Please note that while you know your clients very well often times support documents are used for training new staff or by emergency personnel in the event of a crisis. For this reason it helps to develop your support documents as if you are explaining to a stranger how to support your client to keep them healthy, safe and ensure they receive the best continuity of care.

You will need a current copy of the Risk Identification Tool (RIT) to complete these forms. Reach out to your Service Coordinator if you need a current copy.

**Provider Risk Management Strategies (PRMS)**

Location: <https://oregonisp.org/forms/>

* This document works like a table of contents for the clients support needs and where to find the document that describes how the risk is supported.
* **Risk** is any item marked “Yes” on the Risk Identification Tool (RIT)
	+ The risk title listed should exactly match the title of the risk at it is listed on the RIT in bold print. (ex. Aspiration, Mental Health, Refusing Medical Care, Other Behavior Issues: Verbal Aggression, etc…)
	+ **Do not** put any narrative explaining the supports provided, the narrative belongs in your safety plan.
* **Title of the document** is the name of the document has detailed information about how the identified risk is supported (Protocol, Safety Plan, PBSP, Financial Plan, etc….)
	+ Only one document should be listed for each identified risk
	+ The document listed should be the same document you use to train staff on the actual supports needed
* **Document date** is the date of the current document that supports that risk.
	+ Generally this date will be right around the time of the ISP when you update you support documents, unless there has been a change mid plan year
	+ PBSPs are often different/older dates because once you get a good one, it stays in use.
	+ Most support documents are updated or at least reviewed annually.
* **Where kept** is generally in the client binder unless you have a different filing system.

**Protocols**

Location: <https://oregonisp.org/forms/support-docs/>

* Protocols are generally required for anything marked yes under the health and medical section of the RIT, unless a doctor says a formal protocol is not needed.
* Must be written by the provider or resident manager
* Date on the document should match the date you listed on the PRMS and be current
* Pay special attention to the boxes marked under the first 5 risks listed on the RIT, and make sure you have doctor evaluations on file where indicated.
* Information on doctor evaluations/recommendations as well as verbiage listed on the RIT can be used to help complete the protocols.
* Protocols must be complete (no blanks) and person centered
	+ Remove information in section 2 (steps to prevent harm) from the template if it is not relevant to the person.
* In the steps to prevent harm section, be clear and indicate if the steps are per doctors order, per individual preference or just encouraged
	+ Steps taken per doctors order must be specific and measurable
	+ Keeping a copy of applicable doctor’s orders with the protocol is best practice

**Safety Plan**

Location – No official form but there is a sample template attached with detailed instructions

* If you use the template provided you will need to delete the instructions as you go, to ensure the supports for your client are clear.
* The risk title listed should exactly match the title of the risk at it is listed on the RIT in bold print. (ex. Aspiration, Mental Health, Refusing Medical Care, Other Behavior Issues: Verbal Aggression, etc…)
* The Safety plan should address all risks not supported in another document.
	+ Each risk should be followed by 3 things:
		1. A brief description identifying why this is a risk and what this risk looks like for the client (often provided in the RIT comments)
			- If the RIT has detailed comments you can literally copy and paste here. If not your description should closely match and/or clearly describe what this risk looks like for the client.
		2. Detail of how that risk is supported by staff?
			- What do you/staff do to mitigate this risk?
				* Some examples: follow schedule, visual prompts, and appropriate supervision, be familiar with client’s baseline, lock sharps, follow PBSP, IBL in place, etc….
		3. What to do if the client is experiencing that risk
			- Staff action to take - Verbal cues, redirection, physical prompts, call 911
			- Documentation – Progress notes, Incident reports, behavior tracking, logs
			- Notification – Guardian, Doctor, Service Coordinator, Behavior Professional
* You should also compare to your completed PRMS to make sure you didn’t miss anything.

**Person Centered Information (PCI)**

Located: <https://oregonisp.org/forms/>

* The instructions on the website are great and they have lots of question examples in purple. You can use a few to complete the document but you do NOT need to use all of the sample questions.
* This is a living document and should be added to throughout the year.
	+ You do not need to redo this document every year, just delete anything that no longer applies and type in additions noted throughout the previous year.
	+ Submitted annually at the time of their ISP.
* Pay attention to client perspective vs. additional input
	+ Client perspective is literally what the client says
		- If the client is nonverbal you can state that
	+ Additional input is for the perspective of providers, family and other support people.
		- If you have a non-verbal client this is where you can describe their body language and how you know they like/dislike things
* Be sure to list yourself and the client as contributors
* Best Practice - quarterly review with all staff to note changes or make additions.

**Action Plan**

Located: <https://oregonisp.org/instructions/4-0-implement-the-plan/action-plans/>

* This is where you list the goals you develop with and for your client.
	+ Whenever possible, this should be done **WITH** the client
* This should be done prior to the ISP meeting and brought to the meeting for discussion
* You can use their previous ISP as a guide and alter it to reflect the current goals/desires for the new year
* Please keep in mind each goal or desired outcome should have measurable steps
	+ Example 1: Goal - getting driver’s license
		- Get and study drivers manual
		- Save up for test
		- Arrange a vehicle for the final exam
	+ Example 2: Goal – learn to cook
		- Come up with a list of meals client would like to learn
		- Look up recipes
		- Make list of and shop for ingredients
		- Research local cooking classes
		- Budget for classes
		- Etc….
* Goals should focus on Independence, Integration and Productivity of the client
* Please refer to your Oregon ISP manual for more guidance if needed.

**One Page Profile**

Located: <https://oregonisp.org/1ppa/>

* You can use a template or make your own.
* This should include:
	+ A picture of the client
	+ What people like and admire about the client
	+ What is important to the client
	+ How to best support the client
* Much of this information can be found on the first page of the ISP.  You should create your own document that can be updated as you get to know the client better.
* All information should be stated in a positive way, even the hard supports if they are listed. This is not the space to talk about risks.

**Financial Plan**

Located: <https://oregonisp.org/forms/support-docs/>

* This form is required even when there is a payee involved.
* NO BLANKS
	+ If something does not apply put N/A
* Must include:
	+ A dollar amount (ex:$200.00) for purchases that require ISP team approval.
	+ When receipts are to be kept
	+ How purchases are actually made
		- Cash only means no purchases made with credit/debit cards are allowed
* Any deviation from the regular monthly financials, like vacations and holidays should be well documented
	+ If a deviation is not captured in the financial plan it will need ISP team approval in writing
* Verbal approval for purchases can’t be documented.  Approvals should be in some form of written documentation (change form, email, etc…)