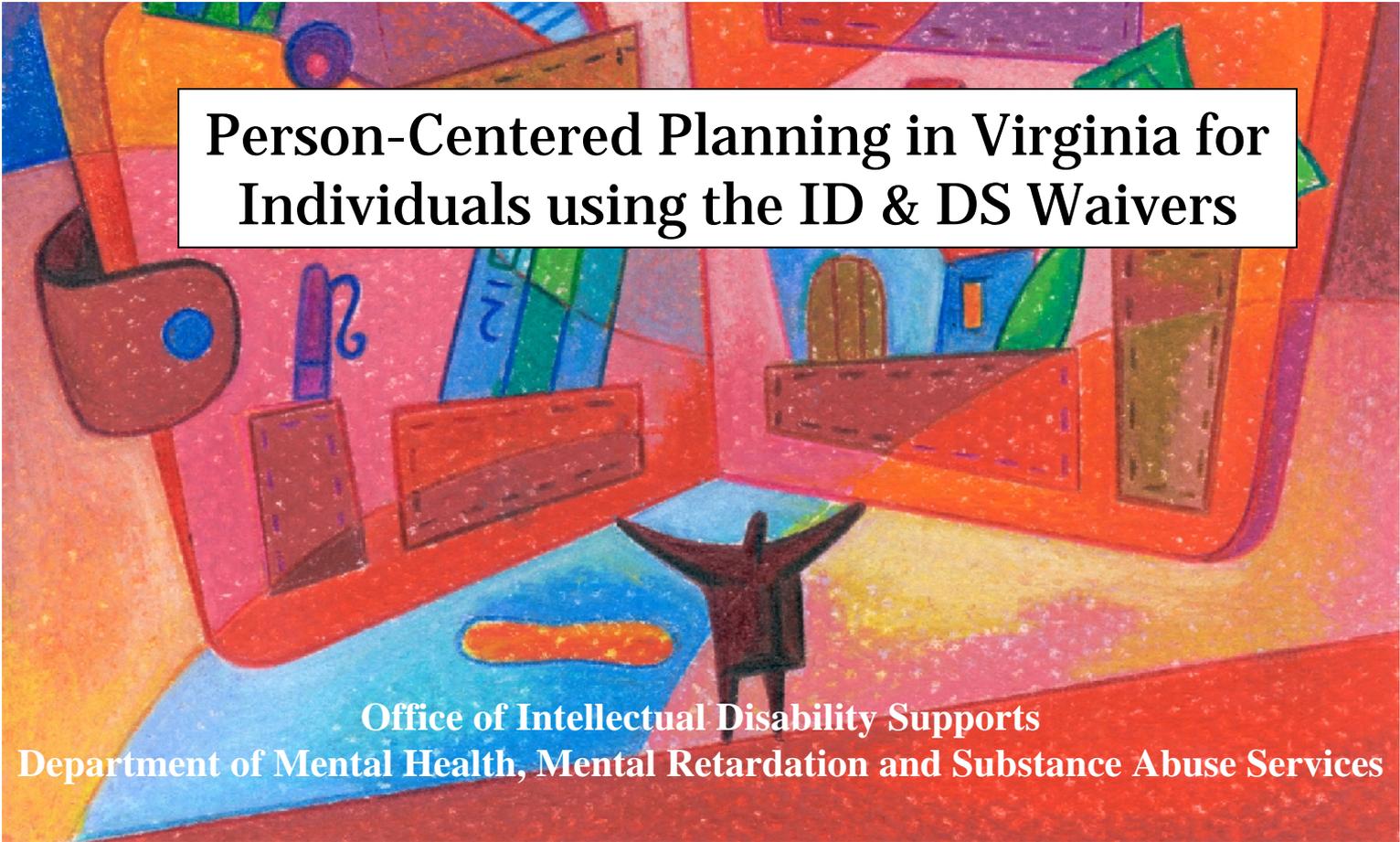


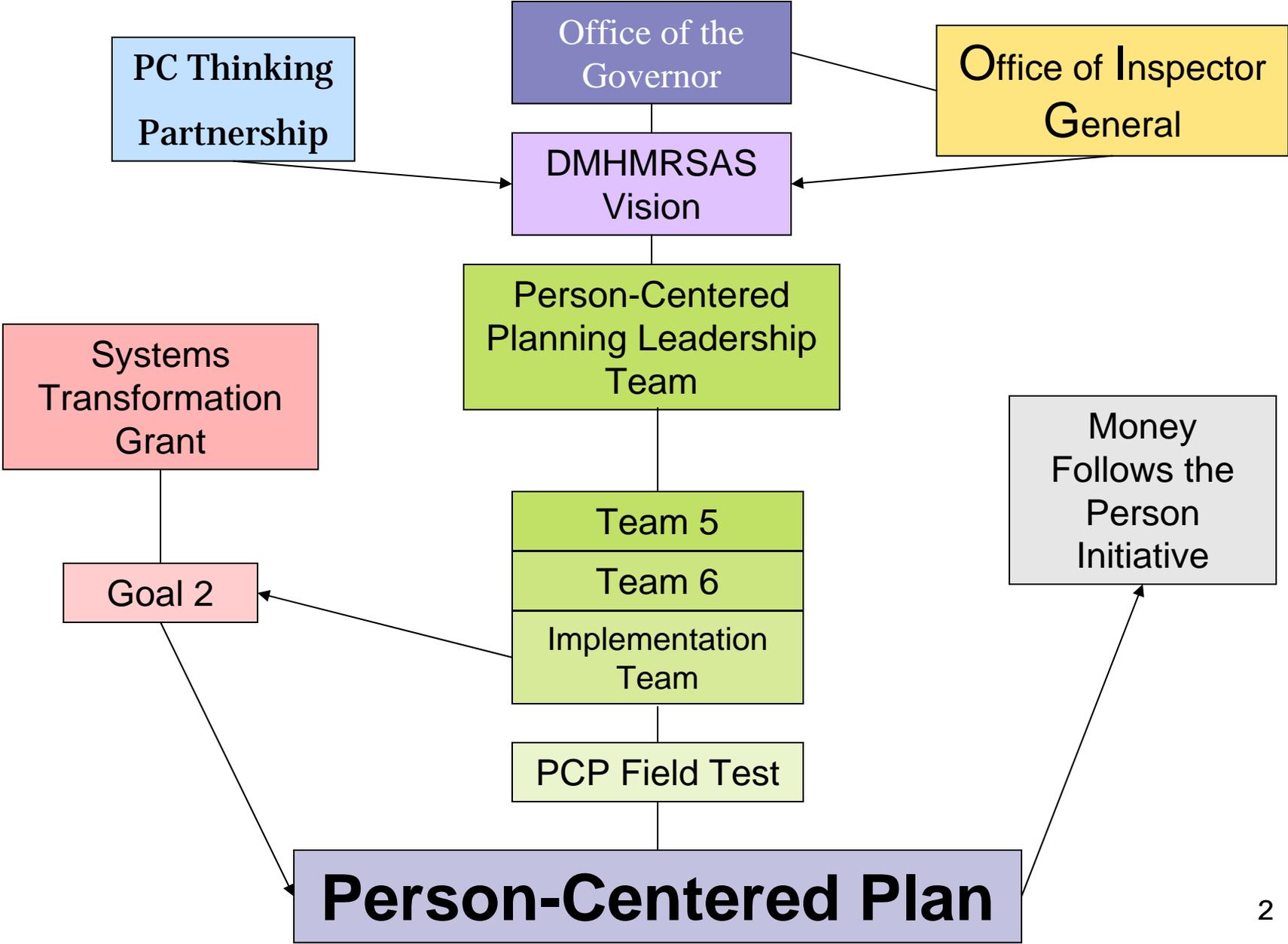


A Good Life



Person-Centered Planning in Virginia for Individuals using the ID & DS Waivers

Office of Intellectual Disability Supports
Department of Mental Health, Mental Retardation and Substance Abuse Services



