Shared Support Maryland, Inc.

Expectations Matter
My Life, My Choice, My Plan
Person-Centered Planning Guidebook

Shared Support Maryland, Inc.
Funded by the Maryland Developmental Disabilities Council

This project was supported, in part by grant number CFDA 93.630, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Shared Support Maryland sincerely thanks the Maryland Developmental Disabilities Council for the Grant Award making *Expectations Matter ~ My Life, My Choice, My Plan* possible

Table of Contents

Introduction

Expectation Matters: My Life, My Plan, My Choice Person-Centered Planning Guidebook is an accessible resource for people with developmental disabilities and their families in Maryland. This guidebook can be used with the *Expectation Matters* 2-hour or 1-hour training modules or by itself.

This guidebook contains useful resources, tools, website links, and tips to help you and your team define the direction of your life. In this manual, "you" means you as a person or "you" as a family.

The guide is in four parts:

(1) History of Person-Centered Planning and Human Rights
(2) Pre-Planning (Before Planning)
(3) Planning
(4) Post-Planning (After Planning)

You have a page to write notes and other information after each section.

There is a long contact list of Maryland resources included at the end. You can also write names and contact information for your important team members. There are many ways to plan! In the back of the guide, you will find templates and examples of the many different ways to plan.

This guide was prepared by people with disabilities, family members, and community partners. We would like to thank the preparers of this guidebook: Atley Fortney, Joan Rumenap, Julie Randall, Kara Jones, Kristi Culbreth, Melonee Clark, Mona Gomaa, Pam Hodge, Patti Saylor, Tjameka Davenport and Tracey Wright. Thank you, Elizabeth Vasquez and Quality Trust for technical support, Lydia Brown, Autistic Hoya for Plain Language editing and ACSI Translations ® for Spanish translation.

All people have the right to live, love, work, play, and work toward their life goals and dreams.

Person-Centered Planning and Human Rights

Definitions of Important Words

There are many words that disability professionals use.

Here are some definitions of important words:

1. **Advocacy** – speaking up for yourself and others
2. **Self-Determination** – the right to control your life
3. **Inclusion** – people with and without disabilities being all together
4. **Human Rights** – basic freedom to live in the world for who you are

What is Person-Centered Planning?

Person-Centered Planning is a process that goes on for a person's whole life. It begins with the understanding that all people have the right to live, love, work, play, and pursue their dreams in their community. There are many different ways to approach planning and many different models to use. This training will help you understand important things that guide all ways of doing person-centered planning.

Person-Centered Planning supports people to exercise their right to figure out, decide on, and work toward what is most important in their lives. Person-Centered Planning helps people in all of the ups and downs of life. It helps people during hard times and good

times. Each person has a unique definition of what is important to them. This is completely different for each person and family.

History of Person-Centered Planning

Person-Centered Planning builds on ideas from a variety of important theories and movements such as disability rights, self-advocacy, independent living and normalization.

Disability rights says that people with disabilities have the same rights and freedom as people without disabilities. Not recognizing this as a truth is considered "discrimination" based on the label of disability. Disability rights also says that people with disabilities are equal to people without disabilities.

Self-advocacy says that people with disabilities can and should speak up for themselves. This is a skill that is learned through experience and with the support of other people who care about you. Self-advocacy also says that people with disabilities are the experts on their own lives and what they need.

Independent living says that people with disabilities can live in the same community as people without disabilities. The Independent living movement has proven that with support, people with even significant disabilities can overcome the barriers to living successfully in communities. Independent living also says that people with disabilities often provide the best support that is needed by their peers to live in the community.

Normalization (now known as "Social Role Valorization") says that people with disabilities should have access to the same

opportunities and experiences as anyone else in the community. It makes the point that this is how we all learn and people with disabilities are often held back by not having the chance to experience typical patterns of life like everyone else.

"Normalization" got its name when Wolf Wolfensberger and Niels Erik Bank-Mikkelsen described that when people with disabilities live a life as close to "normal" as possible and experience good things in life, they are more likely to have valued roles in society. Valued social roles (such as sister/brother, neighbor, church member, employee and many others) are often the basis for connection to others and meaningful engagement within the community. These ideas were early examples of community integration and the early ideas of *living your best life*.

The "normalization" movement, which started in 1959 advocates for people with disabilities living and learning in the same community as people without disabilities. When people with disabilities have a place in the community, their lives tend to follow a more "normal" pattern of life and they experience good things.

Person-Centered Planning also supports the social model of disability. The social model of disability says that the world assumes all people have the same abilities. The world is planned and organized to meet the needs of people who do not have any disabilities. So, when there are buildings with stairs, people who can't walk become disabled. Or when classes move very fast, people who take longer to learn become disabled. The social model of disability says that we shouldn't try to fix people with disabilities. Instead, helping people with disabilities means changing how the world works.

In the past, professionals like social workers, doctors, and others who may not have known the person, wrote plans for people with disabilities. Families were not involved in planning and did not question professionals. People with disabilities did not have rights or choices about what was in their plan and did not even know what was written about them.

Person-Centered Planning was started in 1972 as a way to help understand what people with disabilities can do.

> The idea of viewing disabilities as a defective burden has rooted itself in the mind of society. The stigma against people with disabilities and the us versus them mentality still heavily remains. The idea of Person-Centeredness directly combats against the dangerous view of disability segregation. (Cody Drinkwater, 12/2019)

All over the world, including Maryland, that is changing!

Human Dignity and Rights/Your Rights in Planning

You have the right to be treated with dignity and respect. Dignity means that you are worthy and valuable.

Every person is different and has different areas of interest and things that are important to them. This is true for people with disabilities and what is most important to them in life may have nothing to do with their disability.

People with disabilities often say "Nothing about us without us." This means that people with disabilities should be part of any plan about people with disabilities. It means that people with disabilities are in charge of their own lives.

People can help if you want them to. But they shouldn't make decisions for you or your family. Your plan is your plan. You have a right to have your plan look the way you want it to and include the things you care about most and not include things you don't want. You should be part of all communication (conversations, emails, phone calls, meetings, etc.) about your plan.

Stay in charge of your plan. Make sure you understand timelines and deadlines so that you are prepared. Review your plan before it goes anywhere. Ask for help if you need it.

Does your plan say what you want it to say? If there is something you don't want in your plan, it should not be in the plan.

Someone may explain that certain things are in your plan for a reason. For example, it may have to do with getting a certain service. Be sure to ask any questions you have so that you have all the information you need to make the best decisions for your life and future.

You can contact your Coordinator of Community Services, Supports Planner, Independent Living Specialist, Individual Education Plan Coordinator, or someone on your team you trust to make changes ANY time you want.

Supported Decision-Making Principles
(Burton Blatt Inst & ASAN)

Supported Decision-Making is having people you trust help you make decisions.

Here is a list of Supported Decision-Making Principles:

1. Everyone has a right to make their own decisions, especially about things that affect them.
2. Assume that people can make decisions.
3. Make every effort to support people to make decisions for themselves.
4. Sometimes people can make some decisions on their own, but need help to make other decisions.
5. Decision making is a skill we learn.
6. People have the right to make mistakes and learn from experience.
7. People have the right to change their minds.
8. People have the right to make decisions other people might disagree with.
9. People have the right to information they need to have real choices.

Supported Decision Making Resources

1. supporteddecisionmaking.org
2. Supported Decision Making - American Bar Association

3. National Gateway to Self-Determination
4. www.dcqualitytrust.org

Family Roles

Your family/you as a family member can advocate for you. Your family might have their own expectations about planning and services. Everyone's voice should be heard, but decisions are made by the person who "owns" the plan – and that is always the person whose life is being planned.

Other Team Members

When people are part of your team you should know who they are and why they are involved in developing your plan. You also have the right to control who is involved on your team. You can ask someone to be part of your team now, but change your mind later and ask them not to come back. You can also ask someone new to join your team later. This is something you should think through carefully!

Notes:

Pre-Planning

Who is on Your Team?

You choose who is on your team!

It's always best to choose people who know you very well. They should know your strengths and weaknesses – and care about seeing you succeed in the things you care about most.

These are the people that will advocate with you. They will help you grow.

Remember:

1. Think about who you want on your team and why it is important for them to be involved. You can ask someone you trust to help you think this through. You can make changes over time as you change your mind – or as your need for support changes.

2. A family member may have strong feelings about what they want for you – but that won't stop you from having your own plans. Your plan can say what they hope with their name next to it.

3. Support plays an important role in everyone's life. People are safer when they have family, friends, and community, and others involved in their lives.

You can invite or uninvite people who are paid to work on your team (Coordinator of Community Services, School Transition

Coordinator, Supports Planner, Support Broker, Provider Agency Managers, Direct Support Staff, Nurse).

Different kinds of people can help you get different services or resources. You may invite different people at different times to help you do the things you want.

Here are some examples of the kinds of people you might consider as members of your team:

1. Coordinator of Community Services (CCS): helps people using DDA services like personal support, supported employment, or respite

2. Supports Planner: helps people using Community First Choice (CFC) and other Maryland services

3. Job Developer / Job Coach: helps you find and keep a job

4. Personal Support: helps with your daily needs like cooking, getting dressed, or cleaning

5. Support Broker: coaches and mentors you if you are self-directing

6. Program Manager: works for provider agencies and helps people who use the provider's services

7. Transition Coordinator: works for school district to assist when a student is planning for graduation and life after school

8. Individual Education Plan Chair: works for the school or school district and organizes IEP meetings and the plan.n

9. Recovery Coach: works with people who have active addictions and people in recovery. Recovery Coaching is a form of strengths-based support for people.

