

# Personal Story Module Training Manual

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COLORADO LONG TERM SERVICES AND SUPPORTS  
(LTSS) ASSESSMENT TOOL



**COLORADO**  
Department of Health Care  
Policy & Financing

Prepared by HCBS Strategies, Inc.  
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## Table of Contents


Purpose.....	3
Overview of Contents .....	3
General Instructions for Completing the Personal Story .....	3
Introductory Script – SAMPLE.....	4
Guidance about Proxies and Others Providing Assistance .....	4
Guidance about Conducting an Interview with Participants Who Have Intellectual or Other Cognitive Disabilities or Difficulty with Expressive Communication.....	5
Special Instructions for Children and Age-Specific Items .....	6
Section Instructions .....	6
Section 1: Personal Profile.....	6
Section 2: People Important to Me/My Child.....	10
Section 3: My/My Child’s Support Planning Meeting .....	11
Section 4: My/My Child’s Future.....	14
Section 5: Other Plans or Protocols.....	15
Section 6: Who Should Have This Information – Not to be completed during pilot .....	17

# Personal Story Module – Training

## Purpose

The Personal Story module of the Assessment tool provides an opportunity for a participant to tell his/her story and share information he/she feels is important for service providers and others to know. Providing a place to document personal stories will give the participant a way to efficiently share information and reduce the need to routinely repeat information.

## Overview of Contents

The Personal Story module is voluntary. It will provide a way for information to be documented and updated at the convenience of the participant. Participants will have control over who has access to the information. For participants completing the Personal Story without the help of the assessor, this control includes deciding whether the assessor can access the information to complete as part of the Assessment process. If the participant approves the assessor to review the Personal Story, the assessor will review the module with the participant as part of the Assessment. Trigger questions have been included throughout the Personal Story to determine whether the participant would like to review/complete the section, and he/she also has the option to skip the module entirely. (These are marked by an exclamation point symbol )

The Personal Story is divided into six sections.

- 1. Personal Profile:** An opportunity for the participant to talk about his/her life and interests.
- 2. People Important to Me:** A review of important people in the participant's life.
- 3. My Support Planning Meeting:** Includes information to help with setting up a service planning meeting that is convenient and includes people that the participant wants in the meeting.
- 4. My Future:** An opportunity for the participant to describe outcomes important to him/her.
- 5. Other Plans or Protocols:** Allows the participant to share other plans (e.g., behavior plan, disease management protocols) to inform the Assessment and Support Planning process
- 6. Who Should Have This Information:** Allows the participant to specify who should have access to Personal Story information.

## General Instructions for Completing the Personal Story

If the participant agrees to share the information with the assessor or complete the Personal Story with the assessor, the role of the assessor is to do the following:

- Explain the purpose of the Personal Story and go over the **Key Points**.
- Walk through and record information provided by the participant.
- Answer participant questions about the Personal Story, clarifying content, and documenting responses offered by the participant.

The following are **Key Points** of the Personal Story module that the assessor should review with the participant:

- **Voluntary** – participant is not required to complete any of the sections within the Personal Story
- **Convenient** – online version will allow the participant to complete or update at any time

- **Participant Controlled** – the participant controls who can have access to the information and what information will be shared
- **Tells a Story** – module is not an “assessment” and is intended to help others know more about what is important to the participant

Many of the items include open dialogue (text) boxes to allow information provided by the participant to be recorded. It is recommended that the assessor review the information that has been documented prior to moving to the next item to ensure the information is correctly recorded by the assessor.

### Introductory Script – SAMPLE

The Personal Story module is an opportunity for you to tell your story/**tell the story of your child** and share information you feel is important for service providers to know so they can better assist you/**your child**. After we are done, you will receive a copy of the Personal Story, which will allow you to share the information with important people you choose and reduce the number of times you have to tell people the same information. The Personal Story items are voluntary, so if you do not want to provide information about something, you are not required to do so. For items you decide you would not like to respond to, just let me know and we will move on.

Because you are participating in a pilot, this tool is not available yet online. My job will be to document the information you provide. In the future, we hope to have this tool available to you online so that you can choose to use the tool privately and make updates to information at your convenience.

The Personal Story is divided into six sections.

