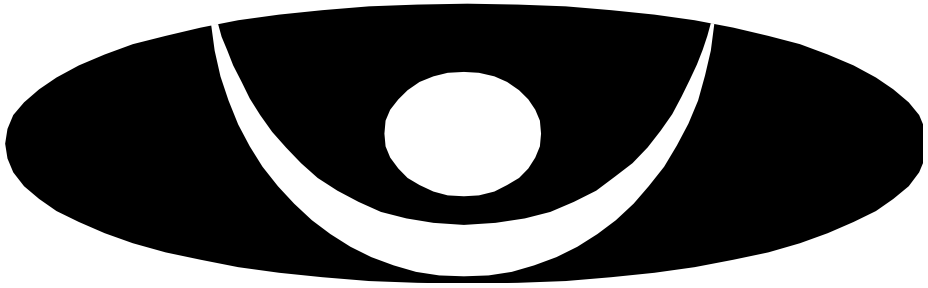

STATE OF VERMONT
Developmental Disabilities
Services Division

Individual Support Agreement Guidelines

Technical Update: August 2016

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Individual Support Agreement Guidelines

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INDIVIDUAL SUPPORT AGREEMENT GUIDELINES

I. *INTRODUCTION*

An Individual Support Agreement (ISA) is a document that tells about your services and supports. It is an agreement between you, your guardian (if you have one) and your provider(s). If you are managing some or all of your supports, you are still required to have an ISA. This agreement addresses YOUR needs that you, your Designated Agency/Specialized Services Agency and others have prioritized through a process that helps to identify your needs for support.

The agreement describes what you expect to be different in your life as a result of receiving Medicaid supports funded by the Developmental Disabilities Services Division (DDSD). It also describes HOW you wish to be supported and what your responsibilities and your provider's responsibilities are to make the plan work.

If you self-or family-manage your services you must also have a separate self-family management agreement that outlines your responsibilities and the responsibilities and support you can expect from the Supportive Intermediary Service Organization (SISO).

NOTE: Before any supports are provided, you must first be found eligible to receive services. Next, you and your Designated Agency (DA) figure out what your needs are, what can be paid for and then what your funding limit is. (Talk to your DA for more information about this.)

INFORMATION IN THIS COLUMN IS PROVIDED TO ASSIST THOSE SUPPORTING AN ADULT WITH DEVELOPMENTAL DISABILITIES OR A FAMILY WHOSE CHILD HAS DEVELOPMENTAL DISABILITIES TO THINK THROUGH AND UNDERSTAND THE ISA GUIDELINES. THIS INFORMATION IS INTENDED TO SUPPLEMENT AND CLARIFY THE INFORMATION IN THE LEFT HAND COLUMN AND SHOULD ALWAYS BE USED IN CONJUNCTION WITH THE INFORMATION ON THE LEFT.

NOTES FOR PEOPLE HELPING WITH THE ISA:

Generally speaking, an individual's services are funded and paid for via Medicaid. Medicaid is Title XIX of the Social Security Act. It is a matching federal/state program which allows for the provision of care to people who are aged, blind, or disabled and medical care to income eligible families with limited resources. In Vermont an individual's eligibility for Medicaid is determined by the Department of Children and Families.

Medicaid regulations require a written plan of care, both for service provision and billing purposes. The care plan must be consistent with ISA Guidelines, unless otherwise defined (i.e. Bridges Services Agreement). All components must be present and the plan reviewed, at minimum, annually.

If an individual chooses to self-or family-manage their services/supports and hire an independent QDDP, the Designated Agency is responsible for completing the intake process and the Supportive Intermediary Service Organization (SISO) is responsible for providing a level of oversight determined by DDSD. The level of oversight must be discussed with the person. The SISO is responsible for developing a "self-management agreement" between the individual self- or family-managing and the SISO. Even if the individual chooses to have little contact with the SISO, the Developmental Disabilities Services Division has some minimum requirements for documentation and monitoring which are overseen by the SISO and require communication between the SISO and the individual

Your Individual Support Agreement:

- ♦ is developed by you and your team;
- ♦ is based upon your needs and your wishes for your own future
- ♦ identifies your goals, outcomes of service and how you expect to be supported reach them; and,
- ♦ is flexible and personalized so you can be creative with how you are supported and how you and your support people will know that progress is being made toward your goals/outcomes.

The reasons you need an Individual Support Agreement are to:

- ♦ make sure your support people understand what you expect from the supports you receive;
- ♦ make certain your supports meet your needs and support your goals;
- ♦ help you plan for supports, help support people know what they must do to support you and when; and,
- ♦ make sure the State and Federal money spent on supports you receive is spent correctly. All supports Medicaid pays for through the Developmental Disabilities Services Division must be included in your ISA.

Please note there may be other State or Federal regulations you need to be aware of other than these guidelines.

NOTES FOR PEOPLE HELPING WITH THE ISA:

/employer of record.

Not all of an individual's needs may be funded through DDSD. Informal supports as well as other sources of support (paid and unpaid) need to be taken into consideration.

The individual receives funding in certain categories based upon identified needs. The needs that have been identified must be addressed within the ISA. Most needs are addressed as outcomes. While the ISA is person-centered, that does not mean that the individual/team should not include skill development outcomes to address the needs. These will, in turn, enable the individual to increase his/her independence in the home and community.

If a support is provided through DDSD funding (i.e., Medicaid waiver, targeted case management, ICF/IDD, it must be included in the ISA. Individuals/families who only receive Flexible Family Funding or BRIDGE do not require an ISA.

Who is involved in developing your Individual Support Agreement?

You can invite anyone you choose to help develop your plan. You may invite family members or friends or support workers. If you have a guardian, your guardian, as a member of your team, will be part of the planning process.

- For adults, a guardian is someone appointed by a court for a person. A court appoints a guardian if it finds that the person cannot independently make certain major life decisions for himself/herself. (Unless otherwise appointed by the court, a parent/parents generally have decision-making authority for children under 18.)
- If a guardian is appointed for you, the court tells the guardian what major life decisions to help you with. In those areas listed by the court, the guardian has a responsibility to the court and to you to be involved with any and all decisions. In all other areas, the guardian should be involved only if you ask him or her for help.
- If you are not sure about what responsibilities a court has given the guardian, ask your guardian or someone else to go over the court order with you.
- The role of a guardian is to assist and empower you to make decisions for yourself. A guardian also encourages you to be as independent and responsible for yourself as possible. The guardian should listen to your opinions, and help you tell others what you think. The guardian should make sure other people listen to you and think about what is best for you. The guardian should make sure that any decisions are respectful of what you like and what you don't like and what you want in the future
- The guardian will be working with you and others to be sure that plans and decisions are safe and fair for you and others. If sometimes you are not able to make a decision, the guardian will go ahead and make the decision. If the guardian makes the decision, the guardian should always try to think about what you would want to do if you were making the decision.

