



Virginia Department of
Behavioral Health &
Developmental Services

PC ISP 2015

Presented by Eric Williams, CRC

Provider Development

DBHDS Division of Developmental Services

June 2015

DBHDS Vision: A life of possibilities for all Virginians

ISP updates supported by...

Advocates and providers
Person-Centered Practices
Settlement Agreement
CMS Final Rule
DBHDS

Steve's One Page Profile



The Life I Want:

A good life for Steve includes having his own room decorated the way he likes. Having time with his mother and his dog Bentley. Sharing his interests and personal style with others. Working in a job related to the things he loves, such as animals, music and sports. *Continuing to go on.*



Talents and Contributions:

- ❖ Steve is kind and compassionate
- ❖ Steve has a good relationship with his mother
- ❖ Steve wants to work
- ❖ Steve likes to look nice and take care in his appearance
- ❖ Steve is great with animals - especially dogs
- ❖ Steve is an avid sports fan
- ❖ Steve can read simple words and sentences
- ❖ Steve volunteered with Meals on Wheels and Habitat for Humanity
- ❖ Steve likes cooking
- ❖ Steve has a great sense of humor

What others need to know:

- ❖ Steve has diabetes and follows a strict diet
- ❖ Steve has high blood pressure. When his pressure spikes, he may appear agitated. Watched closely, contact doctor if needed.
- ❖ Steve cleans his room every Thursday or Friday
- ❖ Steve doesn't like crowded places. If he would like to move to a new room, look at the floor for several days to see if he does hit someone he always hits.
- ❖ Steve likes taking care of the house
- ❖ Steve prefers his housemates to be quiet
- ❖ Steve prefers to a shower after dinner while he sleeps
- ❖ Steve likes watching just about anything funny or sports related on TV and he never misses "World's Funniest Animals" on Thursday nights
- ❖ Steve gets up before his housemates to have some quiet time and coffee
- ❖ Steve chooses a different baseball cap almost every day.



Talents and Contributions:

What are my gifts and talents? What do people who know and care about me say about my strengths? How do I contribute to friends, family and my community?

- Mary is playful and laughs



Mary's One Page Description

The Life I Want: *What does a Good life look like to me?*

Mary's planning team thinks that in a good life to Mary, she sees her mother every month. She has her wants and needs met by familiar caring people who keep her involved with others, safe, help her eat only foods and supplements she likes to eat them. When Mary can't get the nourishment she needs each day, she means spending time each day on the couch in the family room, on the porch or taking a short nap in the garden. Spending time outdoors and listening to loud or crowded places or around grumbly people. She has lots of time to take her different places and listen to soft, soothing music of her choice and essential oils that she likes. She gets a massage, has her skin rubbed on her skin often, and she gets her hair done, manicures and pedicures.

What is most important to me: *What do I want? What makes me feel fulfilled?*

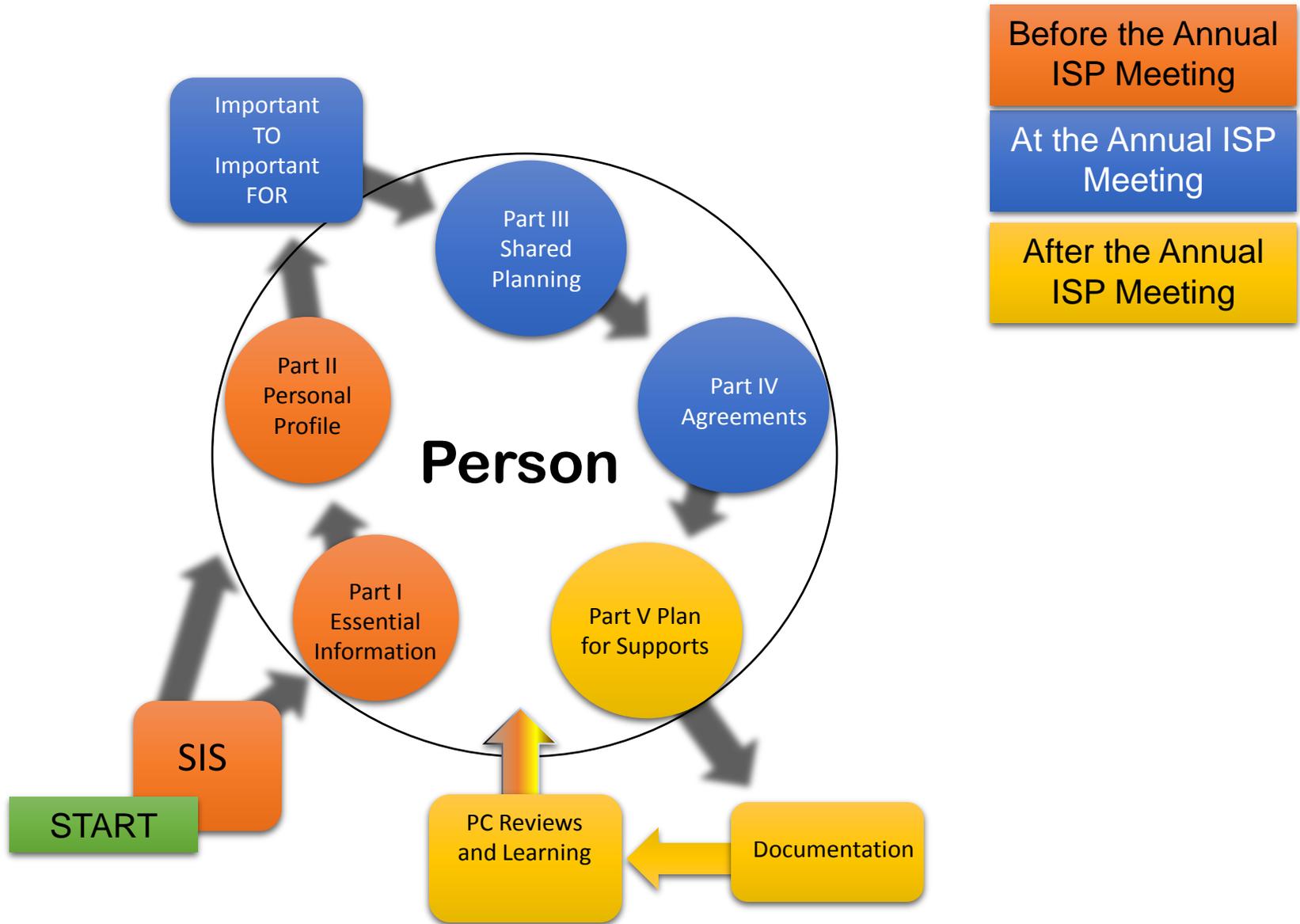
Spending time with her more often, with her roommates, with her friends, people, outdoors, listening to soft beverages (ice tea or water), listening to music she likes, listening to soft foods or beverages, listening to soft, seizure-free, healthy skin (fragrant lotions),

atmosphere, shopping, and no more broken bones, being able to understand what she wants, and being able to explain before touching her.

- Repositioning every 30 minutes when awake to prevent skin breakdown.
- Clean house, clean clothes and personal care
- Receiving supports as agreed to in her plan

A personal, easy to use summary of the individual's desired life, talents/contributions, what's most important to and how to support.

The ISP Learning Cycle



Part V. Plan for Supports

Provi

Part IV. Agreements

Describe support instru

[These instructions apply whenever supp
the duration of activities and describe ho
Make sure she brings it along when leav

Instructions: Part IV: Agreements is an evaluation of the annual planning meeting. It contains individual and team questions, as well as record any plans request and the relationship of the Support Coordinator.

Part III. Shared Planning

Work & Alternates*

Individual - Does

what makes me happy
my dreams?
being with people that

DESIRED OUTC
(Number and Stc

Part II. Personal Profile

How I am best supported

Individual Support Plan

The first four parts are team documents finalized and shared by the Support Coordinator.

Part V is provider specific and finalized by each provider including the SC.

This ISP belongs to: _____

Describe the person:

Emergency Contacts

Name	Phone:	Fax:	Email:
Relationship:	Address:		

Updates emphasize...

PC
ISP

Comprehensive supports and most integrated settings

Measurability

Employment First

Community participation

Skill-development

Psychotropic medication use

Monitoring

Choice and control

Risk



FRIENDS



Friends & Community Contacts

Friends and Community Contacts

Relationship #1: Friend

Name: Charles Corbin

Address: 1877 Elm Street Sunnybrook, VA 24009

Phone: xxx-xxx-xxxx

Fax: N/A

Email: CCorbin@email.com

Relationship #2:

Name:

Address:

Phone:

Fax:

Email:

Relationship #3:

Name:

Address:

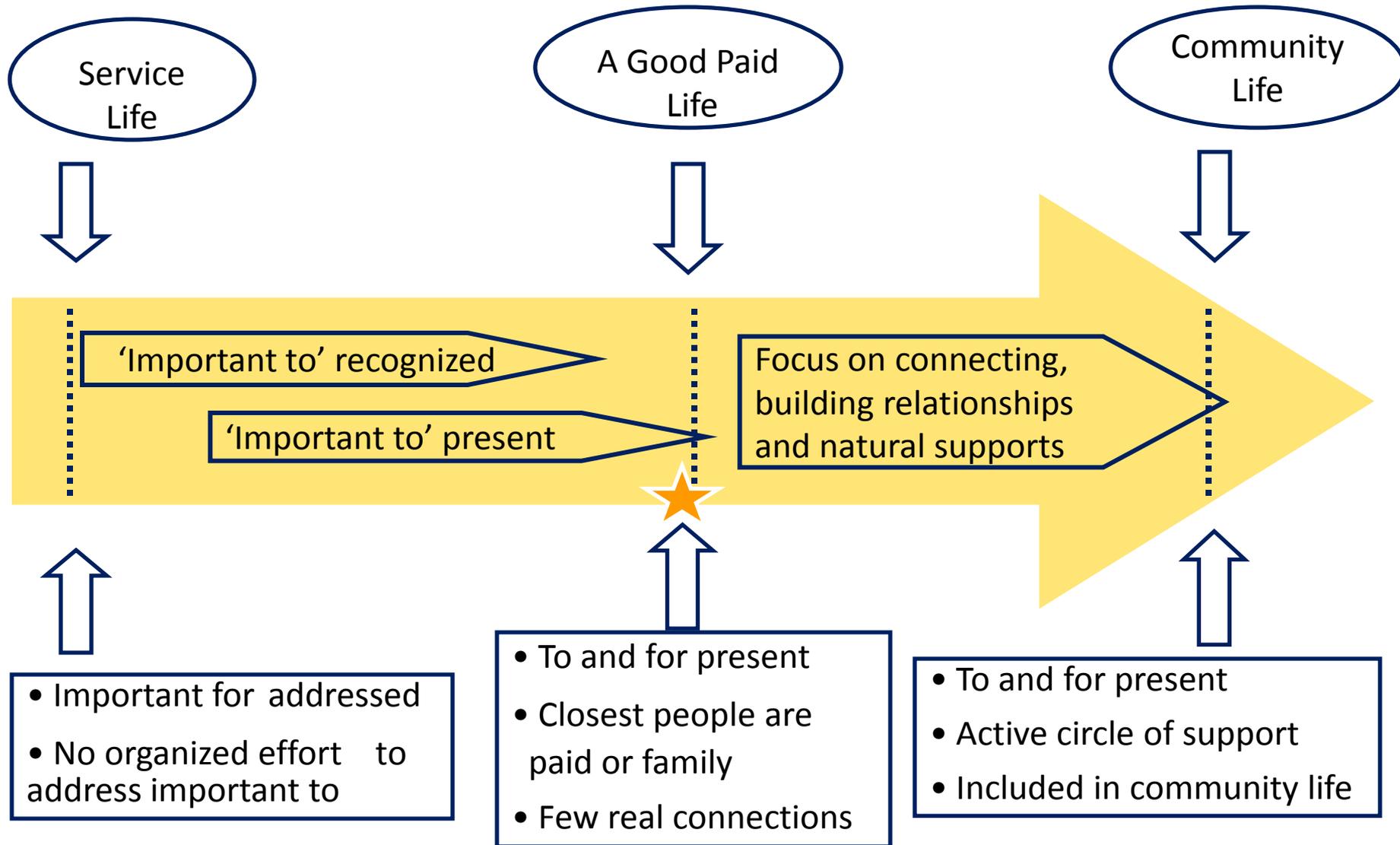
Phone:

Fax:

Email:

In addition to providers...

