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**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Support Coordination Unit**

**Individualized Service Plan (ISP) and Person Centered Planning Tool (PCPT)**

**Submission Criteria Companion Guide**

 **ISP Review Criteria**

This document was developed to provide standardized criteria for service plan development, approval, and evaluation. Each component of the ISP and PCPT are evaluated against the criteria definitions for: Unacceptable, Needs Improvement, and Meets Minimum Standard.

Support Coordinators are required to draft quality service plans that meet the expectations outlined under the Meets Minimum Standard column for each category. If expectations are not met for any category, the plan must be revised prior to approval. Training and feedback should always be given to Support Coordinators to promote growth and to increase the overall quality of their service plans.

During each plan review, ask yourself the following questions:

* If I never met this person, would I feel comfortable being left alone to support them based on how the plan is written?
* Do supporters have all the information they need to keep the person safe? Would any missing information put the person at risk?
* Do you have a clear picture of who the person is and what is important to them?
* Does the plan contain language that you would find acceptable if it was used to describe yourself or a loved one?
* Is there a clear connection throughout all service planning documents? (i.e. ISP, PCPT, NJCAT, Employment Documents, MH Prescreening Checklist, ISP Worksheets, etc.)

If the answer to any of these questions are *no*, the submission criteria should be utilized to revise the plan until all questions can be answered *yes*. Please reach out to the Support Coordination Unit if additional clarity is needed.

