

This example is for an individual that receives 1 service through PathWays



Identification

1. Individual receiving services First Name

Bill

2. Individual receiving services Last Name

Smith

3. County where Individual resides

- Allegheny
- Butler
- Fayette
- Greene
- Lawrence
- Washington
- Westmoreland

4. Managing Employer First Name

Harry

5. Managing Employer Last Name

Potter



Service Description 1

6. Service Provided (choose and complete one option at a time)

Please choose service(s) authorized one at time. You will be prompted to Complete Section 2 for each service and upon completion of each service you will be prompted.

- Companion ×
- In-Home and Community Supports ✓
- Supported Employment

7. Companion

Focused on providing supervision or assistance designed to ensure the individual's health, safety and well-being, to perform activities of daily living and to participate more meaningfully in home and community life. (Examples include assistance and supervisions with socialization, grooming, household care, meal preparation and planning, ambulation, etc.).

- (W1726): Companion W/B or (W1726:U4): Companion W/O

8. What is the Outcome Statement for this service?

Outcome statements in the ISP are located in 1) the Services and Support first section titled Individual Outcome Summary; and 2) the Outcome Action Plan section outlines What Actions are Needed and How Will You Know Progress is being Made.

Bill works to be as independent as he can and it is important to and for him to have assistance to do this in a safe and comfortable manner while being encouraged to have many choices offered to him.

9. Has progress been achieved to meet the desired outcome of the service provided? (Progress may be either improvement or maintenance.)

Yes

No

10. What kind of progress was made?

During the last 3 months, Bill has continued to use and need the supports of a Companion. Bill remains unable to manage on his own basic care needs, maintaining his health and safety both at home and in the community. Bill is provided with healthy meal choices as he remains a lover of cheeseburgers and would eat them every meal if it were not for others helping him be presented with other likable options. Bill continues to be able to pick out his clothing with verbal assistance to assure it is weather-appropriate and clean as Bill will not recognize these things on his own. Bill's chooses favorite activities while he is at home and responds to encouragement to not only vary his activities but to try new things. Last month, Bill worked with Mary (SSP) to build and paint a birdfeeder that Bill can help to fill with birdfeed, as well as during the colder months he will be able to watch the birds. Bill focuses on engaging in his community at least 1 time per week, so that Bill has a variety and can explore his community. Bill chooses 2 or 3 preferred activities and usually picks what he would like with verbal assistance. Bill has trouble wearing the required masks for long periods of time so events are planned that will be within his current time tolerance which right now is about 35 to 45 minutes.

11. How has the service provided impacted the individual? (health, safety, well-being, routine, etc)

Bill looks forward to having Mary with him and asked about her on days that she is not scheduled to come. Their relationship is positive for him in his life at this time. Mary reports any changes in Bill's health or mood and Bill's mom and his mom appreciates that Mary monitors these things when she is working and because Bill will not always self-report these things. Bill continues to benefit from the variety of things he and Mary are able to engage in while supporting his health and safety. Companion supports remain an important support to and for Bill.

12. How has the service met the individual's needs/
preferences?

Individual needs/preferences can be located in The Important To section of the ISP.

Bill continues to make decisions with the assistance of others and he feels good about being able to have choices. Bill's family appreciates that he is remaining healthy and safe with the supports in place.

13. Did this individual receive any additional services?

Yes

No

Note: By clicking no, it takes you to the Respite section, see next page. If you click yes, it will repeat the Service Description section so you can add notes about another service line

Respite Services



14. Did the individual receive ANY Respite services this reporting period?

Yes

No

Communication

Communication is a critically important aspect of everyone's lives. Having methods and strategies to express oneself opens up opportunities, impacts mood and the quality of each day. To be heard and understood is powerful. To have a team and support system that continually strives to listen, learn and collaborate is impactful. This section applies if an individual's ISP identifies communication needs and strategies which SSP's provide/utilize/follow/build upon during service.

15. Does the ISP include communication needs, strategies and/or augmentation tools (picture boards, electronic device, etc.) which SSP's follow/use?

Communication needs and strategies are located in The Know and Do and Communication sections of the ISP.

Yes

No

16. All SSP's have been trained and regularly utilize the communication needs/strategies identified and, if applicable, augmentation tools (picture boards, electronic device, etc.) identified in the ISP, the most effective ways to facilitate communication with and for the individual supported and how to document progress or maintenance of skills in their notes.

If answering "No" you acknowledge you MUST complete training with any untrained SSP BEFORE they provide further supports. Understanding communication needs, strategies and/or tools is a necessity for an individual's health, safety and quality supports.

Yes

No, I acknowledge that I must complete training with any untrained SSP before they provide further supports.

17. Describe how communication strategies and/or augmentation tools identified in the ISP are being supported or provided across all services.

Over the past 3 months, Bill has been supported in using his PECS system with all staff. This has allowed him to communicate choices of basic care, food preferences, choices in activities, and his ability to accurately respond to yes/no questions. Bill responds to a verbal reminder to take this with her at all times in his local community. In the next 3 months it is planned to add approximately 10 to 15 new PECS to expand his communication.

18. The individual supported has progressed or maintained in the following areas regarding communication.

Check all that apply. If answering other please explain in the next question

- The expansion of communicative purposes across a variety of contexts.
- Expansion of repertoire of communication modes that are increasingly symbolic and more generally understood by others.
- Increased effectiveness of communication with a larger number of familiar and unfamiliar people as communication partners.
- Increased understanding of messages sent by an increasingly large array of communication partners.
- Increased independence in communication without reliance on assistance from others.
- Reduction of challenging behaviors where functional communication has been substituted, where appropriate.
- Ability to appropriately (and spontaneously) initiate, maintain, and terminate interactions.
- Maintained communication skills
- Other

19. If Other is selected above, please describe

Leave blank if not applicable

Demonstrating the ability to transition to an electronic PECS system.

20. Describe any communication areas in which there was a lack of progress.

Leave blank if not applicable

Team had hoped to participate in an evaluation to progress Bill from using the PECs system to an electronic communication device. Due to COVID this evaluation has been put on hold. All staff will continue to use his current PECS system for communication until the evaluation can be completed.

Attestations



I attest that the following statements are accurate to the best of my knowledge.

21. The service/s were provided in accordance with the Individual Support Plan.

Yes

No

22. Restrictive Procedures and/ or Behavior Supports
(choose one option)

There is no restrictive procedure/ behavioral support plan in place

A Restrictive Procedure Plan is utilized, has been approved by the county or a provider Human Rights Committee and SSPs were trained on plan and proper documentation prior to implementing.

A Behavior Support Plan is utilized and SSPs were trained on plan and proper documentation prior to implementing.

23. SSP's are completing COVID Screenings for themselves and Individual at start of shift each day.

If answering "No" you acknowledge you MUST follow up within 48 hours with any SSP to ensure screenings are completed. The screenings promote proactive measures for everyone's health and safety.

Yes

No, I will follow up in the next 48 hours with SSPs to ensure all are completing the screenings.



Electronic Signature/ Contact
Information

BEFORE SUBMITTING: Please ensure you reported on ANY and ALL services an individual received (options include: Companion, In-Home and Community, Supported Employment, Respite).

24. Managing Employer phone number

Numbers only: 5555555555 (DO NOT include dashes, spaces, or parentheses)

4125550000

25. Managing Employer email address

harry@gmail.com

26. Managing Employer full name

First Last

Harry Potter

27. Certification

I certify that I am the person whose name appears above

28. Today's date

9/24/2020