APPENDIX F: QUICK GUIDE FOR INDIVIDUALS AND FAMILIES

DEPARTMENT OF MENTAL RETARDATION

QUICK GUIDE FOR FAMILIES
INDIVIDUAL SUPPORT PLANNING PROCESS

The Individual Support Plan (ISP) helps the DMR team work with your relative to plan his or her life. This ***Quick Guide*** talks about the important parts of life planning for your loved one. We hope that it will help you, your relative, and the other Team members to decide on what supports will meet his or her needs. The process will give you a chance to talk about what outcomes would improve the quality of life of your relative.

What is the Department's Individual Support Planning process based on?

The ISP process is based on:
1. The Department's Mission and Guiding Principles
2. The most current ways that services are provide to people with mental retardation
3. The 1992 definition of mental retardation of the American Association on Mental Retardation that focuses on the person's strengths and the supports in the environment
4. New ways of thinking about service delivery that look at the whole range of supports, including family, friends, non-paid people, services that everyone uses and specialized services from which people with mental retardation choose
5. The six Quality of Life Areas which are important in all parts of DMR service delivery and which reflect those outcomes that bring meaning to all people's lives

What are the six Quality of Life Areas?

1. ***Rights and Dignity.*** A review of the individual's rights and the supports that make sure he or she is treated with respect and dignity.
2. ***Individual Control.*** An individual's ability to direct his/her own life and make his or her own decisions.
3. ***Community Membership.*** An individual's use of community resources. His/her active role in community life and sense of belonging to that community.
4. ***Relationships.*** All relationships that make an individual's life better.
5. ***Personal Goals and Accomplishments.*** The development and pursuit of goals. The chance to learn from adult life situations and to experience success.
6. ***Personal Well Being (Health, Safety and Economic Security).*** All aspects of the individual's health. Safety, security and cleanliness in the individual's home, workplace and in the community. The sources and the use of the individual's funds.

What is the planning cycle for ISP development?

The regulations establish a two year planning cycle. People have the option of developing a new plan each year if desired. Whether or not an ISP is being developed, an annual review is

required. The annual review must take place during a meeting. The meeting must include a complete review of the ISP's implementation to date as well as any needed modifications.

How will individuals, their family members and guardians be involved with the preparation for the ISP meeting?

The Service Coordinator will contact the individual, family and guardian, if any, about two months before the ISP meeting. At this time the Service Coordinator discusses with the individual and those closest to him/her the individual's current circumstances and the individual's wishes and goals. The individual, with the Service Coordinator's help, will decide what issues will be covered during the ISP meeting. The individual also decides what areas will not be talked about. The individual and the Service Coordinator will decide who should be invited to the ISP meeting. They will also decide on the meeting's format, date and location, and any accommodations that will be needed. Talking before the meeting is a chance for the individual, family and guardian to talk about what other assessments they should get to describe the person's strengths and limitations. The Team should use the assessment results to help the person live with greater independence and social competence in less restrictive environments.

What is the purpose of assessments?

Assessments help develop a body of information about an individual's desires and goals. They should describe his/her skills and needs for learning and skill development. Assessments should also describe the experiences that will help the person achieve his or her goals. Assessments also identify the environmental and human supports that will assist the individual to achieve positive outcomes in the areas of rights and dignity, individual control, community membership, relationships, personal growth & accomplishment and personal well-being. Assessments should consider the individual's life history, experiences and social relationships and should focus on ability and interests rather than deficits.

What are the mandated assessments within the ISP process?

The following assessments should be conducted and updated annually:

- ***The ability to make informed decisions about financial and personal affairs:*** reviewed for all individuals with an ISP.
- ***Financial status and eligibility for services or benefits from other entities:*** reviewed for all individuals with an ISP.
- ***Safety:*** developed for individuals in DMR-funded or operated homes and/or workplaces, except for supported employment sites.
- ***Health and dental:*** assessed for individuals in DMR-funded or operated homes.
- ***Funds management:*** assessed for individuals living in developmental centers.

What are "optional" assessments and consultations?

The Service Coordinator, through discussion with the individual and other Team members, may decide that additional assessments and professional consultations would help the Team to identify the person's strengths and limitations. This information is used to develop ways help the person live with greater independence and social competence in less restrictive settings. The assessment results also give information about how to help the person achieve his or her specific outcomes. Such assessments may include, but are not be limited to, an assessment of the individual's daily living skills, social and communication skills, psychological status, social network, ability to do a particular job, knowledge of health and human sexuality and whether the individual would benefit from assistive technology.

Can the individual and/or his family or guardian meet with the person who prepares the assessment?

Yes. The Service Coordinator will tell the person doing the assessment that the process includes a follow-up consultation with the individual or his/her family or guardian if s/he should request more information about the results of in the assessment.

Who will get an ISP?

