

Topic:	Mid-Year ISP Changes
Date Issued/Updated:	

Overview

Description: The Individual Support Plan (ISP) is the resulting document of the person-centered planning process developed annually that outlines the supports, activities, and resources that will meet the desired outcomes, goals and needs of the individual. The ISP is developed by the Service Coordinator or Personal Agent in conjunction with the individual, their legal or designated representative, and others invited by the individual. An ISP identifies services, service setting, resources, and providers that will meet needs identified by the functional needs assessment and risk identification tool, along with individual's preferences. An ISP also serves as the documentation of the Medicaid services that are agreed upon by the individual or their legal/designated representative and the Service Coordinator or Personal Agent and approved by the Service Coordinator or Personal Agent.

Purpose/Rationale: This Worker Guide describes the procedures for making changes to services, service settings, resources, and/or providers in an existing ISP.

Applicability: Service Coordinators and Personal Agents who develop, revise, and authorize ISPs.

Procedure(s) that apply:

An ISP is considered authorized when the following conditions are met:

1. The agreement and signature of the individual, or as applicable the legal or designated representative of the individual, is present on the ISP or documentation is present explaining the reason an individual who does not have a legal or designated representative may be unable to sign the ISP; and
2. The signature of the Personal Agent or Service Coordinator involved in the development of, or revision to, the ISP is present on the ISP.

Changes to an existing ISP (mid-plan year changes):

Within the authorized dates of an ISP, when services or service settings change, the ISP is not restarted. The existing ISP is revised to reflect the information to provide the new service or reflect the needs related to the new service setting.

- Example: When entering a new service setting such as an Adult Foster Home from In-Home services mid-year, the existing ISP may serve as the transition ISP into the new setting if it contains all documentation required for entry into that service according to the appropriate OAR and accurately describes the supports needed for entry into the new service setting. The person-centered information; risks; and

desired outcomes must be updated and authorized within 60 days after entering the new service setting. The ISP authorization period remains the same as the annual period prior to the change in service settings.

- Example: When transferring to a new case management entity such as CDDP In-Home services from Brokerage Support services mid-year, the existing ISP may serve as the transition ISP into the new service element if it contains all documentation required by OAR and accurately describes the supports needed. The existing Level of Care assessment remains active and a new Functional Needs Assessment is not necessary if there is not a change in the support needs. Updates to the person-centered information; risks; and desired outcomes must be updated and authorized within 60 days after entering the new service setting to ensure that supports are accurately reflected in the ISP. The ISP authorization period remains the same as the annual period prior to the amendments.

Mid-Year Plan changes within 60 days of the end of the ISP authorization period

Service Coordinators or Personal Agents can concurrently revise the current ISP while developing the annual ISP:

- if a change to an authorized ISP is needed due to a change in need, service setting, or request by the individual, and
- there are less than 60 days remaining of the current ISP authorization period

Both the revision to the current ISP and the annual ISP would need to be authorized as outlined in this worker guide.

Provider Agreement to Provide Services:

Updates to the ISP based on changes in the needs or preferences of the individual should not be delayed due to a provider being unavailable to sign a revised ISP. A revision to an ISP is effective with the signature of the individual or their legal/designated representative and the authorization of the Service Coordinator or Personal Agent.

However, a provider cannot provide or request payment for services in a revised ISP until the provider has agreed to provide services in writing demonstrated through a signature on the ISP or supplemental agreement with the provider.

Form(s) that apply:

[OregonISP.org Forms](http://OregonISP.org/Forms)

Definition(s):

Individual Support Plan: An ISP includes the written details of the supports, activities, and resources required for an individual to achieve and maintain personal goals and health and safety. The ISP is developed at least annually to reflect decisions and agreements made during a person-centered process of planning and information gathering that is driven by the individual. The ISP reflects services and supports that are important for the individual to meet the needs of the individual identified through a functional needs assessment as well as the preferences of the individual for providers, delivery, and frequency of services and supports. The ISP is the plan of care for Medicaid purposes and reflects whether services are provided through a waiver, Community First Choice state plan, natural supports, or alternative

resources. The ISP includes the Career Development Plan.

Revision: Changes to the services or service setting authorized in a current ISP after the ISP authorization date and prior to the end of the ISP authorization period.

Transition ISP: The ISP describing necessary services and supports for an individual upon entry to a new service setting. The Transition Plan is authorized by a services coordinator or personal agent and includes a summary of the services necessary to allow adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments and consultations necessary for further ISP development.

Entry meeting: The meeting with the provider, individual, and Services Coordinator required before entry into Adult Foster, 24-Hour Residential, Supported Living or Employment Services provided by an agency.

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