- Section 1: An opportunity to talk about your/**your child** life and interests.
- Section 2: A review of people in your/**your child** life who are important to you/**him/her**.
- Section 3: Information that will help with setting up a service planning meeting that is convenient to you/**your child and parents/guardians** and identifies people you/**your child and parents/guardians** want to include in the meeting.
- Section 4: An opportunity for you to talk about outcomes important to you/**for your child**.
- Section 5: Allows you to share other plans and protocols (e.g., behavior plan, disease management protocols) to inform the Assessment and Support Planning process
- Section 6: Identifies who you give permission to access your/**your child's** Personal Story information.

### Guidance about Proxies and Others Providing Assistance

The participant may have a guardian/proxy or someone else assisting them to complete the Personal Story module. If the module is being completed through an interview process, the assessor should talk ahead of time about the role this person can play. Some critical points to cover include:

- The Personal Story is intended to obtain information from the participant’s perspective.
- The role of the proxy (including guardian) is to help engage the participant in providing information. This may include explaining the question so the participant understands, prompting, and encouraging the participant.
- It is the job of the assessor to make sure the responses accurately represent the perspective of the participant. The assessor will always try to make sure this occurs. It doesn’t mean the help and views of the proxy or helper are not valued, however it is important to respect and provide an opportunity for the participant to give his/her view of what is important to ensure that this is the participant’s story.

- Another way for the proxy or helper to assist is to advise the assessor if there are signs of fatigue or waning capacity to continue that go unnoticed by the assessor. The assessor can then ask the participant if he/she wants to or is able to continue. The Personal Story does not have to be completed all at once.

The assessor should always direct the interview to the participant. If a helper “takes over” during the process, the assessor should continue to redirect the process so that it is clear the focus is on the participant.

## Guidance about Conducting an Interview with Participants Who Have Intellectual or Other Cognitive Disabilities or Difficulty with Expressive Communication

The assessor needs to be prepared to deal with needs that might affect the ability of the participant to engage in an interview due to intellectual or cognitive disabilities. In general, it is expected that the assessor determines ways to engage all participants regardless of disability. Participants may need help or support such as alternative tools for aiding in greater understanding of the items, a helper or proxy to assist in the process, or use of alternative approaches to obtaining information. **On occasion**, the participant may be totally dependent on a proxy/guardian. If this occurs, the information obtained from a proxy can still provide helpful information. The assessor should make sure to note that the proxy completed the interview in this case.

Included below is guidance for making adjustments to facilitate engagement of participants with intellectual or cognitive disabilities or difficulty with expressive communication.

- Some participants may find the items to be abstract, making it difficult for them to provide a response. The assessor should consider alternative ways to engage these participants. For example:
  - Consider the use of alternative forms of communication, such as pictures or other visual prompts, to help the participant understand the subject. This might include a written copy of the item or key words the person is familiar with, a picture representing the topic of the item, or other aids.
  - Consider rewording or rephrasing the item and/or using examples in asking for a response. The Personal Story is not a formalized tool and so changing the wording or using an example to help the participant to understand is acceptable.
  - Use prompts or follow-up questions to help elicit responses, or ask a proxy/helper to provide a meaningful prompt. There is some guidance for this in the section instructions.
- Some participants may have difficulty retaining concentration or focus.
  - Completion of the Personal Story does not have to occur at a single point in time. For example, the participant could choose to complete the items on his/her own or get help from someone to complete it at another time. A paper copy or an online copy can be provided for the participant to be able to do this. The assessor could also continue the interview at another time.
  - Talk ahead of time about the topics and identify which topics the participant most wants to cover in the interview. Limit the focus to those items for the time being.
  - Break up topics into shorter discussions.
- Some participants’ thought processes may be nonlinear and difficult to transcribe or capture correctly.

- Record what appears to be the main point of the given response. Remember to review the information with the participant to make sure it is documented correctly.
- Remember, there are no “right or wrong” answers.
- Difficulty with expressive communication may be part of the disability experienced by the participant. Learn if there are other ways the participant expresses him/herself that are easier or more comfortable.
- If a helper is being used to respond, remember to:
  - Always direct the question to the participant, not the helper.
  - Repeat what is documented and ask the participant to verify it is correct. Verification can be a simple nod or other acknowledgement.

## Special Instructions for Children and Age-Specific Items

This module contains items that may be skipped for or only asked of participants of a specified age. Items and response options in orange font are intended for children.

The assessor should include the child to the maximum extent possible throughout the assessment. This includes directing items and questions to the child and consulting the parent, guardian, and/or other legal representative as necessary. Where possible, document both the participant and parent/guardian’s responses. If there are conflicting reports from the child and parent/guardian, the assessor should use the training guidance and his/her expertise in selecting a response.