**ISP Submission Criteria**

**There are Nine (9) Components of the ISP that are evaluated. Each component is valued at three possible points, totaling a possible 27 points.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Outcomes** | * Not individualized or specific to the person
* Disrespectful language
* Disability-based (would only apply to an individual with a disability)
* Not connected to the PCPT or what the individual wants to achieve
* Does not demonstrate critical thinking about individual’s vision for life, hopes, and dreams, interests
* Unclear as to what is being pursued
* Not written in future tense
* PCPT not updated from previous year; unable to determine what the individual wants to achieve
 | * Clear, but not individualized
* Some connection to the areas identified in the PCPT
* Some jargon used
* Multiple areas of achievement combined in some outcomes
* Refers to a program or service
 | * Individualized; specific to the person
* Respectful language
* Not disability based (would apply equally to an individual without a disability)
* Connected to the PCPT and what the individual wants to achieve
* Demonstrates critical thinking about individual’s vision for life, hopes, and dreams, interests
* Clear as to what is being pursued
* Written in future tense
* Singular, each outcome focuses on one area of achievement
* No reference to a program or service
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Employment** | * No outcome related to employment
* Outcome does not move the individual towards desired employment goal
* Conflicting information or no connection between the employment outcome, ISP, PCPT, and employment document
* Barriers to employment (i.e.; behavioral, medical) not addressed
* The reason given for not pursuing employment only focused on the individual’s disability
* Incorrect Pathway selected
* F3, F6, or DVRS referral not appropriate for the individual’s needs or employment goals
* Inappropriate use of Retirement
 | * At least one outcome is related to employment, but is not individualized
* Outcome has some connection to the PCPT or Pathway
* Demonstrates some understanding of the definition and role of competitive employment
 | * At least one outcome is related to employment even if the individual is not currently pursuing employment
* Outcome is individualized/unique to the person, connected to the PCPT, and clearly relates to strengths, skills, preferences, and interests
* Outcome moves individual towards goals, dreams, meaningful community participation, and individual choice
* Demonstrates an understanding of the definition or role of competitive employment
* Shows advocacy; barriers to employment are addressed
* Effectively addresses individual/family fears and concerns about employment
* Correct Pathway selected; includes detailed information regarding current and history of employment
* F3, F6, or DVRS referral appropriate for the individual’s needs and employment goals
* Clear connection between the employment outcome, ISP, PCPT, employment document, and employment tiles
* Creative use of resources outside DDD
* Appropriate use of Retirement
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Services** | * Not individualized or appropriate for the individual’s needs
* Inconsistent with and not connected to PCPT and/or NJCAT
* Does not support the outcome(s) they are listed under
* Known obstacles to receiving appropriate services not addressed
* EVV Statement is missing from Service Description Box for applicable EVV services. \* See end of document.
 | * Services not always individualized or clearly linked to the PCPT and/or NJCAT
* Some connection to outcome
* Demonstrates some knowledge of services and how they can be uniquely applied to the individual
* Known obstacles partially identified
* Natural/generic services (Not Division funded) referenced in PCPT but not included in the ISP, if applicable
* No billable services entered or exploratory services identified
 | * Individualized; appropriate for the individual’s needs
* Clear connection to PCPT and NJCAT
* Reflects choice and moves the individual towards meaningful community participation
* Support the outcome(s) they are listed under
* Demonstrates knowledge of services and how they can be uniquely applied to the individual
* Known obstacles identified and included in plan, with preliminary plan to overcome
* At least one billable service entered; or exploratory services entered for a maximum of 90 days to allow time for service identification
* Creative use of community resources and services outside of DDD
* Natural/generic services (Not Division funded) included in the ISP and referenced in the PCPT, if applicable
* EVV statement is present in Service Description Box for all applicable EVV services \* see end of document
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Health and Nutrition** | * Health and nutrition needs/concerns not identified
* Medical, Health, Dietary, Allergy, and Self-Care needs/concerns not fully addressed
* Supervision requirements for all life threatening health and medical needs not fully addressed.
* Information lacks detail for proper support in relation to diet, aspiration/choking concerns, seizure management, diabetes management, and supervision regarding self-care
* Information inconsistent with the NJCAT
* All areas from the ISP worksheets not captured in NJISP
 | * Health and nutrition and self-care needs that do not put the individual at risk are partially identified or not fully addressed; more individualized detail is needed
* Some minor inconsistency with the NJCAT in relation to health and nutrition and self-care needs that do not put the individual at risk
 | * Health and nutrition needs/concerns clearly identified
* Medical, Health, Dietary, Allergy, and Self-Care needs/concerns fully addressed
* Supervision requirements for all life threatening health and medical needs fully addressed
* Information contains essential detail for proper support in relation to diet, aspiration/choking concerns, seizure management, diabetes management, and supervision regarding self-care
