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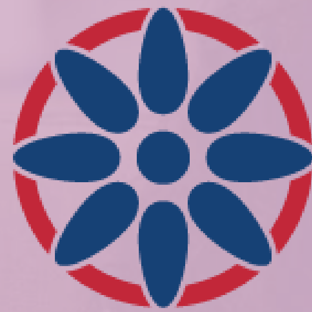

OhioISP

ICF Training Series 2025

lifeworksautism.org

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Milestones Team for this project

- Bradley Wyner, Education and Training Coordinator

All project information:

lifeworksautism.org/Trainings

Grounding Guidelines
(phrasing borrowed from Jordyn Zimmerman)

Be present in a way
that works for you.

What are your hopes & expectations for today?

Scope of today's training

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- Focused on content – will not address any tech platform elements
- Deepest focus on a few key areas:
  - Comprehensive assessment
  - Measurable programs
  - DSP training on plans
  - Application across diverse abilities

Process Up to Now

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- Feedback from the field via listening tour, virtual meeting, feedback on draft of curriculum and tools
- Meetings with DODD and ODH to confirm that curriculum represents a best practice
- General agreement from participants in the ICF field, DODD, and ODH that the elements of this curriculum align with best practices
- Of course, no training can guarantee “no citations”

Facilitation Tools

- Don’t be shy about asking questions, volunteering to read, talking through application
- “Parking lot”
- “Bucket of Radical Acceptance”
- “Permission slips”

Training Objectives

“Macro-Objective”

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- Learners will be able to execute excellent person-centered planning using the OhioISP.

Training Objectives

1. Learners will be able to capture a comprehensive scope of functional information in the Discovery Assessment within the OhioISP.

Training Objectives

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2. Learners will be able to use the OhioISP to synthesize requirements and best practices of ODH and DODD, including outcomes, experiences, and services and supports.

   a. Apply the principles of "important to" and "important for" to differentiate which elements of a person's support are best framed as outcomes, experiences, or services.
   b. Create outcomes that are centered on what is important to a person.
   c. Describe experiences that will build toward a person achieving their desired outcomes.
   d. Leverage things that a person values ("important to") to support achievement of unmet health "important for" needs.

Training Objectives

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3. Learners will be able to use each component of the OhioISP (assessment, plan, introduction) to direct important information to the appropriate audience

   a. Use the discovery assessment section to maintain important historical information and to meet planning needs that do not affect day-to-day support

   b. Use the introduction section to convey essential information to people providing direct support on a typical day

   c. Use the plan section to describe the personalized ICF programming and services received by the person

Training Objectives

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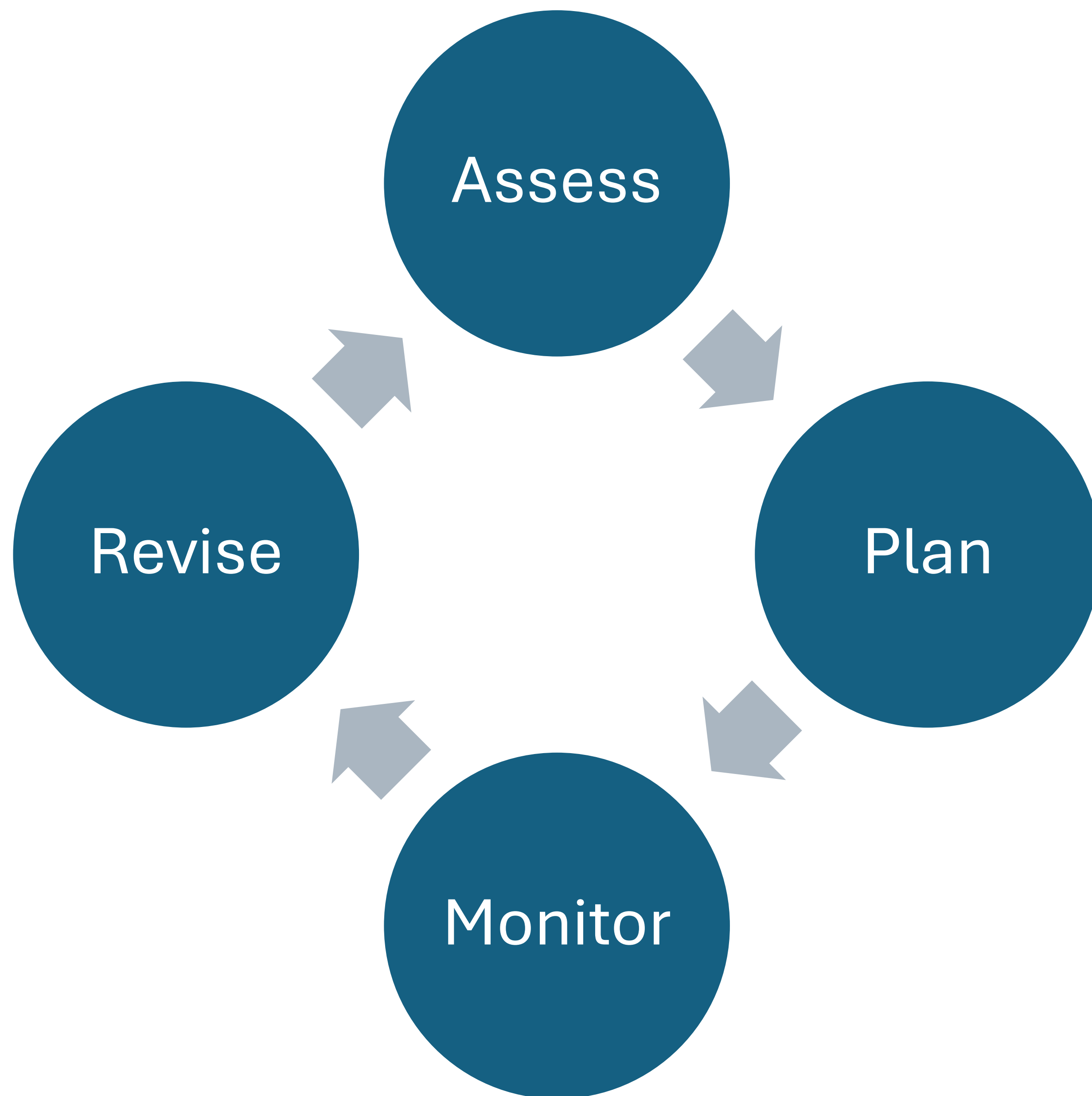
4. Learners will be able to describe several strategies to elicit person-centered assessment and planning for diverse people residing in ICFs, including:

   a. Intense or complex behaviors
   b. High medical needs
   c. Severe to profound intellectual disability
   d. Retirement age
   e. Children and youth

Person-Centered Planning in an ICF:

Challenges & Opportunities (5 minutes pair/share discussion)

Some brief/pertinent reminders of core principles . . .



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This cycle happens in all settings.

In an ICF, they have specific components.

Important to & for

- More than just a concept
- Useful along the whole cycle

Six Essential Elements

- Respectful & Empowering
- Uses a Trauma-Responsive Approach
- Makes Connections Throughout the Plan
- Detailed and Thorough
- Clear Outcomes & Experiences
- Clear Descriptions of Services & Supports

https://dodd.ohio.gov/compliance/oisp/resources/six+essential+elements

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Person-Centered Planning in an ICF:

Challenges & Opportunities (5 minutes pair/share discussion)

The Discovery Assessment

- "Comprehensive functional discovery"
- Sorts through the tos/fors and documents the why behind them
- Provides necessary documentation for ICF services
- Collects historical information
- Allows the team to work through elements on the way to setting a plan

The Introduction

- Summarizes the **essential** information for day-to-day supports
- Uses **direct** language to efficiently get important information to direct support professionals

The Plan

- Establishes the person's individualized programming
- Describes what the ICF provides for the person day-to-day
- Describes what the ICF provides for the person year round

OhioISP in the ICF:

Highlights of the Assessment Process

Foundational Assessment Guidance

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What assessment is:	What assessment isn't:
Conversation/dialog	Simply completing a form/analytical
Discovering skills, abilities, and needs	Determining deficits only
All areas explored by the SSA/QIDP with input from the person and those that know them best	Current services determine which questions asked or driving answers without exploration
Go where conversation takes you or where you know you need to go	Only go where invited, avoids difficult conversations about known risks
Flexible – ask questions in multiple ways	Rigid – read each question as is
Assessment and discovery drive planning	Planning- developing supports, identifying services

Preparing for assessment:

- Assessment conversations should happen in an informal environment
- Consider how the person wants to meet – 1:1, small group, virtually, etc.
- Who should you talk to? Talk to the person and/or those that know them best, as identified by the person.
- Some questions are sensitive (sexuality, culture, etc.). These questions should be asked 1:1 or in a small group whenever possible.

Completing discovery and assessment

- Consider other current and relevant assessments (Pre-assessments such as Level of Care, OEDI, COEDI, etc. and other professional assessment such as PT evaluation, behavioral health, etc.)
- Person-centered tools are built in to help identify important to, important for, skills and abilities, etc. Use what has been learned in each assessment section to complete summaries (using specifics for the person) at the end of each section.
- Avoid focusing on services and supports at this point…you'll get there in planning. For now, you are learning about the person and their wants and needs.

Considerations for every section

- Technology - Even though you aren't planning yet, keep in mind how the person may use technology to support their wants and needs. Consider supports such as remote monitoring, smart equipment, and other types of everyday technology. Be sure to include skills and abilities related to technology throughout the assessment.
- Cultural – be conscious of potential differences between your values/culture and the person you are assessing
- Self-direction – the person may have an ability in an area, but not understand when/how to initiate (ex: can order pizza, but wouldn't know to order when hungry without a prompt)

https://dodd.ohio.gov/compliance/oisp/resources/assessmentguidance

General Principles: The Narrative

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- There are multiple “correct” ways to place information
- You don’t need to repeat yourself in the narrative part of the Discovery Assessment if something is already established in a different question.
- Not every assessment question will need to be explored in detail; some sections will be robust based on individual needs (medical, behavioral, work-related, etc)

General Principles: Prioritizing

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Establishing what is **not** important to/for a person has value in the ICF planning process

Examples:

- Child who is prescribed eyeglasses at 12 but won't wear them. No signs that it is impacting functioning.
- Person with multiple indicators they aren't interested in working.
- "Small" clinical recommendations. You can't just ignore them; if the team decides not to pursue, it is important to document that in an ICF. This is the team expressing priorities.