## Section Instructions

### Section 1: Personal Profile

The following script may be used by the assessor to introduce the Personal Profile section. This is an example and can be adapted to fit individual circumstances. It is important that the assessor emphasizes that the information provided will not impact the services the individual will receive (or currently receives).

*This section allows you to create a personal profile so that workers and service providers can get to know you/your child. You do not need to respond to all of these items. It is divided into five areas. For areas you decide to provide information about, you should include things that you feel will help your/your child’s providers do a better job. For example, if you have/your child has a pet, you may want an in-home worker to know more about how to act around the pet to avoid any problems. Or, you may want a provider to know that you/your child may practice certain traditions or customs while workers are in your home.*

*The answers you provide will not impact the amount of services you/your child receives. This information will only be used to help providers and workers get to know you/your child better.*

### Trigger Item to Continue Section

The section begins with a “trigger” item to determine if the participant wants to complete the section. If answered “Yes”, then proceed with the items in the section. **If answered “No”, skip to Section 2.**

- ❗ **Do you want to create a personal profile?**
- Yes       No (Skip to Section 2: People Important to Me.)

## Section 1 Items

### Item 1

Item	Description
<b>Section 1: Personal Profile</b>	
<p><b>1. What would you like others to know about you/<b>your child</b> or events that have importance in your/<b>your child's</b> life?</b></p> <p>Areas to consider include:</p> <ul style="list-style-type: none"><li>• <b>Preferred name, nickname.</b> (Includes both names the participant prefers and does not prefer. For example, Andrew might be fine with being called Andrew or Drew, but does not like to be called Andy.)</li><li>• <b>Family, home, or pets.</b> (For example, you may have children that visit with you or you/<b>your child</b> may have a pet that needs special handling <b>or your child may have special toys or technology in the home.</b> If you have/<b>your child has</b> a service animal, you should describe how the service animal helps you/<b>him/her</b>).</li><li>• <b>Work and education.</b> (For example, you/<b>your child</b> may have <b>attended classes or</b> worked at a job that you/<b>he/she</b> really enjoyed or you/<b>your child</b> may have special training that you/<b>he/she</b> wants others to know.)</li><li>• <b>Leisure time or personal interests.</b> (For example, you/<b>your child</b> may have hobbies you/<b>he/she</b> enjoys or belongs to a special interest group.)</li><li>• <b>Religion, culture, traditions or personal values.</b> (For example, you/<b>your child</b> may need support personnel to understand that your/<b>his/her</b> appearance needs to follow certain cultural or religious practices.)</li><li>• <b>Surroundings that are important for you/<b>your child</b> to feel your/<b>his/her</b> best or do well with activities.</b> (For example, you/<b>your child</b> may need your/<b>his/her</b> surroundings to be set up a certain way or may react to certain smells or noises.)</li></ul>	<p>This item can be used by the participant to describe events or other important information to be shared. Some participants may want to include information that helps others understand unique qualities or talents. Other participants may want to share minimal information to help providers enter and work in the home efficiently.</p> <p>It is not necessary to cover all the areas identified in the item. The suggested areas are only intended to provide examples of the types of things the participant may wish to include. A text box appears at the end of the item for documenting information provided.</p> <p>The item is intended to allow a lot of flexibility in responding. If the participant isn't clear about the types of things to describe, the assessor can help by providing further prompts or examples. Some common examples are available below.</p>

Item	Description
<b>Section 1: Personal Profile</b>	
<ul style="list-style-type: none"> <li>• <b>Health.</b> (For example, you/<b>your child</b> may have health concerns, such as diabetes, that are monitored daily.)</li> <li>• <b>Responsibilities.</b> (For example, you may spend time taking care of grandchildren or an older parent or <b>be a self-advocate.</b>)</li> </ul> <p>If you do not want to provide information for this item, put NA in text box below.</p>	

*Items 2-4*

Items 2, 3, and 4 capture the participant’s strengths, areas of need, and concerns. The language within each item provides at least one example. The assessor may find it helpful to use other examples to help clarify or to provide a prompt if needed. Additional examples are provided as “Discussion Prompts” in the right column below.

