Provider Webinar
Whose Life Plan is it Anyway?

Housekeeping

- Please keep yourself **muted** to ensure minimal interruptions
- If you have a question, please submit in the **Q&A section**! You may want to wait until the end, in case your question is addressed during the presentation. We will leave time for Q&A.
- We will be recording this presentation and distributing the recording and slides after the presentation.

Thank you!

Whose Life Plan is it Anyway?

Provider Webinar

July 23, 2024

Agenda

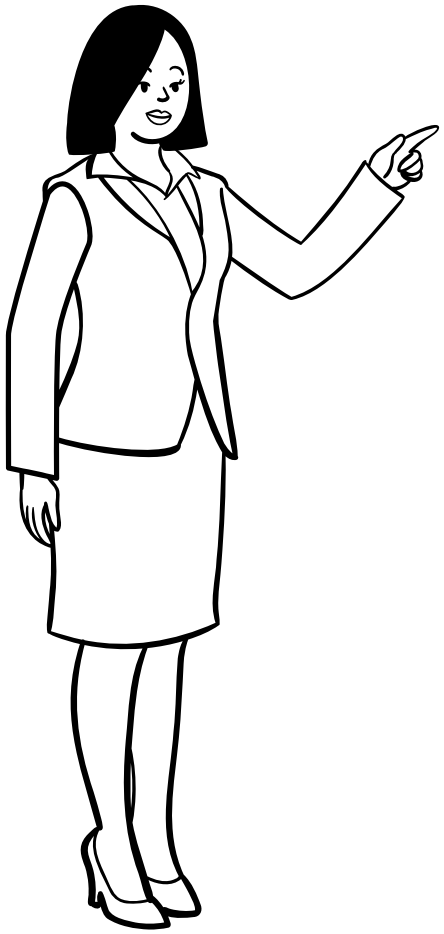
- Welcome & Introductions
- Life Plan Overview
- From Assessment to Life Plan
- From Life Plan to Staff Action Plan
- Information Sharing
- Life Plan Best Practices

Welcome & Introductions

- **Webinar Facilitators**
  - **Kim Carroccia** Director, Network Development & Provider Relations
  - **Bridget Virkler** Network Development & Provider Relations Account Manager

- **Webinar Presenters**
  - **Danielle Mazza** Assistant Vice President of Care Management for Upstate NY
  - **Ernie McNutt** Assistant Vice President of Care Management for Downstate NY

Overview



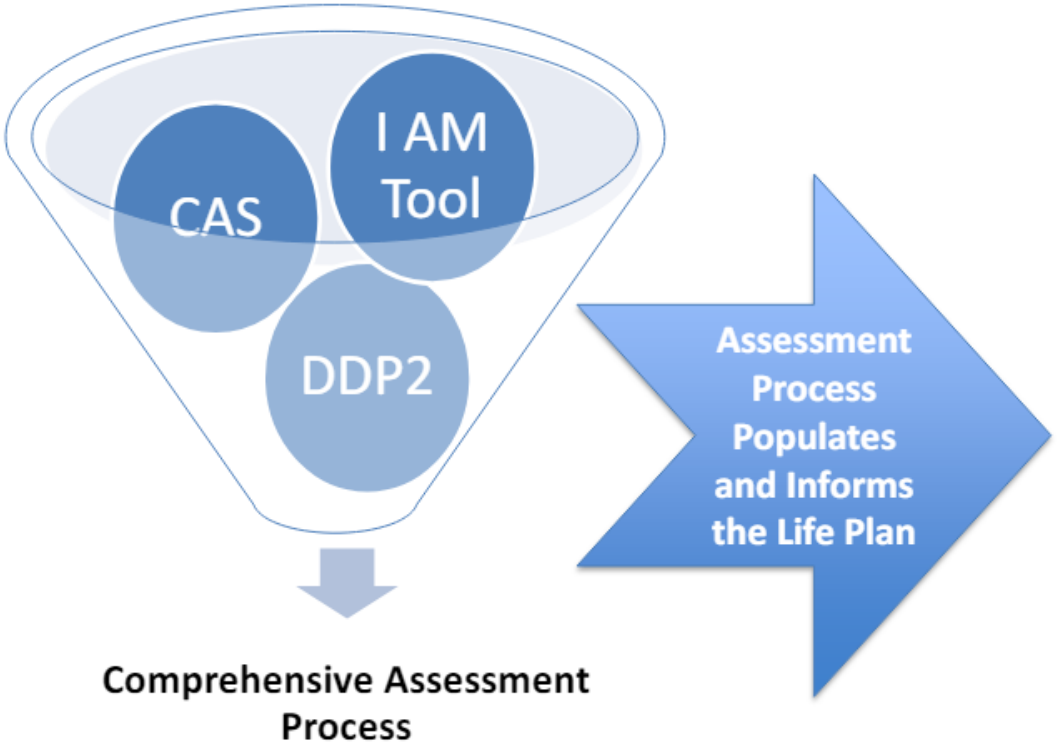
- The Life Plan process challenges us to look at the whole person.
  - Explore their desires, hopes and dreams (important to)
  - Explore their current needs, overall health, and wellbeing (important for)
  - Collaborative with care manager, providers, person and representative(s)

