

Illinois Department of Human Services
Division of Developmental Disabilities

Individual Service and Support Advocacy (ISSA) Review and Approval of Individual Service Plan (ISP)

Name of Waiver Participant _____ ISP Meeting Date _____

Name of Provider Agency Preparing ISP _____

For each requirement listed, the ISSA representative should check "Yes" or "No" to indicate whether 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 ISSA representative should write "NA" across the boxes and explain in the Notes section why the requirement is not applicable for this individual.

Yes	No	The ISP...
		1 ...is based on current individual assessment information, including natural supports, strengths, barriers and impediments to full community participation.
		2 ...includes results of the Inventory for Client and Agency Planning (ICAP) or Scales of Independent Behavior (SIB).
		3 ...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 ...is based on preferences and choices of the individual and his/her guardian, if applicable.
		5 ...documents all <u>needed</u> services and supports.
		6 ...identifies all services and supports <u>to be provided</u> , regardless of provider or funding source.
		7 ...includes functional goals.
		8 ...includes measurable objectives.
		9 ...includes timeframes for completion of goals and objectives.
		10 ...includes training methods.
		11 ...includes frequency and duration of all services, supports and training (without regard to funding source).
		12 ...identifies staff assigned to provide services, supports and training.
		13 ...documents medical prescriptions.
		14 ...documents self-medication training.
		15 ...documents medication administration and oversight.
		16 ...documents efforts to reduce reliance on psychotropic medications.
		17 ...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.

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Yes	No	The ISP...
		18 ...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 ...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 ...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.
		21 ...includes safeguards, supports, education and training necessary to mitigate risks identified by the risk assessment.
		22 ...documents reasons the individual's choices are not honored, when applicable.
		23 ...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 ... (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 ...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.):

ISSA Representative Signature

Date

ISSA Representative Printed Name

ISSA Agency