Instructions for the Universal Comprehensive Plan of Care (CPOC) Form

Louisiana Department of Health and Hospitals

Office for Citizens with Developmental Disabilities
Universal Comprehensive Plan of Care
Comprehensive Plan of Care Instructions

Table of Contents

Page No.

CPOC GENERAL PURPOSE

The Comprehensive Plan of Care (CPOC) establishes direction for all persons involved in providing supports and services for the individual being assessed for home and community-based waiver services, or for those already receiving services. The CPOC reflects information shared by the individual requesting/receiving services, as well as by those who know him/her best. The primary goal of the CPOC process is to learn as much as possible directly from the individual and those who support him/her. This personal perspective assists those who provide supports and services to identify the person's expectations, desired outcomes and guide service activities.

An individual support plan should be a statement of the person's vision for the future and the services designed to assist the person to move towards that future. The CPOC is a tool used to document specific information about individualized supports for each person. It also communicates priorities to all support personnel and provides a point of reference for reviewing progress and change.

The CPOC is developed through a flexible, **on-going collaborative** process involving the individual, family, friends or other support systems, the support coordinator and appropriate service providers. Plans are based on information from the person, the person's primary support network and other service personnel who know and interact with the person. It reflects discussion and decisions about services and supports during planning sessions. The plan provides a road map for the achievement of personal outcomes.

Learning about the individual does not stop when the planning session is completed. Interacting with people as they experience new opportunities and situations provides new information that can be used to initiate, and/or enhance the effectiveness of supports and services (both formal and informal) that can be combined to enable people to live the lifestyle they want to live.

The information contained in this instruction manual identifies and explains how to complete various sections/components of the CPOC. For detailed information and guidance regarding the discovery, planning, and review process review OCDD's Guidelines for Planning. This manual is not to be considered a stand-alone document in the development of an individual's plan of care, but rather used as a guide in the collection, planning, execution, evaluation and on-going documentation of valuable, key information. Significant movement toward the lifestyle an individual prefers and is satisfied with can only happen through the development of a network of people (paid and unpaid) who are committed, willing and able to listen to the person's desired outcomes, and then build supports to achieve those outcomes.

Most importantly, keep in mind the purpose of the planning session. The planning session should create a shared understanding of the person's priorities and a sense of excitement and possibility for the person's future.

DEMOGRAPHIC INFORMATION

IMPORTANT NOTE: The individual's full name (last name first) should appear at the bottom of every page of the CPOC).

Purpose

This initial section of the CPOC contains basic identifying and descriptive information regarding the individual.

Type: Indicate the reason for completing the CPOC. If this is the first time CPOC is being completed on an individual, check the box marked "INITIAL". Check the box marked "ANNUAL" for all subsequent CPOCs (i.e., submitted after the individual's initial approved CPOC).

Waiver: Identifies the waiver tier currently being accessed: Children's Choice Waiver, Supports Waiver, Residential Options Waiver, or the New Opportunities Waiver.

Level of Care: Identifies the "level of care" as identified on the 90L (Physician's Medical Authorization for Long Term Care placement).

Required for NOW Plans of Care

SIS Level: Identifies the current SIS Level Basic, 1A, 1B, 2, 3, 4, 5, or 6. Will only be included for those persons that are accessing the NOW.

Required for ALL Plans of Care

Shared Support: Indicate if the person is receiving shared support services.

Required for ROW Plans of Care

ICAP Level Indicate the individual's Individual Client and Agency Planning (ICAP) level. (Request a copy of the most recently completed ICAP from the Local Governing Entity (LGE) Entry unit.

ROW Acuity Level Indicate the ROW Acuity Level 1-4 which correlates with the individual's ICAP level.

ROW Budget Level Indicate the maximum ROW budget for the indicated ROW Acuity Level.

Individual's Name: Indicate the person's full **legal** name, last name first. Type the name in the footer for each section.

Social Security Number: Indicate the last four digits of the person's social security number.

Date of Birth (DOB): Indicate the person's date of birth.

Medicaid Number: Indicate the person's 13-digit **Medicaid** number. Do not use control card number (i.e., 7770000…….)

Medicare Number: Indicate the person's **Medicare** Number.

Address: List the person's physical address (place of residence), **including zip code**. If the person's mailing address is different from their physical address, note that information under "Mailing (if different)" section.

Parish: Parish in which the person resides.

Day Phone Number(s)/ Night Phone Number(s): Phone number(s) where the individual can be reached during daytime and nighttime hours.

Legal Guardian: List the name of the individual (if any) who has a written, legal right to act on the individual's behalf. Attach a copy of the legal document indicating guardianship to the CPOC. Indicate if person listed is Legal Guardian or authorized representative by checking appropriate designation.

Authorized Representative: List the name of the individual (if any) who has written authorization from the individual to act on their behalf. An OCDD "Consent for Authorized Representation" form must be completed in the event an individual has designated someone to act on his or her behalf (this form can be found in on the OCDD website at the following link: http://ldh.la.gov/index.cfm/newsroom/detail/1564). The form must be completed annually at the Plan of Care meeting.

Relationship: Indicate the relationship between the individual and Legal Guardian or Authorized Representative (i.e., parent, brother, sister, aunt, uncle, friend, etc.).

Legal Status: Indicate the individual's **"**legal status" as far as his/her "legal" authorization to make their own decisions regarding medical, financial and other areas of care. For individuals' whose legal status is identified as "Interdicted", "Power of Attorney", or "Minor", please attach a copy of the legal document denoting that status. Legal document must be submitted with initial CPOC or upon change in legal status. Continuing tutorship should to be noted in "OTHER" (attach legal documentation).

Address: Indicate the Legal Guardian/Authorized Representative's address (physical and/or mailing address) if different from the individual's address.

Day Phone Number/ Night Phone Number: Indicate the phone number(s) (including area code) where the legal guardian or authorized representative can be reached during daytime and nighttime hours.

Support Coordination Agency: Indicate the name of the support coordination agency that will be working with the individual/family. Use Agency's full name (no acronyms).

Support Coordination Agency Address: Indicate the support coordination agency's physical and mailing address.

Provider Number: Indicate the support coordination agency's Medicaid provider number.

Support Coordinator: Indicate the assigned support coordinator's full name.

SC Supervisor: Indicate the full name of the supervisor of the assigned support coordinator

Telephone Number: Indicate the support coordination agency's telephone number (including area code).

Sex: Indicate the individual's gender/sex.

Ethnicity: Indicate the individual's ethnicity/race.

Education: Indicate if the individual attends school or if she/he receives homebound educational services.

90L: Indicate the date the physician/nurse practitioner/physician's assistant signed the 90L and the date the Support Coordination Agency received the 90L.

Primary Disability/ Diagnosis: Indicate the individual's primary IDD diagnosis and the date of onset.

Secondary Disability/ Diagnosis: Indicate the individual's secondary IDD diagnosis and date of onset.

SIL: Indicate if the individual is receiving Supported Independent Living services in the NOW. If the individual is not in the NOW, then check "No".

Ambulation: **I**ndicate the individual's ability to **walk**.
Independent: Individual is able to walk independently without personal assistance, and/or the use of assistive devices.
With Personal Assistance: Individual is able to walk with personal assistance such as assistance to stand before he/she begins walking, assistance to steady gait, and/or guided maneuvering once walking begins.
With Assistive Device(s): Individual is able to walk with the use of an assistive device(s) such as a walker, crutches, cane, etc.
Does not Ambulate: Unable to walk independently, with assistance, and/or with assistive devices.
Wheelchair without Assistance: Individual is able to self-propel manual wheelchair or is able to self-maneuver motorized wheelchair.
Wheelchair with Assistance: Individual requires assistance with propelling manual wheelchair, or with maneuvering motorized wheelchair.
Other: Any other primary means of locomotion not noted above.

24-Hour Services: Indicate if the individual is receiving 24 hours of paid supports through the home and community-based waiver program.

Emergency Self-Evacuate: Indicate if the individual is able to self-evacuate in the event of an emergency. **Attach a copy of the**

individual's emergency evacuation/response plan to the CPOC. (Attachment H of Universal CPOC)

Emergency Response: Indicate the individual's emergency response level as defined below by checking the appropriate box:

Level 1: The individual requires **total assistance with life sustaining equipment** (i.e., equipment is required to sustain the individual's life, generally, equipment is powered by electricity, and/or electricity is required as a backup).

Level 2: The individual requires **total assistance** to respond to an emergency situation.

Level 3: The individual can **respond independently to an emergency but needs transportation** to complete this process.

Level 4: The individual can **respond independently** (i.e., has available supports to meet all his/her needs in an emergency situation, including transportation).

Will residence change with Waiver participation?: Indicate if the individual will be moving to another place of residence upon participation in a home and community-based waiver program. **If yes,** indicate proposed date and address, including house number/apartment number, street, city, state and zip code.

Is this a transition from a Developmental Center, Nursing Facility, Other?: Indicate if the individual is moving from a developmental center, a nursing facility or other facility to a home and community-based setting.

Deposits Required: Indicate if an individual, upon receipt of home and community-based waiver services, will require deposit fee(s) in order to establish his/her new place of residence.

Are there multiple Waiver recipients in the home?: Indicate if there are multiple recipients of any type of home and community-based waiver services residing in the individual's home. **If "Yes"**, how many?

