

WaMS EHR Integration Data Specifications ISP

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Change key for highlighting

4.0 Additions in yellow

4.0 Deletions in green

4.0 Corrections in pink

Issues encountered during the v3.4 to v4.0 transition

Several issues were encountered in the v.4.0 release of the ISP. Apart from typical error messages seen in testing, two issues encountered were more significant and impacted the transition from v3.4 to v4.0.

First, there was an inability to update v3.4 using the v4.0 template, even with manual adjustments intended to resolve this issue. It was determined that due to the significant updates in v4.0, the typical process of using one file format was unachievable. The solution identified is the enabling of direct edits in the WaMS user interface for ISPs that were pushed through the system as v3.4. This update was released on 12/6/24 and requires duplicate entry related to changes in Parts I and II of the v3.4 ISP during FY25 with a plan to return to a single file format in FY26.

The second more significant issue impacting v4.0 is related to 166 files sent through the data exchange between release on 9/16/24 and 10/11/24. A small number of these files were identified as having mismatches in the Potential Risk section of v4.0. The 166 files were reprocessed upon discovery to correct issues in Part III. FEI assumed the task of ensuring that all associated Part Vs completed initially align with the potential risks submitted through the data exchange for these 166 files. Findings include one individual with two Part Vs from the same provider where routine support labels were absent from the Part Vs. DBHDS worked with the related provider to revise these plans to resolve concerns.

It was also determined that timelines for updating Parts I-IV need to be extended to FY26. Shifting the next updates for Parts I-IV to FY26 will help reduce the time and effort needed to update ISPs in version 3.4 and minimize potential issues as we complete this transition year. The delays in uploading ISPs and resolving post-release issues are contained within the period from 9/16/24 to 12/8/24.

Annual Update Process

SP Transition plan:

The WaMS system will be temporarily inaccessible during the scheduled update period. Please note the following details:

- **Final Processing Time:** All files in the current version of EHR-ISP (vX.X) must be processed by the start of the update period.
- **New Version Activation:** Processing of files in the new version (vY.Y) will commence once the update is complete.
- **Existing Files:** Files created in the current version (vX.X) before the update period will remain in the system as version vX.X and will be available for updates and completion once the system is accessible.
- **New Files:** Any new files created in WaMS after the update period will automatically be in the new version (vY.Y), regardless of the exact time they are created.

Note:

- If any transfer errors occur in vX.X files during the final job run before the update, these errors must be resolved using the new vY.Y template after the update.
- This transition plan may vary from year to year

Guidelines for JSON File Version Use: 3.4 vs 4.0

Overview

Following the recent release, it was identified that two versions of the JSON file are required to meet specific update needs:

- **Version 4.0 JSON** for all new ISPs and updates associated with version 4.0.
- **Version 3.4 JSON** for updates to existing version 3.4 ISPs.

This requirement is due to changes in field structure between versions. In version 4.0, several fields from version 3.4 were removed, renamed, or replaced with new fields. To avoid errors and ensure compatibility, each file version must be used according to its intended specifications.

Issue Summary

Attempting to update version 3.4 ISPs using the 4.0 JSON file resulted in errors, as the system was unable to locate or match fields that no longer exist in version 4.0. The following version 3.4 fields have been removed or renamed in version 4.0, creating incompatibilities when the 4.0 JSON file is used for 3.4 updates:

- EssentialInformation.PhysicalConditions.CommunicableDiseases
- EssentialInformation.PhysicalConditions.DietNeeds
- EssentialInformation.AccessingServices
- EssentialInformation.Employment.IntegratedCommunityInvolvement
- EssentialInformation.Employment.MeaningfulDay
- EssentialInformation.ReviewOfMostIntegratedSettings.IntegratedOptions
- EssentialInformation.ReviewOfMostIntegratedSettings.IntegratedResidential
- EssentialInformation.ReviewOfMostIntegratedSettings.IntegratedWaiver
- EssentialInformation.ReviewOfMostIntegratedSettings.IntegratedWaiverOtherSpecify
- EssentialInformation.HealthInformation
- EssentialInformation.BehavioralCrisisSupports
- EssentialInformation.CommunicationAssistiveTechnologyAndModifications

To address this, please use the 3.4 JSON file for updates to version 3.4 ISPs or follow specific adjustments when using the 4.0 JSON file, as outlined below.

File Version Requirements for Updates

Version 3.4 updates: Here are two options:

1. **4.0 JSON File with Manual Adjustments:** A sample 4.0 JSON file with instructions is available. To support a 3.4 update, this approach requires manually setting certain fields to null or renaming fields to match their version 3.4 counterparts.
2. **Original 3.4 JSON File:** For a more streamlined process, we recommend using the original 3.4 JSON file to update version 3.4 ISPs. This approach avoids manual adjustments and prevents errors.

Version 4.0 updates: Use 4.0 JSON file exclusively for creating and updating ISPs aligned with version 4.0 standards.

Important Note

Use each JSON file version strictly for its corresponding ISP version to prevent errors and ensure successful updates.

Changes History

Version	Date	Author	Notes
4.0	1.24.24	FEI/DBHDS	<ol style="list-style-type: none">1. Updated ISP version to 4.02. Updated instructions for what versions of the ISP can be created and/or updated.3. Part II: Section 1.4: and Section 2.10.2→ Modified MeanFulDay to reflect current language of integrated community involvement. <p>Part II: Section 2.3: → Removed (entire HealthInformation section fields) AnnualRiskDateCompleted; NeedsIdentified.Value; NeedsIdentified.Specify; TherapeuticBehServices; TherapeuticBehServicesDescription</p> <p>Part II: Section 2.4: → Removed (entire BehavioralCrisisSupports section fields) Removed CrisisPlan.Value; CrisisPlan.Specify; BehaviorPlan.Value; BehaviorPlan.Specify; BehaviorPlanNeeded.Value; BehaviorPlanNeeded.Steps; SubstanceUse.Value; SubstanceUse.Specify; RisksIdentified.Value; RisksIdentified.Specify;</p> <p>Part II: Section 2.6:→ Modified MedicalConditions.Value description HealthProtocols.Value description Removed CommunicableDiseases.Value CommunicableDiseases.Specify DietNeeds.Value DietNeeds.Specify</p>

Version	Date	Author	Notes
			<p>Part II: Section 2.6.1: → Modified Allergies description Reactions description</p> <p>Part II: Section 2.8: → Modified CommunicationAssistiveTechnologyAndModifications section to reflect current language of “Accessing Services” Removed CommunicationAssistiveTechnologyAndModifications CommunicationNeeds.Value CommunicationNeeds.Specify EquipmentSupport.Value EquipmentSupport.Specify ProfessionalEvaluation.Value ProfessionalEvaluation.Specify</p> <p>Part II: Section 2.10.2: → Removed Meaningful Day Added Integrated Community Involvement</p> <p>Part II: Section 2.12: → Modified HousingChoice acceptable values Removed IntegratedWaiver IntegratedWaiverOtherSpecify Added IntegratedOptions IntegratedOptionsOtherSpecify IntegratedResidential IntegratedResidentialOtherSpecify</p> <p>Part III: Section 3.2: → Added EssentialSupports section</p> <p>Part III: Section 3.2.1 → Added</p>

Version	Date	Author	Notes
			<p>Identified Risks subsection IdentifiedRisks</p> <p>Part III: Section 3.2.2: → Added Potential Risks subsection PotentialRiskPressureInjury PotentialRiskAspirationPneumonia PotentialRiskFallWithInjury PotentialRiskDehydration PotentialRiskBowelObstruction PotentialRiskSepsis PotentialRiskSeizure PotentialRiskCommunitySafetyRisks PotentialRiskSelfHarm PotentialRiskElopement PotentialRiskLackOfSafetyAwareness PotentialRiskSubstanceUse PotentialRiskSuicidalIdeations</p> <p>Part III: Section 3.2.3: → Added Routine Supports subsection RoutineSupports Added EssentialSupportsList</p> <p>Part IV: Section 4.0: →</p> <p>Part IV: Section 4.1: → Added PotentialRisksReferral subsection PotentialRisksList for UI reference only PotentialRisksReferral Plannedappointment Noplannedappointment</p> <p>Part IV: Section 4.3: → Added TeamQuestionsQ5 TeamQuestionsQ6 TeamQuestionsQ6.Specify</p>

