HCSIS ISP Module
Frequently Asked Questions
based on
Webinar trainings for Release 7.2

February 2015

HCSIS Individual Support Plan (ISP) is a module within HCSIS that monitors the creation, revision, and preliminary approval of ISP planning documents. It provides the Department of Developmental Services (DDS) and Provider agencies with a repository of planning documents prior to and after an individual's ISP meeting. This document will help address frequently asked questions (FAQs) about the ISP module.

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ISP Year Selection

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Q: When can I make an ISP Year Selection?
A: A: The ISP Year Selection should be made by DDS staff as soon as possible to allow all Providers the full 90 days prior to an ISP Meeting for working on an ISP plan. The ISP plan will be created 90 days prior to the Planned Meeting Date or Deadline if a Planned Meeting Date is not entered in MEDITECH. Once the plan is created in HCSIS, the Service Coordinator needs to make an ISP Year Selection to indicate if the plan is a Full or Update Year ISP. Information can be entered into the plan only after the ISP Year Selection has been made. Providers will not have access to the plan until a year selection is made by DDS. These actions and dates will be displayed on the timeline located on the ISP Dashboard. The "ISP Open" is the date the ISP process was initiated by HCSIS, 90 days prior to the ISP Meeting Date. The "ISP Year Selected" is the date the plan type selection was made by the Service Coordinator. Service Coordinators should select the plan type as soon as possible in order to open up the plan for Providers.

Q: Can I access the Individual's plan or start working on it prior to the ISP Year Selection?
A: No, an ISP Year Selection must be made before any user can access the plan or enter information in it.

Q: Who can make an ISP Year Selection?
A: The Service Coordinator, Service Coordinator Supervisor or Area Office Director Data Entry role can make an ISP Year Selection.

Q: Can an ISP Year Selection be changed/ reverted?
A: Once the ISP Year Selection is saved and confirmed using the confirmation popup, the system will display the ISP plan for the individual. At that point you will not be able to change the selection from the module. Contact the help desk as soon as possible to have the ISP year selection changed if the change is needed. The help desk will create an entirely new ISP, and no information from the erroneously created plan will be saved, so it is our recommendation that prior to calling the help desk, copy and paste any work you have completed into a Word document for future reference.

ISP Timeline

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Q: What date will HCSIS use to trigger the alerts and ISP timeline for an individual?
A: HCSIS creates an ISP plan based on the Planned Meeting Date, which is entered into MEDITECH. If this date is not available, the ISP Meeting Deadline is used to trigger alerts and map deadlines for an individual's ISP. The ISP Meeting dates on the Individual Search and an Individual's ISP Dashboard are based on what has been entered in MEDITECH. From more information on how dates are entered in MEDITECH and appear in HCSIS, please see the MEDITECH HCSIS ISP Workflow document on the ISP References page.

Q: Why does it take so long for dates entered in MEDITECH to appear in HCSIS?
A: We are aware it can take up to for several hours for dates in MEDITECH to appear in HCSIS. We are working to decrease the update time.

Q: How will an individual who is turning 22 or is new to the ISP process be captured in the module?
A: In order for HCSIS to develop an ISP timeline for these individuals, the Service Coordinator must input a planned ISP meeting date into MEDITECH. After a planned meeting date has been entered for these individuals, the ISP module will pull in all relevant data and trigger the ISP process.

Q: Can an individual between the ages of 18 and 22 be captured in the module if they need an ISP plan?
A: Yes, ISPs for individuals 18-22 can be created in HCSIS as long as the Service Coordinator enters a planned ISP meeting date into MEDITECH and the individual is receiving services that require an ISP. After a planned meeting date has been entered for these individuals, the ISP module will pull in all relevant data and trigger the ISP process. At this time, ISPs for individuals receiving only self-directed services continue to be created outside of the system. For individuals receiving at least one traditional service along with self-directed services, ISPs will be created in HCSIS.

Q: When can Providers begin working on assessments in the module?
A: As soon as they are requested by the Service Coordinator, which should be no later than 30 days prior to an individual's ISP meeting. The Vision Statement must be shared with Providers before assessments can be requested.

