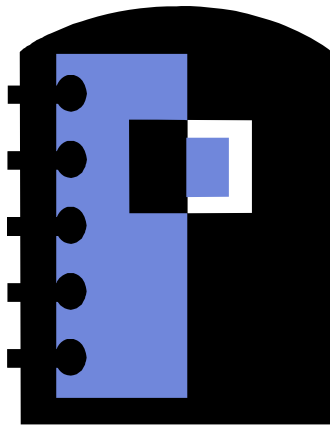


Person Centered Planning



Person Centered Planning (PCP) – The Process

Learn the Process

Person-centered planning involves several important steps. The first and most important step is to think about your child's special needs. You will use that information to create a plan that will help your son or daughter to achieve a meaningful life. As your child grows he or she will assume a more active role in decision-making.

Part One: Planning a meaningful life

- 1) Bring together people who know your child/family to form a circle of support
- 2) Identify any strengths and special abilities for your child
- 3) Discover his or her interests, wishes, and dreams
- 4) Consider any important health and safety needs
- 5) Decide which outcomes will help your child achieve a meaningful life
- 6) Decide on rules (criteria) to help you decide when each outcome is met

This part of the manual provides information to help you learn the person-centered planning process. Anyone can use these tools. Person-centered planning is easier than other methods used by schools or some adult providers.

Resources that may help:

PCP worksheets

Use these worksheets to help you create a person-centered plan for your child working step-by-step. Notice the many examples for very young children, school-age children, teens and young adults. This information is designed to get you to think creatively. You are free to modify change the worksheets as you go. Use only those steps that work best for you.

Outcome Examples

Use these examples to help design clear outcome statements for your plan. You may wonder what a good outcome might look like. Statements should tell what results you want and why. Outcomes must also state when and how the outcome will be considered met.

Training Options

Look at these books, videos and materials to find out more about person centered planning.

Person Centered Planning Worksheets

Build a circle of support



Think about *who* you are supporting . . .

- A very young child who depends on you to make decisions
- An older child who wants more choice and control in your family life
- A young adult who will graduate and begin adult life in a few short years

Think about the support your child will need to grow, do well and meet his or her goals. Who could help your child participate as fully as possible in family and community life?

Everyone needs support. A supporter knows and spends time with you, is willing to help you grow or get ahead in life and stays involved over time. A friend! We all depend on one another for support. The people who support your child and family are your circle of support.

Decide if your child/family . . .

- Has a new or very small support circle that needs to grow
- Has many supporters who needs to organize or come together
- Has a well established circle of support that works well together

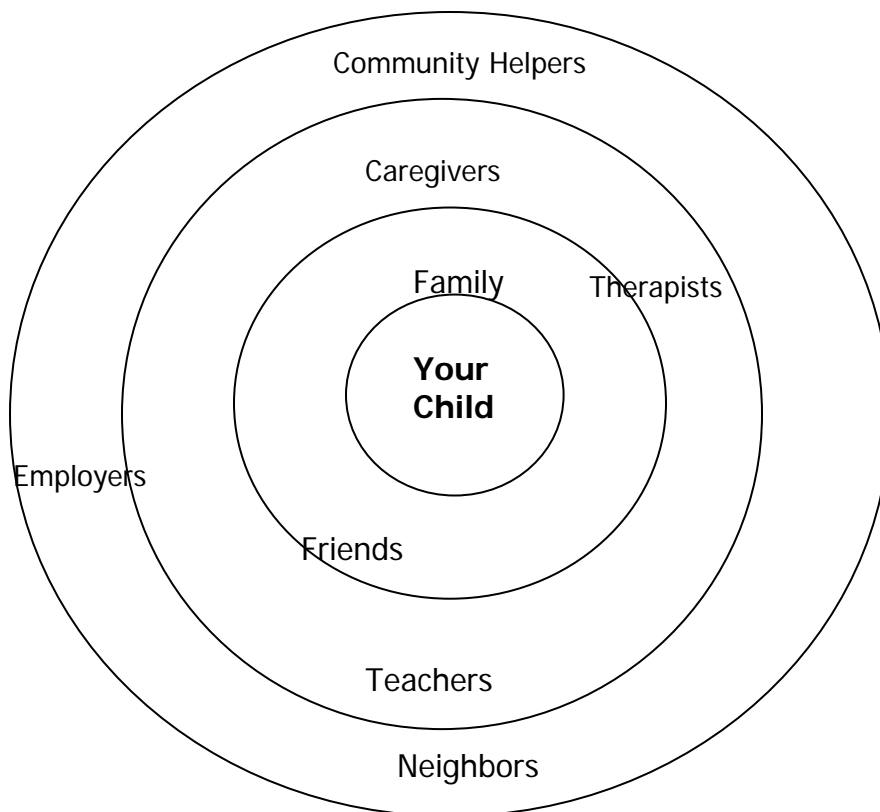
People in your child's circle of support may be:

- | | |
|----------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Parents/guardians | <input type="checkbox"/> Child care providers |
| <input type="checkbox"/> Grandparents | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Foster parents | <input type="checkbox"/> Employers |
| <input type="checkbox"/> Brothers/sisters | <input type="checkbox"/> Pastors or ministers |
| <input type="checkbox"/> Relatives (<i>aunts, uncles, cousins</i>) | <input type="checkbox"/> Social workers/case managers |
| <input type="checkbox"/> Neighbors | <input type="checkbox"/> Community leaders |
| <input type="checkbox"/> Friends of the family | <input type="checkbox"/> Co-workers |
| <input type="checkbox"/> Friends from school | |
| <input type="checkbox"/> Therapists | |

You decide who will be in your child's circle of support

Supporters may be someone who . . .

- Give TLC (tender loving care)
- Your child might like to imitate
- Has faced similar challenges
- Makes your child laugh
- Helps them feel important
- Your child calls friend
- Keeps a watchful eye on your child now and then
- Needs your child in some way
- Knows about child development
- Coaches or mentors your child from time to time
- Your child relies on when the going gets tough
- Knows how to get services or to get things done
- Knows your child's history & life story
- Helps your child grow and be all that they can be.



Remember, your child can be involved in choosing a circle of support in several ways:

- Small children will *show* you who is important to them by how they respond to the people they meet.
- Young children and teens will also *show* **and** may be able to *tell* you who they want in their circle of support. Show pictures of possible supporters. Ask them!

