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

| Agency | Support | Contact Person |
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**DDA-Funded Service to Support Outcome:**

| Agency | Support | Contact Person |
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**Requested DDA Service to Support Outcome:**

| Service |
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# Service Authorization

**Service Request:**

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

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

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| 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.)* |
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| 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.)* |
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| 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.)* |
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| 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.)* |
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| 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.)* |
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| 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.)* |
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| What Supports Do I Need? | | |

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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.)* |
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| 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.)* |
| --- | --- | --- |
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| 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.)* |
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| 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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