

Crosswalk – Elements of the Person-Centered Plan

Elements of the Person-Centered Plan	SERVICE PLAN	MEMBER ASSESSMENT	PRE-ADMISSION SCREENING (PAS)
1 – Setting where the person resides and access to the community	<p>Demographics (Page 1)</p> <p>Includes demographic information and person’s program expectations</p> <p>Personal Preferences (Page 2-3)</p> <p>Asks person what community activities they prefer and when they prefer to do them.</p>	<p>Demographics (Page 1)</p> <p>Social Needs Assessment (Page 6)</p> <p>Addresses the persons’ preference for leaving home and participating in community activities.</p>	<p>Section 1. Demographics (Pages 1-3)</p> <p>Covers the Current Living Arrangements, including formal and informal supports.</p>
2 – Plan is in person-first language	<p>The plan template is written without technical terms or referencing any specific disability.</p>	<p>The assessment template is written without technical terms or referencing any specific disability.</p>	
3 – Consider positive attributes	<p>Personal Preferences (Page 2-3)</p> <p>Includes what activities the person prefers and when they prefer them, paying attention to what they can do for themselves and who they consider supports.</p>	<p>Emotional Needs Assessment (Page 7-8)</p> <p>Covers social supports and sources of enjoyment.</p>	
4 – Risk identification	<p>Risk Reduction Health & Safety (Page 4)</p> <p>Any identified risks should be addressed on the service plan with as much detail as possible. Additional information can be used from the PAS sections Medical Assessment and MI/MR Assessment.</p>	<p>Risk Assessment (Pages 8 – 10)</p>	<p>Medical Assessment (Pages 3-6)</p> <p>MI/MR Assessment (Pages 7-9)</p>
5 – Goals documented in person’s own words and consider quality of life concepts	<p>Page 1</p> <p>Asks person “What do I expect from this program?”</p> <p>Page 2</p>	<p>Page 2</p> <p>Asks “What kinds of services and help are you expecting from this program?”</p>	

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	<p>Asks person “What would you like your personal attendant to do for you?”</p> <p>Page 4 Asks person “Are there any things you prefer the Personal Attendant not do for you?”</p> <p>These open-ended questions promote capturing person’s thoughts and feelings about plan elements in their own words.</p>	<p>Social Needs Assessment (Pages 6-7) Asks person about how they spend their days and what activities they enjoy, etc.</p> <p>These open-ended questions promote capturing person’s thoughts and feelings about assessment elements in their own words.</p>	
<p>6 – Plan must describe services and supports, including natural supports</p>	<p>Other Specialists and Informal Supports (Page 7)</p> <p>The demographic information listed here on primary physicians and other specialists should be referred to for information on professional/technical care, current medications, health assessment, medical conditions/symptoms, decubitus, current diagnosis and clinical/psychological data. Other specialists include PT, OT, ST, Counselors, Psychiatrists, etc. which may be helpful in determining the member’s functional capabilities, ability to self-administer medications, and emergency evacuation of a building. Informal Supports and their relationship to the member are important to list because they</p>	<p>Legal Representative (Page 2) Legal guardian contact information is listed on Page 2 of Member Assessment</p> <p>Goals and Current Resources (Pages 2-3) Starting on Page 2-3 of the Member Assessment is a list of ADLs and the formal and informal supports responsible for assisting member with each</p>	<p>Living Arrangements, Representative Information (Page 1) Covers the Current Living Arrangements, including formal and informal supports.</p> <p>Professional/Technical Care (Page 3) Lists the Professional and Technical Needs of the member, including PT, OT, and ST.</p>

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	provide a base of support for the member.		
7 – The specific person or persons, and/or provider agency or other entity providing services and supports must be documented	<p>Personal Preferences (Page 2-3) Each activity of daily living is listed by day with columns to the right to mark the support provided the member as a Formal Support or Informal Support</p> <p>Service Providers (Page 6-7) Demographic information for each physician, specialist an informal support is listed here.</p> <p>Summary (Page 9) The services summarized on this page include the TBI Waiver Services and Additional Services, including all State Medicaid Plans, Personal Care Services, and other services member is/will be receiving and Page 5 of the Member Assessment, Medical Needs Assessment.</p>	<p>Page 2 List of demographic information on Legal Representative, Primary Care Doctor, Specialist and Pharmacy.</p> <p>Medical Needs Assessment (Page 5) Lists Primary Care physician, types of services</p>	<p>#26 (Pages 5 - 6) This section of the service plan should reference the identified deficits noted in the PAS. For example, if the PAS identifies a deficit with eating, then the expectation is that the member will need assistance from the personal attendant. If a member doesn't want assistance from a personal attendant on any deficit noted on the PAS, it should be noted on page 4 "Are there any things you prefer the Personal Attendant not do for you?" Also, if the identified deficit will be addressed by an informal support, it should still be listed in the preferences section and informal support should be marked.</p>

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<p>8 – The plan must assure the health and safety of the person</p>	<p>EMERGENCY BACK-UP (Page 8)</p> <p>The Emergency Back-up Plan covers who will be contacted in the event that a personal attendant is not available. It creates an alternate coverage plan utilizing steps to follow in event of an emergency, including natural disasters, power outages, fire, etc.</p>	<p>Page 3</p> <p>Includes the Environmental Needs Assessment lists who lives with the member in what type of home.</p> <p>Page 9</p> <p>Addresses fall risks and behavioral risks.</p>	<p>Page 1</p> <p>Covers the Current Living Arrangements, including formal and informal supports.</p> <p>Page 3</p> <p>Explores the member’s ability of evacuate the building in event of an emergency.</p>
<p>9 – Non-paid supports and items needed to achieve the goals must be documented</p>	<p>Personal Preferences (Pages 2-3)</p> <p>Lists what person would like assistance with daily. A column to the far right is to be marked if an informal support (non-paid) is involved.</p> <p>Demographic information for informal supports is on page 7.</p>	<p>Goals and Current Resources (Pages 2-3)</p> <p>Each Activity of Daily Living is listed in a chart with an area to write a name and an area to indicate whether this is formal or informal support.</p>	
<p>10 – Plan must include signatures of everyone responsible for its implementation and a timeline for review</p>	<p>Page 1</p> <p>Has boxes to mark appropriate plan as: Initial, 6 month, Annual or Change in Need, Transfer or Discharge with a begin and end date.</p> <p>Signature Page (Page 10)</p> <p>Lists who was present during the planning meeting.</p>	<p>Case Management (Page 1)</p> <p>Has boxes to mark appropriate assessment as: Initial, 6 month, Annual or Change in Needs</p> <p>Signature Page (Page 12)</p>	

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		Lists who was present during the assessment.	
11 – Any effort to restrict the right of a person to realize preferences or goals must be justified by a specific and individualized assessed safety need and documented in the plan	<p>Risk Reduction (Page 4)</p> <p>Includes columns for date problem/risk was addressed and the outcome.</p>	<p>Risk Assessment (Page 10)</p> <p>Asks person specifically if they feel there are any issues which are a risk to their health and safety</p>	
12 – Plan must identify the person(s) and/or entity responsible for monitoring its implementation	<p>Summary Page (Page 9)</p> <p>Lists services to be provided, who will be providing them and how frequently.</p> <p>Signature Page (Page 10)</p> <p>All who sign the signature page are accepting responsibility for monitoring its implementation.</p>		
13 – Plan must identify needed services, and prevent	<p>Summary (Page 9)</p> <p>The services summarized on this page include the TBI Waiver</p>	Medical Needs Assessment (Page 5)	Professional and Technical Needs (Page 3)

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unnecessary or inappropriate services and supports	Services and Additional Services, including all State Medicaid Plans, Personal Care Services, and other services member is/will be receiving and Page 5 of the Member Assessment , Medical Needs Assessment.		Lists the Professional and Technical Needs of the member, including PT, OT, and ST.
14 – An emergency back-up plan must be documented that encompasses a range of circumstances (e.g. weather, housing, staff)	<p>My Emergency Backup Plan (Page 8)</p> <p>Covers their preference for substitute Personal Attendant and a description of actions if no attendant is available.</p> <p>Includes space for participant’s disaster emergency plan and describes urgent needs and any actions that need to take place in the event of emergencies such as flood, extended power outage, snow, or fire.</p>	<p>Environmental Needs Assessment (Page 3)</p> <p>Includes the Environmental Needs Assessment which lists who lives with the member in what type of home.</p> <p>Page 9</p> <p>Addresses fall risks and behavioral risks.</p>	<p>Current Living Arrangements (Page 1)</p> <p>Covers the Current Living Arrangements, including formal and informal supports.</p> <p>Member’s ability to evacuate (Page 3)</p> <p>Explores the member’s ability of evacuate the building in event of an emergency.</p>
15 – Plan must address elements of SD (fiscal intermediary, support broker/agent, alternative services)	<p>Summary Page (Page 9)</p> <p>Includes additional Services (include all state Medicaid Plans, Personal Care Services, and other services the member is/will be receiving).</p>	<p>Insurance and Health Care Information (Page 1)</p> <p>Includes insurance plans and legal guardianship/conservator status.</p> <p>Goals and Current Resources (Page 2)</p> <p>Asks participant about management of finances.</p>	

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		<p>Additional Identified Member Needs (Page 10) Covers Advance Directives, Legal services and Debt counseling.</p>	
<p>16 – All persons directly involved in the planning process must receive a copy of the plan or a portion of the plan, as determined by the participant or representative.</p>	<p>Signature Page (Page 10) Includes a list of persons who should receive the plan and blanks for the date it was provided to them.</p>	<p>Page 12 Has a chart to record to whom copies of the assessment were sent and the date the copy was provided.</p>	