

# Individual Support Plan (ISP)

Person's legal name: Fitzwilliam Bennet

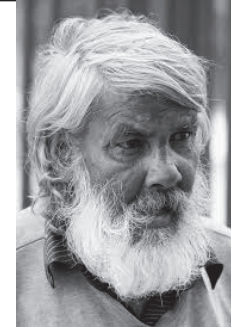
Preferred name: Fitz

Plan effective dates: 09/01/2016 – 08/31/2017

## One page profile for: Home

### What people like and admire about Fitz:

- Fitz is fun loving and laughs/smiles all the time.
- Fitz is always helpful. He likes to help with chores or bring in the groceries when he sees you struggling.
- Fitz makes model planes with his brother and they look so great displayed in his room. They are very detailed.
- Fitz has a great mustache. He is very talented with trimming scissors.
- Fitz is really good at cards.



### What is important to Fitz:

- His brother (Bill) and sister in-law (Kathy)--spending time with them
- Having people around him who make him feel safe
- Having fun with his friends at Do Your Thing
- Going to his old job and spending time with his friends
- His model planes--making them and showing them to others.
- His books--all of them in his collection.
- Being clean and having his clothes clean.
- Fitz likes to get up early and spend time in the quiet before anyone else is up

### How to best support Fitz:

- Be patient. Let Fitz have time to feel comfortable with the things he is asked to do or with supports provided.
- Use a soft voice with Fitz.
- Talk to him about things like doctor appointments ahead of time
- Spend time with Fitz doing the things he likes to do, like reading and playing games (especially card games).
- Learn Fitz's communication style and look to his chart
- Refer to Communication Chart as needed and
- Know Fitz's protocols and behavior support plan

## Desired outcomes

**Desired outcome:** Fitz takes a vacation to the Grand Canyon this year with Trips Inc.(Vacation Organization)

**What supports this outcome?** Informal Supports, Residential Services

Key step/goal	Who is responsible?	Timelines	Where to record progress	Additional implementation strategies expected?
1 Work with providers and Rep Payee to budget and plan the trip (apply with Trips Inc.).	Fitz, Foster Provider, and Rep Payee, Trips. Inc.	By Sept. 2017	Progress Notes of SC and Foster Provider	Action Plan prepared by provided

**Desired outcome:** Fitz owns fish and cares for them.

**What supports this outcome?** Informal Supports, Residential Services

Key step/goal	Who is responsible?	Timelines	Where to record progress	Additional implementation strategies expected?
1 Work with Foster providers and Rep Payee to budget for, buy fish, and care for fish.	Fitz, Foster Provider, and Rep Payee	By June of 2017	Progress notes of SC and Foster Provider	No Action Plan needed. Provider understands steps to achieve.

## Career Development Plan (CDP)

**Oregon is an “Employment First” state:** Oregon believes with the right supports, everyone can work and there is a job for everyone. Everyone has the right to work in the community. See the “[Employment Discussion Guide](#)” for ideas about the employment conversation, which must occur at least annually.

Employment services are not tests people have to pass but resources people can choose. **To receive an employment service, a person must have a goal of at least exploring competitive integrated employment, also known as individual, integrated employment.**

### No career development plan

Highest education level completed to date: Unknown

Reason for no Career Development Plan (*choose one*):

- A.** Person is under age 14 and does not want a Career Development Plan at this time.
- B.** Person is at least 60 years old or will be 60 this ISP year, does not want to access any ODDS Employment Services and does not want a Career Development Plan at this time.

*The person may change their mind at any time and request a Career Development Plan.*

## Chosen case management services

Chosen case management provider: Wonder County CDDP	
Authorized dates: <input checked="" type="checkbox"/> Same as plan effective dates	
Required frequency of case management contact: Monthly	Prime number: XOXOXOX
Case management will monitor the effectiveness of services and supports being provided, Fitz's satisfaction and well-being, and progress toward identified desired outcomes throughout the year.	
Other anticipated case management services during the year include: SC will coordinate planning each year. Fitz has many risks and SC will check in on Fitz monthly to monitor how the effectiveness of supports in place to manage these risks. SC will monitor to see how the BSP is working when Fitz is at his brother and sister-in-law's home. If the BSP continues to not work as well when Fitz is at their home, more conversation will happen among team members and Fitz's Behavior Support Specialist. SC will communicate monthly with Fitz's nurse to monitor how his nursing plan is working. SC will revise the plan as needed to meet Fitz needs and changes in desired outcomes.	
Fitz's preference on how case management is provided: Fitz likes to have his meeting at home where it is quiet and familiar. He prefers to have information given to him in person. He wants to have his brother with him at most meetings	

## Informal supports, community resources and other voluntary services and supports

Describe supports	Provided by
Fitz needs all his support needs met when he is on holidays and on the weekends (every other weekend) he is with his family: see all supports listed in the KPlan Residential section of this ISP.	Family (brother, Bill, and sister-in-law, Kathy)
Fitz needs his support needs (see above) while on vacation to the Grand Canyon with Trips Inc.	Trips Inc. (private pay)
Fitz needs new eyeglasses, but his insurance will not pay for them.	Clear Vision Works (local non-profit that helps people get their eyeglasses at a much discounted price) Fitz brother will pay for the difference.
Fitz needs to have an eye exam this year. His insurance would not pay for it, so he received his eye exam from a local nonprofit.	Lions Club

**Chosen State Plan Personal Care (SPPC) services**

None selected

**Chosen family support services**

None selected

**Chosen K plan services**

None selected

**Chosen waiver services**

None selected

**Chosen K plan residential services**

*Complete the following only if the person chooses RESIDENTIAL services.*

Service setting: Non-relative Foster Care - Adult DD 58

Chosen provider: Beth and Charlotte Lucas Foster Home

Authorized dates:  Same as plan effective dates

Fitz chooses:  Private bedroom  Shared bedroom

The K plan services already included in residential services:  Attendant care - ADL/IADL  Skill training  Community transportation

Additional K plan services included in residential services:  Behavior supports  Nursing supports

List needs identified by the needs assessment that this service will address:

- Fitz needs assistance with bathing (getting in and out of tub safely and using the right amount of soap and cleaning well, as well as adjusting the water temp to a comfortable level).
- Using the toilet (wiping well and cleaning up after, as well as cleaning up after accidents)
- Oral hygiene (reminders to brush teeth and cues to brush well)
- Dressing and haircare (wearing appropriate clothes for weather, support with buttoning, and support to comb his hair and mustache the way he prefers)
- Full physical assistance with shaving his face and trimming his mustache
- Support with receptive and expressive communication (complicated info must be explained in a way that makes sense to him and he needs support expressing himself to those who do not understand his communication style-i.e. his speech is difficult to understand for those who do not know him well)
- Safety (e.g. using chemicals, sharp items, and appliances safely), fire evacuation (cues to evacuate and move to a safe area)
- Medication management (taking meds on time and in the proper amount)
- Health management (expressing pain, daily checks for any signs of illness or injury, making and keeping appointments and following through with doctors' orders)
- Intermittent nighttime supports (support for any daytime support needs that come up at night)
- Supervision within visual and hearing distance
- Support to access the community (transportation to all the places he needs to go, finding the destination he needs to get to, reading all the street signs, as well as reminders to not take off the seat belt or open the car door while in motion)
- Support to take part in community activities and events (finding activities of interest and providing all support needs during activity including communicating effectively and making monetary exchanges).
- Support to socialize appropriately and safely (e.g. not poking at others or getting too close to others when it is not appropriate to do so).
- Support continuing to connect with his friends at work so that he can maintain those connections.

Fitz's preference on how this service is delivered:

- Give privacy and modesty around all supports. (i.e. provide supports like helping with going to the bathroom and bathing in his private bathroom, and dressing and changing in his room)
- Tell Fitz what you are going to do to help him before you do it. Ask him for permission.
- Fitz likes to have his face shaved twice a day. (keep his mustache)
- Fitz wants orange juice with his medication.

**Chosen K plan transportation service**  None selected

## Additional chosen services

Describe service setting, service code, number of units,		
--	--	--

frequency, authorized dates and chosen provider type as applicable:	List identified needs that this service will address:	Fitz's preference on how this service is delivered:
Community Nursing Services/MMIS 1 event per week for plan year Carol Dorn, RN	Fitz has diabetes and the nurse comes in once a week to work with him on managing his diabetes, checking blood sugars, talking about his diet, and checking his feet for any problems.	Fitz likes the nurse who comes to the house. He wants to be poked for testing on the first two fingers on his left hand and not touched with cold hands.

