WEBVTT

1
00:00:18.899 --> 00:00:24.600
All right, we are going to go ahead and get started Susan. I will let you.

2
00:00:24.600 --> 00:00:31.379
Began and do an introduction, and then we'll get into the training. Great.

3
00:00:31.379 --> 00:00:38.820
Hi everyone. Thank you for taking the time to join us for this training on strategies for providing services.

4
00:00:38.820 --> 00:00:42.179
In alignment with the home and community based services.

5
00:00:42.179 --> 00:00:50.340
HCBS Final Rule. My name is Susan Crow from the Department of Developmental Services in the Federal Programs Division.

6
00:00:50.340 --> 00:00:54.270
In alignment with the California Statewide Transition Plan.

7
00:00:54.270 --> 00:00:58.950
In the States efforts to comply with the requirements of the Final Rule.

8
00:00:58.950 --> 00:01:13.859
The Department contracted with Public Consulting Group who will introduce themselves in a moment but they're the wonderful people. You see here in this webinar to facilitate trainings and provide guidance on a variety of topics relating to the Final Rule.

9
00:01:13.859 --> 00:01:24.689
So these topics have included an overview of the final rule person, centered, planning practices and how to complete the provider self assessment.

10
00:01:24.689 --> 00:01:29.879

All previous trainings were recorded and can be found on the Department's website.

11
00:01:29.879 --> 00:01:34.319
I'll see if I can send that link in the chat in a minute here.

12
00:01:34.319 --> 00:01:40.260
Today's training topic, we'll focus on the intent of the HCBS final rule.

13
00:01:40.260 --> 00:01:45.299
The importance of person centered, planning and implementing practices that consider both.

14
00:01:45.299 --> 00:01:52.739
In the way services are provided the department is committed to working with individuals receiving services and their families.

15
00:01:52.739 --> 00:01:56.099
Service providers advocates and regional centers.

16
00:01:56.099 --> 00:02:00.030
To come into compliance with the HCBS final rule.

17
00:02:00.030 --> 00:02:06.329
Future training announcements regarding person center practices, uh, will be posted to the Department's website.

18
00:02:06.329 --> 00:02:11.879
If you haven't already signed up, you can send an email to our HCBS.

19
00:02:11.879 --> 00:02:16.469
And get on the list to receive updates about HCBS in California.

20
00:02:16.469 --> 00:02:23.039
This email is provided at the end of the presentation, but we can also put that into the Q and a, as well.

21
00:02:23.039 --> 00:02:30.240
Again, thank you very much for taking the time to be with us today and I'm going to
turn it over to our trainers, public consulting group.

22
00:02:33.330 --> 00:02:37.740
Thanks Susan. So again, thank you all for attending this training today.

23
00:02:37.740 --> 00:02:51.985
Um, we're going to begin with a few training expectations. First, just to let everyone
know that this training is being recorded and will be posted to the DDS website. You
will also send out the training slide deck as well so that you can access that.

24
00:02:52.705 --> 00:03:07.465
We do ask that if you have questions to use the Q and A function in Webex for
questions, specifically related to this training content, because of the volume of training
participants, we may not be able to answer all the questions received during the
webinar.

25
00:03:07.884 --> 00:03:17.875
However, we did receive a lot of questions through registration and we have those
questions built into the training content itself. And if we have time at the end, we'll take
some additional questions.

26
00:03:18.240 --> 00:03:29.280
If you have additional questions that we did not address in the training, you can send
them to that email address, hcbsregs@dds.ca.gov.

27
00:03:29.280 --> 00:03:34.139
You can also access live closed captioning through the multimedia viewer.

28
00:03:34.139 --> 00:03:42.840
Throughout the training will be using interactive polls and before the 1st poll, I will give
you instructions on how to begin those.

29
00:03:43.375 --> 00:03:57.205

So for some brief introductions, as Susan said, we are Public Consulting Group. We have Amanda Alvey, Elsa Bock, Jaymi Cohen, and Cathy Anderson on the training today.

30
00:03:57.625 --> 00:04:04.555
You may recognize some of us from previous trainings that Susan just mentioned, which are posted to the DDS website.

31
00:04:04.944 --> 00:04:13.104
We've been working with states across the country on coming into alignment with the Final Rule, and are looking forward to this training with California today.

32
00:04:16.470 --> 00:04:31.319
Some objectives of this training specifically: Training participants will come away from this training with an understanding of the timeline for aligning practices with the final rule. Person centered practices as the foundation of the Final Rule.

33
00:04:31.319 --> 00:04:34.798
Shared strategies to align practices.

34
00:04:34.798 --> 00:04:42.238
Frequently asked questions and answers, which again will be included throughout the training and then we'll talk next steps.

35
00:04:45.178 --> 00:04:56.519
And here's the agenda, we will give a brief overview of the Final Rule, talk about person centered practices. And then we'll talk about each federal requirement and some strategies to align practices.

36
00:04:56.519 --> 00:05:03.959
Again, we'll talk about next steps, we have some resources for you all to share and then we have an exit survey.

37
00:05:09.204 --> 00:05:09.353
So,

38
00:05:09.353 --> 00:05:12.353

to begin with the brief overview of the HCBS settings,

39
00:05:12.413 --> 00:05:14.093
Final Rule so,

40
00:05:14.124 --> 00:05:18.173
the HCBS regulations focus on people's experiences and opportunities,

41
00:05:18.504 --> 00:05:20.303
and the best source of understanding,

42
00:05:20.334 --> 00:05:24.113
the intent of the final rule is really the introduction of the regulations,

43
00:05:24.413 --> 00:05:25.434
particularly the section,

44
00:05:25.434 --> 00:05:32.723
where CMS the Centers for Medicare and Medicaid Services response to many of the comments received during the rulemaking process.

45
00:05:33.593 --> 00:05:34.913
And as you can see on the slide,

46
00:05:35.723 --> 00:05:41.483
the 2 purposes listed here are to ensure that individual's receiving services through HCBS programs,

47
00:05:41.483 --> 00:05:52.074
have full access to the benefits of community living and to further expand the opportunities for meaningful community integration in support of the goals of the Americans with Disabilities Act,

48
00:05:52.343 --> 00:05:53.994
and the Supreme Court decision in Olmstead.

49
00:05:58.343 --> 00:06:08.274
And we're now going to have our 1st poll, because you want to invite participants in this training to add thoughts on why you think the HCBS Final Rule is so important.

50
00:06:08.843 --> 00:06:19.014
So, this next slide will give you instructions on actually how to join the 1st poll. So, you could either go to the website here pollev.com.

51
00:06:19.439 --> 00:06:33.298
And enter Jaymi Cohen 2, 8, 1. You can also use your mobile phone to text the number 2, 2, 3, 3, 3 and the code that you text is that Jaymi Cohen 2, 8, 1.

52
00:06:33.298 --> 00:06:44.488
So I will give everyone just a few moments here to join the poll. The next slide with the 1st poll will also have instructions on how to join.

53
00:07:07.499 --> 00:07:08.038
Okay,

54
00:07:17.064 --> 00:07:18.384
so this 1st poll asks,

55
00:07:18.444 --> 00:07:22.853
why do you think it's important to align services with HCBS Final Rule?

56
00:07:23.184 --> 00:07:29.483
And again, up here at the top, you respond pollev.com/jaymicohen281.

57
00:07:30.088 --> 00:07:30.358
Um,

58
00:07:30.384 --> 00:07:31.343
or by text,

59
00:08:12.324 --> 00:08:13.343

So some of the words I'm seeing up here,

60
00:08:13.733 --> 00:08:13.913
see,

61
00:08:13.913 --> 00:08:15.593
compliance, services,

62
00:08:16.043 --> 00:08:17.004
quality.

63
00:08:17.428 --> 00:08:20.488
Funding, independence.

64
00:08:20.488 --> 00:08:24.598
Excellence, benefits.

65
00:08:24.598 --> 00:08:33.058
Consumers, and the larger words are the ones that have been submitted multiple times.

66
00:08:34.408 --> 00:08:37.979
Great Thank you. Everyone.

67
00:08:37.979 --> 00:08:44.969
So, next, we're going to talk about what California's next steps are to coming into alignment with the Final Rule.

68
00:08:49.283 --> 00:08:49.524
So,

69
00:08:49.524 --> 00:08:51.714
through the process described in California's

70
00:08:51.714 --> 00:08:53.153

statewide transition plan,

71
00:08:53.364 --> 00:09:04.373
California must assure that all providers of compensated through any of the Medicaid ACB authorities are fully compliant with the requirements of the final rule by March 2023.

72
00:09:04.373 --> 00:09:06.384
and this slide here shows,

73
00:09:06.413 --> 00:09:06.624
California,

74
00:09:06.624 --> 00:09:07.104
specific process,

75
00:09:07.104 --> 00:09:13.524
which we just want to include as a high level overview and number 3 here,

76
00:09:13.884 --> 00:09:15.264
the assessment process,

77
00:09:15.264 --> 00:09:20.663
including consumer input throughout is where we're focusing on today with the self assessment,

78
00:09:20.663 --> 00:09:23.124
and next step from there,

79
00:09:23.124 --> 00:09:23.903
in terms of strategies.

80
00:09:23.903 --> 00:09:24.533
To align practices.

81

00:09:27.923 --> 00:09:39.323
In California, DDS has been engaged in a collaborative process with stakeholders to achieve compliance with the Final Rule. The process began with the work to develop the initial statewide transition plan.

82
00:09:39.624 --> 00:09:46.224
The development of the provider self assessment process, which the self assessments were due August 31st.

83
00:09:47.158 --> 00:09:56.639
Just about a month ago now, and I'll save the info compliance with the final rule by March 2023.

84
00:10:03.594 --> 00:10:12.923
This next slide shows, a few dates for the process to align the practices with the Final Rule. In a note here about remediation.

85
00:10:13.313 --> 00:10:24.053
So, remediation isn't there isn't a formal timeline attached to that while remediation activities have to be completed in time for the state to validate alignment with the Final Rule. Activities can begin

86
00:10:24.053 --> 00:10:34.552
as soon as the provider self identifies any area where there can be improvement and remediation is a work in progress and more guidance and technical assistance will be forthcoming.

87
00:10:34.889 --> 00:10:46.469
So, again, just wanted to show this slide to give a high level overview of the process. The timeline before we dive into.

88
00:10:46.469 --> 00:10:49.739
Talking through those strategies to align practices.

89
00:10:54.203 --> 00:11:04.134
And if you attended and completed the self assessment, these federal requirements should look familiar. The self assessment was divided into these 10 federal requirements.

90
00:11:04.134 --> 00:11:11.004
And when when we talk about the strategies to align practices, we'll talk about them by each federal requirement, broken down here.

91
00:11:13.619 --> 00:11:25.589
So, with that, we are going to have another poll, we want everyone on this training to reflect on your own current practices.

92
00:11:27.894 --> 00:11:30.864
So this next poll asks throughout the assessment process,

93
00:11:30.864 --> 00:11:44.964
have you identified any challenges or barriers to align practices with the requirements of the HCBS settings final rule and some of the potential challenges are barriers may be staffing patterns access to transportation education,

94
00:11:44.994 --> 00:11:45.323
training,

95
00:11:45.323 --> 00:11:46.464
technical assistance,

96
00:11:47.004 --> 00:11:48.774
understanding service definitions.

97
00:11:49.229 --> 00:11:54.808
Budget funding licensing requirements, or if there's another challenge or barrier that.

98
00:11:54.808 --> 00:12:00.869
You run into, you can select other, or if you found the no barriers of challenges, you can select that there.

99
00:12:04.198 --> 00:12:12.089
Looks like around 23% said education 19%, licensing requirements. 19% said staffing patterns.

100
00:12:12.089 --> 00:12:19.649
12% that access to transportation 15% understanding service definitions 8%, budget, SAS, funding.

101
00:12:26.399 --> 00:12:39.504
We have 1 more poll to kick off this training and this is a different question. So we just talked about challenges and strategies. Now, we're asking about our challenges and barriers. Now we're going to ask about strategies or next steps.

102
00:12:39.504 --> 00:12:44.933
So, throughout the assessment process, have you identified any strategies or next steps to align practices?

103
00:12:46.979 --> 00:12:53.578
Looks like, we see 32% set staffing patterns. 8% said access to transportation.

104
00:12:55.678 --> 00:13:01.288
32% education proper understanding, service definition.

105
00:13:01.288 --> 00:13:06.028
19% said budget and funding.

106
00:13:06.028 --> 00:13:16.318
So, with that today, we're really going to be addressing some more of what those strategies and next steps are so that you feel fully equipped to align your practices with the final rule.

107
00:13:19.798 --> 00:13:29.188
And with that, I am going to hand it over to Cathy Anderson to 1st ground this conversation and talking about person center practices.

108
00:13:29.188 --> 00:13:42.269
Thanks Jaymi. Welcome everyone. We appreciate the participation this afternoon. It looks like we've got over a 1000 participants so it's just pretty overwhelming to think about.

109
00:13:42.269 --> 00:13:52.374
We just wanted to make sure that people understood with regard to person centered
practices that were all currently being forced to make changes in our own lives.

110
00:13:52.644 --> 00:14:03.563
At the same time that we're making changes in the lives of the people that use
services and supports. All of a sudden what's important for all of us is to avoid the
spread of covid 19,

111
00:14:03.774 --> 00:14:09.714
and to support others to avoid the spread or even to deal with active infection and all
that entails.

