

Individual Support Plan (ISP) For

Click here to enter text.

- Initial
- Annual
- Update

Waiver Type (if applicable): Click here to enter text.

DATE OF PLAN MEETING: Click here to enter a date.

DATE OF PLAN IMPLEMENTATION: Click here to enter a date.

Regional Office/Habilitation Center: Click here to enter text.

TCM Agency: Click here to enter text.

Support Coordinator:	Click here to enter text.	Phone: Click here to enter text.
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Full Legal Name: Click here to enter text.		Nickname: Click here to enter text.
Date of Birth: Click here to enter text.		
Active Medicaid: Y/N Click here to enter text.	Active Medicare: Y/N Click here to enter text.	Spenddown: Y/N Click here to enter text.
Private Health Insurance: Click here to enter text.		Dental Insurance: Click here to enter text.
Best Informant/Parent(s): Click here to enter text.		
Address: Click here to enter text.	City, State Zip code: Click here to enter text.	County: Click here to enter text.
Phone: Click here to enter text.	Cell Phone: Click here to enter text.	E-Mail: Click here to enter text.

LEGAL DEMOGRAPHICS

Supported Decision Making Representative: Click here to enter text.	
Legally Designated to help the Individual make decisions: (Conservatorship, Power of Attorney, etc.) Click here to enter text.	
Address: Click here to enter text.	City, State, Zip Code: Click here to enter text.
Phone: Click here to enter text.	E-Mail: Click here to enter text.
Relationship: Click here to enter text.	
Restrictions placed by court: Click here to enter text.	
Custody Status (children under 21): Click here to enter text.	
Legal Guardian(s): Click here to enter text.	County: Click here to enter text.
Consent for treatment: My signature gives consent for service delivery and treatment as outlined in the Individualized Support Plan dated Click here to enter a date., which I have reviewed and approved. The ISP must be finalized and agreed upon with the informed consent of the individual (guardian) in writing and signed by all individuals and providers for its implementation.	
Voter status: Click here to enter text.	

CONTRIBUTORS		
Planning Team Members		
<p>The following individuals participated in the development of the ISP. If the individual is not present at the planning meeting, the team must justify the individual's absence and how the individual was otherwise involved in the planning process.</p>		
NAME	TITLE / RELATIONSHIP	HOW THIS PERSON CONTRIBUTED
Click here to enter text.	Consumer/Self	Click here to enter text.
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NOTE: The support coordinator assures that individuals and their guardians receive a copy of the ISP document as well as all providers of services that are actively delivering funded supports.

REVIEW OF PREVIOUS YEAR'S INFORMATION, ASSESSMENTS AND SUPPORTS
<p>A review of current supports and their progress towards previous outcomes should be conducted prior to the planning meeting in order to identify the ongoing support needs.</p> <p>The following should be considered:</p> <ul style="list-style-type: none"> • During the last year were the supports provided in the manner with which authorized? • Did the supports address the outcomes and support needs of the individual as identified in the plan? • Does the level of the current supports meet the individual's need? <p>Assessments used for planning may include the following;</p> <p><input type="checkbox"/> Risk Assessments/ Exploratory Questions</p> <p><input type="checkbox"/> Support Intensity Scale</p> <p><input type="checkbox"/> Behavioral Assessment</p> <p><input type="checkbox"/> Review the APTS entries (for example: support monitoring, nursing reviews, etc.) and EMT's (event reports)</p> <p><input type="checkbox"/> Level of Care</p> <p><input type="checkbox"/> Health Inventory</p>

<input type="checkbox"/>	HIPS Nurse Review
<input type="checkbox"/>	Community RN Health Summary documentation
<input type="checkbox"/>	Assessments (MOCABI/Vineland)
<input type="checkbox"/>	Community Living Profile
<input type="checkbox"/>	Housemate Survey Tool
<input type="checkbox"/>	Support Monitoring: (Monthly, Quarterly Contact, etc.)