Are there multiple Individuals with Disabilities (non-recipients) in the home?: Indicate if there are individuals with disabilities who reside in the home who do not receive waiver services. **If "Yes", how many?**

Are paid caregivers related to the recipient?: **If yes, relationship and service provided:** Indicate if any of the paid caregivers are related to the individual.

Do paid caregivers live with the recipient?: Indicate if paid caregiver(s) live with the recipient. **If yes, indicate name and service(s) provided.**

Home Health: Does the individual receive Home Health Services. If yes, attach the Home Health Plan

Present Housing: Check the box for the type of housing the individual currently resides in (i.e., own home, apartment, etc.) and then check the box indicating if individual is renting, buying, subsidized housing, etc.

Anticipated Housing: Indicate the type of housing individual will be living in if he/she anticipates a change of residence once waiver services are in place.

SECTION I - EMERGENCY INFORMATION

Purpose

There are several possible situations that necessitate having current, easily accessible personal and medical information and workable evacuation plans in place. Medical emergencies, fire, hurricanes, hazardous materials release, tropical storms, flash flooding, ice storms, and other emergency situations should all be considered when planning for the safety and wellbeing of individuals we support.

Not knowing what to do or whom to call in an emergency is unacceptable. Reduced response/escape time may mean the difference between life and death.

Pre-emergency assessment, and thoughtful planning and practice which considers the individual needs of persons with physical, mental, and/or memory impairments foster independence and empowers individuals and those who support them to respond quickly and efficiently at the onset of an emergency.

Information noted in this section, among other uses, will provide a quick reference regarding an individual's ability to evacuate in the event of an emergency. Circle of support contact information, doctor(s) name(s) and phone number(s), as well as other essential information is also included in this section.

INDIVIDUALIZED EMERGENCY EVACUATION/ RESPONSE PLAN ATTACHED: Individualized Emergency Evacuation/**Response Plan must be attached to the CPOC. (Attachment H of Universal CPOC)**

INDIVIDUAL'S NAME, AGE, ADDRESS AND DIRECTION TO HOME: Indicate the individual's full name, age, physical address, and directions to his/her home. Directions to the individual's home should be clear, concise and if at all possible, refer to a landmark as a starting point of reference.

PERSON RESPONSIBLE FOR EVACUATING OR BRINGING SUPPLIES TO THE INDIVIDUAL'S HOME: The person(s) who will be responsible for assisting the recipient in the event of an emergency/evacuation should be clearly noted in this section **(AGENCY NAME IS NOT SUFFICIENT - LIST DESIGNATED PERSON/STAFF).**

FAMILY MEMBERS/OTHERS TO CONTACT IN CASE OF AN EMERGENCY (INCLUDING PROVIDERS): A list of individuals who are to be contacted in the event of an emergency should be clearly noted in this section.

EMERGENCY EQUIPMENT IN THE HOME: Indicate if the individual has the following emergency equipment (in working order) in the home, and state location of equipment: 1) Fire Extinguisher, 2) Home Evacuation Plan, 3) First Aid Supplies, 4) Specialized Medical Equipment (For example, ventilator, suction machine, nebulizer, etc.), 5) Smoke Detector, 6) other emergency equipment (list what "other" equipment is).

> ***IMPORTANT NOTE:*** *The safety and well-being of an individual should always be considered of prime importance. Each individual situation should be thoroughly assessed to assure that circumstances specific to that individual are taken in to consideration when planning for the safety and well-being of that person****. If emergency equipment, well thought out plans for evacuation and the person's understanding of how/when to evacuate are not found to be present, an Outcomes goal in Section V should reflect how this situation will be remedied.*** *A specific target date for initial review of the Outcomes goal in this section should be set as soon as possible, but no later than the first quarterly review****. Safety issues that pose an immediate threat should be dealt with immediately****.*

The support coordinator is responsible for assuring that the necessary steps to correct the situation are taken and documented as such. The support coordinator should explore all paid and unpaid resources to assist an individual, and/or his/her circle of support obtain the necessary equipment/supplies to correct this situation. It is important to remember that the main focus in an emergency should always be on making sure the individual is out of harm's way as soon as possible.

Special Considerations/Necessities (Detailed Information Required): assistive technology, ventilator dependent, medications, etc. (See Individual Emergency Evacuation /Response Plan): Person-specific considerations should be identified and addressed in the individual's attached emergency evacuation/response plan.

Recipient's Doctor(s): List the individual's primary physician (full name), his/her specialty (area of practice), and a phone number where he/she may be reached. Include the name(s), specialty and phone number(s) of other doctors the recipient may see for routine, and/or specialized care.

SECTION II - ALL ABOUT ME!*

Be especially aware of any information in this section the individual may deem as "Sensitive Information" and follow appropriate guidelines (refer to **"Sensitive Information" form in Appendix A of this instruction manual).*

Purpose

The purpose of this section is to gather information to gain a better understanding of the life experiences of an individual and his or her family. The approach needs to be relaxed with questions that provide an opportunity for the individual and/or the people who know him/her best to share life stories. An understanding and appreciation of positive and negative events in a person's life will provide beneficial insight to the individual and circle of support work necessary to develop a person-centered comprehensive plan of care (CPOC) support plan.

Information should to be written in a manner that supports the values and philosophy of a person-centered approach. **People First language** is critical throughout the comprehensive plan of care. Language has the power to shape ideas and change perspectives. The language we use in our reports and plans are important because of the cumulative effect it has on the attitudes of caregivers, family members and community supports. It is important to use language that honestly paints a complete picture of the person. Emphasize **the person rather than the disability**. Remember that individuals with a disability have the same goals and desires and want a good quality of life just like people without disabilities. State an individual's need in the context of performance or describe what is needed for success. Written information needs to be accurate and not judgmental. Describe a person's personality traits, capabilities and interests and other qualities that make the person who he or she is, emphasizing abilities, not perceived limitations using the typical person test (i.e., is this how I would describe someone without a disability, such as a family member, friend, co-worker, etc.?).

Some people have difficulty letting us know what their preferences, priorities and perspectives are. Some people communicate with gestures and some do not verbally communicate. The information gathering process may require extra attention to non-verbal means of communication. When gathering information from and about these individuals, we need to spend time with them in different settings to develop rapport and to observe how they interact (or don't interact) in various surroundings. Gathering

information from different people who know the individual best is very important in learning about persons who have difficulty with language and verbal expression due to physical and cognitive limitations. People who are most familiar with the person may be able to assist the interviewer in understanding the person's own communication method and style. They may also offer suggestions and guidance to enhance interactions and thus a better understanding of that individual's wants and needs. When asking questions of those who know the person best, be sure to ask how they know what they are telling you is so. For example, "How do you know that Mary likes to spend time outdoors?", "What makes you think that John dislikes carrots?" It may be necessary to include plans for ways to discover and learn more about that individual so that we can provide him/her with truly meaningful supports and services.

Ask probing and open-ended questions in a conversational manner to gather information. This will promote detailed and descriptive life stories about experiences. Repeat what has been said to ensure that the information you are recording is accurate.

A. Historical Information:

Sample Questions (to weave into your conversation):

- When were you born? Do you have brothers or sisters? Are you the oldest or youngest?
- What was your early childhood like? When did you walk, talk? What else do you remember?
- Did you attend school? If so when and where? Did you like school? What kinds of things did you learn to do?
- Have you ever had a job? What did you do? What did you like about your job? Did you earn a paycheck? What types of things did you do with the money you earned?
- Were there any major events in your family's life? What events have made a big difference in your life? Are there situations that have caused you to need support outside of your family and friends? If so, could you describe?
- Did you have any serious illnesses, hospitalizations or surgeries?
- What has led you to request supports at this time?

B. Current Living Situation:

Sample Questions (to weave into your conversation):

1. What is your relationship with your family? Are you close? How often do you see each other? Does your family understand your disability? When you need assistance, are you or your family able to find the help you need? Where do you look for assistance? How easy is it for you to access community resources?

2. Who do you spend time with when you are not with your family? Are the people who spend time with you important to you? Are they your friends? Do you have a best friend? What does friend mean? Of all the people you know, whom do you feel closest to?

3. Who do you know in your community? When you go places, do you know and talk to people?

4. Who do you live with? Do you or your family have plans to change your living situation in the future? If so, what would those changes be? Does anyone you live with worry about being able to support you? If so, why? Do you rent or own your home? Do you participate in any housing program to help with your rent? What do you like about your current living situation? What would you change? Does your house meet your physical needs? If not, why? Do you feel safe in your home and neighborhood? If not, why?

5. Do you work? If so, where and for how long? What do you like about your job? Do you earn a paycheck?

6. Do you worry about having enough money to buy the things you need? Do you have enough money to do the things you would like to do? If not, what are some things you would like to be able to do?

7. Do you attend school? If so, where? What do you like about school? What would you like to change?

C. Current Community Supports or Other Agency Supports

Sample Questions (to weave into your conversation):

1. Who supports you besides your family? What kinds of things do they do with you or for you that support or assist you? How much time do you spend with each other? Do they ever ask for your help? If so, what are the kinds of things you do to help? Are you happy with the support you receive? Why? Is there anything you would change?

2. Whom do you know in your community?

3. What types of interactions do you have with people in your community? For example: church, bank, shopping, volunteer work, YMCA, or clubs/civic groups. Are you a member of a church, fitness center like the YMCA or any other groups or clubs? When you go to these places, to whom do you talk? With whom do you spend time? Would you like to spend more time with anyone?