Version	Date	Author	Notes
			TeamQuestionsQ7 TeamQuestionsQ7.Specify 4.4 Modified SignatureType acceptable values
3.4	12.1.22	FEI/DBHDS	1. Updated ISP version to 3.4 2. Updated instructions for what versions of the ISP can be created and/or updated 3. Part II: Section 2.1. → Added SupportedDecisionMakingDiscussionQuestion SupportedDecisionMakingSatisfaction SupportedDecisionMakingAdditionalActions RepresentationComments Modified acceptable values for SupportedDecisionMakingSupport Part II: Section 2.5.1 → Modified description for LocationInformation Part II: Section 2.6. → Added HealthScreenings
3.3	12.14.21	FEI/DBHDS	4. Updated ISP version to 3.3 5. Updated the File name convention to include RecordID 6. Updated the processing frequency to reflect current processing times 7. Updated instructions for what versions of the ISP can be created and/or updated 8. Increased select fields to 6000 character limit in version 3.3 9. Part II: Section 2.1. → Added SupportedDecisionMaking.Value SupportedDecisionMaking.Specify SupportedDecisionMakingSupport SupportedDecisionMakingSupportOtherSpecify 10. Part II: Section 2.6 → Added MedicalConditions.Value MedicalConditions.Specify HealthProtocols.Value HealthProtocols.Specify PastMedical.Value PastMedical.Specify MedicalHospitalizations.Value MedicalHospitalizations.Specify Surgeries.Value Surgeries.Specify MentalHealthHx.Value

Version	Date	Author	Notes
			<p>MentalHealthHx.Specify PsychiatricHospitalizations.Value PsychiatricHospitalizations.Specify Removed PhysicalCondition.Value PhysicalCondition.Specify Diagnoseslist InterventionsOutcomes Limitations.Value Limitations.Specify</p> <p>11. Part II: Section 2.12.1 → Added NoEmployment.Specify EmploymentInterests.Value EmploymentInterests.Specify EmploymentOptions.Value EmploymentOptions.Specify EmploymentSatisfaction.Value EmploymentSatisfaction.Specify EmploymentBarriersQuestion EmploymentBarriers ResolveEmploymentBarriers EmploymentSupportsNecessary EmploymentTimeline.Value EmploymentTimeline.Specify EmploymentActions.Value EmploymentActions.Specify YouthEmploymentDiscussion YouthEmploymentTopic1.Value YouthEmploymentTopic1.Specify YouthEmploymentTopic2.Value YouthEmploymentTopic2.Specify Updated validation rules for: EmploymentBarriers EmploymentSupportsNecessary Updated description for: EmploymentSupportsNecessary Removed EmploymentSupportsDiscussion EmploymentSupportsDiscussionTopics</p> <p>12. Part II: Section 2.12.2 → Added NoCommunityInvolvementDiscussion.Specify CommunityInterests.Value CommunityInterests.Specify CommunityOptions.Value CommunityOptions.Specify CommunitySatisfaction.Value CommunitySatisfaction.Specify CommunityBarriersQuestion ResolveCommunityBarriersQuestion</p>

Version	Date	Author	Notes
			CommunityTimeline.Value CommunityTimeline.Specify CommunityActions.Value CommunityActions.Specify Updated validation rules for: CommunityBarriers CommunityServices Updated description for: CommunityServices Removed CommunityInvolvementDiscussion CommunityInvolvementDiscussionTopics 13. 6.2: Return Codes → Updated message for Return Code 5555 Updated message for Return Code 6666 Identified Return Code 7778 Added Return Code 2021 14. Identified all fields in a results file
3.2	12/09/2020	FEI/DBHDS	1. Updated ISP version to 3.2 2. Updated instructions for what versions of the ISP can be created and/or updated 3. Part II: Section 2.12.1 → a. Added EmploymentSupportsDiscussionQuestion and EmploymentSupportsDiscussionTopics b. Updated validation of EmploymentSupportsDiscussion from required to conditional 4. Part II: Section 2.12.2 → Added CommunityInvolvementDiscussionQuestion, CommunityInvolvementDiscussion, CommunityInvolvementDiscussionTopics, RelationshipDiscussionQuestion, RelationshipDiscussion and RelationshipDiscussionTopics 5. Part II: Section 2.14 → Updated validation of both HousingChoice and IntegratedWaiver from optional to required. 6. Part III: Section 3.1 → a. Removed “M” (Meaningful Day) as an acceptable value for LifeArea b. Added “I” (Integrated Community Involvement) as an acceptable value for LifeArea 7. Part IV: Section 4.3 → Added ProviderID 8. Identified Return Code 3125
3.1		FEI/DBHDS	1. Updated ISP version to 3.1 2. Updated instructions for what versions of the ISP

Version	Date	Author	Notes
			<ul style="list-style-type: none"> can be created and/or updated <ul style="list-style-type: none"> a. Added Return Codes 3200 and 3201 3. Part II: Section 2.3.1 → Added TherapeuticBeh.Value and TherapeuticBeh.Description data elements 4. Part II: Section 2.4 → <ul style="list-style-type: none"> a. Removed BehavioralSupportPlan.Value and BehavioralSupportPlan.Specify data elements b. Added CrisisPlan.Value, CrisisPlan.Specify, BehaviorPlan.Value, BehaviorPlan.Specify, BehaviorPlanNeeded.Value and BehaviorPlanNeeded.Steps data elements 5. Part II: Section 2.12.1 → Added EmploymentSupportsDiscussion data element 6. Part II: Section 2.12.2 → CommunityServicesOtherSpecify data element updated to CommunityServicesOtherSpecify 7. Part III: Section 3.1 → Added OtherSupporters data element 8. Part III: Section 3.1.1 → Added ProviderID data element 9. Part IV: Sections 4.1 and 4.2 → <ul style="list-style-type: none"> a. Moved TeamQuestionsQ4 from section 4.2 to section 4.1 and renamed to IndividualQuestionsQ4 b. Added IndividualQuestionsQ5, IndividualQuestionsQ6 and IndividualQuestionsQ7 data elements to section 4.1 c. TeamQuestionsQ5 data element updated to TeamQuestionsQ4 in section 4.2 10. Removed ISP Status = "Pending Support Coordinator Input" as a precondition for discarding an imported ISPs since such ISPs cannot be in that status.
3.0	04/12/2019	FEI/DBHDS	1. Streamlined content of ISP Parts I-IV
2.0	04/1/2019	FEI/DBHDS	1. Relaxing of rules allowing null values in several fields.
1.8	05/29/2018	FEI	1. Updated with DBHDS comments
1.7	05/25/2018	FEI	<ul style="list-style-type: none"> 1. Section 2 updated with requirements previously defined in the VIDES document 2. Section 4.2 updated with new implementation requirements 3. Section 5 – Not Null column of data elements table updated with new documentation requirements 4. Section 5.6 and 5.7 updated with new

Version	Date	Author	Notes
			<p>implementation requirements</p> <p>5. New error codes:</p> <ul style="list-style-type: none"> • 2018 • 2020 <p>6. New Description column added to section 6.2 for updated documentation requirements</p>
1.6	04/30/2018	FEi	<p>Data specifications updates as reflected in the sample JSON schema:</p> <ol style="list-style-type: none"> 1. 1.2 -> SubstituteDecisionMaker data element updated to SubstituteDecisionMaker.Value 2. Part I: Section 1.14.2 -> InvolvedInCommunityEngagementActivities.Value updated to InvolvedInCommunityEngagementActivities 3. Part I: Section 1.14.2 -> CommunityEngagementBarriers.Value updated to CommunityEngagementBarriers 4. Part IV: Missing SignatureType data field added
1.5	04/18/2018	FEi/WaMS/EHR Integration Team	<ol style="list-style-type: none"> 1. Integration rules and workflow have been updated 2. New preconditions are added 3. New integration rules are added – Discard, Update 4. Field level revisions 5. New error codes are added 6. Integration rules are detailed 7. JSON schema has been updated to accommodate all new changes 8. Part 5.6. -> Sections 3.1 and 3.1.1 -> SharedPlannings and AttachedProviders added to streamline multiple providers entry 9. 5.4 - 1.7 Waiver Costs section is removed 10. 5.8 Part V is removed 11. All “System populated fields in the WaMS system” do not require EHRs to enter data. These fields will be automatically entered upon import by the WaMS system. 12. All strikethroughs are removed fields and rules based on updated requirements.
1.4	12/4/17	FEi WaMS/EHR Integration Team	Field level revisions.
1.3	11/29/17	FEi WaMS/EHR Integration Team	Integrated DBHDS feedback.
1.2	11/16/2017	FEi WaMS/EHR Integration Team	Any text field that is >=100 Characters, increasing those field sizes to 3,000 characters.
1.1	10/30/2017	FEi WaMS/EHR Integration Team	Three changes listed as below.

