

Developmental Disabilities (DD) Waiver Individual Service Plan (ISP) 2025 Instructions

A Person-Centered Approach for Planning Services



HEALTH CARE
A U T H O R I T Y

Introduction

The purpose of this document is to guide waiver recipients, their families, supports, Case Managers, and interdisciplinary team through the completion of the Developmental Disabilities (DD) Waiver Individual Service Plan (ISP) by providing instructions, prompts, and key information to use during the planning process. Follow along with this guide while creating the ISP.

Person-Centered Planning

Person-centered planning (PCP) is a way to learn about the choices and interests that make up a person's idea of a good life, and to identify the supports (paid and unpaid) needed to achieve that life.

PCP involves:

- The plan development being led by the person where possible.
- Reflects the person's strengths, preferences, and cultural considerations.
- Identifies services and supports, both paid and unpaid, that will help the person achieve their goals.
- Includes people and supports chosen by the individual.
- Support to make informed choices and decisions.
- Offers informed choices about services and supports a person receives and from whom.
- Reflects the chosen setting where the person lives or receives services.
- Reflects clinical and support needs.

Person-Centered Planning in Practice

Person-centered planning is about supporting someone in defining and pursuing their own version of a good life. To put person-centered planning into practice:

- Facilitate the person leading the meeting as much as possible.
- Use open-ended questions to learn about what the person enjoys, values, and wants. Listen carefully to the person first and include input from trusted supports as needed.
- Hold the meeting in a place the person chooses and feels safe and comfortable in. Provide any accommodations needed so they can fully participate.
- Make sure the person understands their choices and has the support they need to make informed decisions.
- Most importantly, ensure the plan truly reflects the person's voice—where and how they want to live, what supports they need, and what brings meaning and joy to their everyday life.

Instructions

Read through each page of the instructions while creating the ISP. The guide lists each section, table, and question on the ISP, and provides context and prompts along with guidance on how to answer the questions. The ISP text boxes will expand as information is added to the ISP document.

- Your input is very important. The information you share helps ensure you receive the services and supports that best match your needs and goals. If you do not have an answer to a question, write "Not Applicable" or N/A.
- Although these instructions are written using some first person language, this guide is a tool to be used by waiver recipients, their families and supports, as well as Case Managers.
- Look at the person's Therap and E-CHAT for more information, as needed, related to their health, diagnosis(es) and other relevant information on their life and health.
- Refer to the list of used definitions at the end of this document as needed.

Demographic Information, Important Contacts, and Emergency Contacts

Demographic Information

- Add the person's demographic information. Demographic information includes name, nickname, date of birth, address, spoken languages, and more.
 - If the box, "By checking this box, I consent to using my photo in this ISP" is checked, the person consents for a photo of them to be uploaded in their ISP.
 - If the box, "By checking this box, I decline to have my photo used in this ISP" is checked, the person does not consent for a photo of them to be uploaded in their ISP.

Important Contacts

- List parents/guardians, important friends or family members, natural supports interdisciplinary team members, as applicable, and any other people who are important to the person.
- If a person has a legal guardian, the legal guardian must be listed in this table.

Emergency Contacts

- Add emergency contacts to this table, such as the hospital closest to or used by the person, urgent care, crisis hotline, or more. List the contact information and address for these entities.
 - The waiver recipient is not required to visit the hospital or urgent care listed on the ISP.
 - This information is included so that staff can easily contact a hospital or urgent care center should they need to.
- If someone listed under *Important Contacts* is also a person's emergency contact, do not rewrite the contact information, instead write their name and relation to the person. For example, if a guardian is also an emergency contact, write "Guardian" in the "Other" column and leave the other fields blank.
- If the emergency contact's information is not already listed in one of the tables above, add their contact information to the table.

Providers and Managed Care Organization (MCO) Information

Providers

- List the name, agency, and contact information for each DD Waiver or medical provider.
- If there is not a provider for a category, leave the category blank.
- Use the "Other" field to add any other providers a person has, such as a Behavioral Support Consultant (BSC), Optometrist or Eye Doctor, Nutritionist, and more.

Managed Care Organization (MCO) Information

- MCO: Write the MCO insurance provider in the text box. Everyone has one of the following MCOs:
 - Blue Cross Blue Shield
 - Molina Healthcare
 - Presbyterian
 - United Healthcare Community Plan
- MCO Care Coordinator Name: Enter the person's MCO Care Coordinator's name.
- MCO Care Coordinator Phone: Enter the person's MCO Care Coordinator's phone number.
- MCO Care Coordinator Email: Enter the person's MCO Care Coordinator's email.

