

Individual Support Plan 4.0

What's New

The ISP will be updated to **Version 4.0** and available for use effective August 1, 2024.

BEFORE creating a NEW ISP in Version 4.0, clear your cache for your browser. This will ensure that you are using the latest version of the ISP (See Reference Guide "Clear Browser Cache" on WaMS Home Page / Training / Did you Know section).

If an ISP 3.4 was created in WaMS *prior to the update*, that ISP will remain version 3.4 in the system and will be available for editing and completion after the update on August 1, 2024. All NEW ISPs created in WaMS will now be version 4.0.

WHAT'S NEW IN 4.0

Integration of Risk Awareness Tool (RAT)

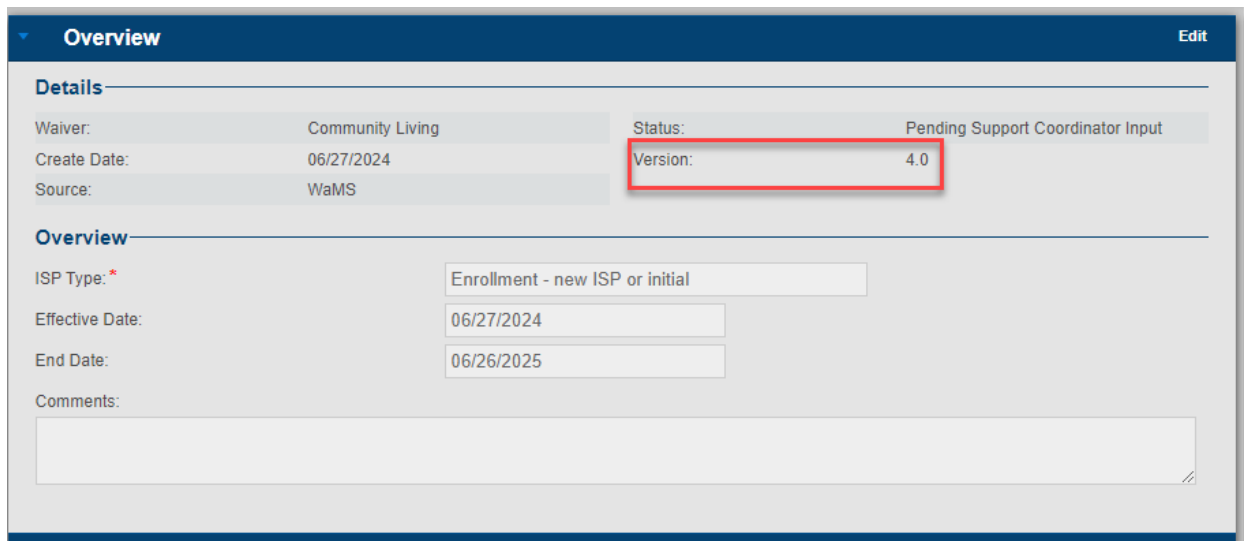
The RAT is now incorporated directly in the ISP Part III. When risks are known to be true, they are selected in Part III and transferred to all Part Vs to be addressed by Providers.

Potential Risks identified are listed in Part IV in a printable format and transferred to the Part V.

This integration replaces the need to upload the RAT Summary Page as an attachment in WaMS under the under "Person's Information".

Overview

The version of the ISP is displayed in the **ISP Overview, Details** section.



Overview		Edit
Details		
Waiver:	Community Living	Status: Pending Support Coordinator Input
Create Date:	06/27/2024	Version: 4.0
Source:	WaMS	
Overview		
ISP Type: *	Enrollment - new ISP or initial	
Effective Date:	06/27/2024	
End Date:	06/26/2025	
Comments:	<div style="border: 1px solid #ccc; height: 30px;"></div>	

Part I - Personal Profile – Important TO/FOR

- 1. Instructions are modified to replace term “Meaningful Day” with “Integrated Community Involvement”.

