



PC ISP Training Packet

DBHDS Division of Developmental Services

April 1, 2015



Steve's One Page Description

The Life I Want:



A good life for Steve includes having his own room decorated the way he likes. Having time with his mother and his dog Bentley. Sharing his interests and personal style with others. Working in a job related to the things he loves; such as animals, music and sports. Continuing to go on vacation with his mother each summer. Eating a balanced diet that helps him feel and look good. Having opportunities to meet new people who share his common interest in sports, music and animals; especially dogs.

Talents and Contributions:

- ❖ Steve is kind and compassionate
- ❖ Steve has a good relationship with his mother
- ❖ Steve wants to work
- ❖ Steve likes to look nice and takes pride in his appearance
- ❖ Steve is great with animals – especially dogs
- ❖ Steve is an avid sports fan
- ❖ Steve can read simple words and sentences
- ❖ Steve volunteers with Meals on Wheels and Habitat for Humanity
- ❖ Steve likes cooking
- ❖ Steve has a great sense of humor

What's important to me:

- ❖ Talking to others about his day
- ❖ Having regular contact with his mother and dog Bentley
- ❖ Being around dogs and other animals
- ❖ Looking nice and wearing cool clothes
- ❖ Learning to cook
- ❖ Being organized
- ❖ Going to concerts and sporting events
- ❖ Having my own business and making more money.

What others need to know or do to support me

- ❖ Steve has diabetes and follows a diabetic diet and takes insulin each day.
- ❖ Steve has high blood pressure and will sometimes get a head ache if his pressure spikes, he may also have shortness of breath and needs to be watched closely, contact doctor if symptoms last longer than 30 minutes
- ❖ Steve cleans his room every Monday and goes shopping for groceries every Thursday or Friday
- ❖ Steve doesn't like crowded spaces or being around a lot of people. Ask him if he would like to move to a quiet space when you see him clench his fists or look at the floor for several seconds. He will say "yes" if he agrees. If he does hit someone he always feels bad about and wants to apologize himself.
- ❖ Steve likes taking care of things around the house
- ❖ Steve prefers his housemates stay out of his room
- ❖ Steve prefers to a shower after dinner and likes a fan on in his bedroom while he sleeps
- ❖ Steve likes watching just about anything funny or sports related on TV and he never misses "World's Funniest Animals" on Thursday nights
- ❖ Steve gets up before his housemates to have some quiet time and coffee
- ❖ Steve chooses a different baseball cap almost every day.





Mary's One Page Description

Talents 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?

- Mary is playful and laughs a lot.
- Mary follows familiar people with her eyes and becomes more alert and responsive when someone she likes comes into the room.
- Mary can let us know her preferences by smiling, making eye contact and humming when she likes something or someone or by looking away when she doesn't.
- Mary is pretty and has beautiful blue eyes.
- Mary enjoys spending time with people who are cheerful and kind.
- Mary likes animals and nature. Mary loves music, colors and scents.

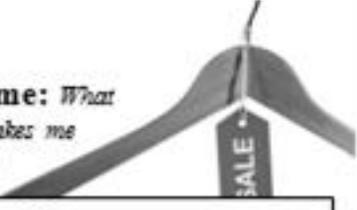


The Life I Want: *What does a Good life look like to me?*

Mary's planning team thinks that in a good life to Mary, she sees her mother every month. She has her wants and needs met by familiar caring people who keep her involved with others, safe, healthy, clean and dry, help her eat only foods and supplements she likes in the manner she likes to eat them. When Mary can't eat, they would provide the nourishment she needs each day through her g-tube. A good life means spending time each day out of her wheelchair resting on the couch in the family room, reclining in a chaise on the front porch or taking a short nap in her bed. Mary's good life means spending time outdoors and around animals. She's never taken to loud or crowded places or has to spend time around angry or grumbly people. She has lots of friends who visit and some who take her different places during the week. She has lots of soft, soothing music of her choosing to listen to each day and essential oils that she likes. She has lotions and creams that are rubbed on her skin often, and she gets to have regular gentle massages, manicures and pedicures.



What's important to me: *What matters most to me? What makes me happy, content and fulfilled?*



Seeing my mother more often,
Having fewer roommates,
Trying new things,
Meeting new people,
Spending time outdoors,
Having plenty of beverages (ice tea or water),
Choosing foods she likes,
Not choking on foods or beverages,
Having rest after seizures,
Having smooth, healthy skin (fragrant lotions),
Music,
Having a calm atmosphere,
Money and shopping,
Gentle touch and no more broken bones,
For people to understand what she wants,
Explain before touching her.

