

The expectations, policies and monitoring of BDDS home and community-based services has transformed over the years as state and federal regulations progressed and changes occurred in state leadership. The adoption of the LifeCourse Framework by DDRS and the continued evolution of person-centered thinking has given BDDS the tools and direction to support individual's holistically through person-centered strength-based thinking and enhancing opportunities for integrated supports and experiences. It comes as no surprise that through this transformation there are some common misconceptions, old ideologies or myths that are no longer part of BDDS HCBS waivers. Following is a list of the most common myths and facts:

Myth: Every service must have an outcome.

Fact: Not all services require an outcome. The outcome should be relevant, meaningful, driven by the individual/family, and achievable in a year's time. The outcome should address the gap between what is currently happening and what the individual prefers. For those services that do require being tied to an outcome, the service(s) should act as a complement to achieve that outcome. The service can be part of the outcome, strategy, action steps, and/or who/when.

Myth: The PCISP is used to support the LOCSI and should include LOCSI information.

Fact: The PCISP can be used as a source of information to support the LOCSI but is not the only source of information nor should it be used that way. The purpose of the PCISP is to be the roadmap to a person's good life. Including information directly from the LOCSI or to support the LOCSI is unnecessary and undesired.

Myth: The PCISP must be written in first person.

Fact: There are no magic words. The PCISP should be written to represent to the viewpoint of the person whose plan it is. The style and language should be consistent, be understandable to the person/family and be a clear reflection of that person's life goals, preference and aspirations.

Myth: The services in the PCISP cannot be used to maintain an individual's present skills, preferences and circumstances.

Fact: An individual may want and desire to utilize services to continue living their current best life. Services may be used this way. Teams should also be guiding individuals and families to think about the next life stage and support them to plan accordingly.

Myth: Every life domain/every section of the PCISP has to be completed.

Fact: There is no requirement that every life domain or section of the PCISP be completed. The sections of the PCISP should not be a copy/paste of another section. For each life domain completed the information should be comprehensive and relate to the specific life domain. There is also no requirement that each completed life domain have an outcome. Outcomes should be meaningful, driven by the individual/family and address the gap between what is currently happening and what the individual prefers in that life domain. There is no need to enter N/A in any section of the PCISP.