

Planning Workbook

for Individualized Plans of Care



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PLANNING WORKBOOK

The pages and exercises in this workbook will assist you in developing a person-centered support plan that best fits your needs and the lifestyle you want. As you go through this workbook, remember to ask the people in your Circle of Support for help or advice. They can help you decide what you want and what you need. They can also help you decide what things in your life need to be added, changed, or left the same.

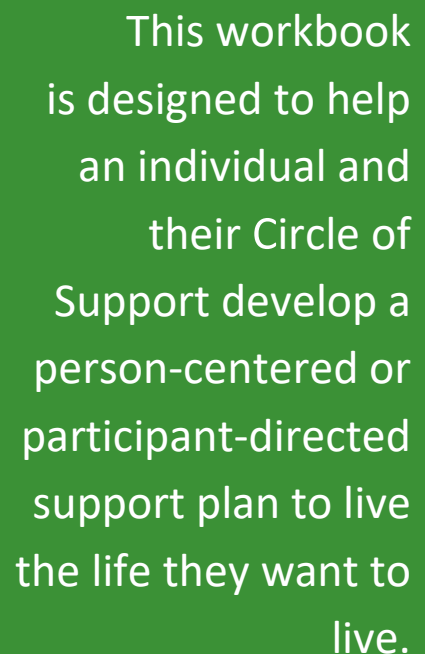
To develop your Circle of Support, you will need to:

- Identify family and community supports that will help you when you need it.
- Identify your friendships and relationships.
- Decide what you need and want from the people who support you.
- Identify positive and negative people, habits, and activities in your life.
- Develop a plan that you and your Circle of Support can use to make decisions, now and in the future.

As you work through these pages, we recommend you:

- Work directly on the blank pages provided in this workbook.
- Make more than one copy of a blank page if you need additional writing space.
- Use pictures, photographs, or other things that represent your ideas.
- Take your time. Person-centered planning is a process that works best if you don't try to do it all in one meeting. Try getting together with your Circle of Support several times for one or two hours at a time.

One final note: the questions listed under the Guidance sections of the workbook pages are only suggestions or questions to think about when completing that page. If you have other questions, feel free to include them. Please remember, everything in this workbook is a part of your planning process and will need to be submitted to your Case Manager when you meet to finalize your support plan.



This workbook
is designed to help
an individual and
their Circle of
Support develop a
person-centered or
participant-directed
support plan to live
the life they want to
live.

GATHERING YOUR CIRCLE OF SUPPORT

People are your best support!

People in your life can make it possible to do things that you might not be able to do by yourself. When you are talking about your life, it is important to consider the people around you that are available to you for help or companionship. This includes family, friends, neighbors, and staff.

At the center of your life is YOU! Your Circle of Support should start with you, your hopes and dreams, and the lifestyle that *you* want. From there, who else do you know that can be and wants to be involved in your life?

Close relationships— people who are most important to you. They are people that you would deeply miss if they were not there. They might be your spouse, best friend, romantic partner, family members, etc.

Friends—people that you enjoy spending time with, but are not quite as close as the people in the first circle. These would be the people you just like to hang out with, go to movies with, ball games, or other leisure activities.

Acquaintances—people you have come to know through groups or places where you participate such as church, work, volunteer activities, fitness club, school, social clubs, etc. You enjoy their company but you only see them when you are in the group where you participate together.

People who are paid—people who are paid for their involvement with you. It could be your teacher, case manager, therapist, or staff members. You may have a good relationship with them, but there is a good chance that you would not see them if they were not being paid to offer a service to you.

In the diagram on the next page, write the names of people who are in your life on each of the circles that match their involvement with you.



MY CIRCLE OF SUPPORT

Identify people from the smaller circle (those closest to you) to the larger circle (acquaintances and staff people.)

- ✓ Close Relationships
- ✓ Friends
- ✓ Acquaintances
- ✓ Paid People



WHO DO I WANT TO HELP ME DEVELOP MY PLAN?

