

Section 4

Overview for Creating a Plan

Brokers work with people and their teams to develop person-centered plans which get reviewed and revised each year. Minimally a person-centered plan should:

- demonstrate the person had an active role in plan development;
- reflect a person's wishes, goals and dreams;
- indicate how people will ensure progress towards achieving these wishes, goals and dreams;
- indicate that a person is safe and protected;
- indicate the individual's rights are protected;
- serve as a road map for how a person spends their individualized rate.

Person-Centered Plans can and should look different for each person based on a person's support needs, life stage and personal preferences. Brokers may use formal planning tools and processes such as PATHs, Essential Lifestyle Plans, or Personal Future Plans. Using the core elements listed above and summarized in the "Narrative Outline", brokers may develop other formats that meet the needs of the people they work for.

Person Centered Thinking (A Lifestyle Beyond the Plan)

Mission:

- ◆ Help folks live the lives they want
- ◆ Support folks to be valued members of the community
- ◆ Address health and safety in the context of how a person wants to live
- ◆ Utilize all available resources to accomplish these goals

The purpose of a person centered plan:

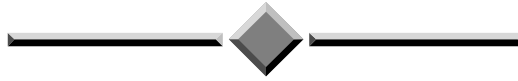
- ◆ Develops a picture of a desired future
- ◆ Outlines the steps needed to move in that direction
- ◆ Mobilizes and recruits relationships that help people become part of their community

A plan provides a single place to record:

- ◆ What is important for the person
- ◆ What others need to know and/or do to help a person get what is important to and for them
- ◆ What needs to change and what need to stay the same
- ◆ The balance between a person's wishes and any health and safety concerns these wishes may present
- ◆ Who will do what by when

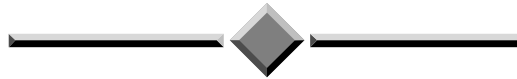
Plans are living documents:

- ◆ Person and those closest to them take the lead in developing the plan
- ◆ Plans reflect opportunities and resources present
- ◆ Review meetings happen regularly to reflect, problem solve and **get stuff done**
- ◆ Plans reflect current reality; they change as lives change (it's ok to write on them, take notes, make changes, etc.)
- ◆ A plan doesn't count if no one reads it
- ◆ Person centered thinking is a lifestyle not merely a one day planning exercise
- ◆ Talking about change without trying to make it happen is disrespectful
- ◆ Implementing change may start off slowly then pick-up steam; be realistic about time tables



XXX's Plan

| | |
|---------------------|-------------|
| PERSON | |
| Name | |
| Address | |
| Phone | |
| | |
| Meeting date | |
| Birthdate | |
| MA# | |
| GUARDIAN | |
| Name | |
| Address | |
| Phone | (H) (W) |



Written By: _____
Broker Name

Present at Planning Meeting:

Name/relationship

Name/relationship

Name/relationship

Name/relationship

Name/relationship

Name/relationship

Name/relationship

Name/relationship

Provided Input but Not Present:

Name/relationship

Name/relationship

Name/relationship

Name/relationship

Essential Knowledge

(What everyone must know about xxx)

What I like best and must have:

| | |
|-----------------------------|--|
| <i>My perspective:</i> | |
| <i>Others' perspective:</i> | |

What I really dislike and/or must avoid:

| | |
|-----------------------------|--|
| <i>My perspective:</i> | |
| <i>Others' perspective:</i> | |

Home essentials:

| | |
|-----------------------------|--|
| <i>My perspective:</i> | |
| <i>Others' perspective:</i> | |

Work essentials:

| | |
|-----------------------------|--|
| <i>My perspective:</i> | |
| <i>Others' perspective:</i> | |

Health essentials:

| | |
|-----------------------------|--|
| <i>My perspective:</i> | |
| <i>Others' perspective:</i> | |

Relationship essentials:

| | |
|-----------------------------|--|
| <i>My perspective:</i> | |
| <i>Others' perspective:</i> | |

Community essentials:

| | |
|-----------------------------|--|
| <i>My perspective:</i> | |
| <i>Others' perspective:</i> | |

Safety Essentials:

| Things that Cause People to Worry About My Safety: | The Plan to keep me Safe: |
|--|---------------------------|
| | |
| | |
| | |
| | |
| | |

xxx's Hopes and Dreams

| (past year) | (next year) |
|--------------------|--------------------|
| Home: | Home: |
| | |
| Work: | Work: |
| | |
| Fun and Free Time: | Fun and Free Time: |
| | |
| Relationships: | Relationships: |
| | |
| Health: | Health: |
| | |
| | |

Comments:

(Past Year) What did we accomplish and how?