NOTES FOR PEOPLE HELPING WITH THE ISA:

It is important to verify the individual(s) named as guardian and the powers ordered by the court.

Children under the age of 18 have an adult who is responsible for decision making and support. Generally, this is the child's parent(s). However, in cases where parental rights have been terminated or the child is in the custody of the state another individual will have legally been identified.

Adults, those over age 18 may or may not have been found to be in need of a guardian. Guardianship, and the named areas of support, should be verified whether the guardian is a private citizen or a Public Guardian.

For those over the age of 18, guardianship should not be assumed; People who have not been appointed by the court to be an individual's guardian should not be treated as though they have been with respect to making decisions on behalf of the individual participating in services. Family members, domestic partners and friends do have a role in supporting the individual to make decisions, as the individual chooses.

- If you would like a different guardian, you can request a change. If you have a Public Guardian you can ask the guardian's supervisor for a change. If you have a private guardian (such as a family member) you must ask the court for a change. The Vermont Disabilities Law Project can help you do this.
- If you don't think you need a guardian any more, you can ask the court to end the guardianship. You can ask the Vermont Disabilities Law Project to help you. Sometimes the court will be willing to end the guardianship, and sometimes the court will decide you still need a guardian.

II. *SHARING INFORMATION*

In order for others to do their very best to support you, you may need to share personal information about yourself. Remember that you only have to share what others need to know so they can help.

A. Your Personal Goals and Dreams:

It is important that you keep in mind what you want to do with your life. You should be encouraged and supported by the people around you to make those dreams come true.

If you need help thinking about your dreams and what you need to reach them, there are plans available to help you. You may have heard of some of them like MAPS or PATH. You may wish to use one of these planning processes with the help of your friends and family. You may already have some very good ideas about what you want without using one of these. Either way, you should be able to answer the following questions BEFORE you develop an ISA. You should review your goals as you reach them or as your dreams or needs change.

NOTES FOR PEOPLE HELPING WITH THE ISA:

A person-centered planning process is critical and required for the development of a quality ISA. The process is flexible. It can be accomplished through a formal process such as MAPS, PATH, or Futures Planning. Or, the needed information may be gathered informally through talking with the individual and those that know them best. What is vital is that the information be obtained from the individual and their circle of support/team members.

- What do you want? What do you need?
- What are your goals and dreams for your future?
- What kind of supports do you need to achieve your goals and dreams?
- What supports are available to you now?
- How can a support person help you achieve your goals and dreams?
- What talents, skills or personal qualities must a support person have?
- How will you know when supports are working?
- Who else should we talk to in order to help answers these or other questions?

YOU ARE NOT REQUIRED TO SHARE THE ANSWERS TO ALL OF THESE QUESTIONS. YOU ONLY NEED TO SHARE INFORMATION THAT IS NEEDED TO HELP YOU WITH SERVICES AND SUPPORTS. IF YOU HAVE A GUARDIAN, THE AGENCY ALSO NEEDS TO GET YOUR GUARDIAN'S PERMISSION TO LOOK AT PRIVATE INFORMATION ABOUT YOU.

NOTES FOR PEOPLE HELPING WITH THE ISA:

In addition to the questions on the left, it is important to think about:

- What does the individual really enjoy doing? How can that area of interest be further developed or expanded?
- What skills are important for the individual to learn?
- How does this individual spend their day/week?
- Ideally what would the individual want their day/week to look like?
- Is there anything non-negotiable that the individual must have in their day or week?
- Is there anything they used to do that they would like to start again?
- How does the individual see their future? What will things look like in three years, five years and how do we get from here to there?
- Are there opportunities to connect with non-paid relationships?
- What does the individual do already and how can these skills and talents be expanded? What are the next logical steps?
- What don't you know about this individual that would be helpful to know in order to support them to reach their goals?
- What is the individual's sense of community and his/her place in it? Are there supports and options that can be provided to expand this if the individual wants to?

B. Your Story:

It may be necessary for support people to have even more information about you than what your needs and dreams are. Each of us is who we are, in part, because of our histories. You or your provider needs to put some things down in writing so that important information is considered as you receive supports.

These are important things for people to know: things about when you were a baby; your family; your schooling; the places you have lived; important people in your life; and other important life events. Other supports you already have that are not funded through the Developmental Disabilities Services Division (DDSD) should be listed so supports can be well planned and coordinated.

What you need to know: ***This information to be included in your story needs to be gathered and documented within sixty (60) calendar days of the first day of billable supports. The information needs to be updated whenever important events happen in your life and should be reviewed with you at least once a year. If you are managing some or all of your supports, keeping this information updated may be your responsibility. Your story and any updates to it need to be signed and dated by the person who wrote it.***

NOTES FOR PEOPLE HELPING WITH THE ISA:

The Person's Story is their history! It is based on information that the individual, his/her guardian and significant others are willing to share. Certain things should be included whenever the information is known and the individual is willing to share. They are:

- Significant childhood developmental milestones, including a pre-natal and birth history.
- The family's history, including information about siblings and the family's medical history.
- Significant events in the individual's life, both good and bad, including medical events.
- Educational experiences and schools that the individual attended.
- The most important people and significant relationships in the individual's life, including who the individual stays in touch with.
- Natural supports the individual has already established.
- Summary of supports/services that the individual has received in the past (e.g., home, community, employment supports).
- Anything the individual feels that others should know about (e.g., "I love baseball").

Consider including first-hand accounts of memories and experiences. In some cases, the individual may want to either dictate or write their own story, which is encouraged. If the individual wishes to withhold information about some personal area, his/her privacy should be respected. However, questions about the above areas should still be asked and the decision not to share noted.

The Person's Story must be updated at least annually or sooner if significant events occur during the year (e.g., move to a new home; illness, hospitalization, loss of family, etc.). **The annual update does not require re-writing the entire story; it is adding to it.** Both the Person's Story and the Person's Story Update must be signed and dated by a QDDP. **The story and all updates are to remain in the individual's active file/records.**

C. Assessments:

You may arrange for special assessments if you or your team think it would be helpful for support planning (e.g. communication, employment, PT/OT assessments, etc.). If you are new to services or during transition times (first grade, school to adult life) the DA is required to arrange for some specific assessments to determine if you are eligible or continue to be eligible for services.

What you need to know: Other than noted above, it is your responsibility and that of your team to determine the focus and frequency of assessments and evaluations.

NOTES FOR PEOPLE HELPING WITH THE ISA:

Special assessments are determined by the individual's needs; however, assessments to determine eligibility are required at the time of original application and during specific transition times (first grade, school to adult life) and are the responsibility of the DA. It is also the responsibility of the DA to perform or arrange for certain assessments if, at any time there is reason to believe the person may no longer be eligible for services

III. *INDIVIDUAL SUPPORT AGREEMENT (ISA)*

You need to be thinking and talking about what you want in your ISA before *it is written. You may get help from anyone you want and may even write* up your own ISA.

