

INSTRUCTIONS – INDIVIDUAL SERVICE PLAN – COMMUNITY RECOVERY SERVICES (CRS)

No.	Title	Description
1	Plan Type	“ New ” refers to persons who are first enrolling in CRS and includes all required documents. “ Annual Recertification ” refers to a new packet updated yearly. Annual Recertification is submitted on or before the annual recertification date and includes all components required by CRS. “ Six-Month Review ” refers to a review completed within the first six months of the New or Annual Recertification date and includes all components of an initial and recertification packet. “ Update ” refers to a change that has occurred in services by the participant or changes in the provider prior to the annual recertification or six-month review. An Update includes updates in the ISP Demographics page, Financial/Services page, ISP Service Plan, and Signature page.
2	Date of Birth	Enter the individual’s date of birth.
3	Medicaid ID Number	Enter the 10 digit Medicaid number assigned to the individual.
4	Service Plan Date	Enter the date of when the service plan was developed with the individual and the initial service, recertification, six-month review and/or update was accepted by all team members involved in the development of the ISP.
5	Functional Screen Date	Enter the Mental Health / AODA Functional Screen or Children’s Long Term Supports Functional Screen eligibility determination date. Note: The eligibility determination date of the functional screen must be completed no later than 90 days prior to the signature date and must be completed annually.
6	Consumer Name	Enter his/her full legal name, first name, middle initial, and suffix (e.g., Jr.).
7	Address	Enter the address of where the individual resides.
8	Mailing address (if different)	Enter the address of where the individual receives personal mail, if different from where reside.
9	Telephone No. (Home/Cell)	Enter the area code and telephone number (home and/or cell) of where the individual resides and best way to reach the individual.
10	Email Address	Enter the email address of the individual, if they choose to provide this information. If the consumer does not have an email address, another email address can be used to assist with transmitting email messages, as needed.
11	Person-Centered Planning	The individual and team members must be informed and receive information pertaining to the Person-Centered Planning Process. The consumer has a right to invite team members and supports to participate in the service planning meeting. List those in attendance and relationship to the consumer.
12	Current Living Arrangement- PPS Code	Enter the code that supports the type of living arrangement that the individual resides in.
13	Current Living Arrangement- Name/Type	Enter the specific type of living arrangement that the individual resides in at the time of CRS services (e.g., 8 – bed CBRF, 4 – bed AFH, RCAC – provide the name of the licensed/certified living arrangement) (if the consumer resides independently or in a different living arrangement note this).
14	CRS Agency	Enter the name of the county, tribal, or contracting agency currently responsible for collaboratively providing CRS services to the consumer.
15	CRS Agency Mailing Address	Enter the address of the CRS county, tribal, or contracting agency responsible for CRS services being delivered.
16	CRS Agency Telephone No.	Enter the area code and telephone number of the CRS county, tribal, or contracting agency, the telephone number is considered the primary number to use to contact agency staff/officials.
17	CRS Case Manager (CM)	Enter the CRS case manager’s name who is collaboratively working with all team members and the individual to implement psychosocial rehabilitative services.
18	CRS CM Mailing Address	Enter the address of the CRS CM – if different from the CRS Agency

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19	CRS CM Telephone No.	Enter the area code and telephone number of the CRS CM.
20	Name-Guardian	Enter the court ordered Guardian if applicable. If the consumer is a minor, enter the parent(s) and/or court appointed guardian.
21	Guardian Telephone No. (Home/Cell)	Enter the area code and telephone number (home/cell) of the identified guardian.
22	Guardian Telephone No. (Work)	Enter the area code and telephone number (work) of the identified guardian.
23	Guardian Mailing Address	Enter the address of the identified guardian.
24	Guardian Email Address	Enter the guardian email address, if applicable.
25	Emergency Contact / Relationship	Enter the designated Emergency Contact and the relationship of the individual. Note: If the emergency contact is someone other than a guardian or if the consumer is a minor (under the age of 16) a Release of Information must be signed and dated by the individual receiving CRS services.
26	Telephone No. (Home/Cell)	Enter the area code and telephone number (home/cell) of the designated Emergency Contact.
27	Telephone No. (Work)	Enter the area code and telephone number (work) of the designated Emergency Contact.
28	Mailing Address	Enter the mailing address of the designated Emergency Contact.
29	Email Address	Enter the email address of the designated Emergency Contact, if applicable.
30	Service Name / Informal Supports	Enter the name of the services that will or is being provided to the individual. Include all CRS services (CLSS, PS, SE) and non CRS services (Psychiatric, Case Management, Counseling, Medical, Dental etc.). This field should also include all informal supports.
31	Service Provider Address/Telephone No.	Enter the Individual/Agency name of the service provider, address, and telephone number. Use the name as it appears on any license or certificate.
32	Start Date	Enter the date on which the approved services are to begin. Note: The approved date is the identified signature date of the individual and/or guardian, unless the Functional Screen eligibility determination date occurred after signature date.
33	End Date	Enter the date on which the identified service will or has ended, if applicable.
34	Unit Cost (\$/hr., day)	Enter the unit cost of the service provided. Community Living Supportive Services (CLSS) Periodic, Supported Employment, and Peer Support Services are billed in 15-minute increments. Community Living Supportive Services (CLSS) Per Diem is a daily rate.
35	Authorized Units of Services and Frequency (3/day, week, month)	Enter the number of units of service the CRS agency authorizes for the individual to receive during a specified period of time (e.g., number of hours per week or month).
36	Funding Source	Enter the identified funding source allowable for the billable service. Note: Mental Health Block Grant funds may not be used in conjunction with CRS funding as both are federal funds.
37	Service Plan Date	Include the date the Individual Service Plan was developed (initial, annual recertification, or six-month review) or updated.
38	Plan Type	Include the plan type (new, annual recertification, six-month review, or update).
39	Participant Name	Include the full last name, first name, middle initial, and suffix (e.g., Jr.).
40	Case Manager, Agency	Include the Case Manager and Agency Name
41	Medicaid ID Number	Include the ten digit Medicaid Number

