



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"/> Missing Guardianship Documentation
<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 and has been submitted to Admin for approval.
<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)	<input type="checkbox"/> Nursing Care Plan is not included.
<input type="checkbox"/> Behavior Support Plan is included, if applicable. (signed w/in the year)	<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"/> Goods and Services requested are not mentioned in the plan
<input type="checkbox"/> Parent/guardian acknowledgement form included, if applicable.	<input type="checkbox"/> Parent/guardian acknowledgement form is missing. <input type="checkbox"/> Missing information on form, ex: parent hours or pay
<input type="checkbox"/> Annual DSP acknowledgement form is included.	<input type="checkbox"/> Annual DSP acknowledgement form is missing.
<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 checked="" type="checkbox"/> Communication needs and preferences are addressed to include technology	<input checked="" type="checkbox"/> Communication needs or preferences are not reflected

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	Requirement Met	Requirement needs support	Feedback:
What's working for me: 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: 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 not 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.	

Plan Signatures:

<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 and has been submitted to Admin for approval.
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Additional Comments: