



Workforce and Talent Management Training Curriculum Series



Valued Outcomes: The Individualized Service Plan and Habilitation Plans

Instructor's Manual



Andrew M. Cuomo
Governor

Courtney Burke
Commissioner





Agency Requirements for MSC Course Delivery

The MSC curricula found on OPWDD's website www.opwdd.ny.gov may be delivered by provider agencies that meet certain specified conditions.

For information, please go to:

http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/documents/msc_agency_requirements_train

If you have any questions, please contact OPWDD Talent Development and Training at (518) 473-1190.





Instructor Requirements for MSC Delivery

Instructors must be an employee of, or affiliated with, an approved Agency/Provider Association operated or certified by OPWDD or other organization associated with the OPWDD service system.

In order to present training in Valued Outcomes, instructors must have a minimum of two years experience with people with developmental disabilities and providers of developmental disabilities services.

Instructors must have a minimum of two years of Medicaid Service Coordination work experience, or in another title with comparable working knowledge of Medicaid Service Coordination.

Instructors must be permitted by their agency sufficient time to participate in the requirements of this role.

Instructors must regularly monitor OPWDD's online curriculum for updates.

The Instructor or the Instructor's agency is responsible for retaining the signed, original sign-in documents for a period of six years from the date of training.

If you have any questions, please contact OPWDD Talent Development and Training at 518-473-1190.





Table of Contents

Overview and Introduction.....page 01-02
Course Outline
Purpose
Course Objectives
Format
Materials
Introduction

SECTION ONE: What are Valued Outcomes.....page 03

SECTION TWO: Where do Valued Outcomes Come From.....page 04

SECTION THREE: What Makes a Good Valued Outcome.....page 05

SECTION FOUR: What is Collaborative Planning.....page 10

SECTION FIVE: Where and When Does Collaborative Planning Occur.....page 11

SECTION SIX: Who is Part of Collaborative Planning.....page 12

SECTION SEVEN: Gathering Information as the Basis for Planning.....page 13

SECTION EIGHT: Characteristics of Valued Outcomes.....page 15

SECTION NINE: Valued Outcomes in the ISP.....page 21

Symbol Legend:



Prepare for next slide



Overview and Introduction

Course Outline:

- What are Valued Outcomes?
- Where do Valued Outcomes come from?
- What makes a good Valued Outcome?
- What is collaborative planning?
- Where and when does collaborative planning occur?
- Who is part of collaborative planning?
- Gathering information as the basis for planning
- Characteristics of Valued Outcomes
- Valued Outcomes in the ISP

Purpose:

This program will provide Medicaid Service Coordinators and Habilitation providers with an understanding of valued outcomes and their importance in an individual's ISP and coordinated services. Group discussion and activities will include an opportunity for questions, writing actual outcomes for individuals and applying outcomes to habilitation plans. Staff that are responsible for writing residential and day habilitation plans are strongly encouraged to attend.

Course Objectives:

- Understand the collaborative planning process and the development of valued outcomes.
- Gain experience in writing valued outcomes in the ISP
- Identify and discuss issues regarding outcomes that seem unrealistic or difficult to attain
- Identify and discuss issues of need-driven outcomes vs. outcomes that are derived from the person's interests, talents and choices
- Learn how to incorporate valued outcomes into habilitation plans

Format:

- Lecture/Discussion
- Tools
- Exercises

Materials:

- Participant Manual
 - Notes pages



- Exercises 1, 2 and 3
- Areas of Discovery
- Example Habilitation Plans (excerpts)
- ISP Format and ISP Instructions
- Associated Administrative Memoranda (ADMs)
- PowerPoint slides (optional)



Refer to participant workbook &/or (slide #1)

Introduction:

- Personal introduction by instructor (name, background, experience)
- Course introduction, purpose and objectives
- Logistics/ground rules
- Ice-breaker

Ice Breaker

- To get an idea of the participants' backgrounds ask (by a show of hands) their role (i.e. "How many are MSCs?, MSC Supervisors? Res Hab staff? Day Hab staff? Quality Assurance staff? Other (state role)?
- Ask: "Have you attended ISP Training? "

SECTION ONE: What are Valued Outcomes?



