



# Student Resource Guide

## 2. Person-Centered Planning





# Person-Centered Planning

## OUTCOMES

When you finish this session, you will be able to:

- ▶ Describe your role as a team member.
- ▶ Identify ways to support meaningful goals for individuals.
- ▶ Demonstrate how to work as a team member in person-centered planning processes.

## KEY WORDS

**Goals:** A list of things that are important to the individual and that he or she want to do or accomplish in the future. Goals reflect the individual's needs and preferences.

**Individual Program Plan (IPP):** An agreement required by the Lanterman Act, between the individual and the Regional Center that lists the individual's goals, objectives, and the services and supports needed to reach those goals. The IPP is developed by the planning team based upon the individual's needs and preferences.

**Objectives:** What an individual wants to accomplish. Objectives must be specific, time-limited, stated in measurable terms, and related to the individual's goals and needs.

**Person Centered:** The individual with the developmental disability is the most important person in both planning for and providing services.

**Person-Centered Planning:** A process for learning about things that are important to the individual and reflect the individual's needs and preferences (goals). This includes the type of services and support needed to help the person reach his or her goals. The individual, his or her family, friends, and people who know and care about the person (including DSPs) work together to identify things the individual likes to do (preferences), things he or she does well (strengths and capabilities), things he or she wants to do (hopes and dreams) and things that get in the way (barriers).

**Planning Team:** A group of people, including the individual with disabilities, the regional center service coordinator, and others who know and care about the individual, who come together to plan and support the needs and preferences of the individual.

**Regional Center:** A group of 21 centers throughout California, created by the Lanterman Act, that help individuals with developmental disabilities and their families find and access services. Regional centers purchase necessary services included in the Individual Program Plan.

**Review Date:** A pre-determined time period when a goal or a plan will be looked at to see if progress has been made and if anything needs to change.

**Service Coordinator:** An individual who works with individuals and families to find and coordinate needed services and supports.

**Services and Supports:** Assistance necessary for the individual to lead the most independent and productive life possible, based on the individual's wants, needs, and desires.

## The Person-Centered Planning Process

### What is Person-Centered Planning?

The Lanterman Developmental Disabilities Services Act says that regional centers must use person-centered planning to support the different ways that people choose to live. Person-Centered Planning is a way to learn about things that the individual

- Wants to do in the future (hopes and dreams).
- Likes to do (preferences).
- Does well (strengths and capabilities).
- Chooses to do in the next year or so (goals).
- Will need help with to get from here to there (services and supports).
- May think will get in the way (barriers).

“Person-Centered Planning provides strategies to increase the likelihood that people with disabilities will develop relationships, be part of community life, increase their control over their lives, acquire increasingly positive roles in community life and develop competencies to help them accomplish these goals. Person-centered planning helps to clarify and implement these ideals one person at a time.”

Adapted from *It's Never Too Early, It's Never Too Late*, by Beth Mount and Kay Zwernik

The planning team, including the individual, family members, friends, the regional center service coordinator, and other people who know and care about the person (including DSPs), works to learn about the individual's hopes and dreams, preferences, strengths and capabilities, goals, barriers, and needs for services. The team then develops a plan with the individual.

The Lanterman Act requires that an Individual Program Plan (IPP) be developed for every individual. The IPP is based upon the results of the person-centered planning process. It is an agreement between the individual and the regional center that lists the individual's goals and objectives, and the services and supports needed to reach those objectives. The IPP includes goals, objectives, and plans.

- **Goals** are results that are important to the individual and reflect the individual's needs and preferences. For example:

*I want to spend time with my boyfriend, Richard.*

- **Objectives** are specific, time-limited, stated in measurable terms, and related to the individual's goals. For example:

*Once a week I will spend two to three hours with Richard at his or my home, or someplace that we want to go together.*

- **Services and Supports** are ways to assist and help the individual to lead the most independent and productive life possible, based on the individual's wants, needs, and desires.

For example:

*Shirley, a DSP at my home, will help me arrange time with Richard and will provide transportation and other support I may need.*

## The Person-Centered Planning Process (continued)

The IPP protects the individual’s right to make choices. According to the Lanterman Act, the individual has a right to make choices about:

- Where to live and with whom.
- How to spend time each day; for example, day program, at work, or for fun.
- With whom to spend time; for example, visiting friends and family.

- Hopes and dreams for the future; for example, to have a job or save up for a special vacation.

Person-centered planning helps support the choices that people make about their lives. We will next discuss ways DSPs may participate in this important process.

## The Person-Centered Planning Team


It takes a team working together to do person-centered planning. By law, team members must include the individual with a developmental disability; family members if someone is younger than 18 years old; a guardian or conservator if the person has one; and the regional center service coordinator or someone else from the regional center. The individual might invite other people to participate in the team meeting such as family members, DSPs, a doctor, psychologist, nurse, or speech therapist.

Everyone on the team should know the individual. As a DSP, you may be asked to be a member of a person-centered planning team. It’s important to remember these five responsibilities of the planning team:

- Get to know the individual.
- Find out what’s important to him or her.
- Support the individual’s choices.
- Figure out ways to make those choices a part of everyday life.
- Identify services to support those choices.

One of the first steps to effectively participate as a team member who supports an individual’s goals, desires, and needs is to be an active listener. The following activity assists the DSP in improving active listening skills.

