



DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES & HOSPITALS

## Division of Developmental Disabilities

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# TECHNICAL BULLETIN

Technical Bulletin Number:	TB 20-03
Date:	11/28/2019
<b>Subject:</b>	<b>ISP Format – for Self-Directed Individuals</b>
Applies to:	All Participants

**Purpose:** To clarify the format required for the Individual Service Plan (ISP) submission for Self-Directed individuals.

**Background:** Previously, DDD required plan writers to use a certain format for plans and required certain standard goals to be addressed in each plan. With a focus on person-centered planning, these requirements for ISP and CDP submissions are no longer valid. Plans with standardized, “cookie cutter” types of goals have begun to be sent back for revision to person-centered goals. A technical bulletin was released in 2018 with an update in September 2019, but upon further review, a need was identified for a separate bulletin to reflect differences between those who self-direct services and those who purchase services through a licensed DDO.

### Information:

**Effective November 1, 2019, any plans submitted using the old format will not be accepted, and any plan that includes a separate career development plan will not be accepted. One consolidated plan for all services must be submitted.**

New ISPs must be developed through a **documented person-centered planning process**, with the individual taking an active and leading role, that conforms to the requirements in the Certification Standards for Licensed Developmental Disabilities Organizations. Independent plan writers must also refer to the Certification Standards as guidance on requirements for the development of the ISP.

The individual has the final decision as to who is invited to the plan meeting, and when and where the meeting takes place. The only restriction on this is that the plan meeting should be held no more than 90 days before the desired start date of the new plan. The plan writer should encourage but not require the individual to invite a representative of each provider agency. Each DDO providing paid supports to the individual must provide input into the plan whether or not they are invited to or attend the meeting.

All plans must include the **ISP Attachment Form for Benefits Planning and Employment** (see attached). Retired individuals or those who do not want to work still need to address employment in their plan through this form. Those who want to continue working or find a job, must have specific, person-centered employment goals, which must include the person’s desired weekly hours and must specify the types of settings or employers the person wants to pursue. For those who are not sure about work or are not ready for a job search, the employment-related goal(s) must specify actions to support their journey towards employment, such as health stabilization or improving stability in the community.

An alternate format of the written plan must be developed for the individual if needed. This can be in any format usable by the individual, including pictures, video, audio recording, or other format that suits the individual's communication style. A copy must be kept on file, either electronically or hard copy.

Plan writers may use any plan format that addresses all of the following areas. If any of the content below is missing, the plan will be returned to address the missing elements.

### **Required Plan Content:**

- 1. Individual Choices:** What is important to the individual and what is important for the individual. This may reference the personal descriptions, lifestyle choices and individual preferences described by the individual in his or her Personal Profile. Individual choice extends to who provides services and what paid supports are provided.
- 2. Strengths and Barriers:** Strengths and barriers are listed in a way that will assist individuals to meet his/her goals.
- 3. Relationships and Community:** Individual's social support network is addressed beyond paid staff, and supports for maintaining/developing relationships are addressed, as needed. Natural supports (i.e. friends, family, neighbors, clergy, and other community members who are not paid to provide supports) should be listed and utilized the extent desired by the individual.
- 4. Person Centered Basis of Plan:** Evidence of Person-Centered Planning is used to inform the goals and outcomes of the ISP. This should include but not be limited to the date of the last person-centered plan such as MAPS or PATH, and the date of the last review of the person-centered plan if it wasn't done in the last year. This might be noted under Assessments.
- 5. Review of Previous Year:** What does the individual think about their accomplishments or challenges in the last year? What would they like to continue or change in the coming year? The individual should be asked if they are satisfied with their supports, including their living arrangements, employment, and service provider(s).
- 6. Skill Development:** Areas of needed skill development are addressed, and/or skills the individual has acquired and wants to use in goals are detailed. This section also includes safety-related skills, for example, understanding how to evacuate at work, online/telephone safety, or travel training.
- 7. Addressing Risk:** The ISP details areas of potential risk associated with the individual's choices or goals, addresses how the risk will be approached, and details how risk mitigation strategies will be developed, enhanced, faded, or removed as needed. This section should NOT include areas that are not a risk for the individual, such as "Jane Doe can regulate water temperature". The assumption of risk must be balanced with the individual's ability to assume responsibility for that risk, the promotion of health and safety, and it must be documented if the individual requires assistance in assuming a risk.
- 8. Education and Work Experience:** Education and/or certificate programs are listed with the relevant dates. Employment experiences are detailed where applicable. Community-based non-work experience that support work goals, such as volunteering, must be included.
- 9. Goods and Services:** Any goods and services that will be purchased with Medicaid funds should be described and linked to goals.
- 10. Clearly Identified Goals and Objectives:** Specific person-centered goals are detailed, meaningful and reflective of personal interests and preferences and specific steps to be taken to reach the goals are outlined with achievable timelines and method of measurement to be used to assess progress on each goal. Goals should be SMART – specific, measurable, achievable, relevant, and timely.

