NATIONAL QUALITY FORUM

Moderator: Benita Kornegay-Henry
September 6, 2019
5:23 pm CT

Sam Stolpe: Hello and welcome everyone to the Person-Centered Planning and Practice Committee. This is Sam Stolpe and it's my pleasure to welcome you on behalf of the NQF staff to our fourth web meeting. We have a nice agenda today where we're going to be reviewing a couple of items from previous work that we've done as well as having a discussion on a couple of new items. But at this point what I'd like to do is just allow our co-chairs, Cheryl and Gretchen, to offer a few words of welcome to folks. Cheryl and Gretchen?

Kate Buchanan: I'm sorry, we have put everyone on mute so unmute yourself if you're a committee member, please hit star 7. So, Gretchen and Cheryl, please hit star 7 to unmute your lines.

Sam Stolpe: And sorry about that.

Cheryl Phillips: Well, that will help, won't it? Welcome, everyone. This is Cheryl Phillips. Thank you all for being part not only of this call but of this work. You will see the ongoing evolution.

And also, I want to give a call-out to staff that have taken the comments that many of you have provided in terms of some of the process steps and we'll be talking more about those details in response to your concerns. So again welcome, thank you, and we've got lots to do. Gretchen, I'll turn it over to you.

Gretchen Napier: Yes, similarly, I'm glad to be here with you all today and thank everyone for taking their time to join us. I'm very much looking forward to the conversations we're having today around the work that we've asked to accomplish.

The power of this committee is really in the voice that we contribute to the ongoing process. And given the magnitude of our charge and the size of our committee, I encourage everyone to focus their energy on concise contribution during the 30 minutes we have allotted to each of these important outcomes, to the draft definition, the core competencies, and system characteristics. So I look forward to having more in-depth conversations with you on those three items. Thank you.

Sam Stolpe: Very good, thanks, guys. I'll hand it over to Kate Buchanan.

Kate Buchanan: Great. Thank you all. So this is just going to simply run through our helpful housekeeping items. So we have put everyone on mute to reduce background noise. If you are a committee member, please hit star 7 to unmute yourself. That is star 7.

And CenturyLink is compatible with screen readers. To dial in, you have the number here, it's 1-800-768-2983, and when prompted, the access code is 5148141.

Just as an FYI, there are three ways to log into the meeting. You can dial-in where you just have audio. You can join the web where you're able to stream and chat, but will not be able to contribute verbally. And if you dial-in as well as stream the slides, you'll be able to chat verbally as well as the chat box.

If you look to the bottom of your - the bottom left-hand of your slide, you can see that there is the Chat/Comment button that is blue and there's also the Raise Hand function.

One of the things that we've tried last meeting which I think worked quite well is during the discussion, if people have comments to make, if they click the Raise their Hand, that way our co-chairs can see who would like to speak and we can make sure that everyone have a voice. We did that last meeting and I think it worked quite well. So when you have something to say, please click the Raise Hand button and that will alert our co-chairs to know that you want to contribute.

For the Chat function, the chat goes to the co-chairs and staff. Staff and co-chairs will do their best to read them aloud. Unfortunately, we do not have the capacity to send comments to all.

But what we do is all of the comments provided on the Chat function, even the ones that we unfortunately may not have time to read aloud because we receive so many, are all downloaded. They are shared with staff. They are shared with the committee members and they are shared with the public. They are posted on our Web site. We just want to make sure that everyone knows that their Chat function - their chat comments are being shared and being valued.

Also, we post our meeting summaries on our Web site and underneath the meeting summary, there'll be a whole list of the chat that we had and that's verbatim. We don't edit so just so you know.

This is just what the Chat will look like when you engage in it and we talked about the Raise Hand, when the Raise Hand feature is engaged, the color changes from white to blue. So if you're wondering if your hand is raise, if it's blue, it is raised.

If you click it again, it will lower the hand. So if you maybe have been able to contribute, you don't have anything else to say at the moment, you can hit the Lower Hand button. Staff will also do it for you so don't worry about that.

One of the things that we implemented during our last meeting that we thought was quite well is the discussion guidelines. We want to be respectful towards all opinions expressed and allow for all opinions to be expressed.

We want to keep the comments concise and focused. Because we have a limited amount of time, we ask to refrain from repeating comments and paraphrase when needed. We ask the people to indicate agreement without repeating what has already been said and to avoid dominating a discussion and allow for others to contribute.

I'm joined here by my colleagues. You can see Sam, Debjani, myself, Yvonne and Jordan. We are the NQF Project Team. And now we will go through and do a quick roll call for our committee members and liaisons. I know Glenda was unable to attend. Is Pearl Barnett on? And just a reminder, everyone's phone is on mute so hit star 7 to unmute yourself. So, Pearl, I think I saw your name. I did.

Pearl Barnett: Hi, this is Pearl.

Kate Buchanan: Great, thank you. Sally Burton-Hoyle?

Sally Burton-Hoyle: Here.

Kate Buchanan: Great. Amber Carey-Navarrete?

Amber Carey-Navarrete: I'm present.

Kate Buchanan: Thank you. Bruce is ill. Do we have Bevin Croft? Amber Decker? Gail is also unable to attend. Is Susan Fegen on the line?

Susan Fegen: I'm present.

Kate Buchanan: Thank you. Sara Link?

Sara Link: I'm here.

Kate Buchanan: Thank you. Joseph Macbeth is unable to attend. Denise Myler?

Denise Myler: Here.

Kate Buchanan: Great. Melissa Nelson?

Melissa Nelson: I'm here and I think I just blanked on how to re-mute myself.

Kate Buchanan: To re-mute yourself, you can hit star 6.

Melissa Nelson: All right, thank you.

Kate Buchanan: You're welcome. Pat Nobbie? Kate Norby? And I think I see Kate - I see you're on.

Kate Norby: I'm here.

Kate Buchanan: Thank you. Ann O'Hare? Leolinda Parlin? Richard Petty?

Richard Petty: I'm present. Good afternoon.

Kate Buchanan: Hi, Richard, thank you for joining us. Mia Phifer? Michael Smull?

Michael Smull: I'm here.

Kate Buchanan: Thank you, Michael. Dori Tempio? Dori, I see you were on here and if you are muted, I just unmuted you.

Dori Tempio: I'm here.

Kate Buchanan: We're getting some feedback. There we go. Janis Tondora?

Janis Tondora: Yes, I'm here. Hello.

Kate Buchanan: Thank you. Maggie Winston?

Maggie Winston: Hello, I'm present.

Kate Buchanan: Great. And do we have Daniel Fisher? Matt McCollough?

Matt McCollough: Here.

Kate Buchanan: Great, thank you. Pam Montana? And I know Penny is unable to attend. So, Pat, we got you, you were on mute. To unmute, you can hit star 7. Is there anyone else who I didn't - who I called but didn't get a chance to say that they were here.

Pam Montana: Did you get me? This is Pam Montana.

Kate Buchanan: Great, thank you, Pam. Okay, so before we get into the cracks of the meeting today, I want to talk to everyone about the finalization of our final report. We have heard a lot of concerns from members and liaisons in terms of process of the report finalization, and so NQF took that very seriously and has worked very closely with our federal partners to ensure that all members and liaisons feel that they have equitable roles.

So we wanted to introduce an amended process for the final report. During the last web meeting which is when the committee will review the public comments that we received on the final report as well as this is the final meeting of the committee, staff will ask for concluding comment to strengthen the report from each committee and liaison member's perspective.

During this time, every committee member and liaison will verbally sign-off on the report. So through this process we will get direct actionable feedback and every committee member and liaison will be able to sign-off on the report and provide any concluding feedback. We really think this will ensure equity among all people who are participating and that we can gain the most valuable feedback.

This is a new thing that we're introducing so I did want to see if there are any questions so we could provide any clarity. Once again, to unmute, star 7. Do

committee members and liaisons have any reaction or response to this new process? Okay.

Well, I will say from the NQF side, we are very excited about it. We think that it will be a really valuable experience and that every committee member and liaison will have the final - will have to sign-off on the final report.

Patricia Nobbie: Hi, this is Pat. So I just - I have a question, when you say staff will ask for any concluding comment from each committee and liaison member's perspective, does that mean that you will be pulling us individually or that we're all just, you know, invited to comment online, or I mean, how - when you say that, what exactly does that process will mean?

Kate Buchanan: Yes, so, you know, similar to when we do the roll call, I think that we will go through each person just to make sure that they have the opportunity. Not everybody has final feedback if they don't feel that they want to, but we will run every name so that we are able to ensure that everyone has an opportunity, and we'll ask them for final feedback and just ask them for their final on the report.

Patricia Nobbie: Okay, thank you.

Pearl Barnett: Hi, this is Pearl. I just wanted to clarify the timeframe, has that been updated or will that happen at the same scheduled times that the final report would be scheduled to be voting on?

Kate Buchanan: Yes, so thank you for that question. It will be during the same time that will be web meeting 8th which is on June 1, 2020. So everyone has that meeting on their calendar, that's when that will happen.

Are they any other questions, comments? Okay, well, as things come in, please feel free to contact us.

So I want to just quickly review the meeting objectives which Gretchen mentioned earlier which is to review the revised draft definition of person-centered planning; present the final core competencies of people performing person-centered planning facilitation; get committee input on recommendations for system characteristics that support person-centered thinking, planning.

Woman: We've lost audio.

Woman: We're unable to hear anything.

Woman: Staff, I'm not sure if you all are muted or what happened, but…

Kate Buchanan: So we are currently entering - I'm giving the phone number and the access code dial back in. I apologize for the inconvenience.

Denise Myler: This is Denise Myler. I've dialed back in.

Kate Buchanan: Great, Denise, thank you. It looks like we have a fair number of people who have been able to dial back in, but we still are waiting on some. So I'm just going to give it another minute or two. Many apologies for the inconvenience.

Dori Tempio: This is Dori Tempio. I'm here.

Kate Buchanan: Thank you, Dori.

Pearl Barnett: Hi, Pearl Barnett is back on.