- Date of Last Comprehensive Needs Assessment: Write the date of the person's last Comprehensive Needs Assessment (CNA). (This is completed by the MCO Care Coordinator).
 - Care Coordination Level: Write the person's care coordination level.
 - Not everyone will have an MCO. If the person does not have an MCO, leave these rows blank.
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Overview of Me

- Question 1, My Strengths: When describing your strengths, think about what you are good at? What makes you unique?
 - Question 2, My Hobbies: What do you enjoy doing, or learning about?
 - Question 3, My Dreams: What are your hopes and dreams for your future?
 - Question 4, Cultural, Spiritual, and/or Religious Considerations: Are you religious? How is your culture, spirituality, or religion important to you? What do you want the people who work with you to know about your culture, religion, or spirituality? Do you participate in any religious services?
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How to Best Support Me

- Question 1, How I communicate: Check all the boxes that apply to how you communicate. If there are other ways you communicate, check "Other" and list these ways in the text box.
- Question 2, I let people know how I'm feeling or thinking about something when I: List ways you speak, gesture, or act that communicates your feelings.
- Question 3, I need help with: Briefly describe any activities of daily living you typically need help with. This includes but is not limited to eating/diet, bathing, hygiene/grooming, toileting, mobility/movement, shopping, meal preparation, house cleaning or maintenance, managing transportation, managing communication, managing finances, and more.
- Question 4, I learn best when: Briefly describe how you learn, such as shown, told, shown and told how, use hand-over hand techniques, having written instructions, etc.
- Question 5, Things that don't work/things I dislike/don't like to do: List things you do not like. This could be situations, environments, activities, foods, people, etc.
- Question 6, I get scared, nervous, angry, and/or anxious when: Briefly describe any things that cause these feelings for you.
- Question 7, When I am scared, nervous, angry, and/or anxious, it helps me calm down when: Briefly describe what helps you calm down when you feel scared/nervous/angry/anxious.
 - For example, to calm down when you feel scared/nervous/angry/anxious, do you like to draw, write, go outside, stretch, or do other things?
- Question 8, I get frustrated when: Briefly describe things that can frustrate you.
- Question 9, When I am frustrated, it helps me calm down when: Briefly describe how you calm down when you feel frustrated, or ways to resolve frustration.
- Question 10, When people contact me, I prefer they: Check each box for your preferred contact method(s). Choose "I prefer to not be contacted directly" if you do not want people reaching out to you. Use "Other" to list additional preferences.
- Refer to a person's Positive Behavioral Support Plan (PBSP), as needed, when answering questions.

What to Know About My Past

- Add any significant historical or information you want people to know about you.
 - Describe any progress you have made in the last year related to your Visions and Outcomes.
 - For example, describe something that happened to you that people who work with you should know; important things to know about your past; places you've lived; successful past experiences you have had; and major life events.
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What to Know About My Life Today: Activities, Relationships, and Community Participation

- Question 1, Where I Live and Who I Live With: Enter where you live and who lives with you.
 - Question 2, My Important Relationships: List any family, friends, pets, community groups and others that are important in your life. Think about and include what relationships are you interested in forming, maintaining, re-establishing, expanding and/or ending? Consider:
 - Are you comfortable talking about what you want or need in your relationships?
 - Do you feel like you can speak up for yourself in your relationships?
 - Who do you trust? Do you trust the important people in your life?
 - Question 3, Daily Routines/Activities: Add what your daily routine looks like. What are things you enjoy doing at home? What do you like to do in your everyday life?
 - Question 4, My Life in My Community: Describe activities and things do you enjoy doing outside of your home.
 - Examples may include participating in clubs, classes, or recreational activities in the community, exploring new opportunities and resources, learning new skills to become more independent, and more.
 - When answering this question, consider: If you could do anything, what would you do? Where do you like to go outside of your house? What do you want to learn? What valued roles do you have? What new things do you want to try? Do you want your community participation to change, increase, or decrease?
 - Question 5, My Community Supports: Identify who in your community helps you. What do they help you with? Include paid and natural (unpaid) supports.
 - Question 6, How I get to and from places in my community: Briefly describe how you get around in your community, such as I drive myself, get transportation from a friend or family member, get transportation from the Waiver Program, use public transportation, use Uber or Lyft, walks, etc.
 - Question 7, What do you want out of the DD Waiver: What do you want to come about with your participation in the DD Waiver program?
 - Use the person's own words, if possible, to describe what they want to achieve, or get in general, from being on the waiver. This is not a Vision or Outcome.
 - Question 8, Is there anything else you want people to know about you: List or describe anything important about yourself that hasn't been talked about yet.
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My Education Status and History

