Harvey-Marion County CDDO

Supporting increased independence, integration, inclusion, and productivity in individual homes and communities.

HMCDDO PCSP REVIEW TOOL

NAME OF INDIVIDUAL REVIEWED:			***EFFECTIVE DATE OF PCSP:***	
PCSP Areas to Review	***Yes***	***No***	***N/A***	***Comments***
Both Lead Coordinator of Plan and Lead Coordinator for Healthcare are identified				
What I Have Now: includes current lifestyle- residential setting, individuals they live with, work or valued activity, who they socialize with, and social/leisure/religious activities				
What I Want in the Future: includes dreams for the future, changes in current circumstances, or inclusion in things they do not currently participate in				
Opportunities for Choice and Control: 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.				
Support at Home				
Support with Work, School & Daily Activity				
If ages 14 to 18, plan describes transition to adult life and need for guardianship/legal decision-making support				
If ages 18 to 65 and unemployed, plan identifies barriers to community employment				
Community and Social Support				
Wellness Support				
Medical Support				
Legal and/or Financial Support				
Communication/Decision-Making Support				
Signatures and annual 365 renewals	***Yes***	***No***	***Comments***	
Plan is signed by individual/guardian				
Plan is updated annually within 365 days				

Harvey-Marion County Community Developmental Disability Organization

500 N. Main; Suite 204 • Newton, KS 67114 • Phone: 316-283-7997 • Fax: 316-283-7969

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COMPLETE IF RESTRICTIVE INTERVENTIONS ARE PRESENT

Behavior Support Plan Areas to Review	***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			
Risk Assessment/Restrictive Intervention Areas to Review	***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)			
Psychotropic Medication Plan Areas to Review	***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			

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Psychotropic Medication Plan Areas to Review (Continued)	***Yes***	***No***	***Comments***
Plan describes 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			
COMMENTS:			

REVIEWER SIGNATURE:		***PCSP REVIEW DATE:***	