Refer to participant workbook &/or (slide #2)

Discuss:

Valued Outcomes:

- Are the destination or valued end result that a person wants to pursue, achieve, strive for, or accomplish.
- Can be long-term desires or simple day-to-day choices.
- They are individualized, clearly stated, and not vague.
- Must be listed in the person's ISP in the Valued Outcomes Section (refer to ISP in materials).
- There must be at least one valued outcome listed in the Valued Outcome Section of the ISP for each waiver habilitation service that the person receives.
- They are linked to other services that the individual receives.
- The valued outcome is reflected in the habilitation plan for the service.

Examples:

- Long-term: A person decides to go to college. Many decisions have to be made before they will achieve the outcome.
 - Where to go to school?
 - What to study?
 - The finances?
 - Actual course completion – it could take between 2-4 years!
- Simple day to day choices:
 - "I want to come home from work every day and sit in a comfortable chair and read the mail".
 - Although this is a simple thing to accomplish, it is very important to me because if it doesn't happen, the outcome of my day is very different. This activity calms me, transitions me...etc. Very important!

SECTION TWO: Where do Valued Outcomes come from?



Refer to participant workbook &/or (slide #3)

Discuss and give examples:

- They are framed from the perspective of the person
- They are chosen based on informed choice and empowerment
- They are built on capacities and interests
- People are more successful at things they are interested in
- They are chosen through collaborative planning and discovery making

Instructor Note:

Give a personal example of something that you are interested in, you have a capacity for, or you are successful at (i.e. running, playing tennis, gardening, public speaking).

Offer the example below of an individual on a MSCs caseload that is interested in crocheting. Discuss this with the class:

Example: You find out that Sue's grandmother always did crocheting, but never taught her. Sue would like to learn to crochet. This could turn into a valued outcome that could happen for her. Perhaps there is a staff at the residence who likes to crochet.....maybe take a class at the local craft store....join a crochet group...maybe someone she knows at Church likes to crochet.

Discuss: the importance of collaborative planning. Collaborative planning is an effort from the individual, their advocate and their circle of support to develop outcomes based on the persons interests.

Ask: participants to give a few examples of valued outcomes from their own experiences with the people they support as an MSC.

SECTION THREE: What makes a good Valued Outcome?



Refer to participant workbook &/or (slide #4)

Good Valued Outcomes are:

- Clearly stated and as specific as possible
 - Do not write “Universal Valued Outcomes” – these are outcomes that could belong to anyone, such as “I want to be independent” or “I want to be thinner” or “I want to be richer”.
- Are responsive to change
 - Example- If the individual described before decides after pursuing crocheting that she doesn’t like crocheting – the outcome can be changed!
- Need to be person-centered
- They are specific but don’t have to be “so” specific, such as, “Mary wants to learn to make a bacon, lettuce and tomato sandwich”.
 - This can be a skill that she learns under the general outcome related to learning to cook, prepare meals, etc.
- They are not limited to skill development (but can include specific skill development activities) and not limited to pre-requisites.
 - To learn new skills, there has to be skill development goals or outcomes – but a balance is important.
 - Example: ASK: An ISP with 4 valued outcomes in skill development areas only (such as ADL’s) – does this tell us what the person really wants?
 - Some things are just not valued outcomes.
 - Don’t confuse valued outcomes and identifying information that could be included in the person’s profile section of the ISP.
- Valued Outcomes are always chosen with recognition for the individual’s health and safety.

Transition:

Stop here and tell the participants that they are going to practice writing valued outcomes.



Activity:

Ask: the participants to write a valued outcome of their own, based on the definition of valued outcome that they have heard so far. Explain that they will not have to share it with the group but can if they choose.

Once they have completed this (give them 5 minutes), tell them that you want them to think about valued outcomes as something more than just the section of the ISP where they have to write something. They are the part of the ISP that makes things happen for the person. Everyone sets goals in their life and valued outcomes are the goals that the individual would like to achieve.

