



Informational Packet

Waiver Renewal Implementation

ISP Review Checklist (Replaces AE ISP Checklist) Waiver Service Requirements, Criteria, and Guidelines

ODP Communication Number: Packet 020-13

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

AUDIENCE: Individuals and Families, Office of Developmental Programs (ODP) Direct Service Providers, Supports Coordination Organizations (SCOs), Administrative Entities (AE), Advocates, and Other Interested Parties

PURPOSE: This Office of Developmental Programs (ODP) informational packet is intended to communicate the new processes and requirements that will support and enforce the regulatory requirements regarding the provision of waiver funded Residential Habilitation services as described in the provisions of 55 Pa. Code Chapter 51 (ODP's Home and Community Based Services regulations), § 51.28 and the approved Consolidated and Person/Family Directed Services (P/FDS) Waivers. The following summarizes the new processes, requirements, and changes included in this communication:

1. The **Checklist for Administrative Entity Review of ISPs** has been renamed and is now called the **ISP Review Checklist**, form DP 1050. This communication will refer to the [ISP Review Checklist](#) as the "Checklist" throughout this document.
2. ODP expanded the use of the Checklist to include additional services¹.
3. This communication provides details regarding the changes made to the [Checklist](#)².
4. **Six-Month Review Required:** This communication serves to standardize the process for documenting the results of a six-month review, using the Checklist and Biannual ISP format, and describes the applicable services impacted, the implementation process, stakeholder roles, and ODP's expectations.

! NOTE:

- Residential habilitation provided in a setting licensed under 55 Pa Code, Chapter 6400 with an approved program capacity of one person will be referred to as "licensed 6400 one-person homes".
- The new processes and requirements detailed in this communication are effective for ISP meetings held on or after **April 1, 2013** that include the waiver services identified on the Checklist. The implementation of the 6-month review process should be calculated using ISPs with Annual Review Update Dates (ARUD) on or after April 1, 2013.

¹ See Appendix C for a comprehensive list of services/procedure codes that require the completion of the Checklist.

² APPENDIX A summarizes each section of the [Checklist](#). APPENDIX E contains a sample of the Checklist

BACKGROUND

In 2010, on behalf of ODP, a sub-group of the County Administrators' Advisory Committee (the HCSIS CAAC) developed a consistent method for AEs to review ISPs that included services that are intensive in nature. The **Checklist for Administrative Entity Review of ISPs**, also referred to as the Checklist, was developed as a result of this sub-group. The Checklist was piloted and included a series of questions that would allow AE ISP reviewers to determine if the ISP contained sufficient information to approve the intensive services being requested. The intense staffing levels that were covered by the Checklist included:

- Licensed Day Services (55 Pa. Code Chapters 2380 and 2390) provided at a 1:1 or 2:1 staffing ratio
- Residential Habilitation provided in a setting licensed under 55 Pa Code, Chapter 6400 with an approved program capacity of one person
- Home and Community Habilitation requested at an average of 16 or more hours or 64 units daily.

On January 3, 2011, ODP released Information Memo #172-10, titled *Checklist for Administrative Entity Review of ISPs*. The purpose of this communication was to issue the **Checklist for Administrative Entity Review of ISPs** and outline the requirements for its use by AEs. The completion of the Checklist was one method used to assure that:

- ISPs are thorough
- Services are based on assessed needs
- Reasons for intensive staffing/support levels are documented
- The principles of *Everyday Lives* are supported by addressing levels of staffing/support that may compromise those principles.

DISCUSSION

ISP Review Checklist, Form DP 1050 – General Information³

As was stated in the *PURPOSE* section of this communication, the **Checklist for Administrative Entity Review of ISP's** name has changed to the [ISP Review Checklist](#), Form DP 1050.

The [Checklist](#)'s use has been expanded to include additional services. The following is a comprehensive list of the services now included on the [Checklist](#)⁴:

- Licensed and Unlicensed Residential Habilitation
- Licensed 6400 One Person Homes
- Intensive Staffing
 - Licensed (2380 and 2390) Day Program Services with 1:1 or higher staffing ratio
 - Unlicensed Home and Community Habilitation with an average of 16 or more hours or 64 units daily
 - Supplemental Habilitation/Additional Individualized Staffing (SH/AIS)
- Pre-Vocational, and
- Supported Employment – Job Finding

³ APPENDIX A summarizes each section of the Checklist, APPENDIX B summarizes when the Checklist should be used, APPENDIX E is a sample of the Checklist

⁴ See APPENDIX C found at the end of this communication for a list of specific services and procedure codes that require the completion of the Checklist.

Purpose of the ISP Review Checklist:

In addition to the original purpose of the [Checklist](#) as described in the *BACKGROUND* section of this communication, the [Checklist](#) (DP 1050) is to serve as a tool in the review of the completed ISP that can be used by SCO management, AEs, and ODP reviewers.

BASE-FUNDED SERVICES

Use of the Checklist for base-funded individuals is encouraged but not required. Please consult with the county program if you have questions regarding use of the form for the ISPs of base-funded individuals.

Responsibilities in Completing the ISP Review Checklist⁵:

The [Checklist](#) is to be used by Providers, SCOs, and AEs in the preparation, completion, and review of ISPs for waiver participants who receive services outlined in the [Checklist](#). It is strongly recommended that procedures are developed to track Checklists in order to meet ODP's identified timelines.

Effective Date:

The new processes and requirements detailed in this communication are effective for ISP meetings held on or after **April 1, 2013** that include waiver services identified on the [Checklist](#).

! NOTE:

For your reference, the applicable procedure codes where the Checklist is to be used are listed in APPENDIX C found at the end of this communication.

The Checklist (DP 1050 Form) is stored on www.odpconsulting.net > Resources > ODP Forms. Users may click on the following hyperlink to access the form: [Checklist](#).

See the following pages for details regarding the roles of the Provider, SC/SCO, and AE in regard to the Checklist.

⁵ See APPENDIX D for a summary of each stakeholder's roles and responsibilities as they apply to the [Checklist](#)

**PROVIDER'S
ROLE FOR
THE
CHECKLIST**

Team Discussions and Submission of Documentation

Providers are expected to participate in team discussions using the [Checklist](#) as a guide and submit supporting documentation to the SC during Annual Review ISP meetings and when there is a change in service(s) that results in a critical revision to the individual's ISP. The supporting documentation shall show evidence of the ongoing need for the identified service.

Initiate ISP Review Checklist

Providers of identified services are required to initiate the [Checklist](#) for all SH/AIS requests and for services requiring a six-month review to provide updated assessment information.

