

-ISP QA REVIEW-

QUALITY FRAMEWORK
for
CONTINUOUS QUALITY IMPROVEMENT

The Focus of the ISP QA Checklist is to look at how the team created the ISP. By including all participants in the evaluation, the evaluator does not need to determine “who was responsible for what.” Since State, Federal, & Accreditation Audits do not separate out if only *one* party completed *their* portion of the team responsibility, it is believed that evaluating the ISP from this same perspective will only strengthen the final result for all involved.

Focus:

Support Coordination / Regional PLA
Providers
I&E
Families

Quality Management Functions:

Design
Discovery
Remediation
Improvement

CONTINUOUS QUALITY IMPROVEMENT PROCESS:

QAing the ISP using the ISP QA Checklist is the DISCOVERY phase of the Quality Management Function. It uncovers *what's working* and *what's not working*. It in turn permits the evaluator to objectively examine the current system process (aka- the current system DESIGN).

This discovery of *what's working* and *what's not working* leads to REMEDIATION. Recommendations, plans of correction, and tracking follow-ups are completed during this function.

IMPROVEMENT is made via implementing the recommendations, plans of correction, and ensuring that any follow-up has occurred on any issue that needs immediate resolution.

Through the improvement process, new *in-house* DESIGN strategies are hypothesized for team members. These new Design Strategies are implemented into the system, creating an overall improved system design, thus permitting better quality ISPs to be created.

THE RESULTS FOR EACH FOCUS GROUP:

Support Coordination / Regional PLA: Completes their own 5% Audit and Regional Office HQMs complete a regional 5% Audit. Using a combination of these results, this group uses results to improve training and understanding of their employees. This helps to bring a stronger team player to the table to affect the overall quality of the ISP.

Providers: Providers have access to the ISP Checklists in CIS to receive feedback. For any issues in ISPs that need to be resolved immediately, providers are contacted by I&E and/or SC Agency. Providers use the ISP Checklists, outside audits, and training to become stronger team players, which affects the overall quality of the ISP.

I&E: Intake & Evaluation Managers receive a copy of the HQM results and use results to improve I & E timeliness and quality measures. As well Regions directly oversee support coordination services within their regions.

Families: While families do not receive formal feedback from the QA Checklist, they are directly influenced by all those other team members who are working hard to ensure the health & safety and person-centeredness of services. As the team becomes a strong cohesive unit, families become more engaged in the overall quality of the ISP.

HOW TO SCORE THE QA CHECKLIST -SCORING CRITERIA-

Individual's Name: CIS will pull in the individual's name.
DOB: CIS will pull in the date of birth.
Waiver: MRWP/CHSS/GIA
Services Received: This information will be pulled by CIS. Any inaccurate information will also be displayed here. <i>You will need to look at the POC/PA to verify that these services are correct.</i>
Date of ISP: CIS will pull in the ISP Meeting Date.
ISP Start Date: CIS will pull in the ISP Start Date.
Number of Days Meeting was held before Start Date: CIS will calculate the number of days the meeting was held before the start date.
Date ISP Approved: CIS will pull in the date the OA signed the ISP.
ISP Writer: <i>Select the SC/SSC that completed the ISP.</i>
Region: CIS will pull in the Region number.

Things to think about from the above & make any necessary notes about:

- *Is the ISP lined up to the birthday? If not, how can it be resolved?*
- *Is the ISP good for 365 days or less?*
- *Was the meeting held 40-50 days before the start date? If not, why?*
- *Was the ISP submitted to RO within 14 days of meeting? If not, why?*
- *Was the ISP approved on time? If not, where was the ISP "hung up" and why?*
- ***If person is new to services, does start date reflect this?***

DMA-6 Authorization period: Enter the start and end date that the DMA-6 Covers. (These will be the dates written above Box 37 on the DMA-6.)
DMA-6 signed by LOC: Enter the date signed by the RO RN. (This will be the date to the right of Box 37 on the DMA-6.)

Things to think about & keep in mind from the above:

- *If physician signature was dated before 4/1/08: Was the DMA-6 signed by a community or regional physician?*
*If physician signature was dated on 4/1/08 or **after and the person receives MRWP services:** Was the DMA-6 signed by a community/regional physician, Nurse Practitioner, or Physician Assistant?*
- *Was (Were) the medication(s) listed by the community physician, SC/SSC, or regional RN/physician?*
- *If there is a "Received Date" from the regional office on the DMA-6, was it received by the birthday?*
- *Is the doctor's signature within 30 days of start date?*
- *Is the DMA-6 lined up to the birthday? If not, why?*
- *DMA-6s cannot be good for more than a calendar year. Check to ensure that this is the case.*

Does the provider information on the demographic page of the web-based system match the provider information on the POC? Check Individual Information page in CIS against POC/PA. Indicate “Yes” or “No” to indicate if Individual Information page is accurate.

