



Person Centered Planning Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Thirteen correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. Person Centered Planning (PCP) is a method for individuals to express their personal needs, wants, wishes, desires, and goals.
 - a. True
 - b. False

2. There are defined standards that must be met for PCP, therefore how a person develops their plan must fit into the predetermined format established for all individuals.
 - a. True
 - b. False

3. Which of the following is NOT a value/principle of PCP?
 - a. Give people information about options so they can make informed decisions.
 - b. Encourage compliance with staffing needs.
 - c. Honor choices and preferences.
 - d. Identify possible health and safety concerns regarding choices.
 - e. Involve person's circle of supports.

4. Person Centered Planning is a yearly meeting where an interdisciplinary team of clinical professionals sit in a big circle with the individual sitting in the center. The professionals then determine their goals and objectives for the individual which are listed in the person's plan for the following year.
 - a. True
 - b. False

5. The Home and Community Based Services rule requires that individuals be provided choice when selecting services they participate in, the residence in which they reside, and who provides them with services?
 - a. True
 - b. False



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6. Person Centered Planning is not applicable to people who cannot speak or appropriately express their preferences.
 - a. True
 - b. False
7. The Home and Community Based Services (HCBS) rule allows service providers to determine services individuals receive when utilizing Medicaid funds.
 - a. True
 - b. False
8. Which of the following is an essential element of PCP?
 - a. The individual's dignity of risk
 - b. The individual's incident reports
 - c. The individual's sexual preferences
 - d. The individual's telephone conversations
 - e. All of the above
9. Which of the following is NOT an essential element of PCP?
 - a. Individual choice
 - b. Individual's strengths and abilities
 - c. Cultural diversity
 - d. Use of natural supports and services to promote community inclusion
 - e. Staff preferences regarding the services they provide
10. Any restriction that is a result of a health or safety need must be documented in the PCP document.
 - a. True
 - b. False
11. HCBS will not have an impact on group homes (AFC's), day programs, workshops, and/or pre-vocational settings.
 - a. True
 - b. False



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12. Person Centered Planning is an ever-evolving process that supports individuals to plan and dream for the future.
- a. True
 - b. False
13. How might Self Determination and HCBS affect service delivery?
- a. Uses natural supports first
 - b. The person controls how the money is spent
 - c. Could cause staff to diversify their skills
 - d. All of the above
14. Self-Determination and HCBS give people the ability and freedom to obtain needed supports outside of traditional programs and services.
- a. True
 - b. False
15. Direct Contact Staff will not have any impact on the Person Centered Planning and/or Self Determination process in any way.
- a. True
 - b. False
16. Preconceived ideas of a person's wants and dreams could have a direct impact on how we approach and support the individual.
- a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

Course (Circle one): Blood Borne Pathogens/Infection Control Cultural Competency & Diversity
HIPAA Privacy & Security Environmental Safety
Person Centered Planning De-Escalation Skills
Corporate Compliance Limited English Proficiency
Recipient Rights Trauma Informed Care
Appeals and Grievances

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
| 3 | A | B | C | D | E | 16 | A | B | C | D | E |
| 4 | A | B | C | D | E | 17 | A | B | C | D | E |
| 5 | A | B | C | D | E | 18 | A | B | C | D | E |
| 6 | A | B | C | D | E | 19 | A | B | C | D | E |
| 7 | A | B | C | D | E | 20 | A | B | C | D | E |
| 8 | A | B | C | D | E | 21 | A | B | C | D | E |
| 9 | A | B | C | D | E | 22 | A | B | C | D | E |
| 10 | A | B | C | D | E | 23 | A | B | C | D | E |
| 11 | A | B | C | D | E | 24 | A | B | C | D | E |
| 12 | A | B | C | D | E | 25 | A | B | C | D | E |
| 13 | A | B | C | D | E | | | | | | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____