each of the groups. For larger groups, the same scenario may be used by more than one group. Each group should discuss the scenario and then answer the questions posed by the Facilitator.

Processing the Exercise:

 A large group debrief is then facilitated.

NOTES:
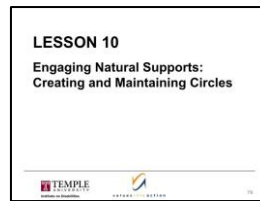
LESSON 10 [SLIDE 79]

TITLE: ENGAGING NATURAL SUPPORTS: CREATING AND MAINTAINING CIRCLES OF SUPPORT

Time: 50 minutes

Objectives: Participants can describe the importance of natural and freely chosen relationships and explain how to facilitate a circle of support.

The Facilitator begins the module with stating:

"Let's spend some time looking at relationships. A Circle of Support is an intentional group of people who come around a person not because they are paid, but because they care about the person and feel a connection and sense of mutual responsibility. A Circle of Support is most simply described as a person's freely chosen allies. It can be family members, friends, neighbors, colleagues, partner, fellow worshipper or spiritual partner, acquaintance, simply anyone who is chosen by the person herself to guide, advise, laugh, cry and share experiences. Here are some other pieces of information to know:

- The idea of a Circle of Support was developed in Canada and spread fairly quickly through North America.
- The Circle acts as a community around that person (the "focus person") who, for one reason or another, is unable to achieve what they want in life on their own and decides to ask others for help. The focus person is in charge, both in deciding who to invite to be in the circle, and also in the direction that the circle's energy is employed, although a facilitator is normally chosen from within the circle to take care of the work required to keep it running. This facilitator is often the Supports Broker.
- Members of The Circle, who may include family, friends and other community members, are usually not paid. They are involved because they care enough about the person they give their time and energy to help the person overcome obstacles and increase the options that are open to them. Although the person's goals are the primary driver in everything The Circle does, the relationship is not just one way. Members all have diverse gifts and interests, and there can appear many new opportunities and possibilities that had not even been considered before the forming of the circle. Because of this, an important function of The Circle is to regularly re-visit the plans that they are working with, and to keep the direction current in terms of what the person really wishes to achieve."

Exercise:

Circles of Support
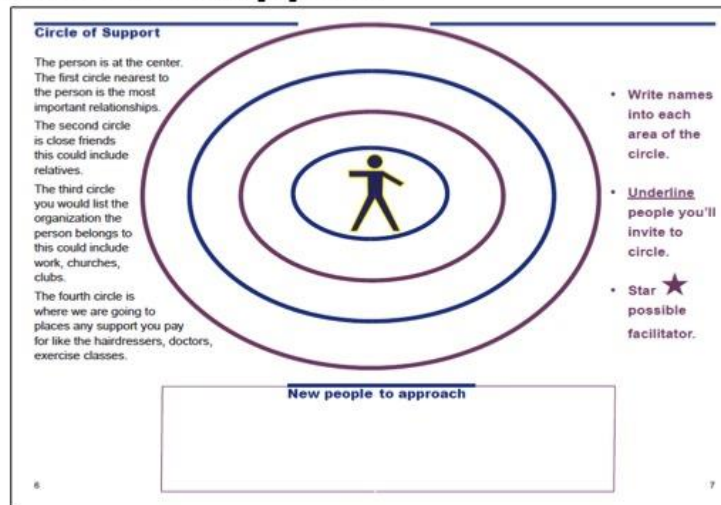
Using the SLIDE pictured above [SLIDE 80], the Facilitator describes the circle:

"The person is always at the center. The first circle nearest to the person is for *the* most important relationships to that person. The second circle is for other people that play a major role in someone's life, for example, close friends and relatives. The third circle is for organizations the person belongs to. This could include work, churches, and clubs. The fourth circle is where we are going to place any support you pay for like the hairdressers, doctors, and exercise classes."

The Facilitator then introduces:

 Exercise:

"Take a few minutes to write names into each area of the circle. Please know there is no "right" number of people or organizations for each circle, and if you can only think of a few, that's fine. We'll be talking more later about how to build the natural supports in someone's life.

Write down names in the first circle:
- People you would miss the most if you weren't able to see/talk with/be with
- People who you feel know you the best

- People you feel most yourself/most comfortable with
- Who do you tell secrets to?
- Who has the greatest impact on your life?
- For whom do you have the most heartfelt emotions?

Now write down names in the second circle.
- People you enjoy spending time with
- People who you trust to care about/look out for you
- People you know you can call on if you needed something
- Who do you have fun with?
- Who was the last person you went out to dinner with?