Moving from Service Life to Community Life





CONSENT

CONSENT

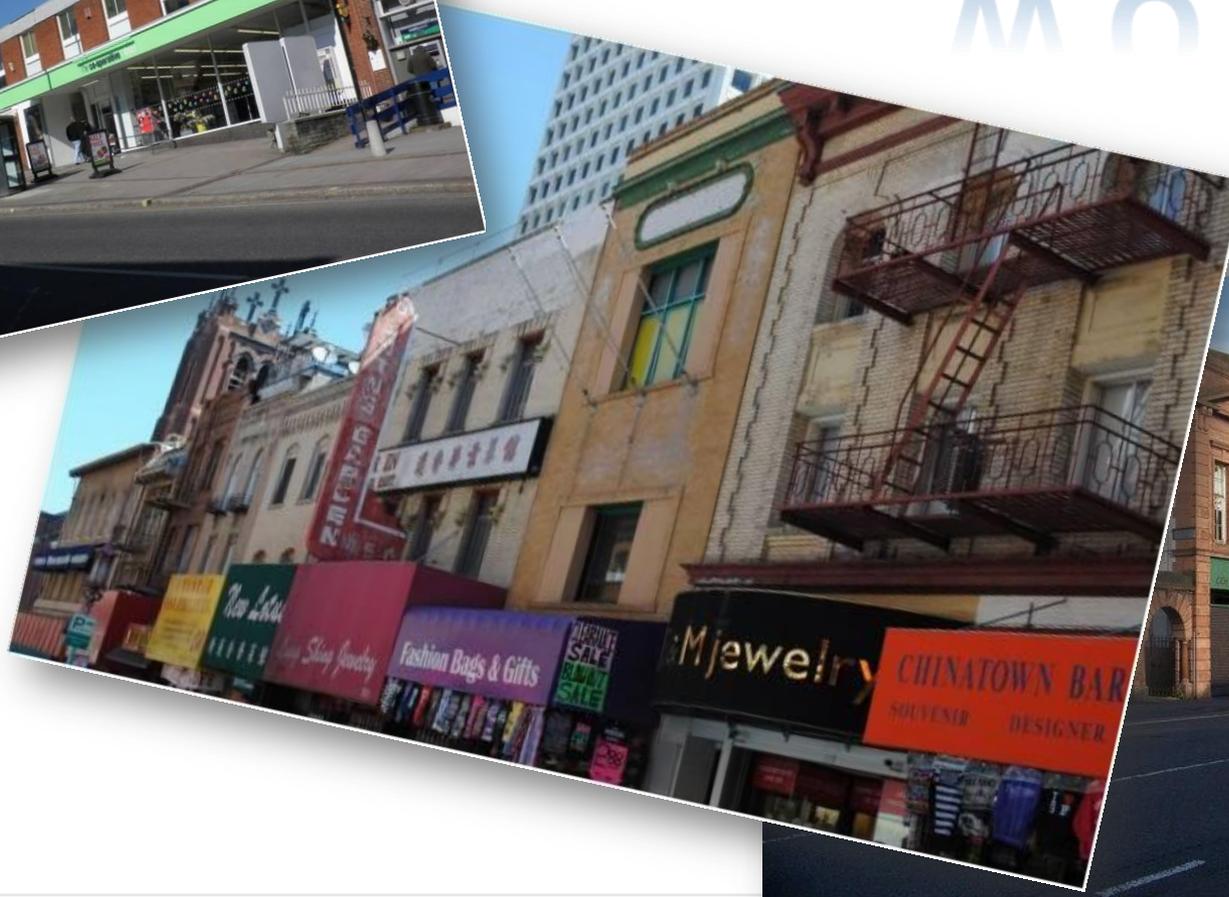
Psychotropic Medication use

Health Information			
Do you have an advanced directive?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please provide a copy to all relevant parties.</u>	
Has informed consent been obtained for the use of currently prescribed psychotropic medications?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Medication:	Physician:	Reason(s) prescribed:	
Dosage:	Route:	Frequency:	Location of potential side effect information:
1: bupropion	Dr. Mac Good		Depression
100mg	PO	TID	Medication administration binder
2:			
3:			



Has informed consent been obtained for the use of currently prescribed psychotropic medications?

WORK



Summary of Employment Background

WORK

<p>Describe my employment history.</p>	<p>Steve worked for local business in that setting. Steve currently has a job. Steve does this on a</p>	<p>Describe the supports necessary to achieve employment if desired. If the person does not indicate a desire to work, describe how the person has been or will be educated about employment, including but not limited to exploring employment opportunities available in their community.</p>
<p>Describe any volunteer activities in which I now am involved or have been involved in the past (if any).</p>	<p>Note: Please include the volunteer activities. Steve volunteered at Humankind. Support such as</p>	
<p>Describe the supports necessary to achieve employment if desired. If the person does not indicate a desire to work, describe how the person has been or will be educated about employment, including but not limited to exploring employment opportunities available in their community.</p>	<p>Steve needs an illustration when Steve became frustrated with lots of people, tried, but have arguments with</p>	



SAFETY



Division of Developmental Services

Annual Risk Assessment

Individual's Name: [Click here to enter text.](#) ISP Date: [Click here to enter a date.](#) To [Click here to enter a date](#)
 Last SIS Completed: [Click here to enter a date.](#) Last Annual Risk Assessment Completed: [Click here to enter a date.](#)

To complete this form as intended, read and follow the accompanying instructions.

Section 3A: Describe any changes in scoring of Section 3A since the last SIS or last Annual Risk Assessment, (whichever was completed most recently). If no changes occurred, write "no changes": [Click here to enter text.](#)

Would the individual currently score a 2 on any Exceptional MEDICAL Needs items? YES NO

If yes, list all items with a score of 2 in section 3A: [Click here to enter text.](#)

Health Risks:		YES	
1. <i>Required</i>	<i>The Individual requires exceptionally high levels of staff support to address severe medical risks related to: inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?</i>	<input type="checkbox"/>	
If YES to #1, answer questions a-e. If No to #1, do not answer questions a-e.			
a.	In Section 3A, Medical Supports Needed, it is determined that extensive support is needed to manage the Individual's medical risk. How many days per week and approximately how many hours per day is the support required? # of days per week = ____ # hours per day = ____	<input type="checkbox"/>	
b.	The Individual requires frequent hands-on staff involvement to address critical health and medical needs?	<input type="checkbox"/>	
c.	The Individual's severe medical risk currently requires direct 24-hour professional (licensed nurse) supervision? Nurse may supervise trained staff	<input type="checkbox"/>	

Completed annually...

Active Medical and Behavioral Support Needs

Active Medical and Behavioral Support Needs	
Were any major medical or behavioral support needs identified on the Annual Support Needs Risk Assessment or elsewhere in the information?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a description of each support need below: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
Is there a behavioral or crisis support plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meet criteria for high intensity day services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:

Part V: Plan for Supports



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].	
The following is completed with the individual:	
I understand that I will not:	Remove my Project Lifesaver Bracelet.
This is necessary because:	Steve gets upset resulting in leaving home in the middle of the night.
The outcomes in my plan related to this restriction include:	Outcome #10: Steve is safe at night.
The following is 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:	We have tried talking with Steve about his daily concerns. We continue to do this every night, but there continue to be times when he leaves without telling anyone.

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].	
The following is completed with the individual:	
I understand that I will not:	Remove my Project Lifesaver Bracelet.
This is necessary because:	Steve gets upset resulting in leaving home in the middle of the night.
The outcomes in my plan related to this restriction include:	Outcome #10: Steve is safe at night.
The following is completed by a qualified professional:	
Describe your assessment, to include all possible alternatives to the proposed	We have tried talking with Steve about his daily concerns. We continue to do this every night, but there continue to be times when

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CHOICE AND CONTROL



Steve



Plan for Self-Sufficiency	
Please describe what is needed and how I will be supported to transition to more inclusive settings.	<p>Steve needs to have natural supports in several areas of his life as a part of his plan for self-sufficiency. In order to have and keep a job that he wishes, Steve needs a job that he feels</p> <p>help himself support his medical conditions and to maintain his home as a safe and healthy environment.</p>

The Plan for Self-Sufficiency

- Considers future plans for inclusion
- Replaces discharge plan
- Applies to every individual

Part II: The Personal Profile

How I am best supported to direct my planning process:

What I want at my meeting:

My meeting location:

My date of meeting:

My time of meeting:

My planning partner:

People I want to attend:

People I don't want to attend:

My meeting

Review of Most Integrated Settings

Current primary living situation

- Own home (e.g. single family home, townhome, duplex, etc.)
- Family home
- Sponsored home
- Four or less individuals
- Five or more individuals
- Community ICF
- Nursing facility
- Training center
- Other:

Individual and/or supervisor informed of most integrated settings

Are any resources or modifications needed to obtain more integrated settings? Yes No

If yes, describe how these will be addressed: **Steve wants to move into his own apartment and receive services and supports there, but we are not aware of any in-home services providers in the area at this time. SC has discussed with her supervisor and will contact the Regional CRC to discuss possible in-home service options.**

Current primary employment or day setting

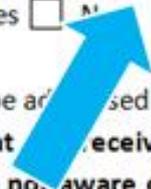
Own home

Are any resources or modifications needed to obtain more integrated settings? Yes No

If yes, describe how these will be addressed:

Supports or resources are needed to any achieve desired outcomes, but are not available: Yes No
If yes, the Support Coordinator may contact the Community Resource Consultant to discuss.

