

Virginia Waiver Management System (WaMS)

demo(On behalf of: Lewis, Teri, Provider ISP Approver)

Person: **Mary Mallon** Age: 34 ID: 1039424AM318121 DOB: 10/23/1984

Part V: Plan for Supports - Summary

Status: Complete

Instructions

We encourage the use of the Form Notes module to communicate reasons for the requested changes to the Support Coordinator. If an Outcome is changed or added, the Support Coordinator will have a chance to review these changes and make edits as needed, but making them aware of the changes might speed up the approval process.

Service and Outcomes

Effective Date 11/01/2020
 Provider Engaging Avalon
 Service* Community Engagement(T2021)
 Comment

Desired Outcome*

Mary has activities that match her interests in order to identify skills or interests that could be transferred to a job skill/task.

Life Area* Employment

Key steps and services to get there:*

Expand community presence by discovering preferred locations (CE, GH), explore volunteer opportunities (CE), develop personal care plan for community settings (SN, CE, GH), explore AT/DME for overcoming barriers to accessing the community (SN, CE, SC), explore new activities to learn new interests (GH).

Start Date 11/01/2020

End Date 05/31/2021

Support Activities	I no longer want/need supports when...	What to record	Skill building	How often	By when
Visit new locations, dog therapy classes, personal care, remove barriers to community and interacting with the community			Yes		05/31/2021

Desired Outcome*

Mary is understood.

Life Area* Meaningful Day

Key steps and services to get there:*

Link with SLP (SC), obtain AT recommended by SLP (SC), work with SLP to implement device into Mary's daily routine

(GH, CE, SN), provide opportunities for choices and decision making throughout the day (GH, CE).

Start Date 11/01/2020

End Date 05/31/2021

Support Activities	I no longer want/need supports when...	What to record	Skill building	How often	By when
Communicate choices			Yes		05/31/2021

Desired Outcome*

Mary is free from hospitalizations.

Life Area* Healthy Living

Key steps and services to get there:*

Develop transfer, seating and repositioning protocol (SN) Follow transfer, seating and repositioning protocols (GH, CE) develop pain protocol (SN), follow pain protocol (GH, CE), follow seizure protocol (SN, GH, CE), provide training and oversight (SN).

Start Date 11/01/2020

End Date 10/31/2021

Support Activities	I no longer want/need supports when...	What to record	Skill building	How often	By when
Seizure protocol, repositioning protocol, skin integrity			No		10/31/2021

Desired Outcome*

Mary is healthy, safe, and a valued member of her community.

Life Area* Healthy Living

Key steps and services to get there:*

Follow daily routines (GH), identify changes in status (CE, SN, GH), maintaining a healthy and safe home and community environment (GH, CE), receiving routine supports and assessments to keep Mary healthy and safe (GH, SN).

Start Date 11/01/2020

End Date 10/31/2021

Support Activities	I no longer want/need supports when...	What to record	Skill building	How often	By when
Routine supports, safety in the community			No		10/31/2021

General Schedule of Supports

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, time frames for activities, as well as authorized totals.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday							
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM				3:00 PM - 5:00 PM Rec Center Outcomes:1, 3,7,10			
4:00 PM							
5:00 PM					5:00 PM - 7:00 PM Community Outcomes:1, 3,7,10		
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0	0	2	2	0	0	0
Total Authorized Hours per Week: 4						

Signatures

Signer Type	Signature Type	Signature	Print Name	Relationship / Service	Date Signed	Organization Unit Name
Person	Written	No Signature Uploaded	Signature on File	Signature on File	10/07/2020	ENGAGING AVALON
Provider	Written	No Signature Uploaded	Signature on file	Signature on file	10/07/2020	ENGAGING AVALON
Substitute Decision Maker	Written	No Signature Uploaded	Signature on file	Signature on file	10/07/2020	ENGAGING AVALON

Safety Restrictions

As your provider, we have identified something you want to do that might create a risk. We need your input to develop a plan that supports you to have what you want in a safe way. We have determined that this restriction is necessary to achieve a therapeutic benefit, maintain a safe and orderly environment or to intervene in an emergency and that all possible less restrictive options have been tried. [12VAC35- 115-100].

I understand that I will not

This is necessary because

The outcomes in my plan related to this restriction include

The following is to be completed by a qualified professional.