112
00:14:10.734 --> 00:14:11.094
And,

113
00:14:11.153 --> 00:14:11.484
you know,

114
00:14:11.484 --> 00:14:13.464
should they contract the virus,

115
00:14:14.514 --> 00:14:16.344
the needs for services and supports,

116
00:14:16.344 --> 00:14:28.374
have not changed even though all the structures we have traditionally supported
people in have changed dramatically. Person centered practice is the foundation in
times of crisis or not.

117
00:14:30.298 --> 00:14:44.818
So, on this 1st, slide here, when we talk about person centeredness. We list for you
both person centered thinking, which is the way of thinking that helps create the means
and resources for a person to live a life that they value.

118
00:14:45.173 --> 00:14:49.073

And then the other important concept is person centered planning,

119
00:14:49.283 --> 00:14:51.624
which is the process and a document,

120
00:14:51.624 --> 00:15:03.264
it's a way to assist people needing home and community based services and supports construct and describe what they want and need to bring purpose and meaning to their lives.

121
00:15:03.624 --> 00:15:05.933
And then person centered practice,

122
00:15:05.964 --> 00:15:08.573
which is a much broader term,

123
00:15:08.844 --> 00:15:21.293
is the alignment of those service resources that give people access to the full benefit of community living and ensure that they receive services in a way that may help them achieve individual goals.

124
00:15:21.714 --> 00:15:26.484
It incorporates both person centered, thinking and person centered, planning.

125
00:15:31.499 --> 00:15:46.438
So, we're going to delve a little bit deeper into person centered Ness all strategies and examples for aligning services and practices and services start with strong person centered, planning.

126
00:15:46.438 --> 00:15:50.188
You focus on the foundational beliefs of person centeredness

127
00:15:50.188 --> 00:15:57.509
Many of these conversations occur on a daily basis between direct support staff and the individuals they serve.

128

00:16:00.808 --> 00:16:12.864
We need to ensure that these conversations are being documented and ultimately reflected in the individual plan and most importantly in the daily lives of the people,

129
00:16:13.193 --> 00:16:16.344
that you're supporting the implementation of these rules.

130
00:16:16.344 --> 00:16:30.774
May not be as hard as you. Think it is, if we use those ordinary interactions and conversations as learning opportunities to figure out what good support looks like for an individual. So, this doesn't have to be a contrived process.

131
00:16:30.774 --> 00:16:42.594
It really should be something that is natural and helps in the fact that you're getting to know a person or as, you know, a person as the person changes. You know, what is different in their lives.

132
00:16:42.688 --> 00:16:50.788
From person centered planning to person centered thinking, and then to person centered practice.

133
00:16:51.443 --> 00:16:59.933
Individuals needs, like, and likes may change as we know that has happened to many of us on a daily basis.

134
00:17:00.293 --> 00:17:12.413
I'm certainly more frequently as we've adjusted to the new environments, staff learning should be ongoing and we need to ensure that information is carried down to the direct support professionals.

135
00:17:12.413 --> 00:17:17.453
So it's important that this just isn't something that's documented for administrative staff.

136
00:17:17.693 --> 00:17:31.403
It is something that is very important that the people who are having that touch with the person and, I mean, that eye to eye, maybe not so much physical touch these days. But that contact with the person on an ongoing basis.

137
00:17:31.703 --> 00:17:34.913
Really knows and understands this information.

138
00:17:36.594 --> 00:17:50.634
As I said, implementing person centered, planning, it's an ongoing conversation and communication. The individual 1 of the requirements is that the individual lead, the person's centered process when possible.

139
00:17:51.023 --> 00:17:58.733
And that is, as part of the federal regulation, it doesn't necessarily require new resources.

140
00:17:59.364 --> 00:18:12.443
But it may require a change in your practice, and it means some more flexibility and better use better use of what resources we have available to accomplish the schools.

141
00:18:13.763 --> 00:18:28.374
Again, we need to make sure that with staffing, we are making sure there's ongoing training and guidance and support for staff that we have as many of you mentioned in the poll, reassess your staffing models.

142
00:18:28.374 --> 00:18:31.913
There's had to be a number of changes in staffing models,

143
00:18:32.183 --> 00:18:34.104
not only due to the pandemic,

144
00:18:34.104 --> 00:18:40.763
but also due to new practices and then access to plans and all settings that we mean,

145
00:18:40.763 --> 00:18:46.463
that the individual program plan is something that staff have access to.

146
00:18:46.463 --> 00:18:55.673
So, it's not just this document that's developed in that set aside, but it is, in fact, used and staff are knowledgeable about it.

147
00:18:56.038 --> 00:19:02.009
And then any supporting policies must be reflective of person centered practice.

148
00:19:04.463 --> 00:19:18.384
I'm just looking through my notes to make sure we want to reassess staffing models to examine policies and procedures or practices that require staff to always have eyes on people in the environment.

149
00:19:18.804 --> 00:19:28.463
Are there opportunities for people to have time alone? Is technology available and used to support a person versus always having staff there?

150
00:19:29.213 --> 00:19:43.913
Determinative staff can be deployed in such a way to support 1 on 1 activities and not just group activities. I think that that's a change. In many instances. Reassessing staffing models is taking a look at how to do things.

151
00:19:44.878 --> 00:19:57.923
It's not always about hiring more staff. It's about reassessing how current staff are deployed. Can you adjust schedules after evaluating what changes need to take place in your current staffing models?

152
00:19:58.134 --> 00:20:10.074
We recommend talking to your regional center and seeing what options and resources are available to you. There was also a letter to the state Medicaid directors and March of 2009.

153
00:20:11.128 --> 00:20:21.778
That talked about heightened scrutiny and specifically mentioned staffing models. So we'll have that listed as a resource for. You don't take a look at that.

154
00:20:21.778 --> 00:20:36.298
And if if you have any, if anyone on the training has questions, you should talk directly to your regional center staff about how this can be accomplished and what you need to do to achieve changes.

155

00:20:36.773 --> 00:20:44.693
Those have been reviewing and changing staffing visuals, trying to incorporate designated 1 to 1 time for all people.

156
00:20:45.114 --> 00:20:55.463
And States are also examining their policies with regard to Internet access supervision, training and support to use. Technology is just a few of the areas.

157
00:20:59.128 --> 00:21:07.439
So, we have, I think the next slide just so everyone knows I have seen.

158
00:21:08.064 --> 00:21:21.503
In the Q, and A people have some questions about the poll, we only have 1 more poll it will have the instructions on how to join at the very top. It is filling up quickly, because we have over 1000 participants on. So we apologize for that.

159
00:21:21.503 --> 00:21:25.134
But if you do have additional thoughts on this, you can feel free to email those to us.

160
00:21:27.898 --> 00:21:39.298
We do have 1 more poll here, and the instructions on how to join are up at the top the pollev.com/jaymicohen281.

161
00:21:39.298 --> 00:21:45.628
And the question is, what are some examples of how you have been implementing person centered, planning and practices.

162
00:21:45.628 --> 00:21:56.338
And again, if the pull does fill up, you can feel free to send those to us by email.

163
00:21:56.338 --> 00:22:00.719
And Jaymi were saying another.

164
00:22:00.719 --> 00:22:05.398
Choice words coming on the screen that people are.

165

00:22:05.398 --> 00:22:09.479
Texting in or ascending in through the pool, right?

166
00:22:09.479 --> 00:22:19.138
Yep, suddenly, I just forgot the name from the word. Scrabble.

167
00:22:19.138 --> 00:22:22.739
Yeah, I see asking questions training.

168
00:22:23.818 --> 00:22:28.648
Meetings becoming certified in pcp training.

169
00:22:28.648 --> 00:22:34.259
Treating each client needs and services as an individual speaking to families.

170
00:22:36.209 --> 00:22:42.328
Asking residents more questions, training, training.

171
00:22:45.598 --> 00:22:50.098
Talking to the person asking his need and wants meetings.

172
00:22:52.439 --> 00:22:57.239
Giving choices in meetings.

173
00:23:00.028 --> 00:23:03.689
Meetings.

174
00:23:03.689 --> 00:23:06.749
Interviewing.

175
00:23:06.749 --> 00:23:12.298
Clubhouse client input.

176
00:23:14.368 --> 00:23:17.818
Wants and needs on the need.

177
00:23:18.263 --> 00:23:30.144
In service training. All right. Thank you. All again for participating 1 more before we move on I just want to let everyone know too.

178
00:23:30.144 --> 00:23:38.034
There's been some questions about downloading the PowerPoint if you're not able to get it through Webex we will email it out after this training to everyone.

179
00:23:40.378 --> 00:23:45.388
Thanks, Jaymi. I think, as you can see from the, um.

180
00:23:45.388 --> 00:23:52.973
Words that people were using that people really, staffing as you indicated in the earlier post, has really been a big issue,

181
00:23:53.183 --> 00:23:56.574
but there's been some creativity and innovation and,

182
00:23:57.233 --> 00:23:57.923
and of course,

183
00:23:57.923 --> 00:24:01.913
always makes us feel great when you talk about training.

184
00:24:01.913 --> 00:24:03.773
Because training is really important.

185
00:24:04.044 --> 00:24:17.753
But I think even better when you talk about speaking with the individuals that you're supporting and listening to them really important and that really is at the heart of being person centered and doing person centered thinking.

186
00:24:18.088 --> 00:24:32.034

So, on this next slide, we're talking about modifications that might take place. So it says if there's a specific an interval visualized, assess need, then there would there could be a modification.

187
00:24:32.814 --> 00:24:38.874
There should be positive interventions and supports used prior to any modifications being put in place.

188
00:24:38.874 --> 00:24:39.054
So,

189
00:24:39.054 --> 00:24:40.134
if you're modifying,

190
00:24:40.134 --> 00:24:46.253
what would be common practice or typical practice for a person in a person's life,

191
00:24:46.584 --> 00:24:55.763
you must also document that there are less intrusive methods of meeting the need that the person has that have been tried but did not work.

192
00:24:55.763 --> 00:25:09.413
So you can't just automatically go to something that is very restrictive. You need to make sure that you have tried to find the least restrictive thing that would work to, and the least intrusive to work with a person.

193
00:25:09.834 --> 00:25:16.644
And then there needs to be a clear description of the condition, or the behavior, or whatever it is that is causing

194
00:25:17.909 --> 00:25:26.394
the need the need for the modification, and that it needs to be directly proportional to the specific assess need of the person.

195
00:25:26.394 --> 00:25:34.854
So, if you're going to do a modification, it can't just be that you're going, you know, it's kind of like going from 0 to 100 miles an hour.

196
00:25:34.884 --> 00:25:47.243
You want to increase what that modification might be or that restriction might be in a very thoughtful way. And make sure it's measured.

197
00:25:49.374 --> 00:26:00.564
The any modification again in 42 CFR we will have the citation for you if there are additional conditions for provider owned and controlled residential settings,

198
00:26:00.564 --> 00:26:03.594
they must be supported by a specific assess,

199
00:26:03.624 --> 00:26:06.294
need and justified in the person centered plan.

200
00:26:06.294 --> 00:26:19.074
So, it's very clear about that. And I think I just talked through that also the person or their legal representative if they have 1, must provide written approval of the modification.

201
00:26:19.074 --> 00:26:28.374
This approval must be based on a fair explanation of the procedures to be followed, including an identification of those, which are experimental.

202
00:26:28.374 --> 00:26:39.144
Should that be the process a description of the attendant discomforts and risks so are there this conference or risk associated with the intervention?

203
00:26:39.144 --> 00:26:44.574
What are the descriptions of the benefits expected from this this modification?

204
00:26:44.574 --> 00:26:55.074
You have to also do a disclosure of the appropriate alternative procedures together with an explanation of their respective benefits discomforts and risks,

205
00:26:55.074 --> 00:26:56.003

as we've mentioned,

206
00:26:56.003 --> 00:27:01.854
offered and offered to answer any inquiries regarding the procedure.

207
00:27:01.854 --> 00:27:16.733
So, if a person gets the information in writing, or if you go over it, verbally, you also must end that discussion by saying you'll meet with them and discuss it further to make sure they have complete and comprehensive understanding of it. And.

208
00:27:18.713 --> 00:27:30.564
There should always be a statement that withholding or withdrawal of consent will not prejudice the future provision of appropriate services and supports to an individual.

209
00:27:30.564 --> 00:27:30.864
So,

210
00:27:30.864 --> 00:27:31.493
in other words,

211
00:27:31.523 --> 00:27:36.054
if the person or their legal representative changes their mind,

212
00:27:36.084 --> 00:27:49.074
that is not a reason or an acceptable reason to terminate services or to make some other kind of dramatic changes you can need to engage in the conversation about this modification.

213
00:27:58.314 --> 00:28:10.134
Great so Cathy, you started to talk about this and I was wondering if you could answer this question, what are our best practice strategies for maintaining a person centered approach through remote services?

214
00:28:12.413 --> 00:28:25.403
Well, some ideas, some of which I'm sure you've all thought of, but some of which you may be using, but be sure to take the time to meet with the person 1 on 1 and get to know them.

215
00:28:25.433 --> 00:28:27.624
This can be done in many, many ways.

216
00:28:27.653 --> 00:28:28.193
I think,

217
00:28:28.193 --> 00:28:31.794
as we all have learned through zoom through face time,

218
00:28:32.153 --> 00:28:34.074
via the plain old telephone,

219
00:28:34.074 --> 00:28:41.183
that we used to rely on a lot more than we did our computers and any other use of technology,

220
00:28:42.263 --> 00:28:43.973
if you can't do it in person.

221
00:28:43.973 --> 00:28:58.344
So, there's a lot of things that you can do in person, but if people are more remote and you can't, you have to think about and be creative about the technology. Not only that they have access to bet that is available to them.

