

PROCEDURE NO. 2-6-13

ISSUED: 06-08-98

REVISED: 02-07-25

REVIEWED: 02-07-25

SUBJECT: Individual Support Plan (ISP)

PURPOSE: To establish procedures to ensure the implementation and orderly review of an Individualized Support Plan and carry out the mandate of Office of Program Services Policy No. 2

=====

The Individual Support Plan (ISP) is created by the oversight case management entity, Boone County Family Resources (BCFR), with input from individual supported, family/guardians, Woodhaven staff, and any other interested stakeholder. It includes cost and justification for all services provided to the individual supported. BCFR will ensure ISP covers all relevant HCBS standards. The ISP is developed using Person Centered Planning Process.

- A meeting will be held by all ISP team members within 30 days of admission and at least annually thereafter to develop an ISP for each person receiving services. A team meeting can be held anytime throughout the year as issues arise.
- The ISP sets forth the supports a person needs and they are planned and implemented in accordance with each participant's unique needs, strengths, abilities, expressed preferences, cultural consideration and decisions concerning his/her life in the community. The plan should reflect the personal desires and needs of the person supported, as well as community integration and skills, abilities and supports necessary to achieve the goals.
- Participants attending the ISP meeting will be jointly determined by the individual supported, the legal guardian (if applicable) and the Service Coordinator. The individual will lead the process when possible.
- Input from the person supported will be obtained via the Functional Assessment (#2-6-10) prior to the meeting and shared with the team.
- The Program Manager will provide documentation on all protocols for medical and behavioral supports that staff will utilize to ensure the Health and Safety needs of the person supported. The team will review the protocols at the time of the meeting and agree to content within.
- On a monthly basis, the ISP will be reviewed by the appropriate members of the ISP team to assess the overall progress on goals and to ensure that the needs and desires of the individual continue to be reflected in the plan. An overall review of the programs, activities and other relevant issues will be done with the person supported when applicable each month. This information will be communicated with the individual in an understandable manner.
- The team will review the environment of Residential and Community Integration to ensure that the individual remains appropriately plan.
- Woodhaven staff will ensure that all individuals who want to work are supported in doing so. Woodhaven staff will discuss with individuals supported if they are interested in beginning the process and request a plan meeting at any time to discuss employment options. If the individual obtains or has a job, Woodhaven will support them as needed to accommodate their identified needs and help in their success.

PROCEDURE NO. 2-6-13

ISSUED: 06-08-98
REVISED: 02-07-25
REVIEWED: 02-07-25

SUBJECT: Individual Support Plan (ISP)

PURPOSE: To establish procedures to ensure the implementation and orderly review of an Individualized Support Plan and carry out the mandate of Office of Program Services Policy No. 2

=====

- The team, lead by the individual and his/guardian, will develop Personal Outcomes/Goals for the upcoming ISP year. These Outcomes will be written into the ISP document by the Service Coordinator. These outcomes will be observable and realistic. The Home Coordinator will then write implementation strategies for these outcomes separate from the ISP, which will include statement of the outcome in measurable terms, the criteria used to assess the outcomes, methods to be used, anticipated times for accomplishment of the outcome and the person responsible for implementation. The Implementation Strategies document is a provider tool which guides them to work effectively with the individual to achieve his/her desired personal outcomes and goals. These are required for every personal outcome/goal which is habilitative in nature. The Implementation Strategies document is a dynamic document which changes as often as necessary. The Home Coordinators, with input from the individual, will monitor the strategies on an on-going basis via observation and staff documentation to ensure the teaching methods reflect the preferences and progress of the individual supported and initiate changes as needed.

Implementation Strategies must include the following components:

- Personal Outcomes and Related Goals
- Individual teaching activities and necessary tools/supplies/technology
- Process used to facilitate learning based on an individuals' learning style and support needs.
- Responsible Party
- Specific, individualized, measurable stepping stones necessary for the individual to achieve his/her Personal Outcome, to get from point A to point B
- States the timelines/target dates for completion.

Any staff working with the individual will be trained on the person's ISP and their implementation strategies as they are implemented or prior to working with them.

- The Program Manager is responsible for the implementation of the ISP. It is the responsibility of the Program Manager to share information on services provided by our agency with other agencies also providing services. The Program Manager is responsible for assuring that the person served is adequately oriented to the ISP and staff are trained on implementing the ISP.
- The Program Manager is responsible for ensuring that referrals are made to appropriate agencies in the community when Woodhaven is not able to provide a service they may require.

Approved by: _____
Director of Residential and Community Services

Date