PCP Leadership Team 6 : Vision & Direction



Daun, Tim, Chris, Lisa, Christina

Website: http://www.vcu.edu/partnership/disability_advocacy_ind_fam.html

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

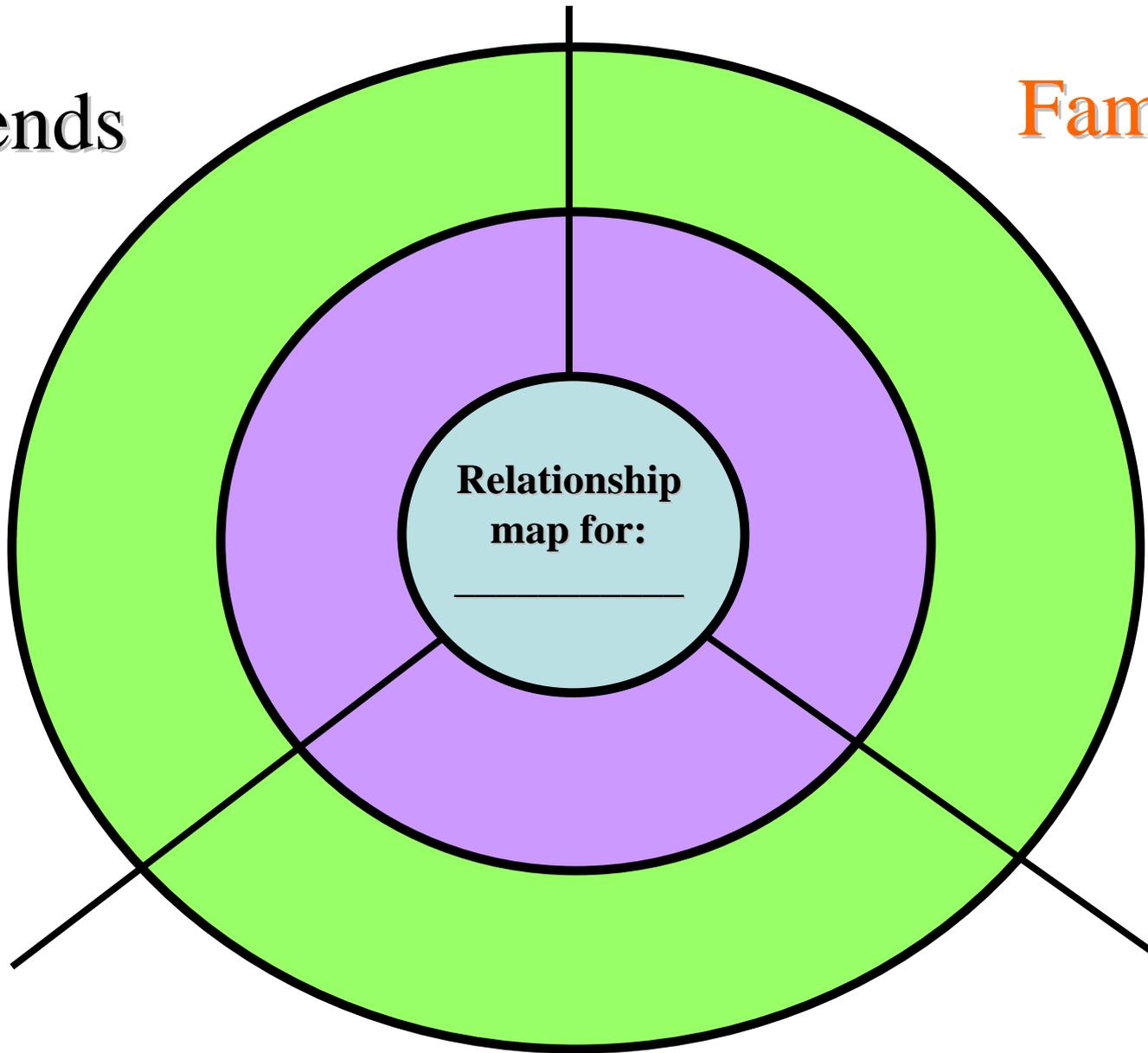


Building my community...



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	
			<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 = Individual & SC

