Virginia’s ISP Redesign and the CMS Final Rule

vaACCSES Provider Summer Conference

Presented by Eric Williams, CRC
Provider Development
DBHDS Division of Developmental Services
June 2015

DBHDS Vision: A life of possibilities for all Virginians
The “real” policies are written in the hearts of people and will express themselves in practice notwithstanding what is contained in official policy.

Michael Kendrick (2000)
“When People Matter More Than Systems”
Steve's One Page Profile

The Life I Want:
A good friend of Steve's mentions having a son diagnosed with the same serious disease. Having time with his mother and his dog Bentley. Using his interest and personal skills with others. Working in a job related to the things he loves, such as animals, music and sports. Continuing to play on, rivarly, with his mother each summer. Being a balanced diet that helps him feel and look good. Having opportunities to meet new people who share his interests, interests, music and animals, especially dogs.

Talents and Contributions:
- Steve is kind and compassionate.
- Steve has a good relationship with his mother.
- Steve enjoys sports.
- Steve likes to be around animals – especially dogs.
- Steve is an avid sports fan.
- Steve reads simple words and sentences.
- Steve volunteers with Meals on Wheels and Animal Shelter.
- Steve is involved in football and soccer.
- Steve has a great sense of humor.

What's important to me:
- Talking to others about his ideas.
- Keeping regular contact with his mother and dog Bentley.
- Being around dogs.
- Looking nice and wearing good clothes.
- Learning to be.
- Being organized.
- Giving concerts and sporting events.
- Living at Riverdale Dr.

What others need to know or do to support me:
- Steve needs a friend who is patient and will listen to him when he needs to talk things out.
- Steve has a difficult time if his mother's health is not good, and he wants to be able to plan ahead.
- Steve has a difficult time if his mother's health is not good, and he wants to be able to plan ahead.
- Steve needs to be able to have some quiet time and coffee.
- Steve enjoys playing baseball and soccer.

Mary's One Page Profile

The Life I Want:
Mary's planning team thinks that it is a good fit for her. She has her mother every month. She has her wants and needs met by familiar caregivers who keep her involved with others, safe, healthy, clean, happy, and busy. She has her pets and animals, and her life is not just a cycle of day to day.

Talents and Contributions:
- Mary is playful and laughs a lot.
- Mary enjoys spending time with people who are cheerful and kind.
- Mary likes animals and nature. Mary enjoys spending time with people who are cheerful and kind.
- Mary has a beautiful blue eyes.
- Mary enjoys spending time with people who are cheerful and kind.

What's important to me:
- Seeing my mother more often.
- Having fewer responsibilities.
- Having extra time for myself.
- Meeting new people.
- Spending time outdoors.
- Having plenty of beverages (water or tea), fresh fruits and vegetables.
- Not having to worry about food or drinks.
- Having a calm atmosphere.
- Having a happy, calm, and healthy life.
- Being able to make decisions for herself.
- Being able to make decisions for herself.
- Not having to worry about food or drinks.

What others need to know or do to support me:
- Support for family needs.
- To make sure her food is due to depression.
- To be safe and supported when she has symptoms.
- Staying hydrated and having good nutrition.
- To be safe and supported when she has symptoms.
- Reposing every 5 minutes when awake to prevent skin breakdown.
- Clean house, clean clothes and personal care.
- Receiving support as agreed to in her plan.
Overview

Today includes:

How key CMS plan requirements have impacted Virginia’s PC ISP;

Overview that demonstrates the development of the comprehensive plan;

An opportunity for questions.
CMS Final Rule

Focuses on:

- Enhancing quality
- Adding protections
- Full access to the benefits of community

Defines Person-Centered Planning Requirements
Virginia’s PC ISP and other documentation
Reflect clinical and support needs that have been identified through a functional needs assessment.
The ISP Learning Cycle
Part V. Plan for Supports

Provide Support Information:

Describe support instruction to include:

- The frequency and duration of activities
- Support needs
- Relationships

Part IV. Agreements

Instructions: Part IV. Agreements is an evaluation of the annual planning meeting. It contains individual and team questions, as well as record any plans for next year, requests, etc. The roles of the Support Coordinator.

