CFCM Person-Centered Plan Form Template

An asterisk (*) indicates a required field

Plan Information

Plan Details Openclose*: LTSS   Program: BHDDH/IDD/HCBS

Service Delivery Option (check one)*:   Agency   Hybrid   Self-Direction

Worker (Case Manager)*:

Service(s) Start Date*:   Service(s) End Date*:

Comments:

Plan Effective Date: Plan Renewal (End) Date:

Update Plan Version: Yes   Plan Version:

Plan Version Date: Plan Version Time:

Person Centered Plan

My Person-Centered Planning Meeting and Revisions

This is information about my person-centered planning meeting and tracks any recent changes that I may have made.

Location:

Date:

Time:

Who Attended:

Plan Revisions

Is this a revision?*   Yes   No

My Goals

These are my strengths, preferences, and goals.

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?

Goal #1

Goal #1: I want to*:

Goal #1: Priority Ranking*:

Goal #1: My expected objective (measurable/observable) I will*:

Goal #1: Background/barrier(s) to meeting goal*:

Goal #1: Action steps*

Goal #1: Person Responsible*:

Goal #1 Start Date*:   Goal #1 End Date*:

Goal #1: Status of Goal*:   Met   Not Met   In Progress

Goal #1: Date of Status Update:

Goal #2

Goal #2: I want to*:

Goal #2: Priority Ranking*:

Goal #2: My expected objective (measurable/observable) I will*:

Goal #2: Background/barrier(s) to meeting goal*:

Goal #2: Action steps*:

Goal #2: Person Responsible*:

Goal #2 Start Date*:   Goal #2 End Date*:

Goal #2: Status of Goal*:   Met   Not Met   In Progress

Goal #2: Date of Status Update:

Goal #3

Goal #3: I want to*:

Goal #3: Priority Ranking*:

Goal #3: My expected objective (measurable/observable) I will*:

Goal #3: Background/barrier(s) to meeting goal*:

Goal #3: Action steps*:

Goal #3: Person Responsible*:

Goal #3 Start Date*:   Goal #3 End Date*:

Goal #3: Status of Goal*:   Met   Not Met   In Progress

Goal #3: Date of Status Update:

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Goal #4

Goal #4: I want to*:

Goal #4: Priority Ranking*:

Goal #4: My expected objective (measurable/observable) I will*:

Goal #4: Background/barrier(s) to meeting goal*:

Goal #4: Action steps*:

Goal #4: Person Responsible*:

Goal #4 Start Date*:   Goal #4 End Date*:

Goal #4: Status of Goal*:   Met   Not Met   In Progress

Goal #4: Date of Status Update:

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Goal #5

Goal #5: I want to*:

Goal #5: Priority Ranking*:

Goal #5: My expected objective (measurable/observable) I will*:

Goal #5: Background/barrier(s) to meeting goal*:

Goal #5: Action steps*:

Goal #5: Person Responsible*:

Goal #5 Start Date*:   Goal #5 End Date*:

Goal #5: Status of Goal*:   Met   Not Met   In Progress

Goal #5: Date of Status Update:

Important TO/FOR Me

Important TO me:

Important FOR me:

My Choices

These are my choices regarding services, self-direction, and living preferences: Factors
Considered When Helping Me Choose Services:

      Monthly Budget   Approved Hours   Service Tier   Needs/Risks   Cost of care

Scope of Services I would Like to Self-Direct:

      Self-Direct All Services   Self-Direct Some Services   I Do Not Want to Self-Direct

Living Preferences:

      Private Residence   Community Residence

Your employment Status*:

      I want to maintain or improve my current job

      I want to increase the number of hours that I am working

      I want to keep my current job and get a second job in the next year

      I am current working but I want to change to a new job in the next year

      I am not currently working and I want to get a job in the next year

      I want to discover more about work and my skills and get a job sometime in the future

      I am in school or a training program and planning for work after graduation

      I am retired

      I do not want to work and have submitted or want to submit a variance

      Temporarily left the workforce

Services and Supports Declined, Not Available, or Inaccessible

Were Any Services and/or Supports Declined, Not Available, or Inaccessible?*   Yes   No

Services and Supports Declined, Not Available, or Inaccessible #1

Name of service #1*

Reason for not using #1*   Declined   Not Available   Inaccessible

Describe reason for not using #1*

How is the need being met #1?*

Services and Supports Declined, Not Available, or Inaccessible #2

Name of service #2

Reason for not using #2   Declined   Not Available   Inaccessible

Describe reason for not using #2

How is the need being met #2?