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42	Strengths	<p>Include an assessment of the individual's strengths that has been developed with the individual and through conversations with collateral contacts. Strengths can be identified as, but not limited to:</p> <ul style="list-style-type: none"> - Abilities, talents, attributes and accomplishments (within the home, school, work, and/or other settings) - Values and traditions - Interests, hopes, dreams, aspirations, and motivation - Resources and assets - Family members, relatives, friends, and natural supports
43	Barriers	<p>Include an assessment of barriers and challenges that interfere with the individual's desired wants, needs, well-being, and achievement of personal goals that has been developed with the individual and through conversations with collateral contacts. Barriers can be identified as, but not limited to:</p> <ul style="list-style-type: none"> - Lack of resources - Symptoms experienced by mental and/or physical health diagnoses - Economic factors - Interpersonal relationship and social skills - Trauma - Age - Cognitive impairments - Substance use
44	Anticipated Discharge/Transition Criteria	<p>Include the steps or changes that need to occur in order to succeed in discharge or transition that has been developed with the individual and through conversations with collateral contracts.</p>
45	Goal(s)	<p>Include goals that are identified by the individual and written in their own words. Goals should reflect the desires of the individual, are realistic, identify change, and written in positive terms. The implementation of motivational interviewing assists the consumer with identifying specifically their desired wants and needs. Following the Language of Goals Criteria can assist with evaluating the appropriateness of goals:</p> <ul style="list-style-type: none"> - Focus on engagement/life changes as a result of treatment - Consistent with the focus on recovery, self-directed and self-controlled - Reflects the persons values, lifestyles, culturally competent and age appropriate - Utilizes the consumers strengths, needs, choices and abilities - Written in positive terms - Reflects the specific stage of recovery - Alternative to current circumstances – focuses on change

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46	Objective(s)	<p>Include measurable objectives that are achievable, support change, are understandable, and focus on the consumer’s strengths. Objectives are specific achievements that the individual will accomplish that removes or lessens the effect of the barrier, symptom, or functional impairment. Objectives focus on action and change. Objectives should be written integrating the use of S.M.A.R.T. objectives. A S.M.A.R.T objective is:</p> <ul style="list-style-type: none"> - Specific: provides the “for whom” and “what result” of the desired activity - Measurable: focuses on “how much” change is expected and can be clearly measured - Achievable: should be attainable within the given timeframe and with available program resources - Realistic: accurately addresses the scope of the problem and implements programmatic steps within a specific time frame - Time-bound: should include a time frame indicating when the objectives will be met
47	Intervention	<p>Include specific interventions of psychosocial rehabilitation and treatment services that specifically identifies who is providing the service and the identified role. The interventions will include frequency, intensity, and duration of services to be provided.</p>
48	Notifications	<p>Summary of Notifications:</p> <ul style="list-style-type: none"> - Consumer has been informed of the CRS approval process and individual choice of services and providers - Consumer was informed of Client Rights, responsibilities, and the Grievance Procedure. Must be provided verbally and in writing. - Consumer has chosen to actively participate and receive psychosocial rehabilitation services. - A copy of the ISP – to include all of the documents were provided to the consumer, guardian/parent (if applicable), and team members. <p>The individual must check each box identifying that each notification was explained and have received documentation where applicable.</p>
	Signatures / Date	<p>The individual’s signature is required if the individual is age 14 or over. If the consumer has a guardian it is encouraged that the individual actively participate in the treatment planning process and sign and date the Signature Page. The identified date on the Signature Page will determine the initial start date, annual recertification date, and/or six month review.</p> <p>Note: All ISP’s must be completed on or before the six month review and annual recertification date. Failure to complete the ISP on the identified six month review and annual recertification date may result in a lapse of funding. Timely submission is expected in order to process the initial or recertification packet to avoid a delay in treatment services.</p> <p>Note: If a consumer refuses to sign and date the Signature Page, documentation providing an explanation must be included within the assessment and on the signature page.</p>