Kate Buchanan: Thank you all for accommodating this technical issue. We're still waiting on about 20 people to dial back in so I just want give people another minute or two.

Susan Fegen: Sue Fegen, I'm back.

Kate Buchanan: Great, thank you.

Janis Tondora: I used the chat box. This is Janis Tondora. I'm back as well.

Kate Buchanan: Great, thanks. And we have - so I have 42 people who have dialed back in. We're still missing a couple of folks so …

Cheryl Phillips: Cheryl Phillips is back on.

Kate Buchanan: Thank you, Cheryl.

Gretchen Napier: So is Gretchen.

Kate Buchanan: Great. Other committee members, if you wouldn't mention that you've returned on the line, that'd be great.

Patricia Nobbie: This is Pat Nobbie. I'm here.

Mia Phifer: This is Mia Phifer.

Kate Buchanan: Great, great.

Michael Smull: This is Michael Smull. I'm back.

Kate Buchanan: Thank you.

Richard Petty: This is Richard Petty. I've returned.

Kate Buchanan: Thank you, Richard. Okay, I think that we have almost everyone back. Again, I want to apologize to that technical glitch and thank you all for dialing back in.

We are going to be putting everyone on mute just so we could be back on audio. Just a reminder to our committee member, it's star 7 to unmute yourself, star 6 to mute yourself. But we're going to quickly put everyone back on mute just so we can get rid of our background.

Operator: The conference has been muted.

Kate Buchanan: So as a reminder, star 7 to unmute. Thank you all. So apologies for that. I wanted to say where we are at the timeline. This is our last meeting prior to the interim report.

As a reminder, this is the charge of the Person-Centered Planning Committee. Over the course of eight web meetings, this committee will; refine the current definitions portfolio person-centered planning; develop a set of core competencies for performing person-centered planning facilitation; make recommendations to the Department of Health and Human Services on systems characteristics that support person-centered planning; conduct a scan that includes historical development of person-centered planning within the LTSS systems; develop a conceptual framework of person-centered planning

measurement; and create a research agenda for future person-centered planning research.

And on this next slide you can see our upcoming meetings. Everyone has them on their calendar, but I just wanted to give you a look ahead.

So I wanted to briefly touch on the interim report and the interim report process. So this is the last time that we'll be meeting prior to the interim report release. We will be in communication with all the members and liaisons prior to it.

So our interim report will include the draft definition of person-centered planning, the draft core competencies of people performing person-centered planning as well as recommendations on systems characteristics that support person-centered thinking, planning, and practice.

We will have a 30-day public comment and that's from November 1 to December 2. It's actually 31 days because December 1 is a weekend. There are a couple of different ways in which committee members could be active during the public comment period. So we are strongly encouraging committee members to hold listening session with advocacy groups as well as send the draft report to their network for comment.

Staff will develop a question guide to assist with the listening sessions, but we want to provide two different avenues which we encourage all of our members and liaisons to follow which is engaging listening sessions with networks that you have strong connections to as well as sending the report out. We'll be providing a link to the report as well as the comment tool. So that's for people to send along.

We are also going to ask separately for our committee member feedback so - and you know we use our SharePoint site to house materials. We'll be posting a version of the report that will be for edit on the SharePoint site.

One of the things that we have found from previous committees that have worked quite well is that we asked our committee members to edit a shared document and that way you're really able to see what your peers have said on specific document and get some additional feedback.

So that's just something we found have worked quite well. We will obviously be sending instructions with this and so - but that's just how we're going to ask for our committee member feedback.

During the December 13th web meeting, the committee will adjudicate public comments on the report as well as report out on their listening sessions. So to clarify, if you are a committee member who has engaged - a committee member or liaison who has engaged in a listening session, we're going to ask that during our December 13th web meeting that you provide a summary of the comments or feedback that you received and that the entire committee can react to it.

So for the public comments, we'll be reviewing all of them and feeding them out for the listening sessions. We're actually asking that the individual member or liaison to engage in the session to report out. We think that would be very valuable.

And so one of the things that we talked about all members and liaisons having a sign-off on the report, there may some questions as to what is a liaison or what is a committee member. And really want we think about in the value -

the incredible value of not only our committee members but our liaisons is the advocacy networks.

All of our liaisons are leaders within the advocacy network and have strong national connections who really think that - and they were appointed to leverage these connections. So we really think that that's a huge value-add.

We, as I said, want to engage - have any committee member or liaison engagement with each session. But we want to point out that all of our liaisons have incredible connections to advocacy networks, and then we did say they'll report back on the committee on the webinar following public commenting.

And so I wanted to - prior to getting this back, if there were any questions or if there were any questions in general on these things that we had talked about doing, we're setting some time at the beginning of the each call if there were any general questions about the materials, the direction of the meeting, any clarification that we could provide.

So I wanted to take some time to either address questions around the interim report or if there are any more general questions. Again, star 7 to unmute yourself.

Cheryl Phillips: So this is Cheryl Phillips. While folks are thinking about questions, just to kind of restate and I'll let Gretchen also add some comments, so as noted, all committee members and liaisons are encouraged to do listening sessions. And while the NQF staff can't coordinate them for you, they will certainly provide discussion materials and other things that will help you organize them.

I think this is a great way to engage your networks. So truly the only difference now between liaisons and committee members is how the process of appointments occurred and the fact that liaisons were appointed because of their connections to national advocacy networks which is going to make their outreach even so much more powerful for these listening sessions. Gretchen, anything you want to clarify?

Gretchen Napier: Yes, I guess I want to emphasize a couple of things. One, there is no longer a final vote. So we're going to be doing that roll call with everybody instead of the final vote. Each member and liaison is going to have an opportunity to provide final feedback from their perspective to improve the report.

I'm excited and I think NQF believes well this change is going to lead to a more meaningful final review than a simple yes or no vote. So we're open to hear feedback from liaisons and committee members.

Pearl Barnett: Hi, this is Pearl Barnett. I just wanted to say that I appreciate NQF and everybody who worked on making this happen because I think it was very important to have the liaisons be, you know, fully a part of the process because of their lived experiences and connections to the disability advocacy networks. So I appreciate the work that has been done.

Amber Decker: Hi, this is Amber Decker. I'm sorry I joined a bit late. I just had a question about Slide 13. It says "Review revised draft definition of person-centered planning" and again there seems to be a real confusion on my part in terms of are we redefining person-centered planning or are we just refining the current definition, and when would we receive a draft of that?

Kate Buchanan: Hi, Amber, this is Kate. I'll start and then my colleagues can jump in. So the revised draft definition of person-centered planning, when we first met on

May 3, the committee staff had pulled some (support) to create a draft definition of person-centered planning and we've said a lot in that meeting, as you remember, refining it and providing additional feedback.

So staff went back and made some further edits and so you'll notice on - and we'll get to it in just a second, but on Slide 26, that is the working definition of person-centered planning. That is the definition that the committee provided.

This is a refined definition that includes a lot of committee feedback and that's the draft definition that we are really trying to get to some consensus on and release for the interim report. It is still draft, nothing is final until the final report, but that is what we'll be working on today.

Amber Decker: Okay, great. Thank you very much. I just was not clear on that. And then in terms of setting up phone calls and listening sessions as you suggested, which NQF staff should we be reaching out to assist us in doing that?

Kate Buchanan: So thank you for that question. So the listening sessions are actually outside the process. We don't have the capacity to host them or facilitate them so it's something that a committee member or a liaison would do outside of the process. We will be providing kind of a question guide for some of the feedback we think would be valuable to receive, but we won't be able to support it.

Amber Decker: Okay, so when will we receive the question guide? Do we have proactively ask for it or we would be receiving it in conjunction with the draft?

Kate Buchanan: So it would be prior to the release of the draft report for comment. It's not something that you will need to proactively do. It is something when we open for draft comments - comments on the draft, we will be sending an email to all

committee members and liaisons about the listening session including the questionnaire as well as the link from where we could get committee member feedback.

And then the link for the public comment will be sent out to their respective network. That will be a communication that will be happening in late October.

Amber Decker: Okay, thank you.

Kate Buchanan: Okay, well, I am going to turn it over to my colleague, Sam, and he'll give you a quick recap from previous meeting and get us into the draft definition.

Sam Stolpe: Hi, everybody. It's a pleasure to be joining you today. I've been through all the questions. If you have any more as we're going along, please feel free to enter them in the chat or shoot staff an email, we're delighted to help you understand what our process is looking like and to help you as we move along through it.

So the brief summary of the previous meeting, we've welcomed the committee and then we discussed a series of solutions on how we can address some committee concerns, one of which we just had which is setting time aside at the beginning of each call to have general questions and comments.

And we also heard you when you said we need to get more feedback from those with live experience, and so we've elected at the committee to move forward with this idea of doing some outside work where we can tap into your networks and have you do some proactive outreach through these listening sessions which we'll be doing during the commentary period on the draft report.

Now, we also wanted to ask you to send the draft report to your respective networks for comments to ensure that we're capturing as broad of a view as possible in the report that we're putting together. And this last concern was that we're going to be structuring committee feedback questions in a way that encourages broader feedback.

So we have received committee feedback on the refined core competencies of people performing person-centered planning and we also had members discussed additional sources for person-centered planning performance measures.

And the last item from our previous meeting, we received from you all recommendations on series of approaches on how to conduct historical review of person-centered planning within long-term support and service - or service and support settings.

So let's go ahead and move forward with the content of our meeting today, as what's mentioned in our overview of the agenda, we're going to be reviewing the draft definition of person-centered planning and finalize it to the extent if possible. And of course, for discussion, once we put the slide up, I'll actually read the definition.

Following that, we'll be going to core competencies, finalizing those as well. So this is something that we've done before as a committee. But then we also have some new material where we've done some work around systems characteristics. My colleague, Debjani, will be walking you through that portion of our agenda as well. So let's go ahead and jump right into it.

The purpose of this draft person-centered planning definition was to inform the development of competencies for practice as well as the recommendations on systems characteristics. What's been articulated to us is that there's been a broad call both from the federal government as well as the state governments for some standardization around both this definition of person-centered planning as well as some bringing together of the ideas of best practices for core competencies and systems characteristics for overall guidance in both the HCBS and other long-term services and supports settings.