10. Healthcare Professional: a nurse, doctor, or therapist who knows you

11. Regional Advocacy Specialist: works at a Regional Office of DDA and helps you with self-advocacy

12. Other trusted people: Anyone you choose can support you, like a family member, spouse, partner, or friend

You may also invite people you know from your community or people with very specific skills who can help you with your goals and plans in other ways.

Some examples are:

1. Realtor: could help you find or buy a home.

2. Web Developer: could help you make a website for a hobby or business

3. A neighbor or friend who has a hobby that you want to learn

4. Personal Trainer or Coach: could help you with health goals

Giving roles to people on your team helps them support you better! People can help you before, during and after the planning meeting and have more than one role. People also can be team members without another role.

Here are some example roles:

1. Someone to send out the agenda (plan for the meeting): Anyone can do this, but you should go over the agenda first!

2. Facilitator: Someone who helps keep the meeting going. A facilitator keeps people on track, and makes sure everyone gets a chance to speak up. You can facilitate your own meeting. You can also ask someone you trust to do it for or with you.

3. Note-taker: Someone who keeps track of what you talk about in the meeting. They write down everything that was talked about.

Different people know you in different ways!

Focus Areas of Your Plan

Your plan should include the things that are most important to you. Below are some focus areas that can come up during your planning meeting:

1. Employment
2. Community Living
3. Relationships and Spirituality

4. Home and Housing
5. Lifelong Learning
6. Health and Wellness
7. Citizenship and Advocacy
8. Finance
9. Supports for Family

Tools and Other Resources

Your Coordinator of Community Services, Supports Planner, or other support person may have different forms and tools to help you create a Person-Centered Plan.

1. You should be able to see all forms, reports, or other papers BEFORE your meeting! At least 2 weeks before gives you time to think about everything.

2. You can ask questions about the tools at any time!

3. You can ask someone to help you understand the tools!

4. It is okay to change your mind - anytime!

Access to the Planning Process

You can have all resources and information in a format you want. For example, you can have information on paper, on tape, or online.

Preparing for the meeting with someone can help you feel better at the meeting. If you know the questions people will ask you or the topics to talk about, you can begin to work on your answers and what you want to share. You can ask your Coordinator of Community Services, Supports Planner, or another team member you trust to talk to you before the meeting.

Agendas and Preparation Checklists

Make an agenda and checklist so you…

1. Know what you are going to talk about
2. Can keep track of where you are in the meeting
3. Do not miss anything

Everyone is different. You will have things you want to talk about. You will also have things you do not want to talk about.

Here are some examples of what you may want TO talk about:

1. Things you want in the plan
2. Who you are and who you want to be

Here are some examples of what you may NOT want to talk about:

1. Dating and relationships

2. Family issues

3. Medical information

You can meet with one or more of your team members before the meeting if there are things that you do not want to talk about at the meeting with the full group of people. Talk to them about what you want to say to the team, and they can support you at the meeting if anyone brings up a topic you don't want to talk about.

It's your meeting and the topics should be what you care about most so everyone gets a clear picture of what you want for your life. Here are some things you can talk about at your meeting if you want:

1. What are some things that you like to do?

2. Are people asking you what you want?

3. Who is listening to you?

4. Dreams are only as clear as what someone has done in their life.

5. Think of all dream possibilities.

6. Brainstorming sessions

7. Breakdown of how to meet each specific goal

8. What are the benefits? How can benefits help you?

Rules and Guidelines for Your Meeting

Rules and Guidelines for your meeting are helpful. They can help you:

1. Stay on track
2. Use your time wisely
3. Talk about everything that is important to you

Everyone gets better at running meetings with practice. Here are some suggestions of Guidelines and Rules you might use during your planning meeting:

1. Take turns talking

2. Only talk about one subject at a time

3. Choose a facilitator to help you lead the meeting

4. Try to have less distractions such as texting, earbuds, games, tv, music, etc.

What to Expect and Request

You want to feel comfortable during your planning meeting and there are some things you can do to help you feel more

comfortable. Thinking about which things will work for you is another thing to do BEFORE your team meeting.

Here are some things to do at your meeting, maybe some of them are interesting to you:

1. Ask a fun question to help people get to know each other (like "Where is your dream vacation?")

2. Make a slideshow or collage about yourself

3. Choose snacks and drinks you like

4. Choose a place for the meeting

5. Sit in a comfy chair

6. Wear clothes that make you feel good

7. Take breaks when you feel overwhelmed or stressed out

If you're having a hard time planning your meeting by yourself, don't be afraid to ask for help. Everyone needs a little help sometimes – especially when they are learning new things. Here are some people you might be able to ask to help you:

1. Your Coordinator of Community Services or Supports Planner

2. Your Support Broker (if you are self-directing your services)

3. Provider Agency staff (case manager, direct support staff, the person you trust the most)

4. Advocacy Organizations (like People on the Go or Disability Rights Maryland)

5. DDA Regional Office (especially the Advocacy Specialist Team)

Notes:

_____

_____

_____

_____

_____

_____

_____

The Annual Planning Meeting and Process

Purpose of Planning

What is the purpose of a Planning Session?

1. Talk about your strengths and talents
2. Decide how you want to live your life
3. Help you make choices
4. Listen to what you want to say
5. Respect your choices, interests, dreams, and ideas

Who is in Charge

The most important thing to keep in mind is that YOU are in charge of your planning. Only you can know and decide what is important in your life. You choose when to have planning meetings. You also choose how often you have planning meetings.

Be sure to get the help you need to stay in charge of your planning. Your team should always come back to you for final decisions and make sure that your voice is the loudest and most respected of everyone at the planning table.

You can ask other team members to be in charge of some tasks like getting drinks or making a schedule. But this is your life plan and you get to make all the final decisions.

How to Keep Meetings on Task

Running a good meeting is a skill that can be learned. There are tips and tools you can use to keep your meetings on task. Here are some of the things that are often used:

1. Agenda: Stick to a plan for the meeting.

2. Parking Space: If someone wants to say something off-topic, write it down for later.

3. Talking Stick: Team members can only talk when they hold the talking stick.

4. Group Work: If someone asks a question, you do not have to answer it by yourself. You can ask the group to help you come up with an answer.

How to Use a Facilitator

A facilitator makes sure the meeting stays on track. You can be the facilitator if you want to – or ask someone else to do it **with** you or **for** you.

If you want their help, a facilitator can help you make choices. You can also ask a facilitator to help with the meeting but not to give opinions.

Below are some of the important ways facilitators can be helpful:

1. Facilitators help people follow the meeting agenda or plan. This means making sure people talk about the topics in order. It also means making sure people don't talk for too long about a topic.

2. Facilitators help make the space comfortable for everyone. This means helping people feel respected. It also means making sure people feel comfortable in the room.

3. Facilitators explain hard ideas so everyone understands.

4. Facilitators listen for important topics, concerns, or emotions.

5. Facilitators help end the meeting. They keep track of what everyone has to do after the meeting.

Planning and Reviewing

Many different things can be talked about at your planning meeting, so think about what topics are most important for you and your future. Here are some things to think about when deciding what to review at your meeting:

1. You need to review things that are important to you. For example, you might want to review plans for where you will live in the future.

2. You need to go over any changes that can affect your plan.

3. You need to talk about what challenges may or will get in the way of your goals. What is keeping you from doing the things you want? Your team can also do things to help you get around or get rid of things that may be in your way.

The planning meeting should be a time where you can get help from people who want to see you succeed. Some things you can do to get the most from the planning meeting and your team are:

1. Ask questions – especially if you do not understand something

2. Listen to other people. It can be important to understand that other people may see things differently than you do.

3. Try to learn. Use this time to learn from the people who you have brought together to help you. They may know ways to do things and resources that could help you that you did not think of to use.

4. Make an "action" plan to get to your goals. Your plan is not a wish list – it's your map to getting what you want. So be very specific about what you will do – and what other people will do to achieve your goals.

Developing an Action Plan

See pages 61-63 for a blank Action Plan.

Good action plans need to have the detail of who, what, when and how described so everyone knows what they are supposed to

do – including you! Here are some questions to ask when making your action plans,:

1. What do you want to do at your meeting?

2. What do you have to do to reach your goal(s)?

3. What can be done at your meeting?

4. What else do you need?

5. What resources and plans of support can help you?

6. Who do you need as a resource?

7. What information can they share?

8. Who will help you with specific activities? How will they help you?

9. How will the team check in to see how you are doing and what else you might need?

10. What are the timelines?

11. How will you know you've achieved your goal(s)?

Timelines help people do what they say they are going to do to help you. They are also a good tool to use when you are trying to measure how well you and your team are doing with making your plan work for you. When thinking about timelines, ask these questions:

1. How quickly does the task need to be finished?

2. Does this task involve a lot of research or work?

3. Does this task need to be done before other work or can it wait?

4. Did I give the team member enough time to do the task right?

One tool you can use is the Integrated Star. It shows different parts of your life and how they work together.

