

AAW INITIAL ISP Review Checklist

Participant Name: Click here to enter text.	SC Agency: Click here to enter text.	Supports Coordinator: Click here to enter text.
MCI#: Click here to enter text.	Regional Office Representative: Click here to enter text.	Clinical Representative (If assigned): Click here to enter text.
Plan Effective Date: Click or tap to enter a date.	Date ISP Submitted: Click or tap to enter a date.	Review Date: Click or tap to enter a date.
Region: Central	Date(s) ISP Resubmitted:	Additional Review Date(s):

<u>A. SERVICE DETAILS SCREEN - DATES</u>				
Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
1. Is the Plan Effective Date (PED) on the Service Detail Screen the same month, day, and year as the Eligibility Date/Plan Effective Date listed on the Plan Components Screen?	<input type="checkbox"/>	<input type="checkbox"/>		<p>Note: Please be sure the PED is correct before moving the ISP out of draft status.</p> <p>Comments:</p>
2. Is the Contingency Plan Contacts section completed for each service on the plan?	<input type="checkbox"/>	<input type="checkbox"/>		<p>Note: This information needs to be added to the View/Update Contingency Plan Contacts section of the Service Details Screen.</p> <p>Each Contingency plan must include at least one supervisory contact.</p> <p>Comments:</p>
3. Services Line Dates: a. Do the start dates fall on or after the Plan Effective Date? b. For each service other than Career Planning and Intensive Job Coaching, are the end dates the day before the Projected Annual Review Date? If yes, mark question A3(c) as "N/A" and proceed to Section B. If no, complete question A3(c). c. Is there a service note indicating why the end dates are	<input type="checkbox"/>	<input type="checkbox"/>		<p>Comments:</p>

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not aligned with the Projected Annual Review Date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>B. SERVICE DETAILS SCREEN – OTHER</u>				
Support Plan Document	YES	NO	N/A	Action/BSASP Comments for the SC
<p>1. Are the Supports Coordination Initial Plan Development and Supports Coordination On-going services listed on the Service Detail Screen? If yes, mark question B1(a) as “N/A” and proceed to section B2. If no, complete question B1(a).</p> <p>a. Is BSASP acting as the Supports Coordinator?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments:
<p>2. Does the frequency, duration, and number of units listed for each service reflect what is reasonable for that service?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: This section ensures that service frequency and duration follow the guidelines found in the service definitions and are reasonable. For example, it is not reasonable for an SC ongoing service to need 60 units per week.</p> <p>Service frequency and duration must also be appropriate for the specific participant. A participant who is employed full-time will probably not have 40 hours per week in CS services.</p> <p>Some services should not exceed one unit. Those are:</p> <ul style="list-style-type: none"> • SSD-BSP Development • SSD-Skill Building Plan Development • Supports Coordination-Initial Plan Development • Home Modifications • Vehicle Modifications • Assistive Technology <p>Comments:</p>

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<p>3. Are the total combined units of services per week within the 50 hours limit for the following services:</p> <ul style="list-style-type: none"> • Day Habilitation • Community Support • Small Group Employment • Supported Employment Services (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) <p>If yes, mark questions B3(a) and B3(b) as “N/A” and proceed to Section B4. If no, proceed to question B3(a).</p> <p>a. Has a Request for an Exception to Established Service Limits Form been submitted and approved?</p> <p>b. Are the services in the ISP consistent with what has been approved in the exception request?</p>	<input style="width: 30px; height: 30px;" type="checkbox"/>		<input style="width: 30px; height: 30px;" type="checkbox"/>	<p>Note: The plan will be rejected if the total combined hours of these services exceed the 50 hour limit and no exception request form has been submitted. The SC must work with the team to develop a plan to stay within the limitation when an exception is not warranted.</p> <p>Comments:</p>
<p>4. Are the services chosen on the Service Detail Screen reasonable and appropriate?</p>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<p>Note: This section is used to determine if the services chosen are appropriate for a participant. For example, if supported employment is added to the plan and the participant is not employed, it would not be an appropriate service for that participant and would be noted here.</p> <p>Comments:</p>
<p>5. Are the total units of Family Support equal to or less than 160 units per ISP year, with the year starting on the service start date?</p>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<p>Comments:</p>
<p>If Respite is not on the ISP, check here, then proceed to Section 7: <input style="width: 30px; height: 30px;" type="checkbox"/></p>				
<p>6. Respite:</p>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	<p>Comments:</p>