Part III. Shared Planning

Work & Alternates

Individual - Do you have a plan?
- What makes me happy?
- What are my dreams?
- What do I want to do?

Learning & Other

- My meeting location:
- My date of meeting:
- My time of meeting:
- My planning partner:

Team

- People I want to attend:
- People I don't want to attend:

Relationships

- Please describe the individual's relationships:
- Support of or service providers:

Part II. Personal Profile

Individual Support Plan

I. Essential Information

<table>
<thead>
<tr>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Marital Status:</td>
</tr>
<tr>
<td>Medicaid #:</td>
</tr>
<tr>
<td>Home Street:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>SSN #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Admission Date:</td>
</tr>
<tr>
<td>Medicare #:</td>
</tr>
<tr>
<td>Insurance:</td>
</tr>
<tr>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Work Phone:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Guardian</td>
</tr>
<tr>
<td>Authorized Representative</td>
</tr>
<tr>
<td>Power of Attorney</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

Part I. Essential Information

- Legal Guardian
- Authorized Representative
- Power of Attorney
- None

Emergency Contacts

- Name: [Name]
- Phone: [Number]
- Fax: [Number]
- Email: [Email]
CMS Plan Requirements

• Reflect the individual’s strengths and preferences.

• Be understandable (e.g. linguistically, culturally, and disability considerate) to both the individual receiving HCBS/the individual’s support system.
Share great things about the person.

<table>
<thead>
<tr>
<th>My Talents &amp; Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>[list great things about the person ]</td>
</tr>
</tbody>
</table>

Describe the vision of a good life from the person’s perspective.

<table>
<thead>
<tr>
<th>The Life I Want</th>
</tr>
</thead>
<tbody>
<tr>
<td>[describe the individual’s vision of the life he or she wants]</td>
</tr>
</tbody>
</table>

Describe the person’s life as it is currently.

<table>
<thead>
<tr>
<th>My Life Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Briefly describe how the person currently lives. e.g. type of setting, number of housemates, employment or day setting, community inclusion, etc.]</td>
</tr>
</tbody>
</table>
• Led by the person/representative where possible;
• Includes people chosen by the person;
• Provides needed support to direct;
• Times and locations are based on the individual;
• Reflects cultural considerations;
• Be written in plain language and accessible to individuals with disabilities and persons who are limited English proficient...
### My Meeting

<table>
<thead>
<tr>
<th>How I am best supported to direct my planning process:</th>
<th>[enter the support needed for the individual to fully participate such as print materials, interpreters, etc]</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I want at my meeting:</td>
<td>[enter the individual's meeting details such as themes, foods, music, etc]</td>
</tr>
<tr>
<td>My meeting location:</td>
<td>[enter the location the individual selected]</td>
</tr>
<tr>
<td>My date of meeting:</td>
<td>[enter the date the individual selected]</td>
</tr>
<tr>
<td>My time of meeting:</td>
<td>[enter time of the meeting the individual selected]</td>
</tr>
<tr>
<td>My planning partner:</td>
<td>[enter who the individual selected to assist with the profile and meeting details]</td>
</tr>
<tr>
<td>People I want to attend:</td>
<td>[enter people the individual wants to attend]</td>
</tr>
<tr>
<td>People I don’t want to attend:</td>
<td>[enter people the individual wants to be absent]</td>
</tr>
</tbody>
</table>
Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports.
## Friends & Community Contacts

<table>
<thead>
<tr>
<th>Relationship #1: Friend</th>
<th>Name: Charles Corbin</th>
<th>Address: 1877 Elm Street Sunnybrook, VA 24009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: xxx-xxx-xxxx</td>
<td>Fax: N/A</td>
<td>Email: <a href="mailto:CCorbin@email.com">CCorbin@email.com</a></td>
</tr>
</tbody>
</table>

Relationship #2:
- Name:  
- Phone:  
- Fax:  
- Email:  

Relationship #3:
- Name:  
- Phone:  
- Fax:  
- Email:  

Now in addition to paid providers...
The use of instructions and guidance...

