

# Person Centered Planning: How are we doing? What can be improved?

## I. Person Centered Planning...

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| a. Is directed by the person or family.  |  |
| b. May include a representative who is freely chosen by the person.  |  |
| c. Should include family members, guardians, and others the person wishes to include.  |  |
| d. Involves the person receiving services to the maximum extent possible.  |  |
| e. Identifies the person's strengths, goals, preferences, needs, and desired outcomes.   |  |
| f. Assists people to identify and access paid and unpaid services to meet their needs and desires.   |  |
| g. Documents the person's goals and preferences around recreation, transportation, friendships, therapies, home employment, family relationships, and treatments, consistent with the person's needs and desires.  |  |
| h. Documents preferences related to family and friends, housing, employment, community integration, behavioral health, culture, social activities, recreation, vocational training, relationships, language and health literacy, and other community living choices. |  |
| i. Assists the person to create a vision of the future, engage in decision-making and problem-solving, monitor progress, and make adjustments.   |  |
| j. Highlights individual responsibility including taking risks and helps the team supporting the person to know him/her better.  |  |

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## II. The Person Centered Planning Process

1. Person must have control over who is included in the planning process.
2. Process is timely and occurs at times and locations of convenience to the person.
3. The person must be central to the process and understand the information.
4. Strengths based approach used to identify positive attributes, strengths and needs. The person chooses the PCP format to be used.
5. Personal preferences are reflected in goals and services.
6. Planning process is aligned with person's cultural preferences.
7. The PCP process must provide meaningful access to people with limited of rights English proficiency.

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8. People under guardianship or other legal assignment of rights should have opportunity to address any concerns.

9. There is a mechanism to resolve conflicts.

10. People must be offered information on full range of HCBS available to support achievement of the person's goals.

11. The person or representative will be central to deciding what services will be used.

12. The person must be able to choose provider – when choice is available.

13. The PCP must be reviewed every 12 months or at times of critical change, or upon request.

14. PCP should not place any limits on person's ability to make choices.

15. Integrated employment and housing must be explored. Person can state preferences of where he/she wants to live and who to live with.