* Information consistent with the NJCAT
* All areas from the ISP worksheets captured in NJISP
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Safety and Supports** | * Safety needs/concerns not identified
* Information lacks detail for proper support in relation to Mental Health concerns, behavioral/sensory needs, mobility, adaptive equipment, meal time, medication administration, money management
* Information is inconsistent with NJCAT and/or Mental Health Pre-Screening Checklist
* Mental health issues related to suicidality and/or harming self or others are not addressed or do not include follow up planning.
* Support and supervision needs in each support setting (Home, Community, Work) are unclear and/or not identified
* Support/supervision needs during emergencies not identified
* All areas from the ISP worksheets not captured in NJISP
* Behavioral Support Plan not uploaded, if applicable
 | * Safety and Support needs that do not put the individual at risk are partially identified or not fully addressed; more individualized detail is needed
* Some minor inconsistency with the NJCAT and/or Mental Health Pre-Screening Checklist in relation to safety and support needs that do not put the individual at risk
 | * Safety needs/concerns clearly identified
* Information contains essential detail for proper support in relation to Mental Health concerns, behavioral/sensory needs, mobility, adaptive equipment, meal time, medication administration, money management
* Information is consistent with NJCAT and Mental Health Pre-Screening Checklist
* Mental health issues related to suicidality and/or harming self or others are addressed and include follow up planning (services, behavior support plan, medical follow up; psychiatrist/psychologist)
* Support and supervision needs in each support setting (Home, Community, Work) are clearly identified
* Support/supervision needs during emergencies clearly identified
* All areas from the ISP worksheets captured in NJISP
* Behavioral Support Plan uploaded, if applicable
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Person-Centeredness** | * Language is inappropriate, outdated, disrespectful, and/or deficit-based
* Person-first language not used
* Does not reflect the individual’s hopes, dreams, and aspirations
* Jargon used throughout
 | * Person-first language used, some outdated language identified
* Some jargon
 | * Person-centered language used throughout
* Language is appropriate, current, respectful, and strength based
* Reflects the individual’s hopes, dreams, aspirations, and preferences
* No use of jargon
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Writing Quality** | * Excessive grammatical, spelling or punctuation errors found throughout service planning documents
* Plan is poorly written, hard to follow, and contains excessive redundancy
* Information is not clear or understandable to individuals and families
 | * Some minor grammatical, spelling or punctuation errors found throughout service planning documents
* Plan is understandable but improvement to writing quality is needed
 | * No grammatical, spelling or punctuation errors found throughout service planning documents
* Plan is written in a clear and concise manner
* Plan contains specific details regarding the individual’s support and supervision needs outside of the generic language from the NJCAT
* Information is clear or understandable to individuals and families
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Budget Accuracy** | * Incorrect procedure/billing codes, frequency, durations, units, provider information, and/or rates used
* Exception weeks edited incorrectly (Day Program closures, one-time cost services)
* Incorrect use of the retirement feature due to the individual attending Day Program, if applicable
* Budget inappropriately utilized; does not support 12 months of service
* Services not entered in accordance to the waiver manuals
 |  N/A  | * Correct procedure/billing codes, frequency, durations, units, provider information, and/or rates used
* Exception weeks edited correctly (Day Program closures, one-time cost services)
* Correct use of the retirement feature, if applicable
* Budget appropriately utilized; supports 12 months of service
* Services entered in accordance to the waiver manuals
 |
| **Category** | **Unacceptable****1** | **Need Improvement****2** | **Meets Minimum Standard****3** |
| **Plan Development and Submission** | * Required documents and/or signatures missing (SCS Checklist, Mental Health Pre-Screening Checklist, R&R, F3/F6, ISP Signature page, Addressing Enhanced Needs Form (if acuity), and Behavior Support Plan (if applicable)
* Legal Guardianship Judgement not uploaded and the individual’s signature is not present
* Outdated/incorrect forms used
* Documents not accurately dated
* Anniversary Plan submitted after the previous plan expired
* NJCAT Reassessment, Waiver Transition, or Retirement plan submitted after the iRecord due date
* Plan contains service or plan term gap
* Incorrect waiver chosen
 | * Documents are dated accurately
* If Provider Documents are not present (Provider Worksheets, Addressing Enhanced Needs Form (if acuity)), documentation supports SC follow up to obtain
* If the individual has a legal guardian but the Guardianship Judgement is not uploaded, the individual’s signature is also present
* Required plan revision(s) needed
* SCA requested expedited plan review to avoid late plan approval
* 10 business day plan submission criteria not met (Unreleased SCAs)
* Plan submitted after 30 days of enrollment
 | * All required documents and signatures are present
* If the individual has a legal guardian, the individual’s signature is also present
* Legal Guardianship Judgement uploaded, if applicable
* No required plan revisions
* Current/correct forms used
* All documents are dated accurately
* Plan submitted within required timeframe
* Best Practice recommendation(s) from prior anniversary plan completed, if applicable
* Correct waiver chosen
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**PCPT Submission Criteria**