- Question 1, Current Education Status: Check a box to indicate your place in education.
 - For any other education status, check the box “Other” and briefly describe the situation.
- Question 2, Education History: When describing your education history, think about what are your successes and goals in school (past and/or current)? What were/are your favorite subjects in school? What do you enjoy learning about? What information about your education history do you want others to know about?

Employment

Employment

Employment questions should be asked of anyone over age 16 and under age 62. Even if a person is over age 62, they still have the right to work if they want to.

- Question 1, Are you currently employed: Indicate if you are employed. If “Yes” you are currently employed, complete the questions under section *My Current Job*.
- If you answer “No” and you are not currently employed, skip the section *My Current Job* and move onto section *Job Exploration*.

My Current Job

Only complete this section if you are currently employed.

- Question 1, Type of employment: Check a box to indicate if you are employed in the community, self-employed, or other. If “Other”, briefly state the type of employment or employment situation.
- Question 2, Current Employer: Write your employer.
- Question 3, Current Job Title: Write your job title.
- Question 4, How is your job: Share what you like about your job. What do you not like about your job? What tasks do you do at your job
- Question 5, How do you get to and from work: Briefly describe all the ways you get to and from work, such as the bus, family or friends drive me, get transportation through waiver, walk, etc.
- Question 6, Do you have any employment supports? If you do have any employment supports, what is it like working with them: Indicate if you have employment supports, and if yes, what employment supports do you have. Do these supports come from the Division of Vocational Rehabilitation (DVR), DD Waiver services, or another source of employment supports?
 - Explain how your employment supports help you at work. Do you like your employment supports being at work with you? Do you not like your employment supports being at work with you?
- Question 7, What other jobs might you be interested in, if any: Briefly describe what other jobs you are or may be interested in.
 - If you are not interested in other jobs, write that you are not interested in other jobs.
- Question 8, Do you want to explore other job opportunities: Note any new things you want to try at another job. Or do you want to try new things at your current job? Do you want to explore a promotion at your current job? What makes you feel important or proud?
 - If you do not want to explore other jobs, write that you do not want to explore other jobs.

Job Exploration

Complete this section if you are not currently employed (selected “No” to the question, *Are you currently employed*).

- Also, complete Appendix A at the end of the ISP, after the signature page.

If you selected “Yes” to the question, *Are you currently employed*, skip this section.

- Question 1: Which option best describes your thoughts or feelings about having a job or working: Select the option that best describes your feelings or opinion about having a job.
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Volunteering

- Question 1, Do you currently volunteer: Use “Yes” or “No” to indicate if you currently volunteer.
 - Complete this section if the person currently volunteers (answered “Yes” to the question). If the person answers “No” skip questions 2-5 this section and move to the *Retirement* questions.
 - Question 2, Where do you volunteer: Write where you volunteer (for example, at a food bank, animal shelter, religious institution, school, non-profit organization, etc.).
 - Question 3, What are your volunteer duties: Briefly describe what you do when you volunteer.
 - Question 4, What do you like about volunteering: Briefly describe what you like or enjoy about volunteering.
 - Question 5, Where are other places you have volunteered: If you have volunteered in the past, write where you have volunteered. If you do not remember where you used to volunteer, leave this question blank.
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Retirement

- Question 1, Are you retired: Indicate if you are retired by checking “Yes”, “No”, or “Not Applicable.”
 - If you have never worked and are under the age of 62, check the box “No.”
 - If you have never worked and are over the age of 62, check the box “Not Applicable.”
 - If answered “Yes” to question 1, *Are you retired*, answer questions 2, 3, and 4.
 - If you are not retired and checked the box “No” or “Not Applicable”, leave questions 2, 3, and 4 blank, and move on to the next section.
 - Question 2, Date of retirement: Write the date you retired. If you do not remember the exact date, write the year of your retirement or your best guess.
 - Question 3, What job(s) did you have when you worked: List any jobs you had when you worked. If you do not remember all of your previous jobs, only list the jobs you remember having. If you cannot remember previous jobs, put that you do not remember in this box.
 - Question 4, Why did you retire: Briefly state why you chose to retire.
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My Health, Behavior, and Safety

- Question 1, Describe anything you want those who work with you to know about your health, behavior, or safety: Write out any important information about your health, behavior, or safety.
- Question 2, Describe any supervision requirements: In this box, write out any supervision requirements for the person.