If yes, describe how these will be addressed: Steve wants to move into his own apartment and receive services and supports there, but we are not aware of any in-home services providers in the area at this time. SC has discussed with her supervisor and will contact the Regional CRC to discuss possible in-home service options.



Part V. Plan for Supports

Provi

Describe support instru

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Part IV. Agreements

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Individual - Does not

what makes me happy
my dreams?
being with people that
where & how I want to
things I like to do?
how I want to travel?
how I want to handle money?

I have had the opportunity
I was supported to direct
Planning Preferences

If the answer is "no" to
describe the reason for
resolve.

Team

Does any team member

Are there any restrictions

Do I need financial planning
resources?

Are there any IMPORTANT
SIS or PCT TOOLS) that

Please describe the

Supports or res

Part III. Shared Planning

Work & Alternates*

DESIRED OUTCOMES (Number and Statement)	I no longer want this outcome when...	By when?	Who's going to support me?
--	---------------------------------------	----------	----------------------------

Learning & Other

DESIRED OUTCOMES
(Number and Statement)

How I am best supported
to direct my planning
process:

What I want at my
meeting:
My meeting location:
My date of meeting:
My time of meeting:
My planning partner:
People I want to attend

Part II. Personal Profile

Individual Support Plan

I. Essential Information

Contact Information

Legal Name:		Preferred Name:	
Date of Birth:		Gender:	
Marital Status:		Admission date:	
Medicaid #:		Medicare #:	

How planning proceeds...

Describe the vision

[describe the individual's]

Describe any concerns with having or
needing a substitute decision-maker:

Describe the decisions that the
representative is authorized to make
(when applicable):

Relationships

DESIRED OUTCOMES
(Number and Statement)

Describe the person

Emergency Contacts

Name	Phone:	Fax:	Email:
Relationship:	Address:		

This ISP belongs to: _____

Important TO

What makes a person happy, content, fulfilled

- people, pets
- daily routines and rituals,
- products and things,
- interests and hobbies,
- places one likes to go



Important FOR

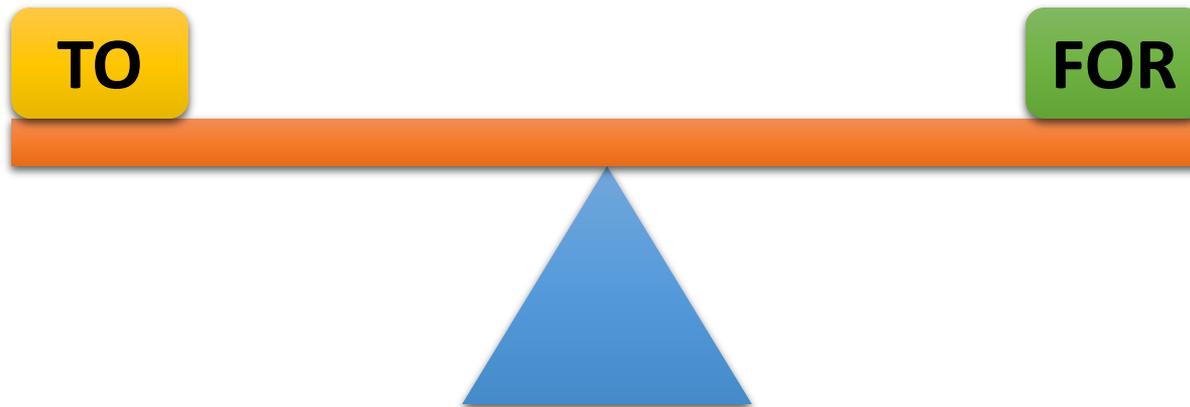
What we need to stay healthy, safe and valued

- physical and emotional health
- safety and security
- things that make you valued in community

Do you know the active medical and behavioral supports needed for each person?

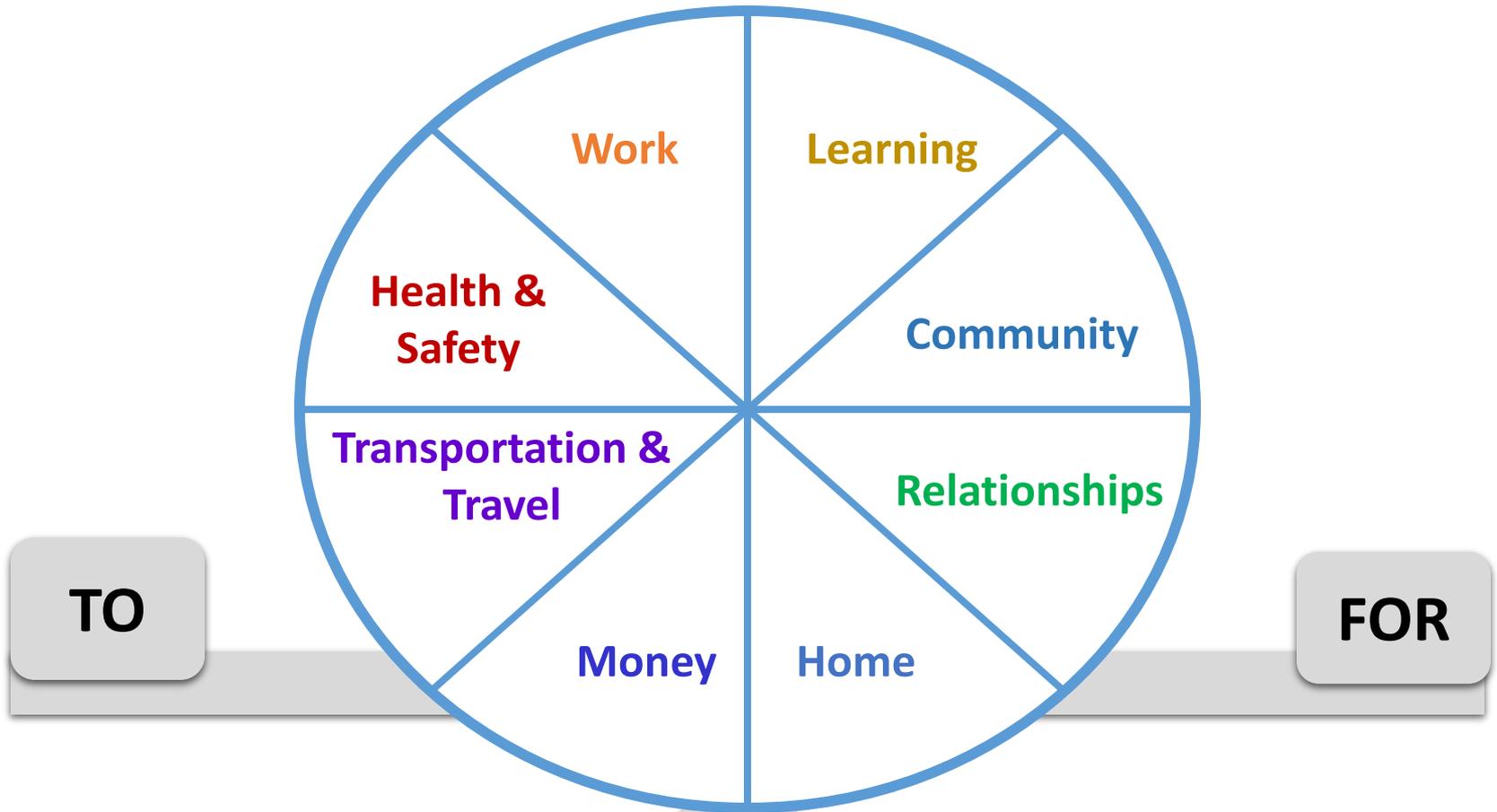


Do you know what is needed
for health and happiness?



