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| Update to Individual Support Plan For:   |

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| --- | --- | --- | --- | --- | --- | --- |
| Name:   |  | DOB:  |  | Medicaid ID#: |  | Record #: |
|  |  |  |  |  |  |  |

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| **Meeting Date:**  |  | **Implementation Date:**  |

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| **Based on what is happening in my life, what is important to me now? What are my strengths and preferences?** |
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| **Based on what is happening in my life, what needs to change now?** (What new problems or needs do I have? What is not working in my life? What do others need to know or do to support me differently?) |
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| Back-Up Staffing Plan  |
| Agency-Directed Services ORIndividual/Family Direction / Agency With Choice (AWC) Model | Who | Contact # |
| Agency Back-Up Staff (mandatory) |  |  |
| Non-Paid Back-Up (in the event of an emergency) |  |  |
|  |
| Individual/Family Direction / Employer of Record (EOR) Model\* | Who | Contact # |
| Back-Up Staff Agency (mandatory) |  |  |
| Non-Paid Back-Up (in the event of an emergency) |  |  |
| **\* Employer of Record will ensure that Back-Up Staffing Plan for Individual/Family Directed Services is reviewed at least quarterly and that this review is documented.**  |

[ ] Yes [ ] **No Crisis Plan Update**

**Crisis Prevention and Intervention**

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| **Significant Event(s) That May Cause Increased Stress / Trigger Crisis:**(Examples include: anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events): |
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| **Crisis Prevention and Early Intervention Strategies:**(Describe what can be done to help this person AVOID a crisis. Include lessons learned from previous crisis events) |
|  |
| **Strategies for Crisis Response and Stabilization:**(Focus first on natural and community supports. Begin with least restrictive steps, include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help this person to become stable) |
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| **Specific Recommendations For Interacting With The Person Receiving a Crisis Service:** |
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**Action Plan**

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| **Outcome Category:**[ ] New Outcome [ ] Revised Outcome [x] Discontinued Outcome [ ] MCO Transfer Long Range Outcome1:  |
| **Where am I now in Relationship to the Outcome?**  |
| **Service(s) / Support(s)** | **Who will provide the Support & Location(s)\*** | **Estimated Frequency\*\*** | **Target Date** |
|  |  |  |  |

**\* Location Codes:** **1**-Consumer’s Home **2**-Day Program **3**-Residential Facility **4**-Community **5**-Place of Employment **6**-Volunteer Site **7**-Worker’s Home **8**-Other (Please specify)

**\*\*Estimated Frequency for Each Location:** (e.g. 75% of hours, 3 out of 5 days, 2 hours/day)

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| **Outcome Category:**[ ] New Outcome [ ] Revised Outcome [ ] Discontinued Outcome [ ] MCO Transfer Long Range Outcome #2 . |
| **Where am I now in Relationship to the Outcome?**  |
| **Service(s) / Support(s)** | **Who will provide the Support & Location(s)\*** | **Estimated Frequency\*\*** | **Target Date** |
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| **Outcome Category:**[ ] New Outcome [ ] Revised Outcome [ ] Discontinued Outcome [ ] MCO Transfer Long Range Outcome2:  |
| **Where am I now in Relationship to the Outcome?**  |
| **Service(s) / Support(s)** | **Who will provide the Support & Location(s)\*** | **Estimated Frequency\*\*** | **Target Date** |
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| **Outcome Category:**[ ] New Outcome [ ] Revised Outcome [ ] Discontinued Outcome [ ] MCO Transfer Long Range Outcome2:  |
| **Where am I now in Relationship to the Outcome?**  |
| **Service(s) / Support(s)** | **Who will provide the Support & Location(s)\*** | **Estimated Frequency\*\*** | **Target Date** |
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| **Outcome Category:**[ ] New Outcome [ ] Revised Outcome [ ] Discontinued Outcome [ ] MCO Transfer Long Range Outcome3:  |
| **Where am I now in Relationship to the Outcome?**  |
| **Service(s) / Support(s)** | **Who will provide the Support & Location(s)\*** | **Estimated Frequency\*\*** | **Target Date** |
|  |  |  |  |