Virginia Waiver Management System (WaMS)

demo(On behalf of: CITY OF VA BEACH CSB MHMRSAS, SCStaff)

Person: Maria Santiago Four Age: 38 ID: 1289681AS138110 DOB: 02/18/1986

Individual Support Plan

Status: Pending Support Coordinator Input

Overview

Waiver: Community Living Status: Pending Support Coordinator Input

Create Date: 08/30/2024 Version: 4.

Source: WaMS ISP Type:*

Annual ISP - recertification
Effective Date: 09/01/2024
End Date: 08/31/2025

Comments:

Providers

Provider Name	PRSS Provider Id	Provider NPI	Provider Address	PhoneActions
BELLA HOME CARE SERVICE LLC	30032384270001	0158741477	. 8989 COTSWOLD DR STE 7, BURKE, VA 22015	
MERCY HEALTH SERVICES	30032274440001	0905930050	8131 MARCY AVE, KATHERINE JALLOH, SPRINGFIELD, VA 22152	

Part I. Personal Profile This ISP belongs to Maria

Legal Last Name*

Santiago Four

Legal Middle Name

Legal First Name*

Maria

Preferred Name

Maria's Meeting

How I am best supported to direct my planning process:*

I want my mother (Gloria), Mercy (SC), Barbara (Realtor friend), Mary (In-Home DSP), Kelly (Community Engagement DSP), John and James (Group Day DSPs) to be present at my meeting. I want everyone present in person at the meeting to be able to communicate with me. Whenever there is a question, I want to be asked first before directing it to other team members. I want my planning team members to acknowledge my presence when addressing my need.

My preferences for annual planning:*

I want everyone present to have something to eat and drink. "Mom and I will make cookies." I also want some balloons and few decorations.

My preferred date, time, and location for my meeting:*

My planning team can pick the date and time of my meeting, as long as it is not when I go to the animal shelter. But I prefer my meeting to be held at the park picnic table. If it rains, I'm okay meeting under the shelter at the park.

Maria's Talents & Contributions

List great things about Maria

Maria likes to be as independent as possible and advocate for herself.

Maria likes to listen to music, dance, enjoys watching movies, decorating her home on special occasions, painting, and making beautiful cards for friends, family, and others.

Maria is active in the community participating in activities such as volunteering in the animal shelter, going to the lake to feed animals, going to the church on Sundays, etc.

She also likes to dress up to attend programs on special occasions such as the Christmas Dance, Valentine's Dance, and the Annual Realtors' Gala in Virginia Beach, VA.

Important TO/FOR Maria

Instructions: To complete this section, consider and discuss the following life areas: Employment, Integrated Community Involvement, Community Living, Safety & Security, Healthy Living, Social & Spirituality, and Citizenship & Advocacy. Describe what's important TO Maria *

Employment: Maria continues to volunteer at the animal shelter in her locality but she wants something she can do to help her increase her monthly income. She doesn't want anything that will keep her from volunteering with the animal shelter, but she also wants a set schedule, as Maria likes routines and consistency. Meaningful Day: Maria's daily routine consists of getting up in the morning, watching TV while exercising for about 30 mins, taking a shower, dressing, eating breakfast, getting ready for Group Day during the week, or visiting friends/family in the community on weekends. It is important to Maria to maintain structured routine to reduce anxiety and frustration. Community Living: Maria is very active in the community. She participates in several community activities such as getting together with church members, eating out, attending programs on special occasions, and several other activities in the community. She wants a boyfriend to take her on dates. She sometimes arranges transportation for family members to pick her up. She uses Modivcare to attend her Group Day program during the week. Maria has expressed interest in using the community transit bus to meet with friends/family once and while in the community. Safety & Security: Maria wants to maintain her rights and be an active participant in her daily decision making process. Healthy Living: Maria wants to continue to be active in the community. Social & Spirituality: Maria attends church weekly and also participates in several activities in the community, but she also wants to expand her social network by meeting others in the community. Citizenship & Advocacy: Maria wants to vote and volunteer during elections.

