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Title: Individual Support Plan and Level of Care

Applies to: Targeted Case Management (TCM) entities, State Operated Waiver Programs and Habilitation Center Campuses responsible for facilitating and/or writing individual support plans for individuals eligible for Division of DD services

Purpose:

- To describe the philosophy and the content of individual support plans for individuals served by the Division.
- To describe the processes used to ensure compliance with Medicaid Waiver requirements and the Division of DD Individual Service Plan Guidelines.

Definitions:

Action Plan Tracking System (APTS): 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.

Individual Support Plan Review Database: Division of DD database designed to collect data and analyze trends around CMS assurances related to support planning and level of care, in addition to quality enhancement.

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 a 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) Provider: 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. Individual Support Plan Values and Assurances

- A. The values encompassed in the *Missouri Quality Outcomes* MUST be represented in the planning process.
- B. The Division's State Quality Enhancement Unit shall ensure the Division is in compliance with Center for Medicare and Medicaid Services (CMS) Medicaid waiver assurances in order to continue receiving federal funding. The five waivers are Autism, Lopez/MOCDD, Comprehensive, Community 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. ISP
 - a) Individual support plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
 - i) Services and supports are aligned with assessed needs
 - ii) Individual support plan addresses health risks, desired outcomes and safety risks
 - b) The Division monitors individual support plan 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 individual support plan (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) Individual support plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
- d) Individual support plans of care are updated/ revised at least annually and individuals who had a change in need and the individual support plan of care was updated
- e) Services are delivered in accordance with the individual support plan, including the type, scope, amount, duration and frequency specified in the individual support plan
 - i. All services must be authorized before being provided.
- f) 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 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 in file and if there was a change in provider or service there is a new form). Note: a listing of available providers must be given to the individual and a copy placed in the file.
- g) Records contain an appropriately completed and signed Medicaid Waiver Choice Statement and Medicaid Waiver Client Choice of Provider Statement.

II. Individual Support Plan and Training Requirements

- A. ALL staff responsible for developing and writing individual support plans 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 individual support plan is developed through team collaboration. The TCM provider is responsible for ensuring ALL the required components are included in the individual support plan.
- B. Each entity providing Targeted Case Management (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. Individual Support Plan Review (applies to TCM entities and Habilitation Centers)

- A. Monitoring of individual support plans (selected sample): Designated Targeted Case Management (TCM) and Habilitation Center staff 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. 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. The review will include a statistically valid random sample of Lopez, Autism, Comprehensive, Community Support and Partnership for Hope Waivers individual support plans. Quarterly, the Division of DD Quality Enhancement Unit will provide a list of randomly selected consumers from each of the waivers. As part of the Habilitation Center Quality Enhancement fidelity review procedures, a sample of non-waiver reviews is completed.

- I. **Plan Review Form** - Hab Center
- II. **Plan Review Form** - Community
- III. **CIMOR LOC DETERMINATION**

- 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.

B. The ISP Reviews must be entered into the Individual Support Plan Review databases 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); this is effective with the Apr-Jun 2013 quarter. Findings and remediation are located in APTS.

- I. TCM Entity database: <https://survey.dmh.missouri.gov/Survey.aspx?s=79919493f1714220bf19ed3d0015d202>
- II. APTS (Hab Center and Regional Office): <http://apts.dmh.state.mo.us/>
- III. Remediation is to be completed within 90 days of review date.

C. If an individual support plan does not meet criteria set forth in the required components, the reviewer shall share the appropriate information with a member of the planning team 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.

D. If either of the above processes 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 appropriate members of the planning team for revision of the individual support plan.

E. Implementation Review

- I. Service Monitoring is completed to ensure the individual support plan is being implemented as written
 - a. Quarterly review of progress: ALL individual support plans for consumers receiving purchased services will be reviewed at least quarterly by the assigned Support Coordinator.
 - b. Findings are entered into the APTS database.
 - c. Trends will be reviewed in each region/SOP and follow up with the TCM entity will be completed.

IV. Data Analysis

A. At least quarterly, the Division of DD State Quality Enhancement Unit or designee will analyze the data and review statewide trends.

- I. If significant trends are identified, they will be reviewed with the QE Director.
- II. Guidelines, as well as processes, will be evaluated and revisions may be recommended.
- III. Training, technical assistance, and/or policy changes will be implemented to address issues and trends.
- IV. 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