



Individual Support Planning for the ID Waiver: An Overview



Person-Centered Leadership Team ~ Team 6



Daun, Tim, Chris, Lisa, Christina



A Good Life

- *Joy and happiness*
- *Dreams for my future*
- *People I want in my life*
- *My own place and belongings*
- *Do things I enjoy*
- *A car or transportation*
- *Stay healthy and safe*
- *Own money, checking account & bank card*
- *Contribute to family and community*
- *Learn new things*
- *Work!*



I Want a Good Life

**Supporting My Life
with My Plan**

Workbook



Changes in Language

Client/Consumer	=	<i>Individual</i>
Case Manager	=	<i>Support Coordinator</i>
Service Plan	=	<i>Support Plan</i>
Training	=	<i>Learning</i>
Assistance	=	<i>Supports</i>
Specialized Supervision	=	<i>Safety Supports</i>
Interventions/Strategies	=	<i>Support Instructions</i>

ISP Framework

One plan/ Shared outcomes

Partners/Circles of support

Self-direction

Health and safety

Regulatory compliance



A Good Life



My Planning Partner





What is a Planning Partner?

A friend...

family member...

support provider...

someone who helps with:

- completing the profile,
- arranging planning meetings,
- contacting partners,
- identifying off-limit topics,
- communicating with SC.



A Good Life



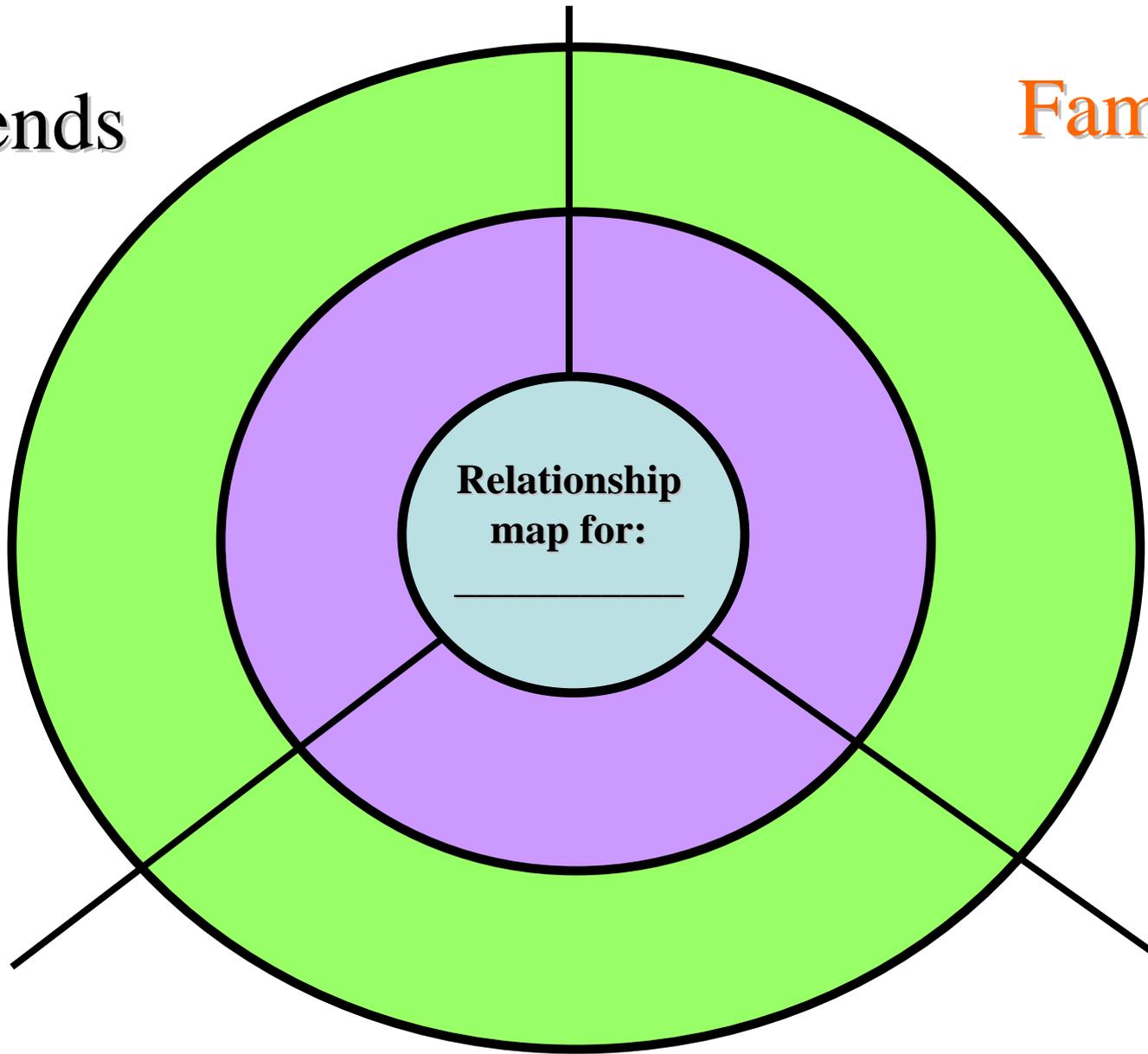
Building my community...