Natural Supports: Friends, family and natural supports are included in the Shared Plan as agreed and desired by the individual, but they do not complete a PFS.

To illustrate the flow of information in outcome and activity development:

Part I: Essential Information
- Exceptional Support Needs
- Diabetic diet and insulin

Part II: Personal Profile
- Health & Safety
- What’s important TO me?
- I’m not tired all of the time.

Part III: Shared Plan
Desired Outcome
- Steve is not tired all of the time due to diabetes.

Part IV: Plan for Supports
- Employment Activities
- Steve stays awake and engaged while at work.

Part V: Plan for Supports
- Residential Activities
- Steve follows a diabetic diet.
- Steve takes his insulin as prescribed.
- Steve practices ways to relax before bed.

Steve enjoys going to yoga at the YMCA with mother once each week.
WHAT IS A PLANNING PARTNER?

A planning partner is an informal role to support individuals with disabilities and seniors with planning and directing their services and supports.

A planning partner can be a family member, a friend or a professional.

What’s expected of a Planning Partner?

Serve as the individual’s champion, with knowledge of his or her hopes, dreams and desired lifestyle. Support him or her with planning and progress towards achieving personal goals.

Support the person to write his/her own Profile.

Support the person to share his/her personal description and plan with other people.

Assist the person with selecting a date, time, and location of meetings. Support the person’s desired meeting format. (i.e. - formal, cookout, social with light refreshments, eating at restaurant, party ...).

Discuss with the person who s/he wants at the meeting, help with invitations and follow up.
Who can be a Planning Partner?

A friend...

family member...

support provider...
What does a Planning Partner do?

Helps the individual with:

- gathering information,
- arranging planning meetings,
- contacting partners,
- identifying off-limit topics,
- communicating with the SC.
People under guardianship or other legal assignment of individual rights, or who are being considered as candidates for these arrangements, should have the opportunity in the PCP process to address any concerns.
### Representation

<table>
<thead>
<tr>
<th>Individual has the following:</th>
<th>Legal Guardian</th>
<th>Authorized Representative</th>
<th>Power of Attorney</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe any concerns with having or needing a substitute decision-maker:</td>
<td>No concerns. Mary’s mother is her legal guardian.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the decisions that the representative is authorized to make (when applicable):</td>
<td>For decisions important to and for Mary, Mary’s Mother, Alice, confers with Mary. When Mary likes something she will smile, hum or make eye contact. When she doesn’t like something or disagrees she will look away. If Mary feels strongly against something she will shake her head vehemently. Examples of issues Alice discusses with Mary where she will live, go, work, health issues, restaurant choices. Mary prefers hiring her own staff with help from her Mother.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prevent service duplication and/or the provision of unnecessary services/supports.

Includes individually identified goals and outcomes.

Reflect risk assessment, mitigation, and backup planning.
How planning proceeds...
What makes a person happy, content, fulfilled

- people, pets
- daily routines and rituals,
- products and things,
- interests and hobbies,
- places one likes to go
What we need to stay healthy, safe and valued

• physical and emotional health
• safety and security
• things that make you valued in community
Do you know what is needed for health and happiness?

TO

FOR
TO

The Life I Want

Work

Learning

Community

Relationships

Money

Home

Transportation & Travel

Health & Safety

FOR
### ISP: Part II Personal Profile

#### The Life I Want

- Work
- Learning
- Community
- Relationships
- Money
- Home
- Transportation & Travel
- Health & Safety

#### [Life Area]

<table>
<thead>
<tr>
<th>What’s Working Now (needs to stay the same)</th>
<th>What’s Not Working (needs to change or be improved)</th>
<th>What’s important TO me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What others need to know and do to support me (important FOR)

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**Before the Annual ISP Meeting**
### Part III: Shared Planning

#### Work & Alternates

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

#### Learning & Other pursuits

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

#### Community & Interests

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

#### Relationships

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

Traditional Planning
- Separate Goals
- Objectives
- Strategies

Action Planning
- Shared Outcomes
- Action Steps
  - Instructions
ISP: Part III Shared Planning

The Life I Want

- Work
- Learning
- Community
- Relationships
- Money
- Home
- Health & Safety
- Transportation & Travel

### Desired Outcomes

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

At the Annual ISP Meeting
Writing outcomes...

