#### 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 outcome and support activity development 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 aligns with Virginia’s PC ISP v.4.0 in the WaMS system, which moves important FOR content to a new section called Essential Supports leaving outcomes to focus on what’s important TO people.

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.

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.

Essential Supports are included in the second section. These items are determined at the annual meeting and addressed by all waiver providers at the needed frequency. Providers enter the frequency for each item and the instructions for supporters (i.e. How to support). Include the person’s preferences and participation when developing this section. Newly identified or removed essential supports are accompanied by begin and end dates respectively. Otherwise, all essential supports are effective throughout the ISP year. If instructions for supports listed under Essential Supports are needed for activities related to important TO outcomes, the outcomes section can reference where they are located in the Part V. Where external protocols are part of the ISP, the Essential Supports section can reference where these are located and accessible. If a health and safety support is included as an important TO desired outcome, the related needs can be included under the outcome. If the outcome is resolved and the support need continues, support instructions are relocated under the Essential Supports section.

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.

Note that frequencies may be entered as “three times per week,” for example, or may be “daily” for supports/services occurring seven days per week, “weekly” for 1 to 6 days per week, “monthly” for less than every week, but at least once per month.

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

#### Part V. Plan for Supports

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

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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** | I no longer want/need supports when | What to record | Skill Building  (Yes/No) | How Often | By When |
| Measure formula:  name verb what/when/where  How to support → | Measure formulas: Routine: name verb what/when/where + how often;  Skill-building: name countable achievement how often + how long | 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 | | | | |
| Measure formula:  name verb what/when/where  How to support → | Measure formulas: Routine: name verb what/when/where + how often;  Skill-building: name countable achievement how often + how long | 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 |
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| **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] | | | | |
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| **Essential Supports** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | How often | How to support | Begin date | End date |
| Identified Risks | | | | |
| *[Populate from Part III Shared Planning; begin or end after the annual]* | * Daily * Weekly * Monthly * Quarterly * Semi-annually * Annually * Routinely as needed * Emergency support only | Guidance: enter step-by-step support instructions on how the DSP will provide support; include the person’s preferences and participation | Enter begin date | Enter end date |
| *[Populate from Part III Shared Planning; begin or end after the annual]* | * Daily * Weekly * Monthly * Quarterly * Semi-annually * Annually * Routinely as needed * Emergency support only | Guidance: enter step-by-step support instructions on how the DSP will provide support; include the person’s preferences and participation | Enter begin date | Enter end date |
| Potential Risks | | | | |
| *[Populate from Part III Shared Planning; begin or end after the annual]* | * Daily * Weekly * Monthly * Quarterly * Semi-annually * Annually * Routinely as needed * Emergency support only | Guidance: enter step-by-step support instructions on how the DSP will provide support; include the person’s preferences and participation | Enter begin date | Enter end date |
| *[Populate from Part III Shared Planning; begin or end after the annual]* | * Daily * Weekly * Monthly * Quarterly * Semi-annually * Annually * Routinely as needed * Emergency support only | Guidance: enter step-by-step support instructions on how the DSP will provide support; include the person’s preferences and participation | Enter begin date | Enter end date |
| Routine Supports | | | | |
| *[Populate from Part III Shared Planning; begin or end after the annual]* | * Daily * Weekly * Monthly * Quarterly * Semi-annually * Annually * Routinely as needed * Emergency support only | Guidance: enter step-by-step support instructions on how the DSP will provide support; include the person’s preferences and participation | Enter begin date | Enter end date |
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Signatures:

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

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

Provider (Plan writer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_