

PURPOSE: This Office of Developmental Programs Individual Support Plan (ISP) Signature Form (revised 10/2016) is required to be completed during the following:

- Initial ISP meetings
- Annual Review Update meetings
- Team meetings regarding service changes that result in a critical revision to the ISP

INSTRUCTIONS FOR COMPLETING THE ISP SIGNATURE FORM

Page 1: At the conclusion of the meeting, the individual and team members should complete Page 1 of the ISP Signature Form.

- It is essential to have the individual attend his/her own meeting whenever possible. Each person who attended the meeting should sign and date the signature column across from their name and complete the title, agency and relationship to individual sections on the ISP Signature Form. If the individual, surrogate, or any other invited ISP team member chose not to be present, the reason for their absence must be documented on the ISP Signature Form under the column signature/date. The Supports Coordinators (SCs) should document the absent team member was invited, but did not attend.
- If an individual is in attendance at the meeting but chooses not to sign the ISP Signature Form, the SC must indicate on the ISP Signature Form that the individual was in attendance at the meeting but chose not to sign on the line designated for the signature of individual.
- If an individual did not attend the meeting, the SC must review the results of the meeting with the individual, and have the individual sign the ISP Signature Form, noting the date that the review was held outside of the ISP meeting.
- If the individual, family member, or any other team member disagrees with the content of the ISP, sign at the designated content objection section at the bottom of page 1.

Page 2: The table below contains detailed information to supplement the questions found on page 2 of this ISP Signature Form.

- Each SC should use this information to thoroughly explain each question to the individual/surrogate prior to indicating the appropriate answer in the check box.
- During the initial ISP and annual update meetings, all questions on page 2 must be answered. During ISP team meetings that result in a critical revision to the ISP due to a service change, complete page 1 and designate on page 2 only that the individual was informed of their due process rights.
- The SC will attach a copy of the completed ISP Signature Form to the ISP and send to all meeting participants as well as other invited meeting participants who could not attend. The SC will only send a copy of the ISP Signature Form to providers who have access to HCSIS as they can obtain the ISP.

QUESTIONS FOUND ON PAGE 2 OF THIS FORM	DESCRIPTION OF WHAT "YES/NO" INDICATES N/A INDICATES THE QUESTION IS NOT APPLICABLE
1. I attended this meeting.	Yes/No indicates whether the individual was present and participated.
2. I agree to comply with all waiver requirements (ie; recertification, eligibility, SC monitoring, SIS).	Yes/No indicates whether the individual agrees/does not agree to comply with the waiver requirements. N/A indicates the individual is not in a waiver.
3. My ISP team and I reviewed the PA Universal Summary Report (Supports Intensity Scale, SIS®, and PA Plus assessment results) during this meeting.	Yes/No indicates whether the PA Universal Summary Report was used during the ISP meeting. N/A indicates that the individual has not had a SIS® and a PA Plus assessment completed.
4. I have been informed of the right to select a qualified and willing provider (including supports coordination organization) at any time.	Yes/No indicates whether the individual has been informed of free choice of all willing and qualified providers.
5. I have selected and agree with the identified services and qualified providers in my ISP.	Yes/No indicates whether the individual agrees/disagrees with the identified services and chosen qualified providers reflected in their current ISP. N/A indicates that the individual currently does not have services.

