

PERSONAL SUPPORT PLAN (PSP) **PROCEDURE MANUAL**

This manual was developed in accordance with the Personal Support Plan Policy, Waiver requirements, and the Administrative Rules of Montana, which may be accessed on the DDP website at [Administrative Rules of Montana](#)

PSP Process Overview

The Personal Support Plan (PSP) document reflects a person's vision of their desired life. It includes descriptions of the person's situation, skills, capacities, and needed supports, as well as the outcomes necessary to achieve their desired life. The PSP describes the actions, supports and services required, and those responsible for the desired outcomes.

The PSP is developed by the person with the involvement of others identified by the person, such as family, friends, and service providers, and is facilitated by the person's case manager. The planning team uses the PSP to guide needed supports and services among these groups, and others in the community. It is the fundamental document used to assist the person in achieving their Vision for the future.

The process for implementing the PSP includes gathering information before the meeting; the gathering of the PSP team where the Plan is written; and then the implementation of Outcomes and Action Statements throughout the year as identified in the PSP document.

Children's Group Home

Persons living in a children's group home are required to have an annual PSP meeting and must follow the entire PSP process.

Information Gathering: Before the Meeting

The PSP process begins with the provider staff and case manager gathering information over a period of time from the person and those who know them best; family members, guardians, friends, staff who work with them, etc. This information should include the results of interviews, evaluations, and assessments. Requirements for all persons, even those self-directing and receiving case management only, include but are not limited to:

- Health Care Checklist and Risk Worksheet
- Important to/Important For
- Good Day/Bad Day
- Rituals
- 2 Minute Drill
- Consumer Survey.

Additional assessments as deemed appropriate by the team may be used.

- This information is used to help the team understand the person, what the person wants, and how best to support those needs, wants, and desires.
 - ◆ With the person's permission, information is also obtained from others with whom they interact.
- For a person who is employed, it could be considered stigmatizing to visit while working. It is suggested that information be obtained from the person and from the supported employment coach away from the job site.

Throughout the planning process, it is recognized that sometimes difficult choices may need to be made. Teams are encouraged to be creative in overcoming obstacles such as limited funding, isolated geographical locations, and limited community resources in order to support the person in meeting wants and needs.

When possible all sections should be written using the person's own words. For people who do not use verbal expression statements such as "According to John's sister, John might like to become an Olympic swimmer or an astronaut."

Responsibilities and Timelines for PSP Team Members

The case manager and provider summarize the information in the PSP document located in the Data Management System (DMS), sharing this information with persons who provide supports and/or services. The information gathering process is to be completed before the annual planning meeting is held.

Providers are responsible for completing the Wellness and Lifestyle sections necessary for the service(s) provided to the person. Providers are to enter the required information into the PSP in the DMS as per timelines established in the PSP policy. The case manager is responsible for these sections when services are not being received from a provider.

Case managers are the keeper of the PSP document, thus are responsible for gathering and organizing all information for the PSP document. The person's PSP certified case manager must be present to facilitate all meetings. If an alternative person is selected to facilitate the PSP meeting, it must be another PSP certified case manager.

Additional responsibilities can be found in the index of the PSP document.

PSP Format

The PSP document is divided into nine sections:

- I. General Information
- II. Personal Introduction
- III. Personal Profile
- IV. Lifestyle
- V. Wellness
- VI. Personal Finance
- VII. Visions
- VIII. Outcomes
- IX. Signatures

Sections I-VII should be completed during the information gathering process before the annual PSP meeting. This information should be available in the DMS, or disseminated in draft to those where access to the DMS is unavailable, along with invitations to attend the annual meeting. Content information regarding Sections VIII and IX, the Outcomes and Signatures pages, will be completed at the meeting.

PSP DOCUMENT

The following instructions are organized consistent with the sequence in which they appear in the PSP document.

- Information should be presented in bulleted, rather than narrative form.

Section I. General information to be completed by case manager
(Required for all PSPs)

- All areas of the General Information Section are to be completed.

People/Agencies Who Support Me

Fill in the names, addresses and phone numbers of family members, friends, and/or the appropriate contact person from provider agencies that support the person. Include email addresses when possible. If not available, note NA in the appropriate box. Indicate in the Emergency Contact column with a "Y" if the person is to be contacted in case of emergency.

Section II. Personal Introduction to be completed by case manager (Required for all PSPs)

Assessments used to inform this section:

The Personal Introduction is written with positive, person-centered language to introduce the person. It focuses on the positive qualities identified by the person and others that know them best. It is not a social history or a place to discuss challenging aspects of the person's life or personality. The finished product allows us to quickly get a clear impression of the person's endearing qualities. This should not be written in the first-person.

Use your knowledge of the person and the results from required assessments to capture the positive spirit of the person.

Section III. Personal Profile to be completed by case manager using assessment information completed by the provider. Assessment tools as well as Personal Profile to be completed by case manager when there is no provider

(Required for all PSPs)

Assessments used to inform this section:

The Personal Profile consists of the following items with information gathered from the corresponding assessments

Important To:

These are things in life that matter to the person. This list includes those things that need to be present or absent, from things liked and disliked to "can't live without" or "can't stand to have around". This should include things, when present, that are likely to contribute to a good day, or when absent, are likely to contribute to a bad day. This could include relationships, things to do, things to have, and routines.

Important For:

Includes things pertaining to issues of health (prevention, treatment, diet, exercise, etc.), issues of safety, what is necessary to help the person be a valued and contributing member of the community.

- ◆ **Instructions For Supporters** – What others need to know or do:
These are things that are important for staff to know in order to work with the person. This could include environmental or personal issues that may be triggers to behaviors. These are things that are essential in order for the person to have a reasonable quality of life.

Section IV. Lifestyle To be completed by providers as necessary to the services provided. To be completed by case manager if there is no provider

(Required for all PSPs – can be brief if not in a Residential and/or Vocational/Day Services)

Assessments used to inform this section:

This section should describe the person's life in the following categories:

Communication, Home, and Vocational/Day/Retirement.