Recorder = Partner volunteer

Timekeeper = Partner volunteer

The Individual Support Plan

Part 1. Essential Information

Part 2. Personal Profile

Part 3. Shared Planning

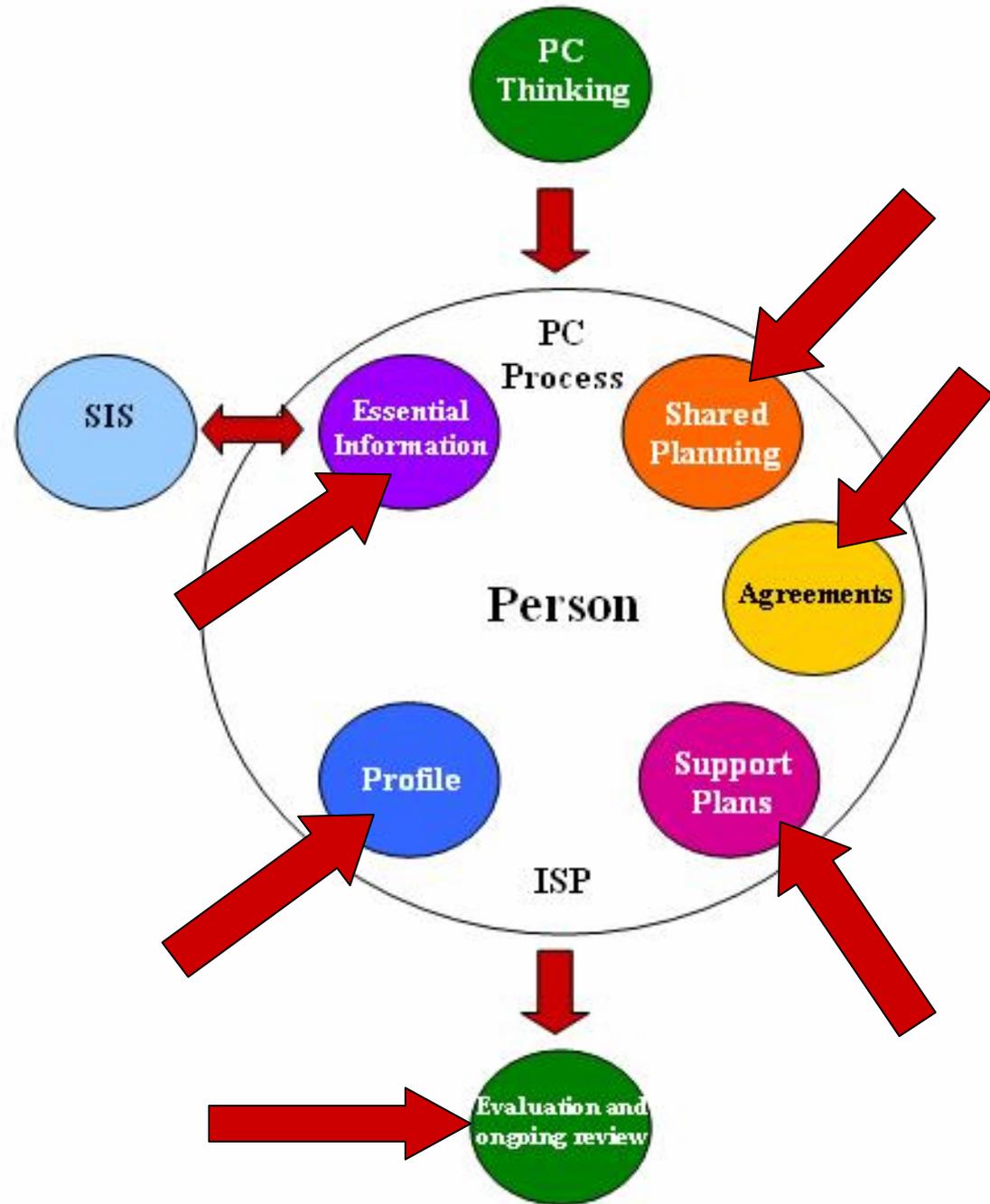
Part 4. Agreements

Part 5. Support Plans

Before
planning

During
planning

After
planning



I. Essential Information

Demographics, health and safety information

Individual Support Plan

Part I. Essential Information

Information Required	Location in Record
<i>Emergency Contacts/Representation</i>	■
<i>Psychological or Developmental Evaluation</i>	■
<i>Current Level of Functioning Survey</i>	■
<i>Support Coordination and Provider Contacts</i>	■
<i>Communication and Sensory Support</i>	■
<i>Adaptive Equipment, Assistive Technology and Modifications</i>	■
<i>Health, Medications, Physicals</i>	■
<i>Summary of Social/Developmental/Behavioral/Family History</i>	■
<i>Summary of Employment and Educational Background</i>	■

I. Essential Information

Needed for Medicaid services

What?

- Personal, provider & emergency contact information
- Eligibility documentation
- Health and medical
- Relevant history
- Back-up and discharge plans, when needed
- Legal, advocacy, access concerns
