Revised Directives on ISP Development

DBHDD

DIVISION OF DEVELOPMENTAL DISABILITIES

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

NOVEMBER 2017

Introduction

May 2017:

Division began a project intended to develop an interim solution to challenges around the ISP development and approval processes while awaiting the launch of the new ASO web-based system.

Project Team Included:

- **ISP quality reviewers from each of the 7 support coordination agencies**
- **ISP reviewers from each of the 6 DBHDD Field Offices**
- **key members of program management and leadership from the Division of DD.**

WHY NOW?

TWO MAIN PROBLEMS TO SOLVE

1. Inconsistency in Quality and Meaningfulness of the ISP Document

2. Inefficiency in the ISP Approval Process

Quality and Meaningfulness of the ISP

- No standardized statewide training document for all stakeholders. Led to reduced capacity to develop a quality ISP document that met standards.

- Inclusion of ISP Action Plans that are not meaningful to the person to abide by policy

Inefficiency in the ISP Approval Process

- Statewide inconsistencies within Field Offices and SC agencies in expectations of required content in each section of the ISP

- Significant capacity for subjectivity in the ISP quality assurance review and approval process at the Field Office.
  - Level of Care Nurse reviews and Operations Analyst reviews not standardized statewide, resulting in a high volume of ISPs rejected

- Challenges with SC addressing all needed corrections in one pass

- Considerable delays in ISP approval process at times leads to lapses in services for waiver participants

ACTION PLAN #1

REVISE ISP TEMPLATE IN CIS TO FACILITATE CONSISTENCY IN UNDERSTANDING AND EFFICIENCY OF THE ISP APPROVAL PROCESS.

Action Plan #1

Objectives –

- Eliminate redundant content captured in multiple sections

- Eliminate content now included in the ISP that should be held outside of the ISP

- Create section headings in the template that are more intuitive, so all writers and readers can easily determine what content should be in each section

Notable Changes to ISP Template

- ## Relationship Map –
  - Move discussion of unpaid relationships to Current Service Summary and expand.

- ## Personal Profile –
  - Reword section headings, condense redundant sections

- ## Meeting Minutes
  - Eliminate redundant content
  - Include directives for service descriptions

Notable Changes to ISP Template

- Current Service Summary –

  - Delete Psych Med Discussion; Capture in Health & Safety

  - Delete BSP Implementation Discussion; Capture in Health & Safety

  - Enhanced Service Needs for Behavior/Medical/Staff/Supplies and Equipment; To be included in *Service Descriptions* in Meeting Minutes

  - SIS Discussion; Directive revised to not overlap with support needs captured in Supports section of Health & Safety Review

  - Questions added relating to prevocational services, supported employment, work life and meaningful day interests

Notable Changes to Health & Safety Review

- Discontinue SC entering of medications/dosages/side effects
  - Medications **MUST** be kept current by providers in the HRST

- Add new rows to Supports section for "Lives alone," "Can be home alone," and "Can be in community alone" (conditions/parameters to be entered)

- Help Section changed to capture only equipment supplies not covered by waiver. SMS and SME covered by waiver is entered in Meeting Minutes

- Delete Authorized Medical Supports section; include relevant information on Demographics Page. Replaced with *Other Healthcare Related Information* questions.

Other Healthcare-Related Information

1. *When was the last appointment with the PCP and Dentist? Provide an explanation if a PCP and Dentist, at minimum, is not identified in "Other Professional Services".*

2. *Document discussion around clinical assessment recommendations. Include the status of LOC recommendations or concerns from previous year.*

3. *Document discussion around repairs needed to any specialized medical equipment or quotes needed to obtain new equipment, including who is responsible for following up until the repairs are completed or equipment is in place.*

HRST Review – Revised Wording

"Verify that the current HRST content has been reviewed and determined accurate by team members, as it relates to diagnoses/conditions, medications and physical/behavioral health status. Document if there are any needs/risks identified within the HRST that remain unaddressed, including indicated assessments or other follow up actions."

* HRST is to be updated to reflect any health change. Considerations are to integrated with each update, not just at the time of the ISP.

ACTION PLAN #2

INCREASE MEANINGFULNESS OF THE ISP FOR THE INDIVIDUAL BY REVISING GOAL DEVELOPMENT DIRECTIVES

Revised Directives on Goals

- The individual's goals/objectives should no longer be developed based on the services he/she receives, but should focus on their hopes and dreams for the future.

- Goals should be **broad** and reflect supports needed to live/achieve their life goals.

- Goals development is a correlation between the individual's desires, interests, strengths, comprehensive assessment of needs and decision around the number of goals written in the ISP.

- Number of goals and objectives is based on the individual's and planning team's decision.
  - Justification for final selection of goals and decision about number of goals/objectives MUST be documented in the ISP.

Revised Directives on Goals

The selection of the number of goals should be guided by the individual's total needs, as identified and prioritized by:

- Comprehensive assessments of needs and the corresponding specific summary of service recommendations to support health and safety within person-centered services

- Personal life goals based on the individual's vision for a well-lived life and can support the individual to learn or enhance skills to achieve their hopes and dreams

- Goals that are important FOR the individual, such as medical and behavioral needs to be addressed and monitored and the staff needed to support this individual in the community

- Support needs identified from the SIS and HRST

Revised Directives on Goals

- Although 1 goal per service (or 1 objective per service) will not be *required*, if the service has potential to directly support the individual with their personal life goals, the service will very likely be indicated in goals/objectives.

- If a service is not indicated in any goals/objectives, there **must** be justification for that service described within the *Supports and Supervision Needed* section of the *Health and Safety Review* (description of what service staff do for/with the person)

ACTION PLAN #3

IMPROVE ISP REVIEW DOCUMENTS AND DEVELOP A TRAINING DOCUMENT FOR STATEWIDE USE

Objectives

- Narrow down variables by which Field Office *Level of Care Nurses* and *Operations Analysts* use to determine if an ISP meets standards for approval

- Develop documents that can be used for statewide training of all stakeholders, aimed at increasing consistency

- Larger percentage of ISPs approved immediately following submission to field offices by support coordination

- Continuity of services to individuals and payment to vendors for all services

Actions

- Revised Field Office Level of Care Nurse (LOC) and Operations Analyst (OA) review templates to clarify the scope of their ISP reviews

- Revising current *ISP Quality Assurance Checklist* used by ASO Quality Team (Delmarva) to reflect new directives on ISP
  - Development completed. Deployed in January 2018
  - DBHDD will train ASO Quality Reviewers on the new tool toward end of 2017

Actions

- Develop ***ISP Development Instructions*** Training Document

  o Identifies what each section must include and should not include in an item-by-item approach

  o Indicates which items are included in LOC reviews, OA reviews and ASO Quality Team reviews

Implementation Coming Soon!

DBHDD POLICY 02-438
"THE SERVICE PLANNING PROCESS AND INDIVIDUAL SERVICE PLAN DEVELOPMENT"

HAS BEEN EDITED TO REFLECT THESE CHANGES

ISP DOCUMENT INSTRUCTIONS AND
OTHER SUPPLEMENTAL TRAINING/REVIEW
DOCUMENTS ADDED AS ATTACHMENTS

WILL POST ON IMPLEMENTATION DATE

Implementation Coming Soon!

ALL OF THIS INFORMATION WILL BE POSTED TO THE DBHDD WEBPAGE

THIS POWERPOINT – DD PROVIDER TOOLKIT
WWW.DBHDD.GA.GOV/PROVIDER-TOOLKIT-0

LINK TO REVISED POLICY – SC WEBPAGE
WWW.DBHDD.GA.GOV/SC

THANK YOU!

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