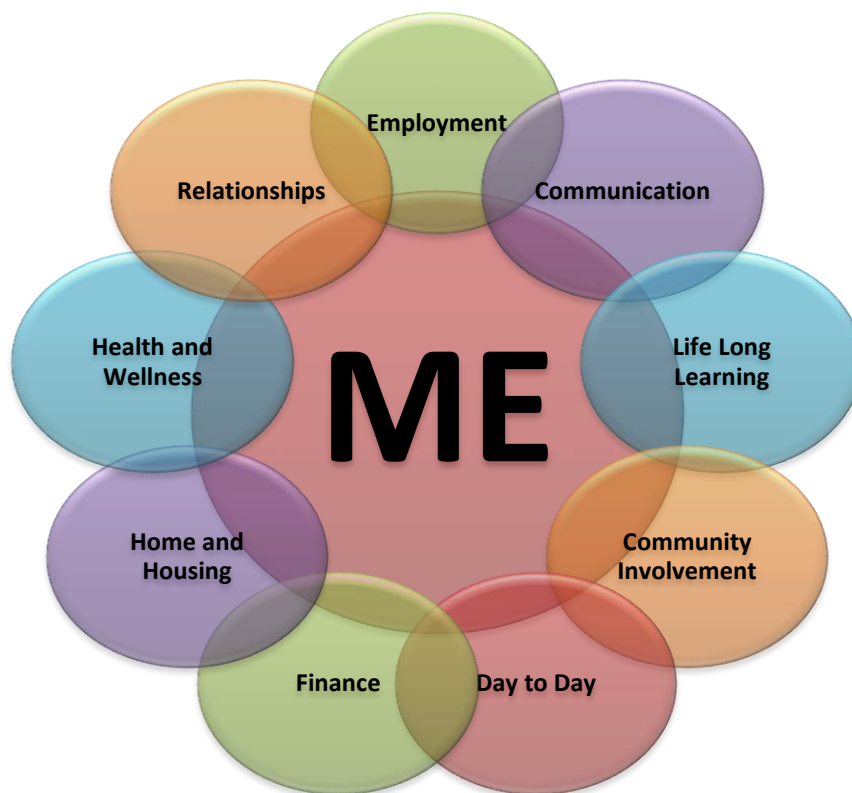




A Guide for Coordinators of Community Services for Development of the Person Centered Plan



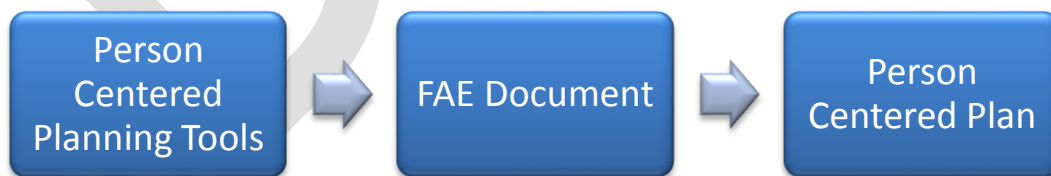
My Life, My Plan, My Choice...

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Overview of the Individual Plan and Focus Area Exploration Document

Team members have the ability to make a profound impact on the lives of the people they serve. To do so, they must have a deep understanding of what is important and pertinent to each person. This can be accomplished over time through questions, discussion, observation, providing options and necessary follow-up. As team members continue to work with a person, their knowledge grows and they become more attuned to the individual's needs, preferences and desires. When this vital information is fully captured in the *Focus Area Exploration (FAE)*, it supports development of a useful and relevant *Person Centered Plan (PCP)* that promotes meaningful service delivery.



The Person Centered Plan

The development of an individual's plan, when done well, can make a difference in the direction of services delivered and thus affect the quality of the person's life. It is essential that all known information be spelled out in the draft plan and shared prior to the annual meeting to allow time for meaningful review and discussion of areas that are most important to the individual, such as what they want to accomplish and how we can support him/her.

When writing the PCP, basics of a person centered approach are to be used:

- ✓ Language demonstrates respect for, and dignity of, the person
- ✓ Language is easily understood, not clinical and not disparaging
- ✓ Clear indication of the person's preferences
- ✓ Easily identifies those things important TO the person: relationships, status, financial stability, rituals or routines, things to have or do

Quote from Self-advocate

Person Centered Plan Summary Page

The first page of the PCP includes important information about the person and pulls summaries of the following from the focus area exploration document and outcome pages:

- Last Year's Outcomes
- List of Outcomes
- Important To
- Important For
- Risks and How Addressed
- Rights Restrictions

The CCS will be able to add additional information at the summary level. Additional information is required for any identified rights restrictions.

Demographic information pulls from Profile

Questions about the individual and his/her interests

Outcomes and associated requested services will pull from the outcome pages

Risks will pull from the Focus Area pages and can be added at the summary level. Any identified rights restrictions will populate in the table below and require additional information

Person Centered Plan

My Life, My Plan, My Choice...