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<p>a. If a Request for an Exception to Established Service Limits Form has been submitted and approved, are the Respite services in the ISP consistent with what has been approved in the exception request? If yes, complete question B6(b) only, then proceed to Section 7. If no, proceed to Section 7.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Out-of-Home Respite (Licensed and Unlicensed)</u>				
<p>b. 15 minute unit: Are the units per day less than 40 units?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. 15 minute unit (licensed): Is the total number of units equal to or less than 1200 units per ISP year, with the year starting on the ISP plan effective date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>d. 15 minute unit (unlicensed): Is the total number of units equal to or less than 1563 units per ISP year, with the year starting on the ISP plan effective date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>e. Day unit (licensed): Is the total number of units equal to or less than 30 units per ISP year, with the year starting on the ISP plan effective date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>f. Day unit (unlicensed): Is the total number of units equal to or less than 39 units per ISP year, with the year starting on the ISP plan effective date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>In-Home Respite</u>				
<p>g. 15 minute unit: Is the total number of units equal to or less than 1062 units per ISP year,</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>with the year starting on the ISP plan effective date?</p> <p><u>In-Home and Out-of-Home Respite Both on Plan</u></p> <p>h. Is the total expenditure equal to or less than \$6504.00 per ISP year, with the year starting on the ISP plan effective date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Has the SC selected the correct fiscal year from the drop down screen for the one-time service in the plan year?</p> <p>One-time services include:</p> <ul style="list-style-type: none"> • Home Modifications • Vehicle Modifications • Assistive Technology • ISP Plan Development • SSD-BS Plan Development • SSD-SSB Plan Development • Community Transition Services 	<input type="checkbox"/>	<input type="checkbox"/>		<p>Note: If a one-time service spans fiscal years, the SC must open the “view” on the Service Detail Screen to assure that the service unit was added to the correct fiscal year. At times, the SC will need to complete a manual calculation to assure the correct fiscal year is chosen.</p> <p>Comments:</p>
<p>8. If the plan includes SSD-Behavioral Specialist Services, is Behavioral Specialist-Plan Development the only BS service line listed on the Service Detail screen of the ISP?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: The BS is expected to complete the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP) within 60 days of adding the service to the ISP. A BSASP clinical representative will provide feedback pertaining to the plans directly to the BS and SC after review. BS Direct and Consultation services can only be added to the plan after BSASP approves the BSP/CIP.</p> <p>Comments:</p>
<p>9. If the plan includes SSD-Systematic Skill Building, is SSB Plan Development the only SSB service line listed on the Service Detail screen of the ISP?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: SSB Ongoing and Consultation services can only be added on the plan after BSASP clinical team approves the objectives.</p>
<p>10. Career Planning (Vocational Assessment and Job Finding):</p>				<p>Note: Job Finding and Vocational Assessment cannot be on the plan concurrently.</p>

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<p>a. Is only <u>ONE</u> of the following on the plan:</p> <ul style="list-style-type: none"> • Job Finding • Vocational Assessment <p>b. Was ineligibility or case closure with OVR confirmed or does the participant meet one of the exception criteria as outlined in the OVR bulletin?</p> <p>c. Are Career Planning services end dated for 90 days from the service start date?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Note: A referral to the Office of Vocational Rehabilitation (OVR) should be completed immediately once a participant indicates that he or she is interested in pursuing employment. The referral process is explained in detail in the joint OVR/ODP bulletin, “OVR Referral Process for Employment-Related Services”.</p>
<p>If Supported Employment is not on the ISP, check here, then proceed to Section 12: <input type="checkbox"/></p>				
<p>11. Supported Employment (Intensive Job Coaching and Extended Employment Supports):</p> <p>a. Is the participant competitively employed? If yes, proceed to question B11(b). If no, proceed to Section 12.</p> <p>b. Was ineligibility or case closure with OVR confirmed or does the participant meet one of the exception criteria as outlined in the OVR bulletin?</p> <p><u>Intensive Job Coaching, direct and indirect</u></p> <p>c. Is support needed for more than 20% of the participant’s work week?</p> <p>d. Are Intensive Job Coaching services end dated for 6 months from the service start date?</p> <p>e. Is the participant within the 18 consecutive month time limit</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Note: Intensive Job Coaching and Extended Employment Supports cannot be provided at the same time. If a participant is switching from one of these services to another, the end date and start dates of the services cannot overlap.</p> <p>Note: The Employment/Volunteer screen should be updated to include the number of hours worked (on average) each week.</p>

