

Individualized Service Plan (ISP) and Person Centered Planning Tool (PCPT) Submission Criteria Companion Guide for SCU-Monitoring Unit

July 2021

ISP Review Criteria

This document provides standardized criteria for plan approval. “Unacceptable,” “Needs Improvement”, and “Meets Minimum Standard” are defined for various elements of the ISP and Person Centered Planning Tool. Each element represents a component that is being evaluated to review the quality of the submitted plan for approval.

The intent is for each plan to meet the expectations outlined under the “Meets Minimum Standard” category in each section. If a plan meets the criteria in the “Needs Improvement” category in any of the sections, feedback will be provided and the plan may or may not be approved.

Criteria determined as Unacceptable may result in plan kickbacks for revision if they are not met.

ISP Submission Criteria

There are Nine (9) Components to the ISP which are evaluated. Each component is valued at three possible points each, totaling a possible 27 points. For an understanding of the Division’s expectations of each component, the “Meets Minimum Standard” may be reviewed.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Outcomes	<ul style="list-style-type: none"> • Unclear as to what is being pursued • Not individualized • Disability-based (would only apply to an individual with a disability) • Refers to a program or service • Not connected to key strengths, interests, hopes, and dreams identified by the person in the PCPT • Does not demonstrate critical thinking about individual’s life, hopes, and dreams • Not written in future tense • Not written using everyday language, jargon used throughout the plan • Multiple areas of achievement combined in one outcome • Does not use respectful language • Does not reflect what the person wants to achieve; his/her vision for life 	<ul style="list-style-type: none"> • Clear, but not individualized • Some connection to areas identified in PCPT present • Some jargon used. 	<ul style="list-style-type: none"> • Clearly written • Individualized • Not disability based (would apply equally to an individual without a disability) • Never refers to a program or service • Connected to key strengths, interests, hopes, and dreams identified by the person in the PCPT • Demonstrates critical thinking about individual’s life, hopes, and dreams • Written in future tense • Written using everyday language, no jargon • Singular, each outcome focuses on one area of achievement • Respectful • Reflect what the person wants to achieve; his/her vision for life
Employment Outcomes	<ul style="list-style-type: none"> • No outcome related to employment • Does not demonstrate an understanding of definition and role of competitive, integrated employment • Barriers to employment are not addressed (e.g. behavioral, medical) 	<ul style="list-style-type: none"> • At least one outcome is related to employment, but is not individualized • The employment outcome is not clearly identified • Employment outcome is not clearly connected to information gathered in the PCPT 	<ul style="list-style-type: none"> • At least one outcome is related to employment even if the person is not currently pursuing employment • Demonstrates an understanding of definition and role of competitive, integrated employment • Shows advocacy, with barriers to employment addressed (e.g. behavioral, medical)

	<ul style="list-style-type: none"> • Employment outcomes do not move individual towards goals, dreams, meaningful community participation, and individual choice • Conflicting information or no connection between the PCPT and ISP related to employment • Plan inaccurately indicates pursuit of employment related to their Pathway options • Outcome is not individualized • Outcome is not appropriate to the individual based on the PCPT • F3, F6, or DVRS referral not appropriate for the individuals needs • Outcome references program or provider 	<ul style="list-style-type: none"> • Incorrect pathway selected/completed 	<ul style="list-style-type: none"> • Employment outcomes move individual towards goals, dreams, meaningful community participation, and individual choice • Individualized/unique to the individual—clearly related to strengths, skills, preferences, and interests • Effectively addresses individual/family fears and concerns about employment • Creative use of other resources outside DDD • Plan accurately indicates pursuit of employment related to their Pathway options • Clearly links to information gathered through the PCPT and Pathways to Employment section, Employment History, career planning, unpaid experiences, and other related information through the planning process • F3, F6, or DVRS referral appropriate for the individual’s needs • Outcome does not reference program or provider
<p>Services</p>	<ul style="list-style-type: none"> • Known obstacles to receiving appropriate services not addressed • Services not appropriate to individualized needs and interests/objectives identified in PCPT and/or NJCAT • Does not demonstrate knowledge of services and how they can be uniquely applied to the individual • Services do not reflect individual goals, dreams, strengths, and choice, and move the individual towards meaningful community participation • Services inconsistent with PCPT and/or NJCAT 	<ul style="list-style-type: none"> • Services not always individualized or clearly linked to NJCAT and/or PCPT • Some key individual needs and interests/objectives identified in NJCAT and/or PCPT are not met by services 	<ul style="list-style-type: none"> • Services clearly linked to individualized needs and interests/objectives identified in PCPT and/or NJCAT • Known obstacles identified and included in plan, with preliminary plan to overcome • Identifies resources in the community to improve individual’s quality of life • Demonstrates knowledge of services and how they can be uniquely applied to the individual • Services reflect individual goals, dreams, strengths, and choice, and move the individual towards meaningful community participation • Creative use of other resources outside DDD • Services listed support outcome(s) they are listed under