General Principles: The Q's Role

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- The Q's role is to collect information from others and document consensus
- Everyone has part of the story; no one has all of it
- It is appropriate to include all information gathered in the Discovery Assessment (but not in the plan)

General Principles: The Team

In an ICF, "The Team" includes:

- Person receiving services
- DSPs
- QIDP
- Nurse
- Doctors
- Specialists writing assessments
- Guardian, if applicable
- Family & friends

General Principles: The Team

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- The team (with the person served as a leading member of the team) ultimately determines what is important & not important for each individual person.
- The person receiving services is a tremendously important voice in that decision, even if they don't speak with words

General Principles: The Team

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Example:

Kevin is 24. Mom is very involved. She wants Kevin to dress less "sloppy."
Kevin values comfort and sometimes tears/throws out clothing.

What do we do?

It's important **for** the person to show the world that he is worthy of respect. It's important **to** him to be comfortable. Team decides where to pursue/what to elevate.

Highlights of the Assessment Process: Eliciting Information from People Receiving Services

(Even if they don’t speak words)

Use the “complete context” of the person

Put together everything you know about the person

- Preferences indicated by behavior
- Recommendations of clinicians
- Social history
- DSP observations

The more sources contribute information, the more complete is the context. (Multiple staff, multiple settings, etc.)

It’s not just about “what the person said at the annual meeting.”

Examples

What does the person want to accomplish?

"Even though Cindy can't tell us directly, her team thinks _______, based on _________________."

What does the person believe would make their life better?

"Team members' opinions differ. Cindy's guardian thinks _________. However, several DSPs have observed _________. The Preference Assessment from her behavior analyst recommends ___________. Based on incident trends and patterns in the past year, we can also infer _________ . . ."

Taking Direct Statements Literally

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The value of dreams, even if they are unrealistic.

Examples:

- "Being recognized by the whole world for being the princess that she is."
- "Doesn't like doing stuff. In any moment, if given two choices, will choose the one that less resembles doing stuff."
- "Her dream would be to go back to before her parents passed away."

Taking Direct Statements Literally (cont.)

Echolalia, delayed echolalia, “meaningful echolalia”

(For more detail on, read up on “gestalt language processing” - People using “chunks of language”)

Examples:
“Going to the zoo with Nikki.”
“Shoes” meaning going places with family.

We can infer meaning within the larger context of the person.

Holistic View of Person's Actions as Suggestion of Their Desires

Examples:

- Nonspeaking person who genuinely seems interested in new people after the initial shyness.
- Someone who talks about animals all the time, but melts down after more than 10 minutes at the zoo.

Especially important for people who give limited answers or fewer answers in "meetings."

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"Respectful Guessing" is a best practice when supporting people with little to no direct language.

We respectfully infer from the entire context of their lives and actions.

"If they could tell us what they want, we think it would be . . ."

"Conversation Facilitation: Tips from the Field"

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(general tips on approaches to better understand a person & their needs during the required formal process of assessment)

SETTING THE STAGE

- Get to know the person receiving services and build rapport with them and their team.
- A conversation can happen anywhere! The setting should be relaxed, familiar, and comfortable for the person (i.e., the park, lunch, etc.).
- Respect a person's privacy. Assessment questions should be asked 1:1 or in small group settings whenever possible.
- Explain the process, review expectations, and set healthy boundaries with people and their teams upfront.
- Do not expect to get all the answers in one sitting. You do not want to overwhelm the person, and it takes time to get to know someone!
- Prior to a team meeting, meet individually with the person to discuss things they want to talk about with and/or without the group.

HAVING A CONVERSATION

- Pay attention to the person's body language and nonverbal cues during discussion. You can gather a lot of information from nonverbal communication!
- Watch your own body language during conversations. It should be inviting and non-threatening (i.e., facing the person, arms uncrossed, etc.).
- Do not read questions from a list. The best conversations are often casual in nature.
- Let the person guide the conversation when appropriate. Know the assessment well and plug in information where it needs to be recorded.
- Use open ended questions or, instead of asking the question directly, start with "Tell me about..."
- Use simple, everyday language that people can understand. You may have to reword a question or prompt to get the necessary information.
- Utilize visual summaries and reflect information back to the person to ensure understanding.
- Be patient. Allow sufficient time for the person to process and respond to a question.
- Stay engaged in the conversation through good eye contact and active listening. Listen first, then respond. Conversations are a two-way street!
- Be curious. Ask follow-up questions or prompt further to get a deeper understanding.
- Share your own experiences or stories when appropriate. Telling a person about yourself may help them open up more.
- Remain open-minded and non-judgmental. Not everyone has the same values, priorities, goals, belief systems, experiences, etc.
- Assume trauma. Make sure the person understands that they do not have to answer a question if they do not feel comfortable.
- Always remain considerate and sensitive to the person. During team meetings, be mindful of the person when they are present.

