

PCP ISP Instructional Sample Part V. Plan for Supports

 Things to know.  Instructions.

 This instructional sample and all forms referenced are available at www.dbhds.virginia.gov. Go to Person-Centered Practices under Quick Links. A sample of Jack's ISP, with supporting documentation, and additional guidance materials can also be found on the website. Information on the Person-Centered Thinking training and tools referenced in this instructional manual can be found at <http://www.dbhds.virginia.gov/ODS-Self-AdvocateResources.htm>.

 A plan for supports is required for each service, including support coordination. The SC is responsible for developing the plan for supports with the individual (after the shared plan is developed). It includes the support activities and support instructions for each outcome agreed to by the SC in Part III, Shared Planning, as well as any newly developed outcomes and supports as they are decided upon during the year.

 Supports in column 2 can be grouped for each outcome when they occur together. In the third column, support instructions are written and are tailored specifically to the preferences of the individual. There is a blank Part V format available at www.dbhds.virginia.gov.

 The Person-Centered Review is used by the SC to add new outcomes desired by the person. Once signed with the individual, the new outcomes and support activities and instructions are added directly to the plan for supports.

 The support coordination Part V Plan for Supports does not require a general schedule or Support Checklist.

Provider: Oakridge CSB Service: Support Coordination

| Outcome # | <u>Important TO Me</u> List the support activities for each desired outcome | <u>Support Instructions</u> Describe how supports will be tailored to the individual's preferences and profile. | How often or by when? | How Long? |
|--------------|---|---|--------------------------|--------------|
|--------------|---|---|--------------------------|--------------|

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____

|  Record the outcome number and statement (found in column 3 of Part III, Shared Plan) for each outcome in which the provider agrees to support the individual to achieve. |  Transfer the "important TO" statement from Part III: Shared Planning for each outcome and then make a list of the activities that will help the individual achieve each outcome. Support Activities may be grouped when they occur together (e.g. budgeting and paying bills may occur in sequence and can be grouped under the important to statement "support with finances.") Activities that do not occur together should be listed separately. |  Describe how the provider's supports will be tailored to the individual's choices and preferences. Use simple and precise bullet statements of what's important to the individual and what anyone would need to know to support the person. |  List in this column how often the supports are expected to occur in this column (e.g. "daily," "twice weekly," "monthly.") If there are specific days the supports need to occur, list those days (e.g. Tuesdays). |  Estimate of the length of time to be spent on this outcome when it occurs. |
|--|--|---|--|--|
| 3 <i>Jack helps plant and tend a vegetable garden.</i> | <u>Gardening:</u> Referral to service facilitator | <ul style="list-style-type: none"> - assist Jack with selecting a services facilitator to assist with CD services and will complete any referral paperwork needed to initiate services. | 5/10/09 | 3 hours |
| 8 <i>Jack sleeps through the night without waking and wandering around.</i> | <u>Sleep:</u> Access to assistive devices | <ul style="list-style-type: none"> - complete necessary referrals to assist Jack with locating assistive technology devices that may assist him with sleep. - Support Jack with arranging any medical appointments and referrals needed to assist with sleep. | Once | 1 hour |
| 11 <i>Jack earns more money.</i> | <u>More money:</u> Referral to DRS for supported employment services. | <ul style="list-style-type: none"> - complete referral to DRS for intake for supported employment services. | Once | 1 hour |