- Providers are responsible for completing the entire Lifestyle section for the service(s) provided to the person. This information needs to be entered by the provider into the DMS as per timeline established in the PSP policy.
- Note that sub-categories Movement, Eating/Nutrition, and Fun/Relationships are present in both Home and Vocational/Day/Retirement.
- Information from assessments should be used in bulleted form to complete this section.

A person's behavior occurs throughout different areas of his/her life. Therefore, behavioral issues should be incorporated into **Communication, Home, and Vocational/Day/Retirement**. Rather than use terms that label the person, describe the behavior(s). E.g., "When upset, Bill may hit".

In addition, it is recognized that a person's movement, eating/nutrition and fun/relationship needs occur in all areas and should be addressed by providers in both the **Home and Vocational/Day/Retirement** sections.

Communication

Communication information focuses on the person's receptive and expressive language. It should not focus on services, but is a description of how the person communicates with others, and how others communicate with the person. It should also describe how the person makes choices. The information may include, but is not limited to:

- ◆ How the person expresses and receives information and may include sounds, movements, gestures, adaptive devices, etc.

- ◆ Special considerations that relate directly to the person, e.g., "Mary likes about three feet of personal space when interacting," "give Mary about one minute to respond," etc.
- ◆ Supports used for communicating; e.g., interpreter, augmentative communication devices, picture/word cards or boards, hearing aids, positioning needed to facilitate communication.
- ◆ Communication patterns, habits, and preferences. E.g. "Due to Mary's Cerebral Palsy she turns her head to the left before moving to midline so she can begin to open her mouth to speak. She needs about 45 seconds to a minute to complete this process prior to talking/responding".

The Communication Assessment, found in this section, may be used to support the requirements of this section.

Home

This section includes information about the person's home life and the supports needed. The information may include, but is not limited to:

- ◆ Opportunities for self-direction and choice
- ◆ Description of the environment/setting where the person lives
- ◆ Relationships in this setting/with whom they spend time
- ◆ Opportunities for interaction with people without disabilities
- ◆ Cultural/religious/spiritual preferences
- ◆ Person's fears or concerns in this setting
- ◆ Routines/breaks/daily schedule, including any positioning needs
- ◆ transportation needs
- ◆ Adjustment to change in routine, schedules, job responsibilities, down time, etc.
- ◆ Any desires for change or currently satisfied
- ◆ Challenges that affect the person's life at home

If the person would like to make a change to his/her present living situation, this should also be described. This may include moving to a new home, finding a new roommate, or changing a certain routine. E.g. "John and his family feel that it would be a great idea for John to live in a quiet neighborhood with fewer roommates."

Vocational/Day/Retirement

This section includes information about the person's vocational/day environment and the supports needed. The information may include, but is not limited to:

- ◆ Opportunities for self-direction and choice
- ◆ Description of the environment/setting where the person spends his/her day

- ◆ Relationships in this setting
- ◆ Opportunities for interaction with people without disabilities
- ◆ Routines/breaks/daily schedule, including any positioning needs
- ◆ Earnings/pay schedule
- ◆ Duties/responsibilities
- ◆ Person's fears or concerns in this setting
- ◆ Transportation needs
- ◆ Adjustment to change in routine, schedules, job responsibilities, down time, etc.
- ◆ Any desires for change or currently satisfied
- ◆ In addition to information about the person's current situation, any desired changes should be described. E.g., "Kathy is currently working at the workshop, and states she would like to explore ways to work in the community."
- ◆ If the person desires retirement this should be mentioned here. Information may include what the person would like in retirement and the supports needed.

Home and Vocational/Day/Retirement

The following subcategories should be addressed in both settings.

Movement

Describe the person's movement and mobility. Include any approaches, supplies or devices that are used to accomplish movement and mobility. The information may include, but is not limited to:

- ◆ Overall mobility status, e.g. "John walks without assistance. He walks slightly stooped which gives the appearance that he may tip over. He wears a harness to assist with standing straight".
- ◆ Movement patterns and/or habits, e.g. "When John makes eye contact to speak, he rubs his hair back and forth and rocks."
- ◆ Treatments and interventions, e.g. "Sally attends pool therapy, two times per week, to improve her balance."
- ◆ Assessment, evaluation information and recommendations, e.g. "Bill participated in occupational therapy assessments to eliminate tripping hazards from his apartment. Rugs were removed and a second handrail was added to the stairs."

Eating/Nutrition

Provide descriptive information about the person's mealtime patterns and nutritional needs. If the person does not have any concerns or need support in this area, your description should be very brief. The information may include, but is not limited to:

- ◆ General nutrition information, e.g. "John does not eat much meat and needs to be offered other foods that are high in protein."
- ◆ Eating patterns, habits, and preferences e.g. John eats three meals a day, two of them at work. John reports that he prefers salads and vegetables to meats."
- ◆ Assessment information relating to mealtime and nutrition, with a history of concerns in these areas, to include prescribed dietary guidelines, e.g., "John has a history of becoming so involved in an activity that he forgets to eat. He may need reminders about mealtimes."
- ◆ Description of any mealtime procedures, including positioning if necessary to facilitate eating e.g. "John's food should be cut into small bites."
- ◆ Description of any swallowing/chewing/gagging concerns and ensure they are adequately addressed.
- ◆ Programs and treatments outside mealtime that support mealtime skills/nutritional status e.g. "Sally drinks Ensure as a nutritional supplement, a snack, to help prevent osteoporosis."
- ◆ Description of any assistive/supportive technology that is used during mealtime e.g., "John uses a maroon Teflon spoon to prevent tooth chipping."