Write down names of the groups and/or organizations you're connected with and/or belong to, and also the names of the people you're most connected to at those organizations. For example, someone might belong to a church, but only know or feel comfortable with a few people.

Finally, write down the names of businesses, and community places where you pay to be/go, such as the hair or nail salon, pharmacy, grocery store, boutique shop etc…

People with disabilities often do not have a lot of names/people in the second and third circles or perhaps even in the fourth. We are going to look how we can change that.

One method to accomplish this is by developing a Circle of Support.

- A Circle of Support is a group of people who problem-solve and plan with the person.
- The person chooses circle members and may want help from the Supports Broker and/or someone who knows them well.
- The Circle of Support provides support, encouragement and, generally, the help a person needs to get his/her needs and wishes met.
- Circles of support are intended to be an ongoing resource."

NOTES:

LESSON 11 [SLIDE 81]

> **LESSON 11**
> **Community Mapping**
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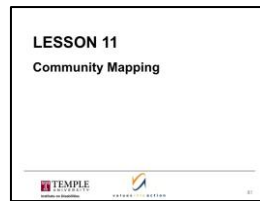
TITLE: COMMUNITY MAPPING

Time: 50 Minutes

Objective: Participants articulate the importance of community, social networks and relationships and have formal processes to use to support people to become more active and engaged in their communities.

1. ONLY AS SPECIALIZED AS NECESSARY

Referring to [**SLIDE 81**], the Facilitator explains the following:

"Before we can discuss community mapping as a skill set to assist a person to become more engaged in community – it is imperative that Supports Broker abide by the principle of "only as specialized as necessary."

- One way to create inclusive solutions for meeting support needs is to work on a principle of "only as specialized as necessary."
- Often people will assume that a person would benefit from a disability program or a congregate setting but as we know most times for most people, modifications and a little bit of creativity provide what is needed in generic (non-disability focused) community settings.
- The goal is to do only what is needed to help the person participate and succeed, nothing more.
- Why special - why do we need a special "group" of people? Why are we focused on grouping people *away from* the rest of the community?
- Before allowing the planning process to focus on a disability service or program, the Supports Broker can facilitate ideas to guide the person and their team to foster inclusion in an already existing community group or context."

The Facilitator next shares her or his own example or uses this one:

"John's parents talked with people at the local bowling alley about leagues and if there might be any teams for him to join when the league season began. The owner knew a couple of teams of guys John's age. He connected John and his parents with one of the teams invited John to bowl with them. John's parents helped the guys on the team understand some of John's unique communication needs. John bowled in league play. His team was more about the fun than the

competition. This worked well for John because he isn't a very competitive bowler. He would, however, hang out with the guys at the alley every Thursday night."

Next, the Facilitator discusses the following:
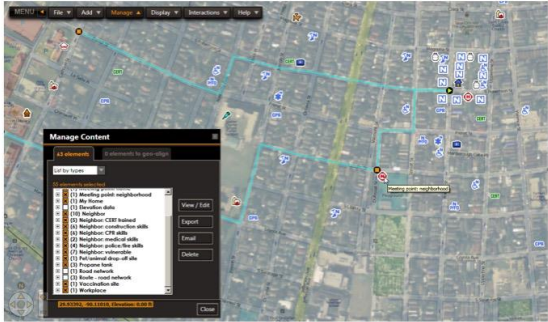
2. WHAT IS COMMUNITY MAPPING? **[SLIDES 82-83]**

Providing a general description, the Facilitator encourages the participants to explain to the large group, why this skill set is helpful when brokering for someone. The participants are asked to draw from their own experiences by starting with any affiliation a person may have (i.e. coffee lover), or can use this example:

"Amy loves animals, especially dogs. In most communities, there are places, groups and people that share this interest. From stores, groomers, to dog parks to a local dog walker or pet sitter…lots of opportunities to build connections!"

The Facilitator then moves on to discuss:

3. PROCESS TO USE WITH A PERSON [SLIDES 84-92]

The Facilitator leads the large group through the questions and engages the whole group in brainstorming, using [SLIDE 84 Questions 6-7].

The Facilitator encourages the use of whatever resources are available – such as asking other people who work in the building, using the Internet, etc.

Using **SLIDE 85**, the group discusses how the process used is determined by the person and their situation.

Now, the Facilitator invites the participants to form small groups.

Exercise:

The groups are instructed to identify a person supported, about whom they will do this exercise. They are to write their plan for how they will facilitate community mapping. After 5 minutes, the Facilitator asks each group to share with the larger group and records key words, terms, and ideas on easel paper.