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<p>to receive Intensive Job Coaching? If yes, mark question B11(f) as “N/A” and proceed to Section B12. If no, complete question B11(f).</p> <p>f. Has a Request for an Exception to Established Service Limits form been submitted and approved?</p> <p><u>Extended Employment Supports, direct and indirect</u></p> <p>g. Is support needed for 20% or less of the participant’s work week?</p> <p>h. Are the hours of Extended Employment Supports equal to or less than 416 hours (1664 units) per ISP year, with the year starting on the ISP plan effective date?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. If the plan includes Small Group Employment, and the participant is under the age of 24 and paid subminimum wage, was ineligibility or case closure with OVR confirmed?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Therapies:</p> <p>a. Has the Medical Assistance (Health Choices) payment for therapy been accessed and exhausted prior to requesting Speech/Language Therapy through the AAW?</p> <p>b. Has Counseling been added for no more than 12 units to have an assessment completed?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: The SC should document in the “Comments” section of the Service Details Screen and label the item “Exhausted State Plan (MA Services)”, that State Plan (MA Services) services for Speech Therapy have been exhausted.</p> <p>Comments:</p>
<p>If Residential Habilitation is not on the ISP, check here, then proceed to Section 15:</p>				<input type="checkbox"/>

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14. Residential Habilitation				Note: Participants authorized to receive Residential Habilitation or Life Sharing services may only be authorized for Transportation services as a discrete service when the participant requires transportation to or from a job that meets the definition of competitive integrated employment.
a. If the participant is currently receiving Respite until the Res Hab home is ready for the participant to move in, has Respite been end-dated on the ISP prior to the Residential Habilitation start date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If the participant is going to reside in a one person Community Home, is SSD-Community Support on the ISP? If yes, proceed to B14(c) If no, mark question B14(c) as “N/A” and complete question B14 (d).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the SC documented in service notes an acceptable reason for the participant to receive CS while in a one person Community Home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the level of Residential Habilitation requested appropriate and consistent with what was discussed in conjunction with the approval for Residential Habilitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Have both the Residential Habilitation and Residential Habilitation Ineligible service lines been added to the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the total number of units listed on both the Residential Habilitation and Residential Habilitation Ineligible service lines equal the number of days the participant needs the services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>g. Does the service location ID on both Residential Habilitation service lines match the address where the participant will be residing?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>h. If the Transportation service is on the plan, is the service required to transport the participant to and/or from competitive integrated employment?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has Nutritional Consult been added for no more than 12 units to have an assessment completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments:
If Transportation is not on the ISP, check here and proceed to Section 17: <input type="checkbox"/>				
16. Transportation:				<p>Note: Pennsylvania is mandated by federal regulation to provide transportation to and from medical providers. This service is provided through the Medical Assistance Transportation Program (MATP). AAW Transportation services cannot be substituted for MATP services.</p> <p>The activity should be identified in the Desired Activities section of the ISP. The service should be linked to a related goal.</p>
<p>a. Is the total funding for all Transportation services less than \$4,500 for the plan year?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>b. Is the activity for which the participant will use the transportation service identified in the ISP?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>c. Is the transportation service and plan reasonable given the participant's needs, desired activities, and other services already on the plan?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Transportation-Public</u>				
<p>d. Are the number of units consistent with the anticipated number of bus passes, trips, etc.?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>e. Is the rate per unit reasonable given the mode of transportation being requested?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>f. If the ISP contains more than one mode of public transportation are all modes of public transportation included in the same service line? (NOTE: if there is only one mode of transportation on the ISP, choose N/A and proceed to next section.)</p> <p><u>Transportation-Trip</u></p> <p>a. Is the zone consistent with the number of miles for each trip?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The breakdown of the costs of each mode of transportation will be found in the comments section of the service information on the service details screen.</p> <p>Zones are defined as follows: Zone 1 - greater than 0 and up to 10 miles; Zone 2 - greater than 10 and up to 30 miles; and Zone 3 – greater than 30 miles.</p>
<p>18. Goals:</p> <p>a. Is each active goal on the Goal screen linked to a service line in the Service Details screen?</p> <p>b. Is each goal that is linked to a service line in the Service Details screen an active goal?</p> <p>c. Is each goal categorized per the GAS format?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Note: An “active” goal is a goal that has not been end-dated on the Goal screen.</p> <p>Comments:</p>

Approval Section		
<p>Approved</p> <p>Rejected</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>Comments:</p>