Those parts are:

1. Technology
2. Community-Based
3. Eligibility Specific (if you can get supports from the government)
4. Personal Strengths & Assets (what you have and what you are good at)
5. Relationship-Based

How to Make Sure Your Plan Works for You

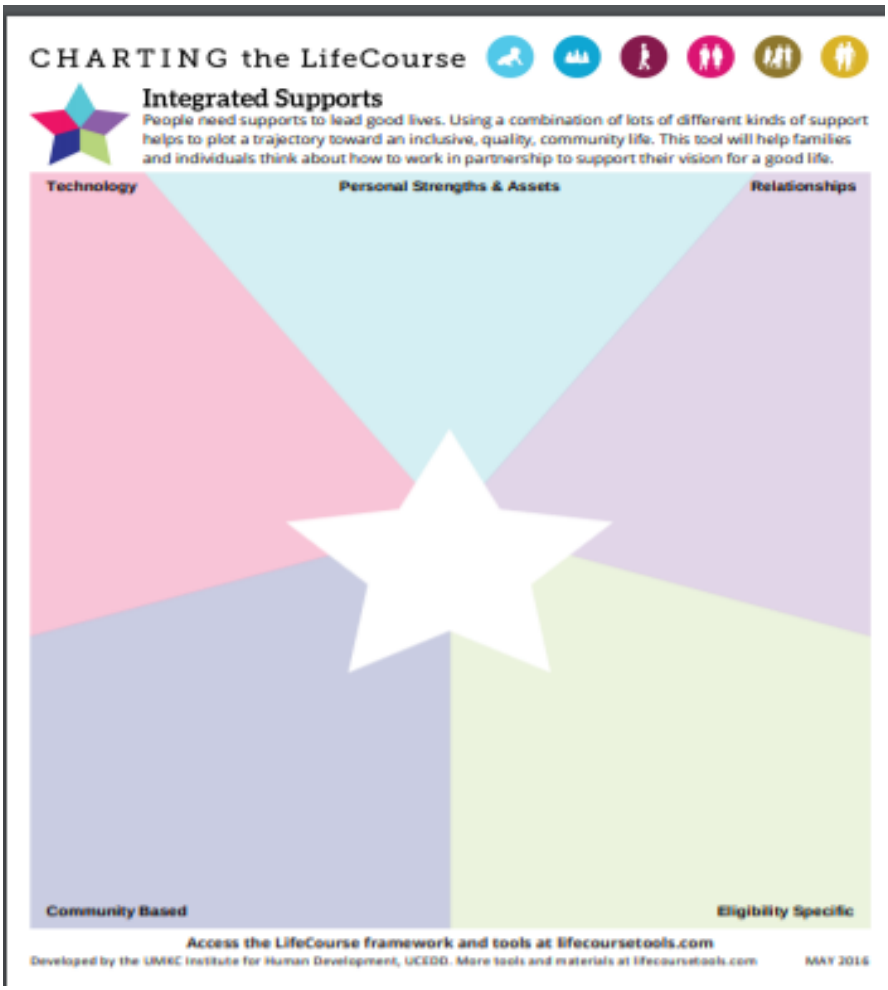
1. Review everything with your notetaker

2. Ask for a copy of your first draft

3. Think about the strengths of every person on the team

4. Give members tasks that fit their skills

[Sample Tools (https://www.lifecoursetools.com/lifecourse-library/lifecourse-framework/)](https://www.lifecoursetools.com/lifecourse-library/lifecourse-framework/)



Here are the signs of a good action plan:

1. Clearly Defined
2. Has timelines
3. Action plans are focused on the future
4. Measurable
5. Updated when you want

Notes:

Post Planning

Ways to Move Your Plan Forward

After the planning meeting, your team members have to take action to make the plan work. You should make sure each team member has information about what you want them to do. One way to do this is to make sure everyone has a copy of the plan or can get a copy to review.

The plan should have the names of each specific person that is to do any task included in the plan, so everyone knows what their job is.

Here are some examples of tasks:

1. You or your advocate will ask a friend to come to the next team meeting.

2. Your Provider will talk to staff tomorrow about changing their routine.

3. Your Coordinator of Community Services will send your budget changes to DDA by the end of the week.

4. Your Supports Planner will find new providers for you to choose.

5. Your Job Coach will help you talk about a change in hours at your job.

Timelines and Communication After Planning

You choose when people need to do each task during the meeting. This is so everyone will know how quickly things will happen. You can also change timelines if you need to or if something comes up that no one planned on happening.

Here are some questions to ask when coming up with timelines for tasks:

1. Does it need to be done this week?

2. Or can it be done any time before the next meeting?

Make sure everyone on the team agrees with the timelines so that you and the team are set up for success! You may want something to happen faster than someone can do it. Then you can find someone else to help that can do it when you want it done or make another decision like waiting. It's important to be clear about your timelines so that everyone can do their best. Plans can only work if people do what it says in the plan and people taking too long to help you can be bad for your life.

You and the team will need to keep talking after the meeting. You will want to think about who you should contact if you have questions about your plan or you think something is not going the way you want it to. You are more likely to have success with your plan if you and your team members can agree at the meeting about how to keep in touch as you put the plan to work.

Changing Your Plan

Your plan should reflect who you are today. Plans will change whenever you change! Small life changes happen all the time. You will probably want to change parts of your life (and your plan) between planning meetings. Also, if there is an emergency, you can ask for help right away and change your plan.

You can change your plan anytime you want.

Here's how to change your plan:

1. Talk to the team! Tell them what changed. If you have an idea but need help with the details, your team can help you think of ways to make it work.

2. Depending on what needs to change, your CCS or Supports Planner may need to send it for approval.

Keeping Your Team on Track

There are tools you can use to help the team stay on track. You can pick and choose what will work for you and your team, and how you want to use the tools. One way is to use a calendar to remind you or your team to check in or report back on a schedule. Computers are used to help people remember important dates and timelines all the time.

Ways to Stay Connected:

There are lots of ways to stay in touch with your team. It's a good idea to talk about what will work best for different people. Some people are better with a phone call – and some people do better with meetings. Here are some things you might use to stay connected with your team.

1. Mail action plans through the postal mail.
2. Planned phone calls to follow up, conference / group calls
3. Have virtual meetings like Zoom, Google Meetup, Skype, and Facetime
4. Schedule regular follow up meetings

Be sure to keep notes and new information between meetings to share with your team when you do check in. **You do not have to do this alone! You can choose someone to support you, or even be in charge of these tools.**

If You Have a Problem with a Team Member:

Sometimes, the people who are meant to help us aren't always helpful. If you are not happy with the way someone on your team is helping you, contact someone you trust to talk about it. You can advocate for yourself or get someone you trust to advocate with you to try and fix whatever is causing you to be concerned. Some things to remember:

1. You choose who is on your team. If someone is not talking to you or getting their tasks done, you can talk to them about it.

2. If you are nervous about talking to a team member, you can write a letter, send an email, call on the phone, or ask for help from a friend. It can be a great idea to roleplay the conversation with someone you trust before the real talk.

3. You could use a mediator. A mediator is like a facilitator. Mediators help solve problems, especially between people.

If You Have a Problem Getting the Plan to Work:

Sometimes the best plans don't work the way everyone thought they would. You can get help. This is a time when you will want to think about ways to make your plan so it will work. Again, things to remember are:

1. Do not give up! There are many roads to get to the same destination!
2. What's in the way? Maybe there was something you did not see before?
3. Is it time to come up with new ways to make your plan work for you?

There are also groups in the community where you can ask for help:

1. Centers for Independent Living
2. DDA Advocacy Specialist

3. Quality Trust
4. Disability Rights Maryland
5. Department of Rehabilitative Services
6. And so many more

Notes:

Conclusion

This Person-Centered Planning Manual is a tool to help you learn what to do. It is not a list of rules. As the person in charge of your plan, you get to choose what parts of the manual you want to use.

The main point is that the plan is YOURS.

You are in charge of your plan. You get to make all of the decisions. You can choose as many people to be on your team as you want. Everyone on your team is there to support you and your decisions. When it comes to your plan, your voice should always be the loudest. You get the final say about every decision. You can change your plan whenever you want.

Resource Index

Who Can Help - Personal Contact List

My Contacts

You may not have all of these people or roles on your team. Fill in the form for people you want to be able to contact.

1. My Coordinator of Community Service (CCS) for my DDA services is

   _____

   Phone Number:

   Email Address:

   My CCS works for (company):

2. My Supports Planner for my Community First Choice (CFC) services is

   _____

   Phone Number:

   Email Address:

   My Supports Planner works for (company):

3. My Provider Agency is

   _____.

   Service(s) they provide me:

   My Case Manager / contact person:

   _____.

Phone Number:

Email Address:

4. My Counselor for my Vocational Rehab (DORS) service is

   _____

   Phone Number:

   Email Address:

5. My Support Broker for my self-directed DDA services is

   _____

   Phone Number:

   Email Address:

6. My Fiscal Management Services Provider for my self-direct services is

   _____

   Phone Number:

   Email Address:

7. Another important person to me is

   _____.

   Relationship to me:

   Phone Number:

   Email Address:

8. Another important person to me is

_____.

Relationship to me:

Phone Number:

Email Address:

9. Another important person to me is

_____.

Relationship to me:

Phone Number:

Email Address:

10. Another important person to me is

_____.

Relationship to me:

Phone Number:

Email Address:

11. Another important person to me is

_____.

Relationship to me:

Phone Number:

Email Address:

Who Can Help - Organizations Contact List

Expectations Matter ~ My Life, My Choice, My Plan
Email: mylifemychoice@sharedsupportmd.org
Phone: 240-437-4281
Website: https://www.personcenteredplanningmd.com

Autistic Self Advocacy Network (ASAN)
Address: PO Box 66122, Washington, DC, 20035
Email: info@autisticadvocacy.org