Q: Can the Vision Statement be changed after the ISP meeting in the module?
A: Yes. After the ISP meeting, the Vision Statement can be edited at any point in time during the 150 day window. However, the Vision must be re-shared with providers in order for them to view and for SC's to request assessments. **Note: The 45 day regulation related to the printing and mailing of the ISP document has not changed. However, the system is flexible and allows editing of documents up to 150 days after the ISP meeting.**

Q: Can the Goals, Objectives, Support Strategies and Assessments be changed after the ISP meeting in the module?
A: Yes. After the ISP meeting, all assessments and objectives which have been approved prior to the meeting will remain in "Approved" status. However, the system will allow editing for 150 days after the meeting. Goals can be edited, added or removed at any point in time during the 150 day window. Revision can be requested on Objectives and Supports Strategies or Assessments by the Service Coordinator at any time, including documents in "Approved" status for Providers to make edits. **Note: The 45 day regulation related to the printing and mailing of the ISP document has not changed. However, the system is flexible and allows editing of documents up to 150 days after the ISP meeting.**

Q: After the ISP Meeting will all previously approved documents require re-approval?
A: All documents that were approved prior to the meeting will remain in "Approved" status. For documents that require revisions, Service Coordinators should request a revision which will send a notification to Providers and return the document for editing. If revisions are requested, the Service Coordinator must review the documents prior to granting approval.

Q: If it is more than 150 days after the ISP meeting, can the Vision Statement, Goals, Objectives, Support Agreements and Assessments still be updated?
A: Area Directors and/or Designees now have the ability to unlock plans more than 150 days after the ISP meeting. It is important to track plans that have been unlocked as they must be manually re-locked by the Area Director and/or Designee. If the current ISP is not relocked prior to the date of creation for next year's ISP then the system will not be able to create a new plan. Please use the user guide named "Unlocking an ISP by Area Office Director." The unlock feature should only be used for the specific reasons such as a response to an appeals letter or to make minor corrections. It is not to be used for ISP modifications, which should be completed outside the system at this point in time.

Vision Statement

Q: When must a Vision Statement be entered and shared with Providers?
A: No later than 30 days before an individual's ISP meeting.

Q: Can a Vision Statement be revised after it has been shared with Providers?
A: Yes, the Vision Statement can be edited at any point in time after the ISP Year Selection is made through 150 days after the ISP meeting. The Vision Statement must be shared with Providers again after editing.

Q: What happens if the Vision Statement is revised during the individual's ISP meeting?
A: The Vision Statement to be edited up to 150 days after the individual's ISP meeting so that any changes that occur during the meeting can be captured in a revised Vision Statement in the module.

Goals

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Q: Does the Vision Statement need to be inputted in order to enter goals?
A: No, goals can be created within the module at any point in time after the ISP Year Selection is made through 150 days after the ISP meeting.

Q: What is the "Goal Title"?
A: The Goal Title is a brief phrase that indicates the area of interest (Example – Increase Independence, Employment, etc.) The title will be used throughout the module to reference the specific goal for an individual. For guidance regarding the content of the goal title, please refer to the InfoTip available on the Goals page of the module.

Q: What is the "Update Year Status"?
A: The "Update Year Status" is used to mark goals and objectives in an update year ISP. The status is for informational purposes only and does not relate to the progress summary. The status should reflect an individual's progression towards the goal or objective at hand. For example, if a goal or objective is partially met but the individual is still working towards the goal or objective, please update to "current." The "Update Year Status" will appear next to the title of the goal and objective in the ISP Document.

Q: Who can edit a goal within the module?
A: In a Full year, recalled goals or newly added goals can be edited. Goals recalled for an Update Year cannot be edited; only the updated information for them can be changed. Providers can edit goals that their Provider Agency has created. Service Coordinators can edit goals inputted by any user. If a Service Coordinator edits a goal that he or she has not created, they must note who approved the edit and when the approval was given. Furthermore, the module will display who last updated the goal.

Q: Can a user delete Goals?
A: If the Goal is recalled from a previous plan, it can be deleted on a Full Year and cannot be deleted on an Update Year. In an update year, users should select an update year status of "met" or discontinued" for goals that no longer apply. If it is a newly created Goal, it can be deleted on both a Full and an Update year.