Complete ISP Review Checklist

Providers should complete the provider sections of the [Checklist](#) and submit it along with supporting documentation to the SC in order to provide information on the individual's current status. This information will assist in making a determination about whether there is a continued need for the service and to determine progress in the following situations:

- All SH/AIS requests
- For services requiring a six-month review
 - Licensed and Unlicensed Residential Habilitation
 - Licensed 6400 One-Person Home
 - Pre-Vocational, and
 - Supported Employment – Job-Finding

Action Plan

If the individual does not continue to meet the criteria for the service, the Provider shall assist in the development of an action plan.

NOTE: If the Provider does not submit supporting documentation to the SC, the SC will proceed with completing the process with the information they are aware of. During the review of the ISP, the AE may request additional information from the SC to substantiate the need for service and if the Provider has not submitted documentation this may impact service authorization. In the event there is not enough information to fully substantiate the need, the AE shall authorize the services, in part, for a limited time, or deny and the AE will communicate the decision to the Provider.

SC/SCO'S ROLE FOR THE CHECKLIST

Required to Use the Checklist: Previously, SCs were encouraged but not required, to use the Checklist. SCs will now use the Checklist as a guide to facilitate team discussions, to initiate the Checklist during specific times as outlined in this communication, and to indicate where information is located in the ISP.

Initiate and Complete Checklist: SCs shall initiate and complete the [Checklist](#) to guide team discussion during annual review ISP meetings and when there is a change in service that results in a critical revision to the ISP. If there are multiple providers supporting a waiver participant that render the services requiring completion of the Checklist, the SC shall combine the providers' information into one Checklist.

Complete/Submit Checklist to AE: The SC completes and submits the [Checklist](#) to the AE for the following:

- Annual Review ISPs that include:
 - Licensed and Unlicensed Residential Habilitation
 - Licensed 6400 One-Person Home Guidelines
 - Intensive Staffing
 - Licensed Day Program with 1:1 or higher staffing ratio
 - Unlicensed Home & Community Habilitation 16 hours (64 units) or more daily
- Critical Revision ISPs that include:
 - Section B: Licensed and Unlicensed Residential Habilitation
 - Section C: Licensed 6400 One Person Home Guidelines
 - Section D: Intensive Staffing
 - Licensed Day Program with 1:1 or higher staffing ratio
 - Unlicensed Home & Community Habilitation 16 hours (64 units) or more daily
 - SH/AIS (New requests only)
- For the Biannual Review ISP, if the individual continues to meet criteria, the SCOs do not need to submit the Checklist to the AE; they shall maintain the Checklist for their files only. Biannual Review ISP for six-month reviews should be completed for the following:
 - Licensed and Unlicensed Residential Habilitation
 - Licensed 6400 One Person Home Guidelines
 - Pre-Vocational
 - Job-Finding

Provide Information: During review of the ISP, the AE may request additional information from the SCO. If the AE contacts the SCO to provide additional information, the SCO will provide it to the AE within seven (7) days of the date that the ISP was returned to the SCO for revision. If the SCO does not provide the information requested, the AE will either authorize the services in part, for a limited time, or deny the services and the AE will inform the SCO of the decision.

NOTE:

- In those instances when the provider does not submit supporting documentation to the SC, the SC should proceed with completing the process with the knowledge they have about the individual's need for service. The SC shall then document how the information was obtained when it is forwarded by the provider.

AE'S ROLE FOR THE CHECKLIST

Review and Authorization Decision: In accordance with the waiver and AE Operating Agreement, the AE remains responsible for all ISP review and authorization decisions (with the exception of SH/AIS requests, which require ODP prior authorization). AE's are now expected to use the Checklist to validate decisions for the services specified in the Checklist.

Review ISP: Upon receipt of the [Checklist](#), the AE shall review the ISP to ensure information in the [Checklist](#) is documented appropriately and supports the need for the continuation of service and/or service request in order to make an authorization determination.

Follow Up: If the AE feels that additional information is needed in order to make an authorization decision, the AE shall request the information or clarification and return the ISP and the [Checklist](#) to the SCO within seven (7) calendar days of the date of ISP submission.

If additional information is not obtained or information provided does not fully substantiate the need, the AE shall authorize the services, in part, for a limited time, or deny and take the following actions:

- Communicate the decision to the SCO and Provider⁶
- Notify the individual of the decision, basis for the decision, and issue fair hearing and appeal rights.
- The AE must maintain a copy of the DP 1050, the Checklist and the fair hearing and appeal rights in the individual's file.



NOTE

See Appendix D found at the end of this communication for a chart that identifies the roles and responsibilities for ISP-related activities that apply to the [Checklist](#).

⁶ Timelines associated with this task are found on the instruction page of the [Checklist](#) (DP 1050)

Six-Month Review

As per 55 Pa. Code Chapter 51 ODP's Home and Community Based Services regulations and the approved Consolidated and P/FDS waivers, six-month reviews are required for the following waiver services and must be documented using the Biannual ISP:

- Licensed and Unlicensed Residential Habilitation
- Licensed 6400 One Person Home
- Pre-Vocational, and
- Supported Employment – Job Finding

Six-month reviews are to be based on the **ARUD** and should reflect the review of information resulting from the licensed provider's required second three-month review⁷. The provider's second three-month review only applies to Licensed Residential Habilitation and Pre-Vocational services since they are licensed services.

 **NOTE:** The implementation of the 6-month review process should be based off of the **ARUD** that is on or after April 1, 2013.

Unlicensed Residential Habilitation and Supported Employment - Job Finding are not licensed services. Providers of these services were not previously required to conduct a "formal" three-month review. Effective with implementation of this Checklist and the accompanying procedures, providers rendering unlicensed residential habilitation and job finding are expected to follow the same procedures of licensed providers as it relates to the six-month review.

A Biannual Review ISP is used for editing or updating an existing ISP that has an authorized service that requires a review every six months. Additionally, the Biannual Review ISP is used as a mechanism to assist with tracking the completion of this required review. If there are no changes identified during the six-month review, the Biannual Review ISP must be completed to confirm that no changes were identified. If the six-month review results in the need for a changed service, a Critical Revision ISP should be completed and the service details should be modified. The Critical Revision ISP is then subject to AE review, approval, and authorization.

GENERAL INFORMATION FOR A SIX MONTH REVIEW

- If a service requiring a six-month review is added to an ISP through a critical revision prior to the date of the six-month review, a six-month review of that service will be required based on the ARUD, not the date that the service was added to the ISP.
- Section A of the [Checklist](#) is **NOT** completed for six-month reviews, only the section in the [Checklist](#) that applies specifically to that service is to be completed. The completed form is submitted to the AE only if the person does not meet criteria for the service or the current services are not assisting the individual in meeting his or her outcomes. The Checklist should be retained by the SCO if criteria for the service(s) are met.