VISION FOR A GOOD LIFE

This includes a description of what the individual thinks is important to have a good life and who is important to the individual.

What an overall good life looks like: Hopes, Dreams & Wants:

[Click here to enter text.](#)

Needs or conditions that must be in place to achieve a good life:

[Click here to enter text.](#)

Personal Strengths and Assets:

[Click here to enter text.](#)

Preferences, Likes (Special Interests):

[Click here to enter text.](#)

Dislikes:

[Click here to enter text.](#)

What the Individual Would Like to Try:

[Click here to enter text.](#)

Support Preferences (e.g., Does the individual prefer a female or male for his/her support needs or for a specific task / activity such as bathing?):

[Click here to enter text.](#)

Cultural Considerations:

[Click here to enter text.](#)

Information about the general topic of important relationships (Who is important to the person):

[Click here to enter text.](#)

Information about relationships the individual may want to enhance or explore:

[Click here to enter text.](#)

WHAT WE NEED TO KNOW IN ORDER TO SUPPORT THE INDIVIDUAL

A description of how supports should be delivered:

[Click here to enter text.](#)

Describe supports that are currently effective and need to continue to ensure consistency in the way supports are delivered:

[Click here to enter text.](#)

Rituals and routines:

[Click here to enter text.](#)

Primary Language Used (Required if the primary language is other than spoken English. If sign language is used, state what type of sign.):
[Click here to enter text.](#)

Method of Communication (Required if the primary mode of communication is other than speaking: communication boards, interpreter, etc.):
[Click here to enter text.](#)

How an individual learns best:
[Click here to enter text.](#)

A Communication chart may be used to describe supports when we are trying to figure out how an individual is using his/her communication.

COMMUNICATION CHART

When This Is Happening	And I do this....	We Think It Means.....	And You Should
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

NATURAL SUPPORTS & NON-DIVISION SUPPORTS

Information about natural supports available to the individual such as personal strengths and assets, relationship based, community based, technology and eligibility specific:
[Click here to enter text.](#)

Information about State Plan Services: These supports shall be accessed prior to Division funded supports. When requesting waiver Personal Assistant Services - the ISP must clarify whether the assistance needed is hands on assistance (State Plan Services: Personal Care) versus cueing/prompting training (DD: Personal Assistance) and whether the service is to be performed in the home only (State Plan Services: Personal Care) versus community (DD: Personal Assistance). ISP must document referral to DHSS for State Plan personal care or reason for not being referred to DHSS. Additional resources might include Vocational Rehabilitation, food stamps, adoption subsidy, boarding home grant, foster care subsidy, Senate Bill 40 funding, counseling services.

State Plan Supports (agency & hours per day/week):
[Click here to enter text.](#)

Additional Natural/Non-Division Supports:
[Click here to enter text.](#)

Information about enrollment in Non-Division Waiver programs:

[Click here to enter text.](#)

Information about community resources currently being assessed or utilized (e.g. clubs, community associations, gyms, library, animal shelter, etc.):

[Click here to enter text.](#)

DAILY LIFE AND EMPLOYMENT - CAREER PLANNING FOR EVERYONE

Supports or Personal Outcomes discovered during the planning process:

[Click here to enter text.](#)

Documentation of benefits counseling and planning to assist individuals and stakeholders with making informed choices on asset development and financial literacy:

[Click here to enter text.](#)

ADDITIONAL REQUIREMENTS FOR EMPLOYED INDIVIDUALS

Name of current employer: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

Hours worked weekly: [Click here to enter text.](#)

Is this competitive employment: [Click here to enter text.](#)

Waiver funded services are used to maintain employment: (Describe how natural supports are being developed and specific targeted job skills are being developed. Include the methodology for evaluating the need for continuation of these services.)

[Click here to enter text.](#)

Group supported employment: (Document the justification for this service if the individual demonstrates the capacity to work in an individual setting similar to those not receiving HCB services.)