Is the Personalized Budget present and does it match the PA? (For Self Directed or NSE only.)
If the individual is not Self-Directed or NSE, select “N/A.” If the individual is Self-Directed or receives NSE, check for a completed projected budget for the upcoming year in CIS. Select “Yes” or “No” to indicate that it is present and for the correct year in CIS.

Is Monitoring Report QA Reviewed attached? If you completed a checklist on a Monitoring Report associated with this individual, select “Yes.” If not, select “No.”

Things to think about & keep in mind from the above:

- *Is the Personalized Budget Accurate? Does it match the PA? Does it match the ISP?*

This ISP Supports: Select the life that the ISP describes based on G2G / Person-Centered Organizations definitions.

Relationship Map & discussion on ways to develop relationships

<p>0</p> <input type="checkbox"/>	<ul style="list-style-type: none"> ○ Relationship Map & how to build non-paid relationships is blank or has very limited information
<p>1 (25%)</p> <input type="checkbox"/>	<p>Addresses 1 of 4 bullets</p> <ul style="list-style-type: none"> ○ Contains names of people not just relationships (ex: cousin, sister, aunt, job coach, friend, etc.) or organizations (ex: First Holy Church, Happy Hands, etc.) and in what capacity they know person ○ Relationship map includes paid supports ○ Relationship map includes unpaid supports ○ Has documentation on how to build non-paid support in “How will I be supported to develop relationships?” UNLESS the ISP indicates/document that the individual does not want to build more non-paid supports.
<p>2 (50%)</p> <input type="checkbox"/>	<p>Addresses 2 of 4 bullets:</p> <ul style="list-style-type: none"> ○ Contains names of people not just relationships (ex: cousin, sister, aunt, job coach, friend, etc.) or organizations (ex: First Holy Church, Happy Hands, etc.) and in what capacity ○ Relationship map includes paid supports ○ Relationship map includes unpaid supports ○ Has documentation on how to build non-paid support in “How will I be supported to develop relationships?” UNLESS the ISP indicates/document that the individual does not want to build more non-paid supports.
<p>3 (75%)</p> <input type="checkbox"/>	<p>Addresses 3 of 4 bullets:</p> <ul style="list-style-type: none"> ○ Contains names of people not just relationships (ex: cousin, sister, aunt, job coach, friend, etc.) or organizations (ex: First Holy Church, Happy Hands, etc.) and in what capacity ○ Relationship map includes paid supports ○ Relationship map includes unpaid supports ○ Has documentation on how to build non-paid support in “How will I be supported to develop relationships?” UNLESS the ISP indicates/document that the individual does not want to build more non-paid supports.
<p>4 (100%)</p> <input type="checkbox"/>	<p>Addresses 4 of 4 bullets:</p> <ul style="list-style-type: none"> ○ Contains names of people not just relationships (ex: cousin, sister, aunt, job coach, friend, etc.) or organizations (ex: First Holy Church, Happy Hands, etc.) and in what capacity ○ Relationship map includes paid supports ○ Relationship map includes unpaid supports ○ Has documentation on how to build non-paid support in “How will I be supported to develop relationships?” UNLESS the ISP indicates/document that the individual does not want to build more non-paid supports.

Person-centered Important To /For

Score Item:

0 <input type="checkbox"/>	<ul style="list-style-type: none"> ○ Section is blank or does not adequately address bullets listed below
1 (25%) <input type="checkbox"/>	<p>ADDRESSES 1 OF 4 BULLETS</p> <ul style="list-style-type: none"> ○ Reflects person’s interests, capacities, achievements, and visions, and what he/she says is important to have a well lived life ○ Ways to further develop capacities are identified, such as associations, networks that share similar interests ○ Important for includes health and safety risks ○ Important for includes what others see as important for the person to be a valued member of their community
2 (50%) <input type="checkbox"/>	<p>ADDRESSES 2 OF 4 BULLETS</p> <ul style="list-style-type: none"> ○ Reflects person’s interests, capacities, achievements, and visions, and what he/she says is important to have a well lived life ○ Ways to further develop capacities are identified, such as associations, networks that share similar interests ○ Important for includes health and safety risks ○ Important for includes what others see as important for the person to be a valued member of their community
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4 (100%) <input type="checkbox"/>	<p>ADDRESSES 4 OF 4 BULLETS</p> <ul style="list-style-type: none"> ○ Reflects person’s interests, capacities, achievements, and visions, and what he/she says is important to have a well lived life ○ Ways to further develop capacities are identified, such as associations, networks that share similar interests ○ Important for includes health and safety risks ○ Important for includes what others see as important for the person to be a valued member of their community