- a. **Vocational Goals and Related Services:** Employment must be addressed in an individual's ISP in the goals section with achievable timelines and include the number of weekly hours the individual desires to work.
  - i. Plans should detail specific goals for the individual, and should not contain generic employment goals, such as but not limited to, "John Doe will secure employment in an integrated setting making minimum wage".
  - ii. All vocational interests and goals must be listed, including those that appear more aspirational. Steps must be detailed that will help the individual establish objectives to achieve their goals and for providers to design supports in a way meaningful to the individual.
  - iii. If someone is retired or does not want to work, a statement should still be made in the goals section to indicate employment services were offered and options were discussed. The goal can state that employment was discussed, and John Doe wants to retire, remain retired, doesn't want to work and will submit a variance, or has submitted a variance and is still happy with that decision. The other goals should reflect the non-work activities the person wants to focus on.

**11. Responsibilities:** The plan must detail the responsible parties for each step of each goal/outcome.

**12. Services & Supports Needed to Attain Goals:** Services and supports needed to attain goals are captured in a way that is specific to the individual's needs and preferences. Paid supports should be distinguished from natural supports.

**13. Accommodations Needed:** Accommodations needed to be successful are captured in a way that is specific to the individual. Assistive Technology is included if applicable. Communication devices, alternate formats like pictorial books, and other creative approaches should be included.

**14. Transportation & Supports Needed:** How the individual will get to and from work and other activities is captured. Effort should be made to include options that do not promote dependence of the individual on the provider agency.

**15. Benefits Planning:** The plan indicates what benefits planning information the individual received, and whether a benefits plan has been completed or declined. Information on benefits planning must be provided at the ISP meeting if the individual has not previously received any. Plans cannot indicate that the person has not received any benefits planning information.

**16. ISP Submission Date:** Submitted at least 45 days before due date.

**17. Required Attachments:**

- **ISP Attachment Form for Benefits Planning and Employment** must be completed and included.
- **Emergency Fact Sheet:** See template.
- **Signature Page:** The individual, guardian, support coordinator and/or case manager, and the provider(s) who agree to implement the plan and provide the supports that have been designated as their responsibility must sign.
- **List of Attendees:** All parties involved in the completion of the ISP must be listed.
- **Behavior Plan** if required.
- **Nursing Care Plan** if required.
- Other attachments may be included as needed.

**18. No longer needed:**

- **Calendar for the next year:** A set yearly scheduled should not be submitted.

**Other References:** Sample ISP plans. Person-Centered Thinking Guide. Certification Standards.

**Version Control and Change History:**

<b>Version</b>	<b>Effective Date</b>	<b>Rescinded Date</b>	<b>Amendment/Update</b>	<b>Replaces Previous Technical Bulletin</b>
1	11/28/2019	Current	Original Version	No, but expands on differences from TB20-02



## BHDDH DIVISION OF DEVELOPMENTAL DISABILITIES ISP ATTACHMENT FORM FOR BENEFITS PLANNING AND EMPLOYMENT

**What information on Social Security Work Incentives, have you received?** This includes information a family member or rep payee received on your behalf. Check all that apply.

I received (*check all that apply*):

I attended (*check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> SSA Working While Disabled Pamphlet            | <input type="checkbox"/> A group work incentive information session           |
| <input type="checkbox"/> Myths & Facts: Social Security Benefits & Work | <input type="checkbox"/> An individual counseling session for a benefits plan |
| <input type="checkbox"/> Sherlock Plan information                      |   |

**Do you have a benefits plan written by a Certified Work Incentives Counselor (CWIC)?**

\_\_\_\_ YES, date of plan: \_\_\_\_\_      \_\_\_\_ NO but I want one      \_\_\_\_ NO and I do not want one

*If No, please separately submit an ICE-RF form for benefits planning only with your request or decline.*

### **Working age adults (age 18+) must choose one of the following statements:**

- I am employed and choose to:** *Check all that apply.*
  - Retain current integrated job.
  - Advance in current integrated job (more hours, raise, new skills, promotion, etc.)
  - Get a new integrated job.
  - Get an additional integrated job.
  - Maintain a job in a non-integrated employment setting.
    - *Complete separate Request for Variance for Segregated Employment and submit separately.*
  
- I am Retired – I am at least 62 or will be this ISP year.**
  - *Employment goals are not required, but plan must address retirement activities.*
  
- I am currently not working in integrated employment, but I'm interested and choose to:** *Check all that apply.*
  - I want to obtain integrated employment.
  - Explore interests in integrated employment or in community settings through an Employment Path, Discovery, or other time-limited service.
  - I'm enrolled in Post-Secondary Education or a Vocational Training Program.
  - Not pursue integrated employment at this time due to need to stabilize health (including behavioral health).
  - Other: please explain \_\_\_\_\_
  
- I am not interested in employment**
  - *Complete Request for Variance for Day Only Services and submit separately.*

### **Status with Office of Rehabilitation Services (ORS)**

- |  |  |
|--|--|
| <input type="checkbox"/> I am currently receiving ORS Services | <input type="checkbox"/> I went to ORS in the past, now closed |
| <input type="checkbox"/> I want a referral to ORS              | <input type="checkbox"/> Other/Not Applicable, please explain: |