#### Blended Part V. Plan for Supports

**Instructions:**

This template has been created to assist providers who are using the modified approach to WaMS Part V entry. Type-over guidance has been provided to assist with meeting the standards communicated in the June 2021 ISP Guidance document posted on Virginia Town Hall at <https://townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6379> Using this template is optional and does not guarantee success with regulatory reviews, but following the guidance supports plan development in line with DBHDS expectations.

This template does not replace the use of WaMS. Providers will continue to enter the Part V in WaMS as required, but this template may stand in place as the provider’s Part V when accompanied by a schedule of supports and uploaded along with the modified entry in the WaMS Part V as described in the WaMS Provider User Guide available in WaMS under the Training section on the home page. A combined schedule may be used providing it clearly delineates the days and times each service is scheduled.

This template is for all services provided by a single agency to one person, excluding Skilled Nursing, Private Duty Nursing, Crisis Support Services, and Therapeutic Consultation.

If skill-building is being attempted, we strongly advise the use of the skill-building measure formula provided under “I no longer want or need supports when…” which can be helpful in establishing measurable criteria for success.

To add more rows to the document, copy and paste the entire section that you wish to add, then paste as “insert as new rows” under paste options.

For additional guidance, see the companion document “Instructions for the Part V Plan for Supports Template and Support Instructions Template” available online at <https://dbhds.virginia.gov/developmental-services/provider-development>

#### Blended Part V. Plan for Supports

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Back-up plan (AD & CD companion, In-home supports, Personal Assistance (AD & CD), Respite (AD & CD), Shared Living):***  Click or tap here to enter back-up plans for required services. | | | | | | |
| ***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 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.*  Click or tap here to enter support instructions that apply throughout the day. | | | | | | |
| **Outcomes and Activities** | | | | | | |
| **DESIRED OUTCOME** | Copy from Shared Plan. If new outcome after annual, consider this measure formula: Person’s name] [activity/event/important FOR]\* so that/in order to [important TO achievement] | | | | | |
| **Life Area** | Choose one (must match WaMS entry for this outcome):  Employment  Integrated Community Involvement  Community Living  Safety & Security  Healthy Living  Social & Spirituality  Citizenship & Advocacy | | | | | |
| **Key steps and services to get there** | | Copy from Shared Plan. If new outcome after annual, enter the key steps that will be taken to achieve the outcome. | | | | |
| **Activity Statement**  **(Support Activity)** | **Service**  (one per row) | I no longer want/need supports when  **(Measure)** | What to record | Skill Building  (Yes/No) | How Often | By When |
| Measure formula:  name verb what/when/where  How to support →  (Support Instructions) | Guidance: enter service name, excluding Skilled Nursing, Private Duty Nursing, Crisis Support Services, and Therapeutic Consultation | Measure formulas: Routine: name verb what/when/where + how often;  Skill-building: name countable achievement how often + how long; Health & Safety: describe conditions for removal + professional decision as necessary | Guidance:  describe location, type, and frequency of documentation | Yes  No  **If yes, describe specific skill:**  Click or tap here to enter text. | Guidance:  enter planned frequency of this activity | Guidance:  enter target date to complete this activity |
| Guidance: enter step-by-step support instructions on how the DSP will provide support; include the person’s preferences and participation | | | | | |
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**Signatures**

Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Substitute Decision Maker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Service: Name: (print) (signature) Date: Service: Name: (print) (signature)Date: Service: Name: (print) (signature) Date: