Department of Aging and Office of Long-Term Living
Individual Service Plan (ISP) Training
Frequently Asked Questions (FAQs) Number 3

January 4, 2011

The implementation of the new standardized ISP process does not change any of the current service definitions, service limitations and standards in the current approved waivers.

As we move forward with the ISP implementation and training we would like to offer resources that will assist CM/SC with a greater understanding and clarification of the new ISP process. For on-line training related to the CMS assurances and specifically the Service Plan Assurance please visit: CMS SC online training: http://www.hcbsassurances.org/

Question: Is an RN signature on the CMI required for the under-60 programs?

Answer: Utilizing the CMI is a step forward in creating consistency in assessment tools across waiver programs. The CMI is an interim step in the process as we create a standardized assessment tool that will replace both the current LOCA and CMI in the near future.

With the understanding that some providers are unfamiliar with the CMI language, it is recommended that the CM/SC use information from the LOCA to complete parts of the CMI. OLTL is working on developing a webinar to address the need for training on the CMI.

An RN signature on the CMI is required for those under 60 individuals who are ventilator dependent, technology dependent, require wound care, are non compliant with medications, ADL non-compliance (non-compliance with two or more ADL functions) or if the participant requests to have an RN involved with the assessment of needs.

Question: How often is the CMI completed?

Answer: The CMI must be completed at the time of enrollment and at the time of re-assessment (which is required annually). The CMI must be completed whenever there is a change in 2 or more functional areas contained within the CMI. For example a change in cognition in addition to a change in availability of informal supports will result in the completion of a new CMI.

Question: How do I develop an Emergency-Back-Up Plan?

Answer: The CM/SC should consider the many community resources that assist participants in the event of serious emergency, such as severe snow storms, power outages, floods etc. There are several resources to assist CM/SC in developing an emergency back-up plan with participants. Below are just a few resources that may be of assistance. Resources for Emergency Back-Up Plans:
http://www.ops.fhwa.dot.gov/eto_tim_pse/publications/index.htm
www.fema.gov/pdf/library/pfd_all.pdf
www.redcross.org
www.pema.pa.us

In addition, informal supports such as friend, family, neighbors, or formal services provided through the Waiver may be used to address brief and prolonged disruptions of service.

Question: Where can I find the "FAQ" documents?

Answer: All of the training materials, FAQ documents and HCSIS questions and answers can be found at: www.ltltrainingpa.org

Question: Does the "Freedom of Choice Form" replace the Care Plan Agreement? When does the Freedom of Choice Form need to be completed?

Answer: Yes. The Freedom of Choice Form, Provider Choice Form and the ISP form replace all previous documents for service plan/care plan. The Freedom of Choice Form must be filled out at the time of enrollment and at the time of annual re-assessment.

Question: What is the Notice of Service Determination and Right to Appeal Form?

Answer: The Notice of Service Determination and Right to Appeal Form has not been issued as of this date. It is a standard form that was developed for all programs. Until the form is issued, CM/SC should continue to use the agency's current version of the service determination and appeal form.

Question: How are we to communicate with BIS when an ISP needs reviewed in SAMS?

Answer: BIS is requesting that an email continue to be sent to the appropriate RA-address notifying specialists that a plan needs to be reviewed. The current process for email contact should continue until further notified. Please be sure to use the exact Resource Account address as is noted here:

Central Region - RA-BISCentralReg
Northeast Region - RA-BISNortheastReg
Northwest Region - RA-BISNorthwestReg
Southeast Region - RA-BIS SoutheastReg
Southwest Region - RA-BIS SouthwestReg

Question: Do we need to wait for OLTL to authorize a permanent decrease in service if it is at the consumer's request.

Answer: No, the CM/SC should document the decrease in the participant's ISP as well as the justification or reason for the decrease as instructed in the bulletin. An Activity and Referral should be completed in SAMS with documentation of the decrease and submitted to OLTL. A critical revision should be completed in HCSIS with documentation of the decrease and submitted to OLTL. The CM/SC supervisor may authorize the decrease, however for billing purposes and integrity of data, the appropriate steps (listed above) must be taken for documentation.

Question: Can I get some clarification about NHT, Community Transition Services and the ISP process?

Answer: For HCBS eligible individuals in nursing facilities, some waiver services, such as Community Transition Services, environmental modifications and specialized durable medical equipment will begin while the individual is getting ready to transition to the community. Approval for these types of funds or services should follow the current process for NHT with authorization by OLTL staff prior to items being purchased. The new ISP process should not delay the transition of individuals to the community or the provision of these services. Community Transition Services, environmental modifications and specialized durable medical equipment will be added to the initial ISP as the individual transitions to the community. An under 60 individual must be clearly identified as NHT when communicating with the Enrolling Agency (IEB). For an individual receiving CTS who is going to be enrolled in a waiver program, the CTS request must be submitted to OLTL for authorization and the service, as well as the identified provider of the CTS, must be included on the initial ISP in HCSIS or SAMS.

Other waiver services for individuals transitioning from nursing facilities, such as attendant care, personal assistance services, etc., will follow the new ISP process once financial and functional eligibility are determined.