Name: _____

DOB: _____

Age: _____

LTSS ID: _____

Phone Number: _____

MA Number: _____

Current Address: _____

Meeting Date: _____

Annual IP Date: _____

Created Date: _____

Effective Date: _____

Type: Initial, Annual, Revised

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 do I use (list)? _____

Coordinator of Community Services Name: _____ Phone Number: _____

Outcome	Status	Notes

Outcome Category	Outcome	Outcome Description	Requested Services

Rank	Important To Me	Discovered in (Focus Area)	Rank	Important For Me	Discovered in (Focus Area)

Risk Name	Description	How Addressed	Rights Restriction	Discovered in (Focus Area)

Rights Restriction	Related Specific Assessed Need	Description of Condition	Positive Interventions and Less Invasive Methods Tried	Timeline for Monitoring/Reviewing Effectiveness

The CCS will enter the meeting date, and during the Initial PCP the team will agree to an Annual PCP date

Annual PCPs will pull the previous year's outcomes and allow the CCS to update the status

Important To/For's will pull from each of the Focus Area pages. The CCS has the ability to add more at the summary level and can rank the list

- Picture: This can be a picture of the individual or any other photo that they chose. If a picture of the individual is used, a release is needed.
- Last Year's Outcomes: List all prior-year outcomes; identify the status for each and explain in the notes:
 - o Achieved/describe how this is indicated; or
 - o Not Achieved/explain why not and whether or not the person wants to continue working toward the outcome
- List of Outcomes:
 - o Outcome Category: Populated based on *FAE* content
 - o Outcomes: Statement to describe what the person wants to happen as a result of related supports and services
 - o Outcome Description: Further detail to describe the outcome, to include the specific benefit or value to the person
 - o Requested Services: Optional to complete based on whether or not services will support a specific outcome
- Quick Summary of what is important to and for the individual:
 - o Rank: Identified by the individual prior to their annual meeting
 - o Important TO me: Elements of life that are valued by the person and contribute to their happiness and/or contentment; identified in the *FAE* and automatically populated when completed
 - o Important FOR me: Needs that should be addressed to support a person's health and safety; identified in the *FAE* and automatically populated when completed
 - o Discovered in (Focus Area): Section of the *FAE* where information is captured and automatically populated when completed
- Quick Summary of risks and how they will be addressed: This section is based on information from the *FAE* and automatically populated when completed
 - o Risk Name: Potential hazard related to supporting a person's desired outcome or to not addressing a person's support need; identified in the *FAE* and automatically populated when completed
 - o Description: Brief summary of why there is a risk
 - o How addressed: Specific actions that will be taken to minimize the risk
 - o Rights restriction: Any potential limit of a person's fundamental rights as described in COMAR 10.22.04/.05/.10
 - o Discovered in (Focus Area): Section of the *FAE* where information is captured and automatically populated when completed
- Quick Summary of Rights Restriction:
 - o Rights Restriction: Specific right that is or may be restricted (see *Definitions* section for list)
 - o Related and specific assessed need: Describe the risk being mitigated by the restriction of the person's right(s)
 - o Description of condition: When and how the restrictive measure is applied; note status of due process steps
 - o Positive intervention and less intrusive measures tried: Brief description required to justify use of restrictive measure
 - o Timeline for monitoring/reviewing effectiveness: Note how and how often team is to review use of restrictive measure

Quote from self-advocate

Person Centered Plan Outcome Section

- Based on the information discovered through the focus areas, the individual and team will identify outcomes for the year from a list of CQL Personal Outcome Measures
- The outcome page has a support considerations section, which includes a “Requested Services” table for the CCS to select services the individual is requesting to help achieve the outcome. All DDA services must be tied to at least one outcome, but not every outcome requires a service.
- Outcome statuses can be changed throughout the year through the revised PCP process but cannot be deleted.
- Each annual PCP will include a summary of the last year’s outcomes (from the last active PCP) and allow the CCS to update the status; any outcome that is not achieved or discontinued will need to be included in that year’s PCP. Upon submit, the system will check for the required outcomes.

Category Choices:

- My Self - *Who I am as a result of my unique heredity, life experiences and decisions.*
- My World - *Where I work, live, socialize, belong or connect.*
- My Dreams - *How I want my life (self and world) to be.*

OUTCOME SECTION (ONE PAGE PER OUTCOME)

Outcome Category: _____

Outcome: _____

Relevant Focus Area(s): _____

Description of Outcome: _____

Projected Start Date: _____

Status: _____

So that/In order to: _____

Projected Completion Date: _____

Related Important To Me's:

☐ Important To Me 1

☐ Important To Me 2

☐ Important To Me 3

Related Important For Me's:

☐ Important For Me 1

☐ Important For Me 2

☐ 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 Resources to Support Outcome:

Agency	Support	Contact Person

Requested DDA Service to Support Outcome:

Service

Existing DDA Service to Support Outcome:

Service

Category is My Self:

- I am connected to natural support networks
- I have intimate relationships
- I am safe
- I have the best possible health
- I exercise rights
- I am treated fairly
- I am free from abuse and neglect
- I experience continuity and security
- I decide when to share personal information
- Other

Category is My World:

- I choose where I live
- I choose where I work
- I use my environment
- I live in an integrated environment
- I interact with other members of the community
- I perform different social roles
- I choose services
- Other

Category is My Dreams:

- I choose personal goals
- I realize personal goals
- I participate in the life of the community
- I have friends
- I am respected
- Other

Lists *Important To* and *Important For* information from the Summary Page so the user can check as relevant (multi-select).

Dropdown: Available Waiver services. Pre-populated from last IP.