Q: Can a goal be deleted if it has Objectives and Support Strategies associated with it?
A: On a full year ISP, a goal can be deleted when all the Objectives and Support Strategies associated with the goal are deleted. Recalled goals on an Update Year cannot be deleted, however newly added goals on an update year can deleted when all the Objectives and Support Strategies associated with the goal are deleted.

Objectives and Support Strategies

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Q: How are acceptance criteria for Objectives and Support Strategies defined?
A: They are defined per DDS policy. Please see the SMARTER Objectives guide on the ISP Reference page for more detailed information. The InfoTips functionality provides abbreviated directions and guidance from the ISP manual. For Service Coordinators, InfoTips can be found on the following pages: Vision, Goals, Objectives and Support Strategies, Current Supports, Safety and Risk, Legal/Benefit/Financial Status, and Successes and Challenges. For Providers, InfoTips can be found on the following pages: Vision, Goals, Objectives and Support Strategies.

Q: Who creates Objectives and Support Strategies?
A: Provider staff will create Objectives and Support Strategies. Area Office staff may request revisions to these, if needed.

Q: Can a user delete Objectives and Support Strategies?
A: On a Full year ISP, Objectives and Support Strategies can be deleted. On an Update year plan, recalled Objectives and Support Strategies cannot be deleted, however newly added Objectives and Support Strategies can be deleted. In an update year, users should select an update year status of "Met" or "Discontinued" for Objectives and Support Strategies that no longer apply.

Q: Can a Provider Supervisor edit Objectives and Support Strategies prior to submitting to DDS?
A: Yes, as long as it is a Full Year ISP or a new Objective created on an Update Year. A recalled Objective cannot be edited on an Update Year, but the Provider Supervisor can add updated information for the Objective.

Q: When can Objectives and Support Strategies be created?
A: Providers and Provider Supervisors can begin working on Objectives and Supports Strategies when the DDS has made the plan type selection and at least one goal has been saved in the system, which can occur up to 90 days prior to the planned ISP meeting date depending on when the ISP Year Selection was made.

Q: Can Objectives and Supports Strategies be edited after they have been approved?
A: Not until the Service Coordinator requests revisions. Service Coordinators can request revision up to 150 days after the ISP meeting has occurred.

Q: Why does the Objectives and Supports Strategies document history display Batch process as name of the user?
A: Document history shows the name of the user who updates the document. For objectives and support strategies that were approved prior to the meeting and were automatically unlocked by HCSIS prior to September 22, 2014, this will read as updated by 'Batch Process' to indicate that the system has made the update. This will only affect plans of individuals whose ISP Meeting has been held prior to September 22, 2014.

Assessments Back to top

Q: Can assessments be started prior to 30 days before the ISP Planned Meeting Date?
A: Assessments can be started prior to 30 days before the planned meeting date if a Vision Statement has been shared with Providers and if a subsequent request for assessments has been sent.

Q: Can assessments be completed in the module if they have not been requested? How will additional assessments be completed?
A: No, assessments must be requested by the SC if they are to be completed in the module. If a Provider feels that an assessment should be requested that hasn't been, they should contact the Service Coordinator and an offline conversation about this should occur. Please note that the only assessments that can be requested by Service Coordinators in HCSIS are the Safety, Financial, and Health & Dental Assessments.

Additional Assessments have been removed from the system and must be completed outside of HCSIS. Service Coordinators should use the comments box to request additional assessments, and in doing so there will be a written record within the system. Please remember to click "Save" prior to clicking "Send Electronic Notification" in order to for Providers to view information entered into the comments box. However, you can also continue to request additional assessments through offline communication.

Some of these additional Assessments will be standardized for a future release and re-introduced into HCSIS.

Q: How are additional plans and forms submitted?
A: Any supporting documents must be faxed, mailed or sent via encrypted email to the Service Coordinator. The module does not allow for uploading materials.

Q: I am a provider of day habilitation services. Do I need to use the ISP module in HCSIS?
A: Day Hab providers will not use HCSIS for ISP Assessments submission unless the individual is also receiving supplemental services (Activity Code 3285) for an individual. The same holds true for Adult Foster Care (AFC). The AFC provider does not use HCSIS unless they also receive a supplement to the AFC program (Activity Code 3287) or some other service for the individual in which an AFC supplement is received.