Version	Date	Author	Notes	
	Change Type	Field Name	Sub Section	Section
	Add one field	AuthorizedRepresentativeOtherSpecify	1.2 Representation of	5.4 Part I. Essential Information
	Change to not null	LastExamDates	1.10.6.LastExamDates	5.4 Part I. Essential Information
	Add one field	SkillBuilding	5.1.1.1. SupportActivities	5.8 Part V. Plan for Supports
1.0	5/25/2017	FEi WaMS/EHR Integration Team	Initial version.	

1. Integration Use Case

Please refer to <<WaMS EHR Integration Specifications for VIDES>>.

2. FTP File Server Conventions

A. Folder Structure Conventions

FTP Server

1. DBHDS Secure File Transfer Protocol Server (FTPs) will be used as the location for performing the data integration between the EHRs and FEI
2. **Folder Structure:**
 - There will be 1 root folder with 120 sub-folders
 - **CSB WAMS Data Exchange**
 - 40 of the 120 sub-folders will be reserved for the inbound VIDES and ISP JSON files uploaded by the EHRs
 - **FEI WAMS Inbound Data – “CSB Short Name – CSB Code”**
 - 40 of the 120 sub-folders will be reserved for the outbound success and error response files uploaded by FEI
 - **WAMS Outbound Notifications – “CSB Short Name – CSB Code”**
 - 40 of the 120 sub-folders will be reserved for the archiving of inbound data uploaded by FEI
 - **FEI WAMS Archive Folder – “CSB Short Name – CSB Code”**

Ex:

WAMS EHR Data Exchange

- **FEI WAMS Inbound Data – Alexandria – 001**
- **WAMS Outbound Notifications – Alexandria – 001**
- **FEI WAMS Archive Folder – Alexandria – 001**

B. File Name Conventions

File name convention we proposed is shown as below.

Source + CSB Code +Type + FileID + RecordID + Date + Time + Extension

Inbound file name conventions

EHR_012_ISP01_12345_abcde_{yyyymmdd}_{hhmmss}.json

Outbound file name conventions

WaMS_012_ISP02_12345_abcde_{yyyymmdd}_{hhmmss}.json

Segment Name	Acceptable Values	Description
Source	EHR: Inbound file WaMS: Outbound file	Describe the source of file
CSB Code	3 digital number	Describe the unique code of CSB
Type	VIDES01: VIDES request file VIDES02: VIDES response file ISP01: ISP request file ISP02: ISP response file ISP03: ISP attachment file	Describe the file type. Other file type may be added in future.
FileID	Varchar 50	<ol style="list-style-type: none"> 1. The FileID is included in the File Name 2. It is generated by EHRs 3. FileID can be different through the life span of a form 4. Inbound file FileID and outbound file FileID will be the same
RecordID	Varchar 50	<ol style="list-style-type: none"> 1. The RecordID is included in the File Name 2. It is a Unique ID generated by EHRs 3. The RecordID in the file name must match the RecordID within the body of the file 4. Inbound file RecordID and outbound file RecordID will be the same
Date	8 Characters: yyyyymmdd	Date of file upload This will may be different for both the inbound the outbound files
Time	6 Characters: hhmmss	Time of file upload This will be different for both the inbound the outbound files
Extension		File Extension

C. File Format Conventions

JSON format will be used for both inbound and outbound files.

D. Processing Frequency

FEI will process files 5 times each day on a daily basis.

Recommended process time is daily at 7am, 11am, 3pm, 7pm and 11pm.

The running time and frequency are configurable.

E. CSB Codes

The CSB Codes table is shown as below.

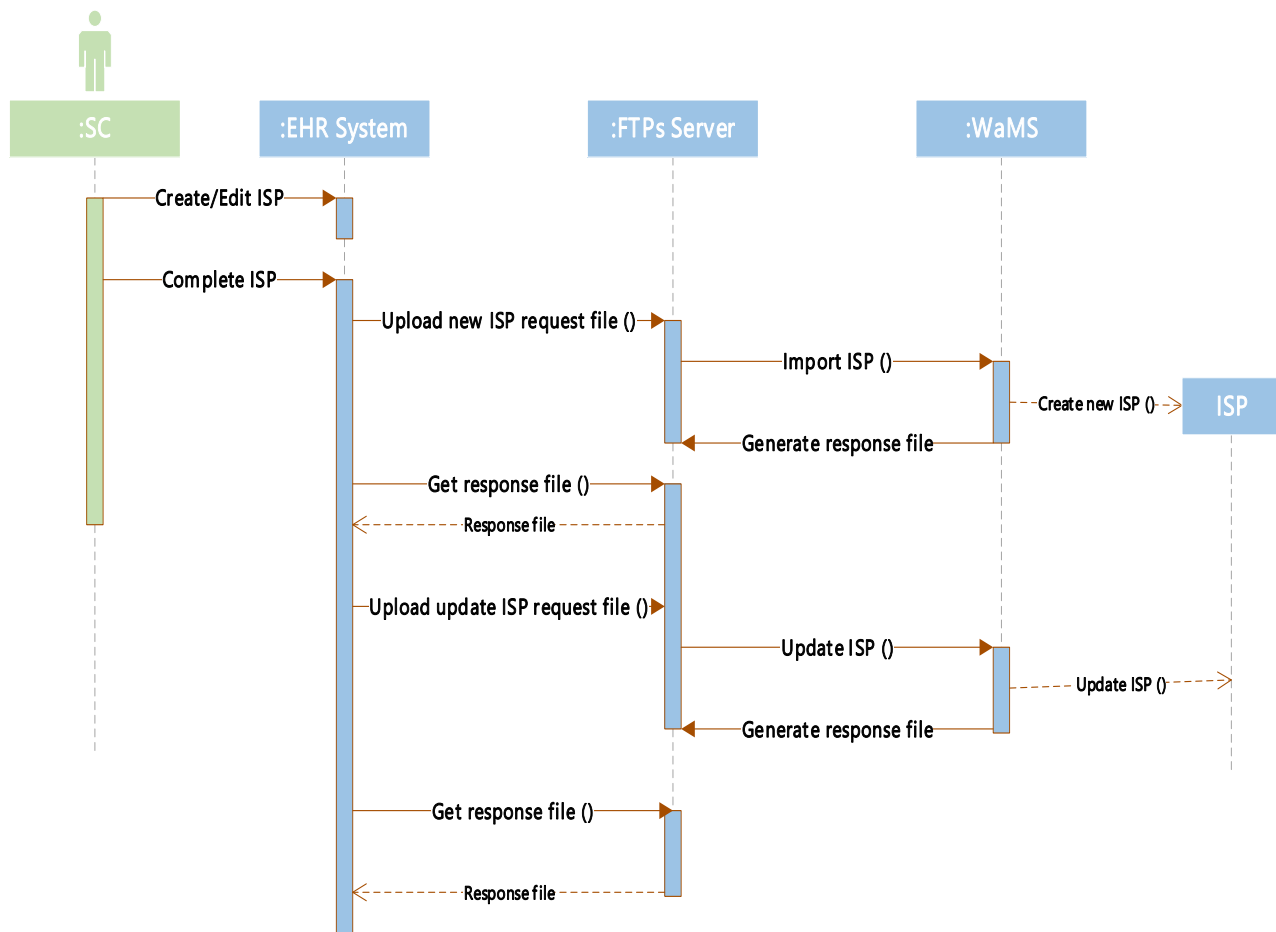
CSB Code	Short Name	CSB Full Name
001	Alexandria	Alexandria Community Services Board
003	Alleghany-Highlands	Alleghany Highlands Community Services Board
005	Arlington	Arlington County Community Services Board
007	Horizon	Horizon Behavioral Health
009	Chesapeake	Chesapeake Integrated Behavioral Healthcare
011	Chesterfield	Chesterfield Community Services Board
013	Colonial	Colonial Behavioral Health
015	Crossroads	Crossroads Community Services Board
017	Cumberland Mountain	Cumberland Mountain Community Services Board
019	Danville-Pittsylvania	Danville-Pittsylvania Community Services
020	Dickenson	Dickenson County Behavioral Health Services
021	Eastern Shore	Eastern Shore Community Services Board
023	Fairfax-Falls Church	Fairfax- Falls Church Community Services Board
025	Goochland-Powhatan	Goochland-Powhatan Community Services
027	Hampton-Newport News	Hampton-Newport News Community Services Board
029	Hanover	Hanover County Community Services Board
031	Harrisonburg-Rockingham	Harrisonburg-Rockingham Community Services Board
033	Henrico Area	Henrico Area Mental Health And Developmental Services