222
00:28:58.679 --> 00:29:04.074
Make sure you're finding out what the person's interests likes dislikes goals,

223
00:29:04.074 --> 00:29:07.973
wishes desires are and that can be done again,

224
00:29:07.973 --> 00:29:14.753
as I mentioned informally and then through the use of assessment tools to guide the discussion and conversation,

225

00:29:15.263 --> 00:29:17.034
it can be a formal process.

226
00:29:17.034 --> 00:29:20.634
It also can be an informal process, but remember that.

227
00:29:21.209 --> 00:29:29.939
You're getting information, you're ascertain information from a person, you need to write it down and make sure you can collect it and share it with others.

228
00:29:30.683 --> 00:29:34.223
Make sure that you explore with the person,

229
00:29:34.223 --> 00:29:35.243
their interests,

230
00:29:35.814 --> 00:29:36.923
for example,

231
00:29:38.002 --> 00:29:38.243
like,

232
00:29:38.243 --> 00:29:42.773
if a person wants to says that they're interested in law enforcement or being a policeman,

233
00:29:42.983 --> 00:29:45.324
what is it specifically about that,

234
00:29:45.324 --> 00:29:46.614
that interests them?

235
00:29:47.183 --> 00:29:50.993
Or, if they want child care, is they want to work in child care?

236

00:29:50.993 --> 00:29:53.574
Is it because they like children,

237
00:29:53.574 --> 00:29:58.403
or they think it's more fun or easy going,

238
00:29:58.433 --> 00:30:06.054
or you just really need to explore that don't just if somebody mentions 1 thing don't either rule it in or rule it out.

239
00:30:06.054 --> 00:30:17.634
Explore it. It's really important to make sure that you do that what are their experience that caused this interest if it's a florist do they like flowers? Do they like to grow things?

240
00:30:17.634 --> 00:30:24.713
Have they never had the opportunity to grow so there's a lot of ways to explore the interest,

241
00:30:24.713 --> 00:30:34.673
and a lot of detail to pull out of the person about it because it could be that then it might lead to some other career exploration or other job opportunities.

242
00:30:35.249 --> 00:30:50.124
Get to know the person over time too what makes them happy what sad frustrated that isn't the sent every day every morning every evening is not the same for a person so you have to talk with them throughout the day.

243
00:30:51.413 --> 00:31:02.844
How does a person like to spend time alone? Do they like being alone? Some people don't really ever like to be alone, but some people do need more alone time.

244
00:31:02.844 --> 00:31:11.273
Then we're off and aware of and so we may need to make sure that we're aware of that. Are they a morning person or late night person?

245
00:31:11.753 --> 00:31:16.584
Do they have staff preferences for female or male staff or do they,

246
00:31:16.584 --> 00:31:30.594
there's a certain person that works with them that they really have hit it off within is that their preferred person to have most of their interactions and do not only.

247
00:31:32.483 --> 00:31:41.153
Don't do all activities in groups they can be, you need to make sure that there's individualization and personalization.

248
00:31:41.574 --> 00:31:48.413
I mean, it is appropriate sometimes group activities and learning to get along with others and those kinds of things.

249
00:31:48.683 --> 00:32:00.894
But we also need to recognize that we all as individuals do things independently and on our own. And so we need to apply that to the people that are being supported.

250
00:32:08.453 --> 00:32:17.993
So, now we're going to talk about some strategies to align practices with the final rule, the barriers and challenges that we're going to talk about our examples of issues.

251
00:32:17.993 --> 00:32:26.844
We have seen from other self assessment work that we've completed both in California and for some different populations.

252
00:32:26.844 --> 00:32:29.034
And with some of the other states,

253
00:32:29.034 --> 00:32:34.614
we do work in. These also come from questions and feedback we've received from stakeholders,

254
00:32:35.304 --> 00:32:43.673
the HCBS work group program evaluators at the regional centers and questions from previous trainings and ones we've received in our

255

00:32:43.673 --> 00:32:44.993
e-mail box surveys.

256
00:32:44.993 --> 00:32:58.284
So well, when you see these barriers, when we go to the next slide, they may not be an exact 1 to 1 for you. That may not be the barriers that you you have experience. But we have drawn these from real life experience.

257
00:32:58.493 --> 00:33:01.374
So, hopefully they have some applicability to, you.

258
00:33:06.808 --> 00:33:13.259
So, just a few thoughts to keep in mind while the ongoing implementation of the HCBS final rule continue.

259
00:33:13.259 --> 00:33:19.913
During the pandemic, I think it's really important that the guiding concepts noted in the final rule.

260
00:33:20.483 --> 00:33:32.064
The really over arching one is to ensure individuals receive services in the community to the same degree of access as individuals, not receiving Medicaid home and community based services.

261
00:33:32.423 --> 00:33:40.493
So, as we all know, this has really changed or many of us in our communities and so it has changed for the people that we support.

262
00:33:40.769 --> 00:33:44.999
As a result of the stay at home order we've had.

263
00:33:44.999 --> 00:33:52.979
required to make changes in our lives, our choices and opportunities to experience. Our communities have been limited or curtailed.

264
00:33:52.979 --> 00:34:07.824

Curtailed these restrictions are not because the person has ID, but because we have all had to make lifestyle changes to insure health and safety. So, again, it's the same as you. And I, it's not different.

265
00:34:08.543 --> 00:34:20.333
And we shouldn't be really thinking about it as different again. It's only different when you individualize it. What about that particular person makes a restriction or a change have to be put in place.

266
00:34:21.989 --> 00:34:34.798
Quality comprehensive person centered planning is the foundation in the delivery of services in times of crisis or otherwise, knowing the interest and strengths and needs of the people you are supporting as always essential.

267
00:34:35.273 --> 00:34:37.554
Individuals need for services and supports,

268
00:34:37.554 --> 00:34:39.204
have not changed during this time,

269
00:34:39.204 --> 00:34:44.873
but the approach is settings and staffings staffing may have to that we may have used,

270
00:34:44.873 --> 00:34:52.974
have traditionally supported people have changed and that's because of things that were beyond most of our control.

271
00:34:53.184 --> 00:34:55.733
So, we'll go now to the next slide.

272
00:34:55.978 --> 00:35:06.114
So if you look at, um, again, here is access to the community. This is 1.

273
00:35:06.114 --> 00:35:16.914
I think we even had a question before we got started about access person, having access to other people, and here on the challenges and barriers side.

274
00:35:17.184 --> 00:35:29.963
We looked at, we talked about the lack of employment opportunities, limited interest in leaving the home. People haven't been interested. Once they've gotten kind of nestled into their home. They've not wanted to go.

275
00:35:30.173 --> 00:35:43.344
And then there are limited transportation options also. So, on the right side of the screen, you'll see some strategies community is referring to the places where you live work and recreate community.

276
00:35:43.614 --> 00:35:53.123
Is it just going downtown? The community is your access to much broader array of supports and services.

277
00:35:53.458 --> 00:36:00.119
Again, as I said earlier, knowing and understanding a person's goals desires and needs is essential.

278
00:36:00.119 --> 00:36:04.918
To think about various kinds of community connections clubs.

279
00:36:04.918 --> 00:36:10.074
Clubs memberships that a person might have mini clubs stopped, but then they've started.

280
00:36:10.074 --> 00:36:21.114
And so there's some new ways to look at how those go on volunteer opportunities, church and religious organizations theater, arts, virtual connections to friends and families.

281
00:36:21.449 --> 00:36:28.768
Transportation opportunities, virtual social committees and groups. So some things, um.

282
00:36:29.034 --> 00:36:40.643
For the way things were, when there was more access and some options for with are more of a virtual life. There also a membership in community advisory boards.

283
00:36:40.974 --> 00:36:48.353
There's a comprehensive interest in vocational inventory and assessments that are key components to person centered planning.

284
00:36:48.353 --> 00:36:58.284
So, as we talked about the casual or the everyday kind of conversations, these might be tools that you might look to, to get information.

285
00:36:58.619 --> 00:37:02.849
Also job experience and exposure opportunities.

286
00:37:03.414 --> 00:37:14.693
And then working with people on the development of soft skills, this is something that people have really been doing a lot of work on resumes, interviewing on skills and job searching.

287
00:37:14.813 --> 00:37:29.483
That things can be taught now, no matter what kind of restrictions we're dealing with, and then leveraging technology for competitive, integrated employment opportunities. Many of our jobs have shifted and many jobs continue to show.

288
00:37:31.134 --> 00:37:45.023
And I just would reiterate 1 more time that it's important to remember communities referring to the places you live, you work and your recreate and it's not just a park or going downtown.

289
00:37:45.054 --> 00:37:47.094
The arena is much much broader.

290
00:37:47.759 --> 00:38:00.958
And also that the strategies that we outlined are just examples, because again, you have to make sure they're adapted to the strategies that you use are adapted to each individual. And the site needs.

291
00:38:00.958 --> 00:38:11.369

And reminding you again, it's foundational to good planning that the provider know what's important to the person. Not just what's important for them.

292
00:38:11.369 --> 00:38:23.605
You need to use various tools and processes for discovery with the person. So you should be that should be part of every planning process and result in goals that are individualized, meaningful and achievable.

293
00:38:24.534 --> 00:38:34.494
There is also not a prescribed amount of time. This is often a question that we get. How much time should a person spend in the community? There's not a prescribed amount of time.

294
00:38:34.644 --> 00:38:43.135
The time should be as much or as little as the person expresses they want, as they determine through the person centered process.

295
00:38:43.434 --> 00:38:58.164
So, through that process, you'd get an idea of somebody really social, and they may want to make sure that in their home. They have somebody to talk to when they go out there and engaged with other people or are they more of a loner?

296
00:38:58.434 --> 00:39:12.114
And they don't really crave as much interaction with other people it's incumbent upon the provider to ensure that the person has exposure to community activities and options so that they can make an informed choice.

297
00:39:12.505 --> 00:39:19.914
It's not acceptable. We'll say the person has no ideas or interest. If that's what you're saying, then you don't know the person.

298
00:39:19.914 --> 00:39:32.184
You haven't worked with them closely enough and you have an explored those avenues with them for people who have documented preference to limit activities in the community.

299
00:39:32.394 --> 00:39:37.945

The provider should system engaging in activities and events that are consistent with their interest,

300
00:39:38.244 --> 00:39:41.545
but can be accessed remotely through technology,

301
00:39:41.815 --> 00:39:43.284
such as concerts that are

302
00:39:43.284 --> 00:39:45.954
streamed online or listening to podcasts,

303
00:39:46.465 --> 00:39:50.275
organizational meetings and social committees that can be attended.

304
00:39:50.275 --> 00:39:54.025
Virtually we cannot reiterate enough that this.

305
00:39:54.929 --> 00:40:08.664
Pandemic has shown us that community isn't only a physical place. There are countless numbers of virtual options to be involved in the community, especially in times when going out in the community isn't a realistic option.

306
00:40:08.965 --> 00:40:11.934
So I think again, you have to apply the.

307
00:40:12.389 --> 00:40:18.360
Rules and the approaches that you have applied to your own life.

308
00:40:19.045 --> 00:40:20.664
Connecting people to activities,

309
00:40:20.664 --> 00:40:22.434
with the groups within the community,

310

00:40:23.065 --> 00:40:25.914
when they have an interest or seeking membership,

311
00:40:26.244 --> 00:40:29.364
that could include examples of community connections,

312
00:40:29.364 --> 00:40:32.905
such as interest groups as a card club car club,

313
00:40:33.114 --> 00:40:34.405
a charitable group,

314
00:40:34.614 --> 00:40:35.815
volunteer group,

315
00:40:35.905 --> 00:40:43.585
local volunteering when that is appropriate at local hospitals or nursing home schools.

316
00:40:44.514 --> 00:40:52.255
We talked a little bit if a person might be interested in flowers or gardening. Is there a garden club? And how are they meeting?

317
00:40:52.255 --> 00:41:06.025
Not only now in this time of social distancing, but when there is an opportunity to be more involved outside of the home, also, church, a lot of church is really important to a lot of people.

318
00:41:06.025 --> 00:41:18.744
So, what kinds of service groups are volunteer activities are there within their church that they might attend and that can certainly lead to really meaningful connections and friendships.

319
00:41:19.019 --> 00:41:19.409
Also,

320
00:41:19.405 --> 00:41:25.914

local theater groups offer many opportunities be on beyond just the productions. There's painting things,

321
00:41:26.485 --> 00:41:26.784
um,

322
00:41:26.784 --> 00:41:26.994
you know,

323
00:41:27.025 --> 00:41:29.485
posting announcements of the event,

324
00:41:29.514 --> 00:41:32.875
selling selling and taking tickets,

325
00:41:32.905 --> 00:41:35.034
assisting people and finding their seats.

326
00:41:35.244 --> 00:41:37.014
The possibilities are endless.

327
00:41:38.155 --> 00:41:52.644
We want to reiterate our previous statement. A lot of these groups can be accessed online. So I know I participate in a lot of streaming of activities especially right now in meeting in person isn't the safest option for people.

328
00:41:52.644 --> 00:41:55.494
We can still be creative and find things to serve.

329
00:41:56.275 --> 00:42:06.715
Also, I just want to touch on employment because employment should be an option for all people. Everyone should be considered employable. People's interest and skills need to be assessed.

330
00:42:06.744 --> 00:42:10.525
People need to have exposure to real work through job experiences,

331
00:42:10.525 --> 00:42:11.425
job shadowing,

332
00:42:11.425 --> 00:42:12.355
for example,

333
00:42:12.775 --> 00:42:15.684
and if a person expresses an interest in a career,

334
00:42:15.684 --> 00:42:21.804
which may not be obtainable for reasons that require educational degrees or certificates,

335
00:42:21.804 --> 00:42:23.454
et cetera there,

336
00:42:23.844 --> 00:42:26.724
maybe other realistic opportunities for.