WRAPPING UP/ONGOING PROCESS

- Thank people for their time and for sharing with you.
- Remember that the assessment is an ongoing process and not an annual event.
- Follow team process and complete necessary monitoring. Seek information from all team members throughout the span, not just during meetings.
- Be genuine and empathic, and always remember why you got into this field.

https://dodd.ohio.gov/wps/portal/gov/dodd/compliance/oisp/resources/Conversation

Pulling Information Together

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- Bringing those actionable summaries to the team
- Ultimate **important** to/for decision is up to the entire team (including the person served)
- What to document and pursue if the rest of the team doesn't consider formal recommendations important (we don't just disagree with experts and move on)

Making Sure The Discovery Assessment is Comprehensive

(so you can confidently stop using an old CFA)

A New Tool/Resource:

The Assessment Reminder Doc

		still important to the person's overal services	
☐	Medication: How meds are taken	Healthy Living: Does the person take medication? Please explain	Service/Support if staff provides; other places if appropriate
☐	Psychotropic Medication Review	Healthy Living: Does the person take medication? Please explain	
☐		- Information to assure that psychotropic medications are appropriate and will be titrated when possible, such as "At least annually, the physician will review psychotropic medications and determine if they are safe and appropriate."	
☐	Self-Medication Ability/Learning	Healthy Living: Help with medication?	Outcomes/Experiences: If becoming more independent with medication is something they value
☐		- Can summarize information from formal Self-Administration Assessment	Services & Supports: Elements of med administration that must be done for the person
☐		-Can record conversations about other options (required at least annually)	
☐	Schedule (personalized)		Outcomes/Experiences & Services/Supports: Providing details of when & how often experiences and services/supports happen creates a personalized schedule. If a person needs something more detailed, if can be included in the plan as something "important to" the person, or as "how to support" in other sections

Assessment Reminder Doc

- A bridge to help us connect details (that we are accustomed to as part of a CFA and ICF plan) into a holistic approach
- Use as a checklist to make sure the Discovery Assessment is comprehensive
- This is **one** best practice; a team could approach these things differently and still do excellent work

Assessment Reminder Doc (cont.)

- There are plenty of ways one could use this resource and there still will be issues; it's just a bridge and a way to organize thoughts
- Suggests ways to use both the Discovery Assessment and the Plan to meet specific ICF requirements
- You can download & customize the doc

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Assessment Reminder Doc (cont.)

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- Suggests ways to use both the Discovery Assessment and the Plan to meet specific ICF requirements
- You can download & customize the doc

Assessment Reminder Doc Sections

1. General ICF areas
2. Functional Details
3. DDP Reminders
4. Specialized Tools/Assessments

Notes at the Top:

- This document suggests which section(s) of the OhioISP would be a good fit for information typically included in ICF plans.
- These suggestions are not the only way to record the information.
- They are guidelines to support best practice, but still require personalized attention by a QIDP and interdisciplinary team for each person.

Convenient checkbox

Topic to remember to address

Recommended place to address in the Discovery Assessment

Recommended place to address in the Plan

	Topic:	Discovery Assessment Section:	Plan Section:
☐	Social History	Social & Spirituality via answering questions, or provide additional social history as a specialized tools	
☐	Money Management	Daily Life & Employment: Finance	Services & Supports: Things done for the person by ICF staff or others (payee, maintaining eligiblity)
☐		- Establish person's ability to manage own finances or need for learning/support	Outcomes/Experiences: If the person is working on money management to puruse something they value
☐		- Reference how much money person can handle independently	
☐	Ambulation/Mobility/Transfers	Community Living: Getting Around	S/S or Outcome/Experience for what staff to do help
☐	Psychotropic Medication Review	Healthy Living: Does the person take medication? Please explain	
☐		- Information to assure that psychotropic medications are appropriate and will be titrated when possible, such as "At least annually, the physician will review psychotropic medications and determine if they are safe and appropriate."	
☐	Self-Medication Ability/Learning	Healthy Living: Help with medication?	Outcomes/Experiences: If becoming more independent with medication is something they value
☐		- Can summarize information from formal Self-Administration Assessment	Services & Supports: Elements of med administration that must be done for the person
☐		-Can record conversations about other options (required at least annually)	

“Functional Details” plan application

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-If person is working on it to further their own goals, put in Outcomes/Experiences.

-If staff are doing it for or with the person, put in Services/Supports.

-If person is independent, put in Skills/Abilities (OK to group together without listing every single area if person is independent in a lot of things, just make sure what they do need help with goes into Service/Supports).

- If "Natural Supports" provide any of these areas, identify in "Additional Supports" section. For children & youth, this is also a good place to capture transportation provided by a school district, or areas that schools focus on (for example: "Receives OT at school; School and QIDP communicate on goals and progress via email and meetings").

DDP "Behavioral Domain" in Discovery Assessment

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If one section goes into detail, it is OK to cross-reference other sections.

For example, if someone hits themself to communicate something specific, the communication section could capture those details, with a note in Safety & Security: Behavioral Well Being: Risk Behaviors to "see details on self-injury in Communication section."

Team should use judgement about where is the best assessment section to capture the information, and how to direct attention to different assessment sections, rather than copying the same wording in different, related sections.

Specialized Tools/Assessments plan application

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-If person is working on it to further their own goals, put in Outcomes/Experiences.

-If staff are doing it for or with the person, put in Services/Supports.

-If person is independent, put in Skills/Abilities (OK to group together without listing every single area if person is independent in a lot of things, just make sure what they do need help with goes into Service/Supports).

-Anything done by supports not covered by the ICF (for example, family members, privately paid activities, therapy at school), put in "Additional Supports." That does not apply to external sources that the ICF contracts (for example, contracted day program, clinicians, etc) - those are still part of the person's ICF services.