Describe what's important FOR Maria *

Employment: Effective medication and relaxation practices to reduce anxiety. Improving communication and conversational skills that would be needed for a community job. Meaningful Day: Exercise, balanced meals and snacks, structured routine. Community Living: Maria needs support to prevent financial and sexual exploitation and support to remain safe. Safety & Security: People supporting Maria need to know how best to communicate with her so that she can make informed decisions. Healthy Living: To keep all scheduled appointments, follow up with physicians, medication administration, and following protocols. It is important for Maria to reduce stressors as these triggers seizures. To have daily support with routine personal care. Yearly eye exams, annual neurology visits, semi-annual primary care, quarterly psychiatric visits, and as needed podiatry care. Having someone close when walking outdoors to offer an arm for assistance, as needed, to prevent falls. Social & Spirituality: Nothing was identified here as important for Maria but support will be provided for continued safety. Citizenship & Advocacy: Ensuring other members of the community understand Maria's decisions and choices.

The Life Maria Wants

Describe Maria's vision of the life he or she wants*

Maria would have her own house and paint her own room with colors she selects. Maria would shop with her friends for items she prefers to decorate her house. Maria would have a boyfriend she can visit, go out, and do things with him. Maria loves her mother and wants her mother to live close by so that they can continue to spend time weekly. While living independently, Maria wants a service that can offer the availability of staff 24 hours a day if needed. She reports that she doesn't want to live with her DSPs in her new house. Maria is very active in the community, and she prefers getting support to select people she wants to be friends with, places to visit and activities to participate in. She would have a part-time job to help improve her finances, so she can do more of what she enjoys.

What Maria Doesn't Want

Describe what Maria doesn't want in his/her life*

Maria doesn't like people telling her what to do and what not to do in public. She prefers staff discussing expectations and responsibilities with her at home prior to going out. Maria doesn't like when people connect her with others just because they have disabilities. She prefers to choose her own friends.

If yes, list*

Part II Essential Informa	ation		
Representation			
Individual has a Supported Decision- Making Agreement? *	Yes	○ No	
If yes, enter the effective date of the Agreement*	05/01/202	4	
If the individual has an SDMA, Is the individual satisfied with their Supporter(s)? *	Yes	○ No	
Decisions that are supported under the Agreement* Health and Personal Care Friends and Partners Money Where I Live and Community Living School and Education Working My rights and Safety Meeting and Talking with My Supporters Other	Check all	that appl	y
Individual has the following*	Authorized	d Repres	entative
Are there any concerns with having or needing a substitute-decision maker?	C Yes	No No	
Decisions that the representative is authorized to make (check all that apply) Medical Housing		nancial rvice Pla	nning
Other	12.		9
Individual has a power of attorney? * Is there an advanced directive? * If yes, provide a copy to relevant parties. Comments (to include co-guardian, if applicable)	YesYes	© No	
Disability Determination			
-	Yes	O No	
SSA Disability Determination Completed? *	163	• NO	
Medications			
Medications Required? *	Yes	O No	
Did the SC/CM ask all providers who are administering psychotropic medications if evidence of consent for use has been obtained (according to the providers' own policies)? *	Yes		
Medication name			Location where side effect information is stored and accessible
Trazadone			EHR under Medications tab
Physical and Health Cond	itions		
Are there current medical diagnoses (e.g. diabetes, asthma, flu, HIV, hepatitis B, COVID, measles, etc.)?*	Yes	○ No	

Examination Results (Dental Exam) Maria had x-rays and a routine exam. There were no concerns reported and she will see her dentist again in 6 months. Allergies Diagnosed Allergies (describe seasonal, food, drug, Adverse Reactions (describe seasonal, food, drug,

other)	other)
Penicillin	Rash
Social, Developmental, B Describe my relevant social, developmental, behavioral, and family history*	ehavioral and Family History
Maria was born full term when her mot pregnant. Maria's mother reports that I vocalizations until the age of one and I eventually an intellectual disability at the showing signs of frustration and anger teenager" and did not seek supports u After this incident, Maria's mood worse personality disorder. Maria sees a new anything she wants and does whateve clean. Maria's mother also helps her bin-home supports also help Maria with wants to go out with friends and others her father passed away when she was	ther was 26 years old. Her mother reports receiving "some" prenatal care while Maria began crawling and walking by the age of one, but did not make any half. Maria was diagnosed with developmental delays at the age of two, and he age of six. Maria's mother reports that Maria was a happy child, but began around the age of 12. Maria's mother thought Maria was being a "moody intil Maria accidently caught the house on fire while cooking when she was 15. ened and she was eventually diagnosed with anxiety, depression, and borderline prologist and psychologist on a regular basis. Maria's mother provides her with her she asks for her. She cooks for her and makes sure that Maria's bedroom is rush her teeth, brush her hair, and makes sure she is wearing clean clothes. Her these tasks and with developing her independence, as Maria she sometimes is without her mother. Maria is an only child and lives only with her mother since is 2. Maria has a good friend, Barbara, who invites her to the Annual Realtors' Gala ome friends from day support and community engagement, but would like to meet
History of abuse, neglect, sexual or domestic violence, or trauma including psychological trauma?* If yes, describe*	
	r died following a car accident that the entire family was involved in. Maria's mother ident and Maria had to live in a foster care home for 6 months. At the age of 15, e on fire while trying to cook breakfast.
Provide a summary of my current and past living arrangements*	
2. She lived with 1 foster family for 6 m	oth of her parents in Norfolk, Virginia until her father's passed away when she was nonths before returning to the care of her mother. Maria and her mother moved to rs old. They have moved between multiple apartments and rental homes over the leach.
Accessing Services	
Any concerns with accessing needed services or supports including transportation?*	☐ Yes
Education	
Highest level of education completed* Describe my educational history*	High School
	ch until she was 21 years old. She graduated with a certificate of completion

