

Person-Centered Module

Introduction to Module

The Person-Centered module is an opportunity for you to provide information about yourself and to “tell your story”. These should be things that you feel are important for service providers to know so that they can better support you.

The module is divided into five sections. The first section is a chance for you to talk about your life, such as your home, pets, or interests. The second section includes talking about people in your life who are important to you. In the third section you will be asked about how to set up your support plan meeting. The fourth section asks about goals and outcomes of service that are most important to you. The fifth and final section includes some items about your preferences for how services are provided. These sections and items are voluntary, so if you do not want to provide information about something, you are not required to do so. Also, if you remember something later that you want to add, you can always return to the section and include the new information or make changes to information you already provided.

Before each section is a brief explanation of the section. If at any point you need to stop, you may do so and return to the items later.

Note: In the future this module is designed to be available to participants in an online version as part of the Personal Health Record. Items may be modified to better fit the tool and automation approach.

I. Personal Profile

This section allows you to create a personal profile that includes information you think is important for others providing you with help to know. The purpose of this is to tell service workers and providers about you so that they can do a better job of providing support. For example, if you have a pet you may want an in-home worker to know more about how to act around the pet to avoid any problems. Or, you may want a provider to know that you may practice certain traditions or customs while workers are in your home.

These items are voluntary and will not be shared unless you decide to allow sharing, and the information will only be shared with people you approve.

If the Personal Profile is completed by having assessor interview the individual, replace the above sentence with the following: My job will be to make a record of the information you share with me. If you want to provide information, you may, but you are not required to do so. I will also ask you about who you want to allow to access the information.

Trigger Item: Are you willing to create a personal profile?

- Yes
- No (Skip to Section II)

1. Family Home and Pets

What would you like others to know about your home, family or pets?

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

2. Work and Education

What would you like others to know about your work (employment, volunteering) and education/training?

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

3. Leisure Time/Personal Interests

What would you like others to know about your leisure time or personal interests?

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

4. Religion/Culture/Traditions/Personal Values

What would you like others to know about your religious practices, culture, traditions or personal values?

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

5. Environment

What would you like others to know about the environment that allows you to feel your best or do well with activities? For example, you may have difficulties being in noisy places or you may react to certain smells (like perfumes).

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

6. Health

What would you like others to know about your health? (This information will help Inform areas to cover in more detail as part of Health items.)

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

7. Strengths

What would you like others to know about your capabilities and strengths?

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

8. Challenges

What would you like to others to know about your challenges? Add items: (concerns or worries)

Write a brief description. If recorded by the assessor, the assessor will read back description to make certain it has been correctly documented.

9. Who should have this information?

Sharing protocol to be discussed at March meeting – include for multiple sections.

II. People Important to Me

This section of the module is used to identify people that are important in your life. The reason for asking you about people in your life is to find out who you are most connected to and if you need assistance to remain connected or make changes in your relationships. For example, you may need help with traveling to visit friends or family more frequently. It is also important to identify people who provide you with help so that during your support plan meeting we can talk about whether the help you need will be provided by your service provider or will continue to be provided by people you know. It is your choice to provide this information.

Trigger Item for Section: Are you willing to talk about this area of the assessment?

- Yes
- No (Skip to Section III)

1. Responsibilities-

a. Are there people and/or pets who you are responsible for?

- No
- Yes. If yes, will you describe these responsibilities?

b. Are there other things that you are responsible for that you want to mention?

Next we want to ask you about family or friends you feel close to or who you feel are an important part of your life.

2. Are there family members who are an important part of your life that you'd like to mention?

Name of Person: _____

a) What would you like to tell us about this person?

b) Does this person provide help or support?

No

Yes.

➤ If yes, how often? _____

➤ Is there any training or guidance that would be helpful to this person when providing you with help? _____

c) Do you have opportunities to spend as much time as you'd like with this person?

Yes

No. If no, why not and what would you like to see happen? _____

Additional people can be added.

3. Are there friends who are an important part of your life that you'd like to mention?

Name of Person: _____

a) What would you like to tell us about this person?

b) Does this person provide help or support?

No

Yes.

➤ If yes, how often? _____

➤ Is there any training or guidance that would be helpful to this person when providing you with help? _____

c) Do you have opportunities to spend as much time as you'd like with this person?

Yes

No. If no, why not and what would you like to see happen? _____

Additional people can be added.

4. Are there other people, such as neighbors or paid helpers who are an important part of your life that you'd like to mention?

Name of Person: _____

a) What would you like to tell us about this person?

III. My Support Planning Meeting

After completing the assessment, there will be a meeting scheduled to develop a plan for your services. (If the participant has not been through the process, the assessor should explain what the plan is intended to do.) This will be a meeting that includes you, people you want to have attend, and your case manager. You can lead this meeting and help will be provided if you would like. It is important that you feel that your needs and preferences are being heard and that the plan supports your goals for services. The following questions are intended to make sure the meeting is set up so that this can happen.

