

# **Quick Use Guide for Front Line Managers**



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Prepared by  
the ISP/PCP Team at Oregon Technical Assistance Corporation  
for the State of Oregon's Office of Seniors and People with Disabilities

# QUICK USE GUIDE for FRONT LINE MANAGERS

## About this guide

This **QUICK USE GUIDE for Front Line Managers** is an overview for following the Individual Support Plan (ISP) process for adults and children services established by the Office of Seniors and People with Disabilities (SPD). This guide will assure as a Front Line Manager that the key components of the process are followed.



This guide does not replace the Oregon's Individual Support Plan System Instruction Manual. The manual has the detailed information about each piece of the process. In addition, the manual and required forms can be found at [www.otac.org](http://www.otac.org). This guide has been prepared by Oregon Technical Assistance Corporation's ISP/Person Centered Planning (PCP) team as part of its contract with the State of Oregon's SPD.

## The ISP Process

The ISP process guides a team of people, working together, to create an annual Individual Support Plan. An Individual Support Plan (ISP) is an agreement made between an individual receiving services and the team of people supporting that individual.



The steps to a successful ISP are:

1. Gather person centered information on a ***Personal Focus Worksheet*** (PFW)
2. Identify risks on the ***Risk Tracking Record*** (RTR) and align supports with ***Support Documents***
3. Compile information onto an ***ISP Meeting Agenda***
4. Have an ISP meeting, utilizing the ***Individual Support Plan*** (ISP) document
5. Implement the ISP and keep it current

## Who is on the ISP team?

The **required** people on this team are:

- The person for whom the plan is being developed
- Family, significant others and/or legal guardian
- A representative of the Employment/Alternative to Employment provider
- A representative of the Residential providers
- County Services Coordinator (for adult services) and ODDS Residential Specialist (for children services)



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Other people may be part of the ISP team.

Each team member has specific roles within the ISP process. As a front line manager, your role may include but is not limited to:

## Coordination of meetings and other timelines to set with the entire team



**PFW**—identify who are the people that know and care about the person that should contribute to the PFW, and if needed, who assists the person to complete his/her sections of the PFW. Assign leads to gather information within your agency no more than 45 days prior to ISP meeting.

**Pre-Meeting**—set time for face-to-face meeting with required team members (assuring enough time for compiling PFW, review RTR and draft agenda)

**ISP meeting**—assure team members can attend—when is the meeting; what time is the meeting? This is coordinated with all team members; the team discusses who will be responsible for this coordination. It may look different for each team.

## Gather information for the PFW

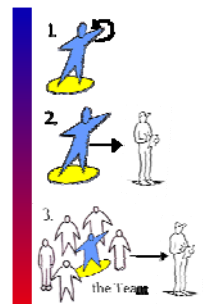
Each front line manager coordinates within agency for the people who contribute to answer the 20 focus question in the 5 sections.

Use the Updates Page, after the initial year, to revise the PFW along with the person and other people that know and care about the person.

- The optional Supporting Questions may be used to help answer or update the focus questions.

Check in with person about the sections designated to be answered by the person (Sections I, II, IV and V)

- There is a hierarchy for completing the person receiving services sections of the PFW
  1. The person should complete his/her sections when able;
  2. The person chooses someone to assist him/her; or
  3. The ISP team chooses a person that can be objective to complete/revise the PFW. This team member will be able to write his/her information on other sections within the PFW.



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- The words the person writes, speaks or signs should be in quotation marks, and when additional information is needed to provide detail, use parenthesis. For example, “I like coffee” (Jim has one cup of black coffee in the morning and goes to Shari’s after work for a cup or two. He likes going without staff.).
- Everything gets written down even if the person assisting with the PFW does not agree, thinks it is wrong, not possible, unsafe, or unhealthy.

All people contributing either in writing or through conversations (such as family members over the phone) about the PFW must be listed on the People Contributing page along with the person’s title or relationship.

### Attend the Pre-Meeting and complete the required information

#### 1. Compile **PFW** information, making it one document

To make one document either merge the information from Employment/ATE and Residential or staple both providers information together.

When merging information, particular perspectives may need to be identified such as indicating the information listed is from employment or residential.

Once the PFW is compiled, the answer to Question #5 gets written/typed word-for-word onto the What’s Most Important page of the ISP.



Answer PFW Agenda questions.

- In Sections I through III, if an Agenda question does not have an answer, write “N/A” or “not at this time” in the box; all questions need to be reviewed and considered.

