

Individual Support Plan

I. Essential Information

Contact Information		Key for locating EI information by type: Green = basic information and history Yellow = potential for planning Pink = health and safety issues that require planning	
Legal Name:	Mary Simms		
Date of Birth:	09/06/1958		
Marital Status:	Single		
Medicaid #:	990188273882	Medicare #:	235-33-XXXX
Home Street Address:	160 Avalon Road	Insurance:	N/A
Mailing Address or P.O. Box:	PO Box 1328	SSN#:	235-33-6778
City:	Avalon	Zip Code:	24343
Home phone:	(290) 728-3121	Cell phone:	N/A
Work phone:	N/A	Email address:	N/A

Emergency Contacts / Representation

Name	Phone:	Fax:	Email:
Relationship:	Address:		
Legal Guardian: Monica Simms	Phone: 988-1454	Fax:	Email:
Relationship: Mother	Address: 555 Rt. 2 South Bend, VA 24343		
Authorized Rep:	Phone:	Fax:	Email:
Relationship:	Address:		
Family #1:	Phone:	Fax:	Email:
Relationship:	Address:		
Family #2:	Phone:	Fax:	Email:
Relationship:	Address:		
Family #3:	Phone:	Fax:	Email:
Relationship:	Address:		
Power of Attorney:	Phone:	Fax:	Email:
Relationship/Type:	Address:		
Emergency Contact:	Phone:	Fax:	Email:
Relationship:	Address:		
Conservator:	Phone:	Fax:	Email:
Relationship:	Address:		
Representative Payee: Glenn Meadow	Phone: 728-3121	Fax:	Email: GMeadow@email.com
Relationship: Residential Provider	Address: PO Box 1328 Avalon, VA 24343		

This ISP belongs to: Mary Simms ID# 9762 ISP Start: 8/1/09 End: 7/31/10

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Physician 1: George Grubb, MD	Phone: 728-3111	Fax: 598-728-3222	Email:
Specialty: PCP	Address: 2398 Greenway Road Avalon, VA 24343		
Physician 2:	Phone:	Fax:	Email:
Specialty:	Address:		
Physician 3:	Phone:	Fax:	Email:
Specialty:	Address:		
Physician 4:	Phone:	Fax:	Email:
Specialty:	Address:		
Dentist: Barney Jennings	Phone: 728-9801	Fax: 598-728-9800	Email:
Address: PO Box 1328 Avalon, VA 24343			
Other:	Phone:	Fax:	Email:
Relationship:	Address:		
Other:	Phone:	Fax:	Email:
Relationship:	Address:		

Support Coordination and Provider Contacts

Support Role: Support Coordinator	Agency: Oakridge CSB	
Name: Jennifer Jones	Address: 7877 Patton St. Avalon, VA 20456	
Phone: 598-667-9000	Fax: 598-667-9001	Email: jjones@oakridge.com
Support Role: Residential Provider	Agency: Meadow Glen Residential	
Name: Marty Lowe	Address:	
Phone: 598-555-9834	Fax: 598-555-9835	Email: mlowe@meadowglenn.com
Support Role: Therapeutic Consultant	Agency: Therapy Associates	
Name: Lisa Crane	Address: 769 Clover Drive Avalon, VA 20456	
Phone: 598-998-0965	Fax: 598-998-0966	Email: LCrane @therapyassociates.org
Support Role: Skilled Nursing	Agency: Nurses@Home	
Name: Wanda Green	Address: 9881 Sparrow Lane, Avalon, VA 24343	
Phone: 598-762-2020	Fax: 598-762-2021	Email: wgreen@nurseathome.com
Support Role:	Agency:	
Name:	Address:	
Phone:	Fax:	Email:
Support Role:	Agency:	
Name:	Address:	
Phone:	Fax:	Email:
Support Role:	Agency:	
Name:	Address:	
Phone:	Fax:	Email:
Support Role:	Agency:	
Name:	Address:	
Phone:	Fax:	Email:

Communication and Sensory Support

Preferred language:	Please <i>check one</i>) <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Please Specify)
Describe supports needed for communication (if any):	Mary uses smiling and eye contact to communicate.
Do I have any difficulty reading a magazine or newspaper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. Mary does not describe any difficulty.
Would a professional evaluation related to sensory or communication abilities be beneficial?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Yellow: View each provider's Part V: Plan for Supports to identify if their support instructions are tailored to this information regarding communication and adaptive equipment.