So this definition that we have put together was accomplished by expanding the consensus-based person-centered planning definition that we initially developed in the HCBS Quality Committee that we formed in 2014. Now, that drew on several person-centered planning definitions from multiple sources, and staff synthesized those themes and drew on the committee feedback for revisions.

So the next slide, I'm just going to walk through that process with a little bit more clarity. So the first definitions that we looked at were as staff and giving this committee something to react to was the 2014 NQF Home- and Community-Based Services report and then we also looked for federal guidance as well as the HCBS rule.

We then conducted a literature search where we looked at the series of peer-reviewed articles, Grey literature as well as definitions from State Medicaid Program on person-centered planning. Once we've formulated a working definition, we wanted to show you exactly what that process and the way that we did that is grouping the themes that we've identified and then walking through those themes with you.

As we got feedback on the definition and reviewed those themes, we ultimately arrived at a finalized working definition of person-centered planning which you'll see on Slide 26 and I'll go ahead and read this to you now. Once we complete this - once I finished reading this, we're going to move immediately into our discussion around this definition.

So we should be getting pretty close. We wanted to have a (third) definition and we as a committee will be capturing other aspects of what conducting person-centered planning means by identifying those core competencies and systems characteristics.

But we wanted something that is a little (heavy) that pulls everything together, but captures really the fundamental aspects of person-centered planning that we as a committee feel are reflective of what's actually happening and needs to be the forefront of the minds of those who are conducting or facilitating person-centered planning in HCBS setting especially but also in long-term services and supports more broadly.

Okay, that being said, I'm just going to go ahead and read this.

Person-centered planning is a facilitated, individual-directed, positive approach to the planning, and coordination of a person's services and supports based on individual aspirations, needs, preferences, and values.

The goal of person-centered planning is to create a plan that would optimize the person's self-defined quality of life, choice and control, and self-determination through meaningful exploration and discovery of unique preferences and needs and wants in areas including but not limited to health and well-being, relationships, safety, communication, residence, technology, community, resources, and assistance.

The person must be empowered to make informed choices that lead to the development, implementation, and maintenance of a flexible service plan for paid and unpaid services and supports.

So this is the definition as it currently stands based on the feedback that we have received from you all thus far. So with that being read to you, I'll hand it over to Gretchen and Cheryl to lead our discussion.

Cheryl Phillips: So I think this is a great time to start comments from the committee members and liaisons, so if there are thoughts that you want to raise. And again, Gretchen have reminded us because of the timing, trying to keep our comments fairly sustained, we want to hear from all of you.

We want a diverse perspective of voices but - so in order to do that, we want to keep things - if you agree with something, you don't need to restate it. You can either just give an affirmation or you can just move on with an additional comment that you have.

So with that, we'll turn over to the group. Gretchen, anything you want to add?

Gretchen Napier: I would just say that the first thing that I noticed based on feedback from former - during former conversation was that having the individual directive be first instead of facilitated I think would be a great place for us to get started. So I'd like to defer that comment out there. I know we're facilitating, but hopefully our opinions are still welcome.

And so I'm going to start there and then open the floor to other members or liaisons who want to weigh in.

Sam Stolpe: Co-chairs are part of the committee too. Thanks for sharing your thoughts.

Denise Myler: Gretchen or Cheryl, this is Denise Myler. For co-chairs, I got a question about what you're meaning by residence versus community. I'm not sure what's the difference there.

Cheryl Phillips: And I think we can defer to staff clarification and I'm looking through residence versus community.

Woman: Yes, I see, I think that that would - you know, for some people, their home environment is part of the community, but the needs that they need in their home could be different than the needs they have when they leave their home. So I think it's trying to make sure we're addressing the place where they live being their residence as well as the larger community within that residence, that the residence is a part of.

Denise Myler: Thank you.

Melissa Nelson: This is Melissa. I agree with that distinction and I would just say maybe we could substitute the word "residence" for home to make it clearer for people.

Sam Stolpe: Sorry, could you clarify that? You said substitute residence for home, did you mean substitute home for residence? It's currently residence.

Melissa Nelson: Yes, I think I said it backwards, substitute the word "home" so it will be safety, communication, home, technology, community.

Sam Stolpe: Very good, thank you.

Cheryl Phillips: This is Cheryl. My only thought - reaction to that is we also want this to apply to people who are in more supported settings of care, whether it'd be assisted living or long stay nursing home.

Now, truly the intent is that wherever a person is, that should be regarded as their home. But I'm wondering if the word "home" will create a mental barrier for those that are not in true independent living home setting but are in more congregate setting, just a thought.

Susan Fegen: This is Susan Fegen. I have to agree with that comment. I think that if we change it home, then they will think of just the physical structure of a house versus where they actually live.

Dori Tempio: This is Dori Tempio. Can you all hear me?

Gretchen Napier: Yes.

Dori Tempio: I had just an overall comment. There is a big movement in the IDD community to use plain language so that it is easy to understand for individuals with these types of disability and this is very - this is written at a very high level. And if people are expected to read, understand and acknowledge what this is, I would say there would be difficult feedback from individuals and it's very wordy.

And so if wondering if there's a way to compact it a little bit more so it's not so cumbersome and make it maybe a little bit more direct to the point and easy to understand.

Pam Montana: Can you hear me?

Cheryl Phillips: Yes.

Pam Montana: Hi, I'm sorry to interrupt. This is Pam Montana. I wanted to agree with that, I've been trying to read this and underline and you know, kind of like circle the verbs and all that kind of stuff, and one thing that came to mind is again it's most definitely ideal. But is there a way we could put it in maybe bullet form so that there are like five or six bullets, so that visually and even cognitively how we process it, it's not a little overwhelming, just a thought.

Amber Decker: Hi, this is Amber Decker. I did send my comments in the chat, but I have two quick edits that might not be clear in the chat. One is that I think it's a bit unfair to assume that an individual must be empowered if there are barriers that don't allow them to be empowered.

And so I would just say the person must have the opportunity to be empowered and make informed choices that lead to development, implementation and maintenance of flexible service plans because there are more than one plan.

And if person-centered service planning and person-centered planning is a practice then it's going to apply to more than just this one mega plan that this seem to be describing. So I would just emphasize that there's more than one plan when we're talking about person-centered planning.

Patricia Nobbie: Hi, this is Pat Nobbie. I actually also wanted to make a comment about the "empowered" because it implies that it's coming from outside and it's conferred on the person.

So I think we could just say "The person must have the opportunity to make informed choices" and not that we, or the facilitator, or the parent is giving

that power to the person. We have to enable them to demonstrate that, you know, themselves, so if there's some way we could get that - change that word "empowered."

Mathew McCollough: So this is Matt McCollough. So most of them were (tied) in terms of what she just said. My other question is how do we make it - or how do we know that we have actually given the empowerment to (unintelligible) process? So I think it's not just saying that we need to empower (unintelligible), but how do we know what matters - or how do we know that the person we engage (unintelligible) informed choices (unintelligible)? Thank you.

Susan Fegen: This is Susan. Can you hear me?

Cheryl Phillips: Yes.

Susan Fegen: Hi. On the last sentence, I really like if you take the phrase "service" out because the beginning of the description talks about being a cohesive plan including health and well-being and all of the things you have listed here.

And then we go back to the last statement and we're separating plans again and that has been in the people who are responsible for documenting and providing this information become a huge issue, and that we're now creating, you know, differences in how states are interpreting whether we're doing a service plan or a care plan and you know, a true person-centered planning has encompassed all of it. So if we just take the word "service" out and then keep it cohesive in what we're saying in the first three or four sentences.

Dori Tempio: And this is Dori and I agree with that. Those were comments as well.

Patricia Nobbie: This is Pat again. I just want to say I appreciate Dori's comment about plain language because I spent a lot of time trying to figure out how to get things into plain language. It's really challenging if we want to include all these concepts and I think we started out with a simple definition.

And you know, in earlier discussions, the committee adds stuff in to make sure that we were comprehensive and covered all these different areas and unfortunately, a lot of those things are multisyllabic words. So it's a real challenge and I'm not sure what to do about it, but I do appreciate her concern.

Woman: So I've been looking at one of the comments is that the term "individual plan" is a good replacement or a proposed replacement for this "flexible service plan" language, so just sharing from one of the comments.

Michael Smull: I think - this is Michael - I think in order to make it something that we can share with our group and actually have them respond to, we have to not only do plain language, but we also have to look at what Pam was saying to break this up so it doesn't read as a complex compound one on paragraph.

So let's think also if there was an introductory brief definition which would then explain the rest of this language, that would be helpful. So it could capture the person-centered planning and individual-directed process that helps people have their own self-defined quality of life. I think words like "optimize" are also problematic.

Patricia Nobbie: Yes, Michael, this is Pat. I had thought of that too that we could either do a more concise and simple preamble or an alternative - you know, also an alternative definition, the center that captures the main quality.

Michael Smull: But the committee has my sympathy in doing this.

Patricia Nobbie: Yes.

Woman: The committee appreciates …

Susan Fegen: This is Susan again and I totally agree with those comments. However, I
                    think it's very important that we don't lose anything that's actually in there
                    because the reason we're redefining it was because there was too much left to
                    interpretation in the first definition. So we got to be very careful not to go
                    back to that. That's my thought.

Cheryl Phillips: Are there other new comments that anyone would like to add to the discussion
                    about the definition?

Janis Tondora: Hi, this is Janis Tondora. Can you hear me?

Cheryl Phillips: Yes.

Janis Tondora: Hi, I just want to go back for a minute to some of the I think really excellent
                    points that were being raised about that word "empowered" and the way that's
                    framed, it sounds like it's something external that's imposed on people. And I
                    also think it's important to remember that, you know, just culturally individual
                    variations, people have different levels of preference in terms of the choice
                    and control they exercise.

                    So perhaps instead of saying, you know, "The person must be empowered to
                    make their choices," maybe something about "The person must have the
                    opportunity and the support to exercise the degree of control and choice that
                    suits their personal preference." To me, it allows her a bit more flexibility
                    across the range of individual, you know, variations.