⁷ A three-month review is sometimes referred to as a quarterly review

PROVIDER'S ROLE FOR A SIX MONTH REVIEW

Providers will be required to initiate the [Checklist](#) for the services listed above that require a six -month review to provide updated assessment information in order to assist in a determination if there is a continued need for the service. Providers shall also participate in team discussion related to service need.

SC'S ROLE FOR A SIX MONTH REVIEW

The SC will use the [Checklist](#) to:

- Convene team discussion about the ongoing need of the services during the six-month review.
- Generate a Six-Month review of Licensed and Unlicensed Residential Habilitation which must occur at the time of the SC Monitoring
- Document in a service note that a six-month review occurred. The content and outcome of the six-month review shall be documented in Home and Community Supports Information System (HCSIS) using the Biannual Review ISP format in the sections of the ISP identified in the Checklist.
- Document the summary of the team discussion as well as the date of the discussion in the *Outcome Actions: How will you know that progress is being made toward the outcome?* section of the ISP.

ISP TEAM's ROLE FOR A SIX MONTH REVIEW

If during the Annual Review ISP or six-month review of services it is found that an individual does not currently meet the criteria for continuation of the service, or the current services are not assisting the participant to meet his or her outcomes, the SC updates the individual's ISP accordingly and submits the completed [Checklist](#) to the AE. The ISP team shall be convened to develop and implement an **ACTION PLAN**.

Develop an Action Plan: The action plan must address the actions that have been implemented or that need to be taken in order to secure alternative supports within a defined period (not to exceed 12 months). The action plan shall be documented in *Outcome Actions: What Actions Are Needed* section of the ISP.

The ISP Team should consider the following as appropriate for all services:

- Reviewing strategies within outcome actions to identify how providers can revise the nature of their support
- Assisting in locating and selecting a new, willing, and qualified provider if the individual chooses to explore an alternate provider based on lack of progress towards outcomes from the current provider
- Making changes to services authorized as needed
- For Residential Habilitation services:
 - If Residential Habilitation criteria are not met, the ISP Team must transition the person to a more appropriate service/service location within 12 months.
 - If the Residential Habilitation Licensed 6400 One-Person Home Guidelines are no longer met, the Provider can request revision to the approved program capacity (APC) of the home and/or transition the person to a more appropriate residential service or residential service location with the agreement of the ISP team.

Hyperlink for the ISP Review Checklist (DP 1050 Form)

http://documents.odpconsulting.net/alfresco/d/d/workspace/SpacesStore/568a1b50-8958-4e48-a752-ba261f7d86ee/ISP_Review_Checklist_DP_1050_UF.pdf

Regulation Reference for this Waiver Renewal Implementation Activity:

55 Pa Code, Chapter 51 relating to home and community-based services

- *Residential Habilitation Criteria and Review Process – Chapter §51.14 (f) & §51.28(d-i)*

Related Training and Communications:

Released:

- [Informational Packet #025-12](#), titled *Preparations for the Fiscal Year (FY) 2012-2013 ISP Renewal Period: Action Required*
- [Informational Memo #034-12](#), titled *Billing Changes: Fiscal Year (FY) 2012-2013*
- [Announcement #049-12](#), titled *ODP Regulations Update*
- [Announcement #052-12](#), titled *Approved ODP Waiver Renewals Effective July 1, 2012*
- [Informational Memo #056-12](#), titled *Waiver Renewal Implementation, ISP Development Process – Highlighted Changes*
- ISP Bulletin and Attachments
 - ISP Manual 2012 Updates
 - Updated ISP Signature Form (DP 1032) revised 8/2012
- [ISP Manual 2012 Update Webcast](#)
- [Informational Memo #005-13](#), titled *Waiver Renewal Implementation, ISP Manual Replacement Page*
- [Informational Memo #080-12](#), titled *Reporting Unauthorized Restrictive Interventions*

Upcoming:

- ISP Review Checklist Webcast
- Updated SH/AIS Webcast
- Updated SH/AIS User Guide

Obsolete:


- DP 1035 – Supplemental Habilitation (The DP 1035 will be made obsolete effective for ISP meetings held on or after April 1, 2013)
- AE ISP Checklist Communication

INQUIRIES

All inquiries regarding this communication should be sent to ra-odpispinquiries@pa.gov mailbox.

APPENDIX A: Sections of the ISP Review Checklist

The following chart summarizes each section of the ISP Review Checklist (DP 1050).

ISP REVIEW CHECKLIST: SECTION DESCRIPTION AND USE		
Section	Section Name	When Should This Section of the Checklist Be Completed?
A	General ISP Requirements	<p>This section of the Checklist includes seventeen (17) general questions that the ISP team should review during an annual review ISPs that include services covered in:</p> <ul style="list-style-type: none"> • Section B - Residential Habilitation criteria that applies to Licensed and Unlicensed Residential Habilitation • Section C - Licensed 6400 One Person Home Guidelines • Section D - Intensive Staffing <ul style="list-style-type: none"> ○ Licensed (2380 and 2390) Day Program Services with 1:1 or higher staffing ratio ○ Unlicensed Home and Community Habilitation with an average of 16 or more hours or 64 units daily <p> Section A should only be completed for Annual Reviews. This section should not be completed for SH/AIS requests or 6 month reviews.</p>
B	Residential Habilitation	<p>Includes the Licensed and Unlicensed Residential Habilitation criteria, referenced in 55 Pa. Code Chapter 51, ODP Home and Community Based Services regulations.</p> <p>The criteria in this section must be reviewed any time a new licensed or unlicensed Residential Habilitation service is being considered and as part of the annual review ISP process and during six month reviews, to verify that the residential criteria in §51.28 have been applied and the need for residential habilitation services is documented in the ISP. After all criteria are reviewed and met, the option of family living/life sharing should be discussed and this option must also be reviewed annually.</p> <p><i>This section should be completed for:</i></p> <ul style="list-style-type: none"> • Annual Review ISPs that include Licensed or Unlicensed Residential Habilitation services. • Critical Revision ISPs that include initial requests for Licensed or Unlicensed Residential Habilitation services. • Bi-Annual ISPs that include Licensed or Unlicensed Residential Habilitation services to determine whether there is a continued need for the service during the six month review.