[Click here to enter text.](#)

ADDITIONAL REQUIREMENTS FOR INDIVIDUALS WITHOUT CAREER PLANNING OUTCOMES

For those without career planning outcomes: (Document the rationale for excluding employment services.)

[Click here to enter text.](#)

COMMUNITY LIVING

HOUSING

Supports or Personal Outcomes discovered during the planning process:

[Click here to enter text.](#)

Reflect that the setting in which the individual resides is chosen by the individual:

[Click here to enter text.](#)

Records the alternative home and community based settings that were considered by the individual:

[Click here to enter text.](#)

The housing/residential setting options identified for the individual are supported by an assessed need and documented in the ISP based on the individuals needs and preferences:
[Click here to enter text.](#)

COMMUNITY TRANSITION

The ISP must be updated to include current information regarding the change in living situation. It must include adequate supports for health and safety and to minimize difficulty in adjusting to any changes in his/her life that may occur with the change in living arrangements or supports.
[Click here to enter text.](#)

Supports or Personal Outcomes discovered during the planning process:
[Click here to enter text.](#)

Outcomes and action steps may need to be developed at the post-move meeting held within one month of the move.
[Click here to enter text.](#)

In the case of an individual who is transitioning from a nursing home or habilitation center and who is participating in Money Follows the Person, the ISP must include the following statement throughout his/her MFP participation period:

As [Click here to enter text.](#) is moving into a [Click here to enter text.](#) person ISL/group home, he/she is eligible for the Money Follows the Person Demonstration. [Click here to enter text.](#) guardian has been notified of this option and has signed the agreement for his/her participation for one year. During this time, surveys will occur prior to discharge from [Click here to enter text.](#), at one year and again at two years. If [Click here to enter text.](#) is hospitalized or placed in an inpatient setting, regardless of the amount of time, the MFP project director (573-751-8021) must be contacted. This will be the responsibility of [Click here to enter text.](#), Support Coordinator. The [Click here to enter text.](#) Regional Office provides a 24-hour call-in number for emergency back-up assistance if needed. [Click here to enter text.](#) and his/her guardian have been provided this number in the event that emergency backup is needed.

Additional individualized back up plans:
[Click here to enter text.](#)

When the Community Transition Service is used, identify all supports, services, accommodations, equipment, furnishings, etc. needed for the individual to be successful in the community. See the [Community Transition Service Tip sheet](#) for additional information:
[Click here to enter text.](#)

TRANSITIONING FROM HABILITATION CENTER TO COMMUNITY LIVING SETTING

The Transition Plan must identify all supports, services, accommodations, equipment, furnishings, etc. needed for the individual to be successful in the community:
[Click here to enter text.](#)

Following the 30 day review meeting, the receiving Support Coordinator completes an addendum to the ISP, which includes objectives for implementation in the community:
[Click here to enter text.](#)

SOCIAL AND SPIRITUALITY - COMMUNITY MEMBERSHIP

People Are Active Members of Their Communities While Determining Valued Roles and Relationships through Self-Determination.

This section of the ISP is about presence and participation in the community, based on interests determined by the individual. Individuals are integrated into their community, including community service, in the same way as neighbors and fellow community members. Individuals have natural supports in their lives and relationships that are not based on their disability.

Supports or Personal Outcomes discovered during the planning process:

[Click here to enter text.](#)

HEALTHY LIVING – MENTAL AND PHYSICAL

Supports or Personal Outcomes discovered during the planning process:

[Click here to enter text.](#)

Primary Care Physician: (name/contact information/specialty/ frequency of visits):

[Click here to enter text.](#)

Other medical specialist physicians - dental, vision, hearing, etc.: (name/contact information/specialty/ frequency of visits)

[Click here to enter text.](#)

Known or suspected health risks: (choking/aspiration, falling, skin breakdown, bowel, dehydration, seizures, etc.) When individuals have an elevated level of health risks, specific areas of support needed are documented. Also, include information regarding any Non-Hospital DMH-DNR or Alternative to CPR.

