Resource Coordination

Quick Reference Guide: Individual Plan

April 25, 2014

Web site: http://dda.dhmh.maryland.gov

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

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OVERVIEW:

The Individual Plan (IP) is the foundation and roadmap of an individual's services and supports. Through a person directed approach, each individual, with assistance from his or her team, is the designer of the services and supports, including natural supports, reflected in the individual plan. The IP shall be developed by utilizing a person centered planning methodology (such as Essential Lifestyle Plans, MAPS, PATHS, etc.) based on the preference of the individual. Individual plans should incorporate natural supports as well as addressing ways to assist the individual in developing various types of relationships which may increase their natural support system. Natural supports are an essential part of each person's life to be fully integrated in the community. Natural supports and associations include community recreations programs, libraries, groups and clubs, neighborhood events, etc. that are available to all citizens. Prior to seeking paid supports, resource coordinators should look as natural supports to meet the person's needs, wants, and desires.

The resource coordinator should facilitate development of the IP and complete it within 30 business days after notification of selection as the resource coordination agency and subsequent initial contact with the individual. The IP shall be documented within DDA's data system and updated or revised as conditions or circumstances change or as requested by the person and annually (within 365 calendar days of the established IP date).

Requirements for the IP are outlined in COMAR 10.09.48:

A. The Individual Plan shall:
    1. Be participant-centered, outcome-oriented, and person directed, as selected by the participant;
    2. Comply with requirements set forth in COMAR 10.22.05;
    3. Establish a plan for emergencies;
    4. Be completed within 30 business days after notification of selection as the resource coordination agency and subsequent initial contact with the participant, and, if necessary, updated or modified within 30 business days of service initiation;
    5. Be developed and written in collaboration with the participant and his or her identified representatives as appropriate;
    6. Provide services in the most integrated setting;
    7. Identify services needed to accomplish intended outcomes and preferences;
    8. Address risks and needs identified in the Comprehensive Assessment; and
    9. Be updated or revised:
        a. As the conditions or circumstances of the participant change or as requested by the participant, and
        b. Within 365 calendar days of the initial individual plan or annually.

B. Individual Plans developed for individuals receiving transition coordination services shall:
   1. Address challenges related to transitioning;
   2. Focus on transition from the institutional setting to the community;
   3. Identify services and supports that may be available;
   4. Be outcome-oriented; and
   5. Include the provision of services and supports.

PROTOCOLS AND BUSINESS RULES:

Individual Plan Preparation and Development

A. The resource coordinator is the entity responsible for ensuring development of the individual plan.

B. In accordance with COMAR 10.22.05.03A, the resource coordinator shall ensure that each person has an individual plan (IP), including individuals on the waiting list, currently receiving services, transitioning from an institution, and self-directing services.

C. The IP is a single plan for the provision of all services and supports, including self-directed services under New Directions and non-DDA funded services. It is outcome oriented and is intended to specify all needed assessments, services, and training. Conditional or provisional plans are not accepted.

D. Individuals may request a particular person centered planning method for which the resource coordinator shall support and facilitate. The method of planning shall involve an individualized approach rather than simply reviewing the IP template found within the Provider Client Information System (PCIS2) IP Module and answering the required fields.

E. The planning process must ***support the voice of the person*** even if there is an objection from the family, service providers, or others. Justification is required, and must be communicated to the DDA Regional Office, for service requests that:
   1. Place an individual at risk for health, safety, or rights issues;
   2. Unnecessarily puts an individual in a more restrictive setting;
   3. Has no identified need associated;
   4. Is a higher cost service when a less costly alternative is available; or
   5. Does not support an outcome.

F. The IP meeting shall include guests as chosen by the individual.

G. In accordance with COMAR 10.22.04 Values, Outcomes, and Fundamental Rights outcomes identified shall relate to the desired quality of life as defined by the person. Please note that enrolling in one of the DDA waivers is not an outcome.

H. It is the resource coordinator's role to advocate for the ***individual***, to assure that the individual's rights are protected, and the individual's needs and preferences are considered in accordance with COMAR 10.22.09.04.

- ❖ Resource coordinators should meet with the individual prior to the IP team meeting to review current and future outcomes and goals; preferences; interest; needs; services provided and options; health changes; emergency plans; etc. and seek the individual's choices for the new or annual individual plan.

I. The role of DDA service provider agencies, and other entities, includes participating in the development of the IP and to provide program-specific strategies to support the individual to achieve the identified goals.

- ❖ Service providers should be encouraged to meet with the individual prior to the IP team meeting to discuss goals and strategies specific to the supports they may provide in relation to an outcome.

J. Services are to be delivered in the most integrated setting appropriate to meet the individual's needs and in the most cost effective manner in accordance with COMAR 10.22.09.

Documenting the Individual Plan

A. All individuals receiving resource coordination services from the DDA shall have a comprehensive IP that includes all required components included in the PCIS2 IP module as outlined in COMAR 10.22.05.02 and mandated by the DDA.

1. The IP must be documented within the PCIS2 Individual Plan Module.
2. The IP module within PCIS2 contains several sections, of which the following "pages" and associated data elements are required: (1) Information, (2) Summary, (3) Outcomes and Goals, (4) Strength/Needs/Preferences, (5) Services, (6) Health, (7) Emergency Plan, and (8) Signature.
3. If a service provider has not been identified during the meeting, the resource coordinators shall enter the service name and TBD (to be determined) for the provider(s) under "My Team Recommended Services."

B. The Finance and Budget pages are optional based on the choice of the individual. The individual should be informed of their potential use and then given the choice to complete the Finance and Budget pages. For example, the Budget page is a good tool to assist individuals in budgeting and planning how they would like to use their personal funds.

- ❖ The waiver program has requirements related to income and assets so it is important for individuals to budget and plan purchases and expenses as to not lose their waiver and Medicaid eligibility.

C. Each IP shall contain all components listed in COMAR 10.22.05.02B(1)-(14). Services that are not applicable for the person should be so noted as such.

D. During annual IP meetings or as needed, a determination of whether the needs of the person can be met in a more integrated, less restrictive setting should be reviewed and appropriate action taken as necessary. Barriers to receiving services in a more integrated and less restrictive setting should be identified.

E. The plan should contain measurable goals and strategies to work toward an outcome in accordance with COMAR 10.22.05.02B(6).
   1. The goals and service type, frequency, and duration to be provided should be clearly reflected.
   2. There should be documentation of progress toward the achievement of goals in accordance with COMAR 10.22.05.02B(9).

F. People residing in a State Residential Center (SRC) shall also have all components associated with the Written Plan of Habilitation as noted in COMAR 10.22.05.02B(14) and COMAR 10.22.05.03C.

G. Members of the IP team should be identified within the team meeting minutes, including their positions and relevant information.
   - ❖ IP for Individuals with a behavior and/or nursing care plan should include an annual update from professionals overseeing the behavior or nursing care plan(s) if they are unable to attend the meeting. The update should contain a summary for the year including services provided, progress, fading strategies, challenges, and goals for the individual plan.

H. To ensure choice of services and providers, the resource coordinator shall offer and document choice between and among services and providers during team meetings, referral and related, and monitoring and follow-up activities.
   - ❖ The resource coordinator's documented signature on the IP "signature page" is an attestation that they shared information about services and provider choice options (including resource coordination agencies).

Reviewing the Individual Plan

A. Resource coordinators, DDA service providers, and regional offices must review, monitor, and track all individual plans to determine if they are:
   1. Meeting people's needs,
   2. Provided in the most integrated setting,
   3. Delivered in the most cost effective manner, and
   4. For compliance with Federal and State requirements including, but not limited to, the Medicaid Waiver programs.

B. The individual plan review shall include assessing:
   1. All DDA funded services including current:
      a. Services and provider service strategies;
      b. Supplemental and "add on" services; and
      c. Staffing patterns, ratios, and service intensity. Provide clarification whether designated staffing must be within line of sight, touch, may be shared among other individual, etc.
   2. Other non-DDA funded programs and services;
   3. Whether services are supporting goals to lead to the person's identified outcomes;
   4. Whether new or different services or providers should be considered; and

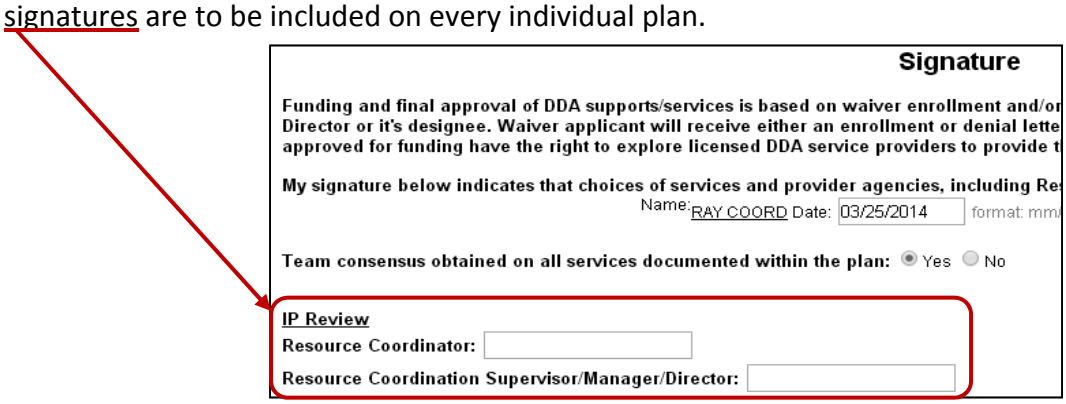
5. Whether services are duplicated or should be provided by other programs. For individuals in a Waiver program including the Model or Autism Waiver, or receiving REM or other Medicaid State plan services, review that program's available services to maximize use of all resources. Funding through the DDA should not be used to supplant services available through such programs.

C. All IPs shall be reviewed and updated at least annually, within 365 calendar days of the last plan, or more often as needed in accordance with COMAR 10.22.05.05C. Desires to change services and/or providers should be reflected in the IP Service page under "My Team Recommended Services" followed by a Request for Service Change (RFSC).

Finalizing the Individual Plan

A. COMAR 10.22.05.05A(1)(2) states that: "each IP shall be reviewed and approved, disapproved, or modified by: (1) The executive officer or administrative head of the licensee or a qualified developmental disability professional whom the executive officer or administrative head designates; and (2) One other professional individual who is responsible for carrying out a major program but does not participate in the individual plan."

- The resource coordinator serves as the required "qualified developmental disability professional," and a supervisor, manager, or director of resource coordination serves as the other professional required by 10.22.05.05(A)(2). Effective, April 1, 2013, these two signatures are to be included on every individual plan.



B. The resource coordination provider is responsible for forwarding the draft individual plan to the DDA licensed service provider(s) for final review of specific outcomes and implementation strategies for which they will be responsible. Providers are to alert the resource coordinator of any errors or necessary corrections.

- Provider requested changes or edits must align with the person's choice and team consensus as documented in the IP team meeting minutes. Any requested changes that appear to be "new", impacts the most integrated setting, is more restrictive, or differs from the choice of the individual shall be addressed by contacting the provider and if needed reconvening the IP team.

C. Resource coordination supervisors are to review the individual plan to ensure all required components and data fields are completed as per regulations and policy including:

1. Outcomes, goals, and strategies are documented;

2. DDA services include frequency, scope, duration, most integrated setting and justification;
3. Finance and budget pages are completed if requested by the individual;
4. DDA licensed providers have had the opportunity to review the draft and appropriate changes are reflected; and
5. Individual's choice of services and providers are documented.

D. The resource coordinator shall document as a RC Note and notify the Regional Office of the reason for any delays in conducting the IP team meeting and the steps taken to remediate future occurrences.

E. In accordance with COMAR 10.22.05.04, if the team cannot reach a consensus and/or the individual wants to appeal the team's decision, the resource coordinator shall mediate and resolve the issue of concern. If the resource coordinator cannot resolve the issue, they shall refer the issue to the appropriate DDA Regional Director who shall mediate and resolve the issue of concern.

F. Applications to the DDA Community Pathways Waiver should not be submitted until the IP is completed and providers have been selected.

GENERAL STEPS: INDIVIDUAL PLAN DEVELOPMENT PROCESS

STEP 1: The resource coordinator facilitates an IP team meeting with the individual, his or her representatives or family, and the direct service provider(s).

STEP 2: The direct service providers should prepare for the meeting by working with the resource coordinator and individual to draft written goals, outcomes, and strategies to bring along with existing behavior support plans, medications, immunizations, nursing care plans, an emergency plan, and other relevant information as applicable.

STEP 3: If the complete relevant IP information is not available at the IP team meeting, the **direct service provider(s) will provide the information, in written form, to the resource coordinator within 5 business days** of the IP team meeting.

- ❖ Following the receipt of the goals, outcomes, strategies, behavior plans, medications, immunizations, nursing plan, an emergency plan, other information or revisions from the direct service provider(s) and other team members, **the resource coordinator has 5 business days to draft the IP and enter it into the PCIS2 IP Module**.

STEP 4: If there are no major matters in need of resolution following the IP team meeting, the resource coordinator will send the draft IP by mail or as an *encrypted* email attachment to the individual and designated direct service provider representative(s) within 10 business days of the IP meeting. The resource coordinator will inform the direct service provider(s) that they have 3 business days to review the individual plan for accuracy of specific outcomes and implementation strategies for which they will be responsible.

a. If no comment is received back within the 3 business days, the draft IP will be considered acceptable. The resource coordinator will then indicate on the signature

page that the team has reached consensus, obtain the necessary approval in accordance with COMAR 10.22.05.05A(1)(2) and then finalize the IP. The signature page will be uploaded into PCIS2 by the resource coordinator to complete the individual plan.

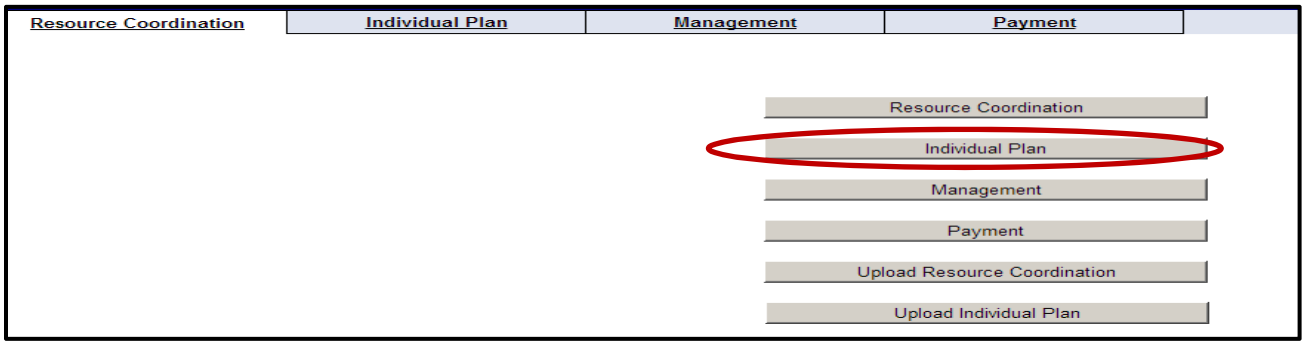
b. If the direct service provider responds with minor comments, the resource coordinator has 7 business days to revise and complete the IP within the PCIS2 IP Module. If the direct service provider responds with major comments, the resource coordinator can address those issues with the provider or schedule a new IP meeting to resolve. If disagreements cannot be resolved, the resource coordinator will refer the matter to the DDA Regional Office Director for mediation.

STEP 5: If a new IP meeting or resolution at the Regional Office is not needed, the resource coordinator will complete the IP within 20 business days of the IP meeting and distribute a final signed copy to the individual as well as the direct service provider(s).

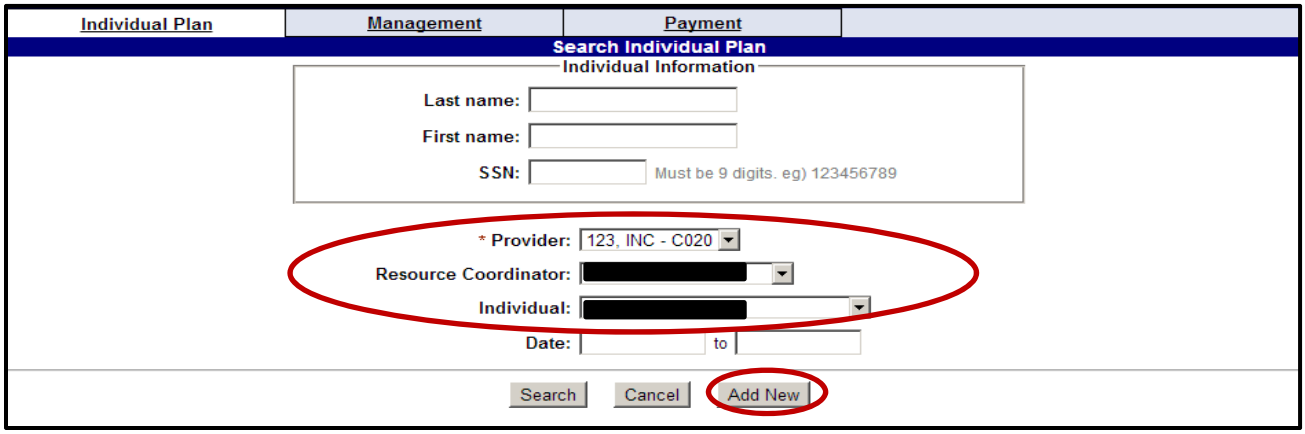
DOCUMENTING THE INDIVIDUAL PLAN WITHIN PCIS2:

There are ten (10) components to the IP Module in PCIS2: Information, Summary, Outcomes and Goals, Strengths/Needs/Preferences, Finance, Budget, Services, Health, Emergency Plan and Signature. All fields within all components are required except for the Budget and Finance pages.

STEP 1: Once in the "Resource Coordination" tab, click on **"Individual Plan."**



STEP 2: Select your name and the individual from the "Resource Coordinator" and "Individual" drop-down menus. Click on **"Add New."**



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STEP 3: Enter the date for the IP and indicate whether this is an initial, annual, or revised IP. If it is an annual or revised IP, also enter the previous IP date. Then click on **"Submit."**

Create New Individual Plan

Individual Plan Date: 10/14/2013 format: mm/dd/yyyy Previous Individual Plan Date:

Plan type: Initial Annual Revised

Select Provider: 123, INC - C020

Select Resource Coordinator: D TEST

Select Individual: [redacted]

If this is the first IP for the individual, select **"Initial."** If it is the individual's annual IP, select **"Annual."** If you are making revisions to the current IP, select **"Revised."**

Individual Information

Name: [redacted] Date of Birth: [redacted] Gender: Female

SSN: XXX-XX-[redacted] Medical Assistance #: [redacted]

Submit Go Back

STEP 4: **Information Page (Required Data Element)**: Review the information under the "Demographics" section. Select **"Modify"** to make any corrections. Under "Guardians & Important People," select **"Add Relationship"** to enter new contacts.

Information ✓	Summary	Outcomes & Goals	Strength/Needs/Preference	Finance
Budget	Services	Health	Emergency Plan	Signature
LISS	WPH			

These fields will auto populate.

Demographics

Modify

Name: Date of Birth: Gender: SSN: XXX-XX-[redacted]

Primary Address:

Mailing Address:

Medical Assistance #: CBIS #:

Other Medical Insurance:

Phone #:

E-mail

Save as Draft Go to Summary

Guardians & Important People

Relationship	Last Name	First Name	Address	Phone #	Email	View Detail
						View

Add Relationship

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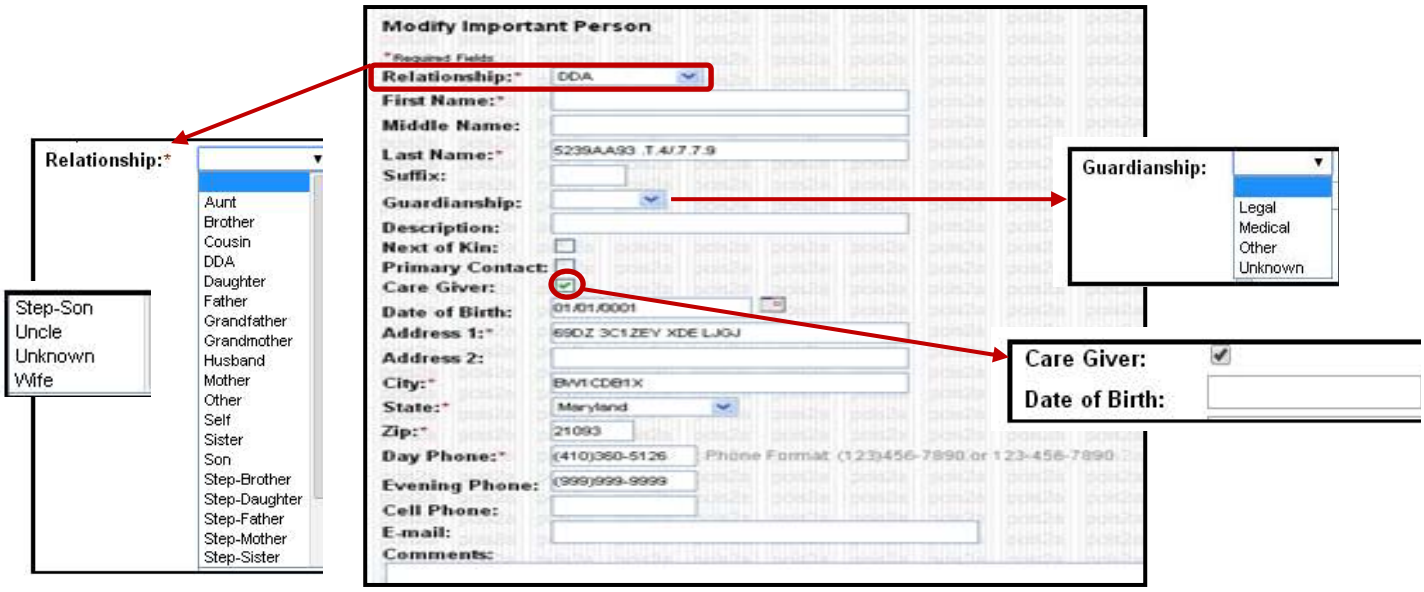
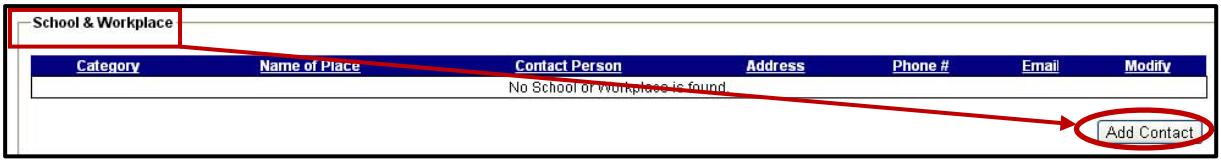
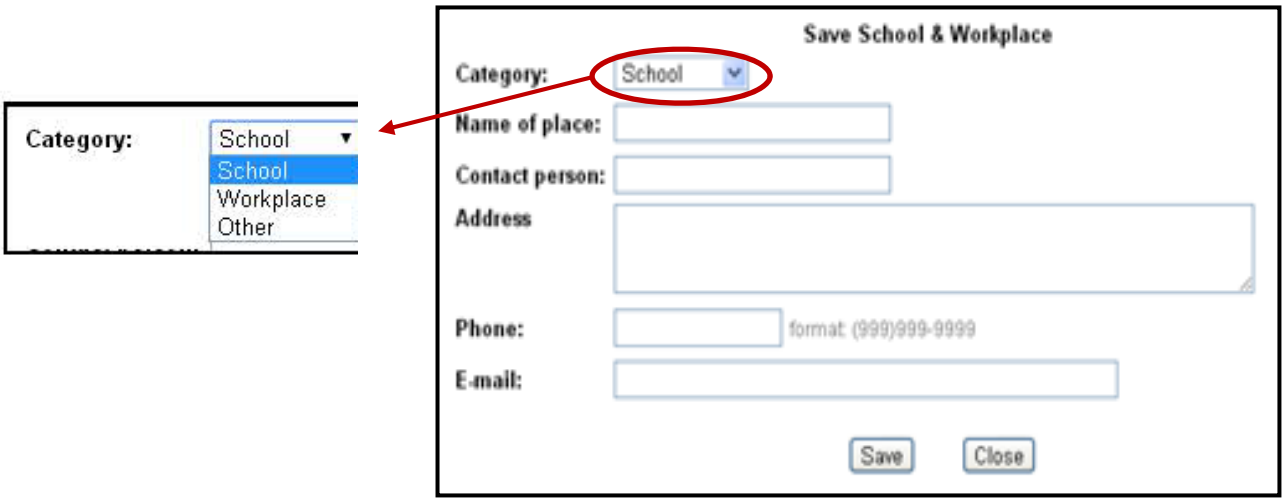