Communication Chart

<p>0</p> <input type="checkbox"/>	<ul style="list-style-type: none"> ○ Section is blank or says person is verbal
<p>1</p> <p>(25%)</p> <input type="checkbox"/>	<p>Addresses 1 of 4 bullets:</p> <ul style="list-style-type: none"> ○ Reflects how a person communicates to include what is happening in the environment ○ What person does, refers to behavior, what others notice, what can be seen and heard by others ○ Communication chart includes what we think it means, in terms of feelings and emotions of person, what is going on, both positive and negative interactions, verbal and non-verbal ○ Communication chart includes what others should or should not do in response to words/action
<p>2</p> <p>(50%)</p> <input type="checkbox"/>	<p>Addresses 2 of 4 bullets:</p> <ul style="list-style-type: none"> ○ Reflects how a person communicates to include what is happening in the environment ○ What person does, refers to behavior, what others notice, what can be seen and heard by others, both positive and negative interactions, verbal and non-verbal ○ Communication chart includes what we think it means, in terms of feelings and emotions of person, what is going on ○ Communication chart includes what others should or should not do in response to words/action
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Service Summary

<p>0</p> <input type="checkbox"/>	<ul style="list-style-type: none"> ○ Section is blank or does not adequately address bullets listed below
<p>1</p> <p>(25%)</p> <input type="checkbox"/>	<p>Addresses 1 of 4 bullets</p> <ul style="list-style-type: none"> ○ Provides overview of all services received over past year, including staffing requirements and daily support needs, paid and unpaid services, and overview on any services not utilized and why. ○ Provides overview on changes in needs/ health and or services this year, what has worked and not worked ○ Provides a brief discussion around current action plans and progress made in meeting goals ○ Describes barriers and opportunities to achieving hopes and dreams as described in my hope from last year. (If there is no last year due to new service there might be an occasion where this is not applicable)
<p>2</p> <p>(50%)</p> <input type="checkbox"/>	<p>Addresses 2 of 4 bullets</p> <ul style="list-style-type: none"> ○ Provides overview of all services received over past year, including staffing requirements and daily support needs, paid and unpaid services, and overview on any services not utilized and why. ○ Provides overview on changes in needs/ health and or services this year, what has worked and not worked ○ Provides a brief discussion around current action plans and progress made in meeting goals ○ Describes barriers and opportunities to achieving hopes and dreams as described in my hope from last year. (If there is no last year due to new service there might be an occasion where this is not applicable)
<p>3</p> <p>(75%)</p> <input type="checkbox"/>	<p>Addresses 3 of 4 bullets</p> <ul style="list-style-type: none"> ○ Provides overview of all services received over past year, including staffing requirements and daily support needs, paid and unpaid services, and overview on any services not utilized and why. ○ Provides overview on changes in needs/ health and or services this year, what has worked and not worked ○ Provides a brief discussion around current action plans and progress made in meeting goals ○ Describes barriers and opportunities to achieving hopes and dreams as described in my hope from last year. (If there is no last year due to new service there might be an occasion where this is not applicable)
<p>4</p> <p>(100%)</p> <input type="checkbox"/>	<p>Addresses 4 of 4 bullets</p> <ul style="list-style-type: none"> ○ Provides overview of all services received over past year, including staffing requirements and daily support needs, paid and unpaid services, and overview on any services not utilized and why. ○ Provides overview on changes in needs/ health and or services this year, what has worked and not worked ○ Provides a brief discussion around current action plans and progress made in meeting goals ○ Describes barriers and opportunities to achieving hopes and dreams as described in my hope from last year. (If there is no last year due to new service there might be an occasion where this is not applicable)