**Name** important **TO**.

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

**Previous outcome example:**
Steve goes to Pizza Shack in order to eat with his friends.

**Updated outcome examples:**
Steve eats dinner with his friends.  
Steve spends time with his friends.  
Steve goes out to eat.
Writing activities/action steps...

**Name action verb activity.**

Writing an activity is based on what can be **seen** when supporting a person to learn or have what he or she wants.
Outcome: 1. Steve eats dinner with his friends.
Outcome: 1. Steve eats dinner with his friends.

- Steve makes dinner plans.
- Steve chooses and invites his friends.
- Steve cooks dinner for his friends.
- Steve goes to dinner with his friends.

Plan for Supports:

- Who?
  - Friend
  - Residential*
  - Day Support*
  - Residential*

* Virginia Department of Behavioral Health & Developmental Services
Steve makes dinner plans.

Skill-building?  

☑ Yes  ☐ No

Supports are no longer wanted/needed when...

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

Guiding questions:

- Can a skill be developed?
- Can assistive technology be used?
- Can the condition improve?
- Can natural supports be introduced?

Virginia Department of Behavioral Health & Developmental Services
Outcome: 1. Steve has his own business and makes more money.
Outcome: 2. Steve has his own business and makes more money.

- Steve budgets his money to save $500.
- Steve obtains an employment evaluation.
- Steve develops a business plan.
- Steve obtains a business license.

Who?
- Supported Employment*
- Supported Employment*
- Support Coordinator*
- Residential*

Plan for Supports*
Steve develops a business plan.

Skill-building?  Yes  No

Supports are no longer wanted/needed when...

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

Can a skill be developed?
Can assistive technology be used?
Can the condition improve?
Can natural supports be introduced?
PC ISP Outcome Planning Worksheet

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

<table>
<thead>
<tr>
<th></th>
<th>Important TO:</th>
<th>Important FOR:</th>
</tr>
</thead>
</table>

**Outcome** (Part III: Shared Planning)

<table>
<thead>
<tr>
<th>#</th>
<th>Enter Name</th>
<th>Important TO (Describe what is really important TO the person)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I no longer need/want supports when

<table>
<thead>
<tr>
<th></th>
<th>By when (enter the date outcome is expected to be achieved)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mark the profile areas that apply:

- Work & Alternates
- Learning & Other pursuits
- Community & Interests
- Relationships
- Home
- Transportation & Travel
- Money
- Health & Safety

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

<table>
<thead>
<tr>
<th>Who</th>
<th>Will be doing what (Enter a support activity; always begin with the person’s name)</th>
<th>How often</th>
<th>I no longer need/want supports when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reflect risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed.
Part I: The Essential Information
Section 3A: Describe any changes in scoring of Section 3A since the last SIS or last Annual Risk Assessment, (whichever was completed most recently). If no changes occurred, write “no changes”:

Would the individual currently score a 2 on any Exceptional MEDICAL Needs items? YES □ NO □
If yes, list all items with a score of 2 in section 3A:

<table>
<thead>
<tr>
<th>Health Risks:</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Required</td>
<td></td>
</tr>
<tr>
<td>The Individual requires exceptionally high levels of staff support to address severe medical risks related to: inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?</td>
<td>□</td>
</tr>
</tbody>
</table>

If YES to #1, answer questions a-e. If No to #1, do not answer questions a-e.

a. In Section 3A, Medical Supports Needed, it is determined that extensive support is needed to manage the Individual’s medical risk.
   How many days per week and approximately how many hours support required? # of days per week: __________________________

b. The Individual requires frequent hand-over-handing to address critical health and medical needs?

