



The Arc
Oregon



Oregon **ISP**


Change Form Webinar
June 17, 2019

Brought to you by Oregon Training and Consultation,
a Program of The Arc Oregon. Funded by the Office
of Developmental Disability Services (ODDS)




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TODAY'S PRESENTERS




Alan Lytle




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WHAT IS YOUR ROLE WITH THE OREGON ISP?

- Self-advocate
- Family member of a person with an ISP
- Services Coordinator/ Personal Agent
- Service provider (Residential, Employment, Foster, etc.)
- Other



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COURSE OBJECTIVES

As people grow, learn and change their goals, preferences and support needs may also change.



This webinar will explore the purpose and use of the change form during the Individual Support Planning (ISP) process.

Today, we will cover:

- the types of changes that require the use of a change form
- who can initiate a change to a person's ISP
- whose role it is to complete the change form

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CHANGE HAPPENS

The Big Picture



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PLANNING YOUR LIFE



- ❖ *Anything unexpected happened for you?*
- ❖ *New interests or hobbies?*
- ❖ *New relationships?*
- ❖ *Support needs changed?*
- ❖ *Set new goals?*
- ❖ *Medical changes?*

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LIVING A VIBRANT LIFE

An **ISP** should be dynamic and responsive to the person in their own life...

*ISP- Individual Support Plan

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MAKING A CHANGE TO THE ISP

Who may initiate changes?

- The person! It's their plan
- Legal or designated representative
- Services Coordinator or Personal Agent
- Service provider



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CULTIVATE AN ATMOSPHERE OF COLLABORATION!

Exploring change creatively



A TOOL FOR ADDRESSING CHANGE

Oregon ISP Change Form

WHERE CAN I FIND AN ISP CHANGE FORM?

oregonisp.org/forms/

PROVIDED FORMS

The Oregon ISP process includes standardized forms which are to be used whenever Medicaid-funded V/D/D services are delivered.

- ▶ Person Centered Information
- ▶ Risk Identification Tool
- ▶ Individual Support Plan
- ▶ **Change Form**

ISP OREGON ISP
Planning together in partnership

Instructions & Samples ▾ Provided Forms ▾ Training ▾

Provided Forms

- Support Documents
- Adobe software
- Translated forms
- Large Print forms
- Valid versions

Download provided ISP form.

Ask a question

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ISP CHANGE FORM

Change Form					
Person's legal name:	Initiated by:	Date initiated:	Effective date:		
Reason for change(s)		List specific change(s)			
Name		Title/Relationship	Date notified of change	Date approved, if required	Signature or note of how approval or notification was given (e.g. phone, email)
Self / Person receiving services					
Person receiving services:		Date of change:		Page 1 of 1	

The Change Form is used to track and record changes to the ISP or related documents.

This form is also available in the following languages:

Arabic, Somali, Russian, Spanish, Vietnamese.

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APPROVAL & NOTIFICATION

Oregon ISP Change Form

RESOURCE

Oregon ISP Manual

Type of change	Change form Initiated by	Approval or Notification?	Notes
Revised, added, or discontinued desired outcomes	SC/PA or Provider org./Foster prov.	Approval	
Added or discontinued chosen services	SC/PA	Approval	Adding or removing a service requires the signature of the person receiving services, legal or designated representative (if any), the SC/PA, and the provider agreeing to implement the new service. Changes within an authorized service may be made with the documented, verbal approval of the individual, their legal or designated representative.
New or discontinued Risk	SC/PA or Provider org./Foster prov.	Approval	
Change in a risk management strategy that is described in the ISP Risk Management Plan	SC/PA or Provider org./Foster prov.	Approval	
Revision to provider support documents that changes the scope of the supports provided	SC/PA or Provider org./Foster prov.	Approval	Examples include attempting to implement restrictions or limitations on the person's rights or discontinuing supports that are written into the person's ISP.
Revision to provider support document that does not change the scope of the supports provided	Provider org./Foster prov.	Notification only	Examples include reasonable adjustments to support documents that honor the person's preferences and remain consistent with supports that are written into the person's ISP. *Send copy of changed document including Change Form to SC/PA
Revision to provider's implementation strategies, such as Action Plans	SC/PA or Provider org./Foster prov.	Notification only	*Send copy of changed document including Change Form to SC/PA
Revision to One Page Profile or Person Centered Information	<i>Local changes may be made by any ISP team member following local documentation practices. No formal approval or notification is required.</i>		

