

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



POLICY	
Department on Disability Services	Subject: Individual Support Plans
Responsible Program or Office: Developmental Disabilities Administration	Policy Number: 2015-DDA-POL24
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Supersedes Policy Dated: November 2008	
Cross References, Related Policies and Procedures, and Related Documents: Individual Support Plans Procedure, Person Centered Thinking and Discovery Tools 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, Procedures Governing DDS' Participation in the Silver Alert Program; Imposition of Sanctions Policy and Procedure; People First Respectful Language policy; National Core Indicators Survey and Consent Form, Support for Voter Registration and Voting policy; and Silver Alert procedure.	

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 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. 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.
- C. Support the person to direct his or her planning process, including all ISP and Pre-ISP meetings, to the greatest extent possible.
- D. Work collaboratively with the person's support team, comprised of people freely chosen by the person.
- E. Plan services and supports 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.
- F. 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.
- G. Support each person to make an informed choice of types of supports, and of providers.
- H. Provide due process protections and appeal rights.
- I. 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.*

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 all programmatic, statutory and court-mandated matters pertaining to the delivery of services to individuals receiving services funded or arranged by DDS, DDS has adopted the following standards:

- A.** Each person receiving services through DDA shall have an 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.
- C.** The Pre-ISP and 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 through the utilization of the Person Centered Thinking and Discovery tools, including, but not limited to: Relationship Mapping; Like and Admire; Good Day/ Bad Day; Positive Personal Profile and Job Search and Community Participation Plan (or other approved vocational assessment). These tools shall be completed prior to the initial ISP and reviewed and updated, as needed, at subsequent pre-ISP meetings.
- 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 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, vision for the future, anticipated outcomes, goals, interest in employment, and whether a 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.
- 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 shall include, but not be limited to, documentation of the following:
 - 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;
 - 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 Service Coordinator shall provide information and opportunities to allow the person to make an informed choice of supports and providers. The Service Coordinator shall contact the Home and Community-Based Service provider prior to adding the provider to the Plan of Care 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 in the person's ISP:
1. The explicit and individualized assessed safety need;
 2. Positive interventions used in the past to address the same or similar safety risk;
 3. A clear explanation of the condition directly related to the specified safety need;
 4. 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;
 5. Documented affirmation that the person understands and consents to the proposed modification
 6. Time limit determined to evaluate of the safety modification is still necessary or can be terminated; and
 7. An assurance that the modification will not cause harm to the person.
- 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;
 2. Voter Registration; and
 3. Silver Alert program.
- Q.** Except as provided herein, the initial ISP must be approved and disseminated within sixty (60) days of eligibility determination. Each subsequent ISP shall be held, and submitted to the DC Superior Court if applicable, within one (1) calendar year of the preceding ISP.
1. Persons admitted into an ICF/IID without an ISP must have one completed within thirty (30) days of that admission per 42 CFR §483.440.
 2. The initial ISP/ shall be implemented and effective immediately from the approval date by all currently identified service providers. For people who are admitted into a DC Chapter 35 regulated residential setting the ISP must be implemented

within thirty (30) 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 no less than 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. In cases where a person is deemed to be in an emergency situation requiring immediate intervention to assure the health and welfare of the person, the Intake and Eligibility Unit will immediately request local funding for services, as needed, through the Operation Division. Upon approval, the Intake Unit will coordinate the placement and transition of or delivery of services to the person and may do so without necessary assessments or an ISP.
- T. The Service Coordinator shall enter a note within two business days of the Pre-ISP meeting, ISP meeting, and six month review meeting in MCIS.
- U. Upon receipt of the Supervisory Service Coordinator's (SSC) approval, DDS official records room 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.
- V. DDS shall provide adequate and timely notice of a person's appeal rights related to his or her ISP.
- W. DDS may sanction providers who do not comply with this policy, or its implementing procedure in accordance with the DDS Imposition of Sanctions Policy and Procedure.



Laura L. Nuss, Director



Date