c. The Individual’s severe medical risk currently requires direct 24-hour professional (licensed nurse) supervision? Nurse may supervise trained staff.
What active medical or behavioral support needs must be planned for with Mary?
### Active Medical and Behavioral Support Needs

<table>
<thead>
<tr>
<th>Were any major medical or behavioral support needs identified on the Annual Support Needs Risk Assessment or elsewhere in the information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No If yes, please provide a description of each support need below:</td>
</tr>
<tr>
<td>1)</td>
</tr>
<tr>
<td>2)</td>
</tr>
<tr>
<td>3)</td>
</tr>
<tr>
<td>4)</td>
</tr>
<tr>
<td>5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a behavioral or crisis support plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meet criteria for high intensity day services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No If yes, please describe:</td>
</tr>
</tbody>
</table>
### Active Medical and Behavioral Support Needs: Mary

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gentle touch due to osteoporosis.</td>
</tr>
<tr>
<td>2</td>
<td>Pureed diet due to dysphagia.</td>
</tr>
<tr>
<td>3</td>
<td>Support due to seizures.</td>
</tr>
<tr>
<td>4</td>
<td>Repositioning to prevent skin breakdown.</td>
</tr>
<tr>
<td>5</td>
<td>G-tube care and use.</td>
</tr>
</tbody>
</table>

**Meet criteria for high intensity day services?**

- [ ] Yes
- [ ] No

*If yes, please describe:*
To plan successfully...

We need to begin thinking about how active medical and behavioral support needs relate to the important To information.
# Part II: The Personal Profile

## What is important TO Mary about Health and Safety?

<table>
<thead>
<tr>
<th>Health &amp; Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What’s Working Now</strong> (needs to stay the same)</td>
</tr>
<tr>
<td>Having staff knowledgeable in supporting Mary with her Seizures, Osteoporosis and Dysphasia.</td>
</tr>
<tr>
<td>Mary’s protocols for her medical and dietary needs.</td>
</tr>
<tr>
<td>Having a safe living environment.</td>
</tr>
<tr>
<td>Getting to sit out of her wheelchair.</td>
</tr>
<tr>
<td>Having lotion rubbed on her skin.</td>
</tr>
</tbody>
</table>

## What others need to know and do to support me (important FOR)

Before the Annual ISP Meeting:

Follow instructions for physical support and transfers from her wheelchair. Always tell what you are doing before touching her and use gentle touch especially during transfers due to her need to not be hurt and having osteoporosis. Mary has fear about getting choked on foods or aspirating in her food. Make sure her g-tube site is clean, she is repositioned every 30 minutes and provide her medications by following the training instructions you received. Whenever possible keep a calming, relaxing environment because this helps Mary have a better day. Follow her seizure protocol and give her 30 minutes after a seizure to adjust before requesting anything of her. Remember that Mary likes to have something to drink at all times to stay hydrated (tea or water).
What if Mary also had asthma?

Outcome: Mary breathes easily.

Based on what we know about Mary, to resolve this outcome ask...

- Can she develop a skill?
- Can assistive technology be used?
- Can the condition improve?
- Can natural supports be introduced?

At the Annual ISP Meeting
Outcomes needed to complete Shared Planning

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

Work & Alternates to Work
Learning & Other Pursuits
Community & Interests
Home
Health & Safety
<table>
<thead>
<tr>
<th>Active Needs Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
</tr>
<tr>
<td>Heart conditions</td>
</tr>
<tr>
<td>Hurting oneself</td>
</tr>
<tr>
<td>Fall risk</td>
</tr>
<tr>
<td>Causing harm</td>
</tr>
<tr>
<td>Taking from others</td>
</tr>
<tr>
<td><strong>Behavioral</strong></td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Psychiatric needs</td>
</tr>
<tr>
<td>Communication</td>
</tr>
<tr>
<td>Sensory needs</td>
</tr>
</tbody>
</table>
The 3 standard outcome options...

Routine health and safety
Periodic Supports
Support Coordination

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

Steve has something to do when plans are cancelled.