<p><i>Picture of Your Child</i></p>	<p>Questions to ask:</p> <ol style="list-style-type: none">1. Who would you like in your circle?2. Who is important to my child?3. Is this person involved with my child/family now?4. Is this someone who we need to get involved with our child/family?5. Is this person a good fit for our child and our family?6. Is this person able to spend time and plan with our family?7. Is this person willing/likely to stay involved?8. Would this person be helpful?9. Do I know how to contact this person?10. What is the best way to invite them to plan with our family?
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Choose a circle of support.

Write down the names of people you want to have in your child's support circle. Expect the circle to grow or change over time.

_____ 's circle of supporters are:

Name

Contact Information

Record your thoughts! This step is optional. Some families like to record the role that people play in the circle of support. Use the back of the page. Here are a few examples.

Todd – Age 2	Mary Simon. Mary is Todd’s physical therapist. She says Todd reminds her of an old flame and she is smitten. Mary has really helped Todd move around well this year. She knows a lot about transportation services.
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Molly – Age 7	Christopher Nelson. Chris is Molly’s big brother. He is thirteen. Sometimes Chris is the only one who can get Molly to laugh, especially when she is sick. She drives him crazy but he watches out for her. Cheryl Fields. Cheryl is our neighbor and good friend. Molly is welcome at her house any time. She knows just how Molly likes to be positioned.
---------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sam – Age 16	Peter Larson. Peter is Sam’s supervisor at Dairy Queen. They haven’t known each other long but Pete has gotten off to a good start with Sam and Sam wants him on the team. Pete said he would come to one meeting as a start.
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Bring the team or circle of support together

Invite people in the support circle (even family members) to an informal meeting.

Decide if the team needs to:

- Create a picture of your child's strengths, dreams, needs and use that information to make a new plan.
- Review a plan you have already made and talk about progress, roadblocks and solutions.
- Explain the purpose of the meeting.** Let them know what the meeting is about

We are meeting to develop some plans with/for child's name. We wonder if you could meet with us to help plan. You are important to our child and we would like you to be part of his/her circle of support.

- Tell them when and where the meeting will take place.** Ask for their suggestions. Think about meeting at:

- Your house
- The school
- An office
- A coffee shop
- A community meeting room
- A church
- A relative's house

- Give them important information about the meeting.** Ask for their suggestions.

- Let them know the meeting will be short (1 hour)
- Let them know how they can help at the meeting (*Tell us your hopes, wishes & ideas*).
- Ask them if they are willing to come
- Ask them the best time to hold the meeting.
- Send a written note to help everyone remember to come.
- Tape large pieces of paper on the wall. Write down decisions made by the team so that everyone can see.
- Decide who will be a recorder for the team and take notes.
- Decide if you want to have food and drinks at the meeting.

Decide if your child . . .

- Is too small to be at a meeting. You can have his/her picture there to give the team focus. Or your child may play nearby if that is not too distracting.
- Can make a brief appearance and tell about his dreams or goals. Maybe your child could sit near-by with a book or toy and chime in from time to time. He or she may want to come and go freely and may need attention.
- Can ask questions or make suggestions if he or she is given the support to know when to speak and what to talk about
- Might be ready to learn how to direct the meeting by asking each person to share their ideas and have someone record the plan for the team.

Create a picture of your child’s strengths, dreams, needs:

Get a poster or tack paper on the wall. Draw a symbol or picture to represent strengths. See the examples below. Can you draw symbols like these on your paper?

Strengths: Strengths could be . . .

Things your child is good at doing. Skills he or she may have. A list of what is special or wonderful about your child. Talents!	Milestones your child has met. Compliments he or she receives. Prizes he or she has won. Things he or she did you never expected.
Special relationships or resources from family or friends	Adventures or special experiences your child enjoys or that tell the world who he/she is

Here are some examples of strengths that were created by other families.

Ella at 3 months. She has Down syndrome.	<ul style="list-style-type: none"> • A beautiful smile • Two wonderful parents • A happy home • A grandma who loves her • Makes eye contact
-------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Ron is 6 years old and deaf.	<ul style="list-style-type: none"> • Signs fluently • Reads lips • A happy home • Loves to ride his bike • Good at math • Goes camping with Dad
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Mary is 17 years old. She is blind.	<ul style="list-style-type: none"> • Has a new guide dog • Has a part time job with a florist • Is learning to ride the bus • Loves to cook • Good at knitting
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Record dreams & wishes: Use these questions to help you make a list of the dreams, wishes and interests for . . .

Your infant or toddler who is still small and depends on you to choose

- If only he or she could . . .
- If only we had a way to . . .
- Wouldn't it be great if . . .
- Things would be much better if . . .
- To start things out it would be nice if . . .

Your young child who depends on you to listen to his interests, choices and play

- He or she really likes to . . .
- It would help him so much if we had . . .
- We could support him or her better if we had . . .
- He or she really wants to . . .
- We could enjoy experiences that other children or families have if we . . .
- We could stay together if . . .

Your older child who depends on you to develop an identity and self-confidence

- He or she would really like to try . . .
- He or she could get out more if . . .
- He or she will make friends if . . .
- Our family could support him or her best if we had . . .
- He or she would benefit from . . .
- He or she is growing up and needs an opportunity to . . .
- He or she has always wanted to . . .

Your teenager who depends on you to learn to meet responsibilities, enjoy a safe and healthy lifestyle, manage friendships and grow up

- He or she would really like to try . . .
- He or she could get out more if . . .
- He or she wants friends who . . .
- Our family could support him if we had . . .
- He or she needs an opportunity to . . .
- He or she might enjoy work like . . .
- We could become less involved if we . . .
- Someday he or she would like to . . .
- We could help him or her transition after graduation if . . .

Look at these examples of interests, dreams that were written by other parents.