Discussion Topic	Discussion Prompts
<b>Section 1: Personal Profile</b>	
<p><b>2. Strengths-</b> What would you like others to know about your/<b>your child’s</b> capabilities and strengths? These can include talents, skills or strengths that workers and providers should know about when providing you/<b>your child</b> with assistance. For example, you may be very good at keeping your home clean/organized or learning a task by watching others. <b>If you do not want to provide information for this item, put NA in text box below.</b></p>	<ul style="list-style-type: none"> <li>– Abilities participant wants to maintain and/or use routinely</li> <li>– Qualities or attributes (“I am very organized.”)</li> </ul>
<p><b>3. Areas of Need &amp; Solutions-</b> What would you like to others to know about your/<b>your child’s</b> areas of need and how you/<b>he/she</b> overcomes or deals with these in your/<b>his/her</b> daily life? For example, you/<b>your child</b> may have certain ways of managing activities that make it easier for you/<b>him/her</b> to be independent. <b>If you do not want to provide information for this item, put NA in text box below.</b></p>	<ul style="list-style-type: none"> <li>– Areas of need and solutions related to disability (e.g., “I have a hard time remembering things but try to use a list to remind me of what I have scheduled each day.”)</li> <li>– Areas of need and solutions related to personal situation (e.g., family dynamics, finances, getting into the community to do things, etc.)</li> </ul>
<p><b>4. Worries or Concerns-</b> What would you like others to know about worries or concerns you/<b>you and your child</b> have? These can be about any areas affecting your/<b>your child’s</b> life now or it can be a concern for your/<b>his/her</b> future. For example, you <b>or your child</b> may worry that you/<b>your child</b> will lose independence due to a health problem <b>or your child may</b></p>	<ul style="list-style-type: none"> <li>– Concerns about safety or health</li> <li>– Worries about family members, pets or others close to participant</li> <li>– Money and belongings</li> <li>– What can be done to have these be less worrisome?</li> </ul>



Discussion Topic	Discussion Prompts
<b>Section 1: Personal Profile</b>	
experience issues with bullying. If you do not want to provide information for this item, put NA in text box below.	

The next items within this section provide information for others who spend time with and support the participant. These items cover activities or events that affect quality of life and help to avoid situations in which the actions of the supports contribute to a bad experience.

### Items 5-8

Items 5 and 6 will be asked of all participants, regardless of age. Items 7 and 8 are intended to capture similar concepts, but the language has been updated to target specific audiences. Item 7 is to be asked of individuals age 8 and older, while item 8 is intended to be used with participants and parent/guardians of participants younger than the age of 8.

Items	Description
<b>Section 1: Personal Profile</b>	
<b>5. Hard Day</b> - What does a hard or challenging day look like for you/your child? For example, you/your child may have issues with functioning, mobility, behaviors, or completing regular tasks on specific days or due to specific circumstances. If you do not want to provide information for this item, put NA in text box below.	For this item, focus on potential areas of need that may relate to the individuals functioning, mobility, behaviors, or cognition. Also include actions taken by others that may prompt a difficult day for the participant.  For example, if the participant is not woken up at the same time and put through the same routine of getting ready in the morning, he/she will feel upset for the rest of the day.
<b>6. Good Day</b> - What helps you/your child to have a good day? For example, you/your child may like to start out your/his/her day in a certain way. If you do not want to provide information for this item, put NA in text box below.	Item 6 can be used to describe routines, habits, interests or circumstances that help facilitate a good day for the participant.  For example, participant may enjoy a specific morning routine that helps to move the day along in a positive manner. Supports can help support activities that improve the likelihood of a good day for participants.
<b>7. Likes and Dislikes-</b> What likes or dislikes do you/your child have that are important for a worker assisting you/your child to know? For example, you/your child may want a worker coming into your/your child/home to address you/your child by your/his/her name and not use nicknames or terms such as "honey".	Item 7 offers an opportunity for specifying any "pet peeves" or actions that the participant feels strongly about or views as very negative. Conversely, this allows the participant to identify specific ways of doing things or interacting that would enhance participant-worker relationships or would facilitate better services/supports.
<b>8. Happy, Sad, Angry, and/or Anxious-</b> What types of activities or	The participant/parent/guardian should be prompted to describe activities or behaviors that elevate, improve,

Items	Description
<b>Section 1: Personal Profile</b>	
interactions make you/ <b>your child</b> feel positively, such as happy? What makes you/ <b>your child</b> feel negatively, such as sad, angry, or anxious? For example, you/ <b>your child</b> may enjoy being referred to by a nickname or may not like to talk about certain topics, such as specific people or activities.	and/or negatively impact the participant’s mood and/or behaviors.