- Outcome Category: Based on FAE content
- Outcome: Subcategory of selected Outcome Category that reflects area
- Status: Explain status of this Outcome, i.e. – new; continuing from prior year
- Outcome Description: Statement to describe what the person wants to happen, to include the specific benefit or value to the person
- So that/in order to: Impact that successful completion of the outcome will achieve.
- Projected Start Date: Support for outcome will start on this date for this plan year

- Projected Completion Date: Date the outcome is expected to be achieved
- Related important to/for me: Select category(ies) relative to this outcome from the related section of FAE per Outcome Category
- How are community resources or natural supports being used or developed? Identify and describe opportunities for including non-staff in the outcome-related activities, to include use of generic community resources (i.e., using a store-provided shopping aide or having staff focus on developing relationship with coworker's vs providing actual on-the-job assistance).
- What technology do I need to support this outcome? In addition to identifying needed technology such as communication devices or adaptive equipment, technology used to support outcomes should include those used by most people, i.e. smart phone for reminders or GPS device for navigating the community.
- How and how often will progress towards this outcome be reviewed? Review by the CCS must be face-to-face and quarterly at a minimum (except for waiting list coordination, which is relative to need and category); short-term or newly identified outcomes may need more frequent review to assure intended direction toward attainment.
- In what way will the team know that progress is occurring?
 - o What does progress look like to me? - Should be stated in the person's own words as much as possible.
 - o What does progress look like to my team? - Should be guided by the person's desires in regard to the outcome, and reflect their stated timeline for achievement.
- What is the frequency that is planned to support my outcome?
 - o Frequency for assessing satisfaction: Identify schedule of activity to monitoring individual satisfaction.
 - o Frequency implementation of strategies: Identify schedule of activity to support outcome attainment
 - o Outcome review frequency: Identify schedule of activity to monitoring progress towards achieving the outcome.
- Support Considerations:
 - Natural/community/other contributing resources to support outcome:
 - o Support Person - Can be DSP, family member, other natural support
 - o Support Role - What the person is doing to support the outcome
 - Non-DDA resources to support outcome:
 - o Agency - Generic community resources used, such as DORS, CFC, REM, housing voucher programs, education aides
 - o Support - Describe specific type of support being provided
 - Requested DDA service to support outcome:
 - o Service: ADDITIONAL DDA funded service is being requested to support the outcome?

Focus Area Exploration (FAE) Document:

The FAE must be completed using one of the person centered planning tools available to help the CCS better understand the preferences, interests, and needs of people they serve. It is designed to summarize a breadth of information relevant to the individual's planning process, support the development of a concise plan that accurately represents the individual in a person centered manner, and assist the CCS in assuring individual choice and control in all aspects of the plan. Information should be revisited and revised to reflect changing preferences and interests as developed.

The beginning is the most important part of the work.
~Plato

- To drive person-centered planning, the Focus Area Exploration contains fields for what's working, what's not working and what supports are needed related to nine focus areas
- Each focus area will pull items that were identified as important to or for the individual in the SIS; those lists can be edited or added to
- There is also a table to enter risks, how they are addressed and any related rights restrictions
- Any person-centered planning methodology is acceptable for gathering the information that will be entered in the system

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

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

Focus Areas:



The following questions are offered to consider using for the completion of the LTSS FAE document. Keep in mind that these questions are not to be treated as a checklist, but are intended to guide a robust discussion and exploration of individual interests and preferences for each subject area.

EMPLOYMENT

Research reveals that work influences self-identity and perceived quality of life, both positively and negatively. Because society has historically assumed people with disabilities have little to offer in the workplace, many people may not understand the opportunities that are now available to them. The CCS plays a critical role in helping the people he/she supports explore their professional interests and work opportunities. Using the questions below to guide your conversation with people will help both the individual and their team understand the person's career aspirations and create a framework for the team to assist the individual to attain them.

The Employment section includes additional fields to complete to support a thorough review and exploration of opportunities for employment.

EMPLOYMENT FOCUS AREA

Am I currently employed? (Yes/No) _____

If yes (I am currently employed):

Am I currently making at least minimum wage? (Yes/No) _____

If yes (I am making at least minimum wage):

Is my employment a competitive, integrated position? (Yes/No) _____

If yes (My employment is a competitive, integrated position):

Would I like a different job? (Yes/No) _____

If yes (I would like a different job): Work Experience, Job Interests and Employment Summary section are required

If no (I would not like a different job): Work Experience and Employment Summary sections are required

If no (My employment is not a competitive, integrated position): Competitive Employment, Work Experience, Job Interests and Employment Summary sections are required. An outcome of "I choose where I work" is also required.

If no (I am not making at least minimum wage): Competitive Employment, Work Experience, Job Interests and Employment Summary sections are required

If no (I am not currently employed):

Am I retired? (Yes/No) _____

If yes (I am retired): No additional questions/sections are required

If no (I am not retired): Competitive Employment, Job Interests and Employment Summary sections are required

COMPETITIVE EMPLOYMENT

My CCS's recommendation on the most integrated setting to meet my needs is: _____

The services and supports I need in order to receive services 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

WORK EXPERIENCE

Employer	Position Type	Natural Supports	Wage	Start Date	End Date	Liked/Disliked	How Found

UNPAID EXPERIENCE

Organization	Position Type	Natural Supports	Start Date	End Date	Liked/Disliked	How Found

JOB INTERESTS

I would like to explore these job skills: _____

I would like to learn more about these employers: _____ I am interested in these employers because: _____

