

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



POLICY	
Department on Disability Services	Subject: Person Centered Planning Process and Individual Support Plans
Responsible Program or Office: Developmental Disabilities Administration	Policy Number: 2017-DDA-POL001
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Supersedes ISP Policy, 2015-DDA-POL24, dated April 15, 2015 & Person Centered Thinking Tools Procedure, 2015-DDA-PR002, dated May 1, 2015	
Cross References, Related Policies and Procedures, and Related Documents: Individual Support Plans Procedure, ISP Definitions, ISP Appeal Process Procedures, DDA Most Integrated Setting Policy, Employment First Policy, DDS Language Access Policy and Procedure, Level of Need Assessment and Screening Tool Policy, ISP Distribution Procedure, Service Coordination Monitoring, Imposition of Sanctions Policy and Procedure; People First Respectful Language Policy; National Core Indicators Survey and Consent Form; Service Coordination Desk Guide	

1. PURPOSE

This purpose of this policy is to establish guidelines, protocols, and procedures for the development of Individual Support Plans (“ISP”) for people who are eligible for services with the Department on Disability Services (“DDS”), Developmental Disabilities Administration (“DDA”).

2. APPLICABILITY

This policy applies to all DDS employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports to individuals with developmental disabilities.

3. AUTHORITY

The authority for this policy is established in the DDS as set forth in D.C. Law 16-264, the “Department on Disability Services Establishment Act of 2006,” effective March 14,

2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the “Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978,” effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

4. POLICY

It is the policy of DDS to:

- A. Engage in person-centered planning to create an initial and annual ISP for each person receiving services or supports from DDA that reflects the person’s strengths, interests, preferences, community and family supports, personal goals, financial resources, and assessed needs, and that documents all of the supports, activities, and resources each person is receiving in detail.
- B. Ensure the person-centered planning process is done in a timely manner and reflects the cultural considerations of the person, is conducted by providing information in plain language and in a manner that is accessible to people with disabilities and persons with limited English proficiency – consistent with the Americans with Disabilities Act and the DDS Language Access policy.
- C. Use person-centered thinking and discovery tools to identify each person’s strengths, preferences, interests, and support needs, to develop a plan for supports and goals, objectives, and activities, that balance what is important to and important for a person; and that promote employment, community integration, inclusion and participation, relationship building and maintenance, and support the person’s health and safety.
- D. Provide necessary information and support to ensure that the person directs his or her planning process to the greatest extent possible.
- E. Work collaboratively with the person’s support team, comprised of people freely chosen by the person.
- F. Use an integrated supports approach to plan services for people in the most integrated setting available that meets the person’s assessed needs, in accordance with DDA’s Most Integrated Setting policy, and that supports people on a pathway to achieve full community integration, inclusion and participation including the opportunity to receive supports in non-disability specific settings.
- G. Explore competitive, integrated, employment in the community as the first and primary option for working age adults with disabilities and youth transitioning from schools, in accordance with DDS’ Employment First policy; and integrated retirement options for adults of retirement age who are not interested in employment.
- H. Provide necessary information and support to ensure that the person is able to make informed choices and decisions regarding the services and supports he or she receives. DDS shall also provide the necessary support to ensure the person agrees with the ISP, chosen provider and staff.

- I. Ensure that any modifications from the requirements of the Home and Community Based Settings Rule are supported by a specific assessed need and justified in the ISP
- J. Use strategies for resolving conflict or disagreement within the planning process.
- K. Have a method for a person to request updates to the plan, as needed.
- L. Ensure that the ISP is distributed to the person and his or her identified team.
- M. Provide due process protections and appeal rights.
- N. Comply with the requirements of the Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978, D.C. Official Code § 7-1301.01 *et seq.*, as it may be amended.

5. RESPONSIBILITIES

The responsibility for this policy is vested in the Director of the DDS. Implementation is the responsibility of the DDS Deputy Director for DDA.

6. STANDARDS

In order to ensure compliance with this policy, DDS has adopted the following standards:

- A. Each person receiving services through DDA shall have an initial and annual ISP that:
 - 1. Supports the person to achieve individually defined outcomes and goals in the most integrated community setting appropriate to his or her needs;
 - 2. Supports the person to exercise positive control over their life;
 - 3. Ensures delivery of services in a manner reflecting personal preferences and choices and respecting what is important to and for the person; and
 - 4. Supports the person's health and well-being.
- B. The person, with support from his or her family, and/or designated representatives shall direct, to the extent possible, all aspects of ISP development. The DDA Service Coordinator shall ensure that all necessary supports are provided to facilitate the ISP process including but not limited to supporting the person to finalize and agree to the ISP in writing or any other way the person indicates consent; and ensure the providers and persons responsible for implementation also sign in agreement with the person's chosen supports.
- C. The ISP meetings occur at a time and location that is convenient for the person.
- D. The ISP shall be developed and available to the person in his/her primary language or mode of communication, with interpreters and translator services available as needed so that the person and/ or his family is able to fully participate, in accordance with the

DDS Language Access policy and procedure.

