

Virginia Waiver Management System (WaMS)

demo(On behalf of: Lane, Penny)

Person: **Morgan Reed** Age: 37 ID: 1510035HC420220 DOB: 04/30/1987

Part V: Plan for Supports - Summary

Status: In Progress

Instructions

We encourage the use of the Form Notes module to communicate reasons for the requested changes to the Support Coordinator. If an Outcome is changed or added, then the Support Coordinator will have a chance to review these changes and make edits as needed, but making them aware of the changes might speed up the approval process.

Service and Outcomes

Effective Date* 11/01/2024
 Provider Eight Days a Week1
 Service* Personal Assistance - CD(S5126)

Describe support instructions and preferences that occur consistently across activities and settings

See 97A/B and Personal Preferences Tool (PPT)

Desired Outcome*

Morgan goes out into her community so that she can experience new places and meet others.

Life Area* Integrated Community Involvement

Key steps and services to get there:*

Exploring her neighborhood safely (CDPA) Going to community events (GD)

Start Date 11/01/2024

End Date 09/30/2025

Support Activities	I no longer want/need supports when...	What to record	Skill building	How often	By when
Staying safe in the community .			No		10/31/2025
How to Support	See Personal Preferences Tool (PPT).				

Desired Outcome*

Morgan participates in preferred activities so that she finds enjoyment at home and in the community.

Life Area* Community Living

Key steps and services to get there:*

Morgan participates in activities at home that she enjoys. (CDPA) Supporters suggest potential activities Morgan may enjoy around the house (CDPA) Morgan participates in preferred group and individual activities (GD) Morgan manages her emotions through the day while participating in activities. (TC) Morgan utilizes her medical equipment while participating in preferred activities. (CDPA)

Start Date 11/01/2024
 End Date 10/31/2025

Support Activities	I no longer want/need supports when...	What to record	Skill building	How often	By when
Support with participating in home and neighborhood activities, maintaining safety with needed risk and routine supports as identified in her ISP..			No		10/31/2025
How to Support	See 97A/B and Personal Preferences Tool (PPT)				

Back-up Plan*

In the event CDPA services can not be provided during scheduled hours, notify Lucy Reed (Morgan's mother). Ms. Reed make arrangements for Mike Reed (brother) or Linda Wilson (neighbor) to respond and provide support to Morgan until Lucy returns home.

Essential Supports

Identified Risks					
Risks	How often	How to support	Begin date	End date	
Pressure Injury	Weekly	See DMAS 97A/B and Personal Preferences Tool (PPT) for support instructions for all risks.	11/01/2024	10/31/2025	
Fall with Injury	Weekly		11/01/2024	10/31/2025	
Dehydration	Weekly		11/01/2024	10/31/2025	
Bowel Obstruction	Weekly		11/01/2024	10/31/2025	
Potential Risks					
Risks	How often	How to support	Begin date	End date	
Community Safety Risks	Weekly		11/01/2024	10/31/2025	
Lack of Safety Awareness	Weekly		11/01/2024	10/31/2025	
Routine Supports					
Supports	How often	How to support	Begin date	End date	
Adaptive equipment/DME	Weekly	See the DMAS 97A/B and Personal Preferences Tool (PPT) for support instructions for all routine supports.	11/01/2024	10/31/2025	
Bathing	Weekly		11/01/2024	10/31/2025	
Communication support	Weekly		11/01/2024	10/31/2025	
Dressing	Weekly		11/01/2024	10/31/2025	
Restroom support	Weekly		11/01/2024	10/31/2025	
Positioning/transferring	Weekly		11/01/2024	10/31/2025	

Supports	How often	How to support	Begin date	End date
Personal appearance	Weekly		11/01/2024	10/31/2025
Medication use	Weekly		11/01/2024	10/31/2025
Housekeeping	Weekly		11/01/2024	10/31/2025
Laundry	Weekly		11/01/2024	10/31/2025
Shopping	Weekly		11/01/2024	10/31/2025
Meal planning/preparation /intake	Weekly		11/01/2024	10/31/2025
Banking/money management	Weekly		11/01/2024	10/31/2025
Medical appointments	Weekly		11/01/2024	10/31/2025
Transportation	Weekly		11/01/2024	10/31/2025

General Schedule of Supports

The General Schedule of Supports is a general blueprint of activities and supports, based on the person's preferences and routine. The authorized support time allotted to each group of activities is included in the authorized hours and totals sections. The General Schedule of Supports can be developed in various ways, but must include: support activities and outcome numbers, time frames for activities, as well as authorized totals.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0	0	0	0	0	0	0

Total Authorized Hours per Week: 0

Signatures

Signer Type	Signature Type	Signature	Print Name	Relationship / Service	Date Signed	Organization Unit Name
Person	Written	No Signature Uploaded	Morgan Reed	Signature on file	09/18/2024	Eight Days a Week
Substitute Decision Maker	Written	No Signature Uploaded	Lucy Reed	Mother/EOR, signature on file	09/18/2024	Eight Days a Week
Provider	Written	No Signature Uploaded	Penny Lane	Services Facilitator, signature on file	09/18/2024	Eight Days a Week

Safety Restrictions

As your provider, we have identified something you want to do that might create a risk. We need your input to develop a plan that supports you to have what you want in a safe way. We have determined that this restriction is necessary to achieve a therapeutic benefit, maintain a safe and orderly environment or to intervene in an emergency and that all possible less restrictive options have been tried. [12VAC35- 115-100].

I understand that I will not

This is necessary because

The outcomes in my plan related to this restriction include

The following is to be completed by a qualified professional.

Describe your assessment, to include all possible alternatives to the proposed restriction that take into account the individual's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently

Describe other less restrictive, positive approaches that have been attempted to meet safety needs based on the person's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently

Is this proposed restriction necessary for effective treatment of the individual or to protect him or others from personal harm, injury, or death Yes No

Describe how progress toward resolving the restriction(s) will be measured

Describe how often restriction(s) will be reviewed

Describe conditions for removal of restriction(s)

Signer Type	Signature Type	Signature:	Print Name	Relationship / Service:	Date Signed:	Organization Unit Name
No data available						