

## Natural Supports

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Following the areas of Natural Supports are the rough drafts for ISP Outcomes and the ISP locations, in which the needs for these supports are to be explained.

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\* Resources are not limited by what is listed.

## 1. Activities of Choice (as defined as: leisure activities that the individual enjoys)

### Outcome Statement:

\_\_\_ wants to be involved in meaningful physical, social and emotional activities so that he/she can be active in the community.

### Reason for Outcome:

\_\_\_ wants to have and make friends, with whom he/she can be socially active.

### Concerns Related to Outcome:

Availability of meaningful recreational supports

### Relevant Assessments:

\_\_\_, monitoring, ISP

### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* activities of choice (camp, social activity or group, exercise group, classes, vacation)
- \* funding (if applicable)
- \* review of appropriate behavior
- \* transportation to and from activity
- \* appropriate supervision

#### Actions:

\_\_\_ needs to:

- \* attend the activity of choice
- \* behave appropriately to ensure safety

#### Who is responsible:

\_\_\_, transportation, activity support

#### Frequency and Duration:

(This would depend on what type of activity and the location.)

#### Progress toward assessment:

\_\_\_, monitoring, ISP

#### **\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done)
- Desired Activities
- Important to
- What Makes Sense
- General Health & Safety Risks
- Adaptive/Self-help
- Physical Development
- Social/Emotional
- Learning/Cognition

#### **\* Resources:**

- Adaptive Sports
- Bowling
- California University or other colleges
- Camp Laugh-a-lot (EPSTD or ESY or other insurance-paid services)
- Camp Splash (EPSTD or ESY or other insurance-paid services)
- Challenger Baseball (724) 250-9150
- Hazlett's Adaptive Sports

- Make a Wish
- Mon Valley ARC
- Scholarships
- Special Kids Network
- Special Olympics
- Therapeutic horseback
- Top Soccer
- Tracy Alison Fleisher Memorial Fund (if therapeutic) (516) 482-0160
- Variety Club
- Wellness Center
- YAAC

**2. Medically Assessed Needs/Supports (as defined as: wheelchairs; durable medical equipment; environmental adaptations; nursing; occupational, physical, respiratory, and/or speech therapy; OBRA with specialized services as recommended by ODP)**

**Outcome Summary**

Outcome Statement:

\_\_\_ wants to receive assistance in the areas of mobility, communication, self-care, self-direction, capacity for independent living and/or learning so that he/she can live in the community and remain as independent as possible.

Reason for Outcome:

\_\_\_ wants to be able to do things like others. \_\_\_ wants an option to receive needed services if receiving waiver supports are not possible.

Concerns Related to Outcome:

Insurance coverage availability, required maintenance availability, Availability of options

Relevant Assessments:

Adaptive equipment assessment and evaluation, monitoring, ISP

**Outcome Actions**

Current Needs:

\_\_\_ needs:

- \* appointment with physician
- \* discussion with physician during appointment
- \* specialized services determined
- \* specialized medical equipment determined
- \* training to use adaptive equipment
- \* notification of receipt to all team members
- \* maintenance of equipment
- \* short-term/long-term assessment
- \* frequent contact with provider

Actions:

\_\_\_ needs to:

- \* consistently and safely use the adaptive equipment
- \* contact OBRA provider
- \* be involved with care conferences in the facility
- \* keep contact with social worker

Who is responsible:

\_\_\_, physician, adaptive equipment provider, social worker, County Assistance Office, Administrative Entity Office, Supports Coordinator

Frequency and Duration:

(This would depend on what type of equipment or service is required.)