Tabitha – Age 6 months – cerebral palsy

- If only she could roll over by herself and reach for a toy instead of crying
- If only we could support her in sitting up without always holding her
- Wouldn't it be great if we could get out without her once a week
- Things would be much better if we knew what she could see and hear
- It would be nice if she had more musical toys. She really likes her radio

Frank – age 4 – blind

- He really likes to rock, pet our cat mittens, watch TV, turn up the sound.
- It would help him so much if we had time to work with him
- We could support him or her better if we knew what to do to help him learn.
- He or she really wants to run outside in the back yard.
- We could enjoy experiences that other children or families have if we could meet other families who have a child who is blind
- Our family will stay together if we get a break once in a while

Samantha – age 11 – intellectual disability

- She would really like to try riding horses
- She could get out more if friends invited her out on weekends
- She will make friends if she could join other kids after school
- We need childcare after school. Then we could keep working.
- She would benefit from a chance to use a computer at home
- She is growing up and needs an opportunity to learn the facts of life
- Things would seem less difficult if she did not get so frustrated with communication

Jack – age 17 – Cornelia D' Lange Syndrome

- He would really like to try playing video games with a friend
- He would like to get together with kids from his class
- He wants friends who are like him, not way ahead of him in school.
- Our family could support him best if we had child care for teens in the summer
- He would benefit from a chance to learn computer skills
- He is growing up and needs an opportunity to sleep away from home
- He might enjoy carrying stuff and building things on a job
- We could become less involved if we knew he was safe and supported
- We could help him transition if he could sleep through the night without us.
- Someday he would like to ride on an airplane

Record the interests, wishes and dreams for YOUR child and family. Now that you have looked at some examples why not make a list of the interests, wishes and dreams you have for your child and family.

_____ **'s Wishes, Dreams, Interests**

Record everyone's ideas:

Team member	Thought of this wish, dream, interest!
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Now put it all together

Think about your Family and Child(ren)	Describe a perfect day in your child's life. Tell what the immediate future might look like.
Photo of your child or Family	List specific wishes & dreams for your child/family 1. 2. 3. 4. 5.

Think about your child's needs

A life worth living needs balance between

- Security and opportunity
- Routine and adventures
- Independence and support
- Demands and solitude
- Safety and risk

Use the *examples* below to think about your family and child

All children need help to meet . . .	To meet these needs for our child in this community our family will need to obtain?	
<p>Basic needs by getting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nutritious food <input type="checkbox"/> Adequate shelter <input type="checkbox"/> Adequate clothing <input type="checkbox"/> Good health care <p>Emotional needs by</p> <ul style="list-style-type: none"> <input type="checkbox"/> Being loved <input type="checkbox"/> Be raised in a family home <input type="checkbox"/> Be close to others <input type="checkbox"/> Make friends <input type="checkbox"/> Learning self control <input type="checkbox"/> Accept appropriate limits <p>Growth and development needs to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Move around freely <input type="checkbox"/> Play safely <input type="checkbox"/> Communicate effectively <input type="checkbox"/> Express identity <input type="checkbox"/> Take acceptable risks <input type="checkbox"/> Gain independence <p>Safety needs by</p> <ul style="list-style-type: none"> <input type="checkbox"/> Be treated with respect <input type="checkbox"/> Being free from harm <input type="checkbox"/> Being protected from risk <input type="checkbox"/> Being healthy <input type="checkbox"/> Being well 	<p>Financial Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Income and benefits <input type="checkbox"/> Employment services <input type="checkbox"/> Health insurance <input type="checkbox"/> Legal assistance <p>Family Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respite care <input type="checkbox"/> Disability Information <input type="checkbox"/> Emotional support <input type="checkbox"/> Sibling Support <input type="checkbox"/> Behavior intervention <p>Learning Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Early Intervention <input type="checkbox"/> Adapted toys <input type="checkbox"/> Lessons/tutoring <input type="checkbox"/> Vision/hearing devices <p>Support for Health and Safety</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health care specialist <input type="checkbox"/> Treatment/therapy <input type="checkbox"/> Special diets <input type="checkbox"/> Modify home/car 	<ul style="list-style-type: none"> <input type="checkbox"/> Money management <input type="checkbox"/> Excess health costs <input type="checkbox"/> Equipment/supplies <ul style="list-style-type: none"> <input type="checkbox"/> For next transition <input type="checkbox"/> Advocacy <input type="checkbox"/> Parenting <input type="checkbox"/> Anger Management <input type="checkbox"/> Counseling <ul style="list-style-type: none"> <input type="checkbox"/> Assistive technology <input type="checkbox"/> Play group, role models <input type="checkbox"/> Unique learning tools <input type="checkbox"/> Play therapy <ul style="list-style-type: none"> <input type="checkbox"/> Trained care provider <input type="checkbox"/> Car seat/positioning <input type="checkbox"/> Clothing/ briefs <input type="checkbox"/> Safety plan <input type="checkbox"/> Transportation

As they grow children need to	What would it take to meet these needs for our child? What are his/her needs for support? Think about . . .
Learn self control Mange moods Develop an identity Succeed in school Gain work experience Have adventures Gain confidence Manage relationships Meet responsibilities Get around the community Give to family/community life Transition to adult life	Behavior Intervention Play experiences Ways to make friends Things to do around town Clubs and groups Sports for players or spectators Chores, allowances, Computer skills Volunteer activities Transportation skills Managing money Housing options Work experiences Financial assistance Benefits Supported employment Sharing a room Learning to cook Sleeping alone or through the night

Avoid listing problems as needs. Think about the message your child sends with his or her behavior. Think about a health concern and list the need. **For example**

Don't list a behavior such as:
 Instead list the need:

He cries all the time.
He needs a way to calm down and relax

Don't list a behavior such as:
 Instead list the need:

He is too impulsive and lazy to help at home
 He needs to gain experience in solving problems
 He needs to get started without being told

Don't list a medical problem:
 Instead list the need:

His seizures are bad
 He needs medicine to control his seizures

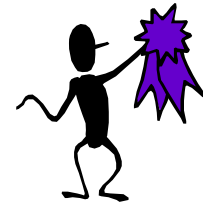
A Guide to Person-Centered Planning



This guide can help you can create a happy and meaningful life for your child. The first step is to bring together a team of family members, friends, and professionals to help you plan. This team will form a circle of support for your child who an important member of the team. The next step is to spend some time thinking and deciding what your child's dreams and goals may be.

*When your child is very small, **you** will decide what goals and dreams are important to give your child a good life. As your child grows, **he or she** will learn to make choices. Your role will gradually change from directing and guiding to assisting and supporting.*

Once you have chosen some goals, dreams or outcomes, ask the team to help you find out what skills and abilities your child may have. These **strengths** are what will really help your child/teen achieve his/her goals.