ACTIVITY



### Listening to Individuals

*Directions: Break into small groups. On the flip chart paper provided, write down the answers to the following questions based upon the video you watched earlier.*

**What did I hear that’s important to \_\_\_\_\_?**

**What are other questions I could ask to learn what is important to \_\_\_\_\_?**



**ACTIVITY**

**Making Choices**

*Directions: Break into small groups. Each group will be given an index card with some choices that must be made. Discuss the choices as a group. Next, record your group's choices and your reasons for making them.*

**Choice 1:**

Why did the group make this choice?

**Choice 2:**

Why did the group make this choice?

**Choice 3:**

Why did the group make this choice?

In person-centered planning, it is important to figure out individual preferences and offer choices based on those preferences. The DSP can use many tactics to make person-centered planning successful.

## The Role of the Direct Support Professional in Person-Centered Planning

Getting to know the individual is at the core of person-centered planning. The best way to get to know someone is to spend time together. You can talk, listen, and observe to learn what is important to the individual. The DSP is often in the best position to obtain this information.

When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities in the home; for example, meal time, outings, and free time. The DSP should also observe how people respond to them. Do they use smiles, frowns, shrugs, and eagerness? This will help you learn what people like and do not like as well as with whom they like to spend time.

If someone is new to the home or it's difficult to figure out an individual's preferences from the beginning, it's important to write down preferred items and activities; for example, foods at meal time or free time activities.

You will also want to ask others. If family, friends, or day program staff are available, remember to ask them questions about preferences; for example, "When does he seem to be the happiest?" or "Where are her favorite places to go?"

Finally, you may find additional information about preferences in the individual's record. If the record includes a summary of a person-centered planning session, you should find a list of likes, dislikes, and preferences.



As you learn about an individual's preferences, it's important to communicate these findings to other staff and to the person-centered planning team. You might do this at staff meetings, team meetings, on a staff log, or in progress notes. This helps create more opportunities for favorite activities and other relevant items to be included in daily routines. It also helps the team develop more person-centered services and supports.

## What Can Be Learned From Behavior?

How would someone's behavior tell you that he or she wanted something? When you offer a choice of foods for dinner, he or she might point to a preferred food. Or, if you mention that you are going to the park and someone gets into the van, that would tell you that the person likes something about the activity, such as riding in the car or playing Frisbee in the park.

Sometimes it's easier to figure out what a person doesn't like. For example, someone might spit out food or push away a staff person who is trying to help. Imagine that you don't have words to describe your feelings.

What are some other ways that you would let someone know that something was making you unhappy?

## Teamwork and Working With Families

Teamwork and working with families is a very important part of person-centered planning and is a key to success for individuals with developmental disabilities. In addition to the individual, the planning team will likely include family members, consultants, health professionals, regional center staff, and support staff. Since you may participate on a planning team for someone you work with and support, it's important to know some basics about teams and how they work best.

Below are some facts about teams:

- Teams include co-workers, families, the regional center, and other community agencies.
- Trust is the basic element for success.

Teamwork is about sharing, cooperating, and helping each other. An effective team values everyone's contributions and works toward a common goal. When people work together as a team, they usually get better results.

Many experts say trust is basic to successful teamwork. Trust takes time. It is dependent upon people getting to know each other to see if they say what they mean and do what they say, and if they contribute to the work of the team in a positive way.

Besides trust, other values that support teamwork are:

- Open, honest communication
- Equal access to information
- A focus on a goal

## Team Members' Roles

Everyone has an important role to play on the person-centered planning team. Individuals with developmental disabilities and their families, of course, have a big part to play. As team members, they talk about their choices, hopes, and dreams and what services and supports they need to be successful.

DSPs may help individuals talk about their choices, hopes, and dreams and provide information to the team about what they have seen and heard. Most importantly, DSPs provide services and supports that help individuals work toward their goals. Regional center service coordinators help write the person-centered IPP and locate services and supports when needed.



## Communication with Families

Families communicate valuable information to the DSP and the team about the preferences, likes, and dislikes of an individual. Following are useful tips to encourage successful communication with families.

- **Regular Contact**  
It's important to encourage contact with family members whenever possible.
- **Communicate First and Often**  
Early and ongoing communication is important to building a good relationship with family members. Often, the first contact between a DSP and a family member involves a problem. This is a frustrating way for a family member to start a relationship with a relative's caregiver.
- **Be Positive**  
The relationship between families and DSPs should be positive. It should be seen as a chance to work together to serve the best interests of the individual.
- **Use Different Methods to Communicate**  
Speaking with family members and writing them notes are just two methods of communicating with families. Be creative and practical!
- **Be Honest**  
Honesty in your interaction with families is very important. Sometimes this can be very difficult, especially when the information may be difficult for the family to accept. Learn how to best approach family members.
- **Be an advocate**  
DSPs have a dual role. Not only are you responsible for the day-to-day care of the individuals you serve, you are also their advocate. This is probably one of

your most important functions because it involves serving the best interest of those with whom you work. At times, being an advocate involves working together with family members on behalf of the individual. At other times, it involves advocating on behalf of the individual in matters on which the family might disagree.

- **Share What You Learn**  
When family members share important information, make sure to share it with other DSPs. Remember, you all work together to support the individual.
- **Show You Care**  
Your genuine concern for the individual, as well as for their family members, will serve you well. Sharing observations with family members and asking for their input will go a long way in maintaining positive communication.
- **Be Sensitive**  
Be sensitive to the individuals you support even if you may not be enthusiastic about the involvement of their families. Adults who do not have a guardian or conservator have a right to decide how much family involvement they want. This may be something you can help with.