Sally Burton-Hoyle: Hi, this is Sally Burton-Hoyle and I've got two points. One, I'm not clear that the person acts as needing. That's one thing when I'm reading it and that happens to all many places as it is.

And I think that in the line where you're talking about "must be empowered," I think the person must have choices made available to them and "informed" is a loaded word because then that implies that individuals in my world as people with autism that if they are not speaking and that they're not responding, that they don't have the ability to make a choice. So I'm very scared about the word "informed," but I think that they should be - you know, the person must have the opportunity for choices.

Mathew McCollough: True. This is Matt McCollough. So two things, so (unintelligible) realized that anybody could (unintelligible) each other, that I think (unintelligible) trying to emphasize (unintelligible) and that everybody needs to make choices. So I think we need to (unintelligible) that each person regardless if they have disability or not that (unintelligible) each other and that there's a (unintelligible) ownership (unintelligible) person to make those important choices.

In my mind, there's certainly empowerment (unintelligible) ownership. If the person have ownership, (unintelligible) choices (unintelligible) support in order to do that. And so in my mind, in order to fully (unintelligible) most significant is that are we giving them (unintelligible) to take ownership over choices they want to take control over and (unintelligible) active support, obtain support or government support in order to do that. And so a person should be thinking to take into account all those major factors (unintelligible). Thank you.

Cheryl Phillips: Thank you. Any more comments? This is Cheryl. I'm looking at our time, I know we've adjusted time a little bit differently, but I think we still have a few more minutes.

Denise Myler: Cheryl, this is Denise Myler. Please pay attention to the chat box. I'm sending some notes. I've kind of rewritten this a little bit.

Cheryl Phillips: Okay.

Denise Myler: And I'm trying to hurry and get it typed in.

Cheryl Phillips: Okay, thank you and I will - and remember everything that's in the chat box is captured so even if - and sometimes it's hard. It's a little - I don't want to make excuses, but it's a little tiny box and it scrolls quickly, and so I keep trying to go back up to it. But I do see Amber has an updated definition, so I will watch for your - but everything is captured in the chat box.

Kate Buchanan: Any other comments on the definition? All right, it looks like my - are we ready - go ahead.

Cheryl Phillips: So once we have (Ellen) - I do want to add (Ellen) did bring up that - something about recognizing planning for transition.

So we talk a lot about, you know, community, well-being, relationships, technology, but I think sometimes - and if I can maybe read - you know, channel (Ellen's) intent here, "Individuals may have all of these things fairly well discussed and prioritized and then they get moved - they transition between one setting of care to another from their independent living in-home to hospital for a while and then to another setting, and then all of these fall

apart." So I think including - to (Ellen's) point, including the concept of planning for transition.

Amber Decker: This is Amber Decker. I also added education, but I think transition works as well after technology, community, resources, education. I put education because I thought that there is such a transition period also so, you know - but I think just adding that word "transition" there is a really good idea.

Cheryl Phillips: Thank you and thank you, (Ellen).

Gretchen Napier: This is Gretchen and I have one question about - I just wanted to get your all's feedback about the word "maintenance." There's something about that that just kind of brought me the wrong way. I'm trying to come up with some other ideas for that, mainly continued evaluation, continual refinement, but I haven't been successful about it. So I just wanted to get your feedback if you all have a better idea than maintenance or continual support.

Pearl Barnett: Hi, this is Pearl. I have a concern with the word "maintenance" as well. I don't know, I may offer ongoing monitoring. But again I do have also a concern with the level of language that is being used so, yes.

Amber Decker: This is Amber, (unintelligible) is used. Sorry, go ahead.

((Crosstalk))

Cheryl Phillips: So the word "ongoing support" or follow along support for two offered phrases?

Mathew McCollough: Yes, I was - so this is Matt, (unintelligible) I would say supported (unintelligible). It's just like you have a big support because as all of us know that people would be (unintelligible) or something like that.

Cheryl Phillips: Yes.

Mathew McCollough: So, yes, I totally agree (unintelligible). Thank you.

Amber Decker: This is Amber. I was going to say what about use, I mean, and use of "flexible"? I mean, isn't that - do we want this to be useful?

Mathew McCollough: Yes, (unintelligible) any term - I'm really big on (unintelligible) support and so anything that leads to trying to have the person take ownership of the situation so (unintelligible).

Michael Smull: This is Michael. Again, I don't know that we can keep this as a short paragraph because the point that people are making is plans are never done. Learning continues. People try things, decide they don't like them or want them to change. Updates should be happening at the will of the person.

So I think you're looking at something where a good password or short preamble, and then some bullets that explain the component. I think trying to compress it has actually made it more complex.

Cheryl Phillips: Yes, I think that's a consistent comment about if - not only the words but the formatting and a dense paragraph is challenging for many of us to read, let alone if you have any other learning or comprehension or reading disadvantages. So I think that that's a point well taken. There was also a mention of perhaps pictures.

Woman: Pictures or bullet points would be the other thing that may be a way to separate it out a little bit because there are a lot of lists within here so maybe we could consider bullet points.

Melissa Nelson: This is Melissa Nelson. Can you hear me?

Cheryl Phillips: Yes.

Sam Stolpe: Yes.

Melissa Nelson: Okay, so in trying to move towards plain language while still capturing things on getting back to the struggling with word "maintenance" and I just came up with like "People are empowered," whether we keep that order or not, "to put together use and update flexible plan for a fulfilling life."

Cheryl Phillips: I like that.

Dori Tempio: This is Dori. Even some of that though is not plain language. Look, again, this got "aspirations," "exploration." These are all a lot of verbiage and I'm really, really, really concerned about this because this is not intended for professionals only.

This is intended for the people that you serve and if you want the people that you serve to truly understand their part in the process, then it has to be delivered in a way that people can understand it. And that really concerns me because then if you're wanting people to buy-in to something that they don't understand "optimize," this is language that is way over people's heads.

And I don't think if it's going to move on from this and you don't have a clear concise definition then how are people supposed to understand the rest of the

process? And that is unfair to the individuals they serve to not have a clear understanding of what their part in this is.

Denise Myler: This is Denise Myler. Could we maybe put like the sentence - because we're struggling with how to do the "maintenance," whatever, just have it simply be a plan for the person to review as needed, a little more plain language?

Patricia Nobbie: This is Pat. Can you guys hear me?

Cheryl Phillips: Yes.

Sam Stolpe: Yes.

Patricia Nobbie: Okay, sorry. I am not sure we're going to be able to wordsmith these sentences plain language on this call. But one thing I just thought that might - would, you know, maybe address Dori's concern is if we take this definition and bullet it out so each concept is on a separate line, and then we define that concept in plain language like in parenthesis or brackets following it.

So to Dori's point, if we're presenting this to people on the community, there's like a lexicon, you know, a guide to what each of these things mean that's in plain language.

Amber Decker: Yes, this is Amber. I think that's a great idea and I did add that it should be in the chat box available on a language that is understood by the person and persons and/or the person's designated representative.

Dori Tempio: I won't be able to go then …

Amber Decker: So I'm not sure if anyone else agrees, but I do think that that is an important - I mean, it's obvious that there are some issues with using overtly complex language so I think that that's a really good solution to have some, you know, way of simplifying and explaining it.

Janis Tondora: This is Janis. I have a suggestion. Would the staff with Gretchen and Cheryl put together the comments that we've made today and then can we, by email, do an email exchange and discuss some of the changes that we want and maybe come to a final decision that way or a better definition via email? So that we can have the time to read everybody's email and make a response that maybe a little more meaningful and think this through over the course of the couple of weeks to a month.

Gretchen Napier: This is Gretchen. I'm going to refer to the staff for protocols and you know, procedural help how anything like that could happen.

Kate Buchanan: Hi, this is Kate with NQF. So what we've done previously in other work groups and committees that I think would work well here to your point, Denise is we can send out a document for comments. Due to the timeframe, we probably only be able to give a week, but we could send it to committee for their review in work meeting.

And we can do that based on the comments that we received today so we can put the proposed pieces in it and then send it out for review. And we could probably do that towards the end of this month, second or third week of September.

Woman: I think that would be very helpful, Cheryl. Thank you.

Mathew McCollough: So this is Matt McCollough. So I think (unintelligible), I have my thoughts because (unintelligible) with clear language for folks with IDD and so (unintelligible) one second. But basically I was going to say the person must be given the opportunity to make (unintelligible) support. (Unintelligible) straightforward, the person must (unintelligible) to make (unintelligible) supports and services.

But this doesn't mean (unintelligible) capable of doing academic background (unintelligible). But when you go (unintelligible) community member and read this language to person with IDD, it will definitely go over the head. But if you make it much (unintelligible) and just be straightforward and say (unintelligible) opportunity to make (unintelligible) to involve your services and support, and they would always get that. Thank you.

Cheryl Phillips: Thank you. A couple of other comments, one person had suggested that we do have a glossary or maybe just a little description of our terms. And then the other is that some of the terms that we may be struggling with like "useful" and "flexible" that at some point, we have to assume that these are inferred and do we really need to describe all of them?

Mathew McCollough: So this is Matt McCollough again. So, first of all, it's based on the person's (unintelligible). What a person really thinks was flexible (unintelligible) person that's being impacted by the services and support. So, I mean, (unintelligible) we can think largely what these terms really mean, but (unintelligible) more words that if you have start reading (unintelligible) or glossary, or appendixes, or (unintelligible) clearly what we're trying to say and I think they're going to miss the point.

So, I mean, yes, I think we need to go back the staff (unintelligible) explain what you're trying to say (unintelligible). So either we (unintelligible) what

we're trying to say (unintelligible) definitions, appendixes or I think (unintelligible)because again what really matters is how did the people (unintelligible).

Cheryl Phillips: Right, right.

Mathew McCollough: And we don't get (unintelligible), we miss the point.

Cheryl Phillips: Absolutely. So I am recognizing the time and we are accommodating for the fact that we had a little bit of a break. But I think to very quickly restate and then we'll go back, it is clear that there is some terminology that we can clarify, that the formatting, how people see it and read it in addition to changing the words can be improved.