Friends

Family



Providers





This partner list belongs to: _____ ISP Start: _____ End: _____

Partners

The people I want to help me with planning:	Relationship:	Contact information:	Accepted?	Alternate:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Planning Partner			Accepted?	Alternate:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Available
Tool

Things to do with my planning partner:

- Individual Profile update Invite partners Schedule annual planning
- Convey any personal topics to support coordinator for planning



Becoming a PC Team:

Greet and meet.

Share something that made you smile.





Partner Roles:



- Facilitator = Sarah + SC
- Recorder = Any partner
- Timekeeper = Any partner
- Reporter = Planning partner

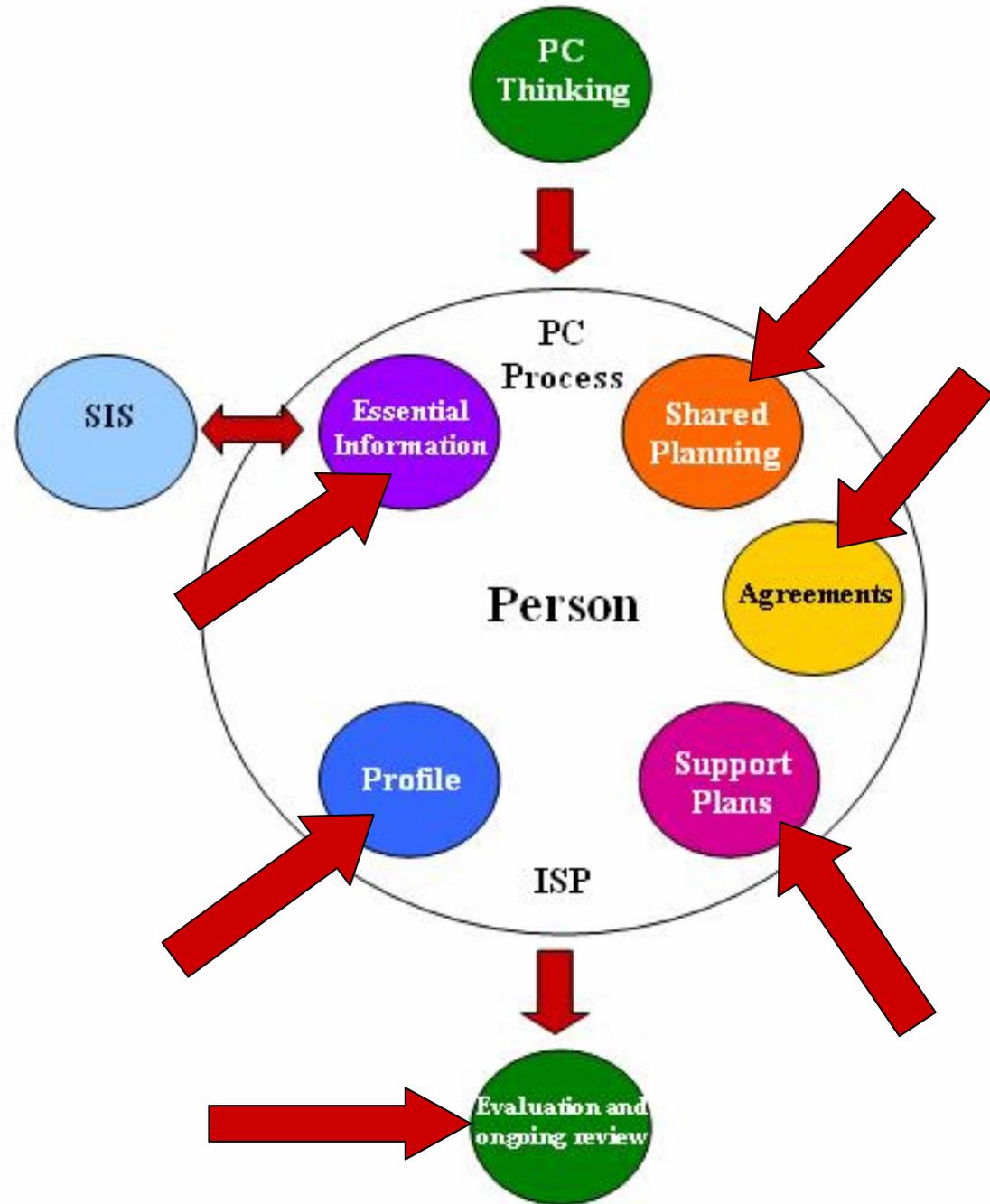
The modules of the ISP:

1. Essential information
2. Personal Profile
3. Shared planning
4. Agreements
5. Support Plans

Before
planning

During
planning

After
planning



I. Essential Information

Demographics, health and safety information

This information belongs to: _____ ISP Start: _____ End: _____

Individual Support Plan

Essential Information

Contact Information

Legal Name:		Preferred Name:	
Date of Birth:		Gender:	
Medicaid #:		Medicare #:	
Home Street Address:			
Mailing Address or P.O. Box:			
City:		Zip Code:	
Home phone:		Cell phone:	

I. Essential Information

Needed for Medicaid supports & services

What?

- Contact information
- Relevant history
- Back-up and discharge plans
- Legal, advocacy, access concerns
- Assessment summaries

I. Essential Information

Who?

- Completed by the Support Coordinator with individual and partner input

When?

- SC shares annually
- Partners provide updates to SC quarterly
- SC notifies partners as needed during the year

II. Personal Profile

Considers “a good life”

This information is about: _____ ISP Start: _____ End: _____

II. Personal Profile

Please indicate whose perspective is involved in the completion of this profile: *(check all that apply)*

- Self Family Friend Guardian Provider: _____ All Partners

Please provide a description of what *having a good life* means to me.

List of my talents and contributions. (What do people who know and care about me say? Contributions to friends, family and community?)	Describe what this means. (How do my talents and contributions help connect with or affect others?)
_____	_____
_____	_____
_____	_____

II. Personal Profile

What?

A living description of the individual.

- A good life, from “my” perspective
- Talents, gifts and contributions
- What’s working & not working in 8 areas of life
- “Important to” and “Important for”

II. Personal Profile

Who?

- Individual with someone he or she chooses
- Partners, from their perspectives
- Support Coordinator maintains final

When?

- Shared annually by the SC and kept current by partners as they learn about the individual

