# Person CenterEd Plan Summary Page

**My Life, My Plan, My Choice**

Name:       Meeting Date:

DOB:       Annual Plan Date:

Age:       Created Date:

LTSS ID:       Effective Date:

Phone Number:       Type: [ ] Initial [ ] Annual [ ] Revised

MA Number:

Current Address:

What I like and admire about myself:

What I’m Interested in doing:

Important people in my life:

Best way to communicate with me (*preferred methods*):

What technology I use:

Coordinator of Community Services:       Phone Number:

**Last Year’s Outcomes:**

| Outcome | Status | Notes |
| --- | --- | --- |
|  |  |       |
|  |  |       |
|  |  |       |

**List of Outcomes**

| Outcome Category | Outcome | Outcome Description | Requested Services |
| --- | --- | --- | --- |
|  |  |       |       |
|  |  |       |       |
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**Quick Summary of what is important to and for me:**

| Rank | Important TO Me | Discovered In *(Focus Area)* |  | Rank | Important FOR Me | Discovered In *(Focus Area)* |
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**Quick Summary of risks and how they will be addressed:**

| Risk Name | Description | How Addressed | Rights Restriction | Discovered In *(Focus Area)* |
| --- | --- | --- | --- | --- |
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**Quick Summary of rights restrictions:**

| Rights Restriction | Related Specific and Assessed Need | Description of Condition | Positive Interventions and Less Intrusive Methods Tried | Timeline: Monitor/Review Effectiveness |
| --- | --- | --- | --- | --- |
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# Outcome Section (One Page Per Outcome)

**Outcome Category:**

**Outcome:**

Relevant Focus Area(s): Status:

Projected Start Date:       Projected Completion Date:

Description of Outcome:

So that/In order to:

**Related Important TO Me: [ ]** Important To Me 1 **Related Important FOR Me: [ ]** Important For Me 1

**[ ]** Important To Me 2 **[ ]** Important For Me 2

**[ ]**  Important To Me 3 **[ ]** Important For Me 3

**How are community resources and/or natural supports being used or developed?**

**What technology do I need to support this outcome?**

**How and how often will progress towards this outcome be reviewed?**

In what way will the team know progress is occurring?

* What does progress look like to me?
* What does progress look like to my team?

What is the frequency that is planned to support my outcome?

* Frequency for assessing satisfaction:
* Frequency for assessing implementation strategies:
* Outcome review frequency:

**Support Considerations:**

**Natural/Community/Other Contributing Resources to Support Outcome:**

| Support Person | Relationship | Support Role | Phone Number |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Non-DDA Agency Resource to Support Outcome:**

| Agency | Support | Contact Person |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**DDA-Funded Service to Support Outcome:**

| Agency | Support | Contact Person |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Requested DDA Service to Support Outcome:**

| Service |
| --- |
|  |
|  |

# Service Authorization

**Service Request:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Title | Service Description | Provider | Site | Scope |
|  |  |  |  |  |
| Duration | Frequency | Unit Definition | Units | Rate | Total Cost |
|  |  |  |  |  |  |
| Auth. Start Date | Anticipated End Date | Service Start Date | Service End Date | Outcome(s) |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Title | Service Description | Provider | Site | Scope |
|  |  |  |  |  |
| Duration | Frequency | Unit Definition | Units | Rate | Total Cost |
|  |  |  |  |  |  |
| Auth. Start Date | Anticipated End Date | Service Start Date | Service End Date | Outcome(s) |
|  |  |  |  |  |

**Existing Authorization:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Title | Service Description | Provider | Site | Scope |
|  |  |  |  |  |
| Duration | Frequency | Unit Definition | Units | Rate | Total Cost |
|  |  |  |  |  |  |
| Auth. Start Date | Anticipated End Date | Service Start Date | Service End Date | Outcome(s) |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Service Title | Service Description | Provider | Site | Scope |
|  |  |  |  |  |
| Duration | Frequency | Unit Definition | Units | Rate | Total Cost |
|  |  |  |  |  |  |
| Auth. Start Date | Anticipated End Date | Service Start Date | Service End Date | Outcome(s) |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Title | Service Description | Provider | Site | Scope |
|  |  |  |  |  |
| Duration | Frequency | Unit Definition | Units | Rate | Total Cost |
|  |  |  |  |  |  |
| Auth. Start Date | Anticipated End Date | Service Start Date | Service End Date | Outcome(s) |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Uploaded Documents:** | **Individual Plan Approval:** |
| **[ ]** Health Risk Screening Tool (HRST)**[ ]** Support Intensity Scale (SIS)**[ ]** Positive Behavior Support Plan**[ ]** Community Rule Questionnaire**[ ]** Advanced Directive**[ ]** Other Relevant Documentation | **[ ]** Individual and Advocates**[ ]** Providers**[ ]** Coordinator of Community Services**[ ]** Regional Program Staff**[ ]** Regional Fiscal Staff |

# Focus Area Exploration

Focus area exploration questions should be discussed during the facilitation/interview prior to the Annual Meeting using appropriate person centered planning methodologies (Pathways, Essential Lifestyle Planning, Paths, Maps, etc.)

# Employment Focus Area

Am I currently employed? [ ] Yes [ ] No

*YES - I am currently employed ->*

Am I currently making at least minimum wage? [ ] Yes [ ] No

*YES - I am making at least minimum wage ->*

Is my employment a competitive, integrated position? [ ] Yes [ ] No

*YES - My employment is a competitive, integrated position ->*

Would I like a different job? [ ] Yes [ ] No

*YES - I would like a different job: (Work Experience, Job Interests and Employment Summary sections required)*

*NO - I would not like a different job: (Work Experience and Employment Summary sections required)*

*NO - My employment is not a competitive, integrated position: (Competitive Employment, Work Experience, Job Interests and Employment Summary sections required. An outcome of “I choose where I work” is also required.)*

*NO - I am not making at least minimum wage: (Competitive Employment, Work Experience, Job Interests and Employment Summary sections required.)*

*NO - I am not currently employed:*

[ ]  I am retired: *(No additional questions/sections required.)*

[ ]  I am not retired: *(Competitive Employment, Job Interests and Employment Summary sections required.)*

### Competitive employment

My CCS’s recommendation on the most integrated setting to meet my needs:

The services and supports I need in order to be in the most integrated setting are:

The barriers I face toward competitive, integrated employment are:

**[ ]**  Access to funding

**[ ]** Access to resources including staffing, transportation, etc.

**[ ]**  Decision making by me

**[ ]** Decision making by my representatives

**[ ]**  Access to medical supports needed

**[ ]** Access to behavioral supports needed

**[ ]**  I don’t know if I’m ready for employment

**[ ]**  I want to work but don’t know where to start

**[ ]** Other:

| Barrier | Notes | Strategies for Addressing | Update on status/progress |
| --- | --- | --- | --- |
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### Work experience

| Employer | Position Type | Natural Supports | Wage | Start Date | End Date | Liked | How Found |
| --- | --- | --- | --- | --- | --- | --- | --- |
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### unpaid experience

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization | Position Type | Natural Supports | Start Date | End Date | Liked | How Found |
|       |       |       |       |       |  |       |
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### Job Interests

I would like to explore these job skills:

I would like to learn more about these employers:  because:

These people can help me identify employment options:

When I am not working I want to do these activities:

### Employment summary

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
| --- | --- | --- |
|       |       |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
| --- | --- | --- | --- |
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# Communication Focus Area

Under this focus area, relevant topics include: Expressing Yourself, Understanding Others and Making Decisions

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
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# Lifelong Learning Focus Area

Under this focus area, relevant topics include: Learning Styles, Self-Advocacy, Post-Secondary Education and Other Learning & Development

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
| --- | --- | --- |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
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# Community Involvement Focus Area

Under this focus area, relevant topics include: Going Places & Doing Things, Cultural & Spiritual Activities, Activities that are Meaningful to Me

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
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# Day to Day Life Focus Area

Under this focus area, relevant topics include: Personal Care, Moving Around at Home, Meals & Food, Shopping, Taking Care of My Home, and Personal Safety

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
| --- | --- | --- | --- |
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# Finance Focus Area

Under this focus area, relevant topics include: Banking, Budgeting, Bill Payment and Benefit Management

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
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# Home and Housing Focus Area

Under this focus area, relevant topics include: Current Living Arrangements, Location Considerations, Accessibility Considerations, Financial Considerations and Roommate Considerations

### Choice in housing

I chose where I live now: [ ] Yes [ ] No I chose who lives with me: [ ] Yes [ ] No [ ] N/A

### Home and Housing summary

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
| --- | --- | --- |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
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# Health and Wellness Focus Area

Under this focus area, relevant topics include: Food & Nutrition, Physical Activity, Healthcare (Appointments, Illness Care, Injury Care), and Dental Care

### Supported healthcare decision making

**Advance Directive:**

I have an Advance Directive [ ] Yes [ ] No

YES - **[ ]** Maryland Advanced Directive **[ ]** Five Wishes **[ ]** Maryland Medical Order for Life Sustaining Treatment (MOLST)

NO – [ ] I am interested in having one -or- [ ] I am not interested in having one

**Healthcare Agent:**

[ ] I do have a Healthcare Agent – Name and phone:

[ ] I do not have a Healthcare Agent

[ ] I am interested in having one -or- [ ] I am not interested in having one

### Health and Wellness summary

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
| --- | --- | --- |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
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# Relationships Focus Area

Under this focus area, relevant topics include: Family, Friends, Neighbors, Romantic Relationships and Professional Relationships

| What’s Working for Me? *(abilities, strengths, preferences, contributions, etc.)*      |  | What’s Not Working for Me? *(unmet needs, dislikes, etc.)*      |
| --- | --- | --- |
|  |
| What Supports Do I Need?      |

| Important To Me |  | Important For Me |
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**Risks and How Addressed**

| Risk | Description | How Addressed | Rights Restriction |
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