And within the scope of comments, there are a number of suggestions for NQF staff, and NQF staff had said that they will provide a quick turnaround response for committee members and liaisons to react. Does that appropriately capture things? Because I think we should probably turn back to NQF staff for our next steps so that we can get through our material.

Pam Montana: This is Pam Montana. I just have one quick question if that's all right. So you're going to send some stuff out and then we're going to rewrite this basically, or change the wording, or change the formatting. And then how will we finally or formally decide on all of the newly formatted comments that you get back?

Kate Buchanan: Hi, Pam, this is Kate. That's a great question. So I think what we'll end up doing and we will inform the committee of the process as we finalize it, but we will probably take the committee feedback, include it - rewrite the definition based on committee (feedback) and put it in the interim report.

And then during that time period, the committee will have an opportunity to continue to wordsmith as well as to work from the public - public will have an opportunity to wordsmith. So given the time, we're not sure that the committee will have a second review process of the final draft definition, but that there will be additional opportunities for them to provide input.

Pam Montana: Okay.

Cheryl Phillips: Yes?

Mathew McCollough: So this is Matt. Can I make a discussion? So is it possible for the staff to work directly with the (unintelligible) in partnership with Michael Smull to draft language (unintelligible) are also people (unintelligible) with these services as well. And so is it possible that when the committee (unintelligible) language and in partnership with Michael Smull and hoping it won't take that long to wordsmith and make it more inquisitive?

So I think, as a liaison, if you would work closely with staff so all of you guys' perspectives are reflected. But that's my thought because I already said that as a liaison, it should be reflective of what should be going on here. But I think there's opportunity to (unintelligible) in order to make this process a lot easier. But those are my thoughts. Thanks.

Kate Buchanan: Hey, Matt, thank you for that feedback. We'll work to ensure that the liaisons are also reviewing the definition. We do have many members of the committee who are self-advocates of lived experience so we want to include them. But we'll make sure that we have the liaison voice there. And I'll turn it over to Sam to move us along.

Sam Stolpe: All right, very good. Thank you everyone for your feedback on this draft definition and we're looking forward to continue to work with you. But let's move core competencies for PCP facilitation.

In our last web meeting, we spent quite a bit of time reviewing this with you all. But we wanted to show you where we landed on the final core competencies. This is a little bit different from the draft definition in the sense that we don't need to refine this too much. We're looking to go ahead and get an exhausted list of the things that you all see as the key priorities for the core competencies for those who will be facilitating person-centered planning.

We grouped this into, as a committee, into five different categories. So first set of competencies we grouped as foundational skills, then we have relational and communication skills, philosophy, resource knowledge, and policy and regulatory context.

What I want to do for the next few minutes is walk through and show you this once again, and what we're inviting you to do right now is make sure that we've captured all of your feedback. So while we're going through this, we're specifically asking for errors of omission. So if we've missed anything, let us know and we'll go ahead and add those in.

So let's go ahead beginning with Slide 29. We have a series of skills listed here and we'll go back and revisit this. But I just wanted to show you on the next slide, Slide 30, you made a number of corrections to how we had framed this and you'll see the corrections in red. And once again, we'll be walking through this more meticulously once I hand this discussion over to the co-chairs to walk through each of those five buckets one by one with you.

We'll go to the next slide on Slide 31, the relational and communication skills. And once again, you'll notice the updates from our last meeting are made in red.

Moving on to Slide 32, the core competencies related to philosophy, the committee added one here, the technological solutions.

Slide 33, you see the knowledge - the resource knowledge, excuse me, and we have a series of this on here and we'll be revisiting this one. But I just wanted to tee up the last slide which is the policy and regulatory context. Now, there is a number of additional rules and regulations that the committee thought persons - the conducted person-centered planning should have a good familiarity with and you'll see those listed here.

Now, that's very simple walk-through and next up is the discussion questions and what we're going to ask you to do is to think about what further refinements should be made to the person-centered planning core competencies to provide the best guidance to the federal government, the state gives and to other stakeholders toward a standardized understanding of person-centered planning core competencies?

So this is the key question and I'll hand it back to Gretchen and Cheryl to walk us through those one by one. So if you could pull up Slide 29 please and …

Cheryl Phillips: Yes, so I think that's the slide.

Sam Stolpe: Yes, we'll back up and we're starting with foundational skills.

Cheryl Phillips: Okay, so do we want to discuss them or you want to look at the list and then add what's missing?

Sam Stolpe: The latter.

Cheryl Phillips: I can pass out, yes.

Sam Stolpe: Yes, so …

Cheryl Phillips: So as we look at the list and I'm looking about - so terminology about the dignity of risk, so understanding dignity of risk is one thing that I see coming up. Awareness of ableism, not just understanding disability but ableism is another one.

                   Gretchen, do you want lead conversation and I'll keep watching the give or take here on the box?

Gretchen Napier: Yes, sure. Let's get some feedback. Who would like to add things to this?

Amber Decker: This is Amber. For Slide 29, I was thinking unless I'm missing it, ethics, honesty, I know that that's sort of implied, but I do think it's a foundational skill, the ability to be honest and ethical …

Cheryl Phillips: What about the term "integrity"? Because integrity to me not only implies ethics and honesty, but it also means that I understand the trueness and I am keeping intact what this individual is sharing with me as important.

Amber Decker: Is integrity on here?

Melissa Nelson: This is Melissa. I would support adding integrity.

Cheryl Phillips: Yes.

Gretchen Napier: Are there other items that people would like to add?

Cheryl Phillips: Addressing racism is one that was brought up on the chat box. So understanding disparities might be a way to address that.

Woman: And on the racism, we need to not only look at the personal racism but also the structural and institutional racism.

Cheryl Phillips: Would the word "disparities" capture that because then we can look at disparities not just by culture and race but also by sexual orientation, by personal definition. Disparities can be much broader but to some of the same core issues, so I raise that as a question.

Mathew McCollough: So this is Matt McCollough. So I'd like to see - I already - first of all, there are so many principles and points here, so many of them are already relating with each other. So I think one (unintelligible) disparity, cultural and institutional disparities (unintelligible) factor. I also noticed that - I also agree with the dignity of risk, dignity of risk is also dealing with negotiation that for me (unintelligible). So we as (unintelligible) negotiation (unintelligible), so they (unintelligible). They're interconnected with each other.

My question is, is it possible to combine many of these (unintelligible) because once again we're also (unintelligible) person with IDD and people with disability in general (unintelligible) with great opportunity (unintelligible) people. So, ideally, we're serving person with (unintelligible) opportunity that people - this people that we're trying to show the information with. Thank you.

Gretchen Napier: Thank you very much for that, very helpful. I appreciate that. Who else has things that they would like to add or shall we move on to the next set?

Cheryl Phillips: There was one recommendation of self-advocacy skills and that's different in self-awareness because that's an internal - the competency of the individual who is part of developing a plan with the consumer of the plan if you will, but also having self-advocacy skills plus movement. I'm not sure what that refers to.

Woman: That individual (unintelligible).

Cheryl Phillips: And so self-advocacy movement, okay. So understanding the scope of the self-advocacy movement is the recommendation.

Gretchen Napier: Okay, and then I'll say commitment and responsibility being suggested to add to this. So anybody else have things to add to the foundational skills or shall we move on to the next slide? Okay, let's move on to the next …

Cheryl Phillips: I say we move on.

Gretchen Napier: Yes, look at the next set of competencies, great. So now we're looking at relational and communication skills. Who has some ideas about things they'd like to add to the list here for relational and communication skills?

Woman: I'm sorry, are we skipping? I thought that there was a slide prior to - that was continued - person-centered planning competencies continued. Yes, sorry.

Sam Stolpe: Yes, thanks for the question. So that was just additional foundational skills. If you want to review those skills, we're happy to go back a slide. But what we're looking for is omissions from it so if you want to refine this further, that

would be fine. But I think we got some of the foundational skills already captured.

Woman: Okay, no, I don't have a problem with that. I just want to make sure those were still included because we had all worked so hard on submitting feedback so, okay. Thank you.

Sam Stolpe: Thank you. So are there any competencies related to relational and communication skills that the committee would like to add to our existing list here? We're able to capture this one. Go ahead, Pat.

Patricia Nobbie: Yes, hi. Just an awareness of alternative means of communication, you know, the facilitators understand when something is not working. They have a way of thinking about what else might work. So using a message for, or assistive technology, or sign language, you know, that they know how to go out and draw other resources if they need an alternative means of communication.

Dori Tempio: This is Dori.

((Crosstalk))

Gretchen Napier: Go ahead, Dori.

Dori Tempio: Thanks, I didn't want to (unintelligible). Can we also maybe add something in about an understanding or a knowledge of assistive technology because you may have people who have multiple disabilities, so it may not just be the communication aspect but maybe other aspects as well that they use multiple forms of assistive technology?

Gretchen Napier: That's very helpful. Thank you. Another thing in chat that people have also suggested on person-centered language is for people first language as well as supported typing which falls into the technology category. And then I'm seeing accessibility to individual settings and stakeholders, for example, families, healthcare, proxy, et cetera.

What other additions to refinement would you want to make for relational and communication skills?

Susan Fegen: This is Susan. Where you have on the person-centered approach, I really like to see that changed to person-centered thinking approach. Since we had motivational interviewing, we really need to have that thinking portion in it because I see in my own practice many different organizations just focusing on planning without really understanding how we use the thinking portion of it to actually gather this information.

Gretchen Napier: That's right. Starting with the thinking is how the whole process is changed so thank you for that. Other comments related to the relational and communication competencies?

Melissa Nelson: This is Melissa. I guess I'm not remembering what we were trying to get at with the phrase "independent facilitation" as opposed to just facilitation.

Cheryl Phillips: I don't know that I can answer. Anybody from the committee, liaisons or staff wants to revolve?

Patricia Nobbie: This is Pat. Was that related to facilitation being like not the care coordinator or you know, the care manager, but somebody who's independent of the relationship so it's unbiased. I mean, I'm just guessing. So that means we might need to clarify that since it still isn't coming across clear to everyone.