Safety and Risk Assessment

- Read through and answer the questions in this table. Some of these questions may seem repetitive or personal, but they help ensure all potential health and safety risks are discussed and addressed.
- For each risk listed in the *Risk* column:
 - Indicate if the risk is present, meaning the person currently has or is susceptible to this risk, by checking “Yes.”
 - If this risk is not present, check “No.”
 - If the person has a history of the risk, check “History.”
- If “Yes” or “History” is selected for any of the risks, briefly write the past or current risk(s) under column *Description of Risk*.
- In the final column, *Discussion of Risk Mitigation* include referral information for waiver services, as needed, and any risk mitigation strategies.
 - Add waiver service justification to this box to describe why the service is needed.

Medication Management and Delivery

- Question 1, Does this person need a Medication Administration Assessment Tool (MAAT): Check “Yes” or “No” to indicate whether or not the person needs a MAAT.
 - Check “Yes” if the person receives or is requesting to receive, Community Living, Day Habilitation, Employment Services or Private Duty Nursing services.
 - Check “No” if the person does not receive or is not requesting to receive community living or day supports, employment services or nursing services.
 - For adults aged 18 years of age and older who do not receive any of these services it is assumed that the parent/guardian takes full responsibility for medication delivery and completion of the tool is optional.
- Question 2, Who completed the last Medication Administration Assessment Tool (MAAT): Enter the name, the date of the last MAAT, agency and phone number of the nurse who completed the last MAAT.
- Question 3, After considering results of the MAAT, what recommendations have been made regarding medication delivery: Describe medication delivery recommendations using MAAT results.
- Question 4, What is the final determination: Indicate the team’s medication administration determination. The final determination is made by the guardian or individual in services.
- Question 5, What is the rationale for this decision determination: State how the chosen medication administration rationale was reached by the individual or guardian. .
- Question 6, Responsible party(ies) for filling & refilling prescriptions: State all parties who are responsible for filling and refilling prescription medications.
- Question 7, Responsible party(ies) for updating the Medication Administration Record (MAR): State all parties who are responsible for updating the Medication Administration Record (MAR).
 - This party(ies) are a person’s Direct Support Professionals and any providers who assist with medication administration. The MAR is reviewed monthly by the person’s nurse.

Do Not Resuscitate (DNR) Order and Advanced Directive

- Question 1, Do you have a Do Not Resuscitate (DNR) Order, Advanced Directive, and/or Medical Power of Attorney in place: Indicate if the person has one or more of these orders or directives. If the person does not have any of these orders or directives, check the box “I have none of these.”

- If the person *does* have any of these orders or directives, write where each is located.
- Question 2, Do you have a Surrogate Health Decision Maker: Indicate if the person has a surrogate health decision maker. If “Yes”, write their name, relation to the person, and guardianship type.
 - This person should also be listed in the *Important Contacts* table.
- Question 3, Do you have a Supported Decision Maker/a Supported Decision-Making Agreement: Indicate if the person has a supported decision maker/supported decision-making agreement. If they do have a supported decision maker/supported decision-making agreement specify who the supported decision maker is and their relation to the waiver recipient.
 - This person should also be listed in the *Important Contacts* table
- Question 4, Do you want more information about DNRs, Advanced Directive, and/or Medical Power of Attorney (POA) in place: Indicate if the person wants more information about any of these directives, and if they do want more information, write what information they want or need.