CSB Code	Short Name	CSB Full Name
035	Highlands	Highlands Community Services
037	Loudoun County	Loudoun Co. Dept. of MH, SA, and Developmental Services
039	Middle Peninsula-Northern Neck	Middle Peninsula-Northern Neck Community Services Board
041	Mount Rogers	Mount Rogers Community Services Board
043	New River Valley	New River Valley Community Services
045	Norfolk	Norfolk Community Services Board
047	Northwestern	Northwestern Community Services
049	Piedmont	Piedmont Community Services
051	Planning District I	Planning District One Behavioral Health Services/Frontier Health
053	District 19	District 19 Community Services Board
055	Portsmouth	Portsmouth Department of Behavioral Healthcare Services
057	Prince William	Prince William County Community Services Board
059	Rappahannock Area	Rappahannock Area Community Services Board
061	Rappahannock-Rapidan	Rappahannock-Rapidan Community Services Board
063	Region Ten	Region Ten Community Services Board
065	Richmond	Richmond Behavioral Health Authority
067	Blue Ridge	Blue Ridge Behavioral Healthcare
069	Rockbridge Area	Rockbridge Area Community Services
071	Southside	Southside Community Services Board
073	Valley	Valley Community Services Board
075	Virginia Beach	Virginia Beach Community Services Board
077	Western Tidewater	Western Tidewater Community Services Board

3. Integration Workflows

The recommended workflow for Individual Support Plan (ISP) integration between Electronic Health Record (EHR) systems and the Virginia Waiver Management System (WaMS) is shown below:

- A. Support Coordinator (SC) creates client profile in the WaMS system
- B. SC completes ISP preconditions in the WaMS system
- C. SC creates and completes ISP forms, parts I to IV, in the EHR system
- D. Each EHR system uploads completed ISP forms into its FTP folder
- E. WaMS system imports the completed ISP forms from each EHR folder of the FTP server
- F. ISP forms are created or updated in the WaMS system through the FTP server import
- G. Error files of unsuccessful ISP imports are added to the FTP server for each EHR system



4. Integration Rules

4.1. Preconditions

Following preconditions should be completed before importing an ISP form from the EHR into the WaMS system:

A. Import and Create a new ISP form:

1. Client profile should be manually created in the WaMS system
2. CSB assignment should be manually completed in the WaMS system
3. ISP form must be created in the EHR environment and exported to WaMS, or the ISP form can be entered into the WaMS system
4. Support Coordinator is assigned in the WaMS system
5. Slot assignment should be manually completed in the WaMS system. Assigned slot waiver type should match imported ISP waiver type
 - Note: Adding a person to the waitlist is a precondition for assigning the waiver slot. Hence the waitlist entry should be manually completed in the WaMS system.
6. Current enrollment status = Active/Hold/Pending Appeal [Note: As some slots are released in the future so this rule cannot consider the latest enrollment status, but must consider the current enrollment status at the time of import]
7. Current and Physical Address is manually entered in the client profile in the WaMS system
8. Action Type in ISP = N (New)
9. Waiver Living Situation is entered in the WaMS system

B. Preconditions for updating a previously imported ISP form:

1. Record ID should match the previously imported ISP Record ID
2. Action Type in ISP = U (Update)

****Refer data elements for details on the RecordID**

****Updates to the ISP can be made only for versions 3.1, 3.2, 3.3 and 3.4. New ISPs can only be created with version 3.4.**

****Updates to the ISP can be made only for versions 3.3, 3.4, and 4.0. New ISPs can only be created with version 4.0.**

C. Preconditions for discarding a previously imported ISP form:

1. Record ID should match the previously imported ISP Record ID
2. Action Type = D (Discard)
3. ISP status = "Pending Provider Completion"

****Refer data elements for details on the RecordID**

4.2. Miscellaneous Rules

A. Matching client profiles

New client profiles will not be imported from the EHR systems.

One of the following data fields will be required to match a client's profile in the WaMS system:

1. Medicaid Number
2. SSN
3. WaMS Person ID
4. CSB Code

As a note, if an imported client profile does not match a record in the WaMS system, then an error response file will be generated.

Following rules will be used for matching client profiles imported in the WaMS system:

- i. **First rule:** Full SSN + CSB Code
If the unique individual is found, then the WaMS system will use this individual and no more rules will be executed.
If individual is not found in the WaMS system, then the second rule will be executed.
- ii. **Second Rule:** WaMS Person ID + CSB Code
If the unique individual is found, then the WaMS system will use the individual.
If individual is not found in the WaMS system, then the third rule will be executed.
- iii. **Third Rule:** Medicaid number + CSB Code
If the unique individual is found, then the WaMS system will use this individual and no more rules will be executed.
If individual is not found in this final matching step then that record will be rejected, and an error will be returned in the response file

B. Source

A new column, Source, will be added to all ISPs in WaMS to track their origin.

Information for this data field is not part of the ISP data specification and hence will not be imported from the EHR systems. Following will be the system populated fields:

1. EHR – CSB Code
2. WaMS

C. ISP Status

1. Only the following sections of the ISP form will be imported from the EHR systems:
 - i. ISP Overview
 - ii. Part I: Personal Profile
 - iii. Part II: Essential Information
 - iv. Part III: Shared Planning
 - v. Part IV: Agreements
2. Part V of the ISP form will not be imported from the EHR systems. All listed providers in the ISP will create the required part Vs in the WaMS system.
3. All ISPs will be imported in the state of "Pending Provider Completion"

D. New ISP (Action Type = N)

1. Must send:

- i. Part I (all data fields)
 - ii. Part II (all data fields)
 - iii. Part III (all data fields)
 - iv. Part IV (all data fields)
2. Use JSON NULL value if field is NULL and not required
3. All “not null” data fields that are String Data Type and do not have predefined required values can include a response of “UNKNOWN” if the response/value is Unknown. This response will appear as the text for the question in the WaMS system.
4. All “not null” data fields with specific required values must include one of those values or they will cause an error.

E. Update ISP (Action Type = U)

1. Must send:
 - i. Part I (all fields)
 - ii. Part II (all fields)
 - iii. Part III “PartNeeded” field ONLY with value of “0”. (Do not send any other Part III fields.)
 - iv. Part IV “PartNeeded” field ONLY with value of “0”. (Do not send any other Part IV fields.)
2. Use JSON NULL value if field is NULL and not required
3. All “not null” data fields that are String Data Type and do not have predefined required values can include a response of “UNKNOWN” if the response/value is Unknown. This response will appear as the text for the question in the WaMS system.
4. All “not null” data fields with specific required values must include one of those specified values or they will cause an error.
5. Only the Overview section, parts I and II will be updated for an ISP form from the EHR system
6. Parts III and IV will not be updated through the EHR system
7. Once imported in a new ISP form, parts III and IV can neither be updated through the integration nor can be manually updated in the WaMS system
8. Part III outcome list can be updated by the provider adding a new outcome to the part V directly in WaMS.

F. ISP Discard

1. EHR imported ISP forms can only be Discarded by receiving a Discard request through the integration
2. Users cannot manually Discard an imported form in the WaMS system
3. An imported ISP form can only be Discarded in the following status:
 - i. Pending Provider Completion

G. Access Control List (ACL)

Following fields can be updated in the WaMS system for an EHR imported ISP form.

1. Overview Section - End Date
 End Date cannot be before the Effective Date
 ISP status = “Pending Provider Completion”, “Pending SC Input”, “ISP”

Completed”

2. Attachments

Users can upload, delete and download attachments from the ISP form
ISP status = “Pending Provider Completion”, “Pending SC Input”, “ISP Completed”

3. Adding Providers to an Imported ISP

A] Following users will have permission to add providers to the ISP Providers Section of an EHR imported ISP form:

- i. CSB/SC Enrollment Approver
- ii. CSB SC Admin
- iii. DBHDS Super User

B] Providers can manually be added to an imported ISP if it is in the following status:

- i. Pending Provider Completion
- ii. ISP Completed

Once added to an ISP, the providers will have access to this client’s ISP form.

4. Part III Shared Planning

Following users can add a new provider to an existing outcome in part III when the ISP status = ISP Completed:

- i. CSB SC Enrollment Approver
- ii. CSB SC Admin
- iii. DBHDS Super User

H. Part IV Signatures

Following will be the only available signature type: Signature on File in the EHR system
WaMS system will not import image files for signatures.

**Each NPI/SiteNumber pair in AttachedProviders for a SharedPlanning with SupportType = E, must be included in AgreementSignatures with SignerType = V.

I. System Populated fields

All system populated fields such as First Name, Last Name, Date of Birth, etc. will be defaulted from the WaMS system. The WaMS system will act as the source of truth for these data fields.