APPENDIX A: Sections of the ISP Review Checklist














ISP REVIEW CHECKLIST: SECTION DESCRIPTION AND USE		
Section	Section Name	When Should This Section of the Checklist Be Completed?
C	Licensed 6400 One Person Home Guidelines	<p>The purpose of this section is to assist the ISP team in determining the least restrictive environment for the individual once a need for a licensed residential habilitation service has been determined.</p> <p>These guidelines ensure that:</p> <ul style="list-style-type: none"> • Individuals in Licensed 6400 One Person Homes are being served in the most integrated setting appropriate to their needs. • Needed protections and ancillary supports (mental health, behavioral support, etc.) are in place and there is a plan to discontinue or reduce the intensive supports/service whenever possible. <p>Each Licensed 6400 One Person Homes guideline must be met in order for the service to be authorized. The guidelines shall be reviewed every six months for individuals currently residing in a Licensed 6400 One Person Home. Medical and behavioral data should be used to support the residential setting size. If two months of data is not available, clinical documentation should be reviewed to support the need for this setting size.</p> <p><i>This section should be completed for:</i></p> <ul style="list-style-type: none"> • Annual Review ISPs that include Licensed 6400 One Person Homes • Critical Revision ISPs that include initial requests for a Licensed 6400 One Person Home • Bi-Annual ISPs that include residential habilitation in a Licensed 6400 One Person Home to determine whether there is a continued need for the service during the six month review.
D	Intensive Staffing	<p>This section includes items that the ISP Team shall review for Licensed Day Services (55 Pa. Code Chapters 2380 and 2390) provided at a 1:1 or higher staffing ratio, Unlicensed Home and Community Habilitation requested at an average of 16 hours (64 units) or more daily, and SH/AIS requests.</p> <p>These items are to assist the ISP team in determining at the least restrictive support for the individual</p>

APPENDIX A: Sections of the ISP Review Checklist

ISP REVIEW CHECKLIST: SECTION DESCRIPTION AND USE		
Section	Section Name	When Should This Section of the Checklist Be Completed?
D	Intensive Staffing (continued from previous page)	<p>through the review of critical information such as support needs and risks, alternatives explored, the role/function of proposed staff, and the plan for discontinuance or reduction of the intensive support.</p> <p><i>This section should be completed for:</i></p> <ul style="list-style-type: none"> • Annual Reviews that include a request for enhanced staffing ratio (1:1 or higher) at a Licensed day service (2380 or 2390) or a request for 16 hours (64 units) or more daily of Home & Community Habilitation unlicensed • Critical Revision ISPs that include a new request for intensive staffing ratio (1:1 or higher) at a Licensed day service (2380 or 2390) or 16 hours (64 units) or more daily of Unlicensed Home and Community Habilitation • Critical Revision ISPs that include a new request for SH/AIS
E	Pre-Vocational	<p>This section shall be reviewed every six months for individuals currently receiving a Pre-Vocational service. Its purpose is to assess the progress of the employment outcome. Individuals receiving Pre-Vocational service must have an outcome for employment included in their ISP.</p> <p><i>This section should be completed for:</i></p> <p>Biannual ISPs that include the Pre-Vocational services to determine if the individual is successful in meeting their outcomes and goals during the six month review.</p>
F	Supported Employment – Job-Finding	<p>This section shall be reviewed every six months for individuals currently in Supported Employment – Job Finding service in order for teams to assess whether the service is assisting the participant with the outcome of finding community employment.</p> <p><i>This section should be completed for:</i></p> <p>Biannual ISPs that include the Supported Employment – Job-Finding service to determine if there is a continued need for the service during the six month review.</p>

APPENDIX B: When to Complete the ISP Review Checklist (DP 1050 Form)

The following chart identifies when to complete the [ISP Review Checklist](#):

SERVICES	ANNUAL	CRITICAL REVISION	SIX-MONTH REVIEW
Residential Habilitation			
Licensed One Person Home Guidelines			
Intensive Staffing • Day Program 1:1 or higher			
Intensive Staffing • HCH 16 hours or more			
Intensive Staffing (New Requests) • SH/AIS			
Pre-Vocational			
Supported Employment Job Finding			

APPENDIX C: Services Requiring the Completion of the ISP Review Checklist (DP 1050)

SERVICES REQUIRING THE COMPLETION OF THE [ISP REVIEW CHECKLIST](#)

Section B: Residential Habilitation Criteria		
Service Name	Procedure Code	Service Level
Licensed Residential Habilitation—Child Residential Services	W7010, W7012, W7014, W7016, W7018	One-Individual Home thru Five-to-Eight-Individual Home, Eligible*
Licensed Residential Habilitation—Community Residential Rehabilitation Services for the Mentally Ill	W7020, W7022, W7024, W7026, W7028	One-Individual Home thru Five-to-Eight-Individual Home, Eligible*
Licensed Residential Habilitation—Family Living Homes (Adult)	W7291, W7293	One-Individual Home and Two-Individual Home, Eligible*
Licensed Residential Habilitation—Family Living Homes (Child)	W7295, W7297	One-Individual Home and Two-Individual Home, Eligible*
Licensed Residential Habilitation in Community Homes	W6090, W6092, W6094, W6096, W6098, and UA Modifier	One-Individual Home thru Five-to-Eight-Individual Home, Eligible*
Unlicensed Residential Habilitation Services in Community Homes	W7078, W7080, W7082	One-Individual Home thru Three-Individual Home, Eligible*
Unlicensed Residential Habilitation in Family Living Homes	W7037, W7039	One-Individual Home and Two-Individual Home, Eligible*

Section C: Licensed 6400 One Person Home Guidelines		
Service Name	Procedure Code	Service Level
Licensed Residential Habilitation in Community Homes	W6090	One-Individual Home, Eligible*

* Only eligible procedure codes are reflected for residential services

Section D: Intensive Staffing			
Intensive Staffing as part of any day service (1:1 or higher level of staffing/support)			
Service Name	Procedure Code	Service Level	Staff-to-Individual Ratio
Adult Training Facilities (55 Pa. Code Chapter 2380)	W7075	Level 3	1:1
	W7076	Level 3 Enhanced	1:1 who is degreed
	W7076 TD or TE	Level 3 Enhanced	1:1 who is a licensed nurse
	W7035	Level 4	2:1
	W7036	Level 4 Enhanced	2:1 who is degreed
	W7036 TD or TE	Level 4 Enhanced	2:1 who is a licensed nurse
Prevocational Service in Vocational Facilities (55 Pa. Code Chapter 2390)	W7090	Level 3	1:1
	W7091	Level 3 Enhanced	1:1 who is degreed
	W7091 TD or TE	Level 3 Enhanced	1:1 who is a licensed nurse
	W7092	Level 4	2:1
	W7093	Level 4 Enhanced	2:1 who is degreed
	W7093 TD or TE	Level 4 Enhanced	2:1 who is a licensed nurse

APPENDIX C: Services Requiring the Completion of the ISP Review Checklist (DP 1050)

Section D: Intensive Staffing

HCH requested for 64 units/16 hours or more per day (Not in a day program setting)