There is certain information that needs to be included in the ISA. DDSD has a suggested ISA form you can use (see ISA Basic Form), however any form may be used so long as the following information is present and clear to understand:

Well planned, person-centered, individualized ISAs generally take time to develop and implement. Once written, additional time will be needed for the ISA to be reviewed and approved by all necessary parties. It is recommended that service coordinators/others helping in the planning for a new ISA begin the process at least 90 days in advance of the expected implementation date to allow for a thoughtful process, thorough review and adjustments as requested by the individual/guardian.

DDSD does not require a specific ISA form. Regardless of the form utilized, all of the required elements must be clearly included, understandable to the person/guardian and those providing supports, and all information must be legible.

Many of the agencies are moving/have moved to electronic records and are requesting that individuals utilize the forms that have been configured in those systems. All ISAs completed via an electronic record must be person-centered and include all required elements of the ISA as outlined in these guidelines.

A. General Information:

1. Your name.

2. The name of your Designated Agency (the place where eligibility and funding allocation is initially approved).

3. The **names of all agencies providing you support/services**. This may be your designated agency (DA), specialized service agency (SSA) or Supportive Intermediary Service Organization (SISO).

4. How the funding for your services is being managed: self-managing, family-managing, shared-managing, agency managing.

5. Both the **beginning and end dates** of the ISA term.

   *What you need to know: (1) The length of time that any agreement can be in effect **may not be greater than two years.** (2) An initial ISA must be developed within thirty (30) calendar days from the first day of billable supports (if you are new to services). (3) The ISA should always be followed as written.*

   In the case of a crisis situation, you may receive immediate support. However, an ISA or a change to your existing ISA must be developed within thirty (30) calendar days from the onset of your crisis (if you were already receiving DDS funded services). This will assure you get the critical supports you need when you need them even if they have not been planned for.

6. The Person(s) responsible for meeting your health needs. This may be one/more of the following: Agency/Service Coordinator, family/guardian, self.

NOTES FOR PEOPLE HELPING WITH THE ISA:

Funding Management Options:
Self-managing: An individual manages **all** of his/her services.
Family-Managing: An individual's family member manages **all** of his/her services.
Shared-Managing: A DA/SSA (including contractors and staff) manages some, but not all, services and the individual or their family member manage some services.
Agency-Managing: A DA/SSA manages **all** services/supports provided to the individual.
(The DA is charged with providing information about management options at the time of intake.)

While the maximum length of an ISA term can be 2 years, it is important to remember that the term needs to be individualized and in accordance with what makes sense to the individual and his/her goals.

For individuals new to services a short term ISA (e.g. 60-120 days) could be created with specific goals/outcomes for the funded areas the individual and team are ready to start supports and also have specific outcomes to gain the knowledge & understanding to address the other areas by the time the ISA expires (60 to 120 days).

(If the current ISA needs to be extended, please refer to page 21).

This section really has three interrelated components.
A. Is the individual receiving twenty-four-hour home support provided and funded through the agency?
B. Who is responsible for making medical decisions?
C. Does the individual need help with medical care and monitoring?
The answers to these questions will determine who is ultimately responsible for meeting the individual's health needs.

7. **A brief description of your life goals and dreams** so support people can do their best to help you reach those goals. The supports described in your ISA may include some of these goals if they relate to the needs your DA has identified for funding.

   What you need to know: Though you may have many dreams and needs, it is probable not all of them will be (or should be) funded through DDS. Your ISA must address all the identified needs that meet the System of Care Plan funding priorities. However, you, and whomever else you include, individualize and personalize your ISA and decide HOW your supports will look.

NOTES FOR PEOPLE HELPING WITH THE ISA:

The description of the goals and dreams is derived from the person-centered planning process noted previously. Some individuals, express many goals and dreams and have clear ideas about what they want to learn, jobs they would like to have, communities they would like to access, etc. Other individuals when asked, may not be able to identify personal goals or dreams for their future. In such cases you may wish to consider helping the individual explore their world, develop interests, broaden their experiences or acquire confidence in their decision making skills in order to make knowledgeable decisions.

It is critical to understand what each dream means to the individual. Ask questions that help everyone understand the dream and how services and supports may help bring a dream to reality. For example, someone's life goal or dream may be to live in their own home, run a business, or obtain a driver's license. What specifically is the individual looking to change in order to move toward longer term goals. Perhaps they would like more time alone, the ability to be more independent, having the money for things that they would like to buy or places they would like to visit, or having the ability to get where they want to go without having to worry about transportation. What skills does the individual have to learn in order to begin moving toward their dream? What supports will be helpful in moving forward. It is important to honor the dream and take steps to help realize the dream.

Use the individual's words to describe his/her dreams and goals whenever possible. When this is not possible, a person who knows the individual well may describe what they believe the individual's dreams and goals might be based on their understanding of the individual. This is the individual's wishes for him or herself, not a projection of what or who other people would like the individual to become. Use the first person only when it is the individual's actual words (e.g., "I want…")

If it is someone else's words, indicate so, ("Because Harry has a big grin when he gets his paycheck, Harry's best

NOTES FOR PEOPLE HELPING WITH THE ISA:

friend, Sam, believes that he likes…").

As you help the individual explore their goals and dreams, keep in mind their strengths, needs assessment and funded areas of support. Sometimes an individual will identify a dream that cannot be directly funded. For example, an individual may state a desire to have a large screen television or to vacation in Aruba. This could be included in Personal Goals and Dreams; however, it will not be directly funded. That does not mean that the individual cannot be assisted through supports to attain the dream. For example, if an individual wishes to purchase a large screen TV their services might support them to obtain/maintain employment, set up and run a bank account, develop a budget, comparison shop, etc. The individual will be supported to learn and utilize skills need to save and make informed purchases, but the TV will not be paid for with DDS funding.

It may be helpful for the input of the team to be included in this section. For example, "The team believes Alice would benefit from learning more effective ways to express her feelings."

It is important to discuss and gather all the information possible about goals and dreams from the person and those that they trust and wish to include in order to ensure that everyone has a good understanding of what the individual wants and where they are headed and to provide information as to how services and supports can be utilized to support learning and progress toward outcomes.

8. The **funded areas of support** (e.g. home supports, employment supports, community supports etc.). These are the different types of support and the amount of money the DA estimates your supports will cost.