Progress toward assessment:

Evaluations, maintenance, monitoring, ISP

**\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done)
- What Makes Sense
- Current Health
- Medical Evaluations
- Medical Contacts
- Physical Development
- Adaptive/Self-help
- Health Promotion

**\* Resources:**

- First Hand Foundation (has financial guidelines)
- Gia Nicole Angel Fund
- Gift of Sight
- Hearing Aide Helpline
- Insurances (Access, gateway, Unison) – special needs numbers
- Insurance special needs coordinator
- Joanie & Friends
- Kelly Ann Dolan Memorial Fund (215) 643-0763 helping with costs during hospitalization – utilities/food
- Local civic group (Lions)
- National MS Society (will come to get)
- Otto Sussman Trust (no age limit) for lower income. P. O. Box 53446 Temple Heights Post Office, Washington, DC 20009. Attn: M. Fleming (203) 259-4795 Catherine; (202) 775-3775 Martita;
- PATF PA Technology
- REEP – Recycled Equipment Exchange Program
- Three Rivers Center for Independent Living » Assistive Technology (412) 371-7700, ext. 166 Tom) - --
- Have to take equipment to them
- Tracy Alison (up to 21) quote and a letter – will not do MR or Autism
- Variety (up to age 21) every three years

### 3. Communication Supports (as defined as: evaluations; trainings; communication devices or program; sign language)

#### Outcome Statement

\_\_\_ wants to discover ways to communicate so that expressing wants and needs is simpler.

#### Reason for Outcome:

\_\_\_ wants to be supported to transition, make decisions, influence the natural environment and typical routines, make friends, and build relationships.

#### Concerns Related to Outcome:

Insurance coverage, available communication materials, consistent and appropriate use of device/program

#### Relevant Assessments:

Speech evaluation, monitoring, ISP

#### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* speech evaluation
- \* communication devices/programs (electronic device, letter board, picture board, etc.)
- \* individualized approach to communicate (pointing to letters, words, phrases or picture cards)
- \* training for support and self
- \* support to use consistently
- \* sign language classes

#### Actions:

\_\_\_ needs to:

- \* consistently practice and use

#### Who is responsible:

\_\_\_, speech pathologist, adaptive equipment provider

#### Frequency and Duration:

(This would depend on what type of equipment is required.)

#### Progress toward assessment:

\_\_\_, monitoring, ISP

#### **\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done) - Communication
- Important to - Developmental
- What Makes Sense - Learning & Cognition
- Medical Evaluations - Physical Development
- Medical Contacts - Health Promotion
- Current Health Status

#### **\* Resources:**

- Blind association
- Child Therapy Center for speech evaluation
- Crossroads for speech evaluation
- Danny's Wish ipads for Autism – [www.dannyswish.org](http://www.dannyswish.org)
- ipad grants
- Language line (interpreting)
- Local Libraries
- Medical Assistance to pay for communication needs
- OVR (if at a workshop)
- Piat (Temple University) rent devices
- Sign language classes

#### 4. Drug/Alcohol Supports (as defined as: rehabilitation; court-ordered supports, volunteer treatments/programs)

##### Outcome Statement:

\_\_\_ wants to receive support so that there will be prevention toward the dependence for drugs/alcohol.

##### Reason for Outcome:

\_\_\_ has been determined as drug and alcohol dependent. \_\_\_ wants to prevent further use. \_\_\_ requests treatment and management.

##### Concerns Related to Outcome:

Acceptance and maintenance of treatment and management

##### Relevant Assessments:

\_\_\_, monitoring, ISP

##### Outcome Actions

###### Current Needs:

\_\_\_ needs:

\* joint planning with the supports coordinator, mental health, and substance abuse programs

###### Actions:

\_\_\_ needs to:

\* attend volunteer required/court-ordered appointments for treatment and maintenance to become drug/alcohol-free

###### Who is responsible:

\_\_\_, Supports Coordinator, mental health staff, drug and alcohol treatment staff

###### Frequency and Duration:

(This would depend on what type of treatment is required.)

###### Progress toward assessment:

\_\_\_, monitoring, ISP

##### **\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done)
- What Makes Sense
- Important To (if consumer requests)
- General Health and Safety
- Social/Emotional
- Learning & Cognition
- Adaptive/Self-help
- Developmental (after 12 months)
- Health Promotion

##### **\* Resources:**

- Alanon
- Alcoholics Anonymous (AA)
- Care Center
- Court liaison
- Drug & Alcohol counseling
- Greenbriar
- Monthly visit to probation
- Narcotics Anonymous (NA)

## 5. Educational Supports (as defined as: Individualized Educational Program (IEP); transitions to adulthood and work)

### Outcome Statement:

\_\_\_ wants a quality education so that academic and daily-living skills can be increased to prepare him/her for post-school opportunities.