Source: Terri Niland, a DSP from Maryland.

Let's examine an IPP and find ways to be supportive team members. The role of the DSP is to review the information in each individual's IPP and to be aware of what should or should not be done to best support each individual's needs and goals.

**The Role of the Direct Support Professional in Implementing IPPs**

**Most importantly, the DSP is responsible for implementing the IPP.** Often, the services and supports that an individual needs to reach their goals are provided by the DSP. For this reason, you must be familiar with the IPPs for each person in the home, and know what their goals and objectives are and what your responsibilities are to assist the individual in achieving them. The IPP should tell you who is to do what by when.

You must know where each individual’s record is kept, read and be familiar with the IPP, and work with the administrator and other DSPs in the home to provide necessary services and supports identified in the IPP.



*Read this partial IPP. What is the goal? What is the objective? What is the plan? Who will do what and by when for the individual? What does the DSP do to support the goal?*

**The following is an example of an IPP for Eric.**

Eric wants to see his friend play baseball. The DSP will help him by finding out when and where the games are scheduled and at least once a week, provide for or arrange transportation for Eric to go to the game with him.

**Goal:**

I want to go and watch our friend, John, play on the local baseball team.

**Objective:**

Helen and I will go to John’s baseball game once a week throughout the season (April to July).

**Service and Support Plan:**

Everett, a DSP in the home where I live, will check the weekly schedule to make sure we go at the right time, provide or arrange for transportation, and accompany me to the game.

*Eric’s objective was an example of fairly simple IPP. Now we will look at an example of a more complicated IPP. Please turn to Kwan’s IPP in Appendix 2-A.*

## The DSP's Role In Assessing Progress on the IPP

Each IPP has a review date, a pre-determined time period when a goal or a plan is looked at to see if progress has been made and if any changes are needed. Often, the IPP will require that the DSP (or responsible person) write down observations or keep a record of what was done to implement the plan. This information should be shared with other staff and be reviewed by the regional center service coordinator, the individual's planning team, and others involved in the individual's health, safety, and quality of life.

Sometimes the IPP objectives or plans aren't helping the individual achieve his or her goal. Sometimes the original plan needs to be changed and you are in a good position to identify when there are problems. If you see that something in the plan is not working, it is your responsibility to let others know.

## The DSP's Job in Assessing the Quality of Services

A form entitled, "Looking at Service Quality" may be found in Appendix 2-B. It was adapted from a tool that the Department of Developmental Services offers to service providers as a way to look at services and identify opportunities for improvement. The tool assists you in asking questions, such as the following, about the quality of a person's life in the areas of choice, relationships, lifestyle, health and well-being, rights, and satisfaction:

*Do I know the hopes and dreams of each person I support?*

*Do I know the goals in each person's IPP?*

*Have the individuals I support made progress in reaching a goal in the past year?*

*Do I provide opportunities for individuals to have choices in their daily life?*

*Does each person in the home have opportunities to spend time with their friends?*

*Does each person have someone to talk to in their primary language?*

*Does each person get to do activities in the community?*

*Does each person have access to needed health services?*

*Does each person know his or her rights?*

*Do I and others treat people with dignity and respect?*

**The DSP's Job in Assessing the Quality of Services (continued)**

These are just a few questions that you might ask to assess the quality of services that you and others in the home provide. You and others will want to review the answers to these questions as a way to

assess the quality of services you provide. Remember, a better quality of life for people with developmental disabilities will likely lead to a more rewarding professional life for you!

**P R A C T I C E   A N D   S H A R E**

When you return to the home in which you work, ask yourself the above questions for just one individual that you support and be ready to share the answers at the beginning of the next class.

### Person-Centered Planning

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

- Ethics, Observation, and Decision Making are among the core skills and knowledge that make up the:**

  - Title 17 Regulations
  - DSP Toolbox
  - IPP Team
  - Lanterman Act
- Because making ethical decisions sometimes involves making very difficult and uncertain decisions, the National Alliance of Direct Support Professionals (NADSP):**

  - Will make ethical decisions for a member over the phone, free of charge.
  - Developed a written Code of Ethics for use as a guide.
  - Recommends DSPs try to avoid making ethical decisions when working with individuals.
  - Provides a vast collection of past ethical decisions in the “DSP Toolbox” that is distributed to all members of the organization.
- “Self-Determination” refers to:**

  - The right of individuals to have whatever they want.
  - The individual’s ability to make decisions that affect the future direction of their lives.
  - The responsibility of the DSP to see that individuals are doing things which make the people around them happy.
  - All of the above.