## Risk management plan

Emergency preparedness (*natural disasters, power outages, community disasters, etc.*):

Fitz has an emergency plan for home.

Preventing abuse (*physical, emotional, financial, sexual, neglect*):

Fitz has a rep payee who is also his guardian. Fitz is never alone at home or in the community.

What happens if Fitz can't be reached (*timelines for notifying others, who to contact, etc.*)?

If Fitz cannot be reached/is missing for any length of time, look for him for up to 5 minutes then call 911

## Known risks

Risk	High risk ⓘ	Describe the issue and how it is addressed or note where other information can be found. ⓘ
Choking	<input type="checkbox"/>	Foster provider uses Aspiration/Choking Protocol they created/wrote.
Complications of Diabetes	<input type="checkbox"/>	Foster provider uses Hyper and Hypoglycemic Protocol they created/wrote with support from diabetes specialist.
Unreported pain or illness	<input type="checkbox"/>	Foster provider uses Safety Plan they created/wrote.
Water temperature safety	<input type="checkbox"/>	Foster Provider puts Safety covers on all faucets. Water temp is controlled by providers.
Fire evacuation safety	<input type="checkbox"/>	Foster Provider uses Safety Plan they created/wrote.
Vehicle safety	<input type="checkbox"/>	Foster Provider keeps Safety lock in vehicle and gives reminders to not take off seat belt. Foster Providers stay at arm's length and give reminders to stay close around streets and parking lots.

Refusing medical care Extreme food seeking behavior	<input type="checkbox"/>	Foster Provider uses Behavior Support Plan created by Fitz's Behavior Support Professional. <ul style="list-style-type: none"> <li>• Behavior Support Plan, includes restricted access to food (see BSP for details).</li> <li>• Fitz has an individually based limitation for Access to Food (the completed IBL form is attached to this plan)</li> </ul>
Potential for financial abuse	<input type="checkbox"/>	Foster provider used Financial Plan they created/wrote with input from Rep Payee. Rep Payee (Bill Bennet).
Unsafe social behavior	<input type="checkbox"/>	Foster provider reminds Fitz if he gets too close to someone or pokes them. He is reminded to step back and not to poke.

Does Fitz's plan include the use of safeguarding interventions?

No  Yes, attach a completed IBL form authorizing the use of safeguarding intervention(s).

Does Fitz's plan include the use of safeguarding equipment that meet the threshold of restraints?

No  Yes, attach a completed IBL form authorizing the use of safeguarding equipment.

Are any individually-based limitations on HCBS residential setting protections **accepted**?

No  Yes, attach a completed IBL form.

For which risk(s):

*Attach a completed IBL form for each accepted limitation.*

Are any individually-based limitations on HCBS residential setting protections **proposed** but not accepted?

No  Yes, attach a completed IBL form.

Does Fitz have a nursing care plan?

No  Needed  Yes, it is found at:

Home:

Work:

**Back-up plans (in the event that primary support is not available):**

Home: If something were to happen to Fitz's primary care providers (Beth and Char/Foster Providers) he would live with Bill and Kathy (brother/guardian) until another living arrangement can be made. If Bill and Kathy are not available, Fitz would stay with his younger sister (Mickey) until permanent arrangements can be made. Call Bill or Kathy (brother and sister in law) (555-555-5555) first, then if they are not available, call Mickey at (555-555-5556). Bill, Kathy, and Mickey are all close to



Fitz and know him well, including having skills for supporting him and a strong knowledge of his support needs.

Work/school/day supports: N/A

Other:

## Differences

Note any differences between the contents of this plan and what Fitz wants:

No known differences

Note any differences between the contents of this plan and what any other ISP contributor wants:

Bill and Kathy have been noticing that Fitz is having more instances of poking and talking very loudly to strangers when they are in the community, as well as leaving the area they are in and trying to walk off on his own. When they attempt to follow the BSP and redirect Fitz accordingly it doesn't work as well as they feel it did in the past. Fitz became angry with Bill when he tried to redirect Fitz on two occasions. Foster providers have not noticed a change. For now, Bill and Kathy are willing to see how things go over the next few months, but would like to look into making sure the BSP is still working or if Fitz needs to meet with the Behavior Support specialist to see if there is something new going on with Fitz. The team decided to start by having Fitz see the doctor to make sure there isn't anything medical causing a change in Fitz's behavior. SC will follow up after the medical appointment.