Describe your assessment, to include all possible alternatives to the proposed restriction that take into account the individual's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently

Describe other less restrictive, positive approaches that have been attempted to meet safety needs based on the person's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently

Is this proposed restriction necessary for effective treatment of the individual or to protect him or others from personal harm, injury, or death

☒ Yes ☐ No

Describe how progress toward resolving the restriction(s) will be measured

Describe how often restriction(s) will be reviewed

Describe conditions for removal of restriction(s)

I understand that taking the actions listed can create a safety risk. I understand the reason for the restriction, the criteria for removal, and my right to a fair review of whether the restriction is permissible. When utilized, I understand that the proposed restriction will not cause harm and give my consent to participate.

Signer Type	Signature Type	Signature:	Print Name	Relationship / Service:	Date Signed:	Organization Unit Name
No data available						

Part V. Plan for Supports

Provider: Engaging Avalon Service: Community Engagement

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. Include a description of the need for high intensity services or overnight safety supports as applicable. 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.]

Mary loves fashion and music. She has a beautiful smile, is playful and laughs a lot. Mary enjoys spending time with people who are cheerful and kind. Mary lights up when she is around animals, especially dogs. Mary loves being outdoors and music.

Mary lives in a group home with three other women operated by Residential Services of Avalon. She uses a wheelchair for mobility and several pieces of adaptive equipment for hygiene and transfers. When Mary is not engaged in other activities some of Mary's favorite things to do are listening to music on her iPod, the radio or on the television, having books read to her and spending time outside, etc.

Mary requires significant support from her DSPs for personal care and to assure the maintenance of her health and safety. Mary has an active seizure disorder, is susceptible to skin breakdown, and utilizes a g-tube for the majority of her nutritional intake. All of her support staff must be trained on the various protocols Mary has in place to keep her healthy and safe before working independently with her.

Outcomes and Activities

<u>DESIRED OUTCOME</u>	Mary has activities that match her interests in order to identify skills or interests that could be transferred to a job skill/task.
Key steps and services to get there:	Expand community presence by discovering preferred locations (CE, GH), explore volunteer opportunities (CE), develop personal care plan for community settings (SN, CE, GH), explore AT/DME for overcoming barriers to accessing the community (SN, CE, SC), explore new activities to learn new interests (GH).

This ISP belongs to: Mary Mallon ID# 12345-6789-00-1 ISP Start: 10/1/20 End: 9/30/21 Revision: _____

Support Activities (action steps)	I no longer want/need supports when...	Support Instructions (Describe the steps, what's needed for the person to be successful and how they participate with each support activity.)	How often?
<p>Mary visits at least one new location a month over the next six months.</p> <p>Skill-building: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Mary has had six new experiences in six months to help discover new interests.</p>	<p>Due to Mary's extensive medical and personal care support needs, Mary has not had the opportunity to spend time in her community.</p> <ul style="list-style-type: none"> At least once a month, Mary is supported to visit a location that is new to her. A log of places Mary visits are kept in the front of her book. DSP places a star next to any location that has not been previously listed on the log. Prior to visiting a new location, DSP contacts the location to assure they are wheelchair accessible. DSP documents the location and Mary's response in a progress note. 	<p>Monthly</p>
<p>Mary joins and attends classes to train a dog as a therapy dog.</p> <p>Skill-building: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>The class ends.</p>	<p>Mary is known to light up when she is around animals, particularly dogs. Mary is scheduled to attend a class to learn to work with a therapy dog once a week so that once the class is finished, she and the dog can go to the hospital to visit the nurses and the nurses can pet the dog while visiting with Mary.</p> <ul style="list-style-type: none"> On Monday, EA DSP picks up Mary from her home at 1500. The therapy dog training class begins at 1530. Mary enjoys greeting familiar people. She requires lots of encouragement to be social the first few classes until she becomes familiar with her classmates. When Mary is uncomfortable, she sometimes may yell and put her hand in her mouth. Redirect her to someone she has already connected with (ideally with a smile) or to the animals and drying her hand as needed. The class is over at 1615. Take 15 minutes to walk around the rec center and help Mary introduce herself people she meets. As she becomes a regular attendee, she should become familiar with people who are there on a regular basis. Mary returns home at 1700. EA DSP reports any atypical occurrences or anything related to Mary's health and safety to her residential staff. 	<p>Weekly</p>