Service Name	Procedure Code	Service Level	Staff-to-Individual Ratio
Home and Community Habilitation (Unlicensed)	W7057	Basic Staff Support	No less than 1:6.
	W7058	Staff Support Level 1	Range of <1:6 to 1:3.5
	W7059	Staff Support Level 2	Range of <1:3.5 to >1:1
	W7060	Level 3	1:1
	W7061	Level 3 Enhanced	1:1 who is degreed
	W7061 TD or TE	Level 3 Enhanced	1:1 who is a licensed nurse
	W7068	Level 4	2:1
	W7069	Level 4 Enhanced	2:1 who is degreed
	W7069 TD or TE	Level 4 Enhanced	2:1 who is a licensed nurse

Section D: SH/AIS

Service Name	Procedure Code	Staff-to-Individual Ratio
Supplemental Habilitation	W7070	1:1
	W7084	2:1
Additional Individualized Staffing	W7085	1:1
	W7086	2:1

Section E: Pre-Vocational

Service Name	Procedure Code	Service Level	Staff-to-Individual Ratio
Pre-Vocational	W7087	Basic Staff Support	No less than 1:15
	W7088	Staff Support Level 1	Range of <1:15 to 1:7.5
	W7089	Staff Support Level 2	Range of <1:7.5 to >1:1
	W7090	Level 3	1:1
	W7091	Level 3 Enhanced	1:1 who is degreed
	W7091 TD or TE	Level 3 Enhanced	1:1 who is a licensed nurse
	W7092	Level 4	2:1
	W7093	Level 4 Enhanced	2:1 who is degreed
	W7093 TD or TE	Level 4 Enhanced	2:1 who is a licensed nurse

Section F: Supported Employment – Job Finding

Service Name	Procedure Code	Staff-to-Individual Ratio
Supported Employment – Job Finding	W7235	1:1

APPENDIX D: ISP Review Checklist – Roles & Responsibilities

ISP Review Checklist – Roles & Responsibilities

Activity	Provider	Supports Coordinator (SC)	Administrative Entity (AE)
Annual Review ISP	<ol style="list-style-type: none"> 1. Submit supporting documentation 2. Participate in team discussion 	<ol style="list-style-type: none"> 1. Initiate ISP Checklist 2. Convene a discussion 3. Document information in ISP 4. Complete Checklist, identifying sections 5. Submit Checklist to AE 6. Maintain copy of Checklist for files 	<ol style="list-style-type: none"> 1. Use Checklist to review ISP and to make an authorization determination 2. Complete Checklist 3. Maintain copy of Checklist for files
Critical Revision Change in Service	<ol style="list-style-type: none"> 1. Submit supporting documentation 2. Participate in team discussion 	<ol style="list-style-type: none"> 1. Initiate ISP Checklist 2. Convene a discussion 3. Document information in ISP 4. Complete Checklist, identifying sections 5. Submit Checklist to AE 6. Maintain copy of Checklist for files 	<ol style="list-style-type: none"> 1. Use Checklist to review ISP and to make an authorization determination 2. Complete Checklist 3. Maintain copy of Checklist for files
Critical Revision SH/AIS	<ol style="list-style-type: none"> 1. Initiate ISP Checklist 2. Submit supporting documentation 3. Forward to SC 4. Maintain copy of Checklist for files 5. Participate in team discussion 	<ol style="list-style-type: none"> 1. Convene a discussion 2. Document information in ISP 3. Complete Checklist, identifying sections 4. Submit Checklist to AE 5. Maintain copy of Checklist for files 	<ol style="list-style-type: none"> 1. Use Checklist to review ISP and to make an authorization recommendation 2. Complete Checklist 3. Forward Checklist and authorization recommendation to ODP <p>*Follow procedures in SH/AIS Manual</p>
Six-Month Review Biannual Review ISP	<ol style="list-style-type: none"> 1. Initiate ISP Checklist 2. Submit supporting documentation 3. Forward to SC 4. Maintain copy of Checklist for files 5. Participate in team discussion. 	<ol style="list-style-type: none"> 1. Compile information for multiple Providers 2. Convene a team review at SC Monitoring 3. Document information in ISP 4. Complete Checklist, identifying sections 5. Submit Checklist to AE only if individual does not meet criteria 6. Maintain copy of Checklist for files 	<ol style="list-style-type: none"> 1. Use Checklist only if individual does not meet criteria 2. Complete Checklist 3. Maintain copy of Checklist for files



ISP Review Checklist

Instructions

This checklist is to be used by providers, supports coordinators (SCs), and administrative entities (AEs) in the preparation, completion and review of Individual Support Plans (ISPs) for waiver participants that include any of the following services.

- Licensed and unlicensed residential habilitation
- Licensed 6400 one-person homes
 - * Please note: 55 PA Code, Chapter 6400 setting with an approved program capacity of one-person will be hereinafter referred to as “licensed 6400 one-person homes”.
- Intensive staffing
 - Licensed (2380 and 2390) day program service with 1:1 or higher staffing ratio
 - Unlicensed home & community habilitation with an average of 16 hours (64 units) or more daily
 - Supplemental habilitation/additional individualized staffing (SH/AIS)
 - * This checklist replaces DP 1035 however the SH/AIS procedures remain the same.
- Pre-vocational services
- Supported employment – job finding services

Use of the ISP Review Checklist for individuals who are base-funded is encouraged. Please consult with the county program if you have questions regarding the use of this checklist for the ISPs of base funded individuals.

When to complete sections of the checklist for:

Annual Review ISPs <ul style="list-style-type: none"> • Section A: General ISP requirements • Section B: Licensed and unlicensed residential habilitation • Section C: Licensed 6400 one-person home guidelines • Section D: Intensive staffing <ul style="list-style-type: none"> - Licensed day program with 1:1 or higher staffing ratio - Unlicensed home & community habilitation (16 hours (64 units) or more daily
Critical Revision ISPs <ul style="list-style-type: none"> • Section B: Licensed and unlicensed residential habilitation • Section C: Licensed 6400 one-person home guidelines • Section D: Intensive staffing <ul style="list-style-type: none"> - Licensed pay program with 1:1 or higher staffing ratio - Unlicensed home & community habilitation 16 hours (64 units) or more daily - SH/AIS
Biannual ISPs also referred to Six-month reviews <ul style="list-style-type: none"> • Section B: Licensed and unlicensed residential habilitation • Section C: Licensed 6400 one-person home guidelines • Section E: Pre-vocational • Section F: Supported employment – job finding

Items with asterisks (*) throughout the checklist mean:

- * Item must meet the standard/be documented in the ISP in order for the ISP to be approved.
- **If “no” is selected for this item, the AE and SCO must collaborate to ensure the ISP is revised to include this information upon submission of the next annual review ISP or critical revision.

