

## Post-planning follow-up Template

Name of Independent Facilitator:

Contact information of Independent Facilitator:

Initials of Person:

Date of PCP meeting:

Name of Supports Coordinator/Case Manager:

CMHSP:

### Questions for Person

1. Does your Individual Plan of Service (IPOS) reflect what was discussed in your person-centered planning (PCP) meeting held on \_\_\_\_\_ (insert PCP meeting date(s))?
2. Is anything missing from the IPOS you just received?
3. Do you have any questions or concerns about the IPOS or PCP process?

Independent Facilitator to send the post-planning follow-up form to:

- Supports coordinator/Case Manager for entry into person's electronic health record.
- If follow-up action needed, send to CMHSP Customer Service.