○ Important TO/FOR Quinn

Important TO/FOR Quinn

Instructions: To complete this section, consider and discuss the following life areas: Employment, Integrated Community Involvement, Community Living, Safety & Security, Healthy Living, Social & Spirituality, and Citizenship & Advocacy.

Describe what's important TO Quinn*

Describe what's important FOR Quinn*

Part II - Essential Information – Health Information

- 2. **Health Information** section has been removed from Part II
- 3. **Behavioral and Crisis Supports** section has been removed from Part II.

▾ ○ Part II Essential Information

- ○ Representation
- ○ Disability Determination
- ~~▸ ○ Health Information~~
- ~~▸ ○ Behavioral and Crisis Supports~~
- ○ Medications
- ○ Physical and Health Conditions
- ○ Last Exam Dates
- Allergies
- ○ Social, Developmental, Behavioral and Family History
- ○ Communication, Assistive Technology and Modifications
- ○ Education
- ○ Employment
- ○ Future Plans
- ○ Review of Most Integrated Settings
- Additional Comments

4. **Physical and Health Conditions** has been modified as follows:

- Question modified from “Are there current Medical conditions?” to “**Are there current medical diagnoses (e.g. diabetes, asthma, flu, HIV, hepatitis B, COVID, measles, etc.)?**”
- If yes, list
- Question modified from “Are there current Health Protocols?” to “**Are there any supplemental protocols, plans, devices, or instructions (e.g., pureed meals, seizure protocol, communication device, crisis steps, etc.)?**”
- Yes/No selections removed: “**Communicable diseases?**” and “**Special diet or nutritional needs?**”

ISP v3.4

ISP v4.0

Physical and Health Conditions

Physical and Health Conditions

Are there current Medical conditions? * Yes No

Are there current Health Protocols? * Yes No

Is there a history of past medical conditions? * Yes No

Is there a history of hospitalizations? * Yes No

Is there a history of surgeries? * Yes No

Is there a history of mental health conditions? * Yes No

Is there a history of psychiatric hospitalizations? * Yes No

Communicable diseases? * Yes No

Serious illnesses and/or chronic conditions of parents, siblings, and/or significant others in the same household? * Yes No

Special diet or nutritional needs? * Yes No

Any of the following optional health screenings or vaccinations in the past 12 months?

Physical and Health Conditions

Physical and Health Conditions

Are there current medical diagnoses (e.g. diabetes, asthma, flu, HIV, hepatitis B, COVID, measles, etc.)? * Yes No

Are there any supplemental protocols, plans, devices, or instructions (e.g., pureed meals, seizure protocol, communication device, crisis steps, etc.)? * Yes No

Is there a history of past medical conditions? * Yes No

Is there a history of hospitalizations? * Yes No

Is there a history of surgeries? * Yes No

Is there a history of mental health conditions? * Yes No

Is there a history of psychiatric hospitalizations? * Yes No

Serious illnesses and/or chronic conditions of parents, siblings, and/or significant others in the same household? * Yes No

Any of the following optional health screenings or vaccinations in the past 12 months?

5. Allergies

- Descriptions have been added for **Manage Allergies and Reactions** section
 - Diagnosed Allergies (describe seasonal, food, drug, other)
 - Adverse Reactions (describe seasonal, food, drug, other)

Allergies

Allergies

Manage Allergies and Reactions

Diagnosed Allergies (describe seasonal, food, drug, other)

Adverse Reactions (describe seasonal, food, drug, other)

[↓ Add New](#)

Allergies and Reactions	Diagnosed Allergies (describe seasonal, food, drug, other)	Adverse Reactions (describe seasonal, food, drug, other)	Actions
No data available			

6. Communication, Assistive Technology and Modifications section has been replaced with Accessing Services section.

- Moved the question “Any concerns with accessing needed services or supports including transportation?” to its own section (**Accessing Services**).

