# Children's Mental Health Waiver

# **Provider Procedure for:**

# Planning and Development of the Initial Individual Service Plan

Implementation Date: 7/1/06 Revision Date: 4/5/07, 9/1/07

#### Overview

Development of the Initial Individual Service Plan (ISP) is a process that brings together, for the first time, the youth and family; natural supports identified by the youth and family which may include friends, neighbors, and extended family; and Family Care Team members (waiver and non-waiver) as formal resources to accomplish the following:

- Identify and understand the youth and family's vision, strengths, preferences, and goals and how their individual family culture can support their efforts toward success.
- Review assessment/evaluation findings and ensure that findings are reflected in the plan goals, services, and supports or addressed in some way through the planning process.
- Establish meaningful goals for the initial three-month period for waiver services that are appropriate to the youth's capacities.
- Design individualized supports and services that address the identified needs and build on and enhance the youth and family's strengths.
- Achieve agreement and understanding about who is responsible for identified tasks and within what specific time frames.

How the Initial Individual Service Plan is explained, planned for, and developed will be a reflection of the Family Care Team's level of respect and commitment - it is another step in building a trusting relationship and alliance with the youth and family.

The goal of the Family Care Team is to develop a coordinated and individualized service plan, using information shared by the youth and family which will build on their strengths and preferences to address their needs and support their family vision.

Development and implementation of the Initial Individual Service Plan/Budget <u>must be completed no later than 45 days from the youth/family's selection of the Family Care Coordinator</u>.

 This selection date is documented on the Choice of Provider Form (WP-10) with the name of the chosen Family Care Coordinator.

An Individual Service Plan development meeting is never to be held without involvement and participation of the youth and family. Other non-waiver Family Care Team members may send a representative to a Team meeting but that person must come prepared to fully participate in the planning process, to discuss services being provided, and commit the person he/she represents to service provision as identified by the Family Care Team.

In cases where a youth served by the waiver has also been served in out-of-home care for <u>less than</u> 120 days, an Initial Individual Service Plan will again be developed upon their return to waiver services when significant changes in the focus of treatment have been made and recommended.

## **Waiver Provider Roles and Responsibilities**

### Family Care Coordinator will:

Work with the youth and family to identify family support persons they wish to participate in the planning and implementation of the ISP.

- Work with the youth and family to identify a Family Trainer, a Youth Trainer, a Respite Care provider, and other Family Care Team Members (Mental Health Therapist/Counselor, Representative from Education, Representative from DFS, and others based on current involvement with youth/family).
  - Identify participants of the Family Care Team on the Choice of Provider form (WP-10).
- Work with the youth and family to set a meeting date and location for the Initial ISP.
  - Meeting location should be a place known to the youth and family and where they are comfortable.
- Review the initial planning meeting process with the youth, family, and family support persons to explain the meeting format, what information the youth and family will be asked to share, what decisions they will be asked to make and participate in, and what supports they need in order for them to participate in the meeting at a level they are most comfortable with.
  - An outline is available to facilitate this review included in this section of the Provider Procedure Manual.
- Send out written meeting notification to Family Care Team members and family support persons <u>at</u> least 14 days prior to the meeting date.
  - o A copy of the written notification will be maintained in the youth's waiver record/file.
- Set up a time with the youth and family to complete Family Assessment (FCC-4) and Youth Health/Safety Review (FCC-5) must be completed at least 5 days before the meeting date.
- Monitor receipt of written assessment/evaluation reports from <u>all Family Care Team members</u> (FCT-5) must be received at least 5 days before the meeting date.
- Receive application information, CASII results, and psychological evaluation (if available) from the Waiver Program to assist in the initial planning process.
  - Contact Waiver Program staff if information is not received within five days of ISP meeting date.
  - o Share this information as appropriate with other Family Care Team members.
- Review assessment/evaluation reports to identify and gather information re: needs and service recommendations <u>must be completed before planning meeting</u>. (Completion of FCC-8 Optional)
  - The information gathered in this task is essential to ensuring that assessment and evaluation findings are considered in the planning process and that they align with identified goals, services and supports being considered.
  - Provide access to reports upon request of youth/family, family support persons, and other Family Care Team members.
- Work with the youth and family to discuss and prepare the following sections of the ISP draft document.
  - Demographics
  - Rights and responsibilities (Review and answer questions)
  - Medical Information
  - Medications
  - Identify family vision
  - Strengths and preferences within life domains (This should also be reflected in assessments and evaluations completed by each member of the Family Care Team).
  - Talk about preferences related to the focus of services and supports.
  - o Talk about the need for a behavior support plan what should the focus be?
  - o Identify the use of or need for Medicaid mental health and medical services.
- Contact psychotropic medication prescriber to gather any missing information outlined in the Medications section of the ISP document.
  - Explain waiver requirements specific to information tracked through the Individual Service Plan and informed consent for psychotropic medications.
- Facilitate planning meeting and advocate for the youth and family's involvement and decision-making.
  - Planning should focus on assessment and evaluation findings, strengths-based goals, coordination of services, and utilization of formal and natural supports for the upcoming threemonth time period. This time frame should be considered in development of all service outcomes and behavior support plans.

