HMA
Health Management Associates

STATE OF HAWAII | DEPARTMENT OF HEALTH
Developmental Disabilities Division (DDD)
Ka Mahele o nā Kīnā Ho'omohala

Hawaii Provider Forms Instruction Manual

Companion guide for the Individual Plan (IP) and Quarterly Report (QR) provider forms

Purpose

Help provider organizations translate ISP Action Plan/GOARs outcomes into clear staff instructions, objective measurements, and QR evidence that supports person-centered progress.

Plan
Understand what the ISP asks providers to support.

Implement
Write methods staff can follow consistently.

Measure
Define clear criteria and collect usable data.

Report
Use QR evidence to decide what to continue or adjust.

Prepared for Hawaii provider organizations

1 How to use this manual

A practical companion to the provider forms in the portal

i What this is: This is an instructional guide for provider organizations completing the Individual Plan and Quarterly Report provider forms.

The manual is organized around the same workflow providers will use in practice: understand the ISP Action Plan/GOARs, build the Individual Plan, implement and collect data, then complete the Quarterly Report with evidence and recommendations.

Contents

Start with the why
Each form exists to connect person-centered outcomes to staff action, measurable progress, and better team communication.

Use the forms together
The IP is the staff playbook. The QR is the evidence-based progress report. The QR should test whether IP methods are working.

Write for staff
A method should be clear enough that any trained DSP can understand what to do, when to do it, and how to adjust support.

Write from evidence
QR entries should describe what happened, what the data show, what helped or blocked progress, and what the team should do next.

Recommended use

- Use Sections 1-3 for orientation and supervisor training.
- Use Sections 4-6 while drafting or reviewing an Individual Plan.
- Use Sections 7-10 while preparing a Quarterly Report.
- Use the appendix job aids as quick desk references during portal entry and quality checks.

Hawaii visual approach

The design uses the slide deck colors and a subtle island-chain graphic as a neutral place-based reference. It intentionally avoids cultural symbols that may carry meaning beyond the scope of a provider instruction manual.

2 Why the provider forms matter

Purpose, audience, and instructional lens

Provider forms make the person-centered plan usable in day-to-day service delivery. They help the provider organization describe what staff will do, how progress will be measured, and what the quarterly evidence shows.

For the participant Supports should be connected to the person's own goal, preferences, strengths, risks, and desired level of independence.	**For DSPs** The IP gives staff clear, consistent instructions instead of relying on informal memory or different staff interpretations.
For supervisors Measurements and quarterly data help supervisors determine whether supports are effective and whether staff need coaching.	**For the team** The QR gives the case manager and IDT concise evidence to continue, fade, revise, or add supports.
For continuity When methods and measurements are written well, new staff can support the person consistently.	**For quality** Clear tools improve communication, documentation, and decision-making across the plan year.

! **Key message for providers:** Do not treat the QR as a separate paperwork task. A strong QR compares actual progress to the IP method and measurement, then recommends next steps.

3 The provider forms at a glance

How the ISP Action Plan/GOARs, IP, and QR work together

Form	Purpose	Core content	Provider role
ISP Action	Person-centered	Goals, Outcomes, Action Steps and	Provider uses this

Plan/GOARs	source direction	Risks (GOARs) that describe what the person wants to achieve, the action steps that support progress, and the risks that must be addressed.	as the source of truth.
Individual Plan	Provider implementation plan	Risk mitigation, method, and measurement for each action step.	Provider writes staff instructions and objective criteria.
Quarterly Report	Evidence-based progress report	Progress summary, data summary, what is working/not working, and recommendations.	Provider reports what happened and what should happen next.

The alignment rule

If the IP says…	Then the QR should answer…
Method: Staff will use visual supports and weekly practice.	Did staff use those supports? How did the participant respond?
Measurement: No more than 2 prompts in 80% of opportunities.	How many opportunities occurred? How many met the prompt criterion?
Risk mitigation: Staff will monitor distress and fade support as confidence increases.	Were any risk issues observed? Were supports sufficient? Can supports be faded or adjusted?

→ **Instructional takeaway:** Every QR entry should be traceable back to the IP. If the QR cannot be compared to the IP, the method or measurement may need to be clarified in the future.

4 Roles and responsibilities

Who contributes to accurate, useful provider forms

Role	Primary responsibilities
Service supervisor / lead writer	Drafts or reviews the IP and QR, checks alignment with the ISP Action Plan/GOARs, confirms data, and ensures DSPs are trained.
Direct Support Professionals	Implement the method, follow risk supports, record data, and share observations about what is working or not working.
Provider administrator / portal staff	Ensures required fields, dates, submissions, revisions, approvals, and signatures are tracked according to organization workflow.

Participant and guardian, as applicable	Provide preferences, feedback, comfort level, signatures when required, and guidance on what supports feel helpful.
Case manager / IDT	Reviews the provider forms, requests revisions if needed, and uses QR information for planning and team decisions.

Team communication checkpoints

✓	Before writing the IP: confirm the current ISP Action Plan/GOARs, including Goals, Outcomes, Action Steps and Risks; service, frequency/duration of the service, plan year, known risks, and required support plans.
✓	Before implementation: confirm IP approval and train DSPs on the approved version.
✓	During implementation: collect data in a way that matches the measurement criteria.
✓	Before QR submission: compare progress, data, barriers, and recommendations against each action step.

5 Core writing standards

How to make provider form entries clear, useful, and review-ready

Person-centered Use the participant's goal, preferences, comfort level, and desired independence as the starting point.	**Specific** Name the staff action, participant action, setting, frequency, support technique, and expected result.
Objective Use observable information and measurable criteria rather than vague impressions.	**Aligned** Make the method, measurement, progress summary, and data summary match the same action step.
Risk-aware Address health, behavioral, environmental, and safety risks while supporting reasonable risk-taking and independence.	**Plain-language** Write so another staff member can follow the plan without additional explanation.

Comfort definition: Comfort refers to observable and measurable indicators of how the participant tolerates, engages in, and responds to an activity or setting. Comfort should not rely only on verbal feedback. It may be demonstrated through engagement, prompt levels, behavioral indicators such as presence or absence of distress, independence, social interaction, and willingness to continue or repeat an activity.

Better writing pattern

Avoid	Use instead
Staff will help as needed.	Staff will provide visual cues, model the first step, and use no more than 2 verbal prompts during each laundry session.
Participant is doing better.	Participant completed 16 of 20 laundry sessions with 2 or fewer prompts, meeting the 80% criterion.
Continue services.	Continue visual checklist and morning routine; begin fading prompts from 2 to 1 when participant completes two consecutive sessions successfully.
No problems.	Morning sessions are effective; evening distractions reduced focus twice during the review period.

Inclusive example reminder

When drafting methods, measurements, and QR evidence, do not assume the participant walks independently or communicates with speech. Strong entries can use observable indicators from mobility support, AAC or visual communication, sensory responses, replacement communication, health protocols, and approved behavior support strategies.

Support need or barrier	Method language to include	Measurement/data language to include
Uses wheelchair, walker, or has fall risk	Staff confirm accessible routes and transportation, keep paths clear, position materials within reach, ask before providing physical assistance, follow the approved transfer/mobility plan, and fade proximity as safety allows.	Track routes used, distance or duration, transfer support level, falls/near misses, fatigue indicators, equipment issues, and participation time.
Does not use speech reliably or uses AAC/visual communication	Staff use the communication profile, AAC device, picture board, objects, gestures, eye gaze, or yes/no signal; provide wait time; offer two choices; verify responses; and honor refusals.	Track opportunities to choose, request, refuse, or ask for help; communication mode used; prompt level; response latency; and whether staff honored the response.
Aggression, self-injury, or property destruction may occur	Staff follow the approved PBSP, identify individualized early signs, offer break/help choices early, reduce demands when escalation signs appear, maintain safety, and reinforce replacement communication.	Track antecedent, early signs, replacement response, frequency/duration/intensity of behavior, supports used, injury/property damage if any, and follow-up needed.
Sensory, fatigue, or health-related barriers	Staff schedule at preferred times, monitor pain/fatigue/sensory indicators, offer rest or low-	Track duration before break, sensory or health indicators observed, supports used, refusals

Support need or barrier	Method language to include	Measurement/data language to include
	stimulation breaks, use adaptive equipment, and follow health protocols.	honored, activity completion, and whether health follow-up was needed.