	<ul style="list-style-type: none"> • Services do not support the outcome(s) they are listed under • EVV Statement is missing from Service Description Box for applicable EVV services. * See end of document. 		<ul style="list-style-type: none"> • EVV statement is present in Service Description Box for all applicable services * see end of document
Health and Nutrition	<ul style="list-style-type: none"> • Health and nutrition needs/concerns not identified • Information lacks detail for proper support by service provider • Needs/concerns in service plan inconsistent with PCPT and/or NJCAT • Life threatening health, self-care, medical and nutrition issues identified in PCPT and/or NJCAT not included/fully addressed in ISP • Does not address medical needs identified in the PCPT/NJCAT • No areas from the ISP worksheet are captured in the NJISP 	<ul style="list-style-type: none"> • Care needs/concerns are partially identified • Information for important care needed in relation to diet, seizure management, self-care, medication, and/or supervision not fully detailed • Few areas from the ISP worksheet are captured in the NJISP 	<ul style="list-style-type: none"> • Care needs/concerns identified in PCPT and/or NJCAT are included ISP as applicable • Details for special dietary needs, seizure management, self-care, medication, and/or supervision requirements are identified for providers on service plan when necessary • Life threatening health, self-care, medical, and nutrition issues identified in PCPT and/or NJCAT included and fully addressed in ISP • Addresses medical needs identified in the PCPT/NJCAT Behavior/sensory, mobility/adaptive equipment and dietary • All areas from the ISP worksheet are captured in the NJISP
Safety and Supports	<ul style="list-style-type: none"> • Safety needs/concerns not identified. • Information lacks detail for proper care (supports) by service provider • Needs/concerns in service plan inconsistent with the Mental Health Pre-Screening check list and/or NJCAT • Mental health issues identified in PCPT and /or NJCAT, Mental Health Pre-Screening check list related to harming self or others are not addressed nor include follow up planning. 	<ul style="list-style-type: none"> • Care needs/concerns are partially identified • Support and supervision needs in detail on ISP. • Supervision and support needs during emergencies are partially identified. 	<ul style="list-style-type: none"> • Care needs/concerns identified in PCPT and/or NJCAT and ISP as applicable • Details for special dietary needs, seizure, management, self-care, medication, and/or supervision requirements are identified for providers on service plan when necessary • Details for support settings, communication, mobility/ adaptive equipment, behavioral/ sensory needs and religious/ cultural information are identified for providers on service plan when necessary • Mental health issues identified in PCPT and/or NJCAT, Mental Health Pre-Screening Checklist

	<ul style="list-style-type: none"> • Suicidality and harm to self or others identified on the Mental Health Pre-Screening check list and/or NJCAT not addressed. • Insufficient follow up planning for suicidality, harm to self or others, or mental health issues • Details for support settings, communication, mobility/ adaptive equipment, behavioral/ sensory needs and religious/ cultural information not identified for providers on service plan when no services to support needs Service doesn't match support needs 		<p>related to harming self or others are fully addressed and include follow up planning.</p> <ul style="list-style-type: none"> • Suicidality and harm to self or others identified in PCPT, NJCAT and/or Mental Health Checklist are fully addressed, with follow up planning documented in the ISP (services to support the needs/behavior plan/psychiatrist/psychologist)
Person-Centeredness	<ul style="list-style-type: none"> • Language is inappropriate, outdated, and/or deficit-based • Insufficient use of person-first language • Use of jargon throughout • Not clear or understandable to individuals and families • Lack of respectful language used • Does not reflect the individual's hopes, dreams, and aspirations 	<ul style="list-style-type: none"> • Person-first language used, but outdated language seen in some documents • Some jargon 	<ul style="list-style-type: none"> • Person-first current and appropriate language used throughout • Focus is on strengths of individual • No use of jargon • Clear and understandable to individuals and families • Use of respectful language throughout • Reflects the individual's hopes, dreams, and aspirations
Writing Quality	<ul style="list-style-type: none"> • Excessive grammatical, spelling or punctuation errors found in PCPT and ISP documents 	<ul style="list-style-type: none"> • Some minor grammatical, spelling or punctuation errors found 	<ul style="list-style-type: none"> • No grammatical, spelling or punctuation errors found in PCPT and ISP documents
Budget Accuracy	<ul style="list-style-type: none"> • Incorrect procedure/billing codes used • Incorrect frequency, units, and/or rates used 	N/A	<ul style="list-style-type: none"> • Correct procedure codes used throughout • Correct frequency, units, and/or rates used • Cost of Medical Day Program or BH program deducted prior to accessing other service;

