

ADMINISTRATIVE POLICY

- 1 Each person served by OPTIONS will have an Individual Service Plan (ISP) that addresses the specific issues leading to the supported person 's referral to OPTIONS. The ISP will be based on the supported person 's preferences and needs which are outlined in his/her person-centered plan. In addition to the input of the supported person, other members of the Interdisciplinary Team input will also be taken to account. All goals and objectives will be identified at the ISP meeting, with the supported person present as an active member of the team. Each plan will include, but not be limited to, the following information:
 - 1.1 Identification of the supported person 's developmental status, including functional limitations, disabilities, behavioral excesses or deficits, medical concerns, adaptive living skills proficiencies, and any other relevant concerns.
 - 1.2 The supported person 's strengths, needs, preferences and desired outcomes from services rendered by OPTIONS.
 - 1.3 Individual service goals and objectives, written in measurable terms with a set criterion for each, and including anticipated time frames and specific instruction for the accomplishment of goals.
- 2 The ISP will be written and communicated in a manner that is understandable to both the supported person and to the individuals responsible for implementing the plan.
- 3 The initial ISP meeting will be scheduled within the first thirty days following the supported person's admission to any of OPTIONS programs.
 - 3.1 The initial ISP will be based on a supported person assessment containing information from the Pre-admission Screening Evaluation, The Person Centered Plan, the Functional Strengths and Needs Assessment, direct observation, and baseline data.
- 4 Regular reviews of supported person progress toward specific ISP goals and objectives will be conducted as an integral component of OPTIONS services. When revisions to the ISP are indicated, they will be made with the consent of the supported person and with input from the entire ID Team.
- 5 All ISPs will be formally reviewed by the ID Team on a regular basis (no less than annually), and an updated Person Centered Plan and Functional Strengths and Needs Assessment will be completed annually.

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- 6 Transition Plans will be developed by the ID Team when a supported person has reached all his/her ISP goals and objectives and wishes to transition to a less restrictive living environment.⁴
- 7 Regular Summary Reports will be completed by either the Program Manager² and will reflect the supported person's progress toward ISP goals and objectives.
- 98 The QMRP and/or Program Manager will be responsible for the overall direction and implementation of ISP, and will ensure that Community Support Specialist will implement the ISP strategies and procedures consistently and reliably, accurately charting supported person progress.
- 10 OPTIONS is committed to acting in the best interest of each supported person served in its programs. When appropriate, OPTIONS will refer supported persons to other programs and/or advocacy services.
- 11 A Discharge Plan will be completed prior to discharge from any OPTIONS program.³

Policy Date: February 1996

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