What others need to know or do to support me?

What do others need to know or do to help me be healthy, safe and valued in my community?

- Support for osteoporosis
- To not choke on her foods due to dysphagia
- To be safe and supported when she has seizures.
- Staying hydrated and having good nutrition (pureed food, supplements and medications/food by tube as needed)
- Repositioning every 30 minutes when awake.
- Preventing skin breakdown from biting her hand
- Clean house, clean clothes and personal care
- Receiving supports as agreed to in her plan

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Representation	
Individual has the following:	<input checked="" type="checkbox"/> Legal Guardian <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Power of Attorney <input type="checkbox"/> None
Describe any concerns with having or needing a substitute decision-maker:	No concerns. Mary's mother is her legal guardian.
Describe the decisions that the representative is authorized to make (when applicable):	For decisions important to and for Mary, Mary's Mother, Alice, confers with Mary. When Mary likes something she will smile, hum or make eye contact. When she doesn't like something or disagrees she will look away. If Mary feels strongly against something she will shake her head vehemently. Examples of issues Alice discusses with Mary where she will live, go, work, health issues, restaurant choices. Mary prefers hiring her own staff with help from her Mother.

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Friends and Community Contacts		
Relationship #1: Friend		
Name: Charles Corbin		Address: 1877 Elm Street Sunnybrook, VA 24009
Phone: xxx-xxx-xxxx	Fax: N/A	Email: CCorbin@email.com
Relationship #2:		
Name:		Address:
Phone:	Fax:	Email:
Relationship #3:		
Name:		Address:
Phone:	Fax:	Email:

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Health Information			
Do you have an advanced directive?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please provide a copy to all relevant parties.</u>		
Has informed consent been obtained for the use of currently prescribed psychotropic medications?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Medication:	Physician:	Reason(s) prescribed:	
Dosage:	Route:	Frequency:	Location of potential side effect information:
1: bupropion	Dr. Mac Good		Depression
100mg	PO	TID	Medication administration binder
2:			
3:			

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Summary of Employment Background	
Describe my employment history.	Steve worked at ABC Workshop after high school. He earned a piece rate for preparing shipping materials for local businesses. Due to high levels of frustration in that setting, which resulted in arguments with others, Steve decided to stop working there. He currently has a small dog walking business but only does this on a part time basis.
Describe any volunteer activities in which I now am involved or have been involved in the past (if any).	Note: Please include the types of things I did, the organization(s) involved, and when I volunteered. Steve has been engaged in a variety of volunteer activities during his time at My Life Day Support such as Meals on Wheels and Habitat for Humanity.
Describe the supports necessary to achieve employment if desired. If the person does not indicate a desire to work, describe how the person has been or will be educated about employment, including but not limited to exploring employment opportunities available in their community.	Steve will need support in learning how to reduce frustration while in a work setting. Steve becomes very frustrated when he works around lots of people, and many job placements have been tried, but have not worked out due to him getting into arguments with others around him.

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Active Medical and Behavioral Support Needs	
<p>Were any major medical or behavioral support needs identified on the Annual Support Needs Risk Assessment or elsewhere in the information?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a description of each support need below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>
<p>Is there a behavioral or crisis support plan?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Meet criteria for high intensity day services?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>

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Active Medical and Behavioral Support Needs	
<p>Were any major medical or behavioral support needs identified on the Annual Support Needs Risk Assessment or elsewhere in the information?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a description of each support need below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>
<p>Is there a behavioral or crisis support plan?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Meet criteria for high intensity day services?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>

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Plan for Self-Sufficiency	
Please describe what is needed and how I will be supported to transition to more inclusive settings.	Steve needs to have natural supports in several areas of his life as a part of his plan for self-sufficiency. In order to have and keep a job that he wishes, Steve needs a job that he feels comfortable with, preferably in an environment with few other people and supported by co-workers with whom he feels a connection and will be understanding of his low frustration level at times. Steve needs to have supports either paid or natural who check on him daily in his living environment to ensure he is managing his hypertension through his diet, stress management and medications. Prior to transition, he needs support to develop natural supports in his community to ensure a good transition into the true community life Steve says he wants. Steve wants to develop skills to help himself support his medical conditions and to maintain his home as a safe and healthy environment.