(Next year) What's next and how to get there?:

Exceptional Costs One Time Payments:

This section only need to be completed when the exceptional cost exceeds a person's funding rate. A Dane County manager must approve all funding increases.

| What I Need: | Why I need extra money for this: | Amount of Money Needed |
|--------------|----------------------------------|------------------------|
| | | |
| | | |

Important Friends and Family

| | | | |
|----------|--|----------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Phone: | | Phone: | |
| | | | |
| Name: | | Name: | |
| Address: | | Address: | |
| Phone: | | Phone: | |
| | | | |
| Name: | | Name: | |
| Address: | | Address: | |
| Phone: | | Phone: | |
| | | | |
| | | | |

Who Is Paid to Support Me?

| | | | |
|---------------|--|---------------|--|
| At home: | | At work: | |
| Agency name: | | Agency name: | |
| Address: | | Address: | |
| Contact name: | | Contact name: | |
| Phone: | | Phone: | |

| | | | |
|--------------|--|-------------|--|
| Broker Name: | | Consultant: | |
| Address: | | Address: | |
| Phone: | | Phone: | |
| | | | |
| Consultant | | Consultant: | |
| Address: | | Address: | |
| Phone: | | Phone: | |

Health Providers

| Specialty | Name | Address | Phone |
|--------------------|------|---------|-------|
| Primary Physician: | | | |
| Dental: | | | |
| Psychiatry: | | | |
| Neurology: | | | |
| | | | |
| | | | |
| Pharmacy: | | | |
| OT: | | | |
| PT: | | | |
| Therapist: | | | |

Medications

| Medication Name | Dose | Purpose | Prescribing Physician | Date Prescribed |
|-----------------|------|---------|-----------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Health Summary: (Med. changes, significant appointments, hospitalizations, allergies, seizures, etc.)

Annual Plan (IFP/CIP)
(Must be typed on agency letterhead)

Note: Within this plan you must reference all services listed on the CIP Individual Service Plan (ISP) and the Individual Financial Plan (IFP).

Client Name:
Date Written:
Written By:

Personal overview:

- ◆ Brief background information regarding family (where grew up, siblings, oldest, youngest, etc.)
- ◆ Brief overview of favorite people, places, things to do
- ◆ Non-negotiables: The things a person must have in their life no matter what
- ◆ Person's age and diagnosis

Residential:

- ◆ Brief overview of person's previous residences (if a person lived in an institution specify dates and location)
- ◆ State what the current living situation is and/or will be (what's the address, how many people live together, what's the neighborhood like?)
- ◆ What type of environment is it (family home, AFH, supported apartment, CBRF etc.)
- ◆ If applicable, state which agency provides support
- ◆ Type of support (How much staff support is needed during the week, on weekends? Is any informal or unpaid support used)
- ◆ List any home modifications or environmental considerations
- ◆ What process determined the type and location of residence, amount of support needed, etc?

Work/Education/Day Support:

- ◆ How does the person spend their day (job, workshop, classes)
- ◆ Do they earn wages?
- ◆ Specify the type of work or day activities, how many hours they occupy, and how much support this requires
- ◆ What people or agency provides support?
- ◆ How does the person get to and from work or day activities?
- ◆ What is the person's level of satisfaction? How was this determined?