### Reason for Outcome:

\_\_\_ wants to be an independent, valued, contributing adult in society.

### Concerns Related to Outcome:

Availability of quality education, availability of teaching staff, quality of learning materials, negotiations of needed supports (transportation, additional staffing, frequency of staffing, educational placement, the schools' misunderstanding of the Intellectual Disability process, availability of options)

### Relevant Assessments:

\_\_\_, monitoring, IEP, ISP

### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* an opportunity to have quality education
- \* transportation
- \* Individualized Education Plan (IEP)
- \* communication and cooperation between Intermediate Unit/school staff, Office of Vocational Rehabilitation, Supports Coordinator, Blended Case Manager (if applicable)
- \* transition meeting/services
- \* school placements
- \* self-pay funding
- \* employment options
- \* day-service options
- \* productive outcomes
- \* applications for Social Security/Supplemental Security Disability Insurance, Medicaid/Medicare
- \* financial planning

#### Actions:

\_\_\_ needs to:

- \* attend school
- \* maintain and/or increase learning skills
- \* be notified of an IEP meeting
- \* attend the IEP meeting
- \* apply for higher education
- \* locate employment/self-pay for a day program or vocational
- \* participate and communicate with team members
- \* apply for Social Security/Supplemental Security Disability Insurance, Medicaid/Medicare

#### Who is responsible:

\_\_\_, caregiver(s), Intermediate Unit staff (if applicable), school staff, Supports Coordinator, Blended Case Manager (if applicable), OVR, Administrative Entity, higher education school administrator, employment supervisor, day services program staff, County Assistance Office, supports coordinator

#### Frequency and Duration:

(This would depend on what hours the school provides.)

#### Progress toward assessment:

\_\_\_, monitoring, ISP

**\* This information can be located in one or more of the following sections:**

- Know and Do
- Desired Activities
- Important To
- What Makes Sense
- Non-medical Evaluation
- Learning & Cognition
- Educational/Vocational Information

**\* Resources:**

- Educational Advocate
- Harrisburg Education Consult Line
- Health Nurse Consultants thru the PA Dept. of Health
- Intermediate Unit
- OVR
- Peal Center Advocates: (866) 950-1040 assists family to have rights
- School Health Nurse Consultants thru the PA Dept. of Health
- Self-pay for service
- Transition Healthcare Checklist (PA Dept. of Health)

**6. Financial Supports (as defined as: income; budgeting; completing government forms; banking; managing trust funds, life insurance and burial funds; representative payee)**

**Outcome Statement:**

\_\_\_ wants to have money earned to be appropriately distributed by appropriate support so that the quality of life can be improved.

**Reason for Outcome:**

\_\_\_ wants to be financially protected to pay for rent, food, clothing, and personal spending.

**Concerns Related to Outcome:**

Consumer's financial skills, locating a representative payee, possible victimization, impulsive spending, homelessness

**Relevant Assessments:**

monitoring, ISP, monthly financial records

**Outcome Actions**

**Current Needs:**

\_\_\_ needs:

- \* monthly budgeting
- \* representative payee
- \* savings/checking account
- \* life insurance
- \* burial plan

**Actions:**

\_\_\_ needs to:

- \* complete required government forms
- \* distribute money appropriately

**Who is responsible:**

\_\_\_, representative payee, supports coordinator

**Frequency and Duration:**

Frequency: approximately twice monthly

Duration: approximately thirty minutes each time

**Progress toward assessment:**

\_\_\_, financial records, monitoring, ISP

**\* This information can be located in one or more of the following sections:**

- Know and Do            - General Health and Safety - Financial Management
- What Makes Sense - Learning and Cognition

**\* Resources:**

- Community Action Southwest
- Mental Health Association
- Senior Centers

## 7. Health Care Quality Unit (HCQU) (as defined as: Complex/Mini-Technical Professional/Client-based Assistance)

### Outcome Statement:

It is important for me to have HCQU involvement so that medical/behavioral issues are reviewed and recommended

### Reason for Outcome:

\_\_\_ wants to be as healthy as he/she can be and can fully participate in community life.

