

PCP Template – Page 1



\_\_\_\_\_’S PERSON-CENTERED PLAN

<b>Name:</b>	<b>DOB:</b> / /	<b>Medicaid ID:</b>	<b>Record #:</b>
<b>(Non - I/DD Plans ONLY)</b> PCP Completed on: / /	<b>(I/DD Plans ONLY)</b> Plan Meeting Date: / /	<b>Effective Date:</b> / /	

Life Domains Assessed during Development of Person-Centered Plan:

<p><b>Daily Life and Employment</b></p> <p>What a person does as part of everyday life – school, employment, volunteering, communication, routines, and life skills.</p>	<p><b>Community Living</b></p> <p>Where and how someone lives – housing and living options, community access, transportation, home adaptation and modification.</p>
<p><b>Safety and Security</b></p> <p>Staying safe and secure – finances, emergencies, relationships, neighborhood, well-being, decision making supports, legal rights, and issues.</p>	<p><b>Healthy Living</b></p> <p>Managing and accessing health care and staying well – medical, mental health, behavioral, alcohol, tobacco and other drug use, medication management, life span development, exercise, wellness, and nutrition</p>
<p><b>Social and Spirituality</b></p> <p>Building/strengthening friendships and relationships, leisure activities, personal networks, community inclusion, natural supports, cultural beliefs, and faith community.</p>	<p><b>Citizenship and Advocacy</b></p> <p>Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one’s own life is lived.</p>

**What do you want to work on? What would you like to accomplish?**

*Using the assessment of the Life Domains, use this information to determine what is most important to the individual right now? What is their vision of a good life?*

**What strengths do you currently have?**

*These are the individualized, personal attributes, gifts, and skills a person possesses. Avoid what makes a “good client”. Good examples: good sense of humor, artistic, knowledgeable about gardening, good soccer player, stylish. Avoid: shows up for appointments, takes medications as prescribed, smiles a lot, follows directions.*

**What are the obstacles to meeting your goals?**

*Help the individual identify the things that are getting in the way of meeting their goals and the resources they need to meet their goals.*

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**ACTION PLAN**

The Action Plan section of the PCP includes the individual’s long-term goal, short-term goals, interventions, and timeframes.

**Long-Term Goal:**

*“I want to get a car.”*

**Short-Term SMART Goal**

**Goal:** Example: *“I want to save up money to buy a car.”*

**Team:** *Individual will have improved budgeting skills as evidenced by saving \$500 within 6 months.*

**Interventions – Provider(s):**

1. *Psych Rehab Specialist will provide money management supports 2 times weekly for 45-60 minutes to help with: outlining monthly income and spending, developing a monthly budget, and exploring ways to reduce spending and increase savings.*
2. *Peer Support Specialist will help the individuals open a savings account at a bank of his choice within 30 days.*

**Interventions – Individual and/or Natural Support Actions:**

1. *I will bring a copy of my monthly bills within 2 weeks to help inform the budget.*
2. *My cousin agreed to buy me a calculator to help me look at local banking options.*

**Short-Term SMART Goal**

**Goal:** Example: *“I want to manage my symptoms better. It’s hard for me to make all my shifts at work when I’m not feeling well or I end up in the ER and then my check gets cut.”*

**Team:** *The individual will implement improved coping strategies to miss no more than 1 work shift per month for the next 6 months.*

**Interventions – Provider(s):**

1. *The Team will help the individual schedule an appointment with the psychiatric care provider within 30 days.*
2. *The Team will meet with the individual 2-3 times per week to assess how medication is being tolerated.*
3. *The Psychiatric Care Provider will provide medication management 1x every 3 months to help reduce distressing symptoms, including high anxiety which can lead to work absences and ER visits.*
4. *Team Clinician will meet with the individual at least 1 time per week for individual therapy, utilizing CBT, to assist the individual in improving coping skills to better manage anxiety and frustrations.*
5. *Peer Support Specialist will work with the individual to help him complete a Wellness Recovery Action Plan (WRAP) within 30 days to use as a daily wellness toolbox and in the event of crisis.*

**Interventions – Individual and/or Natural Support Actions:**

1. *I will use at least one of my wellness tools from my WRAP (e.g., attending church, walking my dog, listening to music) every day to better manage my stress.*
2. *I will reach out to my cousin for extra support and also my team when I am having a crisis instead of calling 911 or going to the hospital.*

**\*\* Copy and use as many Action Plan pages as needed.\*\***