- E. ISPs shall be developed based on Person Centered Thinking and Discovery assessments.
- F. Assessments, evaluations, and screenings shall be developed to obtain information that will assist the person and his or her team member to establish goals and outcomes in one or more life areas and to identify the strategies and supports that are needed to implement an ISP in the most integrated setting.
- G. The ISP shall clearly describe the person's current status, anticipated and preferred life outcomes, goals and interest in employment, and whether the person is in the most integrated setting that meets his or her needs.
- H. The ISP shall identify necessary services and supports, to be provided through paid and non-paid resources, including supports from the person's family, friends, faith-based entities, recreation centers or other available community-based entities.
- I. The ISP shall identify risks factors and feasible options to reduce and/ or mitigate the risk, and recognizing and accounting for the dignity of risk.
- J. The ISP shall include the person's preferences related to end of life planning discussion and the End of Life Plan shall be a document attached to the person's ISP.
- K. Each person shall have a Level of Need (LON) assessment, in accordance with DDA's Level of Need policy.
- L. In accordance with D.C. Official Code § 7-1301.03(6) for the ISP, the initial comprehensive evaluation or screening may include, but not be limited to, documentation of the following items. When not available, this must be documented as an Unmet Need in the Summary of Recommendations/ Unmet Needs.
 - 1. Physical examination that includes the person's medical history;
 - 2. Educational evaluation, vocational evaluation, or both (if applicable);
 - 3. Psychological evaluation, including an evaluation of cognitive and adaptive functioning levels;
 - 4. Social evaluation (if available);
 - 5. Dental examination;
 - 6. Evaluation of whether the person has the capacity to grant, refuse or withdraw consent to any ongoing medical treatment;
 - 7. Determination of whether the person
 - a. Has or could execute a durable power of attorney;
 - b. Has been offered an opportunity to execute a durable power of attorney, and declined; or
 - c. Has an individual reasonably available, mentally capable, and willing to provide substituted consent.

- M. In accordance with D.C. Official Code § 7-1305.04(a)(3), annual reevaluations or screenings shall be provided as determined by the team, but must include a review of medical and dental status, all mental health services (including psychotropic medications, behavioral support plans, and any other psychiatric treatments), and a review and update of information on whether the person has the capacity to grant, refuse, or withdraw consent to any ongoing medical treatment, and whether the person (i) has or could execute a durable power of attorney, (ii) has been offered an opportunity to execute a durable power of attorney, and declined, or (iii) has an individual reasonably available, mentally capable, and willing to provide substituted consent.

Notwithstanding the above, for persons residing in an intermediate care facility for individuals with intellectual disabilities (ICF/IID), conditions of participation set forth in 42 CFR § 483.440 require an initial comprehensive evaluation review or screening and annual reevaluation or screening thereafter to include each of the items in the initial comprehensive evaluation and an assessment of nutritional status, sensory, motor development, affective development, speech and language development, and auditory functioning.

Notwithstanding the above, for persons residing in, or admitted to group homes, the provider must follow the latest addition of Title 22, Chapter 35 of the District of Columbia Municipal Regulations.

- N. The person's Service Coordinator shall provide information and opportunities to allow the person to make an informed choice of supports, settings (including non-disability specific settings) and providers. The Service Coordinator shall contact the Home and Community-Based Service provider prior to adding the provider to the ISP to ensure the selected provider has the capacity to provide the service. The ISP shall reflect the person's choice of services and providers.
- O. For people receiving supports through the Home and Community Based Services Waiver for People with Intellectual and Developmental Disabilities, if a person's assessed need related to health and safety warrants imposing a restriction on the person's environment, the following must be documented, discussed and approved by the support team then incorporated by attachment to the person's ISP:
1. The specific and individualized assessed need;
 2. Positive interventions that were attempted in the past to address the same or similar assessed need or that may have failed;
 3. A description of less intrusive methods of meeting the need that were tried but did not work;
 4. A clear explanation of the condition that is directly proportionate to the specified assessed need;


5. A clear description of the modification to the plan aimed at addressing the safety risk, and the results of routine collection of data to measure the continuous effectiveness, or ineffectiveness, of the modification;
 6. Documented affirmation that the person understands and made an informed consent to the proposed modification;
 7. Time limit determined to evaluate of the safety modification is still necessary or can be terminated;
 8. An assurance that the interventions, supports, and/or modification will not cause harm to the person; and
 9. A process for regular collection and review of data to measure the ongoing effectiveness of the modification/restriction.
- P. The ISP planning process shall include an opportunity to inform the person about and seek consent for the following:
1. National Core Indicators satisfaction survey; and
 2. Voter Registration.
- Q. Except as provided herein, the initial ISP must be approved and disseminated within ninety (90) calendar days of eligibility determination. Each subsequent ISP shall be held, and submitted to the D.C. Superior Court if applicable, within one (1) calendar year of the preceding ISP.
1. For people who are admitted into an ICF/IID without an ISP, the continuing services Service Coordinator shall complete the ISP within thirty (30) calendar days of that admission per 42 CFR §483.440.
 2. The initial ISP shall be implemented and effective immediately from the approval date. For people who are admitted into a Chapter 35 regulated group home residential setting the ISP must be implemented within thirty (30) calendar days of that admission per D.C. Official Code § 7-1305.04. In accordance with the federal and local Anti-Deficiency Acts, implementation of the ISP is subject to the extent of funds appropriated for the purposes of providing services and supports.
- R. The ISP will be reviewed by the DDA Service Coordinator, the person and his or her support team members at least quarterly. The person or other team members may request more frequent reviews depending on changes to the person's desires, goals, needs and circumstances and amend the ISP as needed.
- S. The Service Coordinator shall enter a note in MCIS within two (2) business days of the ISP meeting and also within two (2) business days of the six month review meeting in MCIS. The Life Trajectory Tool must be completed during the six (6) month review and applied when developing the ISP.
- T. Upon receipt of the Supervisory Service Coordinator's (SSC) approval, DDS's records room staff shall disseminate the ISP to the person and those team members

who requested a copy of the document in accordance with the DDA ISP Distribution Procedure.

- U. DDS shall provide adequate and timely notice of a person's appeal rights related to his or her ISP.
- V. DDS may sanction providers who do not comply with this policy, or its implementing procedures, in accordance with the DDS Imposition of Sanctions Policy and Procedure.



Andrew P. Reese, Director



Date