**There are Eight (8) Components of the PCPT that are evaluated. Each component is valued at three (3) possible points, totaling a possible 24 points.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Unacceptable****1** | **Needs Improvement****2** | **Meets Minimum Standard****3** |
| **Relationships** | * Does not identify people or relationships that are important to the individual
* Reviewer is unable determine the importance or closeness of these relationships
* Quality of information provided is poor
 | * Information is present but lacks specific detail; requires more in-depth information gathering
 | * Identifies people that are important to the individual and/or relevant in their lives, including but not limited to family, friends, neighbors, coworkers, members of community groups, paid and natural supports, and others that play a role
* Reviewer is able to distinguish the importance and closeness of these relationships
 |
| **Strengths & Qualities** | * Does not focus on the individual’s positive qualities or talents
* Does not capture information from the individual’s perspective
* Does not list any achievements
* Quality of information provided is poor
 | * Information is present but lacks specific detail; requires more in-depth information gathering
* Partially captures information from the individual’s perspective
 | * Focuses on the individual’s positive qualities, achievements, talents, and areas that they like about themselves
* Captures information from the individual’s perspective as well as the point of view of others
 |
| **Important to You** | * Reviewer does not have a clear picture of the individual or what’s important to them
* Does not capture information from the individual’s perspective
* Quality of information provided is poor
 | * Information is present but lacks specific detail; requires more in-depth information gathering
* Partially captures information from the individual’s perspective
 | * Describes routines, personal preferences, areas of interests, dislikes, recreational pursuits, and other activities that are enjoyed by the individual
* Captures information from the individual’s perspective as well as through observations
 |
| **Hopes & Dreams** | * Long/short-term hopes and dreams for the future are not identified
* Not written from the individual’s perspective
* Quality of information provided is poor
* PCPT not updated from previous year; unable to determine what the individual wants to pursue
 | * Information is present but lacks specific detail; requires more in-depth information gathering
* Partially written from the individual’s perspective
 | * Includes long/short-term hopes and dreams written from the individual’s perspective, either through their own words or based on the observations of those closest to them
* Provides a sense of how the individual sees him/herself in the future
 |
| **Supporter Qualities**(Note: This section can be used to inform a job description for a Self-directed employee) | * Does not provide desired personality characteristics for a potential supporter
* Information is primarily focused on the individual’s support and supervision needs
* Quality of information provided is poor
 | * Information is present but lacks specific detail; requires more in-depth information gathering
* Some reference to the individual’s support and supervision needs
 | * Illustrates personality traits and/or other characteristics that the individual would like to see present in those that support him/her
* Includes interests and/or other valuable information that facilitates longevity and the development of a genuine bond between the individual and person providing support
* Identifies preferences for special skills, experience, and/or training (if applicable)
 |
| **Community Integration**(Note: This section should include places & activities that are open to the general public, not just programs that only serve individuals with disabilities.) | * Does not include details regarding the individual’s community experiences or extent of interactions
* Quality of information provided is poor
 | * Information is present but lacks specific detail; requires more in-depth information gathering
 | * Describes what the individual likes to do in the community; includes information and specific details regarding current and previous experiences and the extent of interactions with people in the community
* If the individual has not had many opportunities to participate in the community, information identifies potential opportunities to expose them to new experiences and activities they may enjoy or find meaningful
 |
| **Communication Styles** | * Does not provide a clear or accurate description of how the individual communicates
* No information or details provided regarding how emotions, health status, or wants/needs/choices are communicated and/or the individual’s ability to read/write.
* Quality of information provided is poor
 | * Information is present but lacks specific detail; requires more in-depth information gathering
 | The following information is present and descriptive: * Information regarding how the individual communicates (verbal, limited verbal, nonverbal communication through words gestures, facial expressions, body language, behaviors, communication devises, etc.)
* Information regarding the individual’s ability to read/write
* Detail on how emotions are communicated (satisfaction, frustrations, etc.)
* Details on how the individual communicates health status (hunger, thirst, illness, discomfort, pain, etc.).
* Details on how wants/needs/choices are communicated
 |
| **Annual Review of Changes** | * PCPT has not changed from the previous year (shows no evidence of review or revision)
* Reviewer does not have a clear picture of who the individual is or what is important to them
* Quality of information provided is poor
 | N/A | * PCPT grows with the individual and reflects annual updates
* The information provided is detailed and the reviewer has a clear picture of who the individual is and what is important to them
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**Electronic Visit Verification – Guidance**

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| --- | --- | --- |
| **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 |

Effective 7/1/21, Providers are required to have Electronic Visit Verification (EVV) in place 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.