Outcomes/Experiences, Services & Supports, Measurable Programs

- Outcomes are always important **to** the person
- Outcomes are **not** things that are already happening enough . . . They are things the person wants to happen more, or that are new, or related to changes they want to their life

- The person-centered information from Discovery Assessment drives Outcomes
- For people with limited language, the principles we used in Discovery Assessment help the rest of the team make respectful guesses about what the person wants

Places to look if the team is stuck:

(see handout)

- Top 5 Resilience Factors
- Maslow
- Blackfoot Nation
- Human Givens
- Glasser Basic Needs

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- Outcome structure of [important for] so that [important to] is a good practice.

- Detail the "for" stuff in the experiences to accomplish the "to" (as measurable goals)

- Let's look at a lot of examples . . .

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Outcome Examples

using “[important for] so that [important to]”

Derek loves eating and loves spending time with his nieces. He's getting older and his doctor says he needs to increase exercise.

"Derek will exercise more so that he can enjoy a long life seeing his nieces as they grow up."

Dave enjoys all sorts of food. He doesn't enjoy brushing his teeth. He has only got five teeth left.

"Dave will maintain his oral health so he can continue to enjoy all of his favorite foods."

Sheila loves going out in the community. Her anxiety is a serious barrier, and the team agrees that some hard work on anxiety would lead to her being able to lead her best life out in the world.

"Sheila will have a variety of ways to manage anxiety so she can spend as much time out in the world as possible."

Even though Shana doesn't talk, her staff remember how much she used to like it when her grandmother brought over homecooked foods from her family's culture. The team thinks she misses her family's cultural foods. Her struggles with OCD and hygiene make it hard for her to do anything safely in the kitchen.

"Shana will improve her hygiene and her ability to follow steps of an activity so that she can learn to cook recipes from her family's culture."

(Potential Experiences: Working on not handling poop. Working on handwashing. Working on self-help during uncomfortable rituals. Working on trying new things for 3 minutes. Eating cultural food. Making cultural food. Investigating recipes.)

"Jim will learn zip up his own lymphedema pumps so that he can safely and painlessly attend professional wrestling events as independently as possible."

It's important to Rachel to be able to eat at her own pace. She makes a whining sound to protest and struggles with words when upset, but uses short sentences when regulated.

"Rachel will use short phrases like 'no thanks' or 'take your time' to tell other people that she doesn't want to be rushed, so she is able to enjoy more things with the leisurely pace that she appreciates."

Lee lights up when being silly and laughing with other people. Sometimes it goes too far and escalates into pulling on people's arms and throwing things.

"Lee will safely transition from moments of comedy to moments of quiet, so he can safely enjoy sharing laughs with others."

Marco has a major struggle with OCD. Even though he doesn't talk, he gets involved in "back and forth" power struggles when he moves things and other people move them back. He also has a communication device that he rarely uses.

"Marco will use his communication device to say 'My way' when it's important to him that something stays how he puts it."

Chloe communicates through body language, usually very slowly. Very passive energy. Her team has trouble telling what she's really interested in. OT recommended certain stimuli (high pitched music, minty foods, light touch) as alerting strategies.

"Chloe will explore alerting sensory strategies to eventually engage more clearly with other people and express her wants and desires." (Experiences: choose between different sensory activities, craft toward what she's interested in. Maybe plan "experiences related to what she seems to like" in Q3 & Q4)

And then . . . it will not be the same thing year after year!

They will keep changing based on what is important to the person that isn't happening. Maybe some last longer than a single year, but it can't go on forever.

Experiences

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- Can reflect formal programming
- Can be measurable in a variety of ways
- Can create an expected roadmap toward progress into the future

Supporting QIDPs: Incorporating Program Goals within the OhioISP

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With the utilization of the OhioISP, ICFs are still required to have service/program goals (e.g., hygiene, money management, and self-medication administration) to work on skill development. Use the below guidance to determine if the goal is best incorporated as an outcome OR service and support.

These skill-building goals can be included as an outcome if they are:

- Something important to the person
- Something the person values and wants to accomplish
- Something to work towards- something different than how things are today that would make the person's life better
- Meaningful to the person and measurable

These skill-building goals are often better incorporated as a service and support if they are:

- Things the provider or support person is responsible for while assisting the person
- ADLs, routines, supervision, and community supports

Example:
Previous Program Goal: Suzy will improve her range of motion and weight bearing, returning to 100% functionality.

Incorporating program goals within an outcome:

Outcome: *What does the person want to accomplish and why?*			
Suzy wants to walk in her neighborhood each evening to enjoy time outside, visit with neighbors, and hear nature.			
Details to Know			
Suzy has always been very active and recently had a knee replacement which has limited her ability to be active and outdoors.			
Experiences: *In order to accomplish the outcome, what experiences does the person need to have?*			
What needs to happen	**How it should happen**	**Who is responsible**	**When/How often**
Suzy will complete her range of motion exercises.	With verbal encouragement from staff, each morning following breakfast Suzy will complete a minimum of 3 of her 5 range of motion exercises with 75% success.	ABC ICF	Daily/ 1x
Suzy will pick up the newspaper from the administration building.	With verbal encouragement, Suzy will walk to the administration building a minimum of 4 of the 6 days the newspaper is delivered with 75% success.	ABC ICF	Daily/1x

Incorporating program goals as a service and support:

Assessment area	Funding source	Service name	Scope of service/What support looks like	How often	How Much
Healthy Living	ICF	Intermediate Care Facility	With verbal prompting, Suzy will complete her range of motion and walking exercises with 75% success rate until she is able to return to 100% function of her left leg.	Daily	Completion of 3 of her 5 exercises

https://dodd.ohio.gov/compliance/oisp/resources/outcomesvsprograms

Detailed Example:

Derek

See Handout

Summary of Progress: *Share accomplishments and progress as they occur and show how success is to be celebrated*
Derek loves eating (a variety of foods seem to truly make him happy). He loves spending time with his nieces. He's getting older and his doctor says he needs to increase exercise. He seems to have enjoyed past activities walking, dancing, and swimming and has made progress with seeing that exercise can be fun. He generally seems happier when he is more physically active but doesn't have any current routine around it.
Outcome: *What does the person want to accomplish and why?*
Derek will exercise more so that he can enjoy a long life seeing his nieces as they grow up, including planning a fun movement-based event with his family.
Details to Know
He thrives on routine. He is usually able to see his nieces around holidays and birthdays.

Experiences: *In order to accomplish the outcome, what experiences does the person need to have?*			
What needs to happen	**How it should happen**	**Who is responsible**	**When/How often**
Derek will participate in a fun physical activity with staff and/or housemates.	A weekly calendar that features “dance party,” “neighborhood walk,” or similar activities multiple times a week at the same time of day.	ICF staff	Around 4:00 PM, 2-7 days per week, for 2-6 months.
Derek will invite his nieces over to have a walk, dance party, or other physical activity	Staff should help Derek tell his brother & family his plan. Derek should do most of the talking, but will require some prompting to stay on topic.	ICF staff, Derek	Every 1-6 months.
Derek will help staff create a weekly calendar of physical activities	Once we have a sense of what sort of physical activities Derek is enjoying, we will work with him on building his own routine. The team will support the following of the routine he builds.	ICF staff, Derek	Expected for Q3 and Q4 of this plan year, once weekly

Outcome/Experiences Review		
What will progress look like/How will we know it is happening?	**Who**	**When to check in**
Daily data on what activity he chooses.	DSPs	Q’s quarterly review of data
Shift notes describing the planning of activities with family	ICF staff (Manager coordinates)	Q’s quarterly review of data
Weekly data on completion of a weekly activity calendar	DSPs	Q’s review of in Q3 and Q4

Important and Relevant History: *Only include history that may impact the person’s life, supports, and achievement of outcomes.*
Derek does not seem to enjoy basketball, football, or any team sport or athletic competition. (Sometimes he talks about gym class being a place for bullies.)

Activity

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- Take one of the outcomes from previous section and break it into experiences, or work on one from your caseload.
- Must be able to point to something that is important **to** the person that isn't yet happening as much as they want.

Services/Supports

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- Capture things done on behalf of a person, or informal learning
- Can include ICF-specific things that are done by DSPs (such as encouraging to follow a personalized schedule)
- Should connect to assessed needs and be consistent with what was determined to be important
- "Scope of service" should give an idea of how to provide it for that person

Variety of Examples of Services/Supports

Think about what the Discovery Assessment would have said to drive these . . .

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Service name	Scope of service/What support looks like	How often/ How much?
Oral hygiene	Assistance with all elements of oral hygiene	Daily
O2 monitoring	ICF staff take Clara's oxygen level every four hours. If her level is at 92 or below, she should have two liters of oxygen administered via nasal cannula.	Other Every 4 hours
Food prep	Relies of staff for all elements of food preparation	Throughout the day
Showering	Able to step into shower independently; provide hands on-help with washing and rinsing. Prompt Reggie to wash his own genitals and rear end. (Record his success in daily documentation.)	Daily

Lymphadema pumps	Prompt Jim to zip up his own lymphedema pumps. Follow after him to zip up all the way if he doesn't completely make it. (record his success in daily documentation)	Daily
Self-medication	Offer Jill her pill container, and give her ten seconds to open it independently. Do this silently; physically holding out the container is the only prompt she needs.	Twice daily
30 minute checks at night	When Jen is sleeping, staff should check on her every 30 minutes to see if she needs anything.	Daily

Note about Jen: since this "supervision" pattern is not connected to a specific risk, it is a service/support, but does **not** go into the risk section.

Also **. . .** Just "30 minute checks" without saying **why** isn't a good idea . . . something like "to see if she needs anything" or "for general support," etc. should be connected to it

General supervision	For general support around the house, staff should keep an ear open to see if Antonio needs anything, and respond within a few minutes.	Daily

Note: establishing in the assessment that someone tests as having “severe intellectual disability” with functional details that match would make sense for this sort of supervision.

(If this sort of supervision is in the plan, the details of assessment should match. If the assessment describes someone as independent in all things, having general supervision would not match the need described . . . either the assessment or plan is probably off)

Final Topics:

- Risk Section
- Introduction Page as DSP training tool
- Applying to diverse populations
- Additional resources

Risk Section:
Some Brief Details

As provider, we document on:

- Risks
- Outcomes
- Services/Supports

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Risk Section

- Risk = “thing that could have an adverse outcome”
- Usually safety related, but not always
- Structure of Risk Section table requires clarity on **what** risks are connected to supervision needs; use the table in detail

Risk Section (cont.)

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- Everything should connect with risks identified in the Discovery Assessment phase
- The question of "does this risk go into the plan for this person?" is ultimately up to the team
- "What support must look like" describes the specific thing that ICF staff does to mitigate risk. Provides essential detail. (Supervision levels always need to be spelled out in detail.)