ISP v3.4

ISP v4.0

Communication, Assistive Technology and Modifications

Communication, Assistive Technology and Modifications

Are there any needs requiring support for communication including language? * Yes No

Are any adaptive equipment or assistive technology supports used? * Yes No

Would a professional evaluation related to adaptive equipment, assistive technology or other modifications be beneficial? * Yes No

Any concerns with accessing needed services or supports including transportation? * Yes No

Accessing Services

Accessing Services

Any concerns with accessing needed services or supports including transportation? * Yes No

7. Employment.

- **Meaningful Day** section has been renamed to **Integrated Community Involvement**.

8. Integrated Settings. Housing choices have been modified:

ISP 3.4

ISP 4.0

Options have been separated into two sections.

Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated waiver service options? *
Check all that apply

- No interest expressed after discussion of these integrated waiver service options
- Community Coaching
- Community Engagement
- Consumer-Directed Supports
- Electronic Home-Based services
- Independent Living Supports
- In-home Support Services
- Shared Living
- Supported Employment
- Supported Living
- Workplace Assistance Services
- Other options

ISP 3.4

Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated waiver service options? *
Check all that apply

- No interest expressed after discussion of these integrated waiver service options
- Supported Employment
- Community Coaching
- Community Engagement
- Consumer-Directed Supports
- Electronic Home-Based services
- Other options

ISP 4.0

Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated residential waiver service options? *
Check all that apply

- No interest expressed after discussion of these integrated residential waiver service options
- Independent Living Supports
- In-home Support Services
- Shared Living
- Sponsored Residential
- Supported Living
- Other options

Part III – Shared Planning

9. Essential Supports Added

- Add / select **Identified Risks**
 - Those risks not identified are listed as **Potential Risks** which have additional factors that can be chosen (or select “None Apply”)
- Add / select **Routine Supports**
- Compiled Table of all selections is created

No.	Life Area	Desired Outcome	Key steps and services to get there	Types of Support	Supporter Names/Providers	Other Supporters	Start date	End Date	Status
1	Employment	Employment Outcome	Steps to get there	Eligibility-based	Eight Days an Week1(66738392928721)		07/01/2024	06/30/2025	In Progress

Essential Supports Edit

Essential Supports

Identified Risks

Identified Risks*

Pressure Injury
 Aspiration Pneumonia
 Fall with Injury
 Dehydration
 Bowel Obstruction
 Sepsis
 Seizure
 Community Safety Risks
 Self-Harm
 Elopement
 Lack of Safety Awareness
 Substance use
 Suicidal ideations
 None of these apply

Potential Risks

Potential Risk Pressure Injury*

Has been diagnosed with a PI in the past
 Has diagnosis of diabetes or congestive heart failure
 History or is currently experiencing paralysis or neurological damage
 Regularly spend much of each day in a bed, chair, or wheelchair

Routine Supports

Routine Supports*

Adaptive equipment/DME
 Bathing
 Communication support
 Dressing
 Restroom support
 Positioning/transferring
 Personal appearance
 Medication use
 Housekeeping
 Laundry
 Shopping
 Meal planning/preparation/intake
 Banking/money management
 Medical appointments
 Transportation
 Crisis plan
 Other routine support #1 (e.g., dialysis, catheter care, ostomy care)
 Other routine support #2
 Other routine support #3
 Other medical #1 (e.g., high/low blood pressure, dementia/neurological impairment, respiratory care, G-Tube, etc.)
 Other medical #2
 Other medical #3
 Other behavioral #1 (e.g. Self-neglect, trichotillomania, severe stereotypy, etc.)
 Other behavioral #2
 Other behavioral #3
 None of these apply

Essential Supports List (Begin and End dates provided below)		
Identified Risks	Potential Risks	Routine Supports
Fall with Injury (06/30/2025 ~ 06/29/2026)	Lack of Safety Awareness - Displays a pervasive lack of safety awareness throughout their daily living due to communication deficits combined with cognitive deficits and/or brain injury that leaves them open to victimization (financial, daily living, socio-sexual) (06/30/2025 ~ 06/29/2026)	Bathing (06/30/2025 ~ 06/29/2026)
Seizure (06/30/2025 ~ 06/29/2026)		Dressing (06/30/2025 ~ 06/29/2026)
Community Safety Risks (06/30/2025 ~ 06/29/2026)	Suicidal Ideations - Withdrawing from others (06/30/2025 ~ 06/29/2026)	Shopping (06/30/2025 ~ 06/29/2026)
Self-Harm (06/30/2025 ~ 06/29/2026)		