	<ul style="list-style-type: none"> • Cost of Medical Day Program or BH program not deducted prior to accessing other service; adjusted amount not indicated in notes or in plan (Duplicative Services-Section 8.6) • Incorrect claims entered (FI or Medicaid) • Incorrect timeframe • Budget is fully obligated and does not support 12 months of service. 		<p>adjusted amount indicated in notes or in plan (Duplicative Services-Section 8.6)</p> <ul style="list-style-type: none"> • Plan is within budget • Correct claims entered (FI or Medicaid) • Correct timeframe • Plan within budget and will support 12 months of service.
<p>Plan Development, Submission, and Revisions</p>	<ul style="list-style-type: none"> • Required documents and/or signatures missing (Supervisor Checklist, Mental Health Pre-Screening Checklist, R&R, F3/F6, Signature page and AENF, if appropriate and Behavior Support Plan if appropriate). • Multiple revisions needed • Revisions only partially completed when returning for additional state review • All documents are not dated accurately • 30 day submission criteria for initial plans not met • Anniversary Plan submitted and approved past plan term due date, creating a plan gap. • Best Practice recommendation(s) from prior anniversary plan not complete. • Wrong waiver chosen 	<ul style="list-style-type: none"> • Some revisions are needed, but most corrected and returned • Correct form used • all documents are dated accurately • SCA requesting expedited review in order for plan approval to occur in time • Plan submitted between 30 days prior to end of previous plan term and the actual plan term end date (no plan gap but minimal time for corrections) 	<ul style="list-style-type: none"> • All required documents are present, including signatures indicating individual/family reviewed information • Revisions not needed or are minor and are all corrected and returned promptly the first time requested • Correct form used • Dates and Units are accurate • Initial Plan submitted prior to 30 days of previous plan term ending • Anniversary Plans submitted prior to due date • Correct waiver chosen • Best Practice recommendation(s) from prior anniversary plan completed.

PCPT Submission Criteria

There are Eight (8) Components to the PCPT which are evaluated. Each component is valued at three (3) possible points each, totaling a possible 24 points. For an understanding of the Division’s expectations of each component, the “Meets Minimum Standard” may be reviewed.

PCPT REVIEW			
Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Relationships	Does not identify people or relationships that are important to the individual.	Documentation is present but is incomplete or needs “deeper digging” to reflect knowledge of individual.	Identifies people that are important to the individual and/or relevant in their lives. Reviewer is able to distinguish the importance and closeness of the relationships.
Strengths & Qualities	Does not Include positive qualities, achievements or things that the individual likes about them self	Documentation is present but is incomplete or needs “deeper digging” to reflect knowledge of individual.	Focuses on the individual’s positive qualities, achievements, areas that they like about them self
Important to You	Information is missing and/or quality of information is very low and does not reflect an understanding of the individual.	Documentation is present but is incomplete or needs “deeper digging” to reflect knowledge of individual.	Describes routines, places and things that are enjoyed or liked by the individual Describes recreational pursuits that the individual has expressed or displayed interest.
Hopes & Dreams (Note: This area is to be based on the participant’s perspective, either through their own words	Long/short-term hopes and dreams for the future are not identified	Documentation is present but is incomplete or needs “deeper digging” to reflect knowledge of individual.	Includes long/short-term hopes and dreams for the future. Provides a sense of how the individual appears to sees him/herself in the future

