

Why one ISP?

- Oregon currently has 11 different ISP models used in various service settings
- Consistency for people supported and family members
- Assist in transitions across service settings
- Improved quality of plans

Advisory Group

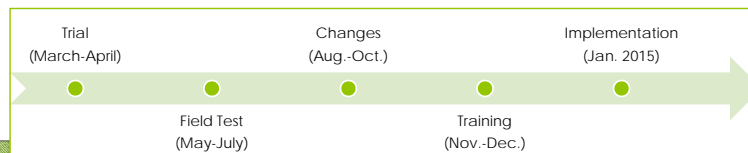
- Made up of stakeholders representing the array of service settings
- Reviewed each existing ISP in Oregon as well as ISPs from other states
- Responded to drafts developed by smaller work groups

Partners in conversation

- eXPRS Plan of Care
- Employment First Implementation Team
- Medicaid Waiver Unit and Oregon Health Authority
- Licensing Unit
- ...and many others

Where are we now?

- Field test concluded July 31
- We will continue to learn from what works and what needs improvement
- Statewide roll-out is anticipated by January 1 to coincide with implementation of new OARs



Person Centered Plan Facilitator

- The SC/PA serves as the facilitator of the person centered planning process
- Ensure that the person's preferences and direction are sought and honored throughout the planning process
- Writes the ISP in consultation with the person and with input from others the person directs

Person Centered Information

Tool for gathering information from the perspective of **the person** and **others** that leads to the ISP

Person Centered Information

Person's name: Date of last update:

Use the space under each topic to describe what is currently happening in this person's life. If the person does not wish to discuss a topic, please note that. Seek perspectives from others that the person directs.

Hopes and Dreams *May reach beyond this current ISP, any timeframes for achieving hopes and dreams, things to include in this ISP to move toward these hopes and dreams, etc.*

Person's perspective

Other's perspective, if different

Communication *Describe how this person communicates including the person's preferences for expressing and receiving communication and how the person communicates their wants, needs, and pain.*

Person's perspective

Other's perspective, if different

Life in Current Living Arrangements *Where and with whom the person lives, who provides supports, meal planning, cleaning, personal care, opportunities to develop skills at home, hobbies, pets, safety, opportunities to contribute to the household, etc.*

Person's perspective

Other's perspective, if different

Person Receiving Services: Date of last update: Page 1 of 6

[Redacted]

PCI-9.4.14 - DRAFT

Pre-Employment and/or Work *Job exploration, job development for self-employment or paid work, job coaching, career goals, job satisfaction, developing job skills, planning for retirement, workplace safety, opportunities for continuity between work and home, opportunities to contribute to the workplace, financial concerns, childcare needs, lack of resume, etc.*

Person's perspective

Other's perspective, if different

Employment-related skills *Typing, answering phones, timeliness, organization, follow-through, friendliness, technical or computer skills, etc.*

Employment-related preferences *Hours, pay, location, etc.*

School and Life-Long Learning *Things this person would like to learn, opportunities for continuity of supports between school and home, continuing education, personal or professional development, understanding what I/DD services can offer, accessing school options, etc.*

Person's perspective

Other's perspective, if different

Day Services *Location, participation in chosen activities, attendance, relationships, safety, opportunities for continuity between day service settings and home, etc.*

Person's perspective

Other's perspective, if different

Person Receiving Services: Date of last update: Page 2 of 6

Person Centered Information

Discussion Topics

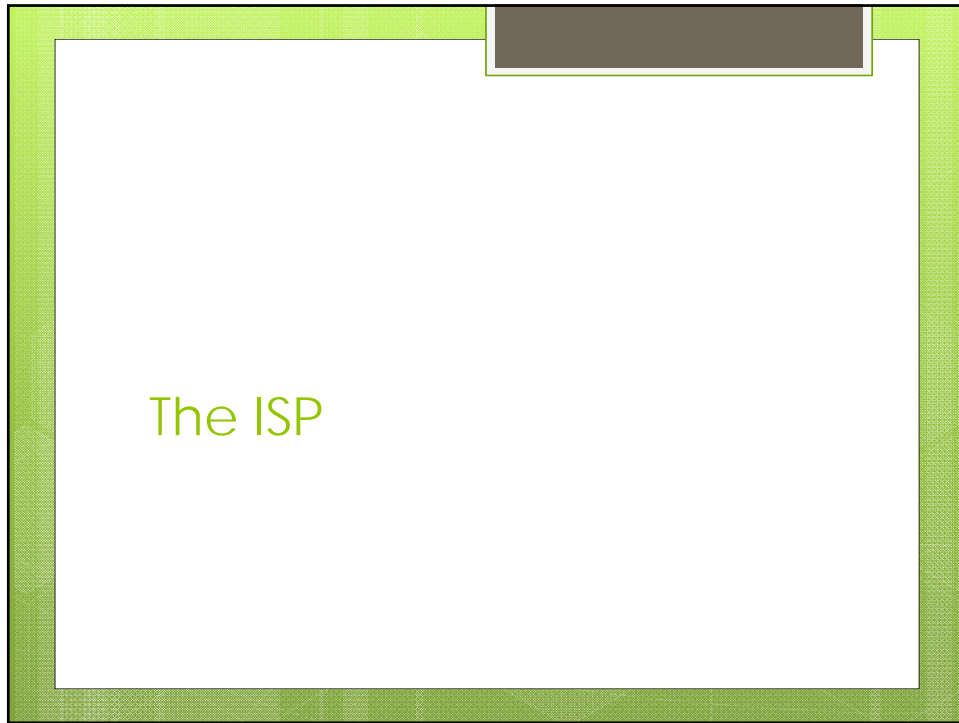
- Hopes and Dreams
 - Communication
 - Life in Current Living Arrangements
 - Community and Social Life
 - Pre-Vocational and/or Work
 - Day Services
 - School and Life-Long Learning
 - Relationships
 - Health and Wellness
- Financial Life
 - Protection and Advocacy
 - Cultural Considerations
 - Sexuality and/or Intimate Relationships
 - Behavioral Health
 - Mental Health
 - Transportation
 - Assistive Devices or Technology
 - Environmental Modifications