Early goals may include playing, moving around easily, enjoying meals or making friends. Later goals may be enjoying sports or fitness activities, reading or sending messages, getting a job, living in an apartment/house, going to college and/or taking part in community life.

Finally, invite the team to help you/your teen decide what kind of assistance and support you need to build on strengths and achieve goals?

This kind of planning is called **person-centered**. Supports and services begin with your child's dreams, goals, strengths and abilities and NOT his or her disabilities. Services provide what your child needs and NOT what a school, agency or program may typically offer.

Traditional Planning Methods

Families, schools and providers sometimes focus too much on the "disabilities" or the deficits of a child or youth with a disability. This viewpoint can lead the team to try to "fix the child" or focus on correcting learning and behavior problems. When this happens people begin to think of the young person with disabilities as "immature," or "disabled." Many people assume that person is not capable of being part of or making a difference in their school or community. Teams start deciding that young people are

“not ready” for certain activities or better off “with their own kind” and begin to see individuals as less than whole. This way of thinking has led to isolation, missed opportunities, fear, ridicule and even abuse towards people with disabilities.

Traditional planning methods focus on a child’s disability and lack of skills or talents. Goals are set by families, professionals and service providers. While setting goals for very young children is appropriate the families may continue to set goals without teaching children about this important step. And goals may be focused on “fixing” the child “John will articulate sounds clearly,” “Mary will use eye contact.” If those identified deficits are fixed, the child is re-evaluated and more deficits are found. Over time, because the gap between a child’s skills and his or her peers is likely to widen, this approach, makes it unlikely that a person with disabilities will ever “catch up” or be viewed as “ready” for life in the community. This has been the guiding principle that led communities to institutionalize people with disabilities for decades. Although we seldom send children to institutions any more, this negative approach often keeps teams from figuring out how to help people to enjoy a happy and meaningful life.

The problem with traditional planning methods

Traditional planning methods work from the theory that people with disabilities are not qualified to decide for themselves how they want to spend their lives. This notion, if applied to anyone else, would be rejected immediately as contrary to our values of freedom and liberty. And while young children need families to provide guidance and set limits, they also need an opportunity to experience choice and control in growing up and taking part in community life.

Just because someone calls it a "Person-Centered Plan" doesn't mean that it really is

How can you tell the difference between a real plan and a paper plan?

A Real Plan

- Your teen eventually sets the agenda.
- Your child’s agenda is respected/valued
- Your teen chooses people for the team who are important to him/her
- The team works on your child's agenda
- There are measurable outcomes
- The team celebrates those outcomes
- The plan is about your child's life

A Paper Plan

- Team meets only once a year
- Planners are mainly professionals
- Programs drive the plan
- Nothing seems to change
- Meetings are a drudge
- The plan is about a document

What are the qualities of good planning?

A good plan matches the dreams, goals, and needs of your child. It results in real actions and outcomes for your son or daughter. A good Person-Centered Planning team builds and sustains relationships. The people on the team work together to solve problems and help your child build a more desirable future.

Individualizing the Plan

A plan is individualized if the planners focus on the individual's interests, gifts, and talents. Team members should know the individual or wish to know the person so the team can gain a shared appreciation of the individual over time. A real PCP team will work to discover the individual's agenda and design a process that works for the individual.



Questions to ask about the planning process

- Are we talking about what's "*wrong*" with my child or how to support my child?
- Are we sitting at a table or spending time together?
Are we gathering and discussing progress in a way that works for my child? Are we working on the changes that I want?

Building the team

Invite the "right people" to plan. Look at family members and friends, but also people that have contacts in the community that can help the individual reach their goals. Look for naturally occurring relationships and resources.

Questions to ask about team members

Are all the planners committed to making the changes *I want to happen*?
Are we adding people who can help with changes?
Are we looking at a broad range of community resources?
Are we using our own connections?
Are people doing what they say they will?

Planning a more desirable future

As the team begins to mesh, they should spend time with your child to discover what is behind their hopes and dreams and then develop a vision that is grounded in those preferences. The team should seek to make the ideal a reality, and not settle for a compromise because it is easier or quicker to accomplish.

Questions to ask about future planning

Do the dreams and goals we are working toward come from things about my child and not just services that are available?
Are my supporters helping me understand our options?

Are my supporters taking time to explore a life that makes sense for my child?
How can I express my vision for the future?

A vision of the future is personal and not a one-size-fits-all plan. It is the heart of the plan and can be expressed in many forms, through words, art, music, or pictures.



Getting action and reaching goals

Above all, the team must be doers, not just talkers! They should develop concrete goals and action steps to achieve those goals. The team should be developing the ability within the community to support the individual and promote changes within organizations to provide the supports needed. Finally, the team should celebrate their accomplishments together.

Questions to ask about actions and goals

Are my supporters doing their work?

Are they assisting me in doing my work?

Do we have an action plan that is moving toward a future that makes sense?

Are things getting done?

Are these the things I wanted to happen?

Solving problems

Team members should explore every option for available resources, supports, and assistance the individual will need that makes sense to them. Every team member should also commit to an ongoing process of listening, learning, reflecting, and taking action.

Questions to ask about problem solving

Do we face up to challenges or put off the difficult questions?

Are we putting together the supports and services that will make my life go better?

Do we look beyond what we know?

Person Centered Planning - Plan

Once you have figured out what a meaningful life will look like (for now anyway) use that information to create a support plan (or case plan) to help your child achieve the outcomes. As your child grows he or she will assume a more active role in building the plan. Now that you have a vision for the future you can build a plan to bring it to life.

Part Two: Building a support plan

- 1) List activities that must happen to achieve each outcome
- 2) Indicate who will be responsible for carrying out each activity and by what date
- 3) Include formal and/or informal supports needed to achieve outcomes
- 4) Identify criterion that caregivers must meet to support your child
- 5) Identify training that caregivers must have to support your child
- 6) Develop an emergency back-up plan for your child/family
- 7) Meet to discuss how the plan is going and make revisions as needed

This section provides information to help you build/modify the support plan. You can build the plan yourself or ask your case manager for help. Remember, you do not have to think of criteria or action steps on your own. You have the support of family, friends, neighbors, relatives and professionals to help you create a meaningful life for your child.