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		<ul style="list-style-type: none"> DSP documents Mary's participation and response in her progress notes. 	
<p>Mary interacts with people she meets in the community through smiles.</p> <p>Skill-building: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Mary responds to 5 greetings with a smile and/or clapping her hands.</p>	<p>Mary relies on her DSP to engage with her community and to have the community engage with her. DSP supports Mary to interact with others by introducing her to people she meets at new locations and reintroducing her to people she has already met at places she visits again. As she becomes a regular at preferred locations, she should start to recognize people and start to respond differently. DSP supports Mary to engage with new and familiar faces.</p> <ul style="list-style-type: none"> Document Mary's response when interacting with others in her progress notes. Document what supports Mary needed to engage with others and whether she needed to be redirected when interacting in her progress notes. Document what support you provided others to engage with Mary in her progress notes. <p>Skill builder: Did Mary respond to 5 people with a smile and/or clapping her hands? Complete Skillbuilder Checklist.</p>	<p>Twice a week</p>
<p>Mary learns how to interact with the therapy dog.</p> <p>Skill-building: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Mary keeps the dog on her lap for 30 minutes</p>	<p>Support Mary to follow the instructor's directions on how to hold the dog in her lap.</p> <ul style="list-style-type: none"> Document what supports Mary needed to engage with others and whether she needed to be redirected when interacting in her progress notes. Document what support you provided others to engage with Mary in her progress notes. <p>Skill Builder: Did Mary push the dog off her lap? Complete Skillbuilder Checklist.</p>	<p>Weekly</p>
<p>Mary's support team develops a plan for personal care when Mary is in the community.</p>	<p>A plan is developed.</p>	<p>At home Mary utilizes lifts and her bed to support her with personal care. These are not available to her in the community. Should Mary require hygiene supports while in the community, specifically as a result of a bowel movement, return home as there are not any clean, safe or dignified locations available to support Mary to have these needs met.</p>	<p>Weekly</p>

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Skill-building: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Until a plan and/or DME/AT items can be identified to overcome these barriers, Mary should not travel more than 20 minutes from home during her time with EA.	
Barriers are removed that keep Mary from spending extended amounts of time in the community. Skill-building: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mary can safely spend more than two hours in the community at a time.	There are still barriers that cannot be addressed with protocols including supporting Mary with personal hygiene care in the community. Mary's community engagement staff and support coordinator are committed to linking her with professionals that can identify tools for Mary to be able to spend more than two hour at a time in the community. <ul style="list-style-type: none"> Mary's DSP follows-up at least monthly to obtain updates. Document progress towards plan development along with who was contacted in her progress notes. 	Monthly

DESIRED OUTCOME		Mary is understood.	
Key steps and services to get there:		Link with SLP (SC), obtain AT recommended by SLP (SC), work with SLP to implement device into Mary's daily routine (GH, CE, SN), provide opportunities for choices and decision making throughout the day (GH, CE).	
Support Activities (action steps)	I no longer want/need supports when...	Support Instructions (Describe the steps, what's needed for ther person to be successful and how they participate with each support activity.	How often?
Mary uses smiles, her eyes and clapping to communicate her choices. Skill-building: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mary uses smiles, her eyes and clapping to communicate her choices three times a day.	Mary is a woman who knows what she wants. She communicates by smiling and clapping her hands when she is pleased. She lets you know she is dissatisfied by turning her head and putting her hand in her mouth. Mary is known to put her hand in her mouth when her wheelchair is moved prior to someone informing her that she will be moved. DSP must inform Mary that they plan to move her prior to pushing her in her wheelchair. When you see Mary put her hand in her mouth, talk with her to identify what she is communicating and support her to dry her hand. Mary is planning to work with a speech and language specialist to obtain a communication device to help her better express herself. Mary is working with a speech and language pathologist to identify an augmentative communication device that will support her to enhance her communication with those around her. Until this device arrives, Mary is offered choices through the day of two options and DSP observes Mary's	Twice a Week

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		<p>response for a smile, clapping ,or if she looks at one of the choices being held up.</p> <ul style="list-style-type: none"> Document how Mary's preferences were known in her progress notes. <p>Skill Builder: Did Mary make a choice using her eyes, clapping her hands or with a smile? Complete Skillbuilder Checklist.</p>	
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<u>DESIRED OUTCOME</u>		Mary is free from hospitalizations.	
Key steps and services to get there:		Develop transfer, seating and repositioning protocol (SN) Follow transfer, seating and repositioning protocols (GH, CE) develop pain protocol (SN), follow pain protocol (GH, CE), follow seizure protocol (SN, GH, CE), provide training and oversight (SN).	
Support Activities (action steps)	I no longer want/need supports when...	Support Instructions (Describe the steps, what's needed for the person to be successful and how they participate with each support activity.	How often?
<p>Mary's seizure protocols are followed.</p> <p>Skill-building: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	Mary is seizure free and her physician has removed her seizure protocols.	<p>During each trip with EA, Mary is closely monitored for signs or symptoms that might show a change in status per the training received by the RN. Written protocols as well as a seizure log are kept on hand in the community with the DSP. Mary has an RN who has trained Mary's DSPs on how to follow these protocols while she is attending Community Engagement.</p> <ul style="list-style-type: none"> Complete seizure log if a seizure occurred and document any contacts that were made as a result of the seizure in her progress notes along with any other information pertinent to the seizure. Mary often requires rest after a seizure and may be most comfortable returning home after a seizure. 	Twice a week
Mary is assisted with repositioning and receives support with personal care and skin integrity monitoring for prevention of irritation or infection.	Mary's physician has removed orders for skin integrity protocols.	<p>Mary has physician's orders and a protocol developed by her RN to be repositioned every 30 minutes.</p> <ul style="list-style-type: none"> DSP supports Mary to be repositioned upon arrival to the first location by following the repositioning protocol and then again every 30 minutes after per physician's orders and written protocol. DSP talks to Mary and let her know they are going to touch her 	Twice a week