Indicate the funded areas of support and whether they are funded by waiver, fee-for-services (e.g., TCM, Clinic, Rehab., PASRR or ICF/IDD). The funded areas of support must be consistent with the individual's authorized funding limit. There should be one or more of the following funded areas of support listed in the ISA or on an attached

What you need to know: *The Agency has made these determinations through an assessment of need, reviewing the System of Care Plan funding priorities, and their professional experience in setting and managing budgets. If you disagree with their assessment, you may appeal the determination of your needs, but not the dollar amounts. If you need more information about the appeals process, please ask your Agency.*

9. Your **Authorized Funding Limit**. This is the total dollar amount from the funded areas of support, plus administration, that you have to spend on your personal services. It is not the waiver budget, which may include other items that benefit everyone receiving services like, communication supports, the Vermont Crisis Intervention Network, or local crisis services.

B. Supports Received:

1. Outcomes

1. **Describe what you expect to be different or expect to continue as a result of receiving supports.** What do you expect to accomplish with the help of your supports? Do you expect to learn something specific, have any changes in your life as a result of supports, be safe, be employed, etc.? (These outcomes must be clearly stated and measurable.)

What you need to know: *These outcomes must be related to the identified needs that qualify you to receive services and to your funded areas*

NOTES FOR PEOPLE HELPING WITH THE ISA:

separate sheet. (for each list general amount of each service and dollar amount [e.g., 20 hours/week; $20,000])

- Service Planning and Coordination
- Community Supports
- Employment Services
- Respite
- Clinical Interventions
- Crisis Services (individual only)
- Housing
- Home Support
- Transportation
- Administration

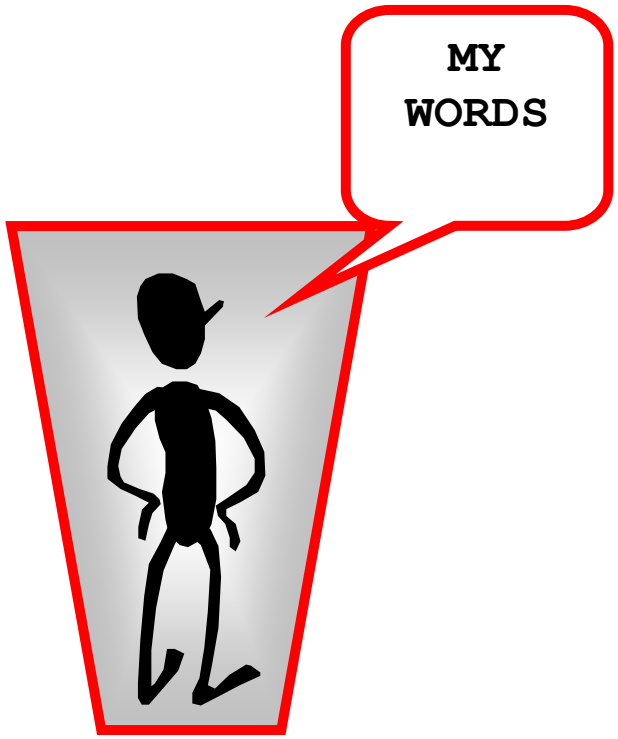
The Authorized Funding Limit includes all funding related to the individual's services, including the administration amount, but doesn't include: funding for state & local crisis services, local respite homes, the Fiscal Employer/ Agent and statewide communication resources (through HowardCenter and Washington County Mental Health).

It is not unusual for the funded areas of support/authorized funding limit to change during the ISA term. When such changes occur the information in the ISA needs to be updated and the new information shared with the individual and guardian.

Outcomes are the results that individuals would like to achieve as a result of services and supports. What are the outcomes that the individual/guardian want and that can or should be accomplished during this ISA term? **State the expected outcomes of the supports received in a clear and measurable way.**

Note: Identified outcomes must be related to funded areas of support.

of support. If you are not sure what these are, ask your Agency for the information. For example; if you are funded for community support there will be a community support outcome. If you are funded for employment supports, there will be an employment outcome.



NOTES FOR PEOPLE HELPING WITH THE ISA:

An outcome is a clear statement of how the individual's life will change or what will happen in the individual's life as a result of supports. Outcomes are not about receipt of a service (e.g. Sally will receive 10 hours of respite), but about what the individual will achieve in/for his/her life. What will happen as a result of getting this support? What growth will the individual experience? What new skill will be learned/improved upon? What changes will there be in the individual's life (i.e. obtaining a job, developing a relationship, or finding a new home)?

Ask questions to tease out the specifics of the stated request that make the outcome or goal important for that individual. Outcomes are meaningful, personalized and specific. Outcomes should be related to what is explained in the Summary of Goals and Dreams and Funded Areas of Support. This is where person-centered planning is most valuable.

Whenever possible, the outcome should be stated in the individual's words. If additional explanation is needed to indicate why the outcome is relevant for the individual, this should be added in parentheses.

Outcomes for maintenance may be appropriate (e.g., continue to live with the Jones') but should be used cautiously and sparingly in those instances when it is clear that this is an important goal for the individual and it must reflect why the individual values this. What need will be addressed?

Keep in mind the intent of services is to ensure health and safety and promote the individual's growth and independence, as well as be connected in their community, have friends and other important relationships, and have a good quality of life. While honoring that "David" wants to continue living with his current home provider, look at skills that can be increased. Are there ways he can become more independent or more responsible at home? If "Sandy" wants to have more friends, what social or communication skills will help her accomplish this dream?

2. Strategies to Help Achieve the Outcome

Define what you expect from support workers. Describe **what** they do**, when** they do it, **where** they do it, and (if necessary) **how** they support you. Name the people who will support you.

What you need to know: These are supports and people paid through a provider or hired by you. The supports must be specific enough so that there will be no misunderstanding about your needs or expectations. For example, if you want help getting a job and you will need transportation once one is found, do not forget to include transportation as part of your support expectations.

NOTES FOR PEOPLE HELPING WITH THE ISA:

Outcomes related to employment may be about learning how to make a resume, have a successful interview, get to your job on your own, how to get along better with co-workers, or learn how to do the job satisfactorily.

Outcomes under home support may range from learning to cook a meal (for yourself and/or the rest of the people in the home) to learning how to be more independent in doing personal hygiene, cleaning up personal space, dressing appropriately, etc. There could be outcomes for developing new friends or interests, learning ways to develop the coping mechanisms and social skills required to get along as a member of a household/family.

Community support outcomes may range from the general goals of learning how to use the post office (with details outlined in the strategy section such as writing a card to a family member, getting to the post office, buying a stamp and mailing the card). Other outcomes may center on making contacts or trying out a variety of activities to develop a hobby. Shopping for meals or clothing for a given event is also appropriate. Individuals can have "fun" while learning.