Employment

Employment status*

Was there a conversation with the individual/substitute decision-maker about employment conversation include employment interests?*

If yes, describe*

not previously employed, looking

Yes

No

No

The SC and Maria discussed Maria's interest in working. Maria reported that she would like to make more money each month, however she does not want to do anything that would interfere with her volunteering at the animal shelter. Maria like a consistent schedule, as changes make her anxious.

Did the employment	Yes	O No
Did the employment conversation include available employment options?*	** res	• NO
If yes, describe*		
		s and services offered through DARS (individual and group supported referring her to DARS, provided it means she is able to work and
Did the employment conversation include satisfaction or dissatisfaction with current services?* If yes, describe*	Yes	C No
Maria reported being satisfied with her wants to do something that earns her i		rough group day, community engagement, and in-home, however she each month for shopping.
Did the employment conversation include possible barriers to employment? *	Yes	○ No
Indicate all of the current barriers to employment*	Check all	that apply
Impact to benefits Transportation		
✓ Safety✓ Lack of awareness✓ Other - describe		
If other, please specify*		
the bathroom if she works more than a	in hour at a t	giene tasks throughout the day. She would require help with going to ime. Maria also requires assistance with completing specific job task se that do not know her well can have difficulty understanding her.
Did the employment conversation include ways to resolve barriers to employment? *	Yes	○ No
Ways to resolve barriers discussed * Benefits Planning Employment and Community	Check all	that apply
Transportation ✓ Workplace Assistance		
Therapeutic Consultation		
Community Engagement/Coaching educationOther	for	
If other, please specify*		
	needs while	rring Maria for consumer directed personal care assistance to help at work. Maria reported that if she works more than an hour at a time service.
Did the employment conversation include a timeline for reviewing options in the future?* If yes, describe*	© Yes	○ No
	st quarterly.	nicate on a regular basis regarding the referrals for employment SC reminded Maria that she has the option to change her mind about
Did the employment conversation include any related actions that will be taken?* If yes, describe*	Yes	○ No
The SC informed Marie that the would		referral to DARS within the next 2 weeks, SC will receased work pla

		sumer directed personal care assistance. SC will link Maria with a list n. Once Maria selects her providers, SC will complete the necessary
Is the individual between 14 and 17 years old at the time of this discussion? * Volunteer status*	C Yes	© No olunteering
Community involvement occurring in the following ways.* Natural Supports Community Engagement Community Coaching Group Day Residentially-based services Other	Check all t	•
Was there a conversation with the individual/substitute decision-maker about integrated community involvement? *	Yes	○ No
Did the integrated community involvement conversation include community interests?* If yes, describe*	© Yes	○ No
		ending her time. Maria stated that she likes to go out with her friends, ch on Sundays. Maria likes to dance and often attends special dance
Did the integrated community involvement conversation include available community options?* If yes, describe*	Yes	○ No
also discussed the option of community	coaching, h	o include group day, community engagement, and in-home. The SC nowever Maria stated that she was not interested in doing anything ople. Additionally, there were no barriers identified that would qualify
Did the integrated community involvement conversation include satisfaction or dissatisfaction with current services?* If yes, describe*	Yes	C No
-		ces (group day, community engagement, and in-home supports). All ia stated that she likes working with them.
Did the integrated community involvement conversation include possible barriers to integrated community involvement? *	Yes	○ No
Indicate all of the current barriers to community involvement.* ✓ None Lack of awareness Medical Behavior Other - describe	Check all t	that apply
Did the integrated community involvement conversation include a timeline for reviewing options in the future?* If yes, describe*	Yes	○ No
The SC and Maria discussed how the St	will ack a	hout Maria's eatisfaction with her services at least quarterly and