Next, the Facilitator shares visual examples and approaches using [**SLIDES 86-92**].

Image from Chrissie Trow

Image from www.options-empowers.org

Image from imagineacircle.com

Image from imagineacircle.com

Image from imagineacircle.com

Image from creativecitizens.co.uk
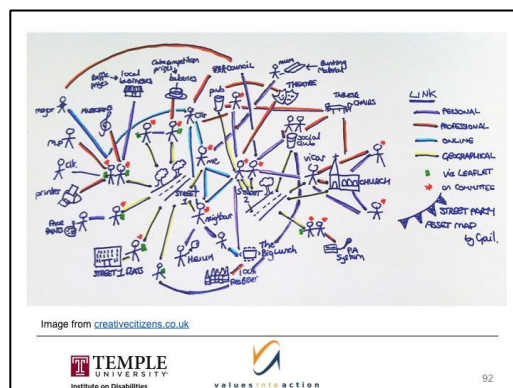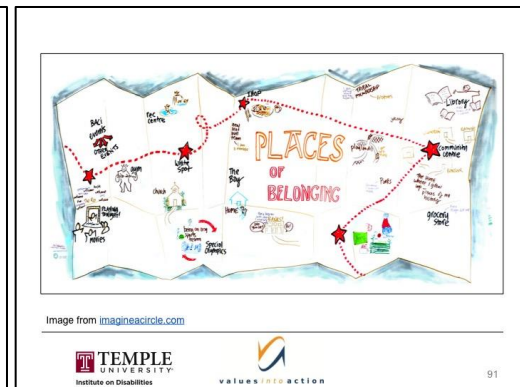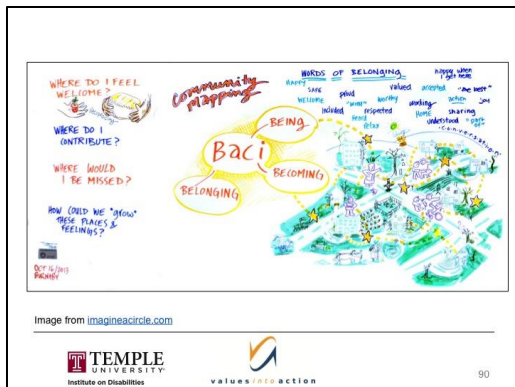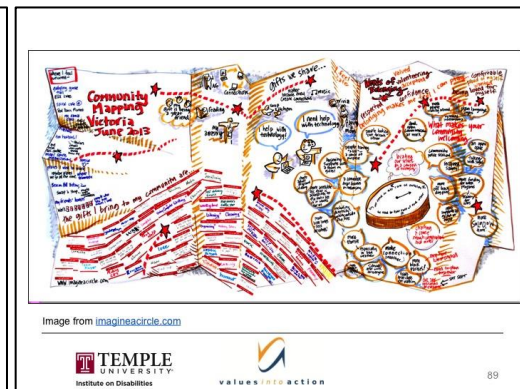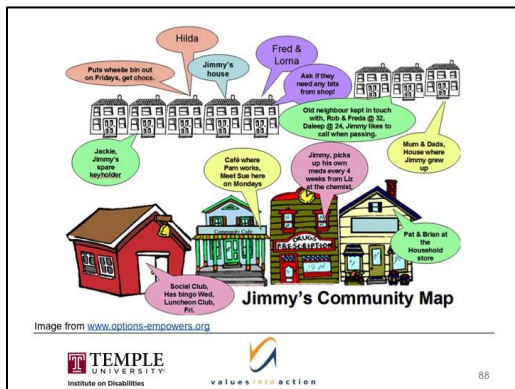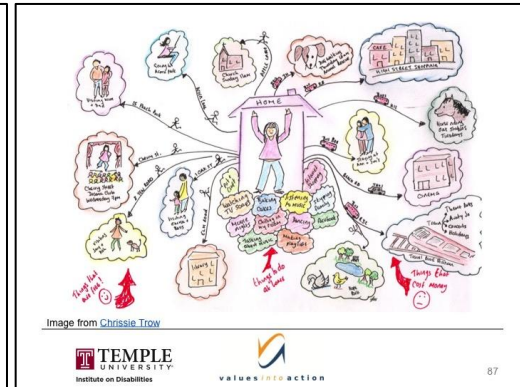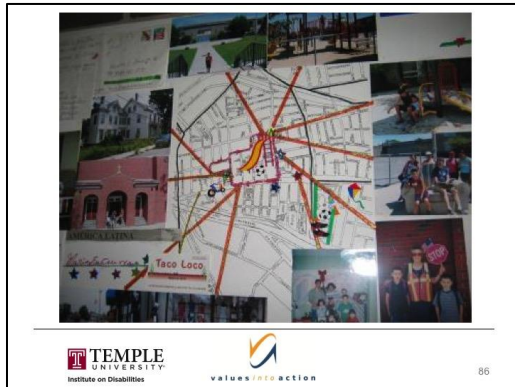
Processing the Exercise:

