GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

PROCEDURE	
Subject: Initial Individual Support Plan	Procedure No.: 2015-DDA-PR001
Responsible Program or Office: Developmental Disabilities Administration	Effective Date: May 1, 2015
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Date of Approval by Director: April 15, 2015	Expiration Date: N/A
Cross Reference, Related Policies and Procedures, and Related Documents: ISP Policy; DDA Most Integrated Settings Policy; Assessing Whether a Person is in the Most Integrated Day or Vocational Setting Appropriate to His or Her Needs and Supporting Informed Choice and Benchmarks on a Person's Pathway to Employment and Community Integration/ Inclusion; Voter Registration and Voting Rights policy, Silver Alert Program Policy, ISP Distribution Procedure; ISP Appeals Procedure	

1. PURPOSE

The purpose of this procedure is to establish steps, instructions and protocols for the development of an initial Individual Support Plans (ISP) for people who are eligible for services with the Department on Disability Services (DDS)/Developmental Disabilities Administration (DDA).

2. APPLICABILITY

These procedures apply to all DDA employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports to people with intellectual and developmental disabilities.

3. PROCEDURES

A. Timing of the Initial ISP Meeting

1. The ISP development, approval, and dissemination shall occur within sixty (60) days from the date a person is found eligible for DDA services.

2. When a person has been made known to the DC Superior Court through a commitment or admission petition, DDA Service Planning and Coordination

Division shall hold a planning meeting and develop the person's ISP prior to the person being court committed or admitted to services. The ISP shall be updated within thirty (30) days after such commitment or admission. In an emergency, a person may begin to receive residential services and be presented to DC Superior Court without an ISP. In those instances, DDA will ensure an ISP is developed and filed within ten (10) business days of the person's admission or commitment hearing.

3. Notwithstanding §A.1 above, for people transitioning into DDA-funded services from other service systems (i.e. D.C. Public Schools (DCPS), Child and Family Services Agency (CFSA), Department on Youth Rehabilitation Services (DYRS)), the DDA eligibility determination should occur no less than one (1) calendar year before the person ages out of those service systems. The initial ISP should meeting should be held at least one (1) calendar year before the person ages out of the current service system to ensure a seamless transition.

B. Initial ISP Meeting

1. The ISP meeting shall occur at a time, date and location that is convenient for the person.

    a. The Service Coordinator shall document the meeting date, time, and location in MCIS within two (2) business days of confirming the meeting.

    b. The Service Coordinator shall ask the person whom they would like to attend the meeting as part of their support team, and must notify by US Postal Service and/or email the invited participants of the designated date, time and location of the meeting at least five (5) business days prior to the ISP meeting date.

    c. The Service Coordinator shall ensure that MCIS is update within two (2) business days if the ISP meeting is rescheduled.

    d. If an interpreter is required for the ISP meeting, the DDA Service Coordinator will assist in making those arrangements.

2. The ISP shall be developed using Person-Centered Thinking (PCT) and Discovery skills and tools to determine what is important to and for the person, the person's core values, preferences, support needs, and goals and dreams for the future.

    a. This shall include, but is not limited to the following required documents: Like and Admire; Good Day/ Bad Day; Relationship Mapping; Positive Personal Profile; and Job Search and Community Participation Plan; as well as at least one additional PCT tool that the support team determines is most useful for planning, considering the person's circumstances. Please see Person Centered Thinking Procedure for additional guidance.

b. The following tools may also be helpful in this conversation, but are not required: Life Trajectory Worksheet and Tool for Developing a Vision, attached. The Overview of the Lifecourse Framework webinar provides additional guidance and is available at: http://supportstofamilies.org/cop/resources/innovations-in-supporting-families-community-of-practice-framework-for-systems-change-webinar-series/.

3. As part of the ISP planning process, the person's Service Coordinator shall engage the person and his or her support team in a discussion to determine the person's interest in employment; any barriers to employment; and goals and activities to advance the person on his or her path to competitive, integrated employment, which shall be reflected in the ISP. In accordance with DDS's Employment First policy, every working-age person with a disability who receives supports shall be presumed to prefer and be capable of individualized competitive integrated employment on a long-term basis in the community over other less integrated alternatives. See Assessing a Person's Interest and Progress towards Employment; and Benchmarks on a Person's Pathway to Employment and Community Integration/ Inclusion, attached.

4. Service Coordinators shall discuss the Home and Community Based Services Waiver for People with Intellectual and Developmental Disabilities (HCBS IDD Waiver) program with the person and the team. The Freedom of Choice form, attached, shall be completed to document the person's informed choice of services through the HCBS IDD Waiver or through an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Service Coordinator will complete the remaining HCBS IDD Waiver documentation if the person selects the HCBS IDD Waiver program.

5. The planning process shall include a discussion and verification to ensure that the person will be supported in the most integrated setting appropriate to meet his or her needs, in accordance with the DDA Most Integrated Setting policy. The determination must be documented in the person's ISP. If the person is not choosing the most integrated setting appropriate to meet the his or her needs, then the service coordination must ensure that: (1) the person has made an informed choice; (2) any barriers to the person being in the most integrated setting are being addressed; and (3) the person has goals and activities to advance the person on his or her path to community inclusion and integration, which shall be reflected in the ISP. See Assessing Whether a Person is in the Most Integrated Day or Vocational Setting Appropriate to His or Her Needs and Supporting Informed Choice; and Benchmarks on a Person's Pathway to Employment and Community Integration/ Inclusion, attached.