Any specific need for an evaluation or equipment should be included as an outcome in Part III: Shared Planning.

Adaptive Equipment, Assistive Technology and Modifications

Please describe any adaptive equipment and assistive technology supports (if any):	Mary uses a manual wheelchair, a van with Parker tub for water therapy. She may benefit from communication.
Would a professional evaluation related to adaptive equipment, assistive technology or other modifications be beneficial?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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>
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Medication:	Physician:		Reason(s) prescribed:
Dosage:	Route:	Frequency:	Location of potential side effect information:
1: Lamictal 200mg tab.	Grubb By G-Tube	2 x daily	Seizures Under plan in COR and in ELP
2: Calcium (OS-CAL+D) 1500mg + D	Grubb By G-Tube	3 x daily	Osteoporosis Under plan in COR and in ELP
3: Keppra 100mg	Grubb By G-Tube	2 x daily	Seizures Under plan in COR and in ELP
4: Acetaminophen 160mg/5ml	Grubb By G-Tube	Prn q 4 hours	Pain Under plan in COR and in ELP
5: Acephen 650mg susp	Grubb rectally	Prn q 4 hours	Fever Under plan in COR and in ELP
6: Diazepam 10 mg	Grubb rectally	If >4 seizures in 2 hours	Seizures Under plan in COR and in ELP
7: Fosamax 70 mg	Grubb By G-Tube	weekly	Osteoporosis Under plan in COR and in ELP
8: Benzoyl Peroxide Wash per instructions	Grubb topical	qpm	Acne Under plan in COR and in ELP
9:			
10:			

HEALTH TOPIC	DESCRIPTION
Date of my last complete physical exam.	Date: 5/31/09
Date of my last dental exam.	Date: 11/15/08
Do I have any mental health support needs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide crisis and describe support needs:
Do I have any allergies to medication, food, or environmental elements (e.g., mold, dust, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Please describe all recent physical complaints & medical conditions.	Osteoporosis; dysphagia, seizure disorder ongoing support of a skilled nurse to provide
Do I have any issues with physical intimacy, pregnancy or child rearing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I have any chronic health conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: dysphagia, seizure disorder
Do I have any communicable diseases?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I have any limitations or restrictions on physical activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: needed due to osteoporosis. Contracture degree ext. R. MCP's -30 degree extension change positions every 30 minutes. DSP mechanical or two man lifting technique time she is at home she may have bed rest FRAGILE and she has experienced multiple breaks in the past. No caffeine to prevent
Have I had any serious illnesses, serious injuries, and/or hospitalizations in the past?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: treated for several fractures and bone br
Have there been any serious illnesses or chronic conditions among my parents, siblings, or grandparents?	There is a family history of diabetes, c pressure.
Have there been any serious illnesses or chronic conditions among significant others in my household (if any)?	No
Have I ever smoked cigarettes/cigars or used smokeless tobacco?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
a. How often do I drink alcohol? b. Does my current use of alcohol cause problems in any area of my life? Have I ever been told that I drink too much alcohol	a. Number of times and number of drinks b. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
a. Does my current use of prescription medication cause problems in any area of my life? b. Have I found that I have to take more and more of any prescription medication to feel an effect? c. Have I ever been told that I take my medications incorrectly?	No

Pink: If there is a crisis plan, it will be described here or the location of a plan should be provided.

Pink: Major medical conditions should be included in these three pink sections indicating a possible health and safety concern.

Yellow: View each provider's Part V: Plan for Supports to identify if their support instructions are tailored to this information regarding limitations during physical activities.

Yellow: These two yellow boxes may reveal a need for substance abuse referral and/or services.

Have I ever been in treatment for a problem with, or resulting from, use of alcohol, drugs, or prescription medicine?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe <i>what type of treatment, was provided and when.</i>
Is there any other health history or medical information or health preferences that I would like to share?	Mary's intellectual disability may have been due to rubella that her mother had experienced during her first trimester of pregnancy. She was born late and remained in the hospital due to complications and poor weight gain. Mary has been paralyzed in her legs and has had contractures in her arms since birth. Mary has had the German measles, chicken pox, chronic constipation, bladder infections, gum overgrowth, scoliosis, and is non-ambulatory. Possibly has mild hearing loss.