Living with Family

Current primary living situation*

Person: Maria Santiago Four ID: 1289681AS138110 ISP Effective Date: 09/01/2024 ISP End Date: 08/31/2025

Part III. Shared Planning

Shared Plannings

No	o.Life Area	Desired Outcome	Key steps and services to get there	Types of Support	Supporter Names/Providers	Other Supporters	Start date	End Date	Status
1	Integrated Community Involvement	Maria goes into the community in order to spend more time with her friends.	Learn how to use the community transit bus (Community Engagement), research new activities and places to go (Community Engagement), budgeting (Community Engagement), arranges transportation (Community Engagement), coordinate activities with friends (In-home).	Eligibility-based	BELLA HOME CARE SERVICE LLC(30032384270001),MERCY HEALTH SERVICES(30032274440001)		09/01/2024	ł 08/31/2025	. In Progress
2	Citizenship & Advocacy	makes her own decisions in order to exercise	Practice communication skills (Mother, In-Home Supports, Day Support, Community Engagement), supports make sure Maria is registered to vote (In-Home Supports), research polling location (Community Engagement), coordinate transportation to the polls (Community Engagement)	Eligibility-based	MERCY HEALTH SERVICES(30032274440001),BELLA HOME CARE SERVICE LLC(30032384270001)		09/01/2024	↓ 08/31/2025	In Progress
3	Employment	Maria develops her persona style and meets new people so that she can find a job in customer service.	Develop and implement a hygiene routine (In-Home Supports); explore places to meet new	Eligibility-based	MERCY HEALTH SERVICES(30032274440001),BELLA HOME CARE SERVICE LLC(30032384270001)		09/01/2024	₹ 08/31/2025	In Progress

No	.Life Area	Desired Outcome	Key steps and services to get there	Types of Support	Supporter Names/Providers	Other Supporter	Start date	End Date	Status
			express personal style through clothing, hair, and accessory options (In-Home Supports), exploring career options (Community Engagement).						
4	Citizenship & Advocacy	Maria's 1desired outcomes are achieved.	Assessing, planning, coordinating, linking, and monitoring the provision of services and supports.(SC)	Community-based	Virginia Beach Human Services, Behavioral Health & Developmenta Services	al	09/01/202	4 08/31/202	In Progress

Essential Supports

Identified Risks	Potential Risks	Routine Supports
Fall with Injury (09/01/2024 ~ 08/31/2025)	Aspiration Pneumonia - Requires assistance to be fed (food or liquid) (09/01/2024 ~ 08/31/2025)	Adaptive equipment/DME (09/01/2024 ~ 08/31/2025)
Seizure (09/01/2024 ~ 08/31/2025)	,	Bathing (09/01/2024 ~ 08/31/2025)
	Aspiration Pneumonia - Regularly coughs while eating or has experienced a choking episode (09/01/2024 ~	Communication support (09/01/2024 ~ 08/31/2025)
	08/31/2025)	Dressing (09/01/2024 ~ 08/31/2025)
	Dehydration - Requires assistance to be fed (food or liquid) (09/01/2024 ~ 08/31/2025)	Restroom support (09/01/2024 ~ 08/31/2025)
	Bowel Obstruction - Requires assistance to be fed (food or liquid)	Personal appearance (09/01/2024 ~ 08/31/2025)
	(09/01/2024 ~ 08/31/2025) Lack of Safety Awareness - Displays a	Medication use (09/01/2024 ~ 08/31/2025)
	pervasive lack of safety awareness throughout their daily living due to communication deficits combined with	Housekeeping (09/01/2024 ~ 08/31/2025)
	cognitive deficits and/or brain injury that	Laundry (09/01/2024 ~ 08/31/2025)
	leaves them open to victimization (financial, daily living, socio-sexual)	Shopping (09/01/2024 ~ 08/31/2025)
	(09/01/2024 ~ 08/31/2025)	Meal planning/preparation/intake (09/01/2024 ~ 08/31/2025)
		Banking/money management (09/01/2024 ~ 08/31/2025)
		Medical appointments (09/01/2024 ~ 08/31/2025)
		Transportation (09/01/2024 ~ 08/31/2025)
		Routine support #1 Wound care (09/01/2024 ~ 08/31/2025)

Part IV. Agreements

Potential Risks Referral

my plan? *

Per the Virginia Department of Behavioral Health and Developmental Services Person-Centered Individual Support Plan, the following potential risks were identified. This listing is being provided for assessment and consultation purposes.

