

INDIVIDUAL SERVICE PLAN (ISP) BASICS

PRESENTER: KIMBERLY BERNARDI QUALITY
SUPPORT SPECIALIST

MEDINA COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES

ISP PROCESS TIMELINES

SSA's start the process 120 days out from the annual span date

Meeting scheduled 90 days before the start of the new span year

ISP's need to be to the SSA Supervisors 60 days prior to the start of the new span year.

Plan to fiscal 30 days prior to start and 15 days to the team prior to start per SSA rule.

ISP revisions; the start date of the revision should be at least 30 days from the revision meeting.

Purpose section: States the purpose of the meeting

Outcome: Utilization review, no changes to fiscal etc.

SERVICE SUMMARY LINE ITEMS

- Complete service summary page to include all supports regardless of funding source (natural supports, providers, private pay, etc.).
- Title XX language if applicable
- Services line item: Whoever is providing the supports (natural supports or provider) complete a summary line item detailing what type of supports are provided.
- Medicaid State Plan services

Include in summary line item section with typical service schedule for Medicaid State Plan services.

Use SP as State Plan funding source. Must have nursing agency plan of care in file.

- As applicable ensure all redeterminations and revisions clearly delineate an individual's level of support in all service settings (**work, home, community**).
 - If the individual has alone time clearly detail how long they can be alone and in what environment (i.e. **Steve can be safely left alone in his home without paid or natural supports for up to 3 hours at a time. He cannot access the community independently due to potential risk of harm related to unsafe social behavior.**)
- ⦿ Complete Support Outcomes based off the Risk Assessment, Self Medication Assessment and any Behavior Supports in the correct environment section of the ISP.
 - ⦿ Complete Achievement Outcome: should be employment related or community inclusion

SELF DETERMINATION

- Individual's choices

Opportunities- make choices affecting one's life and who assists with making decisions?

Personal Control- guardianship: name of and type of guardianship, any successor guardian, if it's appropriate or not.

Responsibility- who ensures rights are upheld and that the individual understands his/her rights.

Self Advocacy- give information and opportunities.

PHYSICAL WELL BEING

Level of support to attend medical appointments. Who handles the appointments etc.

Any specific outcomes needed to address pertinent diagnoses (diet orders, life threatening allergies, seizure activity etc.).

Administering medications- level of support and who is administering.

Any restrictive measures or positive supports

MATERIAL WELL BEING

Employment- discuss where an individual works and the supports needed. Path to employment language. Their level of supervision. Supports needed if the typical day is disrupted and an Achievement outcome for the path to employment or community integration.

Money- Who handles the money, do they have a stable source of income (is it earned and/or unearned) what other benefits they may have (insurance, stable account, burial etc.). Who handles benefit maintenance? How much money can one handle on their own. Any level of assistance needed to access their money and use a debit card.

Clearly list the responsibilities of the paid provider

MATERIAL WELL BEING CONTINUED

Housing- Who does the person live with, what is the level of supervision/alone time, what supports does the individual need (make meals, need the bath water turned on, dressing etc.), provider back up plan, plans in the event of a residential emergency and any future living plans.

SOCIAL INCLUSION

What activities does the individual enjoy, supports and level of supervision needed to attend community activities, does the individual have the opportunity to participate in community activities, supports needed to vote and any religious traditions.

MEETING MINUTES

■ Meeting minutes for redetermination:

- Indicate type of meeting, attendees present and absent (full names, what agency and title), and date and location of meeting.
- Positive remarks/individual strengths.
- Assessment review (ODDP, Risk and Safety, Self Med, Acuity, LOC). (if individual has a prior authorization add language in the minutes)
- What is and is not working for the individual/team
- What is important to and important for the individual
- Summarize how supports and achievement outcomes were identified and integrated into the plan.
- Summarize free choice of provider process with any change in provider if applicable.
- Outline continuous review schedule.

■ Meeting minutes for revision

- Indicate meeting date, reason for meeting, attendees, and meeting location.
- Summarize content of meeting and how team developed any new supports or outcomes.
- If change in provider summarize free choice of provider process.
- Indicate a service start date for any new service or provider.
- Leave previous meeting minutes in plan as point of reference.

Contact Information:

Kimberly Bernardi, Quality Support Specialist

SSA Department

234-802-0144

kimb@mcbdd.org