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Plan for Self-Sufficiency	
Please describe what is needed and how I will be supported to transition to more inclusive settings.	It is anticipated that Mary will need both paid and natural supports for the rest of her life; however, Mary's mother wants to explore natural supports and Assistive Technology equipment as possible to support her with being less dependent on paid supports. If Mary is interested, she might be able to learn to apply lotions, operate a call device, and more effectively communicate yes and no in order to be more independent. Mary's team thinks she would prefer a small home with only one or two housemates with access to medical services nearby. She would need equipment to prepare pureed foods, access to skilled nursing services and transportation that accommodates her wheelchair.

Review of Most Integrated Settings	
<p>Current primary living situation</p> <p><input type="checkbox"/> Own home (e.g. own house or leased apartment)</p> <p><input type="checkbox"/> Family home</p> <p><input type="checkbox"/> Sponsored home</p> <p><input checked="" type="checkbox"/> Four or less individuals in a group home</p> <p><input type="checkbox"/> Five or more individuals in a group home</p> <p><input type="checkbox"/> Community ICF</p> <p><input type="checkbox"/> Nursing facility</p> <p><input type="checkbox"/> Training center</p> <p><input type="checkbox"/> Other:</p> <p>Individual and/or substitute decision maker has been informed of most integrated options? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any resources or modifications needed to obtain more integrated settings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe how these will be addressed: Steve wants to move into his own apartment and receive services and supports there, but we are not aware of any in-home services providers in the area at this time. SC has discussed with her supervisor and will contact the Regional CRC to discuss possible in-home service options.</p>	<p>Current primary employment or day setting</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Individual supported employment</p> <p><input type="checkbox"/> Group supported employment</p> <p><input type="checkbox"/> Prevocational services</p> <p><input type="checkbox"/> Non-center based day support</p> <p><input type="checkbox"/> Center-based day support</p> <p><input checked="" type="checkbox"/> Other: Steve has his own dog walking business.</p> <p>Individual and/or substitute decision maker has been informed of most integrated options? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any resources or modifications needed to obtain more integrated settings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, describe how these will be addressed:</p>
<p>Supports or resources are needed to any achieve desired outcomes, but are not available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, enter date referred to CRC: 3/15/15</p>	

WHAT IS A PLANNING PARTNER?

A planning partner is an informal role to support individuals with disabilities and seniors with planning and directing their services and supports.

A planning partner can be a family member, a friend or a professional.

What's expected of a Planning Partner?

Serve as the individual's champion, with knowledge of his or her hopes, dreams and desired lifestyle. Support him or her with planning and progress towards achieving personal goals.

Support the person to write his/her own Profile.

Support the person to share his/her personal description and plan with other people.

Assist the person with selecting a date, time, and location of meetings. Support the person's desired meeting format. (i.e. - formal, cookout, social with light refreshments, eating at restaurant, party ...).

Discuss with the person who s/he wants at the meeting, help with invitations and follow up to ensure guests will attend.

Discuss and write a list of what topics may or may not be discussed openly at a meeting.

Discuss what role (lead, organizer, social, refreshments and participant only) the person wants to take at the meeting and support him/her in that role.

Support the person to keep the focus of the meeting on his/her desired outcomes and away from what the system can or cannot provide.

Ensure that everyone is fully listening to the person at all times.

Questions?

Please speak with your agency contact.

Example from Harrisonburg-Rockingham CSB

- 1) Work and Alternates to Work: Talk about how meaningful, competitive employment could be supported first (focus on days; evenings; weekends; preferred type of work, preferred employers, preferred ways to spend time in meaningful employment or other activities).

