**DAUPHIN COUNTY MH/MR PROGRAM**
**POLICY AND PROCEDURE**

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**Title:** ISP Approval and Authorization Policy

**Policy:** The Dauphin County Mental Retardation Program will assure that Individualized Service Plans (ISPs) are reviewed, approved, and authorized in compliance with requirements established in the Administrative Entity Operating Agreement with ODP.

**Definitions:**

CMU – Dauphin County’s Supports Coordination Organization

ISP – Individualized Support Plan is a standardized form used for service planning. All ISPs utilized the ODP required format. The ISP contains information about the individual which is used for planning and implementing supports needed for the individual to successfully live the life he or she chooses. ISPs are based on the written assessments and other documentation that supports the individual’s need for each waiver and non-waiver funded service.

SC – The Supports Coordinator is responsible to assist the individual in identifying team members, collecting necessary assessments and other documentation for the development of the ISP. The SC enters all ISP information into HCSIS.

**Procedure:**

1. The SC is responsible to work with the individual and their team members to develop the ISP document.

2. When the document is finalized, the SC Supervisor reviews the document to assure that the document reflects the needs and preferences of the individual.

3. The SC Supervisor will review the ISP and all attached documents and return to the SC for corrections, if needed.
4. Following the review by the SC Supervisor, the ISP is submitted through HCSIS for approval by the Dauphin County MR program.

5. The County staff assigned to this task will review ISPs within one week of receiving the HCSIS Alert.

6. If an ISP needs prioritized or reviewed immediately, the SC Supervisor or the SC can notify County assigned staff either by email or by phone, that the ISP needs immediate review and action.

7. The County staff responsible for ISP approval and authorization reviews the ISP to assure that the following components is adequately addressed in the plan.

   A. The ISP is based on all assessments (i.e. SIS, Vineland, ABAS, medical evaluation or other assessments such as provider’s annual assessment and/or observations, etc). (Review the ISP for documentation of assessments.)

   B. The outcomes addressed in the ISP are important to the person’s personal needs and preferences. (Review the needs and preferences section of the ISP, as well as the outcome statements.) Outcome statements begin with a statement about what the person wants or needs and should include specific phrases such as “in order to” or “so that” to show why the outcome is important to the person.

   C. Services are identified to support the outcomes. (Review the service detail section of the ISP for documentation of service type, duration and amount.)

   D. Non-paid supports are considered in the development of the ISP. The individual support plan should reflect the full range of a participant’s needs and therefore must include all Medicaid, waiver, and non-waiver services, in addition to informal supports, that are necessary to address those needs. (Review the service detail section of the ISP.)

   E. Potential providers are identified for each service. (Review the service detail section of the ISP.)

   F. If the County ISP Reviewer has reviewed an ISP and information is found missing or a question arises, the ISP will be denied, put IN PENDING REVISION STATUS IN HCSIS and include a note clarifying the reason for the denial.

   G. The Supports Coordinator will assure that all authorized services are started within 45 days of the service being authorized. No service may be provided until that service is authorized.