Each year, a revised PFW is printed with a new Contributors Page and blank Updates page. The previous year’s PFW is archived.

#### 2. Complete or review the **RTR**

- The RTR only identifies serious and significant risks. The RTR does not identify all required supports; other supports may be needed.



Complete a RTR Cover Sheet at the Pre-Meeting. Develop or review RTR to ensure still current. Each year a new Cover Sheet is completed and the previous years’ is archived; the Cover Sheet is the page that indicates the current RTR.

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Answer all RTR questions.

- They must be answered Yes, No or History, when applicable.
  - History includes all events in the past five years that the risk is **not a current issue**, but it did happen or needed supports within the last **five** years (If you would answer 'no' but risk was 'yes' or had supports in last 5 years.).
  - Some questions require an evaluation. A current evaluation means the ISP Team knows what the condition of the person was when the evaluation took place AND the condition of the person has not significantly changed since that evaluation.

The ***bold/italics*** word is written onto the Risk page of the ISP for every Yes answer.

- If a risk is identified more than once, is only written once on the Risks page.
  - Identify the associated Support Document for each identified risk.

### 3. Draft the **ISP Meeting Agenda**

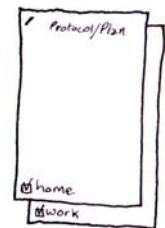
- Follow the instructions on the required ISP Meeting Agenda form.
- Write agenda items in the Discussion Topics.
- Categorize and theme agenda items.
- Talk with the person about any additional topic they would like to add to the agenda prior to sending to ISP team members.



### Support Documents information

#### Develop or review **Support Documents**

- Support Documents should always be current
- There are five required format Support Documents: Aspiration/Choking Protocol, Constipation Protocol, Dehydration Protocol, Seizure Protocol, and Financial Plan. Each of these Support Documents must be completed using the forms approved by SPD.
- With other Support Documents, there is required information but no required form. (See page 83 of the ISP manual)



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- Support Documents are created for specific environments; supports should be individualized.
- Support Documents are identified by title and date.

### Distribute information before the ISP meeting

- The length of time the information below should be sent to team members prior to the ISP meeting is determined by the ISP team

Documents to be sent are:

- The compiled PFW
- Updated RTR pages (after initial completion)
- Support Documents for review
- Drafted pages from the ISP:
  - What's Most Important page (completed at Pre-Meeting)
  - Risks page (completed at Pre-Meeting)
  - Professional Services page (completed by the residential provider)
- Drafted ISP Meeting Agenda (after reviewing it with the person)
- Check in with person about attending/participating in meeting, what he/she wants to get out of his/her meeting
- Confirm meeting time and place as the ISP team has agreed



### What to bring to the ISP meeting

- This is coordinated with other team members.
- ✓ Completed (revised) PFW
- ✓ Completed RTR
- ✓ Completed Support Documents
- ✓ Drafted ISP Meeting Agenda
- ✓ Blank Action Plans and Discussion Records
- ✓ Service Support page and Signature page



### At the ISP meeting

- Follow ISP Meeting Agenda
- Complete 'Action Taken' on each Discussion Topic on the agenda



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- Create Action Plans and Discussion Records
- Complete the Service Support and Signature page
- Each provider retains a copy of the ISP

### Implementation of the ISP

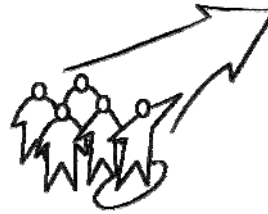
- Staff are trained on the ISP and Support Documents before the “start date” of the ISP
- The RTR, Support Documents and ISP are kept current throughout the ISP year

### After the ISP meeting, who retains the original documents?

- County Services Coordinator or ODDS Residential Specialist retain original: PFW with a blank PFW Updates Page
- RTR
- ISP Meeting Agenda
- ISP

Providers retain original:

- Support Documents
- PFW Updates Page(s), if used



### Throughout the year, updates are made:

- For the PFW, updates are only made on the PFW Updates Page. Providers retain these and copies are sent to team members as per team agreement.
- For the RTR, updates are made on the RTR Updates Page. Once pages are modified, these constitute a new original and are sent Services Coordinator or Residential Specialist with copies retained with providers and other team members.
- For Support Documents, use the Change Form.
- For the ISP, use the Change Form. Any new or modified pages are new originals and are sent to the Services Coordinator or Residential Specialist with copies retained with providers and other team members. [Note: If data is written in the ‘Notes’ section, this does not constitute a new original.]

