



**Division of Developmental Disabilities**

**RUBRIC FOR PCP PLAN REVIEW**

|              |  |           |  |
|--------------|--|-----------|--|
| Participant: |  | Reviewer: |  |
| CFCM/IF:     |  | Date:     |  |
| Agency:      |  |           |  |

If any of the following are not met during a plan review, the plan should be returned for revisions.

| MET   | NOT MET (Return for Revisions)  |
|---|---|
| <input type="checkbox"/> Plan has Valid Signature signed by participant, if able, legal guardian, case manager and provider agency. If Legal Guardian, paperwork is attached. | <input type="checkbox"/> Plan does not include all Valid Signatures.  |
| <input type="checkbox"/> Participant was present at the meeting   | <input type="checkbox"/> Participant attendance was not reflected   |
| <input type="checkbox"/> Plan is signed before or within the month of the plan start date.  | <input type="checkbox"/> Plan is not signed before or within the month of the plan start date.  |
| <input type="checkbox"/> All attestations are acknowledged by participant initials.   | <input type="checkbox"/> Plan has missing attestations.   |
| <input type="checkbox"/> Plan dates are equal to one year.  | <input type="checkbox"/> Plan dates do not equal one year.  |
| <input type="checkbox"/> Nursing Care Plan is included, if applicable. (signed w/in the year) 90- day extension for new provider  | <input type="checkbox"/> Nursing Care Plan is not included.   |
| <input type="checkbox"/> Behavior Support Plan is included, if applicable. (signed w/in the year) 90 Day extension for new provider, if applicable.                           | <input type="checkbox"/> Behavior Support Plan is not included and provider has been identified. <i>(If a provider has not yet been identified, there may not be a BSP)</i> |
| <input type="checkbox"/> If Behavior Support Plan is included and has restrictions, it was reviewed and approved by HRC.  | <input type="checkbox"/> Behavior Support Plan is included, has restrictions and has not been reviewed by HRC.  |
| <input type="checkbox"/> Goods and Services request form is included, if applicable.  | <input type="checkbox"/> Goods and Services requested in plan, no form submitted.   |
| <input type="checkbox"/> Parent/guardian acknowledgement form included, if applicable.  | <input type="checkbox"/> Parent/guardian acknowledgement form is missing.   |
| <input type="checkbox"/> Annual DSP acknowledgement form is included  | <input type="checkbox"/> Annual DSP acknowledgement form is missing.  |
| <input type="checkbox"/> Variance has been submitted as noted   | <input type="checkbox"/> Variance was not submitted as noted  |

|  |  |
|--|--|
| <input type="checkbox"/> If participant is still in school funded services, it is reflected in the plan. | <input type="checkbox"/> School status is not reflected.       |
| <input type="checkbox"/> Significant risks and objectives are addressed in the plan.                     | <input type="checkbox"/> Risks are minimal or not listed.      |
| <input type="checkbox"/> Goals reflect definitive outcomes.  | <input type="checkbox"/> Services are listed as Goals.         |
| <input type="checkbox"/> Communication needs are addressed to include technology                         | <input type="checkbox"/> Communication Needs are not reflected |

|  | Requirement Met  | Requirement needs support   | Feedback: |
|--|--|---|-----------|
| What's working for me:<br>Strengths    | <input type="checkbox"/> The individual's strengths are clearly represented  | <input type="checkbox"/> The individual's strengths are minimally represented   |           |
| What's not working for me:<br>Barriers | <input type="checkbox"/> Barriers are respectfully identified with involvement and participation of the individual, and addressed in a manner that empowers the individual | <input type="checkbox"/> Barriers are minimally identified  |           |
| Support Needs                          | <input type="checkbox"/> The individual is involved in addressing their needs in a way that is meaningful to them  | <input type="checkbox"/> The individual is minimally involved in addressing their needs/lack of needs                     |           |
| Goals                                  | <input type="checkbox"/> The individual is clearly involved in creating their goals (written in first person)  | <input type="checkbox"/> The individual's goals are written for them (not in first person)                                |           |
| Important FOR the Individual           | <input type="checkbox"/> What is important FOR the person is included in a tactful manner and informs the customized supports they receive                                 | <input type="checkbox"/> What is important FOR the person is not included or is the sole focus used to customize supports |           |
| Important TO the individual            | <input type="checkbox"/> Things that are important TO the individual are addressed in the plan and inform customized supports they receive                                 | <input type="checkbox"/> Things that are important TO the individual are not included, nor used to customize supports     |           |

|                     | Requirement Met  | Requirement needs support   | Feedback: |
|---------------------|--|---|-----------|
| Vocational          | <input type="checkbox"/> Vocational interests, intentions, and goals are clearly addressed, customized employment options are noted and/or details can be found regarding career growth suggestions or opportunities | <input type="checkbox"/> Vocational interests, intentions, and goal(s) are addressed                                      |           |
| Meaningful          | <input type="checkbox"/> All activities are related to the individual's interests, preferences, strengths, and needs – encouraging ongoing exploration of these factors  | <input type="checkbox"/> Activities are somewhat related to the individual's interests, preferences, strengths, and needs |           |
| Transportation      | <input type="checkbox"/> Transportation decisions are led by the individual including how the person will get to/from work and other activities  | <input type="checkbox"/> Transportation is addressed and planned for the individual                                       |           |
| Achievement         | <input type="checkbox"/> SMART format is used with detailed action steps that promote the individual's achievement   | <input type="checkbox"/> Goals and objectives are unclear and cannot be measured  |           |
| Responsible Parties | <input type="checkbox"/> The plan thoughtfully details the responsible parties for each step of each goal and outcome and plans for follow up  | <input type="checkbox"/> The plan is lacking details, or persons responsible are not clear                                |           |
| Skill Development   | <input type="checkbox"/> Areas of needed or desired skill development are addressed, and skills the individual has acquired and wants to use are detailed  | <input type="checkbox"/> Areas of needed or desired skill development are lacking detail or not addressed.                |           |