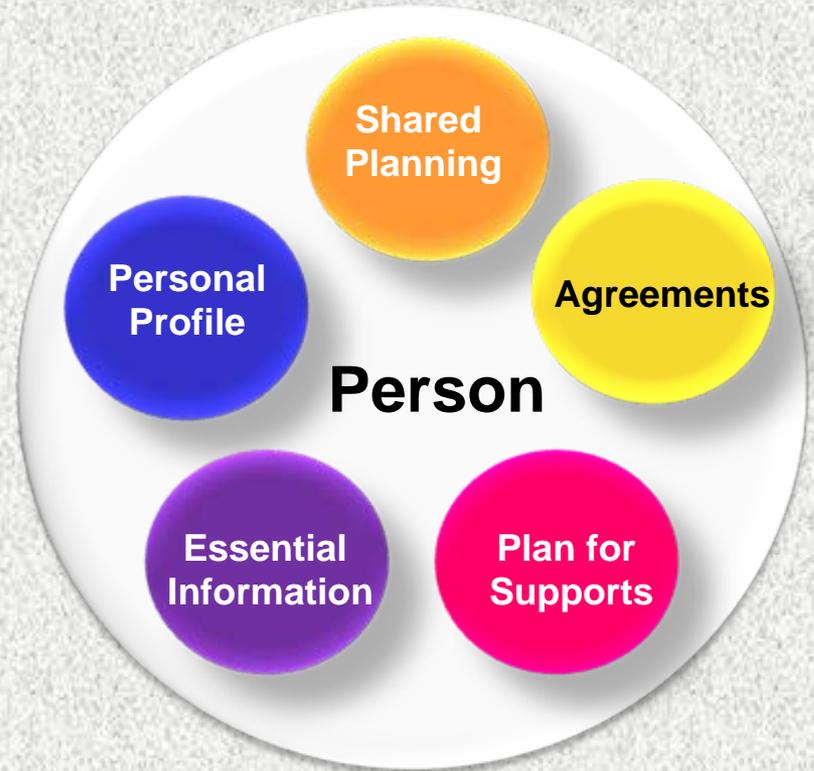


# **Module 2:** **Before the Annual Meeting**

Developing a PC ISP – October 2009

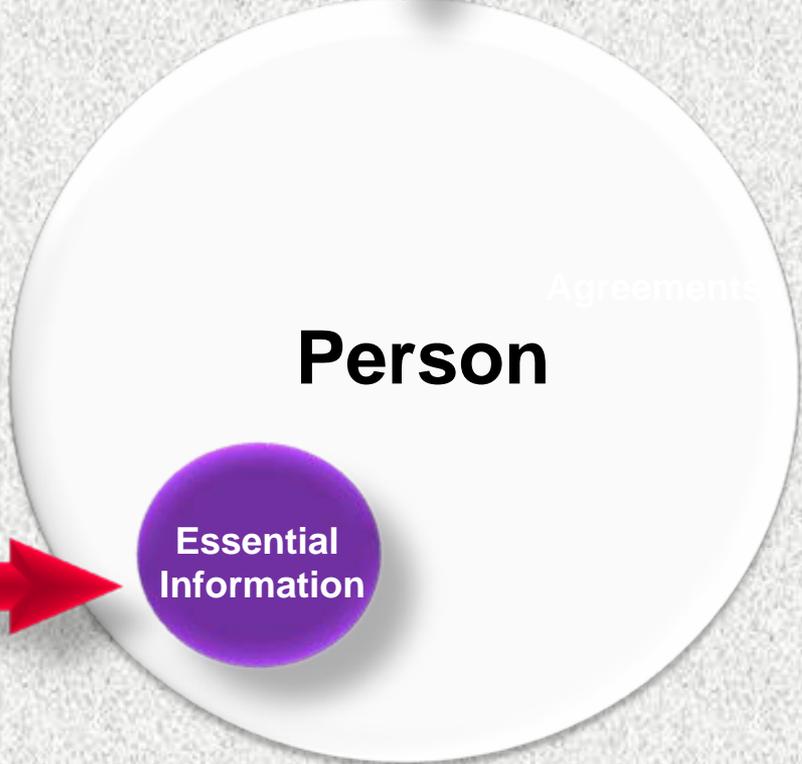
# Introducing the ISP

The five parts



# Before the meeting

PC Thinking



Part I: Essential Information



Essential Information

# Part I: Essential Information

**Collected by the SC when individuals enroll and shared with new providers.**



**All providers are required to send updates to the SC as information changes. The SC forwards these updates to all providers as needed.**