4. **In a situation in which the ethics adopted by the DSP profession differ from the DSP's personal ethics, the DSP should:**
  - A) Seek the opinions of people who are not DSPs.
  - B) Follow the profession's ethics instead of their own.
  - C) Do whatever the majority of DSPs at the home think is right.
  - D) Follow their own ethics instead of the profession's.
5. **Of the following, the DSP's most important responsibility when serving as a member of an individual's planning team is to:**
  - A) Focus on the individual's hopes and dreams for the future.
  - B) Focus realistically on the individual's most important limitations.
  - C) Make sure the individual shows up on time to the planning meetings.
  - D) Keep spending on services and supports as low as possible.
6. **The requirement that an Individual Program Plan (IPP) must be developed for each individual was established in the:**
  - A) California Planning Commission Act.
  - B) United States Constitution.
  - C) Americans with Disabilities Act.
  - D) Lanterman Act.
7. **Which of the following is a right that is guaranteed to individuals in the Lanterman Act?**
  - A) The right to decide how they will spend their time.
  - B) The right to have enough income to provide for their hopes and desires.
  - C) The right to be supported by family and friends.
  - D) The right to special disabled discounts at stores.
8. **Which member of an individual person-centered planning team is usually responsible for writing up the IPP document and locating services?**
  - A) Family member.
  - B) Regional Center Service Coordinator.
  - C) DSP.
  - D) Individual.
9. **Usually, the DSP's most important responsibility in the person-centered planning process is to:**
  - A) Provide the services and supports called for in the plan.
  - B) Keep the plan updated whenever an individual's needs change.
  - C) Call emergency meetings of the planning team.
  - D) Make sure family members understand what the plan requires.
10. **When the DSP asks herself whether an individual they work with is being treated with dignity and respect, the DSP is:**
  - A) Taking on a responsibility that really belongs to others.
  - B) Checking on the quality of life of the individual.
  - C) Interfering with the individual's right to privacy.
  - D) All of the above.



## Appendices



**Appendix T-1**

Copy each set of instructions for the Activity on page S-4 in Student Resource Guide.

**Group 1 Instructions**

As a group, decide which choice to make. Record your group's choice and your reasons on the Choice Making Activity Sheet on page S-4 in Resource Guide.

1. Make two choices of where you might like to go for lunch in the next few days. Your choices are Burger King, McDonald's, Taco Bell, and/or Subway. Why did you choose those two?
2. On an evening out with a friend, make a choice of whether you would rather go bowling or play pool? Why did you choose this activity?
3. Choose whether you would rather watch the news or soccer on T.V. tonight? Why did you choose that program?

**Group 2 Instructions**

As a group, decide which choice to make. Record your group's choice and your reasons on the Choice Making Activity Sheet on page S-4 in Resource Guide.

1. If you could go anywhere you wanted for lunch for the next couple of days, what two places would you choose to go? Why did you choose these places?
2. If you could go anywhere you want for a fun evening out with a friend, where might you choose to go? Why did you choose as you did?
3. What would you likely choose to watch on T.V. tonight? Why would you choose this program?



**Everyone's Regional Center (ERC)****Individual Program Plan (IPP)***Date of IPP Meeting: 4/1/04***IDENTIFYING INFORMATION**

Kwan Louise Wang	F	4/18/58
<small>Name</small>	<small>Gender</small>	<small>Date of Birth</small>
1421 High View Street, Roseland, CA 90375		(405)677-9535
<small>Current Address</small>		<small>Phone</small>
English	Community Care Facility, Service Level 4	
<small>Primary Language</small>	<small>Residence Type</small>	
Betsy Helpful	(405)546-9203	
<small>Service Coordinator</small>	<small>Phone</small>	

**IPP MEETING PARTICIPANTS**

Kwan Wang, Phone (405)677-9535

Judy Wang, mother and conservator, Home Phone (405)391-2537; Cell (405)636-2452

John Wang, brother, Home phone (310)372-3610

Martha Green, administrator of the Green home, Phone (405)677-9436

Mimi Rosales, direct support staff at the home, Phone (405)677-9535

Armand Garcia, Hillside Day Program counselor, Phone (405)638-4423

Betsy Helpful, ERC service coordinator, Phone (405)546-9203

**FAMILY INFORMATION****Family Members**

Judy Wang (Mother and Conservator) 76711 S. San Pedro Street, Roseland, CA 90375  
Home Phone (405)391-2537; Cell (405)636-2452

John Wang (Brother) 525 Avenida Esplendida, Ripart, CA 90275  
Home Phone (310)372-3610

**Consumer/Family Concerns and Priorities**

Kwan has a boyfriend, Robert, with whom she enjoys spending time. She would like support to be able to spend good, quality time with Robert. Kwan enjoys animals and has a pet bird. Someday, she would like to have more than one bird. In the meantime, Kwan would like to find more ways to be around animals, especially birds. She would also like a job since she wants to save money for her dream trip to Disneyland and to buy more clothes and CDs. Kwan also enjoys spending time with her mother and brother. She and her mother get together once a week for shopping and other activities. She doesn't see her brother as often, since he lives 50 miles away.

*Individual Program Plan (IPP)*

Kwan's mom wants Kwan to be happy in her new home. She is concerned that Kwan's fairly complicated medical needs are taken care of properly. She wants to continue to take a very active part in Kwan's life. She loves her daughter very much and wants to do what is best for her. Kwan's brother is concerned that Kwan's wheelchair needs to be replaced and wants to see Kwan get a new one as soon as possible. He also wonders if there isn't something that could help Kwan communicate more effectively, as it is very hard to understand her.

**MEDICAL INFORMATION**

Health Insurance: Medi-Cal (467)963-5738; Medicare (467)963-5738

(Father deceased)

**Medications**

- Tegretol 200 mg QID (four times a day, 7:00 a.m., 12:00 p.m., 5:00 p.m., 10:00 p.m.) with food for seizures.
- Colace 250 mg q AM (every morning) with a large glass of water for constipation.
- Milk of Magnesia 30 cc q 3rd day (every third day) with no bowel movement.
- OsCAL 1500 mg qd (every day) for prevention of osteoporosis.
- Lotensin 20 mg q AM, (every morning) for hypertension.
- Fluorigard 15cc mouthwash after toothbrushing AM and PM for oral health.
- PF 35 sunguard and lip balm to protect from sunburn to be applied if Kwan is to be in the sun for more than 15 minutes.