Enabling Technology - Assistive Technology (AT) & Remote Personal Support Technology (RPST)

- Question 1, Do you have reliable access to the Internet: Check “Yes” or “No” to indicate if reliable internet access is available to the person. “Reliable access” means the internet works most of the time.
- Question 2, Do you have devices to access the Internet: Check “Yes” or “No”, to indicate if the person has tools to access the internet. This includes but is not limited to a smartphone, computer, tablet, laptop, smart speaker or other device that accesses the internet.
- Question 3, Do you have an Assistive Technology (AT) inventory: Indicate if the person has an AT inventory. If they do not have an AT inventory, do they need an AT inventory?
- Question 4, Are you familiar with using technology; In what ways: Indicate whether or not the person uses technology. If yes, what technology do they use? Do they need help using the technology, or can they use it on their own? If the person does not use technology, indicate that they do not use any technology.
 - Technology may be a phone, tablet, computer or laptop, smart speaker, electronic medication dispensers, motorized wheelchair, Assistive Technology (AT) or Remote Personal Support Technology (RPST), and more.
- Question 5, For what purpose do you need Assistive Technology (AT), or Remote Personal Support Technology (RPST): Write out what the person uses their technology for.
 - The person may use technology for general independence, environmental controls, unsafe wandering, falls or inactivity, access to food, cooking safety, mobility, sleep patterns, medication safety, promoting independence, calling for help, personal hygiene, support person check in, remote support, and more.
 - If the person does not need AT, or RPST, write that they do not need AT or RPST in this box.

My Visions, Outcomes, and Action Steps

- Use input from the previous sections, the person and the team to develop Visions and Outcomes.
- The person must have one Vision for the domains *My Life, My Education, Employment, and/or Volunteering, and My Relationships/Things to Have Fun.*

- The Vision domain *My Health/Other Visions I Have* is optional.

Visions

- Write the Vision statement in the *Vision* row at the top of the page.
- As needed, use these prompts to talk about and develop Vision Statements: What are your dreams and aspirations without limits? What do you enjoy about your life? What do you want to improve or change about your life? What new thing(s) do you want to learn? How will you know you have achieved this Vision? Which of your strengths, talents and/or existing skills contribute to the achievement of this vision? What progress have you already made toward this Vision?

Outcomes

- Write the Outcome in the *Outcome* row underneath the Vision.
- For an Outcome, consider: What will you do to contribute to achieving your Vision?
- Next to the Outcome, write the *Outcome Start Date* to indicate the date the Outcome will begin. If the Outcome is changed in an ISP revision, update the *Outcome Start Date* to reflect the new start date.

Obstacles

- In the *Obstacles* row, list any barriers to completing the Outcome or Vision. Listed obstacles must be addressed through Action Steps, Teaching and Support Strategies and/or Support Plans.
- For Obstacles, consider: What are challenges and barriers that need to be addressed to achieve this Outcome or Vision?

Action Steps

- Write out the Action Steps in the table below the *Vision*, *Outcome*, and *Obstacles*.
- Action Steps: List the skills to learn or the tasks to do.
- Frequency: Specify how often and how long the person will carry out the Action Step and at what frequency will they do the Action Step.
- Measurement Criteria, Documentation and Reporting Requirements: List any measurement criteria, documentation and reporting requirements associated with the Action Step.
- Target Completion Date: Add the date the person will complete the Action Step.
- Who Will Support Me: List the party(ies) responsible for carrying out and overseeing completion of the Action Step. Also list what DD Waiver services will support the achievement of this Action Step/Outcome.
- Teaching and Support Strategies (TSS) or Written Direct Support Instructions (WDSI) Needed: Check “Yes” or “No” to indicate if a TSS and/or WDSI is needed to carry out an Action Step.

Enabling Technology (includes AT and RPST)

- What Technology is Needed: Write what technology the person will be use to support the Action Steps/Outcome/Vision.
- How Technology will be Used: Briefly describe how the person will use the technology to support the Action Steps/Outcome/Vision.
- Who/What Roles will Help with Technology Use: Who or what people will help the individual use the technology.

- **Who will Get Technology Alerts:** Different technology may have alert or notification features that let people know when a routine has changed or someone needs assistance. In this column, list who will receive and respond to these alerts. For example:
 - If a person does not take their medication after their medication box has reminded them, who will be alerted that the person still needs to take their medication?
 - If a person has sensors to detect if they fall, who will be alerted that the person has fallen and needs assistance?
 - Not all technology includes an alert system; complete this section as applicable.
- **How will They be Alerted:** Explain how the technology will alert the designated supports if the person needs assistance. For example:
 - If a person does not take their medication after their medication box has reminded them, how will their designated support staff be notified that the person still needs to take their medication? Will the support staff receive an automated text, email, push notification, or other type of automated notification?
 - If a person's fall detection sensors detect a person has fallen, will the support staff receive a phone call, text, push notification, or other notification?
- **Considerations for Backup & Connectivity Issues:** If one or more pieces of the technology listed above stops working, who will address the malfunction and how? Keep in mind, when the power or internet goes out the technology may not send alerts to staff. Briefly describe:
 - Who is responsible for checking functionality of technology at the time of a power outage?
 - Who is responsible for testing functionality when the power is restored?
 - Who is responsible for direct care and/or managing direct care during a power outage, or if the technology malfunctions?
 - Who will contact technology/tech support for the device(s)?
 - Everyone must be trained in their roles and have access to the current Direct Support Back-Up Plan.