The Facilitator discusses the process used once the community map has been completed, and how to best plan for making connections in each place by identifying a gatekeeper. The Supports Broker can facilitate the process of finding someone who can act as a gatekeeper in each particular place. [SLIDE 93]
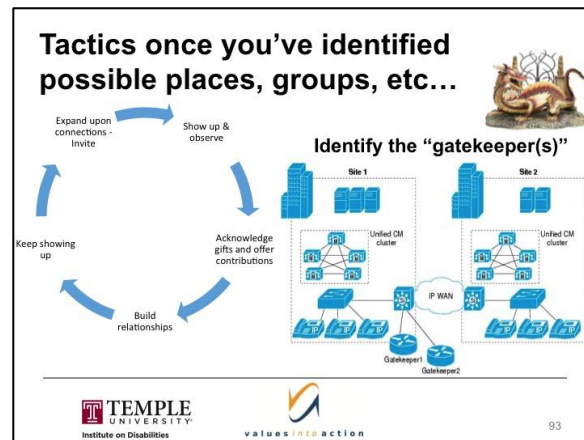
NOTES:

Lesson 12 [Slide 94]

TITLE: Financial Management Services

Time: 50 minutes

Objectives: Participants will be able to explain in detail the two models of FMS, their purposes and differences.

The Facilitator will review FMS: Vendor/Fiscal Employer Agent and Agency With Choice from Lesson 4: Financial Management Services (FMS), using [**Slides 43-45**].

Display slides above while stating the following:

As we know, there are two models of FMS in PA:

Agency With Choice (AWC):

In the AWC model, the AWC is the co-employer with the person or her/his surrogate acting as the Managing Employer (ME). The AWC is the employer of record and is responsible for complying with all of the legal and administrative aspects of being an employer. Most AWCs will hire the SSP and have little to no involvement with recruiting, interviewing, selecting, orienting, training and supervising. These are the duties of the ME. When recruiting, the ME should first focus on finding the right 'match' and then interviewing and selecting the 'right' SSP. The ME is then responsible for supervising and providing on-going support of the SSP to ensure the SSP is providing exceptional services and supports that are enabling the person to lead their own life. The AWC is responsible for assisting and supporting the ME and the Supports Broker often plays this role as well. The Supports Broker must be able to recognize when their support is not

sufficient and encourage the ME to reach out to the AWC for assistance. The Supports Broker may also contact the AWC for assistance with resolution. For example, when there are performance concerns with a SSP that are not being resolved even with the Supports Broker's assistance and guidance, the Supports Broker should initiate communication with the AWC, typically the AWC Coordinator who works with the ME. The Supports Broker can facilitate dialogue with all parties, i.e., the person, the ME (if a surrogate), the SSP and the AWC Coordinator so appropriate resolution occurs.

It is ODP's expectation that the AWC and the Supports Broker collaborate with the ME to ensure success.

Vendor Fiscal/Employer Agent (VF/EA):

Working with a Common Law Employer (CLE) through the VF/EA, the Supports Broker is the primary support in all aspects of the employer relationship including recruiting, interviewing, selecting, supervising, scheduling, and ultimately reviewing performance and separating employment if necessary. Again, with the VF/EA, the Supports Broker should maintain an effective relationship with the appropriate customer service representative.

Both models of FMS provide the employer with regular access to utilization reports and other tools to best manage the person's services. The Supports Broker's role is to assist the employer in managing the budget, ensuring appropriate utilization of services within the budget and problem solving issues that arise with everyday life.

The Facilitator should next review the Support Broker Training materials and discuss how to use them in terms of FMS and any V/F and AWC specific materials, these should include:

- Service definitions
- Common Law Employer Enrollment forms
- Support Service Professional Employment Applications
- Support Service Professional Referral forms
- Office of Developmental Program's Approved Wage Ranges

Notes:

LESSON 13 [SLIDE 95]

LESSON 13
Individual Supports Plans and
Individual Budgeting

INDIVIDUAL SUPPORT PLANS AND INDIVIDUAL BUDGETING

Time: 50 minutes

Objectives: Participants will write a PDS outcome; be able to describe the service components of the Individual Service Plan (ISP) and the corresponding budget information.