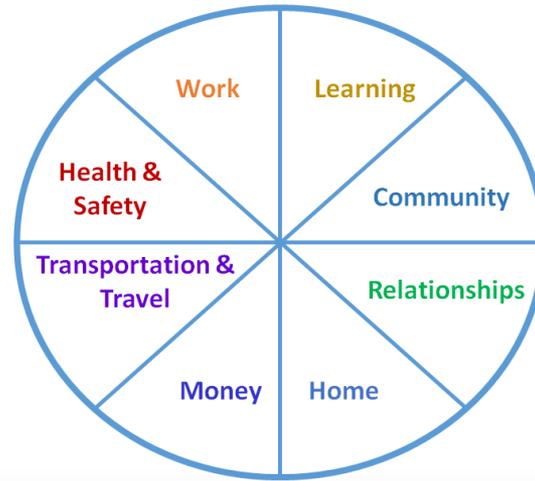
Part II: The Personal Profile

The Life I Want



Part II: The Personal Profile

The Life I Want



[Life Area]		
What's Working Now (needs to stay the same)	What's Not Working (needs to change or be improved)	What's important TO me
		
What others need to know and do to support me (important FOR)		
		

Before the Annual
ISP Meeting

Part III. Shared Planning

Work & Alternates*

DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want this outcome when...	By when?	Who's going to support me?
	[Describe what will be seen or how natural supports will be introduced]	[Enter a target date for reaching the outcome]	[List who will assist with this outcome]

Learning & Other pursuits*

DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want this outcome when...	By when?	Who's going to
	[Describe what will be seen or how natural supports will be introduced]		

Community & Interests*

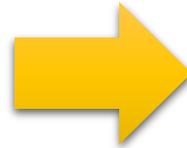
DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want this outcome when...	By when?	Who's going to
	[Describe what will be seen or how natural supports will be introduced]		

Relationships

DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want this outcome when...	By when?	Who's going to support me?
	[Describe what will be seen or how	[Enter a target	[List who will assist

Part III: Shared Planning

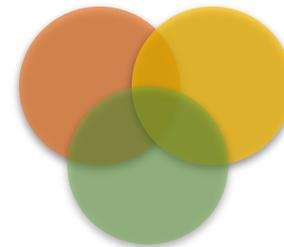
Traditional
Planning



Action
Planning

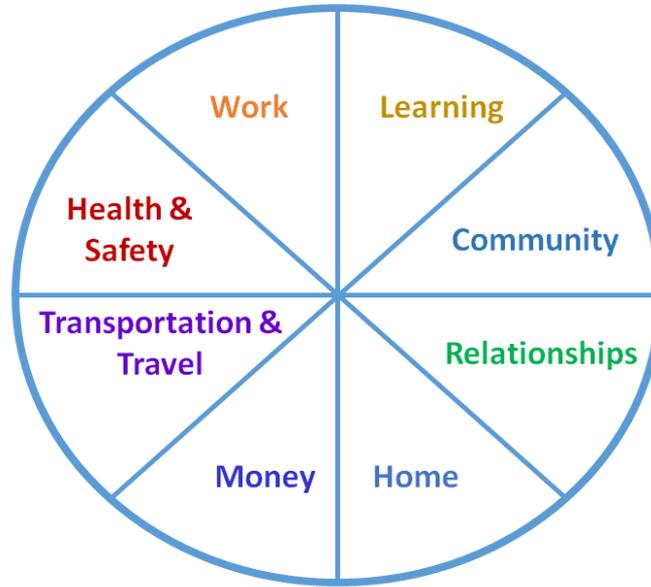
Separate
Goals
Objectives
Strategies

Shared
Outcomes
Action Steps
• Instructions



Part III: Shared Planning

The Life I Want



DESIRED OUTCOMES <i>(Number and Statement)</i>	I no longer want/need supports when...	By when?	Who's going to support me?
	[Describe what will be seen or how natural supports could resolve the outcome]	[Enter a target date for reaching the outcome]	[List who will assist with this outcome]

At the Annual ISP Meeting

Writing outcomes...

Name important TO.



Writing an outcome based on
the **heart** of each issue
provides for a variety of ways
to support a person having
what he or she wants.

Writing outcomes...

Previous outcome example:

Steve goes to Pizza Shack in order to eat with his friends.

Updated outcome examples:

Steve eats dinner with his friends.

Steve spends time with his friends.

Steve goes out to eat.

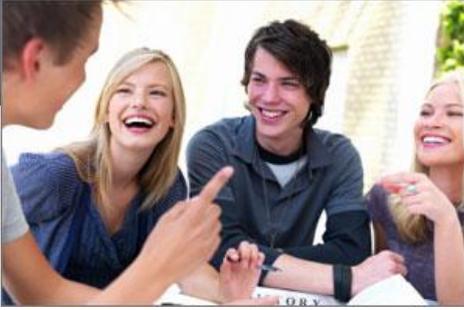


Writing activities/action steps...

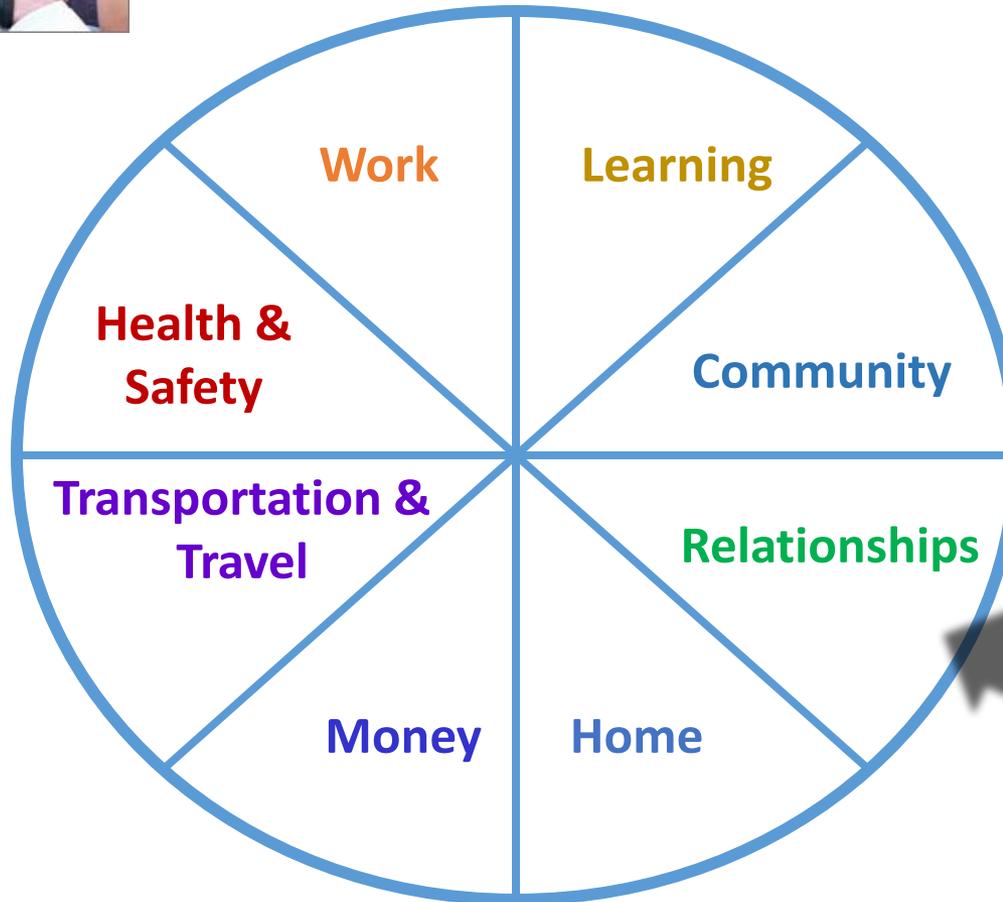
Name action verb activity.