Person Centered Information

Risk Identification Tool

- Identifies known risks present in the person's life

Work group currently refining this tool and clarifying instructions



The ISP

Individual Support Plan

Person's name:
Complete this page based on communicating directly with the person. If additional information is needed, include information from people who have direct knowledge of the person's perspective.

What people like and admire most about _____

How to best support _____

What is most important to _____

One page profile highlights the person's perspective and positive attributes at the front of the plan.

Person Receiving Services: _____ Plan Effective Dates: - _____ Page 1 of 11

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Desired Outcomes

- Desired Outcomes are identified
- Based on what's important to the person

Individual Support Plan – DRAFT 8.18.14 – NOT FOR USE

Desired Outcome <small>What is the desired result?</small>	Key steps to work toward <small>the outcome</small>	Who is responsible? <small>Who is responsible?</small>	Timelines <small>Frequency or By When</small>	Where to record <small>progress</small>	Check if written implementation strategies <small>(Action Plans, Service Agreement, etc.) exist</small>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

More detailed implementation strategies, if needed, may be developed by provider organization (Action Plan) or may be written into PSW job description.

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ISP - SPD 5.9.104

Meeting Date: _____

Action Plan

Person Receiving Services: _____ Desired Outcome: _____

Issue:	Where:			Who is responsible	How often or date due	Where to record	Notes
	H	W	O				
Measurable steps that will be taken to reach desired outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
B:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Action Plan: _____ Name: _____

Desired Outcome: _____ *Specific, measurable, and includes frequency

Date Due	Who is Responsible	Where:			Where to Record	Date:	Possible Roadblocks	Possible Solutions for Roadblock
		H	W	O				

Notes/What We Learned

Step	Frequency	Notes/What We Learned	Completed
		Tried: _____	<input type="checkbox"/>
		Learned: _____	<input type="checkbox"/>
		Do Differently: _____	<input type="checkbox"/>
		Tried: _____	<input type="checkbox"/>
		Learned: _____	<input type="checkbox"/>
		Do Differently: _____	<input type="checkbox"/>

Various Action Plan tools will be offered

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Risk Management Plan

- Serious risks are identified and addressed

Risk Management Plan
List risks identified through the assessment process and indicate the strategy to address each risk.

Risk	How is the risk addressed?	High risk	Check if written strategies are in place and note who is responsible
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Maintain instructions for staff to support identified risks (e.g. protocols, BSP, safety plans, etc.) where needed.

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Chosen Services

- Connects assessed needs to specific chosen services (such as ADL and IADL support needs)

The image shows several overlapping forms for selecting services. The top form is for 'Chosen K Plan Residential Service' and includes sections for 'Service setting', 'The K Plan services already included in my residential services are:' (with checkboxes for Attendant care - ADL / IADL, Skill training, Behavior supports, Nursing supports), 'The additional K Plan services included in my residential services are:' (with checkboxes for Community Transportation), 'Chosen provider type', 'Authorized dates (start and end)', and 'Person's preference on how service is delivered:'. Below it is a form for 'Chosen K Plan Community Transportation Service' with fields for 'Transportation type', 'Authorized dates (start and end)', and 'Chosen provider type or description of service'. At the bottom is a 'Natural Support' form with a field to 'Describe chosen services/supports'.

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Authorization

- Authorized by person/guardian and SC/PA

Under additional review by ODDS

Authorization of this Plan
These people authorize this plan and must approve any needed changes to this plan.

Name	Relationship to this person	Present at meeting?	Signature	Date	Preferred method of contact
	Person Receiving Services <small>---Choose one---</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal Guardian <small>---Choose one---</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Provider Signature Page
These providers agree to implement and provide the supports that have been designated as their responsibility in the ISP. A signed contract, job description, or service agreement may be used in lieu of this signature page.

Provider Agency Name	Provider Type	Name of Provider Representative	Date	Objections to the plan or support documents	Signature

Providers agree to implement and provide the supports that have been designated as their responsibility in the ISP.

The ISP

What's next?

- Visit OregonISP.org
 - Latest news
 - Sign up for email newsletter updates
 - Share feedback
- We anticipate announcing a training schedule within the next few weeks

