

# Person-Centered Support Plan

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Today's Date: Effective Date

<Regulatory Crosswalk>

**Optional Photo**

Consent required

## What People Like and Admire About Me

This is not directly related to a specific section of Article 63.

This is used as an “ice breaker” type discussion with the person to get to know them briefly.

## What's Important to Me

The preferred lifestyle section is addressed later in the plan.

Article 30-63-21 (a)(2)(A-E)

## How to Best Support Me

Outline areas of support needs.

This will be used to highlight the areas where staff will need to review the document to become familiar with the support needs of the individual.

This is NOT a comprehensive description of the support needs of the individual, it is ONLY a prompt to delve further.

# Person-Centered Support Plan

## My Information

Name		
Address		
Phone Number		
Last Support Plan Revision Date	30-63-21 (c) regularly review and revise to reflect changes in preferred lifestyle achievement of goals or skills, plan is not responsive to the person's targeted activities to evidence continuous movement toward the achievement of the preferred lifestyle.	
Legal Guardian	Retain in the file a copy of the Guardianship documents.	Phone:
Other Auth Rep. (indicate type)		Phone:
Targeted Case Manager		Phone:
MCO		Phone:
Primary Care Physician		Phone:
Emergency Contact		Phone:
<b>Informal Supports</b>		
Name	Relationship	Phone Number
<b>HCBS Providers</b>		
Provider Name	Provider Phone Number	Service
30-63-24 (d) – may be the person, the guardian, a member of the person's support network, or a provider. – It's the person's choice.		
30-63-21 (b) – person, guardian, member of support network, or a provider shall take the lead coordination role in preparation of the plan, and designation shall be noted in the plan. – It's the person's choice.	Lead Coordinator for the Plan	

# Person-Centered Support Plan

## My Communication Preferences

My primary mode of communication is:

30-63-21 (a)(4)(A) a description of the effective communication methods utilized by the person. An adequate descriptor is required. It is NOT adequate to state "Verbal", "Non-Verbal", "Gesture", etc.

Methods of providing support and training to indicate preferences, training and support needs will be addressed in section titled "Opportunities Regularly Provided to Me for Choice and Control". 30-63-21 (a)(4)(B)

Interpreter Services:

I need services

Type:

I do not need services

I have someone who helps me to communicate and/or speaks on my behalf.

Name of Person: If a specified person is not with the individual 24/7, indicate how support needs will be met.

## PERSON(S) PARTICIPATING IN THIS PERSON-CENTERED SUPPORT PLAN

I chose to participate in filling out this PCSP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To what degree?	<input type="checkbox"/> Actively <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at All
If anything other than actively, please describe participation level.	

# **Person-Centered Support Plan**

## **Person Providing the Information:**

30-63-21 (a)(1)(A-C) identify how consultation with the persons required to provide input during the development of the plan was obtained.

Consultation is required with the person, the guardian, and other individuals from the person's support network as the person chooses.

# **Person-Centered Support Plan**

## About Me

### My Accomplishments & Skills

21 (c)(2) reflect any achievement of goals or skills outlined within the plan.

This should include goals or skills worked on in previous plans. Include the person's movement toward retaining independence or becoming more independent in accomplishing their preferred lifestyle. Describe how the support needs of the individual have changed over time due to service provision.

What My Circle of Support Says About Me: include positive comments from friends, family, providers, etc.

This is not directly related to a specific section of Article 63.

This section may be used in facilitating positive interactions with individuals when supports are needed during times of self-doubt or crisis.

This may be beneficial to use to develop a Positive Behavior Support Plan, encouraging appropriate behavior by reinforcing what other's opinions of the person may be.

# **Person-Centered Support Plan**

My Lifestyle Preferences Include: comment on both what I have now and what I want for: where I live, whom I live with, how I spend my day, my hobbies, my favorite people/things, my routine, my favorite activities, what is important to me, making choices and decisions, etc.)

## What I Have Now

“What I have Now” 30-63-21 (a)(2)(A-E) Must include:

in what type of setting the person wants to live (stating an address is not adequate, describe what the setting looks like to the person)

with whom the person wants to live (stating names is not adequate, describe why those people are important to the individual)

what work or other valued activity the person wants to do (describe why this is an activity of value to the person)

with whom the person wants to socialize (describe the relationship with the individual)

what social, leisure, religious or other activities the person wants to participate (describe how, when, what that looks like for the person so staff can adequately provide supports)

Examples of “What I Want in the Future” may include: dreams for the future, changes in current circumstances, the inclusion of things they do not currently participate in. These are not necessarily immediate goals, more of a long-term plan. The same sort of things may be included later in section titled, “My Vision for a Good Life: My Future Plans Hopes, and Dreams”. This is intended to be a flexible section for individuals to express their own future desires.

