

PCSP Guide

- The PCSP is written documentation of the individual’s preferred lifestyle, needs, supports, and services.
- It is used to inform caregivers and service providers of the individual’s choices and set goals for the future.
- The PCSP is developed by the support team; including the individual, parent/guardian, and any service providers.
- An annual meeting is held but the plan can and should be updated at any time when changes occur.

1. Complete demographic information (*Name/Date/Birthdate*)
2. Current Services
 - a. This section is to document any services that the individual is receiving (*examples could be day program, wellness monitoring, personal care services*)
 - b. Describe back up plan – who is responsible for providing care if the caregiver is unable to do so (*Back up plans are needed for individuals that receive personal care services*)
3. My Preferred Lifestyle
 - a. The first question can be answered in narrative form explaining all of the individuals preferences (*must answer all the questions*)
 - b. This question wants to know if the individual is living their preferred lifestyle
 - i. Answer yes, if all areas of preferred lifestyle are being met
 - ii. Answer no, even if there is only one area that is not being met
 - iii. Utilize 2a to document the barriers to achieving preferred lifestyle
 - iv. Utilize 2b to discuss strategies to overcome these barriers
 - v. Utilize 2c to talk about next best options
4. My Goals for achieving preferred lifestyle
 - a. Goal should be developed by the individual (*what he/she hope to accomplish this year*)
 - b. Goals should not be what the individual needs or what others think the individual should want
 - c. Ensure that action steps are documented in the Steps to Achieve Goal column
 - d. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals. Natural supports are unpaid supports that are provided voluntarily.
5. This is who I am
 - a. Indicate how the individual makes choices
 - b. Indicate how the individual communicates
 - c. This is related to self-advocacy and should include what supports/training is provided to assist the individual in communicating their choices or enhancing their decision making.
6. My Support Needs
 - a. This is a staff will section. Statements should be from the position of what staff will be doing and have appropriate details so staff are fully aware what is expected from them. Discuss current financial support needs of individual.
 - b. Discuss any financial limitations to the provider and how those will be overcome.

Support Needed	Level of Assistance	How I need help/assistance:
Example: Mealtime	Assistance	Meat needs to be cut into small pieces

7. My Alone Time
 - a. Provide justification of alone time allowed/not allowed at home
 - b. Provide justification of alone time allowed/not allowed in the community

- c. What to think about when answering this question; is alone time being limited because of health/safety reasons or poor judgment? If it is poor judgment then a risk assessment should be completed to determine if a behavior support plan is needed.
8. Integration, Inclusion, Productivity, and Independence
- a. Questions 1, 2, and 3 refer to the individual's use of and access to the same community resources, activities, and/or types of employment that are used by and available to citizens without DD; regular contact with citizens without DD; having friendships/relationships with individuals and families of their own choice.
 - b. Question 4 refers to what choices can and/or does the individual make.
9. Additional Plans
- a. See PMP-BSP Guide
10. Medical Information Summary
- a. Complete the boxes with as much information as you have
 - b. Be sure to include any doctor orders in the special treatments section
11. Health Care Professionals
- a. Indicate the professionals currently involved in the individuals' life
 - b. Lead Medical Coordinator is usually parent/guardian or provider, depending on situation
 - c. Lead PCSP Coordinator is whoever the individual chooses to lead the process
12. Rights/Responsibilities
- a. Must be indicated that R/R were reviewed with the individual and a copy provided to them and guardian, if applicable.
 - b. ANE Hotline number must be provided to the individual
13. Signatures
- a. All participants must sign that they approve the plan for implementation
 - b. If guardian was not present for the meeting, three attempts to obtain their signature must be made and documented.