

ISP CHECKLIST**A. GENERAL ISSUES**

YES NO

1. Have appropriate release of information forms been signed to obtain updated records (*i.e., medical, IEP, therapies, etc.*)?
- 2a. Does the responsible person wish to be notified of incidents?
- 2b. Is current timeline for notification adequate?
3. Are FOCUS screens updated? (*Service plan, consumer demographics, medical coverage, etc.*)
4. Has the individual/family been informed of their right to choose a support coordinator and providers?
5. Has the person been assessed for risk, and has a Risk Assessment Plan been developed if needed?
6. Are all team agreements on the ISP document noted in the Action Plan, Part II – Agreements and Assignments?
7. Has the individual/family received the current Statement of Rights and is there a current signed Certificate of Understanding in the file?
8. If the person is age 18 or older, has Voter Registration options been offered? Have males registered for Selective Service?

B. MEDICAL ISSUES

YES NO

1. If the person is not currently ALTCS eligible, is a referral to ALTCS now appropriate? (*i.e., significant changes in medical or behavioral status; person now has financial assets of less than \$2,000; person is now age 6 months, 3 years, 6 years or 12 years of age. ALTCS eligibility criteria change at these ages. Refer to pre-PAS for age-appropriate criteria.*)
2. Does the individual have an advanced directive? (*If yes, obtain a copy and document in medical section of ISP. If individual is 18 or older and on ALTCS. Give responsible person the booklet entitled "Decisions About Your Healthcare" (PAD-588). Maintain the signed Certificate of Receipt and Understanding in the Medical Section of the consumer's file.*)
3. Have specific action items for needed medical appointments/evaluations been assigned with projected dates of completion?
4. Does the individual have medical issues that require nursing assessment/monitoring? (*Skin break down, ventilator, etc.*)
5. Are Durable Medical Equipment (DME) needs and/or status being monitored?
- 6a. If the individual is a female of appropriate age, has an annual gynecological exam, including mammography, been completed?
- 6b. If not, is there documentation of a valid reason (*i.e., the individual is only able to tolerate the exam under anesthesia, and the legally responsible person has decided the risk of anesthesia outweighs the benefits of the exam*)?
7. Has the person received pneumonia vaccination and other needed immunizations?

C. SERVICE ISSUES

YES NO

- 1a. If Attendant Care or Housekeeping is being provided, has the Attendant Care/Housekeeping Agreement been completed?
- 1b. Has monitoring/supervision taken place within mandated time frames?
- 1c. If skin breakdown is a concern, is nursing involved? (*See ISP Support Information, DD-220*)
2. If an Augmentative Communication Device is used or needed, are objectives and supports identified?
3. Have Action Items for teaching plans/strategies been assigned or are there dates of completion?
4. Have specific training needs of HCBS providers (*i.e., medication administration, CIT, information about seizure disorders, etc.*) been identified and discussed? (*See ISP Support Information, DD-220*)
5. Does the ISP Action Plan, Part I (*DD-219-1*) contain complete, **measurable** outcomes for all individuals receiving Day Treatment and Training, Habilitation or Therapy services?
6. Are identified service costs likely to exceed 100% ICFMR? Ex: Residential or DTA staff ratio 1:1 or 1:2, over 200 hours nursing and HCBS, Community Protection, Medical Group Home. If yes, complete CES.

- 7a. Is there documentation of the reasons why objectives were not met or were revised as appropriate?
- 7b. If the person is receiving services, has the provider submitted current progress reports to the division?
- 7c. If the person is receiving Attendant Care, Housekeeping, Respite or Habilitation Independent (HAI) for IDLA, has a back-up plan been developed by the team?
- 8. Is there an Action Plan item indicating who will notify the Support Coordinator if an authorized service is not initiated or received?
- 9. If the Individually Designed Living Arrangement is being planned, has the IDLA Checklist been completed?
- 10. Are indirect services (*i.e., therapies in schools, respite through behavioral health*) included on the Service Plan?
- 11. If a home modification is needed, has all necessary follow-up been completed and submitted to the Home Modification Unit?

D. FINANCIAL ISSUES

YES NO

- 1a. Has the ISP Spending Plan been completed (*if needed*)?
- 1b. Does the person has sufficient income to support his or her expenses?
- 2. Is the person responsible for reporting account balances to ALTCS and/or Social Security identified on the Action Plan, Part II? (*This includes trusts, bank accounts, group home or day program accounts, etc.*)
- 3. Is the person responsible for sending pay stubs to the Social Security Administration identified on the Action Plan, Part II?

E. RESIDENTIAL ISSUES

YES NO

- 1. Has the Support Information for Group Home Services been completed?
- 2. If applicable, has the ISP Worksheet for Individuals Residing in Group Homes Equipped with a Pool or Spa been completed?
- 3a. Has an annual inventory of the individual's possessions been provided to the responsible person?
- 3b. Is it accurate?
- 4a. Are there limits on the amount of money an individual can carry or receive in cash from earnings and noted in the ISP?
- 4b. If yes, is there something being done to teach the person to more effectively manage his or her money?
- 5. Has drinking alcohol or smoking been addressed?
- 6a. If an individual uses diapers, is a medical reason documented?
- 6b. If not, is there something being done to teach the person more independent toileting skills?

F. BEHAVIORAL ISSUES

YES NO

- 1. Are consents for psychotropic medication signed by the legally responsible person on file?
- 2. If the individual takes behavior-modifying medications, is there a behavior treatment plan and medication treatment plan?
- 3. Is the behavior treatment plan monitor(s) identified on the Action Plan, Part II?
- 4. Is consultation with a Qualified Behavioral Health Professional (QBHP) required for this person?
- 5. Have behavioral health objectives and services been documented on the Action Plan, Part I?
- 6. Does the individual need more than one staff person present during transportation and is this reflected in the plan?
- 7. Does the Action Plan, Part II document who and how behavioral health information is to be shared with the Primary Care Physician (PCP)?
- 8a. Has RIMS/ASSISTS been updated?
- 8b. Is the proper behavioral health code on the ASSISTS Service Plan?
- 9. Is an Emergency Contact Plan required/completed for discharge/transition of individuals with severe behavioral challenges (*per Administrative Directive 69*)?

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