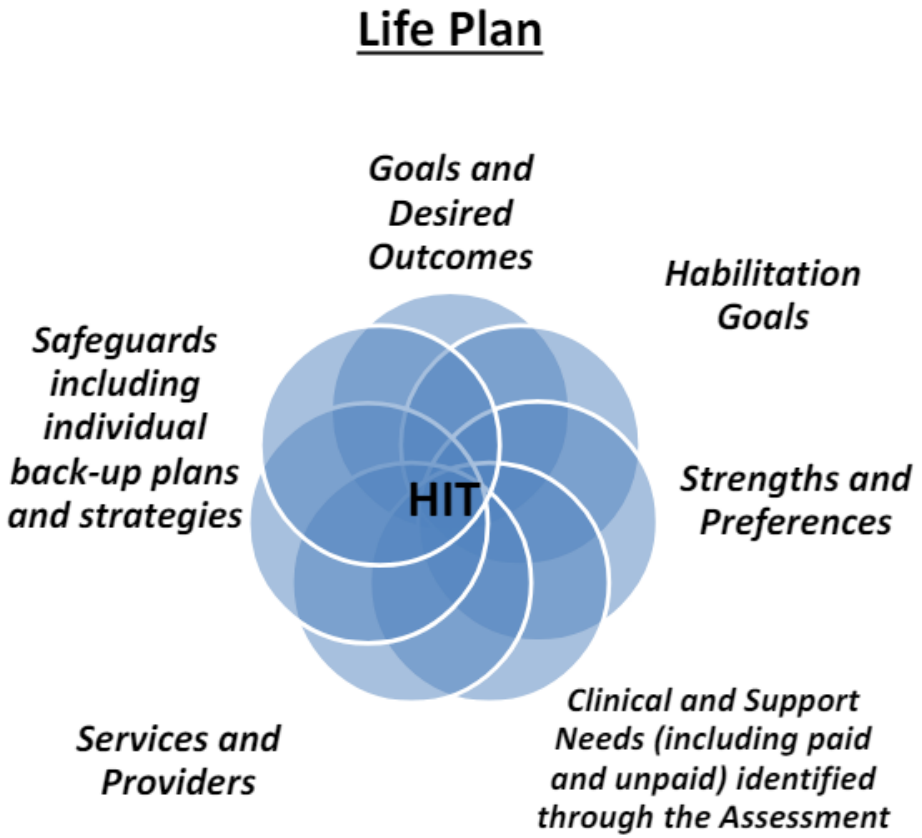
- Ultimately, it is the person's Life Plan.
  - The Care Manager facilitates the Life Plan process with the team
  - The provider puts the plan into action
  - The process goes from broad assessment/discussions to specific actions