Part IV – Agreements

10. Potential Risks Referral section added.

- List of **Potential Risks** automatically added from Part III – Shared for viewing
- Question added regarding appointment scheduled / declined

▾ ○ Part IV. Agreements

- ▾ ○ Potential Risks Referral Edit
- ▾ ○ Individual Questions Edit
- ▾ ○ Team Questions Edit
- ▾ ○ Signatures Edit
- ▾ ○ Person-Centered Review Dates Edit

○ Potential Risks Referral

Potential Risks Referral

Per the Virginia Department of Behavioral Health and Developmental Services Person-Centered Individual Support Plan, the following potential risks were identified. This listing is being provided for assessment and consultation purposes.

Potential Risks List

Potential Risks

Lack of Safety Awareness - Displays a pervasive lack of safety awareness throughout their daily living due to communication deficits combined with cognitive deficits and/or brain injury that leaves them open to victimization (financial, daily living, socio-sexual)

Suicidal Ideations - Withdrawing from others

Will an appointment with a Qualified Health Professional be scheduled?

Select one response: *

Appointment will be scheduled.

Appointment declined by individual/SDM

If appointment is not planned, describe how needs are/will be met. *

11. Team Questions: New questions added.

- Does any team member have an objection to any essential supports in my plan?

- Are Therapeutic Behavioral Consultation waiver services needed? (Please review selections carefully and respond.)
- Are Nursing waiver services needed? (Please review selections carefully and respond.)

information elsewhere that is not addressed in my plan? *

Does any team member have an objection to any essential supports in my plan? * Yes No

If yes, describe the objection to any essential supports in my plan *

Are Therapeutic Behavioral Consultation waiver services needed? (Please review selections carefully and respond.) *

A: Yes, referral to be completed within 30 days of ISP

B: Yes, referral(s) already completed and waiting to start services

C: Yes, and the person is connected to this service already

D: Yes, there are needs but individual/SDM declined referral

E: No, needs are addressed by other supports (e.g. ABA, psychology)

F: No, needs do not require these services

Are Nursing waiver services needed? (Please review selections carefully and respond.) *

A: Yes, referral to be completed within 30 days of ISP

B: Yes, referral(s) already completed and waiting to start services

C: Yes, and the person is connected to this service already

D: Yes, there are needs but individual/SDM declined referral

E: No, needs are addressed by other supports (e.g. ABA, psychology)

F: No, needs do not require these services

Are supports or services needed that are not available? Yes No

Part V – Plan for Supports

12. Essential Supports section added

- For **Identified Risks** ability to add *How Often, How to Support* and *Begin/End Dates* of support
- For **Potential Risks** ability to add *How Often, How to Support* and *Begin/End Dates* of support
- Ability to select and then add details for **Routine Supports** (added in Part III)

Part V: Plan for Supports - Summary Status: In Progress Summary

Back to Summary
Discard Expand All

▶ Instructions	Edit
▶ ○ Service and Outcomes	Edit
▶ Essential Supports	Edit
▶ General Schedule of Supports	Add New Support
▶ ○ Signatures	Edit
▶ Safety Restrictions	Edit

Essential Supports

Identified Risks

Fall with Injury

How often* ▼

How to Support

Begin Date*

End Date*

▼

Daily

Weekly

Monthly

Quarterly

Semi-annually

Annually

Routinely as needed

Emergency support only

Potential Risks

Pressure Injury - Has presence of swelling of ankles or feet

How often* Daily ▼

How to Support

Begin Date* 07/17/2024

End Date* 07/16/2025

Routine Supports

Routine Support* ▼

How often*

How to Support

Begin Date*

End Date*

▼

Banking/money management

Medical appointments

Transportation

↓ Add New

Support	How often	How to support	Begin date	End date	Actions
No data available					