Writing an activity is based on what can be **seen when supporting a person to learn or have what he or she wants.**



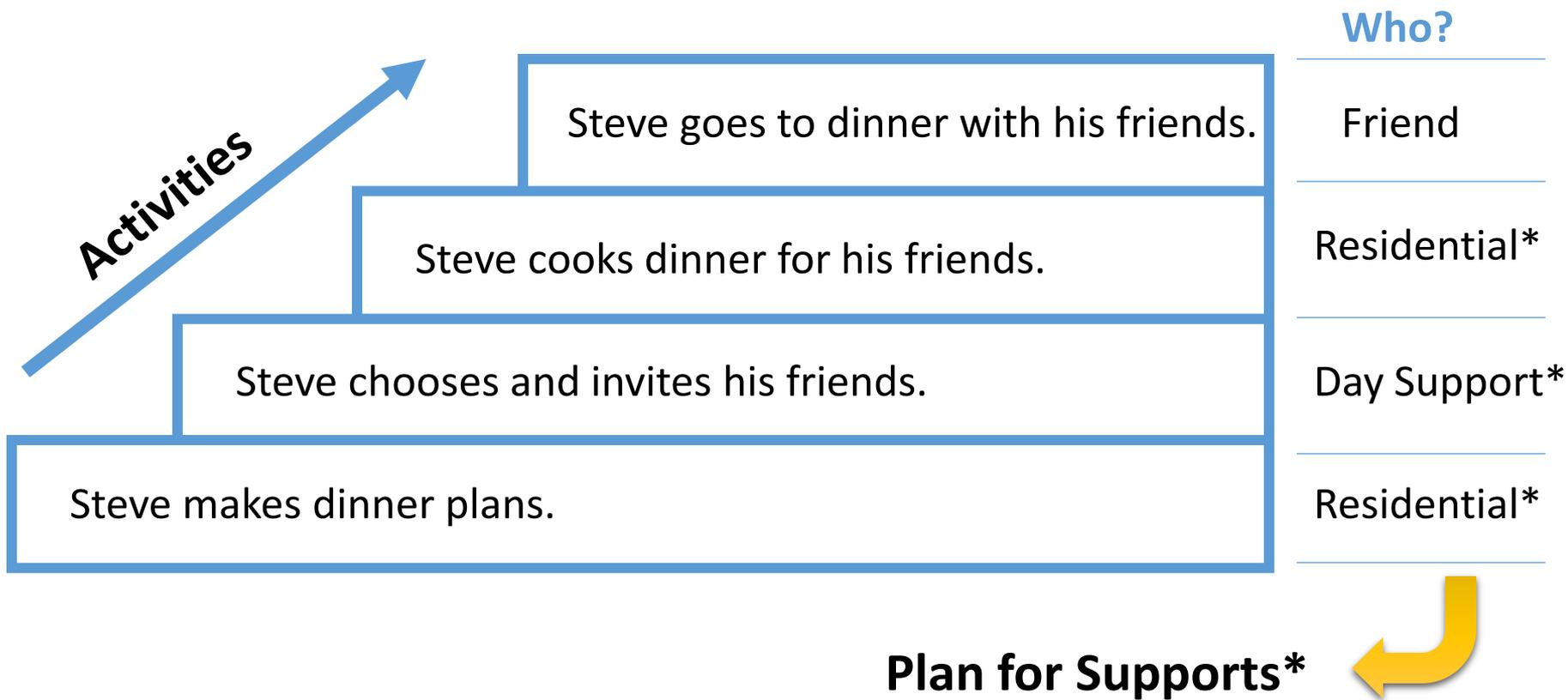
Outcome: 1. Steve eats dinner with his friends.



Personal Profile:
Important TO



Outcome: 1. Steve eats dinner with his friends.





Steve makes dinner plans.

Skill-building? Yes No

Who?

Supports are no longer wanted/needed when...

Residential

When Steve can use the internet or phone book to locate preferred restaurants and identify, call and invite at least 3 friends to a meal.

Guiding questions

Can a skill be developed?

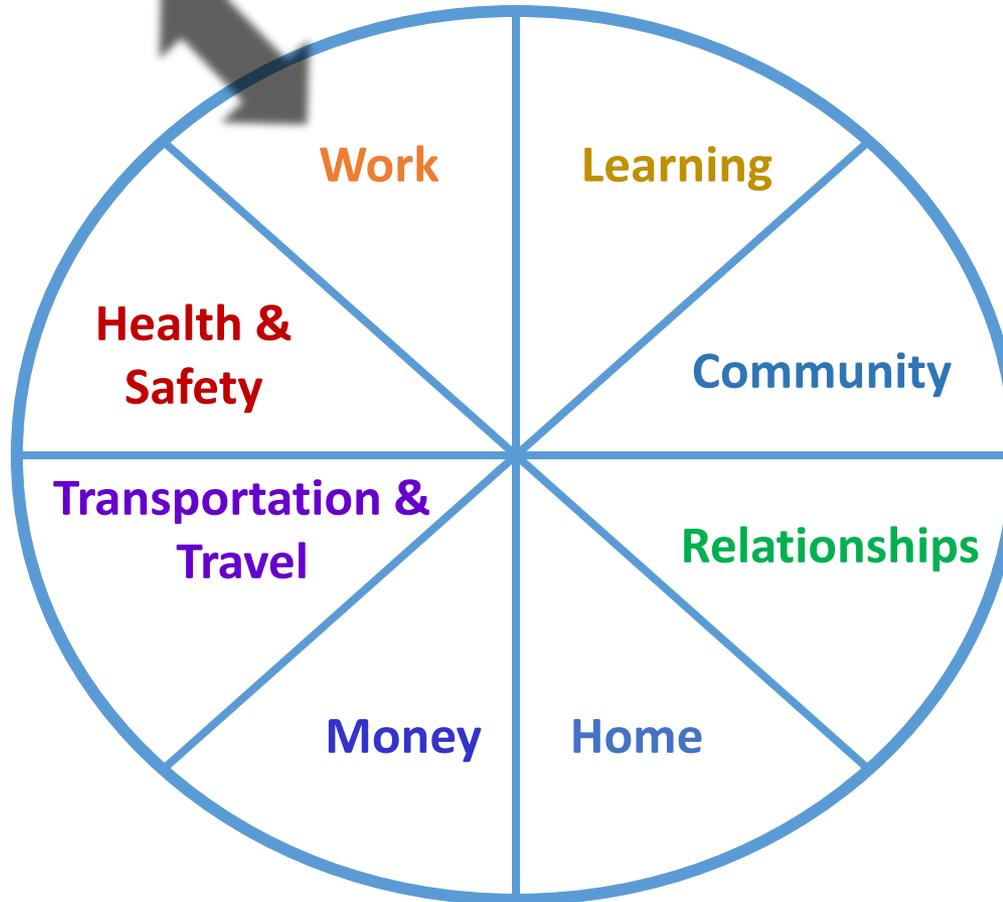
Can assistive technology be used?