DC Quality Trust for Individuals with Disabilities
Website: https://www.dcqualitytrust.org/
Email: info@dcqualitytrust.org
Phone: (202) 448-1450

Eastern Shore Brokers
Address: P.O. Box 123, Whaleyville, Maryland, 21872
Office Phone: 410-726-2967
Cell: 443-614-8873
Email: easternshorebrokers@yahoo.com
Website: easternshorebrokers.com

Maryland Association of Community Services (MACS)
Address: 8835 Columbia, 100 Parkway, Unit P, Columbia, MD, 21045
Phone: 410-740-5125
Email: macs@macsonline.org
Website: macsonline.org

Project ACTION!
Email: pholton@dcqualitytrust.org
Phone: 202-448-1458

Centers for Independent Living in Maryland

Anne Arundel and Howard Counties
Accessible Resources for Independence (ARI)
Address: 810 Nursery Road, Suite I, Linthicum Heights, MD 21090
Phone: 410-636-2274
Fax: 410-636-3186
Website: http://arinow.org/

Allegany, Garrett, Washington Counties
Resources for Independence
Address: 30 North Mechanic Street, Unit B, Cumberland, MD 21502
Phone: 301-784-1774 ext. 101
Website: http://www.rficil.org/

Baltimore City, Baltimore, and Harford Counties
The Image Center of Maryland
Address: 300 East. Joppa Road, Suite 302, Towson, MD 21286
Phone: 410-982-6311
Website: www.imagemd.org

Calvert, St. Mary's, and Charles Counties
Southern Maryland Center for Independent Living
Address: 38588 Brett Way, Suite 1, Mechanicsville, MD 20659
Phone: 301-884-4498

Website: www.smcil.org

Carroll and Frederick Counties
The Freedom Center
Address: 14 W. Patrick Street, Suite 10 Frederick, MD 21701
Phone: (301) 846-7811
Website: www.thefreedomcenter-md.org

Cecil, Queen Anne's, Talbot, Caroline, Kent, Dorchester, Somerset, Wicomico, and Worcester Counties
Bay Area CIL
909 Progress Circle, Suite 300
Salisbury, MD 21804
Phone: 443-260-0822
Website: http://discoverhci.org/

Montgomery and Prince George's Counties
Independence Now, Inc.
Address: 12301 Old Columbia Pike, Suite 101, Silver Spring, MD 20904
Phone: 301-277-2839
Website: www.innow.org

DDA Regional Offices

Southern Maryland Regional Office
Website: DDA Southern Maryland Regional Office
Email: smro.dda@maryland.gov
Telephone: (301) 362-5100
TDD: (301) 362-5131 Toll Free: (888) 207-2479

Central Maryland Regional Office
Website: DDA Central Maryland Regional Office
Telephone: (410) 234-8200
Toll Free: (877) 874-2494

Western Maryland Regional Office
Website: DDA Western Maryland Regional Office
Email: stacey.walters@maryland.gov
Telephone: (301) 791-4670
Toll Free: (888) 791-0193

Eastern Shore Maryland Regional Office
Website: DDA Eastern Shore Regional Office
Email: carriea.day@maryland.gov
Telephone: (410) 572-5920
Toll Free: (888) 219-0478 TDD: (800) 735-2258

DDA Advocacy Specialists

Southern Maryland Regional Office
Phone: (301) 362-5141

Central Maryland Regional Office
Cheryl Gottlieb
Email: cheryl.gottlieb@maryland.gov
Phone: (410) 234-8210

Western Maryland Regional Office
Jessica Stine
Email: jessica.stine@maryland.gov

Phone: (301) 791-4670

Eastern Shore Maryland Regional Office
Cody Drinkwater
Email: cody.drinkwater@maryland.gov
Phone: (410) 572-5949

Links to Coordinators of Community Services Agencies lists through the Developmental Disabilities Administration

- Central Maryland Region CCS Providers serve Anne Arundel, Baltimore City, Baltimore, Harford, and Howard Counties.
- Eastern Shore Region CCS Providers serve Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.
- Southern Maryland Region CCS Providers serve Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties.
- Western Maryland Region CCS Providers serve Allegheny, Carroll, Frederick, Garrett, and Washington Counties.

Disability Rights Maryland
Website: https://disabilityrightsmd.org/
Phone: 410-727-6352
Toll Free: 1-800-233-7201

Department of Rehabilitative Services
Website: https://dors.maryland.gov/
Email: dors@maryland.gov
Phone: 410-554-9442
Toll Free: 888-554-0334

Videophone: 443-798-2840 (Deaf and Hard of Hearing Only)

Maryland Department of Disabilities
Address: 217 East Redwood Street, Suite 1300, Baltimore, MD, 21202
Website: http://mdod.maryland.gov/
Phone: 410-767-3660
Fax: 410-333-6674
Email: info.mdod@maryland.gov

Maryland Department of Aging
Address: 301 West Preston Street, Suite 1007,
Baltimore, MD, 21201
Phone: 410-767-1100
Toll Free: 800-243-3425
Fax: 410-333-7943
Website: https://aging.maryland.gov/

MD ABLE Accounts
Website: https://www.able-now.com/
Phone: 1-844-669-2253

Online Resources and Links

If you are reading a hard copy, you can look up these links on the internet. You can also ask for help.

Center on Advancing Person-Centered Practices and Systems
Website: https://ncapps.acl.gov/

Charting the Lifecourse
Website: Lifecoursetools.com
LifeCourse Framework – LifeCourse Nexus

National Parent Center on Transition and Employment
Website: www.pacer.org

Parents Place of Maryland
Website: https://www.ppmd.org/

Project10 Transition Education Network (Florida-based resource)
Website: http://project10.info/DPage.php?ID=103

Preparing for Adulthood (UK-based resource)
Website: www.preparingforadulthood.org

Supported Decision Making Tools

Quality Trust for Individuals with Disabilities
Website: dcqualitytrust.org

Support My Decision

Website: supportmydecision.org

National Resource Center for Supported Decision-Making
Website: supporteddecisionmaking.org
Inclusion
Website: https://inclusion.com

American Civil Liberties Union – Supported Decision Making

CHARTING the LifeCourse

What is the Charting the LifeCourse?

Charting the LifeCourse is a framework that was developed to help individuals and families of all abilities and at any age or stage of life develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families may focus on their current situation and stage of life but may also find it helpful to look ahead to start thinking about life experiences now that will help move them toward an inclusive, productive life in the future. The framework is designed to help any citizen think about their life, not just individuals known by the service system.

Even though the framework was originally developed for people with disabilities, it is designed universally, and can be used by any family making a life plan, whether they have a member with a disability or not.

Foundation of the LifeCourse Framework

Core Belief: **All people have the right to live, love, work, play and pursue their life aspirations just as others do in their community.**

ALL People
ALL people, regardless of age, ability or family role, are considered in our vision, values, policies and practices for supporting individuals and families. All families have choices and access to supports they need, whether they are known to the disability service system or not.

Family System and Cycles
People exist and have give-and-take roles within a family system, which adjust as the individual members change and age. Individuals and families need supports that address all facets of life and adjust as roles and needs of all family members change as they age through the family cycles.

Life Outcomes
Individuals and families focus on life experiences that point the trajectory toward a good quality of life. Based on current support structures that focus on self-determination, community living, social capital and economic sufficiency, the emphasis is on planning for life outcomes, not just services.

Life Domains
People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life, including *daily living, safety and security, community living, healthy lifestyle, social and spirituality, and citizenship and advocacy*.

The LifeCourse Toolkit is a product of the UMKC IHD, UCEDD. More materials at lifecoursetools.com. May 2016

CHARTING the LifeCourse

Life Stages and Trajectory
Individuals and families can focus on a specific life stage, with an awareness of how prior, current and future life stages and experiences impact and influence life trajectory. It is important to have a vision for a good, quality life, and have opportunities, experiences and support to move the life trajectory in a positive direction.

Individual and Family Supports
Supports address all facets of life and adjust as roles and needs of all family members change. Types of support might include *discovery and navigation* (information, education, skill building); *connecting and networking* (peer support); and *goods and services* (daily living and financial supports).

Integrated Delivery of Supports
Individuals and families utilize an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and that take into account the assets and strengths of the individual and family.

Policy and Systems
Individuals and families are satisfactorily involved in policy making so that they influence planning, policy, implementation, evaluation and revision of the practices that affect them. Every program, organization, system and policy maker must always think about a person in the context of family.

Connect with the LifeCourse framework and materials at lifecoursetools.com.

The LifeCourse Toolkit is a product of the UMKC IHD, UCEDD. More materials at lifecoursetools.com. May 2016

MARYLAND
Department of Health

Developmental Disability Administration (DDA)
Supports and Services Planning Tool

Person's Name:_____ Date of Interview:_____
_____

Initial Date of Planning Tool:_____

Date of DDA Referral:_____ Date of Initial Contact:_____
_____

Region (Check one) ☐ CMRO ☐ ESRO ☐ SMRO ☐ WMRO

Address:	
County:	
Phone:	Email:

Assigned Coordinator of Community Services (CCS)
Name/Agency:_____/_____
_____

I. Circle of Support (Authorized representative, family, friends, people who know you best)

Who are the critical members of your circle of support? Are they present?

Name	Relationship	Contact Information	Present? (Y/N)

II. Identify Goals and Preferences

Everyone wants a good life. What does a good life mean to you? Help identify what you do and don't want. For example, for many people, a good life includes living in their own home, having friends and family in their lives, working, and more. We will use this information to help plan for life experiences, supports, and services that point you in the direction of your good life.