This section describes (for each outcome) the agreed upon support strategies that will be used to assist the individual to achieve the outcome. There should be enough information in this section to make clear who is responsible and what they are doing, when and where this is happening, and clear, agreed upon (between the individual and people helping him/her) support strategies for how support workers help the individual. For example, if the outcome is that the individual wants to shop for meals, strategies may look like this:

- Sally and the community support worker will meet 1 time/week on Tuesdays from 9 – 11 a.m. (or for 2 hours).
- Sally and the support worker will discuss possible meals, nutritional pros and cons, ingredients needed for the meal (those on hand and those needed to be purchased).

NOTE: Both your expectations of paid supports and how people support you must be consistent with best practices and must reflect the *Guidelines for Quality Services*. This means that the way your supports are provided and what people help you with must be done in certain ways (e.g., respecting choices, trained workers, background checks, etc.). Ask your provider for a copy of these guidelines if you do not already have them and ask them to explain the guidelines to you if necessary.

3. **What information needs to be gathered, and how often, to know that progress is being made? How is this documented? Who is responsible for doing this?**
   What you need to know: Two of the reasons why an ISA is necessary are: 1) to make certain your supports are meeting your needs and; 2) to make sure state and federal money is appropriately spent on your supports. Both reasons require documentation of some kind.

   For example, if your expectation is to be more independent and you decide that you are becoming more independent by managing your money on your own when you once needed help; do support workers write what's happening every month when you pay your bills or each time you go to the bank?

   What you need to know: Feeling satisfied with supports is important and an okay way to say that things are going well. However, in most instances you should describe another way in which you and others can determine if

NOTES FOR PEOPLE HELPING WITH THE ISA;

- The support worker will help Sally make a list and provide transportation to the store. The support worker will help Sally locate the needed items and make the purchase. Sally will be assisted in determining the necessary money to make the purchase and will pay for the items.
- Sally will be assisted by the support worker to put the food away and review how to prepare the meal.

Be as specific as needed; there should be enough information so that it is clear what support strategies are being used, who is doing this, and generally the number of hours per day and days per week that it is being provided.

Note: It is acceptable to write, “See attached plan” rather than duplicating this information in a strategy if there is an existing plan for communication, behavior support, work, etc. A separate sheet may be attached if the strategies are too detailed to list in the strategy section.

How will support workers and the individual know that the outcome has been achieved or that you are on the way to achieving the outcome? What specific information lets the individual know that this has occurred or he/she is moving in the desired direction? The individual and the support team jointly define this. This information or data for the example on the previous page may be that the individual is starting to pick out the shopping items for him/herself and can identify and prepare 2 or 3 appropriate meals for lunch or dinner.

This kind of information/data to be gathered should be identified for each outcome and need to be concrete and specific enough to allow progress to be evaluated and to determine when the outcome has been achieved.

Information/data must be more specific than “will be happy, satisfied”. For example, if the outcome is that the individual wants to make more friends, information/data collected might include self-reports from the individual on people newly considered friends, activities that have been enjoyed

supports are going okay. The reason is that someone can be very satisfied with his or her support person and even with what they do together, without getting any closer to meeting the outcomes of their ISA.

4. **Decide how often a Qualified Developmental Disabilities Professional (QDDP) should review the information collected on <u>each</u> of your expectations to determine if supports are working.**

<u>What you should know:</u> These reviews need to happen often enough to know if supports are meeting your expectations. The frequency of review will naturally depend upon the amount of time necessary to see results from supports; ***this is more often than once a year****. Often a monthly review schedule is convenient to keep track of whether services are meeting your expectations.*

The QDDP cannot be you, your parent, step-parent, guardian, spouse, domestic partner, or a person you live with who gets paid (like your home provider). Please ask your agency for assistance in identifying the most appropriate person to do this.

At a minimum, the entire ISA is reviewed once a year.

<u>NOTES FOR PEOPLE HELPING WITH THE ISA:</u>

with friends, social skills learned or improved upon, etc.

How information is collected is flexible as long as it is agreed upon. Examples may include the individual's journal entry or notes about the events as they occur, a narrative note by staff/provider, data (number of hours the individual worked), a calendar of what the individual did, etc. How often this information is collected and who is responsible for documenting the information also needs to be noted in this section.

Please note: "fee for service billing" has its own documentation requirements (Targeted Case Management, Clinic, Rehabilitation, and Medicaid Transportation Services).

This section asks about what information is reviewed by a QDDP and how often to evaluate whether progress is happening toward **<u>each outcome.</u>** The time frame is stated for each outcome and should be on a time frame that is relevant for that outcome. Outcome reviews, and recommendations resulting from the review need to be documented and approved by a QDDP. Reviews need to happen often enough (more than once a year) to know if supports are meeting the person's expectations.

The purpose of these reviews is to help ensure that outcomes are being met and the individual is progressing toward their goals. If this is not the case, the team and the individual should discuss why, and what (if anything) needs to change. Are the strategies listed adequate to support the individual in realizing this outcome? Is the teaching style used working? Is the outcome more than the individual can accomplish within the stated timeframe? This is also an opportunity to review outcomes that <u>have</u> been met, and to re-negotiate new or "next" outcomes.

The ISA Review is not the same as the review of each outcome as stated above. It is a review of the ISA in its entirety. (See section IV below for details).

5. **List *additional* supports, services, accommodations, adaptive equipment and resources your provider is expected to either coordinate or provide**. These may be things that together you have agreed will simply be expected to happen. Examples of this MAY be assisting you with grocery shopping, supporting you in your morning routines, transportation, assisting you with banking activities, etc.

Specific information that must be included within your ISA includes health supports, how often you need to have someone with you to be safe and other safety supports.

6. **How much of your day and night can you be left alone? Under what circumstances? (Be specific about how much of your day you need to have someone with you, paid or unpaid, to be safe.)** For example, do you need someone in the same room or in the same house or reachable by phone at all times, just some of the time, etc.?

7. **Describe other specific restrictions that you have.** In order to assure your basic health and safety, your provider(s) may consult with you about whether you have or need specific restrictions or circumstances that other people may not have. Please talk to your family, guardian (if you have one), friends and providers about the necessity of all restrictions, if there are other ways of achieving the same outcome, and what the plans are to end the restrictions.

   What you need to know: If you do have any restrictions, you and your guardian (if you have one) must agree and approve of them before they are in place (unless a court has ordered them to be part of your services).

NOTES FOR PEOPLE HELPING WITH THE ISA:

Additional supports are jointly agreed upon and are not addressed as an expectation/outcome. These are supports/services that you and the individual have agreed will happen. They are specific to the individual and the supports listed. Examples include attending an IEP meeting with an individual who goes to school; helping to coordinate Vocational Rehabilitation or Personal Care Services, helping to research and arrange for adaptive communication equipment, speaking with the individual's landlord (on the individual's behalf) or assisting someone with their SSI benefits.