Steve’s outcomes are achieved.
Steve is not tired all the time due to diabetes.
Steve has his own business and makes more money.
Steve has more friends.
Steve explores different ways to enjoy music.
Steve is organized.
Steve is healthy, safe and a valued member of his community.
Steve has something to do when plans are cancelled.
Steve’s outcomes are achieved.
Reflect that the current residential setting was the individual’s choice and is integrated in, and supportive of full access of the individual to the greater community.
• Offers informed choices about services and providers;

• Records alternate HCBS settings considered;

• Provides confirmation that the setting is chosen by the individual.
VIRGINIA PROVIDER CHOICE AND NOTIFICATION FORM

Upon request or enrollment into the ID Waiver, this form must be provided and discussed with the individual and substitute decision-maker to inform them of all options possible under the waiver. Choice must be documented and signed by the individual and/or substitute decision-maker when waiver services are initiated and when there is a request for a change in provider(s), when additional services are initiated, or when the individual is dissatisfied with the current provider. Signatures for RST notification are required whenever RST criteria are met. DBHDS licensed providers can be found at http://www.dbhds.virginia.gov/LPSS/LPSS.aspx. The CSB might also maintain on file a listing of Medicaid enrolled providers who have notified them of their approval to provide services.

Section I: Provider Choice
1. Share preferences for all types of services needed prior to the meeting/discussion.

<table>
<thead>
<tr>
<th>Individual’s preferences for types of services:</th>
<th>Substitute decision maker’s preferences for types of services (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete the sections below to confirm that the following opportunities were discussed before making service choices under the waiver.

2. I confirm that all of the following types of options were discussed: [ ]
   - Own Home
   - Leased Apartment
   - Family Home
   - Sponsored Home

3. I confirm that all of the following types of options were discussed:
   - Assistive Technology
   - Companion
   - Consumer-Directed Services
   - Crisis Stabilization
   - Day Support
   - Environmental Modifications

4. I have been offered the chance to talk with other individuals with ID/ID who live and work successfully in the community or with their family members: [ ]
   (If desired, you may contact a DBHDS Family Resource Consultant at (804) 894-0928 to connect with individuals and families who have waiver services.)
### Part I: The Essential Information

**ISP: Part I Essential Information**

#### Review of Most Integrated Settings

<table>
<thead>
<tr>
<th>Current primary living situation</th>
<th>Current primary employment or day setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own home (e.g. own house or leased apartment)</td>
<td>Employed</td>
</tr>
<tr>
<td>Family home</td>
<td></td>
</tr>
<tr>
<td>Sponsored home</td>
<td></td>
</tr>
<tr>
<td>Four or less individuals</td>
<td></td>
</tr>
<tr>
<td>Five or more individuals</td>
<td></td>
</tr>
<tr>
<td>Community ICF</td>
<td></td>
</tr>
<tr>
<td>Nursing facility</td>
<td></td>
</tr>
<tr>
<td>Training center</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Individual and/or substitute needs to be informed of most integrated setting

Are any resources or movements to move to more integrated setting?

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

Supports or resources are needed to any achieve desired outcomes, but are not available: **Yes**

If yes, the Support Coordinator may contact the Community Resource Consultant to discuss.
INCLUSION

A COMMUNITY OF COMMUNITIES
The Plan for Self-Sufficiency

Considers future plans for inclusion;

Replaces “discharge plan” in the ISP;

Applies to every individual.
### ISP: Part I Essential Information

**Plan for Self-Sufficiency**

| Please describe what is needed and how I will be supported to transition to more inclusive settings. | Steve needs to have natural supports in several areas of his life as a part of his plan for self-sufficiency. In order to have and keep a job that he wishes, Steve needs a job that he feels comfortable with, preferably in an environment with few other people and supported by coworkers with whom he feels a connection and will be understanding of his low frustration level at times. Steve needs to have supports either paid or natural who check on him daily in his living environment to ensure he is managing his hypertension through his diet, stress management and medications. Prior to transition, he needs support to develop natural supports in his community to ensure a good transition into the true community life Steve says he wants. Steve wants to develop skills to help himself support his medical conditions and to maintain his home as a safe and healthy environment. |