6 Before you start in the portal

Preparation checklist for accurate provider entries

The strongest entries are prepared before staff begin typing into the portal. Confirm the source information, team input, and data first.

Preparation area	What to gather
Source documents	Current ISP Action Plan/GOARs, including Goals, Outcomes, Action Steps and Risks; relevant support plans such as PBSP, health protocols, emergency guidelines, or communication plans.
Provider details	Provider name, service, frequency/duration of the service, staff/supervisor name, plan year, dates, approval status, revision status, and signature information.
Implementation details	Who will support the action step, how often, where, with what techniques, tools, adaptations, and fading plan.
Risk information	Known health, behavioral, emotional, environmental, personal safety, and community safety risks.
Quarterly data	Session counts, opportunities, prompt levels, participation frequency, duration of engagement, independence level, safety events, observable comfort indicators, and barriers.
Team input	Participant/guardian preferences, DSP observations, supervisor review, and case manager revision requests when applicable.

✓ **Source-of-truth rule:** Imported fields should match the ISP Action Plan/GOARs or approved IP. Provider-entered fields should add implementation detail and evidence; they should not contradict the source fields.

7 ISP Action Plan/GOARs: source direction

What carries forward into the provider forms

The ISP Action Plan/GOARs provides the person-centered goal, outcome, action steps, and risks. The provider forms should preserve this direction and then add provider implementation detail.

Element	What it does	Example
Goal	Names the broader life area or desired change.	I want to build friendships and be involved in clubs and activities in my community.
Outcome	States the result the person is working toward.	I will participate in a local club or activity that matches my interests and build a new friendship through shared activities.
Action steps	Break the outcome into concrete objectives that can be supported and measured.	Choose hobbies, identify local clubs, attend an activity, identify comfort level, have a social interaction, invite someone to share an activity, exchange contact information safely.
Risks	Identify health, behavioral, emotional, environmental, personal safety, or community risks that must be supported while the person works toward the outcome.	Plan for gradual introductions, safe transportation, social boundaries, coping strategies, health protocols, or other supports that reduce risk without unnecessarily limiting independence.

Provider translation task

For each action step, the provider describes risk mitigation, method, and measurement in the IP. The provider later uses the QR to report whether the participant made progress on that same action step and whether supports are still appropriate.

8 Individual Plan overview
The IP is the provider staff playbook

The Individual Plan translates the ISP Action Plan/GOARs into provider-specific instructions. A complete IP answers four questions: what outcome is being supported, what risks must be addressed, how staff will support each action step, and how progress will be measured.

When After the ISP Action Plan/GOARs is available and before implementation begins. Capture submission, revision if applicable, approval, and signature dates.	**Who** A staff member or supervisor with enough knowledge of the participant, service, plan, and implementation expectations.
What Provider details, plan year/service, frequency/duration of the service, outcome continuity, outcome, risk mitigation, action steps, methods, and measurements.	**Why** To ensure DSPs are trained on one approved version and can support the participant consistently.

! **Implementation rule:** DSPs should be trained on the approved IP before implementation begins. If the IP is revised, train staff on the approved revised version before using it.

9 Individual Plan field guidance
What providers enter and what to check

Field area	Provider entry	Quality check
Title	Name of the report, usually Individual Plan.	Use a clear title and avoid outdated draft labels.
Provider / Participant / Staff	Provider agency, participant, and staff member completing the IP.	Names should match organization records.
Plan year / Service	Plan year imported from ISP dates; service provided.	Confirm exact service and plan dates.
Frequency / Duration of the Service	Frequency and duration of the service imported from the ISP.	Confirm frequency and duration match the approved ISP and service being provided.
Submission / Revision / Approval dates	Dates the IP was submitted, revised if returned, and approved.	Use actual workflow dates; mark revision N/A only if not returned.
Signature date	Confirmation of participant and/or guardian signature date when applicable.	Confirm signature occurred within required timeframe if applicable.
Supervision / Telehealth	How supervision will occur and whether telehealth supervision is allowed per ISP.	Make frequency specific, such as monthly plus in-person observation.
DSP training on IP	Confirmation that DSPs were trained before implementation.	Include date or clear confirmation when available.
Outcome continuity	New or continuing outcome and any changes from last year if continuing.	Explain changes based on prior experience.
Outcome	Imported from ISP Action Plan/GOARs.	Do not rewrite in a way that changes meaning.
Risk mitigation	How staff will address risks while supporting progress.	Connect to support plans and avoid over-restricting independence.
Action step / Method /	Repeat for each action step.	Each action step needs its own

Measurement		method and measurement.

10 Writing outcome continuity and risk mitigation

Keep safety connected to the person-centered outcome

Outcome continuity explains whether the outcome is new or continuing. If continuing, describe changes based on last year's experience. Risk mitigation explains how staff will address health, behavioral, environmental, emotional, or personal safety risks while still supporting the participant's right to build skills and take reasonable risks.

Risk area to consider	Examples of supports to describe
Emotional or behavioral risk	Gradual introduction, role-play, coping strategies, PBSP strategies, de-escalation, monitoring signs of distress.
Health or medical risk	Medication access, allergies, adaptive equipment, dietary restrictions, health protocols, emergency steps.
Environmental or community risk	Transportation planning, safe locations, accessibility, supervision level, exit monitoring if needed.
Social boundaries and privacy	Safe contact information sharing, appropriate introductions, support with respectful communication.
Independence and fading	Direct support at first, then gradual reduction as competence and confidence increase.

✓ **Balance safety and independence:** Risk mitigation should not read like a restriction list. It should describe the supports staff will use so the participant can safely work toward the outcome.

Risk mitigation examples

Risk area	Sample risk mitigation language
Mobility, transfer, and fall risk	Staff will review the current mobility or transfer plan before community or home activities, confirm accessible routes and equipment condition, provide only the level of physical assistance identified in the plan, and support the participant to direct assistance whenever possible.
Limited or no speech	Staff will ensure the communication system is available, charged or prepared, and within reach; use the participant's agreed signals; provide wait time; verify choices; and avoid assuming refusal, consent, or preference without checking the communication plan.
Aggression toward others	Staff will follow the approved PBSP, monitor individualized early signs such as pacing, clenched fists, loud vocalizations, or pushing materials away; increase space; reduce noise and audience; offer break/help choices; and notify the supervisor/team when incidents or

Risk area	Sample risk mitigation language
	patterns emerge.
Property destruction	Staff will prepare the setting by limiting unnecessary fragile items, providing transition warnings, offering choices, reinforcing use of a break/help signal, maintaining a safe distance, and documenting any damage objectively without judgmental wording.
Elopement or unsafe exit	Staff will use predictable routes, visual schedule and check-in points, remain within the agreed supervision distance, teach and track stop/wait/return signals, and follow agency emergency procedures if the participant leaves the supervision area.
Self-injury or sensory overload	Staff will monitor individualized signs of pain or sensory overload, offer low-stimulation breaks and preferred coping tools, follow the health/PBSP steps, and avoid increasing activity demands until the participant is calm and stable.