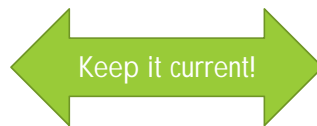
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New or discontinued Risk	SC/PA or Provider org./Foster prov.	Approval	
Change in a risk management strategy that is described in the ISP Risk Management Plan	SC/PA or Provider org./Foster prov.	Approval	
Revision to provider support documents that changes the scope of the supports provided	SC/PA or Provider org./Foster prov.	Approval	Examples include attempting to implement restrictions or limitations on the person's rights or discontinuing supports that are written into the person's ISP.



APPROVAL REQUIRED

<p>Revision to provider support document that does not change the scope of the supports provided</p>	<p>Provider org./Foster prov.</p>	<p><i>Notification only</i></p>	<p>Examples include reasonable adjustments to support documents that honor the person's preferences and remain consistent with supports that are written into the person's ISP.</p> <p>*Send copy of changed document including Change Form to SC/PA</p>
<p>Revision to provider's implementation strategies, such as Action Plans</p>	<p>SC/PA or Provider org./Foster prov.</p>	<p><i>Notification only</i></p>	<p>*Send copy of changed document including Change Form to SC/PA</p>

NOTIFICATION ONLY



Revision to One Page Profile or Person Centered Information *Local changes may be made by any ISP team member following local documentation practices. No formal approval or notification is required.*

NO CHANGE FORM NEEDED

APPROVING A CHANGE

- Documented Verbal Confirmation
- Signature from Person & Legal or Designated Representative

Signature or note of how approval or notification was given (e.g. phone, email)



CHANGE FORMS IN ACTION

Oregon ISP Change Form

COLLABORATION & CREATIVITY MATTER

New Diagnosis:
Maggie was diagnosed with Diabetes by her primary care doctor on Thursday.



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Change Form (Reader ④)



Person's legal name: Maggie May

Date initiated: 06/13/2019

Effective date: 06/17/2019

Initiated by: Tammy Lee, ABC In-Home Support

Reason for change(s)

Maggie was diagnosed with diabetes by Dr. Patricia on June 13th, 2019. Maggie would like to meet others with diabetes to better understand this diagnosis.

List specific change(s)

New risk identified in RIT and listed under known risks in the ISP: Complications of Diabetes

New support document at home: Diabetes Protocol

New desired outcome in ISP: Maggie will meet other people with diabetes so that she can learn more about this condition and feel understood by people with similar experiences

Name	Title/relationship	Date notified of change	Date approved, if required	Signature or note of how approval or notification was given (e.g., phone, email)
Maggie May	Self/person receiving services	Jun 13, 2019	Jun 17, 2019	Conversation with Tammy Lee, follow-up phone call with Sam Santiago
Tammy Lee	In-Home Support Coordinator	Jun 13, 2019	Jun 13, 2019	Initiated change in collaboration with Maggie May
Sam Santiago	Personal Agent	Jun 13, 2019	Jun 17, 2019	Sam discussed changes with Tammy Lee and Maggie May, sent follow-up email with approval of changes

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RESPONSIVENESS
MATTERS

*Marcus wants to try
joining a video
game club.*



DETAIL MATTERS

Current Desired Outcome:
*Bradley participates in guitar
lessons every Tuesday.*



LAST STEPS TO COMPLETE!



- File completed change forms with the ISP at the CDDP or Brokerage.
- Notify providers of changes that affect the services they are expected to deliver.
- A copy of the change form is provided to:
 - the person
 - legal or designated representative, if desired
 - any service provider impacted by the change

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QUESTIONS?

- Submit a support request
- Register for an upcoming training
- Review sample ISP forms
- Subscribe to the ISP Pipeline Newsletter
- View recorded webinars
- Access Oregon ISP training modules

oregonisp.org



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THANK YOU

- ❖ Please take the survey at the end of the webinar
- ❖ You will receive an email that confirms your attendance

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