

# ISP MONITORING GUIDE

The Standardized ISP, ISP Monitoring, and guide materials have been developed by the Division of Developmental Disabilities in partnership with the Conflict Free Case Management subcommittee of the Financial Workgroup and Therap Services. The guide is intended to provide information for completion of the Personal Focus Worksheet, the ISP Agenda, and the Individual Support Plan within Therap.

*September 2, 2016*



(NAME)

## Quarterly Monitoring

Quarterly Monitoring			
ISP Date:			
Quarter Start	Start date of the quarter	Quarter End	End Date of the quarter
Date Observation Completed:	Observation of a waiver service must occur at least one time per quarter. There may be multiple dates where observation is occurring. Include the date and time of all observations.		
Location Observation Occurred:	Identify ANY areas of need or concern that might be beneficial to observe to ensure that the best services/supports are provided. This includes all areas of the person life, such as residential, day, medical, supported employment, etc. Best practice for observation to happen in all service areas.		
Supports Observed:	What was occurring - Include observation and documentation of the services provided and any necessary intervention to ensure the appropriate delivery of ISP services and necessary revisions to the ISP. Be thinking about these things when completing the working/not working		

<p>Describe Participant Involvement in Monitoring (Include requests for changes to goals, restrictions, supports, requests for team meeting, etc.):</p>	<p>* Summarize conversations you had with the person on the phone or in person. Determine if there is anything that needs to be followed up on with the person while on the visit, such as a GER that occurred, a or a trend you've noticed that you are concerned with or pleased with.</p> <p>* If their ISP was in this quarter, mention the preparations and the meeting as well. May provide more education regarding how to support them in participating more in their meeting (i.e. decide who to invite, when and where to have it, do they want to review anything in their file in preparation or do anything to facilitate the meeting)</p> <p>* Was there anything that you were concerned with regarding the environment while doing the observation, note and document how you addressed or followed up;</p> <p>Proudest accomplishments -</p> <p>Biggest disappointments -</p> <p>Significant moments of joy -</p> <p>Significant changes in relationships -</p> <p>Significant changes in job/residence/day activities -</p> <p>Things Person tried</p> <p>* Include in this section any discussions or additional information provided by the family/guardian/advocate.</p> <p>* Be thinking about these things when completing the working/not working</p>
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Gather information for working not working throughout conversations/observations

What Is Working This Quarter:	
Person Supported	
CM	
Provider	
Family/Guardian	

What is NOT Working This Quarter:	
Person Supported	
CM	
Provider	
Family/Guardian	

<p>Are Supports Being Provided and implemented as required by the ISP?</p>	<p>If no, describe what needs to change, what follow up needs to happen with Community Support Provider, participant, Family/guardian.</p>
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Goals - this instruction is the same for each goal.	Should be the goals the person created during the ISP. If the person wants to change a goal they are working on this can be reflected in this goals section.
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Related Objectives/Supports:	List the objectives for the goals and the supports in place to reach the goals.
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Progress Towards Goals?	<p>Progress should be noted with each goal (if no progress - interventions are warranted; if progress – plan for ways to celebrate.)</p> <p>For each goal document the following:</p> <ul style="list-style-type: none"> <li>• What is Working? – How will we maintain or enhance?</li> <li>• What isn't Working? – What will be done to address this?</li> <li>• What interventions occurred?</li> <li>• Are any changes needed?</li> </ul>
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Are Revisions or Interventions Needed? Describe:	If there is no progress towards goals, why? ( i.e. does the person want a different goal, do supports need to be changed...)
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What changes need to be made/ Action Steps	By Who	By When
What actions need to be taken to address the trends/concerns/issues?		

What follow up was completed since the last quarterly review?	
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Summary and Analysis of Incidents that occurred during the quarter.
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Look at the %'s and analyze the data and discuss if any changes are needed. Look at the person's well-being. Ensure that you review the GERs in Therap, and CIRs including ANE. Analyze the data, looking for trends, and discuss if any changes are needed. Also, document what follow up or action occurred as needed for each GER? Again, look at the person's well-being.

Describe any trends or patterns

Have medical concerns been addressed?

When behavioral incidents have occurred, have medical causes been ruled out?

What's Working? - How will we maintain or enhance?

What is not Working? – What will be done to address this?

What interventions occurred?

Any changes needed?

What changes need to be made/ Action Steps		By Who	By When	
What actions need to be taken to address the trends/concerns/issues?				
Describe Behavior Support Plan and Rights Restrictions	Plan Progress	What is working?	What is not working?	Describe any due process that occurred during the quarter.
Only complete if applicable. Should include rights restrictions, behavior support plans, wellness plan etc.	Include progress towards restoration plans, follow up regarding medical causes, etc.	How will maintain or enhance?	What will be done to address this?	Were there any new restrictions or BSP put in place? Did HRC/BIC review any existing plans? Include summary of these meetings as well as the date they occurred.

What changes need to be made/ Action Steps		By Who	By When	
Are there any recommendations from HRC/BIC? Has the team met? Etc.				
What follow up was completed since the last quarterly review?				
Do Discovery Tools Need Updates? Describe:		Discovery is ongoing. What additional discovery tools would be beneficial to complete. If so the discovery section should be updated. Describe the changes here.		
Identify and Explain any Changes/Significant Events:		Document any life changes that occurred during the last quarter. This should include any changes to services (anything that an SCR was completed for), major life events (i.e. deaths, health issues, change in guardianship etc.		
Medical Appointments	Who was the appointment with?	Results of the appointment	Follow up appointments	
List all medical appointments that happened during the quarter.	Name of the physician	Document any discussion with medical provider	Is a follow up appointment necessary? What is the date of the follow up appointment?	
Describe If And How Supports Meet Health				

Needs:			
What changes need to be made/ Action Steps	What	By Who	By When
What actions need to be taken to address the trends/concerns/issues?			
What follow up was completed since the last quarterly review?			
Any other Interventions Or Next Steps Needed? Describe:	List any other actions that were identified as a result of the CFCM review/analysis.		
Case Manager Completing Quarterly Monitoring:		Date/Time:	
Describe how quarterly monitoring was shared with the ISP team:			
Date information sent to (Name), Guardian:			