

Agency Service Coordination Manual

5.1 Person-Centred Planning

Background

The Vulnerable Persons Living with a Mental Disability Act (VPA) is enabling legislation that recognizes the rights of individuals to make their own decisions and receive advice, support or assistance, where necessary, in a manner that respects their independence, privacy and dignity.

Sections 11(1), 11(2) and 12 of the VPA set out a series of requirements and principles which regulate individual planning practices. Under the VPA, the Executive Director or delegated departmental staff:

- shall develop an Individual Plan for every vulnerable person who receives support services from Community Living disABILITY Services (CLDS);
- shall take reasonable steps to ensure that each vulnerable person and his or her substitute decision maker or committee (if any), has an opportunity to participate in the development of the plan;
- shall take reasonable steps to inform each vulnerable person and his or her substitute decision maker or committee (if any), of all decisions respecting the individual's plan; and
- may review an Individual Plan and vary it.

This procedure should be used in conjunction with the following CLDS policies:

- Person-Centred Planning Policy
- Support Plan Policy
- Individualized Support in Residential Care Facilities

The details regarding processes and standards as described in the above policies remain in effect. The purpose of this procedure is to further clarify the roles and responsibilities of agencies providing case management throughout the Service Coordination Pilot Project related to various CLDS planning requirements.

Process

Scope of Planning

Person-centred planning is a dynamic process in which an individual, with or without the assistance of their support network, identifies personal strengths, needs, current interests and aspirations and makes choices, sets goals and identifies actions to achieve these goals. A person-centred holistic planning process is utilized to assist the

individual to identify the services and supports required to meet his or her needs or goals.

This process results in one, or many, planning documents which identify and provide rationale for the support services provided through CLDS and other community-based resources. These plans, as best practice, are living documents requiring ongoing planning, refining and updating, but at minimum, must be reviewed on an annual basis.

At minimum, the person-centred planning process will result in two main components:

- **Individual Plan**, also known as a **Person-Centred Plan** – identifies personal strengths, needs, current interests and aspirations. The plan makes choices, sets goals and identifies actions to achieve these goals
- **Support Plan** – identifies how supports are to be provided day-to-day. The plan is used to maintain the health and safety of an individual, mitigate risk, and ensures that the assessed needs of an individual are being met.

Planning may also generate a number of situation-specific plans or protocols that are only required when they are applicable to an individuals' personal circumstances. This may include, but is not limited to:

- Individualized Support Plan (home alone plans);
- Behaviour support plan, including restrictive practices plans;
- Health care plan and/or PRN medication plans;
- Missing persons plan and/or other safety plans; and
- Personal Financial Plan.

Roles and responsibilities for the development of situation-specific plans are described in this procedure below, with the exception of Personal Financial Plans which are described in the Management of Personal Funds section of this manual.

The Planning Process

A planning session should occur when:

- an eligible individual is referred for service and a plan needs to be developed;
- planning has occurred but the existing plan does not meet the required departmental planning standards;
- an individual is dissatisfied with the existing plan;
- there is a need for further planning to ensure that the existing plan remains relevant and/or appropriate; and/or
- as part of the annual update process.

The agency designate is responsible for all aspects of planning related to the individual. The planning process may vary in approach, tools used and methodologies, and should wherever possible include the individual, and their support network including SDM where applicable. The following tasks are typically associated with the planning process and are the responsibility of the agency designate:

- Initiating the planning process;
- Determining the scope of planning;
- Organizing planning meetings by inviting the appropriate planning team members, which may vary depending on the scope of planning;
- Choosing appropriate planning methods/tools;
- Documenting the plan(s);
- Obtaining appropriate reviews and approval of plans;
- Requesting assistance or consultation from the Service and Support Navigator (SSN) or Community Service Worker (CSW) or any relevant subject matter experts to aid with planning related tasks;
- Sharing documented plans as appropriate in a secure, safe manner;
- Maintaining plans on the individual's case file;
- Implementing plans as described;
- Completing follow-up and ongoing monitoring, ensuring that plans are put into action and that responsibilities assigned to team members are being carried out as described; and
- Arranging training for staff where required, in regards to implementation of any plans.

Appeal of an Individual Plan

- The VPA allows an individual and/or their Substitute Decision Maker (SDM) to file an appeal to the Social Services Appeal Board (SSAB) if they do not agree with decisions made with respect to their individual plan(s), the design and/or implementation of support services.
- Individuals and/or their SDMs may complete the Notice of Appeal to the Social Services Appeal Board form and submit directly to the board, as described in the form.
- Once an appeal is filed, the SSAB will forward a copy of the Notice of Appeal to the appropriate regional office, which will contain a date that the Appeal Report must be submitted to the SSAB.

- The SSN or CSW and/or CLDS Program Manager will discuss potential options for resolution with the agency delegate. In the event the disagreement cannot be resolved, the CLDS Program Manager is responsible to complete an appeal report and represent the department at the hearing. The Program Manager and/or SSN will request relevant information related to the appeal from the agency delegate. Information should be provided in a timely manner in order to meet the deadline set by the SSAB.