**Health Providers****Primary Care Physician**

Dr. Ubeewell, 7922 Spirit Street, Pleasantville, CA 90375 Phone: (405)391-8511

**Neurologist**

Dr. Nicely, 12 Fair Oaks Drive, Suite 3, Roseland, CA 90375 Phone: (405)333-7272

**Gynecologist**

Dr. Young, 12 Fair Oaks Drive, Suite 14, Roseland, CA 90375 Phone: (405)333-6789

**Dentist**

Dr. Y Nocaries, 12 Whitten Way, Pleasantville, CA 90375 Phone: (405)696-3372

**Audiologist**

Dr. Hearless, 1434 Hayes Way, Suite 200, Pleasantville, CA 90375

Phone: (405)333- 4536

**Health Status**

Height: 5 feet

Weight: 120 pounds

*Individual Program Plan (IPP)*

**Eligible Diagnosis:** Spastic Quadriplegia Cerebral Palsy, Severe Mental Retardation. Mixed Seizure Disorder

**Chronic medical conditions/special health issues:** Kwan had a right hip fracture with pinning in 1998. She currently has a seizure disorder, hypertension (diagnosed in 2003), chronic constipation, and moderate hearing loss in the left ear (diagnosed in 2002). She has doctor's orders for a therapeutic diet (high fiber for constipation and no coffee or added salt for hypertension). In addition, she cannot eat tomatoes or tomato products.

**Allergies:** Kwan is allergic to tomatoes and tomato products. They give her hives. She is also sensitive to the sun and sunburns easily.

**Equipment:** Wheelchair, shower chair, adaptive spoon.

**Hospitalizations:** No hospitalizations in the past year.

**Mental Health Issues:** N/A

**Immunizations:** Kwan had a flu shot and pneumovax in September 2003.

### **NATURAL SUPPORTS**

Kwan's mother and brother are both very close to Kwan and want to do as much to support her as they are able. Her mother visits Kwan once a week. Every fourth week she takes her shopping at the local mall. She goes with Kwan as often as she can to doctor visits. Kwan spends Thanksgiving and Christmas holidays with her mother and family. Kwan's boyfriend, Robert, is also an important source of support and fun.

### **WHAT PEOPLE NEED TO KNOW ABOUT KWAN**

Kwan is a friendly and happy person who gets along well with others. She has a good sense of humor and likes to be with people and do fun things. Kwan enjoys her close relationship with her mother and brother. Kwan likes birds, especially her yellow parakeet Pete. She also loves having her nails polished and going shopping with her mom. Kwan likes watching TV, especially the Disney Channel. Kwan is able to express some of her needs verbally; however, when she is very excited, her speech is very difficult to understand. She hears best with her right ear. Kwan uses a wheelchair and needs assistance with most things. Kwan has very fair skin and is sensitive to sun.

### **HOPES AND DREAMS**

Kwan enjoys spending time with Robert and would like more opportunities to be with him. Kwan loves her bird. She would like to someday work in a pet shop or someplace where there are lots of birds. She likes the water and would like to learn to swim. The thing that would make her happiest in the world would be to go to Disneyland with Robert.

*Individual Program Plan (IPP)***CONSUMER/FAMILY SATISFACTION WITH SERVICES**

Kwan likes her new home. The staff are nice, and she likes spending time with them, but she would like to have more friends and to spend more time with Robert. Kwan's mother, who is also her conservator, is happy with Kwan's new home as well.

**FINANCIAL SITUATION**

Benefits: Kwan receives SSI in the amount of \$670 a month with an additional \$90.00 for personal and incidentals (P&I). In addition, Kwan receives SSA in the amount of \$270 a month. Her mother is her representative payee. She also maintains a bank account for Kwan. Kwan uses her P&I to purchase personal items, clothes and pet supplies for Pete and for weekly activities as needed.

**LEGAL STATUS**

Kwan's mother is her limited conservator and, as such, is authorized to sign for Kwan's medical care, handle her finances, and make decisions about where she lives.

**INDIVIDUAL PROGRAM PLAN AREAS****HOME**

Current Status: On January 6th this year (2004), Kwan moved to her new home, a level 4, owner-operated CCF. Martha Green is the owner and administrator. Kwan had to move because her previous service provider became seriously ill. Kwan likes her new home and particularly likes Mimi Rosales, one of the staff. It also helped that her previous roommate moved with her. There is one staff for every three individuals in the home at all times. In the morning and evening there is one additional staff. Kwan's mom was worried about the move, but is now satisfied that the new home is working for Kwan. Being able to keep her bird was one of the reasons she and her mom chose the Green home.

**Goal**

Kwan wants to live in a safe, comfortable, home that meets her needs and supports her choices and preferences.

**Objective 1**

1. The Green home will continue to provide Kwan with a safe and supportive living environment through 4/30/05.

**Plans**

1. Green home staff will provide services and supports for Kwan as described in Kwan's IPP and with consideration for Kwan's unique needs and preferences.
2. Martha Green, Administrator, will prepare a quarterly summary of activities and outcomes related to implementation of individual IPP objectives for which the facility is responsible.

