VOC / Day Service - ISP Timelines

DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Client name: _____   **ISP scheduled date:** _____

Prior to PFW update assessments	Prior to ISP	No later than 25 calendar days prior to the scheduled ISP	5 working days prior to the scheduled ISP	Bring to ISP	All original docs to Case Manager After ISP is completed
	Date: _____	Date: _____	Date: _____	Date: _____	
BVS1: ☐ Day Program assessment	**SM:** ☐ Schedule Pre-meeting **BVS1:** ☐ Start PFW **BVS2:** ☐ Conduct FA *Due to SM 5 days prior to pre-mtg*	**SM, BVS2, BVS1:** ☐ Complete RTR ☐ Review all current protocols **BVS1:** ☐ Review/Complete PFW **BVS2:** ☐ Ensure RTR notes and BSP behavior definitions match ☐ Bring rough Draft of BSP to review with the team **SM/** ☐ Draft Agenda Start preparing: Protocols Health List Safety Plan Home/Work Financial Plan	**SM:** ☐ Send draft copies of documents to team members for review prior to ISP. Draft documents: • Protocols • Health List • Safety Plan Home/Work • Financial Plan • Action Plans • Pg 1-3 of ISP _What's most important _Risks from RTR _Professional Service page **BVS2:** ☐ Completed FA/BSP	Draft documents: • Agenda • Action Plans • PFW • RTR • Protocols • Safety Plans _Home/Work • Financial Plan • Health List • Nursing Care Pln. • Pg 1-3 of ISP • Serv.Supports pg. • ISP Signature pg. **BVS1 & BVS2's:** ☐ *Bring EXTRA action plans and discussion records!!*	**ISP MUST BE IMPLEMENTED BY THE LAST DATE OF THE MONTH:** ☐ Complete ISP ☐ RTR/Signature Pg. ☐ Health List ☐ Nursing Care Plan ☐ Protocols ☐ Safety Plan Home/ Work/Comm ☐ Financial Plan ☐ Make any necessary changes to the FA/BSP

OTAC "Change Form" Guidelines:

1 **Team approval needed.** ⟹

- Check the signature sheet for ISP team member to notify
- Specify the type of change

Upon approval **2**

Check the "appropriate" BOX on the "Change Form"

- Individual Support Plan
- Safety Plan
- Protocol(s)
- Other document(s)

8 **Monthly reviews:**

- When entering monthly review information: review to the ISP and refer to the previous month's change form.
- Refer to the listed "specific changes"
- Document the "specific changes" on monthly review as a means of notifying team members. (if this is the mean of team notification, per monthly review). Copy and paste to the **4615 Monthly Client Summary Report** (either Site Manager, Voc, Nurse or Behavioral)

Review change with client **3**

- Check "Person" BOX
- Write in person's name where possible

Update Risk Page of ISP **4**

- Add date of new document(s).

5

7 **Training is to occur**

6 **Client change form(s) placement:**

- Client Book
  - Place new documents in appropriate section.
  - Remove old document (write the change form was completed/date/sign).
  - Attach old document to the change form (put on top/or below ISP)
  - When multiple change forms exist on the ISP, archive document in Vol. 2.

Make copies of all necessary documents:

a. Follow the "Home" procedures

b. Original document to Case Manager

c. Copies into:
  - Client Book
  - Person(s) as identified on the ISP signature page.