



# Personal Story Module

**Commented [SL1]:** The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

Key	
<b>Blue Highlight:</b>	Module narrative and directions- assessment level instructions and/or help
<b>Orange Highlight:</b>	Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
<b>Green Highlight:</b>	Skip patterns
<b>Red Highlight:</b>	Additional instructions for assessors- item level help
<b>Purple Highlight:</b>	Section level help
<b>Light Blue Highlight:</b>	Notes for automation and/or configuration
<b>S in a box:</b>	Denotes a shared question with another module (one way only unless otherwise indicated)
<b>Gray Highlight:</b>	Responses/Text Boxes to pull forward to Assessment Output
<b>Yellow Highlight:</b>	populate and/or pull forward to the support plan from another module or section within the support plan itself
<b>Green Highlight:</b>	Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
<b>! in a circle:</b>	Denotes mandatory item
<b>Item icon:</b>	Item populates forward for Reassessment
<b>Teal Highlight:</b>	Items only for Revision and CSR -Support Plan only
<b>Italics:</b>	Items from FASI (CARE) – for Department use only

The Personal Story module of the Assessment provides an opportunity for the participant to tell his/her story and share information he/she feels is important for service providers and others to know. Providing a place to document personal stories will give the participant a way to efficiently share information and reduce the need to routinely repeat information.

The Personal Story is intended to be used with all participants. If participant is age 8 or younger, assessors should direct items at parent/guardian and include participant feedback as appropriate. If participant is older than age 8, assessors should use discretion to determine whether to direct items at the parent/guardian or participant.

## PERSONAL PROFILE

**Introduction:** The Personal Story module is an opportunity for you to tell your story and share information you feel is important for service providers to know so they can better assist you. After we are done, you will receive a copy of the Personal Story, which will allow you to share the information with important people you choose and reduce the

**Commented [SL2]:** Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.



**number of times you have to tell people the same information. The Personal Story items are voluntary, so if you do not want to provide information about something, you are not required to do so. For items you decide you would not like to respond to, just let me know and we will move on.**

For areas you decide to provide information about, you should include things that you feel will help your providers do a better job. For example, if you have a pet, you may want an in-home worker to know more about how to act around the pet to avoid any problems. Or, you may want a provider to know that you may practice certain traditions or customs while workers are in the home.

The answers you provide will not impact the amount of services you receive(s). This information will only be used to help providers and workers get to know you better.

The assessor should read back the description of the information being recorded to ensure it has been correctly documented. If the participant does not want to provide the information for an item in this section put N/A.

**1. I choose to create a personal profile. **

- No (**Skip to Section 2: People Important to Me**)
- Yes

**2. What would you like others to know about you or events that have importance in your life? Areas to consider include: **

- **Preferred name, nickname.** (Includes both names the participant prefers and does not prefer. For example, Andrew might be fine with being called Andrew or Drew but does not like to be called Andy.)
- **Family, home or pets.** (For example, you may have relatives that visit with you; you may have a pet that is important. If you have a service animal, you should describe how the service animal helps you).
- **Work and education.** (For example, you may have attended classes or worked at a job that you really enjoyed, or you may have special training that you want others to know.)
- **Leisure time or personal interests** (For example, you may have hobbies you enjoy or belong to a special interest group.)
- **Religion, culture, traditions or personal values.** (For example, you may need support personnel to understand that your appearance needs to follow certain cultural or religious practices.)
- **Surroundings that are important for you to feel your best or do well with activities.** (For example, you may need your surroundings to be set up a certain way or may react to certain smells or noises.)
- **Health.** (For example, you may have health concerns, such as diabetes, that are monitored daily.)
- **Responsibilities.** (For example, you may spend time taking care of grandchildren or an older parent or be a self-advocate.)



**3. Strengths-** What would you like others to know about your capabilities and strengths or what qualities or attributes do others admire about you? *These can include talents, skills or strengths that workers and providers should know about when providing you with assistance. For example, you may enjoy humor and be good at telling stories; you may be very good at keeping your home clean/organized; you do well learning a task by watching others; or be very social and/or engaged at school or work.*

**4. Areas of Need and Solutions-** What would you like to others to know about your areas of need and how you overcome or deal with these in your daily life? *For example, you may have certain ways of managing activities that make it easier for you to be independent.*

**5. Worries or Concerns-** What would you like others to know about worries or concerns you have? These can be about any areas affecting your life now or it can be a concern for your future. *For example, you may worry that you will lose independence due to a health problem or he/she may experience issues with bullying.*

**6. Hard Day-** What does a hard or challenging day look like for you? *For example, you may have issues with functioning, mobility, behaviors, or completing regular tasks on specific days or due to specific circumstances.*



**7. Good Day-** What contributes to you having a good day? **For example, you may like to start out your day in a certain way.**

**8. Likes and Dislikes-** What likes, or dislikes does you have that are important for a worker assisting you to know? **For example, you may want a worker coming into your home to address you by your name and not use nicknames or terms such as "honey".**

**9. Happy, Sad, Angry, and/or Anxious-** What types of activities or interactions make you feel happy? What makes you feel sad, angry, or anxious?

## 2. PEOPLE IMPORTANT TO ME

This section can be used to identify important people in your life. In some cases, you may need help to remain connected with them or want to make changes in the relationships. For example, you may need help visiting friends or family more frequently. This information will be used to help identify services that should be included in the plan developed for your services.

