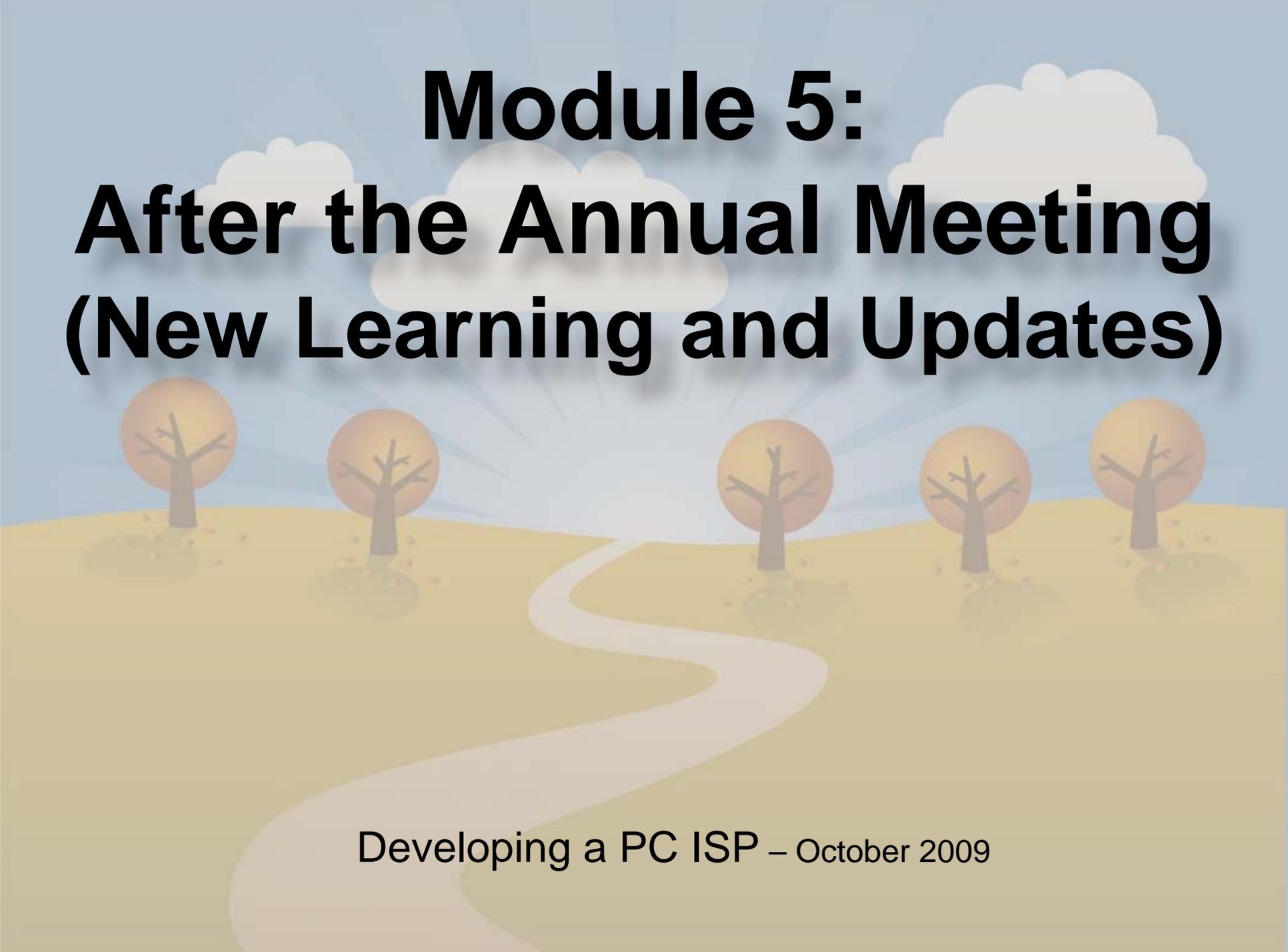


Module 5: After the Annual Meeting (New Learning and Updates)



Developing a PC ISP – October 2009

After the Meeting



Learning and Updates

Learning and Updates

The Support Checklist is completed.