[Click here to enter text.](#)

Purpose of medications, treatments, or procedures (i.e., parameters for contacting physician – diabetes and hypertension, seizures, etc.)

[Click here to enter text.](#)

Dietary needs

[Click here to enter text.](#)

Allergies/Sensitivities/Reactions

[Click here to enter text.](#)

Mental Health supports (counseling, therapy, medications, etc.)

[Click here to enter text.](#)

PRN psychotropic medication protocol

[Click here to enter text.](#)

Self-administration (supports needed to maintain this skill). Note: If the individual is learning to self-administer, this is expected to be addressed as an outcome.

[Click here to enter text.](#)

Adaptive equipment

[Click here to enter text.](#)

If specific supports are not in the plan, list where the information is located and that supporters must use this information to guide what supports they provide. (e.g., bowel and bladder management, seizure, dietary, etc. and other individual/private information)

[Click here to enter text.](#)

Family Medical History (if available)

[Click here to enter text.](#)

Diagnoses

[Click here to enter text.](#)

History that is relevant for the caregivers to know – such as: Past Physical illnesses (examples; past surgeries, healed wounds, past fractures or other significant injuries, bowel obstructions or impactions, etc.). Past Mental illnesses, traumatic experiences, or life style stressors (examples: child abuse, self-injurious behaviors, psychiatric admissions, loss of loved ones, frequent moves, etc.)

[Click here to enter text.](#)

ADDITIONAL REQUIREMENTS FOR RECIPIENTS OF COMPREHENSIVE WAIVER

Medical, vision, hearing, oral care conditions and supports per HIPS process (Division Directive 3.090 Health Identification and Planning System Process) including immunizations and cancer screenings.

[Click here to enter text.](#)

All Health Indicators marked on the Health Inventory (Annual and Change of Health) should be addressed in the ISP. The plan should identify the issue, condition, or risk requiring support and identify what that support is, who is providing, at what frequency, etc. The Health Reference Manual serves as a guideline for identifying possible supports needed. The agency nurse should also contribute to the planning process. Some areas may result in a measureable outcome and may be time limited or ongoing. Items that require additional detail to guide staff in how to support the individual may be referred to in additional supporting documents such as a Health Care Plan developed by the nurse, etc.

[Click here to enter text.](#)

SAFETY & SECURITY

Supports or Personal Outcomes discovered during the planning process:

[Click here to enter text.](#)

Emergency Safety (supports for emergency procedures to include an emergency plan on how to care for the individual/what supports are needed during an emergency, 911 calls, stranger awareness, etc.):

[Click here to enter text.](#)

Support needed for potential home dangers while cooking, being away from home, answering the door, water temperature, toxic chemicals, having key to their home, etc.:

[Click here to enter text.](#)

Mobility support needs: (fall risk, special adaptations for evacuation, etc.)

[Click here to enter text.](#)

Criminal and/or other behavior that places the individual or others at risk:

[Click here to enter text.](#)

Altered levels of supervision, restrictions, probation and/or parole:

Click here to enter text.

Provide information on: *Preparing for disaster for People with Disabilities and other Special Needs:*

Click here to enter text.

BEHAVIORAL RISK AND PREVENTION

Supports or Personal Outcomes discovered during the planning process:

Click here to enter text.

Supports or Personal Outcomes discovered during an Assessment of Behavioral Risk Factors resulting in a Crisis Safety Plan:

Click here to enter text.

Must identify the Crisis Safety Plan and where it is located:

Click here to enter text.

Functional Behavioral Assessment attached to ISP:

Click here to enter text.

Behavior Support Plan attached to ISP:

Click here to enter text.

INDIVIDUAL RIGHTS

Supports or Personal Outcomes discovered during the planning process:

Click here to enter text.

Information on how the individual was informed of his/her rights:

Click here to enter text.

INDIVIDUALS WHO HAVE MODIFICATION (RESTRICTIONS) TO RIGHTS

When the individual's planning team determines that a limitation of rights is necessary, the ISP process must ensure the following:

Specific restrictions to legal rights

Click here to enter text.