Encourage: them to think of the valued outcomes list in the ISP as a “TO DO” list. These are the things that the person wants to have happen in their life. It is one of the most important sections in the ISP...it makes things happen for people!

Discuss: the power in writing things down.

Ask:

Who chooses valued outcomes?

How and when are valued outcomes chosen?

Answer:

The person with disabilities chooses his or her valued outcomes. Assistance is provided through a collaborative effort of friends, family, the MSC Service coordinator and other service providers. This collaborative endeavor occurs when everyone meets at the ISP review meeting. These meetings are part of an on-going process to make discoveries and to understand the life of the person with disabilities.

Transition to the “Valued Outcomes Exercise #1 – in their materials:

Valued Outcomes Exercise #1:

Either give the participants a few minutes to read over the 10 examples or read them within the full group. The purpose of this exercise is to decide if the information listed would better fit in the valued outcome section or the profile section. List V for Valued Outcome or P for Profile. Discuss why it would be listed in either section.

The examples for the exercise can be found in the participant manual.



Exercise #1 Answers:

1. P-Jim likes drinking orange juice or soda instead of coffee.
2. P- Rose likes to play bingo.
3. V-Joe wants to work and earn money.
4. P-Jean does not like being forced to do what she doesn't want to do.
5. V-Diane wants her own bedroom at the Main Street Ira.
6. V-Sue wishes to maintain contact with family and friends.
7. V-Dan wants to improve his independent living skills.
8. P- Karen's favorite class is math.
9. P-Tom enjoys going on trips with Moran House.
10. V-Adam would like to take regular vacations at the local Holiday Inn.



Refer to participant workbook &/or (slide #5)

Good Valued Outcomes

- Are not limited by unnecessary prerequisites –
- Some outcomes may not seem realistic at first...Help the person to pursue the outcome by taking a step-by-step approach and providing assistance along the way - don't erect barriers, break them down.
- It is important to find out what the person really wants and what they really mean by what they are saying. Look behind the dream for a hidden meaning
- Write valued outcomes so they are achievable (for example – “Sally wants to be six foot tall” – may not be achievable).
 - **Example:** Valued Outcome: “I want to learn to drive”. The individual may have cognitive and physical abilities to drive. If so, pursue it by taking small steps (i.e. get the driver's manual, review the manual, take the test for the permit, take driving lessons, etc.).
 - **Example:** Valued Outcome: “I want to be a fireman”. Does the person really want to be a fireman? Maybe not – perhaps the person is interested in fire engines or likes the social aspect of being a fireman. Maybe I don't want to put out fires, but I want to be a fireman because my brother is a fireman and gets to hang out at the firehouse. Goals associated with this could include – visiting the fire house, maybe volunteering at the fire house, going to the pancake breakfast at the firehouse or helping out at it, going to the fire truck museum or display, going to the library and getting books/magazines about firehouses, internet information about the firehouse or fire truck, etc.
 - **Example:** Valued Outcome: “I want to be a brain surgeon”. Through the discovery process you may learn that this individual's dad was a fireman and he wanted to be like his dad. After spending time with the individual to discuss what he really wanted the MSC learned that he really wanted to work in the hospital like his dad. In time, the individual was able to get a volunteer position at the hospital delivering mail to patients. He was able to work in the same hospital that his father worked in.
 - **Example:** “I want to be president of the United States”. This individual really wanted to make important decisions. She saw that the president makes important decisions. With time, this individual became involved in the local self-advocacy association and really enjoyed this. Now she is the president of her self-advocacy group and makes important decisions.



Say:

- Valued outcomes can be shared by providers – different providers can help the person pursue the same outcome, but in different ways. This emphasizes complimentary skills and experiences.
 - Two waiver services can both work on the same outcome. Example: “I want to make friends”.
 - Res Hab works on ADL’s (need to take a daily shower, wear clean and neat clothing – this helps to make new friends).
 - Day Hab may work on communication issues – not talking too loud or not interrupting others – this helps to make new friends).