This section asks you to specifically spell out the individual's supervision needs. Generalizations such as "24/7" are not sufficient. How long may the individual be alone? In what environments – home, yard, community, car, etc.? Does someone need to be reachable by phone, close by, outside the door, within eyesight, etc.? This section should provide helpful guidance to support workers about the individual's supervision needs. It is also the area where the individual and support team can define when the individual would be considered to be missing and trigger a Critical Incident Report.

What restrictions are necessary in order to assure the individual's health and safety? Some restrictions are court imposed – for example, restraining orders or specific supervision needs. Support workers and others may impose other restrictions in order to keep the individual safe. For example, an individual may not be allowed in the kitchen of a home unsupervised or may not be allowed to be around knives. An individual may need to have door alarms, may be restricted from smoking in the house, or may need supervised phone access. As noted, the individual and/or their guardian must agree and approve of the restrictions before they are in place (unless ordered by a court). If a behavior support plan is available for the individual that provides information about the restrictions, information does not need to be repeated again in this section, but the behavior support plan needs to be referenced in this section and attached to the ISA. For additional information please refer to the *Behavior Support Guidelines.*

NOTES FOR PEOPLE HELPING WITH THE ISA:

(The ISA does NOT need to include information about supervision needs when the individual is not participating in services (e.g. at home with parents).

8. **What do others need to know about the way you communicate to better understand and support you? Describe how you communicate with others. Do you have a need to increase your ability to communicate?**
   What should others know about how you communicate in order to understand you and help you understand others? Is there a best way to provide information to you so that you understand the information? Tell others what they need to know about how you communicate to best understand you. For example, some people need time to think before answering a question. Some people need more time to say everything that they want to say. Some people communicate by talking, others may use a device or facilitated communication; others may sign; some may use eye contact.

   Communication is tied to making decisions, to interacting with others, to letting others know how you feel, what you want and what you don't want – to being in charge of your life. Do you need to increase your ability to communicate?

Communication is a **required** area that must be addressed for **all** individuals in their ISA. The ISA process must ask how the individual communicates and how he/she can be supported to increase his/her communication skills. If needed, a plan to increase communication must be developed. Keep in mind that needs vary depending on the individual (e.g. one individual may need to learn to use an augmentative device; another may need to increase her assertiveness). Communication support needs should be specified here unless they are addressed in an attached communication plan or addressed under support strategies as part of an ISA expectation. Refer to, "Making Communication Happen: Tools to help Teams Plan and Provide Communication Supports" for guidance and best practices.

Specific information about how you communicate and ways that others can help you communicate must be included in your ISA.

9. **Check off any attachments that are part of your ISA.** List any formal assessments or informal letters, notes, drawings, tapes, etc. that YOU feel are relevant to your ISA. When you and your providers sign your ISA, these attachments are considered part of your ISA.

Documents that are required to be attached to the ISA, as applicable, are the individual's:

- Education Plan (IEP if attending school)
- Communication Plan (see above)
- Behavior Support Plan or Community Safety Plans as defined in *Behavior Support Guidelines*
- Work Plan - a plan for supporting the person in employment
- Special Care Procedures Plan as defined in *Health and Wellness Guidelines*
- Other (specify)

C. The Individual Support Agreement Approvals:

You, your guardian (if you have one), your QDDP, and the agency providing/monitoring your services must approve the ISA before it is official.

What you need to know: You may indicate agreement in any way that is meaningful to you. If you indicate approval in a way other than by signature, a notation of that approval is documented. (If a minor, the individual's approval is not required; however, it is expected for older children/teens.)

Your guardian's signature is required if you are an adult and a court has appointed a guardian for you in any area covered by the ISA. If you are a minor, the signature of your parent or guardian is required. If you are unable to obtain your guardian's signature, efforts to obtain approval must be documented. If your guardian is not responding to letters or phone calls about you, your provider can help you get a different guardian.

The signatures of a Qualified Developmental Disabilities Professional (QDDP), as well as all developmental services agencies that provide/monitor services, are required.

NOTES FOR PEOPLE HELPING WITH THE ISA:

All required approvals must be documented in order for the ISA to be implemented. All required signatures must be obtained on or before the "begin" date of the ISA in order to have an approved and Medicaid billable plan of care for the individual. If the individual is unable to sign, consider other meaningful ways that the individual indicates their approval or non-approval (nodding to show agreement during meeting, refusing to participate in implementation of ISA activities) and document this on the approval page. Please do not indicate the individual is unable to sign and do not include an "assisted" signature.

A guardian's signature is required if the individual is an adult and a court has appointed a guardian for the individual for any of the areas covered in the ISA. If the individual is a minor, the signature of their parent or guardian is required. It is expected that for older children and teenagers that their participation and acceptance is documented preferably by their signature. If you are unable to obtain the guardian's signature, efforts to do so must be documented. The agency may request an ISA Signature Variance in order to implement the ISA while they attempt to acquire the required signatures. (See attached process for details)

The signature of a Qualified Developmental Disabilities Professional (QDDP) is required. This is the signature of the person who is monitoring the plan. If the QDDP is employed by the agency providing services, this approval covers the agency approval as well.

If the individual receives non-waiver, clinic, rehabilitation (including PASARR), ICF/DD or transportation services, a physician's signature is also needed.

IV. REVIEWING YOUR ISA

You have defined how often your QDDP **needs to review each of your expectations to make sure they are being adequately met.** Of course, that person should be asking how you feel your supports are working. How this is documented is up to you, but it must be documented.

You have also defined **how often your QDDP must review your whole Individual Support Agreement (ISA) but at least annually.** The ISA Review/Change Form may be used (see attached). Any form is acceptable as long as the required information is included.

The QDDP must document each ISA review with the following information.

- Your name.
- The term of your ISA.
- The date of the ISA review and the name of the person completing the review (the QDDP).
- Summaries of how helpful supports have been in achieving each of your support outcomes. The summaries must mention those things you have indicated will be present (or absent) when your expectations are being met.
- An indication of your level of satisfaction with supports. Your satisfaction is documented in whatever way is meaningful to you! This means support people are responsible for making sure your thoughts and feelings about services are communicated and documented. If you are not satisfied with supports, you must let people know what they could do to

NOTES FOR PEOPLE HELPING WITH THE ISA:

The ISA Review is completed by the QDDP. The ISA review is documented on an ISA Review Form. This is also one of the times that the QDDP must check in with the individual and his/her guardian, if there is one, to get their perspective on whether supports are being provided as expected and meeting the needs as identified.