Individual Specific Training Requirements

- **Plans/Supports:** Check the box for each support plan the person has or will have.
- **Who Receives Training:** In this column check the box for each person who is required to be trained.
- **Type:** For each person who must be trained, indicate the training *Type* using the scale below:
 - A – Awareness level (obtains basic familiarity with plan)
 - K – Knowledge level (learns specifics strategies/ techniques)
 - S – Skill level (demonstrates ability to implement plan)
- **Urgency:** Indicate the training *Urgency* using the scale below.
 - 1 – Prior to working with the individual
 - 2 – Prior to working alone with the individual
 - 3 – Within 30 days of working with the individual
 - 4 – Other (specify)
- **Who Provides Training:** Indicate who provides training to staff members. Training is provided by:
 - The ISP authors; any plan author can designate someone else to train on their plan, including direct support staff; the only exception is a delegated nursing function

- Designated trainers
- Agency staff, therapists, and nurses

Relatives and Legally Responsible Individuals (LRIs)

- Question 1, Will a Legally Responsible Individual (LRI) or relative provide one or more waiver services: Check the box “Yes” or “No” to indicate if a relative or LRI will provide one or more DD Waiver services.
 - If “No”, leave the below table blank and move onto section *Discussion of Service Setting*.
 - If “Yes”, fill in the table with the following information:
 - LRI or Relative: Check a box to specify if a “LRI” or “Relative” will provide the service.
 - Service: List each service that will be furnished by the relative or LRI.
 - Best Fit Justification: Briefly describe the unique ability of the relative or LRI to meet the cultural or care needs of the individual in services.
 - Waiver Recipients’ Involvement in Decision: State how the waiver recipient contributed to the decision to have the LRI or relative provide the service(s).
 - Backup Plan: State who will provide the service(s) if the LRI or relative is unavailable.
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Discussion of Service Settings

Discussion of Service Setting

- Question 1, Does the person receive services in a provider-owned or controlled residential setting: Check “Yes” or “No” to indicate if the person gets some of their waiver services in a provider-owned or controlled setting.
- If “Yes”, answer questions 2 through 9 in this section. If “No”, move onto the next section.

Service Setting Requirement and Verification of Compliance Status

- For Question 2 – Question 9, check “Yes” or “No” for each question to indicate whether or not the service setting requirement is being met.
- If “Yes” is checked for any of these questions, under the column *Verification of Compliance Status*, describe how the service setting compliance was verified. For example, if a person selects “Yes” to question 2, “Does the person have a lease, legally enforceable agreement, or other written living agreement” briefly describe how the persons lease or living agreement is confirmed. Was a copy of the lease brought to the meeting? Does a family member or IDT member have a copy of the lease?
- If “No” is selected for any of these questions, under *Verification of Compliance Status*, describe:
 - The specific and individualized assessed need as to why that right cannot be accommodated.
 - Positive interventions and supports used prior to any modifications.
 - Less intrusive methods of meeting the need that were tried but did not work.
 - A description of the condition that is directly proportionate to the specific need.
 - Includes regular collection and review of data to measure the ongoing effectiveness of the modification.
 - Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

- Describe the informed consent of the individual.
 - Include an assurance that interventions and supports will cause no harm to the individual.
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Successor Guardianship and Caregiver Planning

- Successor guardianship and caregiver planning should be discussed if the person's current guardian or caregiver is experiencing age, health, or other issues that impacts their ability to provide care or services or does not feel they will be able to provide care or services in the near future.
 - Although challenging, having these conversations helps ensure:
 - The planning process involves the waiver recipient and their wants and preferences.
 - There is continuity of care when the current guardian or caregiver can no longer serve.
 - Routines, environments, and trusted relationships are maintained during transitions.
 - The waiver recipient is considered and respected in the guardian or caregiver planning.
 - The current guardian or caregiver is assured the waiver recipient will be cared for.
 - Guardianship is a last resort, used only when necessary to protect the person's well-being and support their independence, based on their actual functional, mental and physical limitations.
 - To start a conversation about successor guardianship or planning for a caregiver transition:
 - What are your main concerns about the future and transitioning guardianship or caregiver duties and responsibilities?
 - Have you thought about or talked about who might take over caregiving or guardianship in the future?
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Waiver Recipients Participation in ISP Development

