

SUBJECT: TREATMENT PLANNING (INDIVIDUALIZED SERVICE PLAN)

EFFECTIVE

DATE: 06-01-10 (replaces 04-21-06)

APPROVED BY:

Reviewed (no changes): 04-06-11 _____

Executive Director

POLICY

It is the policy of McIntosh Trail CSB to ensure that care interventions devised through treatment planning processes are appropriate to each consumer's specific needs and the severity of his or her condition, impairment or disability.

PROCEDURES:

1. The assessment of the consumer's clinical needs shall be the basis of a written, comprehensive, individualized service plan (ISP). An initial treatment plan shall be developed immediately upon completion of an initial screening. This initial plan first addresses any emergency needs, such as danger to self or others, severe personality disorganization, or inability to care for self. The provision of care to address immediate needs may begin before the treatment plan is finalized.
2. Assessment, re-assessment, and care are ongoing processes that shall be carried out concurrently. As part of these ongoing processes, treatment goals shall be evaluated and periodically revised when major clinical changes occur and at specified regular times that are related to the consumer's treatment.
3. The treatment plan shall reflect the consumer's functional strengths, limitations, condition, and clinical needs.

When identified clinical problems and needs are not addressed, there shall be documentation of justification why the need is not addressed during the current period of service. The treatment planning process also includes referrals for needed services that the organization does not provide directly and those beyond the scope of services provided. These referrals will be documented in progress notes and Biopsychosocial assessment.

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PROCEDURE: (Continued)

4. The consumer's desires shall be documented, and as appropriate, the family's perceptions of consumer needs shall be documented in progress notes. The consumer's participation in treatment planning is actively sought and documented by care providers; the care providers relate recommendations for a course of treatment to the consumer, and the consumer is encouraged to express his or her goals/wishes about whether specific concerns should be addressed and in what time frame. As appropriate, the treatment planning process shall include the involvement of family, guardian, or significant others. It is documented in the clinical record if the consumer or family is unable or unwilling to participate in treatment planning.
5. The Individualized Service Plan shall contain clearly defined problems and needs; measurable goals and objectives based on the assessed needs, strengths, and limitations of the consumer; the frequency of care, treatment, and services; a description of facilitating factors and possible barriers to care, treatment, and service or reaching goals; and the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings. Objectives are sufficiently specific to evaluate the consumer's progress and are expressed in behavioral terms that specify measurable indicators of progress.
6. The Individualized Service Plan shall specify interventions, frequencies, time frames, and appropriate staff involvement to meet consumer needs. As appropriate to the services provided, qualified staff members shall plan and deliver services in a collaborative and interdisciplinary approach.
7. If the consumer's identified needs include the development of skills related to activities of daily living, the treatment team shall identify the training program to be used, specifying the behavioral objectives of the training program, the methods to be used, and the training schedule.
8. Daily activity services, when provided, shall be incorporated into the Individualized Service Plan to provide a consistent and well-structured framework for daily living.
9. The Individualized Service Plan shall contain specific discharge criteria for terminating any service which will be based on the needs of the individual.

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PROCEDURE: (Continued)

10. When consumers need additional services not offered by the organization, appropriate referrals are made and documented in the clinical record.

SPECIAL PLANNING CONSIDERATIONS

Developmental Disabilities

11. The principle of normalization and person centered planning is incorporated into all services provided for consumers with developmental disability. An interdisciplinary team shall develop an individualized program plan within 30 days of admission and review and revise it at key decision points, or at least annually. Minimal times for revision shall include admission, transfer, and discharge, a major change in the consumer's presenting problems or disabilities.
12. When determining any service, activities, or objectives for the Individualized Service Plan, the opinions of the consumer and his or her family or advocate shall be considered and the level of their willingness or ability to participate in planning shall be documented in progress notes.
13. When a training program for activities of daily living is needed, the consumer's Individualized Service Plan includes: the behavioral objectives of the training program; the methods to be used; and the training schedule.
14. The service plan also addresses the use of corrective, adaptive and prosthetic supports or devices. If it is determined that a protective device is to be used while receiving services, a written, signed consent from the parent, guardian or designated representative and a written recommendation from the consumer's physician are required. If the consumer resides in a CLA (Community Living Arrangement), the recommendation must be updated every six months by the physician.
15. When appropriate, the consumer's service plan shall address the use of behavior-management procedures and includes the reason for such procedures, the methods to be used, the situation or schedule for their use.

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PROCEDURE: (Continued)

16. The health maintenance and early detection and remediation of health needs for each consumer with developmental disability shall be attended to by performing the following:
 - a. For each consumer, height and weight are recorded annually and when weight is an issue, it is recorded quarterly in the clinical record.
 - b. Each facility shall possess a referral network listing for the provision of corrective, adaptive, and prosthetic devices to meet any physical limitations.
 - c. Staff shall be vigilant to observe consumers for physical, emotional, or behavioral changes which may be health-related and shall report changes to immediate supervisor and/or refer to medical services as needed. All staff shall follow established guidelines for reporting suspected child abuse to the Department of Family and Children Services or adult abuse to the Council on Aging.
 - d. When indicated, seizure activity and lab work documenting anticonvulsant drug levels are accurately recorded in the consumer's clinical record.

FormDocs: Individualized Service Plan (ISP)
Biopsychosocial
Progress Note