Work and Alternates to Work		
What's Working Now (needs to stay the same)	What's Not Working (needs to change or be improved)	What's important TO me
<p><i>In this section record the individual's strengths and what resources are available to him or her.</i></p> <p>Bill has a strong motivation to work and to make money, He has some good work skills and is able to do most jobs with enough training and instruction, He's currently receiving ID Waiver Supported Employment services with Choice Group</p> <p><i>This is what's going well for Bill and what he can build on. We identified SE waiver services as something to stay the same, because this is something that he continues to need right now.</i></p>	<p><i>In this section record things the individual needs support with that are preventing them from getting what is important to them. If the individual is doing exactly what they want without any paid support, we could record "no changes identified."</i></p> <p><i>If the individual is receiving supports, in Bill's case SE supports, record what we are identifying that needs to be improved:</i></p> <p>Bill often spends too much time in the break room and has to be reminded to get back to work after lunch. Bill has to frequently be reminded to remain on task. Bill has trouble communicating with his supervisor if he needs time off, or if he has any issues that he needs to address.</p> <p><i>If Bill were not getting any SE services, we could use this section to identify that he needs them.</i></p>	<p><i>What is it about work that is important to Bill?</i></p> <p>Bill says the he wants to make more money</p> <p>Bill takes pride in telling people that he works.</p> <p><i>We'll be thinking about this information at the meeting when we develop outcomes with Bill and his team.</i></p>
What others need to know and do to support me (important FOR)		
<p><i>In this section, the group discusses what would be important for someone to know about Bill in order to best assist him in getting what is important to him. Think about if you were "explaining" Bill to someone who doesn't know him at all. What would you want to make sure they knew?</i></p> <p>Bill will sometimes go into the bathroom at work for lengthy periods of time. He usually does not need to use the restroom, but uses the time for a break. This is not a concern with his employer at this time. Bill does not like to go to work if there is any chance of snow, because he gets nervous he will not be able to get home. Reassure him when snowy weather starts by explaining conditions for closing early so he can get home. Bill is very friendly with everyone at work, including customers. He sometimes does not pick up on social cues that others would like to be left alone. It's helpful just say "Bill it seems like _____ would like to get on with their day now." Bill's favorite activity at work is sweeping. He will always be willing to sweep if there's no other work.</p>		

**What's important TO me about
work**

A large, empty rectangular box with a thick black border, intended for the user to write their response to the question above.

What's important TO me

Talking to others about his day,
Having regular contact with his
mother and dog Bentley,
Being around dogs,
Looking nice and wearing cool
clothes,
Learning to cook,
Being organized,
Going to concerts and sporting
events,
Having his own business and
making more money,
Living at Riverdale Dr.

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- 1) Gentle touch due to osteoporosis.
- 2) Pureed diet due to dysphagia
- 3) Support due to seizures
- 4) Repositioning to prevent skin breakdown
- 5) G-tube care and use

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**What's important TO me (if I had
Mary's support needs)**

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What's important TO me?

Seeing my mother more often,
Having fewer roommates,
Trying new things,
Meeting new people,
Spending time outdoors,
Having plenty of beverages (ice tea or water),
Choosing foods she likes,
Not choking on foods or beverages,
Having rest after seizures,
Having smooth, healthy skin (fragrant lotions),
Music,
Having a calm atmosphere,
Money and shopping,
Gentle touch and no more broken bones,
For people to understand what she wants,
Explain before touching her.

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DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want/need supports when...	By when?	Who's going to support me?
	[Describe what will be seen or how natural supports could resolve the outcome]	[Enter a target date for reaching the outcome]	[List who will assist with this outcome]

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Work & Alternates*

DESIRED OUTCOMES <i>(Number and Statement)</i>

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Work & Alternates*

DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want/need supports when...	By when?	Who's going to support me?

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What's important TO me?
Having plenty of beverages (ice tea or water), Choosing foods she likes, Not choking on foods or beverages, Having rest after seizures, Having smooth, healthy skin (fragrant lotions), Having a calm atmosphere, Gentle touch and no more broken bones, Explain before touching her.

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Active Medical Need	Outcome
Gentle touch due to osteoporosis.	
Pureed diet due to dysphagia.	
Support due to seizures.	
Preventing skin breakdown.	
G-tube care and use.	

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Steve is not tired all the time due to diabetes.

Steve has his own business and makes more money.

Steve has more friends.

Steve explores different ways to enjoy music.

Steve is organized.

Steve is healthy, safe and a valued member of his community.

Steve has something to do when plans are cancelled.

Steve's outcomes are achieved.

