

New Goal

POM

- People are safe
- People have the best possible health
- People exercise rights
- People are treated fairly
- People are free from abuse and neglect
- People experience continuity and security
- People are respected
- People use their environments
- People live in integrated environments
- People interact with other members of the community
- People participate in the life of the community
- People are connected to natural supports
- People have intimate relationships
- People decide when to share personal information
- People have friends
- People perform different social roles
- People choose where and with whom they live
- People choose where they work
- People choose services
- People choose personal goals
- People realize personal goals

- A different provider
- A real job
- Be more independent
- Be more involved in community life
- Be more involved in recreational activities
- Be my own guardian
- Be respected
- Be safe from abuse/neglect
- Be treated fairly
- Exercise my rights
- Feel differently
- Find a member of my family
- Get a driver's license
- Get support to handle changes and loss in my life
- Give back to the community
- Go to school
- Have a boyfriend/girlfriend
- Have a family
- Have a spiritual/religious connection
- Have an active plan for the future
- Have more friends
- Have more privacy
- I want integrated work
- I want my own room
- I want to explore available housing options
- I want to feel safe where I live
- I want to live in a different neighborhood
- I want to live in a home that is accessible
- I want to live in a house which is clean and in good repair
- I want to live less independently, I need more help
- I want to live more independently in the community
- I want to live with friends
- I want to work less hours
- Improve my relationship with my family
- Improve the quality of my current relationships
- Keep my personal possessions

ACTION STEP

- Assist person to actively develop personal goals
- Assist to find a job that will pay more money
- Assist to join local recreational groups
- Assist to volunteer in the community
- Assist with joining a dating site
- Complete sexuality assessment
- Determine preferences
- Determine supportive routines
- Develop a plan to live with more supervision
- Develop a plan to live with less supervision
- Educate the person on their rights regarding their record and their personal information
- Explore/investigate options for change with the person (eg. Possible room changes, living alone, other living arrangements, etc.)
- Follow preference guidelines
- Follow supportive routine guidelines
- Join self-advocacy group
- Make environment accessible
- Make environment universally designed to me
- Mentor person and their partner
- Other
- Protective oversight monitoring device
- Provide an exercise program
- Provide assessment of skills and interests
- Provide community habilitation
- Provide counseling
- Provide couples counseling
- Provide diet counseling
- Provide environmental modification
- Provide family education and training
- Provide for personal care
- Provide more structured recreational activities

