



# Office for People With Developmental Disabilities

Workforce and Talent Management

## Training Curriculum Series



# Valued Outcomes

The Individualized Service Plan  
and Habilitation Plans

Participant's Manual

Education and Training Online Resource Library

 **Putting People First**

NYS Office For People With Developmental Disabilities

## Valued Outcomes The ISP and Hab Plans

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 **Putting People First**

NYS Office For People With Developmental Disabilities

## What are Valued Outcomes?

- They are destinations or goals that the individual wants to accomplish
- They are what the individual wants to achieve or strive for
- They can be long-term or simple day-to-day choices

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 **Putting People First**

NYS Office For People With Developmental Disabilities

## Where do Valued Outcomes come from?

- They are framed from the perspective of the person
- They are chosen based on informed choice and empowerment
- They are built on capacities and interests
- They are chosen through collaborative planning and discovery making

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### What makes a good Valued Outcome?

- They are clearly stated and as specific as possible
- They are responsive to change
- They are not limited to skill development (but can include specific skill development activities)
- Always chosen with recognition for the individual's health and safety.

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### Good Valued Outcomes

- Are not limited by unnecessary prerequisites (don't erect barriers, break them down)
- Can be shared by providers – different providers can help the consumer pursue the same outcome, but in different ways

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### What is collaborative planning?

- A joint effort that seeks to listen, discover, and understand the person with disabilities
- A process that creates a clear vision of the person's desired outcomes for the future.
- A way to discover needed safeguards to keep a person safe from harm

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### Where and when does collaborative planning occur?

- As desired or needed. Planning is on-going.
- Collaborative planning also occurs at the ISP review meeting
- ISP reviews must take place at least twice annually.
- At least annually, the ISP review must be a face-to-face meeting with all major service providers

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### Who is part of collaborative planning?

- OPWDD policy requires that the ISP meeting include the person, his/her advocate, MSC, and major service providers (i.e. res hab, day hab, pre-voc, SEMP)
- The MSC organizes and facilitates the ISP planning process

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### Gather information as the basis for planning

- This is a listening and learning step that increases our understanding of the person. Not just in traditional ways (background, diagnosis, needs, strengths) but in a personal way. It is a treasure hunt that looks deeper into the person's life to discover such things as capacities and dreams.

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## Characteristics of Outcomes

- They are for everyone –not just those with more abilities. The key is they come from personal planning
- The experience of caregivers and others who are close to the person when choosing outcomes is very important –especially for people who have difficulty expressing or deciding what is important, who have minimal community life experiences or who have severe or complex disabilities.

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## Characteristics of outcomes

- Though outcomes can change at any time after the plan has been designed and implemented, it is often wise not to rush or be overly anxious to make these decisions. A thoughtful process that is truly person-centered takes time and should never be superficial.

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## Valued Outcomes in the ISP

- It is required that HCBS Waiver Habilitation services help the person to pursue at least one of the person's valued outcomes.
- This outcome is repeated on the hab plan.
- There must be a "match" between at least one outcome for a waiver hab service in the ISP and the outcome in a hab plan.
  - It does not have to be verbatim. In other words, it does not have to match "word for word" but there should be a clear correlation between the valued outcomes in the hab plan and the ISP.