11 Writing methods

The method is the staff instruction set

A method combines the provider's broad support approach with step-by-step instructions for how the action step will be implemented. It should stand alone so any trained staff member can follow it.

Method element	Question to answer	Example language
Broad approach	What support strategy guides the work?	Staff will use skill-building, visual supports, modeling, and gradual prompt fading.
Who	Who is involved?	Direct support staff, service supervisor, participant, peer/natural support when appropriate.
What	What will staff and participant do?	Staff will help participant research two clubs and prepare for attendance.
When / frequency	How often or under what conditions?	Weekly exploration sessions; before each activity; twice weekly laundry sessions.
Where	What location or context?	At home, in the community, at a library club, during morning hygiene routine.
How	What prompts, tools, adaptations, or communication supports?	Visual checklist, verbal cues, role-play, reminders, task analysis, communication plan.
Fading	How will support reduce over time?	Staff will gradually reduce prompts as participant demonstrates confidence and safety.

Method formula: Approach + who + what + when/frequency + where + how/supports + fading plan.

Method examples across a continuum of support needs

Action-step focus	Method example	Fading / adjustment note
Attend a community activity using mobility supports	Staff will use visual preview and accessible-route planning, confirm transportation, check wheelchair/walker safety, support seating and entry/exit, and provide standby assistance during transfers only as specified in the approved plan.	Fade from close proximity to check-in support when the participant directs assistance, remains safe, and participates without mobility-related safety concerns.
Choose an activity without relying on speech	Staff will present two photo/object choices, ensure AAC or choice board is within reach, wait at least 10 seconds, confirm the response using the communication profile, and document the selected activity and prompt level.	Fade from modeled choice-making to an open choice field or reduced prompts when selections are reliable.
Complete ADL routine with limited mobility	Staff will set up materials within reach, use a task analysis, offer adaptive tools, provide least-to-most prompting, and ask permission before any physical prompt or assistance.	Fade staff physical proximity and prompts as the participant completes more steps safely.
Transition with history of hitting, throwing, or property damage	Staff will follow the PBSP, provide a two-minute warning, show first/then visual, offer help/break choices, reduce demands when early signs appear, and reinforce the participant for using the break/help signal.	If incidents increase, pause fading and request supervisor/team review before changing demands.
Group participation with sensory and behavioral supports	Staff will identify low-stimulation seating, preview group expectations, offer a break card, support short participation intervals, and reinforce calm participation or appropriate request to leave.	Increase duration only when observable comfort indicators and safety data support it.

12 Writing measurements
Measurement defines success and progress evidence

Each action step needs objective criteria that directly match the method. If the method includes prompt levels, frequency, support, safety expectations, or gradual fading, the measurement should reflect those same elements.

Measurement	Include

element	
Participant action	What the participant is expected to do, such as complete laundry, attend an activity, greet a community member, or identify comfort level.
Criterion	How much, how often, how accurately, or how independently. Example: no more than 2 prompts in 80% of opportunities.
Support level	Allowed prompts, staff support, visual supports, or minimal prompting.
Time period	Within 3 calendar months, during the review period, weekly, after each attended activity, or during the plan year.
Data source	Tracked opportunities, session counts, prompt levels, activity attendance, duration of participation, observable comfort indicators, safety indicators, or documented reflections.

Action step	Measurement example
Complete laundry with no more than 2 prompts	Leilani will complete laundry activities with no more than 2 prompts in 80% of opportunities over the review period.
Identify 1-2 hobbies	Participant will identify 1 or 2 preferred hobbies within 3 calendar months during weekly exploration sessions using visual examples and guided discussion.
Have 1 small social interaction	Participant will greet 1 community member during each attended activity using an appropriate greeting with no more than 3 verbal prompts.
Comfort level after activity	Participant demonstrates comfort by remaining in the activity for at least 15 minutes with no more than 2 prompts and no observable distress behaviors in 80% of opportunities over the review period.

Measuring Comfort in the Individual Plan (IP): When an action step or measurement includes comfort level, providers must define comfort using observable and measurable indicators. Comfort should not rely only on participant verbal feedback. It may be demonstrated through engagement, prompt levels, behavioral indicators such as absence of distress, independence, social interaction, and willingness to continue or repeat an activity. Measurements should clearly define how comfort will be observed, such as duration of participation, prompt level, or absence of distress behaviors.

 # Measurement formula: Participant action + objective criterion + support/prompt level + time period + data source.

Measurement examples across support needs

Action step	Measurement example
Select a preferred activity using AAC, pictures, objects, eye gaze, or agreed gesture	Participant will make a choice from two options using the agreed communication mode in 4 of 5 opportunities with no more than 1 prompt during the review period; staff document mode, prompt level, and whether the choice was honored.
Attend a community activity using wheelchair, walker, or other mobility support	Participant will attend 2 preferred community activities using accessible transportation/routes, participate for at least 20 minutes, and complete mobility/transfer steps with the support level identified in the plan and no falls or near misses.
Use break/help signal during transitions	During identified transitions, participant will use the break/help signal or accept an offered break within 2 prompts in 70% of transition opportunities; staff also track aggression/property destruction frequency, duration, intensity, and antecedents.
Complete hygiene routine with sensory supports	Participant will complete 3 of 5 routine steps using visual/tactile supports and no more than moderate assistance in 80% of opportunities; staff track refusals honored, distress indicators, and time to re-engage.
Participate in cleanup without property destruction	During activity cleanup, participant will place materials in the bin or request help/break in 80% of opportunities with 0 incidents of throwing or breaking materials; staff track antecedents and supports used.
Communicate discomfort without speech	Participant will indicate stop, no, more, or break using the agreed signal, AAC, or gesture in 4 of 5 opportunities; staff document the signal used and whether staff responded within 30 seconds.

13 Individual Plan quality checklist

Use before submitting or approving internally

Required alignment checks

✓	Goal, outcome, and action steps align with the ISP Action Plan/GOARs and do not change the intended meaning.
✓	Each action step has its own method and measurement.
✓	Methods include who, what, when/frequency, where if relevant, how supports will be used, and how supports may fade.
✓	Measurements directly match the method and are observable, objective, and trackable.
✓	Risk mitigation addresses known risks and references support plans when applicable.
✓	Service frequency/duration, supervision frequency, telehealth allowance, approval dates, signatures, and DSP training are complete.
✓	Language is clear enough for staff who were not involved in writing the plan.

! Common IP revision triggers: Vague methods, missing measurements, unsupported risk language, action steps without repeated method/measurement fields, dates that do not match workflow, or entries that conflict with the ISP Action Plan/GOARs.

14 Quarterly Report overview

The QR is the evidence-based progress report

The Quarterly Report summarizes what happened during the review period for each action step. It should not restate the full IP. It should describe the participant's progress, objective data, what helped or limited progress, and recommended next steps.

Imported from ISP/IP **Goal, outcome, risk mitigation, action step, method, measurement, plan year, service, and frequency/duration details should carry forward.**	**Provider enters for QR** **Progress summary, data summary, what is working/not working, recommendations, review date, and review period.**
Best evidence Use counts, opportunities, prompt levels, participation frequency, safety indicators, and observed changes.	**Best use** The QR should help the team decide whether to continue, fade, modify, or discuss supports.

QR purpose: Show whether the IP methods and measurements are producing progress for the participant, and what the provider recommends next.