The Facilitator will identify a sample ISP document and use it as an example by reading and discussing the following:

1. INDIVIDUAL SERVICE PLANS

An **Individual Service Plan (ISP)** is a planning document that is developed by the person, the people who support that person, and members of her/his planning team.

The ISP should be all about the person and written in a way that lets others know what support, if any, the person needs at home and in the community.

The ISP should include outcomes and be written in a way that:

- Promotes **ACTION** by the person and by those who support her/him.
- Includes **INPUT** and **INSIGHT** from those who know the person well.
- Demonstrates an **INDIVIDUALIZED PROCESS** that ensures the person is at the center of all considerations, and her/his preferences and aspirations are the basis of the ISP.

The SC is responsible for developing and completing the ISP, but it should be done in collaboration with the person, her/his Circle of Support, staff, family and others who know the person best. These may include a person's job coach, friends, relatives, advocate or anyone else who knows and cares about the person.

When the ISP is implemented properly, it helps a person attain their goals and dreams.

The ISP is extremely important because it can be a primary mechanism to allow a person to have control and make choices about important activities in her/his life.

An ISP includes **Outcome Statements** to outline what the person and her/his team agree to do to make sure s/he is safe, healthy and has the support needed to achieve the stated goals and have good life.

The services included in an ISP must be related to an identified need.

The ISP also is the CONTRACT between each service provider chosen by the person, and ODP. Each service provider delivers the services authorized in, and at the frequency and duration (when, where, how often, and how long) noted in the ISP.

The Facilitator then presents the Individual Support Plan Manual (included with the Supports Broker Training materials) and reviews an example of an ISP, highlighting the following sections:

- Plan Summary
- Demographics
- Individual Preferences
    - Like and Admire
    - Know & Do
- Important To
- Psychosocial Information
- Health & Safety
- Supervision Care Needs
- Behavioral Support Plan
- Communication

The review is completed with the SERVICES & SUPPORTS and SERVICE DETAILS/SERVICE SUMMARY.

The Facilitator explains:

The Services & Supports, Service Details, and Service Summary sections of the ISP detail the following:

- The person's needs and service-related needs;
- What the person seeks to accomplish – Outcome(s);
- What services are needed to accomplish the outcomes;
- Which provider or person is responsible for providing the services;
- The Frequency and Duration of the services

The **Outcomes** and specifically, the **Outcome Statements**, are critical to ensuring that services and service related outcomes are responsive to the person's expressed needs.

Support Brokers are instrumental in assisting the person, the team, and the SC in developing and ensuring that the Outcome Statement for PDS reflects the person's specific participant directed needs.

The Outcome Statement is an aspirational statement that describes, in the present tense, what the person is doing that is IMPORTANT TO her/him.

Outcome statements need to concisely describe an activity or status that the person will be engaged in that is resulting in a goal that is **Important To** her/him.

For example:

- Jennifer participates in community activities of her choosing to live a self-determined life.
- Aaron lives in his own apartment and spends time with people and friends of his choosing.

The Outcome Statement should not reference a service. Instead, it should reflect the person's right to self-determination, choice, in/interdependence, control or other wording that describes why he or she has chosen PDS.

Additionally, a statement that reflects a person's goal to direct her/his own services will influence how all of their services are to be provided – or should be provided.

A Support Broker assists the person ensure that their self-directed goals and ambitions influence the entire ISP.

The Facilitator shares the following links to the ISP Manual:

https://www.temple.edu/thetrainingpartnership/resources/isp/

http://www.dhs.pa.gov/citizens/intellectualdisabilitiesservices/individualsupportplan/

2. INDIVIDUAL BUDGETING

The Facilitator will use scenarios to illustrate the process for assisting people to use their budgets and to allocate those resources accurately and appropriately.

Exercise:

The Facilitator divides the participants into two or three small groups and provides copies of redacted ISPs. They include the outcomes translated into service authorizations, and those into the budget. Participants will review, discuss and answer the questions for both scenarios depending on time.

Processing the Exercise:

The groups will report back on their responses. Using the Scenario Responses, the Facilitator will highlight approaches, areas where conflict could arise and assist the groups to problem solve.

A newsprint or a white board can be used to highlight the process.

NOTES:

LESSON 14 [SLIDE 96]

SUPPORTING EMPLOYERS

NOTE: A Human Resources Professional or a professional with extensive equivalent experience should facilitate this lesson.