Vision for a Good Life

What do you want?	
Describe how you want your overall good life to look:	Perspective of your Circle of Support (if applicable):
What don't you want?	
Describe what you don't want in your life:	Perspective of your Circle of Support (if applicable):

III. Identify Strengths

What do people like and admire about you? What are your talents, strengths, and skills?

IV. Guided Conversation on Employment and Daily Life

1. Are you currently working or have you worked in the past? If you aren't currently working,

are you interested in working? If not, why not?

2. If engaged in volunteer work or other similar activity, would you like to consider a job where you could do similar types of activities?

3. Is there anything that you believe challenges your ability to do the things you like or are interested in during the day?

INTEGRATED SUPPORTS STAR | TIPS SHEET

This tips sheet provides an overview of how and why to use the Integrated Supports Star.

Overview of the Integrated Support Star Principle:

All of us access a variety of supports to achieve our envisioned good life. Historically, planning for a person's and/or family's supports focused mainly on the government or specialized services available and often left out the many assets and resources that could be leveraged to meet a person's needs.

The Integrated Supports Star encourages accessing five main areas of supports:

- **Public or privately funded based on eligibility**
- **Community places and services that are available to anyone**
- **Relationships**
- **Day-to-day and adaptive technology**
- **The assets and strengths of the individual and family**

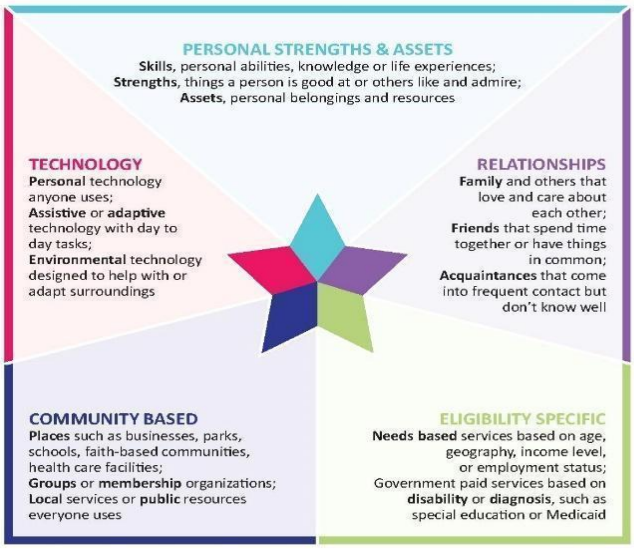
This principle serves as a reminder that everyone accesses a variety of supports to meet their day-to-day needs, support the achievement of long-term or short-term goals, solve problems, or enhance their quality of life.

Who Should Use it and Why?

The Integrated Support Star can be used by anyone (individuals, families, or professionals) for mapping current services and supports, problem-solving for a specific need or planning next steps. It can be used to explore current needs, identify gaps, or plan how to access supports for the future. The tool can be used to guide a conversation over the phone or facilitate an in-person planning meeting with one person or a group of people. The Integrated Supports Star can be used by anyone to guide their thinking.

Important Things to Remember about the Integrated Supports Star:

- The Integrated Supports Star helps organize and generate ideas. This can be done using the actual tool or just remembering the five points of the star during your planning and problem-solving.
- Use the Star for making day-to-day decisions or use it for planning for the future. It can also help when having conversations with other support team members about new ideas or hard to talk about topics.
- There is no wrong way to get started or place to put your ideas. It is designed to expand your ideas and to help you see how to leverage and connect the different types of support.
- Completing the star for the sake of completing the form should never be the goal. The tool is designed to help you have interactive conversations and visually organize your thoughts.
- Be mindful that any conversation about someone's life or future is very personal. It is important to recognize and be responsive to the diversity of experiences, situations and reactions when planning.



Developed by the Charting the LifeCourse Nexus - **LifeCourseTools.com**
© 2020 Curators of the University of Missouri | UMKC IHD • May2020

INTEGRATED SUPPORTS STAR | TIPS SHEET

Suggested Steps for How to Use the Integrated Supports Star:

Decide the Purpose:
The Integrated Supports Star can be used to explore many different situations. Decide if you are mapping supports or using it to work on a specific goal or situation and then use the center part of the Star to write that purpose. If you are problem-solving put the specific problem or goal. If you are mapping current or future supports, write the name of the focus person.

Explore Each Part of the Star:
Use each part of the Star to begin thinking about what types of things are currently being used or that might be available to help achieve the goal or solve the problem. Use the Star on the front of the Tip Sheet to guide you through each section. Start with the section that seems the easiest to list specific supports and then work your way around the other sections. You will jump around the different sections of the Star and you will go back into each section to add more information as you learn more.

On-going Use of the Star:
The Star tool is designed to be used over and over again. You can create a different Star for each situation or keep building on your current Star, adding and changing things as you go. The completed Star can help you communicate what you want when you are talking to other people. You can take the Star to a meeting to help explain or advocate for the types of supports you need. It is designed to help you stay organized and explore new possibilities as you continue on your journey to achieving your goals and your day-to-day vision.

Conner's Integrated Supports Star

Conner's support team wrote Conner's name in the center of the Star because they were exploring the supports that would help him right now in his life. After actively listening to Conner and his family discuss their concerns, the facilitator recognized that the Star would help to visually show the supports available that would help the planning process.

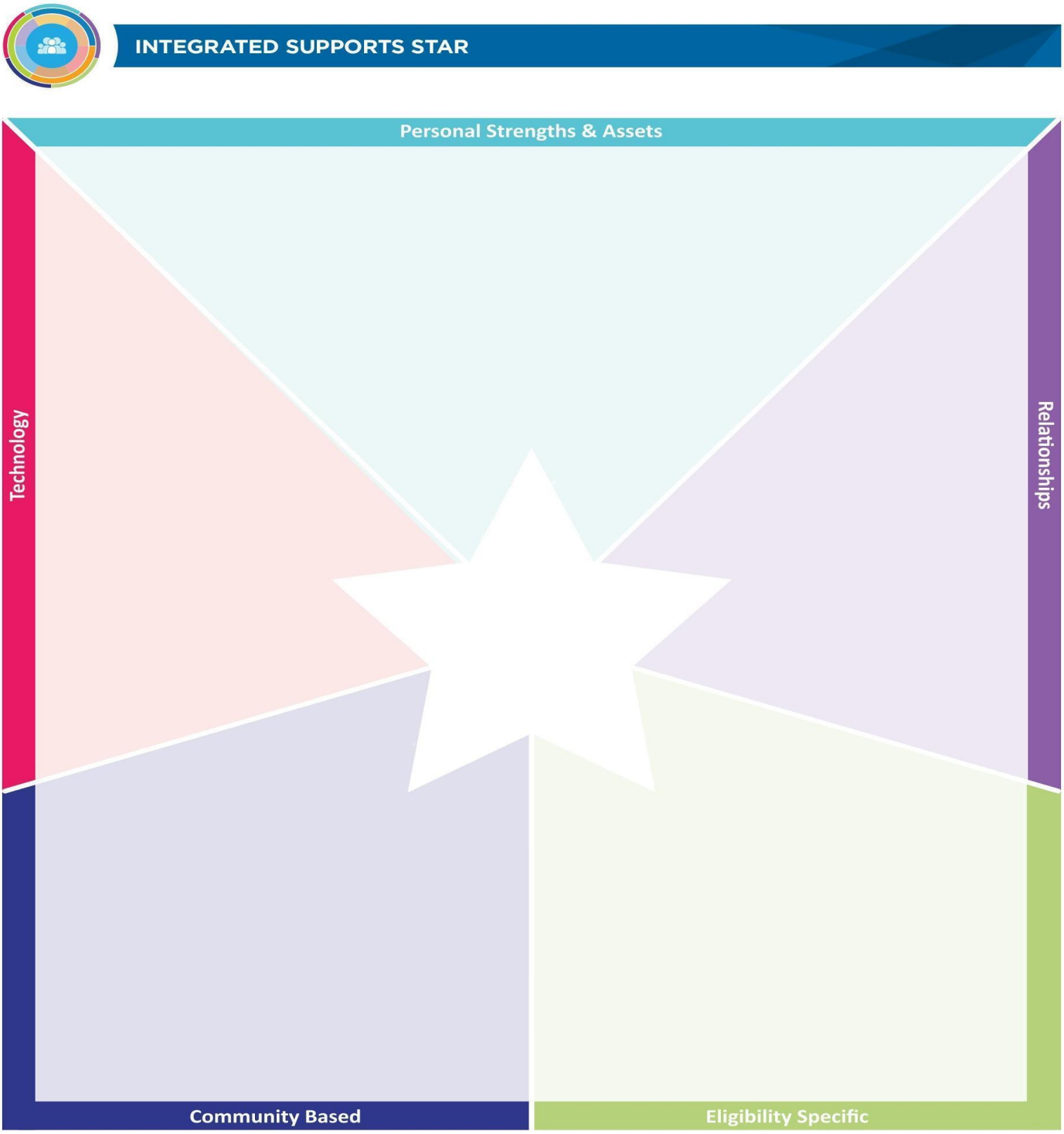
Conner's team explored each area of the Star and would go back in fill in other areas as they learned more. It helped to highlight Conner's interests and the number of people that he has in his life. It also pointed out that he really wants to keep active in the community. The team realizes how important technology is and are identifying ways to use it now and in the future. They identified new services or funding that would pay for staff or assistive technology to help during the day.