Summary of Social/Developmental/Behavioral/Family History

Briefly describe my relevant social, developmental, behavioral and family history.	Mary lived at home with her parents who have each completed some college. Mother is a homemaker and father was a plumber. Mary was found incapacitated by the Avalon court system in 1980 and her parents were given guardianship at that time. Mary's father passed away from cancer in February 2007. Mary was reported to cry frequently following the loss of her father. Mary receives SSI. Mary has a long history of biting her hand when anxious and needs reminders to stop to prevent skin breakdown.
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Summary of Employment and Educational Background

Education: None Elementary Middle School Some High School High School
 Vocational Some College College Degree Some Graduate School
 Masters Degree or Higher

Current Employment status: Unemployed, but want to work Unemployed, not able to or interested in work Employed, Part-Time Employed, Full-time Retired

Describe my educational history.	Mary has no employment history. She attended the Avalon school system and the Virginia Children's Development Clinic through the age of 21.
Describe my employment history.	According to Mary's mother, Mary has not worked in a paid job.
Describe any volunteer activities in which I now am involved or have been involved in the past (if any).	Note: Please include the types of things I did, the organization(s) involved, and when I volunteered. Mary spent a summer volunteering at local animal shelter when she was 18 years old.

Exceptional Support Needs

Were any support needs identified in the risk assessment (Supports Intensity Scale Section IV) or elsewhere in the information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a description of each support: <ol style="list-style-type: none"> 1) osteoporosis 2) dysphagia 3) seizures 4) biting her hand when upset/anxious 5) food and medications by G-Tube as needed
Is there a behavioral or crisis support plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Meet criteria for high intensity day services?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: due to Mary's medical condition and behavioral issues, she meets criteria for high intensity day services. She currently receive day support services.

Pink: All items identified in the SIS (or other assessments) as a health and safety concern are listed here. These items should have individual outcomes in Part III: Shared Planning.

Ability to Access Services and Supports

What concerns do I have about being able to access services and/or supports?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a description of the concern(s): Mary currently has paid and natural supports, as well as...
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Yellow: issues that prevent access to services should be addressed in the ISP per the Office of licensing.

Legal and Advocacy

Do I have any current legal issues or problems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I need any legal advice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:
Do I need any support with voting? (Understanding my rights, registering or voting)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide brief description of how I will be supported:

Yellow: Potential need for referral and/or legal services identified here.

Eligibility

Level of Functioning Survey	Date completed: 7/2/09 Categories met: <input checked="" type="checkbox"/> Health Status <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Task Learning Skills <input checked="" type="checkbox"/> Personal/Self Care <input checked="" type="checkbox"/> Mobility <input checked="" type="checkbox"/> Behavior <input checked="" type="checkbox"/> Community Living
Diagnosis of MR/ID?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date psychological completed: December 12, 1974
If under 6, at developmental risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date evaluation completed: N/A

Back-up and / or Discharge Plan

Am I receiving a Medicaid Home and Community Based Waiver?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please identify which Waiver: ID Waiver ; and attach my back-up plan (if receiving a service that requires a back-up plan). No services currently that require a back-up plan.
If applicable, please describe any transition/discharge plans for any services I currently receive.	No current discharge or transition plans.

Pink: back up plans should be described for applicable services to avoid issues of health and safety.

Yellow: This section reveals any plans for discharge from services if applicable.

Essential Information completed by:

Review or Revision Date: 7/5/09

Name (print): Jennifer Jones

Signature: Jennifer Jones **Title:** Support Coordinator **Date:** 7/5/09

Part II. Personal Profile

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

Mary's planning team thinks that in a good life to Mary, she wants and needs met by familiar caring people who keep her healthy, clean and dry, help her eat only foods and supplements she likes in the manner she likes to eat them. When Mary can't eat, they would provide the nourishment she needs each day through her G-Tube. A good life means spending time each day out of her wheelchair resting on the couch in the family room, reclining in a chaise on the front porch or taking a short nap in her bed. Mary's good life means spending time outdoors and around animals. She's never taken to loud or crowded places or has to spend time around angry or grumbly people. She has lots of friends who visit and some who take her different places during the week. She has lots of soft, soothing music of her choosing to listen to each day and essential oils that she likes. She has lotions and creams that are rubbed on her skin often, and she gets to have regular gentle massages, manicures and pedicures.

The description of a Good Life = previous CSP goals. This section should describe the individual's vision of a desired life for him or herself, which is the overall focus of planning efforts.