Definition of terms:

- Item to discuss/document in ISP – The team should use these items to direct their discussions related to services.
- Recommended ISP section – “Items to discuss/document in the ISP” should be included in these sections of the ISP.
- Item documented? – The AE shall validate that information was documented to support the need for the service(s).
- Criteria met – This section is for ODP to complete during SH/AIS reviews in order to make an authorization decision.

Providers:

1. Initiate and complete the provider section of the ISP Review Checklist and provide supporting documentation for the following reasons:
 - Six-month review of services in sections B, C, E and/or F.
 - All SH/AIS requests - section D.
2. Save Form -> (naming convention: MCI#_ISPChecklist).
3. Submit supporting documentation along with ISP review checklist to SC and maintain copy of checklist as well as documentation that information was forwarded to SC.



ISP Review Checklist

Supports Coordinators:

1. Initiate and complete the Checklist for the following reasons:
 - Annual review ISPs that include the identified services in sections A, B, C, and D (excluding SH/AIS)
 - Critical revision ISPs that include the identified services in sections B, C and D (excluding SH/AIS)
2. Compile information for multiple providers into the Provider section of the ISP Checklist when applicable.
3. Convene a discussion with team members regarding the need for the service.
4. Document the date and summary of the team discussion in the outcome action "How will you know that progress is being made toward the outcome?" section of the individual's IPS.
5. Review section of the checklist that applies to service. Section A must be completed for all ISPs with identified services during Annual review ISPs.
6. Complete "Recommended ISP Section" column. Check of sections on the checklist to indicate in what area of the ISP that information is documented.
7. Save Form -> (naming convention: MCI#_ISPChecklist).
8. Forward checklist to the AE at the time of submission of the ISP.
 - Annual review and critical revision ISPs for identified services – submit checklist to AE.
 - Biannual review ISP for six-month reviews of residential habilitation, licensed 6400 one-person homes, pre-vocational, and job-finding when the individual does not meet criteria.

Administrative Entities:

1. Upon receipt of the Checklist, ensure the required Sections are completed during the following times:

Annual Review ISPs:

- Section A: General ISP requirements
- Section B: Licensed and unlicensed residential habilitation
- Section C: Licensed 6400 one-person home guidelines
- Section D: Intensive staffing
 - Licensed pay program with 1:1 or higher staffing ratio
 - Unlicensed home & community habilitation 16 hours (64 units) or more daily

Critical Revision ISP

- Section B: Licensed and unlicensed residential habilitation
- Section C: Licensed 6400 one-person home guidelines
- Section D: Intensive staffing
 - Licensed pay program with 1:1 or higher staffing ratio
 - Unlicensed home & community habilitation 16 hours (64 units) or more daily
 - SH/AIS

Biannual ISPs also referred to six-month reviews ONLY if criteria is not met:

- Section B: Licensed and unlicensed residential habilitation
- Section C: Licensed 6400 one-person home guidelines
- Section E: Pre-vocational
- Section F: Supported employment – job finding

2. Review ISPs to ensure information in the checklist is documented and supports the need for service/service request in order to make an authorization determination.
 - Section A – for every annual review and critical revision ISP that includes a new request for any of the identified services.
 - Section D – forward authorization recommendation to ODP.
 - Sections B, C, F, G.
 - Critical revisions that include an initial request for an identified service.
 - Six-month review indicates individual no longer meets criteria.
3. AE shall request clarification from SCO if the AE feels that additional information is needed to make authorization determination for service. If additional information cannot be obtained within the five calendar day time-frame or the information provided does not fully substantiate the need, the AE shall authorize the services, in part, for a limited time, or deny and communicate the decision to the SCO & provider.
4. Notify the individual of the decision, basis for the decision and issue fair hearing and appeal rights.
5. Complete "Item Documented?" column.
6. AE shall maintain checklist for individual's file.

Office of Developmental Programs:

1. Review ISPs with SH/AIS requests in order to make an authorization determination.
 - Please reference the SH/AIS procedures user guide for more details related to SH/AIS.



ISP Review Checklist

Individual's name:		MCI:	
Initiator of checklist: <input type="checkbox"/> Provider <input type="checkbox"/> Supports Coordinator		Activity: <input type="checkbox"/> Six-month review <input type="checkbox"/> SH/AIS <input type="checkbox"/> Annual review <input type="checkbox"/> Critical revision	
Type of service: (Check all that apply.) <input type="checkbox"/> Unlicensed & licensed residential habilitation <input type="checkbox"/> Licensed 6400 one-person home <input type="checkbox"/> Intensive staffing - day program 1:1 or higher <input type="checkbox"/> Intensive staffing - HCH 16 hours or more <input type="checkbox"/> Intensive Staffing - SH/AIS <input type="checkbox"/> Pre-vocational <input type="checkbox"/> Supported employment - job-finding			
SCO:			
SC name:		SC e-mail:	
AE:			
AE contact name:		AE e-mail:	
Provider Information			
Provider name:		MPI: C:	
SLC address:			
Provider contact name:		Contact e-mail:	
Provider Information *			
Provider name:		MPI: SLC:	
SLC address:			
Provider contact name:		Contact e-mail:	
Provider Information *			
Provider name:		MPI: SLC:	
SLC address:			
Provider contact name:		Contact e-mail:	
Reason for service need/justification of on-going service need:			
Explanation of what type of support the staff will be providing:			

* If multiple providers, SC should compile information into one individual checklist.



ISP Review Checklist

Provider to Complete (SH/AIS ONLY)			
Current staffing pattern:		Service Requested:	Units Days
Type of service: (Choose One)		Category of need: (Choose One)	
Administrative Entity to Complete			
AE reviewer name:		Authorization recommendation: (Choose One) (SH/AIS Only)	
Date returned to SCO when more information is needed:			
Reason/information requested:			
Date forwarded to ODP (AIS only):			
ODP to Complete (SH/AIS Only)			
ODP reviewer:		Requester prior authorization	
Prior authorization decision: (Choose One)			
Reviewer comments:			

