Person-Centered Support Plan Instructions

The support plan contains information about the individual based on his or her goals for the future and needs for support to achieve those goals and outcomes. The information contained in this document can be gathered at various times with discussions with the individual and the Waiver Support Coordinator (WSC) as well as discussions with others the individual has agreed may provide information. The WSC should ensure the following during support planning. The process:

- Must include people chosen by the individual and occur at the times and locations chosen by the individual;
- Provide information and support which ensures that the individual directs the process to the maximum extent possible and makes informed choices;
- Reflects cultural considerations of the individual and is conducting in a language that is understood by the individual;
- Identifies strategies for conflict resolution;
- Provides choices; and
- Provides a way for the individual to request updates

Prior to the support plan meeting, the WSC should gather information to facilitate the process. The WSC may interview the individual and others with permission from the individual. The WSC may visit the individual at home or spend time with them at other locations of the individual's choice. The WSC should also review written documentation, including clinical reports, evaluations, and provider documentation.

There are various methods and strategies that the WSC can to use to facilitate the support plan meeting with the permission of the individual. These might include, but are not limited to:

- Using flip charts to record ideas and use as a visual aid for communication
- PATH (Planning Alternative Tomorrows with Hope), which uses a graphic process for individuals to share future dreams, set targets, and move forward.
- MAP (Making Action Plans) is a planning process that focuses on the individual's story.
- Using pictures to enable consumers to communicate their choices

About Me: Demographic information will be pre-populated by the electronic system. WSCs are responsible for ensuring accurate information in the system.

My Legal Representatives(s): Demographic information will be pre-populated by the electronic system. WSCs are responsible for ensuring accurate information in the system. The legal representative must be included in the person-centered support planning process. Legal representatives are identified when the individual is a minor, legal documents identify the establishment of a legal representative.

My Waiver Support Coordinator: WSC and contact information will be pre-populated.

My Family, Friends, and Support System: Identify individuals who are important in the person's life. Continuity is maintained in the person's life by keeping them linked to these important people. These are individuals that the person is connected and with whom they might celebrate accomplishments.

Consider the following when including people in this section:

- Who is the primary caregiver?
- Who is connected to the person?
- Who would the person want to inform if they have an emergency or are sad?
- With whom would the person want to celebrate accomplishments?
- Who does the person see all the time that would miss or check on him/her if he/she were not around for a period of time?

Note: This does not include paid supports that would not be in the person's life if the paid relationship is severed.

Other People Who Support Me or Work for Me: List all the individuals, paid or unpaid, who provide support to the person, but should not duplicate those individuals listed in My Family, Friends, and Community Acquaintances. Individuals listed here may receive payment through the waiver or other funding source.

Other Funding Sources for Supports: Identify any non-waiver sources that address critical support needs.

Who do I want to provide information for my support plan? Identify individuals identified by the individual and/or legal representative to include in the support plan process and whether they will be invited to the support plan meeting. When an individual has a legal representative, they must be involved in the process.

My Life

This section captures information about the individual's life. If first person statements are included, they should be indicated with quotations.

My current day-to-day life (Identify if I live alone or with others and my daily routines):
Describe the individual's life. Identify where they live and if they live with others. Does the person attend school, work, or a day program? Do they receive other services or natural supports during the day? This is not intended to be a schedule to justify a service.

My interests, talents, abilities, preferences, and skills:

Identify the attributes that the individual considers as their interests, talents, or skills.

Things I would like to change:

Identify issues, concerns, challenges, or changes the person is experiencing or would like to address.

Things I want to stay the same:

*List components of the person's life that are essential for his/her quality of life, **as defined by him/her**. What must the person have in his/her life on a routine basis (Daily/Weekly) to be happy? This could include items, activities, or routines previously referred to as non-negotiables, and should not be defined solely by the intensity of his/her reaction if the item is not present. This could also be the way the person prefers to be approached.*

Examples: Jane is a Miami Dolphins fan and wants to watch each preseason and regular season game, including the post-game show on Channel 9.
Jane wants to take my shower every night before I go to bed.
"I want to be 5 minutes early to work every day."
"I do not want rock- and-roll or country music played in my house."

Important aspects from my personal history:

This section should include a brief psychosocial history about the person. It is only required for the initial support plan and every 5 years thereafter.

How I make Choices and Decisions:

Identify how the individual makes choices and decisions. This should individual decisions the individuals make for themselves and those that they make with others. Consider the following:

- *How do I make choices and decisions?*
- *In my daily life, are there restrictions placed on me?*
- *Who do I depend on to help me make decision?*
- *How do I communicate my likes and dislikes? How does the individual express what they want?*
- *With whom so I share things important to me?*
- *How do I know they understand me?*
- *When I tell people what I want, how do they help me get it?*
- *How are my choices and decision respected and used to help me?*

It is important to as people, particularly those in licensed facilities and supported living settings whether there are any unwritten restrictions, such as bed time, no access to snacks, scheduled bath times, etc. Ask the individual if they are ok with any of these rules or if they want a different schedule.

My Personal and Future Plans

This information is to be used for annual planning by all providers and is the basis for the development of Implementation Plan as applicable.

What I Want in the Next Few Years:
Document accomplishments, supports, dreams, homes desires, interests, or activities that the person would like to see in his/her life in the next few years.