6. The planning process shall also include the following:

a. Information and an opportunity to consent to participation in the National Core Indicators (NCI) satisfaction survey;
b. Information and the opportunity to consent to participate in the Silver Alert Programs;
c. Information about abuse and neglect; and
d. An opportunity to register to vote.

7. For any person receiving case management services from the Health Services for Children with Special Needs (HSCSN), the Service Coordinator shall obtain a copy of the plan of care prepared by HSCSN and include it in the person's ISP.

C. Developing an ISP

1. The Service Coordinator, the person and his or her support team shall review the Level of Need Assessment and Screening Tool (LON) and incorporate a plan to address the risk factors identified in the LON, in accordance with the DDA Level of Need Assessment and Screening Tool Policy.

2. As part of developing the ISP, the person and his or her support team shall engage in a discussion of the person's current circumstances, including, but not limited to: his or her home, place of employment, and any supports the person receives. The person and his or her support team shall discuss the circumstances in terms of the person's satisfaction and any changes which must be made in order for the person to achieve his or her preferences, interests, and goals, including for the person to advance on his or her pathway to competitive, integrated employment and community integration and inclusion.

3. The person and his or her support team shall also discuss events and experiences in recent years that may affect the person's immediate future, general health, safety, or long-term goals. The person's goals must be driven by his or her preferences, interests, and what is important to and for a person; and shall be based on the known abilities and needs of the person, rather than the availability of such supports.

4. In identifying the person's goals, the person and his or her support team shall:

   a. Identify the most integrated setting appropriate to meet the person's needs, including implementing strategies and supports, in accordance with the DDA Most Integrated Settings Policy.

      i. To the extent a person's support needs cannot be met in a fully integrated setting, include a plan to address barriers to the person being in the most integrated setting and ensure that the person has goals and activities to advance the person on his or her path to community inclusion and integration, which shall be reflected in the ISP. '

ii. If the person is selecting to receive services and supports in a setting that is not the most integrated, the service coordinator must also ensure that the person has made an informed choice, and this shall be reflected in the ISP.

b. Determine the person's interest in employment; any barriers to employment; and goals and activities to advance the person on his or her path to competitive, integrated employment, in accordance with DDS's Employment First policy.

c. Determine the expected duration and frequency of identified supports.

d. Establish the criteria to be utilized in evaluating the effectiveness of such supports in achieving the person's goals.

e. Include a record of specific staff/ training required.

f. List the settings best suited for the person, considering, in this order:

i. Personal strengths and assets;
ii. Relationship based supports, also called natural supports;
iii. Use of technology;
iv. Community resources, e.g., adult literacy class through the D.C. Public Libraries; a fitness class through D.C. Parks and Recreation;
v. Eligibility-based supports, e.g., Medicaid State Plan services; and
vi. Supports through the HCBS IDD Waiver.

Please see the Integrated Supports Star and Integrated Support Options tools, attached. These are optional tools that may be helpful during this discussion, but are not required.

5. Include a record of the persons responsible for monitoring and implementation of a person's goals as well as the format and frequency of such monitoring and reporting.

6. All ISP goals and objectives must be SMARTER. The support team should review each goal and objective to ensure that they:

a. Are **Specific** and highly individualized;
b. Are **Measureable** (or has measurable objectives);
c. Are **Action-oriented**;
d. Are **Reasonable** and/ or reachable;
e. Have a **Timeframe** for the person to achieve the goal and/ or objectives;
f. Can be **Evaluated**; and
g. Can be **Revised**.

7. All ISPs shall include documentation indicating that the person or the person's family, guardian or designated representatives were involved in the development of the ISP, and that they agree or disagree with the ISP.

8. The Service Coordinator, within two (2) days, shall make a comprehensive note in MCIS or any DDS designated database of the ISP Meeting.

9. For people seeking HCBS IDD Waiver services, the following steps shall be employed:

    a. The person, his or her team and Service Coordinator shall identify specific supports to be included in the Plan of Care which is in the ISP.

    b. The Service Coordinator shall assist the person in making an informed choice about which provider shall render services.

    c. The Service Coordinator shall contact the HCBS IDD Waiver provider prior to developing the Plan of Care to ensure the selected provider has the capacity to provide the chosen services.

10. For people receiving services in an ICF/IID, the person's Service Coordinator must amend his or her ISP within 30 days of the person's admission.

D. Approval, Dissemination and Implementation of the Initial ISP

1. For people receiving supports and services funded through DDA, the Service Coordinator shall complete the ISP within fourteen (14) calendar days of the date of the ISP meeting and submit it for approval to the assigned the Supervisory Service Coordinator (SSC).

2. The ISP shall be reviewed by the SSC for approval or disapproval within three (3) business days of receipt.

3. If the SSC disapproves the ISP, in whole or in part, then the SSC shall discuss the reasons for the disapproval with the Service Coordinator/ Qualified Developmental Disabilities Professional (QDDP) and suggest changes to the ISP.

    a. If those changes are substantive, the Service Coordinator must re-convene team members, as needed, to address these changes within two (2) business days.
    b. The revised ISP shall be re-submitted to the SSC within one (1) business day.
    c. The SSC will review and approval the ISP within two (2) business days.

4. Upon receipt of the SSC's approval, the designated DDS Records Room staff shall disseminate the ISP to those team members who requested a copy of the document, in accordance with the ISP Distribution Procedure.

5. The person, or designated representative, shall receive notice of his or her right to request an appeal of his or her ISP within ten business (10) days of receipt of the ISP, in accordance with the ISP Appeals Procedure. If a timely appeal is not received, the ISP is deemed approved, and shall be implemented by service providers on the approval date.