### Concerns Related to Outcome:

\_\_\_ and caregivers' willingness and consistency to follow HCQU recommendations

### Relevant Assessments:

\_\_\_, monitoring, ISP

### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* caregivers to contact HCQU to set appointment(s) to discuss issue(s)
- \* biographical timelines
- \* fall-prevention
- \* route cause analysis

#### Actions:

\_\_\_ needs to:

- \* have the choice to attend HCQU training(s)
- \* have caregivers to attend HCQU training(s)
- \* review the complete HCQU evaluation
- \* have caregivers follow HCQU recommendations

#### Who is responsible:

\_\_\_, caregiver(s), HCQU, Supports Coordinator

#### Frequency and Duration:

(This would depend on the length of the preparation and training(s) regarding the issue)

#### Progress toward assessment:

\_\_\_, monitoring, ISP

#### **\* This information can be located in one or more of the following sections:**

- Know and Do
- What Makes Sense
- Current Health Status (if within the last 12 months)
- Developmental (if after the 12-month period)
- Health Promotion

#### **\* Resource:**

- HCQU Nurse
- HCQU Website

## 8. Independent Monitoring for Quality Project (IM4Q) (as defined as: considerations and closing the loop with considerations)

### Outcome Statement:

\_\_\_ wants the opportunity to express his/her level of individual of satisfaction so that he/she can have choice and control over his/her life.

### Reason for Outcome:

\_\_\_ wants to improve his/her life.

### Concerns Related to Outcome:

Systemic quality improvement actions taken, HCSIS, time constraints

### Relevant Assessments:

IM4Q consideration responses, monitoring, ISP

### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* discussion(s) with IM4Q monitor
- \* team responses to the IM4Q monitor
- \* resulting data to be entered into HCSIS
- \* resulting data to be used to result in service and support changes in the person's Individual Support Plan (ISP)
- \* IM4Q data collected to result in AE, provider, regional, and statewide satisfaction, and outcome reports

#### Actions:

\_\_\_ needs to:

- \* express satisfaction-levels of services and needs with IM4Q monitor and team
- \* participate in the ISP meetings to improve the services and needs requested

#### Who is responsible:

\_\_\_, IM4Q monitor, Supports Coordinator, Administrative Entity, provider, region

#### Frequency and Duration:

(This would depend on what types of improvements are requested.)

#### Progress toward assessment:

IM4Q monitoring responses, monitoring, ISP, Close-the-loop Policy

#### **\* This information can be located in one or more of the following sections:**

- Know and Do
- Important To
- What Makes Sense
- Outcomes

#### **\* Resource:**

- Chatham College
- IM4Q Point person at the Administrative Entity

## 9. Intimate Relationship (as defined as fulfilling individual desires)

### Outcome Statement:

\_\_\_ wants to be involved in an intimate relationship in order to fulfill individual desires.

### Reason for Outcome:

\_\_\_ wants affection, love and intimacy, acceptance, and companionship.

### Concerns Related to Outcome:

Lack of sexual education, caregivers personal opinions, inappropriate social skills, vulnerability to sexual abuse, myths about the sexuality of people, who live with disabilities (*refer to Advocates for Youth: Rights. Respect. Responsibilities.® [www.advocatesforyouth.org/publications/479]*)

### Relevant Assessments:

\_\_\_, monitoring, ISP

### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* reliable resources of information (public library, reliable Web sites, local bookstores, educators, and health care providers)
- \* personal privacy and boundaries
- \* open discussions regarding sexual-appropriateness
- \* value of feelings and experiences

#### Actions:

\_\_\_ needs to:

- \* openly discuss sexual information
- \* assert personal privacy boundaries
- \* conduct sexually-safe and healthy actions

#### Who is responsible:

\_\_\_, family, provider, health care providers, educators, Supports Coordinator

#### Frequency and Duration:

(This would depend on what type of service is required.)