STEP 4a: Under the "School & Workplace" section, select **"Add Contact"** to enter the individual's school and place of employment.





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STEP 5: Summary Page (Required Data Element): Answer the four questions about the individual's representatives. If the answer to any of the questions is "Yes," enter the representative's name and contact number. To save the information and return to the page later, click on **"Save Summary."** Once all of the information on the page is finalized, click on **"Complete Summary."** To continue to the next section of the IP, click on **"Go to Outcome."**

Resource Coordination | Individual Plan | Management | Payment

Information | Summary | Outcomes & Goals | Strength/Needs/Preference | Finance
Budget | Services | Health | Emergency Plan | Signature
LISS | WPH

Individual Plan is added successfully.

Individual Information
Name: [redacted] Date of Birth: [redacted] Gender: [redacted] SSN: XXX-XX-[redacted]
MA #:

Provider: [redacted] Resource Coordinator: [redacted] PCIS2 ID: [redacted] Agency Tracking ID:

*Individual Plan Date: 03/24/2014 MM/dd/yyyy *Previous Individual Plan Date: MM/dd/yyyy *Annual Individual Plan Date:
Month / DD Month/day
Plan type: Initial Annual Revised

*Legal guardian (other than self)? Yes No If yes, *Name : *Phone: (000)123-4567
*Surrogate Decision Maker: Yes No If yes, *Name: *Phone:
*Type: Person Property Medical
*Power of Attorney: Yes No If yes, *Name: *Phone: (000)123-4567
*Type: Person Property Medical
*Appointed Healthcare Agent: Yes No If yes, *Name: *Phone: (000)123-4567

*DDA Funded Services: DDA Waiver DDA State Funds Not Applicable
*Other Services: Non-DDA Waiver REM EPSDT ACP IHAS MAPC

Autism
Model Waiver
Older Adults Waiver
Traumatic Brain Injury Waiver
Living At Home Waiver

View PDF | View XML | Go to Search screen

Go to Information | Save Summary | Complete Summary | Copy and Create new IP | Go to Outcome

STEP 6: Outcomes & Goals Page (Required Data Elements): To enter an outcome, click on **"Add Outcome."**

Resource Coordination | Individual Plan | Management | Payment

Information | Summary ✓ | Outcomes & Goals | Strength/Needs/Preference | Finance
Budget | Services | Health | Emergency Plan | Signature
LISS | WPH

Individual Information
Name: [redacted] Date of Birth: [redacted] Gender: Female SSN: XXX-X[redacted]
Medical Assistance #: [redacted]

My Outcomes and Goals

Add Outcome

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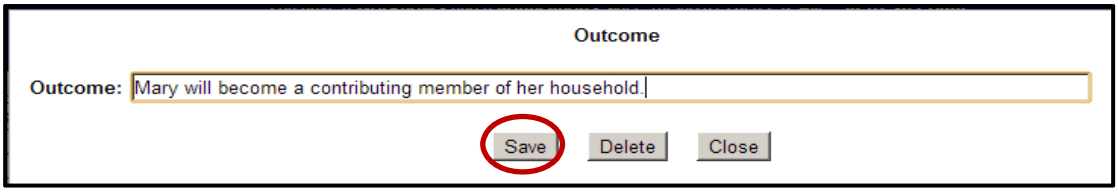
STEP 6a: Enter the desired outcome and select **"Save."**

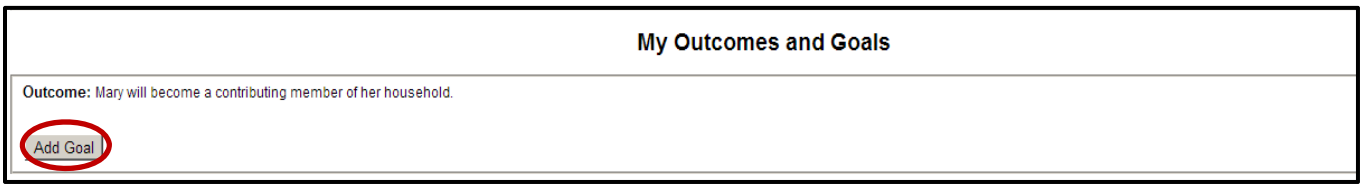


NOTE: In developing outcomes, you should focus on the individual's priorities and his/her desired achievements over the next 1-3 years. Each outcome should have measurable goals associated with it.

EXAMPLES OF ACCEPTABLE AND UNACCEPTABLE OUTCOMES

- **Unacceptable:** "With supervision, Jane will increase her work skills and productivity."
  - **Acceptable:** "Jane will work full-time at an elementary school."
- **Unacceptable:** "Following a budget, Jane pays her bills and buys personal items with money allocated on a weekly basis."
  - **Acceptable:** "Jane will own her own home."
- **Unacceptable:** "With support services, Jane socializes in the community with peers at least once a month."
  - **Acceptable:** "Jane will learn communication and problem-solving skills that will help her strengthen her relationships with neighbors and co-workers."

STEP 6b: To add a goal associated with achieving the outcome, click on **"Add Goal."**



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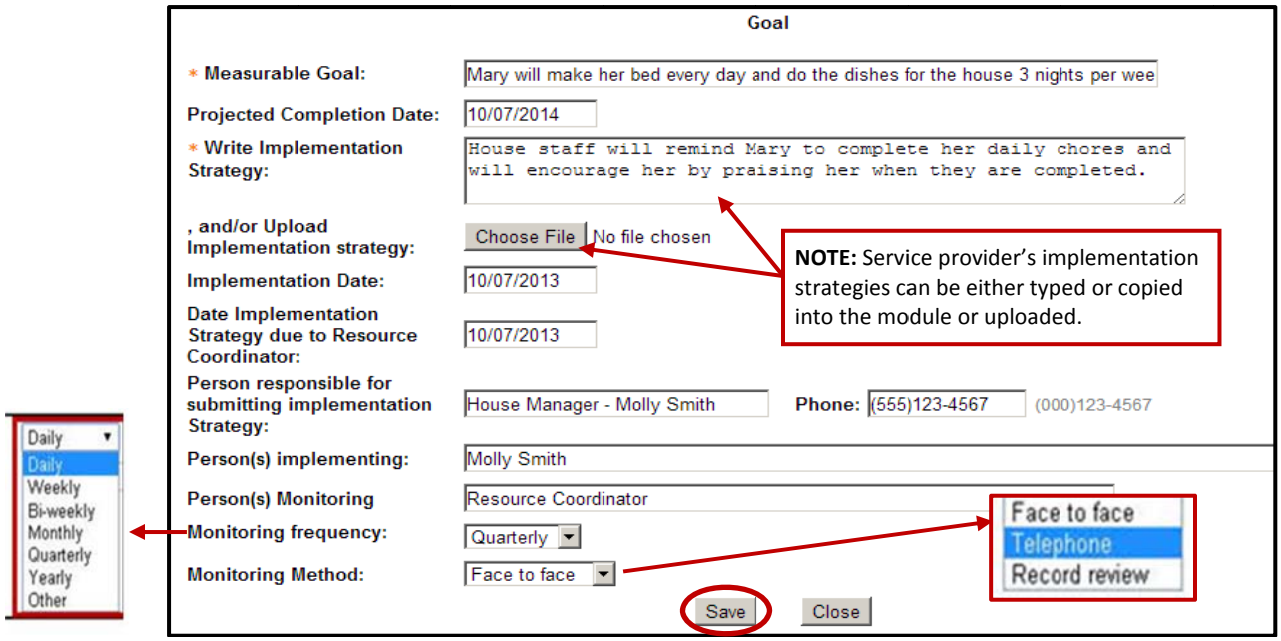
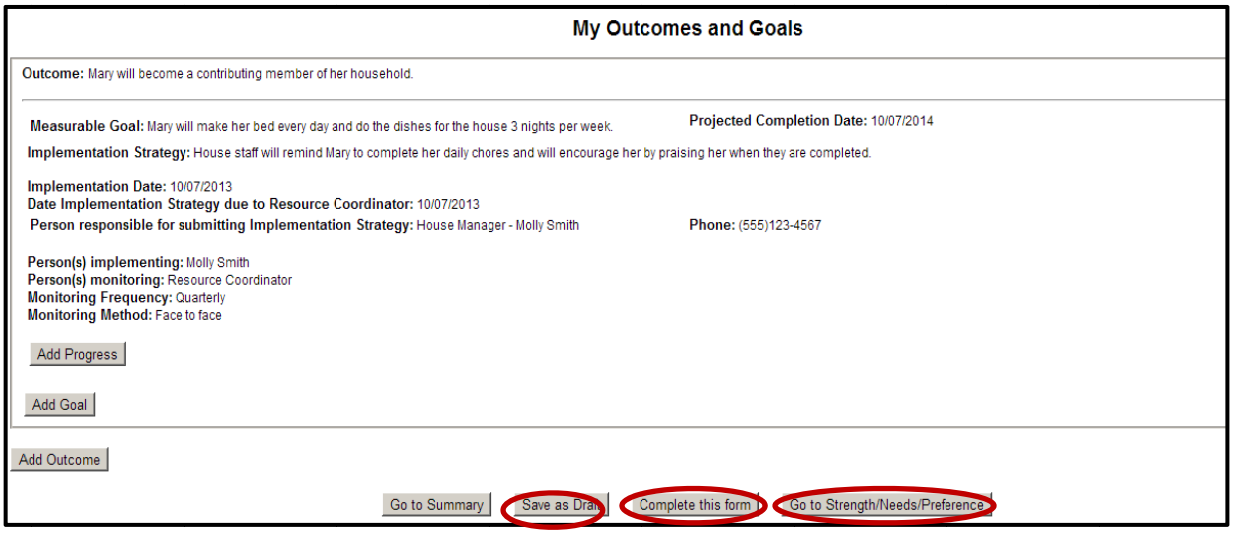
STEP 6c: Enter the goal, implementation strategy for meeting the goal and information related to implementation and monitoring. Click on **"Save."**

