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| cid:image002.jpg@01DA9C9B.873348C0 | **Individualized Service Plan (ISP) Review Checklist for Support Coordination Supervisors** |

# Instructions

Support Coordination Supervisors must complete the Individualized Service Plan (ISP) Review Checklist for all full ISPs: initial plans, SCA reassignment plans, anniversary plans, retirement plans, and plans due to a tier change or waiver program transition, as follows:

1. When a Support Coordinator changes a plan’s status to Review, the Support Coordination Supervisor (SCS) reviews the ISP and completes this checklist.
2. After the SCS has reviewed the plan, identified any issues and had them addressed, and completed the ISP Review Checklist, the SCS uploads the checklist in iRecord.
3. The SCS approves the plan if released to do so or submits the plan to State Review (SR1) for approval.

# Notes

* Support Coordination Supervisors are not required to complete the ISP Review Checklist for plan revisions (2.01, 2.02, etc.).
* See [ISP Plan Reviews: Guidance for SCAs](https://www.nj.gov/humanservices/ddd/assets/documents/providers/isp-plan-review-guidance.pdf) for information about quality standards for the Individualized Service Plan and Person-Centered Planning Tool (PCPT).
* See the [Amended ISP Quick Reference Guide](https://www.nj.gov/humanservices/ddd/assets/documents/providers/amended-isp-quick-reference-guide.pdf) for information about acceptable ISP changes that do not require a plan revision, signatures, or approval.

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| **Individual’s Information** | | | | |
| Name: Enter text.  DDD ID: Enter text. | | | Plan Version: Enter text. | |
| Select **one** plan type and complete the corresponding row: | | | | |
| **Plan Type** | | **Plan Details** | | **Plan Submission Date** |
| Initial plan |  | Date assigned to SCA: Enter text. | | Enter text. |
| SCA reassignment plan |  | Date assigned to SCA: Enter text. | | Enter text. |
| Anniversary plan |  | Previous plan end date: Enter text. | | Enter text. |
| Tier change, waiver program transition, or retirement plan |  | Date iRecord generated the plan: Enter text. | | Enter text. |

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| **Required Documents** | **Yes** | **No** | **N/A** |
| 1. If a legal guardian is appointed, the guardianship judgment is uploaded and the guardian’s physical or e-signature is reflected on all documents where required. |  |  |  |
| 1. The Participant Enrollment Agreement (PEA) is signed by the individual and legal guardian (if applicable), is dated, and is the correct document.   *Required for initial plans and waiver program transitions.* |  |  |  |
| 1. The completed Mental Health Pre-Screening Checklist is uploaded and has been reviewed by a Support Coordination Supervisor.   *Required for initial and anniversary plans, and updated as needed.* |  |  |  |
| 1. A completed F3 form (signed by a DVRS/CBVI counselor), **or** a DVRS/CBVI referral confirmation, **or** a completed F6 form is uploaded in iRecord.   *Required for initial plans and updated as needed.* |  |  |  |
| 1. If an acuity factor is present, an Addressing Enhanced Needs Form is completed for each acuity-differentiated service and uploaded in iRecord.   *Required (if applicable), for initial and anniversary plans, and updated as needed.* |  |  |  |
| 1. If the individual has a behavior support plan, it has been reviewed at least annually and is uploaded in iRecord. |  |  |  |
| 1. The signature page is signed by the individual and legal guardian (if applicable). *Required for all full plans and plan revisions (2.01, 2.02, etc.).* |  |  |  |
| Please explain any “No” answers and describe efforts to obtain the necessary documentation:  Enter text. | | | |
| **Quality Review** | **Yes** | **No** | **N/A** |
| 1. The ISP Worksheet for Day Service Providers has been reviewed and content is included in the ISP as applicable. |  |  |  |
| 1. The ISP Worksheet for Residential Providers has been reviewed and content is included in the ISP as applicable. |  |  |  |
| 1. If ISP Worksheets were not received from applicable providers: the SC made reasonable efforts to obtain the worksheets and documented their efforts in Notes, and the SCS or SC emailed [DDD.PPMU@dhs.nj.gov](mailto:DDD.PPMU@dhs.nj.gov) for awareness. |  |  |  |
| 1. The ISP indicators meet the minimum standards for quality, in accordance with the [ISP Plan Reviews: Guidance for SCAs](https://www.nj.gov/humanservices/ddd/assets/documents/providers/isp-plan-review-guidance.pdf). |  |  |  |
| 1. The PCPT indicators meet the minimum standard for quality in accordance with the [ISP Plan Reviews: Guidance for SCAs](https://www.nj.gov/humanservices/ddd/assets/documents/providers/isp-plan-review-guidance.pdf). |  |  |  |
| 1. The individual, legal guardian (if applicable), SC, and service providers (if applicable) were all included in the planning process. |  |  |  |
| **Service Review** | **Yes** | **No** | **N/A** |
| 1. The individual’s Demographics tile reflects the waiver for which the individual has been approved (Interim, SP, or CCP). |  |  |  |
| 1. At least one billable service is entered, and, if not, exploratory services are entered for up to 90 days to allow time to identify billable services. |  |  |  |
| 1. The Electronic Visit Verification statement is present in the Service Description box for all applicable services. |  |  |  |
| 1. No unplanned service gaps exist between plan terms and/or service dates for continuous services, such as Day Habilitation and Individual Supports. |  |  |  |
| 1. If attending a ***non-DDD-funded*** day program, it is entered as a “Generic” service, the hours are listed on the service line, and, based on a 30-hour week, the percentage of hours the individual is attending the program is at least equivalent to the percentage of the Emp/Day budget component that remains **un**obligated. |  |  |  |
| 1. If Day Habilitation is entered, exception weeks are edited to account for program closures**,** and the budget appears to be appropriately utilized. |  |  |  |
| 1. If the individual is in the CCP, the correct procedure code for Individual Supports Daily Rate is used, and the “Full Term” checkbox is selected. |  |  |  |
| 1. If Prevocational Training is in the plan for more than two years, it has been approved by the Service Approval team. |  |  |  |
| 1. If an acuity factor is present and Behavioral Supports are entered, they do not overlap with Individual Supports, Community Based Supports, Day Habilitation, or Out-of-Home Overnight Respite. |  |  |  |
| 1. If the individual receives DDD-funded Physical, Occupational, or Speech Therapy, the service description and timeframe match the prescription. |  |  |  |
| 1. If the Retirement checkbox is selected, the individual does not attend a day program of any funding source (DDD, Mental Health, Medical Day, DVRS, etc.), and the Employment Pathway reflects “Unemployed – Not Pursuing”. |  |  |  |
| 1. The DRAFT Service Detail Report(s) were sent to all service providers, who have confirmed that procedure codes, frequencies, units, and durations are accurate. |  |  |  |
| 1. The DRAFT ISP was sent to the individual, legal guardian (if applicable) and all service providers, who agree upon the content. |  |  |  |

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| **Support Coordination Supervisor Attestation** |  |
| **By entering my name below, I attest that I have thoroughly reviewed the ISP, addressed any identified issues with the Support Coordinator, verified that all required documents are uploaded, and verified that the plan meets Division expectations as described in** [ISP Plan Reviews: Guidance for SCAs](https://www.nj.gov/humanservices/ddd/assets/documents/providers/isp-plan-review-guidance.pdf)**.** | |
| SC Supervisor Name: Enter text. | Date: Enter text. |
| **SC Supervisor Comments:** The following issues were addressed with the Support Coordinator (late plan submission, anything marked “no” prior to final plan submission, etc.): | |
| Enter text. | |