Examples

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Let's look at some examples, including

- Fall risk examples
- Choking risk examples
- Behavior support examples
- Medical risk examples

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What is the risk, what it looks like, where it occurs	What support must look like, why the person needs this support	Level
Fall risk at night: Mildred has fallen several times when getting out of bed to use the bathroom.	When prompting Mildred to use the bathroom at night, ask her to sit up in bed for a minute, then offer her your arm to walk between bed and the toilet.	Close/ Const.
When eating: Kegan will sometimes eat so fast it becomes a choking risk. (He begins to "shovel" food with both hands)	Staff need to keep an eye on Kegan any time he is eating, and remind him to slow down if he starts to "shovel" food. He usually responds to a single reminder.	Visual
Sleep apnea (needs CPAP to breathe well when sleeping)	30 minute checks while sleeping to make sure Gary's CPAP is on properly.	Visual

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What is the risk, what it looks like, where it occurs	What support must look like, why the person needs this support	Level
Fall risk in the bathroom (using toilet): Due to unsteady gait, Jolene is at risk of falling any time she is in the bathroom by herself. Jolene forgets that she doesn't walk as well as she used to. She will flush the toilet and try to stand up right away.	When Jolene is sitting on the toilet, stand outside the door to give per privacy. You must be able to hear her in the bathroom. Ask Jolene if is she done every few minutes, and assist her in standing when she is done. If you hear the toilet flush, go in to assist her immediately.	Auditory

What is the risk, what it looks like, where it occurs	What support must look like, why the person needs this support	Level
Fall risk in the bathroom (when standing): Due to unsteady gait, Jolene is at risk of falling any time she is in the bathroom by herself.	Any time Jolene is showering, at the sink, or doing anything standing up in the bathroom, staff should be within arms length ready to assist her with balance. If you need to get something while Jolene is in the bathroom, you need to call into the hall to ask someone else to bring it; never leave her alone in the bathroom.	Close/ Const.

What is the risk, what it looks like, where it occurs	What support must look like, why the person needs this support	Level
Fall risk in the bathroom (when standing): Due to unsteady gait, Jolene is at risk of falling any time she is in the bathroom by herself.	Any time Jolene is showering, at the sink, or doing anything standing up in the bathroom, staff should be within arms length ready to assist her with balance. If you need to get something while Jolene is in the bathroom, you need to call into the hall to ask someone else to bring it; never leave her alone in the bathroom.	Close/ Const.

The Introduction Section: An Essential DSP Training Tool

What to use as the plan when training DSPs?

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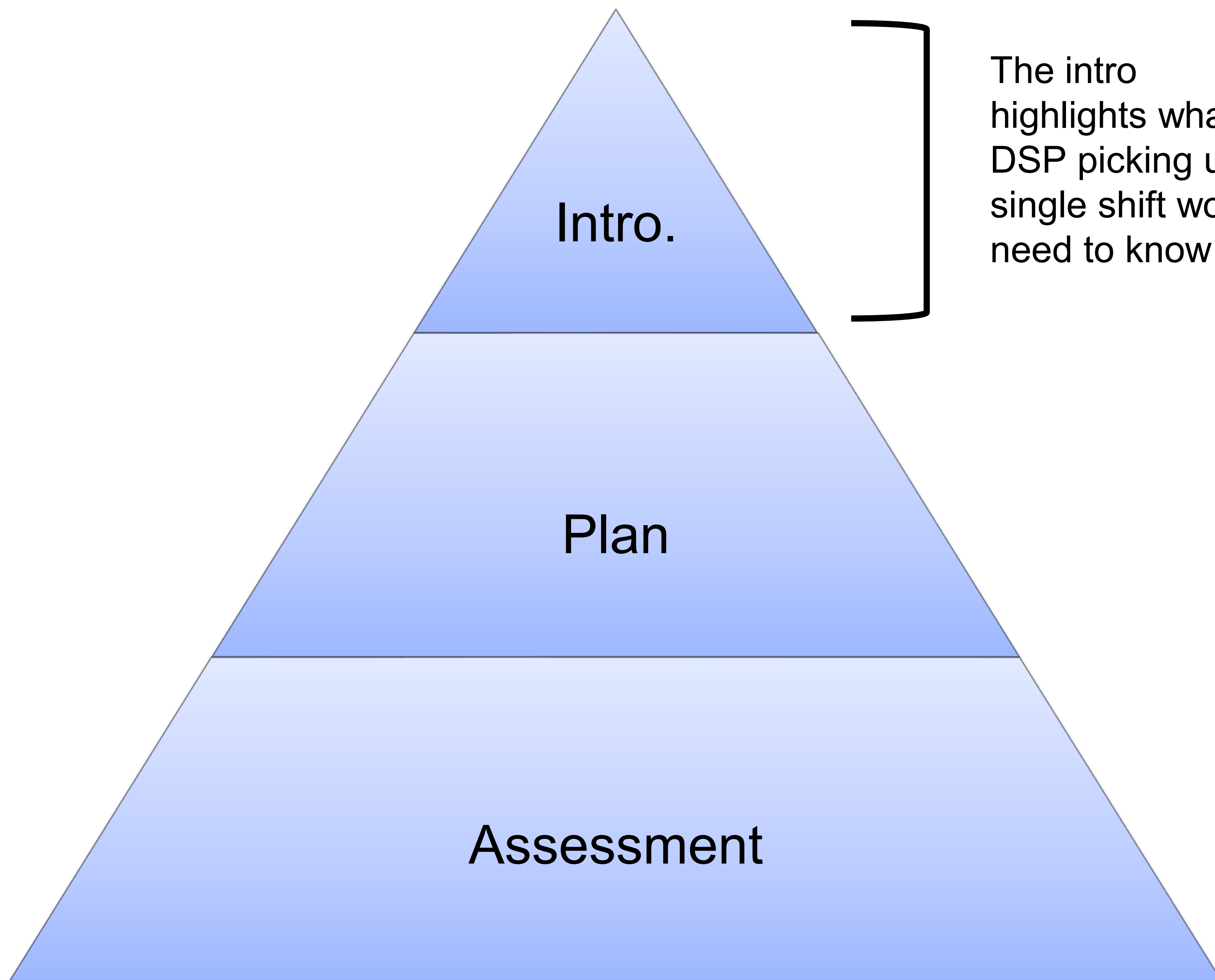
- Use Introduction for Plan elements you want to highlight (what you would train a DSP on when they pick up an emergency shift).
- Train DSPs on the full plan.
- Discovery Assessment is available but not part of “The Plan” from a DSP perspective.

