INITIAL ISP: CLINICAL REVIEW CHECKLIST

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| Participant Name:  | Plan Effective DateClick here to enter a date.Date Submitted into HCSIS:  |
| Supports Coordinator: Click here to enter text. | Reviewer NameReviewing Date:  |

# ISP COMPONENTS

**FUNCTIONAL ASSESSMENT**

**Individual Preferences:**

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| **Like & Admire**: Asks the question “what do people like and admire about the individual?” This is a list of attributes that other people like and find admirable about the participant, such as positive traits, characteristics, and ways of interacting, accomplishments, and strengths. |
| Written from multiple viewpoints. | [x] yes [ ]  no [ ]  N/A Comments:  |
| Comments are positive in nature – highlighting the participant’s positive reputation. | [x]  yes [ ]  no [ ]  N/A Comments: |
| Results from **Social** section of the ASAP assessment, is specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Know & Do:** Asks the question “If someone worked back up /or was filling in for the regular staff, what are items that are crucial for them to know about the participant?” This section describes information that staff needs to know about the participant’s preferences, behaviors and/or behavioral challenges. Additionally, this section should include other’s (e.g., family, staff) understanding of how to help participants get what they need and stay safe.  |
| Includes traits, habits, behaviors, coping strategies, preferences for interaction and communication, relationships, types of activities, approaches or reminders that have been helpful to the participant. | [x]  yes [ ]  no [ ]  N/A Comments: More details would be helpful in this section about current strategies used, his relationships, etc. |
| Includes items that, if not recognized or followed, may trigger challenging behaviors. | [x]  yes [ ]  no [ ]  N/A Comments:  |
| Includes any other critical information others need to know about person. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Only current information is included in this section. If information contained in this section may be more appropriately addressed in another section, is the reader directed to that other section (e.g., See section…for more information)? | [x]  yes [ ]  no [ ]  N/A Comments: |
| Specific information/ concerns identified in the 1 risk domain **(Natural Supports)** of the PRE is documented within this section. If PRE has been completed, but no information/ concerns from the 1 risk domain has been identified, this is clearly stated within this section. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Results from **Social, Community Activities, Mental Health** and **Quality Life** sections of the ASAP assessment, are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments:  |
| Results from the **W-ADL, SRS-2** and **Online Readiness Checklist** are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Desired Activities:** This section identifies activities that the participant would like to continue, to begin, or to explore further.  |
| Written from a person-centered perspective. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Activities described are respectful to the participant and will not stigmatize the participant. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Results from **Social** and **Community Activities** sections of the ASAP assessment, are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments: |
| Results from the **W-ADL, SRS-2** and **Online Readiness Checklist** are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments: |
| COMMENTS:. |
| **Important To:** This section lists and prioritizes things that are important to the participant. It describes things that need to stay the same in the participant’s life, and/or changes that would be important for the team to address. Consider relationships, routines, employment opportunities, spiritual needs and faith preferences, volunteering, community activities, living independent from parents etc. |
| Only includes things that are important TO the participant (not to others). (*Items that are important FOR the participant are captured in other areas of the plan.)* |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Results from **Social, Community Activities** and **Quality of Life** sections of the ASAP assessment, are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [ ]  N/A Comments: |
| Results from the **W-ADL** and **Online Readiness Checklist** are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [ ]  N/A Comments: |
| COMMENTS:  |
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| **What Makes Sense:** This section is used to capture information about what experiences do and do not make sense in the life of the participant RIGHT NOW. Answers the question, “What currently makes the participant’s life experiences more meaningful or easier and/or what he/she may want to do” and then on the other hand, “what makes the person’s life less meaningful, more difficult or undesirable? For examples:

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| **What makes sense:**  | **What does not make sense:**  |
| Having a schedule or routine  | Unplanned activities or unexpected changes in schedule |
| Making friends and doing activities with peers  | Only participating in activities with parents/family |
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| Addresses both ‘what makes sense’ and ‘what does not make sense’. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Based on multiple perspectives of those who know the participant well. |  [x]  yes [ ]  no [ ]  N/A Comments |
| Results from **Social, Community Activities** and **Mental Health** sections of the ASAP assessment, are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments |
| Results from the **W-ADL, SRS-2** and **Online Readiness Checklist** are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments |
| COMMENTS:  |