337
00:42:27.355 --> 00:42:41.425
The person in a career that similar has characteristic similar to that kind of job they're interested in, and we should never rule out higher education and training for people. That is always an option.

338
00:42:41.425 --> 00:42:44.605
And I think it's 1 that is often overlooked.

339
00:42:47.010 --> 00:42:53.159
Thanks, Cathy. So a question that we often get.

340
00:42:53.159 --> 00:43:02.099
Is up here in the next slide. I'm hoping you can answer this for us. So, how is individual choice reflected in competitive integrated employment.

341

00:43:03.900 --> 00:43:17.784
So, for that example, if an individual, I'll just use that, a person wants to work retail, but they don't want to work weekends. Well, we need to explore the person. Why don't they want to work on the weekend?

342
00:43:17.815 --> 00:43:30.474
You know, what is that? Does that mean that they will miss certain activities that they really like? But could those activities be scheduled on other days? For example, we've also talked about, um.

343
00:43:31.139 --> 00:43:41.460
You know, that if a person is interested in a law enforcement, what kind what again is attracting them about that? Excuse me? Dry throat here.

344
00:43:42.295 --> 00:43:53.005
Or, for example, if someone wants to be a DJ but doesn't have the money to purchase the equipment, a person could be supported to find a similar job to earn the money.

345
00:43:53.005 --> 00:44:04.585
So that they could purchase that equipment, it should be goal oriented. Work a job that's not a favorite to get to where you want to go. We all done that. We've all started somewhere.

346
00:44:04.585 --> 00:44:15.804
Maybe where we didn't think we wanted to end up and then also, I'm not. Everyone may be interested in work. And this may be due to age, health or other conditions.

347
00:44:16.074 --> 00:44:27.684
However, the pros and cons of work and various types of work to be discussed with the person and interests should be assessed. So, there's never just start from the negative that people don't work.

348
00:44:27.744 --> 00:44:33.385
Always think that people could work and would be interested and then build from there. Very important.

349
00:44:37.500 --> 00:44:49.110

Going to grab a drink of water choice of settings. Again. We have the same layout here on this screen challenges and barriers.

350
00:44:50.364 --> 00:44:58.585
We listed non disability, specific settings for living community, integrated employment, instead of segregated settings.

351
00:44:58.885 --> 00:45:07.434
And then we've listed on this side some strategies that some of which you may have employments on, which you may not have.

352
00:45:07.949 --> 00:45:19.255
But what kind of setting does the person want to live in? And what are the options in the community? Are there options for people to have roommates who do not have disabilities? Has that been explored?

353
00:45:19.764 --> 00:45:23.155
Remember people do not know what they do not know.

354
00:45:23.155 --> 00:45:36.744
So, tours and visits to available options are important. Supporting people to try out a night in an apartment or an alternative setting is a good option to see how they might like it. Again.

355
00:45:37.074 --> 00:45:50.514
I don't know that I don't like a certain thing of food. A place a thing, unless I've had exposure to it. My 1st reaction might be I don't think so, but let's try it out for people.

356
00:45:51.985 --> 00:46:06.054
As I said, employment should be an option for all people, everyone should be considered employable. People's interests and skills need to be assessed. People need to have exposure to real work.

357
00:46:09.449 --> 00:46:14.815
I think that job shadowing is something might I might be a challenge at this point in time.

358

00:46:14.815 --> 00:46:20.605
It is something that we certainly want to make sure people at,

359
00:46:20.635 --> 00:46:22.764
at a point where it is safe,

360
00:46:22.764 --> 00:46:26.275
have that opportunity and we need to ensure that people know,

361
00:46:26.275 --> 00:46:30.025
and understand what options are available to them again,

362
00:46:30.175 --> 00:46:40.795
make sure that we're ruling in exploration and discovery and not just going based on what could be a person's limited experience and knowledge.

363
00:46:46.050 --> 00:46:54.900
All right, so we've received this question from people from various regional centers in California.

364
00:46:54.900 --> 00:47:01.079
From different trainings and through the inbox. So this question asks if a person has been participating in the program.

365
00:47:01.079 --> 00:47:06.000
or living in the home for a long time how can we be sure that this is the setting they choose.

366
00:47:07.974 --> 00:47:21.054
And so we think it's really important that you make sure that options are provided to people on a regular basis that they at least have the opportunity during that person centered planning meeting at least then.

367
00:47:21.054 --> 00:47:21.355
But,

368

00:47:21.594 --> 00:47:22.795
on other occasions,

369
00:47:22.795 --> 00:47:26.094
also that people know what options are available to them,

370
00:47:26.545 --> 00:47:36.085
even if they've been living in the home or participating the program for longer than staff have been working there. Staff don't always know if people chose that setting.

371
00:47:36.295 --> 00:47:50.994
So the main focus should be around ensuring that people are provided with options. So, again, in conversation talk about it. If a person expresses like, I'm tired of this place I want to get out of here. Well, what are you tired of?

372
00:47:50.994 --> 00:48:05.724
What would you like what does that look like again really having conversations meaningful conversations and knowing the person that you're supporting is so very important to all of the person centered planning aspects.

373
00:48:06.030 --> 00:48:10.110
And now I'm going to hand it off to Amanda.

374
00:48:11.425 --> 00:48:11.724
Thanks,

375
00:48:11.724 --> 00:48:12.295
Kathy,

376
00:48:13.764 --> 00:48:21.684
another 1 of those characteristics of a home and CUNY bay setting that's outlined in the federal role is the right to be treated well,

377
00:48:21.684 --> 00:48:28.224
so often there again here are some of the challenges and barriers that we've seen both in California,

378
00:48:28.224 --> 00:48:30.864
but then across the board. Very common

379
00:48:31.440 --> 00:48:36.534
in these types of settings so we often see uniform house rules.

380
00:48:36.534 --> 00:48:47.215
So, a lot of blanket restrictions obviously 1 of the current exceptions to that are the restrictions that as Kathy pointed out that we're all living under at this point as a result of covid 19.

381
00:48:47.215 --> 00:48:58.405
so, what we're really focusing on here more across the board blanket restrictions that have been in place, or would be in place with the exceptions of those guidelines that we're all living under at this point.

382
00:48:58.920 --> 00:49:11.639
Um, another common challenge is the environment looks like a facility or an institutional setting again. The goal is to be home or community based. So it really should look like the individual's home. If it's a residential setting.

383
00:49:11.639 --> 00:49:19.260
Individuals being supported to help plan menus, help grocery shop just.

384
00:49:19.260 --> 00:49:27.030
A lot of those restrictions that we see that are across the board of individuals are not really supported or permitted to participate in those types of activities.

385
00:49:27.030 --> 00:49:37.224
So any house rules, rules in a day, setting should be discussed with each person and if there's restrictions or modifications, then you should follow that process that Cathy pointed out.

386
00:49:37.224 --> 00:49:42.445
And those should be on an individualized basis and noted in that individual support plan.

387
00:49:43.050 --> 00:49:49.980
Um, rights restriction should always be based on a plan to support the person to learn how to fully exercise. The right.

388
00:49:49.980 --> 00:49:55.980
Those restrictions should be periodically reviewed at a minimum that should occur annually.

389
00:49:55.980 --> 00:50:08.070
People should have the opportunity to learn about things like voting. Being supported to register to vote if they choose. So, again, what are those options especially right now? If individuals are not.

390
00:50:08.070 --> 00:50:16.679
I'm permitted to go into the community info, looking at absentee ballots or anything that can be done to still help support and facilitate those choices.

391
00:50:16.679 --> 00:50:26.400
1 of the other common things that we see in settings is employee labor postings and common areas. So again, it looks more of like

392
00:50:26.844 --> 00:50:41.155
a workplace setting and things that should be removed from common areas, and maybe kept in a staff office or something like that really kept in obtrusive places. We wouldn't have postings like this in our own home. So, again, just keeping in mind.

393
00:50:41.155 --> 00:50:46.885
That is this a place that you would want to live or that you would want to attend during the day?

394
00:50:47.250 --> 00:50:52.469
A couple other really good strategies that I know many settings have in place.

395
00:50:52.469 --> 00:50:56.460
Especially for residential settings, or an individual rights Council.

396

00:50:56.460 --> 00:51:07.230
Um, it's a really good forum for individuals to come together and provide input to the setting on changes or ways that they'd like to be included in.

397
00:51:10.619 --> 00:51:16.440
Again, just reinforcing next slide please the.

398
00:51:16.440 --> 00:51:29.579
Application or not the application of blanket restrictions often these are in place really as a matter of staff convenience, and not really based on what the individuals in the setting means. So.

399
00:51:29.579 --> 00:51:36.539
Um, again, making sure that any house rules or rules within the day setting are discussed with individuals as a group.

400
00:51:36.539 --> 00:51:44.670
Um, we know we're currently living under the government enforced restrictions, so, social distancing guidelines, health and safety restrictions.

401
00:51:45.025 --> 00:51:57.144
If individuals are now seeing staff in full PPE or individuals in public wearing masks, ensuring that we're explaining to individuals, why those restrictions are in place, and that we're all bound by.

402
00:51:57.144 --> 00:52:06.085
Those are not things that we know in order to align with the rule that you need to document and an individual plan. Because again, for all living under those types of.

403
00:52:08.034 --> 00:52:17.094
However, with that being said, we should still be doing our best to explain those restrictions to individuals, what types of education and support are being provided to individuals.

404
00:52:17.094 --> 00:52:27.804
So, they understand what those restrictions that are, and that those are not just in place for the individual's receiving services into your settings but things that you and I are bound by also.

405
00:52:28.230 --> 00:52:28.889
Um,

406
00:52:29.244 --> 00:52:30.804
after the pandemic,

407
00:52:30.894 --> 00:52:31.195
so,

408
00:52:31.195 --> 00:52:35.454
if there is a need for any sort of continued isolation or any,

409
00:52:35.755 --> 00:52:39.534
any concerned about the continued health and safety risk,

410
00:52:39.625 --> 00:52:43.525
such as wearing masks or PPE, restrictions on travel, visitors,

411
00:52:43.525 --> 00:52:45.085
any of those things that.

412
00:52:45.510 --> 00:52:52.409
Um, you feel need to stay in place once the more broad restrictions are looked at.

413
00:52:52.409 --> 00:53:07.409
Um, again, that goes back to that foundation of person, centered planning. So what is being done to make sure that that need is assessed on an individual basis and address through that approval process and documented in the person's plan?

414
00:53:11.730 --> 00:53:19.650
Thanks, Amanda. So this question asks the setting provides a meal plan. How can we incorporate individual choice in the meal planning process?

415
00:53:21.144 --> 00:53:32.184

Again, going back to encouraging individual input so we know there's a meal plan, but we also know that. A lot of meal choices or preferences are cultural based.

416
00:53:32.394 --> 00:53:41.094
So, you know, we've seen examples where in California specifically, we had an individual that preferred Mexican food, because that's what his family had at home.

417
00:53:41.485 --> 00:53:55.494
So, even though that setting had a predetermined meal plan, staff made sure that there were supplies on hand to make sure. They can support that individual making the type of food they wanted. Is there ways to incorporate again? Individuals in.

418
00:53:56.545 --> 00:54:06.414
Determining what the menu is. So, do they have a couple of nights a week where they get to pick the type of food that they want they can go to the grocery store. They can help plan the grocery list, et cetera.

419
00:54:06.414 --> 00:54:16.855
So, encouraging that input, inviting people to come to the grocery store as appropriate again, understanding the current restrictions and guidelines for your shelter in place order.

420
00:54:17.820 --> 00:54:30.179
Any sort of opportunity there that you can collect that input also a good opportunity to work on money management and teaching fellows, bagging groceries, budgeting for groceries etc.

421
00:54:38.005 --> 00:54:48.894
Another focus of the final rule is independence. So, again, making sure that tasks are done, you're not completing tasks for people.

422
00:54:48.894 --> 00:55:02.335
They have opportunities to engage in doing their own household tours, or at least learning to do those tours on their own ensuring that all activities are not just done in a group setting.

423
00:55:04.195 --> 00:55:17.994

1 of the other common things that we run across as the challenge is services haircut, nail services, things that are being done in the home. And not in the community. I know a lot of times in setting, sometimes that is an individual choice for those services to be completed in the home.

424
00:55:17.994 --> 00:55:21.295
It is definitely a matter of convenience for individuals. Sometimes.

425
00:55:21.719 --> 00:55:29.460
But making sure we're distinguishing between that convenience for the individual and being their choice. 1st, staff, convenience.

426
00:55:29.460 --> 00:55:41.730
Um, and ensuring if an individual is stating, they want to go have their nails done downtown with a friend or a family number, et cetera that we're supporting those opportunities as appropriate.

427
00:55:41.730 --> 00:55:46.530
We know that supporting people to learn to do things.

428
00:55:46.530 --> 00:55:56.635
It's really important to their daily life and all, and an important aspect in all each HCBS settings learning those tasks, such as cooking menu, planning grocery shopping.

429
00:55:57.175 --> 00:56:09.655
It's an individual, choose the store, helping them, prepare their own lunch for teaching them the skills to prepare their own lunch laundry, other household tasks, all critical components to learning to live independently.

430
00:56:10.019 --> 00:56:24.719
Supporting people to have a long time and to independently access their community, what are the training techniques or technology things that you can put in place to help the individual be more independent in their daily life.

431
00:56:25.644 --> 00:56:39.144
In gay programs, people can learn to check in sign in sign out the started the day, and the end of the day establishing kind of a form of accountability for task completion and engagement in the activities.