The ISA must be reviewed at least once a year, and prior to the start of a new ISA. Reviewing the ISA more frequently may be a good practice, depending on the complexity of the individual's needs. The date that the entire document is reviewed is flexible and should reflect the ISA. For example, if an individual's ISA revolves around obtaining work and the individual expects to be employed at the end of six months, it would be a good idea to review the ISA at the end of three or four months to see whether there is progress towards these expectations. It would not be a good idea to wait until the ninth, tenth or eleventh month to review the document. When ISA's are reviewed shortly before the next ISA meeting, you risk losing a whole year on a plan that may not have worked well and would not reflect quality services.

make things better.
- Your guardian's (if you have one) expressed level of satisfaction.
- Comments by your family members (if applicable).
- Comments by your provider(s).
- A notation if a change has been planned to your ISA. **You and your guardian (if you have one), your QDDP and the agency providing services must approve all changes.**
- A notation if your personal goals or dreams have changed, if you want to share this with your support people.

V. CHANGING YOUR ISA

When a significant change to your supports is planned, the ISA must first be changed.

What you need to know: Any change must happen in a way that is consistent with these guidelines. Indications of agreement must be obtained from all relevant parties BEFORE any change in supports starts.

Each time a significant change is made to your Individual Support Agreement there must be documentation of that change. DDSD has a suggested form you can use; however, any form may be used as long as it contains the following information:
- Your name and the term of your ISA.
- The date the change will happen.
- Your new (or changed) expectations from supports.
- Descriptions of how you and others will know when your expectations are being met.
- Description of what supports you expect from support people (answers to who, what, when, where and how.)
- Description of what information people need so they can tell if supports are working and how often they get the information, and how they document the effects of supports. Name the support person responsible for documenting this information.

NOTES FOR PEOPLE HELPING WITH THE ISA:

If changes are made, they should be documented through the "ISA Review/Change Form".

- Any changes to when each of your expectations are reviewed or when your ISA is reviewed and by whom.
- Indications of approvals to the ISA changes as follows:
  - Yours
  - Your guardian's (if you have one)
  - The signature of approval of a QDDP
  - The signature of any agency providing services

VI. EXTENDING YOUR ISA (CHANGING THE END DATE OF YOUR ISA)

You and your guardian (if you have one) must agree to any extensions of your Individual Support Agreement by changing the end date using the ISA Review/Change process and form**. No extension, however, may exceed thirty (30) calendar days.** An indication of your approval must be documented as well as your guardian's (if you have one), your QDDP, and any agencies providing services. Basically, everyone who approved the original ISA must indicate approval of an extension.

VII. TERMINATING YOUR ISA

The Individual Support Agreement process is designed to be something that you and others important to you work out together. It is where support decisions are reached by consensus; everyone agrees to the decisions. Each person's approval on the ISA means they agree. There may be times when, once begun, one or more people disagree with all or part of the ISA. The person who disagrees should try to solve any disagreements through changes to the ISA – by consensus. If differences cannot be resolved, you or any other person who signs may end the agreement.

NOTES FOR PEOPLE HELPING WITH THE ISA:

Everyone who indicated his/her approval of the original ISA, must also indicate their approval, in writing, to any change to the person's ISA. (If there is a change in guardian, the service coordinator, assigned funding limit, etc. since original ISA was signed, this should be noted.)

An extension of the existing ISA will be documented on the ISA Review/Change Form with the change being the move of the End Date out a maximum of 30 days. All required approvals need to be documented on the form.

It should be explained to the individual that termination of the ISA means that services will stop. Prior to reaching this level of disagreement between the person and the provider, it is important that the person is given information about how to file a complaint (see DDSD written materials).

<u>What you should know:</u> Any party to the agreement, except the DA, has the right to end the ISA. The agreement may be stopped, in whole or in part, at any time before the "ISA end date" provided the party who wants to end the ISA notifies all other parties, in writing, of their intent to terminate. If a provider wants to terminate its involvement, this notification must happen sixty (60) calendar days before its part of the ISA is terminated. This notification must be in writing. During this period, supports must remain in place as negotiated by all involved parties.

If you receive services through a provider that is different from your Designated Agency, they must cooperate with you and your Designated Agency to provide all reasonable assistance in continuing your supports and to help transfer your supports to a different provider throughout the transition period (60 days).

<u>NOTES FOR PEOPLE HELPING WITH THE ISA:</u>

As required by Vermont law and regulation, the Designated Agency must provide or arrange to provide services and supports to an individual in its region. Therefore, if a different agency/individual decides to stop providing services, the DA is obligated to either directly provide the services or assist the individual to find another provider.

Individual Support Agreement
Vermont Developmental Disabilities Services

Name: _____

Designated Agency: _____

Provider: _____

Provider: _____

Check if: ☐ Self-managing ☐ Family-managing ☐ Shared-managing

Individual Support Agreement Term: Begin date: _____ End date: _____

Person(s) responsible for meeting your health needs:

☐ Agency/Service Coordinator ☐ Family/Guardian ☐ Self

1. What are your long term goals and dreams? Where do you want to live? Ideal job? Who do you want to live with? Dream vacation? What do you want to learn?)
   _____
   _____
   _____
   _____
   _____

2. What are the areas of support you are funded to receive? How much support and what is the cost of the support that you are funded to receive? What is your authorized funding limit? ☐HCBS Waiver ☐Medicaid Fee-for-Service (TCM, Clinic, Rehab, PASRR) ☐ICF/MR

Funded Area	Amount of Support	Cost (Yearly)
Service Planning and Coordination	Hours/Week	
Community Supports	Hours/Week	
	Describe	
Employment Services	Hours/Week	
	Describe	
Respite – Individual	Hours/Week Days/Year	
Clinical Interventions	Hours/Week	
	Describe	
Crisis – Individual	Hours/Week	
	Describe	
Housing and Home Support	Hours/Week Days/Year	
	Describe	
Transportation	Miles/Week Van (Annual cost)	

Administration costs		
Total Authorized Funding Limit		**$**

3. What do you expect to be different as a result of receiving supports? What outcomes do you expect to meet with the help of your supports? These outcomes must be clearly stated and measurable.

   _____
   _____
   _____
   _____
   _____

4. What do service coordinators, workers, and others need to do to help you reach your outcomes? Describe what support people do to support you for each outcome, i.e. when, where, and how they support you.

   _____
   _____
   _____
   _____
   _____

5. What kind of information should be gathered, and how often should information be collected on **each** of your outcomes to tell if you are making progress? Who is responsible for collecting the information?

   _____
   _____
   _____
   _____
   _____

6. How often will the QDDP review **each** outcome?

   _____
   _____
   _____
   _____
   _____

7. List additional supports, services, accommodations, adaptive equipment, and resources your provider(s) will coordinate or provide.

   _____
   _____
   _____
   _____
   _____

8. How much of your day and night can you be left alone? Under what circumstances?

   _____
   _____
   _____
   _____
   _____

9. Describe other specific restrictions that you have? For example, are your activities or your rights restricted in any way? You and your guardian (if you have one) must give approval for this to happen (unless it is court ordered) and they must be included as a part of this ISA.