PC ISP Outcome Worksheet

Reason for Outcome (Part I: Essential Information and/or Part II: Personal Profile)		
<input type="checkbox"/> Important TO:	<input type="checkbox"/> Important FOR:	
Outcome (Part III: Shared Planning)		
#	Enter Name	Important TO (Describe what is really important TO the person)
By when (enter the date outcome is expected to be achieved)		
Mark the profile areas that apply:		
<input type="checkbox"/> Work & Alternates	<input type="checkbox"/> Relationships	<input type="checkbox"/> Money
<input type="checkbox"/> Learning & Other pursuits	<input type="checkbox"/> Home	<input type="checkbox"/> Health & Safety
<input type="checkbox"/> Community & Interests	<input type="checkbox"/> Transportation & Travel	
Support Activities (for above Outcome, per service, noted in each Part V, Plan for Supports)		
Who	Will be doing what <u>(includes action verb and noun)</u>	By when/ how often
Supports are no longer wanted/needed when...		

Part IV. Agreements

Instructions: Part IV: Agreements is an evaluation of the annual planning meeting. It contains individual and team questions, as well as a signature page that is signed by all present at the meeting. Answer all questions and record any plans to address or resolve objections. This is also a place to record any inability to meet a request and the related team decision. If a service, support or resource is unavailable to achieve an outcome, the Support Coordinator contacts the Regional Community Resource Consultant to discuss.

Individual - Does my plan match...?

what makes me happy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	what I need to be safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
my dreams?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	how I contribute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
being with people that I like?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	new things I want to learn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
where & how I want to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	my work dreams?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
things I like to do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	the support that I need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
how I want to travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	people who support me?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
how I want to handle my money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	how I describe a good life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have had the opportunity to plan for personal topics apart from the full team.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was supported to direct and participate in my planning process as described in My Planning Preferences in Part II. If no, explain below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is "no" to any of these questions, go back to that part of the profile and consider again. Please describe the reason for any questions above remaining "no" at the end of the meeting and any plan to resolve.

Team

Does any team member have an objection to any outcomes in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any restrictions that require review or agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I need financial planning or benefits counseling in order to maintain or maximize resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any IMPORTANT TO or IMPORTANT FOR information elsewhere (such as in the SIS or PCT TOOLS) that are not addressed in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe the reason for any questions above being marked "yes" and any plan to resolve.

Supports or resources needed to achieve desired outcomes are not available: Yes No

Note: If yes, the Support Coordinator may contact the Community Resource Consultant to discuss.

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Part V. Plan for Supports

Provider: _____ Service: _____

Describe support instructions and preferences that occur consistently across activities and settings.
*[These instructions apply whenever support is provided and do not require duplication in the activities section of the Plan for Supports. These support instructions impact the duration of activities and describe how the person learns best. For example, **Mary uses a communication board to share her preferences throughout the day. Make sure she brings it along when leaving home and place it on her lap when asking questions.**]*

This ISP belongs to: _____ ID# _____ ISP Start: _____ End: _____ Revision: _____

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Outcomes and Activities

DESIRED OUTCOME	[Enter the desired outcome number and statement from the Shared Plan or later revision]		
I no longer want/need supports when...	[Describe the achievement or natural supports needed to finish with this outcome from the Shared Plan or later revision]		
Support Activities (action steps)	I no longer want/need supports when...	Support Instructions (Describe the steps, what's needed for this person to be successful and how they participate with each support activity.)	How often?
[Enter a support activity using an action verb; always begin with the person's name.] Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	[Describe what will be seen or how natural supports could resolve the activity]	- [Enter the support instructions that relate to this activity]	[Enter the frequency for this activity]
[Enter a support activity using an action verb; always begin with the person's name.] Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	[Describe what will be seen or how natural supports could resolve the activity]	- [Enter the support instructions that relate to this activity]	[Enter the frequency for this activity]
[Enter a support activity using an action verb; always begin with the person's name.] Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	[Describe what will be seen or how natural supports could resolve the activity]	- [Enter the support instructions that relate to this activity]	[Enter the frequency for this activity]

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Steve eats dinner with his friends.

Write 3 activities that support this outcome.

_____.
Name action verb activity

_____.
Name action verb activity

_____.
Name action verb activity

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Work & Alternates*

DESIRED OUTCOMES <i>(Number and Statement)</i>
1. Steve has his own business and makes more money.