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____

| <p><u>Outcome</u> #</p> <p>➔ Record the outcome number and statement (found in column 3 of Part III, Shared Plan) for each outcome in which the provider agrees to support the individual to achieve.</p> | <p><u>Important FOR Me</u></p> <p>List the support activities for each desired outcome</p> <p>➔ Transfer the “important FOR” statement from Part III: Shared Planning for each outcome and then make a list of the activities that will help the individual achieve each outcome.</p> <p>Support Activities may be grouped when they occur together (e.g. visits and satisfaction may occur in sequence and can be grouped under the important for statement “receiving supports as agreed to in my plan”). Activities that do not occur together should be listed separately.</p> | <p><u>Support Instructions</u></p> <p>Describe how supports will be tailored to the individual’s preferences and profile.</p> <p>➔ Describe how the provider’s supports will be tailored to the individual’s choices and preferences. Use simple and precise bullet statements of what’s important to the individual and what anyone would need to know to support the person.</p> | <p>How often or by when?</p> <p>➔ List in this column how often the supports are expected to occur in this column (e.g. “daily,” “twice weekly,” “monthly.”) If there are specific days the supports need to occur, list those days (e.g. Tuesdays).</p> | <p>How Long?</p> <p>➔ Estimate of the length of time to be spent on this outcome when it occurs.</p> |
|--|--|--|---|---|
| <p>18</p> <p><i>Jack’s desired outcomes are achieved.</i></p> | <p><u>Receiving supports as agreed to in his plan:</u></p> <p>Maintaining contact to monitor services</p> | <p>- complete a monthly activity on Jack’s behalf by speaking with Jack, a family member, a significant other, or provider in Jack’s life (in person or by phone) to monitor services and identify any needed changes.</p> | <p>Monthly and as needed</p> | <p>1 hour</p> |
| <p>18</p> <p><i>Jack’s desired outcomes are achieved.</i></p> | <p><u>Receiving supports as agreed to in his plan:</u></p> <p>Meetings and satisfaction</p> | <p>- meet with Jack in his home, day service or other community setting at least once every 90 days to review current services and Jack’s satisfaction with services.</p> <p>- coordinate annual and other meetings as desired by Jack related to service provision.</p> | <p>Quarterly and as needed</p> | <p>1 hour</p> |

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____

| | | | | |
|---|--|---|------------------|---------------|
| <p>18 Jack's desired outcomes are achieved.</p> | <p><u>Receiving supports as agreed to in his plan:</u> Referrals and continued eligibility</p> | <ul style="list-style-type: none"> - coordinate and link Jack with alternate services as needed or requested. - offer choice of providers upon request or by discovering dissatisfaction with any current services. - complete annual and additional paperwork as needed for the continuation of services working cooperatively with other agencies on Jack's behalf such as DSS, DMAS, Social Security, DRS, etc. | <p>As needed</p> | <p>1 hour</p> |
|---|--|---|------------------|---------------|

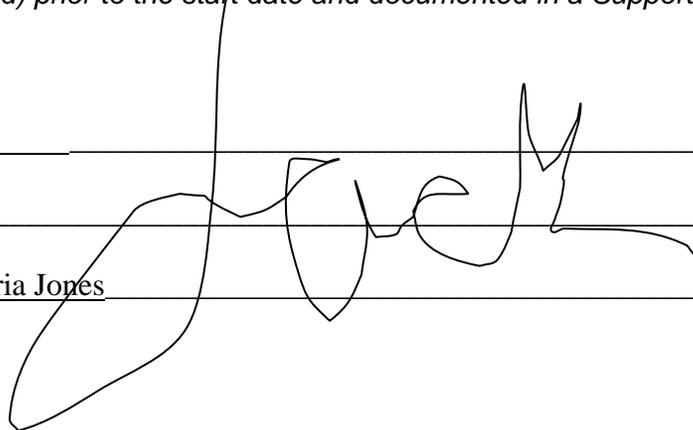


The PFS is signed by the individual and others as requested/required and the SC for filing in the individual's record. Signatures may be obtained at the next face to face meeting when SC supports have been discussed with the individual (and others as requested/required) prior to the start date and documented in a Support Log entry.

Individual: _____ Date: 2/22/09

Representative: _____ Date: _____

Provider: Gloria Jones _____ Date: 2/22/09



This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____

Supporting Documentation for Person-Centered and Regulatory Reviews



*The **Support Log** is used to describe the results of support activities and the new things that are learned about the individual when supports are provided. It is also a place for recording routine contact by contact, weekly or monthly summary notes that reflect support activities and contain evidence of progress toward the outcomes that are addressed by the SC.*