Guidance

Identify those people whom you believe are willing to listen to you and help you with planning your future. As you decide whom to include on your planning team, ask yourself:

- Who listens when you talk about what is important to you?
- Who do you trust?
- Who knows about your health and safety needs?
- Who asks you questions about your future plans?
- Who is likely to be willing to help you achieve your dreams?
- Who best understands what your life is like?

Who will help me?

What services or goals will help me make it happen?

WHAT IS IMPORTANT TO ME?

Guidance

Identify those things that you find exciting, inspiring, or interesting. With your planning team, ask yourself:

- What things do I like to do?
- If I could live anywhere, where would it be?
- Do I want to be more active or do I want more time to relax?
- What things do I want to make sure are in my life every day?
- If I could change one thing in my life, what would it be?
- What activities or groups in my community interest me?
- Do I want to work or volunteer?
- Are there new things I want to learn or do?

What is important to me?

What services or goals will help me make it happen?

WITH WHOM DO I LIKE TO SPEND TIME?

Guidance

As you complete this page, think about what you can do to:

- Improve or increase relationships you currently have with family and friends.
- Encourage new friendships or contact friends you haven't seen for a long time.

Ask yourself:

- Who would be a good person to invite to dinner, to see a movie, or to have coffee?
- Who am I strongly connected with at work, school, church, club, etc.?

Who do I like?

What services or goals will help me make it happen?

WHAT DO I LIKE TO DO DURING THE WEEK?

Guidance

What are your favorite things to do during the week? With whom would you enjoy doing them? What kinds of work, volunteer activities, or social activities would you like to do?

What are your least favorite things to do during the week?

What are my preferred weekday activities?

What services or goals will help me make it happen?

WHAT DO I LIKE TO DO ON THE WEEKEND?

Guidance

What are your favorite things to do on the weekend? With whom would you enjoy doing them? What kinds of work, volunteer, or social or other activities would you like to do on the weekends?

What are your least favorite things to do on the weekend?

What are my preferred weekend activities?

What services or goals will help me make it happen?

WHAT HELP DO I NEED AT HOME TO DO THINGS I WANT?

Guidance

What help do you need at home to make sure the things that are important to you and your wellbeing get done?

Think about things like personal care (bathing, dressing, eating), keeping your house clean, shopping, cooking, taking your medications, etc. What support do you need to do these things? What would you like to do to help with wellness/fitness activities?

Also, think about how many hours you need someone to be around to help you each day.

What help do I need in the morning?

What services or goals will help me make it happen?

What help do I need during the daytime?

What services or goals will help me make it happen?

What help do I need in the evening?

What services or goals will help me make it happen?

What help do I need at night?

What services or goals will help me make it happen?

WHAT HELP WILL I NEED AT WORK?

Guidance

Identify what kinds of support you might need to get or keep a job. (Leave blank if not applicable.)

- What work do you do, or want to do, now?
- Do you want to work all day or part time?
- What skills will you need in order to do the job you want?
- Do you want to earn more money?
- Will you need someone to help you on the job for a period of time?

What support do I need to work?

What services or goals will help me make it happen?

WHAT THINGS DO I WANT TO DO IN THE COMMUNITY?

Guidance

Identify ways you would like to interact with your community in order to have a full and satisfying life.

- Do you want to participate in social, religious, charitable, or political organizations?
- Do you want to become a member of a health club?
- Do you want to attend certain community events and attractions?
- Do you want to become more involved with your neighbors?
- Are you interested in volunteer work?

What are my preferred community activities?

What services or goals will help me make it happen?

WHAT HELP DO I NEED TO GO WHERE I WANT TO GO?

Guidance

For each of the categories, identify what types of transportation you will use, or any plan you might have to learn about using transportation services.

- What times of the day or night do you need transportation?
- Do you need special accommodations (i.e. wheelchair accessible van, aide)?
- Who will transport you?