3. What formal support do you receive from your community? For example: food assistance, such as the Food Bank, food stamps; housing assistance though the Housing Authority (such as the Rental Assistance program or Section 8 Voucher); legal assistance, such as probation officer, legal aid lawyer or the Advocacy Center. What kind of support do you need to be successful with your formal community supports?

SECTION III - THINGS YOU NEED TO KNOW TO SUPPORT ME

Purpose

The purpose of this section is to get to know the individual, his or her personality traits, interests, capabilities, preferences and support needs to gain a better understanding of how to support him or her. Information is to be obtained in a ***positive*** and ***respectful*** manner that allows you to paint a full picture of the individual. Through this approach, the circle of support will strive to build services and supports that are individualized and responsive to the individual's personal preferences, interests and choices. This section of the comprehensive plan of care will guide and direct how people, such as direct support professionals, teachers, provider agency staff, family members, and others can play significant roles in the individual's life and assist them in planning individualized support and service delivery.

A. My gifts and talents:

In this section, you will ask open-ended questions to find out who the individual is. You will ask questions to determine the things people like about the individual, the things he or she likes about him/herself and the things he or she is known for… gifts, talents and strengths. It is important to remember that some gifts, talents and strengths could be both positive and negative making it critical to keep the circle of support's focus constructive. It is again important to make sure the information captured passes the typical person test (i.e., have I captured the information in the same way I would describe someone without a disability?)

Sample Questions (to weave into your conversation)

1. What are some things that people like about you? What are things about you that are respected by others? Admired? Valued? Appreciated?

2. What things about that would cause others to view you as good at something or competent?

3. What are the things/characteristics about you that create acceptance?

4. What are the things you like best about yourself? What about you makes you happy?

B. I communicate best by:

In this section, you will identify the capacity of the individual to receive and express information. This is especially useful with individuals who communicate in non-traditional ways. It is an invaluable source of information for new support staff and for anyone who plays a significant role in understanding how an individual communicates with different people and in different situations.

Sample Questions (to weave into your conversation)

1. How do you communicate? (For example: gestures, body movements, speech, sign language, communication devices, pictures, written words, behave a certain way).

2. When do you communicate most? What activities are occurring?

3. What do you communicate? (For example, clapping hands means upset or happy, pulling on someone's hand means, "Let's go!").

4. Who do you communicate with on a regular basis? Is there anyone that you are more comfortable in going to when you need to say something?

C. I understand best when:

In this section, you will identify how an individual learns best and assess how they receive and act on information. This information will provide beneficial insight into the individual's preferred learning style and enhance effective instruction that is respectful of the individual's preferences.

Sample Questions (to weave into your conversation)

1. How do you like to learn new things? What works best for you? (For example, modeling; show and tell; hand-over-hand technique; picture; checklist; show how the individual performs task, etc.). When do you like to learn new things? Morning? Afternoon? Evening?

2. When it is time for you to do something, what is the best way to tell you? (For example, show and tell me what I need to do; follow a picture routine; tell me one-step at a time; ask me, do not tell me).

D. I need help with:

In this section you will identify areas of difficulty as well as when an individual wants support. This is not intended to replace detailed information provided in the plan detailing the type of support a person needs, the frequency that supports may be needed, etc. it does, however, allow us help the person prioritize what is most important from their perspective. This will provide support staff, family members, and others significant to the individual with invaluable information in understanding basic support needs as well as when an individual feels he or she needs to be supported. This will provide knowledge of any characteristics or behaviors that pose challenges to community acceptance, promote rejection, or place the individual at risk. It is important to foster a positive focus to obtain constructive information.

Sample Questions (to weave into your conversation):

1. What are the things that you need help with? (For example: cooking, buying things, understanding when someone is taking advantage of me, and making friends).

2. What are some “in the way” things that keep you from doing the things you want to do? (For example, anger, talking loud, acting in a way that makes community members uncomfortable, taking things that don’t belong to me, hitting people).

3. What support will help you? (For example, reminders of respectful behavior, redirection, role-play).

E. When I am scared I need someone to:

In this section, you will identify situations that cause the individual to be scared and how to best support him or her to feel safe. This will provide important information to those who support the individual and, in particular, new direct support staff.

Sample Questions (to weave into your conversation)

1. What scares you? (For example situations, places, weather conditions, unknown changes in routine, people, animals, noises).

2. How can someone help you feel safe and not scared? (For example, talk to me in a soothing voice, hold me close, take me somewhere else, explain to me what is happening).

3. What makes you frustrated, angry or mad? (For example, changes in routine, loud people, being told what to do).

4. How can someone help you when you are angry? (For example, time alone, time alone with frequent checks to make sure I don't hurt myself, talking, redirection).

F. When I am angry I need you to:

In this section, you will identify situations that cause an individual to become angry and how best to support him or her to diffuse or limit adverse behavior. This information will assist those significant to the individual, particularly new support staff, in avoiding unnecessary circumstances that create frustration and anger as well as in recognizing warning signals that the individual is becoming agitated. Anger is another form of communication, this section will provide strategies and tools to diffuse and respectfully deal with the individual's anger.

G. Things that work:

In this section, you will identify what works for the individual. This will include people, places, things and activities that create motivation, enjoyment, excitement, happiness and engagement. You may discover that you have learned some of the things that work in previous sections. This information should be recorded again in this section to provide a comprehensive list of "what works". Information will provide insight to the individual's personality and help support staff and significant others really know the individual. This is a very powerful tool in the development of individualized supports.

Sample Questions (to weave into your conversation)

1. What are your favorite activities? What do you do during your free time?

2. Do you collect anything, like cards or pictures?

3. What things make you happy, make you laugh or smile?

4. What makes a good day? Is your routine important? Do you like doing many different things each day?

5. What kind of people do you like? Who is most important to you?

6. Do you have a pet? If so, what is its name?

7. Where are some places you like to go?

8. What are your favorite foods?

H. Things that Don't work:

In this section, you will identify what doesn't work for the individual. This will include people, places, things and situations that create frustration, anger, upset, worry, boredom or depression. You may discover that you have learned some of the things that don't work in previous sections. This information should be recorded again in this section to provide a comprehensive list of "what doesn't work". Information will provide insight to the individual's personality and help support staff and significant others really get to know the individual, such as understanding what to avoid or when impossible, what support will be needed. This is a very powerful tool in the development of individualized supports.

Sample Questions (to weave into your conversation)

1. What are some things that make you scared, cry, sad or angry?

2. What situations or conditions need to be avoided? (For example, loud places, big crowds, lots of new people, stairs).

3. What situations cause you to be upset/angry? Bored? Scared? Depressed?

4. What foods don't work for you? (For example food allergies, texture, raw, cooked, hot or cold).

5. Are there people you should avoid? Who? Why?

6. What other things or situations don't work, cause problems or difficulty for you?

I. Other Things I would like you to know about me:

In this section you will help the individual identify what he or she believes are the most important things to know about him or her so that people can provide support effectively. You will use the information gathered in previous sections to summarize what is most critical which will especially help new support staff or substitute staff get to know and understand the individual.

Sample Questions (to weave into your conversation)

1. What do you think are the most important things for someone to know about you? (For example, routine, being prepared for changes, avoiding loud noises, favorite food, favorite thing to do).

2. What are the things that are most critical to your well-being? (For example, situations to avoid, food allergies).

2. What are some "in the way" things that people need to know most about you? (For example, odd or unusual behaviors that are negative or have caused a bad reputation).

SECTION IV - HEALTH PROFILE*

Be especially aware of any information in this section the individual may deem as "Sensitive Information" and follow appropriate guidelines (refer to **"Sensitive Information" form in Appendix A of this instruction manual).*

Purpose

An individual's health profile is a collection of health and medical information obtained from the person themselves, individuals who know the person best, other sources such as an individual's physicians, other health care providers, medical and/or psychological records. Persons with disabilities that interfere with cognition or communication my not be able to either recognize or tell anyone about significant changes in their health status. In these cases, individuals who know the person best can provide an invaluable source of information.

A thorough collection of information concerning an individual's health profile and current health status can be an invaluable tool in early identification and monitoring of potential health and welfare concerns when working with developmentally disabled populations, especially those individuals who may have a history of unstable health conditions.

Information documented in this section will guide the individual's support team in assuring that appropriate, adequate and person-centered supports are addressed in the support planning process.

Waiver supports may impact and/or involve health or behavioral health issues when the individual needs day to day assistance to recognize and respond to or alert others if symptoms or to independently complete needed treatment as prescribed by treating professionals such as taking medications, applying topical creams, or for behavioral issues completing journaling, practicing skills-based instructions, etc. This section summarizes important aspects of the recipient's physical and mental health status,

medication needs, adaptive functioning capabilities/needs, frequency and reason for doctor visits, preventive medical/dental checkup schedules, and/or specialized medical follow up such as monitoring of medications, blood pressure, lab values, and other needs.

