

PURPOSE: This Office of Developmental Programs Individual Support Plan (ISP) Signature Form (revised 4/2018) is required to be completed during the following:

- Initial ISP meetings
- Annual Review Update ISP meetings
- Team meetings regarding service changes that result in a critical revision to the ISP

INSTRUCTIONS FOR COMPLETING THE ISP SIGNATURE FORM

Page 1: At the conclusion of the meeting, the individual and team members should complete Page 1 and 2 of the ISP Signature Form.

- It is essential to have the individual attend his/her own meeting whenever possible. Each person who attended the meeting including the individual should sign and date the signature column across from their name and complete the title, agency and relationship to individual sections on the ISP Signature Form. If the individual, surrogate, or any other invited ISP team member chose not to be present, the reason for their absence must be documented on the ISP Signature Form under the column signature/date. The Supports Coordinators (SCs) should document the absent team member was invited, but did not attend.
- If an individual is in attendance at the meeting but chooses not to sign the ISP Signature Form, the SC must indicate on the ISP Signature Form that the individual was in attendance at the meeting but chose not to sign on the line designated for the signature of individual.
- If an individual did not attend the meeting, the SC must review the results of the meeting with the individual, and have the individual sign the ISP Signature Form, noting the date that the review was held outside of the ISP meeting.
- If the individual is under the age of 18 and/or has a legal guardian, the individual does not have sign instead the individual's parent or legal guardian must sign on his/her behalf.
- If the individual, family member, or any other team member disagrees with the content of the ISP, sign at the designated content objection section at the bottom of page 1.

Page 2: The table below contains detailed information to supplement the questions found on page 2 of this ISP Signature Form.

- Each SC should use this information to thoroughly explain each question to the individual/surrogate prior to indicating the appropriate answer in the check box.
- During the initial ISP and annual update meetings, all questions on page 2 must be answered. During ISP team meetings that result in a critical revision to the ISP due to a service change, complete page 1 and designate on page 2 only that the individual was informed of their due process rights.
- The SC will attach a copy of the completed ISP Signature Form to the ISP and send to all meeting participants as well as other invited meeting participants who could not attend. The SC will only send a copy of the ISP Signature Form to providers who have access to HCSIS as they can obtain the ISP.

QUESTIONS FOUND ON PAGE 2 OF THIS FORM	DESCRIPTION OF WHAT "YES/NO" INDICATES N/A INDICATES THE QUESTION IS NOT APPLICABLE
1. I attended this meeting.	Yes/No indicates whether the individual was present and participated.
2. An interpreter was present at my ISP meeting.	Yes/No indicates an interpreter was or was not present. N/A means that the individual does not require an interpreter.
3. If receiving Home and Community Based Services (HCBS), and my approved services are reduced, suspended, denied or terminated at any time, I have been informed of my due process rights and the Department's fair hearings and appeals process.	Yes/No indicates that a copy of the fair hearing request form DP 458 was or was not provided and explained. Fair hearing request form DP 458 explains how to file the appeal. If the individual asks for assistance in filling out the DP 458 form, the SC should provide assistance. N/A indicates that the individual does not receive HCBS.
4. If receiving county funded services, I have been informed of my due process rights.	Yes/No indicates whether the individual has been informed of their right to appeal under local agency law when base-funded services are denied, reduced or terminated. N/A indicates that the individual is not receiving base funding.
5. I agree to comply with all waiver requirements (i.e.; SC individual monitoring frequency & location requirements, recertification, SIS, etc.).	Yes/No indicates whether the individual agrees/does not agree to comply with the waiver requirements. N/A indicates the individual is not in a waiver.

