

Individual Support Plan 4.0

Addressing Risks in Part V Tips for Therapeutic Consultation Services

When addressing **Identified Risks** or **Potential Risks** included in the Individual Support Plan (ISP) Part V, therapeutic consultation clinicians should approach each risk as if it were occurring in their presence. This perspective helps ensure a clear, practical and effective response is outlined for each situation. All risks identified through the *Shared Planning* process in Part III must be addressed by all providers in Part V. **Routine Support**s is addressed on Page 5 of this document.

The following scenarios and examples are provided to assist clinicians in completing this component:

SCENARIO #1: RISK INCORPORATED INTO TREATMENT

<u>Example</u>: A risk for self-harm behavior is populated in the Part V and the risk is targeted within the behavior support plan (BSP):

If a risk is included as part of the treatment plan (e.g., it is targeted in the BSP), document in the "How to Support" section that the risk is addressed through the BSP. Select the appropriate frequency from the "How Often" dropdown menu and ensure the begin and end dates align with your authorization request. Additionally, the BSP, along with any other required documentation for the authorization type, must be uploaded into WaMS.

Edit Part V - Essential Supports

1. From the Part V: Plan for Supports - Summary page, click on Edit.



The **Essential Supports** window appears. It is divided into three areas (Identified Risks, Potential Risks and Routine Supports) carried over from Part III.

2. Click on the Identified Risks (or Potential Risks) drop-down arrow to select the risk.

hen developing "ho ch risk is fully addi		sk factors included in Part III	Shared Planning and/	or medical orders and	health protocols/instructions	to ensure
entified Risks	*					
ntified Risks*					Note: You w	vill not be able to
w often *		Ĩ	63			rt V Essential
w to Support		Fall with Injury				ection until ALL
		Community Safet	y Risks			n the Part III have
		Self-Harm				
gin Date*					been added	to the Part V.
d Date*						1
						}
			Add New			2
Support	How often	How to support	Begin date	End date	Actions	
		No d	ata available			<

3. Click on the **How often** drop-down arrow to select the frequency.

entified Risks*	Self-Harm 🗸
ow often*	
ow to Support	
	Daily
	Weekly
gin Date*	Monthly
id Date*	Quarterly
	Semi-annually
	Annually
	Routinely as needed
	Routinely as

4. Click in the **How to Support** field to add narrative.



5. Click in the **Begin Date** and **End Date** fields to select the time frame.



6. Click on Add New buttton. The risk is added to the table with an option to Edit or Remove.

		Ac	id New		
Support	How often	How to support	Begin date	End date	Actions
Self-Harm	Routinely as needed	The risk is addressed in the BSP. Therapeutic consultant will follow the BSP.	09/01/2024	08/31/2025	Edit Remove

SCENARIO #2: RISK NOT INCORPORATED INTO TREATMENT

Example: A risk for fall with injury is populated in the Part V. The risk is not targeted as a part of behavioral treatment.

If a risk is not incorporated into the treatment plan (e.g., it is outside the scope of the therapy approach), indicate in the "*How Often*" section, **Emergency support only**. In the "*How to Support*" section indicate how the therapeutic consultation clinician will respond in an emergency if the risk occurs during service delivery. Ensure the begin/end dates match the dates of the authorization request.

1. Click on the Identified Risks (or Potential Risks) drop-down arrow to select the risk.

Essential Supports		
each risk is fully addressed.	eview all risk factors included in Part III Shared Planning and/or med	<u>Note</u> : You will not be able to save the Part V Essential Supports
Identified Risks* How often* How to Support	Fall with Injury	section until all risks identified in Part III Shared Planning have
	Community Safety Risks	been added to the Part V.

2. Click on the **How often** drop-down arrow to select the frequency.

Identified Risks*	1	
Identified Risks*		Fall with Injury
How often*		
How to Support		
		Daily
		Weekly
Begin Date*		Monthly
End Date*		Quarterly
		Semi-annually
		Annually 5
		Routinely as needed
Support	How often	Emergency support only
		man man and a second

3. Click in the **How to Support** field to add narrative.

	How often *	Emergency support only	~)
	How to Support				
	Consultant will communicate with supporters/caregiver or medical services if needed.	s where services are provided, to	obtain and follow any c	urrent protocols and will contact	: emergency
~	Beein Driet			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	m

4. Click in the **Begin Date** and **End Date** fields to select the time frame.



5. Click on **Add New** buttton. *The risk is added to the table with an option to Edit or Remove.*

Add New					
Support	How often	How to support	Begin date	End date	Actions
Self-Harm	Routinely as needed	The risk is addressed in the BSP. Therapeutic consultant will follow the BSP.	09/01/2024	08/31/2025	<u>Edit</u> <u>Remove</u>
Fall with Injury	Emergency support only	Consultant will communicate with supporters/caregivers where services are provided, to obtain and follow any current protocols and will contact emergency or medical services if needed.	09/01/2024	08/31/2025	Edit Remove

SCENARIO #3: ADDRESSING RISKS DURING INITIAL ASSESSMENT

Example: A risk for property destruction due to arson or setting a fire is listed in Part V during an initial authorization for therapeutic behavioral consultation. This risk will be assessed through the FBA and addressed in the BSP; however, individualized support information is not yet available during the initial authorization period.

During an initial authorization period, if a risk will be assessed through a Functional Behavior Assessment (FBA) and targeted in the BSP, but individualized support information is not yet available, indicate in the "How to Support" section that the behavior is being assessed and will be included in the BSP. Also, specify how the therapeutic consultation clinician will respond if the risk occurs while the FBA and BSP are being completed. Select an appropriate frequency in the "How Often" section and make sure the begin/end dates match the authorization dates.

1. Click on the **Identified Risks** (or Potential Risks) drop-down arrow to select the risk.



2. Click on the How often drop-down arrow to select the frequency.

Identified Risks*		
Identified Risks*		Community Safety Risks
How often*		~
How to Support		
		Daily
		Weekly
Begin Date*		Monthly
End Date*		Quarterly
		Semi-annually
		Annually
		Routinely as needed
Support _	How often	Emergency support only

3. Click in the **How to Support** field to add narrative.

How often*	Routinely as needed	✓	
How to Support			
This initial authorization is requesting hours for function individualized supports will be included in the future B		t, behavior support plan (BSP) development, and data collection,	٦
During initial authorization period, if property destruction challenging behavior.	on due to arson or setting a fi	a fire occurs, consultant will follow internal agency protocols surrounding	6

4. Click in the **Begin Date** and **End Date** fields to select the time frame.

Begin Date*	09/01/2024	
End Date*	02/28/2025	

5. Click on **Add New** button. *The risk is added to the table with an option to Edit or Remove.*

Support	How often	How to support	Begin date	End date	Actions
Community Safety Risks	Routinely as needed	This initial authorization is requesting hours for functional behavior assessment, behavior support plan (BSP) development, and data collection, individualized supports will be included in the future BSP. During initial authorization period, if property destruction due to arson or setting a fire occurs, consultant will follow internal agency protocols surrounding behavior.	09/01/2024	02/28/2025	Edit Remove

WaMS Job Aid

WHAT ABOUT ADDRESSING ROUTINE SUPPORTS?

As a therapeutic consultant, you are only required to adopt routine supports that are directly related to your service and/or how you support the person. If a support need is not behaviorally related or outside the scope of your service provision, it may be skipped.

For applicable routine supports:

- Indicate how often the support will be provided by selecting the appropriate frequency.
- In the "How to Support" section, describe how you will support the person.
- Ensure the begin and end dates align with the service authorization request dates.

If the support is outlined in the BSP, note this in the "How to Support" section (e.g., "Communication support is outlined in antecedent and consequence strategies within the BSP").

If the BSP is not yet developed or does not include specific information on how to support, provide details within the Part V on how you would support the person while the BSP is being created or any additional supports you would offer beyond what is included in the BSP.

WHAT ABOUT THE INTERIM PLAN FOR SUPPORTS?

An Interim Plan for Supports (IPFS) is used for updating the ISP after it has reached "Pending Provider Completion" or "ISP Completed" status. It allows:

- New providers to add their services if they were not included in the original plan.
- Existing providers to add new services to the plan.

Important: The IPFS should only be created *on or after the effective date* of the ISP, and only if the ISP status is either **"Pending Provider Completion"** or **"ISP Completed**."

RESOURCES

For an overview of changes included in ISP 4.0, see the following resources:

- Understanding PC ISP v4.0 Parts I-IV
- <u>Completing PC ISP v4.0 Part V</u> (Note: Identified Risks, Potential Risks, and Routine Supports are addressed at the 11-minute mark)
- ISP v4.0 What's New
- ISP Parts I-IV Maria (sample plan)
- ISP Part V Maria (sample plan)
- Part V Template with Support Instructions ISP v4.0