432
00:56:39.840 --> 00:56:49.619
We know independence is different for each 1 of us. You know, what it looks like for myself is not what it's going to look like for Jaymi or Cathy, and it works the same way for the individuals that are.

433
00:56:49.619 --> 00:56:57.239
Um, you're providing services too, and your things so, making sure that's determined by each individual strength desires needs.

434
00:56:57.239 --> 00:57:08.309
And again, listening to their input and what they're asking to do, and all addressing all of that. And the support in the context of support that is available and being provided.

435
00:57:12.570 --> 00:57:19.409
This question asks if people choose to have services provided in the home, rather than the community, is that

436
00:57:19.409 --> 00:57:27.989
In alignment with the final rule can be? As we've talked about it, it's really making sure that those are individual choices.

437
00:57:27.989 --> 00:57:37.980
So, you know, we've seen examples where a person who received dental services in the home, because the trip to the dentist, and going in the dentist's office.

438
00:57:37.980 --> 00:57:50.574
Cause that individual on extreme amount of anxiety. Not my favorite place to go either. So, making sure that we're recognizing those fears those anxieties and we're supporting them.

439
00:57:51.684 --> 00:57:58.735
However, making sure. Again, going back to some of those modifications. That that modification is just not put in place.

440
00:57:58.735 --> 00:58:10.014

And there's no additional education and support being provided to that individual to help them cope or maybe potentially learn or work through those anxieties to go to the dentist office.

441
00:58:10.735 --> 00:58:23.034
That person should always receive the support and have a plan in place to manage that anxiety or whatever the choice. Maybe their preference is to receive a certain service in the home.

442
00:58:23.460 --> 00:58:35.905
Um, but also making sure they know there's an option to receive services in the community. Sometimes if you have a setting that, let's say, you have a salon that's on site and everybody knows that they can access that setting on site.

443
00:58:36.144 --> 00:58:39.925
They also know that they again have that option to receive similar.

444
00:58:46.739 --> 00:58:56.010
Another characteristic of being in alignment with the HCBS final rule is entering individuals have a choice of services and support.

445
00:58:56.010 --> 00:59:05.039
This really should be based on their interests and personal goals. So what directs them toward them living their own best life.

446
00:59:05.039 --> 00:59:11.909
Um, back to the example, we gave about making sure people know that they have an option to receive services in the community.

447
00:59:11.909 --> 00:59:25.380
People don't know what they don't know. So, if we're not explaining options to them and opening those doorways for them and really letting them know, you don't have to receive a certain service here. It doesn't have to be received in this context.

448
00:59:25.704 --> 00:59:39.474
You know, that we really need to make sure that they're getting that type of information to make a real choice and not just a choice based on 1 activity or nothing. So it shouldn't be a limited menu again that might go back to staff convenience.

449
00:59:39.474 --> 00:59:47.034
So, you can participate in bingo or you don't get to do anything at all. That's not real choice. So real choice is.

450
00:59:47.460 --> 00:59:59.635
Providing exposure to the possibilities of tasks that a person can choose ongoing conversations about choice making sure someone else is not choosing for the person. Again.

451
00:59:59.635 --> 01:00:06.324
We, we know sometimes that individuals are concerned or have another legal guardian in place that could impact.

452
01:00:06.659 --> 01:00:17.699
That a certain individuals ability to make a choice solely by themselves, but that doesn't negate the need for. So, including individuals in those converse.

453
01:00:17.699 --> 01:00:25.050
Making sure that they're a part of their own meetings, and there are a part of these conversations and afforded opportunities to give input.

454
01:00:25.050 --> 01:00:38.219
Again, this really goes back to those principles of making sure we are communicating with individuals and helping support them and how they want their day to day life to be.

455
01:00:39.420 --> 01:00:44.130
Thanks Amanda. So speaking of communication, this question has.

456
01:00:44.130 --> 01:00:55.860
Come into the Q and A, during this meeting we received it in previous trainings. So I wanted to make sure we address this. How do we support individuals that are death blind or non verbal to make individual choices?

457
01:00:57.114 --> 01:01:11.695

I think this really start recognizing that all individuals communicate, even if it's not verbally. I know. Even myself, you know, sometimes when I'm angry or feel a certain way, I don't always express myself verbally.

458
01:01:11.695 --> 01:01:26.454
You can recognize that through my mannerisms the way. I maybe I roll my eyes. Maybe I have other facial expressions, so really getting to know individuals and the mode of communication that they use is really a central to that quality planning.

459
01:01:26.664 --> 01:01:29.574
So if you're working and supporting individuals on a daily basis.

460
01:01:30.000 --> 01:01:40.380
Do they use communication boards? Are those technology again? Body gestures movements how is that? Specific individual communicating their needs and preferences.

461
01:01:40.380 --> 01:01:46.710
Making sure that staff are trained and understand how each individual communicates.

462
01:01:47.304 --> 01:01:57.414
Back to that individualization so what works for me may not work for the next individual. Some people may respond to communication boards.

463
01:01:57.414 --> 01:02:02.605
Some individuals may need technology or other AIDS in order to communicate.

464
01:02:02.905 --> 01:02:13.614
So technology's a realistic option, making sure that that technology's obtained the person and the staff are trained that and then it's maintained in working order.

465
01:02:14.099 --> 01:02:21.000
If you have an individual that uses gestures, picture cards, communication boards for indicating their wants needs and preferences.

466
01:02:21.000 --> 01:02:31.289

Again, making sure that staff are trained on that and recognizing what those needs are and insuring that they're consistently looking for those when working with a person.

467
01:02:31.289 --> 01:02:37.949
Choice should not be based on what an individual can't do.

468
01:02:37.949 --> 01:02:47.219
Um, but be determined by the supports that can be provided to really assess that individual with their desired choice within the content of available.

469
01:02:52.289 --> 01:03:00.869
Residential agreement, so this really just applies to residential settings. This is 1 of those.

470
01:03:01.224 --> 01:03:12.864
Characteristics of a home and community based setting that again. You're not going to see and all setting types like a date program and really what this ensures that. The is that the individuals have an agreement or at least in place.

471
01:03:12.864 --> 01:03:22.614
Something that has the same protections as what anyone else in the community would have that doesn't own their own home. So if I'm renting go home, I'm signing a lease that.

472
01:03:23.639 --> 01:03:30.000
You know, for its protections to the landlord, but also affords me protections from somebody just removing me.

473
01:03:30.000 --> 01:03:36.000
From the home with no notice or or no reason et cetera. So making sure that there's an agreement in place.

474
01:03:37.614 --> 01:03:48.715
That affords those same types of protections that may vary by locality. We know some counties or cities may have certain requirements in place for what should be contained within that document.

475

01:03:50.034 --> 01:03:54.625
But again, it's really just making sure that there's something in place that the individual has signed.

476
01:03:56.010 --> 01:04:01.500
And more importantly has been educated on to understand what their rights are.

477
01:04:01.500 --> 01:04:12.059
In signing that agreement, some of those strategies making sure that you're working with your regional center to make sure that your current agreement contains all elements of the final rule.

478
01:04:12.059 --> 01:04:22.590
If you don't have agreements in place, even more important to contact your vendoring regional center and see what helper support is, they can provide you in there.

479
01:04:22.590 --> 01:04:26.789
Such as providing a model or a sample agreement that can be developed and provided.

480
01:04:26.789 --> 01:04:30.510
Those agreements should always be signed and dated by the individuals.

481
01:04:30.510 --> 01:04:35.130
Individuals should always have a copy of that lease.

482
01:04:35.130 --> 01:04:46.800
And again, just emphasizing the fact that those agreements really shouldn't just be placed in front of an individual and ask them to sign. It's just like, if you or I were signing any sort of document.

483
01:04:46.800 --> 01:04:53.579
Um, with terms and conditions, it's something that we would really want to make sure we understand before we put our name to it.

484
01:04:57.480 --> 01:05:08.010

Thanks, Amanda and this is another question that we have received from a previous training. Does the residents agreement meet the requirement for a legally enforceable lease agreement?

485
01:05:08.010 --> 01:05:19.380
Yes, it does, but again, resident should also understand what that document is an educated on all of the information that contained within the document.

486
01:05:22.380 --> 01:05:30.119
Privacy, I know that this is a big 1 that comes up a lot. Some things that we see.

487
01:05:30.119 --> 01:05:33.269
I have seen it may not.

488
01:05:33.269 --> 01:05:38.010
Immediately be understood, or call to the attention of settings.

489
01:05:38.635 --> 01:05:53.094
1 of the main things, I think that we've come across more often than not is medications being administered in public areas. So, we've often seen this during meal times dinner, especially where individuals will line up in the kitchen or line up in the dining room.

490
01:05:53.335 --> 01:05:55.974
And all of their medication is just handed out to them.

491
01:05:57.510 --> 01:06:02.699
We've also seen this through bedrooms and bathroom doors that don't lock.

492
01:06:02.699 --> 01:06:16.650
Or maybe only lock from 1 side if it's doors to bedrooms, make sure that those can be lockable from the outside. And people are provided the option of having a key.

493
01:06:16.650 --> 01:06:29.909
If there are concerns or restrictions for an individual, having a key again, that goes back to the principles of a modification. What is it about that particular individual that you feel that may need to be a modification? How is that been assessed?

494
01:06:29.909 --> 01:06:44.875
Um, making sure that that is documented and their support plan, but then again you're also employing education and support to work toward the goal of the individual, being able to maintain a key and unlock their own work.

495
01:06:46.260 --> 01:06:55.679
We've also seen this in terms of privacy and individuals keeping their own valuables to them. We've heard from settings that say, oh, well, they can just keep it in their own bedroom.

496
01:06:55.679 --> 01:07:02.460
But there's not a secure place in their bedroom and their bedroom is not lockable from the outside. So it's only a secure.

497
01:07:03.054 --> 01:07:17.184
If the individual's physically sitting in their room and can ensure their stuff is where it should be, but it's an individual leaves. The room. Their bedroom doesn't board doesn't love. That's not really ensuring that any of their their valuables are secure.

498
01:07:18.954 --> 01:07:31.494
Same thing with keys to the home if they're if it's a standard lock with a key or if there's a key pad entering that individuals, how to key to the home they understand and can use the code for the key pad.

499
01:07:32.184 --> 01:07:43.764
Same thing again with a gate outside, ensuring that people have access and understand how to operate that again. Unless there's some sort of documented restriction in place that.

500
01:07:45.179 --> 01:07:50.880
For that individual might need some additional support to be able to use the key or again a code.

501
01:07:50.880 --> 01:08:04.530
The presentation of the option really must be documented in that support plan again, visited on at least an annual basis. This decision, whether it's lockable doors, whether it's.

502
01:08:04.530 --> 01:08:18.810
Codes to a keypad, all of no decision should ever be final again. Those should be visited. It should be an ongoing education and support for the individual. Always with the goal of trying to remove whatever modification is in place.

503
01:08:20.994 --> 01:08:34.375
People should also be able to lock the bathroom door if they desire again. If this is restriction restricted, it has to be documented in the ISP, and fully detailed as to why that restriction is in place for that specific individual.

504
01:08:35.965 --> 01:08:48.354
This is probably 1 of those areas that we see most often that has blanket restrictions where no bedroom door is locked from a certain way, or things like that. And again, those blanket restrictions really wouldn't be appropriate.

505
01:08:48.385 --> 01:08:52.704
It should be assessed and documented on an individualized basis.

506
01:08:59.069 --> 01:09:07.260
So, in line with what you just said, Amanda, this question asks, how can we support someone with a severe allergy without posting it for all staff to see.

507
01:09:08.574 --> 01:09:23.095
This really hinges on education and training of your staff. It really shouldn't take a document posted for staff to understand that a particular individual has a severe allergy and really you're expected to maintain that privacy for many reasons.

508
01:09:23.095 --> 01:09:34.045
But just as a family home wouldn't have that information posted. Neither should a homework community base setting that information should be recorded in the individual plan, shared with staff other people in the home.

509
01:09:37.045 --> 01:09:41.034
When it can be shared with staff again without having it specifically posted somewhere,

510
01:09:41.215 --> 01:09:41.425

you know,

511
01:09:41.425 --> 01:09:56.364
we've been in settings where dietary restrictions are posted on the refrigerator for everyone to see and it has each individual name and states exactly what their dietary restrictions and those things really can be accomplished without having to

512
01:09:56.364 --> 01:10:01.465
have a piece of paper posted for everyone to know what those specific restrictions are.

513
01:10:01.890 --> 01:10:11.039
Um, all staff working in the home, or the setting need to have a basic understanding of what those critical needs of a person are. So, if it's allergy, if it's a dietary restriction,

514
01:10:11.039 --> 01:10:25.829
Every staff person that comes in and out of that setting should know that information. So before a person works in the home, this is 1 of the types of critical information that they should be trained on and also ensuring that that training is documented for the staff.

515
01:10:30.659 --> 01:10:45.114
Schedules and access to food. We definitely see a lot of this and we know we get a lot of questions along these lines. Very common challenges are barriers are settings have meal times that are set. So there's breakfast from 8 to 830.

516
01:10:45.114 --> 01:10:55.765
there's lunch from 12 to 1 there's dinner from 5 to 6 and there's absolutely no flexibility in any of those times. Same thing breaks. Naps are only included at very set specific times.

517
01:10:56.760 --> 01:11:00.810
So, start thinking through some of the strategies where.

518
01:11:00.810 --> 01:11:13.409
You can really accommodate individuals again more on an individualized basis. What are their needs requests knowing that most of us don't always eat meals or want snaps or take brakes at the same time every day so.