*Individual Program Plan (IPP)*

3. ERC will continue to provide monthly payment at the Level 4 rate (minus the SSI and SSA amount) to the Green home for Kwan. Kwan's ERC service coordinator (SC) will visit Kwan once every three months or more frequently as needed to monitor the implementation of Kwan's IPP and Kwan and her mother's continued satisfaction with the services.
4. As representative payee, Kwan's mom will continue to provide monthly payment for Kwan to the Green home for the total amount of the SSI and SSA payments.

**Objective 2**

Kwan's staff will receive initial training prior to working with Kwan and ongoing yearly training in First Aid, CPR, and proper transfer and lifting procedures for Kwan.

**Plans**

1. Martha will contact the Red Cross and schedule staff training.
2. Staff will provide Martha with a certificate of completion of training to be maintained in their personnel file.

**PERSONAL CARE****Current status**

Kwan likes to wear nice clothes, make-up, and have her nails polished. Kwan uses an adaptive spoon to eat, but otherwise needs to be assisted with all her needs. She enjoys long showers. Kwan is unable to stand and pivot to transfer from her wheelchair. Kwan's wheelchair needs replacement. It is 8 years old, and the upholstery is ragged and the frame wobbly. The brakes were recently repaired.

**Goal**

Kwan wants to look nice, be comfortable and be treated respectfully by staff when they are assisting her. She wants to do things as independently as possible. She needs a new wheelchair.

**Objective 1**

Kwan will maintain good oral health, healthy skin, and will be assisted to dress and groom herself appropriately for the occasion and the season through 4/30/05.

**Plans**

1. Home staff will provide complete assistance to Kwan with bathing, dental care, dressing, toileting, grooming (including makeup) with concern for her privacy and dignity and provide Kwan with opportunities for choice throughout her daily routine. Staff will schedule extra time for Kwan's shower.

*Individual Program Plan (IPP)*

2. Home staff will assist Kwan to floss Kwan's teeth once a day and brush with an electric toothbrush twice a day. They will assist Kwan in using Flourigard as prescribed after each brushing.
3. Home and day program staff will assist Kwan to shift position in her wheelchair once every 2 hours. Home staff will assist Kwan to transfer from her wheelchair to a beanbag for an hour each night at home while she is watching her favorite TV program or listening to music.
4. Both home and day program staff will assist Kwan to apply sunscreen, lip balm, and a hat each time she is in the sun for any extended length of time (more than 15 minutes).

**Objective 2**

Kwan will be supported to eat as independently as possible through 4/30/05.

1. Home and day program staff will ensure that Kwan has her adaptive spoon when eating and will provide partial assistance and verbal prompts to guide Kwan to eat as independently as possible.

**Objective 3**

Kwan will get a new wheelchair by 10/1/04.

**Plans**

1. Kwan's SC will arrange for Jacquie Ohanesian, CRT, at First Care Equipment, (405)696-4651, to assess Kwan's wheelchair. ERC will fund the assessment.
2. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum for the purchase of the wheelchair. If Medi-Cal will not approve the purchase of the recommended wheelchair, ERC will purchase.

**COMMUNICATION****Current status**

Kwan is a friendly and happy person. She has a good sense of humor and likes to be with people. Kwan is able to express some of her needs verbally; however, at times when she is very excited, her speech is very difficult to understand. An audiogram done in 2002 revealed a moderate left ear hearing loss. No hearing aid was recommended. Kwan hears best when people direct their speech directly at her or towards her left ear. Her brother is concerned that there may be some way to assist her to communicate more effectively.

**Goal**

Kwan will be supported to communicate as effectively as possible.

*Individual Program Plan (IPP)***Objective 1**

Kwan will be evaluated for use of augmentative communication strategies and devices by 10/1/04.

1. Kwan's SC will arrange for Liz Speakeasy, Speech Therapist, to assess Kwan for use of augmentative communication. The speech therapist will assess Kwan in different environments and situations. Medi-Cal will fund the assessment.
2. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum for the purchase of any necessary augmentative communication device.
3. Home staff will follow any plans developed by by the Speech Therapist.

**FAMILY, FRIENDS and FUN****Current Status**

Kwan lives with three other women close to her age. Kwan likes visiting with her mother and brother, especially during the holidays. Her mother and brother visit her often. Kwan has told Mimi Rosales that she wants to spend more time with her new friend, Robert. Her life's dream would be to go to Disneyland with Robert. She also loves having her nails polished and going shopping with her mom. Kwan especially enjoys shopping for clothes, make up, and jewelry. Kwan likes watching TV, especially the Disney Channel. In February, Kwan attended a Valentine's Day Party. She is very proud of the picture taken of her at the party that shows how pretty she looked in her red dress. Her mom framed it.

**Goals**

Kwan wants to see family and Robert on a regular basis, make more friends, and participate in more community activities.

**Objective 1**

Martha and her staff will provide support for Kwan to participate in fun activities of her choice in her local community at least once a week.

**Plans**

1. At Kwan's request, home staff will support her to arrange and coordinate visits with Robert.
2. As pre-arranged with Kwan's mom, home staff will arrange for Dial-A-Ride to take Kwan to and from the mall to meet her mother for shopping.
3. Staff will assist Kwan in exploring additional community activities that interest her, for example, Audobon Bird Society activities.



