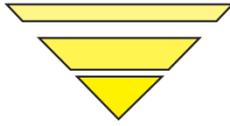


DIVISION OF
**DEVELOPMENTAL
DISABILITIES**



Division Directive Number:
4.060
Effective Date: 03.01.06
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Title: Individual Service Plan

Application: Targeted Case Management (TCM) entities responsible for facilitating and/or writing individual support plans (ISP) for individuals eligible for Division of Developmental Disabilities (DD) services ~~and conducting Level of Care determinations.~~

Purpose:

- To describe the philosophy and the content of ISPs for individuals served by the division.
- To describe the processes used to ensure compliance with ISP ~~and Level of Care~~ Medicaid Waiver requirements. ~~and the~~ These requirements are included in the Division of DD Individual Service Plan Guide (<http://dmh.mo.gov/dd/manuals/docs/ispguidenew.pdf>).

Definitions:

~~**DMH-DD-Centralized Database:** A database utilized by the Division designed to track issues requiring resolution, as well as positive practices that are identified through Provider Relations and/or Quality Enhancement Functions. Issues tracked will be identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.~~

~~**Division of DD Individual Service Plan Guidelines:** Describe the philosophy and values that form the foundation of the planning process.~~

~~**Missouri Quality Outcomes:** A collection of positive outcomes identified by people with disabilities, family members, and friends outlined in the Missouri Quality Outcomes Discussion Guide <http://dmh.mo.gov/docs/dd/QualityoutMan.pdf>. The Discussion Guide document serves as a tool designed to assist the service delivery network to put these desired concepts into practice.~~

~~**Individual Support Plan (ISP):** A document resulting from a person centered process directed by the individual served, with assistance as needed by a representative, in collaboration with an interdisciplinary team. It is intended to identify the strengths, capacities, preferences, needs, and desired outcomes of the person served. The process may include other people freely chosen by the individual who are able to contribute to the process. The person-centered planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports that will assist the person to achieve personally defined outcomes and the training, supports, therapies, treatments, and/or other services that become part of the individual support plan.~~

~~**Level of Care:** A determination of whether or not an individual has a need for the level of care provided in an ICF-DD and if so, would this person require ICF-DD placement if not provided services under Missouri's Home and Community Based Waiver for persons with developmental disabilities.~~

~~**Quarterly Review:** A review conducted every three months on progress of the implementation of the individual support plan. Reviews will be conducted for the plan year. For example, an individual support plan with an implementation date of January 1 will be reviewed in April for the months of January, February, and March. In this example, quarterly reviews for this individual support plan would be completed in April, July, October, and at the end of the plan year in order to determine needs for the next individual support plan year. During the October quarterly review, the team may convene to review progress and develop an individual support plan for the upcoming annual individual support plan year.~~

~~**State Quality Enhancement Unit:** Staff designated within the Division of Developmental Disabilities that oversee and implement statewide Quality Management Functions.~~

~~**Targeted Case Management (TCM) Entity:** An agency, to include Regional Offices, SB-40 Boards and Not for Profit agencies, authorized through a contractual agreement to provide targeted case management services for persons eligible for supports from the Division of Developmental Disabilities.~~

I. Center for Medicare and Medicaid Services (CMS) Assurances ~~The values encompassed in the Missouri Quality Outcomes MUST be represented in the planning process.~~

A. The Division's State Quality Enhancement Unit shall ensure the division is in compliance with CMS Medicaid Waiver assurances in order to continue receiving federal funding. The five waivers are Autism, Lopez/MOCDD, Comprehensive, Community Support, and Partnership for Hope.

~~1. LOC Assurances~~

- ~~a. An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
 - ~~i. LOC is completed PRIOR to waiver slot being assigned~~~~
- ~~b. The levels of care of enrolled participants are reevaluated at least annually (365 days) or as specified in the approved waiver.~~
- ~~c. The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.
 - ~~i. Completed by a qualified staff person (Support Coordinator)~~
 - ~~ii. LOC was completed accurately~~
 - ~~iii. Correct assessment tool (MOCABI, Vineland, Other) was used~~~~