Support Checklist for : Jack G

Month: March Year: 2009

Provider: Riv

Supports	when	1	2	3	4	5	6	7	8	9
----------	------	---	---	---	---	---	---	---	---	---

Initials indicate that supports are provided

Important TO										
1. privacy	daily	SK	SK	SK	FA	FA	A	KI	SK	SK
2. morning routine	daily	SK	C	SK	SK	FA	A	KI	SK	SK
3. garden, learning (skill-building)	weekly					FA				
3. garden, shopping	weekly			FA						
3. garden, working (skill-building)	weekly			FA						
4. neighborhood	weekly					SK				

An additional option – Checklist with instructions

Support Checklist for : _____ ISP Dates: from _____ to _____

Month: _____ Year: _____ Provider: _____ Service: _____

Supports	when	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
----------	------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Initials indicate that supports are provided as described in the support instructions in Part V of the current ISP.

Important TO																																
Support Instructions:																																
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Key (The use of any code requires a log entry):
 Initials = support provided,
 Circled initials = support provided/notation in log,
 C = chose not to participate,
 A = individual not present,
 I = incident
 O = other

VA ISP Checklist w/Support Instructions 07/01/09

Printed Name: _____ Initials: _____ Date: _____

A third option for the Supports Checklist has spaces for support instructions on the list.

Which supports need to be provided to initial outcome 2?

Notice how initials indicate that the supports for Jack's morning routine were provided as agreed.

Support Checklist for : Jack G											
Month: March			Year: 2009				Provider: Riv				
Supports	when	1	2	3	4	5	6	7	8	9	
Initials indicate that supports are provided											
Important TO											
1. privacy	daily	SK	SK	SK	FA	FA	A	AI	SK	SK	
2. morning routine	daily	SK	C	SK	SK	FA	A	AI	SK	SK	
3. garden, learning (skill-building)	weekly										
3. garden, shopping	weekly			FA							
3. garden, working (skill-building)	weekly			FA							
4. neighborhood	weekly					SK					



When supports are not provided as agreed, the code is used in place of initials and a note is completed in a support log.

ISP L

13	14	15	16	17	18
GI	GI	C	CS	CS	BE
GI	GI	C	CS	CS	




Support Log

Date	Details
3/15/09	This morning Jack said that he was "too tired" to complete his morning routine. He did have his coffee the way he likes it and ate a piece of toast after about 1 hour after waking. He still chose to attend day support and went looking at supplies for his garden later in the day. Sarah Klein 3/15/09

Whenever a code is used on the checklist, there must be a corresponding note.

Support Log	
Date	Details
3/7/09	This morning Jack said that he was "too tired" to complete his morning routine. He did have his coffee the way he likes it and ate a piece of toast after about 1 hour after waking. He still chose to attend day support and went looking at supplies for his garden later in the day. <i>Sarah Klein 3/7/09</i>
3/13/09	Jack expressed that he had a good day today working on his garden. He bought seeds at the local store and DSP supported Jack with understanding how and when to plant the seeds according to package directions. Jack chose several flower varieties as well as vegetables. He said that the blue flowers are his favorite. <i>Paul James 3/13/09</i>
3/15/09	Jack went fishing with his brother today and will be back first thing in the morning. <i>Paul James 3/15/09</i>
3/22/09	Tonight Jack tried a new tea, chamomile, and said that he really liked it. He had the tea and listened to some soft classical music before bed. He said that he has been sleeping better and not waking up as much at night. <i>Sarah Klein 3/22/09</i>

Routine notes that address progress toward outcomes must be written as well.

Initials, codes and ongoing notes support billing and confirm that supports are provided.

Support Checklist for : <u>Jack G</u>											
Month: March			Year: 2009				Provider: Riv				
Supports	when	1	2	3	4	5	6	7	8	9	
Initials indicate that supports are provided											
Important TO											
1. privacy	daily	SK	SK	SK	FA	FA	A	AI	SK	SK	
2. morning routine	daily	SK	C	SK	SK	FA	A	AI	SK	SK	
3. garden, learning (skill-building)	weekly					FA					
3. garden, shopping	weekly			FA							
3. garden, working (skill-building)	weekly			FA							
4. neighborhood	weekly					SK					



Support Log	
Date	Details
3/7/09	This morning Jack said that he was "too tired" to have his coffee the way he likes it and ate a banana. He still chose to attend day support and we had a great day. <i>Sarah Klein 3/7/09</i>
3/13/09	Jack expressed that he had a good day today at the local store and DSP supported Jack with the seeds according to package directions. Jack planted the vegetables. He said that the blue flowers are beautiful.
3/15/09	Jack went fishing with his brother today and had a great time.