## Section 2: People Important to Me/My Child

Section 2 is to discuss other people important to the participant. The assessor may use the following script to explain the purpose of the items in Section 2.

*This section can be used to identify important people in your/**your child's** life. In some cases, you/**your child** may need help to remain connected with them or want to make changes in your relationships. For example, you/**your child** may need help with traveling to visit friends or family more frequently. This information will be used to help identify services that should be included in the plan developed for your/**your child's** services.*

### Trigger Item to Continue Section

Similar to the previous section, the trigger item helps determine whether to continue with the section or move on to Section 3.

**📌 Are you willing to talk about this area of the assessment?**

- Yes       No (Skip to Section 3: My Support Planning Meeting)

## Section 2 Items

Section 2 items include three general areas: people important to the participant; people the participant should not have contact with; and opportunities for socialization.

Item	Description
<b>Section 2: People Important to Me/My Child</b>	
<p><b>1. Tell us about each of the people who are important people to you/<b>your child</b>. These can include family, significant others, friends, neighbors, or helpers.</b></p> <p>Name of Person: _____</p> <p>What is this person’s relationship to you/<b>your child</b>?</p> <p>a) Why is this person important to you/<b>your child</b>?</p>	<p>The assessor should ask the person to talk about people who are important to the participant. This can include family, friends, neighbors, or others the participant wants to mention. The item includes a text box for anything the participant wants to say about the named person(s).</p> <p>The second part of the item includes a question about the amount of time available for the participant to spend with the person named. There is also a text box provided for the participant to describe any barriers or challenges to spending time with the person. In some cases, there may be simple arrangements that would help increase</p>

Item	Description
<b>Section 2: People Important to Me /My Child</b>	
<p>b) Do you have ideas for how the time you/<b>your child</b> spends with this person could be better, such as having more time together or making sure that this person better understands what you/<b>your child</b> want/need?</p> <p><input type="radio"/> Yes   <input type="radio"/> No</p> <p>If yes, tell us what would you/<b>you and your child</b> like to see happen?</p>	<p>opportunity for engagement between the participant and the named person. This should be explored as part of the development of the Support Plan.</p>
<p><b>2.</b> Are there any individuals that you/<b>your child</b> do not want to be in contact with or who should not be around you/<b>your child</b>?</p> <p><input type="radio"/> Yes   <input type="radio"/> No</p> <p>(If No, skip to Item 3)</p> <p>Name of person  <input type="text"/></p> <p>What is this person's relationship to you/<b>your child</b>?  <input type="text"/></p> <p>Is there legal documentation justifying the reason this individual should not contact you?  <input type="radio"/> Yes, describe: _____   <input type="radio"/> No</p> <p>If there is no legal documentation that contact cannot occur, who made this determination?</p> <p>What are the instructions if this person tries to make contact?</p>	<p>This item provides information to help avoid and/or deal with circumstances where undesired contacts are made.</p> <p>The assessor can use his/her judgment about how to remind the participant regarding protections:</p> <p><i>If you are experiencing abuse or being financially exploited, you can report the problems and obtain protection assistance.</i></p>

### Section 3: My/My Child's Support Planning Meeting

The Support Planning Meeting is an essential part of identifying how needs and preferences for supports/services will occur. Recent changes to federal requirements for Home and Community Based Services (HCBS) affect how the meeting must occur. Some of the highlights of the new regulations include the following:

- *The meeting must be held at a time and a location convenient for the participant.*
- *The participant should lead or be assisted to lead the meeting as much as possible.*
- *The meeting will include individuals identified by the participant.*

These and other parts of the new regulations shift the role of the case manager to more heavily provide support to the participant to engage in the process of developing a plan.

Section 3 of the Personal Story focuses on some of the logistics by asking the participant for information that will assist with establishing a meeting. The comprehensive Assessment includes other modules and items to help determine how best to engage the participant (or legal representative, if any.)

The following script may be used:

*After completing the assessment, there will be a time scheduled to develop a plan for your/your child's services. Items in this section will be used to set up your meeting.*

*This will be a meeting that includes you/your child, people important to you/your child, and your/your child's case manager. You/Your child and his/her parents/guardians can lead this meeting. Help will be provided if you/he/she would like. You/Your child and his/her parents/guardians can also ask someone else to lead the meeting. It is important that you/your child feels your/his/her needs and preferences are being heard and that the plan supports your/your child's goals for services. The following questions will help make sure the meeting is set up so that this can happen.*

For some participants, leading a meeting may be more than they want to take on. The assessor should still stress the importance of the participant feeling heard and having the Support Plan reflect personal goals and preferences as well as needs identified through the assessment process.