- Assessment of support needs
- Financial

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

I. Essential Information

Who?

- Completed by SC (and Waiver providers) with individual and partner input.

When?

- Prior to implementing the ISP
- Updates shared as needed and at least quarterly

II. Personal Profile

What's important to and about me.

Part II. Personal Profile

A Good Life: *What does a good life look like to me?*

■

Talents and Contributions: *What do people who know and care about me say about me? How do I contribute to friends, family and my community?*

■

■

■

■

■

■

■

Home

What's working?

Things I would like to stay the same

What's not working?

Things I would like to see changed

Home ■

■

Routines ■

■

Independence ■

■

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 life right now

II. Personal Profile

Who?

- Individual with someone he or she chooses
- Partners share what they've learned
- Support Coordinator distributes final

When?

- Completed prior to annual meeting
- Updated by providers with new learning & shared quarterly

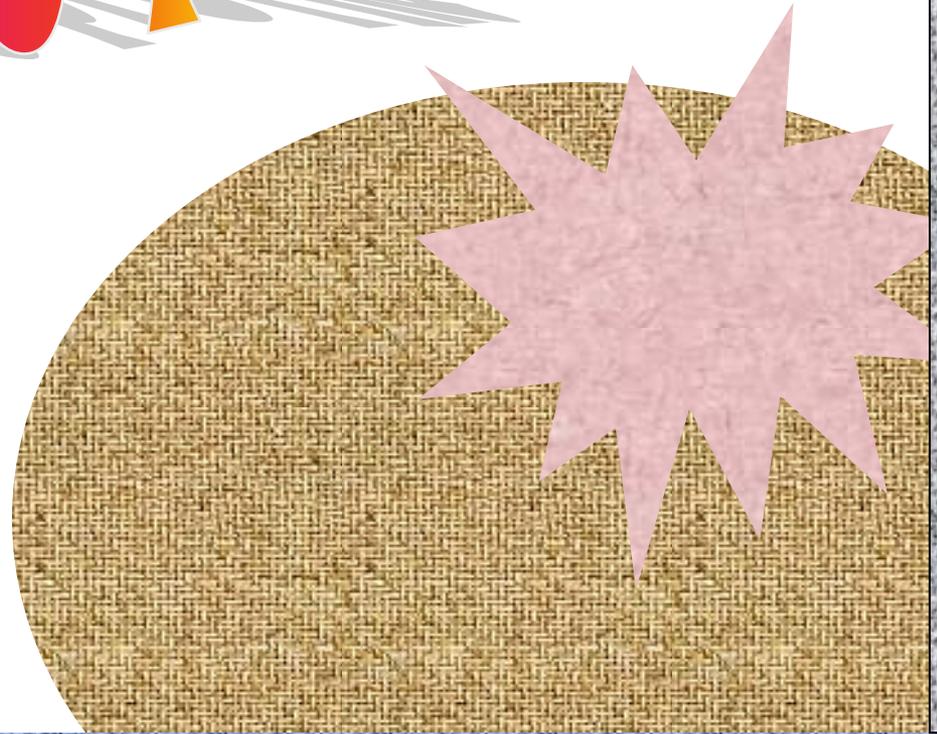
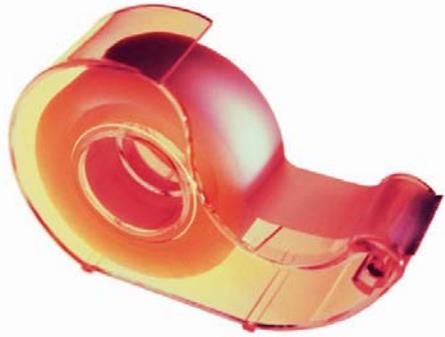
II. Personal Profile

