ISP: <u>Individual Support Plan</u>



About the Individual Support Plan (ISP):

- The ISP is a comprehensive summary of planned services and supports for individuals receiving services through PA Office of Developmental Programs, including those in Allegheny County.
- An individual's first ISP is developed as soon as a Supports Coordinator (SC) is provided.
- For people already working with a Supports Coordinator the SC is responsible for coordinating, reviewing, and updating the ISP at regularly scheduled reviews and when life changes occur.
- To help everyone prepare and plan input, a copy of the ISP can be obtained from the SC ahead of the ISP team meeting.
- The team can include family, friends, other case management staff, providers, school staff and anyone else the individual would like to invite.

The process of developing an ISP is a critical activity to help people envision a good life and to develop strategies to achieve the life they want. This critical activity:

- is a process to help people explore the experiences, opportunities, and resources available to them through family, friends and the community, and
- it is the process to identify what services can enhance those resources and opportunities.
- incorporates certain philosophies and concepts as the foundation for completing a plan with the individual and family.
 - Everyday Lives: Values in Action, "what is important to people"
 - Person-centered approaches, the principles of Positive Approaches, and
 - Charting the LifeCourse Framework and Tools

How can Charting the LifeCourse Framework and Tools and other information support the completion of the ISP?

The Charting the LifeCourse framework was created to help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. The framework is the keystone for supporting a community of learning that champions transformational change through knowledge exchange, capacity building, and collaborative engagement. www.lifecourse-library/lifecourse-framework/

Learn more on the ODS webpage under the *Charting the LifeCourse (CTLC) Framework and Tools* bar: www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Intellectual-Disability-Autism.aspx

ODP Bulletin 00-22-05, dated August 9, 2022, is to provide the Office of Developmental Programs' (ODP) requirements and standardized processes for preparing, completing, documenting, implementing, and monitoring Individual Support Plans (ISPs). This Bulletin includes several attachments offering information to support the completion of the ISP. Your Supports Coordinator can assist in reviewing.

The attachments include:

- ISP Manual
- ODP Role Expectations and Required Timeline for ISP Activities
- Annotated Individual Support Plan
- The Basics of the LifeCourse Framework
- Questions to Help Facilitate the Development of the ISP
- Summary of Major Changes Made to ISP Requirements or Processes

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Find the Bulletin and attachments under the Allegheny County Office of Development Supports (ODS) & PA Office of Developmental Programs (ODP) bar at www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Key-Communicators.aspx

What information is included in the ISP?

The individual, their family, and people who support and know the person best will provide information to be included in the ISP, such as:

- <u>Individual Preferences</u>, This includes what is important to the individual and desired activities.
- <u>Medical</u>, Includes current health status and any medical concerns as well as medications and supplements and health evaluations.
- Health And Safety, Including knowledge of safe practices associated with cooking / use of appliances and traveling in the community. Also an explanation of what supports are needed for health and safety, for example, assistance needed in the event of a fire
- Outcomes are developed to help identify what a person desires or needs to occur in their lives.
- Financial, resources, information and management.
- Services and Supports
 - Communication including how the individual communicates with others
 - Supervision how much supervision is needed when the individual is at home and when they are in the community and when they are receiving services
 - Information from each current service provider

Who completes the ISP?

The Supports Coordinator (SC) coordinates the completion of the ISP. To help everyone prepare for the ISP meeting, a copy of the ISP can be obtained with input from the individual and their team. The team can include family, friends, other case management staff, providers and anyone else the individual would like to include. To obtain a blank ISP form contact your Supports Coordinator.

What is an Outcome?

Outcomes within the ISP are developed to help identify what a person desires or needs to occur in their lives.

- The changes they would like to see for themselves
- The changes that people that support them would like to see happen
- The priorities which are identified by the person and people that support them
- Skills that are currently important for them to work on or to maintain
- Formal and informal assessments and information gathering
- Links to appropriate informal and formal supports and services

Service providers who are paid through public funds must assist in ensuring the health and safety of the individual and/or their continued involvement within the community and must have an outcome.



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For more information regarding ODS, including additional Fact Sheets visit <u>alleghenycounty.us/dhs/ODS</u>