# Can be in the self-contained template

## Individual Support Plan

### I. Essential Information

#### Contact Information

<b>Legal Name:</b>	<input type="text"/>	<b>Preferred Name:</b>	<input type="text"/>
<b>Date of Birth:</b>	<input type="text"/>	<b>Gender:</b>	<input type="text"/>
<b>Medicaid #:</b>	<input type="text"/>	<b>Medicare #:</b>	<input type="text"/>
<b>Home Street Address:</b>	<input type="text"/>	<b>Insurance:</b>	<input type="text"/>
<b>Mailing Address or P.O. Box:</b>	<input type="text"/>	<b>SSN#:</b>	<input type="text"/>
<b>City:</b>	<input type="text"/>	<b>Zip Code:</b>	<input type="text"/>
<b>Home phone:</b>	<input type="text"/>	<b>Cell phone:</b>	<input type="text"/>
<b>Work phone:</b>	<input type="text"/>	<b>Email address:</b>	<input type="text"/>

#### Emergency Contacts / Representation

<b>Name</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Relationship:</b>	<b>Address:</b>		
<b>Legal Guardian:</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Relationship:</b>	<b>Address:</b>		
<b>Authorized Rep:</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Relationship:</b>	<b>Address:</b>		

# or can be indexed in each record

## Individual Support Plan

### Part I. Essential Information

Information Required:	Location in Record:
Contact Information	<i>Laminated card on inside front flap of record</i>
Emergency Contacts/Representation	<i>Laminated card on inside front flap of record</i>
Psychological or Developmental Evaluation	<i>Tab 4 "Evaluations &amp; Assessments"</i>
Current Level of Functioning Survey	<i>Tab 4 "Evaluations &amp; Assessments"</i>
Support Coordination and Provider Contacts	<i>Tab 2 "Provider Information"</i>
**Communication and Sensory Support	<i>Tab 5 "Social/Family Assessment"</i>
**Adaptive Equipment, Assistive Technology and Modifications	<i>Tab 5 "</i>
**Health, Medications, Physicals	<i>Tab 3 "</i>
**Summary of Social/Developmental/ Behavioral/Family History/Previous Interventions and Outcomes	<i>Tab 5 "So... Assessment"</i>
**Summary of Employment and Educational Background	<i>Tab 5 "Social/Family Assessment"</i>
**Exceptional Support Needs/ ...ment (SIS Section IV)	<i>Tab 5 "Social/Family Assessment"</i>

**Optional index**  
**sample**

**Regardless of format, the information is essential for accessing services and ensuring health & safety.**



# Essential Information Updates

## UPDATE

### Essential Information

Essential Information Element	Update: <i>Describe changes to any of the listed elements in the spaces below for sharing with others.</i>
Contact Information	<input type="text"/>
Emergency Contacts/Representation	<input type="text"/>
Psychological/Developmental Evaluation	<input type="text"/>
Current Level of Functioning Survey	<input type="text"/>
Support Coordination and Provider Contacts	<input type="text"/>
Communication and Sensory Support	<input type="text"/>
Adaptive Equipment, Assistive Technology and Modifications	<input type="text"/>
Health, Medications, Physicals	<input type="text"/>
Summary of Social/Developmental/Behavioral/Family History	<input type="text"/>
Summary of Employment and Educational Background	<input type="text"/>
Additional Support Needs/	<input type="text"/>