*The first column of the **Support Log** provides a location for recording the date, the number of any outcome that is referred to in the note and the signature of the support coordinator recording the note.*

| Support Log | |
|--|--|
| Date | Details |
| 3/4/09 Outcomes 3, 18 <i>Storia Jones,</i> | SC met with Jack at home to review current services and to discuss and obtain releases for a services facilitator. Jack expressed that he is pleased with all services and seemed pleased when asked about starting his garden next month. When asked about services facilitators, he remembered Margaret Gibson and wants to try her. SC obtained release and explained to Jack that he would contact Ms. Gibson for availability and to request an initial assessment. No other needs identified. When asked, Jack expressed satisfaction with support coordination services (he nodded, smiled and said my name several times). |
| 3/18/09 Outcomes 8, 18 <i>Storia Jones,</i> | Incident: see Learning Log dated 3/18/09. |
| | |
| | |

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____



The **Learning Log** (Smull and Sanderson: Learning Community for Person Centred Practices - www.elpnet.net) is available to process and record new learning about the individual when supports are not provided as agreed. It may be used in place of a **Support Log** entry to identify what occurred and to determine how we can better support the person.



The first column of the **Learning Log** provides a location for recording the date and signature. Include the outcome number(s) referred to in the note to assist with ongoing person-centered, as well as regulatory review. The second column briefly describes what happened. The third column lists the people who were there. The fourth column lists what worked well (so it can continue) and what didn't work (so it can change). The **Support Log** indicates when a **Learning Log** is completed.

| Learning Log | | | | |
|--|--|---|---|---|
| Date and Signature | 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? |
| 3/18/09 Outcomes 3,18 Gloria Jones, SC | Jack had been up several times during the night pacing and "grumbling" to himself. Jack did not acknowledge others initially and then began yelling "get out of my way." Stephanie asked Jack to "please calm down," which upset Jack further and then he pushed a chair over. SC asked Jack if he was tired and he said "tired and don't want to go!" | Jack Stephanie Kline, DSP Gloria Jones, SC | Asking Jack if he was tired and reminding him he could choose to stay home and miss day support. Supporting Jack to prepare coffee once calm. | Telling Jack to "calm down." Stephanie spoke with SC afterwards and stated that she was recently made aware of a company that provides assistive devices for sleep, but that she has had trouble locating a catalogue. She provided SC with the name Davison Company and SC will attempt to research the company, obtain catalogue and follow-up with Jack and provider. |
| | | | | |

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10
 DRAFT Learning Log 07/31/08 Smull and Sanderson: Learning Community for Person Centred Practices - www.elpnet.net

Person-Centered Review (PCR)

Jack's sample PCR (without the additional explanation) and a blank PCR are available at www.dbhds.virginia.gov.



The PCR is a way of recording new learning with the person and describes the condition of each agreed upon outcome in Part V: Plan for Supports. The provider name, service and the purpose of the review are indicated below. Note that there are five boxes. The first four boxes refer to a quarter of the ISP year and the last box is available for changes between quarters as needed or requested by the individual.

Provider: Oakridge CSB Service: Support Coordination

Purpose of review: 1st , 2nd , 3rd , 4th , Update

| <u>Outcome #</u> | 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) |
|---|---|---|--|---|
| List the outcome number for reference only. | List the ISP outcomes that are important TO the individual and addressed in Part V below. | Report the person's general status and progress toward his or her outcomes below. Be certain to include any observed progress toward outcomes. | Enter the date the outcome began or will end (if stopping) | Mark "progress" if progress toward the outcome has occurred during the reporting period. Mark "continued" if the outcome will continue into the next quarter. Mark "ended" if the outcome is being ended. |
| 3 | Jack helps plant and tend a vegetable garden. | Support coordinator completed a referral to Jack's selected services facilitator, Margaret Gibson. Margaret completed her assessment for CD services, which are scheduled to begin on June 1, 2009. | 3/1/09 5/31/09 | <input checked="" type="checkbox"/> Progress <input type="checkbox"/> Continued <input checked="" type="checkbox"/> Ended |
| 8 | <i>Jack sleeps through the night without waking and wandering around.</i> | Jack was referred to a therapist who presented a variety of sleep aids that could assist with sleep. Jack decided on having tea each night | 3/1/09 5/31/09 | <input checked="" type="checkbox"/> Progress <input type="checkbox"/> Continued <input checked="" type="checkbox"/> Ended |