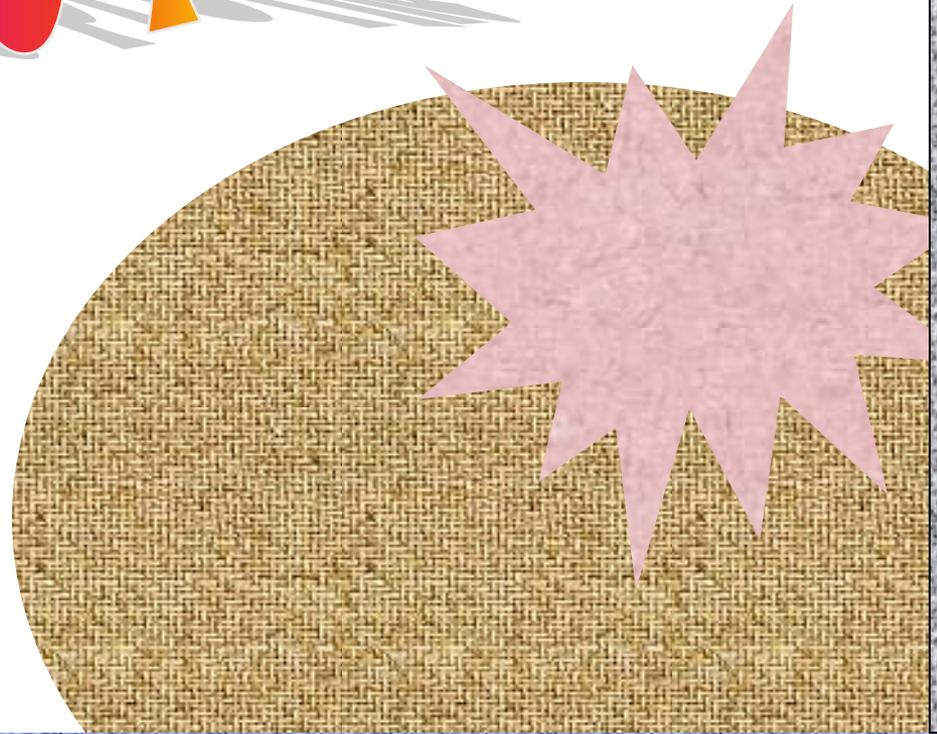
II. Personal Profile

How?

- Individual shares profile, with support as desired
- Partners share profile updates at planning



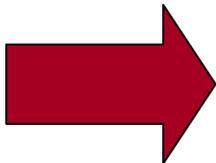
my profile



II. Personal Profile

Partners discuss a good life, talents and contributions

Taken from everyone's perspective



Please provide a description of what <i>having a good life</i> means to me.
<input type="text"/>

List of my talents and contributions. (What do people who know and care about me say? Contributions to friends, family and community?)	Describe what this means. (How do my talents and contributions help connect with or affect others?)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



Please provide a description of what *having a good life* means to me.



List of my talents and contributions.
(What do people who know and care about me say? Contributions to friends, family and community?)

Describe what this means.
(How do my talents and contributions help connect with or affect others?)

II. Personal Profile

Considers talents and contributions

List your talents and contributions. (What do people who know and care say? Contributions to friends, family and community?)	Describe what this means. (How do talents and contributions help connect with or influence others?)

II. Personal Profile

Considers what's working and not working in the individual's life

Profile Questions	
<u>Describe each area and include what's working?</u> Things I would like to stay the same	What's not working? Things I would like to see changed.
Home	
<i>home</i> <input type="checkbox"/>	<input type="checkbox"/>
<i>routines</i> <input type="checkbox"/>	<input type="checkbox"/>
<i>independence</i> <input type="checkbox"/>	<input type="checkbox"/>
<i>privacy</i> <input type="checkbox"/>	<input type="checkbox"/>
<i>safety in my home</i> <input type="checkbox"/>	<input type="checkbox"/>
Community and Interests	
<i>community</i> <input type="checkbox"/>	<input type="checkbox"/>
<i>safety in my community</i> <input type="checkbox"/>	<input type="checkbox"/>
<i>things I enjoy</i> <input type="checkbox"/>	<input type="checkbox"/>

II. Personal Profile

Considers what's important TO and important FOR

List what's important to me for planning this year.	Please describe (where, with whom, how often, etc).
■	■
■	■
■	■
■	■
■	■
■	■

What's important for my health, safety and well-being?	What this means for me.
■	■
■	■
■	■
■	■

Profile Questions

Describe each area and include what's working? Things I would like to stay the same	What's not working? Things I would like to see changed.
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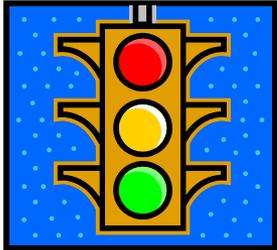
Home

<p><i>home</i> Sarah lives in a Vida Residential group home, with 3 other women, she calls "friends." She moved into the home in 1994, has her own room that she chose to paint yellow several years ago. She has a television that she likes to watch in the evenings, a radio and a small desk for art projects. She likes to help cook dinner and spends a lot of time in the living room in her home, talking with whoever's home at that time.</p>	<p style="color: blue; font-size: 1.2em;">More picnics</p> <p style="color: blue; font-size: 1.2em;">Food Land</p>
<p><i>routines</i> Sarah likes coffee in the morning and usually likes to have toast and eggs for breakfast. She likes going to the same grocery store (Food World) each week.</p>	
<p><i>independence</i> No. Sarah likes the help she receives to be only for those things she absolutely needs, and for it to be provided subtly around others. She does not complain, but we know she wants to do more on her own.</p>	<p>Sarah has talked about wanting to learn how to drive her power wheelchair on her own, especially in grocery stores and shopping malls.</p>
<p><i>privacy</i> More privacy is needed for Sarah.</p>	
<p><i>safety in my home</i> Sarah says that she feels safe in her home.</p>	