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## Areas of Discovery

<p><b><u>Relationships</u></b> Who is the person close to? React positively to? Who does the person trust? Does the person have friends? Who does the person go to or reach out for? Talk to?</p> <p><b><u>Abilities and Skills</u></b> What are the person's talents? Capabilities? Skills? Gifts?</p> <p><b><u>Preferences</u></b> What food does the person like? What are the person's Interests? Likes? Hobbies? Personal space needs?</p> <p><b><u>Places</u></b> Where does the person spend time? In segregated sites? In the community? During the day? During evenings and weekends? Where does the person like to be?</p> <p><b><u>Accomplishments</u></b> What has the person accomplished in life?</p> <p><b><u>Contributions</u></b> How does the person contribute to the richness of his/her own life and the lives of those around him/her? At home? At work? In the community?</p>	<p><b><u>Background</u></b> What is the overview of the person's life experiences? What positive experiences has the person had? Have there been any traumas, loss or grief? What hasn't worked in the past? Are there any stories about his/her life the person wants to tell?</p> <p><b><u>Health</u></b> Are there any conditions that threaten the person's health? Promote the person's health? Does the person have any physical limitations? Medical conditions?</p> <p><b><u>What works for the person?</u></b> What makes the person happy and bring joy? What things create comfort? When does the person smile?</p> <p><b><u>What doesn't work for the person?</u></b> What makes the person frustrated, angry, or cause boredom? What does the person dislike?</p> <p><b><u>Lifestyle</u></b> What is the person's daily routine? Life patterns? What characterizes the person's lifestyle?</p>	<p><b><u>Challenges</u></b> What are blocks to new opportunities? Obstacles to pursue outcomes? Any temporary setbacks? How does the person handle change?</p> <p><b><u>Culture</u></b> Does the person have any cultural traditions? Strong cultural ties? Beliefs? Values?</p> <p><b><u>Motivation</u></b> What has personal pay value for the person? What positively or negatively motivates the person?</p> <p><b><u>Hopes and Dreams</u></b> What does the person want to try? Achieve? Experience? What are Mom and Dad's hopes and dreams? What is the person's positive vision of the future?</p> <p><b><u>Fears</u></b> Is there anything the person is fearful of? Anticipated transitions? Harm?</p> <p><b><u>Decision Making and Control</u></b> What control does the person have over his/her own life? Does the person make decisions?</p>
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<p><b><u>Personal Characteristics</u></b> Are there any personal characteristics that earn the respect of others? That causes rejection?</p> <p><b><u>Communication</u></b> How does the person communicate feelings, fear, choices, decisions, joy, and sadness, pain? Is any special assistance needed?</p> <p><b><u>Community Inclusion</u></b> Is the person a valued community member? Does the person belong to clubs and organizations? Does the person do volunteer work? Does the person have valued roles at work and in the community at large? What are the person’s reactions in large groups? Community outings? What help does the person need in the community?</p> <p><b><u>Spirituality</u></b> Does the person have a religious affiliation? Does the person attend or would like to attend church? How does spirituality impact his/her life?</p> <p><b><u>Clinical Information</u></b> That impacts planning</p>	<p><b><u>Choices</u></b> Does the person have opportunities to make choices? What personal choices does the person make on a daily basis? Are the person’s choices listened to and supported? Does the person receive encouragement to make choices and decisions?</p> <p><b><u>Learning</u></b> Does the person have opportunities for new experiences? Does the person learn new skills? What skills would the person like to learn? What educational goals does the person have?</p> <p><b><u>Supports</u></b> What supports are currently available to help the person live a successful life? Are there any natural and community supports? Paid supports? What supports and services don’t work for the person anymore?</p> <p><b><u>Non-Negotiables</u></b> What can’t the person live without? What does the person feel very strongly about?</p>	<p><b><u>Satisfaction</u></b> Is the person satisfied with the supports and services received? With his/her lifestyle? Daily routine?</p> <p><b><u>Enjoyment</u></b> What does the person like to do for fun, leisure and recreation?</p> <p><b><u>Independence</u></b> Does the person have or want any freedoms? What would the person like to do independently? What level of supervision does the person need? Are there any mobility issues or needs?</p> <p><b><u>Safeguards</u></b> What needs to be in place to keep the person safe from harm? Adaptive equipment?</p> <p><b><u>Habits</u></b> What personal habits work for the person? What doesn't work anymore?</p> <p><b><u>Values</u></b> What does the person value in life? What is important to the person?</p> <p><b><u>Beliefs</u></b> What does the person believe in? About himself/herself? Others?</p>
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## Valued Outcomes Exercise #1:

Read the following statements. If you feel the statement should be listed in the ISP as a **Valued Outcome**, label it with a **V**. If you feel the statement should be listed in the ISP **Profile section**, label it with a **P**.