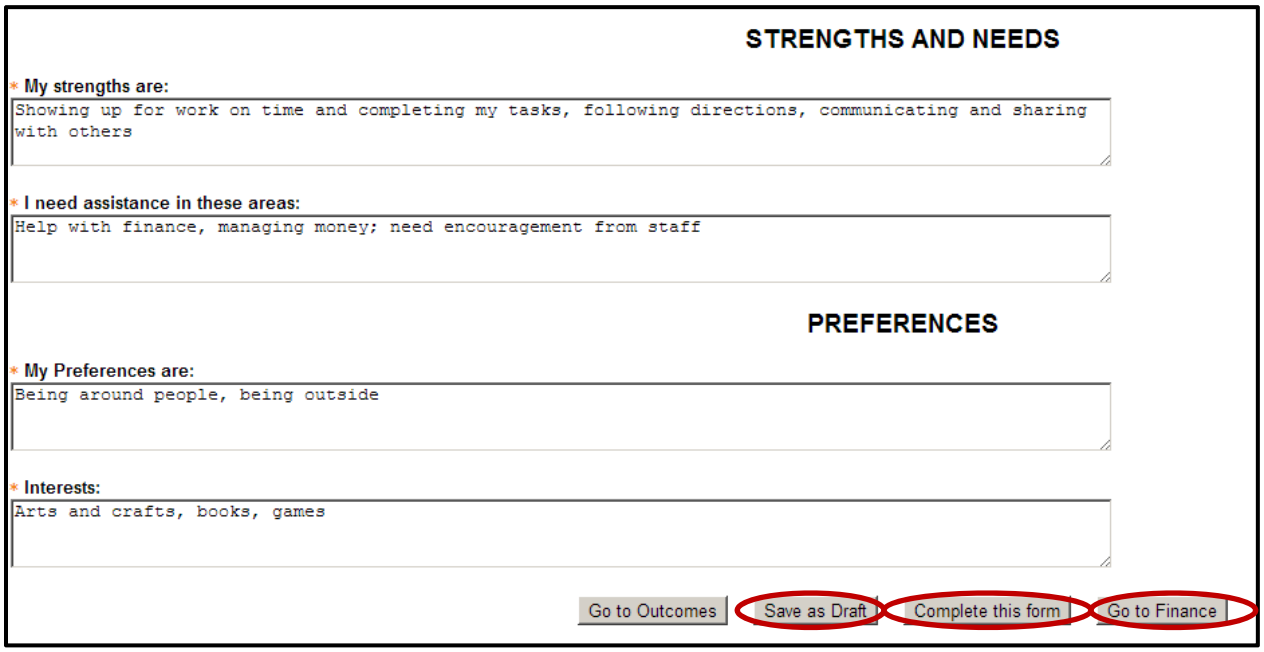


NOTE: Goals differ from services, and the two are not interchangeable, but it is the responsibility of the planning team to connect the individual's goals with the services he/she needs to work toward that goal. Goals should be measurable and observable.

STEP 6d: To save the page and return to it later, click on **"Save as Draft."** Once you've added all of the individual's outcomes and related goals click on **"Complete this Form."** To continue to the next section of the IP, click on **"Go to Strengths/Needs/Preferences."**

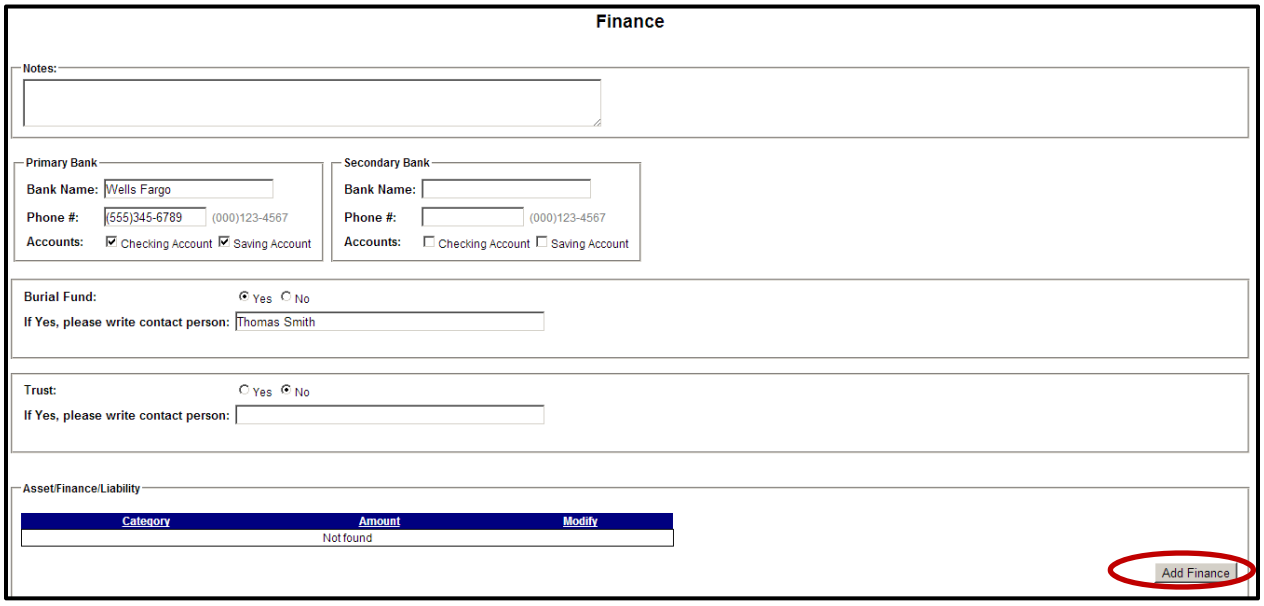


STEP 7: Strengths/Needs/Preferences Page (Required): Enter the individual's strengths, needs, preferences, and interests. To save the page and return to it later, click on **"Save as Draft."** Once the information in each of the four categories is finalized, click on **"Complete this Form."** To continue to the next section of the IP, click on **"Go to Finance."**



NOTE: Provide detailed information on what the individual does well (strengths), what he/she likes to do (preferences and interests), and any areas for improvement or that require extra assistance (needs). Resource coordinators should also note preference related to services, activities, assistance, supports, interest, etc. that the person prefers "not" to do or have.

STEP 8: Finance Page (*Optional Data Element*): If the individual would like to include finance information in his/her IP, enter information related to their bank account, burial fund (if applicable) and trust (if applicable). To add an asset, liability or property, click on **"Add Finance."**



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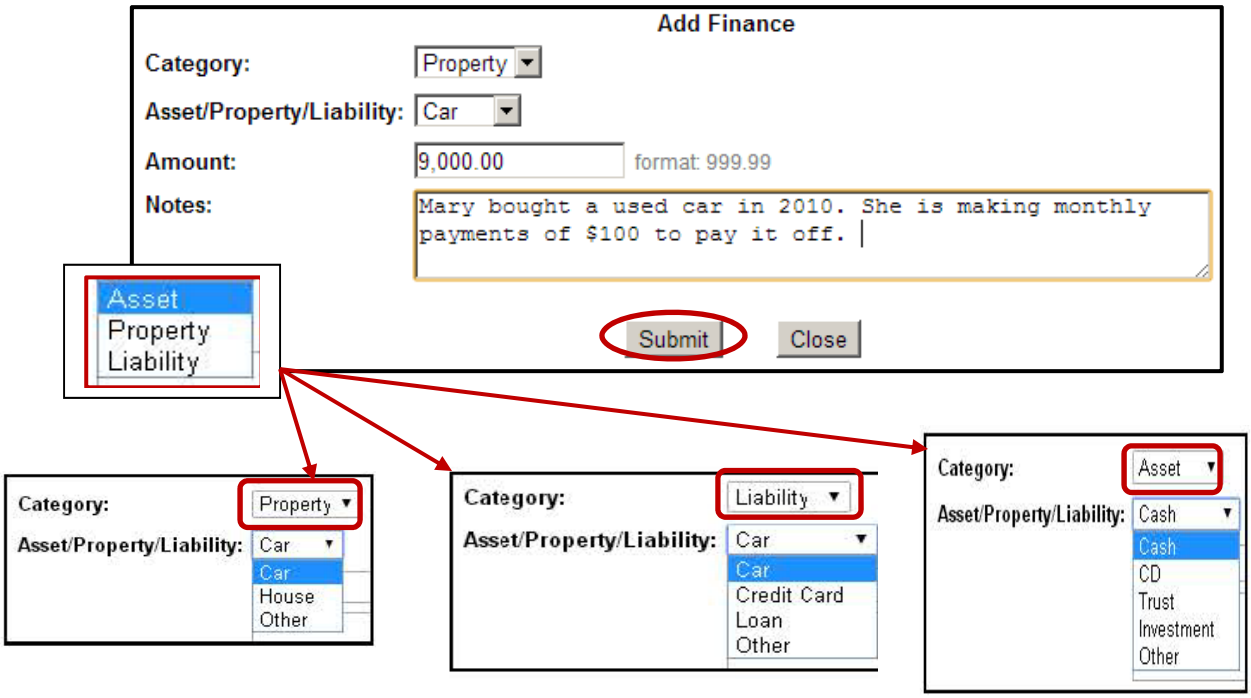
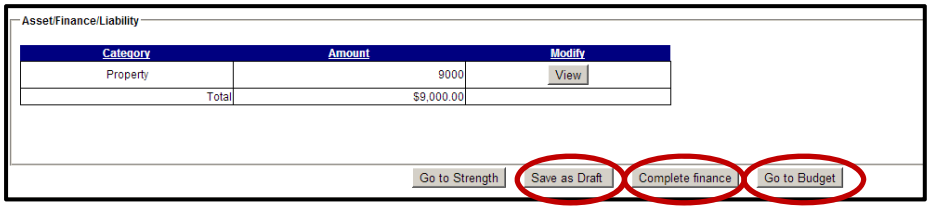
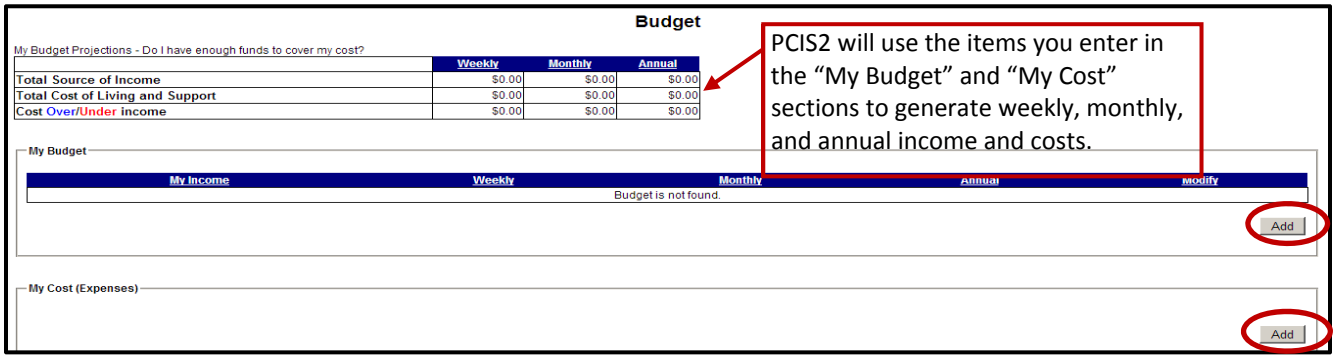
STEP 8a: To add an asset, property, or liability, select from the three options in the "Category" drop-down. Then select from the options in the "Asset/Property/ Liability" drop-down. Enter the amount of the asset. Provide details in the "Notes" section. Click on **"Submit"** to save and return to the Finance page.



