



Person Centered Care Services Self-Direction Habilitation Plan

Name of Person:

Medicaid Number (CIN#):

Habilitation Plan Review Date:

Valued Outcome(s)

The habilitation provider uses at least one of the valued outcomes stated in the Individualized Service Plan (ISP) as the starting point to develop the habilitation activities and periodic staff supports that will appear in the plan. Please list plan by #.

Staff Services and Supports

This section contains the specific services the individual needs to reach his or her valued outcome or those supports in which the individual has maximized his/her skills. The plan can, and often should, address priority needs that may not be directly correlated to one or more valued outcomes. A plan may contain valued outcomes or habilitation activities to support the valued outcomes or staff supports. For example, a person with a valued outcome to spend time with a special friend may have a plan that contains activities to learn how to use a telephone, how to travel safely in the community, etc. The same plan may have staff supports to ensure the person is dressed appropriately for the weather when he/she goes out with the friend. Please list services/supports by #.

Periodic Staff Supports

This section may contain the supports a person needs for which the individual has reached his or her maximum skill level or the staff supports continue to be needed by the person, but the supports have very little relationship to a valued outcome. For example, an adult may have maximized his/her tooth brushing skills. The person still needs reminders or some physical assistance by staff to adequately brush his or her teeth. Recording such staff supports in the plan gives a more accurate picture of the person's needs and also allows the agency staff to take full credit for all the work they perform to properly care for people.

Safeguards

This section is also known as “Plan for Protective Oversight” in Individual Residential Alternatives (IRAs) regulated under 14 NYCRR Part 686.16 or Health and Welfare in other venues where waiver services are provided. As cited above, this section can list all the safeguard needs and the staff actions that will be taken or it can list the safeguard needs and refer the reader to other documents in the record that address each need.

Guardianship:

Protective Oversight/Level of Supervision:



Fire Safety:

Emergency Planning:

Medication Administration:

Informed Consent for Psychotropic Medication:



Medical/Health Concerns and Reactions:

Allergies:

Nutritional Concerns:

Budgeting/Money Management:



Transportation:

Signature:

This section allows for the validation of the Hab Plan and the Broker's printed name and signature is required on the document. The person, family member/ advocate is also to review and sign the Hab Plan

_____ Broker's Name (Print):	_____ Date:
_____ Broker's Name (Signature):	_____ Date:
_____ Person's Name (Signature):	_____ Date:
_____ Advocate (Signature):	_____ Date: