Person-Centered Planning Tool Guide

IOWA Health and Human Services

Updated (8/2026)

IOWA Health and Human Services

Process Purpose

This is a simple, easily implemented tool for **person-centered planning**, especially **goal development and planning for restrictive interventions**, meant to assist members, case managers, and the whole Interdisciplinary Team (IDT) to develop a comprehensive, individualized person-centered service plan (PCSP). It is meant to support conversations about goals, needs, and any restrictive interventions that may be part of someone's services. This is a structured guide to help organize those discussions, but it is not intended to capture every detail of the broader planning process.

Definitions:

Person-centered planning is the overall process used to understand what matters most to the member—their goals, preferences, strengths, needs, and the supports they want in their life. It is led by the member (or their authorized representative) and involves people important to the member. Person-centered planning focuses on listening to the member, exploring options, and helping them make informed decisions about their services, support, living situation, and goals.

The **Person-Centered Service Plan (PCSP)** is the written document that comes out of the person-centered planning process. It records the member's goals, assessed needs, chosen services, supports, providers, backup plans, and any agreed-upon action steps.

The PCSP is a formal plan that guides service delivery and documents informed consent, responsibilities, and how progress will be monitored. It is updated at least annually, whenever the member's needs or circumstances change, or at the request of the member.

The **Interdisciplinary Team (IDT)** is a collection of people involved in a member's life who collaborate with each other to develop and implement a holistic, person-centered service plan that addresses the member's physical and mental health social /relational, daily living and service needs.

The IDT is directed by the member to the maximum extent possible and facilitated by the member's case manager. It empowers the member and comes alongside them to help them make decisions, understand their options, and carry out the agreed upon PCSP.

Restrictive interventions are any actions, limitations, modifications, or restrictions that limit a member's rights or freedoms. This includes restraints, restrictions, and behavioral interventions that reduce what a member can do or how they can access their environment.

Federal rules, state rules, and other documents and systems use different words—such as "limitations," "modifications," "restrictions", "restraints," or "behavioral intervention plans" — but in practice, they all refer to the same concept. These terms all describe actions that reduce or change what a member is allowed to do or how they access their environment, and all must follow the same federal and state requirements for justification and due process.

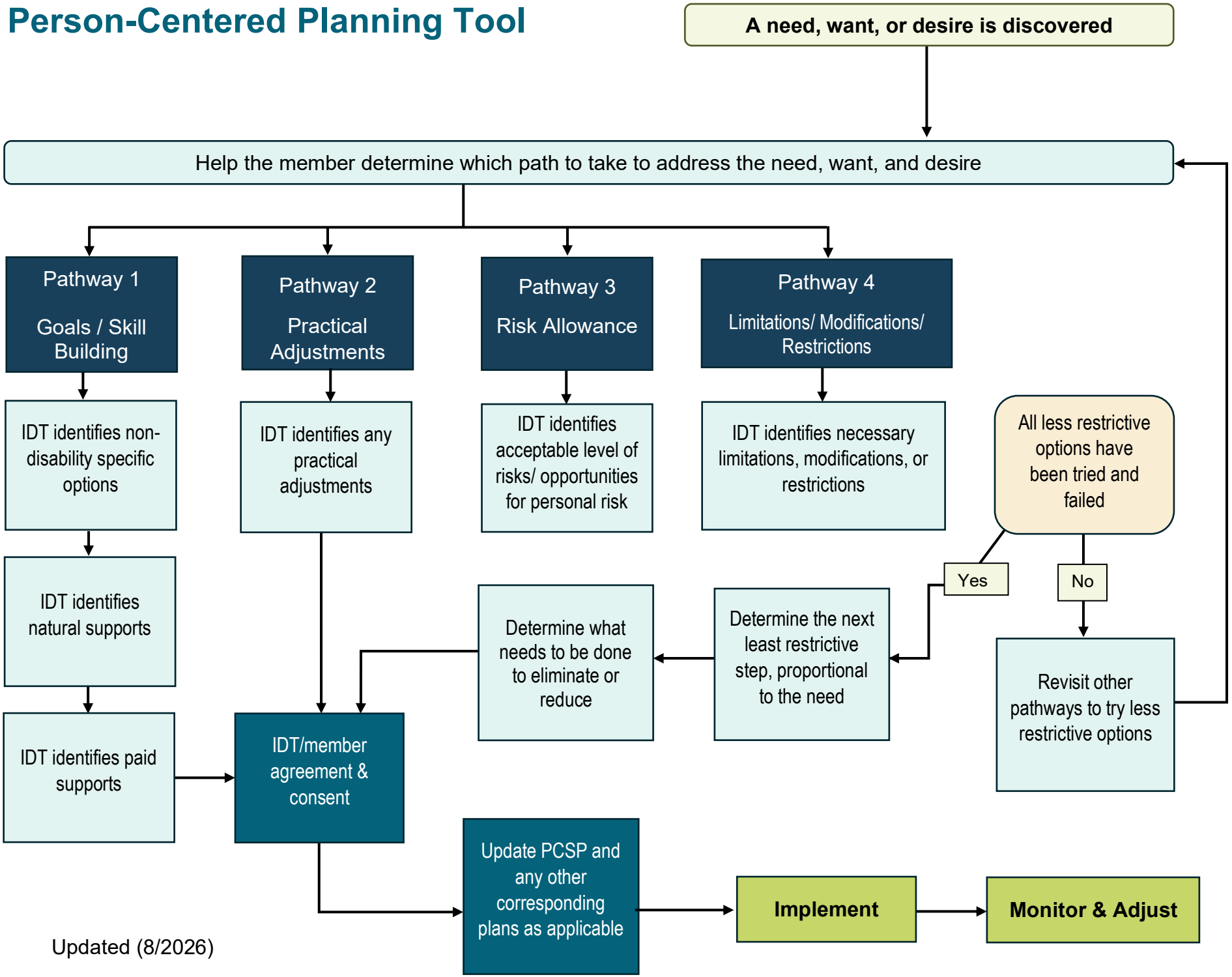
Non-disability-specific options are services or resources available to anyone in the community. Examples cited in the training included retail stores, gyms, libraries, restaurants, recreational classes or sports, golf courses, basketball, tennis, pickleball courts, salons, barbers, spas, clubs, housing, jobs, etc. These non-disability specific resources must be presented as choices when determining how to address the member's needs, wants, and desired outcomes and in reaching their individually identified goals.

Natural supports are unpaid supports (family, friends, coworkers, neighbors) that help meet needs and should be included in the PCSP when they are used to help address the member's needs, wants, and desired outcomes and in reaching their individually identified goals.

The term "**practical adjustments**" as used in this training, are simple, non-restrictive environmental or routine changes that help meet a need (e.g., removing tripping hazards). They preserve independence and autonomy.

Acceptable risk or "dignity of risk" means members have the right to make informed decisions, even risky ones, when risks are reasonable, typical in daily life, and promote autonomy. Avoid automatically imposing restrictions when risks can be safely managed.

Person-Centered Planning Tool



Updated (8/2026)

Person-Centered Planning Quick Guide

1 Discover

Discover the member's needs, wants, or desires.

2 Choose Paths

- Walk through each possible path. Be sure to follow each step of the path or paths you choose.
- **Skill building/goals:** What skills or goals could address this need/want/desire?
- **Practical adjustments:** Are there sensible changes that could address the need (i.e., pick up rugs that the person keeps tripping over)?
- **Risk:** Is there an appropriate level of risk that should be supported?
- **Limitations/modifications/restrictions.**

3 Obtain Agreement and Consent

- Ensure the member and other IDT participants understand the plan and their roles and responsibilities in carrying it out.
- Make sure the member thoroughly understands the options and feel like they made an informed choice.

4 Create/Update the PCSP

- Document the entire planning process, including identified needs, chosen pathways, and agreed-upon actions, in the PCSP to reflect the decisions above.
- Obtain signatures for PCSP and other documents as applicable.
- Distribute PCSP.

5 Implement

All responsible parties do their part as identified in the PCSP and any corresponding plans.

6 Monitor/Adjust

- Regularly review the member's progress towards their identified goals, towards eliminating or reducing limitations, modifications, or restrictions, effectiveness of practical adjustments, and continued tolerance to agreed-upon risk.
- Gather feedback from the member and IDT to ensure the goals continue to be appropriate.
- Monitor service documentation to ensure plan is carried out as agreed upon.
- Make updates and adjust the PCSP as needed.

Written Guide to Using the Person-Centered Planning Tool

1. Discovering a Need, Want, or Desired Outcome

The IDT works with the member to discover the member's needs, wants, and desired outcomes. Needs, wants, and desired outcomes may be discovered in a variety of ways including formal assessment tools, social histories, incident data, service documentation from providers, through IDT participants' professional or informal knowledge of the member's history, or through general conversation with or about the member. Case managers and IDTs may find it useful to use tools and frameworks like "life domains" to make sure all areas of the member's life are considered.

2. Decide Pathways to Address Needs, Wants, or Desired Outcomes

Pathway 1: Goals/Skill-Building

Steps:

1. Identify Goals or Areas Skills Can Be Developed:

- Work with the member and IDT to identify specific, measurable, achievable, relevant, and time-bound (SMART) goals that help them build skills or otherwise address the need, want, or desired outcome.

2. Decide on Non-Disability Specific Options:

- Discuss and determine non-disability specific resources that can help the member address the need, want, or desired outcome (e.g., retail stores, gyms, libraries, restaurants, recreational classes or sports, salons, clubs, housing, jobs, etc.,) that are already available to everyone in the community.

3. Discuss Natural Support Options:

- Discuss and determine how the member’s natural supports or resources (friends, family, resources) can help the member address the need, want, or desired outcome.

4. Define What Paid Supports Can Do:

- Discuss and determine what paid supports can do to help the member address the need, want, or desired outcome.

- Install and authorize services that help the member address the need, want, or desire and reach their goals-as opposed to creating goals for the service. The service is installed to help reach the goal/meet the need.

- Make sure the action steps are detailed enough to effectively guide the paid supports in providing services and supporting the member to reach their goals.

Pathway 2: Practical Adjustments

Steps:

1. Identify Practical Adjustments

- Determine what practical adjustments can be made to address the need, want, or desired outcome (e.g., removing rugs to prevent falls).

Pathway 3: Support acceptable risk

Steps:

1. Identify Appropriate Risks

- Determine opportunities for members to take an acceptable level of risk to address the need, want, or desired outcome (e.g., being home by themselves).

Pathway 4: Limitations/Modifications/Restrictions

Steps:

1. **Identify limitations, modifications, or restrictions**
   - Work with the member and IDT to identify any limitations, modifications, or restrictions to the member's rights or HCBS settings rules needed to address the need, want, or desire.

2. **Identify what has been tried before** but failed to adequately address the need or desire.

3. **Plan the Next Least Restrictive Option**:
   - Ensure the next step is the next least restrictive option.
   - Ensure the limitation, modification or restriction is proportional to the need.

4. **Determine what needs to be done to eliminate or reduce** the limitation, modification or restriction.

5. **Ensure the intervention will cause no harm.**

3. Obtain Agreement and Consent

- Ensure the member and other IDT participants understand the plan and their roles and responsibilities in carrying it out.
- Make sure the member thoroughly understands the options and feel like they make an informed choice.

4. Create / Update the PCSP

- Document the entire planning process, including identified needs, chosen pathways, and agreed-upon actions, in the PCSP.
- Adjust the PCSP and any corresponding plans to reflect the decisions above.
- Obtain signatures for PCSP and other documents as applicable.
- The case manager ensures the PCSP is distributed to all parties involved.

5. Implement the Plan

- All responsible parties do their part as identified in the PCSP.

6. Monitor Progress / Adjust

- Regularly review the member's progress towards their identified goals, towards eliminating or reducing limitations, modifications, or restrictions, effectiveness of practical adjustments, and continued tolerance to agreed-upon risk.
- Monitor service documentation to ensure plan is carried out as agreed upon.
- Make updates and adjust the PCSP as needed.