1. I choose to identify people important to me.

- No **(Skip to Section 3: Personal Goals)**
- Yes

2. Tell us about each of the people who are important to you. These can include family, significant others, friends, neighbors or helpers.

Name of Person	Relationship to Participant	Why is this Person Important	Ideas for how the time spent with this person could be better (e.g., more time together or making sure they understand
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		participant's wants/needs	
Text field	<input type="radio"/> Spouse/boyfriend/girlfriend <input type="radio"/> Child <input type="radio"/> Sibling <input type="radio"/> Other family member <input type="radio"/> Friend <input type="radio"/> Other, describe relationship to participant: _____	Text field	Text field

Allow for additional people to be added

**3. Are there any individuals that you do not want to be in contact with or who should not be around you?** If the participant is experiencing abuse or being exploited in any way, the participant, parents, guardians, or other caregivers can report the problems and obtain protection assistance.

- No (Skip to Section 3: Personal Goals)
- Yes

Name of Person	Relationship to Participant	Is there legal documentation justifying the reason this individual should not contact participant?	Instructions if this person tries to make contact
Text field	<input type="radio"/> Spouse/boyfriend/girlfriend <input type="radio"/> Ex-Spouse/boyfriend/girlfriend <input type="radio"/> Child <input type="radio"/> Sibling <input type="radio"/> Other family member <input type="radio"/> Friend <input type="radio"/> Other, Describe relationship to participant: _____	<input type="radio"/> Yes, Describe legal documentation: <input type="radio"/> No Who made the determination that there would be no contact?	Text field

Allow for additional people to be added

### 3. PERSONAL GOALS

This section covers what personal goals you would like to accomplish. The purpose of this is to make sure your plan for services is designed in a way that helps meet your personal



goals. You can add more information at any time during the assessment and support plan process if you think of something later.

1. **What do you want to see happen in your future (goals)?**  **S** This question is shared with the Referrals and Goals module (Bi-Directional)

For example, you **may want to see changes in:**

- a. Where you live.
- b. How you spend your time.
- c. The type of education he/she receives.
- d. The type of work you do or want to do.
- e. Relationships you have or want to have.

You may also simply want assistance to maintain your situation.

This table should pull forward into the Support Plan

Goal Number	Description of Goal	Participant Rating of How Meaningful Goal Is	Legally Recognized Rating of How Meaningful Goal Is	How Progress Towards Goal Will be Measured	Timeframe for Achieving Goal (S)= Short term, Accomplish Within Support Plan Year (O)= Long Term, Ongoing Goal (F)= Future Goal
<p><b>1</b></p> <p>(Each goal should have a unique identifier used to pull forward into the Support Plan)</p>	Text Field	<input type="radio"/> Extremely Meaningful <input type="radio"/> Very Meaningful <input type="radio"/> Meaningful <input type="radio"/> Somewhat Meaningful <input type="radio"/> Not Meaningful <input type="radio"/> Unable to respond	<input type="radio"/> Extremely Meaningful <input type="radio"/> Very Meaningful <input type="radio"/> Meaningful <input type="radio"/> Somewhat Meaningful <input type="radio"/> Not Meaningful	Text Field	<input type="checkbox"/> (S)= Short term, Accomplish Within Support Plan Year <input type="checkbox"/> (O)= Long Term, Ongoing Goal <input type="checkbox"/> (F)= Future Goal

Allow for additional goals to be added



## 4. OTHER PLANS OR PROTOCOLS

Participants often have other plans, such as disease management protocols or behavior management plans. If you choose, information about these plan(s) can be included and the plan may be uploaded to the system. These plans will be used to help your case manager better understand your strengths, preferences and needs. This is entirely voluntary; you are not required to share this information.

**1. I would like to include other plan(s) or protocol(s) for consideration within the Assessment and Support Planning process. I understand that sharing plans is voluntary.**

-  No **(End of Module)**
- Yes

**2. Type of plan or protocol I would like to provide:** 

- |  |  |
|--|--|
| <input type="checkbox"/> Disease management            | <input type="checkbox"/> Individualized Education Program (IEP)  |
| <input type="checkbox"/> Psychosocial (behavior) plan  | <input type="checkbox"/> Probation/parole guidelines             |
| <input type="checkbox"/> Mental Health treatment       | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Equipment management          | <input type="checkbox"/> Identify other type of protocol or plan |
| <input type="checkbox"/> Health improvement/prevention | type: _____  |

Items 3-9 should show for each protocol/plan selected in Item 2.

**3. Short description of the plan or protocol:**  \_\_\_\_\_

**4. Are there implications for the Assessment and/or Support Plan?** 

- No
- Yes,  
Describe implications of the plan or protocol for the Assessment and or Support Plan:  
\_\_\_\_\_

**5. Name of person responsible for the plan or protocol:** \_\_\_\_\_ 

**6. Agency or affiliation of person responsible for plan or protocol:** \_\_\_\_\_ 

**7. Preferred method of contact for person responsible for the plan or protocol:** 

- Email:  
Email: \_\_\_\_\_
- Telephone:  
Telephone number: \_\_\_\_\_



Text Message:  
Number to receive text: \_\_\_\_\_

**8. Will the plan or protocol be uploaded within the automated system?** 

- No
- Yes

**9. Where can a copy of the plan or protocol be found:**  \_\_\_\_\_

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