## What I Want in the Future

# **Person-Centered Support Plan**

Opportunities Regularly Provided to Me for Choice and Control: include how choice and control are offered and for what regular activities, items, situations.

30-63-21 (a)(4) describe how opportunities of choice will be provided including:...

(B) Providing the necessary support and training to allow the person to be able to indicate the person's preferences, including a description of any training and support needed to fully participate in the planning process and other choice making.

(Keep in mind the earlier section "My Communication Preferences" when you identified:

(A) Permitting the person to indicate their preference among options presented to the person, by whatever communication methods that person may possess, including a description of the effective communication methods utilized by the person.)

The plan MUST include how staff will ensure active and meaningful involvement.

My Vision for a Good Life: My Future Plans Hopes, and Dreams: other living/work options, other activities, learning to express more choice/control over certain decisions, etc.)

This is not directly related to a specific section of Article 63.

This may include the same subject matter as the section titled, "What I Want in the Future". It may also include statements not covered in previous sections. This is intended to be a flexible section for individuals to express their own future desires.

# **Person-Centered Support Plan**

Barriers to My Lifestyle Preferences and Future Plans:

Keep in mind 30-63-21 (a)(6) Prioritize and structure the delivery of services toward the goal of achieving the person's preferred lifestyle. Things in this section will be used in later sections to describe supports needed for the person to participate in all aspects of their lives where service needs are present. This is the foundation for the "support plan". Identify what areas in which "supports" are needed.

Cross reference with BASIS and behavioral data tracking to see if it matches up, what the person reported as their support needs at BASIS should match the supports in the plan. This is NOT where specific support descriptions occur, that is later. Include general domains in which provider supports are needed, and categories of support.

30-63-21 (a)(7)(B) The decision to not pursue future plans or goals may be related to barriers that cannot be overcome. One of the following reasons may be documented and fully explained in the plan to justify the decision to NOT pursue a future plan or goal that a person has specifically requested:

- (i) financial limitations of the person and the provider,
- (ii) supports and training needed, offered, and accepted by the person, and
- (iii) a risk assessment showing it is not in the person's best interest using 30-63-21 (a)(5) to justify that determination. If a risk assessment is used as justification, this justification must be outlined in the Person-Centered Support Plan section titled "Risk Assessment & Intervention Plans"

# **Person-Centered Support Plan**

My Options/Goals for Overcoming These Barriers:

30-63-21 (a)(7) contribute to the continuous movement of the person towards the achievement of the person's preferred lifestyle.

Look at the Barriers identified in the section titled, "Barriers to My Lifestyle Preferences and Future Plans", and work with the person to determine where they are receiving supports that they may want to become more independent. Other areas to look for opportunities to build independence is communication (in the section titled, "Opportunities Regularly Provided to Me for Choice and Control"), or behavioral concerns that present risk to the individual which keep them from participating in their preferred lifestyle.

Consider these things:

How is the preferred lifestyle impacted by what the person is choosing to work on? What barrier needs to be overcome?

How it will be overcome? What final outcome is desired? Why is this being addressed?

How is overcoming this going to improve the person's participation or achievement of their preferred lifestyle?

Considering Preferred lifestyle: What would the person like to be able to do, or be better at, that they currently either can't, or need supports to accomplish? Is it an opportunity to move toward achieving their preferred lifestyle more independently or thoroughly?

If it is something that should be occurring now, but isn't due to inadequate support... that's not a barrier. That's a request for better service provision by the provider.

# Person-Centered Support Plan

## My Goals

Goal	Outcome Measure	Anticipated Completion Date	Person/Provider Responsible

The plan must provide evidence that it meets 30-63-21 (a)(7): contribute to the continuous movement of the person towards the achievement of the person's preferred lifestyle. Providers will do this using goals with measurable outcomes.

The loop for development of a goal looks like this:

Preferred lifestyle. Goals MUST be directly related to the preferred lifestyle. What is the barrier to the preferred lifestyle that service providers address? What are service providers doing to provide support to overcome that barrier? What can the person do to reduce or eliminate their support needs?

Progress goes on next year's accomplishments and changes.

How are you going to demonstrate whether or not this goal is having an impact, and contributing to moving the person toward achieving their Preferred lifestyle?

## **Person-Centered Support Plan**

How is the person going to achieve this outcome (training, support, etc.)? What part does the provider play?  
30-63-21 (a)(3) Who monitors? What will evidence of movement look like?