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?*

Mary is playful and laughs a lot.

Mary follows familiar people with her eyes and becomes more alert and responsive when someone she likes comes into the room.

Mary can let us know her preferences by smiling, making eye contact with something or someone or by looking away when she doesn't want something.

Mary is pretty and has beautiful blue eyes.

Mary enjoys spending time with people who are cheerful and kind.

Mary likes animals and nature.

Mary loves music, colors and scents.

Green: Talents and Contributions = previous strengths. This should be a listing of positive attributes of the person and highlights how he or she connects well with others.

Yellow: The remaining sections of the Personal Profile are considered a planning tool that assesses 8 life areas. There should be valuable information in this section that is reflected in what is important TO the person in Part III: Shared Planning.

Home	
What's working? <i>Things I would like to stay the same</i>	
Home Living in southwest Virginia with the support she needs each day. Enjoys her roommates most of the time.	Mary has a roommate and her own room.

Routines Listening to music each day and having support with positioning each half hour. Using the Parker Tub every other day. Attending holiday parties and other social events whenever possible.	Mary doesn't have very many different routines and sometimes seems bored. She might like to have more things that happen everyday.
Independence DSPs (Direct Support Professionals) are starting to know when something is not Mary's choice.	Mary has to rely on others for everything. A Say-it Switch might help her to communicate her choices better.
Privacy DSPs closing the bedroom door when Mary is having private time.	Mary becomes impatient when waiting for someone to help her. She doesn't like noise and crowds at home and often cries when a lot of noise and rushing is happening. It would be helpful for her to be around fewer people and to receive more personal attention from others including DSPs.
Safety at home Mary seems to be secure and comfortable in her wheelchair and when using the van lift.	Mary is afraid if she awakens to a dark room, and her roommate has on occasion unplugged the nightlight.
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 A small rural community in the Blue Ridge Mountains.	Not being able to go out to community places very often due to limited van availability and some people thinking she's too fragile.
Inclusion in community Mary likes spending time around others. She likes shopping for jewelry, lotions, oils and clothes. Her favorite stores are Bath Solutions and Maggie's Closet.	Mary only gets to go shopping once or twice a month because her housemates don't like the same things she does.
Safety in my community Mary's wheelchair is easy to maneuver, locks and releases easily.	Some DSPs thinking Mary is too fragile to go out more often.
Things I enjoy/hobbies Going for rides, being outside listening to nature, feeling the breeze and the sun. Listening to music, feeling safe, familiar people and consistency each day, time out of my wheelchair to just rest in bed, a home-like environment, rocking my head on my head rest, getting lotion on my hands and feet, being playful by making faces. Going shopping with one of her favorite purses and her money. Picking out oils and scents, taking a bubble bath, having dinner with others, petting animals, especially dogs.	When people touch Mary before telling her what they are going to do.

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>
<p>Family and friends DSPs who support Mary: Marty, Sharon and Evelyn. Her friends are Alice, Charlotte and Tom. Mother is Monica. Mary always smiles and laughs when friends or family stop by her house. Mary especially likes going out to eat with Alice and hearing Tom's voice on the phone. Charlotte was Mary's teacher at one time and stays in touch by calling, writing letters and visiting on Mary's birthday. Mary likes some things about her roommate.</p>	<p>Only seeing her mother on holidays because she doesn't live close by Mary. She may like to visit more often. Not knowing any of her neighbors and not meeting many new people.</p> <p>Mary is negatively affected by some things her roommate does (occasionally unplugs the nightlight and it makes Mary afraid; cries whenever her roommate becomes upset or is too noisy.)</p>
<p>Being understood by others Not using loud or angry voices; when people are respectful of her space; likes 1:1 time with others</p>	<p>Telling Mary to stop crying when she is somewhere that she doesn't like to be.</p>
<p>Qualities of those who support me Calm, understanding, understands physical and nutritional needs and preferences, people that interact, are not "touchy-feely," caring, compassionate, responsible, patient, sensitive to her wants and needs, people who are alert to changes in Mary health; people who tell her what they are going to do before touching her.</p>	<p>Loud voices that "bark" orders. People who don't really talk to Mary.</p>
<p>Culture, traditions Mary always enjoys holidays. She likes celebrating with friends and family.</p>	<p>Only celebrating once or twice a year because that's the only time she gets to see her mother.</p>
<p>Spirituality, religion Listening to worship services in the living room. She especially likes the music.</p>	<p>Not getting out to her church to hear music and singing often enough because others don't want to go or they go to a different church.</p>
Work and Alternates to Work	
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>Days Up at 7:00am each morning and being supported with personal care. Having a shower and using the Parker tub every other day. Going outside each day when it's nice. Getting laundry done on the weekend and helping dust and straighten up each day with hand under hand</p>	<p>It's hard to find different things that Mary can do during the week that she can be involved in and enjoy.</p>