Self-Directed Supports Forms

Record your child's plan and budget on these forms. You may fill out these forms on your own, or ask a case manager for assistance. Examples of the required forms are included.

State Medicaid Plan Services

Use this form to find out what services are available to you already in our state Medicaid plan. You may include these supports in your child's plan. Self-directed support dollars can be budgeted for additional supports needed. Services must be necessary, cost effective, and reviewed by state administrators before dollars will be allocated for their payment. This information can change so ask your case manager for an update each year.

Evaluation Guidelines

These worksheets can help you discover if everyone is satisfied with the plan. Children and friends quickly learn to tell us what they know we want to hear. It is important to find ways to discover the truth. Evaluation is an on-going process. The case manager will ask you about your satisfaction with services on a quarterly basis.

Self-Directed Supports Forms

Outcomes, Criteria and Activities: Use this form to record the I goals or outcomes in your plan. You must describe how you will know if the outcome is met and what will happen to achieve the outcome. Look at the example to see what a plan might look like for a small child. The plan includes both formal and informal supports.

Outcomes, Criteria and Activities
<p>Meeting Date: Review Date:</p> <p>Status: Outcome Categories: Cognitive (problem solving) Development, Communication Development, Social/Emotional Development, Family Support</p> <p>We want _____ to be able to communicate better with us so he is not frustrated.</p> <p>Outcome 1: _____ will imitate sounds (pa-ba-da-ga etc) in play</p> <p>Activities: The case manager will assure that _____ gets regular home visits from staff in the infant development program. _____ will also get a hearing evaluation and be referred for direct speech therapy. Periodic checks for fluid in _____'s ears will also be scheduled with the hearing specialist.</p> <p>_____’s family and home visitors will encourage him to imitate sounds such as vowels (ah, a, ee, o, oo) and vowel-consonants (pa, ma, ba ba, dee, moo etc) during play and care routines so that he learns that making these sounds is fun and meaningful.</p> <p>_____’s family will use 3 signs (more, eat, drink) in daily activities and encourage _____ to imitate the signs. Family members and home visitors will pair the signs with words so that _____ learns that using the signs can help him to ask for toys or food that he likes and reduce frustration.</p> <p>Measurement Criteria (how we know the outcome is met): _____ will be observed using at least 3 signs or words to request what he wants.</p>

Case Planning Service List: List the formal services that will be included in your budget on this form. Your child’s case manager will help you record this information..

Case Planning
Name
Address/Phone

Outcomes:

1. We want help planning for medical follow-up so we understand what options we have
2. We want financial support and help with time together so there is less stress

Outcome Categories: Cognitive (problem solving) Development, Communication Development, Social/Emotional Development,

3. _____ will use more words so he can express what he wants without frustration

Outcome Categories: Family Support

4. We will be happy with our jobs so we can see each other more and be tired less

Outcome Categories: Cognitive Development, Physical Development Communication Development, Social/Emotional Development, Adaptive Behavior, Family Support and Transition

5. _____ will be around other kids every week so he can watch and imitate other kids

Service: AUDIOLOGY Disp: AUTHORIZED
Provider: FIRE AUDIOLOGY Start: 07/01/04 End: 06/30/05
Funding Source: TTLXIX-HCBS-DDD
Service Amount: 1 Hours per Quarter
Associated with Outcome: 01

Service: DD CASEMANAGEMENT Disp: AUTHORIZED
Provider: NEHSC-GRAND FORKS Start: 07/01/04 End: 06/30/05
Funding Source: TTLXIX-HCBS-DDD
Service Amount: 4 Hours per Quarter
Associated with Outcome: 01, 02

Service: DIET SUPERVISION SUPPORT Disp: N-DD Lic Service RC
Provider: WIC-GRAND FORKS Start: 07/01/04 End: 06/30/05
Funding Source: OTHER SERVICE AGENCY
Service Amount: 1 Hour per Every Other Week Term:
Associated with Outcome: 01, 02

Self-Directed Supports Authorization: Use this form to record the budget for your plan. The blank copy of this form shows how a budget will appear. Ask your case manager to help you fill the budget out on the computer. As you fill in the age of your child, some items that appear on the blank form may disappear. For example, although Employment Supports are shown on the blank form in your manual, they will not appear on YOUR budget if your child is under the age of 21.

Services Covered by North Dakota Medicaid

This information was taken from the Department of Human Service website. Information may change or be updated. To get current information go to this address:

<http://www.state.nd.us/humanservices/services/medicalserv/medicaid/covered.html>

Medicaid pays for many different medical services. Sometimes there are limitations on what Medicaid will cover. It is your job to ask a health care provider if a service that you need is covered by Medicaid. Do not assume that all of the medical services you receive are covered. Non-covered medical services may be covered under your self-directed support budget if:

- They are necessary to achieve goals in your child's plan and
- They have been authorized at the state office level

The services listed below are a general list. Some services have limits or restrictions.

Hospital

- **Inpatient:** Covers room and board, regular nursing services, supplies and equipment, operating and delivery room, X-rays, lab and therapy.
- **Outpatient:** Covers emergency room services and supplies, lab, X-ray, therapies, drugs, biologicals, and outpatient surgery

Nursing Facility

- Covers room and board, nursing care, therapies, general medical supplies, wheelchairs, and durable medical equipment

Clinics, Rural Health Clinics

- Covers outpatient medical services and supplies furnished under the direction of a doctor

Hospice

- Provides health care and support services to terminally ill individuals and their families

Physicians

- Covers medical and surgical services performed by a doctor; supplies and drugs given at the doctor's office; and X-rays and lab tests for diagnosis and treatment

Prescription Drugs

- Covers many but not all, prescription drugs, insulin, family planning prescriptions, supplies, and devices. Your pharmacist can tell you if a drug is covered by Medicaid

Chiropractor

- Covers X-rays and manual manipulation of the spine for certain diagnosis

Health Tracks (EPDST)

- Covers screening and diagnostic services of physical and mental status, and treatment to correct/eliminate defects or chronic conditions and prevent health problems from occurring for children under 21. Covers orthodontia and vaccinations.