A. Health Profile includes table to identify/list support needs in the areas of General Health Supports, Allergies, Behavioral and/or Mental Health supports, Medical and Mental Health Risks.
    i. Column 1-Identification of Health Area to consider
    ii. Column 2-Identify/List specific diagnoses/risks that need to be considered and/or supports needed
    iii. Column 3-list doctor/professional responsible
    iv. Column 4-Identify date of last visit
    v. Column 5-Identify date of next visit
    vi. Column 6-check all the general supports needed by paid staff (if selected the provider should complete attachments D and/or G).
    vii. Column 7-only select if no support is needed and the person is able to independently complete all tasks associated with the Health support area.
    viii. Column 8-only select if family is providing all support and no support via paid staff will be provided

B. **Critical Incidents (For past 6 months – list # of times each incident occurred):**
    a. Critical Incidents (as defined by OCDD Critical Incident Policy)
    b. Non-Critical Incidents (as defined by OCDD Critical Incident Policy)
    c. Hospital Admissions: Frequency and reason(s) for hospital admissions.
    d. Emergency Doctor Visits: Frequency and reason(s) for emergency room visits.
    e. Psychiatric Hospital Admissions: Frequency and reason(s) for psychiatric hospital admissions.
    f. Other: Frequency and reason(s) for the critical incidents. Example of “Other” would be law enforcement involvement, or other items not already listed.
    g. Additional Information/Summary

SECTION V - PERSONAL OUTCOMES

Purpose

Personal outcomes are what people expect from the services and supports they receive. Personal outcomes refer to the major expectations that people have in their lives. **The meaning for each of the Personal Outcome Measures is defined by the person**. Using the outcome measures in the planning process requires that we

discover how each person defines the outcomes for him/herself (See Personal Outcomes Worksheet in Universal CPOC).

First Column – My Personal Outcomes

What the individual wants for him/her self in the future. Such "goals" can be formal statements of what a person wants to do or accomplish, or his/her informal expectations and hopes for the future.

Although an individual may have many hopes and desires for the future, the individual may choose to select only a few to actively pursue at any given time. Personal Outcomes may also be maintenance of something the person has already accomplished and wants to keep in their lives, i.e. job, housing, community relationships). Not all of the 25 Personal Outcome Measures have to be included. The individual determines which ones are most important to work on at any given time. Outcomes may be addressed in the future.

Second Column – Support Strategy Needed

(What? Who? How?): "What" is needed for the individual to achieve his/her personal outcome? This section identifies the type of concrete action or support needed. This may reflect training needed, supports and/or skill acquisitions, or may be a statement regarding the individual's maintenance in the home and community with provided supports. "Who and How" the individual can be supported to achieve his/her personal outcome. This section identifies whether paid staff will be utilized or what natural supports (friends/family) are in place to support the strategy.

Third Column – How Often for Supports and Services

In this column, describe the frequency of service delivery the provider will use to meet the individual's needs and wants. For example, "Assist with bathing once daily. Hair washing three times weekly to be performed by family and paid staff." This section should be as specific as necessary to ensure adequacy of support.

Fourth Column – Review/Accomplishment Date

In this column, identify the frequency of when the CPOC will be reviewed. (Note: The CPOC must be reviewed at least quarterly and updated yearly.) The review will determine whether the individual's needs have been adequately met and whether the services continue to be wanted or needed in order to achieve or move the person closer to their defined personal outcomes. Identify when the goal/outcome is accomplished. This section identifies the minimum requirements for review of the plan. It should be at least annually or sooner if the individual's situation significantly changes.

(Additional copies of this section can be made as needed).

SECTION VI - IDENTIFIED SERVICES, NEEDS AND SUPPORTS

Purpose

The section will provide an overview of supports and services needed for the individual to promote independence. The chart will ensure that all supports and services have been assessed, discussed and reviewed with the individual. The individual and his/her support system are provided with through information regarding home and community-based waiver services, other Medicaid funded programs, non-paid community supports and services so that they can make informed choices about services and supports they need and/or want in their lives.

In this section, identify the supports the individual has requested and/or is receiving. If an individual is receiving non-waiver support, write in the type of support under the sections marked, “Medicaid Funded Services” and/or “Non-Waiver Support”.

The Support coordinator is required to initial the bottom section of this page under “Note: Informed individual of all state plan services” indicating that they have indeed done so.

SECTION VII - TYPICAL WEEKLY SCHEDULE

Purpose

The intent of this schedule is to assist individuals and their families in assessing and planning for services and supports that will help them move closer to their desired personal outcomes. Utilization of this section and subsequent planning will help assure continuity of care and reduce redundant and/or unnecessary service delivery. Services should be provided in accordance with what is requested and needed by the individual, no more, no less. Simply list the source of service provision when applicable. In addition, for waiver support simply mark the time the individual typically receives supports by using the “Pw” coding. The service delivery schedule **is not** to be used for daily monitoring of service delivery or monitoring of the individual’s daily activities.

This section is for planning purposes only**. It is understood that this schedule is flexible for persons accessing an array of informal/formal supports (do not require 24 hour paid supports), and an individual’s daily routine may change based on need or preference. The waiver supports that are initially requested will be based on this planning document.**

Subsequent changes must to be requested by the individual, and/or their authorized representative, and processed through the support coordinator utilizing the appropriate Revision Request forms (see Revision Request Form and instructions posted on OCDD website at http://ldh.la.gov/index.cfm/newsroom/detail/1564).

Typical Weekly Schedule

The top of this section lists the individual's desired/needed supports. For each hour, indicate how the individual will typically spend their time using the codes listed below.

CODES:
F = Family
Fr = Friends
S = Self
Sc = School
C = Companion
Pw = Paid Waiver Support
P = Paid Support*

*Note: Paid Support is support provided by another funding source besides waiver funding (For example, Louisianan Rehab. Services (LRS), private pay funds, etc.).

When listing Paid Waiver Support (Pw), identify the waiver support (For example, PW –Day Hab, etc.).

An example of a typical weekly schedule is:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT	SUN
12pm	Pw – Supported Employment (SE)	Pw – Supported Employment (SE)	Friend (Fr)	Pw – SE	Self (S)	S	Fr

After completing the Typical Weekly Schedule, tally the hours by codes (For example Pw) and enter the number of hours next to the appropriate code in the box located on the bottom left-hand corner of the page. The total number of hours in a week is 168.

SECTION VIII - TYPICAL ALTERNATE SCHEDULE

(For Planning Purposes Only)

Purpose

The purpose of the Typical Alternate Schedule is to provide families flexibility in the utilization of units based on possible projected needs, (for example holidays, school closures, work schedule changes, etc.). Proper planning for the individual will allow for flexibility for families and the reduction of the need for revisions. This section is to assist with planning for holiday/vacation schedules, and to assure continuity of supports and services during those times when additional supports are requested**. It is understood that the schedule remains flexible**. Planning for holiday/ vacation or other alternate schedule time will ensure the individual will have access to the needed supports in a timely, consistent manner. **This page is simply designed to provide a visual overview of service delivery during holiday/vacation, or other alternate schedule time.**

Subsequent changes must be requested and processed through the support coordinator utilizing the appropriate Revision Request forms posted on OCDD website at http://ldh.la.gov/index.cfm/newsroom/detail/1564).

Typical Alternate Schedule Calendar

The Typical Alternate Schedule calendar contains the twelve (12) months of the year followed by the year: "20___" (the appropriate year will need to be filled in). This calendar should begin and end with the months for that particular CPOC year. The dates when alternate services have been requested by the individual, and/or his/her authorized representative/guardian should be marked (this can be done by marking an "X" for appropriate date(s), by shading dates, or other means of marking dates. **Important Note:** Prior planning and consideration of all possible dates an individual may need alternate services at the CPOC planning meeting will provide families flexibility in the utilization of service units based on possible projected needs, and will minimize the need for revisions during the CPOC year.

For Example:

January 2019

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2019

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

March 2019

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

COMMENTS: Jan. 1 to 3, 2019 – School Winter Break, 1/19/19 – Martin Luther King, Jr. Holiday, 2/23 – 25, 2019 – Mardi Gras Holidays, 3/12/19 – Early dismissal – ½ day at school.

SECTION IX: - CPOC REQUESTED WAIVER SERVICES (BUDGET SHEET)

Section IX (A) - Typical Weekly Schedule & Typical Alternate Schedule

Purpose

The purpose of this section is to document all services an individual and/or his authorized representative/guardian have requested in accordance with information gathered and documented during the CPOC planning process. In addition, this section identifies whom the individual and/or his authorized representative/guardian have chosen to provide the specified service(s), the frequency, amount (units of service) and duration of each requested service for that particular CPOC year.

List the Typical (Routine) Weekly Schedule – Daily Service Totals of services an individual has requested for that CPOC year. This schedule is reflected on a weekly schedule.

List the Typical Alternate (Holiday/Vacation/Other) Schedule – Total Additional/Reduction of Units of Service being requested per each quarter of the CPOC year. This schedule is reflected on a quarterly basis.

Signatures of the individual and/or his or her authorized representative, the chosen provider and support coordinator appear on this page documenting review and approval of services as reflected on Budget Sheets as written during the CPOC planning meeting.

LGE Staff / Support Coordination Supervisor is responsible for assuring that all information on the Budget Sheets is accurate before signing their approval of the CPOC as written.