ISP Addendum A

- SupportProviderName MUST be null when Support Type = “E”
- NPI & Site ID MUST NOT be null when Support Type = “E” AND MUST match a NPI/Site ID pair listed in the Provider File (Note: WaMS Portal login for individual Support Providers is Site ID-specific.)

- NPI & Site ID MUST be null when Support Type = “C” or “R”. AttachedProviders JSON property must be specified as: “AttachedProviders”: null for these support types.
- Any Provider with Support Type = “E” in Part III MUST be one of the signers listed as Signer Type = “V” in Part IV.
- The Attached Provider section must be an array.
 - Following are additional array data fields which MUST be defined as “null” when it does not contain any attributes value:
 - NonWaiverAgencySupports
 - “NonWaiverAgencySupports”: null
 - Medication – This array can only be null if response to “MedicationsRequired” is 0
 - “Medication”: null
 - Allergies
 - “Allergies”: null
 - VolunteerHistory – This array can only be null if response to “Volunteered” is 0
 - “VolunteerHistory”: null
- Signature Type MUST only be “S”.
- Do not include fields "Support Level", "Tier" or "Date of current SIS completed". These are populated from WaMS. The fields have no definition included in the Spec.
- Providers listed as type "R" or "C" in part 3 cannot be listed as a signer type "V" in part 4.
- If a file is sent with exactly the same filename i.e. no change to FildelID, date and timestamp, the file does not get processed. This file will be retained in the FTP server inbound folder. The EHRs MUST request WAMS Helpdesk to remove these files.
- All new clients must be set up in WaMS before a VIDES will be accepted. Steps for this can be found in the document located at:
<https://dbhds.box.com/s/dt9jevb73unj5sr4omt16oaoqd9azjt0>
- Each VIDES file MUST be successfully processed by WaMS (i.e., a “success” message received) AND the client MUST meet Eligibility criteria before an ISP file can be submitted for that client. These can be found at:
 - Infant:
<https://dbhds.box.com/s/01erkkzt5spvikabea9jdp8dtwfysua1>
 - Child:
<https://dbhds.box.com/s/6axplbwip4tzmdi53s2oekqg5gt46w1a>
 - Adult:
<https://dbhds.box.com/s/turirfuywb49inhb15duozavyfoxlao1>
- Preconditions must be completed in WaMS before an ISP can be accepted. Steps for this can be found in the document located at:
<https://dbhds.box.com/s/pm28ec17p8bs7tcxabcgg3pyyqpwwmne>
- Each ISP MUST contain at least 1 Desired Outcome in each of the following Life Areas: W, L, C, H, & S.
- Operational description of the different Support Types:
 - R : Relationship-based (Natural Supports)
 - C : Community-based (Non-Waiver and Generic Services)

E : Eligibility-based (Waiver Services)

- Each outcome entry can only be associated to 1 Support Type (R, C or E). If the same outcome is to be associated to multiple Support Types, then multiple outcome entries must be sent through the JSON file import.
- Multiple providers can be added for R or C Support Type in the SupportProviderName separated by commas.

Addendum B

General

- Fields do not need to be in any order in json files
- Boolean data fields only allow entry of 1, 0 or null. "" or " " are not valid
- Only null is valid for empty fields that are defined as numeric. "" or " " are not valid
- Lists of codes may not include a trailing comma. Eg "EmploymentBarriers": "N,I,T" is valid, but "EmploymentBarriers": "N," is invalid
- If the PersonID is not null and is invalid, the file will get an error, even if valid SSN and / or Medicaid is entered
- If the SSN and / or Medicaid # is not null and is invalid, the file will not get an error, as long as there is a matching valid field. The data will not be updated in WaMS

1. ISP EHR Data Specification

1.1. ISP Sections

Section Name	Level	Multi Entry	Descriptions
Overview	0.		ISP Overview
PersonalProfile	1.		Part I. Personal Profile
ISPBelong	1.1		This ISP belongs to
Meeting	1.2.		{PreferredName}'s Meeting
TalentsContributions	1.3.	true	{PreferredName}'s Talents &

Section Name	Level	Multi Entry	Descriptions
			Contributions
ImportantTO	1.4.		Describe what's important TO {PreferredName}
ImportantFOR	1.4.1		Describe what's important FOR {PreferredName}
LifeWants	1.5.		The Life {PreferredName} Wants
WhatDoNotWant	1.6.		Describe what {PreferredName} doesn't want in his/her life
EssentialInformation	2.		Part II. Essential Information
Representation	2.1.		Representation
Disability Determination	2.2		SSA Disability Determination Completed?
Medications	2.3		Medications
Medication	2.3.1	true	Medication
PhysicalConditions	2.4		Physical and Health Conditions
LastExamDates	2.5		Last Exam Dates
Allergies	2.6		Allergies
AllergiesAndReactions	2.6.1	true	Allergies and Reactions

Section Name	Level	Multi Entry	Descriptions
SocialDevelopmentalBehavioralFamilyHistory	2.7		Social Developmental Behavioral Family History
AccessingServices	2.8		Accessing Services
Employment	2.10		Employment
EmploymentSubSection	2.10.1		Employment
Integrated Community Involvement	2.10.2		Integrated Community Involvement
Future Plans	2.11.		Future Plans
ReviewOfMostIntegratedSettings	2.12		Review of Most Integrated Settings
AdditionalComments	2.13		Additional Comments
SharedPlannings	3.		Part III. Shared Planning
SharedPlannings	3.1.	true	Outcomes
AttachedProviders	3.1.1.	true	Providers
Essential Supports	3.2		Essential Supports
Identified Risks	3.2.1		Identified Risks

Section Name	Level	Multi Entry	Descriptions
Potential Risks	3.2.2		Potential Risks
Routine Supports	3.2.3		Routine Supports
Agreement	4.		Part IV. Agreements
PotentialRisksReferral	4.1		Potential Risks Referral
IndividualQuestions	4.2		Individual Questions
TeamQuestions	4.3		Team Questions
AgreementSignatures	4.4	true	Signatures
PersonCenteredDates	4.5		Person-Centered Review Dates

1.2. General Information

Data Element	Data Type	Not Null	Acceptable Values	Description
Version	string	not null	3.3, 3.4, 4.0	Version number of data specifications. In case ISP changes at some point, it'll be good to know which version it is.
ActionType	string	not null	N = New U = Update D = Discard	New: Creating a new record; Update: Updating an existing record; Discard: Discard an existing record;

Data Element	Data Type	Not Null	Acceptable Values	Description
				Forms in the following status can be Discarded: - Pending Provider Completion If record is to be Deleted, the user has to contact the WaMS Help Desk
RecordID	string	not null	50 characters	Unique ID in EHR system and WaMS will use it to return the error code for that record. RecordID should be the same through the life of the form.
CSBCode	string	not null	3 digital number	Unique CSB Code.
Medicaid	string		12 digital number	Medicaid number of individual
SSN	string		9 digital number	Social Security Number
PersonID	string		15 Characters	WaMS generated unique person identifier. User can get this ID from WaMS system, and manually enter this number into EHR system in order to match a person without Medicaid and SSN.

1.3. ISP Overview

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
WaiverType	string	not null	Y : Community Living R : Family and Individual Supports S : Building Independence	Waiver Type
CreateDate	Date	not null	8 Characters: yyyymmdd	Create Date

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
IndividualSupportPlanType	string	not null	E : Enrollment - new ISP or initial A : Annual - redetermination/ recertification	ISP Type
EffectiveDate	Date	not null	8 Characters: yyyymmdd	Effective Date
EndDate	Date	not null	8 Characters: yyyymmdd	End Date
Comments	string		3000 Characters	Comments

1.4. Part I. Personal Profile

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PartNeeded	bool	Not null	1: Needed	Part 1 is always needed.
1.1. This ISP belongs to				
LastName	string		50 Characters	Legal Last Name System Populated in WaMS
MiddleName	string		50 Characters	Legal Middle Name System Populated in WaMS
FirstName	string		50 Characters	Legal First Name System Populated in WaMS

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PreferredName	string		3000 Characters	Preferred Name System Populated in WaMS
1.2 Meeting				
PlanningProcess	string	not null	6000 Characters	How I am best supported to direct my planning process:
AnnualPlanning	string	not null	6000 Characters	My preferences for annual planning:
DateTimeLocationForMeeting	string	not null	6000 Characters	My preferred date, time, and location for my meeting:
1.3 TalentsContributions				
GreatThings	string	not null	6000 Characters	List great things about {PreferredName}
1.4. ImportantTOFOR Instructions: To complete this section, consider and discuss the following life areas: Employment, Meaningful Day Integrated Community Involvement, Community Living, Safety & Security, Healthy Living, Social & Spirituality, and Citizenship & Advocacy.				meanful
DescribeImportantTO	string	not null	6000 Characters	Describe what's important TO {PreferredName}
DescribeImportantFOR	string	not null	6000 Characters	Describe what's important FOR {PreferredName}
1.5. LifeWants				

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
DescribeLifeVision	string	not null	6000 Characters	Describe {PreferredName}'s vision of the life he or she wants
1.6. WhatDoNotWant				
Describenotwanted	string	not null	6000 Characters	Describe what {PreferredName} doesn't want in his/her life

1.5. Part II. Essential Information

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PartNeeded	bool	Not null	1: Needed	Part II is always needed.
2.1. Representation				
SupportedDecisionMaking.Value	bool	not null	1 : Yes 0 : No	Individual has a Supported Decision-Making Agreement?
SupportedDecisionMakingDiscussionQuestion	bool	not null if "Supported DecisionMaking.Value =0"	1 : Yes 0 : No	If no, following a conversation about supported decision-making, is the individual interested in developing a supported decision-making agreement?
SupportedDecisionMaking.Specify	date	not null only if "Supported DecisionMa	8 Charaters: yyyyymmdd	If yes, enter the effective date of the Agreement.