~~2.1. Individual Support Plan (ISP)~~

- ~~a) ISPs address all participants' assessed needs (including health and safety risk factors) and personal goals/outcomes, either by the provision of waiver services or through other means.
 - ~~i) Services and supports are aligned with assessed needs.~~~~

- b) The Division monitors ISP development in accordance with its policies and procedures.
 - i. Assigned ISP reviews are completed quarterly.
 - ii. Individuals who are self-directing have a back-up plan included in the ISP.
 - iii. Individual or guardian and Support Coordinator approve the ISP (~~signed and dated, verbal approval, faxed, default approval letter~~) prior to implementation.
 - iv. Describe what people need to know or do in order to support the person.
- c) ISPs are updated/revised at least annually or more frequently when warranted by changes in the waiver participant's needs.
- d) Services are delivered in accordance with what is specified in the ISP, including the type, scope, amount, duration, and frequency.
 - i. All services must be authorized before being provided.
- e) Participants are afforded choice between waiver services and institutional care and between/among waiver services and providers.
 - i) Waiver Choice Statement (DMH-8733) /DMH-DD [Medicaid Waiver, Provider, and Services Choice Statement](#) in the file (completed and signed once upon entrance to a waiver).
 - ii) Waiver Choice of Provider Statement (DMH 9001) / DMH-DD [Medicaid Waiver, Provider, and Services Choice Statement](#) in the file (original form completed and signed in file. If there is a change in provider or service, a new form should be completed). Note: A listing of available providers must be given to the individual and a copy placed in the file.

II. Individual Support Plan and Training Requirements

- A. All staff responsible for developing and writing ISPs shall receive training on the Division of DD *Individual Support Plan (ISP) Guide* and *Missouri Quality Outcomes*. ~~The training is available on the Missouri Employee Learning System (MELS) – Service Coordination Manual.~~ The ISP is developed through team collaboration. The TCM provider is responsible for ensuring all required components are included in the ISP.
- B. Each entity providing TCM services is responsible for presenting standardized training on future revisions or updates, as identified by the Division, of the *Individual Support Plan (ISP) Guide*.
- C. ALL persons receiving support coordination MUST have a current, comprehensive individual support plan (ISP), which meets a minimum criterion. The mandatory, contingent and optional components are described in the *Individual Support Plan (ISP) Guide* ~~located @~~ <http://dmh.mo.gov/dd/manuals/>.

III. Implementation Review

- 1. Service monitoring is completed to ensure the ISP is implemented as written.
 - a. All ISPs for consumers receiving purchased services will be reviewed at least quarterly by the assigned Support Coordinator to evaluate progress.
 - b. Findings will be entered into the DMH DDD Centralized database.
 - a.c. Trends will be reviewed in each region and follow up with the TCM entity will be completed.

III. Individual Support Plan Reviews ~~(applies to TCM entities)~~

- ~~A. Monitoring of individual support plans (selected sample): Technical Assistance Coordinators, or their designee, who have received training in and have knowledge of the individual support plan required components shall monitor selected individual support plans, including subsequent amendments, and ALL documentation of monthly progress for the past 12 months.~~
- ~~1. Quarterly, the Division of DD Quality Enhancement Unit will provide a list of randomly selected consumers from each of the waivers. Replacement names are provided in the following instances:
 - ~~a. Waiver slot becomes inactive;~~
 - ~~b. Individual has been discharged; or~~
 - ~~c. Individual was transferred to another region.~~~~
 - ~~2. The review is designed to be conducted on a sample of waiver participants and to ensure adherence to CMS waiver and Division of DD requirements.~~
 - ~~3. The review will include a statistically valid random sample of Lopez/MOCDD, Autism, Comprehensive, Community Support and Partnership for Hope waiver individual support plans.~~
 - ~~4. The ISP Reviews must be entered into APTS the DMH DDD Centralized (<http://apts.dmh.state.mo.us/>) database, under the Quality Management Source—ISP Review, by the 15th of the last month of each FY quarter (1st quarter—September 15, 2nd quarter—December 15, 3rd quarter—March 15, 4th quarter—June 15).~~
- ~~I. If an individual support plan does not meet criteria set forth in the required components, the reviewer shall share the appropriate information with the TCM entity representative as well as document the follow up. The planning team shall be convened to discuss mandatory component(s) that were found to be absent from the ISP and to revise the individual support plan so it is compliant.~~
- ~~II. If the ISP Review process reveals a lack of meaningful progress (e.g., no progress, progress not related to the outcome, extreme length of time to complete strategies, same individual support plan year after year) or maintenance of the current functioning level, this information shall be shared with the TCM entity representative for revision of the individual support plan.~~
- ~~III. Implementation Review~~
- ~~1. Service Monitoring is completed to ensure the individual support plan is being implemented as written~~
 - ~~b. Quarterly review of progress: ALL individual support plans for consumers receiving purchased services will be reviewed at least quarterly by the assigned Support Coordinator.~~
 - ~~e. Findings are entered into the DMH DDD Centralized database.~~
- IV. Process for Identification, Communication, and Resolution of Issues**
- ~~A. Level of Care (LOC)~~
- ~~1. Level of Care determinations are entered into CIMOR Screenings LOC~~
 - ~~2. Level of Care automated emails are sent out for LOCs coming due within five working days and assessments coming due within 30 calendar days based on the next LOC redetermination. There are also LOC reports on Data Central Reports available for monitoring.~~
 - ~~3. Team Supervisors and designated Regional Office staff review Level of Care determinations. If there are issues with the determination, the Support Coordinator is notified and the determination must be corrected and re-submitted to the Team Supervisor within 10 working days.~~