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____

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|---|--|--|--|---|
| | | before bed to help him sleep and his roommate's snoring issue was resolved as well. | |  Notice that "progress" is marked above because Jack made progress toward outcome #8, which was also met and ended. |
| 11 | Jack earns more money. | A DRS referral was completed in April and Jack was enrolled in the DRS Job Club, which will assist him with learning about employment options, completing applications and what to expect from a job coach. Classes will begin in April with Supported Employment Services beginning in July. | 3/1/09 5/31/09 | <input checked="" type="checkbox"/> Progress <input type="checkbox"/> Continued <input checked="" type="checkbox"/> Ended |
| Outcome # | Desired outcomes (Important FOR) | Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance) | Start/End | Condition (Check all that apply) |
|  List the outcome number for reference only. |  List the ISP outcomes that are important FOR the individual and addressed in Part V below. |  Report the person's general status and progress toward his or her outcomes below. Be certain to include any observed progress toward outcomes. |  Enter the date the outcome began or will end (if stopping) |  Mark "progress" if progress toward the outcome has occurred during the reporting period. Mark "continued" if the outcome will continue into the next quarter. Mark "ended" if the outcome is being ended. |
| 18 | Jack's desired outcomes are achieved.  Notice that Jack's SC has described the changes with Jack's | Support coordinator met with Jack at home on 3/18/09 and at day support on 5/20/09. SC completed a monthly contact on Jack's behalf maintaining contact with Jack, his brother and providers through the quarter to monitor services and satisfaction. SC assisted with one change in Jack's day support | 3/1/09 | <input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended |

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____

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|--|-------------------------------|--|--|--|
| | <i>services and supports.</i> | schedule in which his strength support #5 was modified to include swimming. As of this review, residential is ending outcome #8 since Jack is sleeping through the night and they are adding two new outcomes. Outcome #20 for residential will focus on joining and attending a local garden club each week and outcome #21 will involve having tea each night before bed for better sleep. CD services expected to begin June 1 st as detailed above. | | |
|--|-------------------------------|--|--|--|

| Outcome # | Additional desired outcomes | Describe the expected benefits of this change as Important TO or Important FOR the individual. | Start/End | How often or by when? |
|---|--|---|--|--|
|  List a new outcome number for reference only. |  List any new ISP outcomes below. |  Describe the benefits for the person in terms that describe either important TO or important FOR. |  Enter the date the outcome will begin. |  Enter how often the outcome is expected to occur (i.e. daily, weekly, monthly, as needed or enter a date for one time events). |
| | | | | |
| | | | | |

Please describe any significant events not reported above:
 Jack was reported to have left his home in the middle of the night on one occasion. He stated to residential provider that he was going to see his friends at Krispy Kreme at 4:00 am. Residential DSP reported explaining to Jack that Krispy Kreme is not open at that hour and that he should always talk with someone before heading out. Jack was reported to state that he understood and would always let someone know when he wants to go out in the night. Assistive devices offered and declined by Jack, family and provider following this event. Residential provider to continue to monitor, provide support and follow protocol during any incident. One medical appointment reported with a positive report (Dr. Glass on April 14th) and no medication changes occurred. Five events involving low blood sugar reported for the quarter with residential staff providing appropriate support in each instance. Jack's day support provider reported one incident related to Jack's diabetic condition that occurred on 3/25/09. His protocol was followed and was successful in supporting him during and after the incident.

Describe the individual's satisfaction with supports: Jack and his brother state that they are very pleased with the support coordination services Jack receives.

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____

Is an ISAR included with this update to reflect changes in support hours?

Yes, because hours are changing Not needed: no change in support hours

Individual: _____ Date: 05/24/09

Representative: _____ Date: _____

Provider/Agency: Gloria Jones/Oakridge C&B Date: 05/24/09

Outcome changes approved by Support Coordinator:



The Support Coordinator signs above with the individual to approve changes.

This ISP belongs to: Jack G. ID# 512 ISP Start: 3/1/09 End: 2/28/10 Revision: _____