(“Pyramid” model, with introduction at the top)



The intro highlights what a DSP picking up a single shift would need to know

Everything the ICF is implementing is in the plan – it is used to train DSPs, referenced by surveyors, MUI investigators, etc.

The Discovery Assessment is on file and includes lots of detail. It is often seen by the Q but rarely by others. Drives the plan.

Write for a DSP Audience in Intro.

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- Picture a DSP picking up a single shift as target audience (though it is a general introduction for any reader, this is helpful for ICF purposes)
- Remember the “2-minute drill” exercise

Attention Grabbing Words

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- Focus on words to grab attention and deliver the most important information
- Get right to the point
- Don’t let essential stuff (like proactive behavior supports) hide – make it easy for staff to see what will make a happy/healthy day

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No New Information

- Everything in the Introduction should also appear in the full Plan (Plan probably has some more detail)
- That means if you change the info in one place, also change it in the other
- Discovery Assessment, Introduction Page, and Plan are always aligned

“Like & Admire”

- OK to keep it short – are there things that one DSP who really “gets” the person would say here to tell another DSP why they like working with the person?
- A strong, positive, “real” start

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Important To/For

- Pull the most important things from the assessment summary section
- Remember the word is **important** – stay on the topic of what would really matter in a single day

"How to Support"

- Fill with essentials from risk section, services/supports, experiences
- If your tech allows, use your own formatting to draw the eye to highlights (for example you can put part of a communication chart here)
- Make sure critical ADL info is covered either here or to/for (diet textures, bathroom assistance, mobility, etc)

Remember . . .

- Discovery Assessment, Introduction Page, and Plan are always aligned

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Summarizing:

- **Introduction** designed to impact a DSP picking up a single shift
- All DSPs still need to be trained on the **Plan** before providing services (use Introduction as a tool to highlight essentials)
- **Discovery Assessment** should be robust & comprehensive, but is not intended as DSP training

What to do with the Communication Chart?

Specific Approaches for Diverse Populations

About the examples used so far

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- Examples up to now have included people with complex behaviors, severe to profound ID, complex health issues, limited to no verbal language, including children, youth, and people of retirement age
- Let's apply some elements in detail . . .

Intense or Complex Behaviors

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- What needs to be addressed vs. what is **unusual** but not problematic
- Not sure? Think about:
  - Does it interfere with their quality of life, or the quality of life of the people around them?
  - If the person could stop doing that thing, or find an alternative way to meet that need, would they a happier, according to everything we know about them?

Intense or Complex Behaviors (cont.)

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- *What needs to be addressed vs. what is unusual but not problematic*

- Establish in Discovery Assessment as part of team prioritizing

Intense or Complex Behaviors (cont.)

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- Using behavior to infer a person's feelings, wants, and needs
- It's OK to talk about challenging behavior in a person-centered way. The point is to get to what would make a person thrive, not to ignore the challenges and make it all sound good.

High Medical Needs

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- Best practices bringing things to the person to create the world they love.
- Incorporate "important tos" with critical nursing elements.

Severe to Profound Intellectual Disability

- Respectful guessing of important tos
- Appropriate wording to not speak on behalf of someone
- Incorporate the whole team: long time relationships, DSPs, family, clinicians – remembering the person themself is an essential part of the team

Retirement Age

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- Be direct in Discovery Assessment and skip unneeded details once retirement has been established
- “Normalize” an older person wanting to retire/relax, but that doesn’t mean that life and learning are over

Children & Youth

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- Skip questions that don't apply
- Mention which services school provides (doesn't have to go into detail, but should be mentioned)
- "Age-appropriate curve" of parental voice in planning: It's appropriate to prioritize a parent's vision for a minor, in a way that we wouldn't for an adult. But scaffold toward independence through the teen years – don't just flip a switch when they are 18

Remember as you apply today's material . . .

- DODD and ODH have confirmed that this curriculum is consistent with best practice
- There are other good practices you can use . . . This training represents a best practice, not the only best practice
- Of course, no training can guarantee "no citations"

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Thank you!