*Individual Program Plan (IPP)***Objective 2**

By October 1, 2004, Kwan's plan for going to Disneyland will be developed.

**Plans**

1. Kwan's mom will develop a budget and help Kwan save money for a Disney trip.
2. Mimi Rosales volunteered to help Kwan arrange the trip, perhaps to coincide with a National Self-Advocacy Conference being held in Anaheim in September 2005.

**HEALTH****Current Status**

In late January of this year (2003), Kwan was diagnosed with high blood pressure. Medication has brought her blood pressure down to 132/86. The doctor ordered a diet with no coffee or added salt. Kwan continues on her high fiber diet. She is allergic to tomatoes and tomato products. Although she is on stool softeners and laxatives she continues to experience chronic constipation. Kwan's gums bleed easily as a result of the gingivitis. Seizure frequency is reduced to about two to three *grand mal* seizures per year. Seizures last 1–2 minutes. Seizures sometimes are noted to be in association with episodes of severe constipation.

Kwan's last visit to her primary care physician, Dr. Ubeewell, was 5/14/03. Her blood pressure was within normal range. Kwan is to return every three months or more frequently as needed. Kwan's last visit to her neurologist, Dr. Nicely, was 7/12/02. Her serum blood level for Tegretol and TSH was normal. She is to return yearly or more frequently as needed. Lab work needs to be done prior to visit (call doctor for order). Kwan last saw her gynecologist, Dr. Young, on 1/30/03. Dr. Young works with the Adult Special Disabilities Clinic at University Hospital, and Kwan feels very comfortable. She has an examining table which makes transfer from her wheelchair easy. She had a breast exam and Pap smear on the same date and a mammogram on 3/22/03. Findings were normal for both. Kwan is to return for a yearly breast exam, pap smear, and mammogram (Bay Area Breast Center). Kwan went to her dentist, Dr. Nocarries, on 2/28/03. She had two small cavities that were filled, and her teeth cleaned. She is to return two times a year. She saw Dr. Hearless, her audiologist, on 2/15/03. Dr. Hearless diagnosed moderate hearing loss in her left ear. She is to return once a year for follow-up audiogram.

**Goal**

Kwan will be supported to have the best possible health.



*Individual Program Plan (IPP)***Objective 1**

Kwan will receive ongoing medical and dental care and age- and gender-appropriate health screenings through 4/30/05.

**Plans**

1. Martha will make all necessary medical and dental care appointments.  
Martha will make appointments on the following schedule:  
Primary Care Physician: Dr. Ubeewell, last visit 5/14/04; return quarterly or more frequently as needed.  
Neurologist: Dr. Nicely, last visit 7/12/02; return yearly or more frequently as needed, and call doctor for lab order prior to yearly visit.  
Gynecologist: Dr. Young, last visit 1/30/03; last Pap smear 1/30/03; last mammogram 3/22/03; return for yearly Pap smear and mammogram.  
Dentist: Dr. Nocaries, last visit 2/28/03; return two times a year.  
Audiologist: Dr. Hearless, last visit 2/15/03; return once a year for follow-up audiogram.
2. Kwan's mother wants to accompany her to her yearly neurologist appointment, her twice-yearly dental appointments, and her yearly audiogram appointment.
3. Martha or a home staff member will accompany Kwan to all medical and dental appointments, provide necessary information, document all visits and the outcome in Kwan's notes, and follow doctor's recommendations. Martha will notify Kwan's mother of any scheduled appointments, as well as any changes in Kwan's health, such as illness, injury, and any hospitalization or ER visit.
4. Martha and both home and day program staff will keep and share a record of Kwan's seizures. If the frequency or duration of seizures increases, Martha will call Dr. Nicely.
5. Martha will ensure that home staff are trained to safely assist Kwan with medications and that staff document each dose.
6. Martha will provide the day program with a pharmacy-prepared and labeled bottle of Tegretol for Kwan's midday dose. Armand Garcia will ensure that day program staff who assist Kwan are trained to safely assist her and that they document each dose.
7. On at least a quarterly basis, Kwan's ERC SC will review Kwan's ongoing notes, seizure log, bowel log, medication, and other health records for any changes or special incidents to ensure appropriate response.

*Individual Program Plan (IPP)***Objective 2**

Staff will follow menu plan and therapeutic diet developed by Green home dietician through 4/30/05.

**Plans**

1. Dietician to review menus with Kwan and her mother to incorporate Kwan's food preferences.
2. Martha will coordinate menus with Kwan's day program.
2. To help prevent constipation and maintain good health, staff at Kwan's home and day program will offer Kwan water throughout the day.
3. Home and day program staff will keep and share a daily record of Kwan's bowel movements. On every third day without a bowel movement, home staff will assist her to take the prescribed dose of Milk of Magnesia and document in Kwan's medication log. If she has no bowel movement on the next day, home staff will call Dr. Ubeewell.

**EDUCATION/WORK/DAY ACTIVITY****Current Status**

Since her move to the Green home, Kwan has attended Hillside Day Program, 73468 Southside Lane, Roseland CA 90375, telephone (405)696-1173. The program has a one-to-three staff ratio to support individuals who use wheelchairs, like Kwan. Kwan's activities include music appreciation, artwork, and a class on current events. Kwan has a longer lunchtime so that she doesn't have to hurry. She also gets additional assistance to help her while she is eating. She has made several friends at Hillside and has a special new boyfriend Robert. She enjoys the half-hour bus trip to the Center since Robert is on the bus, and they sit together. Kwan likes water and has expressed a desire to swim in a pool. Kwan likes birds and has expressed a desire to work in a pet shop someday where there are lots of birds.