If the supports we identify are provided, we expect that the desired outcome will be achieved.



By documenting the supports we provide, we can learn if what we are doing is bringing about the desired outcome or if supports need to change.



How do we know if our supports lead to the desired outcome?

From evidence we can see or hear and report.

From evidence that the outcome happened.

From evidence based on what the person says or does.



Person-Centered Review

Person-Centered Review

Provider: _____ Service: _____

Purpose of review: 1st , 2nd , 3rd , 4th , Update

<u>Outcome #</u>	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
<u>Outcome #</u>	Desired outcomes (Important FOR)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended

This review is completed four times each year and whenever outcomes are changing.

Person-Centered Review

Provider: River Creek, LLC Service: Residential

Purpose of review: 1st , 2nd , 3rd , 4th , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
1	<i>Jack has time away from the others at home and at the day program to do something he enjoys on his own.</i>	Jack was able to spend time alone on all but 5 days during the quarter. These five days were missed because Jack spent them with his brother as recorded in his support log. Jack indicates he likes being able to get away from his housemates and having some time alone each day. Jack does better with reminders to find a private space before he becomes agitated. He also likes help finding activities to do during his alone time. He especially likes sitting on the back porch, listening and watching the birds.	3/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended
2	<i>Jack has a calm and relaxed morning routine, with time after breakfast for sitting on the porch doing something else he</i>	Jack's morning routine was completed every day he was at home. We have learned that Jack likes unscented soap and a large bath towel. He also likes his first cup of coffee with cream and sugar and then he fixes it black.	3/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended

There are spaces for the provider name and service at the top.

Person-Centered Review

Provider: _____ Service: _____

Purpose of review: 1st , 3rd , 4th , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome (Include new learning barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued

Learning and Updates

Notice the check boxes below the provider name.

Person-Centered Review

Provider: _____ Service: _____

Purpose of review: 1st , 2nd , 3rd , 4th , Update

<u>Outcome #</u>	<u>Desired outcomes (Important TO)</u>	<u>Describe progress toward each outcome.</u> (Include new learning, barriers, successes and relevant medical information in each instance)	<u>Start/End</u>	<u>(</u>
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued

These boxes indicate which quarter is being reviewed or if an update between quarters is being completed.

There are spaces for adding each outcome number and outcome.

Person-Centered Review

Provider: _____ Service: _____

Purpose of review: 1st , 2nd , 3rd , 4th , Update

<u>Outcome #</u>	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued



Learning and Updates

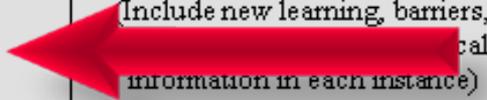
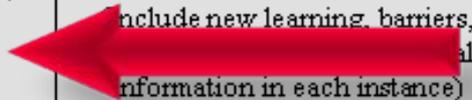
Person-Centered Review

Provider: _____ Service: _____

Purpose of review: 1st , 2nd , 3rd , 4th , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, and other relevant information in each instance)	Start/End	Condition (Check all that apply)
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
Outcome #	Desired outcomes (Important FOR)	Describe progress toward each outcome. (Include new learning, barriers, and other relevant information in each instance)	Start/End	Condition (Check all that apply)
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended
				<input type="checkbox"/> Progress

There are sections for both the important TO outcomes and the important FOR outcomes.



Each provider needs to report progress toward each outcome listed on their plan for supports.

Person-Centered Review

Provider: River Creek, LLC Service: Residential

Purpose of review: 1st , 2nd , 3rd , 4th , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
1	<i>Jack has time away from the others at home and at the day program to do something he enjoys on his own.</i>	Jack was able to spend time alone on all but 5 days during the quarter. These five days were missed because Jack spent them with his brother as recorded in his support log. Jack indicates he likes being able to get away from his housemates and having some time alone each day. Jack does better with reminders to find a private space before he becomes agitated. He also likes help finding activities to do during his alone time. He especially likes sitting on the back porch, listening and watching the birds.	3/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended
2	<i>Jack has a calm and relaxed morning routine, with time after breakfast for the porch thing else he</i>	Jack's morning routine was completed every day he was at home. We have learned that Jack likes unscented soap and a large bath towel. He also likes his first cup of coffee with cream and sugar and then he fixes it black.	3/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended



We are looking for evidence that the desired outcome has occurred or if we can see movement toward the outcome.

