

**ISP FREQUENTLY ASKED QUESTIONS- STATEWIDE**  
**PART 1 – AUGUST 14, 2006**

**Will there be an example of a good, completed ISP?**

Yes, an example is in development. Until it is available, use the examples in the ISP Instructions.

**Will the ISP form be available on-line on the web site? Also, will the Teaching and Support Strategies form be available on the web site?**

Yes.

**Do all ISPs have to be submitted to DDSD? And related to that, if the ISP is changed does that have to be submitted to DDSD?**

Yes all ISPs have to be submitted to DDSD, for revisions you must send the pages that have been changed, clearly marked as a revision with a date and new cover page.

**Can there be a reference to a therapist's plan in the Teaching and Support Strategies form instead of restating the strategies on the form itself?**

No, the therapy strategies should be incorporated directly into the Teaching and Support Strategies form. The therapists, service coordinators, and direct support staff should develop the Teaching & Support Strategies together. However, if diagrams or pictures are used – those may be attached.

**As progress is being made, or not made, who completes the "Progress/Results" column? Is it completed on an ongoing basis by the responsible person or is it discussed at the next meeting and completed then?**

As progress is reported to the case manager, the Action Plan is updated. This reported progress may be during an IDT meeting, written within quarterly reports, or in the form of supporting documentation.

**If there is a change in the ISP who is responsible for typing those changes?**

If the change is to the Narrative section or Action Plan(s), the case manager would make the changes to the ISP. If the change is related to the Teaching & Support Strategies, the service coordinator would be responsible for making the changes.

**What exactly goes into the Health and Safety section of the narrative?**

This section is for the identification of significant health and safety needs. If for example, someone has seizures that are controlled, then it would not be included in this section. If a person had uncontrolled seizures that resulted in injuries from falls, then it would go in this section. Generally, the team is identifying the need for a safety net but they are not planning or designing the safety net in this section. The safety net might be described in the Action Plan for Health & Safety, support plans, health care plans, and/or the Individual Specific Training section.

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**Who will inform the therapists of the new requirement that they must distribute their reports to all team members?**

The new requirements will be in the new DD Waiver Standards. Clinical Services Bureau will get the word out to the therapy providers.

**When does the paperwork get turned into the CM- is it the target date or when progress has been made?**

If the progress results in the need for a meeting, the case manager should be notified as soon as possible afterward. Otherwise, progress should be reported on a quarterly basis inline with the Annual ISP date.

**Individual specific training, provider agency completes the training, does it have to go to the CM?**

No, but proof must be available to DHI monitors and upon request by a case manager if they have a concern.

**Providers developed goals- strategies at meeting. Now CM does outcomes sheet, but needs the information from the provider to do this. Providers don't see how the outcomes sheet will be done without them doing it?**

The Desired Outcomes and Action Plans should be discussed and completed at the Annual Meeting. The case manager will type that up after the meeting. All members of the team should ensure their awareness and understanding of what is to be included in the Desired Outcomes and Action Plans.

**How is progress going to be documented?**

If as part of an Action Step, a person is going to be learning a new skill, then a data collection sheet could be used. Various support plans will have tracking components – an example might be a fluid intake tracking sheet. Or perhaps the behavior therapist needs data to be tracked regarding a specific challenging behavior. For other action steps, documentation of completion is adequate. The team should state in column six of the action plan the form of documentation expected for each step.

**How are strategies going to work? There is going to be some level of assistance. ( verbal, hand over hand, modeling)**

When a new skill is being learned or if the Action Step requires strategies, the use of the Teaching & Support Strategies Form is required. The level of assistance should be detailed on the Teaching & Support Strategies Form. This may include hand-over-hand assistance, modeling, verbal prompts, etc.

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**Not clear what to put into Individual Specific Training and what to put into the Action Plan For Health and Safety Related Supports.**

The Action Plan For Health and Safety Related Supports is for Action Steps related to a condition that is worsening, a new diagnosis, new symptoms, and/or the need to obtain medical tests or evaluations.

If support plans are already in place, just check the relevant box on the page titled “Individual Specific Training Requirements: Support Plans.

**Can the Narrative be done at the Six-Month Review (6MR), review at the Annual, and then go from there?**

Yes, if there is a 6MR due between now and October 1, that would be a great way to get ready for the Annual Meeting. Even after October 1, 2006 when 6 month reviews are no longer required, the team may choose to do a special meeting before the annual for this purpose.

**How does the team go from outcomes and action steps to the number of units of each service?**

In the same way that you used to go from Goals & Objectives to number of units.

**Is this form and process required for SGF also?**

At this time it is optional for SGF, but encouraged.

**Can we get the FAQs on the website? Maybe a section specifically for CM/SC to look.**

Yes.

**If someone wants to learn to administer their own meds, would it go under “Health and Other” vision area?**

Yes.

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**Do quarterly reports need to be changed – and how?**

The information required for quarterly reports does not need to change. Here are some examples of what should be included:

- Quantitative summary statement to describe progress or regression (related to desired outcomes and completion of action steps). Include any changes in criteria or strategies.
- Qualitative description of the person's life, including joys and challenges within the quarter and details of naturally occurring opportunities and community inclusion.
- Summary of unusual incidences and steps to prevent future occurrence.
- Problems with durable medical equipment, environment, jobs, etc. and strategies to rectify situation.

**How do providers track info for Quarterly Reports if not using Data Collection Sheets?**

Data should be collected on each Action Step to identify any barriers or to show completion. Documentation as stated in column six of the action plan can be referenced in Quarterly Reports if other than via data collection sheet is most practical for particular action step(s).