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
		king.Value” = 1		
SupportedDecisionMaking Satisfaction	bool	not null only if “Supported DecisionMa king.Value” = 1	1 : Yes 0 : No	If the individual has an SDMA, Is the individual satisfied with their Supporter(s)?
SupportedDecisionMaking AdditionalActions	string	Not null if “Supported DecisionMa kingSatisfa ction = 0”	6000 Characters	If no, who will support the individual in making changes to their SDMA?
SupportedDecisionMaking Support	string	not null if “Supported DecisionMa king.Value” = 1 **Must be null if “Supported DecisionMa king.Value” = 0	H: Health and Personal Care, F: Friends and Partners, M: Money, L: Where I Live and Community Living, S: School and Education, W: Working, R: My rights and Safety, T: Meeting and Talking with My Supporters, O : Other	Decisions that are supported under the Agreement (check all that apply). String of comma separated character, such as below. “H,F,M”
SupportedDecisionMaking SupportOtherSpecify	String	Not null if “Supported DecisionMa kingSupport t = O”	6000 Characters	If other, please specify
IndividualHasTheFollowing	string	not null	L : Legal Guardian A : Authorized Representative N : None	Individual has the following

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
SubstituteDecisionMaker.Value	bool	not null	1 : Yes 0 : No	Are there any concerns with having or needing a substitute-decision maker?
SubstituteDecisionMaker.Specify	string	not null only if "Substitute DecisionMaker.Value" = 1	6000 Characters	If yes, describe
AuthorizedRepresentative	string	**Must be null if "Individual HasTheFollowing" = N	M : Medical F : Financial H : Housing S: Service Planning O : Other	Decisions that the representative is authorized to make (check all that apply). String of comma separated character, such as below. "M,F,O"
AuthorizedRepresentativeOtherSpecify	string	Not Null if "Authorized Representative" = O	6000 Characters	If other, please specify decision
IndividualHasPowerOfAttorney	bool	not null	1 : Yes 0 : No	Individual has a power of attorney?
IsThereAnAdvancedDirective	bool	not null	1 : Yes 0 : No	Is there an advanced directive?
IsThereAnAdvancedDirectiveDescription	string	Not null only if IsThereAnAdvancedDirective = 1	If yes, provide a copy to relevant parties	If yes, provide a copy to relevant parties

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
RepresentationComments	string		6000 Characters	Comments (to include co-guardian, if applicable)
2.2. Disability Determination				
SSADisability	bool	not null	1 : Yes 0 : No	SSA Disability Determination Completed?
2.3. HealthInformation				
HealthAndBehavioralSupports				
AnnualRiskDateCompleted	date	not null	8 Characters: yyyymmdd	Date the Annual Risk Assessment was completed.
NeedsIdentified.Value	bool	not null	1 : Yes 0 : No	Are there identified health (medical or mental health) and/or behavioral support needs to be addressed under outcomes in Part III Shared Planning?
NeedsIdentified.Specify	string	Not null only if NeedsIdentified.Value = 1	6000 Characters	List the identified needs.
TherapeuticBehServices	bool	not null	1: Yes 0: No	Do any needs listed above require a referral for Therapeutic Consultation Behavioral Services?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
TherapeuticBehServicesDescription	string	Not null only if TherapeuticBehServices = 1	If yes, complete referral(s) and add the chosen provider to the ISP section in WaMS within 30 calendar days.	If yes, complete referral(s) and add the chosen provider to the ISP section in WaMS within 30 calendar days.
2.4. BehavioralCrisisSupports				
CrisisPlan.Value	bool	not null	1: Yes 0: No	Is there a Crisis Plan?
CrisisPlan.Specify	string	not null only if Crisisplan.Value = 1	6000 characters	Describe current and previous crisis interventions, the outcomes, and the location of the plan.
BehaviorPlan.Value	bool	not null	1: Yes 0: No	Is there a formal behavior support plan?
BehaviorPlan.Specify	string	Not null only if BehaviorPlan.Value = 1	6000 Characters	Describe current and previous behavioral interventions, the outcomes, and the location of the plan.
BehaviorPlanNeeded.Value	bool	not null only if BehaviorPlan.Value = 0	1: Yes 0: No	Is a formal behavior support plan needed?
BehaviorPlanNeeded.Steps	string	not null only if BehaviorPlanNeeded.Value = 1	6000 characters	Describe the steps that will be taken to obtain behavioral services:
SubstanceUse.Value	bool	not null	1 : Yes 0 : No	Current or past substance use including alcohol, prescription and

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
				nonprescription medications, and/or illicit drugs?
SubstanceUse.Specify	string	not null only if "SubstanceUse.Value" = 1	6000 Characters	If yes, describe
RisksIdentified.Value	bool	not null	1: Yes 0: No	Does this person have any previously unidentified risks (medical or mental health and/or behavioral)?
RisksIdentified.Specify	string	Not null only if PotentialRisks.Value = 1	6000 Characters	Describe how this/these risks will be addressed.
2.3 Medications				
MedicationsRequired	bool	not null	1 : Yes 0 : No	Medications Required?
ObtainedPsychotropicMedication	string	not null	Y : Yes N : No A : N/A	Did the SC/CM ask all providers who are administering psychotropic medications if evidence of consent for use has been obtained (according to the providers' own policies)?
2.3.1 Medication This section is only required if "MedicationRequired" = 1 Multiple medications can be added				

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
Medication	string	not null only if "Medication Required = 1"	3000 Characters	Medication name
LocationInformation	string	not null only if "Medication Required = 1"	3000 Characters	Location where side effect information is stored and accessible
2.4 PhysicalConditions				
MedicalConditions.Value	bool	not null	1 : Yes 0 : No	Are there current Medical conditions? medical diagnoses (e.g., diabetes, asthma, flu, HIV, hepatitis B, COVID, measles, etc.)?
MedicalConditions.Specify	string	not null only if "MedicalCondition.Value = 1"	6000 Characters	If yes, list
HealthProtocols.Value	bool	not null	1 : Yes 0 : No	Are there current Health Protocols? Are there any supplemental protocols, plans, devices, or instructions (e.g., pureed meals, seizure protocol, communication device, crisis steps, etc.)?
HealthProtocols.Specify	string	not null only if "HealthProtocols.Value = 1"	6000 Characters	If yes, list

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PastMedical.Value	bool	not null	1 : Yes 0 : No	Is there a history of past medical conditions?
PastMedical.Specify	string	not null only if "PastMedical.Value = 1"	6000 Characters	If yes, list
MedicalHospitalizations.Value	bool	not null	1 : Yes 0 : No	Is there a history of hospitalizations?
MedicalHospitalizations.Specify	string	not null only if "MedicalHospitalizations.Value = 1"	6000 Characters	If yes, list
Surgeries.Value	bool	not null	1 : Yes 0 : No	Is there a history of surgeries?
Surgeries.Specify	string	not null only if "Surgeries.Value = 1"	6000 Characters	If yes, list
MentalHealthHx.Value	bool	not null	1 : Yes 0 : No	Is there a history of mental health conditions?
MentalHealthHx.Specify	string	not null only if "MentalHealthHx.Value = 1"	6000 Characters	If yes, list
PsychiatricHospitalizations.Value	bool	not null	1 : Yes 0 : No	Is there a history of psychiatric hospitalizations?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PsychiatricHospitalizations.Specify	string	not null only if "Psychiatric Hospitalizations.Value = 1"	6000 Characters	If yes, list
CommunicableDiseases.Value	bool	not null	1 : Yes 0 : No	Communicable diseases?
CommunicableDiseases.Specify	string	not null only if "CommunicableDiseases.Value = 1"	6000 Characters	If yes, describe
FamilyIllnessConditions.Value	bool	not null	1 : Yes 0 : No	Serious illnesses and/or chronic conditions of parents, siblings, and/or significant others in the same household?
FamilyIllnessConditions.Specify	string	not null only if "FamilyIllnessConditions.Value = 1"	6000 Characters	If yes, describe:

