

UPDATE: New Documentation Requirements for Individual Support Plans (ISPs) Within the Consolidated Waiver ODP Announcement 19-012

AUDIENCE:

Individuals and Families, Administrative Entity (AE) Directors and Administrators, Supports Coordination Organizations (SCOs), and Providers of Consolidated Waiver services

PURPOSE:

To announce new documentation requirements within the Individual Support Plan (ISP). These requirements are part of the implementation of a settlement agreement, which pertains to services received by individuals through the Consolidated Waiver. **UPDATE:** To clarify guidance on Page 5 regarding “Frequency and Duration of the actions needed.” The total number of units will **NOT** be listed on the SD screen since a willing and qualified provider was not chosen.

DISCUSSION:

Effective immediately, SCs must include in each individual’s ISP all services that the ISP Team agrees are necessary for the individual, regardless of whether a provider is identified for any or all services, and to the extent that the necessary requested service is an available service under the Consolidated Waiver. This means that when an individual enrolled in the Consolidated Waiver has selected a service to meet an assessed need, but has not chosen a willing and qualified provider, the service information must be documented in the individual’s ISP.

To ensure statewide consistency, ODP is requiring that the information be documented and tracked in the Outcome Section of the ISP. The table below delineates the specific fields and provides additional guidance on documentation requirements. This guidance is also being added to the Annotated ISP.

OUTCOME SECTION OF THE ISP THAT SHOULD BE USED TO DOCUMENT SERVICE NEED AND NO PROVIDER - INCLUDING CURRENT ODP GUIDANCE	ADDITIONAL ODP GUIDANCE
<p>*Outcome Phrase</p> <p><i>Enter a phrase to easily identify the outcome. The phrase is intended to assist with easily navigating through the ISP to search for all related information.</i></p>	<p>The outcome phrase for individuals in the consolidated waiver who have a service need that cannot be met due to individual not selecting a willing and qualified provider should be "Provider not chosen."</p>
<p>*Outcome Start Date (mm/dd/yyyy)</p> <p><i>The date activity will begin to work toward achieving the outcome.</i></p>	<p>The outcome start date should be the date when it is known that the service need cannot be met due to individual not selecting a willing and qualified provider.</p>
<p>*Outcome End Date (mm/dd/yyyy)</p> <p><i>The estimated date of when the outcome should be achieved.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to document the outcome end date.</p>
<p>Outcome Actual End Date (mm/dd/yyyy)</p> <p><i>The actual date the outcome was completed.</i></p>	<p>The outcome actual end date should be the date when the service need was met by selection of a willing and qualified provider.</p>
<p>*Has the outcome been successfully accomplished?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Note: When initially creating outcomes, this field should be "No." When this field is changed to "Yes," an Actual End Date should be entered for the outcome.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to indicate whether or not the outcome has been successfully accomplished.</p>

<p>*Outcome Statement</p> <p><i>Represents what is currently important to the individual, what needs to be maintained for the individual, or what needs to be changed. The outcome should describe how it will make a difference in the individual's life. The outcome must build on information gathered during the ISP process and reflect a shared commitment to action. Remember that outcomes supported by ODP funding must be within the context of the health and safety of the individual and/or assuring continued life within the community. Outcomes that address other priorities of the individual should be represented and supported with other community, family or non-traditional supports.</i></p> <p><i>Use the principles of Everyday Lives to develop outcomes with the individual: choice, control, quality, community inclusion, stability, accountability, safety, individuality, relationships, freedom, success, contributing to the community, collaboration, communication, and mentoring.</i></p> <p><i>Include health related outcomes only if there is a gap in the provision of support for the individual's health needs</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance on how to document the outcome statement.</p>
<p>*Reason for Outcome</p> <p><i>This provides contextual information beyond the Outcome Statement for the team to understand how/why the outcome is important to the individual.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to describe reason for the outcome.</p>

<p>*Concerns Related to Outcome</p> <p><i>Describe any barriers (including health and safety issues) the team must address to successfully work towards the outcome. This may include information on what has been tried in the past but has not worked, what the individual’s team has tried to figure out, or other concerns any team member may have. For therapy and nursing services, document here the denial from the State Plan and/or private insurance.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to describe current concerns and barriers related to the outcome.</p>
<p>*Relevant Assessments Linked to Outcome</p> <p><i>List any relevant formal or informal assessments that directly affect the outcome. Informal assessment may include: direct observations, interviews with family or direct care staff and/or review of previous records. Formal assessments may include: statewide standardized assessments in addition to person-centered assessments utilized by provider agencies that have previously been approved by licensing agents. (If a formal assessment has been completed, it should be noted in the “Other Non-Medical Evaluations” section of the ISP.) Assessments may be utilized to assess whether an outcome has made an impact.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to list relevant assessments linked to the outcome.</p>
<p>*What are current needs</p> <p><i>Describe the current reality related to the outcome and relate it specifically to the individual – what they are able to do toward the outcome, including assistance that is necessary. This should crosswalk with previous sections of the ISP where needs are described.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to describe the current needs of the individual.</p>

<p>*What actions are needed</p> <p><i>Identify steps and actions provided by paid and non-paid people (such as family members or friends) to achieve the outcome.</i></p> <p><i>Include current actions which must continue. Describe any actions, including those provided by natural supports, non-paid support, and paid support. What happens currently to meet the need; is it adequate? Are parts of the individual's specific outcome being met, but not others? List any required specific services.</i></p> <p><i>Document steps to assure the individual's health and safety while working toward desired changes</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to describe what actions are needed to meet the individual's needs.</p>
<p>*Who's responsible</p> <p><i>Include the individual and/or other team members (name and relationship to the individual) involved who will assist with the implementation of the outcome and that will be responsible for seeing that the actions occur</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to identify who is responsible for ensuring each action step occurs.</p>
<p>*Frequency and Duration of the actions needed</p> <p><i>Include the frequency (number of times) and the duration (length of time) for each of the needed actions. Include those provided by paid and non-paid people such as family members or friends.</i></p> <p><i>List specific information on total number of units on Service Details</i></p>	<p>ISP Teams must document an estimate of frequency and duration of actions needed until a willing and qualified provider is chosen.</p> <p>Please note, total number of units will be NOT be listed on the Service Detail screen since a willing and qualified provider was not chosen.</p>
<p>*By When (mm/dd/yyyy)</p> <p><i>List the anticipated date (or end of plan date) the actions will be accomplished; whichever is appropriate.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to identify the anticipated date that the actions needed will be accomplished.</p>

<p>*How will you know that progress is being made towards this outcome?</p> <p><i>Progress links directly to outcome. Describes what is expected as a result of the services and supports. Identify how and who will give input about progress made over time.</i></p>	<p>No additional guidance is needed. ISP Teams should follow existing guidance to document how progress will be made towards the outcome.</p>
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While the documentation requirements are immediately in effect, SCs should follow ODPs current processes and timeframes when updating ISPs, as outlined in ISP Manual.

For further assistance, please reach out to your ODP regional program office.