From Assessment to Life Plan

8/30/2018 8

Person-Centered Planning and Health Information Technology (HIT) is Integral

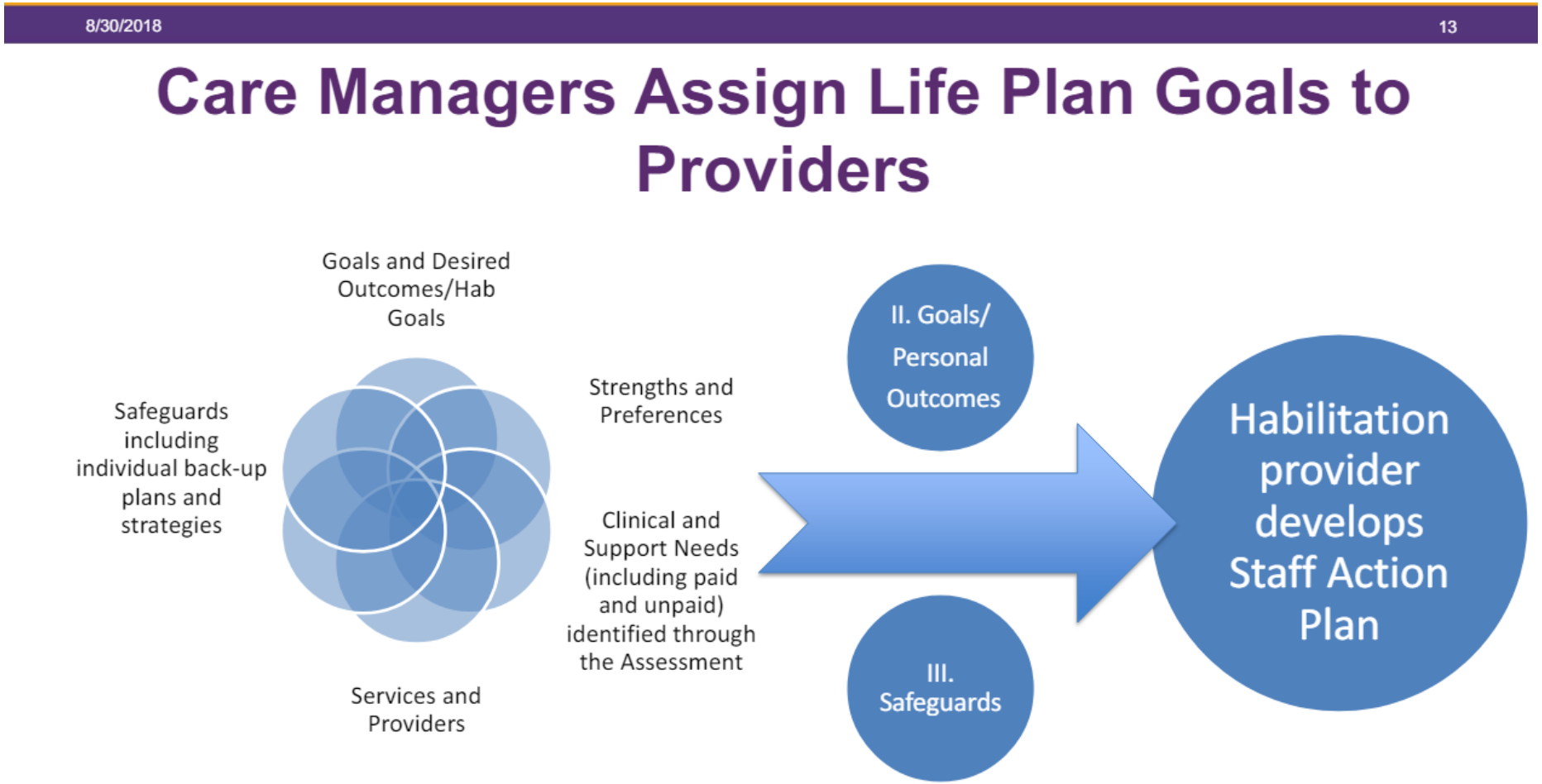




NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

From Life Plan to Staff Action Plan

While this states that "Care Managers Assign Life Plan Goals to Providers" – **please note this is still a collaborative and person-centered process** which should result in mutual agreement by the close of the meeting.



Information Sharing During LP Process – Health Care

Care Managers play a significant role in ensuring good outcomes, including those related to physical and/or behavioral health, for the members they support – regardless of residential setting.

Access to healthcare information is a critical element of that role.

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

INFORMATIONAL LETTER

Transmittal:	20-INF-01
To:	Executive Directors of Voluntary Provider Agencies Care Coordination Organization (CCO) Chief Executive Officers Developmental Disabilities Regional Office Directors Developmental Disabilities State Operations Office Directors
Issuing OPWDD Office:	Division of Program Development and Implementation
Date:	January 14, 2020
Subject:	Information Sharing Responsibilities for Life Plan meetings
Suggested Distribution:	Care Manager Supervisors Care Managers Willowbrook Class Member Care Manager Supervisors and Care Managers Habilitation Staff responsible for attending Life Plan meetings Quality Improvement Staff Residential Providers and Residential Nursing/clinical staff
Contact:	Amanda Harper, Assistant Statewide Care Management Coordinator
Attachments:	None

Information Sharing During LP Process – Integrated Care

Medical Reports – Preventive Care (ex. annual physicals, dental visit information, inpatient stay summaries)

Plan of Nursing Services/PONS

Behavior Support Plans

Medication Changes/Updates (MAR if available)

Safeguarding Documents

SAPs

Exchanging information at the time of the LP reduces “one off” requests for documents -and- sharing in advance of the meeting allows all to focus on the member and their goals.