Justification – purpose & rationale

- Describe the restriction
- "Document less intrusive methods of meeting the need that have been tried but did not work." (HCBS Rule) [42 CFR 441.301\(c\)\(2\)\(xiii\)\(C\)\(2014\) pp. 3030](#)
- Identify a specific and individualized assessed need
- Explain the reason the limitation or restriction is being put in place
- Explain if the restrictions or limitations are necessary to keep the person safe or others safe
- Describe any historical pattern or significant situation which has occurred that would justify a limitation or restriction
- Include a summary of current data including the source of the data which supports the need for the limitation or restrictions

Click here to enter text.

Conditions - under which the restriction is applied

Explain where the restriction or limitation will be imposed (i.e. only at home, in the community, day program, in kitchen, etc.)

- "Include a clear description of the condition that is directly proportionate to the specific assessed need." [42 CFR 441.301\(c\)\(2\)\(xiii\)\(D\)\(2014\) pp. 3030](#)

- Explain when the restriction will be imposed (e.g. at all times, in morning, after/before a specific event or situation, if family present, only when in the community, etc.)

[Click here to enter text.](#)

Teaching or Support Strategies

- Outcomes/Strategies that are being taught to help an individual develop skills in order to overcome the need for this restrictive support
- “Document the positive interventions and supports used prior to any modifications to the person- centered service plan.” [42 CFR 441.301\(c\)\(2\)\(xiii\)\(B\) \(p. 3030\)](#)
- Provide evidence that this type of intervention/teaching has worked in the past and information on why this is the method by which the person learns best
- There may be situations where an individual has multiple restrictions. If a team decides to prioritize/focus teaching outcomes on only a few restrictions at a time, versus all the restrictions at once, the team will need to prioritize.
- If there are restrictive supports that are required to keep the person or others safe and teaching strategies have not been identified, the supports need to be identified in the ISP along with the efforts that are being explored to support the person in the least restrictive way.
- For teaching and support strategies, document who is responsible for the training of the strategies.

[.Click here to enter text.](#)

Monitoring methods

- “Include an assurance that interventions and supports will cause no harm to the individual.” [42 CFR 441.301\(c\)\(2\)\(xiii\)\(H\) pp. 3030](#)
- “Include a regular collection and review of data to measure the ongoing effectiveness of the modification.” [42 CFR 441.301\(c\)\(2\)\(xiii\)\(E\) pp. 3030](#)
- Information on data collection methods should include...
 - Who is documenting
 - Where data is kept (e.g., daily progress notes, outcome data sheets, MAR, etc.)
 - What is the frequency of documentation (e.g. daily, weekly, monthly, etc.)
 - How often is the data reviewed by team
- If the plan is being referred for annual review, there must be documentation noting the progress or lack of progress from the past year of implementation (i.e. summary of monthly reviews, quarterly reviews, behavioral data results, evaluations about the effectiveness of medications/interventions)

[Click here to enter text.](#)

Criteria for restoration

- Describe what will it take for the restriction to be lifted / how the individual and team will know when the restrictive support is no longer needed or could be reduced in intensity/frequency
- The criterion needs to be in specific observable and measurable terms (i.e. if individual has three consecutive months of no attempts to elope, chimes will be removed from the exterior door)

[Click here to enter text.](#)

Review schedule

- “Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.” [42 CFR 441.301\(c\)\(2\)\(xiii\)\(F\) pp. 3030](#)
- State how often team will submit plan to Due Process Committee for review

(minimum is annually)

[Click here to enter text.](#)

Notice of right to due process

- "Include informed consent of the individual." [42 CFR 441.301\(c\)\(2\)\(xiii\)\(G\) pp. 3030](#)
- Document that the individual and the guardian are aware of the restrictions, were part of the planning process to develop interventions, know he/she has a right to due process, and have information on what to do and who to contact if he/she does not agree with the restrictions or interventions.
- Signed authorization page (can either be signed by guardian only or can be signed by guardian and individual)

[Click here to enter text.](#)

CITIZENSHIP & ADVOCACY

PERSONAL INCOME

Supports or Personal Outcomes discovered during the planning process:

[Click here to enter text.](#)

Supports needed to maintain benefits:

[Click here to enter text.](#)

Supports needed to manage funds:

- If the individual has a representative payee, provide relevant information.
- If the individual serves as his/her own payee, what, if any, supports (either natural or paid) are needed to assist the individual?