Situation-Specific Plans and Protocols

Situation-specific plans and protocols are only required when they are applicable to an individual's personal circumstances. These plans are completed by various members of an individual's support network dependent on the content of the plan and are updated as an individual's support or care needs change.

The level of accountability and oversight required in the development and/or approval of a plan will vary, depending on the risk associated with the plan. All plans developed for an individual are subject to reviewed and/or audited by RCL or the SSN during quality assurance audits.

The following procedures are required for the development, review and approval of situation-specific plans.

I. Individualized Support Plan (Home Alone Plan)

Further to procedures described in the Individualized Support in Residential Care Facilities Policy:

- The agency designate will develop a recommended Individualized Support Plan, including appropriate team members in planning.
- The agency designate will share the recommended plan, along with supporting documentation, with their program manager (or comparable authority) for consultation, review and approval. This documentation should be consistent with the Individualized Support Plan Summary in the current policy.
- If there is an SDM for personal care appointed with the power to make decisions regarding daily living and/or support services, their approval is required.
 - The agency designate will submit the plan to the SDM for review and signature to indicate agreement with the plan.
 - If the Public Guardian and Trustee (PGT) is assigned as SDM, the agency designate will submit the plan to the assigned CSW for review and signature. The CSW will complete an inFACT case note summarizing the plan and approval.

- Following approval by the agency program manager and SDM where applicable, the plan will be shared with the program director (or comparable authority).
- Following review, the program director is responsible for the ultimate approval of the plan. The program director will sign the planning document and return to the agency designate.
 - As approval of the plan lies with the agency, a letter of approval to provide individualized support in a residential care facility will not be issued by the department.
 - Agencies are required to update their templates to include a designated spot for the agency director to sign and date, in order to clearly indicate the plan has been approved.
- The agency designate will inform and educate appropriate staff of the plan, and maintain the plan on the individual's case file and/or within the home.

II. Behaviour Support Plans

- The agency designate will identify when an individual is exhibiting behaviour that requires a Behaviour Support Plan, or when behaviour support needs have changed.
- The agency designate will assemble a planning team, including appropriate health professionals as required. The planning team must include:
 - all supporting service providers;
 - the individual and their Substitute Decision Maker (where applicable);
 - members of the individual's family and/or support network; and
 - appropriate health professionals as required ((e.g., psychologist, behaviour specialist, psychiatrist, nurse, physician, pharmacist, occupational therapist, physical therapist).
- The agency designate will take the lead on writing the Behaviour Support Plan, in collaboration with the planning team.
- The agency designate is encouraged to consult with their program manager (or comparable authority) in the development of the plan. Agencies are responsible to implement internal review processes for the purpose of accountability and oversight.
- The Behaviour Support Plan must include the following information:
 - description of the target behaviour(s);
 - preventative strategies and intended outcomes;

- proactive behavioural supports used to address target behaviour; and
 - risks to health, safety and well-being associated with crisis behaviour.
- If restrictive practices are being considered to manage crisis behaviours that present a significant risk of harm to the individual or others, the Behaviour Support Plan must also include the following information:
 - crisis behaviour or behaviour patterns that warrant the use of a restrictive practice;
 - restrictive practices that may be used to address crisis behaviour;
 - description of each practice and the type of restraint used, including applicable label;
 - criteria for the use of each restrictive practice, including maximum time limits, other limitations or risks, training requirements and staff that are trained to apply each practice;
 - options for less intrusive interventions;
 - safety issues and monitoring procedures for each restrictive practice; and
 - plan for the review of restrictive practices, and for the reduction and minimization of their use.
- The use of any restrictive practices require recommendation and approval from the appropriate qualified professional. The qualified professional providing approval should have specific training and experience in the use of the restrictive practice. Approval should only be provided for situations where the restrictive practice has been assessed as necessary.
- The planning team must ensure that consent for the Behaviour Support Plan is obtained from the supported individual and their SDM (where applicable) prior to approval of the plan.
 - Individuals must be fully informed of the strategies and supports that will be used, any restrictive practices and related safety issues, risks and benefits.
 - Consent can only be obtained for restrictive practices that have been assessed as necessary to address a specific crisis behaviour.
- Once clinical recommendation and consent have been received, the planning team shares responsibility for approval of the plan. The Behaviour Support Plan is signed by all members of the planning team.
- In rare situations where the planning team can not come to a consensus of what the Behaviour Support Plan should include, the agency designate should involve

the SSN or CSW for consultation. The SSN or CSW will consult with department staff as deemed appropriate (e.g., Program Manager, Program and Practice Specialists, Department Psychology Team).

- The agency designate will distribute the finalized Behaviour Support Plan to all members of the planning team, and maintain the plan on the individual's case file and/or within the home.
- The agency designate is responsible to ensure all staff working with the individual have received appropriate orientation to the Behaviour Support Plan and adequate training to provide the supports as described. Only staff trained in the use of a specific restraint may participate in the use of that restraint.
- Agencies are required to have a formalized protocol for staff training in the use of restrictive practices, including restraints. All staff who may be required to apply a restraint will receive this training in a timely manner.

