

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Policy No. I.C.1.PO.002

Subject: Individual Planning

Section: Services and Supports, Case Management/Broker Services

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Approved:/S/Peter H. O'Meara
Commissioner

A. Policy Statement

Each individual receiving supports and services from the department shall have an individual plan or individual plan - short form commensurate with the supports and services received. The individual plan or individual plan - short form is the document that guides the supports and services provided to the individual. The person's assigned case manager will ensure that an initial individual plan or individual plan - short form will be developed within 60 days of the initial visit. At the time the plan is developed, the case manager will advise the individual, and his or her family, guardian, advocate, or other legal representative of their right to a Programmatic Administrative Review (PAR) and will advise waiver participants and their families about Medicaid Fair Hearing rights. The case manager shall ensure all other required notifications are made including informing individuals on the waiting list of their priority status, notifying the individual's family about the department's guidelines for reporting incidents to family members, and informing the individual of his or her human/civil rights.

Individual Plans

All individuals who receive DDS HCBS Waiver services, all children in Voluntary Services, all individuals who receive any DDS funded residential supports, including individualized home supports, and clients of the department who pay directly for residential habilitative services shall have an individual plan. For individuals who are enrolling in a HCBS waiver, the individual plan – short form, along with a Summary of Supports and Services, IP.6, may be used for the first 90 days of receipt of new HCBS Waiver services, 45 days in licensed settings, after which time an individual plan must be in place. At a minimum, individual plans will be reviewed and updated on a yearly basis. All individuals who have individual plans will also have a Level of Need Assessment and Screening Tool (LON) developed initially and updated each year at a minimum prior to the planning meeting. Individuals currently receiving HCBS waiver services who receive new residential or day supports and services or experience a major change in one or both of these services, must have a new IP.6 in place prior to a change in services. The individual plan shall be updated within 90 days of the change in waiver services except in licensed settings where an update is required within 45 days. Individuals who live in ICF/MR settings must have their individual plans updated within 30 days of a change in services.

Individual plans shall be developed by the individual and his or her planning and support team. To the extent possible, individuals and the people who are important in their lives will receive the assistance they need to be directly involved in the development and implementation of individual plans. Meetings will be scheduled at times that are convenient for consumers and their families. All individual plans will be developed and available to the individual in his or her primary language or mode of communication.

Individual planning is based on the department's mission and guiding principles. Individual planning is intended to incorporate all aspects of a person's life such as significant past events, accomplishments and strengths, relationships, home life, work, day, retirement, or school, leisure and community life, health and wellness, and finances. The individual planning process will include the following components:

- An assessment and profile of the individual's current life situation and future vision
- Assessment and analysis of the individual's abilities, preferences, and support needs
- Identification of desired outcomes

- Development of strategies and action plans to address needs, personal goals and desired outcomes
- Identification of supports and services to be provided
- Evaluation of the individual’s progress on an on-going basis to assure that the individual’s needs and desired outcomes are being met.

The individual planning process results in the development of a comprehensive individual plan.

Individual Plan – Short Forms

Individual plan – short forms are developed for individuals who live at home with their family or in their own homes who do **not** receive DDS funded residential supports or ongoing HCBS Waiver supports and includes individuals who pay directly for employment supports or day services. An individual plan – short form may be used during the transition for the first 90 days of receipt of HCBS Waiver supports, 45 days in licensed settings. Individual plan – short forms shall be coded “IPS” in eCAMRIS for individuals not enrolled in a HCBS waiver. Individual plan – short forms shall be coded “IPT” in eCAMRIS when used for the first 90 days of HCBS waiver enrollment, or 45 days in licensed settings, at the end of which time a full Individual Plan must be in place.

LONs will be reviewed, and updated if necessary on a yearly basis for individuals who receive targeted case management and within a three year period for those individuals not on targeted case management. Children who have not requested or received waiver services should have the first LON completed at age 18, and one completed in preparation for graduation.

Individuals residing in Long Term Care Facilities (LTCs) may have their plans documented on an individual plan – short form. Individuals residing in private ICF/MR settings may have their plans documented on an individual plan – short form or the provider’s plan form and shall have a Level of Need Assessment and Screening Tool (LON) reviewed, and updated if necessary, each year. In private ICF/MR settings, the case manager is responsible to participate in the meeting, however is not responsible to facilitate the meeting or document or distribute the provider’s plan.

B. Applicability

This policy shall apply to all individuals who receive supports and services from the department.

This policy shall apply to case managers, support brokers, private agency designees and all other staff responsible for individual plan development and implementation.

C. Definitions

See Case Management Definitions at the beginning of this section.

D. References

1. Components of an Individual Plan Procedure
2. Planning and Support Team Procedure
3. Programmatic Administrative Review Policy

E. Attachments

None