519
01:11:13.409 --> 01:11:19.944
Doing your best to ensure that people living in the home, have the flexibility in those meal times. Maybe they're not hungry for breakfast.

520
01:11:19.975 --> 01:11:30.085
Maybe they don't want dinner at the exact time that, that so ensuring that individuals have an access have access to a comparable meal at the time that they do prefer.

521
01:11:31.854 --> 01:11:43.435
People should always have free access to food and snacks again unless you have some sort of a documented medical condition for that particular individual, where you would restrict their access to food.

522
01:11:43.885 --> 01:11:51.265
We know there's multiple types of medical conditions that individuals can have to where you want to make sure that they're not just.

523
01:11:51.569 --> 01:12:05.310
Eating certain things or eating all hours of the day or night, but again, going back to that foundation of person center planning, that's an individualized need. That should be documented on an individualized basis.

524
01:12:05.310 --> 01:12:18.149
We shouldn't see locks on refrigerators or anything like that, that results in a blanket restriction for all individuals in the setting because some individuals may need some additional support or amount.

525
01:12:19.614 --> 01:12:33.475
Regarding access to snacks, if asking staff is the only way that individuals can can access food that also is not an acceptable strategy and would not be supported in alignment with the final rule.

526
01:12:38.159 --> 01:12:45.449
Thanks, Amanda. So this question asks, how do we balance the requirements out of the final rule with health and safety concerns.

527
01:12:45.449 --> 01:12:57.270

Health and safety is always paramount. CMS does afford States this flexibility and addressing individual means regarding health and safety.

528
01:12:57.270 --> 01:13:07.979
CMS does understand that some individuals may need specific protections or procedures in place to assure that their health, safety and wellbeing is being met.

529
01:13:07.979 --> 01:13:20.880
CMS emphasizes that person center planning is the heart of the home and community based services setting final rule and it's the foundation for any support services and intervention for the individual.

530
01:13:20.880 --> 01:13:29.310
The balance between health and safety with persons centered practice to should be discussed at the individual's person centered planning meeting.

531
01:13:29.310 --> 01:13:39.060
For example, if you have an individual that has diabetes, and they say that his or her favorite food is chocolate or candy, and they want to eat that at every single meal.

532
01:13:39.060 --> 01:13:49.439
Um, making sure that you're discussing that at the meeting, identifying some strategies or solutions to balancing that individual's desire with those health concerns.

533
01:13:49.439 --> 01:14:04.229
Identifying training education, anything that may be necessary for the individual to understand what those restrictions are and why they're in place. Not just telling the individual. No. Sorry you can't have that because you're diabetic.

534
01:14:04.765 --> 01:14:19.255
It really should go beyond that again just like you, or I, how would you want to be treated? How would you want information explained to you by your physician or anyone that might be putting a restriction or procedure restriction on how you want to make choices for your own life.

535
01:14:19.649 --> 01:14:27.029
As a team, as part of those meetings, you could brainstorm with everyone about other food options that the individual likes.

536
01:14:27.029 --> 01:14:41.369
What are some of the options if it is chocolate? Is their sugar free chocolate or or what are some of those choices that the individual could have and possibly have some independence in accessing without compromising their health.

537
01:14:46.680 --> 01:14:55.050
Right to visitors. I know this is always a pretty hot topic that we.

538
01:14:55.050 --> 01:15:02.069
See, when we're visiting settings and in particular right now, understanding that there are.

539
01:15:02.069 --> 01:15:09.600
Um, restrictions that we're all living under with people being able to just come visit at any point.

540
01:15:10.104 --> 01:15:19.555
Pre-covid[19], there were still challenges and barriers with people not having places to meet privately with their guests, or having very defined visiting hours.

541
01:15:19.555 --> 01:15:25.704
So, individuals were not allowed to stay, have visitors overnight or past certain times of day, et cetera.

542
01:15:26.159 --> 01:15:36.720
So, in order to be in alignment with the final rule, people should be able to have visitors at their homes at times that they prefer. They should be able to visit with.

543
01:15:36.720 --> 01:15:50.460
There those individuals in private, so, whether it's their personal bedroom, whether it's a commonplace wherever that individual chooses, that shouldn't be prohibited. If the person shares a room with somebody, then.

544
01:15:50.814 --> 01:16:05.364
Communicating that individual working with their roommate and coming to an agreement at what's appropriate times are appropriate, et cetera. Practices and rules

around visitors should be set with the individuals living in the home. And again, it goes back to that education and support.

545
01:16:05.364 --> 01:16:13.614
How is this being explained to individuals? Do they understand what their options are for those private spaces including their own bedroom.

546
01:16:14.100 --> 01:16:24.090
We do know the restriction on visitation during the stay at home order for each individual residential setting will look different dependent on many factors. So that.

547
01:16:24.090 --> 01:16:34.350
In particular includes the number of people that are living in the home as well as goals desires needs, et cetera for the, the other individuals in the home.

548
01:16:35.185 --> 01:16:49.585
And ensuring during this time, that those discussions are held with the staff, and with the residents of the setting. So again, if you are restricting visitors at this point, because of this stay at home order making sure that app explained to individuals and that way.

549
01:16:49.585 --> 01:16:58.015
So, they understand that it's a result of an order that we're all living under right now and not just a restriction that the setting is choosing to put in place.

550
01:16:58.380 --> 01:17:10.649
Keeping in mind know also again, since we're all, you know, we can't really have visitors to our own homes. We all have these restrictions. What are we doing to make sure that we're still facilitating.

551
01:17:10.649 --> 01:17:19.079
Communication with others, outside of our home, you know, if you can't go meet a friend, then are you using face time? What types of.

552
01:17:19.079 --> 01:17:28.439
Other technology or communication sources, can you put in place to still give individuals opportunities to communicate with people that may be important to them?

553
01:17:31.319 --> 01:17:40.199
Amanda, you were addressing this head on, but just want to ask again. How do we allow visitors during the covid 19 pandemic?

554
01:17:40.199 --> 01:17:54.569
And again, this pandemic that we're all navigating right now is an unprecedented event and we know it's essential to each person's health and safety to make sure that we're maintaining certain protections.

555
01:17:54.569 --> 01:18:01.500
Um, so obviously there's very defined strict and unusual limits on person to person contact at this point.

556
01:18:01.500 --> 01:18:13.439
Going back to my previous point about making sure you're educating individuals as to why those restrictions in place. I think Cathy also pointed out very well understanding what that individual's definition of community is.

557
01:18:14.425 --> 01:18:17.034
And thinking through those virtual options,

558
01:18:17.154 --> 01:18:20.335
so leveraging technology virtual visits zoom,

559
01:18:21.204 --> 01:18:24.895
what what can be done at this point to to still,

560
01:18:24.895 --> 01:18:29.125
even though someone can't necessarily come into your setting or come into that individual's home,

561
01:18:29.274 --> 01:18:35.574
what can still be done to facilitate communication and and visit with people that they care about,

562
01:18:35.574 --> 01:18:36.654

and they want to communicate with.

563
01:18:37.944 --> 01:18:41.154
Do you have any further questions on any of the covid19,

564
01:18:41.154 --> 01:18:50.725
Guidance or additional information that has been issued by the California Department of public health any changes updates that have been made to accessibility services,

565
01:18:50.725 --> 01:18:54.835
et cetera those can be found in the directives posted on the DDS website.

566
01:19:01.614 --> 01:19:07.465
1 of the last characteristics of the home base setting that we're going to touch on today is accessibility.

567
01:19:07.824 --> 01:19:18.685
So this is really thinking through what are there are there any physical barriers in the home or the setting that make certain places and accessible to individuals with disabilities?

568
01:19:19.020 --> 01:19:27.899
Patients laundry room, staff, only rooms, et cetera. Where are individuals.

569
01:19:27.899 --> 01:19:31.859
Restricted from accessing and what is the foundation of those restrictions.

570
01:19:31.859 --> 01:19:44.760
So, if people have limited mobility, for any reason, the settings should ensure that individuals can move freely about their home or day setting and access all common areas that others can without limited mobility.

571
01:19:44.760 --> 01:19:49.140
For safety reasons, this should mean that people have at least 2 options for egress.

572
01:19:49.765 --> 01:20:02.244

Just, in case 1 option is blocked. we get a pretty common question about fences outside of the setting. There's nothing wrong with having a fence, especially if it's it's a residential setting.

573
01:20:02.244 --> 01:20:14.694
If it's an individual's home, a lot of us have fences outside of our home. It really boils down to the function of the fence. So, is it a fence like other people have in the neighborhood around their homes?

574
01:20:14.935 --> 01:20:20.395
Or does that serve as a barrier, or intended to restrict movement for individuals?

575
01:20:20.880 --> 01:20:31.824
Um, that's when it could become a little bit problematic and may not align with the intent of the final rule. So, ensuring that locks it batches.

576
01:20:32.515 --> 01:20:36.864
All of those things are functional and can be operated by individuals that are on site.

577
01:20:37.350 --> 01:20:43.109
Accessibility of people places, things are currently in place.

578
01:20:44.125 --> 01:20:49.975
And really, just explain to people in the context of the public health crisis.

579
01:20:50.364 --> 01:21:00.774
So, at this point, with the shelter in place orders, if individuals are not allowed to access the community. Again, we're educating and supporting them as to why those restrictions in place.

580
01:21:00.774 --> 01:21:11.005
And they're understanding that it's not because of your particular setting, or because of that particular individual. It's, it's an order that we're all currently bound under. At this point.

581
01:21:12.564 --> 01:21:23.154

Virtual accessibility barriers, there's, they're limited access to technology or technology infrastructure on making sure that we're addressing those understanding again.

582
01:21:23.154 --> 01:21:31.104
We don't have a lot of the face to face opportunities and engagement and access that that we would all like to see.

583
01:21:31.885 --> 01:21:39.505
So, what uses of technology can be explored as an option to address any sort of accessibility issue later.

584
01:21:43.199 --> 01:21:56.850
This question we have received through the Q and A, on the training today, and we received it in the past. So I wanted to make sure we address this 1. how do we balance the HCBS settings Final rule with state licensing requirements in California?

585
01:21:57.895 --> 01:22:10.975
Anytime if there's conflicts between state and local licensing requirements, and the HCBS settings final rule, those conflicts do need to be identified. So, working with DDS and CCL, those entities will.

586
01:22:12.569 --> 01:22:20.819
Analyze these requirements they're responsible for these requirements and then remediating any areas that are in conflict.

587
01:22:21.534 --> 01:22:36.234
Until you hear, otherwise, make sure that you're conforming to your licensing requirements. DDS is having ongoing conversations about this and as those areas are identified, and they're working through any changes, those will obviously be communicated to everyone.

588
01:22:41.010 --> 01:22:49.439
All right, we'll talk a little bit about next steps. So, Jaymi mentioned where California is at this point.

589
01:22:49.439 --> 01:22:57.329
In their overall compliance process, and making sure that all settings are coming into alignment with the final rule.

590
01:22:57.329 --> 01:23:09.479
Um, so what we most of, you have completed a self assessment at this point, which gives us that, as is picture of where each setting is with regard to meeting the requirements of the final rule.

591
01:23:09.479 --> 01:23:24.265
Um, based on the assessment, each provider is going to have the opportunity with technical assistance to develop an action plan to address any areas that they self identified as as needing to work on or improve in order to ensure that you're coming into alignment.

592
01:23:24.569 --> 01:23:34.590
That plan will be reviewed and approved and will kind of serve as a blueprint so to speak to ensuring that each settings achieving that alignment.

593
01:23:34.590 --> 01:23:44.670
The implementation of the plan will be validated and verified as part of the onsite assessment process or as part of ongoing quality reviews.

594
01:23:44.670 --> 01:23:51.449
Site assessments will be conducted for a random.

595
01:23:51.449 --> 01:24:02.460
Sample of those settings that are located throughout the state. So approximately 1200 settings will be identified in that initial sample.

596
01:24:02.460 --> 01:24:10.824
Um, and then additional information would be forthcoming about any setting that didn't did not complete a, a self assessment.

597
01:24:11.965 --> 01:24:26.694
I think the thing to emphasize the most with remediation is remediation, you don't have to wait for a certain dates to to begin. Especially if you completed a self assessment, and you've identified some of those areas, you can start working on those now.

598
01:24:28.199 --> 01:24:37.079

As soon as you've identified those, any of those areas, so that just gives your setting more opportunity and time to work on those areas of improvement.

599
01:24:37.079 --> 01:24:43.079
Moving forward from here settings will receive an assessment and a compliance report.

600
01:24:43.555 --> 01:24:52.375
State and regional centers will be providing ongoing technical assistance helping, you understand, remediation what are some of these strategies we've talked about today?

601
01:24:53.154 --> 01:25:05.965
Maybe there were challenges or barriers that we did mention today that your settings facing so, making sure that technical assistance is being provided to help you develop those strategies to remediate. Any of those challenges or barriers that you're facing.

602
01:25:06.390 --> 01:25:13.619
Um, again, ongoing though, there will be additional trainings, technical assistance and guidance that will be forthcoming as needed.

603
01:25:16.680 --> 01:25:29.100
Resources I know we alluded to this relatively early on in this. If you have questions about the final rule, any general questions feel free to direct those to your vendoring regional center.

604
01:25:29.100 --> 01:25:35.159
Any questions related to the statewide transition plan can be sent to DBS.

605
01:25:35.159 --> 01:25:39.689
At HCBSregs@dds.ca.gov

606
01:25:41.935 --> 01:25:54.234
Here is a list of some other resources when we send this PowerPoint out after the presentation. These are hyperlinks. So you will be able to click these directly website is always a good resource. There's the full final rule.