15 Quarterly Report field guidance
What providers enter and what to check

Field area	Provider entry	Quality check
Title	Include the quarter, such as Quarterly Report (QR) - Quarter 1.	Title clearly identifies the review period.
Provider / Participant / Supervisor	Provider agency, participant, and service supervisor completing the report.	Names match organization records.
Plan year / Service	Imported or entered plan year and service.	Matches the approved plan.
Frequency / Duration of the Service	Frequency and duration imported from the ISP/IP as applicable.	Confirm it matches the approved ISP and IP; resolve discrepancies before submission.
Review date / Review period	Date completed and dates being reviewed.	Dates are specific and match the quarter.
Goal / Outcome	Imported from ISP Action Plan/GOARs.	Do not change the meaning.
Risk mitigation	Imported from IP.	Confirm still applicable; discuss issues in working/not working if relevant.
Action step / Method / Measurement	Imported from IP for each action step.	QR content should respond to this exact action step.
Progress summary	What participant did and how they responded to supports.	Person-centered, observable, not just a copy of the method.
Data summary	Measurable evidence such as sessions, opportunities, prompt levels, frequency, or independence.	Directly supports progress statement and measurement criteria.
What is working / not working	Effective supports and barriers or challenges.	Balanced, objective, includes adjustments made.
Recommendations	Practical next steps.	Continue, modify, fade, add tool, collect more data, or schedule team discussion.

16 Writing the QR progress summary
Describe what happened and how the participant responded

The progress summary is a narrative description of the participant's engagement, participation, observed skill development, independence, confidence, or safe participation during the review period. It should connect to the action step and method without restating the entire method.

Include	Avoid
What the participant did during the review period.	Copying the method word-for-word.
How the participant responded to supports, prompts, visual tools, role-play, routines, or coaching.	Vague statements such as doing fine or no issues.
Observable changes in behavior, skill, independence, engagement, comfort, or safety. Comfort should be described using observable indicators such as participation, prompt levels, duration of engagement, or behavioral response.	Data without context; the data summary handles the numbers.
Person-centered language and the participant's experience when known.	Judgmental or deficit-based wording.

Measuring Comfort Beyond Verbal Feedback

Comfort level should be based on observable and measurable indicators, not only what the participant says. Comfort may be demonstrated through engagement, prompt levels, behavioral indicators such as the presence or absence of distress, independence, social interaction, and willingness to continue or repeat an activity. Progress summaries should describe these observable indicators, not rely only on reported feelings.

✓ **Progress summary example:** Keoni attended 2 activities, remained engaged throughout both, showed calm body language, and completed a reflection after each activity with minimal prompting.

Progress summary examples that do not rely on speech

Scenario	Strong QR progress summary language
Non-speaking participant using AAC	During the review period, the participant used the picture board to choose between 2 activities in most sessions, accepted staff wait time, and used the break card twice before becoming upset. Staff observed increased initiation through eye gaze and reaching toward the selected picture.
Mobility support in community setting	The participant attended 2 accessible community outings using wheelchair-accessible transportation. Staff observed active

Scenario	Strong QR progress summary language
	participation, safe entry/exit with the approved transfer support, and no falls or near misses. Fatigue was noted after 25 minutes and improved when a planned rest break was added.
Aggression risk with replacement communication	The participant had fewer high-intensity incidents during transitions when staff used the visual schedule and offered break/help choices. The participant accepted a break in 6 of 9 transition opportunities and returned to the activity after the break in 5 opportunities.
Property destruction reduced	The participant threw materials during 1 of 12 cleanup opportunities, compared with 4 incidents in the prior month. Use of a first/then visual, reduced materials on the table, and immediate reinforcement for placing items in the bin supported safer participation.
Sensory or health barrier	The participant participated longer when activities occurred after medication and before the high-noise lunch period. Staff observed fewer distress indicators when noise-reducing headphones and a quiet seating area were available.

17 Writing the QR data summary

Use measurable evidence that matches the IP measurement

The data summary should make it clear whether the participant is meeting, partially meeting, or not yet meeting the action step criteria. Use the same measurement concept that appears in the IP.

Measurement says...	Data summary should include...
No more than 2 prompts in 80% of opportunities.	Number of opportunities and number/percent completed with 2 or fewer prompts.
Attend at least 1 preferred activity.	Activities explored, activities identified, number attended, and support needed.
Demonstrate comfort during each attended activity using observable indicators.	Number of activities attended, duration of participation, reflections completed, prompt level, observable behavioral indicators, social interaction, and willingness to continue or repeat the activity.
Greet 1 community member during each attended activity with no more than 3 prompts.	Number of activities, greetings attempted/completed, prompt levels, and whether prompts decreased.

 # Data example: 20 laundry sessions completed; 16 completed with 2 or fewer prompts. This equals 80% of opportunities and meets the stated criterion for the review period.

Data summary samples for higher-support needs

Measurement focus	Data summary sample

Measurement focus	Data summary sample
AAC or visual choice-making	10 choice opportunities occurred; participant made a clear selection using picture board, object choice, or eye gaze in 8 of 10 opportunities. Staff used 1 or fewer prompts in 6 of 8 successful choices and honored refusal in 2 opportunities.
Mobility/accessibility	3 community outings attempted; 2 completed. Accessible transportation confirmed for 2 outings. Participant participated for 20 and 30 minutes. No falls/near misses occurred. One outing ended early due to fatigue after 12 minutes.
Aggression/replacement communication	9 transition opportunities tracked; participant used break/help signal or accepted offered break in 6 opportunities. Physical aggression occurred 2 times, both following schedule changes. Average duration decreased from 9 minutes to 4 minutes after staff added 2-minute warnings.
Property destruction	12 cleanup opportunities tracked; 11 completed without throwing or breaking items. One incident involved throwing a plastic bin; no injury or damage occurred. Staff documented trigger as unexpected removal of preferred item and added a transition warning.
Observable comfort without speech	Participant remained engaged for at least 15 minutes in 4 of 5 activities, showed relaxed posture or calm vocalizations in 4 activities, used break signal once, and re-engaged within 3 minutes after the break.

18 Writing what is working and not working

Identify supports, barriers, and adjustments

This section should give the team a balanced picture of strengths and barriers. Include effective strategies, participant preferences, environmental issues, scheduling problems, health or behavioral concerns, and changes made during the quarter.

What is working	What is not working / barriers
Visual supports improved engagement.	Evening sessions created more distractions than morning sessions.
Role-play before community activities increased observable comfort, including longer participation and fewer prompts.	Verbal-only reflection was difficult; staff needed a visual scale and observation notes to capture comfort level.
Transportation reminders helped participant attend the first activity.	Scheduling conflicts limited attendance at the second activity.
Staff introductions reduced anxiety during first visit.	Participant still needs logistical support to attend independently.

↔ **Balanced language:** Name both strengths and barriers. If something is not working, identify what was tried and what adjustment is recommended.

19 Writing QR recommendations
Turn evidence into next steps

Recommendations should be practical and based on the progress and barriers described. They should tell the team what the provider proposes for the next quarter.

When the evidence shows…	Recommendation examples
Participant is meeting criteria consistently.	Continue current supports and begin fading prompts; consider increasing independence expectations if appropriate.
Participant is partially meeting criteria.	Continue effective strategies, adjust barriers, and add a tool such as visual scale, checklist, or reminder system.
Participant is not yet meeting criteria.	Schedule supervisor review or team discussion; revise method, frequency, support level, or data collection approach.
Data are missing or inconsistent.	Clarify staff data collection expectations and review documentation weekly before the next QR.
Risk concerns emerged.	Coordinate with applicable support plans, review risk mitigation, and consult the team before expanding activities.

R **Recommendation formula:** Continue what works + adjust what does not + name the next action + say why.

20 Data collection for provider forms
Make daily documentation form-ready

Data collection should be designed from the IP measurement. Staff do not need complicated systems, but they do need consistent fields that capture the evidence needed for the QR.

IP measurement element	Simple data to capture during implementation
Frequency or opportunities	Date, session type, opportunity occurred Y/N, activity attended Y/N.
Prompt level	Number of prompts, type of prompt, whether support faded, highest level of support used.