**Optional  
Tool**

# Essential Information Updates

## UPDATE

### Essential Information

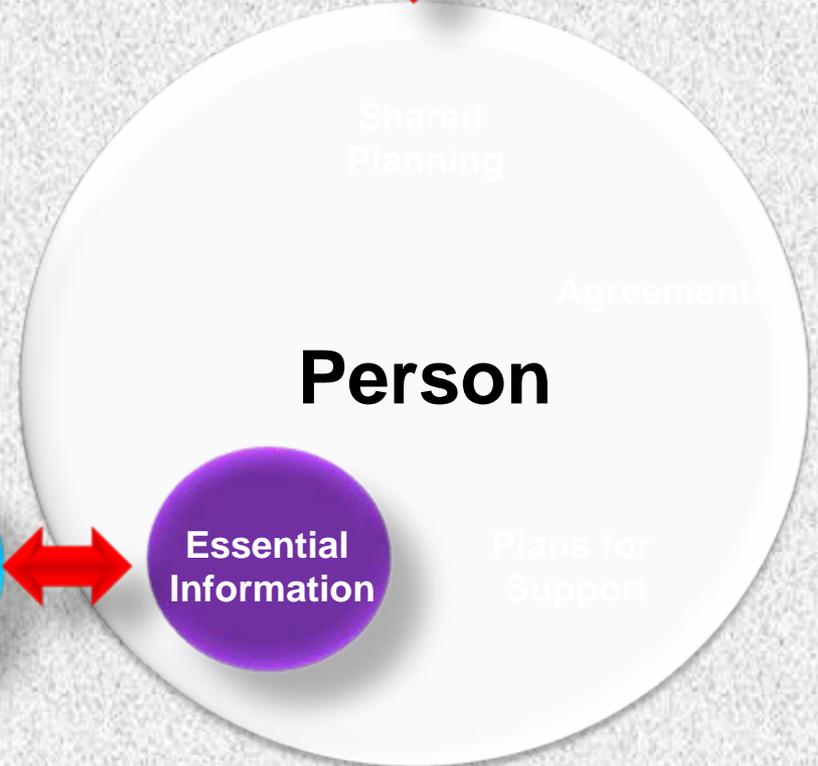
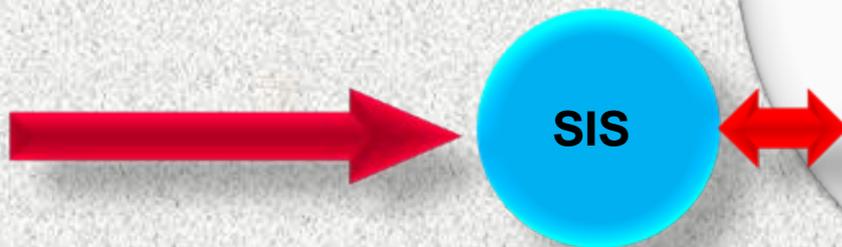
Essential Information Element	Update: Describe changes to any of the listed elements in the spaces below for sharing with others.
Contact Information	<input type="checkbox"/>
Emergency Contacts/Representation	<input type="checkbox"/>
Psychological/Developmental Evaluation	<input type="checkbox"/>
Current Level of Functioning Survey	<input type="checkbox"/>
Support Coordination and Provider Contacts	<input type="checkbox"/>
Communication and Sensory Support	<input type="checkbox"/>
Adaptive Equipment, Assistive Technology and Modifications	<input type="checkbox"/>
Health, Medications, Physicals	<input type="checkbox"/>
Summary of Social/Developmental/Behavioral/Family History	<input type="checkbox"/>
Summary of Employment and Educational Background	<input type="checkbox"/>
Additional Support Needs/	<input type="checkbox"/>

**Updates to Essential Information can be quickly entered for sharing with others.**

# Before the meeting



Supports Intensity Scale



# Supports Intensity Scale (SIS)

**AAIDD**

## Supports Intensity Scale Report

**SIS**

Confidential Interview and Profile Results for the Supports Intensity Scale (SIS)

**Last Name:** Garner  
**First Name:** Jack  
**Middle Name:** Edward  
**Date of Birth:** 11/14/1963  
**Address:** 555 Anytown Road  
**City:** Anytown  
**State, Zip:** VA, 55555  
**SSN:**

**Report Date:** 03/10/2009  
**Interview Date:** 02/25/2009  
**Tracking Number:** 44893  
**Gender:** M  
**Age:** 46  
**Language:** English  
**Phone:** 5555555555  
**Medicaid Num:**

**Interviewer:** Gloria Jones  
**Agency:** ABC CSB  
**Address:** 789 Anytown Road  
**City:** Anytown

**Position:** Support Coordinator  
**Phone:** 5552528874  
**Email:** gloriaj@acbcbsb.org  
**State, Zip:** VA, 55555

**Essential supports for this individual are being provided by the following individuals/organizations:**

Name	Relationship	Phone Number
ABC Residential	Provider	5559546699
ABC Day Support	Provider	5552148785
John Turner	CD Provider	5554987777
Marshall Morgan	CD Provider	5559788821

**Information for the SIS ratings was provided by the following respondents:**

Name	Relationship	Language Spoken
Stephanie Klein	Direct Support Staff	English
Marshall Morgan	Direct Support Staff	English
John Turner	Direct Support Staff	English

Name of Person who entered this information: Gloria Jones

Other Pertinent Information:

Supports Intensity Scale

USERS MANUAL

The SIS includes a Risk Assessment that the support coordinator will complete annually.