607
01:25:54.954 --> 01:25:57.984

You can access guidance around heightened scrutiny.

608
01:25:58.255 --> 01:26:10.734
So, if you completed a self assessment, and maybe you self identified as possibly falling into 1 of those heightened security categories, this is another good resource for information and some federal policy guidance that was released.

609
01:26:11.250 --> 01:26:19.710
California state wide transition plan is posted to the DHCS website again. This is a direct link. There that plan includes.

610
01:26:19.710 --> 01:26:26.579
How California has approached the settings rule and also includes some of those steps for assessing compliance.

611
01:26:26.579 --> 01:26:41.340
And lastly, California DDS website so we mentioned the HCBS regulation. Any information related to this process is posted there as well as updates and directives related to any of the state homework.

612
01:26:43.170 --> 01:26:57.385
I'll turn it back over to Jaymi. Thanks, Amanda. I'm going to go back to this side. Actually, the questions about the final rule. I'm excited that. We do have some time to take some of the questions. We've been seeing all the questions come in, through the.

613
01:26:57.414 --> 01:27:10.284
Q, and a, we have the whole list that was submitted through training registration. So at this time we're going to answer some of those questions. So I'll ask the question and then Amanda and Kathy feel free to jump in.

614
01:27:10.494 --> 01:27:14.904
And then Susan, if you want to add anything on behalf of DDS, please do so.

615
01:27:14.904 --> 01:27:28.465
So so the 1st question that came in through registration, asked how to accommodate the HCBS final rule with limited resources for example, if you have 1 car or small budget, how might you approach that?

616
01:27:35.425 --> 01:27:48.055
This is Cathy, I'll just jump in and say, again, it isn't about how large or small your budget is I think it is managing the resources you have but it starts with having an adequate.

617
01:27:48.414 --> 01:27:59.694
And then what I mean adequate I mean, a good person centered plan. And knowing the person, and then in some ways negotiating, what are those how do you implement things?

618
01:27:59.694 --> 01:28:05.604
And how do you make it work within a budget and those sorts of things?

619
01:28:05.604 --> 01:28:15.114
So, I think that it really I know it can be challenging and maybe it means people take turns on doing certain things.

620
01:28:15.114 --> 01:28:28.104
But I think that that person centered plan and talking with the person and understanding frequency, that kind of thing is also very important. And Susie, I'm going to look at you.

621
01:28:28.104 --> 01:28:32.574
Hopefully, I didn't say anything really violates the way you want to go.

622
01:28:33.390 --> 01:28:36.600
No, that was great. Thank you Cathy.

623
01:28:40.680 --> 01:28:41.130
Okay,

624
01:28:41.545 --> 01:28:56.364
the next question asks if there are any ideas on how to do job coaching remotely? Any ideas on how to be effective with that remotely virtually as we're living in the covid

625
01:28:56.364 --> 01:28:57.774

19 virtual world right now.

626
01:29:06.954 --> 01:29:21.354
Again, this is Cathy I'll just start and Amanda. You've got something. I know that for job coaching, they also I'm aware of opportunities where people don't want the job coach present on the job site.

627
01:29:21.354 --> 01:29:36.295
And so they have done it via check ins via over face time or phone call or text messages back and forth to see what kind of support the person wants needs or how this is just going for the

628
01:29:36.295 --> 01:29:37.074
person.

629
01:29:37.765 --> 01:29:41.935
I think that the other thing is to think about how can you,

630
01:29:41.935 --> 01:29:43.645
in another situation,

631
01:29:43.914 --> 01:29:46.944
use some role playing about situations,

632
01:29:46.944 --> 01:29:55.164
or or challenges that a person might face on the job and so do a facsimile of the environment.

633
01:29:55.194 --> 01:30:01.645
If that's possible, those are just a few ideas. I don't know Amanda. If you've got other things to add.

634
01:30:02.725 --> 01:30:02.994
No,

635
01:30:02.994 --> 01:30:03.234

I mean,

636
01:30:03.234 --> 01:30:04.045
that was pretty much it,

637
01:30:04.074 --> 01:30:04.345
you know,

638
01:30:04.345 --> 01:30:09.024
and I think it goes back to your point earlier about some of those soft skills too,

639
01:30:09.024 --> 01:30:17.965
that can be worked on and just understanding that while you can't be in person in a lot of places working on some job shadowing or things like that.

640
01:30:18.085 --> 01:30:30.564
What are some of the things that you can still work on as you mentioned, virtual options, things like that in the interim to help ensure individuals are prepared for the time where they can go back to physically on site working in a place.

641
01:30:33.420 --> 01:30:36.569
Great Thank you. Both this question.

642
01:30:36.569 --> 01:30:49.890
Asks about conservatorship and Amanda, you started talking about that and I know we had a question come through today, but the question basically get that if there are any contradictions or challenges with the final rule against conservatorship. So.

643
01:30:49.890 --> 01:30:56.609
I guess, I mean, if you want to start and talk about that again, I know you with that, but if you wanted to.

644
01:30:56.609 --> 01:31:11.185
Speak to that again. Yeah, I can touch on it a little bit. I know Cathy, I think always explains this really well, you know, we know there's nothing specifically defined in the federal language of the final rule that that speaks directly to conservators.

645
01:31:11.725 --> 01:31:25.015
It's really about ensuring it facilitating individual choice, but again, understanding that sometimes there's a legal implication there if somebody is in place to make decisions on behalf of the individual.

646
01:31:25.045 --> 01:31:30.895
So, we kind of talked a little bit about some of those strategies about still including individuals in those conversations.

647
01:31:32.670 --> 01:31:39.720
I don't know Cathy, if you want to speak to conservative conservatorship more specifically or directly.

648
01:31:40.555 --> 01:31:54.564
Thanks, Amanda. I think it's important 1 to know specifically. What does the conservatorship cover? Is it financial matters? Medical decisions? Is it how broad is it written?

649
01:31:54.595 --> 01:31:56.814
What specifically does it address?

650
01:31:57.234 --> 01:32:04.164
And I think that while there may be another person who is ultimately making decisions,

651
01:32:04.164 --> 01:32:15.984
it still doesn't does not negate the importance of having people involved in conversations and participating to the extent that it is possible possible for them.

652
01:32:15.984 --> 01:32:18.265
Sorry. That word suddenly tripped me up.

653
01:32:18.475 --> 01:32:18.774
But,

654
01:32:18.805 --> 01:32:25.555

to the extent possible that a person can participate and express their desires and as a provider,

655
01:32:25.555 --> 01:32:29.635
if there's a difference between the person and the conservator,

656
01:32:29.875 --> 01:32:39.774
you may end up playing a role of a bit of a mediator or a moderator between to make sure they're hearing each other and they understand those reasons.

657
01:32:39.774 --> 01:32:47.845
So I think that that's significantly important. All of those points are really important to make sure you explore and understand.

658
01:32:51.059 --> 01:33:04.798
This next question asks is the HCBS final rule going to be implemented with the same timeline as originally set or has it been changed at all? Because of the pandemic? Or other reasons.

659
01:33:06.444 --> 01:33:15.354
So, I think I can touch on this initially from a CMS perspective and then I'll turn it over to Susie to highlight some things from a DDS perspective. I would highlight.

660
01:33:15.354 --> 01:33:26.094
So, CMS has been clear that the extension through 2023 is really to afford providers more time to work through the remediation process again goal with the final rule DDS goal.

661
01:33:26.094 --> 01:33:33.203
All of our goals is to work toward ensuring that all settings have an opportunity to fully align with the final rule.

662
01:33:35.609 --> 01:33:46.259
So, at least from a CMS perspective, that was the intent of that extension. I don't know Susie if you want to talk to anything specific related to DDS this line.

663
01:33:47.399 --> 01:33:56.939

Yeah, thanks. So Amanda, I mean, I, I think that that I don't have too much to add to that, except that the department remains committed to.

664
01:33:56.939 --> 01:34:11.904
Um, bringing services into alignment with these final rules, um, and working with regional centers throughout the next couple years as well as providers on what that transition and remediation looks like. And so.

665
01:34:12.238 --> 01:34:24.689
You know, as we've talked about through these next steps, and as you guys saw on some of those charts that we went through a little bit earlier in the training.

666
01:34:24.689 --> 01:34:32.488
The assessment of services has already started and will continue throughout the next year and.

667
01:34:32.488 --> 01:34:43.588
And then, after that is, is that transition period? So, as Amanda spoke to that, that is really what that extension was was given is, um, essentially an extra year for.

668
01:34:43.588 --> 01:34:47.548
Providers to have time to transition their services.

669
01:34:50.939 --> 01:35:04.048
Thanks Amanda. I think Susie, this next question came through the Q and A, on this training who is ultimately responsible for ensuring provider compliance. Is it DDS, regional centers, or the federal government?

670
01:35:11.189 --> 01:35:15.719
I'll let you, I don't know if you want to start that 1, Susie or if you want me to.

671
01:35:15.719 --> 01:35:24.899
Um, I mean, I think we'll, we'll likely say the same thing, the, it's the state's responsibility, right? I mean, we have accountability of.

672
01:35:24.899 --> 01:35:28.708
Medicaid dollars and that is is.

673
01:35:28.708 --> 01:35:40.529
What the federal government was applying these rules to so ultimately it's this state, but really with the intent of these rules being.

674
01:35:40.529 --> 01:35:50.548
Um, very much about person centered, planning and opportunities for different services. I think it falls on on everybody.

675
01:35:52.194 --> 01:36:07.073
Service providers, regional centers, advocates, individuals served, family members, all of us to, to apply these these rules to our lives in the lives of those we serve. But yes ultimately the department, the State's.

676
01:36:07.168 --> 01:36:20.698
Responsibility to be in compliance. Thanks Susie. This question asks how do we know exactly if we are in compliance or not?

677
01:36:25.019 --> 01:36:39.953
I think that's probably another question as a random seeing your face here, you know, and I think it certainly feel free to chime in Amanda if you have anything to add to this. But, you know.

678
01:36:40.349 --> 01:36:46.769
So, we've started that transition or a sorry that, um, assessment process just.

679
01:36:46.769 --> 01:36:52.708
Last month, so, August 31st, as Jaymi reviewed at the beginning of our.

680
01:36:52.708 --> 01:36:53.394
Training here,

681
01:36:53.394 --> 01:36:54.054
today,

682
01:36:54.083 --> 01:36:59.333

that providers who are required to be in compliance with these rules,

683
01:37:00.293 --> 01:37:04.373
we're required to complete a self assessment to determine,

684
01:37:04.373 --> 01:37:07.793
sort of an initial level of compliance,

685
01:37:07.793 --> 01:37:09.234
or alignment with the rules.

686
01:37:09.234 --> 01:37:17.363
So how our services provide it now. And where is the room for a transition? And so.

687
01:37:17.698 --> 01:37:26.368
To know, whether or not somebody is in compliance or not, you know, they'll be continued review will be validating those assessments through.

688
01:37:26.368 --> 01:37:33.689
Desk review as well as site assessments on working with regional centers and providers to determine a.

689
01:37:33.689 --> 01:37:42.868
To determine what is needed to be done to say that you are in compliance with these rules.

690
01:37:43.948 --> 01:37:44.634
Excuse me,

691
01:37:45.083 --> 01:37:53.814
I'm going to direct the next question to Cathy about virtual accessibility as part of accessibility and this question asks,

692
01:37:53.844 --> 01:38:01.344
how can we best support people who cannot meet with or who may not have access to certain technologies,

693
01:38:01.344 --> 01:38:04.463
like zoom or FaceTime or some of the other platforms we've mentioned.

694
01:38:06.413 --> 01:38:09.083
I think it's a good question,

695
01:38:09.083 --> 01:38:23.963
because I think that 1 thing we've learned through this crisis is that technology and the requirements that support technology such has access to the Internet and things like that are not as widely available as

696
01:38:23.963 --> 01:38:25.493
we would hope that they are.

697
01:38:25.764 --> 01:38:32.604
So, I think 1 is in the interim 1 there that technology is not available.

698
01:38:33.083 --> 01:38:42.863
Hopefully everyone has access to good old fashion phone of some sort, even if it's a landline. If that is.

699
01:38:43.378 --> 01:38:49.434
Or, by social distancing safely to support a person of course, that's important.

700
01:38:49.793 --> 01:39:02.904
And then, I think it is really talking with the, your own agency with your regional center, et cetera about what are the options to get technology so that it is available to people.

701
01:39:03.083 --> 01:39:06.894
I think there have been lots of not only service organizations,

702
01:39:06.894 --> 01:39:16.073
but states that have put together programs that have created some lending libraries if you will for technology,

703
01:39:16.103 --> 01:39:17.304
kinds of supports,

704
01:39:17.304 --> 01:39:18.113
and even,

705
01:39:18.113 --> 01:39:18.503
um,

706
01:39:18.804 --> 01:39:19.703
service groups,

707
01:39:19.703 --> 01:39:20.873
those kinds of things.

708
01:39:20.873 --> 01:39:34.913
So, it's important to start with what you have, but then do that exploration and I don't know Amanda. No, this is in the area. You might have some ideas or Jamie. I know you've done a lot of research on this also.

709
01:39:37.259 --> 01:39:40.918
No, Kathy, I felt that was.

710
01:39:40.918 --> 01:39:47.069
Great I don't have anything to add. I don't know, Jaymi, as Cathy mentioned, Jaymi, you've done a lot of research in that. So.

711
01:39:47.844 --> 01:39:57.804
Yeah, I mean, I think virtual accessibility is definitely 1 of the barriers that it's always been a barrier but I think the covid 19 pandemic is really bringing that to light for a lot of people.