support.	
Evenings Listening to music every evening after dinner. Wearing her favorite slippers.	Some evenings Mary cries and no one knows why since her doctor says it's not due to a medical concern.
Weekends Going for rides, relaxing and listening music.	Mary might like to do some more things, like seeing some live music on the weekends at festivals and at church
Learning & Other Pursuits	
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>
New or improved abilities Evelyn saw a Say-it switch in a catalog that we think Mary would like to help her communicate better.	Mary always listens to classical music and nature sounds. She might like to learn about other kinds of music, like New Age and light Jazz.
New experiences Going to new places, especially outdoors and where animals are.	Mary has never been to the nature trail and might like to visit some of the newer parks in town.
Money	
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>
Money and finances Meadow Glen is Mary's payee. Mary has enough money to go shopping each week for bath soaps and other things she likes. Mary likes her money and smiles when she knows it's in her purse. We think this means she knows that her money helps her buy the things she likes.	When DSPs don't remember that Mary likes her purse in her lap at the stores.
Personal control Mary likes to keep her money in her own purse in her lap when shopping. Having DSPs help with counting out money at the store so she can buy what she likes.	
Transportation and Travel	
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>
Transportation Using the adapted van with the lift and safety measures.	Not having access to the van when her housemates are going places she doesn't like.
Travel Mary enjoys day trips to a Parkway restaurant and lake to stroll around in the summers.	Mary doesn't ever stay overnight with her mother, and we think it's something she might like to do.

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Health and Safety	
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>
Foods, cooking, meals and supplements Prunes, potatoes, meat, some fruits, using a peg for supplements when I don't eat. Continuing to have a caffeine free diet.	Mary doesn't like salty foods or being helped to eat by people that she doesn't like.
Exercise and movement 15 minutes three times each day of passive range of motion exercises, stretching, etc. Either in her bed or in a Parker Tub after initial episode of being sensitive to touch, movement and changes in the environment.	Not spending enough time in the Parker tub. We could use essential oils in her bath along with her mood light, which may improve Mary's time in the tub.
Medications Having supporters provide medications via G-Tube each day to help control seizures and improve health due to osteoporosis and Dysphagia.	All people who support Mary don't know how to watch for and support her during and after a seizure.
General wellness Listening to soft and soothing music seems to have helped Mary relax and be more alert during the day. Having gentle touch at all times and having her mood light when bathing and relaxing.	

Part III. Shared Planning

Outcome #	What is IMPORTANT TO ME this year?	What does success look like? DESIRED OUTCOMES	How often or by when?	Who is responsible?
1	Seeing my mother more often	Mary has regular contact with her mother.	weekly	Mead reside
2	Having fewer roommates	Mary has her own room.	By 12/1/09	Mead reside
3	Trying new things	Mary has a more flexible and varied schedule and tries new activities.	weekly	Mead reside
4	Meeting new people	Mary joins and attends a community group.	weekly	Mead reside

This section is completed at the annual meeting once per ISP year. The contents should be included in any CSB format to include:
Blue: outcome numbers assigned by team, **Orange:** brief descriptions of what is important TO or important FOR a person, **Purple:** measurable desired outcome statements, **Grey:** frequency outcome is expected to occur and **Olive:** the responsible providers in each instance.