**Medical Information:**

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| **Medications/Supplements:** This screen lists all medications and supplements including the dosage, frequency, route, diagnosis, prescribing physician, self-medication status and whether blood work is required to monitor the medication. |
| Is there a symptom listed to support the use of the medication?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Is Autism listed as a diagnosis for a medication listed in this section? If so, request that it be deleted and changed to indicate a symptom  |  [ ]  yes [x]  no [ ]  N/A Comments:  |
| If there are more than 4 psychotropic medications listed is a Psychiatrist involved with the participant? Or, is the PCP regularly/actively monitoring the medication?  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If no Psychiatrist involved when 4 or more psychotropic meds listed, has SC made note as to why in the Current Health Status section?  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| PRE: if **Chronic Medical Conditions** was identified as a risk domain within the PRE, specific medication/ supplement information pertaining to these conditions are documented within this section.  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| If no meds are prescribed, is this stated in the “current health status” section? |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| COMMENTS:  |
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| **Allergies:** This screen records all known sensitivities and allergies, including food, insect bites or stings, season, animal, latex, medication allergies, adverse reactions, or contraindications, etc. If there are no known allergies, record NKA. |
| Allergies are listed including the type of allergic reaction and the required response. If there are no known allergies, it is documented. |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Are there any allergies that may contribute to the occurrence of challenging behaviors? If so, are these behaviors listed under the ‘Know and Do’ section.  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If the participant does not have allergies, is this marked as No Known Allergies (NKA)?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS: |
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| **Health Evaluation:** This section includes all known evaluations completed by any health care provider in the past 12 months which may include medical doctors, dentists, psychiatrists, neurologists, allied health specialists (therapists, dieticians, etc.) This includes routine, frequently scheduled, annual check-ups, as well as unexpected (acute care) evaluations. |
| Does this list appear accurate based on the participant’s known medical needs? |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Does this include the current plan year dates/ evaluations as well as the previous year - with all others deleted?  |  [x]  yes [x]  no [ ]  N/A Comments:  |
| Are one-time appointments (regardless of when completed) listed?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS  |
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| **Medical Contacts:** Include contact information for any current medical contacts such as doctors, dentists, psychiatrists, allied health professions, specialists, etc. seen in the past 12 months. |
| The list matches closely reflects the evaluations identified in the previous section. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| The specialist type is identified. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Current Health Status:** This section includes a summary of health issues and resolutions that occurred within the past 12 months.  |
| Includes hospitalizations, surgeries, new diagnoses, recommendations for adaptive equipment, and physician’s recommendations. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Includes results of testing listed under Health Evaluations |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Confirms if Immunizations are up to date (if missing from Immunization section) or documents why they are not up to date (e.g., records not available but participant/family indicated immunizations were completed)? |  [x]  yes [ ]  no [ ]  N/A Comments |
| Specific information/ concerns identified in the 1 risk domain **(chronic medical conditions)** of the PRE is documented within this section. If PRE has been completed, but no information/ concerns from the 1 risk domains have been identified, this is clearly stated within this section. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS: |
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| **Developmental Information:** This section is used to record significant milestones of development that occurred up to the participant’s 22nd birthday.  |
| Developmental milestones are discussed.  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Includes discussion of when the participant was diagnosed with autism. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Psychosocial Information:** This section includes a description of significant behavioral, mental health or psychiatric issues, including diagnosis, especially within the past 12 months. |
| Includes current symptoms related to mental health issues. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Includes a summary of recommendations to address these issues. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Specific information/ concerns identified in the 4 risk domains **(law enforcement, sentinel events, substance abuse, and/ or co-occurring mental health diagnosis)** of the PRE are documented within this section. If PRE has been completed, but no information/ concerns from the 4 risk domains has been identified, this is clearly stated within this section. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Physical Assessment:** This area captures long term health history if it continues to be information that others may need to know in order to support the participant.  |
| There is a link between information captured in Current Health Status and Medications. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| PRE: if **Chronic Medical Conditions** was identified as a risk domain within the PRE, specific information pertaining to these conditions are documented within this section.  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Immunization/Booster:** This section contains a record of all immunizations or boosters currently known. Should be updated with new dates as the participant receives immunizations |
| If no immunizations are listed, does the Current Health Status section reflect either (a) all immunizations are up to date OR (b) the reason why (e.g., records not available but participant/family indicated immunizations were completed)? |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |

**Health & Safety:**

**All info and abilities listed in this section need to be based on participant’s demonstrated skills and knowledge**

**(not on what others ‘think’ his/her skills are).**

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| **General Health & Safety Risks:** This section records the participant’s self-medication skills and other information pertaining to health and safety other than what is recorded in the following Health and Safety areas below.  ***Risks identified in the Periodic Risk Evaluation should be included as well as the plan for mitigating the risks.***  |
| Contains health and safety incidents and/or injuries that occurred over the past yearIf there were none, please specify as such. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Contains information related to any risk in regards to participant’s health and safety (e.g., behavioral, medical, safety, familial risks etc.). |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Includes whether the participant has the skills to call 911 if necessary. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| All identified risks identified in the **8 risk domains** of the PRE are documented within this section. This section should include a brief summary of the risks and the plan to mitigate those risks. If PRE has been completed, but no information/ concerns from the 8 risk domains has been identified, this is clearly stated within this section.  |  [x]  yes [ ]  no [ ]  N/A Comments |
| Results from **Social, Community Activities** and **Mental Health** sections of the ASAP assessment, are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments |
| Results from the **W-ADL** and **Online Readiness Checklist** are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments |
| COMMENTS:  |
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| **Fire Safety:** This section contains information regarding the participant’s ability to react during a fire or fire drill.  |
| Addresses the participant’s need for supervision and assistance needed to evacuate a building.Includes the TYPE of Supervision (e.g., verbal prompt, line of site, etc.). |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| If a participant is independent and needs no supervision, is it noted as such?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| If the participant smokes, includes his or her level of awareness of smoking safety. |  [ ]  yes [ ]  no [x]  N/A Comments: Non-smoker listed. |
| If this is an area of concern, is there a goal to address need? If no goal, is there an explanation?  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| COMMENTS:  |
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| **Traffic:** Records information about the participant’s traffic safety awareness, such as information about how and under what circumstances the participant can safely cross streets. If participant drives, also includes information about participant’s driving skills and needs. |
| Includes supervision needs regarding traffic safety including the TYPE of Supervision (e.g., verbal prompt, line of site, etc.) |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Does the participant pose of risk of “bolting” into traffic?  |  [ ]  yes [x]  no [ ]  N/A Comments:  |
| Is a goal added to the plan if this is an area of concern? If not, please explain. |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If a participant is independent and needs no supervision, is it noted as such? |  [x]  yes [ ]  no [ ]  N/A Comments |
| COMMENTS:  |
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| **Cooking/Appliance Use:** Record information about the participant’s ability to use cooking and kitchen appliances, prepare basic meals, and level/type of supervision needs when cooking and using appliances. |
| Section is completed and supervision needs identified, including the type of Supervision (e.g., verbal prompt, line of site, etc.). |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If participant is independent and needs no supervision, is it noted as such?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Outdoor Appliances:** Record information about the participant’s ability to use outdoor appliances, such as lawn mower, weed whacker, gas grill, etc. |
| Section is completed and supervision needs identified including the type of Supervision (e.g., verbal prompt, line of site, etc.). |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| If there are conditions that would or could impact abilities in this area, please include (e.g., asthma).  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If participant is independent and needs no supervision, is it noted as such?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Water Safety:** Record information about the participant’s ability to understand water safety (including swimming) and temperature safety. Includes supervision needs and discussion on precautions specific to individual.  |
| Include person’s abilities/needs in the area understanding water safety and swimming as well as water temperature regulation. |  [x]  yes [ ]  no [ ]  N/A Comments |
| Supervision needs are identified including the type of supervision (e.g., verbal prompt, line of site, etc.).  |  [x]  yes [ ]  no [ ]  N/A Comments |
| If participant is independent and needs no supervision, is it noted as such?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Does the participant have a seizure disorder? If yes, are there additional precautions or supervision needs during bathing (including regulating water temperature) and swimming? |  [x]  yes [ ]  no [ ]  N/A Comments |
| COMMENTS:  |
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| **Safety Precautions:** This section contains information about the participant’s ability to understand safety precautions including handling or storage of poisonous substances, danger signs, or warning labels. Need for supervision is noted.  |
| Poisonous materials: Is the person at risk for ingesting poisonous substances?  |  [ ]  yes [x]  no [ ]  N/A Comments:  |