A. All individuals with special eligibility will be offered an ISP.
B. All individuals receiving individual or residential supports provided or purchased by the Department and who do not reside with their family. This does not include individuals who have an Individual Transition Plan for the 12 months following his or her 22nd birthday.
C. All individuals who receive day or employment supports provided or purchased by DMR.
D. All individuals receiving day habilitation services and referred for such services by DMR.
E. At the request of the individual or his or her family, guardian or designated representative, individuals receiving other supports provided, purchased or arranged by the Department and not listed above.

With the agreement of the individual or his or her guardian, any individual who the Area Director determines would benefit from an ISP.

What are the different components of the ISP meeting?

The ISP meeting is divided into five parts:

Vision. In this part of the meeting, the individual, family and other Team members develop a shared vision for the person's future. This vision should focus on increasing the opportunities for the individual to participate fully in community life. This part of the ISP meeting should build on the pre-meeting discussions. Goals are developed in each of the Quality of Life Areas. Later in the meeting, the Team will determine those Areas that will be the focus of the ISP.

Current Services and Supports. In this section the Team reviews information about the individual's current circumstances gathered at the pre-meeting. The individual should be encouraged to comment on the information, satisfaction with supports and add anything that has not already been shared. The Team should list both the paid and unpaid supports which are part of the individual's life. Current services and supports are reviewed nine domains including

Residential, Work/Day, Health, Adaptive Equipment/ Assistive Technology, Clinical, Community, Relationships, Transportation and legal.

Significant Events & Recommended Changes This section will serve as an extension of the Current Supports and serve to clarify specific information to ensure discussion at the ISP meeting. It will provide space to comment on discussions and strengthen the document as a central location of information. The areas do not need a re-statement of information that is in the assessments, but do need to indicate special information that would be useful to the team (summaries of discussions which are supported by assessments can be noted).

The Support Agreement. The Support Agreement describes what we expect to be accomplished for the time period under discussion.
Goals. The first step in developing the Support Agreement is to determine the individual's desired goals. Participants identify a variety of goals toward the desired outcome within any of the selected six Quality of Life Areas. These goals are further developed into objective and are described measurable terms.
Strategies. The Service Coordinator will then help the Team list the possible strategies and resources that are least restrictive to help the individual meet the desired goal. The Team considers formal, informal, generic, specialized and natural supports.

What are Provider Support Strategies?

Provider Support Strategies are the ways that services and supports are going to be delivered by the provider agency(ies). The provider agency(ies) and the individual being served/family/ guardian negotiate these strategies in a discussion shortly after the ISP meeting. Once agreement is reached, the provider(s) will send the information to the Service Coordinator for review and approval of the final ISP by the Area Director. The Provider Support Strategies will be mailed to the parties with the ISP document. They are part of the official ISP document.

What is the role of the family in the ISP process?

The family plays an important and ongoing role in the life of a person with mental retardation. The Department honors this relationship and wants to promote strong familial ties. Family and guardian involvement is presumed at each stage of the ISP process. Nevertheless, if individuals do not want their families involved, the Department will respect that request.

How will the Service Coordinator keep the Team aware of the status of ISP implementation?

The Service Coordinator is responsible for completing a semi-annual report that discusses: the individual's *satisfaction* with the ISP; the *effectiveness* of the supports and the quality of the interventions being provided; any *need for modification;* and any *issues* that have arisen during the six month period. The Service Coordinator will send this report to all of the ISP participants and file a copy in the individual's record. A meeting is not required unless requested by the individual, family or guardian.

How does one modify an ISP?

Requirements. An ISP Modification is required whenever any of the following changes are proposed to be made prior to the individual's next periodic review:

- Any change in the *goals* for an individual in the areas of:
  Rights and Dignity;
  Individual Control;
  Community Membership;
  Relationships;
  Personal Growth and Accomplishments; and
  Personal Well-Being (Health, Safety, and Economic Security);
- Any change in the *types of supports or services* that will be used to help the individual to attain his or her outcomes or in the *duration and frequency* of such supports (the strategies, supports, services and resources utilized must be the least restrictive available);
- A change in the *strategies that will be used to meet unmet support needs*;
- A change in the *priority* for services or supports assigned to the individual 's needs where such a change will affect the services or supports provided and available to the individual;
- Initiation of a behavior modification plan or modification of any part of a behavior modification plan involving the use of an *aversive or intrusive techniques*; and
- A change in the *location of an individual's home*, from a home or Developmental Center operated by the Department or a provider certified by the Department to another such home.

Any proposed changes not listed above do not require that the Team follow the ISP modification procedure established in the Department's regulations. However, a meeting of the Team may be appropriate, even if not required.

Procedure. Any of the following people may contact the Service Coordinator when a change in one of the above listed areas has or will occur and explain the nature of the change and the reason for the request for modification:

- the individual;
- the individual's guardian, if any;
- family members of the individual who are not guardians, if the individual does not object to their request; or
- a current provider of services or supports to the individual.