**Goal**

Kwan wants to expand her daytime activities to include swimming and more community activities including someday working in a pet shop.

**Objective 1**

Kwan will be supported during the day to achieve her education/work and community activity goals through 4/30/05.

**Plans**

1. ERC will continue to fund Hillside Day Program for Kwan. Kwan's ERC SC will visit Kwan at the day program at least once every six months or more frequently as needed to review Kwan's IPP and Kwan and her mother's satisfaction with services.

*Individual Program Plan (IPP)*

- 2.. Dave Chauncey at New Horizon Bus Services, 5567 Studebaker Circle, Roseland, (405)333-2056, will provide transportation to and from the day program five days a week. Dave will ensure that all drivers are trained in First Aid and correct tie- down procedures for wheelchairs. ERC will fund the transportation service.

**Objective 2**

Given doctor’s approval, Kwan will swim at least twice a week at a community pool through 4/30/05 or as long as Kwan continues to enjoy swimming.

**Plans**

1. Within the next month, Martha will make an appointment for Kwan with Dr. Ubeewell to discuss her desire to swim. Kwan’s mom will accompany her.
2. Following instructions from Kwan’s doctor, day program staff will make arrangements for and support Kwan to swim at least twice a week.

**Objective 3**

Given day program staff support, Kwan will participate in at least one community activity a week that is related to an area of her interest through 4/30/05.

**Plans**

1. Day program staff will help Kwan to find community groups with an interest in birds and support Kwan in becoming involved.
2. Day program staff will take Kwan on weekly visits to a local pet store, bird aviary, and other places where Kwan can share her interest in birds.
3. Martha will collaborate with Kwan’s day program to ensure she is supported by home staff to swim and engage in more community activities.

I certify that I have participated in the development of the IPP and give permission for the plan to be carried out. I further understand that, if changes occur before the scheduled Annual Review of this plan, I may contact the Regional Center to discuss any needed modifications to the plan.

The Everyone’s Regional Center Complaint and Appeal Process have been explained to me. I have been informed that I will receive a copy of this plan.”

“I approve the continuation of my current service coordinator”.

Signature	Relationship	Date
Signature	Relationship	Date



## Appendices 2b

### Looking at Service Quality

*Adapted from Department of Developmental Services (1999)*

*As you read each of the following statements, think about the services for people who live in the home where you work. What do you think about those services and supports most of the time?*

<b>CHOICE</b>	<b>Yes</b>	<b>Could Be Improved</b>	<b>No</b>
We know each person's likes, dislikes, and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual choices and preferences are a part of each person's daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If individuals cannot communicate, there is someone who helps speak for that person such as a family member or advocate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We all know the goals in each person's Individual Program Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual has opportunities for making choices everyday; for example, when to get up, what to wear, and what to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual has opportunities for making major life decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and support in choice and decision making is provided for individuals as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RELATIONSHIPS</b>			
Individuals make contact with family, friends, and community members on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals have opportunities to meet new friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have a choice of who to spend time with and where.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have the support they need for having contacts with family, friends, and community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have the support they need to make new friends and to develop caring relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone is available and willing if an individual wants to talk about relationship difficulties; for example, problems with boyfriends or girlfriends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Could Be Improved	No
<b>LIFESTYLE</b>			
Each individual has a method of communication and someone to talk to (in their same language).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person has adaptive devices or equipment as needed; for example, a communication device, wheelchair, special eating utensils.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual has opportunities for learning things that lead to greater independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person has opportunities for completing everyday life activities on his or her own or with support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We know the religious or cultural preferences of each person and honor those preferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual participates in everyday community activities with other community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEALTH and WELL-BEING</b>			
The home is accessible and safe for each person who lives there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person has opportunities to exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals are provided with health care to meet their needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We all know about the medications (and side effects) used by each individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about safe sex, drugs, and/or alcohol abuse is provided if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person knows what to do in an emergency or there is someone to help him or her in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RIGHTS</b>			
Each individual is safe from abuse, neglect, or exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person knows his or her rights and responsibilities and is supported in learning about them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals speak up for themselves or receive training or support in speaking up for themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals have training or support on what to do if harmed by someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals are treated with respect by those who work with them and by others in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Could Be Improved	No
<b>SATISFACTION</b>			
Individuals are satisfied with the services and supports they receive in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and family of the individual are satisfied with the services and supports we provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The individuals we support have opportunities to tell us if they are not satisfied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are satisfied with the services and supports we provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, the people we support are happy with their lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Looking at Service Quality</b>			
As a group, figure out the number of <b>Yes, Could Be Improved</b> or <b>No</b> for each section (for example, CHOICE).			
		<b>TOTALS</b>	
<b>CHOICE</b>	_____	_____	_____
<b>RELATIONSHIPS</b>	_____	_____	_____
<b>LIFESTYLE</b>	_____	_____	_____
<b>HEALTH and WELL-BEING</b>	_____	_____	_____
<b>RIGHTS</b>	_____	_____	_____
<b>SATISFACTION</b>	_____	_____	_____

Now, below, write the three areas with the highest **yes** numbers:

Next, write down the area with the highest **could be improved** and **no** numbers:

What are some ways you can think of to improve services in that area?