Personal Goals

The most important things I want to achieve the upcoming year. Identify goals and be as specific as possible.	What service will help me?	Paid or Non-Paid. If non-paid, provide name and relationship.
Document accomplishments, supports, or activities that the person would like to see in immediately in his/her life. This may include exploring new opportunities, developing and enhancing skills, making choices, and increasing their presence or inclusion in the community. Additionally, goals should address risks.	*Identify who will help*	*Identify whether the person helping is a paid or non-paid support.*

Other Services Needed for Health and Safety

Choose services from the drop-down list that are critical for the individual's health and safety. For example, choose personal supports when the individual is total dependent on others for their personal care. Choose nursing if the individual has needs that require the skill of a nurse.

What I Accomplished Last Year

This will be used as part of the support coordinator's annual report required by Florida Statute.

My Accomplishments Last Year:
Describes the accomplishments of the person and what supports have done to assist them. Accomplishments should be described from the perspective of the person and where appropriate should reference annual reports produced by other support entities. This will be used as part of the support Coordinator's annual report as required by Florida Statutes. Please note that the 3rd quarterly report from the provider is considered the annual report.

Goals and progress made in the past year:

Goals/Service Need	Progress on Goal

Personal Rights: This section address personal rights that are not related to guardianship.

I am aware of my personal rights and the Bill of Rights for Persons with Developmental Disabilities. Choose Yes or Now. The WSC must ensure that the individual has awareness of the Bill of Rights for Persons with Developmental Disabilities. A copy can be found online at XXXX. The WSC should provide information and training on any items requested. Choose an item.

Do I have restrictions on my rights? Choose Yes or No. Choose an item. This might include limited restrictions such as an unlocked bedroom door, limited food access, limited environmental access, etc.? If yes, complete the table.

Right Limited	Reason	What is being done to help me obtain my full rights?	When it will the restriction be reviewed or terminated?

Safety Plan required and Attached (if applicable Choose Yes or No). Choose an item.

The Safety Plan is only required for individuals who have a documented history of engaging in sexual aggression, sexual battery or otherwise engaged in nonconsensual sexual behavior with another individual.

My Health

Important Information About My Health

Hospitalizations in the past year (Choose Yes or No): Choose an item.

If yes, why I was hospitalized

My Medication Information Current as of: (date)_____

Medications	**Dosage/Frequency**	**Purpose of Medication**	**Side Effects/Problems**
*The **Medications** section should include prescription and over-the-counter drugs, as well as homeopathic (natural) remedies that are current on the date the plan is written. Over-the-counter drugs could include: pain relievers, cough syrups, cold and flu products, laxatives, vitamins, etc. Homeopathic remedies could include products purchased at a health food store such as: Melatonin, Saw Palmetto, Black Cohosh, Echinacea, etc. The dosage and frequency prescribed at the time of the Support Plan meeting should be included, as well as the purpose of the medications and possible side effects or problems. The side effects would include any that the person is experiencing.*			

Important Health History about My Family and Me (including allergies):
Identify any important health history items about the individual or their family. This will assist the Support Coordinator in planning current health supports.
My critical health follow-up areas and preventative health plan:
These are areas defined by a health care practitioner, legal representative, or others involved in the individual's life. The individual's health would be at risk without it.
Allergies
*The **Allergies** section should include any confirmed or suspected allergies resulting from exposure to a specific allergen. Allergies may be the result of: the ingestion of a medication, food, or liquid; skin contact; stings or bites; or the inhalation of toxins.*

The typical reaction should be described for each allergy, as well as the preferred treatment as defined by the person's health care practitioner.

Health Care Contact Information: Please include all doctors you see, any therapists, and anyone you have designated to act as your decision maker in health-related issues (health care surrogate)

Name	**Date of Last Visit**	**Findings**	**Follow up Activities**

Do I need any adaptive equipment, special equipment, glasses, hearing aids or need any adaptations made to my home? Choose Yes or No. Choose an item. **If yes, please list below.**
Identify items needed.

Do I need any consumable supplies? Choose Yes or No. Choose an item. **If yes, please list below.**

If There Is an Emergency

My Emergency Contact Person:

If there is an emergency, please call:

Last Name	First Name	Phone	Address

Where will I go if I need to leave my home in the event of a disaster or emergency?

Choose an item.

If shelter, identify address: _____

How will I evacuate? **Who will take me, if I need help?**

Last Name	First Name	Phone	Address

Do I have any medical equipment that would need to be powered or transported with me in the event of an emergency, evaluation, or power loss? Choose an item. If yes, please explain.

Generator? Yes/No Working Properly? Yes/No

I am registered with a Local Emergency Management Team Choose an item.

If yes, has my registration been updated or validated this year? Choose an item.

The Support Coordinator certifies that this report reflects the wants expressed by the person and needs identified by the Agency approved instrument and other relevant factors.

Signature Page

I have participated in the development of this plan. I have been informed of my due process rights under Florida Statutes 120 and acknowledge that I may appeal any portion of this plan. I understand that if my needs change and update to this plan may be needed. Supports should be identified according to my needs or the needs of my family, regardless of the availability of funding. Supports and services needed to meet my needs will be sought from my personal resources, community resources, and government resources. When government resources are necessary, they shall be provided based on the availability of funds.

Signature_____ Date_____

Date Copy of Plan Provided to the Individual_____

Waiver Support Coordinator Signature_____ Date_____

Signature of Support Plan Meeting Participants:

Signature	Relationship	Date