Work

What service or goals will help me make it happen?

Clubs and Organizations

What service or goals will help me make it happen?

Shopping and Errands

What service or goals will help me make it happen?

Appointments

What service or goals will help me make it happen?

HOW DO I MANAGE MY MONEY AND PAY MY BILLS?

Guidance

Identify the supports you need to manage money and pay your bills.

- Do you need help balancing your checkbook or managing your budget?
- Do you need help going to the bank or handling financial transactions?
- Could you benefit from learning how to use a debit card or cash card?
- Do you need help with paying your bills on time?
- Do you need help while exchanging money for things you want to buy?
- Do you need help to keep others from taking advantage of you financially?

How do I manage money and pay my bills?

What services or goals will help me make it happen? What do I need to learn before I can use my money independently?

WHERE DO I WANT TO LIVE?

Guidance

What kind of residence would you like to live in?

- Your family home?
- Your own home or apartment?
- Another relative's home?

Do you want roommates? How many? What qualities should they have?

If you want to move out of where you live now, what will you need to do before you are able to move? (May not be applicable for children under 18)

What is my preferred living arrangement?

What services or goals will help me make it happen?

IS THERE THINGS I CURRENTLY DO THAT I WOULD LIKE TO CHANGE?

Guidance

Think about things in your life that you would like to change. These things might include:

- Drinking too much alcohol
- Smoking cigarettes
- Yelling at others, calling people names, bullying others
- Using illegal drugs
- Physically hurting yourself or someone else

What makes me or others feel sad, mad, hurt, or angry?

What do I want to stop doing, or do differently?

What services or goals will help me?

MY HEALTH AND SAFETY PLAN

Guidance

Are there any health or safety issues that you want to make sure other people pay attention to? If so, describe what people need to know about you to keep you healthy and safe. Write what actions they need to take. What is the plan to keep you safe? Who will monitor the plan and how often? Who will be responsible for assuring providers are trained on the safety plan?

- Allergies
- Need for nursing oversight
- Medication administration assistance
- Concerns related to eating and drinking
- Concerns related to hurting yourself or others

See Risk Identification Checklist on the following page for assistance identifying health and safety concerns.

What is my Health and Safety Plan at home?

What services or goals will help me?

What is my Health and Safety Plan at work?

What services or goals will help me?

What is my Health and Safety Plan in the community?

What services or goals will help me?

IDENTIFYING RISKS

Use this tool to facilitate open discussion, brainstorming, and planning in order to identify issues which pose a risk to you. Record how the issue is thought or known to be of risk to you or others, and determine whether or not the issue of risk should be included on a safety plan.

Below is a list of common risk factors. This list is designed to encourage discussion about issues of risk, which may exist for you. There may be other possible risks not included on this list. Remember, discussing and identifying risks is a critical part of person centered planning. It is what helps you to live safely and successfully in your home and in the community.

RISK IDENTIFICATION CHECKLIST

Community access	Property destruction	Cardio/respiratory
Eating	Home maintenance	Falls
Ambulation	Use of restraints	Victimization
Transfers	Psychotropic Medications	Sensory concerns
Toileting	Criminal behavior	Seizures
Communication	Sexual risks	Conflict resolution
Bathing	Anticonvulsant medications	Intimidation
Self-abuse	Skin breakdown	Injuries
Aggression	Bowel obstruction	Aspiration
Elopement	Nutritional needs	Financial exploitation
Emergency response	Diabetes	Abuse from others
	Medication non-compliance	

What are the areas in which I might experience risk?

How is this issue thought to be of particular risk to me?

Should I have a safety plan to address this risk?