Fun/Relationships

This section contains a description of the person's current situation relative to their free time, social life, fun, play, etc. There should be information regarding the amount and type of support the person needs to do the things they want to do including any ideas about how the person may expand their social life or develop new interests. The information may include, but is not limited to:

- ◆ Opportunities for self-direction and choice
- ◆ Opportunities for interaction with people without disabilities
- ◆ Current relationships with family and friends.
- ◆ Relationships a person might want to develop
- ◆ Friends from the past with whom the person may want to reestablish contact
- ◆ Ideas on how to connect the person to others in the community
- ◆ Relationships that should be avoided
- ◆ Supports needed to maintain, strengthen and build relationships
- ◆ Leisure pursuits with others including current activities, as well as areas of interest
- ◆ Any organizational memberships and responsibilities
- ◆ Vacations
- ◆ Spiritual preferences (religion, holiday celebrations, life cycle, etc.)
- ◆ Interests (people, places, things)
- ◆ Person's fears or concerns
- ◆ Transportation needs
- ◆ Challenges (communication/relationships/behavior/physical)
- ◆ Education (Opportunities for learning (college, seminars, classes, etc.)

- ◆ Sexuality (Expression of sexuality and any training or counseling needed)

Section V. Wellness To be completed by providers as necessary to the services provided. To be completed by case manager if there is no provider

(Required for all PSPs – can be brief if not in a Residential and/or Vocational/Day Services)

Assessments used to inform this section:

The Wellness section of the PSP includes several aspects of the person's life that impact health and wellness. Sections included under Wellness are: **Health Summary (Physical Health, Mental Health, Hearing/Vision/Dental), Allergies/Sensitivities, Equipment, Supplies & Technology, Medications and Health Care Providers.**

Information should be obtained from a variety of sources, such as medical reports, assessments, and anyone involved in the promotion of wellness in the person's life.

Health Summary

Included in the Health Summary section is a general description of the person's physical and mental health status. Diagnoses should be clearly listed. In addition, information regarding specialty consults conducted throughout the year should be included, stating why the person saw the specialist, results of the visit, and recommendations.

Summarize all evaluations and assessments. This should include dates, results, and any recommended follow-up generated by evaluations/assessments. State the appropriate interval for each exam as determined by the corresponding health professional.

If there are no health concerns, summarize the preventative measures taken throughout the year, e.g., "Bill saw his primary care physician for his annual physical. There were no recommendations for follow up." The information may include, but is not limited to:

- ◆ Primary diagnosis
- ◆ Assessments or screenings needed.
- ◆ Specific therapies, treatments or medications that have and have not worked
- ◆ Assistance with medication administration and monitoring therapeutic levels
- ◆ Issues or concerns identified by the person, family or others
- ◆ Medical history that may affect the person's health, e.g. "John's father and older brother have a history of high cholesterol and blood pressure."

Physical Health

This component of the Health Summary describes the person's physical health status. Note specific medical conditions and their interventions.

- ◆ Medical diagnosis and impact on the person's daily routine, e.g. "John's mitral valve prolapse prevents him from using a hot tub."
- ◆ General health of the person including routine interventions used to maintain good health, e.g. "Occasionally John's arthritis causes his right knee to ache. He treats it with Arnica cream and a heating pad."
- ◆ Assessments obtained from specialist(s) and reasons for evaluations, e.g. "John has been forgetful lately and it was recommended he visit a neurologist."
- ◆ Other general recommendations and conditions that may affect health, e.g. "John has contractures of the hands and wrist as a result of cerebral palsy which may cause skin breakdown in the palms of his hands and under his fingers. John's hands are cleaned and dried thoroughly then treated with lotion on a daily basis when getting ready for work."

Mental Health

This component of the Health Summary describes the person's mental health status. Note specific interventions that work, supports being used, and any precautions required.

- ◆ Mental health diagnosis
- ◆ Current treatment procedures needed or used, e.g., "Sally participates in weekly neurobiofeedback sessions for her bipolar disorder."
- ◆ Describe any medications used in treatment, e.g., "Joan has a PRN of 1mg Ativan used to alleviate symptoms of dissociative identity disorder."
- ◆ Other behavioral concerns, e.g. "Bill has a reinforcer program which encourages him to refrain from touching strangers while in the community."

Hearing/Vision/Dental

This component of the Health Summary describes the person's current hearing, vision, and dental status. Note any equipment being used along with its purpose.

- ◆ Status of or need for hearing exams
- ◆ Hearing limitations or distinctions and accommodations utilized, e.g. "Roy is bilaterally deaf and communicates via ASL. His home requires adaptive emergency alert features. Detailed communication information may be found in Section IV."
- ◆ Status of or need for vision exams
- ◆ Vision limitations or distinctions and accommodations utilized, e.g. "Although Joe is legally blind, staff report that he can distinguish between light and shadow."
- ◆ Status of or need for dental exams

- ◆ Dental limitations or distinctions and accommodations utilized, e.g. “Bill had all of his teeth extracted in 1994. He chooses to not use any dentures and prefers to eat softer foods.”

ALLERGIES/SENSITIVITIES

In this section, fill in the boxes, listing allergies and the reactions or sensitivities for the person. Allergies and sensitivities can pertain to certain topical medications, latex, adhesives, food, insects or the environment. Precautions can include contraindications such as not taking medications with certain foods or liquids. If no known allergies, indicate NKA.

EQUIPMENT, SUPPLIES & TECHNOLOGY

In this section, list each item the person uses, the purpose, who maintains it and how it is maintained, and the date of purchase, if known.

MEDICATIONS

In This section document all medications the person is taking at the time of the meeting. All prescription and non-prescription medications taken on a regular or as needed basis are to be listed.

- ◆ Protocols for using medications prescribed on an as needed basis (PRN) must be attached to the PSP.
- ◆ Medication prescribed for a temporary condition, such as a topical ointment, should be indicated as temporary with an expected discontinuation date.