- a) ~~Although the Team Supervisor is to review and approve the LOC in CIMOR Screenings within 30 calendar days, it is preferred Team Supervisors complete this within 10 working days.~~
- b) ~~Although the regional office designee is to approve the SB40 LOC in CIMOR Screenings within 30 calendar days, it is preferred this be completed within 10 working days of notification that the Team Supervisor has approved the LOC determination.~~
- c) ~~In order for an individual to be placed on the wait list for a waiver slot, the individual must be determined eligible for the waiver, including having three or more substantial functional limitations. This determination includes completing a LOC in CIMOR Screenings based on an assessment. Note: The *CIMOR Waiver Slot Assignment Screen* requires there be a current LOC determination date in *CIMOR Screenings* prior to assigning a waiver slot.~~
- 4. ~~Data is analyzed quarterly and issues identified are communicated to the Regional Office Assistant Directors and Technical Assistant Coordinators.~~
 - a) ~~Issues and remediation for LOC >365 days are documented in the DMH DDD Centralized database. Remediation is to be completed within 10 working days and the *DMH DDD Centralized Database* is updated.~~
 - b) ~~Issues and remediation on the other Level of Care areas are completed through individual correspondence and updating CIMOR.~~

B. Individual Support Plan (ISP) Reviews

- 1. ~~Issues from the ISP Reviews are documented in the *DMH DDD Centralized database* and communicated to the TCM entity within 10 working days of the review date.~~
- 2. ~~Remediation by the support coordinator is to be completed within 90 days of being notified about issues.~~
- 3. ~~The TCM entity will notify the Regional Office of the date the issues have been resolved and provide verification.~~
- 4. ~~The reviewer verifies resolution of identified issues and ensures resolution date is entered into the DMH DDD Centralized database.~~
- 5. ~~Findings and remediation are located in *DMH DDD Centralized Database* for tracking and trending.~~

V. Data Analysis

- A. ~~At least quarterly, the Division of DD State Quality Enhancement Unit or designee will analyze the data and review statewide trends.~~
 - 1. ~~If significant trends are identified, they will be reviewed with the QE Director.~~
 - 2. ~~The TCM TAC Statewide Coordinator will be provided an analysis of trends.~~
- B. ~~Guidelines, as well as processes, will be evaluated and revisions may be recommended.~~
- C. ~~Training, technical assistance, and/or policy changes will be implemented to address issues and trends.~~
- D. ~~As required in the waiver applications, quarterly reports are provided to Mo HealthNet on the compliance level of each CMS assurance.~~

Authority:

9 CSR 45-3.010: Individualized Habilitation Plan Procedures

DD Services Catalog

DD Waiver Manual July 1, 2012

RSMO 633.110 <http://www.moga.mo.gov/statutes/c600-699/6330000110.htm>

Technical Assistance Manual for Regional Offices, County Senate Bill 40 Boards, and Other Not-for-Profit Agencies