Time: 4 hours

Objective: Participants can explain the tools needed to assist and guide employers in their roles including information on **[SLIDE 97]:**

- Having a basic understanding of employment laws

- Developing skills to assist people with recruiting, interviewing, hiring and managing quality SSPs

- Understanding parameters needed to appropriately develop a SSP's work schedule

- Developing skills to assist employers in creating effective back-up plans

- Understanding documentation and reporting requirements

The Facilitator begins by providing basic information:

1. BASICS OF EMPLOYMENT [SLIDES 98-107]

PDS is an opportunity for people to direct public resources at helping achieve their desired outcomes.

Supports Brokers work supporting employers should be with a singular aim of:

- helping people to make efficient use of their service dollars while
- receiving high quality services and supports that
- help them achieve their desired outcomes.

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Important Terms

Surrogate (Representative)
- Formal role in ID Services
- Person chosen by the participant if they need support to self- direct services
  - Must be 18 years or older
  - Must attest there is no criminal background
- Person responsible for supporting him/her to direct his/ her services.

Support Service Worker (SSW)
- Worker hired and managed/employed by the person/ surrogate
- Paid through a Financial Management Service (FMS)

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Employment Laws Apply

- People directing their own services are either COMMON LAW EMPLOYERS or MANAGING EMPLOYERS
- As employers of SSWs they have responsibilities to follow:
  – Fair Labor Standards Act
  – Laws related to discrimination
  – Rules related to Medicaid and Home and Community Based Services

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Common Law Employers

- People using Vendor/Fiscal FMS (Public Partnerships LLC) are Common Law Employers
- The person/surrogate is the Employer of Record with both the State of PA and the Internal Revenue Service

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Managing Employers

- People who use the local Agency With Choice (AWC) model of FMS are considered Managing Employers
- The AWC is the Employer of Record with both the State of PA and the Internal Revenue Service
- The person/surrogate is considered a Managing Employer

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Some Basics for Employers

- Must pay at least minimum wage
- Must hire workers legal to work in U.S. that at 18 or older and meet program qualifications
- More than 40 hours is paid as overtime (which is not allowable under PA's PDS rules)
- Cannot discriminate against an employee
- Workplace must be kept safe and harassment free
- Employee personal information is personal
- Must ensure that payroll taxes are paid (through FMS)

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One of the primary responsibilities of a Supports Broker is to provide assistance, guidance, and overall support to the employer. Just because the CLE or ME in PDS happens to be a person with a disability or a surrogate acting in this role on behalf of a person, does not mean they are excused from knowing and following all employment and labor laws. The role of the Supports Broker is to assist with this most important responsibility.

The Facilitator should refer to the Notes on [**SLIDE 99**] and then read directly from [**SLIDES 100-107**].

2. Recruiting, Screening and Interviewing **[SLIDES 108-119]**

Recruiting, Screening & Hiring

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The work of SSWs should always be targeted at supporting a person to achieve the outcomes they have identified in their ISP.

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Recruiting

Prior to advertising, recruiting get clear on position description, hours and wage range

- Job description should be aimed at achieving outcomes identified in the person's ISP and person-centered planning
- Check "Services and Supports" section of ISP for hours, type of service and budgeted amount
- Work with person to have a clear understanding of personality traits and skills they prefer
- Know the basic provider qualifications for the service that will be billed

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Effective Job Descriptions

- Need to be clearly written, inclusive of major duties and responsibilities, not tasks
- Reviewed with the applicant prior to hire
- Does the applicant understand the job?
- Opportunity to individualize the template to include specific needs and preferences

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Determining Wages

- Person/surrogate gets to determine SSW wages from ODP wage ranges
- Person-surrogate decides whether to provide a benefit allowance for SSWs
- Some things to consider about wages:
  - Person's budget
  - Probationary periods
  - Wages based on experience and skill required
  - Capacity to give raises in future.

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Matching

Utilize the **Matching Tool** to work with the person and their family and surrogate, to identify supports needed and wanted, skills needed in their staff, desired personality characteristics of staff and common interests.

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Advertising

Some common approaches include:

- Using the information contained in the Matching Tool to create an employment flyer and distributing the flyer throughout spots in the person's local community (coffee shops, churches, colleges, shopping centers)
- On-line resources such as Idealist, Indeed, Craigslist, Social Media, and College Networks
- 'Word of mouth' recruitment through the person's network (schools, church, friend and family, social groups, etc.)