In this section make sure the name of the medication is listed and whether it is name brand or generic. Record the specific time(s) of day the medication is taken and the dosage. Dosage means how much of the medication the person takes at a given time. Include the purpose of the medication i.e. diagnosis for which the medication is prescribed. When listing psychotropic medication do not list behavior as the purpose. Behavior is not a diagnosis. Note the prescribing professional’s name and title, e.g., MD, DO, DDS.

If the person is not taking any medication on a regular basis, simply note “No medications prescribed/needed.”

ADDITIONAL MEDICATION INFORMATION

This section is used to address additional medication information relative to the person's medication procedures such as precautions, preferences, interventions, and special instructions needed. There should also be a reference of medication(s) taken in the past year noting whether or not it was effective and if there were any side effects experienced by the person, and other relevant information. References to medications listed in the box above this section could be indicated by placing an asterisk (*) beside the medication with the additional information listed in this section. e.g., "Dilantin* - monitor Gale's gums for bleeding and swelling. Since gum hyperplasia is the result of her long-term use of this medication, ensure her teeth are cleaned by a dental hygienist every 6 months. Other medications to control seizures (See Health Summary) have not been as effective in controlling her tonic clonic seizures."

If, when completing this section, areas of concern are present such as diagnosis related contraindications, go to the Health Summary and document these issues.

This section can also be used to document the person's ability to self-administer medication. Self-administration means that the person has the ability to do at least one step of the medication administration process. The team needs to identify whether or not medications are self-administered and, if not, which step(s) in the process the person can learn to do. Assistance and supervision can be provided as long as the person has the ability to self-administer their medication. Assistance means providing any degree of support or aid to a person who independently performs at least one step of taking their medication. If a person is unable to complete any step of administering their medication, then a nurse must be available to do so.

Health Care Providers

Use this section to list the professionals/entities that provide health care services to the person. The form should be current at the time of the PSP meeting.

Section VI. Personal Finance to be completed by case manager based on input from others such as payee and/or provider
(Required for all PSPs)

This section is completed by the case manager with information provided by the person, payee, and/or provider. The information should be current at the time of the PSP meeting. The purpose of the credit check is to monitor for identity theft.

Section VII. Vision to be completed by case manager (Required for all PSPs)

Assessments used to inform this section:

The Vision is the focal point of the Personal Support Plan. Vision statements have a one to three year outlook and are developed by the person around the following themes as appropriate.

- ◆ Where the person wants to live or work
- ◆ What social opportunities the person would like to be involved in
- ◆ What interests the person may wish to pursue
- ◆ What the person wants to learn

Not all vision statements require action through current or desired services: When completed, the Vision should provide a clear picture of what the person, wishes, wants, or dreams of doing. It should be clear whether the vision statements were provided by the person or someone that knows them well, and use quotation marks as appropriate to provide this emphasis. When reviewing the rough draft of the PSP Vision statements, team members should make notes on potential Outcomes that can be discussed with the person at their meeting, and for applying supports and services.

- Remember, the Vision does not include specific references to services.

When first exploring the Vision, the person may only tell you what s/he is currently doing e.g. "I like living at the group home" or "I like going to the workshop" or the parent telling you that, "John just likes to sit and watch television".

If the person is unable to communicate his/her Vision, the team will develop Vision statements approved by the person, and/or legal representative. Do not hesitate to seek the assistance of someone more familiar with the person, or who relates better with the person when gathering information. Please make sure to note who is assisting in developing the Vision Statement. E.g., Betty, Bill's Mom says, "If Bill wants anything it would be to maintain his mobility."

- Use information from the various assessments to help determine genuine visions.
 - ◆ Avoid leading questions so that ideas are not simply put into the person's mind. This requires a balance between providing new options and those things most familiar, then verifying the person is truly making an informed choice.
- To verify informed choice, ask questions in different ways at different times to ensure the person is truly aware of his/her options and is not simply agreeing to suggestions being presented in order to please others.
- Examples of open-ended questions can be found in the Appendix.

Vision Statement Examples

- ◆ "I want to explore new job opportunities"
- ◆ "I want to take a vacation"
- ◆ "I want to make new friends"
- ◆ "I want to live on a quiet street where I can have a garden and a cat."

Section VIII. Outcomes are completed by team at the meeting and entered by the case manager
(Required for all PSPs)

Outcomes

Outcomes support the achievement of a Vision and are developed at the meeting with input and approval of the person and/or legal representative. They answer the question, "What will I accomplish or do this year?" to work toward my Vision.

- ◆ Outcomes should be written reflecting the person's communication style, when possible, and do not have to be complete sentences.
- ◆ Capture direct phrases using quotation marks and reference who made the statement, e.g. Aunt June says "Sally really wants to live on her own".
- ◆ Outcomes are not service driven but reflect the outcome of a therapy, service, or support, i.e., "I want to walk", not, "I want physical therapy".
- Outcomes should relate back to the Vision and clarify what the person wants to do this year.
- Multiple Outcomes may be necessary to accomplish a Vision.

Actions

Action Statements support the achievement of an Outcome and are developed at the meeting with input and approval of the person and/or legal representative. They answer the question, "How do I get there or how will it be accomplished?"

- Actions are activities to be completed by the person.
- ◆ Each Action Statement should begin with the person's name or an "I" statement.
- When referencing natural supports such as family and friends a specific name should be included.

Actions include the following:

- ◆ The name of the provider agency, and title of the person responsible for each Action so that everyone is aware of each other's responsibilities. Generic titles may be appropriate, e.g., residential staff.

- To account for staff turnover use the title of the person responsible.
- Frequency of when the action will occur (daily, weekly, monthly) and the purpose of the Action Statement.
- A notation in the Action Statement if an Action Plan (AP) is necessary to complete the Action Statement.
- The date for the start and completion of the Action Statement.

At the close of the meeting, each team member makes a note of Action Statements they are responsible for and the start and end dates to guide them in getting started and to compare to the Case Manager's entered plan.

Action Plans

Action Plans are developed after the PSP meeting by the Provider agency that is responsible for the specific Action Statement. Not all Action Statements require an Action Plan and the team decides this at the PSP meeting.