Rights Restriction / Psychotropic Medications/Behavior Support Sections

<p align="center">0 <input type="checkbox"/></p>	<p>○ All sections are blank or states “n/a” or “none,” but information indicates otherwise.</p>
<p align="center">1 (25%) <input type="checkbox"/></p>	<p>Addresses 1 of 4 bullets:</p> <ul style="list-style-type: none"> ○ If indicated, describes any team concerns regarding rights restrictions ○ If indicated, describes how the person is benefiting from the use of the psychotropic medication and any challenges or concerns related to its use ○ If required, all informed consents are completed and if not required the reason is documented ○ If indicated, a description of any team concerns around implementation of or need for a positive behavior support plan, crisis plan or safety plan is provided.
<p align="center">2 (50%) <input type="checkbox"/></p>	<p>Addresses 2 of 4 bullets:</p> <ul style="list-style-type: none"> ○ If indicated, describes any team concerns regarding rights restrictions ○ If indicated, describes how the person is benefiting from the use of the psychotropic medication and any challenges or concerns related to its use ○ If required, all informed consents are completed and if not required the reason is documented ○ If indicated, a description of any team concerns around implementation of or need for a positive behavior support plan, crisis plan or safety plan is provided.
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<p align="center">4 (100%) <input type="checkbox"/></p>	<p>Addresses 4 of 4 bullets:</p> <ul style="list-style-type: none"> ○ If indicated, describes any team concerns regarding rights restrictions ○ If indicated, describes how the person is benefiting from the use of the psychotropic medication and any challenges or concerns related to its use ○ If required, all informed consents are completed and if not required the reason is documented . ○ If indicated, a description of any team concerns around implementation of or need for a positive behavior support plan, crisis plan or safety plan is provided.

If none of these are applicable, based on assessments and other information within the ISP, the score should be a 4 because the information supports that score—it’s not left out just not applicable to that person

Meeting Minutes

0 <input type="checkbox"/>	<ul style="list-style-type: none"> ○ Section is blank.
1 (25%) <input type="checkbox"/>	<p>ADDRESSES 1 OF 4 BULLETS:</p> <ul style="list-style-type: none"> ○ Section describes team discussion regarding available community resources to support person, needed safeguards, and specific information regarding supports and needs, which may include transportation. ○ Describes connection with why decisions were made in regard to the development of the ISP action plans in relation to the information in the Personal Profile section of ISP , the SIS, HRST and assessments ○ Description of the discussions during the meeting include: concerns expressed by any team member, why certain goals and objectives might be deferred and how the individual participated in the sharing of the information, should describe all services and supports required in detail, describe all needed safeguards, medical and professional services including all assessments, should describe opportunities for participation in community activities that increase person’s social roles and presence ○ Discussion around new waiver service options is documented (effective after November 1)
2 (50%)	<p>ADDRESSES 2 OF 4 BULLETS</p> <ul style="list-style-type: none"> ○ Section describes team discussion regarding available community resources to support person, needed safeguards, and specific information regarding supports and needs, which may include transportation Describes connection with why decisions were made in regard to the development of the ISP action plans in relation to the information in the Personal Profile section of ISP the SIS, HRST and assessments. Description of the discussions during the meeting include: concerns expressed by any team member, why certain goals and objectives might be deferred and how the individual participated in the sharing of the information, should describe all services and supports required in detail, describe all needed safeguards, medical and professional services including all assessments, should describe opportunities for participation in community activities that increase person’s social roles and presence ○ Discussion around new waiver service options is documented (effective after November 1)
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SIS completed and support needs are addressed in the ISP—SIS Information is noted throughout the entire ISP

<p>0</p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> ○ AGENCY RESPONSIBLE FOR COMPLETING: _____ ○ SIS not completed ○ Scores entered but no discussion
<p>1</p> <p>(25%)</p> <p><input type="checkbox"/></p>	<p>Addresses 1 OF 4 bullets:</p> <ul style="list-style-type: none"> ○ It is noted in the ISP that the team reviewed the SIS and worked together to develop components to address: health and safety review and develop action plans ○ SIS support section identifies which support needs will be deferred and why ○ SIS supports needs section of ISP is completed and addresses all domains ○ SIS supports section identifies which support needs are going to be developed into Action Plans
<p>2</p> <p>(50%)</p> <p><input type="checkbox"/></p>	<p>Addresses 2 OF 4 bullets:</p> <ul style="list-style-type: none"> ○ It is noted in the ISP that t is evident the team reviewed the SIS and worked together to develop components to address: health and safety review and develop action plans ○ SIS support section identifies which support needs will be deferred and why ○ SIS supports needs section of ISP is completed and addresses all domains ○ SIS supports section identifies which support needs are going to be developed into Action Plans
<p>3</p> <p>(75%)</p> <p><input type="checkbox"/></p>	<p>Addresses 3 OF 4 bullets:</p> <ul style="list-style-type: none"> ○ It is noted in the ISP that It is evident the team reviewed the SIS and worked together to develop components to address: health and safety review and develop action plans ○ SIS support section identifies which support needs will be deferred and why ○ SIS supports needs section of ISP is completed and addresses all domains ○ SIS supports section identifies which support needs are going to be developed into Action Plans
<p>4</p> <p>(100%)</p> <p><input type="checkbox"/></p>	<p>Addresses 4 OF 4 bullets:</p> <ul style="list-style-type: none"> ○ It is noted in the ISP that It is evident the team reviewed the SIS and worked together to develop components to address: health and safety review and develop action plans ○ SIS support section identifies which support needs will be deferred and why ○ SIS supports needs section of ISP is completed and addresses all domains ○ SIS supports section identifies which support needs are going to be developed into Action Plans