- Describe how the waiver recipient engaged in the development of their ISP.
 - Consider: How was the waiver recipients voice highlighted in the ISP? Did they help facilitate the meeting? How is this ISP representative of the person, their wants, and needs?
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Signatures

- Once complete, add the names and roles of all people who contributed to the ISP to the final page.
- By signing the document, the person signing is indicating that they participated in the development of the ISP and will be responsible for implementing relevant portions of the plan.
- People who participated in a manner other than attendance at the meeting must be listed by the Case Manager with the method of participation stated in the *Signature* column.
- Also in the *Signature* column, the Case Manager will list how the team member(s) who were unable to attend the annual ISP meeting provided input to the CM.
 - For example, "Speech Language Pathologist was unable to attend the ISP meeting but provided Case Manager with written ideas to be discussed during the meeting."

Definitions

- **Assistive Technology Inventory:** An accurate list of all current Assistive Technology (AT) used by an individual on an ongoing basis.
- **Care Coordination Level (CCL):** A care level is assigned to a person based on the results of the Comprehensive Needs Assessment (CNA) conducted by the Managed Care Organization (MCO).
- **Centers for Medicare and Medicaid Services (CMS) Final Rule: HCBS Settings Requirements:** The Centers for Medicare and Medicaid Services (CMS) published a Final Rule addressing several sections of the Social Security Act. The Final Rule amends the federal regulations which govern 1915(c) Home and Community Based Services (HCBS) waiver programs. These rules support inclusion and integration of people with intellectual and developmental disabilities (I/DD) in the community. The HCBS Settings Requirements state that a person's service settings are integrated in and supports full access to the greater community, engage in community life, control personal resources, and receive services in the community; Are selected by the individual from among setting options, including non-disability specific settings; Ensures the individual rights to privacy, dignity and respect; And optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices; including but not limited to, daily activities, physical environment, and with whom to interact.
 - The HCBS Settings Rule has additional requirements for provider-owned or controlled residential settings. A provider-owned or controlled setting is a setting that is owned, co-owned, operated and/or controlled by a provider of HCBS. Requirements for these settings include: A person has a lease or other legally enforceable agreement providing similar protections. For settings where landlord laws do not apply, the state must ensure that a lease, residency agreement or other form of written agreement will be in place, that provides protections that address eviction processes and appeals. A person has privacy in their sleeping or living unit including: lockable entrance doors with only appropriate staff having keys to doors; choice of roommates in shared settings; freedom to furnish and decorate sleeping or living units within the lease or other agreement; freedom and support to control their schedule and activities including access to food; have visitors of their choosing at any time; setting is physically accessible to the person.
- **Community Life Engagement:** Community Life Engagement is used to refer to "Meaningful Day" activities; refers to supporting people in their communities, in non-work activities.
- **Comprehensive Needs Assessment (CNA):** A CNA is a survey conducted annually by the Managed Care Organization (MCO) to identify the person's physical health, behavioral health, and long-term care needs.
- **Discovery:** Discovery is examining with the person, family, friends and people who know the person best his/her life and experiences to discern interests and preferences. Discovery works for everyone but is particularly helpful to people with communication challenges. Information gleaned in Discovery about what the person likes to do and does well is used in identifying possible jobs. The information is also used to negotiate with employers the kinds of tasks the person does well and identifies the supports he/she needs to do the job competently and be a good hire for the employer.
- **Employment First:** The Developmental Disabilities Support Division adopted an Employment First Policy in 2016 to establish procedures for supporting working age adults to have access to valued employment opportunities as the preferred service in New Mexico. Every person has the right and ability to work, given opportunity and access. Access to competitive integrated employment enables the person to

engage in community life, control personal resources, increase self-sufficiency, and is a proven method for creating community inclusion, identity, status, and roles. In person centered planning, members must first look to and consider utilizing community and natural supports to assist people to attain their employment goals and Desired Outcomes. As such, supported employment activities are a planning priority for all working age adults.