Independence or accuracy	Completed independently, completed with support, partially completed, not completed.
Engagement or comfort	Participant participation, duration of engagement, prompt levels, observable behavioral indicators such as calm versus distress, willingness to continue or repeat an activity, and ability to complete reflection with support.
Safety or risk supports	Risk issue observed Y/N, support used, response, follow-up needed.
Barriers	Transportation, scheduling, health, behavior, environment, staff availability, missing materials.

✓ **Supervisor practice:** Review data before the quarter ends. Waiting until QR drafting makes it harder to identify missing evidence or coach staff.

Daily documentation fields for higher-support examples

If the action step involves…	Add these data fields
Mobility or transfer support	Mobility device used; accessible route confirmed; transfer support level; distance or duration; fatigue/pain indicators; falls/near misses; equipment issue Y/N; participant directed assistance Y/N.
Limited or no speech	Communication mode available; choice/request/refusal opportunity; response mode; prompt level; wait time used; staff verified response Y/N; response honored Y/N.
Aggression, self-injury, or property destruction	Antecedent or trigger; early signs; replacement communication attempted; staff support used; frequency, duration, and intensity; injury/damage Y/N; debrief/follow-up needed.
Sensory or health protocols	Known protocol followed Y/N; sensory supports offered; medication/meal/timing factors; signs of pain/fatigue; break offered/accepted; return-to-activity time.
Elopement or unsafe exit risk	Location and supervision distance; check-in points completed; stop/wait/return response; attempts to leave area; staff response; emergency protocol used Y/N.

21 Worked example: community friendship outcome

How an action step becomes IP and QR content

ISP Action Step	IP Method	IP Measurement
Identify 2 local clubs, activities, or events that match interests	Staff will use coaching, visual previews, structured reflection, observation of engagement and comfort indicators, and	Within 2 to 3 calendar months, participant will identify 2 local clubs,

and attend 1 activity.	hands-on support during weekly exploration sessions. Staff help research options, narrow choices, contact organizers, prepare for attendance, support transportation and introductions, and gradually reduce support.	activities, or events, attend at least 1 preferred activity, and remain engaged for at least 15 minutes with staff support as needed.

QR Progress Summary	QR Data Summary	QR Recommendation
Participant participated in weekly exploration sessions, identified options aligned with interests, attended 1 activity, remained engaged for 30 minutes with calm body language, and expressed interest in returning.	8 exploration sessions completed. Participant identified 2 local clubs, activities, or events; attended 1 activity; remained engaged for 30 minutes; and completed a reflection with minimal prompting.	Continue supporting participant to attend the second identified option. Track participation, prompt levels, engagement, comfort indicators, and confirm transportation and reminders in advance.

✓ **Why this works:** The QR reports actual progress and data against the action step and measurement, then recommends a next step based on the evidence.

22	**Worked example: ADL/IADL independence outcome** How daily support data becomes a quarterly story

Outcome	Action Step	Method	Measurement
Kaleo will complete ADLs and IADLs daily with increased independence.	Complete laundry with no more than 2 prompts.	Staff use structured routines, visual checklists, modeling, verbal coaching, and reinforcement during twice weekly laundry sessions while gradually reducing prompts.	Kaleo will complete laundry activities with no more than 2 prompts in 80% of opportunities over the review period.

QR Progress Summary	QR Data Summary	What is Working / Not Working	Recommendation
Kaleo consistently completed scheduled	20 laundry sessions completed; 16	Morning sessions improved engagement; distractions	Continue visual supports and

laundry activities and responded positively to visual supports.	completed with 2 or fewer prompts.	sometimes reduced focus during evening routines.	reinforcement while continuing to fade prompts.

 # How to read the data: 16 of 20 sessions equals 80%, so the QR can clearly state whether the participant met the measurement criterion for the review period.

Additional examples: mobility and non-speaking community participation

Outcome	Action Step	Method	Measurement
Malia will participate in a preferred community activity using accessible transportation and her communication supports.	Choose one accessible activity and attend with mobility and communication supports.	Staff will present two photo choices, ensure AAC/picture board is available, provide 10-second wait time, confirm accessible transportation and route, complete equipment safety check, support entry/exit and seating, offer planned rest breaks, and gradually fade prompts as Malia indicates choices and directs assistance.	During the review period, Malia will select a preferred activity using AAC, photo choice, eye gaze, or agreed gesture in 3 of 4 opportunities and attend at least 2 activities for 20 minutes each with no falls/near misses and no more than 2 communication prompts.
QR Progress Summary	**QR Data Summary**	**What is Working / Not Working**	**Recommendation**
Malia selected music group using photo choices and eye gaze, attended 2 accessible sessions, and remained engaged for 22 and 28 minutes. She used the break card once when the room became noisy and returned after a 3-minute break.	4 choice opportunities; 3 clear selections using picture/eye gaze. 2 activities attended. Participation: 22 and 28 minutes. No falls/near misses. 1 break request honored. Communication prompts decreased from 3 to 1 by the second outing.	Working: photo choices, wait time, accessible transportation, quiet seating, and planned rest breaks. Barrier: one outing canceled because accessible transportation was not confirmed in time.	Continue music group, confirm transportation 48 hours in advance, maintain picture choices and break card, and begin fading staff prompt from 2 prompts to 1 when Malia initiates selection in two consecutive sessions.

Additional examples: replacement communication and property preservation

Outcome	Action Step	Method	Measurement
Nalu will participate in daily routines using safer communication when frustrated or when a transition is difficult.	Use help or break signal during transitions to reduce hitting, throwing, or property damage.	Staff will follow the approved PBSP, review the visual schedule, give 2-minute and 30-second transition warnings, offer two choices when possible, keep nonessential breakable items out of the immediate work area, prompt Nalu to use the help/break card or AAC button, honor the request when safe, and reinforce returning to the routine after a break.	In 70% of identified transition opportunities, Nalu will use the help/break signal or accept an offered break within 2 prompts. Staff will track physical aggression/property destruction frequency, duration, intensity, antecedents, supports used, and time to re-engage.
QR Progress Summary	**QR Data Summary**	**What is Working / Not Working**	**Recommendation**
Nalu used the break card more consistently when staff gave transition warnings and showed the first/then visual. He had fewer incidents of throwing materials and returned to the routine after breaks in most opportunities.	14 transitions tracked. Help/break signal used or accepted in 10 of 14 opportunities (71%). Throwing occurred 2 times; one property damage incident involved a torn visual card. Average re-engagement time was 5 minutes. No injuries occurred.	Working: visual schedule, 2-minute warning, reduced materials, and immediate break access. Not working: unexpected schedule changes still triggered escalation, especially when preferred items were removed without warning.	Continue PBSP strategies, replace paper visual with laminated card, add schedule-change icon, and request supervisor review if throwing/property damage increases or if new triggers appear.

23 Common errors and fixes
Fast troubleshooting before submission

Issue	Why it matters	Fix
Using monitoring-tool language	These are provider planning and reporting forms, not monitoring forms.	Use Individual Plan, Quarterly Report, provider forms, staff instructions, and progress evidence.

Method is too vague	DSPs may not know what to do consistently.	Add who, what, when, where, how, supports, and fading plan.
Measurement does not match method	QR data cannot prove progress.	Use the same prompt levels, frequency, supports, and criteria in both.
Progress summary repeats the method	It does not explain what happened.	Describe participant engagement, response, observed change, and progress.
Data summary is missing numbers	Team cannot determine whether criteria were met.	Add sessions, opportunities, prompt levels, participation frequency, or other objective evidence.
Recommendations are generic	Team does not know the next action.	Name specific next steps and connect them to progress/barriers.
Risks are copied without action	Staff may not know how to support safety.	Write exact supports staff will use and when to coordinate with support plans.
Assuming speech is required for progress	The plan may miss participants who communicate through AAC, gestures, behavior, eye gaze, objects, or facial/body cues.	Define the participant's communication mode, wait time, prompts, and how staff will verify and honor the response.
Using judgmental behavior labels	Terms such as aggressive, noncompliant, or destructive alone do not tell staff what happened or what support worked.	Describe observable behavior, context, early signs, support used, response, and follow-up. Example: threw cup during transition after schedule change; accepted break card after visual prompt.
Counting incidents but not replacement skills	The team cannot tell whether supports are teaching safer communication or only tracking behavior.	Track break/help requests, accepted breaks, successful transitions, time to re-engage, and changes in incident frequency, duration, or intensity.
Ignoring accessibility barriers	Progress may look limited when the barrier is transportation, route, equipment, fatigue, or physical access rather than skill.	Document accessibility supports, mobility assistance level, equipment issues, fatigue indicators, and environmental adjustments.

24 Appendix job-aid packet
Companion one-pagers and reference documents

The appendix documents are designed for quick use during portal entry, internal review, supervisor coaching, staff training, and slide-based facilitation. They match this manual and the slide deck branding so they can be distributed as a companion packet or used during breakout activities.

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Appendix	Use when...	Primary audience
Appendix A - Individual Plan Field-by-Field Job Aid	Completing or reviewing IP portal fields.	IP writer, supervisor, provider admin.
Appendix B - Quarterly Report Field-by-Field Job Aid	Completing or reviewing QR portal fields.	Service supervisor, QR writer.
Appendix C - Method and Measurement Builder	Drafting action-step methods and objective measurements.	Supervisors, lead DSPs, plan writers.
Appendix D - QR Evidence Writing Guide	Writing progress, data, working/not working, and recommendations.	Service supervisors, QR reviewers.
Appendix E - Provider Workflow and Submission Checklist	Managing IP approval, DSP training, implementation, and QR completion.	Provider leadership, supervisors, admin staff.
Appendix F - Sample Language Reference	Looking for examples that show strong IP and QR entries across a continuum of needs, including mobility support, limited or no speech, AAC/visual communication, health/sensory supports, aggression, property destruction, elopement risk, and fading support.	Training facilitators, supervisors, writers, and reviewers.

Print tip: The one-page job aids are built in landscape format for easy printing, posting, and use during portal completion.

Appendices

These appendices are included as ready-to-use desk references and training aids for provider staff, supervisors, and reviewers. Use the table below to quickly identify which appendix best fits the task at hand.

Appendix	Use it for	Best for
Appendix A	Completing or reviewing IP fields.	IP writers and supervisors.
Appendix B	Completing or reviewing QR fields.	QR writers and reviewers.

Appendix C	Drafting methods and measurements.	Plan writers and lead staff.
Appendix D	Writing evidence-based QR entries.	Supervisors and reviewers.
Appendix E	Managing workflow, approvals, and submission timing.	Supervisors and admin staff.
Appendix F	Seeing examples of strong IP and QR language across mobility, communication, behavioral, health/sensory, and community-support needs.	Trainers, facilitators, supervisors, and writers.

Appendix A - IP Field-by-Field Job Aid

Quick desk reference for Individual Plan fields and quality checks

Purpose: Use this appendix as a quick reference for completing or reviewing Individual Plan fields.

Field	Source	What to enter	Quality check
Title	Provider enters	Name of the report.	Use a clear title such as Individual Plan.
Provider / Participant / Staff	Provider enters	Agency, participant, and staff completing the IP.	Names match organization records.
Plan Year / Service	Imported or provider confirms	Plan year from ISP dates and service provided.	Service and dates match the approved plan.
Frequency / Duration of the Service	Imported from ISP	Frequency and duration of the service.	Matches the approved ISP and service.
IP Submission / Revision / Approval Dates	Provider enters	Track submitted date, revised date if returned, and approval date.	Use actual workflow dates; N/A only when accurate.
Signature Date	Provider enters	Confirm participant/guardian signature date when applicable.	Date meets applicable requirements and internal workflow.
Supervision / Telehealth	Provider enters per ISP	Supervision frequency and whether telehealth supervision is allowed.	Frequency is specific; telehealth Y/N is consistent with ISP.
DSP Training on IP	Provider enters	Confirm DSPs trained before implementation.	Include date or clear confirmation.
Outcome Continuity	Provider enters	New or continuing outcome; if continuing, summarize changes from last year.	Explains what changed and why.
Outcome	Imported from ISP Action Plan/GOARs	Outcome the provider is supporting.	Do not change meaning.
Risk Mitigation	Provider enters	Health, behavioral, emotional, environmental, safety supports.	Balanced: safety + independence + support plan alignment.
Action Step / Method / Measurement	Imported + provider enters. Repeat for each action step. Every action step has a method and matching measurement.		

IP bottom line: Write the IP so a trained DSP can implement the action step consistently without needing a separate verbal explanation.

Appendix B - QR Field-by-Field Job Aid

Quick desk reference for Quarterly Report fields and evidence checks

Purpose: Use this appendix as a quick reference for completing or reviewing Quarterly Report fields.

Field	Source	What to enter	Quality check
Title	Provider enters	Include quarter, such as Quarterly Report (QR) - Quarter 1.	Quarter and review period are clear.
Provider / Participant / Service Supervisor	Provider enters	Agency, participant, and supervisor completing QR.	Names match organization records.
Plan Year / Service	Imported or confirms	Plan year and service.	Matches approved plan.
Frequency / Duration of the Service	Imported or confirms	Frequency and duration of the service.	Matches approved ISP/IP and service.
Review Date / Review Period	Provider enters	Date completed and dates covered.	Specific dates; no ambiguous quarter labels alone.
Goal / Outcome	Imported from ISP Action Plan/GOARs	Person-centered goal and outcome.	Meaning unchanged.
Risk Mitigation	Imported from IP	Risk supports that apply to the action step/outcome.	Discuss changes or concerns in what is working/not working.
Action Step / Method / Measurement	Imported from IP. The action step and criteria being reviewed. QR response must align to these exact criteria.		
Progress Summary	Provider enters	What participant did and how they responded to supports.	Observable, person-centered, not a method copy/paste.
Data Summary	Provider enters	Measurable evidence: sessions, opportunities, prompts, frequency, independence.	Data directly answers the measurement.
What is Working / Not Working	Provider enters	Effective strategies and barriers/challenges.	Balanced; includes adjustments made or needed.
Recommendations	Provider enters	Next steps to continue, modify, fade, add tools, or request team discussion.	Practical and evidence-based.

QR bottom line: The QR should help the team decide what to continue, fade, change, or discuss next quarter.

Appendix C - Method and Measurement Builder

Quick builder for stronger action-step methods and measurements

Purpose: Use this appendix as a quick reference for drafting stronger methods and measurements for each action step.

Method formula	**Measurement formula**
Broad approach + who + what + when/frequency + where + how/supports + fading plan Ask: Could a trained DSP implement this without a separate verbal explanation?	Participant action + objective criterion + support/prompt level + time period + data source Ask: Will the QR data clearly show whether the criterion was met?

Builder prompt	What to include
Broad approach	Skill-building, visual supports, modeling, prompting, environmental supports, reinforcement, routines.
Who / what	Name staff role and participant action. Include natural supports when applicable.
When / where	Daily, weekly, before/after each event, at home, in community, during activity.
How supports are used	Prompt level, communication method, task checklist, assistive technology, visual support, role-play.
Fading support	Describe how staff reduce prompts or distance as participant gains skill/confidence.
Objective measurement	Use counts, percentages, prompt levels, opportunities, frequency, completion, independence, duration of participation, observable comfort indicators, and safety indicators.