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5	Spending time out doors	Mary spends time in nature in her neighborhood and by visiting local parks.	weekly	Mead reside
6	Water therapy	Mary washes and has therapy in her Parker Tub with her choice of oils and music.	daily	Mead reside Thera Thera Consu
7	Music	Mary is exposed to a variety of music and music events.	daily	Mead reside
8	Money and shopping	Mary identifies what she wants to shop for and saves enough to get the items.	weekly	Mead reside
9	For people to understand what she wants	Mary uses her "Say-it" switch or other device to share her preferences.	daily	Mead reside Thera Thera Consu Oakri Suppo
Outcome #	What is IMPORTANT FOR ME this year?	What does success look like? DESIRED OUTCOMES	How often or by when?	W s
10	Support for Osteoporosis	Mary does not have bone breaks or fractures.	daily	Mead reside
11	To not choke or breathe in her foods due to Dysphagia.	Mary has a puree diet and swallows her food without choking.	daily	Mead reside Nurse Skille
12	To be safe and supported when she has seizures.	Mary does not get hurt during a seizure and is comfortable, clean and has needed rest	daily	Mead reside

Blue: The outcome numbers should match in providers' Part Vs, but since there is a requirement that the outcome be rewritten this is considered something to work toward,
Orange: The second column reflects the original reason for adding an outcome,
Purple: Desired outcomes focus on quality of life and should relate back to the vision of a good life – each major medical or behavioral issue should have an outcome and routine supports (i.e. ADLS/IADLS) may be covered in a few.
Grey: this is the frequency that the outcome is expected to occur through team efforts,
Olive: the providers who agree to each outcome at the annual meeting are listed in the last column. There may be multiple providers for each outcome. Any provider names found in this section indicate that this outcome will be transferred into their Part V: Plan for Supports.

		afterwards.		
13	Staying hydrated and having good nutrition (food, supplements and medications by tube as needed)	Mary does not get dehydrated and has good nourishment each day.	daily	Meadow Glen, residential Nurses@Home, Skilled Nursing
14	Repositioning every 30 minutes when awake.	Mary does not have bed sores.	daily	Meadow Glen, residential
15	Preventing skin breakdown	Mary has healthy skin on her hands (and elsewhere on her body).	daily	Meadow Glen, residential Oakridge CSB, Support Coordinator
16	Clean house, clean clothes and personal care	Mary lives in a clean home and looks nice each day.	daily	Meadow Glen, residential
17	Receiving supports as agreed to in her plan	Mary's desired outcomes are achieved.	Monthly	Oakridge CSB, Support Coordinator

Part IV. Agreements

Green: This section contains the team evaluation of the annual planning process. Any unresolved issues will be listed here and should be available in the SC and all waiver provider records following the annual meeting.

Page two of Agreements replaces the previous Documentation of Agreements. It should contain all Medicaid providers signatures and list others who may have provided information for planning.

Individual - Does my plan match...?

what makes me happy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	what I need to be safe?
my dreams?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	how I contribute?
being with people that I like?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	new things I want to learn?
where & how I want to live?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	my work dreams?
things I like to do?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	the support that I need?
how I want to travel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	people who support me?
how I want to handle my money?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	how I describe a good life?

If the answer is “no” to any of these questions, go back to that part of the profile Please describe the reason for any questions above remaining “no” at the end of plan to resolve. The team thinks that Mary may be happier living with fewer people upset when others argue in her home. The residential provider is supporting Mary to r in the home, which they expect to improve her quality of life at Meadow Glen.

Team

Are there any unfinished tasks from my plan that are not yet completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does any team member have an objection to any outcomes in my plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any outcomes that are in conflict with what’s most important to me?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do I need financial planning or benefits counseling in order to maintain or maximize resources?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any conflicts in my plan that create a health and safety concern?	<input type="checkbox"/> Yes <input checked="" 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 this plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Signatures of partners who agree to help me with my plan:		
Individual (Mary Simms's Mark)		Date 7/2/09
Support Coordinator <i>Jennifer Jones</i>		Date 7/2/09
Guardian/ Authorized Representative Monica Simms		Date 7/2/09
Partner <i>Marty Lowe</i>	Relationship/service/support DSP/Residential	Date 7/2/09
Partner <i>Sharon Irving</i>	Relationship/service/support DSP/Residential	Date 7/2/09
Partner <i>Evelyn James</i>	Relationship/service/support DSP/Residential	Date 7/2/09
Partner <i>Lisa Crane</i>	Relationship/service/support Therapeutic Consultation	Date 7/2/09
Partner	Relationship/service/support	Date
Partner	Relationship/service/support	Date
Names of partners who contributed to my plan and were not here for planning:		
<i>Alice Duvall, friend</i>		
<i>Tom Grady, friend</i>		
Quarterly review dates: 1- 10/31/09 2-1/31/10, 3- 4/30/10, 4-7/31/10		
Comments:		