#### Progress toward assessment:

\_\_\_, monitoring, ISP

#### **\* This information can be located in one or more of the following sections:**

- Know and Do
- Important to
- Desired Activities
- What Makes Sense
- Current Health
- Medication (if applicable)
- Health Evaluations
- General Health & Safety
- Social/Emotional
- Outcomes

#### **\* Resources:**

- Care Center
- David Henzeburger booklets (victimization)
- Domestic Violence
- Genesis
- HCQU
- Local Womens Shelter
- McGee class (412) 641-4492
- Planned Parenthood

## 10. Legal Supports (as defined as: guardianship; Children & Youth Services (CYS); court system; jail)

### Outcome Statement:

\_\_\_ wants to locate appropriate representation so that his/her rights can be maintained.

### Reason for Outcome:

For any legal action, he/she will have a right to legal representation with full recognition being given to his/her degree of mental responsibility.

### Concerns Related to Outcome:

Locating appropriate advocacy, available funding

### Relevant Assessments:

\_\_\_, monitoring, ISP

### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* basic rights of all citizens
- \* specific extensions of rights
- \* a responsible, impartial guardian or advocate to protect and effect the exercise and enjoyment of these foregoing rights
- \* an appropriate lawyer
- \* funding to pay for legal services

#### Actions:

\_\_\_ needs to:

- \* follow-through with legal processes

#### Who is responsible:

\_\_\_, court system (if applicable), representative payee (if applicable), lawyer (if applicable), Children and Youth Services (if applicable), Supports Coordinator

#### Frequency and Duration:

(This would depend on what type of service is required.)

#### Progress toward assessment:

\_\_\_, monitoring, ISP

#### **\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done)
- General Health and Safety
- Learning and Cognition
- Non-medical Evaluations

#### **\* Resources:**

- CASA (Court-appointed Supports Advocate)
- Children & Youth
- Good Sheppard (free guardianship)
- Protective Services (if over age 60)
- University of Pittsburgh (only pay court costs)

**11. Mental Health Supports (as defined as: Residential Treatment Facility (RTF); inpatient/outpatient mental health commitments; case-management; medication-management; therapy)**

**Outcome Statement:**

\_\_\_ wants to maintain emotional well-being so that he/she can live a quality life.

Reason for Outcome:

\_\_\_ wants to be stable.

Concerns Related to Outcome:

Locating appropriate support, insurance coverage

Relevant Assessments:

\_\_\_, monitoring, ISP

**Outcome Actions**

Current Needs:

\_\_\_ needs:

- \* insurance coverage
- \* therapist (psychological or psychiatric)
- \* medication (if applicable)

Actions:

\_\_\_ needs to:

- \* attend initial evaluation
- \* attend regular appointments/programs
- \* administer prescribed medications as per doctor's order (if applicable)

Who is responsible:

\_\_\_, Supports Coordinator, Administrative Entity, Blended Case Manager, mental health clinic, advocate to manage insurance, appointments and medications

Frequency and Duration:

(This would depend on what type of assistance is required.)

Progress toward assessment:

\_\_\_, monitoring, ISP

**\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done) - Psychosocial
- What Makes Sense - Social/Emotional
- Medications - Health Promotion
- Medical Evaluations
- Medical Contacts
- Current Health Status
- Learning and Cognition

**\* Resources:**

- Care Center
- Centerville
- SPHS
- Washington Communities MH/MR

## 12. Pet Care Supports (as defined as: pets in independent/group; veterinary care; daily pet care)

### Outcome Statement:

\_\_\_ wants to have a pet in order to fulfill companionship, to have something to talk to, to fulfill sensory needs, and feel purposeful.

### Reason for Outcome:

\_\_\_ appreciates the company of a pet.