However, Day Hab providers (those not providing a supplement) will receive an alert 30 days prior to the ISP meeting notifying them of the meeting. They do have read-only access to all ISP documentation created by SC's and other providers.

Q: What is the criteria for pulling forward values from past assessments?
A: Providers will have the ability to recall information from assessments completed for the individual's previous plan as long as the following criteria are met:

- The Assessment was previously created by the same Provider Agency
- The Assessment is of the same type (Safety, Financial, etc.)
- The Assessment is for the same service/bundle
- The Assessment was previously approved

Q: Can an assessment be recalled after selecting "No" to the question: "Do you wish to prepopulate this assessment with last year's information?"
A: The option to recall information from a previous plan's assessments will not be available after the Provider selects "No" and saves information. However, if you realize you selected the wrong option prior to clicking "save" on the assessment when you navigate back to the Assessments Review Switchboard the status will remain not started and you will be prompted with the pop-up message with the option to recall information. If the status is in any status other than "not started" the option to recall information will not be available.

Q: What assessments can be deleted in HCSIS?
A: Assessments that are pre-selected and have pre-checked boxes are always required and cannot be deleted. Service Coordinators can delete assessments that they have optionally selected in order to request them as long as these documents have not yet been approved. Service Coordinator Supervisors can delete both approved and unapproved assessments. For more information on which assessments are mandatory for a particular service and which can be selected, please see the Services and Assessments Matrix document posted on the ISP Reference page.

Please note that for bundled services, Providers will complete one assessment for any services within these categories as opposed to completing an assessment for each service within a category
So if an assessment is deleted for a bundled service, the request for assessment specific to the service code category will be deleted.

Q: What if I need to delete an assessment because a service ended prior to the ISP meeting?
A: Assessments which are "Always" required for a specific service cannot be deleted in the system. The "Always" required assessments should only be deleted if the service has ended prior to the ISP Meeting date

- DDS Staff must communicate off-line with Providers the reason for deleting the assessment. Providers will not receive an alert notifying them that the assessment has been deleted.
- Once an assessment has been deleted it cannot be recovered.

If an "Always" required assessment needs to be deleted, the Area director or designee must contact the DDS Help Desk for technical assistance.

Q: Does an assessment have to be approved by Service Coordinators in order for Providers to print it?
A: Providers can print assessments at any time. Until assessments are approved by the Service Coordinator, they will print with a draft watermark. After they have been approved, the assessments will print without a draft watermark.

Q: How can Service Coordinators and Providers track the dates assessments were requested and submitted?
A: There are two ways to track the dates associated with completing assessments and objectives. The first option is to use the Document History functionality. Document History is available for assessments and objectives. Document History will capture all submission, review, revision, and approval dates for both DDS and Providers. The Document History will capture the due date for the content, the relevant statuses, the date those statuses changed and the name of the person who updated the document. The second option is to use the ISP Summary Report to view details relating to requesting and submitting assessments as well as submitting objectives. However, the report only

generates data for individuals whose ISP meeting has already occurred during the date parameters that the user sets for the report, and the report displays information only about pre-meeting activities. Please note in the instant that there are two ISPs for an individual in HCSIS only information for a current ISP with a planned meeting date in MEDITECH will show information in the summary report. If you are interested in post-meeting activities related to a particular document, the Document History functionality should be used.

Q: Which fields are pulled from the Health Care Record into the Health and Dental Assessment?
A: For a list of fields that are pulled from the HCR into the Health and Dental Assessment, please refer to the guide titled "Refresh HCR Data in the Health & Dental Assessment", which is available on the ISP Reference page.

Q: Can the HCR be updated after the assessment has been started?
A: Yes. Once the HCR is updated and finalized, the "Refresh from HCR" link below the assessment status should be clicked to pull latest updated information from HCR into Health and Dental. For detailed steps on how to update HCR information on a Health & Dental assessment, please refer to the guide titled "Refresh HCR Data in the Health & Dental Assessment", which is available on the ISP Reference page.