Can the condition improve?

Can natural supports be introduced?

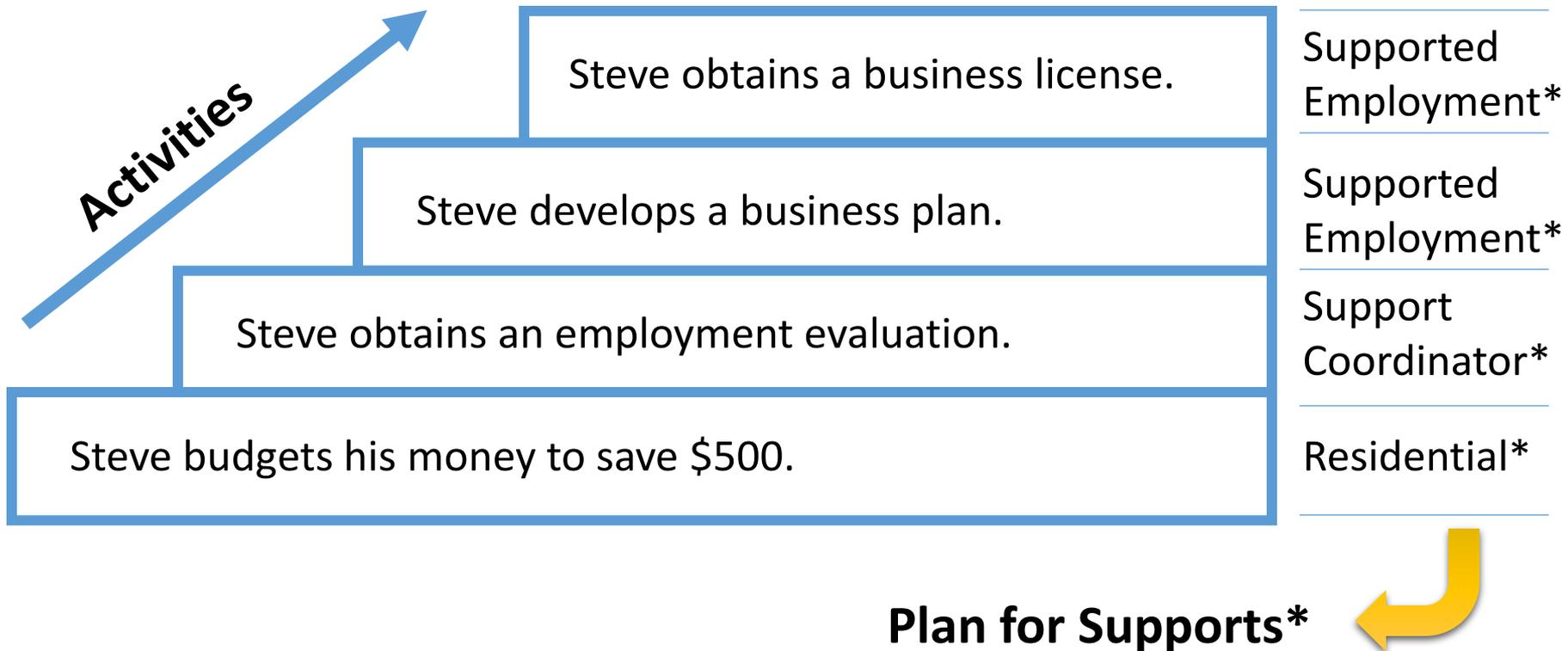
Outcome: 1. Steve has his own business and makes more money.

Personal Profile:
Important TO





Outcome: 2. Steve has his own business and makes more money.





Steve develops a business plan.

Who?

Skill-building? Yes No

Supported
Employment

Supports are no longer wanted/needed when...

When Steve develops a business plan that contains all necessary elements and presents it to the small business development center.

Guiding
questions

Can a skill be developed?

Can assistive technology be used?

Can the condition improve?

Can natural supports be introduced?

Part III: Shared Planning

PC ISP Outcome Planning Worksheet

Reason for Outcome (Part I: Essential Information and/or Part II: Personal Profile)

Important TO:

Important FOR:

Outcome (Part III: Shared Planning)

#	Enter Name	Important TO (Describe what is really important TO the person)

I no longer need/want supports when

By when
(enter the date outcome is expected to be achieved)

Mark the profile areas that apply:

- Work & Alternates
- Learning & Other pursuits
- Community & Interests

- Relationships
- Home
- Transportation & Travel

- Money
- Health & Safety

Support Activities (for above Outcome, per service, noted in each Part V, Plan for Supports)

Who	Will be doing what (Enter a support activity; always begin with the person's name)	How often	I no longer need/want supports when

Outcomes needed to complete Shared Planning

- 1: The 5 required life areas
- 2: The active medical and behavioral needs outcomes
- 3: The 3 standard outcome options

The 5 required life areas...



**Office of Quality
Management &
Development**

The 3 standard outcome options...

Routine health and safety
Periodic Supports
Support Coordination

Steve is healthy, safe and a valued member of his community.

Steve has something to do when plans are cancelled.

Steve's outcomes are achieved.

Part III: Shared Planning

5 required life areas?

**Active
Medical/Behavioral?**

**3 standard outcome
options?**

Steve is not tired all the time due to diabetes.

Steve has his own business and makes more money.

Steve has more friends.

Steve explores different ways to enjoy music.

Steve is organized.

Steve is healthy, safe and a valued member of his community.

Steve has something to do when plans are cancelled.

Steve's outcomes are achieved.

Agreements and Evaluating Success

Part IV. Agreements

Instructions: Part IV: Agreements is an evaluation of the annual planning meeting. It contains individual and team questions, as well as a signature page that is signed by all present at the meeting. Answer all questions and record any plans to address or resolve objections. This is also a place to record any inability to meet a request and the related team decision. If a service, support or resource is unavailable to achieve an outcome, the Support Coordinator contacts the Regional Community Resource Consultant to discuss.

Individual - Does my plan match...?

what makes me happy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	what I need to be safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
my dreams?	<input type="checkbox"/> Yes <input type="checkbox"/> No	how I contribute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
being with people that I like?	<input type="checkbox"/> Yes <input type="checkbox"/> No	new things I want to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
where & how I want to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	my work dreams?	<input type="checkbox"/> Yes <input type="checkbox"/> No
things I like to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	the support that I need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
how I want to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	people who support me?	<input type="checkbox"/> Yes <input type="checkbox"/> No
how I want to handle my money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	how I describe a good life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have had the opportunity to plan for personal topics apart from the full team.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I was supported to direct and participate in my planning process as described in My Planning Preferences in Part II. If no, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "no" to any of these questions, go back to that part of the profile and consider again. Please describe the reason for any questions above remaining "no" at the end of the meeting and any plan to resolve.