If the team believes a particular Action Statement requires additional training or support to be achieved, then an Action Plan should be developed.

Administrative Rules of Montana requires an Action Plan when the following needs are identified by the Personal Support Plan team:

1. Self-Administration of Medication;
2. Supported Employment;
3. Rights restriction (to include additional supporting documentation);
4. Behavioral supports.

Action Plans may be in the format of, and they may already exist:

1. Checklist
2. Data collection sheet
3. Protocol
4. Skill Acquisition Program
5. Career Plan
6. Positive Behavioral Support Plan
7. Rights Restriction
8. Documentation of Choice

ADDITIONAL INFORMATION

This section of the Outcome page is used to address additional information including but not limited to:

- ◆ General Discussion that occurs during the meeting regarding:
 - Visions
 - Outcomes
 - Actions

- Action Plans
- Funding
- Other

Additional PSP Meetings

Any team member can request a review and/or revision to the PSP when warranted by changes in the person's needs by contacting the case manager to schedule a meeting. Any review or revision to the PSP must be documented using the PSP Amendment Form and disseminated by the case manager.

All changes to Visions, Outcomes or Actions must be made through the Case Manager without exception. Consensus must still be reached among team members. Consensus is indicated by signing the signature page whether at a meeting or routing the proposed changes for agreement.

Quarterly Reports

In order to assess the effectiveness of the PSP, Providers must complete quarterly reports for each Action Statement and enter into the DMS.

The quarterly report must include the following:

- ◆ A summary of progress or status toward the attainment of each Action Statement listed in the plan
- ◆ Any need for follow up

The Case Manager, depending on the quarterly report information, may follow up with:

- ◆ A conversation with the provider
- ◆ A conversation with the person and/or legal representative
- ◆ A request for a team meeting

The Case Manager will forward quarterly reports to team members upon request.

The quarterly schedule may be based on:

- ◆ The actual date of the PSP meeting. The reports must be submitted within 30 days of the end of the quarter.
- ◆ The calendar year that must be entered into the DMS before the 30th of January, April, July, and October.

Regardless of the chosen reporting schedule, the fourth quarterly report must be completed by each provider agency and reviewed at the annual PSP meeting. In reviewing, the team shall:

- ◆ Analyze progress data for each Action Statement
- ◆ Determine person's satisfaction with current services and supports
- ◆ Determine further services and supports needed

Section IX. Signatures to be completed by team members (Required for all PSPs)

Team Member Signatures:

All decisions of the PSP team must be made in consensus. As a member of the team signatures reflect understanding of the confidential nature of the information contained and discussed in the plan. Signature also indicates agreement with the plan. A team member including their printed name, only indicates they attended the meeting. By also signing their name indicates agreement with the plan.

Case Manager Signature:

When the case manager signs the PSP they are saying that: This plan is approved. It is person-centered and the individual was involved in its development. The plan was developed based on assessments of the person's needs, vision, preferences and health and safety risk factors. In addition, all services listed on the person's cost plan are identified in actions in this plan of care.

Personal Support Plan (PSP) Team Decision Making:

Decisions are based on a team driven process. When making decisions the Personal Support Plan team members take into account:

1. The person's Rights, Developmental Disabilities Policy #01.03.411.
2. The person's health and safety needs.
3. The person's needs, visions, and preferences.
4. The Montana Resource Allocation Protocol tool (MONA) for the person.
5. The person's individual cost plan (ICP).

All decisions of the PSP team must be made in consensus. If consensus cannot be reached, the person(s) who does not consent may submit their disagreement along with the justification for their disagreement within five working days to the regional manager. The regional manager will make a determination within five working days and provide the determination in writing to the members of the PSP team. (ARM 37.34.1114)

Fair Hearings:

The person receiving service or their legal guardian maintains the right to request an administrative fair hearing. If the person or their legal guardian wish to contest the person's Personal Support Plan they may request a review and a fair hearing with the Department of Public Health and Human Resources, "Office of Fair Hearing " as provided in ARM 37.34.1114.

Appendix - Questions That May Be Asked

Personal Introduction

- Where do you like to spend time?
- What do you like to do with your free time?
- What is most important to you?
- What gives you the greatest pleasure?
- What people, places, activities, or things do you feel passionate about?
- Are you a member of any clubs, groups, or social organizations?
- Where do you like to spend time?
- What kinds of people do you like to spend time with?

Personal Profile

- Are your important possessions available to you at all times? If not, why?
- Do you have certain daily routines that are very important?
- What type of support do you need in your daily routines?
- When problems occur, what are the best things to do to help you?
- How do you react to major changes? Please describe.

Communication

- What form of expressive communication is used? (e.g., speech, sign language, facial expressions, gestures, communication board, an augmentative communication device; eye blinks, specific behaviors that express certain things, such as, "Kay rolls her eyes upward when she does not want the choice offered.")
- Are there any special considerations regarding expressive communication that need to be noted? (e.g., "John often closes his eyes while processing a question. When given adequate time to do so, he will eventually open his eyes and answer.")
- Is your primary language English? If not, what is it? What accommodations need to be made to communicate with you in your primary language?
- How do you receive communication? (e.g., hearing aid, watching, touching, or a combination of all three)
- Are there any special considerations regarding receptive communication that need to be noted? (e.g., "Mary processes information best when the speaker uses a quiet voice, slow rate of speech, and eye contact at Mary's eye level. Visual devices also assist her in understanding, such as demonstrating/modeling, or using photos/pictures.")
- Do you need any assistive technology when you are traveling or at home?
- With whom do you communicate most?
- When do you communicate? (e.g., only when asked a question, or when spoken to; initiates communication with others)

- Are all equipment and devices, including positioning devices, in good working order? Who is responsible for ensuring ongoing inspection of these, and ordering their maintenance and/or repair? How long do repairs generally take? Are there substitute devices or equipment available while repairs are underway?
- Briefly, what relevant assessment and evaluation information provided by the speech and language therapist should be noted?
- What speech and language interventions are currently being used, and what recommendations are under consideration?
- What special considerations may there be regarding the rate of speech used? Examples: John may speak very quickly and it may initially seem unintelligible; however, if asked to "slow down", his rate decreases and speech becomes understandable. Mary may speak very slowly, but if given the time and listened to, she is able to "make her point." People who aren't familiar with Lance's speech patterns may need to ask him to repeat himself several times before being able to understand his message.