STEP 8b: To save the information entered on the Finance page and return to it later, click on **"Save as Draft."** Once all the information on the page is finalized, click on **"Complete finance."** To continue to the next section of the IP, click on **"Go to Budget."**



STEP 9: **Budget Page (*Optional Data Element*):** If the individual would like to include a budget in their IP, add his/her sources of income and costs, and the page will calculate weekly, monthly and annual budget projections. To add a source of income or cost, click on **"Add."**



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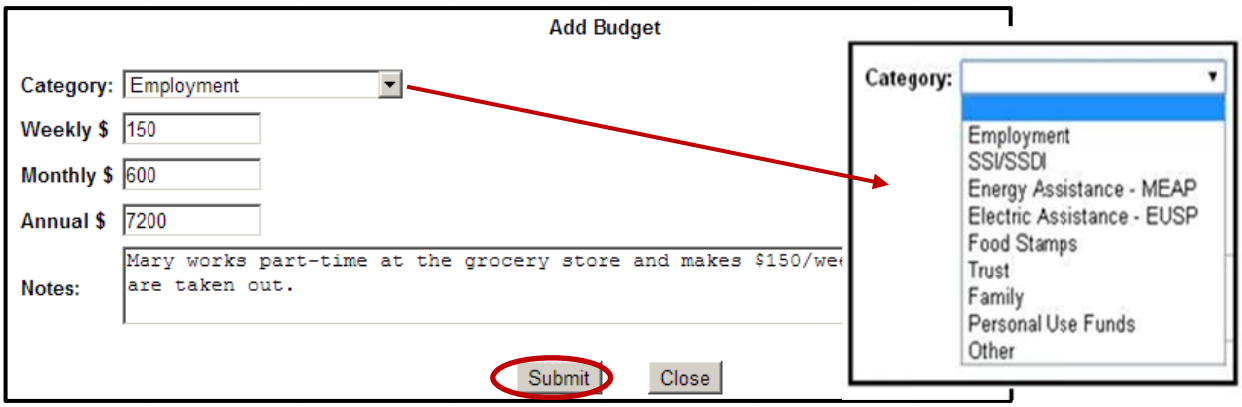
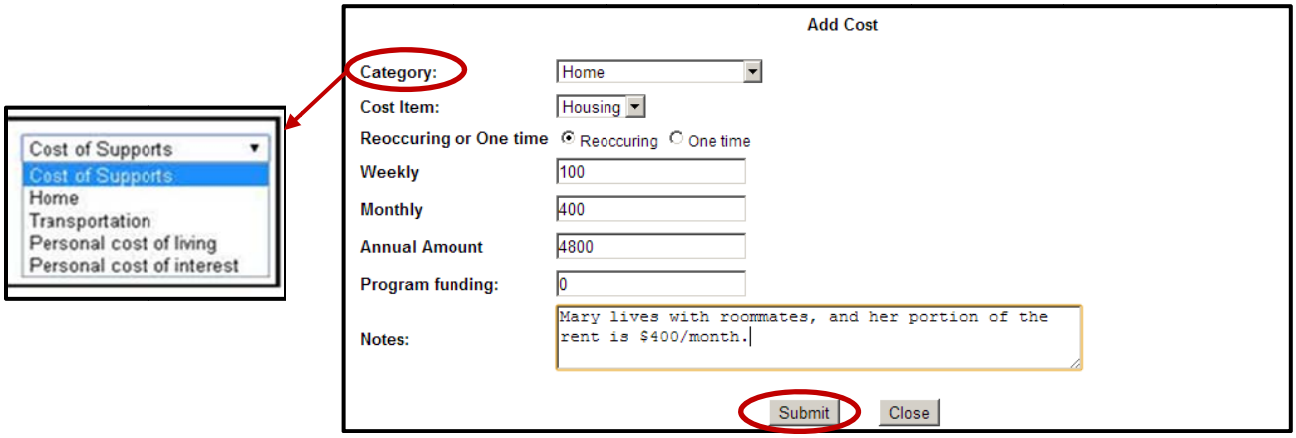
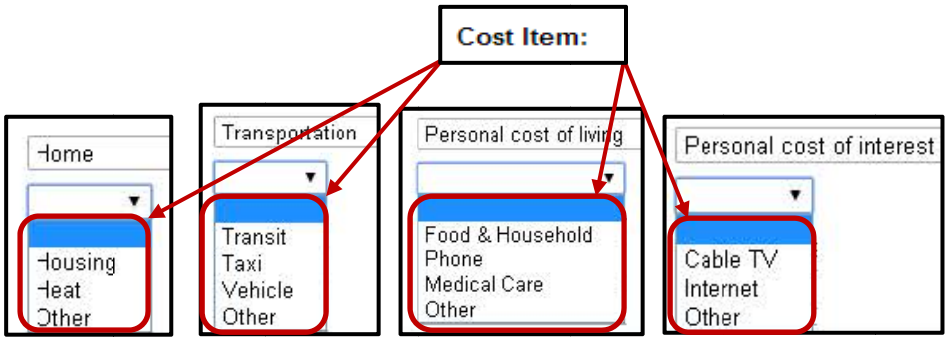
STEP 9a: To add a budget item, select the "Category" from the drop-down menu, then enter the "Weekly" amount. The "Monthly" and "Annual" will automatically calculate. Enter a "Note" to explain the source of income. Click on **"Submit."**



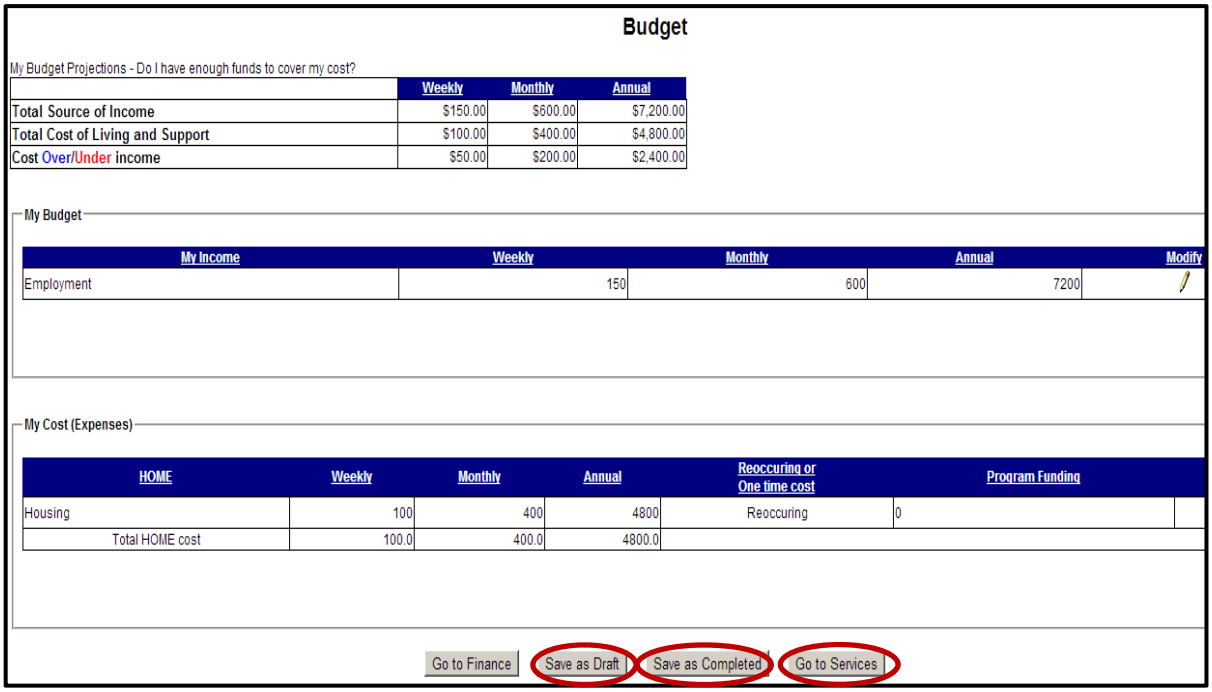
STEP 9b: To add cost, select the "Category" and then the "Cost Item" from the drop-down menus. Enter a "Note" to explain the cost. Click on **"Submit."**



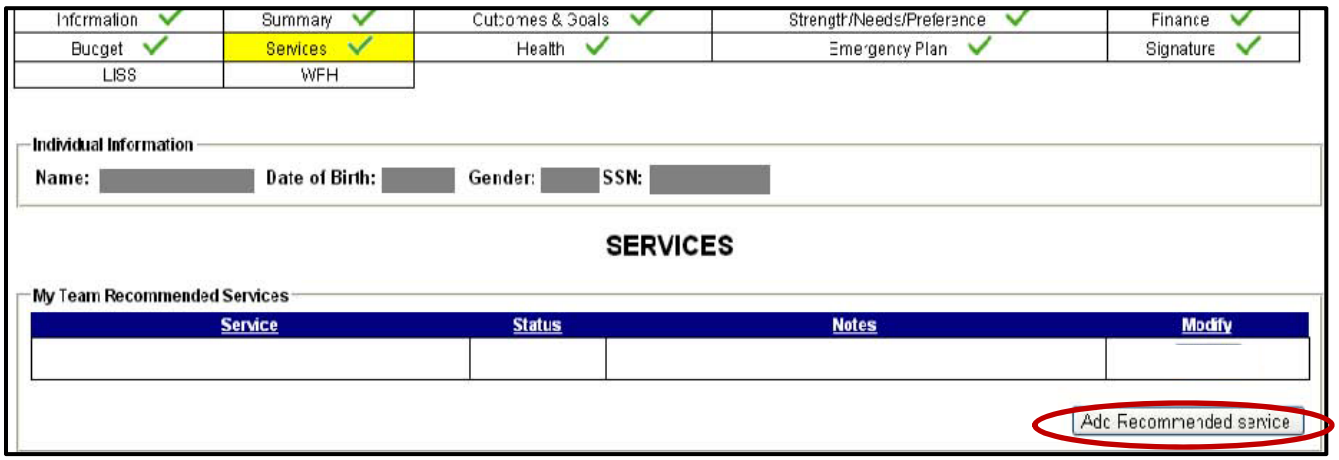
NOTE: Indicate whether it is a one-time or recurring cost and enter the dollar amount.



STEP 9c: To save the budget and return to it later, click on **"Save as Draft."** Once all of the individual's costs and sources of income is entered, click on **"Save as Completed."** Click on **"Go to Services"** to continue to the next section.



STEP 10: Services Page – My Team Recommended Services (Required Data Element): To add the services recommended by the IP team, click on **"Add Recommended Service."**



NOTE: The need for waiver services must be documented within the person's IP. For individuals who are not receiving DDA funded services, the necessary waiver services should be noted under the "My Team Recommended Services" section.

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 10a: My DDA Funded Services (Required Data Element): DDA funded services will auto populate after services have been authorized within PCIS2 by the Regional Office. However, the RC must complete the frequency, duration, and scope. To update the details, click on **"Details."** When all edits are entered click on **"Save"**, then **"Close."**

My DDA Funded Services

Service	Provider	Frequency	Duration	Scope	Most Integrated Setting?	Justification	Barrier	Overcome	Update Details
									Details

Although the service and provider will auto populate, resource coordinators **must** enter the service frequency, duration, scope, and indicate if provided in the most integrated setting with a justification if not.