These people can help me identify employment options: _____

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

Discussion Questions for What's Working/Not Working for the Person

- Does your daily activity allow you to spend time with people who do not have disabilities (*other than staff*)?
- How easily can you get to the bathrooms, break rooms, appliances, equipment, tables/desks and chairs (accessibility)?
 - Do you have a safe place to keep personal belongings during the day?
- What do you do during the day? (*if not employed, skip to next section*)
- If employed:
 - Are you making at least minimum wage?
 - How do you get your check?
 - Do you like where you work now?
 - Would you like to work someplace else?
 - What do you like or want to continue in your job?
 - What do you not like or want to stop in your job?
 - Have you ever used public transportation to get to work?
 - Can you get transportation for work when needed?
 - Are you able to move about your work area to perform your job duties?

- If no; what would help to make that happen (AT, PA, other support)?
 - Does your job offer:
 - The kind of schedule you prefer?
 - Break/lunch times?
 - Leave and medical benefits?
 - Do you know and understand what is expected from you at work?
 - Do you have the things, equipment, and support to do your job well?
 - Do you receive praise for your work?
 - Does your supervisor or someone else at work seem to care about you?
 - Do you feel that your opinion counts at work?
 - Does anyone talk to you about whether you are doing a good job?
- If not employed, are you interested in working?
 - If yes:
 - What would you like to do? What is it that you think you would like about that position?
 - What help do you think you would need to get that job?
 - If no:
 - Are you retired?
 - What do you do during the day?
 - Do you like what you do during the day?
 - Would you like to go someplace else or do something else during the day?
 - Can you move about freely? Go inside/outside, or to another room instead of staying in one room/area?
 - See visitors or other people (aside from paid staff)?

Discussion Questions for Important to/Important for the Person

- How important is it to you that you work or spend your day with people who do not have (*identified*) disabilities, and why?
- Have you had a job in the past?
 - *If yes, capture previous jobs including employer, position, wage, start/end date, and what liked/disliked.*
 - What was the best job you ever had? What made it the best?
 - What was the worst job you ever had? What made it the worst?
- What would be your dream job/a job you would love doing?
 - What would you like best about that?
 - What are things you could do to work towards getting that job or something similar?
 - Details (location, hours, etc.)
 - *If the person is not presently qualified for the job s/he wants, talk about what kind of training may be helpful. Consider an interest inventory to explore possibilities.*
 - Is making money important to you?
 - Where would you like to work (ex., close to home)?
 - Would you rather work Monday through Friday or whenever the job needs you?
 - Would you prefer to work full time or part time? If part time, about how many hours each week?
- If you are working now:

- Would you like to make more money than you do now?
- Do you like how you get to work (transportation)? If no, what would you change about it?
- Do you need help making sure you don't lose your benefits (*if so, explore benefits counseling options*)?
- If you wanted to, do you think you could:
 - Get training to build new skills (professional development)?
 - Get a better position with more to do and more pay?
 - Have your pay go right to your bank account?
- How important are these things to you?

Tools

- [Q&A for DDA Employment First](#)
- [DORS Website](#)
- [Maryland One Stop Career Centers](#)

COMMUNICATION

Having the power to communicate and be understood is central to people having choice and control in their life. The CCS must be aware of each individual's communication style and tailor discovery conversation accordingly. In order to learn more information for good planning, allow the discussion to be guided by the focus person; follow their lead and don't be in a rush to move to another topic if they want to tell you more about the current one. Relevant information must also be sought from family members, direct care staff, and other team members to gain additional perspective and insight. [CCS must be aware that a person may choose not to respond to certain questions and every effort should be made by the CCS to determine whether or not the person understands the question or if the question is truly relevant to the person in his or her circumstances]

Discussion Questions for What's Working/Not Working for the Person

- How do you express yourself?
 - I speak pretty well for myself
 - Body language
 - I use some words and phrases
 - I use a communication device
 - I use ASL fluently
 - I use some home signs to make myself understood
 - Person uses gestures, expressions, and sounds*
 - Other method to be described specifically
- Do you ever need help to get someone to understand what you are saying?
- How do others know when you are happy/not happy?
- How do you let someone know they misunderstood you?
- What do you do if you don't understand what someone else is saying?
- Who would you go to if you were unhappy or afraid?
- Could you tell someone safe if you were ever hurt or harmed?
- Do you think it's okay to tell someone "No" if they ask you to do something you believe is wrong?

*When people don't communicate with words or device, or their communication with behavior is clearer than their words, a communication map or chart is essential to ensure understanding.

What am I communicating to you?		
When I do this...	It probably means...	And you should...

Discussion Questions for Important to/Important for the Person

- How do you let people know what you want?
- Do you feel that people listen to you?
- What help do you think you need to communicate better?
 - Can you tell me what I just said to you? Why do you think I asked you that?
- What do you do when you get frustrated with another person?
- What type of decisions do you typically make?
 - What to wear
 - What to eat
 - When to wake up and when to go to bed
 - What kind of things you want or have to do

- Places to go
- Other
- Are there decisions that you would like to make, but don't?
- What decisions are most important for you to make?
- Can you tell me about a hard decision you had to make? Did you get the result you hoped for?
- Do you use a:
 - cell phone?
 - telephone?
 - tablet?
 - computer?
 - Do you have social media accounts, like Facebook, Twitter, Snapchat?
 - If yes - Do you need any help to manage your account(s)?
 - If no – Are you familiar with social media? Would you like to know more?
- What do you really want people to know about how you communicate?