Some things to remember about Valued Outcomes:

- There does not have to be a valued outcome for each of the 3 I’s and a P (Independence, Individualization, Inclusion, Productivity). Instead, the planning process should produce outcomes that are specific to the individual’s interests, desires, hopes and dreams.
- There is no rule for how many valued outcomes have to be listed in a person’s ISP.

SECTION FOUR: What is collaborative planning?



Refer to participant workbook &/or (slide #6)

- Collaborative planning is a joint effort that seeks to listen, discover, and understand the person with disabilities.
 - MSCs should be holding ISP review meetings and decide during the meeting what the valued outcomes will be.
 - Everyone should agree on the valued outcomes before leaving the meeting
 - You can also agree on the wording of the valued outcome and on which provider will work on the outcome during the meeting.
 - The MSC service coordinator must ensure that there is at least one valued outcome listed in the Valued Outcome section of the ISP for each waiver habilitation service.
- Collaborative planning is a process that creates a clear vision of the person's desired outcomes for the future.
- Collaborative planning is a way to discover needed safeguards to keep a person safe from harm.
 - **Health and Safety** – don't forget about this!
 - **Think about this** – a person cannot live in his/her own uncertified apartment if he/she is not self-preserving; a person may not be able to work competitively in the community if he/she is unable to control his/her behaviors.

SECTION FIVE: Where and when does collaborative planning occur?



Refer to participant workbook &/or (slide #7)

- Collaborative planning occurs as desired or needed.
- Collaborative planning also occurs at the ISP review meeting, but it is an on-going process.
 - MSCs need to be PATIENT with this process – it doesn't happen at one 60 minute meeting.

Review with the participants the ISP minimum requirements.

ISP Reviews:

- ISP reviews must take place at least twice annually.
- One of these reviews must be a face-to-face meeting with the individual and major service providers.
- The annual face-to-face review meeting must occur within 365 days of the prior face-to-face meeting or by the end of the calendar month in which the 365th day occurs.



SECTION SIX: Who is part of collaborative planning?



Refer to participant workbook &/or (slide #8)

Ask (by a show of hands):

How many MSC's actually organize and set-up and run the meeting?

You could then say:

"It is important for the MSC to facilitate the ISP review."

- There are many tasks to accomplish during that meeting. Developing valued outcomes is one of those tasks.

Review: the OPWDD Policy on ISP Meetings:

- OPWDD policy requires that the ISP meeting include the person, his/her advocate, MSC, and major service providers (i.e. res hab, day hab, pre-voc, etc.).

You could then say:

"The MSC organizes and facilitates the ISP planning process."

SECTION SEVEN: Gathering information as the basis for planning



Refer to participant workbook &/or (slide #9)

- Gathering information is the listening and learning step that increases our understanding of the person. This is more than traditional ways of gathering information (background, diagnosis, needs, strengths), but in a personal way.
- Gathering information is a treasure hunt that looks deeper into the person's life to discover things such as capacities and dreams.
- The MSC should get information from others who know the person and know what they are interested in – parents, staff, teachers, day hab staff, res hab staff, etc.
- As information is gathered, patterns or “themes” in the person's life begin to emerge.
 - Themes are summaries statements of information learned so far that seem to thread through a person's life and keep on happening.
 - Themes can reveal patterns in daily life.
 - Sometimes themes are keys that open a new world of understanding about the person.
 - Themes are used as curs or indicators to:
 - The person's valued outcomes and the vision of a positive and desirable future.
 - What's working and what's not working for the individual. What's not working should be minimized.
 - An individualized quality life for the person.
 - How services and supports should be provided.

Trainer should reference the materials included in the participant workbook:

- Areas of Discovery
 - This is a tool that helps us learn what works and what doesn't work for a person – important in person centered planning. Use these types of questions to learn information about a person (information about their interests) and information about the person in their different environments.