My DDA Funded Service

Program:
Provider:
Frequency: — Hourly, Daily, Weekly, Monthly, Quarterly, Other
Duration:
Scope: — Residential/Group Home, Residential/ALU, Residential/CSLA, Residential/ISS, Residential/Respite, Day/Competitive, Day/Supported Employment, Day/Enclave, Day/Professional, Day/Add-on, None
Most Integrated Setting? ◉ Yes ○ No
Justification for most integrated setting:

Save Close

My DDA Funded Services

Service	Provider	Frequency	Duration	Scope	Most Integrated Setting?	Justification	Barrier	Overcome	Update Details
Supported Employment	ABC Agency, Inc.	5 day/ week	On-going	Job Development Job Coaching	Yes				Details

My DDA Funded Services

Service	Provider	Frequency	Duration	Scope	Most Integrated Setting?	Justification	Barrier	Overcome	Update Details
Residential Habilitation	XYZ Company, Inc.	Daily	On-going	ALU, 1:1 Awake Overnight staffing within eye sight	Yes				Details

If the service is not in the most integrated setting, then respond to the two additional questions:

Most Integrated Setting? ○ Yes ◉ No

If No, indicate barriers to most integrated setting and how they will be overcome.

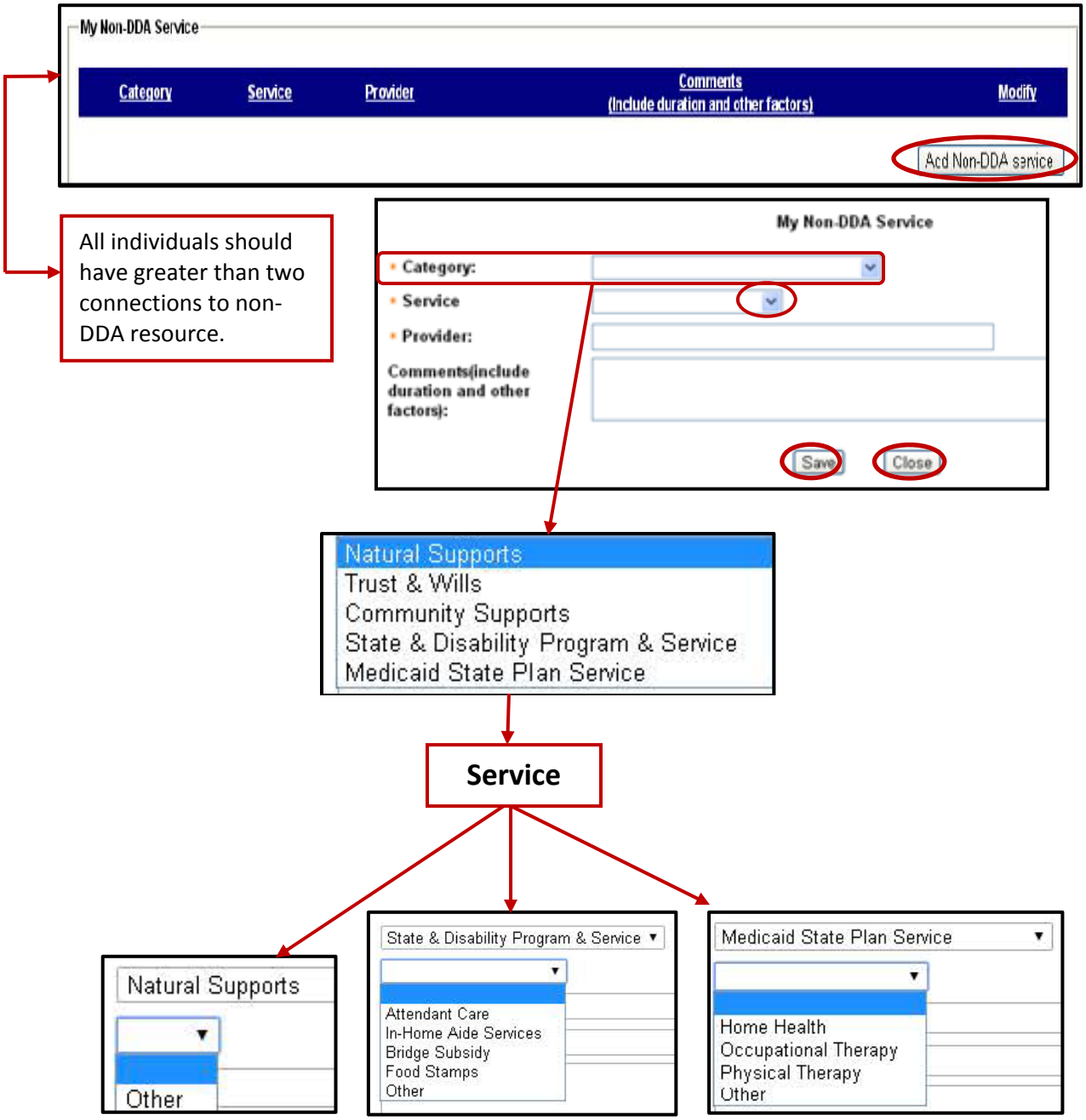
- ☐ Legal Guardian
- ☐ Family
- ☐ Individual
- ☐ Court Order
- ☐ Appropriate provider not currently available
- ☐ Appropriate medical services not identified/currently available

If No, indicate how they will be overcome

- ☐ Provider information about community options
- ☐ Arrange for visit to community program
- ☐ Conitnue peer mentoring
- ☐ continue family mentoring
- ☐ Request conditional release from the court

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 10b: My Non-DDA Services (Required Data Element): To enter non-DDA funded services, click on **"Add Non-DDA Service."** Select the "Category" and "Service" from the drop-down menus. Enter the provider's name. Enter the service frequency, duration, and scope in the "Comments" field. When all edits are entered click on **"Save"**, then **"Close."**

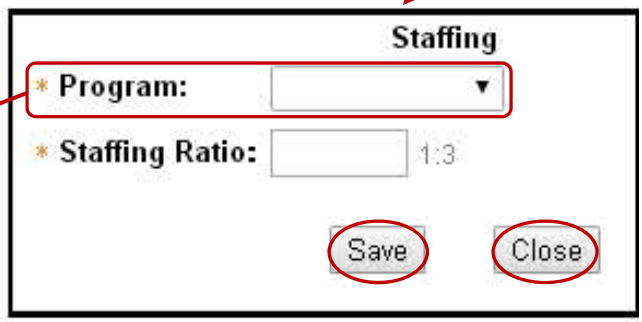


NOTE: Individuals participating in the *Success Program* should be entered as a Non-DDA service. The service category is "State & Disability Program & Service", Service is "other" for which a pop-up box will appear so you can enter *Success Program*; UMBC should be noted as the "provider", and comments should include semester attending, classes registered, etc.

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

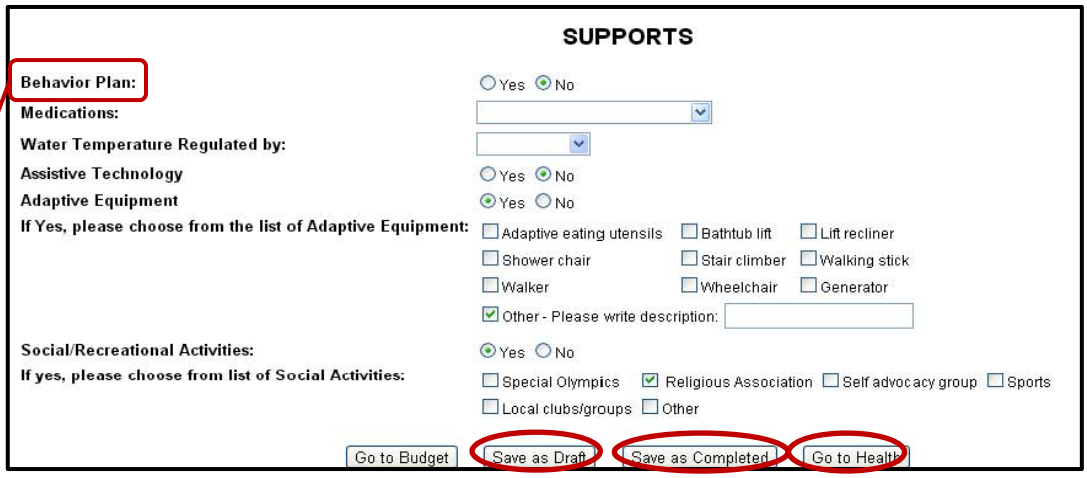
STEP 10c: Staff Training (Required Data Element): To enter details on staff training, click on **"Add."** Select the "Program" from the drop-down menu and then enter the "Staffing Ratio." Click on **"Save,"** then **"Close."**

NOTE: The DDA's regulations COMAR 10.22.02 list mandated training requirements for direct care staff. Direct care staff may need training related to an individual's particular diagnosis such as Prader-Willi Syndrome, Batten's Disease, Rett's Syndrome) which should be indicated and listed in this section.



NOTE: It is important to note the staffing ratio (i.e. 1:1, 1:3, 2:1, etc.), staffing pattern (i.e. overnight awake staffing, medical appointment, for community integration, line of sight/within arm's reach, etc.), etc. so staff implementing the plan can provide service.

STEP 10d: Supports (Required Data Element): Enter a response to each of the questions posed under the "Supports" section. Click **"Save as Draft"** to save and return later. Click on **"Save as Completed,"** then click on "Go to Health" for the next section.



Assistive Technology
If Yes, please choose from list of assistive technologies:

Yes No

Alternative keyboard | Electronic pointing devices | Sip-and-puff systems
Wands and sticks | Braille embossers/displays | Light signaler alerts
Reading tools/programs | Braille displays | Screen enlargers/magnifiers
Speech/voice recognition programs | Text-to-Speech(TTS) or speech synthesis | Talking and large-print word processors
TTY/TDD conversion modems | Other - Please write description:

Self Medicates
Medicates with Prompts
Administered by Family
Administered by Staff
Adminsitered by Housemate
Adminsitered by Friend
Does not take medications

SUPPORTS

Behavior Plan: Yes No
Medications: Self Medicates
Water Temperature Regulated by: Self
Assistive Technology Yes No
Adaptive Equipment Yes No
Social/Recreational Activities: Yes No

Self
Staff
Family
Housemate
Friend

Adaptive Equipment
If Yes, please choose from the list of Adaptive Equipment:

Yes No

Adaptive eating utensils | Bathtub lift | Lift recliner
Shower chair | Stair climber | Walking stick
Walker | Wheelchair | Generator
Other - Please write description:

Social/Recreational Activities:
If yes, please choose from list of Social Activities:

Yes No

Special Olympics | Religious Association | Self advocacy group | Sports
Local clubs/groups | Other - Please write description:

STEP 11: Health Page (Required Data Element): This section includes information related to allergies, health professionals, health examination or assessment, results of monitoring, and medications and immunizations.

STEP 11a: Allergies (Required Data Element): Indicate whether the individual has any allergies and whether an Epipen is required. If you indicate that he/she has a food allergy, you will be prompted to enter which foods.

Health Information

Allergies: Yes No
If yes, please check allergies: Bee stings | Food | Grass | Hayfever | Pollen | Peanuts | Penicillin | Seasonal allergies | Other
If Food, please write:
If Other, please write:
Epipen required: Yes No

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 11b: Health Care Professional (Required Data Element): To add the individual's doctors and other healthcare professionals, click on **"Add Healthcare Professional."** Enter the "name", "profession" (specialty) and contact information for the individual's healthcare providers. Add additional details in the "notes" section, click on **"Save."**

Healthcare Professionals

Name	Profession	Mailing Address	Phone #	Email	Modify

Add Healthcare Professional

Allergy and immunology
Anesthesiology
Dermatology
Dentistry
Emergency medicine
Family Medicine
Internal Medicine/Primary care
Neurology
Obstetrics & gynecology
Ophthalmology
Orthopaedic Surgery
Otolaryngology (E.N.T.)
Pediatrics
Podiatry
Psychiatry
Radiology
Surgery
Urology
Medical case manager
Special Needs Coordinator
Agency Nurse
Agency Medical case manager
Other

Save Healthcare Professional

Name: Dr. Susan Jones
Profession: Internal Medicine/Primary care
Mailing Address: 123 Maple Lane
Baltimore, MD 12345
Phone: (555)333-4444 (000)123-4567
Email:(if applicable) susanjones@xyzhospital.com
Notes: Mary has been seeing Dr. Jones for 3 years.