The feedback loop for monitoring has to be a reasonable timeframe. Yearly is not adequate monitoring of the appropriateness of a training plan.

When a goal or skill is achieved, the plan needs to be adjusted.

Plans need to provide for “continuous movement”. For this reason, be wary of “one and done” goals that are accomplished in a day, or don’t provide for “continuous” to be met. What are you doing the other 364 days in the year?

No evidence of movement is considered “unresponsive”.

Once a skill or goal has been achieved OR the maximum performance reached, it becomes a level of support that should be maintained and added to the plan.

# **Person-Centered Support Plan**

## My Supports

### All support sections:

Identify barriers that need supports (reflect those barriers and supports identified in section titled “My Options/Goals for Overcoming These Barriers”, and how those supports will be addressed.

Supports must be specific to the needs of the person. They are not to be headers, but descriptions of the specifics regarding how the support is to be provided, what staff should do and not do, the participation level of the individuals, etc.

30-63-21 (a)(3) list and describe the necessary activities, training, materials, equipment, assistive tech, and services needed to assist the person to achieve their preferred lifestyle. This is a description of meaningful life activities. Consider what makes the person’s life unique and worth living?

30-63-21 (a)(4) describe how opportunities of choice will be provided including: (C) Assisting the person or the person's guardian to understand the negative consequences of choices the provider knows the person might make and that may involve risk to that person.

Positive Behavior Support Plans that DO NOT address restrictive interventions requiring compliance with 30-63-23 should be included in the support section of the plan.

# Person-Centered Support Plan

Support at Home: Comment on supports needed with activities in the home including, but not limited to cleaning, shopping, meal preparation, laundry, home maintenance, dressing, eating, bathing, toileting, other personal hygiene, calling others, evacuating the home, using transportation (including public), crossing the street, etc. Indicate my preferences and explain how I would like to be supported for each need.

Support with Work, School & Daily Activity: Comment on supports needed at work, school, volunteer or in community/day services activities. This includes, but is not limited to social interactions, work or volunteer tasks, community safety, personal care, transportation, etc. Indicate my preferences and explain how I would like to be supported for each need.

I attend school and have an IEP.

A copy of my IEP has been given to my TCM and MCO Care Coordinator  Yes  No

Community and Social Support: Comment on supports needed with cultural, religious or ethnic preferences, social relationships with family and friends, education regarding romantic relationships, dealing with grief and loss, accessing preferred community activities, handling conflict and change, etc. Indicate my preferences and explain how I would like to be supported for each need.

Wellness Support: Comment on supports needed with sleep, stress, exercise, nutrition, substance use, taking needed medications, going to appointments, scheduling preventative care, following physician/therapist advice or orders, etc. Indicate my preferences and explain how I would like to be supported for each need.

Medical Support: Comment on supports needed with medications, allergies, and a brief medical overview. Indicate my preferences and explain how I would like to be supported for each need.

30-63-24 (c) training required to be identified if needed:

- Self-administration
- emergency medical procedures
- any other health care task

This should be in the MARs, and support needs section as well... activities, training, materials, equipment, assistive tech, and services 30-63-21 (a)(3).

# Person-Centered Support Plan

Risk Assessment & Intervention Plans: Comment on any area of risk, and what the risk is, and supports needed. Include any related to health, safety, financial, undesirable behavior, mental health issues, or other risks that may or do require restrictive procedures.

I have a Positive Behavior Support Plan. This indicates that there is a separate document for staff to review. Positive Behavior Support Plans involving a restrictive intervention are NOT included in the Person-Centered Support Plan document due to frequent need for updates.

This is referencing any Positive Behavior Support Plans that are addressing behaviors requiring interventions that will follow requirements set forth in  
30-63-23. Positive Behavior Support Plans for restrictive interventions must include all components of 30-63-23 (b)(1)(B) – positive behavior programming, environmental modifications and accommodations, and effective services from the provider.

A copy of it has been given to my TCM and MCO Care Coordinator  Yes  No

Restrictive Procedures, Limitations and Modifications: List all current restrictive procedures or limitations to preferred lifestyle, and include the assessed need. This cannot solely be the disability. Include all of the information below for each restriction, limitation or modification to the preferred lifestyle. – This section is only required if there is a limitation meeting 30-63-21 (a)(5)(A-D). There will need to be a completed section for EACH restriction identified. Nonrelated behaviors MAY NOT BE COMBINED (for example: Sharps, and Elopement).

Description of Restriction/Limitation/Modification: 30-63-21 (a)(5)(A-D)

Assessed Need: 30-63-21 (a)(5) limitation because of imminent significant danger to their person's health, safety or welfare. Failure to prove imminent significant danger using the prescribed assessment process means that you cannot limit the person's preferred lifestyle or rights.