Home Health

- Covers nursing care, therapy and medical supplies when provided in a recipient's home. Care must be ordered by a physician and provided by a home health agency

Durable Medical Equipment and Supplies

- Covers medical supplies such as oxygen and catheters and reusable equipment that is primarily medical in nature. Items must be medically necessary and do not include exercise equipment, personal comfort or environmental control equipment.

Dental

- Covers exams, X-rays, cleaning, fillings, surgery, extractions, crowns, root canals, dentures (partial and full) and anesthesia

Family Planning

- Covers diagnosis and treatment, drugs, supplies, devices, procedures and counseling for persons of child bearing age

Sterilization

- Covers sterilization procedures if: (1) The recipient is at least 21 years old; (2) The recipient is legally competent; (3) The recipient signs an informed consent form; and (4) At least 30 days but not more than 180 days have passed between the signing of the consent form and the sterilization.

Podiatry

- Covers office visits, supplies, X-rays, glucose & culture checks, and surgery.

Mental Health

- Covers psychiatric and psychological evaluations, inpatient services in a psychiatric unit of a hospital, individual-group-family psychotherapy, partial hospitalization services, and inpatient psychiatric and residential treatment centers services for individuals under 21 for the care and treatment of mental illness or disorders

Ambulance

- Covers ground and air ambulance trips, attendant, oxygen, and mileage when medically necessary to transport a recipient to the closest health care facility meeting his needs. House Bill 1282 permits ambulance personnel to refuse transport to an individual where medical necessity cannot be demonstrated and recommend an alternative course of action for the individual. If the ambulance was not medically necessary, Medicaid will not pay for the service.

Transportation

- Covers non-emergency transportation services to and from the recipient's home to the closest medical provider capable of providing a medically necessary examination or treatment

Vision

- Covers exam, glasses, frames and some hard contact lenses for the correction of certain conditions. Replacement eyeglasses are provided after a minimum of 12 months for children under 21 or 24 months for adults if a lens change is medically necessary. An exception to the replacement limitation may be made if new eyeglasses are required for a significant change in correction and the eyeglasses are prior approved. Lost or broken glasses for individuals over 21 will not be replaced within the first two years.

Therapies

- Covers physical and occupational therapy and speech and language pathology

Home and Community Based Services, Traumatic Brain Injury

- Provides personal care and services not otherwise covered under the Medicaid program to individuals who are at risk of institutionalization in a nursing facility

Out-of-State Services

- Medically necessary covered services may be provided outside of North Dakota if the services are not available within North Dakota and have been prior approved by the department or if the services are provided in an emergency situation.

Non-Covered Services

The items or services listed below are generally not covered by the Medicaid program. Sometimes an exception will be made. To be included, item or service must be:

- medically necessary
- ordered by a physician

Remember that even if a service is NOT covered by Medicaid it can be included in your individual budget and be authorized under the Self-Directed Supports Waiver. Services that are generally NOT covered include:

- Items or services which have been determined by the DHS Medical, Optometric or Dental consultant or the peer review organization to not be medically necessary
- Items or services provided by immediate relatives/members of the recipient's home
- Over-the-counter drugs, home remedies, food supplements, nutritional items, vitamins, or alcoholic beverages except for when prescribed by a doctor
- Broken or missed appointments
- Medical equipment/supplies for a person in a nursing facility, swing bed or ICF/MR
- Custodial care
- Services for individuals over 21 and under 65 in the state hospital, a public institution or an institution for mental disease
- Health services which are not documented in the recipient's medical record
- Services, procedures, or drugs which are considered experimental by the US Department of Health and Human Services or another federal agency
- Drugs and which the federal government has determined to be less than effective
- Cosmetic surgery to improve the appearance of an individual when not incidental to repairs following an accidental injury or any cosmetic surgery which goes beyond what is necessary for the improvement of functioning of malformed body members
- Acupuncture
- Organ transplants which are not prior approved
- Procedures for implanting an embryo
- Procedures and services to reverse sterilization
- Autopsies
- Reports required solely for insurance or legal purposes
- Record keeping, charting or documentation related to providing a covered service
- Vocational training, educational activities, teaching, or counseling
- Self-help devices, exercise equipment, protective outerwear, personal comfort items or services, and environmental control equipment
- Computers, computer hookups, or printers except for assistive communication devices
- Payment to hold a bed in a nursing facility, swing bed or ICF/MR unless specifically provided for by the department
- Payment for a private room in a nursing facility or basic care facility

Evaluation Guides

These worksheets will help you discover if everyone is satisfied with the plan. Since children and friends quickly learn to tell us what they know we want to hear, it is important to find ways to discover the truth. No formal evaluation process is required but teams will want to stop and evaluate how the plan is going.

Name: _____ Date: _____

Let's look at (child's name) goals.

Were any of these goals met? Please list the goal below:

- 1.
- 2.
- 3.

Important questions:

What really worked for (child's name)?
What did we do to overcome problems?
How do we know this goal was really met?
What does (child's name) tell us about this goal?
What should we work on next?

Were any of these goals NOT met? Please list the goals below:

- 1.
- 2.
- 3.

Important questions:

Do these goals still work for (name)?
What can we do to overcome problems?
How do we know this goal was not met?
What does (child's name) tell us about this goal with words or behavior?

What should we do now?
Who can help us with this problem?
What goals should we work on next?

Team members who participated:

Names

Attendance (F2F or Phone)

Guidelines

OUTCOME	MET	NOT MET	COMMENTS/REPORT

How are we doing?

BIG PRIORITIES	YES	NO	COMMENTS/REPORT/Concerns
_____ is treated with respect			
_____ is happy with his life			
_____ has adventures			
_____ is close to family			
_____ has friends			
_____ is safe and well			

Questions to Guide Evaluation

1. What has _____ been telling others about the supports in his/her plan?
2. Have any big changes happened in his/her life in the last few months?
3. How do we know that _____ is happy with his/her life?
4. What steps are helping _____ achieve his/her outcomes?
5. When does _____ say NO to his/her daily routine?
6. What could we change to make it easier for _____ to meet goals?
7. What would a perfect day in _____'s life look like to him/her?
8. What opportunities does _____ need to grow and prosper?
9. How can we support _____ to make friends?
10. Is _____ able to get where he needs to go?
11. What new skills would help _____ achieve educational goals?
12. Who would _____ like to be present in her life more often?
13. What support does _____ need to stay safe?
14. What support does _____ need to be well and happy?
15. Do we need someone else on the team to help us tackle problems?
16. Who needs to follow through to help this plan work?
17. What would _____ change in his/her life if he/she could?
18. What is coming up in the near future that could be a problem?
19. What training do caregivers need to support _____?
20. Is this plan working the way we want it to? What haven't we thought of?