| Does the person know to take precautions in the handling or storage of poisonous substances? |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Danger signs and warning labels: If there is a need or a lack of skills, please comment.  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Supervision needs are identified. Risks are identified and then reflected in Supervision Care Needs section of ISP. (Includes the type of Supervision (e.g., verbal prompt, line of site, etc.). |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If participant is independent and needs no supervision, is it noted as such?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
| COMMENTS:  |
| **Knowledge of Self-Identifying Information:** This section contains information about the participant’s ability to give self-identifying information, such as name, address, and phone number and whether the participant can request assistance if lost. |
| If the participant is not able to verbally give this information, does the plan identify alternative ways (e.g. carry ID) in which this information can be communicated?  Or, does the participant carry a cell phone that he/she knows how to use to summon help?  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| COMMENTS:  |
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| **Stranger Awareness:** This section addresses the participant’s ability to interact with strangers, whether or not he/she is vulnerable to victimization, whether he/she would wander off with a stranger, giving away possessions or money to strangers, letting strangers in the house, This section should also address person stranger safety awareness with regard to communicating with others via social media. Do they understand the risk involved with sharing personal, self-identifying information with others they do not know or have not met in person? Level of supervision should be addressed.  |
| All concerns as listed above are adequately addressed. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Supervision needs are addressed includes the TYPE of Supervision (e.g., verbal prompt, line of site, etc.). If no supervision is needed, that is noted. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| If there are needs or concerns, is there a goal to address this area? If not, reason is provided.  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| COMMENTS:  |
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| **Sensory Concerns:** This section should address any hyper or hypo-sensitivities that the participant may have. |
| Are there any sensory needs that may impact behavior? |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Are strategies identified to help meet those sensory needs? If not, consider adding a goal.  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Meals/Eating:** This section should address the participant’s eating skills, any dietary needs, food sensitivities, choking risks, adaptive equipment needs, etc. |
| Dietary needs, food sensitivities, and choking needs are adequately addressed. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Supervision Care Needs:** This section needs to address current supports needs in Day, Home and Community settings. **Community supervision** includes activities that take place outside of the participant’s home, but not including places where the participant typically or regularly spends his/her days (Monday-Friday). Hours of community supervision are documented based on a 24 hour period. **Home supervision** areactivities at the participant’s home, or the home of a family member. Home supervision hours documented on a 24 hour period. **Day supervision** include normal day activities such as volunteering, working, attending a day program, etc. Day hours documented based on the typical hours the participant is engaged in these day activities. |
| Are all three areas completed?**Note:** Include what number of hours of supervision the person needs in each setting (and not what number of service hours they will be receiving in that setting). See hour documentation requirements above.  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Is there a sufficient description of support needs in each area?**Note**: Describe what the supervision looks like (e.g., arms’ length, within line of sight, in the same building, phone check in, pager, etc.). If supervision requirements differ for a specific activity or risk, specify the nuances |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If no supervision hours are required, please indicate this by “0” hours for each setting where “0” applies.  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Staffing Ratio-Home OR Staffing Ratio-Day:** ***Complete only if*** the participant is already receiving services beyond the scope of the waiver. For example, if a participant is being served in a group home or day program through private pay, indicate that staffing ratio and information in this section within the applicable HOME or DAY option.  |
| Section is completed. |  [ ]  yes [ ]  no [x]  N/A Comments:  |
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| **Health Care:** This section identifies the specific health care support person who is designated to assist the participant in making health care decisions. |
| Section is completed. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Has SC checked yes or no to “advance directive in place”?If no- SC please comment why not; or, make note that it will continue to be explored with the participant and family. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
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| **Health Promotion:** This section identifies any health conditions or issues that the participant currently practices, would like to work on or practice, or health issues for which there currently is a recommendation that it be addressed. Examples are weight reduction, increased exercise, smoking cessation, etc. |
| If a health promotion condition or issue is identified, all sections must be completed. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Is it appropriate to link the desired outcome to an ISP goal?  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If yes, does the participant want/ need to have a goal to address this?  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Results from **Community Activities** section of the ASAP assessment, are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [x]  N/A Comments: |
| COMMENTS:  |
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**Functional Information:**