Desired outcome

Jack makes five new friends who like Jazz music.

Evidence of progress

Jack joined a jazz club this quarter and went four times. He was introduced to several new people.

If no evidence of progress towards the desired outcome, changing the supports or the outcome can improve how we support people.

Desired outcome

Jack makes five new friends who like Jazz music.

Lack of evidence of progress

Jack threw away his Jazz CDs and says he does not want to talk about it.

Progress is measured by evidence that the desired outcome is occurring or that movement toward the outcome is being made.



What can we see that demonstrates progress?

What was a barrier to progress?

Is the individual satisfied with the outcome?

Is the support enhancing the person's quality of life.

Did Jack get a job that he likes?



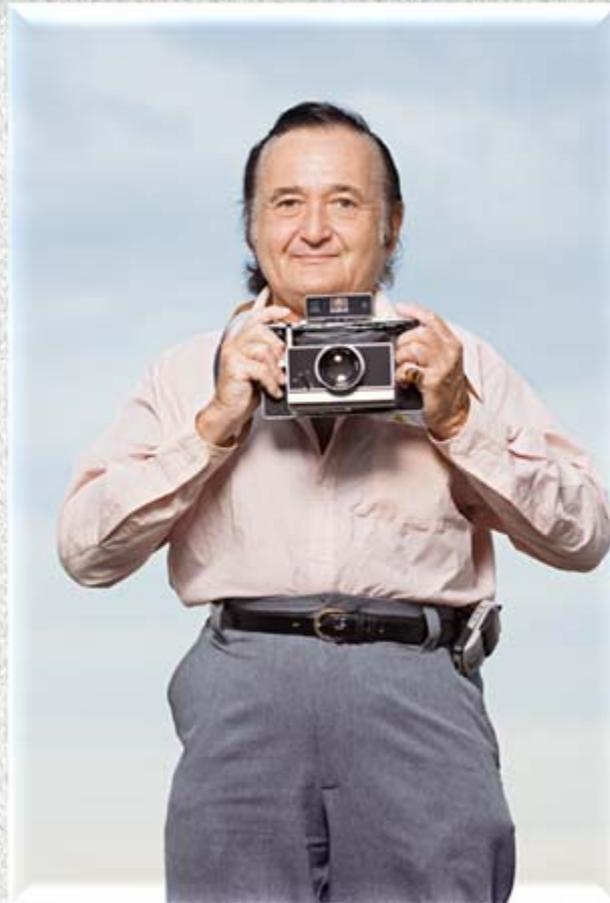
Did Angie go camping each month as planned?



What steps did Charles take to enroll in class?



We also need to know if the outcome, once achieved, is still desired by the individual to know if support should continue.



If progress is not evident and/or the individual is dissatisfied with the outcome, there should be documentation explaining this fact and alternate plans should be pursued.

Remember - we are seeking to help people build a quality life of their choosing. We are helping them assemble a desirable life.



If progress toward the outcome is observed and documented in the review, the progress box should be checked.

ed Review

C Service: Residential

, 3rd , 4th , Update

Progress toward each outcome. (Learning, barriers, relevant medical conditions for each instance)	Start/End	Condition (Check all that apply)
Spent time alone during the quarter. He missed because of his brother as	3/1/09	<input checked="" type="checkbox"/> Progress <input type="checkbox"/> Continued <input type="checkbox"/> Ended



Learning and Updates

If the outcome is continuing and is still desired by the individual, the continued box is checked.

ed Review

Service: Residential

, 3rd , 4th , Update

Progress toward each outcome. (Learning, barriers, relevant medical issues for each instance)	Start/End	Condition (Check all that apply)
Spent time alone during the quarter. He missed because of his brother as	3/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended



Learning and Updates

If the outcome is being ended –check ended.