How?

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

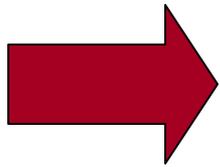


my profile



II. Personal Profile

Partners discuss a good life, talents and contributions



A Good Life: *What does a good life look like to me?*

Talents and Contributions: *What do people who know and care about me say about me? How do I contribute to friends, family and my community?*

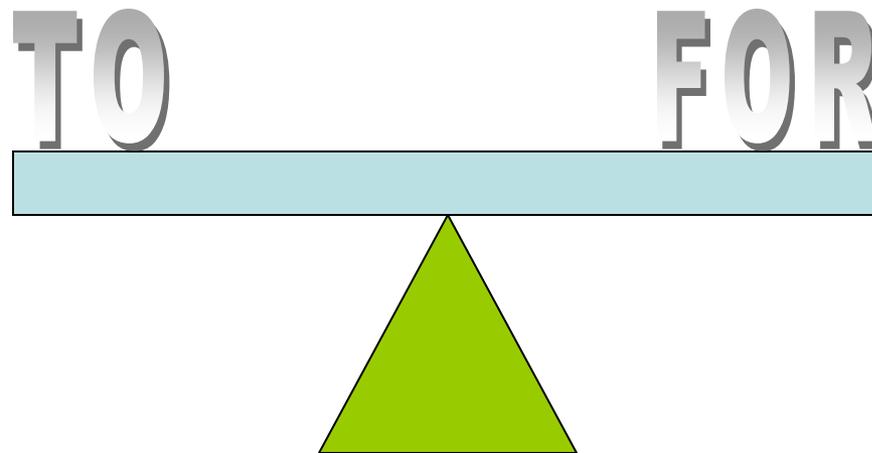
II. Personal Profile

Considers what's working and not working in my life

Community and Interests	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Neighborhood <input type="checkbox"/>	<input type="checkbox"/>
Inclusion in community <input type="checkbox"/>	<input type="checkbox"/>
Safety in my community <input type="checkbox"/>	<input type="checkbox"/>
Things I enjoy/hobbies <input type="checkbox"/>	<input type="checkbox"/>
Relationships	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Family and friends <input type="checkbox"/>	<input type="checkbox"/>
Being understood by others <input type="checkbox"/>	<input type="checkbox"/>
Qualities of those who support me <input type="checkbox"/>	<input type="checkbox"/>
Culture, traditions <input type="checkbox"/>	<input type="checkbox"/>

II. Personal Profile

Considers what's important TO me and what's important FOR me





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 well

- health and safety
- things that others feel will contribute to being accepted or valued in the community



Most Important To the Individual

Sect 1, Part A Item 3	Preparing food	3	2	3
Notes:	Jack likes to try new foods.			
Sect 1, Part A Item 7	Bathing and taking care of personal hygiene and grooming needs	3	1	3
Notes:	T - Jack likes a standard routine in the mornings. F - Jack needs support in the shower with setting the temperature and washing his hair and back.			
Sect 1, Part B Item 2	Participating in recreation/leisure activities in the community settings	2	3	3
Notes:	Jack likes walking around his neighborhood to go shopping and see friends.			
Sect 1, Part B Item 4	Going to visit friends and family	2	2	2
Notes:	Jack has friends he likes to see every Sunday for coffee.			
Sect 1, Part E Item 7	Maintaining physical health and fitness	3	2	2
Notes:	F - Jack benefits from regular exercise due to his diabetic condition. T - He likes walking and lifting weights.			
Sect 1, Part F Item 7	Engaging in loving and intimate relationships	2	1	3
Notes:	It is important TO Jack to stay in touch with friends and family.			