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| **Physical Development:** This section describes current skills and needs including gross and fine motor skills, vision and hearing, use of assistive technology, ability to perform simple exercises, mobility, ability to negotiate stairs and ambulation.  |
| Results from **Community Activities** section of the ASAP assessment, are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments: |
| Results from the **W-ADL** and **SRS-2** are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments: |
| COMMENTS:  |
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| **Adaptive/Self Help:** Describes information pertaining to self-help or hygiene, including the participant’s ability to perform specific functions, assistance needs, and adaptation needs. **Examples:** bathing/showering, dressing, eating, drinking and toileting. Strengths and needs for completing household chores should be included as well. |
| Results from **Social** section of the ASAP assessment, are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [ ]  N/A Comments: |
| Results from the **W-ADL** and **SRS-2** are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [ ]  N/A Comments: |
| COMMENTS:  |
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| **Learning/Cognition:** Describes skills and needs about how the participant learns and processes information, thinks, remembers, reasons, problem solves, makes decisions, manages money, etc. |
| If the participant has behavioral needs, is there any information contained in this section that is important to consider for behavioral supports? |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Results from **Cognition** section of the ASAP assessment, are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [x]  N/A Comments: |
| COMMENTS:  |
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| **Communication:**  This section documents the participant’s primary mode of communication (dropdown value) and current skills and needs related to expressive/receptive language and assistive technology needs if appropriate. |
| If no primary mode of communication is identified, is there a goal to develop a functional means of communication? |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| If the participant has behavioral needs, is there any information contained in this section that is important to consider for behavioral supports? |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| COMMENTS:  |
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| **Social/Emotional Information:** Describes the skills and needs related to controlling his/her emotions, having empathy and respect for others, and the ability to initiate and maintain social contacts. |
| Assessment results and information contained in this section indicate a need for BSS. |  [ ]  yes [x]  no [ ]  N/A Comments:  |
| Specific information/ concerns identified in the 2 risk domains **(unstable living environment and/ or stressful life events)** of the PRE are documented within this section. If PRE has been completed, but no information/concerns from the 2 risk domains has been identified, this is clearly stated within this section. |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| Results from **Cognition** section of the ASAP assessment, are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments: |
| Results from the **SRS-2** are specifically stated in this section, as applicable. | [x]  yes [ ]  no [ ]  N/A Comments: |
| COMMENTS:  |
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| **Educational/Vocational Information:** This section captures information related to current educational enrollment or vocational status. Educational status may include college or other post-secondary options. |
| If listed as being an OVR client, ensure the OVR contact information is listed |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Lists vocational or educational training objectives within the training goals section. |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Results from **Social, Community Activities** and **Quality of Life** sections of the ASAP assessment, are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [x]  N/A Comments: |
| COMMENTS:  |
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| **Employment/Volunteer Information:** This section captures information related to the participant’s work or volunteer status, their current employer and specifics about employment and/or volunteer goals**.** This section refers to supported/competitive employment or volunteer issues. If OVR is assisting with any employment services, please include that info within the Comments box. (Other vocational options should be addressed in the previous section (Educational/Vocational.) |
| Within the Goal Box, did they list the employment/ volunteer goal?If no goal listed or it is indicated that individual not interested in employment, is an explanation provided?  |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| If OVR is assisting with any employment services, please include within the comments box.  |  [ ]  yes [ ]  no [x]  N/A Comments:  |
| Results from **Community Activities** and **Quality of Life** sections of the ASAP assessment, are specifically stated in this section, as applicable. | [ ]  yes [ ]  no [x]  N/A Comments: |
| COMMENTS:  |
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| **Understanding Communication:** This section captures information about the participant’s verbal or nonverbal, overt or subtle behaviors that he/she uses to communicate needs, wants, likes/dislikes, what is important, when he/she is in pain, discomfort, or not feeling well.  |
| All four questions are answered (when this is happening…, the individual does…., we think it means…., we should…). |  [x]  yes [ ]  no [ ]  N/A Comments:  |
| COMMENTS:  |
|  |
| **Other Non-Medical Information:** This section captures detailed information about evaluations completed that are not medical in nature. Evaluation area is a dropdown value and includes fine motor, gross motor, adaptive skills, educational/vocational, vision, cognitive, social emotional, adaptive/self-help, sexuality, communication, and other.  |
| If “other” is selected, the type of evaluation is indicated.  |  [ ]  yes [x]  no [ ]  N/A Comments:  |
| COMMENTS:  |
|  |