712
01:39:58.734 --> 01:40:09.293
And there is a lot of research being done on that both for, in the education system for people receiving services. So, I think right now it really comes down to being creative.

713
01:40:09.323 --> 01:40:14.724
We talked about if you have limited resources, how can we be creative within that budget?

714
01:40:14.724 --> 01:40:15.503
That we do have,

715
01:40:16.314 --> 01:40:23.724
or how can we be creative and it's not just about the platforms themselves,

716
01:40:23.724 --> 01:40:25.163
but having,

717
01:40:25.194 --> 01:40:25.434
like,

718
01:40:25.434 --> 01:40:26.033
Cathy said,

719
01:40:26.033 --> 01:40:27.354
access to the good old phone,

720
01:40:27.354 --> 01:40:31.373
it doesn't need to be fancy tablet or piece of technology.

721
01:40:32.394 --> 01:40:33.264
And I think.

722
01:40:33.658 --> 01:40:44.759
There's going to be a lot coming out because of the pandemic now to trying to improve access to a lot of these devices and technologies as well. So.

723
01:40:44.759 --> 01:40:53.969

Again, I think it comes down to creativity, it comes down to communication and talking with people and what they want to access and making sure they know what those options are.

724
01:40:55.163 --> 01:41:09.713
Just 1 thing I would add quickly as I participate in a process where we really been exploring a lot of different ideas about what does it mean with the isolation that people have experienced as a part of the

725
01:41:10.043 --> 01:41:10.913
pandemic.

726
01:41:11.003 --> 01:41:23.453
But 1 of the things is that people have started saying at the very beginning, because we started this. And I think April was saying, you know, people don't have the skills to use technology. They don't know how to use it.

727
01:41:23.453 --> 01:41:33.984
They won't understand it and 1 of the resoundingly areas of feedback that we've received people really do pick up on it.

728
01:41:34.373 --> 01:41:40.434
People have learned to use technology and that every time staff,

729
01:41:40.434 --> 01:41:40.884
and these are,

730
01:41:40.913 --> 01:41:44.123
this is coming from direct support professionals who have said,

731
01:41:44.123 --> 01:41:57.054
they have just been amazed if you will that how quickly people are able to learn it because it's important and that maybe the training takes some additional time,

732
01:41:57.054 --> 01:41:58.734
or takes a little bit longer,

733
01:41:59.003 --> 01:42:05.333
or it requires you to really think about it in a very step by step fashion,

734
01:42:05.634 --> 01:42:08.363
but it's so important to not again.

735
01:42:08.363 --> 01:42:15.054
Not assume that people can't do it assume competence and train toward achieving that.

736
01:42:16.404 --> 01:42:22.373
I think the last thing I would add to that is looking within your own community as to what resources may be available,

737
01:42:22.854 --> 01:42:23.094
you know,

738
01:42:23.094 --> 01:42:31.524
a lot of communities there's been grant funding and opportunities that have come available to help support organizations,

739
01:42:32.634 --> 01:42:35.814
get access to whether it's a better Internet service,

740
01:42:35.814 --> 01:42:36.654
whether it's tablets,

741
01:42:36.654 --> 01:42:37.314
et cetera.

742
01:42:38.274 --> 01:42:42.113
So I would suggest starting from there. I know somebody.

743
01:42:43.134 --> 01:42:52.314

In the Q, and A box actually just dropped a website for a nonprofit that's dedicated to helping provide these levels of support. So, there there is information out there.

744
01:42:52.944 --> 01:43:03.323
It may not be easily found within your community, but there are definitely more and more opportunities becoming available to gain access to additional technology.

745
01:43:08.844 --> 01:43:22.434
The next question relates to visitors, and this can really be in person visitors when that is allowed or virtual visitors. If people want to have face times or zoom.

746
01:43:22.854 --> 01:43:30.953
Can people have any visitor that they want come to the home? Can they have FaceTime with any person that they want there been a few questions about that?

747
01:43:30.953 --> 01:43:43.884
So, I'm going to kind of summarize it in that way, but I think if we could just speak a little bit more to visitors and I know there was also a question to all visitors need to be fingerprinted. So I think we can address some of those.

748
01:43:47.609 --> 01:43:57.988
Yeah, I think I would start speaking generally. Yes. Individuals should be able to meet with visit with any 1 of their choice. You know, we often here.

749
01:43:57.988 --> 01:44:06.838
From settings that they don't want individuals to have a boyfriend or girlfriend or significant other in their own room in private.

750
01:44:06.838 --> 01:44:18.748
And that's not a restriction that would be in place and, you know, anybody else in the community that's not a restriction that's in place as part of their home. So, again, unless there is a documented.

751
01:44:18.748 --> 01:44:30.833
Assessed need as to why a certain individual should not have access to a visitor of their choice, or visiting with someone of their choice in private.

752

01:44:30.863 --> 01:44:43.344
There really shouldn't be any reason for those types of restrictions understanding that that maybe there is a legal reason, or something like that to a certain individual may not be able to visit a location.

753
01:44:44.033 --> 01:44:58.524
You know, those things should absolutely still be addressed again on an individualized basis and not be the foundation for blanket restrictions or generalized practices visiting hours or defining types of individuals that can be visitors.

754
01:44:58.524 --> 01:45:00.384
I know Cathy. I'm sure you have a lot to add to this.

755
01:45:01.944 --> 01:45:15.323
No, I completely agree. I think that the whole issue is if there's some kind of legal restriction, that a person cannot be coming to the home, the whole issue of fingerprinting.

756
01:45:15.323 --> 01:45:22.134
I going to let Susie address, but because of that may be a requirement with California.

757
01:45:22.404 --> 01:45:31.673
But I also agree that as far as the time goes, and that kind of thing again, talking with the person who's being supported.

758
01:45:31.913 --> 01:45:44.724
And if the if they have a friend or a family member, whatever who wants to call them at 3 o'clock in the morning, and that disrupts their sleep, then obviously engage with that person and work with them.

759
01:45:44.724 --> 01:45:59.394
So, that is something that is more reasonable. And not disruptive to the person, even if it's putting the phone so that it goes mute after a certain time of the evening. So that the person can't be disturbed.

760
01:45:59.394 --> 01:46:01.463
If you have somebody who's a violator of it.

761
01:46:01.703 --> 01:46:14.634
But again, I think we go back to relying on commonsense and making sure that people, if they are expressing a desire to have a person come, why what is that reason?

762
01:46:14.873 --> 01:46:18.474
How do they do it in a safe and healthy way?

763
01:46:19.163 --> 01:46:23.514
And if there are modifications that need to be made again,

764
01:46:23.514 --> 01:46:24.863
doing this with the person,

765
01:46:26.453 --> 01:46:34.434
I just think that it again is conversation and important to really understand the reasons.

766
01:46:37.859 --> 01:46:51.293
Thanks, Cathy. I want to kind of wrap up the questions. 1, final question, which sums up a lot of questions that have come in specifically around person centered planning. We've talked about the importance of it.

767
01:46:51.293 --> 01:46:53.274
How it's the foundation to the final rule.

768
01:46:53.543 --> 01:47:05.753
People have asked what additional resources are there so I first want to address that and let everyone know that we are working with support development associates and the Department of developmental services to roll out additional training,

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01:47:05.753 --> 01:47:13.703
specifically to person centered planning to help with some of those discovery skills because we keep saying it comes back to person centered planning,

770
01:47:13.703 --> 01:47:20.904
but there's so much more to that around discovery important to important for and using a lot of tools that.

771
01:47:22.073 --> 01:47:26.634
Are already out there. Have already been developed. I know a lot of regional centers are already doing trainings on that.

772
01:47:26.963 --> 01:47:41.873
So, in terms of additional resources be on the lookout for some of those trainings, in addition to asking your regional centers, what resources already exist, because there are a lot of person centered, planning resources already out there that you can access.

773
01:47:42.384 --> 01:47:43.073
And.

774
01:47:43.559 --> 01:47:53.158
I guess I want to see if anyone else has final thoughts around personal and planning how to approach it right now in this virtual time.

775
01:47:53.158 --> 01:47:58.618
I know we've talked about that, but any other final thoughts specific to that.

776
01:48:02.338 --> 01:48:16.493
Well, I would just say, you know, I think that sometimes traditionally, we've thought about person centered as it's a document, and we have, we do that document, but then we don't put all of those practices in place and into practice.

777
01:48:16.793 --> 01:48:23.213
And I think during this time of socially distancing and people's spending more time at home,

778
01:48:23.753 --> 01:48:29.033
when you start really thinking about the time that you have to converse with a person,

779
01:48:29.033 --> 01:48:37.583
or be with them is a great opportunity to really get to know them and learn about them better,

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01:48:38.243 --> 01:48:40.583
so I think that there are many,

781
01:48:40.583 --> 01:48:45.474
many downsides to what has happened to all of us as a result of this pandemic.

782
01:48:45.713 --> 01:48:52.224
There's also an upside of really that whole, getting to know a person better, which means that.

783
01:48:52.889 --> 01:49:04.253
The supports that you're providing are going to be more individualized, and that will play out in the way that plan is developed and what it states and what the person is focusing on.

784
01:49:04.253 --> 01:49:11.213
Because you should have a better idea of what really is important to them as well as to why it's important for them.

785
01:49:12.328 --> 01:49:20.939
Yeah, I think I would just add, you know, especially right now, as Cathy pointed out, it's even more critical to have those conversations.

786
01:49:20.939 --> 01:49:32.663
But, you know, we've been in a lot of settings. I've talked to a lot of staff that provides services and I think if they haven't previously been trained in person, centered, approaches are person centred planning.

787
01:49:33.413 --> 01:49:46.884
There's a lot of staff that are already doing those things on a daily basis. They just don't formally recognize that as person centered planning but, you know, there's a lot of involved staff that that have conversations very often with individuals. They get to know individuals very well.

788
01:49:47.094 --> 01:50:00.863
They understand their needs, their likes or dislikes how they communicate. So really, really boils down to that documentation piece. Kathy mentioned it's more than just a document, but if you're already having those conversations.

789
01:50:02.338 --> 01:50:15.503
Really, just getting that put on paper does does playing a role in it and again right now really having those conversations about community. So, what does that look like for the individual? What really is important to them.

790
01:50:16.104 --> 01:50:25.463
What are they missing by not being able to access their community or have visitors? What are those things that are really important to them and make them happy on a daily basis?

791
01:50:26.064 --> 01:50:40.793
And going back to some of those things that we talked about for individuals that, that maybe aren't verbal, still looking for those queues using communication boards, whatever that individual may use to communicate, and ensuring even more that you're having those conversations.

792
01:50:42.533 --> 01:50:56.423
And looking for resources either with and your community about access to Internet or technology, or whatever the circumstances. Maybe, I think Kathy said it best. When she said it doesn't have to be fancy technology, it can be a landline.

793
01:50:56.604 --> 01:51:05.154
It can be as simple as picking up a phone and and having a conversation if that's what we'll connect an individual to someone else,

794
01:51:05.184 --> 01:51:12.594
but just making sure that you're exploring all of those resources and options and really just having those conversations.

795
01:51:15.359 --> 01:51:29.724
Thanks Amanda. Thanks, Cathy. So speaking of resources there have been some questions asking about that. So we shared these links and then before we get to the exit survey, I also just wanted to show at the end of this training.

796
01:51:29.724 --> 01:51:41.604

We have a list of common terms. We include these in all of our trainings with California DDS because of course, we speak in acronyms. So we spell those out and give some definitions here.

797
01:51:41.814 --> 01:51:50.814
So when we send out the slide content, you'll have access to all of these throughout the training. We talked about a lot of these, we.

798
01:51:51.719 --> 01:52:02.274
Use those acronyms, so just wanting to make sure that you all know this is an additional resource that you can circle back to. Before I put the exit survey up. Susan.

799
01:52:02.274 --> 01:52:10.583
I want to see if you have anything else to wrap up close the training and then from there, I will share the exit survey.

800
01:52:12.208 --> 01:52:22.559
I don't I just want to again, thank everybody for their time. And and thank you. All PCG for giving such great information today and.

801
01:52:22.559 --> 01:52:28.618
Um, I think Jaymi, you've already touched on this, but, you know, this training is.

802
01:52:28.618 --> 01:52:37.798
Has been recorded and we will be putting that up on the Department's website as well as offering translation of the training.

803
01:52:37.798 --> 01:52:50.429
That will be up soon. Thank you. Thank you. So, for this exit survey, there are 2 different options I guess 3 different options on how to take it. You can either.

804
01:52:50.429 --> 01:53:04.344
Copy this into your browser and take it there. You also can open up your camera on a mobile device and scan the code on the screen. And that will bring up the exit survey on your phone.

805
01:53:05.213 --> 01:53:16.463

And then we can also put it in the. Q, and A here, I'm actually going to ask Elsa if you want to respond to someone within the Q and A, and just put that link in there, you can copy it from.

806
01:53:16.948 --> 01:53:28.559
The PowerPoint, if you're unable to take it right now, we will also send it out when we send out the slide deck to everyone but we'll keep it up here on the screen for a few minutes.

807
01:53:29.033 --> 01:53:41.363
In case you do want to scan the code or copy the link but otherwise I just wanted to thank everyone for attending today. We really enjoyed virtually having this training with you all going through the content.

808
01:53:41.453 --> 01:53:50.484
Hopefully answering some of the questions that you've had. So that you're better prepared to what these strategies to align services with the final rule.

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01:53:50.819 --> 01:53:55.349
So, thank you everyone again, we'll leave this up on the screen and have a great rest of your day.

810
01:53:55.349 --> 01:53:58.529
Thank you.

811
01:53:58.529 --> 01:54:04.498
Thanks, Jaymi.