1. **What days of the week or times of the day are most convenient for you to meet? The support planning meeting will probably take 1-2 hours.**

Days of week:

Times of day:

2. **Where would you prefer to hold this meeting? It can be held in your home or at another place convenient for you and others you want to invite.**

Preferred location(s):

3. **Who should be invited to the meeting? (A legal guardian must attend if applicable) You may want to invite someone you trust to assist you, or you can decide not to invite anyone else.**

Name	Relationship	Preferred Contact Information	
		Phone	E mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. **Do you or any of the people you want to attend need a reasonable accommodation to fully engage in your meeting? (Note to assessor: If necessary, provide examples of reasonable accommodation.)**

- No
- Yes. If yes, document what is needed below.

Name	Accommodation Needed	Who Will Follow Up
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. **It is important that your support plan meeting be led by you as much as possible and as much as you want. What help would you like to have in the meeting?** (Assessor: Discuss options and help that can be provided by case manager or others the person wants at the meeting.)
- Participant will lead meeting without assistance.
 - Participant wants some assistance. (Describe below.)
 - Participant wants someone else to lead meeting. (Describe below.)

6. **Your case manager will be at the meeting to record information and to help explain the purpose of the meeting to others attending the meeting. Is there other help you want from your case manager or someone else?**

7. **Do you or anyone else who will be attending the meeting have special traditions or cultural practices that need to be kept in mind?**
- No
 - Yes. If yes, document what is needed below.

Name	Tradition or Practice

8. **Is there anything else you want others to know in order to set up your meeting?**
- No
 - Yes. If yes, document what is needed below.

IV. My Future

This section of the module covers what you want to see happen in the future. The purpose of this is to help make sure your support plan is designed in a way that helps meet these personal goals. You can add more information at any time during the assessment and support plan process if you think of something later.

A. What do you want to see happen in your future (goals)?

Assessor: If interviewing, the person may provide a general answer if he/she desires. If the participant has difficulty or needs more structure, use the areas below to help prompt responses.

- Family, Home and Pets _____
- Work and Education _____
- Health _____
- Leisure/Personal Interests (includes community) _____
- Religion/Culture/Traditions/Personal Values _____
- Friends _____
- Living Arrangement _____

B. Based on the above, what specific outcomes would help you feel like you had made progress or reached your goals? (If helpful, use the same areas as above.)

- Family, Home and Pets _____
- Work and Education _____
- Health _____
- Leisure/Personal Interests (includes community) _____
- Religion/Culture/Traditions/Personal Values _____
- Friends _____
- Living Arrangement _____

C. What can you personally do to help make sure this is your future?

D. What support do you need in moving ahead?

V. Service Related Preferences

This last section of the module covers some of your preferences for how services are delivered. This will help with making decisions (or reviewing decisions) about what programs and services best match up with your preferences. Throughout your assessment you will be asked about your preferences for specific support needs, but before getting into the details, the items below ask you about general preferences.

1. How important to you are the following? Indicate if each is:

- Not important (NI)
- Somewhat important (SI) depending on situation
- Very important (VI)

- Being able to decide which workers help me
- Managing my staff work hours and duties
- Gender of my direct support staff (If somewhat or very important, indicate preference)
 - Prefer male staff
 - Prefer female staff
- Times of service (if specific time is known, describe below)

Description: _____
- Staff must be able to speak another language in addition to English (includes signing)

Language preferred: _____
- Special training to support me (describe below)

Description: _____
- Staff must have knowledge of special customs, religious practices or traditions practiced by me or my family (describe below)

Description: _____
- Other

Description: _____

2. (If participant already receives services, he/she should be asked the following.) What, if any, changes would you like to make relating to services you receive or want to receive?

- Times of service, describe _____
- Number of service hours, describe _____
- Activities engaged in when receiving supports, describe _____
- Supports for increased community activities, describe _____
- Supports for more time with friends or family members, describe _____
- Employment, volunteer or training activities, describe _____
- Change in provider agency, describe _____
- Change in service worker, describe _____
- New safety measures, describe _____
- Home modifications to help with accessibility, describe _____
- Help with finances, describe _____
- Want to move to another location, describe _____
- Increase self-advocacy skills and abilities, describe _____
- Improve skills to help me manage staff and service hours, describe _____
- Training for workers, describe _____
- Other, describe _____

3. Are there other personal requirements you have for your service provider or how you receive services? (Describe below)

Based on responses to above, the assessor should have a conversation about reasonable alternatives in the event that the first preference is not readily available. Record responses below.

4. If your service preferences cannot be met, are you willing to consider alternative arrangements until something can be worked out that better meets your first preference?

- No. The participant is unwilling to accept supports that do not meet requirements
- Yes. If yes, indicate the types of alternatives that are acceptable to the participant and appropriate to the desired outcome.
 - Willingness to train/teach support staff
 - Stay with current provider agency until new provider can be found
 - Keep current worker until new worker can be found and trained to support me
 - Receive alternative services until the preferred service becomes available
 - Use unpaid supports to provide assistance
 - Use other community resources to provide assistance
 - Other _____