Full text of the OPWDD INF can be found here: OPWDD Information Sharing INF

The Life Plan Process

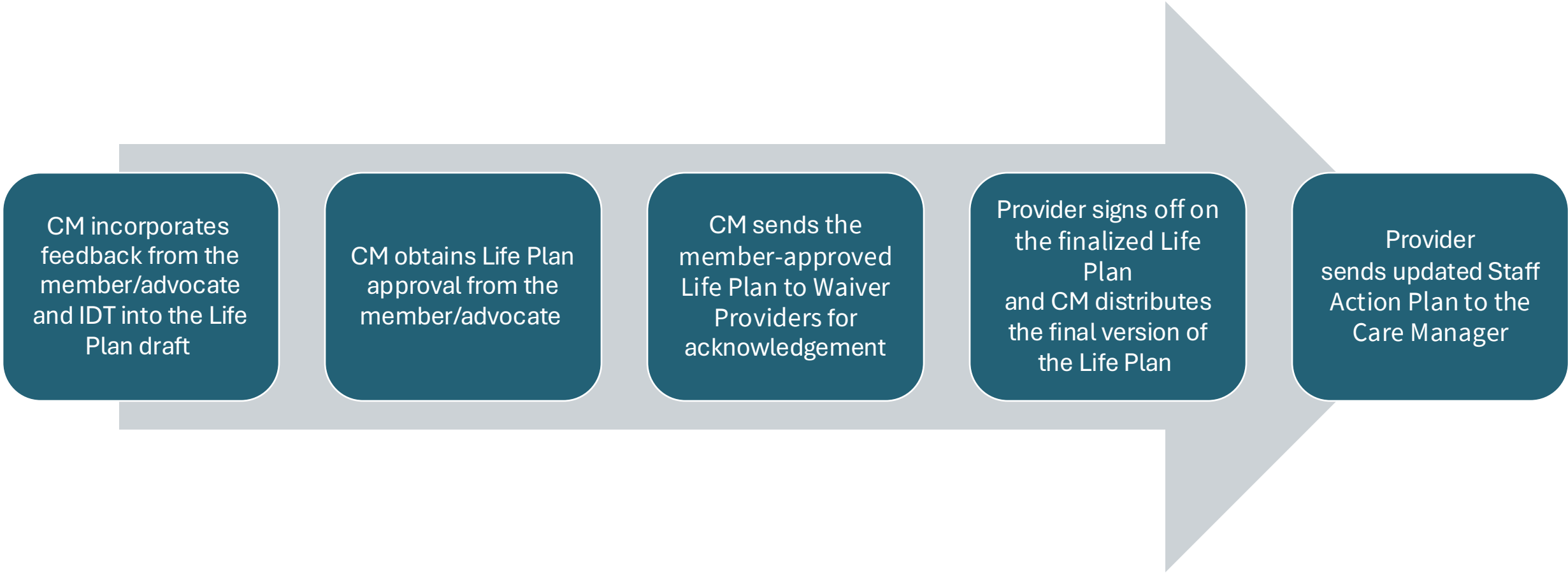
Annual LP Best Practices – Quality Preparation

Care Mangers will:	Providers will:
• Complete the I AM and other Assessments with the person/ representatives at least a month before the scheduled Life Plan meeting. • Review recent events like medical appointments, new evaluations and healthcare information. • Send the draft Life Plan to the person/advocate and Waiver Providers for review at least 7 days before the Life Plan meeting.	• Send any new evaluations, copies of recent Md visits, and updated provider information to the Care Managers. • Best practice is to email these documents in advance of the LP meeting to include current physical, dental and other important health-related documents. If unable to provide in advance, please bring to the LP meeting. • Review the draft Life Plan, provide initial feedback and prepare their draft Staff Action Plan.

Annual LP Best Practices – Inclusive LP Meeting

CM will:	Providers will:	CM and Providers will:
• Ensure introductions and a sign-in sheet are completed. • Ensure the person is the focus of the meeting and give them a chance to make an opening statement as appropriate and provide guidance to the group about their expectations for the meeting. • Ensure the draft Life Plan is reviewed and everyone participates.	• Bring draft Staff Action Plan and information about how the person has been doing since the last review.	• Ensure the goals and safeguards in the Life Plan are discussed and come to an agreement on how different providers will address them. • Leave the meeting knowing what the finalized Life Plan will contain. • Schedule the semi-annual Life Plan meeting. • Assigned goals are broad statements allowing providers to incorporate and change action steps as needed.

Annual LP Best Practices – Finalizing the New LP



Questions?