Example action step	Strong method and measurement pattern
Complete laundry with no more than 2 prompts	Method: staff use structured routines, visual checklist, modeling, verbal coaching, and reinforcement twice weekly, gradually reducing prompts. Measurement: complete laundry with no more than 2 prompts in 80% of opportunities over the review period.
Attend 1 local activity	Method: staff use weekly exploration, visual previews, transportation support, introductions, and fading support. Measurement: identify 2 options and attend at least 1 preferred activity within 2 to 3 months.

Additional builder examples for varied support needs

Example action step	Strong method and measurement pattern
Communicate preference using AAC or gestures	Method: staff set up communication system, offer two choices, wait, confirm response, and honor refusal. Measurement: select, refuse, or request help using agreed mode in 4 of 5 opportunities with no more than 1 prompt.

Example action step	Strong method and measurement pattern
Attend community outing with wheelchair or walker	Method: staff confirm accessible route/transportation, equipment check, seating, rest breaks, and approved transfer support. Measurement: attend 2 outings for at least 20 minutes with no falls/near misses and documented support level.
Use break/help signal during transition	Method: staff use visual schedule, transition warnings, PBSP strategies, break card/AAC, and reinforcement. Measurement: use or accept break/help within 2 prompts in 70% of transition opportunities and reduce incident duration from baseline.

Appendix D - QR Evidence Writing Guide

Quick guide for writing evidence-based Quarterly Report entries

Purpose: Use this appendix as a quick reference for writing evidence-based Quarterly Report entries that stay aligned with the IP.

QR section	Purpose	Example language	Quality reminder
Progress Summary	What participant did and how they responded to supports.	Participant attended 1 community activity, remained engaged for 30 minutes, showed calm body language, and expressed interest in returning.	Do not copy the full method or use vague statements such as doing fine.
Data Summary	Measurable evidence that matches the IP measurement.	8 exploration sessions completed; participant identified 2 options, attended 1 activity, remained engaged for 30 minutes, and completed a reflection with minimal prompting.	Do not provide narrative only; include numbers or objective indicators.
What is Working	Supports, routines, adaptations, or conditions helping progress.	Visual previews and staff support with introductions increased observable comfort, including fewer prompts and calm participation.	Name specific strategies.
What is Not Working	Barriers or challenges limiting progress.	Scheduling conflicts limited attendance at another activity.	Use objective language; avoid blame.
Recommendations	Practical next steps for the next quarter.	Continue attending the second option; confirm transportation and track prompt levels, engagement, and comfort indicators.	Base recommendations on the progress and barriers described.

Fast test: After writing the QR, ask: Can the team tell what happened, whether the measurement was met, what helped or blocked progress, and what should happen next?

Data type	Examples
Participation	Sessions completed, activities attended, opportunities attempted, reflection sessions completed.
Support level	Prompt count, prompt type, staff proximity, independence level, support fading.
Outcome evidence	Hobbies identified, contact exchanged safely, task completed, greeting initiated, schedule created.
Risk/safety	Signs of distress, de-escalation used, environmental change made, safety boundary followed.
Comfort indicators	Duration of participation, prompt levels, calm or distress indicators, willingness to repeat or continue, social interaction, and reflection completed with support.

Evidence phrase examples for higher-support needs

Support need	Evidence phrase examples
AAC or limited speech	Participant used picture choice to select music in 6 of 8 opportunities; staff verified choices using yes/no cards and honored 2 refusals.
Mobility/accessibility	Participant used accessible entrance and preferred seating, participated for 25 minutes, and completed entry/exit with approved support level and no near misses.

Support need	Evidence phrase examples
Aggression risk	Physical aggression occurred twice, both after unexpected schedule changes. When staff used 2-minute warning and break card, participant accepted a break and re-engaged within 5 minutes.
Property destruction	Property damage decreased from 4 incidents last month to 1 incident this review period after staff reduced materials, added transition warning, and reinforced cleanup.
Sensory/medical	Participant remained engaged longer when headphones and a quiet area were available; staff observed fewer distress indicators and no health protocol concerns.

Appendix E - Provider Workflow and Submission Checklist

Quick workflow checklist for drafting, reviewing, and submitting provider tools

Purpose: Use this appendix as a quick reference for managing the provider workflow from ISP Action Plan/GOARs review through QR submission.

Workflow step	Provider checklist	Timing
1. Prepare	Confirm current ISP Action Plan/GOARs, service, frequency/duration of the service, plan year, risks, support plans, supervision, and participant/guardian input.	Before IP drafting
2. Draft IP	Enter provider details, plan year/service, frequency/duration of the service, outcome continuity, risk mitigation, and each action step with method and measurement.	After ISP Action Plan/GOARs available
3. Internal review	Check alignment, dates, service frequency/duration, risk supports, methods, measurements, and readability for DSPs.	Before submission
4. Submit / revise / approval	Submit to case manager, revise if requested, record approval date and revision date if applicable.	Before implementation
5. Train DSPs	Train DSPs on approved IP, including risk mitigation, methods, measurements, and data collection expectations.	Before implementation begins
6. Implement and collect data	Use approved methods, track opportunities, prompts, participation, independence, risks, and barriers.	Throughout quarter
7. Draft QR	For each action step, summarize progress, data, what is working/not working, and recommendations.	At quarter close
8. Quality check and submit QR	Confirm QR entries answer the IP measurement and include practical next steps.	Before QR submission

Supervisor checkpoint: Do not wait until the QR due date to review data. Check documentation during the quarter so missing evidence can be corrected early.

Appendix F - Sample Language Reference

Quick sample bank for strong IP and QR language patterns across a continuum of needs

Purpose: Use this appendix as a quick reference for sample IP and QR language during training, coaching, and internal review.

Use these examples as adaptable patterns. Replace sample names and details with the person's actual strengths, preferences, communication methods, mobility supports, approved PBSP/health protocols, risks, and data. Avoid labels alone; describe observable behavior, context, supports used, and response.

Scenario	IP example	QR example
ADL/IADL independence with mobility support	Action step: Complete laundry from a seated position using adaptive setup. Method: staff set up laundry basket and supplies within reach, confirm wheelchair brakes and clear path, use picture checklist, model each step, provide least-to-most prompts, and ask before physical assistance. Measurement: complete 4 of 5 laundry steps with no more than 2 prompts and approved mobility/transfer support in 80% of opportunities over the review period.	Progress: Leilani completed laundry from seated position using adaptive setup and picture checklist. Data: 12 opportunities; 10 completed with 2 or fewer prompts; no unsafe transfers or near misses. Working/not working: lower shelf setup and lightweight basket helped; fatigue increased after evening sessions. Recommendation: continue seated setup, schedule laundry earlier, and fade verbal prompts when two consecutive sessions are completed safely.
Community participation with wheelchair or walker	Action step: Attend a preferred community activity using accessible transportation and route. Method: staff confirm accessible route, transportation, seating, restroom access, and weather plan; check mobility device safety; provide standby assistance only as approved; offer rest breaks; and support the participant to direct assistance. Measurement: attend 2 activities for at least 20 minutes each with no falls/near misses and documented support level.	Progress: Malia attended 2 music activities using accessible transportation and preferred seating. Data: participated 22 and 28 minutes; 0 falls/near misses; 1 rest break requested and honored. Working/not working: accessible seating and planned break supported participation; transportation must be confirmed earlier. Recommendation: continue activity, confirm accessible transportation 48 hours in advance, and track fatigue and support level.
Limited or no spoken communication / AAC choice-making	Action step: Choose between 2 activities using AAC, pictures, objects, eye gaze, or agreed gesture. Method: staff ensure the communication system is available and within reach, present 2 choices, wait at least 10 seconds, verify the response using the communication profile, honor refusal, and document prompt level. Measurement: make a clear choice or refusal in 4 of 5 opportunities with no more than 1 prompt during the review period.	Progress: Ikaika used picture choices and eye gaze to select preferred activities and refused one activity by turning away and pushing the card back. Data: 10 opportunities; 8 clear choices/refusals; 6 with 1 or fewer prompts. Working/not working: wait time increased initiation; verbal-only questions did not work. Recommendation: continue picture/object choices, reduce verbal prompting, and train all staff on the communication profile.
Comfort level when verbal report is not reliable	Action step: Demonstrate comfort during an activity using observable indicators. Method: staff observe participation, body posture, vocalizations, facial expression, break requests, and willingness to continue; use visual comfort	Progress: Keahi remained engaged in 4 of 5 sensory art sessions and used the break card once. Data: 5 sessions; 4 sessions at 15+ minutes; 0 high-intensity distress indicators; 1 break request honored. Working/not working: quiet table and

