The Individual Service Plan (ISP) Form 1-15 is developed based on supports listed in the Person-Centered Plan and other supports identified as important to the Person. The Individual Service Plan may be developed at the same time or immediately after the Person-Centered Plan (see Division Directive 1.9). If the Person receives family support, a Family Service Plan (FSP) Form 1-15 may be developed. The Family Service Plan shall outline what the family needs to support the family member with a disability, as well as the needs of the Person with a disability. For Persons receiving only family support services, the Family Service Plan may be used in place of both the Individual Service Plan and the Person-Centered Plan.

The Individual or Family Service Plan (hereafter referred to as Form 1-15) is the fundamental tool used by the Division to ensure services, life activities and health and safety supports meet the Person’s needs and prevent institutionalization if the Person is receiving Waiver services.

PROCEDURES

1. Prior to the delivery of Provider services, a Person-Centered Plan and Form 1-15 must be completed by the Support Coordinator and filed in the Person's record.

A. The Form 1-15 must be signed by the Person/Representative and Qualified Mental Retardation Professional and contain the following required components:
   i. effective date;
   ii. name, phone and address of Person;
   iii. Support Coordinator’s name, phone and office location;
   iv. all Waiver and non-Waiver services needed by the Person, regardless of the funding source, including support coordination, if applicable;
   v. documentation that the Person/Representative was provided a choice between receiving services at an Intermediate Care Facility for People with Mental Retardation (ICF/MR) or in the community;
   vi. documentation that the Person was given a choice of Providers. If the Person was not provided a choice of Providers, the Support Coordinator advises the Person of hearing procedures and provides a copy of Division Directive 1.6, Notice of Hearing for Agency Action,
   vii. documentation that the Person received instruction on human rights and a copy of Division Directive 1.1, Human Rights;
   viii. expected start date, intensity, frequency and duration of each support including all supports to be provided;
   ix. the type of Provider who will furnish each support; and
   x. dated signatures from the Person/Representative and Support Coordinator.

B. If the Family Service Plan Form 1-15 is used as a Person-Centered Plan, the Form 1-15 must contain the following additional components:
   i. an assessment of the abilities of the Person with a disability;
   ii. an assessment of the concerns and priorities of the Person and family, including what will enhance the life of the Person with a disability;
iii. action steps in implementing the plan to meet the Person’s and family’s desired goals and/or supports;
iv. an outline of responsibilities of the family, Division, Providers, etc., to implement the plan;
v. timelines the Team members are expected to meet; and
vi. dated signatures of all Team members.

C. If a Family Service Plan is completed, the Support Coordinator shall:
i. assist the family to establish a schedule or process to review the Action Plan notes and information collected by Providers for accuracy;
ii. provide all Team members with a copy of the plan; and
iii. assist and support the family to take primary responsibility for the development, coordination, and evaluation of supports.

D. The Form 1-15 shall be approved and signed by the Person/Representative, the Qualified Mental Retardation Professional, the Support Coordinator and others, as necessary and appropriate.

E. The Support Coordinator is responsible for ensuring that the Person receives the supports identified in the Form 1-15 and that the Person, legal Guardian, and all involved Providers receive a copy of the Form 1-15.

F. For paid supports, Division Form 1056 shall be used to establish the purchase of service and set authorized spending limits.

2. Periodic Review of the Form 1-15

A. The Support Coordinator is responsible for ensuring that the Form 1-15 is reviewed and updated as necessary to:
i. record the Person’s progress (or lack of progress);
ii. determine the continued appropriateness and adequacy of the Person’s services; and
iii. ensure that the services identified in the Form 1-15 are being delivered and are appropriate for the Person.

B. The Form 1-15 is updated or revised as necessary by the Support Coordinator in consultation with the Person/Representative and others, as appropriate. A formal review of the Form 1-15 must be done at least annually within the calendar month in which it is due. The annual review meeting must involve at least the Person/Representative and Support Coordinator. In this meeting, the supports provided may be changed.

3. Once a year, the eligibility and Level of Care for everyone who receives services under a Medicaid Waiver is reviewed. This process is known as “Waiver re-certification.” Waiver re-certification requires the Support Coordinator to:

A. annually review the Person’s Level of Care within the calendar month in which it is due;

B. determine that the Person continues to meet the Intermediate Care Facility for People with Mental Retardation (ICF/MR) Level of Care criteria and that the Person’s needs are met, and can continue to be met, in the community;
C. review the documentation considered for the previous Level of Care determination as well as any new information available and update the information or document why an update is not necessary;

D. document the Level of Care recertification on Form 817 for DD/MR and Form 817b for ABI; and

E. provide hearing rights as instructed in Directive 1.6 to anyone found to no longer be eligible for Waiver services.