1. \_\_\_\_ Jim likes drinking orange juice or soda instead of coffee.
2. \_\_\_\_ Rose likes to play bingo.
3. \_\_\_\_ Joe wants to work and earn money.
4. \_\_\_\_ Jean does not like being forced to do what she doesn't want to do.
5. \_\_\_\_ Diane wants her own bedroom at the Main Street IRA.
6. \_\_\_\_ Sue wishes to maintain contact with family and friends.
7. \_\_\_\_ Dan wants to improve his independent living skills.
8. \_\_\_\_ Karen's favorite class is math.
9. \_\_\_\_ Tom enjoys going on trips with Moran House.
10. \_\_\_\_ Adam would like to take regular vacations at the local Holiday Inn.



## Valued Outcomes Exercise #2:

How would you re-write the following valued outcomes?

1. "Harold should be allowed to watch Westerns on TV every once in a while".
  
2. "Mary wants to receive respite services for temporary relief."
  
3. "Joan wishes to have her parents alive again."
  
4. "Ray will continue to seek medical care to help with his walking problems."
  
5. ".....explore opportunities for accessible housing."



The ISP with any addendums or revisions and the services described remain in effect until a new ISP is written.

## Individualized Service Plan

Name of Person: Mary \*\*\*\*\*

ISP Date: October 15,2010

Medicaid Number (CIN#): \_\_\_\_\_

Dates ISP Reviewed	Face to Face?	MSC Initials	Dates ISP Reviewed	Face to Face?	MSC Initials
	YES NO			YES NO	
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

### Section 1: The Narrative

(Profile, the Person's Valued Outcomes and Safeguards)

**Profile:**

Mary is a pleasant but shy fifty year old woman. She lived with her mother until last year when she moved into Agency Inc.'s IRA located in Albany on Main Street. Mary is a very independent woman. Although she requires some assistance from staff for activities of daily living, she is fiercely independent in decisions regarding her choices and preferences. It is important for Mary to look good. She takes pride in her appearance and not only selects her outfits each day, but always takes the time to coordinate her clothing, jewelry, shoes and pocketbook.

Mary enjoys shopping. It is her favorite pastime. She will never decline when asked if she would like to go to the store. Although her preference is to go shopping for clothing and accessories, she will also accompany staff from her IRA on weekly grocery shopping trips. Other preferred activities include bowling, knitting and playing the piano. She has a keyboard that she keeps in her room. Mary took piano lessons as a child, and has continued to play over the years. Her favorite foods are anything Italian, and hamburgers. She prefers to drink coffee in the morning and tea in the evening. The only juice she will drink is pink grapefruit. She is Roman Catholic and enjoys attending church on Sundays. Mary attended a BOCES program until completion at age 21. After school, Mary found employment at a variety of jobs in the community, usually as a dishwasher or cleaner.

She is presently retired and enjoys attending the Agency, Inc. Day Habilitation program for seniors. Her favorite activities at day hab include volunteering at the meals on wheels program once a week and participating in the music group held every Tuesday.

Mary's mother resides in a local nursing home. Mary visits her mother every Sunday with her brother, Tom. Mary has chosen her brother Tom to be her advocate. She also maintains a relationship with her other brother John and his wife Norma.

Mary is diagnosed with mild mental retardation. She has a seizure disorder which is well controlled on medications. She wears corrective lenses and is hard of hearing. She recently received a hearing aid, but chooses not to wear it most of the time. Therefore, people must speak loudly and directly when addressing her.



The ISP with any addendums or revisions and the services described remain in effect until a new ISP is written.

## Individualized Service Plan

Name of Person: Mary \*\*\*\*\*

ISP Date: October 15, 2010

Medicaid Number (CIN#): \_\_\_\_\_

Dates ISP Reviewed	Face to Face?		MSC Initials	Dates ISP Reviewed	Face to Face?		MSC Initials
	YES	NO			YES	NO	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Section 1: The Narrative

(Profile, the Person's Valued Outcomes and Safeguards)

#### Profile:

Mary is a friendly middle-aged woman with short brown hair. She enjoys playing the tambourine and holding objects that make noise. She also enjoys drinking soda and standing with staff assistance and being out of her wheelchair in a regular chair. Mary is blind, non-verbal, requires a wheelchair for mobility and is dependent on one to one staff for all activities of daily living.