Home

Present Situation

- Where do you live today?
- Who do you live with?
- Do you like who you are living with?
- Do you have enough money to live in your present situation?
- Do you shop with or without help? Do you have a choice of where to shop?
- Do you have the choice in your home about - what time to wake up, what time to go to bed, what and when to eat, what to do with your free time, with whom you will spend time?
- Do you have opportunities to get out and meet people?
- What holidays do you celebrate? Where and how do you celebrate these holidays?
- Are there things you would like to do, but, for whatever reason, cannot?
- When you want to go somewhere, how do you get there?
- Do you want to walk to different places in the community?
- Do you need help waking up in the morning?
- Do you need assistance fixing meals? If yes, what should that support be?
- Do you need assistance eating? If yes, what should that support be?
- Do you need assistance getting dressed? If yes, what should that support be?
- Do you need help taking a shower or bath? If yes, what should that support be?
- Do you need help with using the toilet or when you use the bathroom?
- (For Women) Do you need assistance with your menstrual period, such as getting supplies?
- Are there any safety issues that should be discussed?
- Do you have certain religious preferences? Is this your preference or your family's?

- What opportunities do you have for showing your spirituality and sharing this with others having similar beliefs and values?
- Do others in your life respect your religious/spiritual preferences? Does your preference affect your life?
- Do you have concerns or fears about where you live? (neighborhood, animal in neighborhood, not having enough money)
- Do family and friends have common concerns about where you live? What can be done to lessen or alleviate these concerns/fears?
- What behavioral difficulties, if any, affect your life at home? Do they create safety problems for you at home?
- Are there any situations at home creating problems for you? How often do such problems occur?
- Is there any additional information or are there any recommendations from formal evaluations and assessments that have not yet been included?

Desired Future

- Can you learn to drive?
- Do you want to learn to ride a bus, or take a cab? What type of help would you need?
- Do you want to learn more about religious or spiritual options?

Desired Future Move

- If you want to live somewhere else, do you know where? Describe the place, e.g., "I want to live in a quiet neighborhood where I can have a dog".
- Have you visited different places to live?
- Does your family have any ideas? If yes, what are they?
- Do you want to live with someone else? Or do you want to live alone?
- Are there safety/structural issues that need to be talked about if you are going to move (e.g., ramps, lower kitchen cabinets, lower clothing racks)?
- Will you need new furniture, appliances, etc., when you move? How will you get these things?
- What type of help will you need to live where you want? (Review the types of support(s) the person needs now in the home.)
- Will you need 24-hour-awake staff?
- Do your family or friends know of anyone who might be interested in helping you?
- Do you or your family have any fears or concerns about moving? Are there supports that can be put in place to lessen your fears?
- Do you or your family see any difficulties that might cause a problem for you in relation to a move?
- Is there anything we can do to lessen the stress of moving? (The person's team may need to meet several times to identify out all the issues around a move.)

Vocational/Day/Retirement

Present Situation

- Where do you spend your day now? In what type of place do you spend your day?
- With whom do you spend your day? How many people? What are your relationships with the key people you are with during the day?
- How much control/choice do you have over your work and what you do during the day?
- Are there opportunities during your day to be involved with people with and without disabilities? When, where, and how often?
- What is your routine (daily schedule) at work or during the day? Describe your activities/responsibilities in each setting.
- What are your duties and responsibilities and what supports are needed to accomplish these?
- What types of supports and assistance do you receive now? Who provides them?
- Are there supports and/or assistance you need that you do not receive now? Are there devices, jigs, or supports you need but are not receiving?
- How much do you earn, and what is your pay schedule? Do you want to make more money?
- Do you have any fears or concerns about your current situation? Does your family have any fears or concerns? What could be done to lessen these fears/concerns?
- How do you get to and from work? (e.g., bus, walk, taxi, support person) Do you want to learn to ride the bus or take a taxi?
- Is change in your daily routine difficult? If change is difficult, what would make it easier for you?
- Do you have difficulties with environmental modifications, safety, or behavior? If problems are related to behavior, are there means to change things to improve the situation? How frequently and under what circumstances do behavioral problems occur? What strategies and interventions work (and which do not work) with you?
- Is there any additional information or are there any recommendations from formal evaluations or assessments that should be included in this section?

Retirement

- Are you retired now, and, if not, would you like to be?
- When would you like to retire?
- What would you like to do when you retire? If already retired, what do you do now? Do you like what you are doing now?
- What are some of your hobbies and interests?
- What type of activities do you enjoy (senior citizens' programs, volunteering, etc.)?
- Would you enjoy visiting other places where other retirees spend their time?
- Do you have friends or other people with whom to spend time

- Can you afford to retire? If not, are there changes that can be made that would be acceptable to you (taking a roommate, accepting semi-retirement, etc.)?
- Is there any additional information or are there any recommendations from formal evaluations or assessments that should be included in this section?

Desired Future

- If you are not satisfied with your current day situation, what type of change would you like? What are you doing? Who do you do it with? Where are you during the activities?
- What steps are you taking toward community employment? Are there any learning opportunities that would help you gain community employment?
- What would you like to do during the day?
- What type of place would you like to be in?
- Would you like to be outside or inside? Would you like to be around several people, or very few? A quiet or active/noisy situation? One job or doing several different things?
- What type of help would you need to do something different?
- What are you or your family's fears or concerns about doing something different? Are there things that can be put into place to lessen these fears?
- Are there medical issues or restrictions that may affect your choices?
- Have you been given the chance to visit/explore other options of how you want to spend your day?