	<p>safe</p> <ul style="list-style-type: none"> <li>• Learn a new language</li> <li>• Look differently</li> <li>• Organize my belongings and keep them safe</li> <li>• Other</li> <li>• Protect my privacy regarding my personal information</li> <li>• See my friends and family more often</li> <li>• Take a vacation</li> <li>• To be safe</li> <li>• To earn more money</li> <li>• To explore available options</li> <li>• To go to a place that can meet my medical needs</li> <li>• To retire</li> <li>• To volunteer</li> <li>• To work with people I know</li> </ul>	<ul style="list-style-type: none"> <li>• Provide opportunities for relaxation</li> <li>• Provide PERS</li> <li>• Provide protection from financial exploitation</li> <li>• Provide respite</li> <li>• Provide sexuality counseling</li> <li>• Provide social and environmental supports</li> <li>• Provide telemonitoring</li> <li>• Provide therapy</li> <li>• Pursue my hobbies and interests</li> <li>• Teach dating skills</li> <li>• Teach evacuation skills</li> <li>• Teach how to implement backup plan</li> <li>• Teach person to acquire alternate travel route to improve safety</li> <li>• Teach person to identify and respond to safety issues (environmental safety concerns, etc)</li> <li>• Teach positive communication skills</li> <li>• Teach reading skills</li> <li>• Teach rights</li> <li>• Teach safety skills</li> <li>• Teach self-medication</li> <li>• Teach skills for independent living</li> <li>• Teach social skills</li> <li>• Teach technology skills</li> <li>• Teach to call 911</li> <li>• Teach to protect personal possessions</li> <li>• Teach to speak up</li> <li>• Teach to take my medicine independently</li> <li>• Teach to take public transportation</li> <li>• Teach to use public transportation</li> <li>• Teach writing skills</li> </ul>
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IPOP	Action-Step
<ul style="list-style-type: none"> <li>• Call for help</li> <li>• Evacuate in an emergency</li> <li>• I can be left home alone</li> <li>• I need a special consistency diet</li> <li>• I need help to take my medication</li> <li>• I need supervision at home</li> <li>• I need supervision during the night</li> <li>• I need supervision in the community</li> <li>• I need the following accommodations to feel comfortable and safe</li> <li>• I want a healthy diet</li> <li>• I want to be healthy</li> <li>• I want to eat and drink safely</li> <li>• I want to feel better</li> <li>• I want to improve my work skills</li> <li>• I want to learn meal preparation with</li> <li>• I want to learn oral hygiene with</li> <li>• I want to learn phone usage with</li> <li>• I want to learn to bathe or shower with</li> <li>• I want to learn to budget and pay bills with</li> <li>• I want to learn to clean with</li> <li>• I want to learn to comb hair with</li> <li>• I want to learn to do laundry with</li> <li>• I want to learn to dress/undress with</li> <li>• I want to learn to learn to do heavy housework with</li> <li>• I want to learn to make a bed with</li> <li>• I want to learn to pick out clothes with</li> <li>• I want to learn to put on makeup with</li> <li>• I want to learn to set table with</li> <li>• I want to learn to shave with</li> <li>• I want to learn to use money with</li> <li>• I want to learn to wash dishes with</li> <li>• I want to learn to wash hair with</li> <li>• I want to learn to wash my face with</li> <li>• I want to learn to wash my hands with</li> <li>• I want to move safely</li> <li>• I would like assistance with toileting</li> <li>• I would like my medications reviewed</li> <li>• I would like my vision improved</li> <li>• I would like to communicate better</li> <li>• I would like to learn how to take my own medications</li> <li>• Other</li> <li>• Provide assistance with activities of daily living with</li> </ul>	<ul style="list-style-type: none"> <li>• 1:1 at all times</li> <li>• ½" pieces</li> <li>• ¼" pieces</li> <li>• 1:1 supervision during the night</li> <li>• 1" pieces</li> <li>• A change in environment</li> <li>• A new challenge or group to join (for some positive attention)</li> <li>• A smoking cessation plan</li> <li>• Accessible access</li> <li>• Accessible environment</li> <li>• Accommodate me for my fear of</li> <li>• Accommodations for the blind</li> <li>• Accommodations for the deaf</li> <li>• Allergic to: chocolate</li> <li>• Allergic to: eggs</li> <li>• Allergic to: fruit</li> <li>• Allergic to: milk</li> <li>• Allergic to: oats</li> <li>• Allergic to: peanuts</li> <li>• Allergic to: shellfish</li> <li>• Allergic to: soy</li> <li>• Allergic to: wheat</li> <li>• An interdisciplinary evaluation</li> <li>• Assist to remain in safe place</li> <li>• Bathroom with room for caregiver</li> <li>• Behavior Support Plan Chart, with documentation of replacement behavior</li> <li>• Bowel management with charting</li> <li>• Cannot call for help without assistance</li> <li>• Cannot remain in waiting room</li> <li>• Chart menses</li> <li>• Charting for Restrictive SCIP-R</li> <li>• Check for bruising with charting</li> <li>• Check for pressure sores with charting</li> <li>• Check that I am not wet or soiled every two hours with charting</li> <li>• Complete Braden Scale</li> <li>• Complete check every two hours</li> <li>• Complete checks every 30 minutes</li> <li>• Complete checks every 15 minutes</li> <li>• Complete checks every hour</li> <li>• Complete checks twice a night</li> <li>• Complete dementia screening</li> <li>• Complete Environmental Modifications</li> <li>• Complete fire drills with charting as required</li> <li>• Complete hearing assessment</li> <li>• Complete MORISKY scale</li> <li>• Complete nutrition evaluation</li> <li>• Complete self-medication assessment</li> </ul>

- Provide assistance with bathing and showering with
- Provide assistance with budgeting and paying bills with
- Provide assistance with cleaning with
- Provide assistance with with combing hair with
- Provide assistance with doing heavy housework with
- Provide assistance with dressing/undressing with
- Provide assistance with laundry with
- Provide assistance with making bed with
- Provide assistance with meal preparation with
- Provide assistance with oral hygiene with
- Provide assistance with personal hygiene skills with
- Provide assistance with phone usage with
- Provide assistance with picking out clothes with
- Provide assistance with putting on makeup with
- Provide assistance with setting table with
- Provide assistance with using money with
- Provide assistance with washing dishes with
- Provide assistance with washing face with
- Provide assistance with washing hair with
- Provide assistance with washing hands with