Goals are Person Centered

Score	Item:
0 <input type="checkbox"/>	<ul style="list-style-type: none"> ○ Less than 3 goals are present ○ Addresses none of bullets listed below
1 (25%) <input type="checkbox"/>	<p>Addresses 1 of 4 bullets:</p> <ul style="list-style-type: none"> ○ New goals address and build on what is important to person ○ New goals address person's dreams and visions for home life and/or day time contributions ○ New goals address person's dreams and vision for friendships and /or community life ○ New goals address the changes the person wants to make in his/her life over the next year
2 (50%) <input type="checkbox"/>	<p>Addresses 2 of 4 bullets:</p> <ul style="list-style-type: none"> ○ New goals address and build on what is important to person ○ New goals address person's dreams and visions for home life and/or day time contributions ○ New goals address person's dreams and vision for friendships and/or community life ○ New goals address the changes the person wants to make in his/her life over the next year
3 (75%) <input type="checkbox"/>	<p>Addresses 3 of 4 bullets:</p> <ul style="list-style-type: none"> ○ New goals address and build on what is important to person ○ New goals address person's dreams and visions for home life and/or day time contributions ○ New goals address person's dreams and vision for friendships and/or community life ○ New goals address the changes the person wants to make in his/her life over the next year
4 (100%) <input type="checkbox"/>	<p>Addresses 4 of 4 bullets:</p> <ul style="list-style-type: none"> ○ New goals address and build on what is important to person ○ New goals address person's dreams and visions for home life and/or day time contributions ○ New goals address person's dreams and vision for friendships and/or community life ○ New goals address the changes the person wants to make in his/her life over the next year

Health and Safety Review Section completed accurately and thoroughly (HRST information be noted throughout ISP)

<p align="center">0 <input type="checkbox"/></p>	<ul style="list-style-type: none"> ○ Any major section left blank that shouldn't be. ○ "No Medical Conditions" box checked when the individual does in fact have applicable medical conditions.
<p align="center">1 (25%) <input type="checkbox"/></p>	<p>Addresses 1 OF 4 bullets:</p> <ul style="list-style-type: none"> ○ The medication sections of health and safety section of ISP are complete. ○ All health information, including serious risks and information obtained from HRST and SIS, is discussed during ISP meeting and documented ○ The team has reviewed HRST recommendations for training that are specific to the individual that will be completed by provider within 30 days of ISP. ○ ISP aligns supports that will help address risks and identifies those supports that interfere with what is important to the person
<p align="center">2 (50%) <input type="checkbox"/></p>	<p>Addresses 2 OF 4 bullets:</p> <ul style="list-style-type: none"> ○ The medication sections of health and safety section of ISP are complete. ○ All health information, including serious risks and information obtained from HRST and SIS, is discussed during ISP meeting and documented ○ The team has reviewed HRST recommendations for training that are specific to the individual that will be completed by provider within 30 days of ISP. ○ ISP aligns supports that will help address risks and identifies those supports that interfere with what is important to the person
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Objectives are written to meet S.M.A.R.T.