[Click here to enter text.](#)

Document the following:

- That the individual's resources were considered when given options for residential room and board.
- What housing resources (e.g., vouchers and other rental assistance options) were explored?
- That individual was given the information necessary to make an informed choice regarding housing options.

[Click here to enter text.](#)

How the individual wishes to spend/save his/her excess funds after daily living expenses are paid (dental insurance, burial plan, leisure activities, etc.):

[Click here to enter text.](#)

Monthly Personal Spending allowance (for those in residential setting – include amount and support needed to manage/access these funds):

[Click here to enter text.](#)

Supports needed to apply for SSI (school transition age of 17):

[Click here to enter text.](#)

SELF-DIRECTED SUPPORTS

Supports or Personal Outcomes discovered during the planning process:

[Click here to enter text.](#)

Identifies the *Designated Representative* (when appointed):

[Click here to enter text.](#)

Supports discovered during the review of the support broker assessment tool (*Personal Outcomes must be identified for SB service*):

[Click here to enter text.](#)

The services being self-directed are listed and what supports are being provided by these services. (Personal Assistance, Community Specialist, and Support Broker Assessment is used as the tool.) *The ISP is used as a training document for employees and must provide enough details in order for all employees to understand what is needed to provide supports. (Personal Outcomes must be identified for SB and CS.):*

[Click here to enter text.](#)

Justifies any training exemptions on the “Training Checklist”:

[Click here to enter text.](#)

If receiving Medical Personal Assistance, does the ISP list the “licensed medical professional*” who will be providing the training, delegation and periodic supervision of care? (*Licensed Medical Professional as defined by the Nursing Practice Act Chapter 335. RSMo):

[Click here to enter text.](#)

Identifies the Back-Up Plan which includes provisions for support in the case of scheduled employees not being able to provide the support: Employer/Designated Representative is not capable or available to manage employees; and handling other emergencies:

[Click here to enter text.](#)

In the case of a paid family member (*the paid family member cannot be the guardian or designated representative, or parent/step-parent of child under 18*)- the plan must reflect that:

- The individual is not opposed to the family member providing the support.
- The supports, to be provided, are solely for the individual and not household tasks expected to be shared with people who live in a family unit.
- The support team agrees that the family member providing the individual assistance will best meet the individual’s needs.

[Click here to enter text.](#)

For new individuals to SDS and those with a change in allocation, the SDS Budget Allocation tool is complete and matches \$ amount on Authorization Form:

[Click here to enter text.](#)

If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services, Division of Senior and Disability Services (DSDS) service authorization system has been checked to ensure that these services are not being self-directed. Does the individual currently, or have they at any time in the past, received self-directed services through state plan and/or have an existing Employer Identification Number (EIN)?

[Click here to enter text.](#)

CHOICE OF SERVICE PROVIDER AND OPTION OF SELF-DIRECTED SUPPORTS

How was the individual educated and informed of the options list in the “Medicaid Waiver, Provider, and Services Choice Statement?” The provider choice form filled out with the family to show all interested supports and the final choice:

[Click here to enter text.](#)

How was the individual educated and informed of the full range of HCBS available to support achievement of personally identified goals?