Within 30 days of a request for a modification, the Service Coordinator must call a meeting to decide whether a requested modification should be made. The Service Coordinator will provide at least 10 days notice to the following persons, who must be invited to attend the modification meeting:

- the individual;
- the individual's guardian, if any;
- family members of the individual who are not guardians, if the individual does not object to their presence; and
- representatives of providers of services or supports to the individual. (Note: all providers of supports to the individual should be notified but the Service Coordinator

may waive participation by providers who do not have a vested interest in the issue which is the subject of the requested modification).

Modifications of the ISP for an individual who resides in a Developmental Center must be made **as soon as possible** under the Title XIX regulations.

Requirements To Waive the Meeting. Under certain circumstances, the modification meeting may not be held. At the Service Coordinator's discretion, the modification meeting and any timeline related to such meeting may be waived with the documented approval of:

- the individual, if not under guardianship and capable in fact of understanding the consequences of the waiver;
- the individual's family, if the individual is not capable in fact, is not under guardianship, and does not object; or
- the individual's guardian, if any, if the individual does not object.

Within ten days after either the modification meeting or waiver of such meeting, the Service Coordinator must notify those required to be invited to the modification meeting of both the decision on the requested modification and of their right to appeal the modification to the extent provided by the applicable regulations.

What is the right to an appeal an ISP?

Subject Matter of an Appeal. These nine issues may be appealed under sections 6.26 - 6.31 of the Department's regulations:

1. Whether the Department's decision about the individual's *eligibility* for supports is consistent with its regulations;
2. Whether the Department's assignment of *priority* of need is consistent with its regulations;
3. Whether the *assessments* performed or arranged by the Department or the provider are sufficient for the development and review of the ISP;
4. Whether the *goals* identified in the ISP are consistent with the Department's regulations;
5. Whether the types of *supports* identified in the ISP are the least restrictive and appropriate available supports to meet the outcomes stated in the ISP;
6. Whether the use of *behavior modification* procedures, medication, and limitations of movement is consistent with the requirements of the Department's regulations (Note: this includes Level I behavior modification plans);
7. Whether the recommendation of the ISP team with regard to the individual's *competency* to make personal and financial decisions is consistent with the available evidence; whether the type of decision-making support recommended is consistent with the standards set forth in the Department's regulations;
8. Whether the ISP was *developed, reviewed, or modified* in accordance with the procedures set forth in the Department's regulations; and
9. Whether ISP is being *implemented*.

Initiation of Appeal. **An appeal must be filed within 30 days after receipt of the ISP, ISP-related or eligibility decision regarding the issue being appealed**, except that appeals

regarding implementation may be initiated at any time. Any of the following people can make an appeal by *writing* to the Regional Director for the Region in which the individual lives:

- the individual or applicant for services and supports and his/her designated representative; the individual's or applicant's guardian, if any; or
- family, but only if there is no guardian and the individual or applicant does not knowingly object.

The individual who is the subject of the appeal shall be a party, whether or not s/he initiated the appeal.

Process.

INFORMAL CONFERENCE: The Appeals process begins with an informal conference. It is held by the Regional Director, or designee, or an ombudsperson if requested by the person who initiated the appeal. The designated official shall hold the informal conference within 30 days of notification of the appeal. He or she shall notify the parties listed in section 6.33(1) of the date of the informal conference. The purposes of the conference are to: reach agreement on as many issues as possible; clarify areas of disagreement for further appeal; and determine the parties' agreement, if any, to the facts of the matter. If a subsequent fair hearing or court proceeding is held, only those statements of the parties that in an agreed statement of facts shall be admissible.

FAIR HEARING: If the issues appealed are not resolved at the informal conference, the appealing party may petition the Commissioner for a fair hearing within 30 days of the conclusion of the informal conference. The Department must hold a fair hearing within 60 days of the filing of the appeal. The standard of proof on all issues in a fair hearing shall be a preponderance of the evidence. This means that the fair hearing decision is based on which party has more likely than not proved his/her case; it does not mean beyond a reasonable doubt. In general, the burden of proof is on the appealing party. However, when the restrictiveness of a support or service is at issue, the burden is on the party advocating the more restrictive alternative.

IMPLEMENTATION OF ISP PENDING APPEAL: In the event of an appeal, those portions of the ISP that are being appealed will not be implemented until after the informal conference. The portions of the ISP that are being appealed may be implemented if the parties agree to prior implementation. They also may be implemented if implementation is necessary to respond to a serious threat to the health or safety of the individual or others. If the appeal is not resolved at the informal conference, the ISP will be implemented pending resolution of the appeal, unless the parties agree otherwise.

JUDICIAL REVIEW: Any person who is not satisfied with the final decision of the Department in an appeal proceeding shall be entitled to a judicial review of the decision in accordance with M.G.L. c. 30A, section 14.

The entire Individual Support Planning Process is designed to assist individuals and those persons closest to them to help the individual to develop a vision and to attain outcomes in critical quality of life areas while promoting maximum control, choice and self-determination of the individual with disabilities. Families are an important part of this process and we encourage your participation.