<p align="center">0</p> <input type="checkbox"/>	<ul style="list-style-type: none"> ○ None of the objectives meet S.M.A.R.T. (Specific, Measurable, Attainable, Relevant/Realistic, & Time-Bound) ○ Addresses none of bullets listed below ○
<p align="center">1</p> <p>(25%)</p> <input type="checkbox"/>	<p>Addresses 1 of 4 bullet:</p> <ul style="list-style-type: none"> ○ Some of the objectives meet S.M.A.R.T, but not all. ○ Desired outcome discussion is supported by personal profile information/input from individual/team ○ Discussion/rationale includes a description of the need for a specific goal to be developed based on assessments ○ For each objective who's responsible, when (frequency, start/end date) and where to record (which includes the format for tracking) is completed
<p align="center">2</p> <p>(50%)</p> <input type="checkbox"/>	<p>Addresses 2 of 4 bullets</p> <ul style="list-style-type: none"> ○ Some of the objectives meet S.M.A.R.T, but not all. ○ Desired outcome discussion is supported by personal profile information/input from individual/team ○ Discussion/rationale includes a description of the need for a specific goal to be developed based on assessments ○ For each objective who's responsible, when (frequency, start/end date) and where to record (which includes the format for tracking) is completed
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<p align="center">4</p> <p>(100%)</p> <input type="checkbox"/>	<p>Addresses 4 of 4 bullets</p> <ul style="list-style-type: none"> ○ Some of the objectives meet S.M.A.R.T, but not all. ○ Desired outcome discussion is supported by personal profile information/input from individual/team ○ Discussion/rationale includes a description of the need for a specific goal to be developed based on assessments ○ For each objective who's responsible, when (frequency, start/end date) and where to record (which includes the format for tracking) is completed

Assessments completed as needed and recommendations are addressed

<p>0</p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> ○ If necessary Assessments/TA(s) are present but no recommendation are included in the ISP. ○ If a TA was needed the previous year, but was not completed. <i>HQMs: Send email to I&E Manager/Assessment Coordinator, investigate if trigger was sent, request needed TA, make a comment on checklist stating what TA was needed and why, etc. Contact I&E Manager on outstanding TAs to check on status.</i> ○ HRST is a Level 3+ and there is no Nursing Assessment present. <i>HQMs: Send email to I&E Manager/Assessment Coordinator notifying of issue. Follow to completion.</i> ○ Section 3A of SIS is greater than 5, or there are any ratings of 2, and there is no Nursing Assessment present. <i>HQMs: Send email to I&E Manager/Assessment Coordinator notifying of issue. Follow to completion.</i> ○ If Assessments/TA(s) are present and recommendations are not addressed. Addressing means documenting what the team's plans are to address the recommendations. ○ Section 3B of SIS is greater than 4 and there is no Psychosocial Assessment present. <i>HQMs: Send email to I&E Manager/Assessment Coordinator notifying of issue. Follow to completion.</i> ○ Other: _____
<p>1</p> <p>(25%)</p> <p><input type="checkbox"/></p>	<p>Addresses 1 of 4 Bullets:</p> <ul style="list-style-type: none"> ○ Deferrals are present and they are appropriate (whether the SC/SSC/team identifies they were deferred or not). ○ All appropriate nursing Assessments, TAs, and/or deferrals present ○ All appropriate psychosocial assessments are present ○ ISP ADDRESSES any recommendations made through nursing or psychosocial assessment updates
<p>2</p> <p>(50%)</p> <p><input type="checkbox"/></p>	<p>Addresses 2 of 4 Bullets:</p> <ul style="list-style-type: none"> ○ Deferrals are present and they are appropriate (whether the SC/SSC/team identifies they were deferred or not). ○ All appropriate nursing Assessments, TAs, and/or deferrals present ○ All appropriate psychosocial assessments are present ○ ISP ADDRESSES any recommendations made through nursing or psychosocial assessment updates
<p>3</p> <p>(75%)</p> <p><input type="checkbox"/></p>	<p>Addresses 3 of 4 Bullets:</p> <ul style="list-style-type: none"> ○ Deferrals are present and they are appropriate (whether the SC/SSC/team identifies they were deferred or not). ○ All appropriate nursing Assessments, TAs, and/or deferrals present ○ All appropriate psychosocial assessments are present ○ ISP ADDRESSES any recommendations made through nursing or psychosocial assessment updates.
<p>4</p> <p>(100%)</p> <p><input type="checkbox"/></p>	<p>Addresses 4 of 4 Bullets:</p> <ul style="list-style-type: none"> ○ Deferrals are present and they are appropriate (whether the SC/SSC/team identifies they were deferred or not). ○ All appropriate nursing Assessments, TAs, and/or deferrals present ○ All appropriate psychosocial assessments are present ○ ISP ADDRESSES any recommendations made through nursing or psychosocial assessment updates