<b>Section 4. Additional Support Needs/Risk Assessment</b>		<b>SIS</b>		
Circle the appropriate number to indicate how much support is needed for each of the items below. Circle "To" &/or "For" if appropriate, to indicate the item is most important to or for the person. Complete ALL items.				
	<b>Section 4: Additional Supports/Risk Assessment</b>	No Support Needed	Some Support Needed	Extensive Support Needed
<b>Circle Most Important</b>	<b>Caretaker and Environmental Risks (for persons living at home)</b>			
To / For	1. Incapacitated caretaker or loss of primary caretaker/natural supports - may become homeless, or environment is not appropriate for the person's medical conditions. Any current health and safety issue.	0	1	2
To / For	2. Housing issues related to family dwelling- may become homeless, or environment is not appropriate for the person's medical conditions.	0	1	2
To / For	3. History of neglect and/or abuse	0		
To / For	4. Refusal of services by caretaker- caretaker is refusing to follow person-centered plan.	0		
To / For	5. Criminal activity by caretaker e.g. criminal activity needs to be watched for due to past history that may not be safe for the person.	0		
	<b>Individual Behavioral Risks</b>			
To / For	6. Housing related issues and/or homelessness (due to individual) - e.g. person may be homeless in the next 60 days.	0		
To / For	7. Pregnancy and/or parenting issues- e.g. person is pregnant and/or has no parenting skills.	0		
To / For	8. Criminal justice involvement & <i>convicted</i> requires controlled environment/24-hour supervision with rights restrictions in place	0		
To / For	9. Criminal justice involved, but <i>NOT convicted</i> requires controlled environment/24-hour supervision with rights restrictions in place	0		
To / For	10. Refusal of critical services or treatment- e.g. person refuses to go to the doctor for medication shots, or for therapy related to serious behavior.	0		
	<b>Health Risks</b>			
To / For	11. Multiple unplanned hospitalizations- such as for impactions, COPD, or seizures.	0	1	2

Supports  
Intensity Scale

USERS MANUAL

## **Assessment for Waiver**

### **Includes:**

- 1. A current SIS (completed within 3 years) and when significant changes occur**
- 2. Essential Information that includes the SIS Section 4: Risk Assessment (annually)**
- 3. Personal Profile (annually)**

**In accordance with Medicaid and OL requirements**

**During 3 year phase-in (2009 – 2012)**

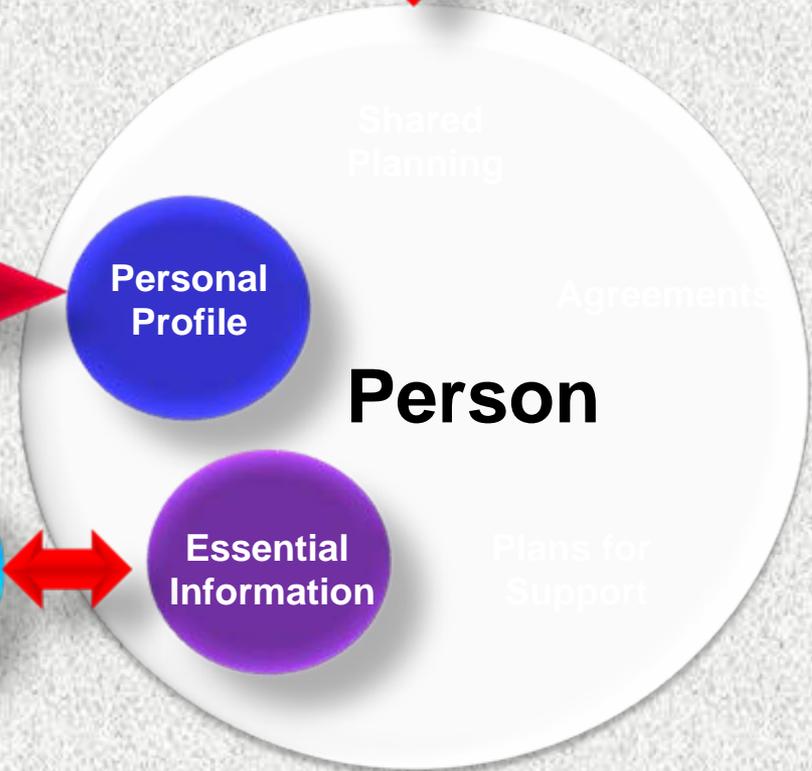
requirements include:

**A DBHDS-approved assessment, per service,  
until a SIS is completed.**

# Before the meeting



Part II: Personal Profile



# Part II: Personal Profile

## Part II. Personal Profile

**A Good Life:** *What does a good life look like to me?*

--

**Talents, Strengths and Contributions:** *What are my gifts and talents? What do people who know and care about me say about my strengths? How do I contribute to friends, family and my community?*