### Section 3 Items

The items included in this section provide logistical information so that a meeting can be arranged, including information about special arrangements, individuals needing reasonable accommodations to participate in the meeting, and individuals who may have customs or traditions that will impact their participation.

The attendance and participation of a guardian (a.k.a. legal representative) is essential to the planning and decision-making process. In some situations, a guardian may not live in the same area or may only be available via telephone conferencing or online. Existing policies of the Department should prevail.

Item	Description
<b>Section 3: My/My Child's Support Planning Meeting</b>	
<p><b>2. What days of the week or times of the day are most convenient for you/your child to meet to discuss the plan?</b></p> <p>Days of week: _____</p> <p>Times of day: _____</p> <p><b>3. Where would you prefer to hold this meeting? It can be held in your/your child's home or at another place convenient for you/your child and parents/guardians.</b></p> <p>Preferred location(s): _____</p>	<p>New CMS regulations require the support planning meeting to be at a time and place convenient for the participant.</p>
<p><b>4. Who should be invited to the meeting? (A legal guardian/parent must attend if applicable.)</b> You may want to invite someone you trust to assist you, or you can decide not to invite anyone else.</p>	<p>Document who the participant wants to invite to the support planning meeting. If the participant has a legal guardian, the guardian will be necessary for making/authorizing decisions. Other</p>

Item	Description
<b>Section 3: My/My Child's Support Planning Meeting</b>	
	<p>individuals may also be invited to participate, advocate or assist in the development of the plan.</p> <p>Indicate the name of the invitee, his/her relationship to the participant (e.g., friend, family member, an advocate) and preferred contact information.</p>
<p><b>5. Do you/Does your child or any of the people you want to attend need a reasonable accommodation to fully engage in the meeting?</b></p> <p><input type="radio"/> Yes    <input type="radio"/> No</p>	<p>Note whether a reasonable accommodation is needed for the participant and/or individuals invited by the participant to engage in the support planning meeting. Reasonable accommodations can include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• Location</li> <li>• Physical Accessibility;</li> <li>• Interpreter services;</li> <li>• Information in alternative formats.</li> </ul> <p>If the answer is yes, document the name of the person requiring an accommodation, a description of the accommodation needed, and who will follow up to ensure the accommodation is made.</p>
<p><b>6. is important that the support plan meeting be led by you/your child and his/her parents/guardians as much as possible and as much as you/they want. What help would you/your child and his/her parents/guardians like to have in the meeting? (Assessor: Discuss help that can be provided by case manager or others the person wants at the meeting.)</b></p> <p><input type="radio"/> I (participant)/My child and parents/guardians will lead meeting without assistance.</p> <p><input type="radio"/> I/My child and parents/guardians want some assistance. (Describe below.)</p> <p><input type="radio"/> I/My child and parents/guardians want someone else to lead meeting. (Describe below.)</p>	<p>New CMS regulations call for the participant to lead the development of the support plan. Some participants may prefer to identify someone else to take the lead at the meeting</p> <p>Because this approach may be different than what the participant has experienced previously OR if this is the participant's first support planning meeting, the assessor may need to discuss ways in which the participant can actively engage and the range of help that can be provided by the case manager or others during the meeting.</p> <p>Document the "level" of assistance requested and describe the type of assistance the participant wants in the text box.</p>
<p><b>7. Your/Your child's case manager will be at the meeting to record information and to help explain the purpose of the meeting to others attending. Is there other help your/the case manager can provide during this meeting?</b></p>	<p>The role of the case manager will vary based on the preferences of the participant. Because of the new CMS focus on participants leading their own meetings, the case manager role shifts from leading the meeting to:</p> <ul style="list-style-type: none"> <li>• Facilitation and support</li> </ul>

Item	Description
<b>Section 3: My/My Child's Support Planning Meeting</b>	
	<ul style="list-style-type: none"> <li>Plan quality and integrity (ensuring the plan addresses health and welfare needs and preferences of the participant)</li> <li>Documenting, obtaining signatures and distribution of plan</li> </ul>
<b>8. Do you/Does your child or anyone else who will be attending the meeting have special traditions or cultural practices that should be kept in mind?</b> <input type="radio"/> Yes <input type="radio"/> No	<p>The participant or invitees may have special traditions or cultural practices that should be kept in mind. For example, in some cultures an elder must first be addressed prior to asking opinions of others.</p> <p>Document whether there are cultural or other considerations and describe in the text box.</p>
<b>9. Is there anything else you want others to know before your meeting?</b> <input type="radio"/> Yes <input type="radio"/> No	<p>This item provides an opportunity for the participant to identify anything about the support planning meeting not otherwise covered.</p> <p>Document and describe in the text box.</p>