The CPOC is a **legal document** and must be treated as such. The CPOC Budget Sheets must be completed in blue or black ink**. ALL** corrections must be made by **marking through an error only once and initialing each correction as such.**

Complete Section IX (A) & (B) of the CPOC (Budget Sheets) as follows:

SECTION IX (A) – BUDGET SHEET:

SSN#: Provide the last four (4) digits of the individual's SSN#

TYPICAL WEEKLY SCHEDULE – DAILY SERVICE TOTALS

List the individual's requested services as described in **Section V** of the individual's CPOC: **Identified Services, Needs, and Supports, Section VII: Typical Weekly Schedule**, and **Section VIII: Typical Alternate Schedule.** It is very important that

the Budget Sheets (Section IX (A) & (B)) be accurately and thoroughly completed so that delivery of supports and services is not adversely affected or delayed. Failure to do so will affect data input into the Prior Authorization system, which will ultimately **affect billing and delay reimbursement.** Each section should be completed as follows:

PROVIDER NAME: List provider agency to provide waiver service (Full Name, no acronyms).

SERVICE PROCEDURE CODE(S): List the waiver procedure code(s) for each requested service(s) Refer to published PROCEDURE CODES AND SERVICE RATES chart.

SERVICE TYPE: List the type of waiver service provided (For example, Day Hab, etc.)

MONDAY – SUNDAY: List the units of service for the day of the week requested for each waiver Procedure Code you have listed.

TOTAL WEEKLY SERVICE UNITS: List the total weekly number of units of service for each waiver Procedure Code listed.

NUMBER OF WEEKS IN CPOC YEAR (52 weeks in a year): Count the number of weeks in the CPOC year. Typically, plans will be for a 52-week period. However, if the plan is less than 52 weeks, count the number of full weeks in the plan of care.

Total Weekly Units For POC Year Multiply the number of weekly units of service by the number of weeks in the POC year and record the number of units. This number will also be recorded in Section IX (B).

TYPICAL ALTERNATE SCHEDULE – TOTAL ADDITIONAL UNITS OF SERVICE PER QUARTER

PROVIDER NAME: List the name of the provider agency that has been chosen by the individual/authorized rep./guardian to provide the service (Full Name, no acronyms).

SERVICE

PROCEDURE CODES: List the waiver procedure code(s) for each service listed Refer to published PROCEDURE CODES AND SERVICE RATES chart.

SERVICE TYPE: List the type of waiver service being requested (For example, Host Home, Day Hab, etc.)

TOTAL # OF UNITS (+ or -): Add **(+)** or subtract (-) total # of units of service for each additional service requested. **For example**: An individual receives Day Hab 3 days a week, 5 hours a day (20 Units per day, 60 units per week). During your CPOC planning meeting you learned that Day Hab will be closed during the Christmas holidays for the 3 days this individual would normally attend Day Hab. The individual is requesting an additional 5 hours a day (an additional 20 Units per day, 60 units per week) of Community Living Supports (CLS) services for the 3 days during the Christmas holidays the Day Hab will be closed. You would subtract (-) the 3, 5 hour days of Day Hab Service (20 Units per day, 60 units per week) of Day Hab services for the appropriate CPOC Quarter and add (+) an additional 5 hours a day (an additional 20 Units per day, 60 units per week) of CLS for the appropriate CPOC quarter.

DATE/PURPOSE: Provide the date(s) when a request for alternate services are being added or subtracted and make a brief note indicating the purpose for additional (+) or for units of services being subtracted (-) (For example, “Holidays”, “Early School Dismissals”, “Vacation”, “Illness” etc.)

QUARTERS: There are five sections listed. The first is a partial quarter, then the first full quarter, 2nd full quarter, 3rd full quarter and 4th partial quarter. The year that quarter is in should be noted at the top of each quarter by the “Yr. ___” Blank. **Be especially sure to note what year you are referring to for those times when alternate services may be covered in two different years for the same month. For example, a CPOC with alternate services requested for all quarters with a began date of July 15, 2019 would also cover alternate services through July 15, 2019.**

TOTAL TYPICAL ALTERNATE SCHEDULE UNITS: Add the total units per quarter per service to determine the total alternate schedule units. Record total figure here.

PROVIDER NAME/ PROVIDER REP. SIGNATURE: Signature(s) of provider agency representative(s) must be obtained **upon completion of the CPOC Service Budget Sheets (Section IX (A) and (B)).** Service Provider **signatures will indicate that the providers have reviewed the budget sheet and are in agreement with services as outlined,** and that they are able to provide the services as requested by the individual and/or family/authorized rep.

SUPPORT COORDINATOR: The Support coordinator signs indicating that he/she has reviewed all services with the individual, and/or with his authorized representative/guardian, and agrees that services as outlined on the CPOC Budget Sheet are indeed what the individual is requesting for that CPOC year.

LGE/SC SUP. APPROVAL SIGNATURE: The LGE or SC Supervisor is responsible for assuring that all information on the Budget Sheets is accurate before signing their approval of the CPOC as written.

Date: Date LGE/SC Supervisor signs indicating approval of budget sheet.

It is the policy of OCDD that some ANNUAL Plans of Care can be approved by the Support Coordination Supervisor. The approval process is documented in OCDD memos OCDD-SC-17-008 for the New Opportunities Waiver (NOW) and OCDD-SC-18-009 for the Supports Waiver, Residential Options Waiver (ROW), and the Children's Choice Waiver.

SECTION IX (B) – BUDGET SHEET:

1. **PROVIDER NAME:** List provider agency to provide waiver service (Full Name, no acronyms).

2. **PROVIDER #:** List the provider number assigned to each agency for billing purposes.

3. SERVICE TYPE: List the type of waiver service provided (For example, Day Hab, etc.)

4. PROCEDURE CODE(S): List the waiver procedure code(s) for each requested service(s) (See attached waiver PROCEDURE CODES AND SERVICE RATES chart).

5. TOTAL WEEKLY UNITS For POC YEAR : List the "Total Weekly Units for the POC Year" for each waiver procedure code listed in Section IX (A), Typical Weekly Schedule.

6. TOTAL ALT UNITS For POC YEAR List the "Total Alternate Units for All Quarters" for each waiver procedure code in Section IX (A), Typical Alternate Schedule.

7. TOTAL UNITS FOR POC YEAR: Add the Total Weekly Units for POC Year to the Total Alternate Units for POC Year. This represents the total number of units for the procedure code for the year.

8. RATE PER PROCEDURE CODE UNIT Enter the current unit rate for the procedure code. Refer to published PROCEDURE CODES AND SERVICE RATES chart.

9. TOTAL SCHEDULE ANNUAL COSTS: Multiply #7 (Total Units for POC Year) by #8 (Rate per Procedure Code unit) and record the total Schedule Annual Costs.

10. TOTAL ANNUAL SCA COST (For SW, CC Waiver, and ROW only) – Multiply the number of monthly units by the cost per unit to get total monthly cost. Multiply total monthly cost by number of months in the CPOC year to get the Total Annual SCA Cost.

11. TOTAL TYPICAL SCHEDULE ANNUAL COST: Add all costs listed in column #9 to give you Total Schedule Annual Cost (#11).

12. TOTAL SC ANNUAL COST List total annual SCA cost in #10 in this field.

13. TOTAL ANNUAL COST FOR POC Add #11 (Total Typical & Alternate Schedule Annual Cost) to #12 (Total Support coordination Annual Cost). This provides the total annual cost for the POC.

PROVIDER NAME/ PROVIDER REP. SIGNATURE: List the name of the Provider (full name), followed by the Provider Rep. Signature (Only primary service providers need to sign this page, unless otherwise indicated). **This signature will indicate that the provider has reviewed the budget sheet and agrees to provide the services as stated on the budget sheet.**

SUPPORT COORDINATOR: The Support Coordinator signs on this line indicating that he/she has reviewed all waiver services with the individual, and/or with his authorized representative/guardian, and agrees that services as outlined on the CPOC Budget Sheet are indeed what the individual is requesting for that CPOC year.

For LGE/Support Coordinator Supervisor Use Only:

Indicate if plan is approved or denied. Fill in CPOC begin and end dates.

ICAP Level/ROW Level

Fill in the ICAP level and the corresponding ROW level.

ROW Budget Max

Fill in the max budget allowed based on the ROW level.

It is the policy of OCDD that some ANNUAL Plans of Care can be approved by the Support Coordination Supervisor. The approval process is documented in OCDD memos OCDD-SC-17-008 for the New Opportunities Waiver (NOW) and OCDD-SC-18-009 for the Supports Waiver, Residential Options Waiver (ROW), and the Children's Choice Waiver.

LGE/ SUPPORT COORD. SUPERVISOR APPROVAL SIGNATURE/ INITIALS: LGE/Support Coordination Supervisor is responsible for assuring that all information on the Budget Sheets is accurate before signing their approval of the CPOC as written.

Date: Date LGE/Support Coordination Supervisor signs indicating approval of budget sheet.

SECTION X - CPOC PARTICIPANTS:

Purpose

This section should contain the signatures of all those who participated in the CPOC planning meeting. The signature(s) identify the individual's Circle of Support, and their signatures indicate participation in the CPOC planning meeting.

The Support coordinator's signature and the Support Coordinator Supervisor's signature (indicating they have reviewed the CPOC) are required.

The next section outlines the individual's rights and responsibilities and indicates their understanding of waiver supports as presented in the CPOC. The individual (or their authorized representative) initials and signs if he/she is in agreement with statements. A witness signature is **ALWAYS** required.

The Support Coordinator is required to review the current Rights and Responsibilities as well as the Freedom of Choice forms with the individual. It is not appropriate or acceptable to obtain the initials for these documents without reviewing them with the individual/authorized representative on an annual basis.