- o Involvement by the family support persons should also be encouraged and elicited as they will be a valuable resource to the youth/family in plan implementation.
  - Natural family supports know the youth and needs of the family and should be included in planning all outcome objectives and crisis plans.
  - They may also be a primary resource for any back-up/contingency planning needed to ensure the health and safety of the youth served.
- Develop the ISP budget based on calculations of the duration and frequency of ALL services that will be provided to the youth and family.
  - Family Care Coordination is a required waiver service.
  - The need for Family Training and Support, Individualized Youth Training and Support, Respite Care, and mental health and medical services will be identified through the planning process.
  - o Calculations are based on the upcoming three-month time period.
    - Identify and calculate the duration (# of 15 minute-service units) and frequency (# times per week or month) the chosen waiver services will be provided over the next three months.
      - Consideration must be given to any identified service limits.
        - If the youth and family request and the Team is in agreement that more than the allowable units are needed for the Initial ISP, an Exceptional Service Plan request should be submitted.
    - Next, review the list of Medicaid Covered Mental Health services to identify and calculate the number of service units and the frequency that the service(s) will be provided for the next three months.
      - This information should be proposed by the Mental Health professional and agreed upon by the youth and family.
    - Finally, review the Other Medicaid State Plan Medical Services to estimate and calculate, using previous three-month payment histories, medical services that may be needed and used over the next three months.
  - The total of the waiver and mental health calculations will be the identified service budget amount for the Individual Service Plan.
    - If this total is more than \$7,000, the Family Care Team should consider this as an "Exceptional Service Plan" and the Provider Procedure re: Exceptional Service Plan Requests should be implemented.
    - Questions regarding this process can be researched in related provider procedures outlined in the manual or directed to Waiver Program staff.
- Complete Individual Service Plan document (WP-1).
  - Clinical, non-clinical waiver, medical and natural services and supports are identified through development of outcome objectives and behavior support plans.
  - Ensure that the information and level of detail documented in the ISP supports involvement and participation of ALL Family Care Team members.
    - o Be specific to paint a picture of what service provision is to look like.
    - Be specific in identifying available resources for Family Care Team members.
  - How this is organized and accomplished is at the discretion of the Family Care Coordinator, with input from the youth and family.
  - All components of the ISP document should be discussed with decisions made, reviewed, and documented prior to the end of the planning meeting.
  - Guidelines noted in italics should be followed to complete sections of the ISP.

- The Team Meeting Minutes section is used to document and explain the youth/family and Team decisions and treatment approaches that were agreed to.
- Plan start and end dates for the Initial Individual Service Plan must stay within the current quarter.
  - o Example: Initial ISP start date = 2/6/07 End Date = no later than 5/5/07
- The youth (if age 18-20) or the legally responsible person (parent, guardian, etc.) will read and initial the five items listed above their signature line on the last page of the Initial Individual Service Plan document.
  - Questions or concerns regarding the statements to be initialed may be addressed by either the Family Care Coordinator or Waiver Program Staff.
  - The responsible individual will then sign and date this page of the Individual Service Plan.
- Utilize the ISP Review Criteria Worksheet (FCC-16) to review the final draft ISP document against these criteria.
  - Additional information and/or identified corrections should be addressed prior to submitting the plan document to the Waiver Program.
  - Work with the youth/family and/or Family Care Team members as needed to obtain additional information or make needed corrections.
- Submit ISP to Waiver Program for review and approval, providing additional information as requested.
  - Submission of the final draft ISP must be done within 14 days of the identified plan start date.
  - o The plan may be submitted via fax, e-mail, or regular mail.
    - If the plan is submitted electronically, all handwritten and signature pages must be submitted via fax or regular mail.
  - Requests from the Waiver Program for additional clarification or information must be submitted within at least 1 day prior to the plan start date.
  - When all requested information has been received, Waiver staff will approve and sign the Individual Service Plan.
    - The original approved plan will be mailed to the Family Care Coordinator.
    - The plan may also be faxed prior to mailing this decision will be made based on the date of approval and the plan start date.
- Share copies of final approved ISP with youth/family, family support persons, and Family Care Team members as identified on the Plan Development Team page of the ISP document.
  - This task should be completed as soon as possible after receipt of the approved plan to support Family Care Team members in timely implementation of assigned outcome objectives and/or behavior support plans.
- The Initial ISP document will be used and saved as the applicable quarterly plan version to allow the most current document to reflect <u>all</u> planning, service provision, and progress reporting.

### **Waiver Service Providers will:**

- Prepare for planning meeting by meeting with the youth/family and family support persons (if possible)
  - Set up a time convenient for the youth and family and family support persons to learn about the family's culture, strengths, preferences, and goals.
  - Additional information about possible services and supports can be elicited in preparation to discuss and offer options and choices to the youth and family as part of the initial planning meeting.
- Contact Family Care Coordinator to review assessment/evaluation reports of Family Care Team members prior to the ISP meeting.

- Participate in planning meeting and make strengths-based recommendations for services and supports.
- Implement assigned Service Objectives (FCT-1) and/or Behavior Support Plans (FCT-6) as agreed upon on the initial planning meeting.

## Other Family Care Team Members will:

- Meet with the youth and family to gather information and understanding to complete a written Family Care Team Assessment report (FCT-5).
  - These reports will be submitted to the Family Care Coordinator within at <u>least 5 days prior to the</u> scheduled meeting date.
- Contact Family Care Coordinator to review assessment/evaluation reports of Family Care Team members prior to the ISP meeting.
- Participate in planning meeting and make strengths-based recommendations for services and supports.
- Implement assigned Service Objectives (FCT-1) and/or Behavior Support Plans (FCT-6) as agreed upon on the initial planning meeting.