

PERSON-CENTERED SUPPORT PLAN QUESTIONS AND ANSWERS

Please Note: The information contained in this person-centered Support Plan Q&A document is provided for general informational purposes only. Should further assistance be needed, contact your regional office.

Does the new Support Plan (SP) format combine the ID Sheet and Support Plan? When using the new SP format, do we also need to submit an ID sheet, or does the new SP format include all the data APD needs?

WSCs do not need to fill out the ID Sheet with the new Support Plan template. However, WSCs will want to make sure the relevant fields are updated in APD iConnect.

I am completing the new Person-Centered Support Plan (PCSP) and I am not clear where the information from the old SP format fits into the new format.

There are several places that will provide specific instructions regarding how to fill out the new PCSP:

- The SP form itself provides some instructions embedded within the form. You can view more information anywhere you see the  icon by placing your cursor on or near it. An information box will appear clarifying the type of information needed in each section.
- The Person-Centered Support Plan Instruction Manual is another source of specific information. You can access this document by visiting <http://www.apdcares.org/waiver/support-coordination/> and clicking on the “Person-Centered Support Plan Instructions” link.

How do we complete a Support Plan Update in the new Support Plan?

If you are making an update to the Support Plan and are using the PDF or Word Document template and it is not yet time for the annual Support Plan, add an update to the specific section of the Support Plan that is requiring the change. Include a date, the word “Update,” and the necessary information that describes what is being updated. During the next rollout, WSCs will receive training and materials on how to complete an update to the Support Plan within APD iConnect.

Where do we state the amount of Quarter Hours (QHs) and/or level of service needed for each service? If it's not stated in the new Support Plan, who comes up with the number?

Service quarter hours and units are included in the cost plan rather than the Support Plan. However, if you are requesting a service on the cost plan, the need would be documented in the Support Plan. For example, if you are serving a customer who needs assistance with personal care and hygiene from the iBudget waiver, that need is identified under “Other Services Needed for Health and Safety” and “Back Up Plans.” Or, if you have a client who is working toward independent living, that might be identified in the “Personal Goals” section. There are also places to identify needs for Durable Medical Equipment and Consumable Medical Supplies under “Equipment and Supplies.”

The SP includes a Safety Plan section. Isn't the Safety Plan the responsibility of the Behavior Analyst to complete?

The WSC facilitates the development of the Safety Plan as part of the Support Plan process for individuals who have a documented history of engaging in sexual aggression, sexual battery, or otherwise engaged in nonconsensual sexual behavior with another individual. The Safety Plan is a written and agreed-upon plan developed in consultation with the behavior analyst and the rest of the individual's team of supports that addresses the individual's unique needs, creates safe environments, and facilitates successful community living. The Safety Plan can be developed and

agreed upon at the time of the annual Support Plan meeting and then updated as needed throughout the year. The WSC is responsible for including the Safety Plan as part of the individual's Support Plan, while the Behavior Analyst is responsible to include the Safety Plan information as part of the approved Behavior Plan.

How can a WSC develop a person-centered plan that also takes into consideration extreme behaviors or a violent criminal history?

Risk identification will be a key factor in assisting individuals with significant needs. Throughout the Support Plan, there are opportunities to identify strengths and accomplishments. At the same time, federal law requires that we identify risks and strategies to address them. The Person-Centered Support Plan Instruction Manual discusses risks on pages 21-23. Risks are identified in the "Other Services Needed for Health and Safety" and "Back Up Plans" section of the Person-Centered Support Plan Form.

Can more than one source of support be selected in the Other Services Needed for Health and Safety section of the Person-Centered Support Plan?

Currently, the Person-Centered Support Plan PDF only has the option to select one source of support. Once the Support Plan is available in APD iConnect, multiple funding sources can be identified by selecting "Other" and typing in all other funding sources in the text box provided.

If a risk or need is identified in the most current QSI but is no longer identified by the consumer, where should this be indicated on the SP?

It will be necessary for the WSC to talk with the individual, their legal representative, or others that know them best to get a clear picture of the individual's current needs and risks. If information within the person's QSI requires updating, contact your local APD office so an up to date QSI can be completed.

What should be documented if a consumer is refusing to seek medical treatment or refusing to have support staff assist with medication and medical appointments? If an individual is refusing medical treatment or care, including not taking medications that have been prescribed by a physician, it is the WSC's responsibility follow up. This may include addressing the concern with the legal representative, medical professionals, or other circle of supports members to identify alternative treatment methods, consequences of treatment refusal, etc. The WSC should also contact the APD Regional Office for assistance in addressing health and safety concerns. The WSC should document this concern in progress notes and also identify strategies to address this issue in the Support Plan. The WSC should talk to the individual to learn the reasons why they choose not to accept treatment. This conversation may reveal important information regarding inappropriate procedures, side effects, or other fears or anxieties present in the person's life. If the WSC suspects self-neglect, the WSC should report this concern to the Florida Abuse Hotline by calling 1-800-962-2873.

How can a WSC assist a consumer in exploring living options when the consumer does not have their own transportation? Are WSCs prohibited from transporting consumers in private vehicles?

WSCs are not prohibited from transporting clients. However, WSCs cannot be a transportation provider or bill for the transportation travel costs. There are several ways a WSC can engage a client in the community to view living options (when appropriate). For example, if a client is interested in touring group homes in the area, the WSC can arrange to meet the customer with their family, natural support, or other provider at the group home. Another option is that the WSC can arrange for the client to visit various locations with their circle of supports.