QUESTIONS FOUND ON PAGE 2 OF THIS FORM	DESCRIPTION OF WHAT "YES/NO" INDICATES N/A INDICATES THE QUESTION IS NOT APPLICABLE
6. Types of services and available qualified providers have been reviewed.	Yes/No indicates whether the types of services and qualified providers have been reviewed.
7. I have been informed of the right to request a change in my services at any time.	Yes/No indicates whether the individual has been informed of their right to request a change in their services at any time due to changes in assessed need. The ISP must be updated, approved and authorized if changes occur.
8. I agree with the outcomes in my ISP.	Yes/No indicates whether the individual agrees with all outcomes identified in the ISP.
9. I have had my Prioritization of Urgency of Need for Services, or PUNS, reviewed and if needed, a PUNS change of status form has been completed and signed.	Yes/No indicates whether the PUNS form was reviewed, updated, and signed. The PUNS is the current process for categorizing an individual's assessed need for services. N/A indicates that the individual does not have a PUNS - all needs are met.
10. I have been informed about employment service options.	Yes/No indicates whether the SC informed the individual of employment service options.
11. I have been informed about the Financial Management Service, or FMS, option to self-direct.	<p>Yes/No indicates whether the individual has been informed about the FMS options (employer authority/budget authority) regardless of their current living arrangement.</p> <ul style="list-style-type: none"> • Employer authority: allows the individual or their surrogate to exercise choice and control over their qualified Service and Support Workers, SSWs. • Budget authority: allows the individual or their surrogate to negotiate qualified SSW wages within the established wage ranges.
12. I have agreed to receive SC services through Targeted Services Management, or TSM.	Yes/No indicates whether the individual agrees or disagrees to participate in supports coordination as a service funded as TSM. N/A indicates that the individual is not MA eligible.
13. I have received information regarding reporting abuse, neglect and exploitation from my SC.	Yes/No indicates whether the individual did or did not receive information on how to report abuse, neglect and exploitation from their SC.
14. If in the Consolidated or P/FDS Waiver, and my approved services are reduced, suspended, denied or terminated at any time, I have been informed of my due process rights and the Department's fair hearings and appeals process.	Yes/No indicates that a copy of the fair hearing request form DP 458 was or was not provided and explained. Fair hearing request form DP 458 explains how to file the appeal. If the individual asks for assistance in filling out the DP 458 form, the AE or SC should provide assistance. N/A indicates that the individual is not in a waiver.
15. If receiving county funded services, I have been informed of my due process rights.	Yes/No indicates whether the individual has been informed of their right to appeal under local agency law when base-funded services are denied, reduced or terminated. N/A indicates that the individual is not receiving base funding.
16. I understand my SC will provide copies of my ISP to the persons, agencies, or both listed on page 1. Providers having HCSIS access shall obtain the ISP electronically.	Yes/No indicates that the individual does or does not understand that copies of the ISP will be provided by their SC.

Individual's Name: _____

Date: _____

	YES	NO	N/A <small>(not applicable)</small>
1. I attended this meeting.	<input type="checkbox"/>	<input type="checkbox"/>	
2. I agree to comply with waiver requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My ISP team and I reviewed the PA Universal Summary Report (SISTM and PA Plus assessment results) during the ISP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have been informed of the right to select a qualified and willing provider (including supports coordination organization) at any time.	<input type="checkbox"/>	<input type="checkbox"/>	
5. I have selected and agree with the identified services and qualified providers identified in my ISP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Types of services and available qualified providers have been reviewed	<input type="checkbox"/>	<input type="checkbox"/>	
7. I have been informed of the right to request a change in my services at any time.	<input type="checkbox"/>	<input type="checkbox"/>	
8. I agree with the outcomes in my ISP.	<input type="checkbox"/>	<input type="checkbox"/>	
9. I have had my Prioritization of Urgency of Need for Services, or PUNS, reviewed and if needed, a PUNS change of status form has been completed and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have been informed about employment service options.	<input type="checkbox"/>	<input type="checkbox"/>	
11. I have been informed about the Financial Management Service, or FMS, option to self-direct.	<input type="checkbox"/>	<input type="checkbox"/>	
12. I have agreed to receive SC services through Targeted Services Management, TSM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I received information on how to report abuse, neglect, and exploitation from my SC.	<input type="checkbox"/>	<input type="checkbox"/>	
14. If in the Consolidated or P/FDS Waiver, and my approved services are reduced, suspended, denied, or terminated at any time, I have been informed of my due process rights and the Department's fair hearings and appeals process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. If receiving county funded services, I have been informed of my due process rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I understand my SC will provide copies of my ISP to the persons, agencies, or both listed on page 1. Providers having HCSIS access shall obtain the ISP electronically.	<input type="checkbox"/>	<input type="checkbox"/>	