LIFE LONG LEARNING

Learning occurs throughout a person's lifespan; what a person wants or needs for their continued growth will change throughout the planning process. Learning encompasses everything from personal or professional development, different ways of learning depending on the changing circumstances in the life of the person, different skill sets and much more.

Discussion Questions for What's Working/Not Working for the Person

- Do you want to learn easier ways to do everyday things?
- How do you learn best (i.e. listening, visual, by doing, having someone help/model, 1:1 with another person, in a classroom)?
 - How do you feel your current learning style is working for you?
 - Would you like to consider other ways of learning?
- Where do you learn best (i.e. library, home, campus, coffee house)?
- When do you feel that you learn best (morning, midday, late night, evening, weekends)?
- Did you like going to school?
 - What did you like most about it?
 - What did you like least about it?
- Is there anything you would like to learn more about now?
 - What supports do you think may help you to further your personal development (i.e. peer mentoring, transportation, staff support, assistive technology, education assistance)?
- Would you like to further your employment or work life?
 - What supports do you think may help your professional development (i.e. transportation, peer mentoring, staff support, assistive technology, education assistance, accessible work place)?
 - Do you want to know more about getting more education or a degree?
- What would you like to change about your work life?

Discussion Questions for Important to/Important for the Person

- What skills or training do you feel would help you with the kind of life you want to have (i.e. advocacy, classes, community clubs/activities, etc.)?
- Do you currently belong to an advocacy group? If not, are you interested in doing so?

- What supports would be needed for you to learn more about self-advocacy (transportation, access to internet, peer mentoring, etc.)?
- Do you feel you have a clear understanding of your rights and responsibilities as a member of society?
 - Which of your basic rights do you feel are most important to you (see *Definitions* section for list)?
 - Are you interested in learning more about this?
 - What supports would help you to become more aware of your rights and responsibilities?

Tools

<http://www.peopleonthehomaryland.com/>
<http://www.md-council.org/>
 DDA Advocacy Support Unit

COMMUNITY INVOLVEMENT

Community involvement is key to developing the social network that makes life interesting and vital. True inclusion happens when people live, work, and play in their local communities, with intent to participate in the give and take of community life. Community can mean different things to different people; find out what it means to the person served. Encourage discussion with individuals, family, staff and teams about the natural connections a person has and how they can be strengthened.

Discussion Questions for What's Working/Not Working for the Person

- What are your favorite places that you go to now?
- What are your favorite things to do?
- Do you get to choose when to be home and when to go out?
- Can you choose not to do the things you don't like to do?
- Do you get to do what you want during the week? And on the weekend?
- Have you ever used public transportation?
- Are you able to get transportation to/from places/activities when you want to?
- Do you want to be more a part of your community?
 - What does that (community) mean to you?

Discussion Questions for Important to/Important for the Person

- Where do you like to spend time during the week and the weekend?
 - Do you like to be outside/inside?
 - What do you like to do in this setting?
- What are things you don't like to do? Are there places you do not like to go?
- Are you comfortable with large crowds? Small groups? One person?
- What time of day do you like to have fun (morning person or night owl)?
- Are you an "adventurous" person? Like trying new things? Sky diving for example? Or more laid back?
- What things do you enjoy by season (Spring, Summer, Fall, Winter)
- What kind of music do you like?
- Do you have any hobbies? Do you collect things?
- What are you interested in doing or learning more about? (Consider places where people with like interests gather so that person can share his/her gifts/talents)
- Where/What places would you like to go to in the future?
 - What's on your "bucket list?" Do you get to make choices about this?

- Does anything get in the way of the above?
- Are there people who can help you with this?
- Do you belong to a group? Would you like to?
- Are you part of a church/religious organization? Do you get to go as often as you want?
- Do you like to help other people? Animals? Other special interests?
- Are there places you go on a regular basis, like a grocery store, hairdresser, bagel shop, etc.? Do you know people there?
- How do you celebrate birthdays or holidays?
 - Who do you like to celebrate with?
 - What barriers get in the way of any of the above?
 - Are there people who can help you with (above)?
- What are your best memories of vacation or having fun? Do you want to try that again?
 - Are there other activities have you tried that you want to try again?
 - What activities have you tried that you don't want to try again?
- Do your community experiences allow you to meet and/or be with people without disabilities (other than staff)?
 - How important is this to you?
- What support might help you to do more things and meet other people that share your particular interests (i.e. assistive technology, communication assistance, transportation, earning/having more money)?

Being In My Community <i>This is not a comprehensive list and should be expanded based on the individual's preferences.</i>				
Activity	Have you?	Yes – enjoyed?	No – Want to try	Note
Airplane				
Amusement park				
Beach/boardwalk				
Camping				
Carnival/festival				
Craft show/event				
Fast food restaurant				
Nice sit-down restaurant				
Fishing/boating				
Horseback riding				
Library/museum				
Live music or concert				
Plant a garden				
See a play				
Special interest club				
Sports event				
Swimming				
Train				
Zoo/circus				

Tools

Use the keyword search on Google to research and locate resources such as park and recreation, the local Chamber of Commerce, public library, or websites such as www.meetup.com and www.visitmaryland.org.