The family continues to use Conner's Integrated Support Star when they have meetings with their case manager. Conner used the Star during his Individual Education Plan meeting to help set goals for the year. He also took it with him to his medical appointment when planning for his next surgery.

ACL Administration for Community Living

This Tip Sheet was supported, in part, by a grant from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Developed by the Charting the LifeCourse Nexus - **LifeCourseTools.com**
© 2020 Curators of the University of Missouri | UMKC IHD • May2020


INTEGRATED SUPPORTS STAR
Personal Strengths & Assets
Technology
Relationships
Community Based
Eligibility Specific
Developed by the Charting the LifeCourse Nexus - LifeCourseTools.com
© 2020 Curators of the University of Missouri | UMKC IHD • March2020

1. Personal strengths and assets:

2. Relationship-based supports:

3. Technology:

4. Community-based supports:

5. Eligibility-specific supports:

VI. Perceived Services and Support Needs

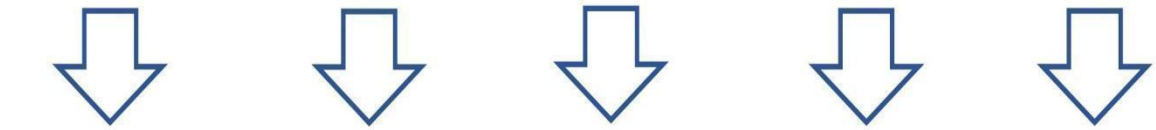
Your perspective:

What's Working?	What's Not Working?
–	–

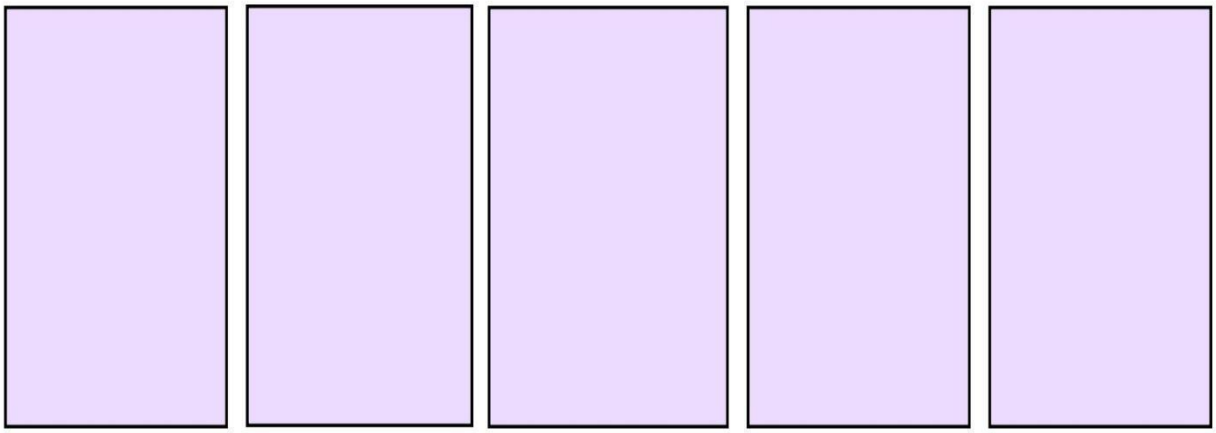
Perspective of your Circle of Support:

What's Working?	What's Not Working?
–	–

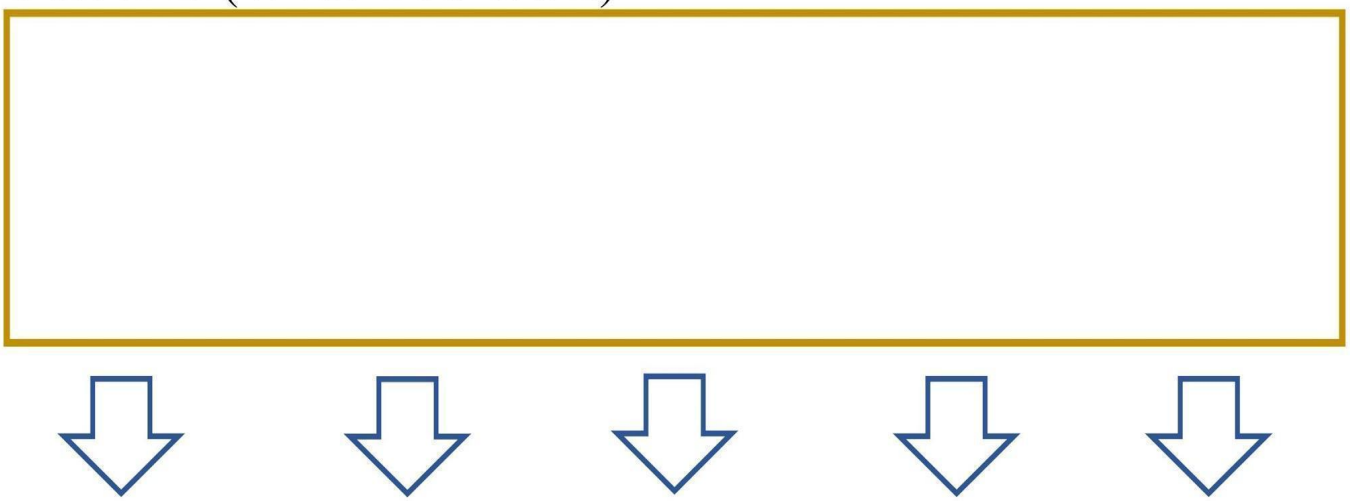
Outcome (What You Want)



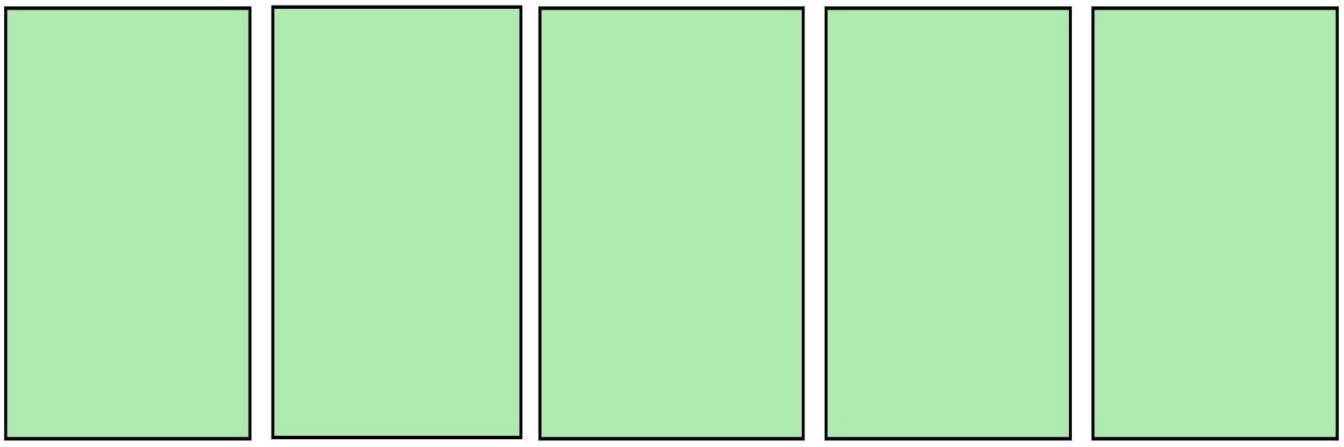
Action Steps (How do you get what you want?)



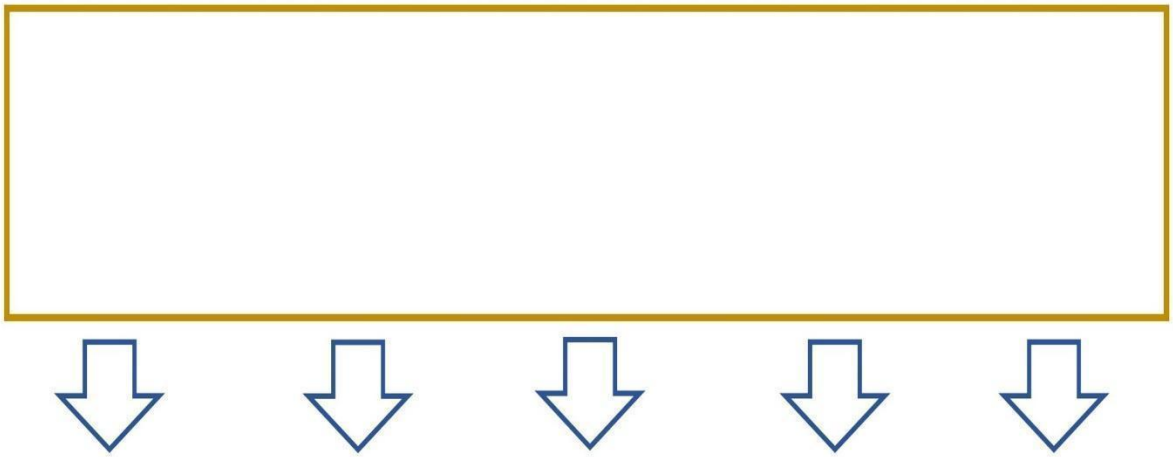
Outcome (What You Want)



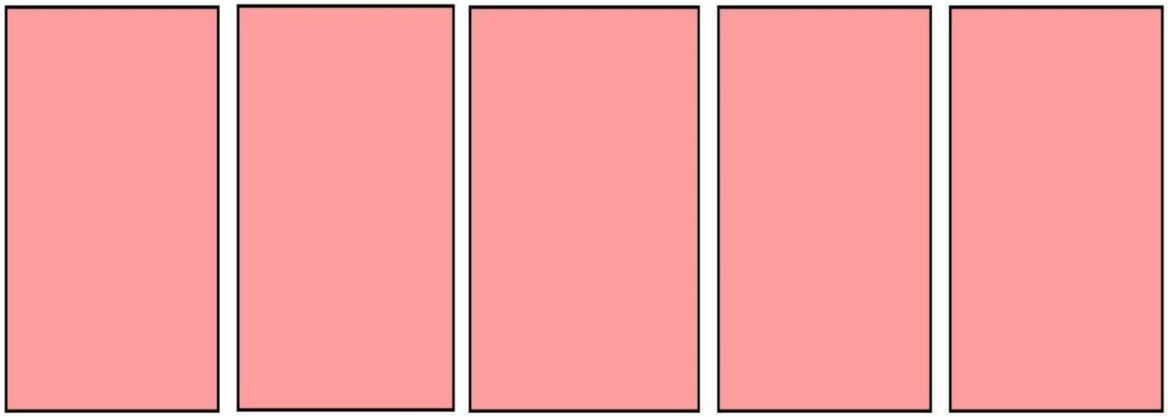
Resources (What can help you get what you want?)