- Complete sleep study
- Complete speech assessment
- Complete team review
- Complete these checks with charting
- Continuous verbal prompting to exit
- Decrease fluids with charting
- Diabetic diet
- Dietary supplement
- DME/POS to alert: bed shaker
- DME/POS to alert: bed shaker and strobe light
- DME/POS to alert: other
- DME/POS to alert: strobe light
- Don't take me to crowded events
- Eat alone
- Eat with my friends
- Eat with assistance
- Encourage exercise
- Environmental modifications
- Extensive assistance
- Eyes on at all times
- Familiar staff or caregiver for assistance
- Follow aspiration precautions
- Follow chin tuck guidelines
- Follow choking oversight
- Follow eating guidelines
- Follow occupational therapy guidelines
- Follow physical therapy guidelines
- Follow speech therapy guidelines
- Frequent checks (less than 30 minutes)
- Gluten free diet
- Ground
- Halal diet
- High calcium diet
- High calorie diet with charting
- High fiber diet
- Home Health care
- Honey
- I can be left in a vehicle without supervision for up to 10 minutes
- I can never be left in an unattended vehicle
- I cannot go for periods of time without eating
- Implement Blood Glucose Monitoring with charting
- Implement dementia guidelines
- Implement nursing care plans
- Implement seizure charting
- Implement telemonitoring
- Implement toileting plan with charting
- Implement vital signs monitoring with charting
- In home monitoring
- Increase fluids with charting
- Independent

	<ul style="list-style-type: none"> <li>• Independent with DME/POS: alert button</li> <li>• Independent with DME/POS: other</li> <li>• Independent with DME/POS: special phone</li> <li>• Independent without back up plan</li> <li>• Independently implements back up plan</li> <li>• Inpatient mental health</li> <li>• Inpatient substance abuse</li> <li>• Intensive Behavioral Services Hourly</li> <li>• Intensive Behavioral Services Plan Development</li> <li>• Just do it for me. Thank you</li> <li>• Just get me started</li> <li>• Kosher diet</li> <li>• Low calorie diet</li> <li>• Low carbohydrate diet</li> <li>• Low cholesterol diet</li> <li>• Low fat diet</li> <li>• Low salt diet</li> <li>• Low sugar diet</li> <li>• Mechanical restraints</li> <li>• Mobility Training</li> <li>• Monitor allergies noted</li> <li>• Monthly Monitoring Plan with charting</li> <li>• Nectar</li> <li>• Need some assistance</li> <li>• Need supervision (arms length)</li> <li>• Need total assistance</li> <li>• Needs assistance with implementing back up plan</li> <li>• Night light</li> <li>• No help</li> <li>• No wait time for appointments (I need to be the first one seen)</li> <li>• Occasional checks (more than 30 minutes)</li> <li>• Occupational therapy</li> <li>• One verbal prompt from staff to exit</li> <li>• Only lift with two people or transfer device</li> <li>• Ostomy care</li> <li>• Other</li> <li>• Other allergy</li> <li>• Other diet</li> <li>• Other need</li> <li>• Overnight</li> <li>• Parenteral nutrition</li> <li>• Periodic checks</li> <li>• Physical assistance to exit</li> <li>• Physically remove</li> <li>• PKU</li> <li>• Podiatry services</li> <li>• Practice visits</li> <li>• Pre-visit discussion</li> <li>• Private duty nursing</li> <li>• Provide 1 on 1 assistance out of my home</li> </ul>
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	<ul style="list-style-type: none"> <li>• Provide activities to improve strength and flexibility</li> <li>• Provide an assessment of work skills</li> <li>• Provide and monitor pain management protocol</li> <li>• Provide assistance to the toilet once during the night with charting</li> <li>• Provide assistance with injections only</li> <li>• Provide audiology assessment</li> <li>• Provide augmentative communication evaluation</li> <li>• Provide cardiac rehab</li> <li>• Provide catherization services</li> <li>• Provide chiropractic services</li> <li>• Provide communications group</li> <li>• Provide contact guarding</li> <li>• Provide counseling</li> <li>• Provide depression screening</li> <li>• Provide Functional Behavior Assessment</li> <li>• Provide home infusion therapy</li> <li>• Provide hospice</li> <li>• Provide in home nursing care</li> <li>• Provide in home nursing services</li> <li>• Provide one on one assistance when I am moving</li> <li>• Provide palliative care</li> <li>• Provide personal care</li> <li>• Provide physical therapy</li> <li>• Provide physical therapy evaluation</li> <li>• Provide Psychiatric Evaluation</li> <li>• Provide Psychological Evaluation</li> <li>• Provide pulmonary rehab</li> <li>• Provide range of motion</li> <li>• Provide repositioning every two hours with charting</li> <li>• Provide respite</li> <li>• Provide scheduled reminders</li> <li>• Provide some assistance</li> <li>• Provide Speech Therapy</li> <li>• Provide supervision in unfamiliar places</li> <li>• Provide supervision while in the bathroom</li> <li>• Provide support on rough terrain</li> <li>• Provide telemedicine monitoring</li> <li>• Provide total assistance</li> <li>• Provide visual oversight</li> <li>• Provide wound care</li> <li>• Pudding</li> <li>• Pureed</li> <li>• Regular</li> <li>• Remember my communication system</li> <li>• Requires catheterization</li> <li>• Responsible adult present</li> </ul>
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