

**PCISP Guidance – Healthy Living Life Domain**

**This domain should focus on how I manage/access health care and stay well.**

* **Medical**
* **Mental Health**
* **Behavior**
* **Developmental**
* **Wellness/Nutrition**

**Personal Focus**

**Medical Conditions: List chronic medical, behavioral, psychiatric, and other health conditions that are not included as diagnoses on the individual’s profile. Note: Diagnoses will automatically populate on the finalized PCISP.**

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| Only list information here that is not already contained in the Diagnosis section of the individual’s profile. The Diagnosis section of the individual’s profile should contain any formal diagnoses such as those listed on the individual’s Confirmation of Diagnosis (COD), contained in an IEP, Neuropsychological evaluation, etc. You should not add any items to an individual’s Diagnosis section without documentation from a qualified source. Rather, here you may include something like:  “My mom says that I am occasionally constipated and when that occurs, she administers Miralax as needed.”  “I have a history of physical aggression and property destruction. I am currently working with Jane Smith, BC (ABC Behavior Company), to address these issues. A BSP is in place dated 6/1/2019.”  “I display some ADHD and OCD symptoms, but I have not been formally diagnosed with either condition.”  As time goes on, this section provides an opportunity for my case manager to converse with me, my parent, or legal guardian about further evaluations, assessments, medical referrals, Medicaid health coverage, etc., and to note those discussions here. |

**Medication Administration Needs:**

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| This section should record all information necessary to provide a complete picture of my needs regarding medication administration. It is not just a listing of my current medications. Questions to prompt discussion may include:  \*\*Do I self-administer medications? If so, are verbal prompts required?  \*\*If medications are not self-administered, who is responsible for medication administration?  \*\*Who is responsible for filling prescriptions?  \*\*Am I able to swallow oral medications? If not, do pills need to be crushed or taken with a food such as pudding or applesauce?  \*\*How are medication stored in the home? Are locks, or double locks required?  \*\*Is a medication administration record maintained? |

**What’s important to and for me and what do others need to know to support me in the area of healthy 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. This information should include specifics about what does and does not work for me with regard to keeping me in optimum health. It is essential this section include all health issues, conditions, risks, and related supports. Any recommended prevention measures for me should also be included.

**What’s important to me in regard to helping manage my health care?**

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| Questions to prompt discussion might include:  \*\*What do I like to do to stay healthy?  \*\*Can I make and communicate decisions regarding my health care?  \*\*Do I need or want help with making choices about my health care? |

**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.

**Person responsible for coordinating my healthcare:**

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| If applicable, include the name and contact information of the person responsible for coordinating my health care. |

**Allergies: List food, drug, and other allergies:**

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| Based on discussion with myself, guardian (if applicable), and IST, and any collateral information available, list all food, drug, and other allergies. |

**Mealtime: List food likes and dislikes, special diets, dining issues, weight issues, etc.**

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| Include food preferences, special diet requirements or needs around weight, and adaptive equipment. Questions to prompt discussion may include:  \*\*What foods and beverages do I enjoy most?  \*\*What foods and beverage should be enjoyed in moderation?  \*\*Are there any foods or beverages that must be avoided?  \*\*Do I need assistance with eating or drinking?  \*\*Are adaptive cups or utensils used?  \*\*Do I require a special diet for health or weight issues? |

**What’s important for me to be healthy and safe at mealtime?**

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| As part of ongoing support to meet my healthy living needs, it is essential this section include all health issues, conditions, risks, and related supports. Discussion topics include, but are not limited to:  \*\*Chewing difficulties  \*\*Swallowing difficulties  \*\*Other dining difficulties  \*\*Use of, or need for, dentures |

**Vision of a Preferred Life**

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

This section is to include information about my medical, mental health, behavioral, nutritional and wellness needs. Include any new diagnoses, recent visits to the emergency room, hospitalizations, and any follow-up care received or needed. Additional questions to prompt discussion may include:

\*\*Do I know how to ask for help or tell someone that I am sick?

\*\*Can I make and communicate decisions regarding medical treatment?

\*\*Am I aware of sexual health and maintaining a healthy body?

\*\*Do I receive regular vaccinations?

\*\*Is medical or adaptive equipment utilized or needed?

\*\*Do I engage in behavior that is injurious to myself or others?

\*\*Do I feel empowered to ask questions, disagree with professionals, and know how to assert my wishes/opinions to professionals and supporters?

\*\*Do I have end of life wishes documented?

\*\*Do I have a Behavior Consultant? (If so, the BC’s name, company, and BSP date should be listed.)

**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:

\*\*Do I like to make healthy meals and snacks?

\*\*Do I participate in exercise or other physical activity as desired?

\*\*Is there technology that can monitor sleep patterns, exercise/activity, or other related information (for example, Fitbit, Dropcam, FuelBand, etc.)?

**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.