Potential Risks			
Aspiration Pneumonia - Requires assist	ance to be	ed (food or liquid)	
Aspiration Pneumonia - Regularly cougl	hs while eat	ng or has experienced a choking	y episode
Dehydration - Requires assistance to be	e fed (food o	· liquid)	
Bowel Obstruction - Requires assistance	e to be fed	ood or liquid)	
Lack of Safety Awareness - Displays a pommunication deficits combined with communication daily living, socio-sexual)			
Will an appointment with a Qualified Hea Select one response:* Appointment will be scheduled. Appointment declined by individual/S If appointment is planned, who will schedule the appointment?*		nal be scheduled?	
Stella Gold			
Individual Questions			
Does this plan move me closer to the life I want? *	Yes	○ No	
Have I had the opportunity to plan for personal topics apart from the full team? *	Yes	○ No	
I was supported to direct and participate in my planning process as described in Part II: Personal Profile?	Yes	○ No	
Have I chosen all of the providers and services I receive having been informed about the benefits and risks?	Yes	○ No	
Have I chosen or had input into where I live? *	Yes	○ No	
Have I chosen or had input into who lives with me? *	Yes	○ No	
Do I choose or have input into my daily schedule? *	Yes	○ No	
Team Questions			
Does any team member have an objection to any outcomes in my plan?	C Yes	⑥ No	
Are there any restrictions that require review or agreement? *	C Yes	No No	
Do I need financial planning or benefits counseling in order to maximize resources? *	C Yes	€ No	
Is there any IMPORTANT TO or IMPORTANT FOR information elsewhere that is not addressed in my plan? *	C Yes	⑥ No	
Does any team member have an objection to any essential supports in	Yes	No No No	

Are Therapeutic Behavioral

Consultation waiver services needed?

(Please review selections carefully

and respond.)*

A: Yes, referral to be completed within 30 days of ISP

B: Yes, referral(s) already completed and waiting to start services

C: Yes, and the person is connected to this service already

D: Yes, there are needs but individual/SDM declined referral

E: No, needs are addressed by other supports (e.g. ABA, psychology)

F: No, needs do not require these services

If yes within 30 days, who will complete referral for behavioral services? (A service authorization should be submitted to DBHDS within 30 days of an identified need.)*

Tammy Stone, Support Coordinator

Are Nursing waiver services needed? (Please review selections carefully and respond.)*

A: Yes, referral to be completed within 30 days of ISP

B: Yes, referral(s) already completed and waiting to start services

C: Yes, and the person is connected to this service already

D: Yes, there are needs but individual/SDM declined referral

E: No, needs are addressed by other supports (e.g. ABA, psychology)

F: No, needs do not require these services

No

are not available *

Signatures

Signer Type	Provider	Signature Type	Signature	Print Name	Relationship / Service	Date Signed	Organization Unit Name
Person		Written	No Signature Uploaded	Maria Santiago Four	Signature on file	07/15/2024	CITY OF VA BEACH CSB MHMRSAS
Substitute Decision Maker		Written	No Signature Uploaded	Gloria Santiago Four	Authorized Representative	07/15/2024 e	CITY OF VA BEACH CSB MHMRSAS
SC/CM		Written	No Signature Uploaded	Tammy Stone	SC (signature on file)	07/15/2024	CITY OF VA BEACH CSB MHMRSAS
Provider	BELLA HOME CARE SERVICE LLC	Written	No Signature Uploaded	Stella Gold	Community Engagement/E Support (signature on file)	07/15/2024 Day	CITY OF VA BEACH CSB MHMRSAS
Provider	MERCY HEALTH SERVICES	Written	No Signature Uploaded	Mikayla Summers	In-home (signature on file)	07/15/2024	CITY OF VA BEACH CSB MHMRSAS

Person-Centered Review Dates

1st Quarter Date*	11/30/2024
2nd Quarter Date*	02/28/2025
3rd Quarter Date*	05/31/2025
4th Quarter Date*	08/31/2025

Attachment

	Create Date	Document Name	Category	Description	Uploaded By	
--	-------------	---------------	----------	-------------	-------------	--

Form Notes

Person: Maria Santiago Four ID: 1289681AS138110 ISP Effective Date: 09/01/2024 ISP End Date: 08/31/2025

Content Created By Create Date Actions