Give some examples of themes:

- Lack of friends that are not paid
- Likes to be with others and enjoys friendships
- Enjoys gardening
- Getting a job
- Afraid of animals

SECTION EIGHT: Characteristics of Valued Outcomes



Refer to participant workbook &/or (slide #10)

- Valued Outcomes are for everyone – not just for those with more personal abilities.
 - The key is they come from personal planning with the individuals and those who know them.
 - The experience of caregivers and others who are close to the person when choosing outcomes is very important. For example:
 - People who have difficulty expressing or deciding what is important
 - People who have minimal community life experiences
 - People who have severe or complex disabilities

Instructor Note:

Give an example from your own experiences and/or ask for examples from the class.

More Characteristics of Valued Outcomes



Refer to participant workbook &/or (slide #11)

Discuss:

- Though outcomes can change at any time after the plan has been designed and implemented, it is often wise not to rush or be overly anxious to make these decisions.
- A thoughtful process that is truly person-centered takes time and should never be superficial.

Review:

Valued Outcomes are:

- Individualized
- Chosen as part of collaborative planning and discovery making
- Chosen based on informed choice and empowerment



- Built on capacities and interests
- Clearly stated and as specific as possible at the time. Vague outcomes can leave the person's life up to chance.
- Responsive to change – outcomes can change over time.
- Not limited to skill development, but can include specific skill development goals.
- Shared between service providers – different service providers can help the person pursue the same outcome but in a different way – by emphasizing complimentary skills and experiences.
- Not limited by unnecessary prerequisites.
- Always chosen with recognition for the person's health and safety.
- Be patient! Encourage team members to be patient.

Discuss: some examples of Good Valued Outcomes, such as:

- Having my own 2 bedroom apartment with my friend, John.
- Sending and receiving e-mail with my sister
- Getting my GED
- Joining and going to a health club
- Going to the hairdresser every week, to look good
- Learning how to control my temper and get along with people
- Having a cup of coffee and quiet time when I get home from work
- Enjoying the garden in my yard

Discuss: some examples of Bad Valued Outcomes, such as:

- I want to be more independent (too vague, generalized, not person centered).
- Mary wants to continue living at Main St. IRA (good information for profile section of ISP).



Discuss:

Though outcomes can help an individual *maintain* a skill, ability, interest or life situation, use them sparingly. Outcomes were designed to move an individual's life ahead and to have experiences and opportunities that do not simply repeat the past.

- Need to have justification in ISP profile section when there are many maintenance outcomes (i.e. elderly individuals, individuals with multi-medical conditions, etc.).

Transition to the "Valued Outcomes Exercise #2 – in their materials:

Go to Valued Outcomes Exercise 2:



Valued Outcomes Exercise #2

These are examples of actual valued outcomes in ISPs. Ask the participants to either take a few minutes alone or to work in small groups to rewrite the valued outcomes. If a large group, you may want to assign one or two of the examples to each group.

Redirect back to class discussion on each of the examples. Instructor notes are included below.

How would you re-write the following valued outcomes?

1. “Harold should be allowed to watch Westerns on TV every once in a while.”

Discussion: Harold enjoys westerns and would like opportunities to enjoy them. If we leave out TV specifically from the valued outcomes statement, this is more broad to cover other opportunities he may have to watch westerns (tv shows, movies, etc). An example of a better valued outcome statement may look something like:

- Harold would like opportunities to watch Westerns.
- Harold would like to watch his favorite shows on TV.

2. “Mary wants to receive respite services for temporary relief.”

Discussion: Respite services provide temporary relief from the demands of care giving, which helps reduce overall family stress. Mary’s receiving respite as a service can fall under any of the above valued outcomes. An example of a better valued outcome statement may look something like:

- Mary wants to spend time away from her home.
- Mary would like to spend time with others and pursue her interests.

3. “Joan wishes to have her parents alive again.”

Discussion: There is usually a sad reaction from participants when given this example. Discuss that although it would be impossible to have her parents alive again, Joan is really indicating things such as missing them, missing the things she did with them, etc. A more positive valued outcome statement could be:



- Joan would like to keep her parents memory alive.
 - Ways this can be accomplished? Some examples are:
 - Make a memory book
 - Visit the cemetery
 - Establish or re-establish other family relationships

4. “Ray will continue to seek medical care to help with his walking problems.”