History of Decision-Making and Potential Consequences to Poor Choices (long and short term): 30-63-21 (a)(5)(A) history of decision making, previous experience or practice the person has in exercising autonomy, and ability to learn from natural negative consequences of poor decision making.

# **Person-Centered Support Plan**

Potential Risk of the Restriction/Limitation/Modification (long and short term): 30-63-21 (a)(5)(B and C) consequences that might result to the person if the person makes a poor decision, and "effects to the person" if provider limits or prohibits the person from choice

Less Restrictive Alternatives Tried: 30-63-23 (b)(1)(A) All other potentially effective, less restrictive alternatives have been tried and shown ineffective, or a determination using best professional clinical practice indicates less restrictive alternatives would not likely be effective. – A thorough description of what has been tried, and what outcomes are required to be documented in an assessment of risk.

Safeguards for Protecting My Rights and Safety: 30-63-21 (a)(5)(D)

Frequency of Review: The risk assessment is part of the Person-Centered Support Plan 30-63-21, and is required to be reviewed at the same interval. Outlined in 30-63-21 (c) (1-3) – Changes in the preferred lifestyle, Achievement of goals or skills outlined within the plan, or the plan is not responsive to the person. No evidence of movement is considered “unresponsive”. Evidence of effectiveness of an intervention is required. Refer to 30-63-23 (b)(2) Management of a restrictive intervention. Failure to document evidence that a restrictive intervention is not having the desired effect within a reasonable timeframe must result in consideration for the removal of the restrictive intervention.

30-63-23 (b)(2)(A)(iii) All restrictions must have a plan in place to reduce the use of the restrictive intervention or medication, when appropriate, based upon the documented effectiveness of those efforts in conjunction with safeguard measures.

Person/Provider Responsible for Data Collection: Data collection and review will be specified in this section. The evidence of effectiveness for a restrictive intervention depends on the restriction. Some will be immediate (removal of sharps eliminating using a knife to injure self), some may take more time.

Person/Provider Responsible for the Reviews:

Date Informed Consent Obtained: 30-63-23 (b)(1)(C) must be prior to the Behavior Management Committee review.

\*\* Restrictions imposed on persons who impact the rights and preferred lifestyle of others: Provide a thorough description of how the unrestricted but impacted person will have their rights and safety ensured. Provide an informed consent signed by the person or their guardian (if applicable). Include any pertinent details to how the restriction will impact the person who is not restricted but impacted.

# Person-Centered Support Plan

Legal and/or Financial Support: Comment on supports needed with any legal issues and finances including managing personal funds, banking, purchasing items, planning a budget, paying bills, reporting personal income, filing tax returns, planning for the future (savings, trusts, etc.), finding an advocate or guardian, planning for the succession of a current guardian, etc. Indicate my preferences and explain how I would like to be supported for each need.

Communication & Decision-Making Support: Comment on supports need with daily communication and decision making, expressing feelings, expressing health symptoms, important life decisions, self-directing care, voting, reporting potential ANE, etc. Indicate my preferences and explain how I would like to be supported for each need.

## My Rights

### Information & Training Provided:

Please mark each box after the information has been reviewed

I have been given information and training to know and exercise my rights, in a manner that I can understand.

30-63-22, not the MCO rights or disability rights – supporting documents showing what the training included may be required to be shown to licensing staff.

I have been given information and training to recognize and report Abuse, Neglect and Exploitation, and how to report it, in a manner that I can understand.

30-63-28, supporting documents showing what the training included may be required to be shown to licensing staff.

If I need help to know or exercise my rights, or report ANE, I will contact my Targeted Case Manager, provider, MCO Care Coordinator or trusted friend or family member. I understand that my rights cannot be restricted without my consent, a risk assessment, and review and approval of the human rights/behavior management committee.

# Person-Centered Support Plan

My signature/ legally recognized unique mark below means that I participated to the best of my ability and agree that the information here is what I want in my Person- Centered Support Plan.

My Signature      30-63-21 (a)(8)

Date

My Guardian's Signature      30-63-21 (a)(8)

Date

Targeted Case Manager

Date

Other (indicate title/relationship)

Date

Other (indicate title/relationship)

Date

## Person-Centred Support Planning Meeting 30-63-21 (c) annual review required at minimum

I would like to have my next Person-Centred Support Planning meeting at the following location, if possible:

I would like to have the following persons or entities attend the meeting, or participate by phone:

Person/Entity	Relationship	Contact Information