Note: The Support Coordinator (SC) is required to provide the participant with the actual Freedom of Choice form when selecting a new agency and upon request. When a new agency is selected, the form must identify the selection (circling or check mark) and the signature of the participant/authorized representative and the SC.

STAFF INSTRUCTION ATTACHMENTS

Purpose

The Support Coordinator should check all attachments that are relevant or required. Refer to the definition of each Attachment to determine if it required for the Plan of Care, and which team member will complete the attachment.

ATTACHMENTS TO UNIVERSAL CPOC

Purpose

The instruction sheets included as attachments to the Universal CPOC will be used by service providers and support coordinators to gather information and to capture more detailed instructions related to the implementation of supports. The attachments to be completed by the service provider were developed to replace submission of a separate Individual Support Plan (ISP) document. The attachments are intended to be an extension to the plan of care and to provide a more detailed set of instructions related to how supports will be implemented day to day by the direct support staff. It is not a requirement that all attachments be completed for every individual. Only attachments for the areas that the service provider is supporting the person would need to be included with the CPOC submission. The following attachments will be required to be submitted for all plans: Personal Outcomes Worksheets (Attachment A); Emergency Plan (Attachment H); Back-up Plan (Attachment I). The attachments do not replace any other forms of documentation being utilized by the service provider to teach skills in a particular area or capture the supports being provided.

ATTACHMENT A: PERSONAL OUTCOMES WORKSHEETS

To be completed by Support Coordination Agency

Purpose

Personal Outcome Measures:

Personal Outcomes were developed by The Council on Quality and Leadership, an international organization that has over 30 years experience supporting organizations in providing quality services to people. There are 25 Personal Outcomes divided into 7 areas: Identity, Autonomy, Affiliation, Attainment, Safeguards, Rights, and Health and Wellness. These outcomes are defined by the individual and measure what people with disabilities SAY is important. In a personal outcome focused system the **focus is on the person being served, service action is based on the person's criteria, programs are designed for the person and expectations for performance are defined by the person.**

Persons with intellectual disabilities, elderly and disabled individuals and their families and advocates are asserting their own definitions of how services should be provided and how service quality should be measured. Utilizing a personal outcomes approach assists support coordinator, direct service providers, family, and community support systems in focusing on the desires, goals, well-being, responsiveness, and growth of each individual, rather than focusing on compliance with the organizational process.

Focusing on outcomes and person-centered planning, supports the person as the decision-maker. The Support Coordinator is a partner in this process. Support Coordinators are in a pivotal position to support people with disabilities in understanding and assuming greater responsibility in their planning meetings in order to help assure that the person's wishes are clearly reflected in the written comprehensive plan of care. Support Coordinators facilitate, oversee and monitor the service/support plan among those who accept responsibility for implementing the plan. Flexible work schedules will be required in supporting the people that you support. With the active support of Support Coordinators and others, the lives of Louisiana's citizens with disabilities will be greatly enhanced.

The Office for Citizens with Developmental Disabilities (OCDD) promotes the use of People First language (see People First Language reference in Appendix A of this instruction manual).

A. MY PERSONAL OUTCOMES WORKSHEET:

The person facilitating the information gathering process needs to have a basic knowledge of the Council's Personal Outcome Measure in order to conduct a personal outcome interview in a conversational manner. Critical knowledge includes the key ideas for each of the outcome measures. An understanding of the key ideas for each outcome assists the person asking the question to learn about the person's definition and status for each outcome. Each Support Coordination Agency is responsible for assuring that support coordinators are familiar with The Council's Personal Outcome Measures. Support coordinators should be provided with the Personal Outcome Measures Manual and Workbook to assist them in gathering information. A staff person who has been formally trained in Personal Outcomes can be a vital resource to an employee, especially during the employee's orientation period. Along with providing new support coordinators with reference materials on Personal Outcomes, Support Coordination Agencies are responsible for assuring that all support coordinators are formally trained in the Personal Outcome Measures process as training opportunities are made available by the BCSS. Support coordinators should be aware that the **information gathering process is an ongoing one** and every opportunity should be taken to learn more about the individual they are supporting to assure that quality, meaningful supports and services are in place. Support staff should continue to gather information from the person and those who know him/her best so that adjustments/changes, as wanted and needed by that individual, can enhance the effectiveness of supports and services.

During an initial interaction, the goal is to gather as much information about personal outcomes as possible directly from the person. This provides a foundation of understanding about the person and his or her sense of priorities.

Follow-up interaction and interviews with the person and others provide opportunities to gather additional information.

Some people have difficulty letting us know what their preferences, priorities and perspectives are. Some people communicate with gestures and some do not verbally communicate. The information gathering process may require extra attention to non-verbal means of communication. When gathering information from and about these individuals, we need to spend time with them in different settings to develop rapport and to observe how they interact (or don't interact) in various surroundings. Gathering information from different people who know the individual best is very important in learning about persons who have difficulty with language and verbal expression due to physical and cognitive limitations. People who are most familiar with the person may be able to assist the interviewer in understanding the person's own communication method and style. They may also offer suggestions and guidance to enhance interactions and thus a better understanding of that individual's wants and needs. When asking questions of those who know the person best, be sure to ask how they know what they are telling you is so. Two examples are: "How do you know that Mary likes to spend time outdoors?" and "What makes you think that John dislikes carrots?" It may be necessary to include plans for ways to discover and learn more about that individual so that we can provide him/her with truly meaningful supports and services.

"My Personal Outcomes Worksheet" contains The Council's twenty-five (25) Personal Outcomes and is used as **an information-gathering tool** to learn the individual's wants and needs from their/their family's perspective.

Current Life Situation describes what is/is not happening in this person's life for each of the outcomes; Current Support Situation - Natural and Paid, describes what's going on/not going on that supports the person's desired outcomes; Current Level of Satisfaction rates the individual's level of satisfaction in the different Personal Outcomes domains on a scale of 1 to 5 – "Not at all satisfied, Not very satisfied, Somewhat satisfied, Satisfied, and Very satisfied".

The process of matching the person's current situation with what the person wants captures the essence of outcome measurement. For example, if the person has friends and is satisfied with the friendships he or she has formed, the current situation may meet the person's definition of the outcome. If the person states that he or she neither has nor wants friends, and additional information reflects that this is a personal decision made with full access to experience and support for making friends, there may be no discrepancies between the current circumstances and the outcome desired. This can be contrasted with the person who does not have friends, but does not have the skill, access, experience, or opportunity to make friends. Without friends and

access to opportunity and support for making the decision about whether or not to have friends, the current situation cannot match the desired outcome.

Now think of the person who is the focus of planning. Compare the outcome as defined by the person's current experience. Do they match? If not, how close is the person to achieving that outcome? When the person's definition of the outcome and the current situation match, there is typically one or more processes is in place that supports that outcome. There will be some instances where people achieve outcomes even when there are no identifiable organizational supports in place.

When an outcome is present but no process can be identified, this may indicate the presence of an informal support network. It may also mean that the person no longer needs significant supports or services. The review of the support process is important to ensure that the presence of the outcome is not just a chance happening. Support processes, even if informal, are important to ensure that outcomes continue to be present for the person.

If the person has not achieved an outcome, supports should help the person move toward that outcome. It is possible for a person to have an outcome that is not achieved even though there is a support process in place. The **outcomes** are the results we expect from the provision of supports and services. As **strategies** are developed to support what the person defines as their personal outcomes (what they want/need as a result of services and supports), ask these questions:

Why are we providing this service?
To what end is this support directed?

This worksheet is to be completed during the **initial CPOC planning process,** as part of the Personal Outcomes base line information gathering process, at the very least **during the 6 month review period** to measure progress/movement toward the person's desired lifestyle, and again at the **CPOC annual renewal period** as a guide for adjustment/changes in the CPOC service support strategies.

B. TOP/MOST IMPORTANT PERSONAL OUTCOMES/GOALS

Each person has some outcomes that are more important than others. The person may identify these clearly, either verbally or through some form of communication. For some people, it may be necessary to determine their priorities by gauging the impact this outcome may have on their lives. For example, a person who does not have the kind of job they want may have high priorities about work issues.

Utilize the information learned from the "My Personal Outcomes Worksheet", as well as other information gleaned during the CPOC information gathering and planning process to complete the **Top/Most Important Personal Outcomes/Goals Worksheet**. Take time to identify barriers and opportunities. Barriers are the roadblocks to the person achieving his/her outcome. Understanding barriers and opportunities in the person's life, or in the service system is critical to planning new strategies for support. Frequently people stop supporting the person in working towards their outcome when the barriers are difficult. It is important to keep an open mind and to discuss and share ideas and opportunities (chances, openings, possibilities) that may lead to a successful outcome for that individual.

Goals should be written as outcome statements and can actually be the outcome identified by the person. Following are examples of how this can be accomplished**:**

During the CPOC planning process, Pam identified that she wanted more control over her finances. To her, this meant having a checking account and an ATM card. She also wanted to pay her own bills. The team identified some effective strategies to help Pam, which included having a $100 balance initially. Her sister agreed to help her balance her checkbook each month. A staff person agreed to assist her in learning how to write a check. Pam agreed to only write checks when staff or her sister were with her while she was learning how to handle her money.

The goals were written as follows:

Goal (outcome): Pam will control her finances.