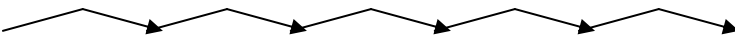
Family Support Evaluation

Stress Level

Low/OK  High/Too Much

Plan to support	
-----------------	--

Community Support

Yes/For Now  No/Not Really

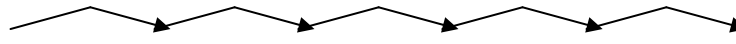
Plan to support	
-----------------	--

Sibling Support

Good/OK  Unmet needs

Plan to support	
-----------------	--

Family Support

Good/OK  Unmet needs

Plan to support	
-----------------	--

Developing Emergency Back-Up Plans

Make an emergency back-up plan for your child and family. This plan will help other people care for your child. The plan should include contact information and instructions for caregiver's in case of emergencies. Your child's disability and health and safety needs will help you decide what information to include. Think about:

1. Important information about services when you cannot be reached
2. Names of responsible caregivers who can care for your child in an emergency
3. Information about where to locate you in an emergency
4. Evacuation and care procedures to follow in an emergency
5. Important medical information that a health care professional should know
6. Helpful information is your return is unexpectedly delayed for a long period of time

Putting together this information will help you in many ways. Your plan can be useful when you need to fill out forms for your child's school or childcare setting. Your spouse or partner may find the information helpful and gain confidence in caring for your child with a disability. Keep this information near the phone. Advise caregivers to take it with them in case of an emergency.

Resources in this Section

Planning Checklist

This checklist can be used as a quick guide for planning.

Emergency forms

You may use these forms or you can design your own materials to share this information. The forms can be filled out and updated by your to help care-givers have important information in an emergency.

Emergency guidelines

This information will help you plan for the worst. Of course we hope that nothing will happen but in case it does, you want to be prepared. These guidelines help you think through possible emergencies and decide what would be best for your child.

Emergency Back-Up Plan

Personal Information

Child's Name: _____ Date Completed: _____

Date of Birth: _____ Address: _____

Phone: _____ SS# _____

Parent/Legal Guardian(s): _____

Address: _____

Day Phone(s) _____ Evening Phone(s) _____

Non-custodial parent: _____

Address: _____

Day Phone(s) _____ Evening Phone(s) _____

Siblings: _____ Phone: _____

Address: _____

Siblings: _____ Phone: _____

Address: _____

Foster Care Placement (if any): _____

Address: _____ Phone: _____

Religion: _____ Phone: _____

Pets: _____

Veterinarian: _____

Contact Information

Name: _____ Phone: _____

Email: _____

Cell Phone: _____

Car Make/model: _____ License # _____

Car Make/model: _____ License # _____

While I am gone, you can locate me in case of emergency at:

Date: _____ Location: _____ Phone: _____

Address: _____

Date: _____ Location: _____ Phone: _____

Address: _____

Special documents: (example: living will, birth certificate) _____

Emergency help from the Department of Human Services:

Help can be obtained 24/7 at this number in case accident or illness prevents my/our return _____

Service Information

Name: _____ Date: _____

Preferred Hospital: _____ Phone: _____

Primary Physician: _____ Phone: _____

Clinic: _____

Hospital: _____ Phone: _____

Specialist/Type: _____ Phone: _____

Clinic: _____

Specialist/Type: _____ Phone: _____

Clinic: _____

Specialist/Type: _____ Phone: _____

Clinic: _____

Specialist/Type: _____ Phone: _____

Clinic: _____

Dentist: _____ Phone: _____

Clinic: _____

DD Case Manager: _____ Phone: _____

Special Education Teacher: _____ Phone _____

School: _____ Phone: _____

Therapists: _____ Phone: _____

Therapists: _____ Phone: _____

Therapists: _____ Phone: _____

Counselor: _____ Phone: _____

Childcare Provider: _____ Phone: _____

Emergency Plan

In case of emergencies dial: (Keep these numbers by the phone)

Police: _____ Fire: _____ Ambulance: _____

Prevention Plan:

Smoke detector: battery hard wired both Inspection date: _____

Carbon Monoxide

detector: battery hard wired both Inspection date: _____

Comments: _____

Location/use of fire extinguishers: _____

Matches/fire starters secured: _____

Evacuation Plan:

Plan if exit or stairway is blocked _____

Caregiver can give special instructions to emergency dispatch on how to safely lift or move your child in an emergency: Yes No Training needed

Bedroom windows marked: (Get stickers from local safety supply store)

Comments: _____

Nearest safe house: _____

Alternate shelter in case of tornado: _____

Power Loss Preparations:

For loss of electricity call _____ Phone: _____

For loss of water call _____ Phone: _____

Emergency water supply located _____ Breakers: _____

Responding to aggression or self-injurious behavior: In an emergency only, restraint can be used as follows: Describe procedure:

Resuscitation orders:

My wishes are on file at local hospital My living will is located _____

A physician order detailing my wishes is available _____

Caregiver Information

Please contact these individuals if accident or illness prevents my/our return:

Legally responsible adult: _____
 Address: _____ Phone: _____
 Relationship to Child: _____

Nearest living relative who can help with care _____
 Address: _____ Phone: _____
 Relationship to Child: _____

Other relatives who can help with care _____
 Address: _____ Phone: _____
 Relationship to Child: _____

Other relatives who can help with care _____
 Address: _____ Phone: _____
 Relationship to Child: _____

Friends or neighbors who could help in an emergency: _____
 Address: _____ Phone: _____

Friends or neighbors who could help in an emergency: _____
 Address: _____ Phone: _____

Important symptoms or behavior	What this means	How to respond

Emergency Medical Information

Name: _____ Date: _____
 Allergies: _____

Medication	Dose	Route	Time	Type
Comment				
Comment				
Comment				
Comment				
Comment				