Gretchen Napier: Are there any other comment on …

Amber Decker: This is Amber. I added - sorry, I added a couple in the chat, transparency, supportive, timely and I added those things because I have experienced and felt that there have been times when transparency was not utilized nor it was time considered so …

Gretchen Napier: Can you say a little bit more about - I think I understand about …

Amber Decker: So timely might - right, so, you know, I can give you an anecdotal, if you're sitting a circle of support meeting or a meeting and the individual - the person says, "Well, I'd like more information on X" and you know, that person, whoever is responsible for providing that information either does not provide it or provides it so far down the line that it is no longer applicable.

So I would just say if we're communicating - if we're talking about communication, it's important that there's honesty and transparency in the communication, and that there's also some consideration of time and that there should be a timely sort of response or lead back.

Gretchen Napier: Okay, great.

Woman: Yes, I agree. Yes, I agree with that.

Gretchen Napier: For time's sake, we probably need to get moving on to the next set of competencies. Does anybody have anything else really quick about relational and communication? Okay, let's go to the next slide.

Cheryl Phillips: And I think to a point -- this is Cheryl -- as we're looking at this slide and also in the context of the prior too, somebody else had mentioned that if you get a list so long, it becomes fairly less meaningful. So sometimes better is the enemy of good and I just want to caution us to not overload a Christmas tree.

We want to make sure that we have substance and it's an important add, and address things that are missing. But I don't want our list to get so endless that they may have less meaning. So that's just my thought as I'm listening to all of our conversation.

So now we're looking at person-centered planning competencies, the underlying philosophy, and this is where dignity of risk comes in that I think we talked about earlier. Anything else?

So we have effective freedom; recovery as in from - so the idea that for some individuals, there is a philosophy of recovery not just that you are where you are. Again, the idea of empowerment and dignity of risk, and then technological solutions, so we had technology in a prior competency, but this was under philosophy. Any other comments to add here?

Patricia Nobbie: Hi, this is Pat. So I think technological solutions, part of that concept was privacy, you know, access of technology versus the protection of individual's privacy. And then I wanted to add intersectionality, understanding that people might have multiple identities that we need to be conscious of.

Amber Decker: I'm sorry, this is Amber. I would say consideration and we're talking about philosophy now. It just seems to me if you're going to have recovery then there really should be some consideration that some individuals with disabilities do not get better so to speak or recover so to speak.

Cheryl Phillips: Right, right.

Amber Decker: And I don't see that's captured here unless I'm missing something.

Cheryl Phillips: And so we want to reflect that individuals and their presentations are not homogenous. Some do have a sense of hope for recovery and that needs to be a core philosophy. What we don't want to assume is because someone has a substance abuse disorder that they are - that's just as good as it's going to get and they'll never get better.

On the flipside, it's also unreasonable to present the conversation of recovery with individuals for whom their situations are chronic or progressive and …

Amber Decker: So then would we say recovery where applicable or some way of including the other group?

Janis Tondora: This is Janis.

Cheryl Phillips: Yes, in some way - yes, go ahead.

Janis Tondora: Hi, this is Janis Tondora. Just speaking from the perspective from behavioral health, I know that term "recovery" is, of course, much confusion across systems that the way that it's used within behavioral health, we talk about the difference between "recovery from" and "recovery in." And "recovery from" might be really more classic sense where a person is no longer experiencing symptoms, or distress, or impairments.

But more broadly speaking, when we talk about the recover movement, how that parallels person-centered practices and the behavioral health review, we're talked about recovery in seriousness to own that their substance use disorder.

And then seriousness to own that could mean that people could - with their entire life with continuing symptoms and so forth.

There's no expectation that those have to be completely eliminated and recovery really just means living your best life possible. Just like the fact that you may continue to live with different disabilities or functional impairments as it relates - you know, as it relates to your particular experience. So it doesn't imply - it does not imply pure or a complete remission of an illness or a disability, it's about a quality of life worth living.

Amber Decker: Well, I'm sorry. This is Amber. Can we just say that instead of using the term "recovery" which has more than one meaning?

Woman: We can, but that was a monologue.

Woman: Yes, one with a shorter way to describe that. I mean, do we say recovery in and recover from?

Janis Tondora: Living the best life worth living, I mean, if that's the philosophy then, you know, I would imagine that there's one word, or two, or three-word replacement for the singular which is just recovery.

Denise Myler: This is Denise. Could we maybe say living our best life possible?

Janis Tondora: I don't have a problem with that.

Woman: We can, but again I think it's getting - it does encompass more than that. It encompasses choice, control, community belonging and it's a term that's much more broadly recognized within the behavioral health arena. But I think it will resonate with a lot of people within our constituency.

Denise Myler: But I think it's helpful just again to realize that we're not going to be able to create a list for every item applies to everyone. So hopefully there are other places on the list, so I believe we'll get effective freedom, or empowerment, or dignity of risk. Maybe that applies to people but recovery doesn't necessarily apply to.

So we take the whole list together. We're covering all the possible philosophy. What do you all think about that?

Richard Petty: This is Richard Petty. I just wanted to add here that it, to me, seems deeply important to distinguish the circumstances that people experience with different types of disability. And in fact, there will be some who will experience multiple disabilities, perhaps some of which or one of which for which recovery is an option.

And we certainly should be able to address that, but we might want to take great caution to address those separately in terms of the materials that we'll use instead of trying to address all issues with a "one size fits all" set of materials. One size doesn't fit all.

Pearl Barnett: This is Pearl.

Cheryl Phillips: Thank you for that.

Pearl Barnett: Yes, I'm sorry to interrupt. I completely agree with the fact that one size does not fit all. My question goes to this is being listed as competencies and then, you know, philosophy because I'm trying to understand from a state perspective, from a government perspective, how they will be responsible for

ensuring that the staff performing person-centered planning has the competencies.

And so that will be my concern because I'm not sure if these five listed here are necessarily about the person completing or facilitating the person-centered planning is competent in, or if it's about the person who's at the center of the planning process is competent in. It's just very unclear really what we're talking about in this particular list here.

((Crosstalk))

Cheryl Phillips: I'll have to agree with that.

Woman: So I would like to weigh in, but my understanding is that we're looking at what core competencies mean, what individuals that are helping member support - individual supported with planning - person-centered planning. What kinds of philosophy, for example, that we need to train them on.

So from a state perspective, if we're hiring a support coordinator, we would need to be sure they were trained on empowerment, dignity of risk, effective freedom, et cetera. Is that right?

Amber Decker: This is Amber. I would have to say that a lot of these philosophy pieces seem to connect with Slide 30 if you're talking about perspective of an administrator such as you were saying. So the hope in my opinion would be that if one looks at Slide 30 and 29 that you could connect those foundational skill set with these philosophies per se.

Woman: Yes, I can agree with that like Slide 30, like those to me are things that are competencies. There might be one that I'm, you know, questioning. But the

philosophies listed here, I think those are more ideal and they're not competencies and may need to be taken out of the competencies section and have its own section of person-centered planning philosophy.

Cheryl Phillips: Interesting.

((Crosstalk))

Cheryl Phillips: I'll remind this group, we do have less than 45 minutes and another section, and we also want to (reset) time for public comment. So I think let's wrap up this one and remember in our interim report, so I think that to summarize, staff is clearly hearing the intent of your conversation and there are some areas which are pointed that I think can be moved from one section criteria to the other.

And then you'll have a chance in the interim report to have some further comments. But let's now move forward into the next section if that's okay.

Michael Smull: Yes, this is Michael and I would like to just throw one more thing into this area. It's the presumption of confidence and the idea when we teach person-centered planning, we tell people you - the person facilitating the plan is a process expert. The person who's planning it is the content expert.

Cheryl Phillips: Yes, that's Slide 33, right, that we're moving to?

Michael Smull: Yes, 32.

Cheryl Phillips: The slides are not moving and what I'm looking at - staff, can you make sure we move on to the next section please?

Janis Tondora: This is Janis Tondora. Can I also ask since we skipped a few of the competency categories, how can we submit - be back around this if we're moving on in the interest of time?

Kate Buchanan: Hi, Janis, this is Kate. What we would ask you to do if you have additional feedback is to email pcplanning@qualityforum.org, that way staff can receive it.

Janis Tondora: Okay, sure. I'll go ahead and do that. Thank you, I appreciate it.

Debjani Mukherjee: Okay, thanks everybody for all your comments so far. So this is Debjani and what I'm going to do in the next section is present to you draft recommendations for systems characteristics that support person-centered thinking, planning and practice, and this is the new section for us.

So for this slide, I'm going to just take a moment to go over how we draft it, how, why we drafted these systems characteristics. So basically states have a lot of questions, state programs towards struggling to implement person-centered thinking, planning, and practices especially for HCBS and other LTSS settings.

So then HHS ends up getting technical assistance requests related to implementation, program characteristics, systems characteristics, and therefore they need some guidance and recommendation as a resource.

So today what we have done is looked at a lot of different state Medicaid, HCBS and LTSS program, and sort of put together a list that we think is a good starting point. Again, this is a starting point. We are presenting them to you for your input additions, subtractions as well as refinement.

And the one thing I would like to just say is when we were doing the research, the state programs don't always separate out HCBS systems characteristics from LTSS - the other LTSS settings systems characteristics. Usually it's lumped together as best practices or systems characteristics in general.

So as we go through the different slides, it would be great if you all as experts could tease out the nuances of what systems characteristics are LTSS settings only that are not HCBS versus HCBS, and some are sort of very easy to point out.

So with that, we're going to move on to our first set of systems characteristics. Next slide, so basically the systems characteristics have been grouped into a couple of different buckets; process, infrastructure, data, resources, knowing that sometimes some of these characteristics could potentially fit into other buckets as well.

So I'm not going to read out all of them in the interest of time, but as you will see there are a couple of slides on processes and they include things like funding, things like Medicaid program, capabilities and capacity, connections to other agencies and resources.