### Section 4: My/My Child's Future

An essential part in developing a meaningful plan for implementing services is to ensure the decisions support the outcomes desired by the participant. Prior to the growth of home and community services, participants were rarely asked about "what they wanted" to see happen. Even now many participants may feel that they are asked about their desires as an afterthought, resulting in the plan not fully representing meaningful personal outcomes.

When the assessor introduces this section, the following script may be used.

*This section covers what you/your child wants to see happen in the future. The purpose of this is to make sure your/your child's plan for services is designed in a way that helps meet these personal goals. You/Your child can add more information at any time during the assessment and support plan process if you/he/she thinks of something later.*

### Section 4 Items

Item	Description
<b>Section 4: My/My Child's Future</b>	
<b>1. What do you/does your child want to see happen in your/his/her future (goals)? For example, you/your child may want to see changes in:</b> <ol style="list-style-type: none"> <li>Where you/he/she lives.</li> <li>How you/he/she spends your/his/her time.</li> <li>The type of education he/she receives.</li> <li>The type of work you/he/she does or wants to do.</li> <li>Relationships you have/he/she has.</li> </ol>	<p>This item is intended to be open-ended and flexible, however it is worded to provide guidance to participants who seem unsure about how to respond. For many people going through the plan development process the focus has been primarily on deficits (what they cannot do) rather than the larger question of how they would like to live their lives.</p> <p>Document goals in the text box. If the participant chooses not to answer, place N/A in the text field.</p>


Item	Description
<b>Section 4: My/My Child's Future</b>	
<p>You/Your child may also simply want assistance to maintain your/his/her current situation.</p> <p>Goals can be short term (within the next year) or further in the future. Feel free to use this item as best fits your/your child's situation and interests.</p>	
<p><b>2. Based on the above, what would help you/your child feel like you/he/she had made progress or reached your/his/her goals?</b></p> <p>For example, your goal may be to find a job but first you want to attend school or training to be able to work at a job you want or your child's goal may be attend an after school activity but special accommodations and support may need to be in place for this to happen.</p>	<p>In many cases, future goals (Section 4, Item 1) will include longer range goals that can require several steps to achieve. Section 4 Item 2 allows for participant-defined benchmarks for determining whether there is progress being made toward achievement of goals. It is not necessary for all goals to have these interim markers.</p> <p>Document goals in the text box. If the participant chooses not to answer, place N/A in the text field.</p>
<p><b>3. What can you/your child personally do to help make sure this is your/his/her future?</b></p>	<p>Section 4, Items 3 and 4 recognize the role of the participant as a partner in achieving goals and also ask the participant about supports that would be needed to help them make progress toward those goals. These items are open ended so that the participant is able to define his/her own role and needs.</p> <p>Each item includes a text box to document the response. If the participant chooses not to respond, place a N/A in the text field.</p>
<p><b>4. What can you personally do to help make sure this is his/her future? For participants &gt;8, Skip to item 5.</b></p>	<p>This item is intended to be directed at parents/guardians do to capture how they plan to help the participant achieve goals and realize the future that he/she wants.</p> <p>For participants greater than 8 years old, skip to Item 5.</p>
<p><b>5. What help do you/does your child need in moving ahead?</b></p>	<p>Document help that the participant may need moving forward to achieve his/her goals. These can be concrete action steps or ideas for support needs, such as modified equipment or learning approaches in school.</p>

## Section 5: Other Plans or Protocols

Section five allows for the discussion of other plans or protocols that the participant has in place and their potential implications for the Assessment and Support Plan. Plans and protocols include disease

management plans, behavioral health plans, and Individual Education Plans (IEPs). An example of a plan that may impact the Assessment and Support Plan is a Behavior Plan that describes interventions that must be utilized when specific behavioral symptoms are present. The participant may be receiving services as part of this behavior plan and have implications for the Psychosocial module, and the Support Plan could include additional services and/or identification that the Behavioral Plan should be shared with providers identified in the Support Plan.

Case managers must emphasize that the sharing of protocols and plans as part of the Support Planning process is voluntary.