Pharmacies: _____ Phone: _____
 Pharmacies: _____ Phone: _____

Health History: _____

- Heart/Lungs Brain/seizures Vision Hearing Mobility Kidney/bladder
- Stomach/intestines Cancer Foot/ankle/knee Endocrine Metabolic
- Reproductive/menses Pneumonia/upper respiratory Diseases Speech/language
- Diabetes Obesity Tremors/tics Celiac disease Multiple Sclerosis CP

Immunization Records: _____
 Comments:

Diet: My child has the following restrictions to their diet: None Behavioral Special

Special Food Purchases : _____ Phone: _____
 Preparation: _____

Daily Routines

Caregivers will find this information to be helpful in case of my/our unexpected and lengthy absence

Weekday schedule

Wakeup:
Dressing:
Breakfast:
Getting Ready:
School Communication:
After School:
Supper:
After Supper:
Bedtime

Weekend schedule

Wakeup:
Dressing:
Breakfast:
Chores/Worship:
Lunch:
After Lunch:
Supper:
After Supper:
Bedtime

Special equipment: _____

Maintenance/repair: _____

Item	Agency	Phone
1.		
2.		
3.		
4.		
5.		

Schedule for routine health care or therapy appointments

Physical Exam:
Dental Exam:
Orthodontist:
Hearing Evaluation:
Vision Exam:
Neurological Exam:
Orthopedics:
Specialist:

Clothing sizes: Shirt/dress ____ Shorts/pants ____ Shoes ____ Socks ____

Adapted Clothing: (Example: shorten/take in pants, use Velcro fasteners, etc.).

Indicate where obtained _____

Favorite Routines:

Best way to wake up/what to avoid: _____

Favorite breakfast foods/routines/what to avoid: _____

School start time: _____ School: _____

School lets out: _____ Transportation: _____

Job start time: _____ Job: _____

Employer: _____ Phone: _____

Sports/Fitness: _____

Favorite after school/evening I routine/what to avoid: _____

Favorite Lunch/supper foods/routine/what to avoid: _____

Homework arrangements (if any): _____

Play activities: _____

Approved Friends: _____

Bedtime routine: Weekdays: _____ Weekends: _____ Curfew: _____

Supervision at home/neighborhood:

Discipline/Rewards/Structure: _____

Sibling relationships:

Interests:

Comments:

Emergency Planning Checklist

- 1. Service information when you cannot be reached.**
 - Health care providers (primary physician and dentist)
 - Hospitals or clinics
 - Specialists who may be treating your child
 - DD case managers
 - Emergency help from the state after hours
- 2. Caregiver information if you are temporarily unable to care for your child.**
 - Other legally responsible family members (a spouse or legal guardian)
 - Siblings
 - Grandparents
 - Other relatives
 - Close friends or neighbors
 - Individuals who are forbidden contact with your child (court order)
- 3. Personal contact information for you in case of emergency**
 - Location where you will be staying
 - Phone numbers including cell phones
 - Addresses including an email address if helpful
 - Name and phone number of person's able to help contact you
- 4. Emergency procedures that a caregiver should know and follow.**
 - 911 or other emergency numbers for police, fire, ambulance
 - Fire evacuation route and safe house
 - Location and use of fire extinguishers
 - Instructions for rescue personnel
 - Alternate shelter in case of tornado or loss of power or water
 - Responding to aggression or self-injurious behavior
 - Resuscitation orders
- 5. Emergency medical information about your child including**
 - List of medications including dose, route, time, type
 - List of pharmacies that routinely fill prescriptions
 - Health history for emergency treatment (allergies, illnesses and surgeries)
 - List of special diet requirements
- 6. Helpful information in case of your unexpected and lengthy absence**
 - Special equipment your child uses daily. Information for maintenance/repair
 - Schedule for routine health care or therapy appointments
 - List of clothing sizes and resources for any specialized clothing
 - Location of will to clarify your wishes for the well being of your children
 - A list of critical dietary supplements and ordering information
 - Location/status of immunization records

Health and Safety Checklist

Supervision Needs - Think about how much supervision your child needs

- Keep my child in your sight at all times You may step away for 5-10 minutes. Check up on him/her often.
- My child can play/entertain him/herself for 30-60 minutes. Be nearby. Offer to do an activity together.

During free time/play	Using the bathroom/bathing	In a vehicle	During meals	When outdoors

Consider any of the following issues that a specialized caregiver should know about and be prepared to provide:

This might come up:	If/when it does caregivers need to . . .
Chokes/gags/gets food stuck in teeth	
Wanders/runs away from the house/yard	
Misuses/breaks objects; damages things	
Tries to hurt himself (scratch, bite, kick, pull hair, hit)	
Tries to hurt others (scratch, bite, kick, pull hair, hit)	
Refuses to get up or go with you	
Quits breathing/struggles to breathe	
Screams/yells /threatens/argues	

Environmental Needs

A safe environment for our child has

	List or describe special items and needs or situations	Not a problem	Keep out of reach	Keep out of sight	Keep locked/ lock up Do not have in house	Bring/keep with at all times
Foods						
Sharp objects						
Small objects						
Cleaning supplies						
Windows/doors						
Tools/electrical						
Medications						
Cords and strings						
Special equipment						
Special products						
Pets/animals						
Other						

Person Centered Planning - Budget

Once you have created a support plan you will need to gather the resources to carry it out. This involves making an individual budget. Once your budget is approved you can begin to find and direct the supports you need. As your child grows he will assume a more active role in building a budget. Your case manager will help you create the budget.

Part Three: Building an individual budget

1. Determine the costs of self directed in-home supports

- In-home supports
- Training for family and/or care providers
- Temporary relief for the family

2. Determine the costs of disability related supports/skilled supports

- Skilled supports (therapy, therapeutic recreation, individual/family counseling)
- Transportation
- Materials and Supplies (special equipment, home modifications, vehicle adaptations, dietary supplies, adaptive clothing)

3. Determine the costs for administrative services (support brokerage, fiscal agent, background checks)

4. Negotiate the budget and submit for approval

5. Review the budget quarterly

Support Definitions

This section describes the services that may be listed in the budget. Materials include questions and criterion used to determine what supports or services may be needed to achieve outcomes or address emergency back-up plans.

Budget Forms

The DD Case Manager provides these budget forms. The forms are included so that you can see what must be considered in budgeting and how the forms look. You may fill out these forms on your own, or ask a case manager for assistance.