DAY to DAY

In our day-to-day lives, the details involving personal care, mobility at home, meals and food, taking care of our homes, as well as our own personal safety are of the utmost importance to the quality of our lives. In this category, the CCS has an opportunity to ascertain both the details and the priority levels of each of these areas as they relate to each person's life.

Discussion Questions for What's Working/Not Working for the Person

Home Management:

- When you're not at work, how do you spend your day? What do you like most/least?
- Do you know your home address?
 - Do you have a key to your house?
- What do you do to take care of your home?
 - What type of general housekeeping and/or yard work do you do?
 - Who keeps your house clean?
 - Who pays the bills?
- Are you able to get your mail?
- Do you answer/use the telephone when you want to?
- Do you answer the door when there is a visitor?
- Do you feel safe in your home?
 - Are you able to lock the doors of your home (i.e. Front, bedroom, bathroom, etc.)
 - Do you or does someone else test the smoke detectors in your home?
 - Do you know how to dial 911?
 - Do you practice evacuating your home in case of emergency?
 - Can you exit safely? With/without assistance?
- Are you getting assistance in your home? If so, how is it helping you? Do you need more/less?
 - What do you like most/least about your staff?
 - Is there anything you wish they knew?

Meals & Food:

- Do you prepare your own meals?
 - If yes, what do you like to make?
 - Does anyone help you?
- Do you decide when and what you eat?
 - Do you have to ask permission from someone to get food or a drink?
- Can you eat where and with whom you want?
 - Do you have friends or family over for meals if you want?
- Do you use any special utensils for eating?
- Do you need any assistance with eating?

Shopping:

- Do you do any of your own shopping?
 - If yes, for what kinds of items?
 - Is there a particular store where you like to shop?

- Do you need or want assistance with shopping?
- Do you handle your money when you shop?
 - If no, would you like to learn to do that?
- Internet shopping
 - Do you shop online? If so, do you need assistance?
 - How comfortable in general are you with the internet?
 - What types of things would you like to do online that you currently don't do.
 - Do you have access to a computer?
 - Is your computer accessible?
 - Does it meet your needs?
 - What types of software would make your computer more user friendly? (Screen readers, Voice recognition, Screen Magnification, etc...)
 - Do you feel safe on the internet?
 - Is your computer or other device secured?
 - Do you use passwords if so how do u keep track of them?

Personal Care:

- Do you have someone help you with taking care of your personal needs (like bathing, dressing, etc.)?
 - If no: Do you need help with any of your personal care?
 - If yes, in what areas?
 - How are these needs being met now?
 - If yes:
 - Who helps you?
 - Is it provided when you need it? At home? At work?
 - Can you decline if you don't want someone helping you at a particular time?
 - Do you have privacy when someone is helping you?
 - Is your personal care provided in a place that is comfortable for you?
 - Does your support person include you in decisions about personal care?
 - Can you request this help based on your schedule?

Accessibility:

- Are you able to move around your home the way you want to?
 - If no, what kind of support do you need? Is it provided when you want it?
 - Do you have special/adaptive equipment?
 - If yes, do you need assistance using it?
- Do you use all areas of your home (including kitchen, living & dining room, laundry area, etc.)?
 - Is there any room or place in your house where you are not allowed to go?
- Do you use the outside areas of your home such as the porch or yard?

Discussion Questions for Important to/Important for the Person

- What is most important to you about your daily routine (i.e. mealtime; when/type of bathing; time for sleeping, TV/music, hobbies; going out with friends or family; etc.)?
- (If not living alone) What is most important to you about the people who share your house?
- Do you belong to a church/Mosque/Temple/synagogue/Atheist organization/other? Is this important to you? Do you attend as regularly as you want?

- Are you active in sports; do you watch/follow any sports? Is this important to you?
- What would you like to do more of? What would you like to do less of?
- What is your favorite meal?
 - Are there foods you can't eat? Foods you really don't like?
 - Do you help to plan meals? How important is this to you?
- Do you go shopping when you want to?
 - Do you get to choose what you buy?
- Is there something that you want to learn to do better so you can be more independent at home (being safe, cooking, laundry, etc.)?
 - What support do you need, or how can we help you?

FINANCE

Money and the decisions we make regarding how we use it greatly impacts our lives. It affects how we live, socialize, work, play, and even access healthcare. Our choices about money will control when we retire and the care we receive as we age. Financial responsibility requires support based on clear understanding of personal goals, and opportunities to learn about how to budget, save, spend; each person having maximum and increasing control according to his/her ability.

What's Working/Not Working for the Person

- Do you have a bank account (checking, savings, other)?
 - If yes: Do you have access to your account? How – (ATM card, online, checkbook, cash)?
 - If no: How do you get money when you need/want it? Who helps you with your money?
- Do you get a benefits check; food stamps; rent subsidy?
- If you get a paycheck, is it a paper check or direct deposit?
- Do you have a budget for expenses and savings?
- Do you have enough money to pay your bills?
 - If not, what's the plan to increase income or decrease bills?
 - Do you have any debt you need to pay off?
- Who helps you with managing your money? Do you trust them? Would you like any changes?
- Do you have an emergency fund or plan for loss of income?
- Do you have sufficient insurance for your needs (i.e. home, car, health as indicated)
- What do you know about life insurance? Do you have/need it or need more?