Support Activities (action steps)	I no longer need this activity when...
Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Work and Alternates to Work		
What's Working Now (needs to stay the same)	What's Not Working (needs to change or be improved)	What's important TO me
<p>Shopping at the mall every week even when she doesn't make a purchase.</p> <p>Going to the spa each month.</p> <p>Using red nail polish.</p> <p>Going to any party or small local event or festival.</p>	<p>Staying too long in loud, crowded areas.</p> <p>Going to the mall on Saturday because it's too crowded.</p> <p>Wearing jeans.</p>	<p>Mary loves to meet new people. She likes looking pretty.</p>
What others need to know and do to support me (important FOR)		
<p>Take Mary to Z-Spa every month where she enjoys getting her nails and hair done. She loves shopping for clothes at the mall and likes flowered dresses and handbags. She needs physical support trying things on and raises her right arm herself for trying on shirts and dresses. She likes being social, but will look down and close her eyes if she is uncomfortable. When she does this, ask her if she would like to "take a break." She will nod if she wants to leave for a few minutes. Always remember her red pocket book when leaving home.</p>		

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Work & Alternates*

DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want/need supports when...	By when?	Who's going to support me?

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Support Activities (action steps)	I no longer want/need supports when...
Skill-building: <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	
Skill-building: <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	
Skill-building: <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	

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Support Instructions (Describe the steps, what's needed for this person to be successful and how they participate with each support activity.)	How often?
1.	
2.	
3.	

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General Schedule of Supports

Provider: ABC Residential Service: Residential

Instructions: The **General Schedule of Supports** is a general blueprint of activities and supports, based on the person's preferences and routine. The authorized support time allotted to each group of activities is included in the **authorized hours and totals sections**. The **General Schedule of Supports** can be developed in various ways, but must include: support activities and outcome numbers, timeframes for activities, as well as authorized totals.

	Outcomes	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning	2, 3, 4	7am-10am Morning routine Preparing coffee Packing lunch	7am-10pm Morning routine Preparing coffee Packing lunch	7am-10pm Morning routine Preparing coffee Packing lunch	7am-12pm Morning routine Preparing coffee Packing lunch	7am-12pm Morning routine Preparing coffee Packing lunch	8am-12pm Morning routine Making breakfast Buying coffee at Coffee Hut	8am-12pm Morning routine Preparing coffee Making breakfast
	Authorized	2	2	2	2	2	4	4
	afternoon	1, 2, 7, 8, 9	10pm-4pm Supported Employment (dog walking)	10pm-4pm Supported Employment (dog walking)	10pm-4pm Volunteering (Meals on wheels)	12pm-4pm At day support	12pm-4pm At day support (Habitat for Humanity)	12pm-4pm Clothes shopping Going to a local event
Authorized		0	0	4	0	0	4	4
evening		2, 6, 10	4pm-10pm House cleaning Cooking dinner Discussing the day Evening routine	4pm-10pm Cooking dinner Discussing the day Evening routine	4pm-10pm Room organizing Cooking dinner Discussing the day Evening routine	4pm-10pm Grocery shopping Cooking dinner WFA on TV Evening routine	4pm-10pm Watching TV Cooking dinner Discussing the day Evening routine	4pm-10pm Dining out Discussing the day Evening routine
	Authorized	4	4	5	3	3	5	5
	overnight	10	10pm-7am Behavioral support	10pm-7am Behavioral support	10pm-7am Behavioral support	10pm-7am Behavioral support	10pm-7am Behavioral support	10pm-8am Behavioral support
Authorized		2	2	2	2	2	2	2
Authorized Totals		8	8	13	7	7	15	15
Comments:	Steve sometimes prefers grocery shopping on Fridays. Medications are part of his morning and evening routines.							
Authorized hours/ blocks per week:	73			Authorized periodic support hours per week:			10	

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Steve's checklist is based on his schedule

Support Checklist for S			
Month: <u>January</u>		Year: <u>2015</u>	
Supports	when	1	2
Initials indicate			
Morning			
2. Morning routine	daily		
3. Preparing coffee	M-F; Sun		
3. Buying coffee	Sat		
4. Packing lunch	M-F		
4. Making breakfast	S-S		
Afternoon			
1. Meals on Wheels	Wed		
2. Lunch with friends	Sun		
7. Clothes shopping	Sat		
8. Local event	Sat		
9. Visiting family.	Sun		
Evening			
2. Preparing dinner	daily		
2. Grocery shopping	Thur		
6. House cleaning	Mon		
6. Room organizing	Wed		
10. Discussing day's events	daily		
2. Evening routine	daily		
Overnight			
10. behavioral supports	PRN		