**ASSESSMENTS**

|  |
| --- |
| **Assessments:** For additional information on where to put the assessment results within the ISP, visit [this page](https://www.myodp.org/course/view.php?id=705#section-0) for the PRE and [this page](https://palms-awss3-repository.s3.us-west-2.amazonaws.com/BAS/Files/AAW%2BProvider%2BInfo%2B%26%2BResources/BSASP%2BAssessment%2BResources/Assessment%2BProtocol%2B-%2BSGD.pdf) for the ODP BSASP Assessment Protocol Service Guidance Document.  |
| The results of the PRE, ASAP, W-ADL, SRS-2, Online Readiness Checklist has been submitted into QuestionPro. |  [ ]  yes [ ]  no [x]  N/A Comments:  |

**GOALS:**

|  |
| --- |
| **Goals:** Goals are identified based off of the participant’s needs and desires. ***GAS was implemented effective 10/1/17. Please refer to the service guidance document*** [***“Responsibilities Service Categories”***](https://palms-awss3-repository.s3.us-west-2.amazonaws.com/MyODP_Content/Course%2BContent/AAW%2BResources/AAW%2BResponsibilities%2Bby%2BService%2BCategory.pdf) ***and the*** [***“Goals and Objectives Cheat sheet”***](https://palms-awss3-repository.s3.us-west-2.amazonaws.com/Shared_Content/BAS/AAW-ACAP/Goal%2Band%2BObjective%2BCheatsheet%2BAAW.pdf) ***to identify what services need GAS charts as well as to identify expectations for all services.*** |
| The following are considerations for goals, based off the needs and desires of the participant. These have been identified by the reviewer because of the information in the ISP.  | Goal recommendations:  |
| COMMENTS:Note:  |

**BSASP CLINICAL APPROVAL DECISION AND OVERALL COMMENTS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Final Decision** | [ ]  **ISP Approved:** **Services Authorized**[x]  **ISP Rejected:** **Services NOT Authorized and Requested Revisions are to be completed within 7 days** | **Recommended Resources for Support** | [ ]  [AAW SC Manual](https://s3-us-west-2.amazonaws.com/palms-awss3-repository/BAS/Files/SC%2BManual/Supports%2BCoordinator%2BManual-Jan%2B2016.pdf)[x]  [AAW SC Assessments](https://util01.myodp.org/html5player.php?video=https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/BAS/AAW+SC+Orientation/Module+2_+Assessments.mp4)[ ]  [AAW ISP, GAS and Service Utilization Training](https://util01.myodp.org/html5player.php?video=https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/BAS/AAW+SC+Orientation/Module+2+ISP+GAS+and+Service+Utilization.mp4)[x]  [AAW General ISP Expectations](https://util01.myodp.org/html5player.php?video=https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/BAS/AAW+SC+Orientation/Module+2_+General+ISP+Expectations.mp4)[ ]  [Goals and Objectives Cheat Sheet](https://s3-us-west-2.amazonaws.com/palms-awss3-repository/Shared_Content/BAS/Goals%2Band%2BObjectives/Goal%2Band%2BObjective%2BCheatsheet.pdf)[ ]  [Goals and Objectives SC Training](https://util01.myodp.org/html5player.php?video=https://s3-us-west-2.amazonaws.com/palms-awss3-repository/Shared_Content/BAS/Goals+and+Objectives/Meaningful+Goals+and+Measurable+Objectives.mp4)[ ]  [Responsibility by Service Category](https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/BAS/AAW-ACAP/REVISED%2BResponsibilities%2BService%2BCategory%2B1.2019.pdf)[ ]  [PRE training and resources](https://www.myodp.org/course/index.php?categoryid=338)  |
| **General Comments:** Click or tap here to enter text. |