Outcome (What You Want)



Progress (How will you know you've gotten what you want?)



Paz's Plan

This is one example of a Person-Centered Plan. There are many different kinds of plans. Each person's plan will be different!

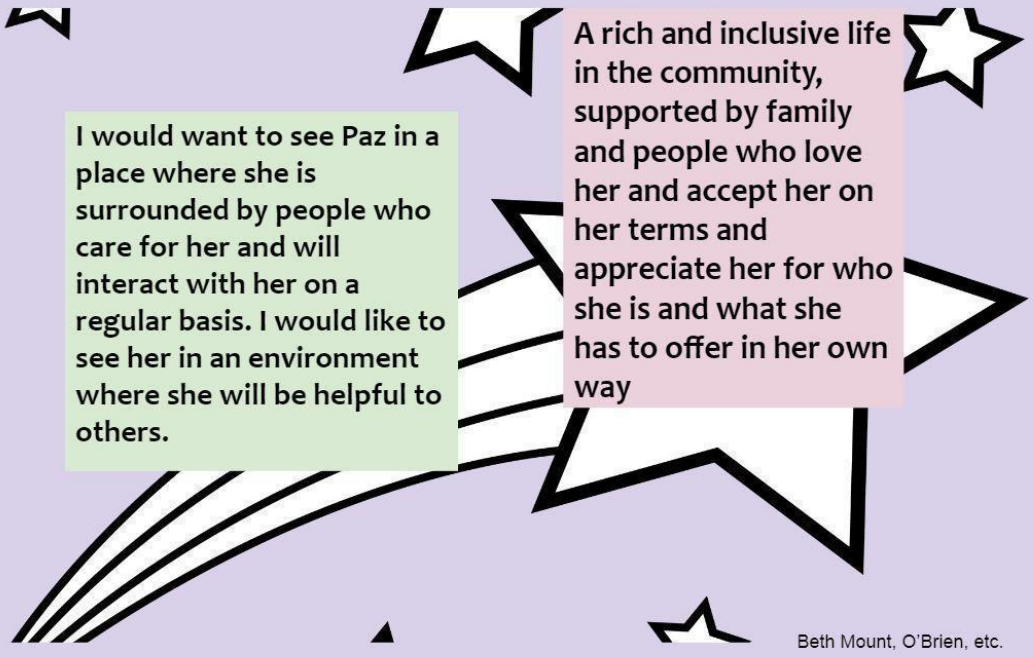
Paz

Who's Part of Paz's Futures Planning

- 21 people at School 1 year before Graduation
- 15 people to determine logistics just before plan was finalized

Always! Paz, her parents and her sister in the lead

Paz's North Star



Capacities and Gifts

- Gifts of the hand - abilities and skills that the person can contribute
- Head - knowledge, questions, experience and information that the person can contribute
- Heart - interests, enthusiams, personal passions, and rewards of the relationships that the person can contribute
- History and identity - experiences, knowledge, duties, responsibilities, concerns, possibilities for belonging that come with membership of the person's family, religion, national or ethnic group, citizenships

Who is Paz?

- Paz is an engaging person who communicates a great deal without speaking. She offers unconditional love and acceptance and has boundless patience and tolerance for everything life throws her way. She loves people and music, breezes and being read to. She loves fruit and chocolate, being massaged with body lotion, and having her nails done.

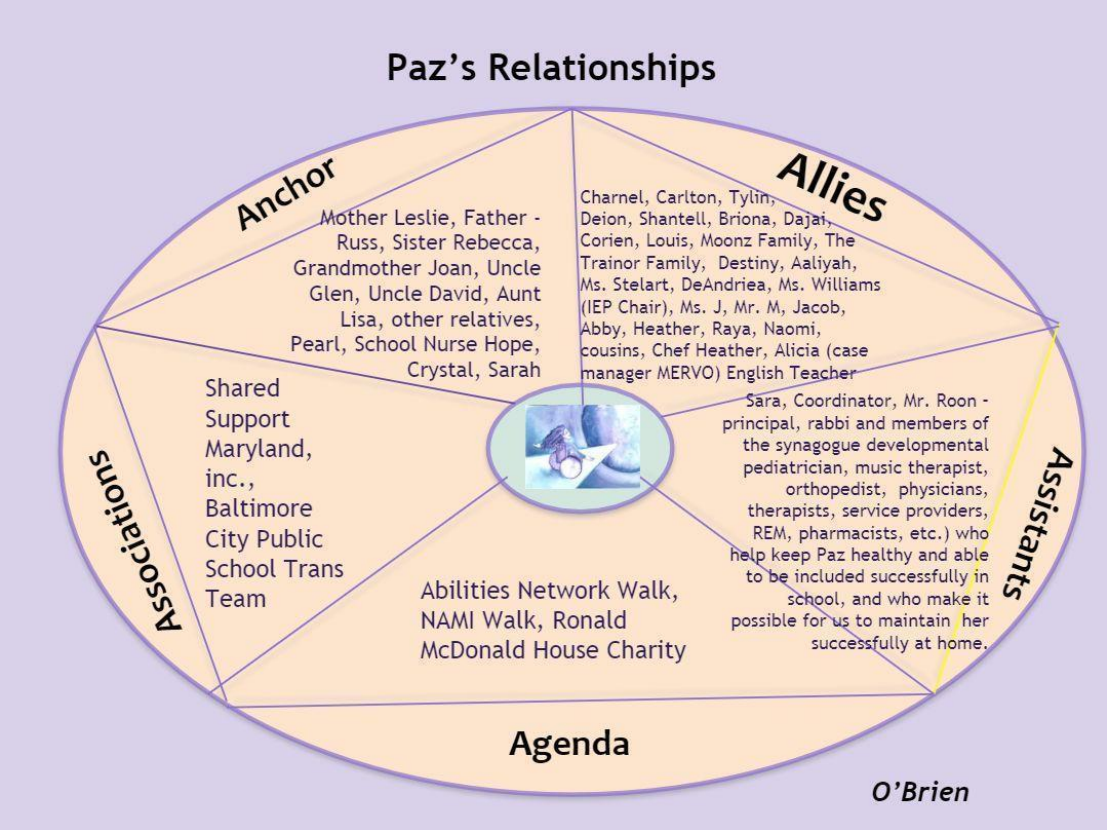
- Paz's facial expressions and body language are very representative of her feelings and/or reaction to her environment. When she smiles, she makes everyone around her smile. One of the best moments all year was when Paz hit the switch herself during the quote of the day. the students were so excited and I was so happy! Paz has also been observed moving her head and upper-body (when in her stander) when she hears music. She loves it when students read aloud to her and when she is working in groups. Pazya also likes movies and responds nonverbally to peer-to-peer interaction. The students have said they know she understands them even if she cannot speak to them. Paz is an inspiring student because she brings joy to her classmates on a regular basis. Paz also has a gift of calming students down and reaching students who normally have a difficult time warming up to others quickly.

Who is Paz?

- When Paz is not in class you can feel it – she makes people feel positive energy. When people are having a bad day they can go to talk to Paz.
- Paz appreciates many different experiences she responds to new and different things
- She will do anything and enjoy new things
- Non judgmental and patient
- Paz is an adventurist!
- Unconditional love to people – those that really get to know

Paz!!!!!

- Social, Calming demeanor and Positive spirit
- Talking to Paz – she loves when people talk to her
- She helps people appreciate the simple things in life – see things from her perspective…
- Emotional intelligence
- Paz likes teamwork
- Paz brings kids together – when they are on different sides.. When they can't concentrate.. She's a unifier, the whole class dynamic changes when Paz is around,
- Everyone likes to work with Paz



Paz's Capacities, Interests, Social Roles and Work

Interest	Capacity	What social role is possible?	What can you do to get paid?
Culinary Arts	Engaging, provides therapy for students		A greeter at a store, a hostess at a restaurant, Sam's Club Sampler Girl
Poetry Loves to be read to		Readings, Slams READING Volunteer in schools, having kids read to her. (PPPCS ~ after school program ~ 20 minutes each day 2nd grade). Speech practice, find all opps for kids and people to have to read - explan	
Movies		Movies in the Park	
Music		Choral Groups, Band,	Give out programs at concerts

Godwin, Smull

How Can Paz have more fun in ordinary places?