Objective: Pam will open a checking account with a $100 balance by September 1, 2018.

Objective: Pam will complete a course on budgeting by November 1, 2018.

Objective: Pam will pay her telephone bill by check each month for three consecutive months by February 2019.

In this example the support team used Pam's definition of the outcome to develop objectives. The objectives bring her closer to the outcome as she defines it. Note that the team did not abandon Pam by giving her total access to her money with no supports. They began sharing control with her as she learned how to assume more responsibility.

Goals are either personal goals chosen by the person or goals which lead to an outcome for the person. Objectives are typically defined as time-limited, specific, measurable statements related to the person's goals**. Strategies** are

developed for meeting the goals and objectives. It is important to continually evaluate whether the goals, objectives and strategies are leading to achievement of the person's outcomes. If they are not, ask "why" this is a necessary objective or strategy. Keep asking "why" until people identify the outcome that is expected for the service or support.

Action is important, but written documentation and what we do with it is equally as important. Do we use it to change our actions to bring the person closer to their outcomes?

This worksheet is to be completed during the **initial CPOC planning process**, at the **annual CPOC renewal period** and as a result of **significant changes in the person's current life condition** that may warrant a reassessment of the person's outcome priorities.

Remember that the Personal Outcomes Worksheets are to be utilized as **working documents** that will change over time as the person's life changes. It is critical that the information gathering and planning process be continuous, based on how that individual defines his/her Personal Outcomes.

Important Note: Personal and Family Outcomes for families with young children focus on the items and issues that matter most to families raising a child with a disability. The "Top/Most Important Personal Outcomes/Goals" Worksheet should be utilized to assist **families** of young children to determine their child's Top/Most Important Personal Outcomes/Goals as applicable according to the age and particular situation of the child.

Attachment B of CPOC: Relationship and Community Contacts and Information

To be completed by Service Provider

Snapshot of the important people in the individual's life and preferences that should be accounted for in supporting the person. This attachment give a picture of the person's life and the supports needed.

Important Contacts: Contact information for the "Important Contacts" should be listed and updated as changes occur. If an individual lives out of town, the address should be included. The current provider supervisor and current support coordinator should also be listed in this section.

Assistance Needed in Keeping or Building Connections: Should include assistance needed to visit friends/family, make new friends, find new activities, and the type of support that is needed to accomplish the overall goal (transportation, dialing phone numbers, paying for activities in the community, writing letters, etc.). This should include information on specific involvement in community activities and establishing new relationships, and how staff will assist in pursuing these activities.

Lifestyle/Environmental Preferences: How the person communicates with individuals important to them (phone, in-person, email, etc.). List any barriers to health and safety (i.e., lack of understanding of stranger danger, inappropriate internet use, choices that put individual at risk). Identify specific activities that the individual may want to pursue.

Independence/Share Support Considerations: If the individual wants unsupported time, what precautions or guidance is needed? Do they want to be more independent with a certain task (money management, learning to drive, etc.) Do they want a roommate? What is important to know when this person is sharing supports?

Attachment C of CPOC: Sustained Supports for Daily Living/Home Needs Instructions

To be completed by Service Provider

This attachment should be completed if the service provider is supporting the person to complete activities such as personal hygiene, meal preparation, housekeeping, meal planning/preparation, money management, turning/positioning and/or general mobility types of support. It is intended to provide a description in terms of implementation of overall support strategies related to this area. The examples provided are intended to help guide the provider in identifying the supports needed.

Mealtime supports: Level of assistance needed for eating, i.e. pureed food, choking hazards, g-tube feeding, etc. Identify if special equipment is needed (high sided plate, coated spoon, use of straw, cups with lids (etc.). Indicate what guidance is needed to help individual be more independent in preparing plate, setting table, selecting proper utensils, etc. If no supports are required, then individual should be able to independently perform all tasks, including clearing table.

Personal Hygiene Supports: Identify level of support required for hygiene tasks (bathing, dressing, grooming, oral hygiene, toileting) with the intent of guiding the individual to be more independent. Can the individual brush their teeth independently but need assistance with putting toothpaste on toothbrush? Can the individual run bath water at appropriate temperature and level? If not, what assistance is needed? Include any special equipment needed for tasks (shower chair, grab bars, catheter or colostomy equipment.

Physical/Mobility Supports: Assistance needed to walk or move around. Identify how to transfer (special equipment, someone within arm's reach). What assistance is needed when going up and down stairs or uneven surfaces? If in wheelchair, are they able to self-propel. Identify any special equipment needed and conditions.

Identify if rugs or items on floor are a tripping hazard (i.e., bathmat, kitchen rug at sink, rugs at door, etc.).

Housekeeping/Yard Maintenance Supports: What level of assistance is needed with household tasks, including laundry and household cleaning. Identify if staff needs to partially or fully assist with tasks, or if prompting only is required.

Mealtime Prep / Cooking Supports & Preferences: What assistance is needed with meal planning, grocery list preparation and budgeting, shopping, transportation. May identify where will grocery shop and how often. Identify assistance with actual meal preparation and using kitchen appliances, and any special requirements for food prep (pureed, adding thickener to liquids, soft diet, etc.). If there is a special diet due to health concerns, indicate here. Can reference Attachment D for special diets.

Other Important Supports/Needs at Home: Identify assistance needed with operating thermostat, assistance with money management and paying bills, ordering medication refills, use of computers, cell phones, and social media.

Attachment D: Health and Wellness Support Instructions

To be completed by Service Provider

This attachment is focused on instructions associated specifically with health and wellness (medical support needs). Information here should include instruction to staff related to signs/symptoms that may need to be monitored during the time they are supporting the person, and the action to be taken if signs/symptoms occur. Specific supports needed to assure that appointments are scheduled and attended and/or transportation needs should be addressed in this document. If there are dietary issues that need to be addressed, they should be included here as well. If in the CPOC the team has identified specific "support needed by paid staff" in section IV A. Health Profile, then this attachment should be completed by the service provider to describe the supports being provided for health and wellness supports.

Exercise and Health Eating Preferences: Address any type of exercise they like to do and any eating habits they might have for better general health. i.e.; want to join a gym, want to start walking in the community, want to join weight watchers, want to take an exercise class, likes to drink protein shakes, avoids a specific type of food, needs a referral to a dietitian.

Support Needed for Physical Activity and Healthy Eating: List any diet prescribed by their physician here. Does staff have to do anything for them to help them maintain their exercise needs or eating preferences? Check appropriate box above. If a certain diet is prescribed by a physician, check the 1st box; otherwise, check 2nd box.

Signs/Symptoms Per Medical Professional to Monitor: If they have a medical diagnosis that requires staff to monitor signs & symptoms associated with that

diagnosis, you will list them here. Be sure to specify who staff is to notify when these signs/symptoms are noted by marking one of the above boxes. You can list the appropriate signs/symptoms under the appropriate box. The direct care staff needs to know what actions to take depending on the signs/symptoms observed including if the sign/symptom has been occurring for more than one day. Individuals with a seizure disorder require a seizure protocol that is specific to them (what does a seizure look like for them, actions to take, when to call for 911 assistance, how to document, etc.).

Attachment E: Medication/Treatments

To be completed by the Service Provider or Support Coordinator as designated below.

In an individual is taking medications and/or they have other treatment needs, this attachment must be completed. This attachment should be completed by the primary in-home service provider. If there is no "in-home provider" for the ROW, NOW, or Children's Choice Waiver, then Support Coordination will complete and update this attachment. Additionally, Support Coordination will complete and update this attachment for all individuals in the Supports Waiver.

If medications are discontinued during a plan year, this attachment should be updated noting that the medication has been discontinued and the date.

If an individual is ONLY receiving Skilled Nursing (SN) services in the home, and the SN Plan of Care identifies ALL medications and treatments (not just those administered by the SN Agency), dosage, frequency, condition, how administered and prescribing physician, then this attachment is not required.

The following information must be included:

A. List of Medications: (Including routine Over the Counter Medications OTC): Prescribed and over the counter medications should be listed in attachment E to the CPOC.

Time limited prescribed medications (i.e., ten day antibiotic for ear infection, etc.) are not required to be listed on this attachment. However, if the condition becomes chronic and an antibiotic is frequently prescribed when the condition occurs, then it should be listed in this attachment.

Routine OTC medications should be listed if administered on a routine basis for a condition identified by the physician. Standing orders for non-routine OTC medications are not required on this attachment.

Medication name, what it is prescribed/used for, dosage/frequency, how taken (oral, patch, liquid, etc.), name of prescribing physician and who will be administering (self, family member, CMA, etc.) should be

listed in this area. RN Delegation should be noted and attached to CPOC when required.

> ***Important Note:*** *Awareness and proper management of an individual's medications, especially those used to stabilize, keep a medical condition from worsening, and/or avoid hospitalization should be of prime importance when discussing an individual's use of medications. Medication use should also be discussed when looking at emergency preparedness issues.*

B. List of Treatments (For example Catheterizations, Tube Feeding, Dressing Changes, Suctioning, Oxygen, Therapy, Splints, Braces, Glucose check, Blood Pressure check, etc.): A complete list of the individual's treatments/procedures, including purpose of treatment/procedure, dosage/frequency, how prescribed and administered, prescribing physician, and person(s) administering the treatment should be listed in attachment.