**Somewhere in the instructions or modules it states to send the Teaching & Supports Strategies Forms to DDSD – Do we really want all of these forms – or only for JCM?**

Yes, it is in the new regulations that the Teaching & Supports Strategies will be attached and submitted to DDSD. Depending upon the volume we may revisit this in the future.

**Do agencies have to use the Teaching & Supports Strategies Form or can they use their own as long as it contains all the same info?**

Agencies need to use the form provided. A review will occur in the future. At that time, ideas and suggestions for improvement will be requested.

**On the Action Plan, how specific does the team have to be in terms of documentation reporting requirements?**

As specific as is needed to identify when an Action Step is completed and how it can be shown through documentation. This will be a team by team determination. Teams need to have a common understanding and be in agreement as to what this should be.

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**Therapists were going to be doing their reports after the ISP meeting – this doesn't correlate with this ISP training.**

Therapists, along with other team members, will be responsible for completing their annual assessments and distributing them to the case manager 14 days prior to the Annual Meeting. Therapy Plans will then be completed after the Annual Meeting to ensure therapy support for Desired Outcomes and Action Steps. Therapists will also be working with service coordinators after the meeting to develop therapy strategies that will be incorporated into the Teaching & Support Strategies Form.

**Support plans separate from the ISP – how to track ADLs (increase in independence). We won't be required to show measurable outcomes in IADL implementation.**

Tracking would be completed as stated within the support plan.

**How does this form and process work with Outlier, Awake, and/or In-Home Day Hab?**

Teams may reference significant health, safety, and behavioral challenges in the following areas:

- Narrative Section (Within Health & Safety)
- Long-Term Vision (Most appropriate within Health And/Or Other)
- Desired Outcomes and Action Plans
- Action Plan For Basic Health And Safety Related Supports
- Additional Healthcare Information
- Support Plans
- Individual Specific Training Requirements

The ISP should not become a justification document for Outlier or Awake services. There may be references in the sections listed above, but the main supporting documentation for Outlier, Awake, and/or In-Home Day Hab should be found in IDT notes, Staff Time Reporting Sheets, Health Care Plans, Physician Evaluations, and/or Behavior Support Plans.

**Does a meeting have to occur every 6 months for those individuals that have Awake or Outlier Services?**

A "renewal" packet is needed every 6 months in order to gain approval for outlier and awake services to continue. A meeting of the whole team may or may not be needed.

**What are the documentation requirements? Currently BCBS expects all supporting documentation to be included in the ISP document itself?**

We need to confer with BCBS on this.

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**Will auditors expect to see measures of progress when a person’s vision doesn’t include teaching objectives?**

Auditors will be expecting to see measures of progress related to completion of Desired Outcomes and Action Steps. Such documentation of progress should be consistent with the documentation stated in column six of the action plan.

**It was suggested that quarterly reports be required instead of allowing monthly reports.**

Quarterly Reports are required, and is the method for communicating progress and concerns with the rest of the team. If agencies are doing monthly reports as an internal procedure, they must then compile them into quarterly reports. Service Coordinators need to conduct an analysis of what is and is not working well for them in this regard.

**Will CM agencies be able to change the form in any way? Or will they have to use this exact form?**

Case management agencies are required to use the exact same ISP Form. After a period of review, ideas and suggestions will be obtained for revisions.

**What date does the “DATE” footer refer to on the electronic form -ISP expiration, ISP meeting date, or other?**

ISP meeting date.

**How do we know we are doing it right & How do we know what to ask?**

The QA review process will provide guidance and feedback. As issues are identified through this process we can add them to this FAQ list.

**Will there be new QA’s for Jackson/non-Jackson Class Members for DDSD reviews?**

Yes, a new QA process is being developed.

**Can pilot Personal Profiles be dropped and go back to Vocational Profiles/Assessments?**

If a person has a Personal Profile, or Vocational Profile, it should be incorporated into the new ISP when the annual occurs; until then it should be implemented as originally agreed upon. If during an annual meeting the team decides that further vocational assessment is needed to best support the individuals desire to explore or pursue work, then a vocational profile may be included as an action step to occur after the meeting.

**For revisions of Strategies sent in: If file name is at the bottom & is the only identifier, how will the revision number (first revision, second, etc.) be communicated and tracked?**

Simply add a number at the end of the file name to distinguish it (e.g. Joe Smith 2, Joe Smith 3).

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**Can Social Security Numbers be added to the bottom of the electronic ISP form as several individual's have the same name?**

This is already on the face sheet, so it is not needed on each page. Be cautious of using this number too liberally as a couple of the individuals we serve have already had experiences with identity theft.

**Will 6 Month Reviews that are after Oct. 1st still need to be held?**

No.

**Are therapists aware of the changes to the Individual Specific Training? Are they aware of the different levels of training (awareness, knowledge, skill)?**

Some are aware, but we need to continue to distribute this information to therapy providers.

**If a CM is to be trained at the Awareness Level, who does this training – the therapist, or can the CM read the plan?**

In many cases reading the plan may be sufficient as long as they have the opportunity to ask any questions they have of the author.

**What is the requirement for the Vocational Profile/Assessment? Who is required to complete it?**

If the team decides this is needed, because the information in the narrative and action plans is insufficient to provide adequate vocational supports, the supported employment provider is responsible for arranging further vocational assessment, which may occur through DVR in most cases.

**Is the Personal Profile required? Who is required to complete it?**

The new ISP format integrated the key elements of the Personal Profile, therefore a separate personal profile is not required.

**If the person requests health care information to remain private, does it get written into the ISP?**

We will work with some self-advocates and parents to get input on how to best handle these situations.

**Can DDSD provide more information and possibly a good example of an Annual Assessment Report? Can DDSD provide a quality example of a quarterly report?**

Yes, but we need some time to put this together.