   _____
   _____
   _____
   _____
   _____
   _____

10. What do others need to know about the way you communicate to better understand and support you? How would you like others to communicate with you?

    _____
    _____
    _____
    _____
    _____
    _____

11. Check off the documents below that apply to this ISA.

    ☐ Behavior Support Plan ☐ Special Care Procedures Plan

    ☐ Communication Plan ☐ Work Plan

    ☐ Other (Specify) _____

Individual Support Agreement
Required Approvals Form

We have reviewed the Individual Support Agreement with all current supporting documents and indicate our approval below:

_____ _____
Individual Date

_____ _____
Guardian (If you have one) Date

_____ _____
Service Coordinator (If other than QDDP) Date

_____ _____
QDDP Date

_____ _____
Agency Providing Services Date
(Only if QDDP is not employed by Agency)

_____ _____
Physician Date
(Required only for clinic, rehabilitation, transportation and ICF/DD)

Individual Support Agreement
Review/Change Form

Name: _____ Date: _____

QDDP completing this form: _____

ISA begin date: _____ Annual review date: _____

What is the status of each of the individual's outcomes?

_____
_____
_____
_____

What are the individual's comments about his or her satisfaction with supports?

_____
_____
_____
_____

What is the guardian's (if the individual has one) level of satisfaction?

_____
_____
_____
_____

What are the family's comments (if applicable)?

_____
_____
_____
_____

What are the provider's comments? (If ISA changes, complete an ISA change form.)

_____
_____
_____
_____

☐ Check here if a change is made in the ISA and provide the information on the back

Effective date of change: _____

1. What is the new outcome?

_____
_____
_____
_____
_____

2. What are the supports you expect from support people? Describe what support people do to support you, when and where they support you, and how they need to support you.

_____
_____
_____
_____
_____

3. What do service coordinators, workers, and others need to do to help you reach your outcomes? Describe what support people do to support you for each outcome, i.e., when, where, and how they support you.

_____
_____
_____
_____
_____

4. How often will the outcome be reviewed?

_____
_____
_____
_____
_____

5. Indications of approval for review and/or changes:

_____ _____
Individual Date Agency providing services

_____ _____
Guardian (If they individual has one) Physician
(Required only for clinic rehabilitation, transportation, & ICF/DD)

_____
QDDP

ISA Signature Variance Process

The Individual's support team must have made all reasonable attempts to obtain the necessary signatures, were not able to and agree requesting a variance is the only option available to them. The individual's service coordinator will complete the attached Variance Request Form and submit it to the DDSD Quality Management Reviewer who is contact for the agency. The Quality Management Reviewer will review the information on the form, discuss the situation with the service coordinator and present it to the Quality Management Team Lead for final review, discussion and decision as to granting the variance.

The Quality Management Reviewer and Quality Management Team Lead will make a decision to grant the variance or not and inform the individual's service coordinator of the decision within a week of receiving the variance request form. General guidance for situations and circumstances that assist the service coordinator in filling out the request form and determine if the situation will qualify for a variance is provided below.

A couple of clarifying points:

- The individual participating in services is required to indicate their participation in the ISA planning process and their approval of their ISA. If the individual is able to provide a signature following review of the ISA, they should do so. If the individual is not capable of signing a notation or indication regarding how others providing approval signatures know/will know that the person is satisfied and benefitting from the outlined services and supports will be included on the ISA approval page. The area/line for the individual's approval should never be deleted/left blank.
- If the delay in obtaining the approval signature from the guardian or other team member is because of a disagreement with the ISA or a part of it there is in most cases no valid reason for a variance and one will rarely be granted and only after detailed discussion with the Quality Management reviewer. When beginning the ISA planning and development process, the individual and their team will consider how long the person-centered planning process may take. The length planning process should take into account the strengths of the individual and team as well as any negotiation and re-working of the ISA that may be required. Beginning the planning process 60 to 90 days before the implementation date for the ISA should allow enough time to accomplish this.

In order for an agency to request a Variance from the need to have the Individual's ISA signed by all required parties by the implementation/due date one or more of the following conditions must be present.

- Input into the ISA must have been obtained from the individual, their guardian and any others of the individuals choosing utilizing a person-centered process.
- The guardian is not available to provide approval due to distance, scheduling or timing issues. Under these circumstances, e-mail or other documentation of authorization can be accepted with a negotiated time frame (30 to 60 days) to obtain the original signature from the guardian.
- The guardian or individual experienced a medical emergency or other crisis situation preventing him/her from providing timely signature for the ISA.
- The guardian is not responding to the agency despite all attempts to obtain the approval signature and the agency has documented all the attempts to obtain the signature. A variance will be granted while the agency assists the individual in exploring the effectiveness of the existing guardianship and possible alternatives.

If a variance is granted, the service coordinator will still need to obtain the original signature on the ISA in order to continue billing past the allotted time of the variance. The service coordinator will need to inform the Quality Management Reviewer when this has been done and send a copy of the completed and signed ISA as documentation of the process. If the required signature has not been obtained within the negotiated timeframe the service

coordinator can present the documentation of all efforts made to obtain the signature to the Quality Management Reviewer and request additional time. These extensions will be granted rarely and only when all efforts and options have clearly been tried and not succeeded.

Request for ISA Signature Variance

Agency Name:
Date of Request:
Requesting Agency Staff and Contact Info:
Individual Name:
Guardian Name:
Guardian Contact phone and e-mail:
ISA Implementation/Due Date:

Reason a Variance is being requested:
Significant life event for ☐ guardian ☐ Individual

- ☐ Death of significant person
- ☐ Unexpected move/loss of housing
- ☐ Serious illness, hospitalization, rehabilitation facility

☐ Guardian has not provided approval/signature (despite attempts outlined below).

☐ Significant atypical event Please explain:

Length of time requested to obtain required signature(s): days

---

Actions taken by the agency in an attempt to complete ISA and obtain signatures in a timely manner:
(ISA Planning Process = communication/meetings between assigned agency staff, the person and their team completed prior to the ISA being drafted and prepared for approval by required team members.)

Date Team ISA Planning Process Initiated:

Date Team ISA Planning Process Completed:

Is the ISA written and awaiting signature/approval from individual &/or guardian?

Date ISA presented/sent for signature/documentation of approval

To Individual:
To Guardian:

Manner and dates of additional attempts to obtain signature/approval please include all documented attempts:

- Phone/voice-mail
- E-mail/FAX
- Letter
- In Person
- Other

Briefly describe the Agency/Team's plan to obtain the required signature(s) within the requested time:

☐ Variance approved for 30 days, unless otherwise negotiated with Quality Review Team, days ☐ Not approved

---------- ---------- ---------- ----------
Signature of QMR Date Signature of QMTL Date