MY SUPPORT AND SPENDING INFORMATION

The Supports and Comprehensive Waivers allow for both traditional and participant-directed services to be in the plan of care. The following is a list of services that are available through the Waivers. Case management is a required service for participants on the waiver. Please review the list of services below and determine which of the services could be used most effectively to meet your needs. Your case manager will have service definitions of each service listed, or you can find the service definitions on the Division website at <https://health.wyo.gov/healthcarefin/dd/>. Any service listed below is available to you to support your needs, provided they are offered on our waiver.

Services that can be participant -directed

Individual Habilitation Training
Community Living Services
Personal Care
Respite
Supported Employment
Child Habilitation Services
Homemaker
Companion Services

Services that **cannot** be participant-directed

Case Management
Adult Day Services
Community Living Host Home-
Community Support Services
Occupational Therapy
Physical Therapy
Speech Therapy
Skilled Nursing
Dietician Services
Environmental Modifications
Specialized Equipment
Crisis Intervention Support
Transportation
Supported Employment -
group

You and your team should now be ready to develop a plan of care that supports your personal goals and reflects your needs. You may refer to this workbook, and the information you have provided, to create your support plan. The following worksheets will help you to determine the services you need and the cost of those services. As you look back through pages 5 through 17, identify the services that will provide the supports you need to fulfill your goals for this year.

SUPPORTS WORKSHEET

What services were identified that will help me meet my goals?	How and why will this help me?	Who helps make this happen?	How often, how long, and how many?	Is this service participant-directed?

PARTICIPANT-DIRECTED SERVICE BUDGET AND WORKSHEET

If you have chosen to use participant-direction for some or all of your services, you have chosen to hire your own staff and coordinate your payroll through the Fiscal Management Service provider (FMS). You are required to pay for the background check for each employee that you choose to hire.

You are free to pay an employee any amount you desire as long as the wages are within the state's funding parameters and at least the federal minimum hourly wage. When calculating an employee's wage, you will need to ensure you allow for the employer tax contribution. The FMS will withhold the required taxes from your employee's pay so you won't have to worry about any of that. For more information on calculating employer taxes, please contact the FMS.

Some services are available to be provided in groups. Any group service wage paid by a participant shall begin at minimum wage or higher, since each participant is their own employer or co-employer. Daily rates are not allowed to be delivered through participant-direction.

DETERMINING YOUR BUDGET AND EXPENSES

Before you begin, you will need to know what your individualized budget amount is. Your case manager will have this information if you do not. For the amount of your budget that will be available for participant-directed services, you will need to deduct the cost of Case Management, and other services that are not available for participant-direction, like Adult Day Service, therapies, skilled nursing, etc. The remaining balance is available to you for participant-directed services.

You can use this worksheet to help determine your budget and expenses.

Your Waiver Individualized Budget Amount \$ _____.

Start Date _____ End Date _____

Service	Unit Rate	If participant - directed, Cost to Me (Rate X 1.1296)	Total # of Units	Total Cost of Service	Amount Remaining
Total Amount For Traditional Service Options:					
Total Amount for <u>Participant-Directed</u> Service Options:					

TAKE ACTION!

Think!

By now you have a good idea of what should go in to your services and support plan for this year. You have identified areas of need for yourself in order to continue to live in your community. You have identified what services will help you do that. You have identified how much of those services you need and the cost of those services to your individual budget.

Plan!

You are now ready to participate fully in your annual service and support plan meeting. Bring this information with you when you meet with your case manager and Circle of Support to finalize your plan. Your case manager will submit this plan to the Division for review.

Do!

Use the services and supports in your plan to do the things you need to do in order to accomplish your goals and enjoy your life the way you want! Continue to work with your case manager and team to build your Circle of Support and achieve the lifestyle you want to have.

If you are using the participant-directed service delivery option, your case manager can assist you to interview and hire people to help you this plan year. Perhaps you already know who they are. Your case manager will assist you with completing the employee packet for the Fiscal Management Service for each employee that you will be hiring. This will need to be completed prior to beginning your services.

Have fun, and remember, your case manager can help you complete this workbook.