	scale or agreed signals; and offer breaks when distress indicators appear. Measurement: remain engaged for at least 15 minutes with no more than 2 prompts and no high-intensity distress indicators in 80% of opportunities.	visual scale helped; large group noise reduced engagement. Recommendation: continue quiet seating and visual comfort scale, and add noise-reduction support for larger groups.
Aggression toward others / replacement communication	Action step: Use help or break signal during transitions to reduce hitting or pushing. Method: staff follow the approved PBSP, use visual schedule, provide 2-minute and 30-second warnings, offer help/break choices, increase personal space, reduce audience/noise, and reinforce use of the replacement communication. Measurement: use break/help signal or accept offered break within 2 prompts in 70% of transition opportunities; track aggression frequency, duration, intensity, antecedents, and re-engagement time.	Progress: Nalu accepted break/help support more often when transition warnings were used. Data: 14 transitions; break/help used or accepted in 10 (71%); hitting occurred twice after unexpected schedule changes; average re-engagement 5 minutes; no injuries. Working/not working: visual schedule and break card helped; surprise changes remain a trigger. Recommendation: continue PBSP strategies, add schedule-change icon, and review with supervisor if incidents increase.
Property destruction during cleanup or transition	Action step: Complete cleanup or request help/break without throwing or breaking materials. Method: staff reduce materials on the table, provide first/then visual and transition warning, offer choice of cleanup order, prompt help/break card, reinforce placing items in bin, and document property damage objectively if it occurs. Measurement: complete cleanup or request help/break in 80% of opportunities with 0 incidents of breaking items; track throwing/property damage separately.	Progress: Koa completed cleanup safely in most opportunities after materials were reduced and the help card was available. Data: 12 cleanup opportunities; 11 without throwing or breaking; 1 torn visual card; no injury. Working/not working: laminated visuals and choice of cleanup order helped; unexpected removal of preferred items triggered the incident. Recommendation: laminate visuals, add warning before removing preferred items, and continue tracking replacement communication.
Elopement or unsafe exit risk in community setting	Action step: Stay with staff or return to check-in point during community activity. Method: staff preview route, use photo schedule, identify check-in points, maintain agreed supervision distance, practice stop/wait/return signal, offer choices at transitions, and follow emergency protocol if participant leaves the area. Measurement: complete 3 community activities while responding to stop/wait/return signal or returning to check-in point in 80% of opportunities; track attempts to leave area and staff response.	Progress: Participant completed 3 short community activities with visual route preview. Data: 15 check-in opportunities; responded to stop/wait/return in 13 (87%); 1 attempt to leave area occurred during loud crowd; staff redirected to quiet space. Working/not working: check-in points and quiet break helped; crowded entry increased risk. Recommendation: continue check-in routine, avoid crowded entrances when possible, and review plan before larger events.
Personal care with sensory barriers and privacy needs	Action step: Complete toothbrushing or hygiene routine with sensory supports. Method: staff provide privacy, preferred order, visual task strip, soft-bristle toothbrush or adaptive item, timer, choice of toothpaste when available, and brief breaks; staff use least-to-most prompts and honor stop signal. Measurement: complete 3 of 5 routine steps with no more than moderate assistance in 80% of opportunities; track stop/break signals and distress indicators.	Progress: Participant completed more steps when allowed to choose toothpaste and use a visual timer. Data: 15 routines; 12 included 3+ steps completed; stop signal used 3 times and honored; high distress observed once. Working/not working: privacy and visual timer helped; strong mint toothpaste was a barrier. Recommendation: continue preferred toothpaste, timer, and stop-signal practice; collect data on independent steps.
Meal preparation	Action step: Participate in snack preparation	Progress: Participant completed snack-prep steps

or eating support with health/safety protocol	while following swallowing, allergy, or adaptive-equipment protocol. Method: staff follow health protocol, verify safe foods, set up adaptive utensils, use hand-under-hand or modeled support only if consented/approved, provide visual sequence, monitor fatigue or choking indicators, and stop activity if health indicators appear. Measurement: participate in 3 snack-prep steps with required health protocol followed in 100% of opportunities and no safety incidents.	with adaptive utensils and visual sequence. Data: 8 sessions; health protocol followed in 8 of 8; 6 sessions with 3 steps completed; 0 choking/allergy incidents. Working/not working: adaptive bowl and picture sequence helped; fatigue reduced participation after long outings. Recommendation: schedule snack prep before high-fatigue periods and continue protocol checks.
Community social interaction with high support needs	Action step: Participate in one brief social exchange using preferred communication mode. Method: staff preview the interaction, offer script/picture/AAC options, support positioning and sensory needs, model greeting, wait for response, and respect refusal. Measurement: complete or attempt 1 social exchange during each attended activity using speech, AAC, gesture, eye gaze, or object exchange with no more than 3 prompts.	Progress: Participant attempted a greeting in 3 of 4 activities using wave, AAC greeting button, or eye gaze toward peer. Data: 4 activities; 3 social exchanges attempted; prompts decreased from 3 to 2; one refusal honored. Working/not working: familiar peers and AAC greeting button helped; crowded entry area reduced participation. Recommendation: continue familiar-peer practice and offer greeting button before entering group space.
Work or volunteering task with property/safety concerns	Action step: Sort materials or complete a volunteer task using safe handling. Method: staff use task analysis, limited number of items, visual finished bin, choice of role, scheduled breaks, and PBSP strategies; staff remove unsafe items if escalation signs appear and reinforce safe item handling. Measurement: complete sorting task for 10 minutes or 20 items with no more than 2 prompts and 0 unsafe throwing/breaking incidents in 80% of opportunities.	Progress: Participant completed sorting with fewer unsafe item-handling incidents when item quantity was reduced. Data: 10 sessions; 8 met 10-minute/20-item criterion; 1 throwing incident with no damage; 0 injuries. Working/not working: finished bin and short work intervals helped; too many items increased frustration. Recommendation: continue 20-item limit, reinforce safe handling, and increase item count only after 3 consecutive successful sessions.
Home routine with sleep, pain, or medical fatigue barrier	Action step: Participate in morning routine with health/sensory supports. Method: staff review health indicators, offer choice of first routine step, use visual schedule, allow seated rest breaks, monitor pain/fatigue cues, and coordinate with supervisor/guardian if new or increased symptoms appear. Measurement: complete 2 routine steps in 80% of opportunities while staff document fatigue/pain indicators, supports used, and need for follow-up.	Progress: Participant completed morning routine steps more consistently when staff started with preferred step and offered seated breaks. Data: 20 mornings; 17 with 2+ steps completed; fatigue indicators noted on 5 mornings; guardian notified once due to new pain report/indicator. Working/not working: preferred first step and seated breaks helped; poor sleep reduced participation. Recommendation: continue visual schedule and fatigue tracking; share patterns with team if fatigue increases.