Next slide please, workforce development, training, retraining; conflict-free language use; something about recruiting; supporting caregivers; coordination of communication as well as some very interesting points such as employing beneficiary consultants; conducting beneficiary focus groups; identifying and addressing barriers to PCP participation; and focus on self-directed HCBS.

Engaging everybody, persons, all stakeholders early and frequently; again minimizing staff turnover; respite care investment and administrative capacity that came up a lot; funding for testing of innovative approaches. We know

there's the 11-scheme waiver that's out there. Building and sustaining buy-in and engagement as well as cultivating leadership.

And with that, I'm going to move on to the next slide, but just note that at the end we will come - side by side come back for your input. So this next group is infrastructure and this is getting to capacity to facilitate and deliver PCP-focused HCBS and other LTSS; responsiveness to problems and complaints; access to information; increasing use of HCBS. The "No Wrong Door" policy came up in this research in this areas as well as conflict-free case management.

This is another slide on infrastructure that also looks at maybe HCBS-focused areas such as affordable housing; again sustainability of program that came up a lot; streamlining program connections to other agencies and resources; communication; again identifying and addressing barriers to participation such as transportation.

So now we get to data and with that, we're looking at issues of uniform data set. Interoperability of system is an issue here. Collection of data and assessment of outcomes of PCP within HCBS and other LTSS settings; creating accountability for measurement outcomes; assessment of utilization in especially using a standardized assessment tool; assessing regularly, assessing persons as well as caregivers regularly.

Monitoring changes in program through data collection; leveraging existing systems for infrastructure; eliminating duplication. Those two in a way can also fit into resource because if you're having duplication that resource plays, it also gets into processes, having processes that sort of capture the duplication or prevent duplication as well as investment in administrative capacity.

So now we get into our final set of systems characteristics and this one is resources. So this one has things like communication and education to connect beneficiaries, to connect with stakeholders and providers, and resources to do that; education to connect to caregivers; ease of access to information for consumers and having different sort of ways of accessing information.

Quality assurance processes; continuous improvement; care management resources; streamlining program connections to other agencies, maybe having like a shared resource portal; expansion of counseling and other support such as behavioral health; implementing "community first" LTSS; again free resources, Web site, call center, email, online chat, community workers, so being as accessible as possible and maybe accessible technology could be added there too.

Train specialists for "warm transfer," that was a big one that came up in multiple literature that we looked at; referral; caregiver educational programs as well as again lasting partnerships. And again retaining administrative champions was one we saw; investing in administrative capacity and that also includes a big part of staffing. Building and sustaining beneficiary buy-in and engagement; and cultivating leadership.

So with that, I'm going to turn it over to the co-chairs for facilitation of discussion. But again we are looking for any additions, subtractions as well as refinement, as well as teasing out which ones are HCBS-focused versus other LTSS settings. And with that, I'm going to turn it over to Cheryl and Gretchen. Can we go back to the first slide?

Sam Stolpe: They're on mute.

Debjani Mukherjee: And Cheryl and Gretchen, it appears that you are on mute right now. So, everyone, to unmute, star 7.

Cheryl Phillips: I never put myself on mute so I guess it happened automatically. This is where we have to be extremely disciplined. We have about 10 slides and no more than 15 minutes if we are going to allow for some public comment.

So let's go back to the first of these and let's keep thoughts crisp and focused. If you are fine with the list, let's not deliberate too much. If you have thoughts about HCBS versus LTSS, you can share those. You can also share them on the message board.

So going back to the first slide of the series, recommendations, processes, and so this is looking at truly some of the operational structures. Quickly things that are missing, things that you would change?

Melissa Nelson: This is Melissa. I would just recommend that quality assurance processes be expanded to quality assurance and quality improvement because they're two vastly different things.

Cheryl Phillips: Absolutely, absolutely, because they are different things. Everybody concur with that? Any other thoughts? I don't mean to be such a disciplinarian here, but I want to keep this moving.

Amber Decker: This is Amber. I'm just incredibly disappointed that we have to rush something so very important.

Cheryl Phillips: Yes, part of our challenge of an hour and a half call. But we also have the opportunity to add comments via the chat which is captured.

Michael Smull: This is Michael. One of the potential (state of flaws) in this list is they can easily be done separately, and one of the major pieces that needs to be looked at is alignment of outcomes. So all of these need to have to be looked at within the context of how do they work together to help us move towards the desired outcome.

Cheryl Phillips: Yes, alignment with outcome. Yes, thank you. Any other on this, if not, we can move to the next slide, moving beyond processes because I think some of the questions may be captured in our subsequent - and Gretchen, I'm certainly not taking over control. Let me turn back to you if you want to lead some of the discussion as well.

Woman: I've been trying …

((Crosstalk))

Gretchen Napier: I just wanted to say I'm probably listing some comments through other means. But I wanted to point out that the teasing out between HCBS and the broader LTSS may not be needed because the people in the system are the same people many times. So if you're separating them out, then you might lose the fact that the folks in the system go from institutional to HCBS and back and forth throughout.

Cheryl Phillips: That's really helpful. Does anyone have other overarching - I think the categories, you know, we captured all the main categories or are there categories that are missing? Okay so then under processes, are there other characteristics that you all want to add or could we move on to other section within the system recommendations?

Okay, let's move on to the next which is infrastructure. So what other characteristics of infrastructure need to be added?

Amber Decker: This is Amber. I would say due process somewhere here.

Cheryl Phillips: Okay due process. Thank you. What else under infrastructure? Could we go to the next infrastructure slide to make sure everybody can see that? Anything else to add under infrastructure? Because we want the data then.

Woman: Can I give the actual affordable and appropriate housing? Sometimes you can get cheap housing but it's not appropriate for your needs.

Cheryl Phillips: Right. Thank you. Okay, so next is data and there are two data slides to wrestle with that. So this is the first data slide. You can see the next data slide.

Amber Carey-Navarrete: I'm sorry are you on Slide 42? Forty-three? Oh I see.

Woman: There we go.

Amber Carey-Navarrete: Forty-four.

Woman: Forty-four now. Yes 43 and 44 of the data slide. So are there - any additional characteristics related to data that you all feel like needs to be added?

Amber Carey-Navarrete: This is Amber. I would say "evidence-based data," "meaningful data," "open-ended questioning data," not just, you know, through a narrow lens of high caps or an assessment of somebody's experience at the hospital but there really should be some open-ended available ways of capturing information. It's not limited…

Gretchen Napier: Thank you, Amber.

Amber Carey-Navarrete: …questionnaire.

Gretchen Napier: Who else has other things they want to add to the data system recommendation?

Amber Carey-Navarrete: The utilization management, is that in here?

Gretchen Napier: I don't see it, so we can add that.

Kate Buchanan: Gretchen, this is Kate from NQF. We have a couple of committee comments in the textbox. (Pat Novi) wanted to say for infrastructure the ability or support for innovation and (Sally Burton-Hoyle) wanted to - it's a question to us how are we ensuring that person-centered planning is being utilized from the top-down and having that reflected.

Gretchen Napier: Okay. Let's move on to the resources. I think there are three Resources slides. So let's - if we can maybe look at each - all three and then come back to the first one, so we aren't adding items that are already there. So this is the first slide in the Resources.

Can we see the second slide?

Woman: Go ahead.

Amber Carey-Navarrete: This is Amber. I wanted to say that some of the data that we're considering can easily be - you can easily look at 45 and 46. And so the use

and effective use and implementation of these resources would be a great data to capture if we're going to talk about data collecting.

Gretchen Napier: Thank you. Can we see the last Resources slide please?

Okay. So lots of things listed under "Resources." Does anybody have comments on resources that were left out?

Woman: I have…

((Crosstalk))

Woman: …comments but we don't have time.

Woman: Well if you make them quick, we do. I mean, you know, you don't have to go on to too much detail unless you want to write a piece. Certainly have time for quick comments.

Kate Buchanan: This is Kate. We have from Amber (unintelligible). For resources - and the question is, should advocacy resources and legal resources be added for that. A comment from the committee.

Woman: Good point.

Woman: And as noted, you know, I know (Pearl) is going to be sending us some additional feedback on the system. We have a lot to cover in 2-1/2 hours. With additional comments, please e-mail gcplanning@qualityforum.org. There's a lot to cover and so we want to make sure that even if there's not enough time to say things on the phone you were able to communicate their feedback.

Woman: Thank you.

Gretchen Napier: I see that in the comments (Nicole) has added "peer mentoring" and "done by self-advocate."

                  Are there other comments? Oh here are some - (Alan) also added "Emphasize recognize value for emergency disaster preparations and prioritization."

Cheryl Phillips: And, Gretchen, this may be a good time to move to public comments because these last two are in fact part of the public membership. And so…

((Crosstalk))

Gretchen Napier: …hard to keep up.

Cheryl Phillips: It is so hard. I understand. Are there any more committee and liaison member comments? If not, we will move to public comments at this point.

Kate Buchanan: And, Cheryl, this is Kate. We have a couple other committee comments in the chat box that I wanted to read.

Cheryl Phillips: Okay. Yes they pop up so quickly. Gosh.

Kate Buchanan: I know. It really is like a (unintelligible).

                  So (Sally Burton-Hoyle) had said, "Since Medicaid is funder of Last Resort, why don't we talk about natural supports that may be abandoned in individual community?"

(Denise Mylar) said, "Could be combined communication and education to connect for beneficiaries, providers and caregivers."

Amber writes, "Resources for the - on the slide should include…"

Amber Carey-Navarrete: I'm sorry I'm Amber. And what I mean is what I said before which is if you want to capture meaningful data, all you have to do is look and see how often resources are actually being utilized and made available to individuals. And that'll be a great dataset to capture.

Kate Buchanan: Okay. But, Gretchen and Cheryl, I don't see any other comments in the chat box from committee members.

Woman: Okay. So…

Woman: Okay.

((Crosstalk))

Woman: …open it up to public fund?

Woman: Yes. Yes.

Woman: And this is a reminder for everyone. You can either chat your comments in the chat box. We've been receiving a lot, a lot of public comments. We haven't been able to respond to all of them that they are going to be shared with the committee as well as with the workgroup in public. And you can either chat or say them aloud. Star 7, unmute.

