

HARVEY-MARION COUNTY CDDO PCSP REVIEW TOOL

Name of Individual Reviewed: _____ Effective Date of Plan: _____

PCSP Areas to Review	Yes	No	N/A	Comments
Both Lead Coordinator of Plan and Lead Coordinator for Healthcare are identified				
<i>What I Have Now:</i> includes current lifestyle- residential setting, individuals they live with, work or valued activity, who they socialize with, and social/leisure/religious activities				
<i>What I Want in the Future:</i> includes dreams for the future, changes in current circumstances, or inclusion in things they do not currently participate in				
<i>Opportunities for Choice and Control:</i> includes description of opportunities for choice & how individual indicates choices				
Barriers to achieving preferred lifestyle are identified				
Goals are directly related to barriers and/or preferred lifestyle				
All Support Sections – Supports should be specific to the needs and support preferences of the person.				
<i>Support at Home</i>				
<i>Support with Work, School & Daily Activity</i>				
<i>If age 14 to 18, plan describes transition to adult life and need for guardianship/legal decision-making support</i>				
<i>If age 18 to 65 and unemployed, plan identifies barriers to community employment</i>				
<i>Community and Social Support</i>				
<i>Wellness Support</i>				
<i>Medical Support</i>				
<i>Legal and/or Financial Support</i>				
<i>Communication/Decision-Making Support</i>				
Signatures and annual 365 renewals	Yes	No		Comments
<i>Plan is signed by individual/guardian</i>				
<i>Plan is updated annually within 365 days</i>				

Reviewer Signature: _____

Date: _____

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COMPLETE IF RESTRICTIVE INTERVENTIONS ARE PRESENT

<i>Risk Assessment/Restrictive Intervention Areas to Review</i>	Yes	No	Comments
Plan includes assessment of specific identified risks to assess whether interventions that limit or restrict rights may be needed			
Plan describes specific restrictions, data collection and review timeframes to measure effectiveness of and continuing need for any proposed rights limit/restriction			
If restrictive elements are present, informed consent is signed by individual/guardian			
If restrictive elements are present, evidence of review/approval by a Behavior Management Committee is obtained, current and updated annually (within 365 days)			

<i>Behavior Support Plan Areas to Review</i>	Yes	No	Comments
Purpose for Behavior Support Plan is documented through a description of targeted behaviors			
Safeguards are in place to minimize risk: positive behavior supports, environmental modifications, less restrictive options tried			
Plan describes specific intervention strategies, data collection of targeted behavior severity and frequency, and review timeframes to measure effectiveness and whether restriction can be reduced/eliminated			
If restrictive elements are present, informed consent is signed by individual/guardian and updated annually			
If restrictive elements are present, evidence of review/approval by a Behavior Management Committee is obtained and current (within 365 days) and updated annually			

<i>Psychotropic Medication Plan Areas to Review</i>	Yes	No	Comments
Purpose of Psychotropic Medication Plan is documented through a description of diagnosis or diagnoses			
Description of mental health condition/behavior related to diagnosis or diagnoses is included			
Safeguards are in place to minimize risk: positive behavior supports, environmental modifications, less restrictive options tried, or best clinical practice			
Plan describes possible side effects of medication & staff response			
Plan describes data collection and review by prescribing psychiatrist/physician to determine treatment effectiveness			
Informed consent signed by individual/guardian and updated at least annually			
Reviewed/approved by Behavior Management Committee at least annually			

Reviewer Signature: _____

Date: _____