III. Health Care Plans

- When an individual requires assistance with their personal health care, a written plan is required to detail how support is provided.
- The agency designate is responsible to assemble a planning team with members as appropriate.
- The agency designate is encouraged to consult with their program manager (or comparable authority) in the development of the plan. Agencies are responsible to implement internal review processes for the purpose of accountability and oversight.
- A Health Care Plan is written by a registered nurse or other regulated health care professional and will contain the following components:
 - Demographic information;
 - Description of the health care procedure being completed;
 - Schedule of the procedure(s), if applicable;
 - Expected outcomes of the procedure;
 - Possible risk or adverse reaction(s) to the procedure;
 - Description of a clear emergency plan;
 - Identification of the staff persons trained and approved to perform the procedure;
 - Signature by the regulated health care professional;

- Signature by the individual and/or SDM, indicating agreement with the plan and consent for the care provider to proceed as outlined;
 - Signature by each approved staff person including complete understanding of the plan; and
 - Date for review.
- The agency designate will inform and educate appropriate staff of the plan, and maintain the plan on the individual's case file.

Planning for Individuals with the PGT Appointed as SDM

- As per the delegation of authority agreement with the Public Guardian and Trustee (PGT), CLDS staff holds authority for some activities related to planning (e.g., coordinate the provision of individual support services, facilitate the planning of leisure time).
- While the agency delegate will maintain responsibility to lead all planning activities, the CSW should be invited to participate.
- All plans will be shared with the assigned CSW for review and approval. Upon approval, the CSW will share with the PGT.

Standards

The following standards supplement the existing standards identified in current CLDS policies referenced in the Background section of this procedure.

I. Standards for all Planning Activities

- All planning activities must be in keeping with the principles contained in the preamble of the VPA.
- The agency designate is responsible to lead all planning activities, in collaboration with appropriate support team members.
- The agency designate, in collaboration with the planning team, will determine the scope of planning that an individual requires. At minimum, each individual receiving case management services from an agency will require an Individual Plan and a Support Plan. Additional situation-specific plans or protocols may be required depending on an individual's personal circumstances.
- Planning must occur minimally on an annual basis, or when
 - the existing plan does not meet the required departmental planning standards;
 - an individual is dissatisfied with the existing plan;

- there is need for further planning to ensure that the existing plan remains relevant, appropriate and/or sufficient to meet the individual's needs; or
- an individual is referred for a new service and a plan needs to be developed.
- Regardless of the planning format, a written plan document needs to be completed and shared with designated team members. The plan document is to be filed in the individual's case file.
- Where the PGT is assigned as an individual's SDM, all plans are to be shared with the assigned CSW for review and approval.
 - The assigned CSW will review and provide approval within 10 business days of receiving the plan.
- The agency designate is required to monitor the implementation of support services by external agencies/persons where these services are funded or arranged through CLDS.
- The agency designate is responsible to ensure all staff working with an individual have received appropriate introduction to all planning documents and adequate orientation to provide the supports as described. Agencies must have internal policies and procedures in place for orientation, training and review of all planning requirements.
- All information is collected, used, disclosed and protected in accordance with the provisions of The Freedom of Information and Protection of Privacy Act (Manitoba), The Personal Health Information Act (Manitoba) and all other applicable legislation.
 - An agency shall only collect as much personal and health information about an individual as is reasonably necessary to provide the services required.
 - Information shall only be used and shared with those employees who need to know the information to provide and monitor support.
 - Disclosure of personal and health information to any person outside those responsible or accountable for support must have voluntary, informed consent of the individual the information is about or their appointed SDM if applicable.
 - Where an individual will not provide consent, the agency designate should consult with their program manager (or comparable authority). Agency staff should have an open conversation with the individual to understand the nature of the individual's concern, explaining what information needs to be shared and the rationale. Obtaining consent is considered best practice, however, information can be shared without consent of the individual to the extent necessary to provide safe and adequate care to

the individual. In rare situations of conflict, the agency designate may involve the SSN for conflict resolution, as described in the Conflict Resolution Procedure of this manual.

II. Standards for Individualized Support in Residential Care Facilities

- The agency designate must receive approval from the program director prior to leaving the individual at home without supervision.
- Initial review of the plan should occur 4 to 6 weeks following the onset of the individual being home without supervision, and subsequently determined by the team according to the individual's needs.

III. Standards for Behaviour Support Planning

- Behaviour Support Plans are reviewed minimally on an annual basis, as an individual's behavioural support needs change, or where the current plan does not appear affective. A schedule of this review must be included as part of the plan.
- An assessment of the continued use of all restrictive practices must be conducted at predetermined intervals by those responsible for the Behaviour Support Plan.
- All incidents involving the use of restrictive practices must be documented, reported via Incident Report and formally reviewed. The review and documentation must include, but is not limited to, the following:
 - Events leading up to the need for a restrictive practice;
 - Positive interventions and other methods tried before the restrictive practice was used;
 - Benefits and risks of the restrictive practices;
 - Comfort and safety of the individual;
 - Individual's response to the restrictive practice; and
 - Subsequent plans to reduce the use of restrictive practices.