Most Important For the Individual
--

Sect 1, Part A Item 2	Taking care of clothes includes laundering	2	3	3
Notes:	Jack needs support with sorting and washing clothes.			
Sect 1, Part A Item 5	House keeping and cleaning	2	2	3
Notes:	Jack needs support to keep his home clean.			
Sect 1, Part A Item 7	Bathing and taking care of personal hygiene and grooming needs	3	1	3
Notes:	T - Jack likes a standard routine in the mornings. F - Jack needs support in the shower with setting the temperature and washing his hair and back.			
Sect 1, Part E Item 1	Taking medications	3	2	3
Notes:	Jack needs support with medications including insulin injections and blood sugar checks.			
Sect 1, Part E Item 2	Avoiding health and safety hazards	3	2	3
Notes:	Jack needs monitoring and reminders not to walk alongside the highway near his home.			
Sect 1, Part E Item 6	Maintaining a nutritious diet	3	2	3
Notes:	Due to diabetes, Jack needs support identifying foods that are healthy for him to eat as prescribed by his doctor.			
Sect 1, Part E Item 7	Maintaining physical health and fitness	3	2	2
Notes:	F - Jack benefits from regular exercise due to his diabetic condition. T - He likes walking and lifting weights.			
Sect 3, Part B Item 10	Prevention of wandering			2
Notes:	Jack likes to walk along the highway to go to Krispy Kreme. It's important that he have someone with him for safety.			
Sect 4, Item 16	Chronic medical problems (e.g. diabetes, congestive heart failure, COPD, asthma, constipation)			2
Notes:	Jack has diabetes and needs support with diabetic care. Checking blood sugar and providing insulin needed daily.			

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

III. Shared Planning



Partners review profile & what's "important to."
Changes desired

Part III. Share



<u>Outcome</u> #	What is IMPORTANT TO ME this year?	What success lo DESIRED O

Home

What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Home Living in the same place as Joe and Jerry.	Living with too many people (8 in the home) and a roommate who snores and won't let him play his music after 9.
Routines Breakfast, and dinner with Joe and Jerry.	Having the "daily routine" change frequently. Not being able to do things his way or on his time.
Independence Making his own decisions about when to stay home and when to go to the day program. Looking for Mr. Turner (the contracted lawn service) to help him in the yard.	Being completely dependent on the group home staff to go anywhere in the community (besides the doctor or the day program).
Privacy Using Mr. Turner's tool shed as a retreat.	No privacy anywhere in the house.
Safety at home Joe and Jerry keeping an eye on him. If he seems confused or doesn't answer him, they help him sit or lie down, one will go for help (which is not far away) or some orange juice. The other will stay with Jack and talk quietly.	Walking long distances alone along the wrong side of the busy highway to go to Krispy Kreme.

III. Shared Planning

Home

Community and Interests

What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
<p>Neighborhood Jack lives in a small neighborhood with his friends Joe and Jerry. Just over the highway are shops and restaurants that Jack likes to visit.</p>	
<p>Inclusion in community Jack knows several of the older men who hang out at Krispy Kreme.</p>	<p>Jack only gets to go to “the community” when a group of them go (maybe once a week) or when he leaves without telling anyone and makes it to Krispy Kreme.</p>
<p>Safety in my community Once Jack's at the Krispy Kreme shop, he's safe and will be picked up by someone from the group home or sometimes by Mr. Turner. He's never been known to go anywhere else on his own.</p>	<p>Jack is not safe when he walks on the highway.</p>
<p>Things I enjoy/hobbies Hanging out “with Joe and Jerry.” Visits to the Krispy Kreme and hanging out with the guys there. Helping Mr. Turner. Being in the <u>toolshed</u> (alone and with Mr. Turner). Using the hammer to build (and to break things when he's angry). Getting mail. Making people smile. Picking flowers and vegetables. Eating gourmet dishes and foods.</p>	<p>Not being able to see his family or talk to them on the phone very often. Not being able to do much he enjoys very often or for very long. Not a lot of experiences to learn about what he might enjoy.</p>

III. Shared Planning

Community and Interests

Relationships	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Family and friends Being able to spend meals and “hang out” almost daily with Joe and Jerry. Getting mail from Jack’s 2 sisters and sometimes his brother on holidays.	Waiting for weeks at a time for something in the mail. Not being able to send mail to his family and friends.
Being understood by others Jerry and Joe can usually tell what Jack needs or they continue to try until he gives up. If people wait for Jack to think and respond (which can be as much as two minutes), he will usually be able to get his wishes known to people who don’t know him well. Stephanie is the best of his support staff in communicating with Jack.	Jack’s direct support staff change regularly and staff often take awhile to learn the routines he needs and things that help him to have a good day. Jack either gives up or may break something small, like a coffee mug or a trinket he bought.
Qualities of those who support me Jack likes people with soft voices and a firm, gentle touch. He likes smiles and humor and enjoys being talked to about the day or what is happening. He likes to listen to country rock and the blues, but talk radio and other genre are off limits.	Jack does not like incessant chatter, nosy people or to be told or asked something more than once. He doesn’t want to be rushed and likes people who can patiently wait for him to make the next move.
Culture, traditions Traditional Christian holidays are celebrated in Jack’s family.	The ALF does little to celebrate holidays, and no one helps Jack to send cards to family & friends.
Spirituality, religion Jack likes sit outdoors alone, listen to birds and watch the flowers grow.	Jack has no opportunity or support to explore his spirituality.

