

**PCISP Guidance – Community Living Life Domain**

**This domain should focus on where and how I live.**

* **Housing and Living Options**
* **Community Access**
* **Transportation**
* **Home adaptations and Modifications**

**Personal Focus**

**What’s important to and for me and what do others need to know to support me in the area of community living?**

What is important **TO** me is generally related to comfort, happiness, contentment, fulfillment, and satisfaction. What is important **FOR** me generally includes what services and supports are necessary to help maintain my health and safety. This section should combine and balance the two. If I am a minor or an adult with a guardian, viewpoints may differ and both should be included; however, it should be easy to distinguish the difference between the two. Stating what others need to know to support me is crucial to ensure assessed needs are met consistently, although it can also identify how supports need to be provided day to day based on my preferences.

**What assessment tools were used in identifying these?**

What assessment tools did you use to help determine what is important to/for me and what others need to know to support me? For example: LifeCourse Basic Portfolio, LOCSI, IEP; IST Meetings, etc.

**Vision of a Preferred Life**

**What is currently happening in this domain?**

This section is to include information about where and how I live, including housing and living options, community access, transportation, and home adaptations/modifications. Questions to prompt discussion might include:

\*\*Do I live at home with family, in a supported living setting, or foster care?

\*\*How do I access my community?

\*\*Do I drive or take public transportation?

\*\*Are home modifications or adaptations necessary?

\*\*Am I learning to create or maintain community connections?

\*\*Is my home baby/child proofed?

\*\*Do I have a favorite place in the home to do homework, calm down, or have quiet time?

\*\*Do I have chores or responsibilities in the home? If so, what are they?

**What I prefer for this life domain:**

I want a good life and I define my good life in my own way. Forming a vision and beginning to plan for the future helps plot a trajectory for a full, inclusive, quality life. Keep in mind that my vision may include aspects of my current life which I want to preserve. If I am a minor or an adult with a guardian, their preferences are important too. Questions to prompt discussion might include:

\*\*Am I happy where I live? Where do I want to live?

\*\*Do I like who I live with?

\*\*Are there changes anticipated that may impact where, or with whom, I live?

\*\*Where do I want to go in the community?

\*\*Am I able to get out and about to explore and learn about my community?

\*\*Do I want to go on vacations? If so, where?

\*\*Could assistive technology, adaptations, or accommodations assist me in living the life desired?

**Desired Outcomes**

**What is the desired outcome?**

“I want…in order to move to my vision.”

\*\*What I would like to learn, participate in, improve upon, maintain or accomplish.

\*\*Designed to support me to make informed choices and encourage self-direction in pursuing daily activities of my choice while exploring the full range of options including employment, volunteering, use of free time, and participating in activities of my choice.

\*\*I can develop my own outcome with assistance from IST.

\*\*Reflects movement from what is currently happening to preferred vision.

\*\*Reflects what is important to and for me.

\*\*Is specific and measurable.

\*\*Can be derived from what is working and not working in my life.

**Strategies for implementation**

“I need…to support me with this outcome.”

\*\*Strategies can assist all supporters to know what is needed to consistently implement the outcome.

\*\*Strategies should focus on:

--How I learn best.

--Defining what it takes to reach the action.

--How to best document progress.

--Addressing barriers.

--Building on what is working and overcoming what is not working.

**Action steps needed**

“I will…to achieve this outcome.”

\*\*Action steps are steppingstones towards outcomes.

\*\*Action steps are tasks needed to be carried out in order to support outcome.

\*\*Action steps are specific, measurable, attainable, realistic, and timely.

**How will progress be measured?**

“I did…to achieve this outcome.”

\*\*Helps me and the IST determine:

--If progress is occurring.

--What needs to continue to occur.

--If more time is needed to achieve the outcome.

--If the means of measuring progress is working or not working.

--If the timeline makes sense.

**Who? When?**

\*\*Describes who is responsible for a specific action step and within what time frame.

\*\*Should include myself, natural supports, and paid supports.

\*\*Should include waiver service, company name, and role (i.e., BC, music therapist, etc.)

**Team Discussion on Outcomes**

The PCISP must be central to all team meetings, with IST members continuously evaluating progress towards identified outcomes, celebrating successes, and working through challenges. At team meetings, IST members should review and assess whether or not the plan is working as written and, if not, discuss what the team can do to make it work. Remember that team meetings should include:

\*\*The opportunity for myself and/or my guardian to address dreams, desires, and what we would like my future to be like.

\*\*Reviewing schedules to verify they accurately reflect my activities, time frames, preferences, and needs.

\*\*Meaningful discussion regarding implementation of the PCISP based on summaries of provider reports, incident reports, and current services.

\*\*Celebrations for progress made on outcomes.

Following the meeting, the case manager will use this section to capture key discussion points and team decisions relative to modifying the plan and/or strategies to ensure outcomes stay on track or get back on track.

Remember that if there is at least one outcome on this domain, this section must be filled in. However, if there are no outcomes on this domain, it may be left blank.

**Actions/Activities for My Safety**

This is the risk assessment area (are there possible risks or areas of concern?) AND the risk management area (how are those possible risks/areas of concern going to be handled?). Identifying and addressing unreasonable risk should be respectful of my rights, while addressing my competency and capacity to make informed choices.

Risk assessment can be accomplished through team discussion and as reflected by what is "important for" me, as noted in the Personal Focus section of the PCISP. The determination of risk should include those who know me best and should take into account any cultural or linguistic issues. Risk assessment should:

\*\*Identify the risk/area of concern.

\*\*Clarify the problem needing to be solved.

\*\*Describe what would happen if nothing were done to address the risk/area or concern.

Risk management should begin, whenever possible, with the instruction and the development of strategies and safeguards geared specifically to me in order for me to manage reasonable risk myself whenever possible. Next, risk management should:

\*\*Specify the actions needed to address, manage, or alleviate the risk (e.g., risk plan, natural supports, I manage myself)

\*\*Specify the type, frequency, and location of supports and services needed.

Risk assessment and management should also take into account the specific life domain and what areas of my life that domain encompasses. Do not copy and paste the same risk information into all the domains. This makes the PCISP less personal and less person-centered.