## Legal relationships

Type of legal relationship	Name(s)
Legal Guardian:	William Bennet
Scope of authority: Full	
Representative Payee:	William Bennet

## Acknowledgments

The person Fitz has the right to make an informed choice about where to live and receive services, to choose which services to use, and to select from available providers to deliver those services in a non-disability specific and community-based service setting.

Describe the supports Fitz needs to understand his rights or to understand this plan, if any:

Brother Bill, sister-in-law, Kathy, and Foster providers will help to advocate for Fitz and make informed decisions in Fitz's best interest. They will continue to look for what works and doesn't work for Fitz, along with asking him about preferences to determine what services will work best for him

Did the SC/PA offer options about available case management providers?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Describe the options offered about settings where Fitz can live and receive supports. This must include non-disability specific options. Services Coordinator told Fitz and his guardian that he has the right to receive services in the available setting of his choosing. SC gave Fitz and his guardian a list of all the support settings available in Oregon, including 24-Residential group-homes, Supported Living (both provider owned and own home options), and the option to live in an In-Home setting. SC also explained that Fitz could choose to live in a assisted living facility if he wanted to. SC explained what each of these setting were so that Fitz and his guardian could make an informed choice. SC told Fitz and his guardian that she can help them look into specific homes within each setting option if/when they want additional information. SC also explained that Fitz could choose a different Foster Home if he ever decided to move out of the home he is currently living for any reason. Fitz and his guardian said they are very happy living with Beth and Char in their Foster Home for now.	
Describe the options offered about settings where Fitz can receive employment or day services. This must include non-disability specific, community-based options.	<input checked="" type="checkbox"/> Not applicable
Did the SC/PA review the services available to Fitz?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does this ISP reflect the services Fitz chooses and the outcomes Fitz wants to work toward?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the SC/PA offer options about available providers to deliver chosen services?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If Fitz's family provides supports, does this ISP reflect what is needed for the family to effectively provide supports?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Has Fitz been provided information about the planning process and how to request changes and updates to the ISP?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was Fitz given the opportunity to choose the location of his ISP meeting?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was Fitz given the opportunity to choose who participated in his ISP development?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did Fitz receive notification of his DHS rights?	<input checked="" type="radio"/> Yes <input type="radio"/> No

ISP team — does this ISP reflect...	
<b>Independence:</b> Having control and choice over one's own life.	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Integration:</b> Living near and using the same community resources and participating in the same activities as, and together with, people without disabilities.	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Productivity:</b> Engaging in contributions to a household or community; or engaging in income-producing work that is measured through improvements in income level, employment status, or job advancement.	<input checked="" type="radio"/> Yes <input type="radio"/> No

## Agreement to this plan

These people agree to this plan and associated documents as reflecting Fitz's strengths and preferences, support needs as identified by an assessment, and the services and supports that will assist Fitz to achieve his identified desired outcomes.

- **Services coordinator/personal agent/ODDS residential specialist:** Ensure the plan meets Fitz's current service needs and complies with requirements for the chosen service setting(s) and associated funding.
- **Providers:** Agree to implement and provide the supports that have been designated as their responsibility in this ISP. A signed Provider Service Agreement may be used instead of a signature on this page.

Name	Relationship to Fitz	Present at meeting?	Signature	Date	Comments
Fitzwilliam Bennet	Person receiving services	<input checked="" type="checkbox"/>			
Jane Bingley	Services Coordinator	<input checked="" type="checkbox"/>			
Bill Bennet	Legal Guardian	<input checked="" type="checkbox"/>			
Beth Lucas	Foster Provider	<input checked="" type="checkbox"/>			
Charlotte Lucas	Foster Provider	<input checked="" type="checkbox"/>			

This form may contain your personal information. There is some risk someone could steal the information from you when you send this form by email. You may want to mail or fax it if you do not want to take the risk.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Office of Developmental Disabilities Services (ODDS) at 503-945-5600. We accept all relay calls or you can dial 711.