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Screening

Standard qualifications:

- Over 18 years of age
- A clear criminal record or a record with no prohibited offenses (see list)
- A clear Child Abuse clearance
- A valid driver's license with a clean driving record

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Screening

Values:

- Does the candidate show an interest in the work?
- Does s/he use person centered language?
- Does the candidate demonstrate a basic interest in helping people with disabilities to be full, contributing members of their community?

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Interviewing

- If a potential good fit for the person, schedule an interview to take place with the person and their family.
- Interview can take place in a location in their community (based on individual and or family preference).

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Interviewing

- Interview is led by the person accepting services.
- Some choose to prepare interview questions and use them for each interview. Others prefer a more informal conversation with the applicant around their interests and experience.
- Whether a formal or informal style is used, applicants should be asked the same or very similar questions and topics covered should be similar.

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Interviewing

The process typically takes place in three phases: Application, Phone Screen, Interview

- Applications can be downloaded from the Internet
- Phone screens are used to obtain basic qualifications and values
- In-person interview with the person, employer and/or Supports Broker.
- Candidates should be observed for their ability to engage, listen, and respond honestly, respectfully, and thoughtfully to questions
- Candidates should show a level of enthusiasm for the work

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The Facilitator should first remind the participants of the primary role of the SSP. The SSP is to provide direct assistance, to coach, to guide and to offer support in partnership with the person so they achieve the outcomes they have identified in their ISP.

This means that the Supports Broker must conduct information gathering in support of the employer prior to recruiting.

This process should begin with a review of the person's ISP and talking with the person, family members, friends and others who can share information on what SSP characteristics, skills and personality traits are best suited to helping the person accomplish her/his outcomes.

Exercise:

The Facilitator divides the group into pairs. Each pair writes a job description based on the information that has been presented about a person supported either by using the ISP used in Lesson 13, or by the personal experiences of the participants.

Processing the Exercise:

After 10 minutes, the Facilitator has the pairs share with the larger group and uses **[Slides 23-24]** to illustrate the competencies in writing effective job descriptions.

3. SELECTION AND HIRING [SLIDES 120-121]

Using the SLIDES, the Facilitator reviews the sample employee packets from VF/EA and an AWC. Participants are encouraged to ask questions.

4. MANAGING SSPS [SLIDES 122-126]

Managing SSPs

(Slide 122)

Managing SSPs

- Create clear job descriptions
- Communicate clear expectations
- Supervision is defined as a service to the SSPs
- The supervisory relationship is built on mutual respect and cooperation

(Slide 123)

Performance Management Process

- Documentation is important
- Differences between VF/EA and AWC –
  - VF/EA: the person and/or employer does all of the performance counseling and improvement planning, as well as the formal termination of employment
  - AWC: the person and/or employer informs the AWC representative of the performance issue and if there is a need to terminate employment

(Slide 124)

Scheduling SSPs

- Clarity on the person's needs and preferences
- Clarity on what is authorized
- Carefully watch utilization – review statements from FMS
- Overtime is prohibited
- Overlapping time is prohibited
- Person/Surrogate may be responsible for overages
- In AWC, SSP cannot do medication administration so this may need to be considered when creating the work schedule

(Slide 125)

Developing a Good Back-Up Plan

- Back-up planning is required for both AWC and VF/EA users
- Back-up plan outcomes have to match regularly scheduled services and outcomes
- Friends and family are often times the best backup
- As much as possible, create flexible staffing schedules and use variable hour employees
- Communicating the expectation for back-up

(Slide 126)

The Facilitator reviews the following:

- Job Descriptions &Expectations
- Communication
- Managing Performance: Addressing Issues

- Implementing Progressive Performance Management Process: Counseling, Performance Improvement Planning
- Separating with Employees

5. COMPLIANCE WITH SERVICE DOCUMENTATION [SLIDE 127]

Compliance with Service Documentation

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The Facilitator begins by stating**:**

"It is critical that you, along with the ME/CLE, pay close attention to the required documentation.   This information is necessary to bill Medicaid for services, and to ensure timely payment of the SSPs."