---

**Before the Annual ISP Meeting**
Part I: The Essential Information
### Summary of Employment Background

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe my employment history.</td>
<td>Steve worked at ABC Workshop after high school. He earned a piece rate for preparing shipping materials for local businesses. Due to high levels of frustration in that setting, which resulted in arguments with others, Steve decided to stop working there. He currently has a small dog walking business but only does this on a part time basis.</td>
</tr>
<tr>
<td>Describe any volunteer activities in which I now am involved or have been involved in the past (if any).</td>
<td>Note: Please include the types of things I did, the organization(s) involved, and when I volunteered. Steve has been engaged in a variety of volunteer activities during his time at My Life Day Support such as Meals on Wheels and Habitat for Humanity.</td>
</tr>
<tr>
<td>Describe the supports necessary to achieve employment if desired. If the person does not indicate a desire to work, describe how the person has been or will be educated about employment, including but not limited to exploring employment opportunities available in their community.</td>
<td>Steve will need support in learning how to reduce frustration while in a work setting. Steve becomes very frustrated when he works around lots of people, and many job placements have been tried, but have not worked out due to him getting into arguments with others around him.</td>
</tr>
</tbody>
</table>
### Summary of Employment Background

<table>
<thead>
<tr>
<th>Describe my employment history.</th>
<th>Steve worked for a few years for local businesses, but he currently has a desire to explore opportunities in a different setting. Steve has some experience in that setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe any volunteer activities in which I am involved or have been involved in the past (if any).</td>
<td>Note: Please include the organizations where I have volunteered. Steve has volunteered in several organizations over the years. Support such as mental health, Community Advocacy, and Education. Steve became interested in volunteering when he noticed a lack of information about local opportunities for people with disabilities. He has volunteered with organizations such as the Special Olympics and the Disability Resource Center, which has provided him with valuable experience and skills.</td>
</tr>
<tr>
<td>Describe the supports necessary to achieve employment if desired.</td>
<td>If the person does not indicate a desire to work, describe how the person has been or will be educated about employment, including but not limited to exploring employment opportunities available in their community.</td>
</tr>
</tbody>
</table>

Describe the supports necessary to achieve employment if desired. If the person does not indicate a desire to work, describe how the person has been or will be educated about employment, including but not limited to exploring employment opportunities available in their community.
CHOICE AND CONTROL
Document that any modifications to compliance with the HCB settings requirements for provider owned/operated residential settings are supported by a specific assessed need and justified in the PCSP...
1. Individualized assessed need.
2. Previous positive interventions and supports.
3. Less intrusive methods.
4. A clear description of the condition.
5. Collection and review of data (for efficacy).
6. Time limits for periodic reviews.
7. Informed consent of the individual.
8. Assurance that supports will cause no harm.
### Safety Restrictions

As your provider, we have identified something you want to do that might create a risk. We need your input to develop a plan that supports you to have what you want in a safe way. We have determined that this restriction is necessary to achieve a therapeutic benefit, maintain a safe and orderly environment or to intervene in an emergency and that all possible less restrictive options have been tried. [12VAC35-115-100].

<table>
<thead>
<tr>
<th>The following is completed with the individual:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that I will not:</td>
<td>Remove my Project Lifesaver Bracelet.</td>
</tr>
<tr>
<td>This is necessary because:</td>
<td>Steve gets upset resulting in leaving home in the middle of the night.</td>
</tr>
<tr>
<td>The outcomes in my plan related to this restriction include:</td>
<td>Outcome #10: Steve is safe at night.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following is completed by a qualified professional:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe your assessment, to include all possible alternatives to the proposed</td>
<td>We have tried talking with Steve about his daily concerns. We continue to do this every night, but there continue to be times when he leaves without telling anyone.</td>
</tr>
</tbody>
</table>
CONSENT

CHOICES AHEAD
Per the Office of Human Rights the record should show:

• the medication prescribed, to include dosage;