Q: Why does the Assessments document history display Batch Process as name of the user?
A: Document history shows the name of the user who updates the document. For Assessments that were approved prior to the meeting and were automatically unlocked by HCSIS prior to September 22, 2014, this will read as updated by 'Batch Process' to indicate that the system has made the update. This will only affect plans of individuals whose ISP Meeting has been held prior to September 22, 2014.

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Q: If a new goal is developed at the ISP meeting, how long do you have to input into HCSIS?
A: The individuals' documents will be available for editing until 150 days after the ISP meeting.

Q: What if we need to send out the ISP even though changes are still required to one or more of the assessments? Given that the system will now lock us out, what happens?
A: Approval of individual documents in the system is not approval of the final ISP Document. You may print assessments that have been approved in the system through the View/Print ISP screen. The ISP Document will still require final approval in MEDITECH, though this information is not populated in HCSIS. If documents need to be updated in the system 150 days after the ISP meeting, Area Office Directors and/or Designees can unlock an ISP Plan.

Q: What is the timeline for when revisions should be made in the system?
A: The system will allow users to make revisions up to 150 days after the meeting. However, the expectation is for revisions to be made as soon as possible after the ISP meeting so that the ISP document can be completed by the service coordinator and mailed to the individual/family and providers within 45 days of the ISP meeting. If there are any required actions still outstanding, the responsible party will receive an alert 135 days after the ISP meeting as a reminder that an action is required.

Q: Can you send the electronic request for revision multiple times before the revision is made by the Provider?
A: No. Once the request for revision is sent to the Provider in HCSIS, the assessment or objective sits with the Provider until they act on this request and resubmit the document back to DDS. However, the revisions process can occur as many times as needed prior to Service Coordinator's approval.

Q: Should Service Coordinators re-approve documents after the ISP meeting?
A: Documents that have been approved prior to the ISP meeting will remain in approved status after the meeting unless the SC requests revision. Service Coordinators can request revisions to these Assessments/Objectives before and after the ISP meeting.

Q: Does the Area Office Director/ Designee have to re-lock a manually unlocked ISP?
A: Yes, an ISP manually unlocked past the 150 days after the ISP meeting must be manually re-locked for the next ISP plan to be created in HCSIS. A reminder alert will be sent to the Service Coordinator, Service Coordinator Supervisor and Area Office Director/Area Office Designee 30 days after the plan has been unlocked. For plans that are not relocked HCSIS will not generate a second year plan. If Providers are unable to find the upcoming plan for the individual it is possible the plan was unlocked after 150 days not relocked, and the 2nd year plan was not generated. In this scenario, the provider should contact the Service Coordinator. If needed, a guide named "Unlocking an ISP by Area Office Director" is available for Area Office directors and designees.

Current Supports, Safety/Risk, Legal/Financial, and Successes/Challenges Back to top

Q: Why does the Other ISP Components on the dashboard display status as N/A for plans in HCSIS?
A: While the 45 day regulation for mailing the ISP document to individuals and guardians continues to remain in effect, for ISP Meetings held prior to September 22nd, 2014, the Other ISP Components section will display a due date of 'N/A' and a status of "Not Applicable." This status will appear for those ISPs that have already been held and documents have been completed outside the system. Once Service Coordinators enter information for these sections the status will change to "Started". After completing the section the status will read "Completed", never "Overdue."

For ISP Meetings held after September 22nd, 2014, Other ISP Components section on the Individual Dashboard will show a due date that is 45 days from the ISP meeting date. The status will display as overdue if the sections are not completed by the due date.

For plans already created in the module that have not yet been locked we encourage Service Coordinators to enter these sections into the system in advance of the recall feature.

Q: Which fields are pulled into the Current Supports Clipboard?
A: For a list of fields that are pulled from the Health and Dental Assessment into the Current Supports clipboard, please refer to the guide titled "Clipboard", which is available on the ISP References page.

General and Policy Questions Back to top

Q: As a provider, how can I review the timeliness of submitted ISP documents in order to comply with QE requirements?
A: The ISP Summary Report is a reporting tool for ISP meetings that have already occurred and is used to track compliance with DDS regulations. The summary report records deadlines and due dates relating the request and submission of assessments as well as the submission of objectives. Currently, the ISP Summary only displays the most current plan for the individual. An enhancement is planned for the next release of ISP, for the report to display historical ISP.