(Leslie Feinberg): Hello?

Woman: Yes.

(Leslie Feinberg): Yes hi. This is (Leslie Feinberg). During this session about the competency, I just wanted to make sure that we included something about trauma informed because a lot of those people that find themselves needing these services have gone through a lot of trauma. That was it. Thank you. Thank you for your work.

Woman: Thank you.

Woman: This is (unintelligible). Can you hear me?

Woman: Yes.

Woman: Hi. So I sense the number of comments in through the chat box which I won't reiterate. Just one thing I wanted to really emphasize is that in the staff competencies, also in the communication skill domain and perhaps in others, we want to be sure to include culturally-aware approaches to communication and to the thinking of how people are supported to go through planning.

Gretchen Napier: Thank you for that. What other comment?

Kate Buchanan: And, Cheryl and Gretchen, I can read some from the chat function that we received recently.

From (Lisa Walk), "I would first like to express my appreciation for the session. I have two comments." Oh sorry. So (Lisa) has a couple of comments that we will be taking into account.

From (Catherine Melo), she agreed that the comment earlier about having too many criteria or competencies will really dilute the intent. So she wants to caution us about that.

We received many comments from (Nicole LeBlanc) and, (Nicole), thank you very much for those. I can read a couple of them just talking about the state system characteristics to retain state leader champions, training on freely-given relationship and being trained on trauma sensitivity to recognize a decent respond in a trauma-sensitive way. So those are some of (Nicole's) comments.

And then (Miso) also said she would like to reiterate her earlier comment that not every person with a disability prefers person first language. And some people will prefer identity first such as "autistic" rather than "person with autism" and "deaf" as opposed to "hard of hearing" or "person with hearing impairment." So those are just sort of language caution that (Miso) wanted to make us aware of. Thank you.

Gretchen Napier: Any other public comments?

What I sense from (Lisa's) comment is that identity should be person-centered as well. And so in a true person-centered approach, I would want to explore with the individuals how they prefer their identity defined. So good point. No single point of language will capture that.

Any other public comments that have not been addressed? And we again appreciate all of the public comments in addition to our committee liaison comments on the chat function. So even if you haven't had a chance to speak, we will bring them forward through sharing with the committee. Committee and liaison, excuse me.

(Alex Bermatti):   Greetings all again. This is (Alex Bernatti) again. I just wanted to offer also one other comment, which I've noted related actually to the definition, the graph definition, and there was a bit of discussion about considering the additional - for example, some consideration around whether to transition or education or educational goals. And one consideration I wanted to add was that whenever I want to think about something that relates more to occupation or the person's chosen area of activities because that sort of encompasses all things that the person could choose to do, be it work, community, engaged activity, job, hanging out with friends, any of those things.

Gretchen Napier: Excellent. Any other comments? I'm watching the deprecate peer, making sure I'm not missing any.

Kate Buchanan: And, Cheryl, we just got one from (Alan Rosan) saying that it's important to emphasize that person center care of the process should be continually updated and shared to remain relevant.

Gretchen Napier: Yes. So I think that's an important theme and we have brought it up in earlier calls. This is not an advanced. It's not a check off the box and I've done it and then we carry on with live date. It is an ongoing process and it is an engagement that doesn't begin and end but it's ongoing as long as we are involved with the individual.

Any other public comments? Any other committee or liaison comments that we have hastened you through and you didn't feel like you had a chance to share. It looks like we have a couple of minutes left before we wrap up and do our next steps.

Patricia Nobbie: This is (Pat Novi). In the section on resources, I think - and I put this on the chat box but I think we - it's, you know, funding may also be state funded. There was some mention of, you know, "Money follows the person," and balancing instead of program but states that have state-funded services also have some more flexibility because people don't need to be a Medicaid or Medicare-eligible to use that funding and it can be used to close gaps. So states that have a pool of state funding tend to be able to offer some more flexible family supports for example.

Gretchen Napier: Right.

Patricia Nobbie: And I think that's a good thing to include.

Cheryl Phillips: So being aware of that resource. Any of the committee members or liaison who did not have a chance to speak? Maybe you're a little bit hesitant to your work. Listening carefully we're putting our thoughts together. If you would like to say anything at this point, this will be a great time for a mini closing comments if you haven't had a chance to speak.

Gretchen, anything that you would like to add? I can turn over to you and then we can pass back to (Steph).

Gretchen Napier: And just really appreciate everyone's time today. You all have some very thoughtful and between the comments that are coming in on the chat and what we've been able to capture on the phone, we've really gotten a lot of input provided and I mentioned earlier in the call I think that's really where the power of the work we're doing on the committee is coming in.

So we do have a few more minutes. If anybody else wants to jump in but otherwise please e-mail the committee. I mean, the staff so that we can get

any additional comment put together. But thank you all so much for coming on today and giving us your time and attention.

Woman: Absolutely. I think this is an incredibly productive call. Even if we did have to rush the last portion but great conversation and I think remarkable addition.

So let's perhaps move it back to (Steph) for next steps.

(Steph):   Thank you very much. So for the next steps is we will be working on drafting the interim report which will include the graph definition as well as the graft core competencies and recommendations on system characteristics.

As we mentioned, we do welcome whatever input that you provide and we will be short in corporate that into the interim report. So please feel free to send those via e-mail to the project box and we'll be sure to incorporate them into the interim report.

So the interim report will be posted for public comment, for a 30-day public comment and that will run November 1 to December 2. If you are subscribed to the Project Alert, you will receive a notification that the document is up for public comment and we strongly encourage you to take a look at the document and make whatever comments that you have so that we can incorporate them into the report.

Woman: Thanks, (Yvonne). And I just wanted to add, so there've been a couple of questions in the chat box about when people will be receiving the draft report. Even though it seems far away, we're actually - I'm quite a tight timeline. So the committee will be receiving the draft report when it goes open for public comment on November 1 but there will be a separate portal through which we're going to - through SharePoint that we're going to ask for committees'

specific feedback. So we are working on a tight timeline and when we do want to get committee member feedback, it will just be during the public comment period.

Woman: Thank you.

Cheryl Phillips: Just a clarification, this is Cheryl, can you explain how people sign up for the alerts? Does everybody on the committee know how to do that?

Woman: That's a great question, Cheryl. So we will actually be sending an e-mail to the committee that has the links for public comment. I - and as well as the informed link which is what we use to send out project alerts.

So some people who have signed up for that list will receive the project alert but we won't share that everyone has that link and that will be sent from, you know, from the PC planning inbox.

Woman: Thank you.

Woman: All right. Thank you. And as mentioned, we are encouraging that committee members and our liaisons hold the same sessions so that they can gather a wide pool of input which will be integrated into the report. We will be sending the question guide that will aid in those listening sessions and that would be before we send out the communication about the public commenting.

And as Kate mentioned, we will expect committee members to submit their input via SharePoint and for the general public, once the report has been posted, you will be able to make your comments through. They're quite self-explanatory.

And during our next Web meeting, which will be on the 13th of December, we will adjudicate the comments as well as - on the report as well as what was gathered during the listening session.

So there is a list of the next upcoming Web meetings. Our next Web meeting will be on the 13th of December, as I mentioned. However, between now and then, we'll have about a month of the public commenting period and then we will meet again on the 13th.

So for now what we will do is to take the recommendations that we have gathered during this call to refine the finalists of the core competencies for performing PCP and also make additions to the recommendations for characteristics that support person-centered planning thinking, planning and practice. And again, as mentioned, during our fifth Web meeting is when we'll present the finalists of core competencies and gather input on the draft recommendations that were made during public commenting period with the characteristics that support person-centered thinking, planning and practice.

On the screen, we have the contacts which is the e-mail project inbox pcplanning@qualityforum.org. We encourage you all to send whatever comments that you were not able to share on the materials that we went to today so that we can incorporate those in the next iteration.

For the project page, that is on our Web site. So you go to the Person-Centered Planning and Practice page and from there you will be able to sign up for the project alert, if you haven't already done so, and that will give you notification of whatever activities that will be taking place during the course of the project which includes opening for public commenting for the interim report as well as meetings as they occur.

Woman: Does anybody have questions? I know we've gone through a lot of next steps. So I want to pause and you have a chance to talk to (Steph) if you have questions for clarification on what we're going to be doing next.

Amber Carey-Navarrete: This is Amber. I have a question with anyone else has one?

Woman: Yes please.

Amber Carey-Navarrete: So because I'm a little bit confused. When - are we getting the draft interim report prior to it being made available to the public?

Woman: No.

Amber Carey-Navarrete: No?

Woman: No.

Woman: We get it at the same time that there's public comment.

Amber Carey-Navarrete: Okay. And is…

Woman: And then we'll be able to do the private editing with just the committee via SharePoint while the public comment…

Amber Carey-Navarrete: Okay. When will that date be - oh okay, well when will that date be? Will that be the same date November 1 then?

Woman: Yes.

Amber Carey-Navarrete: So - and does NQH - does NQF staff have already a working draft available to those of us who are asking for it?

Woman: We are currently working on it right now, Amber. We do not have a draft yet for sharing.

Amber Carey-Navarrete: Besides the one that was available previously?

Woman: Correct. All right. We'll add that we are going to follow up with - and this will be in the next two weeks, follow up with the revised definition of "person-centered planning" to get committee feedback, committee and liaison feedback on that. So that is something that you should be on the lookout for and if you have additional recommendations or feedback on the systems characteristics or person-centered planning competencies, we do ask you to e-mail pcplanning@qualityforum.org.

Woman: Good. Any other question? All right. Well then we will definitely be corresponding via e-mail and SharePoint. Otherwise we will be back together on the phone in December.

Sam Stolpe: Very good. This is Sam Stolpe and I just wanted to thank the committee, the liaisons, our federal partners and the NQF staff and co-chairs. Thank you so much for a very productive meeting. We appreciate it. We wish you all a very enjoyable weekend and we'll be in touch via e-mail. Take care now.

Woman: Thank you everyone.

END