

## Review of Individual Service Plans

Individual's Name: \_\_\_\_\_

Agency: \_\_\_\_\_ ISSA: \_\_\_\_\_

DHS Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

The reviewer will review the new Individual Service Plan (ISP) for each individual according to the following criteria. All assessments must be present in packet to review.

|  | Y/N | Notes |
|--|-----|-------|
| 1. Was the ISP developed by the receiving agency?  |     |       |
| 2. Is the ISP approved in writing by the individual (or with a note of explanation for no signature), guardian (if applicable), QIDP, ISSA or Individual Service Coordinator? (ISSA Checklist Required)  |     |       |
| 3. Does the ISP identify the services and supports to be provided and by whom? (Including the CILA site chosen, the type and amount of supervision to be provided?)  |     |       |
| For #s 4-12, is there evidence the ISP is based on an initial assessment that included:  |     |       |
| 4. A physical and dental exam, both within the past 12 months, which includes a medical history?   |     |       |
| 5. A self-medication assessment and approval by a physician to participate in a self-medication training program, or an assessment and physician approval for those deemed to be independent in medication administration?   |     |       |
| 6. A psycho-social assessment including legal status, personal and family history, a history of mental disability and related services, evaluation of possible substance abuse, and resource availability such as income entitlements, health care benefits, subsidized housing and social services?   |     |       |
| 7. For individuals with a developmental disability, an assessment with the Inventory for Client and Agency Planning (ICAP)(Riverside Publishing Co., 425 Spring Lake Dr., Itasca, IL 60143, 1986) or the Scales of Independent Behavior (SIB) (DLM Teaching Resources, One DLM Park, Allen, Texas 75002,1985)? For individuals with a dual diagnosis of mental illness, an assessment that also includes form DMHDD-1215,"Specific Level of Functioning Assessment and Physical Health Inventory," (SLOF)? |     |       |
| 8. A risk assessment that addresses each component and required domain outlined in Information Bulletin DD.12.018.   |     |       |
| 9. An educational and/or vocational assessment including level of education or specialized training, previous or current employment, and acquired vocational skills, activities or interests?  |     |       |
| 10. A psychological and/or a psychiatric assessment; both must be conducted for individuals with both a mental illness and a developmental disability?   |     |       |
| 11. A communication screening in vision, hearing, speech, language and sign language?  |     |       |
| 12. Others as required by the individual's disability such as physical therapy, occupational therapy and activity therapy?   |     |       |