### Concerns Related to Outcome:

Proper care of the pet, funding for proper care, residential limitations, health limitations, physical limitations

### Relevant Assessments:

\_\_\_, monitoring, ISP

### Outcome Actions

#### Current Needs:

\_\_\_ needs:

- \* money
- \* a pet of choice
- \* food
- \* warmth
- \* methods of appropriate treatment toward the pet
- \* housing
- \* veterinarian
- \* transportation

#### Actions:

\_\_\_ needs to:

- \* consistently care for the pet

#### Who is responsible:

\_\_\_, veterinarian, Supports Coordinator

#### Frequency and Duration:

(This would depend on what type of animal.)

#### Progress toward assessment:

\_\_\_, monitoring, ISP

### **\* This information can be located in one or more of the following sections:**

- Know and Do
- Desired Activities
- Important To
- What Makes Sense
- General Health & Safety
- Social/Emotional
- Adaptive/Self-help

### **\* Resources:**

- Local community pet supports
- Pet Search
- Petco
- PetSmart
- Washington County Humane Society

### 13. Public/Agency-provided Supports (as defined as: transportation, vehicle adaptations)

#### Outcome Statement:

\_\_\_ needs roundtrip transportation so that he/she can attend regular medical appointments/a day program/a vocational program/gainful employment/personal needs.

#### Reason for Outcome:

The destination is too far and places him/her as a safety risk.

#### Concerns Related to Outcome:

Availability of public funding, transportation program eligibility, accessibility of a caregiver

#### Relevant Assessments:

\_\_\_, monitoring, ISP

#### Outcome Actions

##### Current Needs:

\_\_\_ needs:

- \* a reasonable and accountable form of transportation (if applicable)
- \* medical assistance
- \* public funding
- \* a completed transportation application

##### Actions:

\_\_\_ needs to:

- \* locate an accountable form of transportation (if applicable)
- \* apply for medical assistance at the county assistance office
- \* apply for transportation at the transportation department/company
- \* complete the transportation application

##### Who is responsible:

\_\_\_, County Assistance Office, County Transportation Authority, Supports Coordinator

##### Frequency and Duration:

(This would depend on where the destination is located and the type of transportation (self or assistance))

##### Progress toward assessment:

\_\_\_, monitoring, ISP

#### **\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done)      - Adaptive/Self-help
- What Makes Sense
- Traffic Safety

#### **\* Resources:**

- Locally funded transportation programs
- Public bus system
- Washington Rides

#### **14. Residential Options (as defined as: Domiciliary Care Home; Personal Care Home; Semi-independent Care; Independent Living; Foster Care)**

##### **Outcome Statement:**

\_\_\_ wants to have his/her own home so that he/she can be as independent as possible.

##### Reason for Outcome:

Living in a residence that protects his/her welfare.

##### Concerns Related to Outcome:

Victimization, affordability

##### Relevant Assessments:

\_\_\_, monitoring, ISP

##### **Outcome Actions**

###### Current Needs:

\_\_\_ needs:

- \* representative payee (if applicable)
- \* affordable living
- \* monthly budgeting
- \* assistance moving into a new home
- \* monitoring of daily-living and self-help skills

###### Actions:

\_\_\_ needs to:

- \* locate an affordable residence
- \* relocate belongings into the residence
- \* locate and practice fire safety
- \* continued daily-living a self-help skills

###### Who is responsible:

\_\_\_, representative payee (if applicable), provider, people who support them, Supports Coordinator

###### Frequency and Duration:

(This would depend on what type of housing is required.)

###### Progress toward assessment:

Financial records, monitoring, ISP

##### **\* This information can be located in one or more of the following sections:**

- Know and Do (if something can be done)
- What Makes Sense
- Adaptive/Self-help
- Learning and Cognition

##### **\* Resources:**

- Area Agency on Aging
- Assurance
- Catholic Charities
- Community Action Southwest
- Gpath
- HUD
- Life line
- Liheap
- Rent Rebate
- Safe link cell phone

- Salvation Army
- SPSHS
- United Way
- Utility Commission