• an acknowledgement, if appropriate, that the individual/decision-maker was made aware of the risk/benefits/side effects by the prescribing physician;

• contact information for the prescribing physician for any further questions;

• the signature of individual and/or decision-maker.
### Psychotropic Medication Use

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage</th>
<th>Physician:</th>
<th>Reason(s) prescribed:</th>
<th>Location of potential side effect information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: bupropion</td>
<td>100mg</td>
<td>Dr. Mac Good</td>
<td>Depression</td>
<td>Medication administration binder</td>
</tr>
<tr>
<td>2:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has informed consent been obtained for the use of currently prescribed psychotropic medications?
• Include services that afford the individual the option to self-direct.
## Support Coordination, Self-Directed Supports and Provider Contacts

<table>
<thead>
<tr>
<th>Support Role #1:</th>
<th>Agency:</th>
<th>Start date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support Role #2:</th>
<th>Agency:</th>
<th>Start date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support Role #3:</th>
<th>Agency:</th>
<th>Start date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Email:</td>
</tr>
</tbody>
</table>
CMS Plan Requirements

• Be distributed to the individual and others involved in the PCSP.

• Identify the individual and/or entity responsible for monitoring the plan.
The PCSP must be reviewed and revised upon reassessment of functional need at least once every 12 months, OR when the individual’s circumstances/needs change, OR at the request of the individual.
A method to update the plan.
Outcome changes included in this Plan for Supports revision (additions or deletions):

<table>
<thead>
<tr>
<th>Outcome number:</th>
<th>Desired outcome:</th>
<th>I no longer want/need supports when...</th>
<th>Start date for additions or end date for deletions:</th>
<th>Describe what others need to know and do to support (important FOR):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Outcome #]</td>
<td>[Enter the Desired Outcome statement]</td>
<td>[Describe what will be seen or how natural supports could resolve the activity]</td>
<td>[Enter start or end date]</td>
<td>[Describe what others need to know or do to support me (important FOR)]</td>
</tr>
<tr>
<td>[Enter Outcome #]</td>
<td>[Enter the Desired Outcome statement]</td>
<td>[Describe what will be seen or how natural supports could resolve the activity]</td>
<td>[Enter start or end date]</td>
<td>[Describe what others need to know or do to support me (important FOR)]</td>
</tr>
<tr>
<td>[Enter Outcome #]</td>
<td>[Enter the Desired Outcome statement]</td>
<td>[Describe what will be seen or how natural supports could resolve the activity]</td>
<td>[Enter start or end date]</td>
<td>[Describe what others need to know or do to support me (important FOR)]</td>
</tr>
</tbody>
</table>

Signatures:

Individual: ___________________________ Date: __________

Substitute Decision Maker: ___________________________ Date: __________

Provider: ___________________________ Date: __________

Outcome changes approved by Support Coordinator:

_________________________ ___________________________
Support Coordinator Date
# STATUS UPDATE

The Status Update form is available for sharing status changes directly with the Support Coordinator and others.

<table>
<thead>
<tr>
<th>Information Element</th>
<th>Update: Describe changes to any of the listed elements in the spaces below for sharing with others.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Emergency Contacts/Representation</td>
<td></td>
</tr>
<tr>
<td>Psychological/Developmental Evaluation</td>
<td></td>
</tr>
<tr>
<td>Current Level of Functioning Survey</td>
<td></td>
</tr>
<tr>
<td>Support Coordination and Provider Contacts</td>
<td></td>
</tr>
<tr>
<td>Communication and Sensory Support</td>
<td></td>
</tr>
<tr>
<td>Adaptive Equipment, Assistive Technology and Modifications</td>
<td></td>
</tr>
<tr>
<td>Health, Medications, Physicals</td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS?
Contacts and resources:

Community Resource Consultants (PC ISP):

Person-Centered Thinking Training:
http://www.personcenteredpractices.org/

Settlement Agreement information at DBHDS:

CMS Final Rule information at DMAS:
http://www.dmas.virginia.gov/Content_pgs/HCBS.aspx