Community and Interests

<p><i>community</i> Sarah lives in Vida a small community in Central Virginia. She lives near a strip mall that has a Chinese restaurant, a grocery store, a department store and a bank. There is a larger shopping mall about 15 minutes</p>	<p>Sarah doesn't know many of her neighbors. It would be nice if we could find a way for her to meet some of them.</p>
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II. Personal Profile



Partners review “important to” items on the ISP

Taken from the Personal Profile, SIS and planning discussion



List what's important to me for planning this year.	Please describe (where, with whom, how often, etc).

Home

home Sarah lives in a Vida Residential group home, with 3 other women, she calls “friends.” She moved into the home in 1994, has her own room that she chose to paint yellow several years ago. She has a television that she likes to watch in the evenings, a radio and a small desk for art projects. She likes to help cook dinner and spends a lot of time in the living room in her home, talking with whoever’s home at that time.

Sarah watches Martha Stewart on occasion and wants to try some of her ideas to jazz up her bedroom. It has been awhile since it was last painted, and she might want something different. Sarah also talks about going out more – she loves sporting events and festivals.

routines Sarah likes coffee in the morning and usually likes to have toast and eggs for breakfast. She likes going to the same grocery store (Food World) each week.

independence No. Sarah likes the help she receives to be only for those things she absolutely needs, and for it to be provided subtly around others. She does not complain, but we know she wants to do more on her own.

Sarah has talked about wanting to learn how to drive her power wheelchair on her own, especially in grocery stores and shopping malls.

privacy More privacy is needed for Sarah.

We think that Sarah would like more privacy and independence with her personal care, but she doesn’t want to talk about it in front of everyone.

safety in my home Sarah says that she feels safe in her home.

Ideas

Drive power wheelchair in community

Do more for herself

Privacy with personal care

Coffee in the morning

Festivals

Help cook dinner

Sporting events

Food World

Talking with others

Redecorate bedroom

Community and Interests

community Sarah lives in Vida a small community in Central Virginia. She lives near a strip mall that has a Chinese restaurant, a grocery store, a department store and a bank. There is a larger shopping mall about 15 minutes away, where Sarah likes to go shopping the most. Sarah enjoys walks through the neighborhood when the weather is nice.

Sarah doesn't know many of her neighbors. It would be nice if we could find a way for her to meet some of them.

safety in my community Sarah says that she feels safe in her community.

things I enjoy Sarah enjoys shopping, bowling, painting and spending time with other people. She also likes going to dances whenever she can. Sarah likes sitting on the back porch and listening to the birds early in the morning. She wants to travel and talks about it frequently.

Sarah might enjoy some type of social group or club. She likes bowling, movies and baseball too. Sarah doesn't like sad music. She doesn't like being told that it's time to go to bed, if she's not ready yet. Sarah would like to have sitting on the back porch a regular morning routine. We can also help her plan a trip.

hobbies Sarah likes arts and crafts - especially giving things she makes to others.

Sarah doesn't get to make enough crafts and jewelry lately.

II. Personal Profile

Community and Interests

Meeting neighbors

Walking

Social groups

Clubs

Sitting on the back porch each morning

Painting

Ideas

Baseball

Dances

Bowling

Movies

Taking a trip

Crafts

Jewelry

Travel

Relationships

family and friends Sarah has one brother (Glen) and one sister (Addie). She talks with them on the phone, usually on holidays. She lives with three people at home and has good relationships with all, but one of them (G.S.), which is occasionally difficult. Sarah used to have contact with a teacher from her occupational school, but hasn't heard from her since last year. Sarah also gets along well with the people at her day support center and at Vida County Parks and Recreation.

Sarah might like to talk with family more often or write letters.

being understood by others: Those who support Sarah understand when she is communicating her likes and dislikes.

qualities of those who support Sarah likes people who are patient and who listen to her.

Sarah does not like people with loud voices.

culture, traditions Sarah likes celebrating the holiday season and enjoys baking cookies to give as gifts each year. She also likes to attend holiday parties whenever she can.

religion, spirituality Sarah does not express any religious preferences.