Services and Supports Declined, Not Available, or Inaccessible #3

Name of service #3

Reason for not using #3   Declined   Not Available   Inaccessible

Describe reason for not using #3

How is the need being met #3?

Services and Supports Declined, Not Available, or Inaccessible #4

Name of service #4

Reason for not using #4   Declined   Not Available   Inaccessible

Describe reason for not using #4

How is the need being met #4?

Services and Supports Declined, Not Available, or Inaccessible #5

Name of service #5

Reason for not using #5   Declined   Not Available   Inaccessible

Describe reason for not using #5

How is the need being met #5?

Behavior Plan

Does this individual have a behavior plan?   Yes   No

If Yes, Does the behavior plan include a restrictive intervention?   Yes   No

If Yes, Date the Human Rights Committee (HRC) reviewed and approved the plan:

Case Management Monitoring

This is information about meetings with my case manager

I would prefer that my Case Manager check in with me

      Once a month as required

      Twice Monthly

      Three Times Monthly

      Opt Out of Monthly Contact

When I meet with my Case Manager in person, I would prefer these meetings happen at

      Home

      Other Location

Other things I would prefer that my Case Manager do or not do when monitoring my plan or services:

Informal Supports (i.e., unpaid supports)

Informal Support #1

Informal Support #1 -Name

Informal Support #1 -Contact Phone

Informal Support #1 -Relationship to Me

Informal Support #1 -Support Frequency

Informal Support #1 -How Does this Person Provide Support?

Informal Support #2

Informal Support #2 -Name

Informal Support #2 -Contact Phone

Informal Support #2 -Relationship to Me

Informal Support #2 -Support Frequency

Informal Support #2 -How Does this Person Provide Support?

Informal Support #3

Informal Support #3 -Name

Informal Support #3 -Contact Phone

Informal Support #3 -Relationship to Me

Informal Support #3 -Support Frequency

Informal Support #3 -How Does this Person Provide Support?

Informal Support #4

Informal Support #4 -Name

Informal Support #4 -Contact Phone

Informal Support #4 -Relationship to Me

Informal Support #4 -Support Frequency

Informal Support #4 -How Does this Person Provide Support?

Informal Support #5

Informal Support #5 -Name

Informal Support #5 -Contact Phone

Informal Support #5 -Relationship to Me

Informal Support #5 -Support Frequency

Informal Support #5 -How Does this Person Provide Support?

My Backup Plan

These are my supports if my home and community-based service staff are not available

Backup Plan #1

Name of Backup Support #1

Backup Plan 1

Backup Phone # 1

Paid or Unpaid Service? Backup #1:   Paid   Unpaid

Backup Plan #2

Name of Backup Support #2

Backup Plan 2

Backup Phone # 2

Paid or Unpaid Service? Backup #2:   Paid   Unpaid

Backup Plan #3

Name of Backup Support #3

Backup Plan 3

Backup Phone # 3

Paid or Unpaid Service? Backup #3:   Paid   Unpaid

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My Crisis and Safety Plan

These are my action items in case of an emergency

In case of severe weather or tornado, I will:

In case of fire, I will:

In case of flood, I will:

If I am sick or injured, I will:

If my caregiver is sick or injured, I will:

If I lose electricity, I will:

If I lose water, I will:

If I need to evacuate my home, I will:

In the event I am unable to care for any children or pets, I will:

Other unexpected event:

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Assessed Risks, Objectives, Interventions, and Mitigation

As needed, select risks from the Assessed Risk List and enter the objectives, interventions, and mitigation codes for needed services.

Risk 1

Risk ID: Need Code:

ObjectiveID: Objective:

Intervention ID: Intervention:

Mitigation ID: Mitigation:

Risk 2

Risk ID: Need Code:

ObjectiveID: Objective:

Intervention ID: Intervention:

Mitigation ID: Mitigation:

Risk 3

Risk ID: Need Code:

ObjectiveID: Objective:

Intervention ID: Intervention:

Mitigation ID: Mitigation:

Risk 4

Risk ID: Need Code:

ObjectiveID: Objective:

Intervention ID: Intervention:

Mitigation ID: Mitigation:

Risk 5

Risk ID: Need Code:

ObjectiveID: Objective:

Intervention ID: Intervention:

Mitigation ID: Mitigation:

Risk 6

Risk ID: Need Code:

ObjectiveID: Objective:

Intervention ID: Intervention:

Mitigation ID: Mitigation: