**Personal Plan Summary**

**Illinois Life Choices Initiative**

**Purpose**

The Personal Plan is developed through a person-centered planning process that focuses on the unique interests, priorities and aspirations of the person receiving supports. The Plan is a single, comprehensive document that prioritizes and structures the delivery of all services and supports across environments. The Plan directs those involved with the person in how to best support him/her to maximize choice, independence and wellbeing.

The Personal Plan summarizes the preferences, formal and natural supports, risk factors and supports needs of the individual related to key life areas, such as relationships, community participation, employment, income and savings, health and wellness, education and other areas important to the person. The Plan serves as a tool for sharing this information with others who are or will be involved in supporting the person to achieve his/her desired life. The Personal Plan provides the basis for ongoing service delivery, monitoring and quality evaluation.

**Plan Development Process**

The Plan is developed by the individual/family, along with those chosen by him/her to be a part of the process and the designated Individual Service Coordinator (ISC). The ISC guides the development of the Plan to assure the final document achieves the purpose described above. The Plan development process will be customized to the needs and preferences of each individual to assure his/her maximum participation and comfort with the process.

**Components**

The Personal Plan summarizes the individual’s preferences, formal and natural supports and risk factors in key areas such as:

* Relationships and Social Status
* Life at Home and in the Community
* Career
* Health and Wellbeing
* Choice and Decision-Making

**Dissemination**

The individual directs the ISC to disseminate the Priority Summary section of the Plan to provider organizations that he/she is considering as a possible service provider for the purpose of determining organizations’ ability to meet the requirements of the person. Organizations that believe they can meet the requirements of the person will receive the full Personal Plan for additional detail and work with the ISC who will facilitate the Provider Selection process.

**Service Implementation Plan**

The Personal Plan provides the basis for the selected provider organization to develop a Service Implementation Plan that describes the specific services and supports it will offer to assist the person to achieve the goals and lifestyle they have described in the Personal Plan.

**Ongoing Review**

The ISC will review the Plan with person during regular monitoring visits to assure it remains relevant, accurate and serves as the basis for ongoing service delivery. The Plan will be updated as needed but at least annually to assure it continues to reflect the person’s goals and personal priorities.

**Personal Plan**

**Name**  Click here to enter text. **DOB** Click here to enter text.

**ISC contact name** Click here to enter text. **Email/Phone** Click here to enter text.

**Names and relationship of others who were a part of developing this Plan** Click here to enter text.

**Dates of Plan development** Click here to enter text.

**Important Things to Know About the Person**

Share some key qualities, achievements and priorities of the person based on what was learned during the Discovery and Assessment Process. This information should help someone who doesn’t know the person to create an impression of who they are, what gives their life meaning and what are they looking for from the community service system.

Click here to enter text.

**Important Relationships**

1. Describe the most important people, roles and statuses in this person’s life. Click here to enter text.
2. Describe any known risk factors that must be considered and addressed in order for this person to maintain safe relationships. Click here to enter text.
3. Describe how these risk factors will be addressed. Click here to enter text.
4. List important strengths and preferences that apply in this area. Click here to enter text.
5. What is the person’s priority outcome/requirement in this area? Click here to enter text.

**Home**

**For now, the person is happy where they live and doesn’t want to move** [ ] Yes [ ]  No If No, complete below section.

1. Describe qualities about where the person lives that are important them. Click here to enter text.
2. Describe the supports the person will need to live safely in their home and how these can best be provided. Click here to enter text.
3. Describe any known risk factors that must be considered and addressed in order for this person to live safely in their home. Click here to enter text.
4. Describe how these risk factors will be addressed. Click here to enter text.
5. List important strengths and preferences that apply in this area. Click here to enter text.
6. What is the person’s priority outcome/requirement in this area? Click here to enter text.

**Life in The Community**

1. What things does the person do now in their community that are important to him/her? Click here to enter text.
2. Describe the supports the person will need to safely access the community and how these can best be provided. Click here to enter text.
3. Describe any known risk factors that must be considered and addressed in order for this person to safely access community resources. Click here to enter text.
4. Describe how these risk factors will be addressed. Click here to enter text.
5. List important strengths and preferences that apply in this area. Click here to enter text.
6. What is the person’s priority outcome/requirement in this area? Click here to enter text.

**Career/Income**

1. Describe the kind of job or work the person wants to pursue. Click here to enter text.
2. Describe other activities the person wants to pursue outside of or instead of work. Click here to enter text.
3. Describe any known risk factors that must be considered and addressed in order for this person to be safely and successfully employed. Click here to enter text.
4. Describe how these risk factors will be addressed. Click here to enter text.
5. List important strengths and preferences that apply in this area. Click here to enter text.
6. What is the person’s priority outcome/requirement in this area? Click here to enter text.

**Health and Wellbeing**

1. What concerns does the person have for their physical and emotional health? Click here to enter text.
2. Describe any known risk factors that must be considered and addressed in order for this person to maintain their health and wellbeing. Click here to enter text.
3. Describe how these risk factors will be addressed. Click here to enter text.
4. List important strengths and preferences that apply in this area. Click here to enter text.
5. What is the person’s priority outcome/requirement in this area? Click here to enter text.

**Choice and Decision-Making**

**Name of person who has legal responsibility to make decisions for this person:** Click here to enter text.

1. If someone other than the person is legally allowed to make decisions for them, how does the person feel about this arrangement? Click here to enter text.
2. Describe any known risk factors that must be considered and addressed in in the area of choice and decision-making. Click here to enter text.
3. Describe how these risk factors will be addressed. Click here to enter text.
4. List important strengths and preferences that apply in this area. Click here to enter text.
5. What is the person’s priority outcome/requirement in this area? Click here to enter text.

**Protections and Assurances**

1. Describe how any disagreements that may have arisen during the planning process were addressed. Click here to enter text.
2. Identify the person responsible for monitoring the Plan. Click here to enter text.
3. Briefly summarize the person’s direct involvement in developing this Plan**.** Click here to enter text.
4. Confirmation that the setting has been chosen by the individual and/or his/her legal representative and the setting supports full access to community settings and resources. [ ]  Yes [ ]  No
5. Date of annual review and revision based upon reassessment of functional needs unless sooner in the event of a significant change in the person’s circumstances/needs or at the request of the individual. Click here to enter text.
6. Signature indicating agreement with the Plan of all those responsible for developing it including the individual

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Relationship** | **Date** |
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1. Verification that the Plan is understandable to the person and other non-professionals and a copy is provided to the person. Click here to enter text.

**Personal Plan Priority Summary**

**Name**  Click here to enter text. **DOB** Click here to enter text.

**ISC Contact Name** Click here to enter text. **Email/Phone** Click here to enter text.

**Preferred Community** Click here to enter text.

**Types of supports the person is seeking** [ ] 24-hourCILA [ ]  Intermittent CILA [ ]  Community Integrated Employment

 [ ] Developmental Training [ ]  Home Based Services

**List any self-directed and/or natural services and supports the person will receive** **in conjunction with agency service**s

|  |  |  |
| --- | --- | --- |
| **Service/Support** | **Person/Entity Responsible** | **Frequency/Location/Duration** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Essential Requirements**

Briefly summarize key points from the Personal Plan that organizations interested in supporting the person must know in order to determine whether they can meet the person’s expectations and requirements. Include any specific support needs and/or accommodations that must be met, such as ability to support specific medical conditions, physical accessibility, remaining connected to current resources, etc.

Click here to enter text.

**Personal Plan Priorities/Requirements**

**Relationships**

Click here to enter text.

**Home**

Click here to enter text.

**Life in My Community**

Click here to enter text.

**Career**

Click here to enter text.

**Health and Wellbeing**

Click here to enter text.

**Choices and Decision-Making**

Click here to enter text.

Name of Provider Agency Receiving Personal Plan Priority Summary Click here to enter text.

Date Forwarded Click here to enter text.

Name of Person Receiving Summary Click here to enter text.

**Service Implementation Plan**

**Overview**

This component of the Personal Plan is completed once a provider organization has been selected and becomes a part of the Personal Plan document. Provider organizations are accountable for providing services and supports that will assist the person to experience the lifestyle outlined in the Personal Plan. The Service Implementation Plan provides operational direction for those who will provide ongoing services and supports (both paid and unpaid including natural supports) to address the priorities, outcomes, risk factors and support needs identified in the Personal Plan. The priorities, strengths, support needs and risk factors identified in the Personal Plan must be addressed and accounted for in the Service Implementation Plan for those areas in which the organization is being paid to provide services (e.g. if a person is only receiving employment support, the Service Implementation Plan is not required to address issues related to the home). The more comprehensive the nature of paid services being provided (e.g. 24-hour CILA vs. employment services), the more detailed and accountable the Service Implementation Plan will be. Provider agencies may design their own tool to serve as the Implementation Plan, but the Service Implementation Plan must address the following requirements. Note – other important information and source documentation may be included in the agency clinical record as reference documents.

Requirements that this component of the person-centered plan must meet are detailed below.

[ ]  Reflects the priority outcomes/requirements identified in the body of the Personal Plan

[ ] Describes how supports and services assist the individual to engage in community life and maintain control over personal resources

[ ] Provides opportunities to seek employment and work in competitive integrated employment if desired

[ ] Includes functional goals/training areas and methods to measure progress

[ ] Demonstrates that services and supports are linked to individual strengths, preferences and assessed clinical and support needs

[ ]  Describes individualized back-up plans and strategies for service delivery

[ ] Identifies risks included in the Personal Plan and any others subsequently identified; strategies that will be used to mitigate risk and who is responsible for implementing these strategies

[ ] Identifies all services and supports to be provided regardless of provider of funding source, including type, methods if applicable, frequency, duration and staff assigned if applicable

[ ] Includes justification for any restriction(s) or modifications that limit the person’s choice, access or otherwise conflict with HCBS standards

[ ] Includes basic descriptive, diagnostic, demographic and medical information

[ ] In any situations where a person lives in a residential setting owned or controlled by a service provider and modifications are requested to the expectations of community settings laid out in section 441.301C4vi A-D (e.g. legally enforceable lease, privacy, choice of roommates, control over schedule, visitor access), the Plan documents:

* The specific and assessed need of the person
* An attempt to use positive interventions and support
* Documentation that less intrusive methods were attempted
* Includes a clear description of the condition that is directly proportionate to the specific assessed need
* Description of data collection methods
* Timeframes for periodic review to determine if modifications remain necessary
* Informed consent of the person
* Assurance that intervention will not harm the person

[ ] Reflects ongoing review, monitoring and updating if necessary by the Provider agency

[ ] Is updated to reflect changes in the Personal Plan at least annually and more often if warranted by circumstances, a change in functional status or at the request of the individual