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
DietNeeds.Value	bool	not null	1 : Yes 0 : No	Special diet or nutritional needs?
DietNeeds.Specify	string	not null only if "DietNeeds.Value = 1"	6000 Characters	If yes, describe
HealthScreenings	string		E: Eye Exam H: Hearing Test P: Pap Test (women 21 and older) M: Mammogram (women 40 and older) C: Colorectal Cancer Screening (people 45 and over) V: Vaccines	Any of the following optional health screenings or vaccinations in the past 12 months? (Select all that apply)
2.5 LastExamDates				
LastPhysicalExamDate	Date	not null	8 Characters: yyyymmdd	Date of my last complete physical exam Date cannot be greater than import date
PhysicalExamDatelsApproximate	bool		1 : Yes 0 : No	Estimated/Approximate Date. Physical exam date is approximate.
PhysicalExamResult	string		6000 Characters	Examination Results (Physical Exam).

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
LastDentalExamDate	Date	not null	8 Characters: yyyymmdd	Date of my last complete dental exam.
DentalExamDateIsApproximate	bool		1 : Yes 0 : No	Estimated/Approximate Date: Dental exam date is approximate.
DentalExamResult	string		6000 Characters	Examination Results (Dental Exam)
2.6 Allergies				
2.6.1 AllergiesAndReactions				
Allergies	string		6000 Characters	Diagnosed Allergies (describe seasonal, food, drug, other)
Reactions	string		6000 Characters	Adverse Reactions (describe seasonal, food, drug, other)
2.7 SocialDevelopmentalBehavioralFamilyHistory				
FamilyHistoryDescribe	string	not null	6000 Characters	Describe my relevant social, developmental, behavioral, and family history.
TraumaHistory.Value	bool	not null	1 : Yes 0 : No	History of abuse, neglect, sexual or domestic violence, or trauma including psychological trauma?
TraumaHistory.Specify	string	not null only if "TraumaHistory.Value = 1"	6000 Characters	If yes, describe

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
LivingArrangementsSummary	string	not null	6000 Characters	Provide a summary of my current and past living arrangements
2.8 CommunicationAssistiveTechnologyAndModifications Accessing Services				
CommunicationNeeds.Value	bool	not null	1: Yes 0: No	Are there any needs requiring support for communication including language?
CommunicationNeeds.Specify	string	not null only if "CommunicationBarriers.Value = 1"	6000 Characters	If yes, please describe supports needed for communication.
EquipmentSupport.Value	bool	not null	1: Yes 0: No	Are any adaptive equipment or assistive technology supports used?
EquipmentSupport.Specify	string	not null only if "EquipmentSupport.Value = 1"	6000 Characters	Describe any adaptive equipment or assistive technology supports used and describe who is responsible for maintaining the equipment/device.
ProfessionalEvaluation.Value	bool	not null	1 : Yes 0 : No	Would a professional evaluation related to adaptive equipment, assistive technology or other modifications be beneficial?
ProfessionalEvaluation.Specify	string	not null only if "ProfessionalEvaluation.Value = 1"	6000 Characters	If yes, describe

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
ServiceSupport.Value	bool	not null	1 : Yes 0 : No	Any concerns with accessing needed services or supports including transportation?
ServiceSupport.Specify	string	not null only if "ServiceSupport.Value = 1"	6000 Characters	If yes, describe.
2.9. Education				
HighestEducationLevel	string	not null	N : None E : Elementary M : Middle School S : Some High School H : High School V : Vocational O : Some College C : College Degree G : Some Graduate School T : Master's Degree of Higher	Highest level of education completed. CSB will map ccs code to education level.
EducationalHistory	string	not null	6000 Characters	Describe my educational history:
2.10. Employment				
2.10.1. EmploymentSubSection				
EmploymentStatus	string	not null	C : currently employed L: currently employed, looking	Employment status (select one).

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			P : previously employed, looking E : previously employed, not looking or retired N: not previously employed, looking T: not previously employed, not looking or child	
EmploymentSupportsDiscussionQuestion	Bool	not null	1: Yes 0: No	Was there a conversation with the individual/substitute decision-maker about employment?
NoEmployment.Specify	string	not null if "EmploymentSupportsDiscussionQuestion = 0"	6000 Characters	Describe the reason the person does not want to discuss or pursue employment.
EmploymentInterests.Value	Bool	not null if "EmploymentSupportsDiscussionQuestion = 1"	1: Yes 0: No	Did the employment conversation include employment interests?
EmploymentInterests.Specify	String	not null if "EmploymentInterests.Value = 1"	6000 Characters	If yes, describe
EmploymentOptions.Value	Bool	not null if "EmploymentSupportsDiscussionQuestion = 1"	1: Yes 0: No	Did the employment conversation include available employment options?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
EmploymentOptions.Specify	string	not null if "EmploymentOptions.Value = 1"	6000 Characters	If yes, describe
EmploymentSatisfaction.Value	bool	not null if "EmploymentSupports Discussion Question = 1"	1: Yes 0: No	Did the employment conversation include satisfaction or dissatisfaction with current services?
EmploymentSatisfaction.Specify	string	not null if "EmploymentSatisfaction.Value = 1"	6000 Characters	If yes, describe
EmploymentBarriersQuestion	Bool	not null if "EmploymentSupports Discussion Question = 1"	1: Yes 0: No	Did the employment conversation include possible barriers to employment?
EmploymentBarriers	string	not null if "EmploymentBarriersQuestion = 1"	N : None I : Impact to benefits T : Transportation S : Safety L : Lack of awareness O : Other - describe	Indicate all of the current barriers to employment. String of comma separated character, such as below. "T,I" **If "N" value is selected, then no other values can be selected.
EmploymentBarriersOtherSpecify	String	Not Null only if EmploymentBarriers = O	6000 Characters	If other, please specify

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
ResolveEmploymentBarriers	Bool	not null if "EmploymentBarriers" = I, T, S, L or O" must be null if "EmploymentBarriers" = N	1: Yes 0: No	Did the employment conversation include ways to resolve barriers to employment?
EmploymentSupportsNecessary	string	not null if "ResolveEmploymentBarriers.Value" = 1"	A: Benefits Planning B: Employment and Community Transportation C: Workplace Assistance D: Therapeutic Consultation E: Community Engagement/Coaching for education O: Other	Ways to resolve barriers discussed (select all that apply)
EmploymentSupportsNecessaryOtherSpecify	string	Not Null if "EmploymentSupportsNecessary" = O"	6000 Characters	If other, please specify
EmploymentTimeline.Value	Bool	not null if "EmploymentSupportsDiscussionQuestion" = 1"	1: Yes 0: No	Did the employment conversation include a timeline for reviewing options in the future?
EmploymentTimeline.Specify	string	not null if "EmploymentTimeline.Value" = 1"	6000 Characters	If yes, describe

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
EmploymentActions.Value	Bool	not null if "EmploymentSupportsDiscussionQuestion=1"	1: Yes 0: No	Did the employment conversation include any related actions that will be taken?
EmploymentActions.Specify	string	not null if "EmploymentActions.Value=1"	6000 Characters	If yes, describe
YouthEmploymentDiscussion	bool	not null if "EmploymentSupportsDiscussionQuestion=1"	1: Yes 0: No	Is the individual between 14 and 17 years old at the time of this discussion?
YouthEmploymentTopic1.Value	bool	not null only if "YouthEmploymentDiscussion = 1"	1: Yes 0: No	Did the employment conversation include what the person is working on at home or school that leads to employment?
YouthEmploymentTopic1.Specify	string	not null if "YouthEmploymentTopic1.Value=1"	6000 Characters	If yes, describe
YouthEmploymentTopic2.Value	bool	not null only if "YouthEmploymentDiscussion = 1"	1: Yes 0: No	Did the employment conversation include how alternate sources of funding can support employment?
YouthEmploymentTopic2.Specify	string	not null only if "YouthEmploymentTopic2.Value = 1"	6000 Characters	If yes, describe