or the observation of those closest to the participant.)			
<p>Supporter Qualities</p> <p>(Note: This section can be used to inform a job description for a Self-directed employee)</p>	<p>Does not provide the characteristics that a potential Supporter should have to appropriately support the participant.</p> <p>Information is missing and/or quality of information is very low and does not reflect an understanding of the individual.</p>	<p>Documentation is present but is incomplete or needs “deeper digging” to reflect knowledge of individual.</p>	<p>Provides personality or other characteristics that the participant would like to see present in those that supports him/her.</p>
<p>Community Integration</p>	<p>Does not include information on previous experience in the community, interests, extent of interaction with people and current activities in the community.</p>	<p>Documentation is present but is incomplete or needs “deeper digging” to reflect knowledge of individual.</p>	<p>Includes information and details on previous and/or current experiences in the community, interests extent of interaction with people and current activities in the community.</p> <p>If an individual is unable or hasn’t had opportunities to participate in community activities, an explanation is provided.</p>
<p>Communication Styles</p>	<p>No information or inaccurate information is provided on how the individual communicates.</p> <p>Does not includes detail on whether or not the individual can read/write.</p> <p>No information is provided on how emotions are communicated.</p>	<p>Documentation is present but is incomplete or needs “deeper digging” to reflect knowledge of individual.</p>	<p>The following information is present and descriptive:</p> <ul style="list-style-type: none"> • Information on how the individual communicates (verbal, limited verbal, nonverbal through words gestures, communication devises, etc.). • Detail on whether or not the individual can read/write. • Detail on how emotions are communicated.

	<p>No detail is provided on how health status (hungry, thirsty, sick, in pain, etc.) is communicated.</p> <p>No information is provided on how wants/needs/choices are communicated.</p>		<ul style="list-style-type: none"> • Includes detail on how the person communicates health status (hungry, thirsty, sick, in pain, etc.). • Information on how wants/needs/choices are communicated
Annual review of changes	The PCPT has not changed from the previous year (shows no evidence of review or revision) and/or information is significantly missing or incomplete.	N/A	PCPT reflects annual updates and provides a detailed reflection of the individual served or is a first year plan.

Electronic Visit Verification – Guidance for SCU Monitors

Services requiring EVV Statements	Unit of Service	Procedure Code
DDD Individual Supports (Base Rate)	15 minutes	H2016HI
DDD Individual Supports (With Acuity Rate)	15 minutes	H2016HI22
DDD Individual Supports (Reasonable and Customary/Self-Directed Employee)	15 minutes	H2016HIU8
DDD In Home Respite (Base Rate)	15 minutes	T1005HI
DDD In Home Respite (Reasonable and Customary/Self-Directed Employee)	15 minutes	T1005HIU8
DDD Community Based Supports (Base Rate)	15 minutes	H2021HI
DDD Community Based Supports (With Acuity Rate)	15 minutes	H2021HI22
DDD Community Based Supports (Reasonable and Customary/Self-Directed Employee)	15 minutes	H2021HI52

Beginning 7/1/21, Providers need to have in place Electronic Visit Verification (EVV) for all of the above eight (8) listed services when they are delivered in the home. Failure to comply will impact payment to the provider. If the service is delivered by a live in caregiver, in the community or in a congregate setting, the requirement for EVV is exempt and the Provider will instead submit their claims directly to Gainwell (Medicaid) as they have been doing. In ALL circumstances when any of these 8 services are listed in the ISP, the Support Coordinator must indicate in the

service description box whether EVV is applicable or whether it is exempt. (Examples: This service will require EVV. This service is exempt from EVV.)

***If the Service is listed with Natural/Generic as the funding source, because it is not funded, there is no need for the SC to enter an EVV statement.

For SCU Reviews:

Our Monitors are not required to confirm whether EVV is applicable or exempt, but they do need to ensure that a statement in the Service Description box for the eight (8) services listed above is present.

Please continue with the following guidance given previously:

The submission of an **Anniversary Plan** that does not include an EVV statement in the Service Description box for any of the 8 services should be kicked back (or resolved over the phone with the SC). Anniversary Plans that do not include an EVV statement for any of these services should not be approved.

The submission of a **Plan Revision** to add or revise one of the 8 listed services that does not include an EVV statement in the Service Description box should be kicked back (or resolved over the phone with the SC). Plan revisions that involve one of these services that does not include an EVV statement should not be approved.

Beginning immediately - The submission of all **Plan Revisions** should include a review of all services, even if the reason for the revision does not involve one of the 8 services, to ensure that all plans that already include an EVV service have the required EVV statement. If a required EVV statement is missing, the plan should be kicked back (or resolved over the phone with the SC) to ensure that the entire ISP is in compliance.

EXAMPLE:

ISP is in SR1 due to a revision after a Goods and Services request. While this is not one of the 8 services, Monitor should take the opportunity to check the other services in the ISP. Let's say the individual also receives CBS at the base rate which **is** a service that would require the EVV statement in the Service Description box. If the EVV statement does not appear, Monitor should kick plan back to the SCA with the request for required revision (or resolved over the phone with the SC).