Attachment E should be updated as medications change, and submitted to the Support Coordinator no less frequently than quarterly. RN Delegations are not required to be attached to this document unless requested by the LGE. However, providers are expected to have up to date RN delegations and supporting documentation, and to provide those documents upon request to the LGE or Support Coordination.

Attachment F: Emotional Wellness and Crisis Prevention Plan

****To be completed in conjunction with appropriate professional staff***

If a person has significant has experienced significant trauma in their past that continues to impact them in terms of behavioral issues, then the team should consider completion of this attachment. The LGE can request this attachment be completed for individuals who experience emotional or behavioral episodes. The purpose of this document is to have a shared understanding with the person about the types of supports needed to make choices towards a healthy and fulfilling life. It outlines what is important to and important for the person so that they can be supported in a way that is most helpful during difficult times. It is intended to help avoid crisis and to support overall emotional wellness.

This attachment is also useful in identifying events that may cause an emotional crisis for an individual who has not experienced trauma in the past. This attachment will help identify things to avoid and how to help the individual work through an emotional event if one occurs.

Attachment G: Behavioral Support /Instructions

To be completed by Service Provider

This attachment should be completed if there have been supports identified in section IV. Health Profile of the CPOC. This is not a formal Behavior Support Plan, and should only be used when there is no need for a professional. It is a set of instructions for staff that need to be translated for day-to-day supports, but do not require a formal plan. Pertinent information included should involve the things staff need to know to maximize good days. Any instruction the provider has given staff related to response if there is an incident should be included here. This form should be used when a professional or family member has established informal guidelines/instructions that are to be used by staff.

If the individual has a professionally prepared Behavior Support Plan, it should be attached to Attachment G, Behavioral Health Supports, and submitted to the Support Coordinator.

Behavioral Health Symptoms/Behavioral Challenges: List each problem behavior here with a description of what it looks like for that person. It must be clear to staff whom they are to notify for each behavior or if they are to document the occurrence on any type of form other than their progress notes.

Trauma or Behavioral Triggers: List here the things than can cause the person to exhibit the problem behavior.

Staff Response: List here what staff is to do to try and prevent the behavior from occurring or to avoid the trigger.

Coping Skills & Supports Needed to Use: List here the things that can be done to help the person cope when there is a potential for a behavior problem to occur, and what staff can do to assist them with it. i.e.; attending counseling, avoiding certain situations/people that lead to stressful situation, talking with someone they are comfortable with for emotional support, relaxation techniques, exercise, getting plenty of sleep, problem solving.

Staff response/supports if symptoms/behavior(s) occur: List here what staff is to do when they actually exhibit the problem behavior.

Attachment H: Emergency Plan

To be completed by the Service Provider

This attachment is intended to be a standardized Emergency Plan format to be completed by each service provider with input from the team. It is required for all persons receiving waiver. The Support Coordinator will complete this attachment for all Supports Waiver persons in addition to those who do not have an in-home provider.

Providers who deliver Adult Day Health Care, Day Habilitation, Prevocational, or Supported Employment services may submit the program/agency emergency plan for these services in lieu of completing this attachment. Providers who deliver intermittent Supported Employment services (i.e., follow along) are not required to complete this attachment.

Providers are expected to continue to provide supports to an individual as indicated in the in plan of care when emergencies occur. If an individual is evacuated to a shelter, then the provider staff is responsible for providing the supports scheduled unless the family has indicated that they will provide the needed supports.

Attachment I: Staff Back-up Plan

To be completed by the Service Provider

This attachment is intended to be a standardized Staff Back-up Plan format to be completed by each in-home service provider with input from the team. It is required for all individuals receiving waiver. An individual's name is required for the backup plan if the provider is responsible for backup. While an on-call number is allowed for this purpose, a name is still required. The home supervisor's name and contact number can be listed for this purpose.

Attachment J: Day Habilitation, Prevocational, and Group Employment

To be completed by the Service Provider

This attachment is designed to identify the individual activities for Day Habilitation, Prevocational Services and Group Employment. Both Day Habilitation and Prevocational services must include community-based activities. These activities should support the outcomes desired by the individual as defined in the plan of care. The plan of care must contain an individual employment goal if prevocational or group employment services are provided. The activities should support the employment goal.

Adult Day Health Care providers are not required to complete this attachment. The ADHC Agency individual service plan (ISP / Care Plan) is required to be attached to the CPOC.

Attachment K: Integrated Individual Employment

To be completed by the Service Provider

This attachment is designed to identify activities associated with job assessment/discovery activities, development/coaching activities, and follow along activities. This attachment is not for activities provided by LRS; however, the provider should identify all supports necessary for the individual to participate in the LRS activities. Only activities for individual, integrated employment will be listed on this attachment. It is important for periodic staff supports and safeguards to be identified as they relate to the individual integrated employment.

Required Time Lines

Support Coordinators must notify provider agencies in writing at least 30 days in advance of a quarterly or annual meeting. A reminder notice should be sent two (2) weeks prior to the meeting. Provider agencies must attend all quarterly and annual meetings.

Support Coordinator must provide a completed plan of care and Attachment A to the provider agency within seven (7) calendar days of the CPOC annual meeting. This timing is important to ensure no information discussed at the planning meeting is lost.

Provider agency must return to the support coordinator the following documents within five (5) working days of receiving the completed plan of care.

- Provider attachments required per the plan of care
- Budget sheets with signatures

If corrections are requested by the Support Coordinator, the corrections are required to be submitted within two (2) working days.

APPENDIX A

A WORD ABOUT CONFIDENTIALITY

ALL Office for Citizens with Developmental Disabilities staff (whether directly employed by or holding honorary contracts with the OCDD) are expected to be familiar and compliant with rules and procedures governing Confidentiality and Data Protection policies and procedures as outlined in Policy Number 17.1 , *General Privacy Policy* of the Louisiana Department of Health.

OCDD places great emphasis on the need to protect, to the fullest extent possible, the privacy of individuals, while permitting the disclosure of medical information as is required to fulfill the administrative responsibilities of the Bureau. This applies to manual and computerized records and conversations about individuals currently receiving, or seeking services administered by OCDD. Everyone working for the OCDD is under a legal duty to keep confidential information, held in whatever form, confidential.

Confidential information, includes obvious material such as medical records, as well as ‘‘non-health’’ information (For example an individual’s name, address, telephone number(s), social security number, date of birth, details of his or her financial or domestic circumstances, etc.) provided by a recipient of services, and/or by an applicant for services, as well as information provided by another agency, or by a relative or other person(s).

Guiding Principles

The following *(OCDD) Guiding Principles* governing Confidentiality should also be followed:

- Principle 1 - **Justify the purpose(s).** Every proposed use or transfer of an individual’s identifying, and/or medical information within or from an organization should be clearly defined and scrutinized.
- Principle 2 - **Verify the identity of the entity or status of person seeking disclosure.** Before any disclosure of an individual’s identifying, and/or medical information is made, reasonable means to verify the entity and/or status of the person to whom disclosure is to be made should be utilized.
- Principle 3 - **Access to an individual’s identifying, and/or medical information should be on a strict need to know basis.** Only those persons who need access to an individual’s identifying, and/or medical information, and who meet the criteria set forth in LDH Policy Number 17.1, General Privacy Policy – HIPAA and related policies (available at http://ldh.la.gov/index.cfm/page/131)should have access to it, and they should have access to the information items that are reasonably necessary to fulfill

the intent of the disclosure. **This includes all requests for confidential information from sister agencies that must be accompanied by a written request listing the information needed, and the reason(s) for the request. Only information that reasonably fulfills the intent of the disclosure will be provided.**

_ Principle 4 - **Everyone should be aware of their responsibilities.** Action should be taken to ensure that those handling confidential information are aware of their responsibilities to respect confidentiality.

_ Principle 5 - **Understand and comply with lawful rules and procedures governing confidentiality.** Every use of an individual's identifying information, and/or medical information must be lawful. Failure to maintain information in a confidential manner can result in disciplinary proceedings being taken against a staff member.

Computerized Transmission of Confidential Data

The Louisiana Department of Health and the OCDD have clear guidelines for computer use, which help protect unauthorized access to, and the integrity of data contained on OCDD computers. In brief: computers are used only for LDH/OCDD business, are password protected, virus checked and measures are taken to prevent access via e-mail or the Internet.

Staff should follow the precautions listed below to assure unauthorized access and the integrity of confidential data contained on OCDD/contracted agency computers:

_ Computers should only be utilized for LDH/OCDD business.

_ Individual passwords should be utilized and protected in compliance with OCDD guidelines.

_ When computerized transmission of an Individual's identifying information is considered to be essential, each item of information should be justified with the aim of reducing identifiability.

_ OCDD staff should log-off of their computers at the end of each business day to protect data files from unauthorized access.

_ Computer screens containing any confidential information should be protected from possible viewing by unauthorized staff, and/or others, and should never be left unattended.

_ Rules governing access to OCDD offices containing confidential records/information (be it hard copy or computerized data) should be strictly followed to prevent access to confidential materials by unauthorized personal, and/or others.

"SENSITIVE INFORMATION" FORM

Individuals may wish to restrict sensitive information contained in their CPOC. If an individual and/or their authorized representative expresses that they would like to protect information contained in their CPOC, the OCDD Sensitive Information form must be completed (refer to OCDD "Sensitive Information" form). A copy of this information will be kept in a separate file at the Local Governing Entities office and support coordination agency.