Discussion Questions for Important to/Important for the Person

- If you want, can you go to your bank/ATM to withdraw/deposit money?
 - Do you know any people who work at your bank?
- What do you need to buy this year?
 - Do you have enough money? If not, do you have a plan to save?
- What do you want to buy this year?
 - Do you have enough money? If not, do you have a plan to save?
- Do you know how much money you have? Do you have enough money to live as you wish?
- Is there anything you think you should save for (i.e. retirement, housing, special trip)?
 - Do you feel it's important for you to save money? Do you have a plan for saving?
- When you spend money, what do you like to spend it on?
- What can you tell me about your benefits (MA, SS, work-related retirement plan, other)?
 - Would you like to learn more about any of your benefits?

- Do you want more info about how your income and benefits work together?
- Does anyone rely on you financially (who and why)?

Tools:

- Social security website: <http://www.ssa.gov/>
- Apply for Insurance including MA: <https://www.marylandhealthconnection.gov/>

Draft

HOME and HOUSING

Many of us spend the majority of our time at home. For some it represents sanctuary and safety in a big world. We must be sure we are aware of what people like, dislike, need, and their hopes and dreams with regard to their living situation. Meaningful lives are made up of any number of details that matter to the individual; no matter how large or small they may seem to others, they could make the all the difference in that person's life.

Discussion Questions for What's Working/Not Working for the Person

- How do you feel, in general, about where you live?
- Do you have choice and control over your routine (i.e. when you get up, eat, watch TV, etc.)?
 - Are there others areas in which you would like to have more choice?
- What help do you need, and who helps you?
 - Is there anything you want to change about the help you get?
 - Do you have any paid staff helping you at home? If yes:
 - What type (DDA, IHAS, CFC, Autism Waiver)?
 - How many hours per week?
 - Are the hours enough to meet your needs?
- Do you like your neighborhood? Do you ever talk with your neighbors?
- Do you have a key for your house?
- How do you review your mail?
- Do you have a telephone? Do you have privacy to use it?
- Do you like the way your house is decorated? How about your room?
- Are you able to watch the shows you like on TV?
 - Do you have access to the internet? Are you able to use it when you want to?
 - Do you have an email account? Can you access your email without asking for help or permission?
- Are you able to get transportation when you want to go places?
- Do you need any home modifications or assistive technology (current or future/ideal home)?

For people receiving residential or paid support in their home:

- Did you choose where you currently live?
- Did you choose who you currently live with?
- Do others let you know before coming into your home?
- Do people ask permission before entering your room?
- Are you able to have friends/family over to visit?
 - Are you able to spend time with them without staff supervision?
- Are you happy with level of support you get now?
- Are you happy with your staff? Do you feel your staff are helping you to learn and be more independent?

Discussion Questions for Important to/Important for the Person

- What do you like/not like about your home?
- What makes a good day at home? What about a bad day?
- Is there something you cannot live without?
- Is there something you must not have at home?
- What do you wish other people in your home knew about you?

- What do you like/not like doing at home (i.e. computer, games, TV, cooking, gardening, cleaning)?
- What do you want your home to look like?
 - What support do you need or what needs to be put in place for this to happen?
 - What would you like to change?
- Who can you talk to about concerns in your home?

Tools

Maryland Section 811 Program - <http://mdod.maryland.gov/housing/Pages/section811.aspx>

HUD Resources - <http://portal.hud.gov/hudportal/HUD?src=/states/maryland>

Subsidized Housing in Maryland - <http://affordablehousingonline.com/housing-search/Maryland/>

Housing Assistance Programs - <http://www.maryland.gov/pages/residents.aspx?view=Housing>

Maryland Access Point - https://marylandaccesspoint.info/consumer/explore/home_and_community/

HEALTH and WELLNESS

Maintaining good health is essential for most people to live the way they choose. The CCS should not only be aware of preferences, but also monitor and advocate consistently to ensure that health needs are being met, to include supported healthcare decision making. Studies show that people with disabilities have better health outcomes when they are involved in decision-making. With adequate planning, as well as the right combination of supports from a network of family, friends, the disability service system and others, people can develop a vision for their current and future healthcare.

Discussion Questions for What's Working/Not Working for the Person

- How would you describe your health (excellent, very good, fair, poor)?
- Do you get an annual physical exam?
- Do you have a primary care doctor; one you go to for most routine issues?
 - If no: Would you like help in finding one?
 - If yes: Did you choose this doctor?
 - Do you like your doctor? Does s/he treat you with respect?
 - How would you let someone know if you are not happy with this doctor?
- Do you have doctors for special needs? Can you tell me how they help you?
 - If yes, ask the questions in the prior section for each doctor noted.
- Are there things you like/don't like about medical appointments?
- How do you get to your medical appointments?
- Do you know what medications you take and why?
 - Have you ever wanted to refuse a medication that your doctor wanted you to take? If yes, can you say why?
- Do you have a Healthcare Agent?
 - If no: Would you like to learn about finding/selecting one? *CCS: Arrange for support to complete Advance Directive.*
 - If yes: *CCS request name and contact information; get copy of documentation.*
- Do you know about having an Advance Directive?
 - Do you have one?
 - If no, would you like to learn more about it? *CCS: Arrange for support to complete Advance Directive.*
 - If yes, can you tell me about it? Do you know which one you have? (Maryland Advance Directive, Five Wishes, Maryland Medical Order for Life Sustaining Treatment/MOLST)
 - *CCS: Be sure a copy is on file with physician, local hospital, and CCS record.*