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Name: Jim XXXX Medicaid No: XXXXXXXXXXXXX		Periodic Supports Checklist				
Outcome(s) addressed						
#12 Jim chooses a preferred activity when plans are cancelled.						
Date	Reason for use	Periodic Support Activities (See the PC ISP Part V: Plan for Supports for support instructions.)	Time		Total hours	Initials
			FROM	TO		
10-2-12	Day Support cancelled	Going shopping (Outcome #3) Cooking Lunch (Outcome #5)	9:00am	2:30pm	5.5	DJ
10-8-12	Holiday – Day Support cancelled ½ day	Cooking Lunch (Outcome #5) Meeting new people (Outcome #9)	12:00pm	2:30pm	2.5	DJ
10-17-12	Family dinner cancelled	Ordering healthy meals (Outcome #8)	6:00pm	8:00pm	2	DJ
DSP/Supporters Printed Name		Initials	Date	A signature page must be kept on site or in each record to correspond with all initials provided.		
Dina Jacobs		DJ	10-2-12			
Support Log (In addition to a monthly summary of all periodic supports, note any unusual circumstances and related support.)						
<p>October 2012 Monthly Summary: Periodic supports were used on three occasions this month. On 10-2-12, day support was cancelled due to a power outage at the center, which was resolved the next day. On the 2nd, Jim chose to go shopping for race car models at the mall. He made his own purchases and bought a red Mustang model that he found on clearance at Model Mart. He came back and helped cook lunch. He made a salad with grilled chicken and was in a good mood all day. On 10-8-12, the day support closed for ½ day due to the holiday. Jim came home upset, but was pleased with the idea to make homemade pizza.</p>						

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Name: Jim XXXX Medicaid No: XXXXXXXXXXXXX						Safety Supports Checklist									
Outcome(s) addressed															
#9 Jim is a healthy, safe and valued member of his community; #11 Jim talks about his day in order to feel comfortable and not leave home; #12 Jim does not get hurt during seizures and has needed rest afterwards.															
Day/Month/Year →	1/3/11		1/4/11		1/5/11		1/6/11		1/7/11		1/8/11		1/9/11		
Safety Support Activities (See the PC ISP Part V: Plan for Supports for support instructions.)	Initials	hours	Initials	hours	Initials	hours	Initials	hours	Initials	hours	Initials	hours	Initials	hours	
9. Assistance w/ restroom-cleaning/ changing self	JSW	1	JSW	1	spk	1	spk	2	spk	1	spk	1	JSW	1	
11. Behavioral supports related to leaving home	JSW	0.5	JSW	2	spk	0	spk	0	spk	0	spk	0.5	JSW	0	
12. Supports with seizures	JSW	0.5	JSW	0	spk	0	spk	0.5	spk	2	spk	0	JSW	0	
Total hours →		2		3		1		3		3		2		1	
DSP/Supporters Printed Name	Initials		Date		A signature page must be kept on site or in each record to correspond with all initials provided.										
Jen S. Waters	JSW		12/30/10												
Susan P. Kaper	spk		12/28/10												
Support Log (In addition to a weekly summary of all safety supports, note any unusual circumstances and related support.)															
1/4/11 - 1:30am to 3:30am - Jim was up more frequently tonight stating that he wanted to go home to see his mother. He went to the end of the driveway three times and agreed to come back in to sit down and talk. It helped to support him with making some warm milk and he said that was something his mother always did when he couldn't sleep. We discussed the fact that his mother lived too far away to walk and he was agreeable to give her a call tomorrow. <i>Jen Waters 1/5/11</i>															
1/6/11 - 12:15am to 2:15am - Jim needed more support tonight with going to the restroom. He said he didn't feel well and stood in the bathroom saying he was going to "be sick," but did not show any signs of illness. In the morning, we contacted his doctor who said that we should watch him today and call back with any signs of illness. <i>Susan Kaper 1/8/11</i>															
1/7/11 - 12:15am to 3:15am - Jim was up frequently tonight and had multiple seizures. He experienced three seizures between 12:15am and 3:15am. Valium was provided per directions and the on call doctor was notified following the second seizure at 3am per the support instructions. Following doctors orders, an afternoon appointment was scheduled to provide time for Jim to rest in the morning. The appointment is at the office on Main St. at 2:45pm. Jim's mother was contacted first thing in the morning; she said that she will meet Jim at the doctor's office this afternoon. <i>Susan Kaper 1/8/11</i>															

