

# Revised Annotated ISP and Information Regarding its Implementation for Individuals Receiving Residential Habilitation

## ODP Announcement 19-091

### **AUDIENCE:**

Administrative Entities (AEs), Supports Coordination Organizations (SCOs), Providers of Residential Services in the Consolidated and Community Living Waivers, Other Interested parties

### **PURPOSE:**

To provide information to interested parties on revisions to the annotated ISP and its impact on the documentation of staffing support provided to people receiving residential habilitation services in waiver funded settings. These changes are intended to replace the need for residential habilitation service staffing ratios by standardizing how risk factors are discussed using person-centered thinking skills, where they will be documented in the ISP and ensuring there is a description of what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. Information regarding Training Design for implementation in January 2020 is also provided.

### **DISCUSSION:**

In January 2018, ODP made a major change in the residential service payment system. This change involved moving from a system where rates were based on the provider's historical costs (based on expenses incurred and the people served during the cost-reporting period) to a fee schedule methodology that reflected each person's current support needs.

As noted in ODP Communication 026-18, the move to fee schedule rates provided..." an opportunity to step away from the often-rigid adherence to strict allowable cost standards and staffing ratios that may not have best met individual needs or allowed for

the best use of staffing resources”. The inclusion of residential staffing ratios in ISPs had been a longstanding practice. This provided a clear standard to measure if staff were present. However, staffing ratios may not have best met individual needs, protected an individual’s health and safety or allowed for the best use of staffing resources.

In anticipation of this and other changes, the Alliance of Community Service Providers<sup>1</sup> met with ODP leadership in July 2017. There was agreement about the need for greater flexibility in deploying and redeploying staff when all identified health and safety needs were met. ODP asked for specific approaches, strategies and recommendations on how to provide staffing flexibility through the elimination of the time-based staffing ratios in ISPs and refocusing efforts on ensuring that health and risks specific to the person are thoughtfully and clearly addressed. This discussion led to the submission of a proposal to ODP and implementation of a pilot project.

### **The Pilot – Purpose**

Four residential providers, two SCOs, an AE and ODP participated in the pilot. A sample of individuals with upcoming annual review ISPs associated with the providers and identified SCOs were selected. The goal was to make necessary updates to their plans to describe the level of support the person needed based on risks/activities and the role of staff during those activities. The staffing ratio grid was not used and the following principles were applied:

- Greater flexibility in meeting individual needs must be balanced with accountability. Managing risk is better tied to how the person must be supported in meeting their needs for a healthy and safe life, not the number of staff. It should be specific in determining each type of risk and the type of attention, supervision and support necessary to reduce risk while supporting the person’s everyday life and using staff resources wisely – a person-centered approach.
- ISPs must contain sufficient detail to validate that all identified health and safety needs are being adequately addressed through staffing or other supports, that the interventions and strategies to reduce risk are clearly articulated and that staff are properly trained and supervised.

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<sup>1</sup> The Alliance of Community Service Providers is a professional membership organization representing over 90 non-profit and for-profit organizations in Southeastern Pennsylvania that provide supports and services for people with intellectual disabilities, those with mental health issues, and people recovering from addictions.

- Supplemental habilitation staffing, enhanced support resulting from a rate exception approval and the need for staff qualifications such as LPN or NADD must be documented in the ISP.
- An alleged failure to provide support to meet identified health and safety needs would continue to be reportable in accordance with the Incident Management Bulletin.

After the pilot, SCOs and providers completed the plans using the revised staffing approach and they were reviewed by the AE. Follow-up discussions focused on how to generalize the lessons learned and led to an examination of assessments and existing risk tools. These formed the basis for proposed changes to the annotated ISP probe questions.

The following served as the foundation for the “new” annotated ISP probe questions:

The Supports Intensity Scale (SIS), Health Risk Screening Tool (HRST) and other tools were used as resources to develop the questions. As the HRST is completed, any health care level that reaches a score of three or higher shall be used to identify risk and the “training and considerations” should inform the team discussion for needed support and be captured in the ISP.

Effective use of the annotated probe questions requires advance preparation and knowledge of the person.

Technology, environmental considerations need to be identified and addressed in addition to staff.

In order to avoid confusion and ensure consistency, specific sections of the ISP were identified for the inclusion of information as follows:

Section of the ISP	Possible Risk Factor (s)
Health Promotion	Medical/Health Condition
Behavior Support Plan	Severe Mental Illness
Health and Safety	Other Health and Safety Risk Factors (Use appropriate focus area)

Both of these were then used at team meetings for new people using the original pilot providers and SCOs. A trial by another group of providers, SCO, and Dauphin County who were not involved in the initial development work also occurred.

## **Training Design**

There will be a two-pronged training approach: overview training via webinar and face-to-face sessions. Two webinars will be available to all stakeholders and will provide an overview of the purpose, how this staffing approach supports and emphasizes the need for person-centered thinking, connection with the HRST, use of annotated ISP probe questions, review of impact, as well as the roles and responsibilities of various team members.

Please reference [ODP Announcement 19-077](#) titled, “*Office of Developmental Programs’ Virtual Training Offerings July 2019*” to register for one of the two webinars scheduled for July 25th and July 31<sup>st</sup>.

The face-to-face training is geared to key residential provider and SCO staff who regularly attend team meetings, supervise staff who attend team meetings or train staff that attend team meetings, and AE staff who review and approve plans. It is expected to be conducted in “mixed” audience groups (Provider, SCO, AEs reps and ODP) to better assure exposure to a variety of perspectives and roles.

There will be 18 face-to-face sessions that occur throughout the Commonwealth starting in September through November. One person per entity is expected to attend to provide a maximum of 30-35 people per session. Participants and their agencies will need to commit to the understanding that, upon completion, they will be a resource at their home agency. The training will be interactive. Examples will be used to apply the concepts in small groups and to reinforce understanding.

All training participants must complete the following prerequisites located on MyODP:

- ODP ISP Staffing Webinar
- HRST Webinar
- Addressing Day-to-Day Risk with the Team
- Person Centered Thinking Mini Modules

During the face-to-face training, there will be an opportunity for people to express their interest in becoming an ODP Certified Trainer. Selected volunteers must be endorsed by their CEO/Director and commit to conducting at least two external trainings in 2020.

If an agency is interested in identifying a person to become an ODP Certified Trainer, it is recommended that the agency consider sending this same person to one of the 18

sessions. Nomination forms will be available at the face-to-face training sessions for those who are interested in becoming an ODP Certified Trainer. Once all face-to-face sessions are completed and ODP identifies individuals to become an ODP Certified Trainer, ODP will host a train-the trainer session.

### **Implementation**

Use of the new annotated ISP shall occur at annual team meetings occurring on or after January 1, 2020 and is a prerequisite in order to remove or change the staffing ratio listed in the “Health and Safety: Supervision Care Needs: Staffing Ratio – Home” of the ISP. Upon completion of any ISP that removes or changes the staffing ratio, the Support Coordinator must override the auto-authorization function and request manual review of the ISP by the AE.

If a reduction or change in staffing as documented in the ISP is being requested by the residential provider before that date, the team must identify all areas of risk and discuss how all health and safety needs will be met. In these instances, the requirements outlined in ODP Announcement 026-18 shall apply.

If you have questions, please contact the appropriate ODP Regional Office.