Discussion: Getting a clinical service is not an outcome, but it would support an outcome. A better valued outcome statement could be something such as:

- Ray would like to walk with less difficulty.

5. “-explore opportunities for accessible housing.”

Discussion: This valued outcome statement is very vague. An example of a better valued outcome could include:

- Joe would like to live in his own home.
- Jim would like his own 2 bedroom apartment with his friend Joe.

Transition to the “Valued Outcomes Exercise #3 – in their materials:



Valued Outcomes Activity #3

Activity #3 (in participant materials) has two examples of a profile section of the ISP. The trainer will ask the participants to read the profile and come up with valued outcomes for both of the Mary's in the scenarios. Depending upon the size of the group, participants will either work individually or work in small groups to come up with valued outcomes together. After giving a few minutes to read the profiles, give about 10 minutes for participants to come up with some valued outcomes. Then regroup and discuss.

Exercise 3 – look at ISP profile – try to write valued outcomes based upon the information provided.

Discuss: the profiles for Mary #1 and Mary #2 and decide which things could be valued outcomes and which may be safeguards.

SECTION NINE: Valued Outcomes in the ISP



Refer to participant workbook &/or (slide #12)

- It is required that HCBS Waiver Habilitation services help the person to pursue at least one of the person's valued outcomes. This outcome is repeated on the hab plan.
- There must be a "match" between at least one outcome for a waiver hab service in the ISP and the outcome in a hab plan. It does not have to be verbatim. In other words, it does not have to match "word for word", but there should be a clear correlation between the listed valued outcome in the person's valued outcome section of the ISP and the valued outcome in the hab plan.
- The Waiver Service is "authorized" only where the service relates to at least one of the person's valued outcomes in the ISP.
- The ISP Valued Outcome section at the beginning of the ISP is where the valued Outcomes are listed. Refer to ISP form Valued Outcomes section.

Say:

A valued outcome listed in Mary's valued outcomes section of the ISP states: "Mary loves to eat dessert and would like to learn to bake". Mary's res hab plan lists the valued outcome "Mary would like to learn to make a variety of desserts". Though slightly different, each of the above valued outcome statements are acceptable.

Mary's res hab plan lists the following goals or staff supports:

- Staff will assist Mary with making desserts of her choice such as cookies and a fruit cup.
- Staff will assist Mary in paying for groceries during weekly visits to the grocery store.
- Staff will assist Mary in appropriate socialization skills while in the community such as saying hello and thank you.
- Staff will train and assist Mary in learning to fill her medication case each week.
- Staff will assist Mary in ensuring that she thoroughly showers herself daily.



- Since Mary's res hab plan is attached to the ISP, the above listed activities or staff supports DO NOT have to be listed in the ISP. The VO of "learning to bake" supports the res hab plan. Res Hab billing may occur based on this ISP entry. Only ONE valued outcome is required to be listed in the ISP Waiver Service Summary section of the ISP for each waiver habilitation service.

Refer participants to the OPWDD website for Administrative Memorandums for Habilitation Plan Requirements.

Ask:

Where do habilitation goals appear in the ISP?

The goals or activities in a habilitation plan use the valued outcomes listed in the individual's ISP as a beginning point for the rest of the plan. All providers of habilitation supports and services must use a valued outcome as the reason for the person to receive the waiver habilitation service. It is required that each HCB Waiver Habilitation Service, i.e. residential habilitation, day habilitation, pre-vocational, Supported Employment (SEMP), Consolidated Supports and Services (CSS), help the person to pursue at least one, but not necessarily all, of the person's valued outcomes listed in the Valued Outcome Section of the ISP. It is not necessary to cite the habilitation goals in the Valued Outcome section. The habilitation goals appear in the hab plan as an attachment to the ISP.



Refer to participant workbook &/or (slide #13)

- Valued Outcome listed in ISP says the valued outcome is: "John likes to spend time with his special friend Dennis".
- Hab Plan says John will learn to dial the telephone to call his friend Dennis to set up their visits.

Discuss: that although they are worded differently, there is a correlation between the two and therefore both are acceptable.

End of course.