QUESTIONS FOUND ON PAGE 2 OF THIS FORM	DESCRIPTION OF WHAT “YES/NO” INDICATES N/A INDICATES THE QUESTION IS NOT APPLICABLE
6. My ISP team and I reviewed the SIS™ Family Friendly Report during this meeting.	Yes/No indicates whether the SIS™ Family Friendly Report was used during the ISP meeting. N/A indicates that the individual has not had a SIS™ and PA Supplement assessment completed.
7. I have been informed of the right to select a willing and qualified provider and supports coordination organization at any time.	Yes/No indicates whether the individual has been informed of free choice of all willing and qualified providers including SCOs.
8. Types of services and available willing and qualified providers have been reviewed.	Yes/No indicates whether the types of services and willing and qualified providers have been reviewed.
9. I have selected and agree with the identified services and willing and qualified providers in my ISP.	Yes/No indicates whether the individual agrees/disagrees with the identified services and chosen qualified providers reflected in their current ISP. N/A indicates that the individual currently receives SC services only.
10. I have been informed of the right to request a change in my services at any time.	Yes/No indicates whether the individual has been informed of their right to request a change in their services at any time due to changes in assessed need. The ISP must be updated, approved and authorized if changes occur.
11. I agree with the outcomes in my ISP.	Yes/No indicates whether the individual agrees with all outcomes identified in the ISP.
12. I have had my Prioritization of Urgency of Need for Services (PUNS) reviewed and if needed, a PUNS change of status form has been completed and signed.	Yes/No indicates whether the PUNS form was reviewed, updated, and signed. The PUNS is the current process for categorizing an individual’s assessed need for services. N/A indicates that the individual does not have an active PUNS - all needs are met.
13. I have been informed about competitive integrated employment and employment service options.	Yes/No indicates whether the SC informed the individual of employment service options. (It is recommended that the SC use the Pathway to Employment Guidance for Conversations document to have review this with the individual.)
14. I have been informed of the options to self-direct my services.	Yes/No indicates whether the individual has been informed about the options to self-direct regardless of their current living arrangement.
15. I have agreed to receive Targeted Support Management (TSM).	Yes/No indicates whether the individual agrees or disagrees to participate in TSM. N/A indicates that the individual is not MA eligible or enrolled in a waiver.
16. I have been informed that my SC will provide copies of my ISP to the persons, agencies, or both listed on page 1. Providers having HCSIS access shall obtain the ISP electronically.	Yes/No indicates that the individual was or was not informed that copies of the ISP will be provided by their SC.

MCI #: _____

Individual's name: _____ Type of meeting: Initial ISP Meeting Annual Review ISP Team Meeting

Date of meeting: _____ Annual review update date: _____

Signature of individual or surrogate/legal representative: _____ Relationship: _____

Signing this form validates that you attended the meeting and you are in agreement with all information that was discussed including the information found on page 2 of this form.

PRINTED NAME	TITLE, AGENCY AND RELATIONSHIP TO INDIVIDUAL	SIGNATURE AND DATE

If individual did not attend his/her meeting, sign below to indicate the results of the ISP meeting were reviewed with the individual:

Signature of individual: _____ Date: _____

If you disagree with the discussion held during this meeting, please sign below.

Printed Name	Title, Agency, Or Relationship To Individuals, If Applicable	Signature and Date
Printed Name	Title, Agency, Or Relationship To Individuals, If Applicable	Signature and Date

MCI #: _____

Individual's Name: _____

Date of meeting: _____

	YES	NO	N/A <small>(not applicable)</small>
1. I attended this meeting.	<input type="checkbox"/>	<input type="checkbox"/>	
2. An interpreter was present at my ISP meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If receiving Home and Community Based Services (HCBS), and my approved services are reduced, suspended, denied, or terminated at any time, I have been informed of my due process rights and the department's fair hearings and appeals process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If receiving county funded services, I have been informed of my due process rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree to comply with all waiver requirements. SC monitoring frequency & location requirements, reevaluation, SIS™, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My ISP team and I reviewed SIS™ Family Friendly Report during this meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have been informed of the right to select a willing and qualified provider and supports coordination organization at any time.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Types of services and available willing and qualified providers have been reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	
9. I have selected and agree with the identified services and willing and qualified providers identified in my ISP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have been informed of the right to request a change in my services at any time.	<input type="checkbox"/>	<input type="checkbox"/>	
11. I agree with the outcomes in my ISP.	<input type="checkbox"/>	<input type="checkbox"/>	
12. I have had my Prioritization of Urgency of Need for Services (PUNS), reviewed and if needed, a PUNS change of status form has been completed and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have been informed about competitive integrated employment and employment service options.	<input type="checkbox"/>	<input type="checkbox"/>	
14. I have been informed of the options to self-direct my services.	<input type="checkbox"/>	<input type="checkbox"/>	
15. I have agreed to receive through Targeted Support Management (TSM).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have been informed that my SC will provide copies of my ISP to the persons, agencies, or both listed on page 1. Providers having HCSIS access shall obtain the ISP electronically.	<input type="checkbox"/>	<input type="checkbox"/>	