Q: How would I complete an ISP modification within the module?
A: ISP modifications are not currently included in the system and should be completed offline. ISP modifications are planned for a future release of the ISP module.

Q: How can I track tasks for upcoming ISP meetings if alerts expire after 15 days?
A: Alerts do expire after 15 days, and should be used only as an initial reminder of a task. Please use the Review Process Management screen to track ongoing tasks both before and after ISP meetings. The Review Process Management quick guide available on the References page can show you how to use this screen.

Q: Is there auto-save functionality in HCSIS?
A: There is currently no auto-save functionality in HCSIS. There is a save confirmation pop up message that is displayed when the user tries to navigate away from a page while having unsaved information. The pop-up will appear only when the user is navigating within an individual's ISP. It is recommended to save your work as you navigate through the screens in the module.

Q: Does the Progress Summary need to be completed outside of HCSIS?
A: Providers who have approved Objectives in HCSIS will receive an alert 150 days after the meeting reminding them that the semi-annual Progress Summaries are due. However, the submission of the Progress Summaries will remain outside of HCSIS. Progress Summaries are planned for inclusion in HCSIS as part of a future release.

Q: Can you have multiple tabs open in HCSIS?
A: HCSIS does not support working from multiple tabs.

Q: What is the difference between clicking "Save" versus "Save & Continue" for the Other ISP Components?
A: Clicking "Save" will save the data you entered for that section and leave the user on the current page in HCSIS. Clicking "Save & Continue" will bring the user onto the next section of the Other ISP Components. This functionality is for DDS staff only.

Q: Do all the screens in HCSIS have spell check?
A: Yes, spell check is located at the bottom left hand corner of each screen. It is advised to regularly use this functionality, as it can assist users in avoiding cumbersome revision requests for simple spelling errors.

Q: When will a draft watermark appear when printing?
A: Unless the Vision has been shared with Providers, it will print with a draft watermark. Unless Objectives and Support Strategies are in "Approved" status, they will print with a draft watermark. Goals cannot be printed by themselves. Goals will be printed together with the Objectives and Support Strategies as a Provider Support Agreement. Until Assessments are in "Approved" status, they will print with a draft watermark. For the four new ISP components, to which only DDS staff have access, Current Supports, Safety and Risk, Legal/Benefit/Financial status, and Successes and Challenges unless the answer to "Have you finished working on this section?" is "Yes", the section will print with a draft watermark.

Q: Will the Full ISP Document print with a draft watermark?
A: The full ISP Document will always print with a draft watermark in MS word. The full ISP Document will never print with a draft watermark in PDF. This functionality is for DDS staff only.

Q: Is the "Date of the Next Annual Review" on the ISP document editable?
A: This field cannot be editable as the ISP document without a draft watermark is generated in PDF. However, it has been renamed to read "Next ISP due no later than" to more accurately reflect this year's meeting +365 days.

Q: How will information be displayed in a 3rd year plan?
A: The update information boxes will only appear on the update year ISP. In a scenario, that the individual has had a full year ISP and an update year ISP, when the next full year ISP is created, the information from previous full year and update year is combined and displayed in the full year text boxes. The information recalled from past plans will not be truncated and could exceed the allowable character limit in a Full Year ISP. Since the character limit remains the same Service Coordinators and Providers should enter revised information to reflect changes for the Full Year ISP or delete any information that is no longer relevant from past plans.

Policy Questions

Q: For individuals age 18-21 what are the services that the individual may be receiving that would trigger an ISP?
A: The services are the same services that would trigger an adult ISP. However, these individuals are not eligible for waiver enrollment until age 22.

Q: For individuals age 18-21 how should Area Office Staff versus Children's Coordinators handle ISPs for these groups? Are Children's Coordinators involved in the process given they are not trained in the ISP process?
A: In some Area Offices, the Children's Service Coordinator also carries and adult caseload. Likewise, transition SCs sometimes have children and or/adults on their caseloads. It is the choice of each office to determine work assignments consistent with the Area's needs. However, if 18-21 year olds are receiving day residential services, an ISP needs to be completed consistent with DDS regulations.