Save Close

STEP 11c: Health Examination/Assessments (Required Data Element): To add the individual's required heath examinations and assessments, click on **"Add Exam."**

Health Information

Healthcare professional is saved successfully.
Allergies: Yes No
If yes, please check allergies: Bee stings Food Grass Hayfever Pollen Peanuts Penicillin Seasonal allergies Other
Epipen required: Yes No

Healthcare Professionals

Name	Profession	Mailing Address	Phone #	Email	Modify
Dr. Susan Jones	Internal medicine/Primary care	123 Maple Lane Baltimore, MD 12345	(555)333-4444	susanjones@xyzhospital.com	view

Add Healthcare Professional

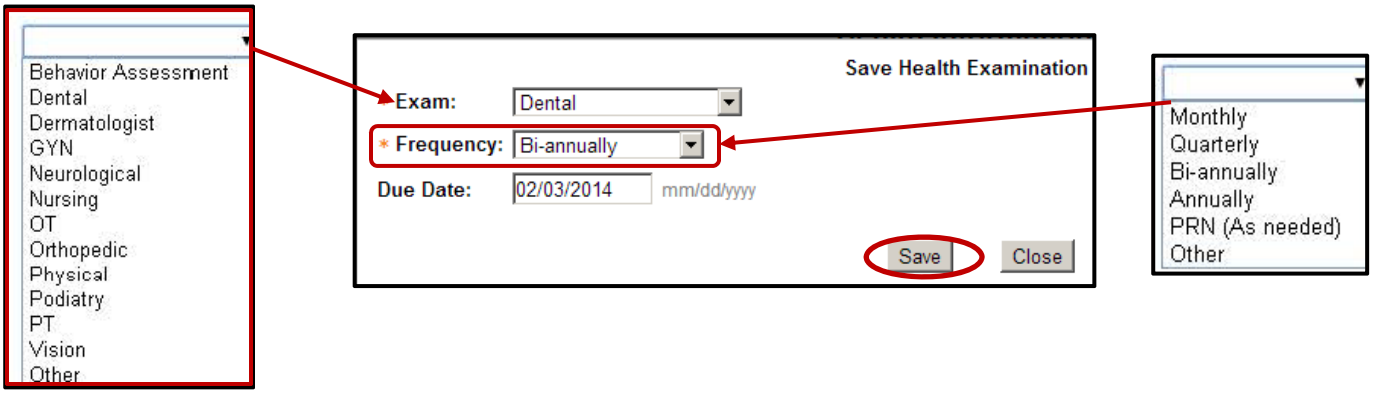
Health Examination/Assessments

Exam	Frequency	Due Date	Modify

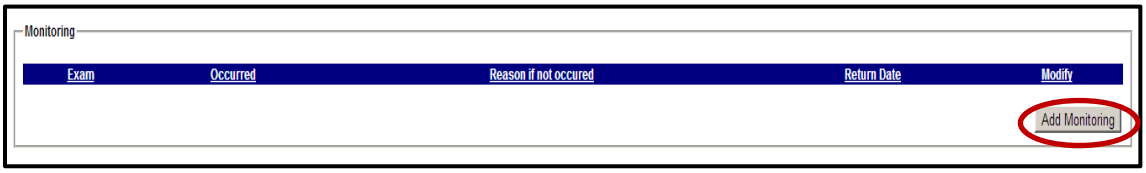
Add Exam

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

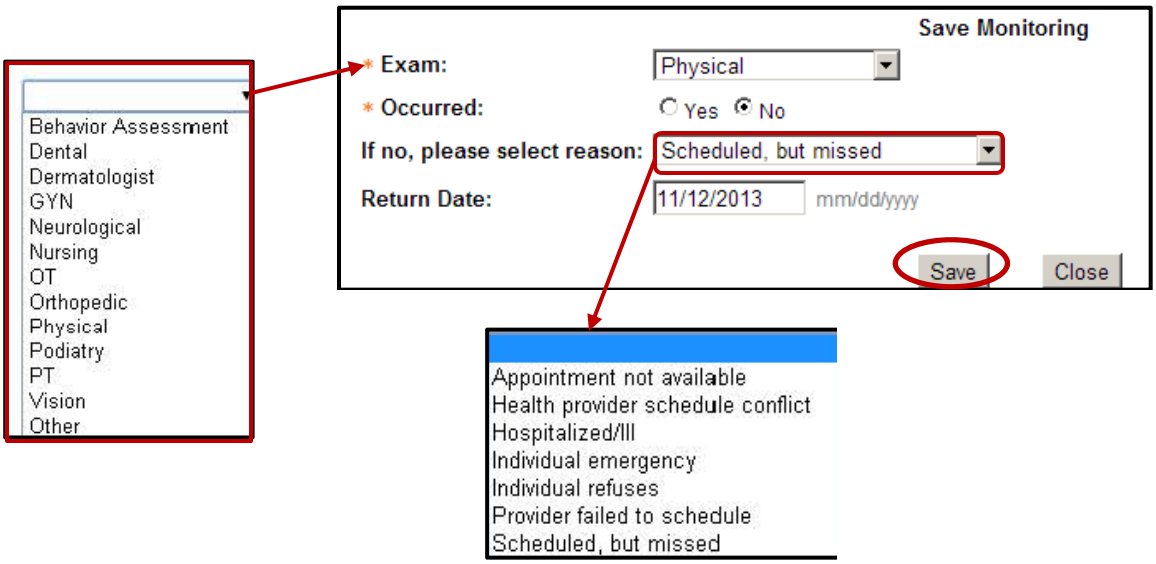
STEP 11d: Select the type of "exam" or assessment and the required "frequency" from the drop-down menus. Enter the date when the individual is due for the exam and click on **"Save."** Continue adding each of the individual's exams.



STEP 11e: Monitoring (of Health Examination/Assessments) (Required Data Element): The resource coordinator is responsible for monitoring the provision of the individual's healthcare and indicating whether the exams occurred when they were supposed to. Click on **"Add Monitoring"** to enter updates on the individual's exams.

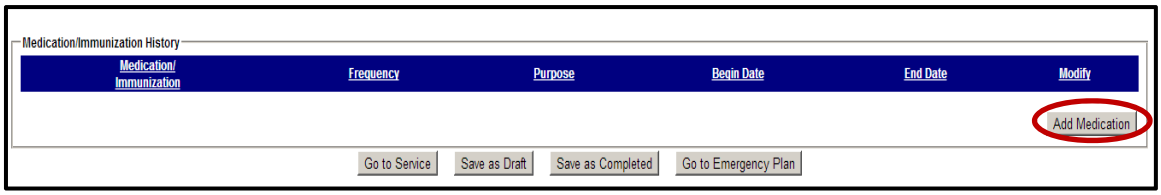


STEP 11f: Select the type of exam from the drop-down menu. Indicate whether or not the exam occurred as scheduled. If it did not, you will be prompted to select a reason. Enter the date for the next exam and click on **"Save."**

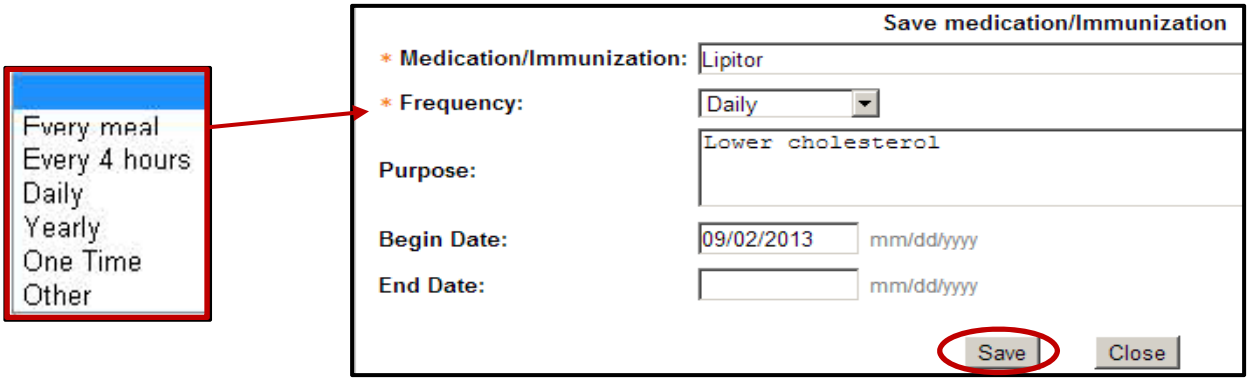


RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 11g: Medication and Immunization (Required Data Element): To enter the individual's medications and immunization history, click on **"Add Medication."**



STEP 11h: "Add Medication": Enter the name of the "medication" or the type of "immunization" and select the "frequency" from the drop-down menu. Enter the "purpose" of the medication or immunization, the "begin date" and, if applicable, the "end date". Click on **"Save."** Continue for each medication and immunization.



CLARIFICATION

- Enter immunization information available and suggest age appropriate immunization as per general population and per individual's primary care physician.
- The DDA mortality review report historically reflected high prevalence of death for individuals with development disabilities relate to the flu or pneumonia. The DDA annually shares information related to the importance of getting a flu and pneumonia vaccination yearly as a preventative measure unless not recommended by the person's physician. Resource coordinators shall share information about the flu and pneumonia vaccinations annually as per the DDA educational alert and memos and document within the IP module and RC monitoring form.

STEP 11i: "Save as Draft": To save the health page and return to it later, click on **"Save as Draft."** Once all of the individual's allergies, healthcare providers, exams and follow-ups, medications and immunizations are entered, click on **"Save as Completed."** Click on **"Go to Emergency Plan"** to continue to next section.

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 12: Emergency Plan Page (Required Data Element): ***In case of a life-threatening emergency, call 911.*** Enter information related to the individual's primary care physician, medical insurance and pharmacy. To save the information and return to the page later, click on **"Save as Draft."** Once you've entered all relevant information, click on **"Save as Completed."** To continue to the next section of the IP, click on **"Go to Signature."**

Emergency Plan

IN CASE OF A LIFE THREATENING EMERGENCY, CALL 911

Primary Care Physician: Susan Jones PCP Phone Number: (555)333-4444 (000)123-4567

Medical Insurance name: Blue Cross Blue Shield Medical Insurance Number: [redacted]

Pharmacy Name: CVS Pharmacy Phone: (555)111-2222 (000)123-4567

Allergies:

If receiving day or residential services from a DDA licensed provider agency

Do you have an emergency plan for medical emergencies, weather related emergencies, and natural disasters that has been reviewed with you?

○ Yes ○ No

Does the team agree that your emergency plan meets your needs?

○ Yes ○ No

If living with family or in a non-DDA licensed home

Are you prepared to shelter in place?

◉ Yes ○ No

Do you have an emergency kit?

◉ Yes ○ No If yes, location of emergency kit: Bedroom Closet

In case of an emergency, where can you relocate:

1. Sister's house
2. Aunt's house

So that they can better assist you in the event of an emergency, are you interested in registering your needs with:

EMS? ◉ Yes ○ No

Fire Department? ◉ Yes ○ No

Gas and Electric Company? ◉ Yes ○ No

Are you in need of a generator to maintain your health and safety?

○ Yes ◉ No

Go to Health | Save as Draft | Save as Completed | Go to Signature

This information should also be entered in the Health Section under Healthcare Professionals.

