

PCP Data Collection Form
06.01.09

Region: _____ **Consumer:** _____ **Planning Date:** _____

ISC: _____ **Date Received at Regional Office:** _____

Planning Process Coordinator: _____ **PPC Agency:** _____

Day Activity Type: Center Based Community Based Whole Life None If none, state reason _____

Guardianship type: Full Public Limited Public Full Private Limited Private Self

Guardian(s) Name(s): _____ The Guardian is DHHS

CAB Correspondent: _____ No CAB Correspondent

Planning Process Choice: Person Centered Planning Other Planning Process

1. The following individuals participated in the preplanning process. Please indicate whether the individual participated in preplanning discussions and/or returned the completed Response Sheet for Essential PCP Information (*Response Sheet*)

	Response Sheet	Preplanning
a. Person/Self		
b. Guardian		
c. ISC/Community CM		
d. CAB Correspondent		
e. Advocate		

2. A summary of the Response Sheet is attached to the PCP: Yes No N/A Consumer/guardian chose not to have Response Sheet used

2a. The results from the Summary of the Response Sheet were used in **preplanning**: Yes No

2b. The names of the individuals completing Response Sheet are listed on the summary. Yes No Partial

3. During the **preplanning process**, did the consumer identify a sensitive issue to be discussed in another forum with or without the consumer present? Yes No

3a. Was the sensitive issue discussed in another forum? Yes No

4. Reportable events were reviewed during **preplanning process**: Yes No N/A, no reportable events

4a. The time frame reviewed for reportable events: _____ to _____

5. Did the consumer have a crisis event in the last 12 months that met criteria for an IST? Yes No (If no, go to Question 6)

5a. Did an IST take place for the individual in the previous 12 months? Yes No

Date(s) of IST(s): _____

5b. Did the planning document include a review of all IST recommendations? Yes No

5c. Did the planning document outline the team's responses to IST recommendations? Yes No

6. The following people were invited, notified, attended or participated in the **planning meeting**: (check all that apply)

	Invited/ Notified	Attended (physically present at planning meeting)	Participated (may include telephone, correspondence)
a. Person/Self			
b. Guardian			
c. ISC/Community CM			

	Notified	Invited	Absence because of Objection	Attended (physically present at planning meeting)	Participated (may include telephone, correspondence)
d. CAB correspondent					
e. Advocate					

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7. If the individual does not have a traditional day program, does the plan include a description of the ongoing activities of the individual's whole life program? Yes No N/A

8. The planning document reflects all **needs** have been identified. Yes No

8a. Those needs not addressed in MR Continuing Services are reflected in an action plan. Yes No

The action plan(s) contains the following information:

Target date for each action plan (when) Yes No

Name of person responsible for each action plan (who) Yes No

How the need is to be achieved Yes No

9. Does the planning document identify all unmet needs? Yes No No unmet needs identified (If none, go to 9c)

9a. Number of unmet needs as identified in the plan. _____

9b. The planning document includes an interim plan for each unmet need. Yes No

9c. Were there unmet needs identified during the previous planning cycle(s)? Yes No

9d. If yes to 9c, have those unmet needs from the previous planning cycle(s) been met? Yes No

9e. If 9d is no, are those unmet needs addressed in this planning document? Yes No

10. The planning document reflects all **desires** have been identified. Yes No

10a. Those desires not addressed in MR Continuing Services are reflected in an action plan. Yes No

The action plan(s) contain the following information:

Target date for each action plan (when) Yes No

Name of person responsible for each action plan (who) Yes No

How the desire is to be achieved Yes No

11. The plan documents MR Continuing Services supporting the individual's needs/desires identified in the body of the PCP?

Yes No

11a. Does the MR Continuing Services form contain target dates & the name of the individual responsible for assuring the service is delivered for each continuing service? Yes No

12. Does the plan include the name of the person responsible to monitor medical/dental services? Yes No

12a. Is there a prescribed deviation from an annual medical examination? Yes No

12b. Is there a prescribed deviation from an annual dental examination? Yes No

13. Does the plan include the name of the person responsible for updating the critical information and for reporting changes to the ISC/Community CM monthly or sooner if medication changes occur? Yes No

14. The Individual Service & Supports Assessment from the EIS is attached to the PCP? Yes No

14a. The assessment reflects all needs and services & supports indicated in the PCP? Yes No

14b. The assessment was updated within 10 business days after the planning meeting? Yes No Updated on _____

15. Developmental Services Grievance Process insert sent to consumer/guardian Yes No

*****Signature indicates this document including the attached Revision Tracking Sheet has been reviewed and is complete and correct.**

ISC

Date

Reviewer

Date

Reviewer

Date

Regional Supervisor

Date

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Revision Tracking Form

Consumer Name: _____ **ISC:** _____ **Region:** _____

****Revisions are to be returned within 14 days of request.****

<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____	
Date of Request: _____ Reason: <i>Ex. No evidence found of guardian's participation in planning process</i>	<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
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Date of Request: _____ Reason: _____		<input type="checkbox"/> Resolved <hr style="width: 50%; margin: 5px auto;"/> <i>Initials</i> <hr style="width: 50%; margin: 5px auto;"/> <i>Date</i>
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