Ideas

Talk with family

Write letters to family

Baking cookies for gifts

Holiday Parties

II. Personal Profile



Partners review “important for” items on the ISP

Taken from the Essential Information, Profile and SIS



What's important for my health, safety and well-being?	What this means for me.
<input type="checkbox"/>	<input type="checkbox"/>

Detailed Responses of All Assessment Items

Baker, Sarah

Date SIS Completed:

10/20/2008

Section 1-Caretaker and Environmental Risk

Part A-Home Living Activities	Score			Important "To" or "For"
	Freq	Time	Type	
1 Using the toilet	3	2	3	T
Important to Sarah to take care of her own restroom needs and she has an assistive device to do so.				
2 Taking care of clothes (includes laundering)	1	1	3	
3 Preparing food	3	2	3	T
Sarah wants to do her own cooking as much as possible and to learn better skills.				
4 Eating food	3	2	1	F
Sarah needs monitoring on food selection and eating due to her diabetes.				
5 House keeping and cleaning	3	1	3	F
She needs supervision frequently to assure the chores get done, and her room, bathroom and kitchen are clean and free from bugs.				
6 Dressing	3	2	3	
7 Bathing and taking care of personal hygiene and grooming needs	3	2	3	
8 Operating home appliances	0	0	0	

Page Notes:

Part B-Community Living Activities	Score			Important "To" or "For"
	Freq	Time	Type	
1 Getting from place to place throughout the community (transportation)	3	2	4	
2 Participating in recreation/leisure activities in the community settings	2	2	3	

SIS

Risk assessment

This information belongs to: _____ ISP Start: _____ End: _____

Appendix 1: Risk Assessment

SIS

Circle the appropriate number to indicate how much support is needed for each of the items below. Complete ALL items.

Additional Supports/Risk Assessment	No Support Needed	Some Support Needed	Extensive Support Needed
Caretaker and Environmental Risks (for persons living at home)			
1. Incapacitated caretaker or loss of primary caretaker/natural supports - may become homeless, or environment is not appropriate for the person's medical conditions. Any current health and safety issue.	0	1	2
2. Housing issues related to family dwelling- may become homeless, or environment is not appropriate for the person's medical conditions.	0	1	2
3. History of neglect and/or abuse	0	1	2
4. Refusal of services by caretaker- caretaker is refusing to follow person-centered plan.	0	1	2
5. Criminal activity by caretaker e.g. criminal activity needs to be watched for due to past history that may not be safe for the person.	0	1	2
Individual Behavioral Risks			
6. Housing related issues and/or homelessness (due to individual) – e.g. person may be homeless in the next 60 days.	0	1	2
7. Pregnancy and/or parenting issues- e.g. person is pregnant and/or has no parenting	0	1	2

III. Shared Planning

Desired outcomes are shared

This information is about: _____ ID# _____ ISP Start: _____ End: _____

III. Shared Planning

Outcome #	What are my desired outcomes?	How Often?	By When?	Responsible Partner(s)

III. Shared Planning

- Outcomes are **NOT** services
 - *“Sarah receives residential services.”*
- Outcomes are **NOT** meaningless to the individual or supports that are needed
 - *“Sarah brushes her teeth...ties her shoes... receives suctioning.”*
- Outcomes are **NOT** the same for everyone.
 - *“Sarah gets along with others.”*

III. Shared Planning

- Outcomes **ARE** written as if they are happening now.
 - *“Sarah has a paid job she likes.”*
- Outcomes **ARE** the individual’s choices.
 - *“Sarah lives in her own apartment with the privacy she wants.”*
- Outcomes **ARE** identified by considering the individual’s profile.
 - *“Sarah attends pottery classes and makes jewelry for others.”*

III. Shared Planning

- Outcomes **ARE** seen and counted.
 - *“Sarah does routine activities with friends each week, such as going to ballgames or having them over for dinner.”*
- Outcomes **ARE** written in the individual’s words,
 - *“I ride a horse.”*or from the team’s perspective.
 - *“Sarah rides a horse.”*

III. Shared Planning

Desired Outcomes

Home

“quality of life”

Sarah drives her own wheelchair in her home and community.

Community and Interests

Sarah is an active member of the Bluegrass Club and meets new friends who like music.

Relationships

Sarah writes letters to her family each week.

III. Shared Planning

Important to: “I want to cook.”