Discussion Questions for Important to/Important for the Person

General Healthcare

- How do you let people know that are not feeling well?
- Do you prefer a man or woman doctor?
- What might help you to be comfortable during a medical appointment?
- Do you want to have someone there with you during medical exams?
 - If yes: Who would help you to feel most comfortable?
 - If no: Would you be willing to tell someone if you feel nervous and want someone there?
- Can you tell me what kind of help you want with taking care of your healthcare needs:
 - Making appointments
 - Getting medications
 - Explaining what's wrong when you don't feel well
 - Other
- Do you usually do what your doctors recommend?
 - Do you get flu and pneumonia vaccines?
 - Have your doctors recommended any special tests or exams that you didn't want? If so, can you say why you didn't want them?
- Do you have someone to talk to about personal or sensitive health issues?
- If you needed to talk about a personal or sensitive health issue, would you prefer talking to one person or to a group of people with similar needs?

Health and Fitness

- Do you play any sports?
- Do you have a fitness program or exercise routine?
 - If yes, how is it going for you; are you enjoying it?
 - If no, would you like to have one?
 - What type of exercise would you feel most comfortable participating in?
- Do you feel good about what you eat?
- What are some of your favorite foods?
- Would you be interested in a nutrition plan or seeing a dietician?

Healthcare Decision-Making and Advance Directives

(note: defer this section if person has a legal guardian, as questions must be presented differently)

- How important is it that you make your own decisions about your healthcare?
- What kind of healthcare decisions have you made?
- Who do you talk to about your healthcare decisions? If no one: Would you like to have this kind of help?
- Who would you like to make medical decisions if you are unable to for some reason?

Tools

- Vaccines and healthcare milestones – www.vaccines.gov ; www.nlm.nih.gov : www.ahrq.gov
- [Arc's Center for Future Planning](#)
- [Maryland Advance Directive](#)
- [Five Wishes Online](#)

RELATIONSHIPS

All people need meaningful relationships for their general health and well-being. Too often, people with disabilities are not supported to create and develop meaningful connections; instead, the focus of relationships center around paid staff or service providers. It is important to regularly assess the quantity, quality and diversity of relationships in which the person is valued for who he/she is, and determine the level of choice the person has in making and maintaining these relationships. Opportunities to meet and relate in meaningful ways with people outside of the service system are critical to forging natural and lifelong connections. Gathering information about relationship preferences can help the team better understand the person and promote “thinking outside the box” about opportunities to enhance and maintain current relationships, while supporting development of natural relationships base on shared interests and enjoyment.

Discussion Questions for What’s Working/Not Working for the Person

- What should someone to know about you that is very special or specific to you?
- Do you have a best friend, or someone you are really close to?
- Are there family members you enjoy spending time with? Can you see them as much you want to?
- Do you ever feel lonely? Do you ever feel you don’t have anyone to talk to?
- Do you know people at the places you go (i.e. church, gym, club, hair salon, grocery store, bank, etc.)?
 - If no, would you like to get to know some of those people better? What might get in the way? Who could help with this?
- Do you like to meet new people?
 - What ideas do you have about getting to know more people/making friends?
 - What are you interested in doing or learning more about? (Consider places where people with like interests gather so that person can share his/her gifts/talents)
 - What might get in the way? Who could help with this?
- Are you happy with the relationships in your life?
 - If no: What gets in the way? Who might be able to help with this?
- Is transportation an issue to seeing people who are important to you?
- Are you interested in helping other people? Why or why not?
 - If no: Have you ever thought about ways to help others that might interest you?
- Do you have a boyfriend/girlfriend/significant other? If not, would you like to?
 - If yes,
 - Do you see this person as often as you would like?
 - Can you spend time alone if you want?

Discussion Questions for Important to/Important for the Person

- Who is important to you in your life?
 - Are you satisfied/happy with these relationships?
 - What sort of things do you enjoy doing together?
 - Is there anyone special you would like to invite to help you develop your plan? *(If yes, ask for contact information)*
- Are there any relationships you are not happy with right now? Why? What can we do to help?
- Who are your friends? Who do most you like to spend time with?
 - Do you feel you have enough friends?
 - What do you like to do with your friends?
 - How often do you get together?
 - How do you stay in contact?
- Who can you talk to about personal things?

- Who would you call if you had a problem and need to talk or ask for help?
- Are there people from your past that you would like to see again?
- Are there people you do not want to see? Do you feel you have a choice about this?
- What kinds of people/friends do like best (consider age, gender, activities/interests, etc.)?
- What kinds of settings work best for you to enjoy time with friends or meet new people (i.e. prefer small or large groups, one person, busy activities, easy-going crowd)?
- Are you interested in an intimate relationship? What does that mean to you? Is there anyone with whom feel comfortable talking about being intimate? Would you like more information about this?

Tools

- Leslie Walker-Hirsch, recognized expert in social and sexual development for people with intellectual disabilities: <http://www.lesliewalker-hirsch.com/>; includes *The Facts of Life...Plus*, her quarterly newsletter. Co-founder of The “Circles” Concept: http://www.ascd.org/ASCD/pdf/journals/ed_lead/el_199109_walker-hirsch.pdf

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