Brainstorming ~ Life in the community and richness that she has at school ~ outside of school….

- Charnel ~ Paz and Charnel will call each other and hang out outside of school
- Being a greeter at a store
- Being with kids ~ kids have their own paradigm "differences" are not an issue as they may be ~ they are all together
- How can kids stay connected when school ends ~ without the shared experience of school
- Get together on a Saturday and go to the movies
- Kids visit at Paz's home
- They hang out at the mall
- The power of technology ~ social (Skype, FaceTime, …) just rely on the young adults!!!
- Long term relationships for the kids in the Culinary Arts ~ there could be the opportunity for friends to perhaps be the natural supports in Paz's life, roommates, job coach, etc.. 😊
- Art teacher – assistant principal – what – not sure but…
- Groupon for instructional cooking at home
- Attend the special olympics
- Volunteer back to at the school when she graduates

David Pitonyak, 7 Questions

WHO SHOULD BE AT THE MEETING

Who you want to be there and how you will get them there—Tip: the more people who know and care about your customer and can be at the meeting, the better! You might also consider inviting someone who doesn't know your customer but who is a good contact for him or her to have, for example another broker.

Who should be there	***How to get them there – email? call? who will be doing the inviting?***
● _____	_____
● _____	_____
● _____	_____

THE AGENDA FOR THE MEETING

Tip 1: Ask your customer for agenda items he or she wants covered at the meeting. Tip 2: It's good to have some standing topics, that is, topics for the agenda every time, for example, "Progress on the PC Plan", "Follow-up, concerns, or questions from last month", "Plans for the coming month," "Date, time of the next circle meeting".

- _____
- _____
- _____
- _____
- _____
- _____

PREPARING FOR THE MEETING—TO DO LIST

What I need to create for the meeting (handouts? flip charts?) or bring to the meeting (resources? refreshments?); who I need to send the agenda to or talk to about the meeting, etc.

- _____
- _____
- _____
- _____
- _____

FOLLOW UP ACTION ITEMS AND WHO WILL HANDLED THEM

Who	***Will do what***
● _____	_____
● _____	_____
● _____	_____
● _____	_____
● _____	_____

FOCUS AREA EXPLORATION

Focus area exploration questions should be discussed during the facilitation/interview prior to the Annual Meeting using appropriate person centered planning methodologies (Pathways, Essential Lifestyle Planning, Paths, Maps, etc.)

EMPLOYMENT FOCUS AREA

Am I currently employed? ☐Yes ☐No

YES - I am currently employed ->

Am I currently making at least minimum wage? ☐Yes ☐No

YES - I am making at least minimum wage ->

Is my employment a competitive, integrated position? ☐Yes ☐No

YES - My employment is a competitive, integrated position ->

Would I like a different job? ☐Yes ☐No

YES - I would like a different job: (Work Experience, Job Interests and Employment Summary sections required)

NO - I would not like a different job: (Work Experience and Employment Summary sections required)

NO - My employment is not a competitive, integrated position: (Competitive Employment, Work Experience, Job Interests and Employment Summary sections required. An outcome of "I choose where I work" is also required.)

NO - I am not making at least minimum wage: (Competitive Employment, Work Experience, Job Interests and Employment Summary sections required.)

NO - I am not currently employed:

☐ I am retired: *(No additional questions/sections required.)*

☐ I am not retired: *(Competitive Employment, Job Interests and Employment Summary sections required.)*

COMPETITIVE EMPLOYMENT

My CCS's recommendation on the most integrated setting to meet my needs:

The services and supports I need in order to be in the most integrated setting are:

The barriers I face toward competitive, integrated employment are:

- ☐ Access to funding
- ☐ Access to resources including staffing, transportation, etc.
- ☐ Decision making by me
- ☐ Decision making by my representatives
- ☐ Access to medical supports needed
- ☐ Access to behavioral supports needed
- ☐ I don't know if I'm ready for employment
- ☐ I want to work but don't know where to start
- ☐ Other:_____

Barrier	Notes	Strategies for Addressing	Update on status/progress

WORK EXPERIENCE

Employer	Position Type	Natural Supports	Wage	Start Date	End Date	Liked	How Found

UNPAID EXPERIENCE

Organization	Position Type	Natural Supports	Start Date	End Date	Liked	How Found

JOB INTERESTS

I would like to explore these job skills: _____

I would like to learn more about these employers:_____because: _____

These people can help me identify employment options:_____

When I am not working I want to do these activities:_____

EMPLOYMENT SUMMARY

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

COMMUNICATION FOCUS AREA

Under this focus area, relevant topics include: Expressing Yourself, Understanding Others and Making Decisions

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

LIFELONG LEARNING FOCUS AREA

Under this focus area, relevant topics include: Learning Styles, Self-Advocacy, Post-Secondary Education and Other Learning & Development

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

COMMUNITY INVOLVEMENT FOCUS AREA

Under this focus area, relevant topics include: Going Places & Doing Things, Cultural & Spiritual Activities, Activities that are Meaningful to Me

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

DAY TO DAY LIFE FOCUS AREA

Under this focus area, relevant topics include: Personal Care, Moving Around at Home, Meals & Food, Shopping, Taking Care of My Home, and Personal Safety

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

FINANCE FOCUS AREA

Under this focus area, relevant topics include: Banking, Budgeting, Bill Payment and Benefit Management

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

HOME AND HOUSING FOCUS AREA

Under this focus area, relevant topics include: Current Living Arrangements, Location Considerations, Accessibility Considerations, Financial Considerations and Roommate Considerations

CHOICE IN HOUSING

I chose where I live now: ☐Yes ☐No I chose who lives with me: ☐Yes ☐No ☐N/A

HOME AND HOUSING SUMMARY

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

HEALTH AND WELLNESS FOCUS AREA

Under this focus area, relevant topics include: Food & Nutrition, Physical Activity, Healthcare (Appointments, Illness Care, Injury Care), and Dental Care

SUPPORTED HEALTHCARE DECISION MAKING

Advance Directive:

I have an Advance Directive ☐Yes ☐No

YES - ☐Maryland Advanced Directive ☐Five Wishes ☐Maryland Medical Order for Life Sustaining Treatment (MOLST)

NO – ☐I am interested in having one -or- ☐I am not interested in having one

Healthcare Agent:

☐I do have a Healthcare Agent – Name and phone:_____

☐I do not have a Healthcare Agent

☐I am interested in having one -or- ☐I am not interested in having one

HEALTH AND WELLNESS SUMMARY

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

RELATIONSHIPS FOCUS AREA

Under this focus area, relevant topics include: Family, Friends, Neighbors, Romantic Relationships and Professional Relationships

What's Working for Me? *(abilities, strengths, preferences, contributions, etc.)*	What's Not Working for Me? *(unmet needs, dislikes, etc.)*

What Supports Do I Need?

Important To Me	Important For Me

Risks and How Addressed

Risk	Description	How Addressed	Rights Restriction

PERSON CENTERED PLAN SUMMARY PAGE **My Annual Plan Date:**

My Life, My Plan, My Choice

My Name is:

What I like and admire about myself:

What I'm interested in doing:

Important people in my life:

Best way to communicate with me:

Meeting Date:_____ Created Date:_____ Approval Date:_____

Type of Plan: ☐*Initial* ☐*Annual* ☐*Revised*

DOB:_____ Age:___years__ MA Number:_____ LTSS ID:_____

Current Address:_____ Phone Number:_____

Assistive Technology:_____

Coordinator of Community Services:_____ Phone Number:_____

List of Outcomes

Outcome Category	Outcome	Outcome Description	Requested Services

Quick Summary of what is important to and for me:

Rank	Important TO Me	Discovered In *(Focus Area)*

Rank	Important FOR Me	Discovered In *(Focus Area)*

Quick Summary of risks and how they will be addressed:

Risk Name	Description	How Addressed	Rights Restriction	Discovered In *(Focus Area)*

Quick Summary of rights restrictions:

Rights Restriction	Related Specific and Assessed Need	Description of Condition	Positive Interventions and Less Intrusive Methods Tried	Timeline: Monitor/Review Effectiveness

Prior Year Outcomes

Outcome Category	Outcome	Outcome Description	Requested Services

OUTCOME SECTION (ONE PAGE PER OUTCOME)

Outcome Category:
Outcome:

Relevant Focus Area(s):_____ Status:_____
Projected Start Date:_____ Projected Completion Date:_____
Description of Outcome:

Related Important TO Me: ☐ Important To Me 1 ☐ Important To Me 2 ☐ Important To Me 3

Related Important FOR Me: ☐ Important For Me 1 ☐ Important For Me 2 ☐ Important For Me 3

How are community resources and/or natural supports being used or developed?

What technology do I need to support this outcome?

How and how often will progress towards this outcome be reviewed?

In what way will the team know progress is occurring?

- What does progress look like to me?
- What does progress look like to my team?

What is the frequency that is planned to support my outcome?

- Frequency for assessing satisfaction:
- Frequency for assessing implementation strategies:
- Outcome review frequency:

Support Considerations:

Natural/Community/Other Contributing Resources to Support Outcome:

Support Person	Relationship	Support Role	Phone Number

Non-DDA Agency Resource to Support Outcome:

Agency	Support	Contact Person

DDA-Funded Service to Support Outcome:

Agency	Support	Contact Person

Requested DDA Service to Support Outcome:

Service