II. Shared Planning

Relationships

III. Shared Planning



Partners review “important for” items on the ISP

Taken from Profile & Essential Information/SIS



<u>Outcome</u> #	What is IMPORTANT FOR ME this year?	What does success look like DESIRED OUTCOME

III. Shared Planning

Desired outcomes are identified

Part III. Shared Planning

<u>Outcome #</u>	What is IMPORTANT TO ME <u>this year?</u>	What does success look like? DESIRED OUTCOMES	How often or by when?	Who's going to support me?

III. Shared Planning

- Outcomes are **NOT** services
 - *Jack receives residential services.*
- Outcomes are **NOT** meaningless to the individual or just supports that are needed
 - *Jack takes a shower...counts money... receives suctioning.*
- Outcomes are **NOT** the same for everyone.
 - *Jack gets along with others.*

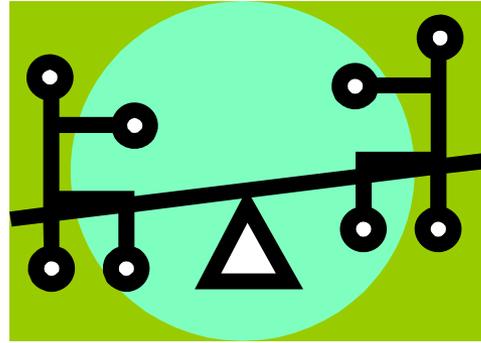
III. Shared Planning

- Outcomes **ARE** written as if they are happening now.
 - *Jack has a vegetable garden he works in at least twice a week.*
- Outcomes **ARE** the individual's choices.
 - *Jack tries at least 2 new foods or dishes each week.*
- Outcomes **ARE** identified by considering the individual's profile.
 - *Jack hangs out a Krispy Kreme with his “buddies.”*

III. Shared Planning

- Outcomes **ARE** seen and counted.
 - *Jack walks around in a small neighborhood to shop, bank and eat out with friends at least weekly.*
- Outcomes **ARE** written in the individual's words,
 - *Jack hangs out at Krispy Kreme with his “buddies.”*or what team thinks Jack desires
 - Jack has money to spend on greeting cards, gardening supplies and eating out.*

Planning for health, safety and well-being



All **important FOR** items including **routine supports** and **support coordination monitoring** are addressed under the Important FOR section of **Part III**

IV. Agreements

Plan is evaluated before agreements

Part IV. Agreements

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
<p>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. <input type="text"/></p>			
Team			
Are there any unfinished tasks from my plan that are not yet completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any team member have an objection to any outcomes in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any outcomes that are in conflict with what's most important to me?	<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 conflicts in		Are there any IMPORTANT TO or IMPORTANT FOR	

IV. Agreements

Signed by all partners with contributors listed

Signatures of partners who agree to help me with my plan:		
Individual		Date
Support Coordinator		Date
Guardian/ Authorized Representative		Date
Partner	Relationship/service/support	Date

Part V: Plan for Supports

**Optional
format**



V. Plan for Supports

Supports tailored to individual preferences

Part V. Plan for Supports

Provider: ABC Residential

<u>Outcome #</u>	<u>List the support activities for each desired outcome (Important TO)</u>	<u>Describe how this will be provided based on individual preferences. (support instructions)</u>	<u>How often or by when?</u>	<u>How Long?</u>
1	Privacy: Attending to Jack's level of comfort and providing supports for privacy.	When Jack seems nervous or begins pacing, DSP will remind him that he can ask for time away from his housemates. If Jack nods or says yes at the offer for time out, DSP will walk with him to a quiet area either in his room (if his roommate is not home), on the porch in his favorite chair or in another private area where Jack can relax or do something he chooses until ready to be around others again.	Daily and as needed	30 minutes
2	Morning Routine: Showering	DSP will help Jack with setting the water temperature to the yellow mark on the shower handle, shampooing his hair and washing his back each morning. Jack prefers male support, can get undressed himself, wash and dry his body, but needs "cues," such as "Ready yet, Jack?" DSP helps	Daily	30 minutes