Cooking means classes and meals

Sarah...?

**Outcomes are written
as if they are
happening...what is
Sarah's vision?**





Important to

I want to cook

Describe what this means to the individual

Going to cooking classes and making her own dinner at home

outcome statements

Sarah attends a **cooking classes** and **cooks dinner** at home.

Supports

Enrolling in a **cooking class.**

Groceries and **cooking dinner**

Reviewing **diabetic recommendations**

Going to **cooking classes**

Important for

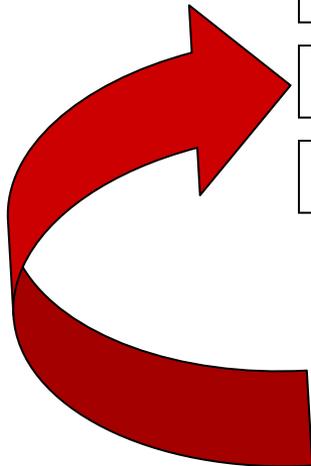
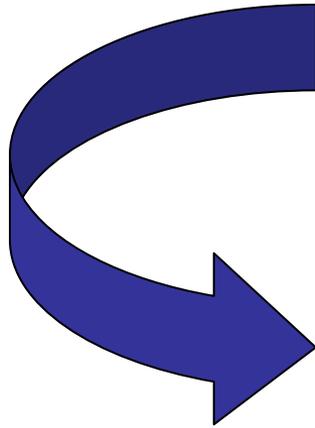
Diabetes

Describe what this means to the individual

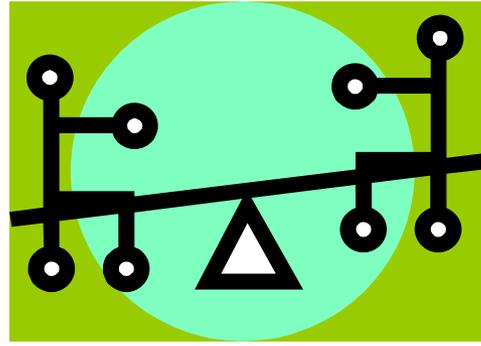
Diabetic diet

outcome

5



Planning for health, safety and well-being



All **important for items and routine supports** are addressed under the final outcome:

“To be healthy and safe and receive supports as agreed to in my plan”

III. Shared Planning

Planning is evaluated for success

This information is about: _____ ID# _____ ISP Start: _____ End: _____

Plan Rating Questions

Individual - Does my plan match...?					
What makes me happy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	My checking account?	<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
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 I want to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	My work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Things I like to do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Support I need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ways to travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	People who support me?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Having my own money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does my plan match my description of a good life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "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.

IV. Agreements

Signed by all partners with contributors listed

This information belongs to: _____ ISP Start: _____ End: _____

Agreements

Signatures of partners who agree to help me with my plans as decided this day:			
Individual		Address/phone:	Date
Support Coordinator		Address/phone:	Date
Guardian/ Authorized Representative		Address/phone:	Date
Partner	Relationship/ service/support	Address/phone:	Date
Partner	Relationship/ service/support	Address/phone:	Date

Part V: Plan for Supports

**Optional
format**



V. Plan for Supports

Supports tailored to individual preferences

This information is about: _____ ID# _____ ISP Start: _____ End: _____

Plan for Supports

Provider: _____

Outcome #	Desired Outcomes	What supports are needed?		How often?	By when?
Area	Routine Supports	N/A	What supports are needed?	How often?	By when?
Home	Laundry				
	Meal preparation and eating				
	Housekeeping				

Person-centered descriptions

V. Plan for Supports

Schedule to meet agreements

This information is about: _____ ID# _____ ISP Start: _____ End: _____

Schedule of Supports

Provider: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

V. Plan for Supports

Ongoing notes and learning

This information is about: _____ ID# _____ ISP Start: _____ End: _____

Learning Log

Learning Log				
Date	What did the person do? (what, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work? What did the person not like about the activity? What needs to be different?

M. Smull

V. Plan for Supports

What?

Ongoing review and improvements

This information is about: _____ ID# _____ ISP Start: _____ End: _____

Person-Centered Review

From: _____ to _____

Provider: _____

Instructions: Answer the following questions to complete the review. Remember to report on all supports that are being provided as agreed to in the ISP. Individual satisfaction with supports and all changes that have occurred in the ISP must also be included.