ed Review

C Service: Residential

, 3rd , 4th , Update

ess toward each ome. arning, barriers, elevant medical each instance)	Start/ End	Condition (Check all that apply)
end time alone ring the quarter. e missed because th his brother as	3/1/09	<input type="checkbox"/> Progress <input type="checkbox"/> Continued <input checked="" type="checkbox"/> Ended



Learning and Updates

New outcomes are added at the bottom of the review with a new number and are described as **IMPORTANT TO or **IMPORTANT FOR** the individual. The start date and frequency are added too.**

Outcome #	Additional desired outcomes	Describe the expected benefits of this change as Important TO or Important FOR the individual.	Start/End	How often or by when?
17	Jack attends a local garden club where he makes new friends.	It's important TO Jack to have more friends. Jack will benefit from attending the gardening club at the local college where he can make some new friends.	6/15/09	Weekly
18	Jack prepares and enjoys tea each evening before bed.	It is important TO Jack to have tea each night. He expresses that this helps him to sleep better.	6/1/09	Daily

Once approved, the supports are added to the provider's support documents (the Plan for Supports, the General Schedule and the Support Checklist).

Any remaining medical or significant information is added and the individual's satisfaction is described.

Please describe any significant events not reported above:



Describe the individual's satisfaction with supports: Jack expresses that he likes how he is spending his time and that he likes learning about gardening and watching "funny movies" each week. He states that he is very pleased with the supports he receives.

Is an ISAR included with this update to reflect changes in support hours?

Yes, because hours are changing Not needed: no change in support hours

One question asks about a change in hours.

Provider signatures needed upon review and individual, representative, provider and SC signatures when outcomes change.

Individual: Jack Date: 05/22/09
Representative: _____ Date: _____
Provider: Stephanie Klein Date: 05/22/09

Outcome changes approved by Support Coordinator:

Support Coordinator Date

The support coordinator reviews, signs and returns signature page approving changes to desired outcomes.

Process for updating Part V

- 1. The provider prepares a Person-Centered Review (PCR), (either as an update or a quarterly review when change occurs at the quarter). This is signed with the individual (and representative as applicable).**
- 2. The provider and individual share the PCR with the SC to get approval. If timely change is needed, verbal approval can be obtained to revise and begin Part V.**
- 3. The PCR and updated Part V are sent to the SC who reviews, confirms with the individual (as needed), signs and returns the signature page of the PCR to the provider.**
- 4. The revised Part V becomes part of the individual's ISP.**

60-Day Assessments



60-Day Assessments

New to Waiver

- 1. The SC completes Part III & IV with the individual to identify initial outcomes and provides completed Parts I-IV and the SIS report to the new provider.**
- 2. The New provider (s) reviews and identifies selected Outcomes for which they will develop supports; amends Part III by inserting Provider name in the “Who’s going to support me” column and identifies how often; signs the existing Part IV with the current date.**

60-Day Assessments

New to Waiver

- 3. New Provider completes a 60-Day, Part V, Plan for Supports that reflects Part III and details assessment activities prior to beginning services (must include H&S outcomes).**
- 4. New Provider sends the amended Part III, Part IV and Part V Plan for Supports to SC prior to beginning services.**
- 5. Provider records new learning about the individual in the Support Log and Person-Centered Review Update. An ongoing Plan for Supports is completed by Day 61.**

60-Day Assessments

Already has Waiver

- 1. The SC provides completed Parts I-IV and the risk assessment to the new provider (include the SIS report when the individual has a SIS).**
- 2. New provider (s) reviews and identifies selected Outcomes for which they will provide supports; amend Part III by inserting Provider name in the “Who’s going to support me” column and identify how often; signs the existing Part IV with the current date.**
- 3. Providers complete a 60-Day, Part V, Plan for Supports that reflects Part III prior to beginning services (must include H&S outcomes); and, includes the completion of their existing, approved assessment (when the individual does not have a SIS).**

60-Day Assessments

Already has Waiver

- 4. Providers send the amended Part III, Part IV and Part V Plan for Supports to SC prior to beginning services.**
- 5. New learning about the individual is recorded in the Support Log and Person-Centered Review Update. An approved assessment is completed during the 60-day assessment when an individual does not have a SIS. An ongoing Plan for Supports is completed by Day 61.**



Remember plans change with people and lead to better lives.



End Module 5: After the Annual Meeting (New Learning and Updates)