Assessment Item	Guidance
<b>Section 5: Other Plans or Protocols</b>	
<p><b>1. I/my legally recognized representative would like to include another plan(s) for consideration within the Support Planning process.</b></p> <p></p> <p><input type="radio"/> Yes    <input type="radio"/> No (Skip to Section 6)</p>	<p>This is the only mandatory item in the section and reflects the Jose Torres workflow. If the participant/ legally recognized representative does not want to provide other plans or protocols, skip to Section 6.</p>
<p><b>2. Type of protocol or plan:</b> (Dropdown Menu)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Disease management</li> <li><input type="radio"/> Psychosocial (behavior) plan</li> <li><input type="radio"/> Mental Health treatment</li> <li><input type="radio"/> Equipment management</li> <li><input type="radio"/> Health improvement/prevention</li> <li><input type="radio"/> IEP</li> <li><input type="radio"/> Probation/parole guidelines</li> <li><input type="radio"/> Other</li> </ul>	<p>Select the type of plan that should be included for consideration within the Assessment and Support Planning processes from the dropdown menu. If the plan type is not included within the list, select "Other".</p>
<p><b>3. Short description of the protocol or plan.</b></p>	<p>Briefly describe the type and contents of the plan and why the plan is in place.</p> <p>For example, consider Brandon: <i>Due to my probation/parole guidelines, I cannot live near or enter an establishment that serves alcohol. This is a result of four previous DUI convictions.</i></p>
<p><b>4. Are there implications for the Assessment and/or Support Plan?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe implications:</p>	<p>Identify if the plan could potentially have implications for the Assessment and/or Support Plan. If so, describe the type of impact the plan may have on services, supports, or other areas of the Support Plan.</p> <p>For example, in Brandon’s case of restrictions after</p>



Assessment Item	Guidance
<b>Section 5: Other Plans or Protocols</b>	
	multiple DUIs: <i>I cannot live near or enter an establishment that serves alcohol. This has implications for my Support Plan because I am transitioning from a facility to a community setting, and this will likely restrict my housing options.</i>
<p><b>5. Name of person responsible for the protocol or plan:</b>_____</p> <p><b>6. Agency or affiliation of person responsible for protocol or plan:</b>_____</p> <p><b>7. Preferred method of contact:</b></p> <p><input type="radio"/> <b>Email:</b>_____</p> <p><input type="radio"/> <b>Telephone:</b>_____</p> <p><input type="radio"/> <b>Texting:</b>_____</p>	<p>If known, identify the name, agency/affiliation, and preferred method of contact for the person responsible for maintaining and updating the plan.</p> <p>Provide the contact information for the preferred method only.</p>
<p><b>8. Where can a copy of the protocol or plan be found?</b></p>	<p>Identify where the original and/or copy of the plan can be found for case manager and/or service provider reference. This may include the participant’s file at his/her home; doctor’s office; therapy agency; or with his/her probation officer.</p>

## Section 6: Who Should Have This Information – Not to be completed during pilot

In the fully implemented version, information in the Personal Story will be under the control of the participant and they will be able to choose who has access to portions of or the entire the Personal Story.

**TO BE DEVELOPED WHEN ONLINE VERSION IS READY.**

When the assessor introduces this section, the following script may be used.

*You/Your child and his/her parents/guardians may choose who you want to/should have the information contained in the Personal Story. You/Your child and parents/guardian can allow access to part or all of the information and you may also indicate how long this information should be available to the person.*

### Section 6 Items

**Provide the names of people who can receive information in the Personal Story.**

Name: \_\_\_\_\_

Relationship:

- Parents
- Case managers

- RCCO care manager
- Primary care provider (PCP)

Other health practitioner: \_\_\_\_\_

Other individual: \_\_\_\_\_

Other individual: \_\_\_\_\_

Other individual: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Contact information: \_\_\_\_\_

- In column 1 check the box next to the section name if you/your child and his/her parents/guardians want the above person to have access to information in that section.
- In column 2, list any items in the section you/your child and his/her parents/guardians do not want the named person to access.
- In column 3, indicate the end date to allow the named person access to the information.

1: Section	2: Exclude These Items	3: Timeframe to Allow Access
<input type="checkbox"/> Personal Profile		
<input type="checkbox"/> People Important to Me		
<input type="checkbox"/> Service Planning Meeting		
<input type="checkbox"/> My Future		

Additional people can be added in automated version.