Mary presently has stable health. She is diagnosed with profound mental retardation, is legally blind, has a history of seizure disorder, encephalopathy due to mechanical injury during delivery, cerebral palsy, contracture of the right knee, hemi-hypertrophy. Mary has a history of allergies to trees, grass and mold. Currently no allergy symptoms have been noted. Mary is generally cooperative on medical appointments but does get medications for dental appointments.

Mary receives a regular diet of ground texture. Mary receives prune juice to aid in elimination. Some of Mary's favorite foods are: coffee, pineapple juice, soda, and sweets. She appears to enjoy all food and has a good appetite. Mary does not like her beverages too cold and appears to prefer warm/hot beverages. Mary has good table manners and uses her left hand to hold her spoon. Mary eats very neatly and eats at a slow pace.

Mary is able to transfer from her wheelchair to other surfaces with staff assistance. She will "scoot" around on the floor when out of her wheelchair. She is able to roll to the left and sit to and from supine independently. Mary is able to self-adjust herself in her wheelchair and is using both extremities in wheelchair propulsion. Mary has no functional walking skills. Mary prefers being positioned on her stomach rather than on her back. Mary also prefers being in a regular chair when relaxing at home instead of her wheelchair. At the day program, Mary appears to enjoy sitting on a mini-trampoline and reclining chair. Recently, Mary has been having trouble getting up off the floor and back into her wheelchair and needs more staff assistance to do this.

Mary enjoys attention from staff and is cooperative when asked to assist with daily functioning skills. Mary also enjoys water activities and putting her hands in water. Mary requires physical assistance and supervision for all activities and for her health, safety and survival. Mary is dependent on staff for bathing and assists staff with dressing by raising her arms. She is able to buckle, tie, or button. She requires total assistance for selecting clothing, dressing, hand-washing and hair care and household skills. She appears to enjoy brushing her teeth. She will independently brush after staff have applied the toothpaste and positioned the toothbrush in her mouth. Mary wears an adult depends for incontinence and will eliminate in the toilet when taken. She is unable to indicate the need to use the bathroom and requires supervision in the bathroom, as she will rock while sitting on the toilet. She can sit independently on the toilet, but is unable to perform any self-care toileting skills, such as wiping and flushing and requires supervision and assistance. She demonstrates significant cognitive deficits. Her manipulation skills generally consist of banging and shaking an object to produce sound. Mary will follow simple directions inconsistently. She uses objects functionally (cup, spoon, etc). She uses facial



expressions to communicate feeling of pleasure and pain. Mary appears to enjoy making loud noises and clapping her hands; she will do so without consideration of others or her surroundings. Mary will push objects off her lap tray and throw them. Mary has minimal interaction with her peers and is non-verbal. She does not appear overly interested in her surroundings although she enjoys music and musical activities. Mary likes to clap her hands and this activity can be used to redirect her when she holds her hands up to her ears, is rocking or engaging in self-stimulatory behaviors. She will localize to voices and will respond inconsistently to her name. Mary enjoys the tambourine and will locate it after staff play it and put it down within a 2 feet arena. She also enjoys water play, tossing a ball and bowling. Mary requires supervision as she will rub musical instruments against her ear and has caused herself injury.

Audiological findings indicate grossly functional hearing acuity for speech reception in at least one ear. When communicating with Mary, it is important for the speaker to utilize tactile cues and maintain a close physical distance of no more than 5 feet from her. This will help reduce interfering background noise.





# INDIVIDUALIZED SERVICE PLAN

## FORMAT & INSTRUCTIONS

\*NOTE: See [www.opwdd.ny.gov](http://www.opwdd.ny.gov) for Administrative Memorandums for  
Habilitation Plans