Movement

- Do you have a physical management plan? Is the plan adequate to meet your needs?
- Do you have normal movement, i.e., are you able to execute movements at will, independently, smoothly, in a coordinated manner and at the expected developmental level?
- Do you walk without the aid of equipment or other people?
- What assistance from people and/or equipment do you need to:
 - a) Walk, e.g., three-legged walker?
 - b) Mobilize in a wheelchair, e.g., electric, manual, pushed by others?
 - c) Transfer from one position to another or from one piece of equipment to another, e.g., can you reposition yourself in the wheelchair or bed?
- What types of transfers do you use throughout your usual daily routine, e.g., pivot transfer with assistance from two people, two person lift, and adaptive sliding board transfer for travel in non-adapted automobile?
- Are there certain circumstances in which you require special transfers or adaptations? What are they?
- Do you need specific positioning for therapeutic reasons? What types? What is the purpose of each position, e.g., prone on forearms, to increase joint range of lower

extremities, to improve posture during walking? What positioning options do you have?

- Do you have different positioning options during waking hours? (Note: A change in equipment, e.g., from wheelchair to bean bag chair, is not a change of position.)
- How many hours are you comfortable in a sitting position?
- Is your equipment in good condition and does it meet your needs?
- If you use a wheelchair, what degree of assistance, if any, do you need to move the wheelchair? Does the wheelchair appear to fit properly? Overall, are you well supported and aligned in the chair? Does the wheelchair provide you with foot and forearm support? Does the wheelchair have an appropriate seat belt? What repairs or maintenance, if any, are needed? What type and frequency of routine maintenance is necessary to keep the wheelchair in good working order?
- What special transportation, if any, is needed to transport you? E.g., John has a collapsible wheelchair which folds and fits in the trunk, and he is able to sit in the seat with a seatbelt.

Assessment and Evaluation Information:

- Do you have any conditions that may need further evaluation? If so, please describe.
- What medical diagnoses, if any, do you have which are associated with movement/mobility limitations, e.g., paraplegia, athetoid cerebral palsy, spastic quadriplegia, ataxia, muscular dystrophy?
- What observations or documentation is in the records, if any, to suggest that you have movement or mobility limitations?
- What are your current skills in the areas of fine and gross motor development? Do you have unusual movements in this area, e.g., head movement that appears as though you are looking away, when you are really trying to focus on the speaker's face?
- What medical constraints to movement or mobility, if any, have been identified for you and why? E.g., Jane does not bear weight on her right hip due to severe pain associated with a hip dislocation and severe arthritis of her right hip.
- If you have limitations with regard to movement and mobility, what were the results of your evaluation by a physical therapist?
- If you have received any specialty evaluation, e.g., orthopedic evaluation of spinal curvature, X-rays of painful right hip and upper leg. Include the date and type of evaluation, as well as a brief description of results and recommendations.
- What treatments and/or procedures have been recommended and are in place to support you in maximizing your movement and mobility efforts?
- What treatments and/or procedures have been recommended, but are not yet in place, pending consideration, for supporting your mobility?

Assistive Devices:

- What devices/supplies do you currently use:
 - a) type and purpose
 - b) size (if any)
 - c) brand name
 - d) replacement life
 - e) item #
 - f) type of maintenance, and maintenance schedule

Eating/Nutrition

General Nutrition:

- Do you have a Nutritional Management/Eating Plan? Is this plan adequate for you?
- How do you eat your meals, e.g., by mouth, via tube, solids by mouth, liquids by tube?
- Are you on any special diet? If so, describe it in detail, and discuss why the special diet was recommended. Do you require special food textures in your diet, e.g., chopped, chopped meat and soft vegetables, thickened liquids, pureed foods, mechanical soft? If so, describe.
- What is your current weight and height? Is this within your recommended range? Are you considered over- or under-weight? Do you have a history of weight problems? If you are underweight, are you taking any supplements? If so, describe the amount, the frequency, and state brand name.
- How much liquid are you drinking a day? Are you prescribed a certain amount of liquid? If so, what amount? Is your fluid intake limited by a physician's orders?
- Do you seem to have a normal appetite? Are you encouraged to eat a certain number of times a day? If so, how many meals are recommended, and why?

Eating Patterns, Habits, and Preferences:

- What are your favorite foods? What do you not eat? Do you have a favorite fork or spoon? Do you use a knife? Do you use a napkin?
- Do you have favorite foods you like to eat during certain meals, e.g., orange juice every morning, something sweet after dinner?
- Where do you eat most of your meals, e.g., sitting at a table, in front of the television? With whom do you eat meals?
- Do you like your food hot, warm, or cool? How do you like your liquids, e.g., with ice, without ice, room temperature, or warm?
- When you are hungry, how do you let others know? When you are "full," how do you let others know?
- Does eating or drinking cause any problem, e.g., excess gas, stomach pain, diarrhea?

- Are there any behavioral challenges/movements that affect your ability to eat meals? If so, describe in detail what causes the problems, and the best way to support you when such problems occur. If you have a behavior plan, describe the intervention.

Pertinent Assessment Information:

- Briefly describe any assessment or evaluation you have undergone as it relates to nutritional or eating skills. (Be sure to include who performed the assessment, the date of the assessment, and any resulting recommendations.)
- If the recommendations are new, how and by whom will they be implemented? Is there any new assistive technology that needs to be purchased? If so, who is responsible for acquiring the equipment?
- Do you need to return for a follow-up visit? If so, when? Who will ensure that the appointment is kept?

