



INDEPENDENT LIVING PHILOSOPHY & PERSON-CENTERED PLANNING

DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION - MFP

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The concept of person-centered planning meshes with the philosophy of independent living which is the foundation for Centers for Independent Living. The independent living philosophy reflects the principle that the individual / consumer is the primary decision maker and focuses on the consumer's needs and preferences and becoming empowered to make informed decisions.

The Transition Coordinator (TC) will assist the consumer in facilitating the meetings and coordinating the services needed for a successful nursing facility transition. The consumer and the TC will work together to develop a plan that reflects the consumer's needs and choices. Transition team members will provide invaluable training and advice to support the transition. The transition team consists of the consumer, family members, legal guardian (if applicable), TC, nursing facility staff, home & community based services staff, and other support agencies as needed.

Throughout the nursing facility transition process, the consumer's direction and input will be critical to develop and achieve the goals. Input from the transition team will also be important in finding solutions to the needs identified from assessments and meetings. The philosophy of independent living will direct the focus on finding solutions based on removing barriers and providing available supports.

Person-Centered Planning will focus on:

- Consumer empowerment through education on rights and responsibilities.
- Identifying consumer's needs and desires in such areas as where to live, socializing, how to spend their time, etc.
- Finding solutions for needed supports and accommodations by using the expertise of the transition team members and other support agencies.
- Self determination by the consumer on available choices for meeting their needs and desires.
- Identifying consumer's responsibility for completing steps in achieving goals.
- Assessing the risks and developing a plan of action to minimize the risk to the consumer's health and safety. Educating the consumer and family members of the risks and encouraging the family to be part of the support system.
- Development of an emergency back up plan in the event:
 - Quality Service Provider does not show up to provide needed support as scheduled;
 - Family member or friend is unable to provide care due to illness, accident, death, etc.;
 - Natural disaster
- Development of an emergency plan that includes a list of the consumer's support systems, daily routines, and specific instructions for care including medications and treatments.
- Educating the consumer on available activities to encourage community involvement based on their preferences.

The ability of the transition team to be creative in finding solutions for accommodations and services will be vital while honoring the consumer's needs and desires. Transition team members must be able to express their opinions and concerns. The consumer's cultural preferences and values must also be honored by the team. Transition team members must remember everyone's expertise and knowledge is valued, however the consumer is the expert in their life and is competent to make meaningful and informed decisions.

Person-Centered Planning will continue beyond the physical transition from the nursing facility and will continue to involve team members outside of the nursing facility. New goals may be developed due to new needs and desires expressed by the consumer and increased engagement in community life.