

## Instructions

### **Developing and Documenting the Individual Service Plan (ISP) for Children (Birth – 18 Yrs.) With Developmental Disabilities**

#### **INTRODUCTION:**

The purpose of these instructions is to assist the case manager in completing the ISP document. It is not intended for guidance on facilitating the person-centered planning process. For tips on planning and facilitating the team meeting, please refer to training materials (e.g., *Promoting Effective Teamwork* handouts and resource pages) as well as the Case Management Operations Manual Chapters III & IV.

Assure family that this is not an assessment to determine eligibility but an opportunity to discuss the strengths, interests, abilities and needs of their child.

*Please note that each section will expand to accommodate the information you insert, and will renumber the pages accordingly. The page references below relate to pages for a blank form.*

#### **Face Sheet (Page 1 of 6):**

Please enter all identifying information requested in the top box. In the next box indicate the date of the meeting held to develop the plan, the tentative date of the next scheduled meeting and, for children funded through the DD Waiver, the dates of the currently approved ISP and Level of Care Packet as assigned by Medicaid Utilization Review and the Income Support Division respectively. Check boxes and insert dates and identification numbers as indicated, write in the score from the Health Assessment Tool (HAT) and the HAT date. Complete the "Identifying Information" section, assuring that all items include the most current information. If an item is not applicable, please leave it blank.

#### **Narrative Section (Pages 2-5 of 6):**

Sections, below, under the Narrative of the ISP, document the team's discussion with the individual and their family their life experiences, encompassing pre-natal, birth and early childhood experiences and history. Also there is a discussion of the child's Meaningful Day Definition. This Definition is not to be a record of the child's daily schedule. Simply determine by asking what the important things in that child's life are.

#### **Life Experiences:**

Provide background information; including prenatal, birth and early childhood history, successful past experiences and major life events. Describe what life is like now. Include a description of the individual's values and beliefs that have resulted from these life experiences (e.g., personal, cultural, spiritual, political). Also provide information regarding personal challenges and obstacles when applicable.

#### **The Individual's Definition of a Meaningful Day:**

Create a summary description of what is meaningful to the child during a typical day, week, month and year at home, school and community. This section should be about what is meaningful to the individual above and beyond the realm of the DD Waiver. This section should capture what has meaning in life. This is not a recap of a daily schedule.

#### **School, Work and/or Volunteer History:**

##### **EARLY CHILDHOOD OR PRESCHOOL, RECREATIONAL PROGRAMS AND SCHOOL, HISTORY:**

(This section is for younger children- 3-14 years of age)

Describe the child's experience in early- childhood, pre-school, recreational programs or school history

##### **SCHOOL, WORK, AND OR VOLUNTEER HISTORY:**

(This section is for older children 14-18 and young adults including transition from school to work)

When considering Community Inclusion Services (Supported Employment, Community Access, and Adult Habilitation), the IDT members are required to offer employment as a priority service over other day service options for all working age adults. Describe the individual's successes and goals in school (past and/or current), including his/her areas of interest (e.g., favorite subjects and activities) and particular learning style. Including school based vocational training, life skills training, transitional plan and date of DVR referral. Provide detailed information about the individual's complete volunteer and paid work history (e.g., length of employment, job responsibilities, strengths, preferences, and dislikes). Include information about the individual's interests concerning future education, volunteer, and/or work opportunities. Mention any

awards or certifications the individual has received. Also provide information regarding personal challenges and obstacles when applicable.

Relationships:

Provide information about those with whom the individual used to and/or does have frequent contact. Include information about natural supports (e.g., family, friends, close coworkers), community supports (e.g., educational supports, community groups and organizations), and specialized supports (e.g., support staff that the individual has known for years). Clarify what relationships the individual is interested in forming, maintaining, reestablishing, and/or expanding. Also provide information regarding personal challenges and obstacles when applicable.

Health & Safety:

Provide summary information about significant health/medical/behavioral/environmental concerns (past and present) that impact on the individual's health and safety, including what has been done to address these concerns. Also provide information regarding personal challenges and obstacles when applicable.

Strengths, Gifts, Preferences and Interests:

Describe what makes the individual unique. Provide detailed information about talents, hobbies, interests, strengths, gifts, preferences and what motivates.

Referrals and Services Being Provided by Funding Sources Other than DD Waiver:

Include date of referrals made by DD waiver CM, type of services received including funding source, total hours services being provided, a brief summary of therapy goals / IEP goals when applicable and reference to supporting therapy reports included in DD Waiver CM file. Example of other services include: Medicaid School Based Services Program, Medicaid Early Periodic Screening Diagnosis & Treatment (EPSDT), NM Dept. of Education Public Schools, and NM Dept. of Health Family Infant Toddler Program.

Services Provided by the DD Waiver: (including assisted technology equipment and environmental modifications)

Services funded in ARA are: Occupational, Physical and Speech Therapy as well as Personal Support (limited when not covered by EPSDT or IDEA), Behavior Support Consultation, Non-Medical transportation, Case Management, Nutritional Counseling, Respite, Community Access, Personal Plan Facilitator, Supplemental Dental, Goods and Services.

Long-Term Vision (What I Want in My Future):

Describe what the individual desires for the future (i.e., dreams and aspirations without limits). Use relevant information from previous sections of the narrative (e.g., desires regarding relationships and potential jobs and roles).

Desired Outcomes:

Focusing on the individual's priorities, identify outcomes that the individual wants to achieve during the next 1-3 years. Outcome statements should include measurable criteria for determining success in areas such as Live, Work/Learn, Fun/Relationships, and Health.

Individual-Specific Training Requirements:

(Medical crisis prevention / intervention plans)

If the client has a medical or crisis prevention/intervention plan, please be certain to outline it briefly in this section. Otherwise, please include all necessary training required for provision of services. Include who needs the training, who provides the training and state the timelines required for completion of training.