

Instructions for the Part V Plan for Supports Template

Part V Plan for Supports Template:

Back-up plan: Only required for Companion (AD & CD), In-home supports, Personal Assistance (AD & CD), Respite (AD & CD), Shared Living services. Detail the back-up plan in the event paid staff are unable to provide supports. If not applicable, leave blank or enter, “N/A.”

Describe support instructions and preferences that occur consistently across activities and settings: This section should only contain support instructions related to supports that occur consistently throughout the day for a person or personal preferences that do not otherwise relate to a support activity. For example – use of a communication device, mobility aid, and/or a preference to carry a backpack with personal items in it.

Desired Outcome/ Life Area/ Key Steps and Services to get there: Should be copied and pasted or retyped from the Part III Shared Plan verbatim.

Activity Statement: Use the formula below to outline what support activities related to each key step that staff will be supporting to reach the achievement stated in the desired outcome. Refer to the DD Waiver Regulations and Chapter IV of the DD Waiver manual for allowable activities for your service.

Support Activity Formula: [Person’s Name] verb [what/when/where.]

-Ex. Tom uses weights at the gym.

I no longer want or need supports when...: For each Support Activity, the measure by which progress will be assessed is defined in the completion of this statement. Use one of the formulas below determined by the type of support activity to complete the “I no longer want or need supports when...” statement to make the Support Activity measurable.

Routine: Activity Formula + how often.

-Ex. Tom uses weights at the gym. I no longer want or need supports when Tom uses weights at the gym two days a week.

Skill Building: [Person’s Name] **countable achievement** how often and how long.

-Ex. Tom uses weights at the gym. I no longer want or need supports when Tom does **seven types of weight exercises** a week for 1 month.

Health/Safety/Risk: Describe conditions for removal including professional decisions as necessary.

-Ex. Tom checks his blood pressure before and after each workout. I no longer want or need supports when Tom’s physician removes the need for high blood pressure support.

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What to Record: What staff should record based on the type of support activity. (For documentation requirements refer to 12VAC30-122-120: <https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section120/>)

Routine: Occurrences of the activity are documented. **Ex.** *Did Tom use weights at the gym? Yes or no.*

Skill Building: Skill development is documented. **Ex.** *How many types of weight exercises did Tom do at the gym?*

Health/Safety/Risk: Documented per episode/ occurrence and/or per clinical requirements. **Ex.** *What was Tom's blood pressure before and after his workout?*

Skill Building: Choose yes or no, then indicate the specific skill being built. The skill should not be broad such as, "cooking," but more specific such as, "boiling water," "combining ingredients," or "using the microwave."

How often: At what frequency the person will be supported with this activity.

By when: Anticipated end date of the support activity. May be long term (several years), short term (several months), or end of the plan year, depending on the person's desires and preferences.

How to Support: This is where you will enter your Support Instructions for the Support Activity. Support Instructions detail the observable actions the Direct Support Professional (DSP) is taking in order to support the person in each particular Support Activity so that the individual receives the right amount and type of support in a consistent way by all who support them. Support Instructions for Skill Building Support Activities must clearly identify the skill and how the DSPs will support the person to attain the skill. Support Instructions must be unique to each person, based on their own preferences, abilities, and participation in the activity in the manner the person wants and in the way it works best for that person.

Support Instructions should include:

- How DSPs will support this person.
- What the individual can or likes to do.
- Type of support needed in detail.
- What is needed for success.
- Where and what learning is recorded.

-Ex: John prefers to clean his own place at the table after a meal. Staff need to clear the dishes for him then place a damp cleaning cloth on the table in front of John. No cleaning supplies should be used because John has sensitive skin. John may wait up to 30 seconds before he places his hand on the cloth and begins wiping. Give him that time before reminding him it's time to start cleaning his place at the table.

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When he stops wiping, wait 10 seconds before reminding him to look for places he missed if he missed any. When he completely wipes his place at the table, let him know he did a good job. Disinfect the table after John leaves. Record supports provided, his response to supports, and how many reminders you gave before he completely cleaned his place at the table in his activity checklist and progress note.

Add lines for each separate outcome and support activity as necessary. Do not forget to identify the specific skill being worked on for each Skill Building Support Activity. Signatures of the individual, their Substitute Decision Maker, if applicable, and the person who wrote the plan are required.

For more information about how to complete the Part V Plan for Supports:

Developing the Part V Plan for Supports Training in COVLC: Sign up on the Commonwealth of Virginia Learning Center

<https://covlc.virginia.gov/> as a DBHDS External Entity:

<https://dbhds.virginia.gov/library/developmental%20services/dbhds%20external%20entities%20domain%20guide.pdf> Once you have logged in, you can access the training by searching keywords, “Part V,” “Plan,” or “PFS.”

ISP Guidance Document: <https://townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6379>