Team

Does any team member have an objection to any outcomes in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any restrictions that require review or agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I need financial planning or benefits counseling in order to maintain or maximize resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any IMPORTANT TO or IMPORTANT FOR information elsewhere (such as in the SIS or PCT TOOLS) that are not addressed in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe the reason for any questions above being marked "yes" and any plan to resolve.

Supports or resources needed to achieve desired outcomes are not available: Yes No

Signatures of partner

Individual

Support Coordinator

Substitute Decision-Maker

Partner

Rel

Partner

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Partner

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Partner

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Partner

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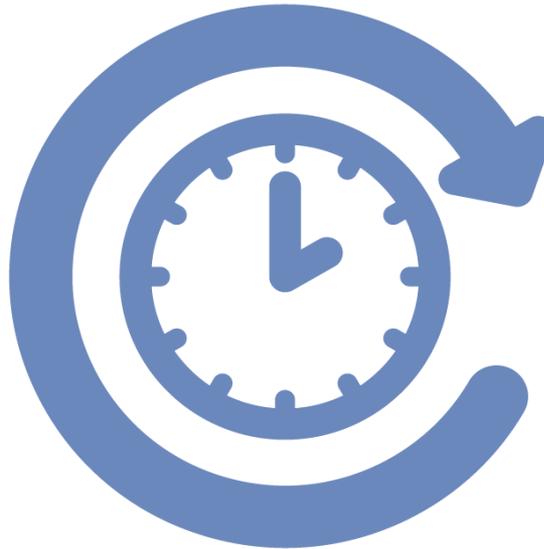
Names of partners who co

Part V. Plan for Supports

Provider: _____ Service: _____

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. 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.**]*



After the Annual
ISP Meeting



Part V: Plan for Supports

Outcomes and Activities

DESIRED OUTCOME	[Enter the desired outcome number and statement from the Shared Plan or later revision]		
I no longer want/need supports when...	[Describe the achievement or natural supports needed to finish with this outcome from the Shared Plan or later revision]		
Support Activities (action steps)	I no longer want/need supports when...	Support Instructions (Describe the steps, what's needed for this person to be successful and how they participate with each support activity.)	How often?
[Enter a support activity using an action verb; always begin with the person's name.] Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	[Describe what will be seen or how natural supports could resolve the activity]	- [Enter the support instructions that relate to this activity]	[Enter the frequency for this activity]
[Enter a support activity using an action verb; always begin with the person's name.] Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	[Describe what will be seen or how natural supports could resolve the activity]	- [Enter the support instructions that relate to this activity]	[Enter the frequency for this activity]
[Enter a support activity using an action verb; always begin with the person's name.] Skill-building: <input type="checkbox"/> Yes <input type="checkbox"/> No	[Describe what will be seen or how natural supports could resolve the activity]	- [Enter the support instructions that relate to this activity]	[Enter the frequency for this activity]

Ongoing Learning and Documentation

Person-Centered Review

Instructions: Include the full outcome as reflected on the shared plan or in a previous update in first column. Include the start and status for each outcome in column 2. Evaluate each outcome in the last two columns.

Describe progress toward each outcome
(Based upon the Plan for Supports: Support Activities and Instructions, activity data and target dates)

Ongoing Learning and Documentation

Instructions: Supports must be documented each time they are provided. This can be accomplished through a narrative description of the supports provided, the person's response and how improvements will be made to enhance success. A checklist may be used along with notes. The checklist contains the support activities, the frequency and the initials of the DSP providing supports. When using the checklist along with routine notes, the notes will touch on various supports across the billing period. The frequency of documentation for skill-building should be appropriate to the skill, the frequency of practice and agency guidelines. It is important that no support be submitted for reimbursement without a note that summarizes the support, person's response and related efforts to improve how the support is provided.

There are six templates provided for use in documenting supports. Three logs and three checklist templates are available. These tools may be used in combination to adequately document the supports provided.

The three checklists:

- The **support checklist** may be used in combination with ongoing notes to confirm that all supports were provided as agreed.
- The **periodic support checklist** includes the needed elements for the use of periodic support hours when alternate plans are cancelled.
- The **safety support checklist** provides a way of documenting supports related to health and safety.

The three logs for ongoing notation:

- The **support log** contains a chronological accounting of events.
- The **learning log** provides a means of documenting learning related to routine supports that do not include skill-building.
- The **skill-building log** provides the elements that must be documented when skill-building is being attempted.

DESIRED OUTCOMES Number and Statement	Start of
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[Enter Outcome Number and Statement]	Start of <input type="checkbox"/> M <input type="checkbox"/> Pa <input type="checkbox"/> Nc <input type="checkbox"/> En
--------------------------------------	---

[Enter Outcome Number and Statement]	Start of <input type="checkbox"/> M <input type="checkbox"/> Pa <input type="checkbox"/> Nc <input type="checkbox"/> En
--------------------------------------	---

[Enter Outcome Number and Statement]	Start of <input type="checkbox"/> M <input type="checkbox"/> Pa <input type="checkbox"/> Nc <input type="checkbox"/> En
--------------------------------------	---

Please describe any significant

Please describe any additional complaints, health issues, safety

Has informed consent been obtained for currently prescribed psychotropic

Please explain the reasons, in chronological order (including vocational) and/or overnight stays

Describe the individual's satisfaction with

Will this be followed by a service

Yes, because hours are changing

Outcome a

Individual: _____

Ongoing Learning and Documentation

Support Log for _____	
Date	Details
[Enter date support was provided]	[Enter details of contact or activity, signature and date of completed entry]

Learning Log for _____	
Date and Signature	What didn't you like about the activity? How can it be different?
[Enter date and signature]	[Enter details of what didn't work and how to improve]

Skill-building Log for _____				
Outcome				
Support Activity	[Enter details of support activity]			
Date and Signature	What did the person do to practice the skill? (What, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	List what you saw that shows the person is learning and what you did to help.	List what the person liked and what might need to change.
[Enter date and signature]	[Enter details about the skill-building activity]	[Enter who was present]	[List what the person did to show learning and how you helped them learn]	[Enter description of what the person liked and what needs to be different to enhance learning]

A emphasis on what's working, what's not working and how to improve.

Outcome status definitions



Start date/status of outcome:
Start date: <input type="checkbox"/> Met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met

Met = Outcome was achieved (and ended).

Partially Met = Outcome was partially achieved.

Not Met = Outcome was not achieved.

Obtaining ISP materials

ISP templates and videos are available online here:

<http://www.dbhds.virginia.gov/>

Select links in the following order to access the ISP

Professionals And Service Providers
Developmental Services
Provider Development
Person-Centered Planning

Contacts and resources:

Community Resource Consultants (PC ISP):

<http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/provider-development>

Person-Centered Thinking Training:

<http://www.personcenteredpractices.org/>

Settlement Agreement information at DBHDS:

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement>

CMS Final Rule information at DMAS:

http://www.dmas.virginia.gov/Content_pgs/HCBS.aspx