- **Enabling Technology:** The use of various forms of devices and technology to support a person with disabilities to live as independently as possible. These types of technologies include sensors, mobile applications, remote support systems, and other smart devices. Enabling technology can support a person in navigating their jobs and communities, gain more control of their environment, and provide remote support and reminders to assist a person in living more independently. Enabling Technologies include off-the-shelf and customized devices and services that empower independence, embody self-determination, and enhance quality of life.
- **Guardians:** Guardians are individuals, companies or organizations appointed by a judge to make decisions for another adult. A Guardian is appointed by a court to look after and is legally responsible for someone who is unable to manage their own affairs, regarding health and personal care, and minor financial decisions.
- **Healthcare Coordinator (HCC):** A Healthcare Coordinator must be designated for all individuals. The Healthcare Coordinator is the designated individual on the team who arranges for and monitors health care services for the individual.
- **Interdisciplinary Team:** The Interdisciplinary Team (IDT) is group of individuals including the person receiving Developmental Disabilities services, their families and/or guardian, and a group of professionals, paraprofessionals and other support persons, who are responsible for the development and/or implementation of the ISP. The IDT comes together to enrich the quality of life of the person receiving services including to help identify and achieve the person's visions.
- **Legally Responsible Individual (LRI):** Is a person who has a duty under state law to care for another person. This typically includes - the parent (biological, legal, or adoptive) of a minor child, a guardian who must provide care to an eligible recipient under 18 years of age, or the spouse of an eligible recipient. (8.314.6.7 New Mexico Administrative Code). An LRI does not include the parent of an adult even if the parent is a legal guardian.
- **Managed Care Organization (MCO):** The entity that participates in Turquoise Care under contract with the Health Care Authority (HCA) to assist the State in meeting their requirements established under NMSA 1978, Sec. 27-2-12.
- **MCO Care Coordinator:** An MCO Care Coordinator helps assess an individuals needs, and connects them to services outside of the DD Waiver to meet these needs.
- **Medication Administration Assessment Tool (MAAT):** A nurse-completed tool that is conducted with all adults receiving community living and day supports , employment services or nursing services to help inform how a person's medication will be administered and managed.
- **Outcome:** An Outcome is a specific measurable action, result, or achievement to aim for to materialize and accomplish a Vision.
- **Relative:** This includes but is not limited to a person's direct family member, such as a sibling, grandparent, or aunt or uncle.
- **Representative Payee:** A person or an organization who acts as the receiver of United States Social

Security Disability or Supplemental Security Income for a person who is not fully capable of managing their own benefits, i.e., cannot be their own payee. The representative payee is expected to assist the person with money management, along with providing protection from financial abuse and victimization.

- **Successor Guardian:** A Successor Guardian is an adult designated by a caregiver and approved by the courts to assume care and responsibility if the current caregiver can no longer fulfill their role. This individual is often named in a guardianship agreement and takes over in the event of the legal guardian's death or incapacitation.
- **Supported Decision Maker:** A Supported Decision-Maker (SDM) is a person chosen by someone with a disability to help them make their own decisions. The person with the disability makes the final decisions, not the supporter. The individual selects one or more trusted people (family, friends, professionals) to help them understand information and consider options. In most cases, supported decision-makers do not have legal control or guardianship, just a supportive role.
- **Supported Decision-Making Agreement:** A formal document in which a person with a disability identifies and authorizes one or more trusted individuals, called supporters, to help them make decisions. This agreement outlines how the supporters will assist, such as helping the person understand information, weigh options, and communicate their decisions. The agreement does not transfer legal decision-making power, the person with the disability remains in control and makes their own decisions.
- **Surrogate Health Decision Maker:** A surrogate health decision maker is either a guardian with legal powers to make health decisions or the individual the person has chosen to make health decisions in the event they become incapacitated.
- **Technology Alerts:** Technology alerts are automated notifications or warnings generated by devices, apps, or systems that are part of enabling technology (tools designed to support the independence, safety, and well-being of people with disabilities). These alerts are often used to monitor health, safety, or daily activities, prompt actions or provide reminders, and/or notify caregivers, support staff, or family members when assistance may be needed.
- **Technology First:** A framework for system changes where technology is considered first in the discussion of support options available to individuals and families through person-centered approaches to promote meaningful participation, social inclusion, self-determination and quality of life. Two primary goals include technology as a natural support and reducing the number of direct support hours.
- **Vision:** A statement that describes the person's major long-term life dreams and aspirations.