SAMPLE



ISP Review Checklist

Section A: General ISP Requirements		
Note: this section is only required for annual reviews.		
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete
1. The outcome actions are measurable and observable.*	<input type="checkbox"/> Outcome actions: how will you know progress is being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
2. The outcomes included in the ISP relate to an identified preference; each outcome describes how it will make a difference in the individual's life.*	<input type="checkbox"/> Individual preferences <input type="checkbox"/> Outcome summary: reason for outcome <input type="checkbox"/> Outcome actions <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*
3. Use of natural/non-paid supports ** • Outcome actions explain the role/use of natural supports and/or non-paid supports. • Documentation is available regarding efforts to explore natural and/or non-paid supports.	<input type="checkbox"/> Know & do <input type="checkbox"/> Outcome actions: what actions are needed? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No**
4. The ISP indicates how progress/success will be determined and documented and how the service supports the outcome.*	<input type="checkbox"/> Outcome actions: how will you know progress is being made? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*
5. Progress has been made toward each identified outcome. If no progress has been made, an explanation is provided.	<input type="checkbox"/> Outcome actions: what are the current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No** <input type="checkbox"/> NA For all ISPs, select NA
6. Waiver services included in the ISP are based on assessed needs.*	<input type="checkbox"/> Outcome Summary: relevant assessments <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*
7. Specific training and/or specific skills needed by staff providing services (beyond general staff orientation) are described in the ISP.*	<input type="checkbox"/> Know & do <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Outcome actions: what actions are needed? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*
8. The ISP includes the type of services to be provided including the frequency of each waiver-eligible service.*	<input type="checkbox"/> Outcome actions: frequency and duration <input type="checkbox"/> Service details <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*
9. The information in the ISP is consistent and no obvious contradictions were found. (For example, the ISP documents that the individual has difficulty ambulating without assistance, but is able to evacuate independently.)*		<input type="checkbox"/> Yes <input type="checkbox"/> No*
10. The ISP includes documentation that there are opportunities for the person to have an "everyday life". This should include:** • Opportunities to exercise choice and control; • Specific actions to support and promote the person's connection to the community; • Actions to support the person's individuality, freedom and rights.	<input type="checkbox"/> Know & do <input type="checkbox"/> Important to <input type="checkbox"/> Desired activities <input type="checkbox"/> What makes sense <input type="checkbox"/> Like & admire <input type="checkbox"/> Employment/volunteer <input type="checkbox"/> Understanding communication <input type="checkbox"/> Outcome summary: outcome statement <input type="checkbox"/> Outcome actions <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No**
11. The medical appointments/health evaluations listed in the ISP include all known visits to any health care practitioner in the past 12 months.*	<input type="checkbox"/> Medical: health evaluations <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*
12. For transition-age students (beginning at age 14): The ISP documents that collaborative transition planning activities are occurring to prepare the youth/young adult for adult life.	<input type="checkbox"/> Educational/vocational <input type="checkbox"/> Outcome summary <input type="checkbox"/> Outcome actions <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA



ISP Review Checklist

Section A: General ISP Requirements		
Note: this section is only required for annual reviews.		
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete
<p>13. There is demonstration that opportunities to work have been explored. The functional level employment screen should be completed for the following:</p> <ul style="list-style-type: none"> • An individual age 16 to 26; and/or • An individual with vocational services and outcomes regardless of age and setting; and/or • An individual leaving a state center.* 	<input type="checkbox"/> Know & do <input type="checkbox"/> Employment/volunteer <input type="checkbox"/> Outcome summary <input type="checkbox"/> Outcome actions <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA Select N/A if the functional level employment requirement does not apply.
<p>14. If there are unmet need(s) identified in the planning process then unmet need(s) are documented through PUNS.*</p>	<input type="checkbox"/> Outcome summary <input type="checkbox"/> Outcome actions <input type="checkbox"/> PUNS (supporting documentation) <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA If an individual in the waiver is also on the Emergency PUNS, documentation must include what is being done to meet the individual's need and assure health and safety. Choose N/A if there are no unmet needs or if the PUNS category of need is critical or planning.
<p>15. Services from other service systems are pursued and incorporated where appropriate (EPSDT, C&Y, MH, IDEA, etc.).</p> <p>Note: if the individual is entitled to another service, a waiver must be the primary service.</p>	<input type="checkbox"/> Outcome actions: what actions are needed? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If there is a waiver for services to which the individual is entitled and limitations have not been met, the ISP may not be approved.
<p>16. There is documentation of coverage for all services eligible for payment through Medicaid or private insurance.*</p>	<input type="checkbox"/> Outcome summary: concerns related to outcome <input type="checkbox"/> Outcome actions <input type="checkbox"/> Documentation (supporting documentation)	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA Choose N/A if there are no services eligible for MA state coverage.
<p>17. There is a written OVR determination that the service is not available through OVR (Rehabilitation Act of 1973).*</p> <p>If waiver funding is requested for employment or pre-vocational services, a determination must be evaluated.</p>	<input type="checkbox"/> Outcome summary: concerns related to outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA Choose N/A if these services are not being requested.
<p>Comments:</p>		



ISP Review Checklist

Section B: Residential Habilitation Criteria Initial Request, Annual Review & Six-Month Review		
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete
1. No person is willing or able to provide the needed natural supports or paid supports for the participant in a private home.	<input type="checkbox"/> Know & do <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The participant health, safety and welfare would not be met with a non-residential habilitation service or natural supports in a private home.	<input type="checkbox"/> Know & do <input type="checkbox"/> Health & safety: focus areas <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Others would be at risk of harm if a residential habilitation service was not provided for the participant.	<input type="checkbox"/> Know & do <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Outcome summary: reason for outcome <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Assessments indicate the participant's needs can only be met through the provision of a residential habilitation service.	<input type="checkbox"/> Know & do <input type="checkbox"/> Non-medical evaluations <input type="checkbox"/> Outcome summary: relevant assessments <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The residential habilitation setting is the least restrictive and most appropriate size to ensure the participant's health and welfare while continuing to meet the assessed need.	<input type="checkbox"/> Know & do <input type="checkbox"/> Outcome summary: reason for outcome <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no plan is present and documented in the ISP.
Family Living/Lifesharing If criteria 1-5 is met, family living/lifesharing should be discussed before a new residential service is included in the ISP. Family living/lifesharing options should be renewed annually.		
6. The ISP indicates that family living/lifesharing options were discussed before a new residential service is included and that this option was reviewed annually.	<input type="checkbox"/> Know & do <input type="checkbox"/> Outcome summary: relevant assessments <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA NA - Individual is already in family living/lifesharing.
Comments:		