Home	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Home	
Routines	
Dependence	

**The profile is a “snap shot” of the changes and improvements an individual wants.**

**The support coordinator helps the individual choose a planning partner who can assist with completing the profile.**

**The profile is developed with the individual by talking, listening, and observing.**

**Additional information is added by other partners at the annual team meeting.**

**Prepared by the individual before the annual meeting with someone he or she trusts, such as a planning partner.**



**Will be completed with Support Coordinator when no other partners are available.**

# The Personal Profile

describes:

**A Good Life**

**Talents & Contributions**

**What's Working & What's Not Working**

# A Good Life

## Part II. Personal Profile

**A Good Life:** *What does a good life look like to me?*

*Jack's planning team thinks that he'd like to live in a home in a friendly neighborhood with just his 2 buddies, Joe and Jerry, with Stephanie (and others like her) to help him every day. There's a village of shops, banks and restaurants in walking distance and with sidewalks and slow traffic, so Jack can get hang out with others from the neighborhood. In his good life, Jack goes to the "village" almost every day for different things. Sometimes he has lunch with one or more of the new friends he's made. Every night in his own room, he goes to sleep with the radio playing country rock, and every morning he wakes to it too. He has the same morning routine, even on weekends, although he gets to sleep in on Saturday and Sunday, and it takes a little longer those days (since there's no hurry to get anywhere). On Fridays and Saturdays, he stays up maybe 2 hours later than usual to watch a good DVD, go somewhere or play a game with some friends. He has a varied and healthy diet of foods he chooses, he grows his own vegetables and he eats "gourmet out" every once in awhile. In his good life, he shares meals with Joe and Jerry often and sometimes with neighbors and other friends. He spends his free time working in the yard, mostly in his garden. He works part-time in a landscape business and makes enough money to eat out at least once a week in the neighborhood village.*

# Talents & Contributions

**Talents and Contributions:** *What do people who know and care about me say about me? How do I contribute to friends, family and my community?*

*Jack has a kind smile and uses it often with people he likes. He makes people feel special and important when he smiles at them.*

*Jack is strong and likes to help others. He is always the guy turned to for help lifting and moving big boxes and furniture.*

*Jack likes to work hard, especially physical work.*

*Jack is kind to others, laughs at people's jokes, repeats them and is fun to be around.*

*Jack is good with yard work and tools. When someone is with him, he can find the tools, rake, turn the compost, trim the jasmine, clean and put things away when he's done.*

*Jack likes to let others know he's thinking of them. He remembers birthdays of family and friends and wants to call or send a card on these occasions and to everyone at holidays.*

*Jack likes to try different kinds of foods, and the more "gourmet" (or different) the better.*

# What's Working & What's Not Working

Home	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
<b>Home</b> <i>Living in the same place as Joe and Jerry.</i>	<i>Living with too many people (8 in the home) and a roommate who doesn't like him to play his music after 9 p.m. If he wakes in the night, he wanders around, because he "can't sleep" and is "grumpy the next day.</i>
<b>Routines</b> <i>Breakfast and dinner with Joe and Jerry.</i>	<i>Having his morning routine not go as he likes. Not being able to do things when he wants to do them. Helping Jack with what he can do himself. Not giving him privacy. Putting on shirts that have tags that scratch his neck. Not getting to sit on the porch with his coffee.</i>
<b>Independence</b> <i>Making his own decisions about when to stay home and when to go to the day program. Helping John Turner (the contracted lawn service) in the yard.</i>	<i>Not being able to work in the yard or go places in the community when he'd like to.</i>
<b>Privacy</b> <i>Jack likes using John T's tool shed as a retreat when he wants to be alone.</i>	<i>No place set aside in the house for Jack to be alone when he needs it.</i>
<b>Safety at home</b> <i>Joe and Jerry let other people know when Jack isn't feeling well. If he seems confused or doesn't answer, they help him sit or lie down and sip some orange juice.</i>	<i>Walking long distances alone along the wrong side of the busy highway to get to Krispy Kreme to visit his "buddies."</i>
Community and Interests	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
<i>Living close (less than a mile) to shops and places he likes to visit.</i>	<i>Has to be driven across the highway to the shops and restaurants he likes to visit, so doesn't have as often and he can't have a</i>

**The Profile is updated at the annual planning meeting by a recorder who writes or types any additions or changes during the meeting.**



# **This concludes Module 2 – Before the Annual Meeting**