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Skill-building Log for Steve				
Outcome	Steve has his own business and makes more money.			
Support Activity	Steve budgets his money.			
Date and Signature	What did the person do to practice the skill? (What, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	List what you saw that shows the person is learning and what you did to help.	List what the person liked and what might need to change.
March 5, 2015 <i>Melody Jones</i>	Steve practiced using the computer to budget his money with Melody. This took 45 minutes to complete.	Steve and Melody (DSP)	<p>When I asked Steve how much he wanted to put into this savings, he responded that he wanted to deposit \$20 without any discussion needed today.</p> <p>He was able to power on the computer with my reminding him where the correct button was located.</p> <p>He needed me to verbally talk him through using the computer program to record the \$20.</p>	<p>Steve likes when I tell him we are proud of him for choosing to save his money.</p> <p>He likes using the computer and learning more about how to use this to deposit his money but remembering the steps of using the computer are a challenge for him.</p> <p>We will need to have patience with him as he continues to learn this.</p> <p>We may need to talk with his team about finding a less complex software program.</p>

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Skill-building Log for <u>Mary</u>				
Outcome	Mary looks pretty.			
Support Activity	Mary chooses her favorite clothing items.			
Date and Signature	What did the person do to practice the skill? (What, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	List what you saw that shows the person is learning and what you did to help.	List what the person liked and what might need to change.
March 5, 2015 <i>Melody Jones</i>	I accompanied Mary to the mall to look for the new clothes that she has been saving for. This took two hours to complete.	Mary and Melody (DSP)	<p>When I asked Mary if she was ready to go shopping she nodded indicating that she did.</p> <p>I asked her where she wanted to go today and gave her several options. When I asked about the mall Mary clapped her hands indicating the preference.</p> <p>We drove to the mall safely. At the mall Mary would roll her head side to side when I would show her a dress that she did not care for and would move her head up and down when it was one she liked.</p> <p>Out of 3 dresses that Mary looked at, she settled on one for this shopping trip.</p> <p>Mary held the bag with her new dress in her lap for the remainder of the trip.</p>	<p>Mary enjoyed going out to the store for her new dress. This was seen by her clapping of her hands and her watching people while at the mall.</p> <p>Mary is easily distracted by people watching when shopping, so we need to remember to be patient and gently remind Mary that she is shopping.</p>

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Person-Centered Review

<p>Instructions: Include the full outcome as reflected on the shared plan or in a previous update in first column. Include the start and status for each outcome in column 2. Evaluate each outcome in the last two columns.</p>	<p>Describe progress toward each outcome (Based upon the Plan for Supports: Support Activities and Instructions, activity data and target dates).</p>		
DESIRED OUTCOMES <i>Number and Statement</i>	Start date/status of outcome:	Describe what has been tried and learned since the last review. What are you pleased about and concerned about?	Describe what will be changed or improved and what will stay the same.
[Enter Outcome Number and Statement]	Start date: <input type="checkbox"/> Met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met <input type="checkbox"/> Ended	[Enter tried, learned, pleased and concerned]	[Enter what is changing, improving and staying the same]
[Enter Outcome Number and Statement]	Start date <input type="checkbox"/> Met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met <input type="checkbox"/> Ended	[Enter tried, learned, pleased and concerned]	[Enter what is changing, improving and staying the same]
[Enter Outcome Number and Statement]	Start date: <input type="checkbox"/> Met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met <input type="checkbox"/> Ended	[Enter tried, learned, pleased and concerned]	[Enter what is changing, improving and staying the same]
Please describe any significant events not reported above:			
Please describe any additional medical information including medical appointments, medication changes, physical complaints, health issues, safety restrictions, or other risks and how these will be addressed:			
Has informed consent been obtained for the use of currently prescribed psychotropic medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Please explain the reasons, in detail, this person continues to need high intensity supports (Day Support or Pre-vocational) and/or overnight safety supports (Residential) as indicated in the Plan for Supports, if applicable:			
Describe the individual's satisfaction with supports:			
Will this be followed by a service authorization request in IDOLS to reflect changes in support hours? <input type="checkbox"/> Yes, because hours are changing <input type="checkbox"/> Not needed: no change in support hours			
Outcome and activity changes are included in the Part V: Plan for Supports.			

Individual: _____ Date: _____

Substitute decision maker: _____ Date: _____

Provider: _____ Date: _____