If receiving **day or residential** services from a DDA licensed provider agency

Do you have an emergency plan for medical emergencies, weather related emergencies, and natural disasters that has been reviewed with you?

○ Yes ○ No

Does the team agree that your emergency plan meets your needs?

○ Yes ○ No

Emergency plans (included DDA licensed providers plans) shall be reviewed with the person as least annually, during monitoring activities, and during threat of emergencies such as possible threatening weather or natural disaster.

If the team does not agree that the emergency plan meets the individual's needs then a new goal should be established with a required due date and person responsible to address this need.

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

If living with family or in a **non-DDA licensed home**

Are you prepared to shelter in place?

◉ Yes ○ No

Do you have an emergency kit?

◉ Yes ○ No **If yes, location of emergency kit:**

In case of an emergency, where can you relocate:

1. Jane Doe, his sister who lives at 123 My Street in Anywhere, Maryland.
2.

In the event of an emergency some people will choose to shelter in place or to relocate.

If the person plans to relocate, ***enter the name of the person they plan to stay with, their relationship, and address.***

NOTE: If the person does not have an emergency kit, then share information about kits and their importance as per general guidance to the general public.

So that they can better assist you in the event of an emergency, are you interested in registering your needs with:

EMS?	◉ Yes	○ No
Fire Department?	◉ Yes	○ No
Gas and Electric Company?	◉ Yes	○ No

In many community's emergency medical services, fire departments, and/or gas and electric companies will register information related to the location of elderly and individuals with special needs to provide assistance, prioritize repairs, restoring services, etc. during emergencies.

Are you in need of a generator to maintain your health and safety?

○ Yes ○ No

Individuals that utilize electricity powered medical equipment should have a plan in case of power outage. It is important to indicate the need for a generator and if not owned to develop a plan and explore options which should be noted in the IP as a goal. If the individual has a generator or other strategy it should be noted under the supports section as assistive technology or adaptive equipment as applicable.

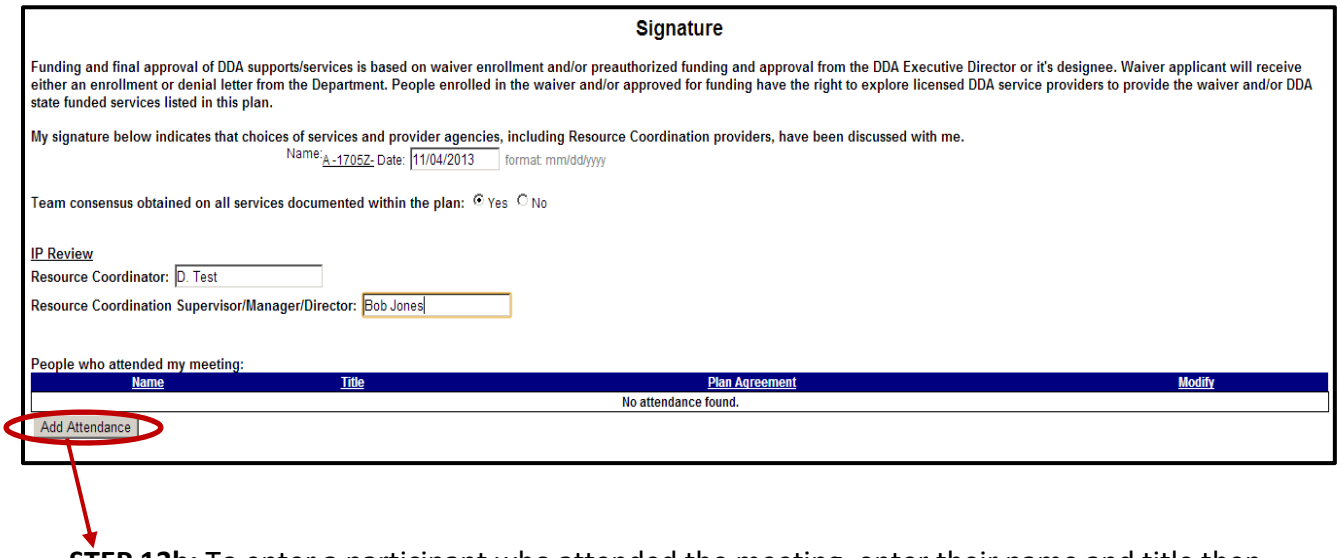
RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 13: **Signature Page (Required Data Element):** The signature page documents participants in the team meeting and their agreement; choice of services and providers agencies have been shared and discussed with the individual; and the resource coordinator's and supervisor's review of the IP for compliance with DDA policy and regulation requirements.

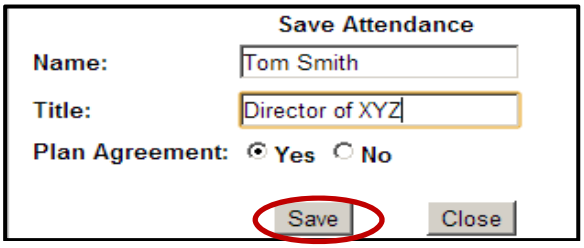
CLARIFICATION

- The signature page is not intended to be used as an attendance sign-in form. A separate sign-in sheet should be used to record attendance at the IP meeting itself. The meeting sign-in sheet and minutes may also be uploaded into the IP module.
- Once the resource coordinator has received agreement on the draft IP from each member of the IP team, the coordinator shall complete the signature page as outlined below.

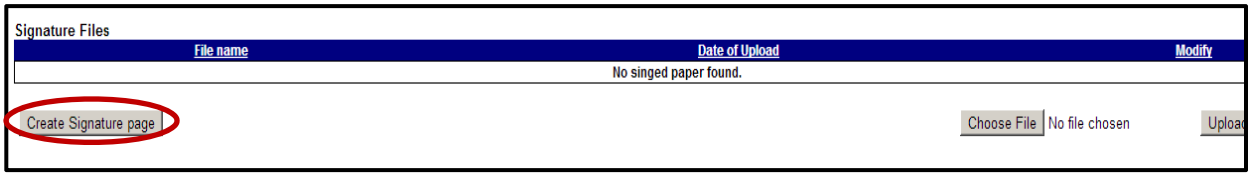
STEP 13a: To add a participant, click on **"Add Attendance."**



STEP 13b: To enter a participant who attended the meeting, enter their name and title then indicate whether they agree with the IP. Click on **"Save."**



STEP 13c: To print the signature page for the individual to sign, click **"Create Signature Page."**



RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 13d: The individual must confirm that their choice of services and providers were discussed during the IP process.

Signature

Funding and final approval of DDA supports/services is based on waiver enrollment and/or preauthorized funding and approval from the DDA Executive Director or it's designee. Waiver applicant will receive either an enrollment or denial letter from the Department. People enrolled in the waiver and/or approved for funding have the right to explore licensed DDA service providers to provide the waiver and/or DDA state funded services listed in this plan.

My signature below indicates that choices of services and provider agencies, including Resource Coordination providers, have been discussed with me.

Name: [redacted] Date: 03/25/2014 format: mm/dd/yyyy

Team consensus obtained on all services documented within the plan: Yes No

IP Review

Resource Coordinator:

Resource Coordination Supervisor/Manager/Director:

STEP 13e: "Upload Signed Paper": To upload the signature page, scan and save the signed page to your computer, then click on **"Choose File,"** then **"Upload Signed Paper."**

Signature Files

File name	Date of Upload	Modify

Create Signature page | Choose File | RC Signatur...5-2014).pd | Upload signed paper

Signature Files

File name	Date of Upload	Modify
RC Signature Page (3-25-2014).pdf	03/26/2014	View Delete
RC Behavior Plan (3-25-2014).pdf	03/26/2014	View Delete

Create Signature page | Choose File | No file chosen | Upload signed paper

Additional files may be uploaded to the IP using the "Upload Signed Paper" button, including any Behavior and/or Nursing Care Plans; IP team sign-in sheet and meeting minutes.

STEP 13f: Final Review and Approval (Required Data Element): After the resource coordinator has obtained consensus from the team on the draft IP as well as the individual's signature, the coordinator shall obtain the RC supervisor's approval of the IP.

Signature

Funding and final approval of DDA supports/services is based on waiver enrollment and/or preauthorized funding and approval from the DDA Executive Director or it's designee. Waiver applicant will receive either an enrollment or denial letter from the Department. People enrolled in the waiver and/or approved for funding have the right to explore licensed DDA service providers to provide the waiver and/or DDA state funded services listed in this plan.

My signature below indicates that choices of services and provider agencies, including Resource Coordination providers, have been discussed with me.

Name: A-1705Z- Date: 11/04/2013 format: mm/dd/yyyy

Team consensus obtained on all services documented within the plan: Yes No

IP Review

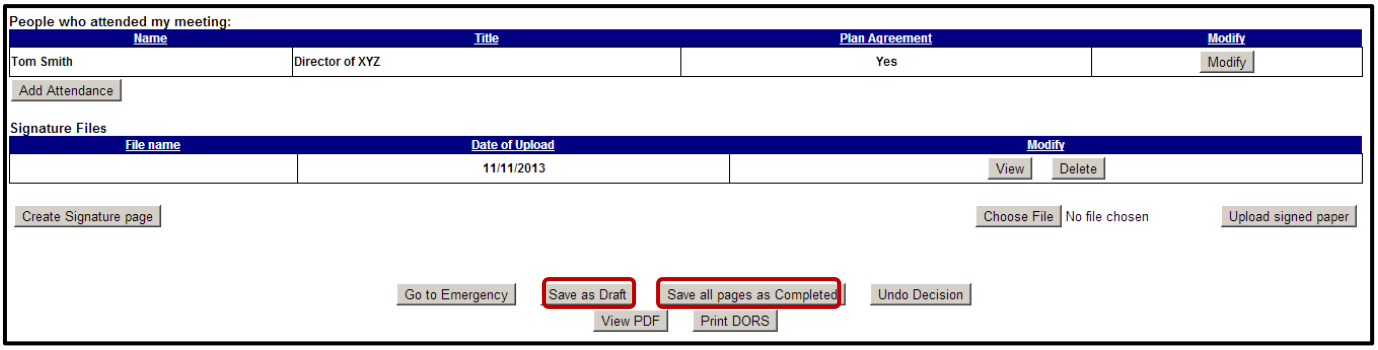
Resource Coordinator: D. Test

Resource Coordination Supervisor/Manager/Director: Bob Jones

All individual plans must be reviewed and approved by the resource coordinator's supervisor.

RC QUICK REFERENCE GUIDE: INDIVIDUAL PLAN

STEP 13g: "Save all pages as Completed": To save the signature page and return to complete it later, click on **"Save as Draft."** Once you've completed the page and finalized the other sections of the IP, click on **"Save all pages as Completed."**



APPENDIX A: GLOSSARY

Duration is the length of service need (i.e. one time only, # weeks, # months, ongoing, other-specify).

Frequency is the occurrence of service (i.e. # hours per day/week/ month/quarter/year, daily, one-time only, etc.)

Program (Service) is the name of the DDA funded service (i.e. Supported Employment, Day Habilitation, Residential, etc.) which is pre-populated by PCIS2.

Provider is the name of the DDA licensed provided funded to provide the service.

Scope is the extent of service:

a) Residential services may include an Alternative Living Unit or Group Home, staffing ratio (i.e. 1:1, 1:3, 2:1, etc.), staffing pattern (i.e. overnight awake staffing, medical appointment, for community integration, line of sight/within arm's reach, etc.), etc.

b) Non-residential services may include focus of services (i.e. job development, job coaching, community integration, travel training, etc.) staffing ratio if applicable (i.e. 1:1, 1:3, 2:1), staffing pattern if applicable (i.e. for community integration, medical appointment, etc.).