Person-centered descriptions

V. Plan for Supports

Schedule to meet agreements

Schedule of Supports							
Provider: <u>ABC Residential</u>							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
6AM		14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	
7AM	14 diabetic care	2 Morning Routine	2 Morning Routine	2 Morning Routine	2 Morning Routine	2 Morning Routine	14 diabetic care
8AM	2 Morning Routine	2 Morning Routine	2 Morning Routine	2 Morning Routine	2 Morning Routine	2 Morning Routine	2 Morning Routine
9AM	2 Morning Routine	15 exercise	15 exercise	15 exercise	15 exercise	15 exercise	2 Morning Routine
10AM	16 cleaning	16 cleaning	3 garden	6 pack lunch	16 cleaning	16 cleaning	6 pack lunch
11AM	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care
12PM	6 lunch	6 lunch	6 lunch	Day Support	6 lunch	6 lunch	Day Support
1PM	12 diabetic diet	6 menu planning	6 grocery shopping	Day Support	4 walks	3 plant care	Day Support
2PM	3 garden	12 meal options	6 grocery shopping	Day Support	4 walks	3 garden	Day Support
3PM	1 Privacy	1 Privacy	1 Privacy	1 Privacy	1 Privacy	1 Privacy	1 Privacy
4PM	15 exercise	9 renting videos	16 cleaning	10 writing letters	spare time	9 renting videos	3 supplies
5PM	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care	14 diabetic care

V. Plan for Supports

Keeping track

ISP Checklist for :Jack G

ISP Dates: from 3/1/09 to 2/28/10

Month: March Year: 2009 Provider: ABC Residential

Support When 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Supports

1. privacy.	daily	SX	SX	SI	SI	SI	LR	LR	LR	SX	SX	SX	SI	SI	SI	A	LR	LR	PE	PE	PE	SX	SX	SX	SI	SI	SI	LR	LR	LR	SX	SX
2. Morning Routine	daily	SX	SX	SI	SI	SI	LR	o	LR	SX	SX	SX	SI	SI	SI	A	LR	LR	PE	PE	PE	SX	SX	SX	SI	SI	SI	LR	LR	LR	SX	SX
3. supplies	Sat							LR						SI								SX							LR			
3. plant care	Fri						LR						SI							PE								LR				
3. garden	Sun, Tues, Fri	SX		SI			LR		LR		SX			SI		A		LR			PE		SX		SI			LR		LR	SX	
4. walks	Thurs					SI							SI																			
6. menu planning	Mon		SX							SX							LR															
6. grocery shopping	Tues			SI							SX							LR														
6. lunch/ dinner	daily	SX	SX	SI	SI	SI	LR	LR	LR	SX	SX	SX	SI	SI	SI	A	LR	LR	PE													
8. sleeping better	daily	SX	SX	I	SI	SI	LR	LR	LR	SX	SX	SX	SI	SI	SI	A	LR	LR	PE													

Key:

initials = support provided,

n = not provided by DSP,

c = chose not to participate,

a = absent,

o = incident

See supporting documentation when support is not provided as agreed.

V. Plan for Supports

Ongoing notes

Support Log	
Date	Details
3/7/09	This morning Jack said that he was "too tired" to complete his morning routine. He did have his coffee the way he likes it and ate a piece of toast after about 1 hour after waking. He still chose to attend day support and went looking at supplies for his garden later in the day.
3/13/09	Jack expressed that he had a good day today working on his garden. He bought seeds at the local store and DSP supported Jack with understanding how and when to plant the seeds according to package directions. Jack chose several flower varieties as well as vegetables. He said that the blue flowers are his favorite.
3/15/09	Jack went fishing with his brother today and will be back first thing in the morning.
3/22/09	Tonight Jack tried a new tea, chamomile, and said that he really liked it. He had the tea and listened to some soft classical music before bed. He said that he has been sleeping better and not waking up as much at night.

V. Plan for Supports

What?

Ongoing review and improvements

Person-Centered Review				
Provider: <u>ABC Residential</u>				
Purpose of review: 1 st <input checked="" type="checkbox"/> , 2 nd <input type="checkbox"/> , 3 rd <input type="checkbox"/> , 4 th <input type="checkbox"/> , Update <input type="checkbox"/>				
Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
1	Jack spends some time alone where no one will bother him, and where he can do something he enjoys on his own.	Jack was able to spend time alone on all but 5 days during the quarter. These five days were missed because Jack spent them with his brother as recorded in his support log. Jack indicates he likes being able to get away from his housemates and having some time alone each day. Jack does better with reminders to find a private space before he becomes agitated. He also likes help finding activities to do during his alone time. He especially likes sitting on the back porch, listening and watching the birds.	3/1/09	<input checked="" type="checkbox"/> Met <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Changed <input type="checkbox"/> Ended
2	Jack has a morning routine based on his preferences.	Jack's morning routine was completed every day he was at home. We have learned that Jack likes unscented soap and a large toothbrush. He likes his feet	3/1/09	<input checked="" type="checkbox"/> Met <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Changed <input type="checkbox"/> Ended

V. Plan for Supports

Ongoing review and improvements

Who?

- Completed with the individual by all providers and SC

When?

- Quarterly



Questions?

Please check

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

for forms, updates and contacts.