Using [**SLIDES 128-131]**,

Purpose of Service Notes and Progress Notes

- **Claims Basis**—*did the service being billed really happen?*
- **Track Progress** Identify how activity contributes to progress in achieving outcomes—*is the service being billed for really supporting the person to achieve his/her desired outcomes?*
- **Adjust Activities** Mechanism for needed adjustments in activities—*is what we are doing working? If not, why not?*

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Service Notes & Progress Notes

- **Service Note:** details the date, type and number of units of a service that were provided, after each service is rendered
- **Progress Note:** details how the provider's support assists the person to achieve an approved plan outcome and/or how lack of progress will be remedied, after each service is rendered or at least monthly
- **CLEs and MEs must maintain documentation!**

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Provider Billing Documentation Requirements for Waiver Services

Service Notes : Providers shall maintain the following information in electronic form in order to document that service was delivered and a valid invoice for claim was submitted to the AE or PROMISe1™
- Date(s) of service(s) – date of service as submitted on the bill/invoice.
- Name(s) of individual(s)
- Documentation that services provided are listed in the approved ISP, and that ISP services are authorized.

(ODP Bulletin" # 00-07-01)

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Provider Billing Documentation

- Information that substantiates that services listed in the ISP(s) are the services provided and billed (i.e., progress notes).

- Staff records and/or time sheets shall provide documentation and substantiate hours worked.

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The Facilitator reviews the two types of required documentation: Service Notes and Progress Notes. Both are necessary for these reasons:

- **Claims Basis** – *did the service being billed for really happen?*
- **Track Progress** - Identify how activity contributes to progress in achieving outcomes - *is the service being billed for really supporting the person to achieve his/her desired outcomes?*
- **Adjust Activities** - Mechanism for needed adjustments in activities – *is what we are doing working? If not, why not? What do we need to change?*

Using the [SLIDES 132-134],

Chapter 51.16 Progress Notes

(a) A provider shall complete a progress note that substantiates the claim for the provision of an Home and Community Based Service (HCBS) it provides at least monthly.

(b) A provider shall complete a progress note each time the HCBS is provided if the HCBS is occurring on a less than monthly frequency.

(c) A provider may complete progress notes for multiple HCBS rendered to the same participant on the same form when the HCBS are rendered by the same provider from the same waiver HCBS location.

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Chapter 51.16 Progress Notes

(d) Progress notes must include the following:
   1) Name of the participant;
   2) Name of the provider;
   3) Name of the HCBS;
   4) Amount, frequency and duration of the authorized and delivered HCBS;
   5) Outcome of the HCBS;
   6) A description of what occurred during the delivery of the HCBS;

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Chapter 51.16 Progress Notes

(e) A provider shall complete a progress note if
  – there is a recommended change to HCBS
  – that requires discussion with the ISP team due to lack of progress in achieving an outcome

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The Facilitator highlights the differences between Service Notes and Progress Notes.

The Facilitator informs the participants of the following ODP website resources:

https://www.myodp.org/course/view.php?id=920

www.myodp.org

The participants should click on Resources > ODP Information > Waiver Implementation > Draft Bulletin: Claim and Service Documentation Requirements.

6. Incident Protective Services Reporting [SLIDES 135-142]

Incident Reporting and Protective Services Reporting

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Incident Reporting

• Common Law Employers are required to report "reportable incidents" (Bulletin 6000-04-01) to Supports Coordinator

• Managing Employers are required to report incidents to AWC

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Incident Reporting

- Common Law Employers are required to report "reportable incidents" (Bulletin 6000-04-01) to Supports Coordinator

- Managing Employers are required to report incidents to AWC

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Protective Services

- PA has laws for both Child Protective and Adult Protective Services

- Supports Brokers and SSPs are mandatory reporters under these laws

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Abuse

- Injury, unreasonable confinement, intimidation or punishment

- The willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health

- Sexual harassment or rape

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Neglect

- The failure to provide for oneself, *or*

- The failure of a caregiver to provide goods, care or services essential to avoid a clear and serious threat to the physical or mental health of an adult

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Exploitation

- Actions or conduct against an adult or their resources, without their consent

- Consent obtained through misrepresentation, coercion or threats of force

- Actions results in monetary, personal or other benefit, gain or profit for the perpetrator

- Monetary or personal loss to the adult

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Abandonment

- The desertion of an adult by a caregiver

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Reporting Abuse

- Childline: **800-932-0313 (TDD: 866-872-1677)**

- Adult Protective Services: **1-800-490-8505**

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The Facilitator reviews the SLIDES referenced above and emphasizes that:

There are no exceptions to what constitutes abuse or neglect under Pennsylvania Law when it comes to people who are self-directing.

Supports Brokers are mandatory reporters as is every person hired through PDS.

The Facilitator refers to [**SLIDES 138-142**] to cover basic definitions, mandatory reporting requirements and procedures. Participants are referred to the Pennsylvania Department of Human Services' website that has resources including a training video on mandatory reporting

http://www.dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices/#.Vz4ffvkrJaQ

NOTES:

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