Health/Medical:

- ◆ List all medical providers, their specialty and clinic affiliation or address (must include a primary physician and dentist)
- ◆ List all medications, who prescribes them and why
- ◆ Identify pharmacy
- ◆ Summarize recent hospitalizations, significant medical conditions and any ongoing treatment
- ◆ Summarize mental health or emotional issues
- ◆ List any counselors, therapists, OT, PT's that a person may see. State frequency and focus of sessions

Communication:

- ◆ Explain how the person communicates and what special adaptations or therapies if any are needed

Behavioral (only if applicable):

- ◆ Describe any significant behaviors such as aggression or self-injury and how they impact support needs
- ◆ List any consultants or specialists who might be involved
- ◆ Include a behavioral support plan if applicable

If restrictive measures are used (locked rooms, physical holds etc.) additional paperwork must be completed and special procedures followed. Contact Monica Bear (242-6438) at Dane County for more information.

Safety Planning:

Identify areas of vulnerability and how the team will work to minimize these worries and concerns. This section will be highly individualized based on a person's skills and support needs. Topics covered may include but are not limited to:

What to do when a person is dropped off by Metro Plus and no one is home

What to do when support staff do not show up or leave during a shift

Steps taken to reduce high risk sexual behavior

Early identification of serious health problems in medically fragile people

This section does not require the team to have all the answers. Rather it should show that the team has awareness of potential risk areas and has a plan to minimize these risks.

Recreational:

- ◆ State what the person likes to do in their free time and what activities are available to them
- ◆ How is the person connected to their community?
- ◆ Is the person satisfied?
- ◆ Do natural supports exist, what are they?

Goals/Hopes/Dreams

- ◆ List the person's goals or hopes for the future
- ◆ Describe the planning process used to identify these hopes and goals
- ◆ How will the person achieve these goals/hopes/dreams? Who will help?

Exceptional or One Time Costs:

- ◆ Describe any exceptional or one time costs that will exceed a person's funding rate. Increased funding is contingent on county management's approval.

Narrative completed by:

Signature of broker/case manager

Narrative reviewed by:

Signature of Dane County Manager

Note: The length of a narrative will vary with the complexity of services and a person's needs. Typically they range from 2-4 pages. Brokers are free to alter the format of narrative, but they must include all of the above information.

Provider Plan Distribution

In order to enhance communication and strengthen consumer's support teams, Brokers are encouraged to share annual support plans with the consumer's provider (residential and/or vocational). Below is a list of provider contacts to whom annual plans can be sent.

| Agency | Contact | Email |
|---------------------------|---------------------------|--|
| Advanced Employment | Chris Sarbacher | csarbacher@advemp.org |
| Catholic Charities | Kris Dambach | kdambach@tds.net |
| CCLS | Tim Strait | timothy.strait@cclswi.com |
| Channels | Joan Callan | joanc@create-ability.org |
| CLC | Carrie Bublitz-Cardarella | cbublitz-cardarella@clconnections.org |
| Community Support Network | Deb Raettig | Debr.csn@tds.net |
| Community Work Services | Betsy Shiraga | cworks@choiceonemail.com |
| Create-Ability | Joan Callan | joanc@create-ability.org |
| Dreamweavers | Heather Schaller | heather@dreamweavers-inc.org |
| Dungarvin | Shannon Moloney | smoloney@dungarvin.com |
| Encore | Kelsy Schoenhaar | kelsy@encorestudio.org |
| Goodwill | Barb Caswell | bcaswell@goodwillsewi.org |
| ICW | Len Rogan | lrogan@inxpress.net |
| Integrity | Tom Miller | tommillerintegrity@gmail.com |
| LSS | Jan Bradley | jbradley@lsswis.org |
| MARC | Richard Berling | rberling@marc-inc.org |
| Neighborhood Connections | Maureen Quinlan | neighbor@chorus.net |
| Opportunities | Linda Branson | lbranson@oppinc.com |
| Options | Erin Estervig | eestervig@optionsmadison.com |
| Pathways | Deb Rogan | pathways@ptwi.net |
| REM | Rosie Wetsch | Rosie.wetsch@thementornetwork.com |
| Rise Up | Amy Melton | amelton@riseup.org |
| St. Coletta | Kim Ray | kray@stcolettawi.org |
| SWO/MTILP | Brenda Oakes | Brenda@mtilp.net |
| WORC | Melanie Dinges | worcinc@hotmail.com |
| Work Plus | Kathy Schoepp | kschoepp@workplus.org |
| Working Partnerships | Wayne Engelbrecht | waynewp@hotmail.com |

January, 2009