[Click here to enter text.](#)

Includes a method for the individual to request updates to the plan as needed:

[Click here to enter text.](#)

Records the alternative home and community-based settings that were considered by the individual:

[Click here to enter text.](#)

CONFLICT RESOLUTION

Who to contact locally if unhappy with services or supports:

Support Coordinator: [Click here to enter text.](#)

Support Coordinator Supervisor: [Click here to enter text.](#)

All state-operated mental health facilities and community providers must have a system for complaints and grievances. We ask that you first contact the agency you have a complaint against to attempt to resolve your issue. This is the best way to get a direct response and work out a resolution for your concerns. If you are concerned that a complaint will affect availability of services, or you may be retaliated against, you may contact the **Office of Constituent Services at 1-800-364-9687 to file an anonymous complaint.** All calls will be kept confidential and the caller can choose to remain anonymous.

Missouri Protection and Advocacy
573-893-3333

Any Conflict of Interest identified:

[Click here to enter text.](#)

Dissenting opinions of team members:

[Click here to enter text.](#)

FAMILY OF MINOR CHILD OR GUARDIAN

If the individual is a minor child, information from the parent(s) or guardian **MUST** be included in the plan. If the individual is an adult with a guardian, information must be included if the guardian requests that it be included. It is very important to differentiate clearly, what is important to the guardian from what is important to the individual. Information such as this should be included in the plan but it needs to be clear. One way to provide clarity would be to include a section titled "What is important to the guardian" while balancing the needs and preferences of the individual.

Parents of Minor Child, differentiate what is important to the guardian if different from the individual:

[Click here to enter text.](#)

Guardian (per request), differentiate what is important to the guardian if different from the individual:

[Click here to enter text.](#)

PERSONAL OUTCOMES & GOALS

Regardless of whether an individual has funded supports or Support Coordination only, at least one personal outcome must be identified.

List the Specific Personal Outcome and related Goals:

[Click here to enter text.](#)

Important information to know about the Personal Outcomes (current situation, things that the individual has tried in the past or may like to try, why the outcome is important to the individual and family. Also, include what the outcome means to the individual in his/her words if possible.):

[Click here to enter text.](#)

Timelines, frequency and duration regarding completion of Personal Outcome and related goals:

[Click here to enter text.](#)

- What Personal Strengths and Assets (skills, abilities, knowledge, attributes, passions, hobbies, etc.) does the individual have in relation to the Personal Outcome and related goals?
- What technology (computer, tablet, apps, smart phone, watch, alarm clock, etc.) can be used to achieve the Personal Outcome and related goals?
- What relationships (friends, family, connections at places of interest etc.) does the individual have which can help achieve the Personal Outcome and related goals?
- What community resources (clubs, community associations, gyms, library, animal shelter, etc.) can be used to achieve the Personal Outcome and related goals?

(The above information may be identified within other sections of the ISP)

[Click here to enter text.](#)

Which provider is responsible for writing the Implementation Strategies?

[Click here to enter text.](#)

NEW REQUESTS

(include justification for this service)

Request:

[Click here to enter text.](#)

Justification for request:

[Click here to enter text.](#)

Request:

[Click here to enter text.](#)

Justification for request:

[Click here to enter text.](#)

Request:

[Click here to enter text.](#)

Justification for request:

[Click here to enter text.](#)

BUDGET

The Support Coordinator will assure that the individual's budget information is part of the ISP document (the budget shall also be attached) and outlines all services received and costs.

This information is vital for the individual, their family, and all service providers as it creates a picture of all paid supports for the individual. The budget shall outline the following information:

- Time span of service(s)
- Name of each service
- Name of each service provider
- Number of units to be provided in the time span indicated for each service
- Service rate per unit for each service
- Total cost per time span of each service
- Total budget cost for all combined services

[Click here to enter text.](#)

MONITORING THE ISP

The Support Coordinator is responsible for monitoring the ISP. The person-centered service plan will be reviewed, and revised upon reassessment of functional need as required at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual. The individual/team members can request updates to the plan or to convene the planning team by contacting the Support Coordinator. The ISP will be reviewed quarterly and updated as often as necessary. Review and update of the ISP will also occur as often as the individual and/or guardian requests.

Identify the individual and/or entity for monitoring of the ISP:

[Click here to enter text.](#)