Describe my progress toward each of my desired outcomes?

What new information have we learned to add to my profile?

What good things have happened in my life?

What struggles or challenges have I experienced?

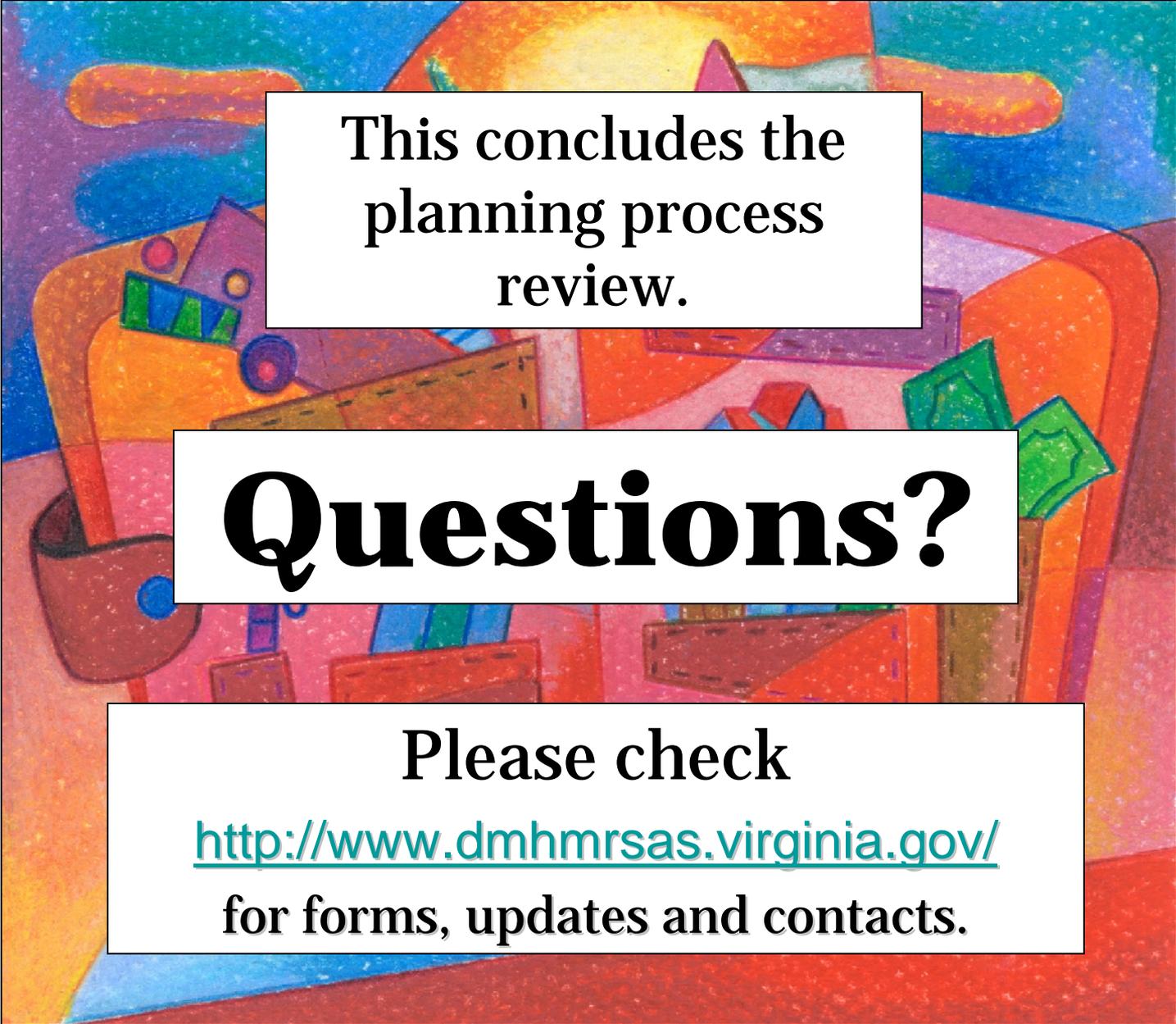
V. Plan for Supports

Who?

- Completed with the individual by all providers and SC

When?

- Providers share new learning with the individual



This concludes the
planning process
review.

Questions?

Please check

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

for forms, updates and contacts.