State of Illinois
Department of Human Services - Division of Developmental Disabilities
INDEPENDENT SERVICE COORDINATION (ISC) REVIEW AND APPROVAL OF INDIVIDUAL SERVICE PLAN (ISP)

Name of Waiver Participant: _____ Date: _____

Name of Provider Agency Preparing ISP: _____

For each requirement listed, the ISC representative should check "Yes" or "No" to indicate whether the requirement is met. If "No", document reason with details/rationale in the Notes section on page 2 (or on additional attached pages). If the item is "not applicable", the ISC representative should check "NA" and explain in the Notes section why the requirement is not applicable for this individual.

The ISP...	Yes	No	NA
1) The ISP is based on current individual assessment information, including natural supports, strengths, barriers and impediments to full community participation.	☐	☐	☐
2) The ISP includes results of the Inventory for Client and Agency Planning (ICAP) or Scales of Independent Behavior (SIB).	☐	☐	☐
3) The ISP assists the individual to accomplish personal goals and desired future outcomes (as expressed by the person receiving services and/or the guardian, if applicable).	☐	☐	☐
4) The ISP is based on preferences and choices of the individual and his/her guardian, if applicable.	☐	☐	☐
5) The ISP documents all needed services and supports.	☐	☐	☐
6) The ISP identifies all services and supports to be provided, regardless of provider or funding source.	☐	☐	☐
7) The ISP includes functional goals.	☐	☐	☐
8) The ISP includes measurable objectives.	☐	☐	☐
9) The ISP includes time frames for completion of goals and objectives.	☐	☐	☐
10) The ISP includes training methods.	☐	☐	☐
11) The ISP includes frequency and duration of all services, supports and training (without regard to funding source.	☐	☐	☐
12) The ISP identifies staff assigned to provide services, supports and training.	☐	☐	☐
13) The ISP documents medical prescriptions.	☐	☐	☐
14) The ISP documents self-medication training.	☐	☐	☐
15) The ISP documents medication administration and oversight.	☐	☐	☐
16) The ISP documents efforts to reduce reliance on psychotropic medications.	☐	☐	☐
17) The ISP identifies all persons (staff and otherwise) who contributed to the development of the plan including relationship to the individual, title and agency affiliation, if applicable.	☐	☐	☐
18) The ISP includes team consensus concerning the balance between the individual's rights and the individual's abilities to make informed decisions concerning privacy and access to the community.	☐	☐	☐
19) The ISP identifies those community and home situations when the individual may be away from the direct supervision of provider staff during those hours when staff are responsible for the individual	☐	☐	☐
20) The ISP documents ongoing efforts by the service provider to inform the individual and guardian of the potential harm, to suggest alternatives and to minimize the potential harm when the individual's choices may result in potential harm to the individual.	☐	☐	☐

The ISP...	Yes	No	NA
21) The ISP includes safeguards, supports, education and training necessary to mitigate risks identified by the risk assessment.	☐	☐	☐
22) The ISP documents reasons the individual's choices are not honored, when applicable.	☐	☐	☐
23) The ISP identifies activities to ensure continuity of care during planned therapeutic absences (such as home visits or vacations), if residential services are part of the plan.	☐	☐	☐
24) The ISP (if absences are regular or known well in advance), includes a goal of maintaining/increasing social contacts with family or friends (inclusive of describing staff responsibilities for sharing information before and after the absences and for being available for consultation/assistance during the absences).	☐	☐	☐
25) The ISP has been approved by the person receiving services (if no guardian has been appointed) or the guardian (if applicable). Date of approval by person served/guardian: _____ Method of approval: ☐ verbal consent to ISSA ☐ written consent (copy provided to ISSA)	☐	☐	☐

☐ This ISP meets requirements and is considered approved. (All 25 items on the checklist must be marked "yes" or "not applicable" for the plan to meet requirements.)

☐ This ISP does not meet requirements and requires revision. (Plan does not meet requirements if any item is marked "no".)

Notes (include item number and details for each item marked "No" or "NA"; attach additional pages, if needed.):

ISC Representative Printed Name: _____   ISC Agency: _____

ISC Representative Signature: _____   Date: _____