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Skill-building: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		and move her before touching her. <ul style="list-style-type: none"> Each DSP is trained on this protocol. Initial reposition log. Once Mary is repositioned, DSP follows the pain protocol. Document Mary's response to the supports, observation of any skin abnormalities, and contacts made in her progress notes. Mary's skin must remain dry. DSP assists her with keeping her hands and face dry.	
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<u>DESIRED OUTCOME</u>		Mary is healthy, safe, and a valued member of her community	
Key steps and services to get there:		Follow daily routines (GH), identify changes in status (CE, SN, GH), maintaining a healthy and safe home and community environment (GH, CE), receiving routine supports and assessments to keep Mary healthy and safe (GH, SN).	
Support Activities (action steps)	I no longer want/need supports when...	Support Instructions (Describe the steps, what's needed for the person to be successful and how they participate with each support activity.)	How often?
Mary is monitored for routine supports including health, safety and changes in status. Skill-building: Yes X No	This support will continue throughout the length of this service.	Mary has a number of exceptional medical support needs and accompanying protocols. Each of Mary's DSPs have received training with Mary's RN on protocols regarding Mary's seizure d/o, skin integrity, pain protocol, repositioning and general healthcare for Mary. <ul style="list-style-type: none"> During CE hours, Mary does not receive food by mouth, nutrition via her g-tube, medication, or ROM. As Mary does eat enjoy eating, DSP takes great efforts to avoid activities that include eating so that Mary is not left out. If DSP notices any changes in Mary's skin integrity or change in status, DSP should notify Residential Services of Avalon, and document who was notified and the information exchanged. Document any information pertinent to her health and safety in her progress notes. 	Twice a week
Mary safely accesses her community. Skill-building: Yes X No	Mary receives transportation and safety supports each day while in the community.	Mary requires extra support in order to be able to safely access her community. <ul style="list-style-type: none"> Due to Mary's exceptional support needs, Mary should join a group whose ratio will consist of 2:3, 2:2, or 1:1. Document the ratio of the group in her progress notes. 	Twice a week

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		<ul style="list-style-type: none"> EA has a wheelchair accessible van with a 5-point Q-hook system that supports Mary to safely access the community. 	
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Outcome changes included in the Plan for Supports revision (additions or deletions): N/A

Outcome number:	Desired outcome: Outcome formula: [Name] [important TO]	I no longer want/need supports when...	Start date for additions <i>or</i> end date for deletions:	Describe what others need to know and do to support (important FOR):
<i>[Enter Outcome #]</i>	<i>[Enter the Desired Outcome statement]</i>	<i>[Describe what will be seen or how natural supports could resolve the activity]</i>	<i>[Enter start or end date]</i>	<i>[Describe what others need to know or do to support me (important FOR)]</i>
<i>[Enter Outcome #]</i>	<i>[Enter the Desired Outcome statement]</i>	<i>[Describe what will be seen or how natural supports could resolve the activity]</i>	<i>[Enter start or end date]</i>	<i>[Describe what others need to know or do to support me (important FOR)]</i>
<i>[Enter Outcome #]</i>	<i>[Enter the Desired Outcome statement]</i>	<i>[Describe what will be seen or how natural supports could resolve the activity]</i>	<i>[Enter start or end date]</i>	<i>[Describe what others need to know or do to support me (important FOR)]</i>

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Signatures:

Individual: _____ *Mary's mark as witnessed by Dee Reynolds 9/12/20* Date: 9/12/20

Substitute Decision Maker: Peach Mallon Date: 9/12/20

Provider: Dee Reynolds, DSP Date: 9/12/20

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