ISP Review Checklist

Section C: Licensed 6400 One-Person Home Guidelines Initial Request, Annual Review & Six-Month Review		
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete
One-Person Home - must meet <u>all</u> guidelines.		
1. Medical and behavioral data for a period not less than two months should be used to support the residential setting size selected. If there are not two months of data available, there should be clinical documentation that the individual's behavior is dangerous despite all treatment attempts.	<input type="checkbox"/> Know & do <input type="checkbox"/> Psychosocial information <input type="checkbox"/> Health & safety: focus area (as appropriate) <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The person's behavior is not improved by current behavioral or mental health interventions.	<input type="checkbox"/> Know & do <input type="checkbox"/> Psychosocial information <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The person presents an on-going danger to self or others.	<input type="checkbox"/> Know & do <input type="checkbox"/> Psychosocial information <input type="checkbox"/> Health & safety: focus area (as appropriate) <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The person regularly engages in or attempts to engage in aggressive or assaultive behavior toward self and others.	<input type="checkbox"/> Know & do <input type="checkbox"/> Psychosocial information <input type="checkbox"/> Health & safety: focus area (as appropriate) <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Additional staffing and/or environmental adjustments in a larger setting have failed to ensure the health and safety of the person and others.	<input type="checkbox"/> Know & do <input type="checkbox"/> Psychosocial information <input type="checkbox"/> Health & safety: focus area (as appropriate) <input type="checkbox"/> Supervision care needs: reasons for intensive staffing <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Choose N/A if this is a new residential habilitation request.
6. The person has a behavior support plan which prior to or within 30 days of moving into a one-person home must be updated to include a fading plan to eliminate the need for a segregated one-person home.	<input type="checkbox"/> Supervision care needs: reasons for intensive staffing <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Outcome action: how will you know that progress is being made toward this outcome? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What are the staff responsibilities in supporting the individual?*	<input type="checkbox"/> Know & do <input type="checkbox"/> Health & safety: focus area (as appropriate) <input type="checkbox"/> Outcome actions: what actions are needed <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Comments:		

ISP Review Checklist

Section D: Intensive Staffing			
<input type="checkbox"/> Day program 1:1 or higher <input type="checkbox"/> Home and Community Habilitation - unlicensed 16 hours (64 units) or more <input type="checkbox"/> SH/AIS			
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete	Criteria Met? ODP to Complete SH/AIS Only
1. The change in need is described, including how this change affects the person's health and welfare.*	<input type="checkbox"/> Know & do <input type="checkbox"/> Current health status <input type="checkbox"/> Health & safety: focus areas <input type="checkbox"/> Functional information <input type="checkbox"/> Supervision care needs: reasons for intensive staffing <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. The formal or informal needs assessments used to support the intensive staffing/support needs are identified:* • Formal assessment types include, but are not limited to: the SIS™ and PA Plus, Vineland, Adaptive Behavior Scale (ABS), Alpern-Boll Developmental Profile (LPRN BOAL), and therapy and medical evaluations. • Informal assessments include, but are not limited to: a provider's annual assessment, and family and friends' observations and understanding of the individual and his/her needs.	<input type="checkbox"/> Health & safety <input type="checkbox"/> Medical: health evaluations <input type="checkbox"/> Medical history: current health status, psychosocial, and physical assessment <input type="checkbox"/> Health & safety: focus areas <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Health promotion <input type="checkbox"/> Functional information: non-medical evaluations <input type="checkbox"/> Outcome summary: relevant assessments <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Why is this support needed?*	<input type="checkbox"/> Know & do <input type="checkbox"/> Current health status <input type="checkbox"/> Supervision care needs: reasons for intensive staffing <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Functional information: social/emotional <input type="checkbox"/> Outcome summary: reason for outcome <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What risk does this person present to themselves or others?*	<input type="checkbox"/> Know & do <input type="checkbox"/> Functional information <input type="checkbox"/> Supervision care needs: reasons for intensive staffing <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What are the health and safety reasons for the level of supervision?*	<input type="checkbox"/> Know & do <input type="checkbox"/> Health & safety: focus area (as appropriate) <input type="checkbox"/> Supervision care needs: reasons for intensive staffing <input type="checkbox"/> Outcome summary: reasons for outcome <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. What are the staff responsibilities in supporting the individual?*	<input type="checkbox"/> Know & do <input type="checkbox"/> Health & safety: focus area (as appropriate) <input type="checkbox"/> Outcome summary: what actions are needed? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What are the expanded interactions, activities, programs and/or training that will be provided?*	<input type="checkbox"/> Individual preferences <input type="checkbox"/> Outcome actions: what actions are needed? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE



ISP Review Checklist

Section D: Intensive Staffing			
<input type="checkbox"/> Day program 1:1 or higher <input type="checkbox"/> Home and Community Habilitation - unlicensed 16 hours (64 units) or more <input type="checkbox"/> SH/AIS			
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete	Criteria Met? ODP to Complete SH/AIS Only
8. What other measures have been attempted, i.e. communication, less restrictive supports, medical evaluation, etc.??*	<input type="checkbox"/> Know & do <input type="checkbox"/> Psychosocial information <input type="checkbox"/> Behavioral support plan <input type="checkbox"/> Functional level: communication <input type="checkbox"/> Other non-medical evaluations <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Documentation for the intensive staffing/support includes when, where and how the enhanced support will occur. (Hours/days, location, etc.)	<input type="checkbox"/> Know & do <input type="checkbox"/> Supervision care needs staffing ratio home <input type="checkbox"/> Outcome actions: frequency & duration <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. The ISP includes the plan for the eventual discontinuance or reduction of the intensive staffing that includes the information to be collected and used to determine the effectiveness of intensive staffing and the progress being made toward the reduction criteria.*	<input type="checkbox"/> Outcome summary: reasons for outcome <input type="checkbox"/> Outcome action: how will you know the progress is being made toward this outcome? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Check "N/A" if the target service is not expected to be reduced and the circumstances are documented in the ISP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Check "N/A" if the target service is not expected to be reduced and the circumstances are documented in the ISP.
11. When request for continuation of intensive staffing has been reduced either in the proximity or intensity of the staff support. If not, there is justification for continued intensive staffing. (Note: this item does not apply to new requests.)	<input type="checkbox"/> Outcome summary: reasons for outcome <input type="checkbox"/> Outcome action: how will you know that progress is being made toward this outcome? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA Check "N/A" if this is a new request.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Check "N/A" if this is a new request.
Comments:			

Section E: Pre-Vocational Six-Month Review		
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete
Is this individual currently successful (meeting or exceeding outcomes and goals) in a pre-vocational or transitional work environment?	<input type="checkbox"/> Outcome summary: outcome statement <input type="checkbox"/> Outcome summary: what are current needs? <input type="checkbox"/> Outcome action: how will you know that progress is being made toward this outcome? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: <div style="text-align: center; font-size: 100px; color: red; font-weight: bold; margin-top: 20px;">SAMPLE</div>		

Section F: Supported Employment - Job Finding Six-Month Review		
Item to Discuss/Document in ISP Team to Review	Recommended ISP Section SC to Complete	Item Documented? AE to Complete
1. Does the individual continue to require the current level of authorized services?	<input type="checkbox"/> Outcome summary: outcome statement <input type="checkbox"/> Outcome actions: what are current needs? <input type="checkbox"/> Outcome actions: how will you know that progress is being made toward this outcome? <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: <div style="text-align: center; font-size: 100px; color: red; font-weight: bold; margin-top: 20px;">SAMPLE</div>		