Mealtime Programs:

- What programs or formal techniques do you use at mealtime to:
 - a) Increase your independence at mealtime to ensure safe eating (What is the best way to assist you when eating?)
 - b) Improve your eating skills, habits, routines (e.g., massage gums prior to eating, upper and lower lip stretches to help you open and close your mouth more easily, support for using a napkin, support for using a buffet line, etc.)
- Describe the types of training staff will need to provide to support you at mealtimes or relative to nutrition. Can this training be received at the agency, or will staff need to receive training elsewhere?
- Do you use a regular chair during meals? If not, what type of chair/support is used?
- Does your positioning during mealtime appear to be stable and well aligned? If this appears to be a problem, describe what needs to be done to correct the problem.
- Do you have positioning requirements after mealtime (e.g., "Sue sits up for at least 1 hour after meals.")?
- Do you eat meals at the table with everyone else? If not, why?

Techniques/Treatments Conducted Outside of Mealtime:

- Are there any programs or treatments that are in place outside of mealtime to:
 - a) increase independence
 - b) ensure safety during mealtime
 - c) improve mandibular or oral motor skills
- Is there any training that support staff need in order to implement these specific techniques?

Adaptive Equipment:

- What type of adaptive equipment is necessary to increase your independence during mealtime? If equipment is used, describe it in detail.
- Explain how you use the adaptive equipment.
- Is the equipment always available and in good condition? If something is wrong with the equipment, what is done until the equipment is repaired?

Fun/Relationships

Present Situation

- Who are the people you like to spend time with? Do you get to spend enough time with them? Do the things you want to do with them?
- What do you do for fun and relaxation? Where and how often?
- What do you do with people without disabilities?
- What regular activities are you involved in, e.g., playing volleyball every Friday night? Where? With whom?
- What occasional activities do you enjoy? With whom? How often?
- What opportunities do you have to explore other activities that may be of interest, e.g., concerts, plays, art exhibits, and develop opportunities for new experiences?
- To what organizations or clubs do you belong? How are you involved, e.g., attend meetings, hold office? Do you have friends/relatives in the club or organization?
- Are there opportunities and support being provided to ensure your involvement in activities, or to promote your involvement in clubs and organizations?
- How much choice and control do you have over your daily routine, e.g., spending money, places to go, people to see, use of phone?
- Do you have opportunities to go on vacation? How often, with whom?
- What opportunities do you have for involvement in the religious community of your choice, e.g., attending services, participating in social/religious celebrations and functions, volunteering?
- Are there places where you enjoy spending time, e.g., mountains, mall, lake, movies, restaurants? Do you get to spend time in these places? How often? With whom?
- What type of help do you need to do what you want to do? What supports are being received now? Are there supports needed which are not being received?
- How do you get around to different activities, e.g. drive, bus, walk, support person?
- Would you like to learn to drive, e.g., car, motorcycle, moped?
- Would you like to learn to ride a bus or take a cab?
- What behavioral difficulties, if any, affect you? Do these behaviors create safety problems for you? Are there situations that lead to this behavior? Do you show signs prior to their occurrence, e.g., pacing, fidgeting with glasses? How often does the difficulty occur?

- Is there any additional information or are there any recommendations from formal evaluations or assessments that should be included in this section?

Desired Future

- Is there a vacation you have identified that you would like to go on?
- Are there activities you are not currently involved in that you would like to be?
- Are there clubs or organizations to which you would like to belong?
- Are there new experiences you would like to try?
- Do you want to meet people and develop more friends and relationships? (Brainstorm ideas on how to connect this person to her community.)
- Where are places you might frequent to meet people? What types of assistance will you need? Who will be responsible for helping you?
- Where are opportunities for you to develop friendships? Is there someone special you would like to meet or get to know?
- Are there any relationships from the past that you would like to renew? Where are these people, and how can they be reunited with you?

Wellness

- How do you usually feel? Have you been sick over the past few months? If you have been ill, what was the problem? Are you feeling better now?
- Do you stay home from work when ill?
- What assessments were obtained from specialists, e.g., primary care physician, gynecologist, dentist, ophthalmologist, psychiatrists?
- Were there any recommendations from these assessments? If there were recommendations, do they need to be stated as an Action? If none, indicate this.
- Discuss any general health related information that you, your family, or support staff have talked about.
- Do you need help taking prescribed medications? Do you know what medications you take? When to take them? What they are for? What is being done to help you in this area?
- Is there anything in your medical history or family history that may affect your health status?
- Do you have seizures, or any other neurological diagnosis?
- Do you need supervision while bathing?
- How often do you see your neurologist?
- Do you have adaptive equipment needs?
- Although you are described as healthy, are there specific conditions that may affect your health, e.g., cerebral palsy, previous injuries?
- Are there certain observable conditions that have never been addressed in the record, e.g., walks leaning to the left, holds his hands in a fist most of the time?

- Do you need any supportive devices to maintain your health, e.g., adapted dropper to assist with swallowing liquids, medi-minder™ to assist in remembering administration times?
- Do you need help making medical decisions?
- What supports do you need/want?

Hearing/Vision/Dental

- Do you wear glasses? Do you see well with them? Do you need a new exam? Are you happy with how they look? Who keeps them clean? Do you wear sunglasses/goggles at work?
- Do you have difficulty hearing or seeing television?
- Do you have difficulty seeing at night? Any trouble matching clothes?
- Do you wear a hearing aid? Do you need one? Do you need a hearing exam?
- How do your teeth feel? How are your gums? How often do you brush?
- Do you wear dentures? Do you wear a partial? Does it fit? Do you need it checked out?

Vision

- Where would you like to live? What would that place look like?
- Have you had any chance to visit different types of places to live?
- Do you need help in making important decisions?
- If you need support, do you choose the people that provide your support or what type of support you need?
- Do you want to live with other people? If so, who? (any specific person, preference for gender, characteristics such as same age, interests, etc.)
- Where would you like to work or what would you like to do during the day?
- Are there any classes you might be interested in taking?
- What would you like to do for fun?
- Are there people you would like to meet or get to know?
- Are there any things you used to do that you would like to try again?
- Are there new things you would like to do?
- Have you seen other people doing something that you might want to try?