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
2.10.2. Meaningful Day Integrated Community Involvement				
VolunteerStatus	string	not null	C : currently volunteering L: currently volunteering, looking P : previously volunteered, looking E : previously volunteered, not looking N: no previous volunteering, looking T: no previous volunteering, not looking	Volunteer status (select one).
InvolvedInCommunityActivities	string	not null	N: Natural Supports C: Community Engagement A: Community Coaching G: Group Day R : Residentially-based services O: Other	Community involvement occurring in the following ways (select all that apply).
InvolvedInCommunityActivitiesOtherSpecify	string	Not Null if "InvolvedInCommunityActivities" = O	6000 Characters	If other, please specify
CommunityInvolvementDiscussionQuestion	bool	not null	1 : Yes 0 : No	Was there a conversation with the individual/substitute decision-maker about integrated community involvement?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
NoCommunityInvolvementDiscussion.Specify	string	not null if "CommunityInvolvementDiscussionQuestion=0"	6000 Characters	Describe the reason the person does not want to discuss or pursue integrated community involvement.
CommunityInterests.Value	Bool	not null if "CommunityInvolvementDiscussionQuestion=1"	1: Yes 0: No	Did the integrated community involvement conversation include community interests?
CommunityInterests.Specify	String	not null if "CommunityInterests.Value=1"	6000 Characters	If yes, describe
CommunityOptions.Value	bool	not null if "CommunityInvolvementDiscussionQuestion=1"	1: Yes 0: No	Did the integrated community involvement conversation include available community options?
CommunityOptions.Specify	string	not null if "CommunityOptions.Value=1"	6000 Characters	If yes, describe
CommunitySatisfaction.Value	bool	not null if "CommunityInvolvementDiscussionQuestion=1"	1: Yes 0: No	Did the integrated community involvement conversation include satisfaction or dissatisfaction with current services?
CommunitySatisfaction.Specify	string	not null if "CommunitySatisfaction.Value=1"	6000 Characters	If yes, describe

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
CommunityBarriersQuestion	bool	not null if "CommunityInvolvementDiscussionQuestion = 1"	1: Yes 0: No	Did the integrated community involvement conversation include possible barriers to integrated community involvement?
CommunityBarriers	string	not null if "CommunityBarriersQuestion = 1"	N : None L : Lack of awareness M : Medical B : Behavior O : Other - describe	Indicate all of the current barriers to community involvement. String of comma separated character, such as below. "M,B" **If "N" value is selected, then no other values can be selected.
CommunityBarriersOtherSpecify	string	Not Null if "CommunityBarriers = O"	6000 Characters	If other, please specify
ResolveCommunityBarriersQuestion	bool	not null if "CommunityBarriers = L, M, B or O" Must be null if "CommunityBarriers = N"	1: Yes 0: No	Did the integrated community involvement conversation include ways to resolve barriers to integrated community involvement?
CommunityServices	string	not null if "ResolveCommunityBarriersQuestion = 1"	C: Community Engagement A: Community Coaching N: Nursing E: Employment and	Ways to resolve barriers discussed (select all that apply)

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			Community Transportation R: Residentially-based services T: Therapeutic Consultation W: Workplace Assistance O: Other - describe	
CommunityServicesOtherSpecify	string	not null if "CommunityServices = O"	6000 Characters	If other, please specify
CommunityTimeline.Value	bool	not null if "CommunitySupportsDiscussionQuestion = 1" not null if "CommunityInvolvementDiscussionQuestion = 1"	1: Yes 0: No	Did the integrated community involvement conversation include a timeline for reviewing options in the future?
CommunityTimeline.Specify	string	not null if "CommunityTimeline.Value = 1"	6000 Characters	If yes, describe
CommunityActions.Value	bool	not null if "CommunityInvolvementDiscussionQuestion = 1"	1: Yes 0: No	Did the integrated community involvement conversation include any related actions that will be taken?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
CommunityActions.Specify	string	not null if "CommunityActions.Value=1"	6000 Characters	If yes, describe
RelationshipDiscussionQuestion	bool	not null	1 : Yes 0 : No	Was there a conversation with the individual/substitute decision-maker about unpaid relationships?
RelationshipDiscussion	String	not null if RelationshipDiscussionQuestion = 1 must be null if RelationshipDiscussionQuestion = 0	6000 Characters	Summarize conversation about opportunities for relationships with people not paid to support the person and how barriers will be addressed as applicable.
RelationshipDiscussionTopics	string	not null if RelationshipDiscussionQuestion = 1 must be null if RelationshipDiscussionQuestion = 0	A: people to spend time with B: people who share interests and where they meet C: satisfaction or dissatisfaction with current services D: barriers related to developing relationships E: addressing barriers, as applicable F: a timeline for reviewing options in the future, at least annually G: any related	Confirm topics included in the relationship conversation (select all that apply)* *at least one option must be selected

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			actions that will be taken H: what the person is working on at home and school that will lead to more unpaid relationships I: alternate sources for funding (such as parks & recreation, social clubs, and faith-based services)	
2.11 FuturePlans				
FuturePlan	string	not null	6000 Characters	Describe plan for future living arrangements
InclusiveSupport	string	not null	6000 Characters	Describe supports needed to transition to more inclusive settings
2.12 ReviewOfMostIntegratedSettings				
Current primary living situation				System populated from the person's profile
PrimaryEmployment	string	not null	C : Community Coaching N : Community Engagement E : Employment Group M : Employment Individual G : Group Day Services R : Residential	Current primary employment or day setting (Check all that apply). String of comma separated character, such as below. "C,N"

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			S : Self-Employed U : Unemployed O : Other	
PrimaryEmploymentOtherSpecify	string	Not null only if "PrimaryEmployment = O"	6000 Characters	If Other, describe
HousingChoice	string	Not null	N : No interest expressed after a discussion of these integrated housing options V : Housing Choice Vouchers L : Local tenant-based rent assistance C : Low Income Housing Tax Credit properties P : Private federally assisted Section 8 housing B : Project-Based Vouchers rental assistance R : Rental Affordable Dwelling Units D : Rural Development 515 properties O : Other options	Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated housing options? (Check all that apply). String of comma separated character, such as below. "C,L" Note: If "N" is checked, then no other option must be selected
HousingChoiceOtherSpecify	string	Not null only if "HousingChoice = O"	6000 Characters	If Other, describe

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
IntegratedWaiver	string	Not null	N: No interest expressed after discussion of these integrated waiver service options C: Community Coaching M: Community Engagement S: Consumer Directed Supports E: Electronic Home-Based services D: Independent Living Supports H: In-home Support Services A: Shared Living U: Supported Employment T: Supported Living W: Workplace Assistance Services O: Other options	Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated waiver service options? (Check all that apply). String of comma separated character, such as below: "C,M" Note: If "N" is checked, then no other option must be selected
IntegratedWaiverOtherSpecify	string	Not null only if "Integrated Waiver = O"	6000 Characters	If Other, describe
IntegratedOptions	string	Not null	N: No interest expressed after discussion of these integrated waiver service options U: Supported Employment	Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated waiver service options?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			C : Community Coaching M : Community Engagement S : Consumer-Directed Supports E : Electronic Home-Based services O : Other options	(Check all that apply). String of comma separated character, such as below. "C,M" Note: If "N" is checked, then no other option must be selected
IntegratedOptionsOtherSpecify	string	Not null only if "Integrated Options = O"	6000 Characters	If Other, describe
IntegratedResidential	string	Not null	N: No interest expressed after discussion of these integrated residential waiver service options D : Independent Living Supports H : In-home Support Services A : Shared Living P: Sponsored Residential T : Supported Living O : Other options	Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated residential waiver service options? (Check all that apply). String of comma separated character, such as below. "D,T" Note: If "N" is checked, then no other option must be selected
IntegratedResidentialOtherSpecify	string	Not null only if "Integrated Residential = O"	6000 Characters	If Other, describe

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
2.13. AdditionalComments				
AdditionalComment	string		6000 Characters	Additional Comments

1.6. Part III. Shared Planning

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PartNeeded	bool	Not null	1: Needed 0: Not Needed	Value should be 1 – if type = New Value should be 0 – if type = Update
3.1 SharedPlannings				
Section must only be added to the ISP JSON file is PartNeeded = 1				
LineNumber	number	not null only if PartNeeded = 1		Unique Line Number Provided line numbers should be incremental
LifeArea	string	not null only if PartNeeded = 1	E: Employment I: Integrated Community Involvement C : Community Living S : Safety & Security H : Healthy Living X : Social & Spirituality A : Citizenship & Advocacy	Life Area
DesiredOutcome	string	not null only if PartNeeded = 1	3000 Characters	Desired Outcome

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
KeySteps	string	not null only if PartNeeded = 1	3000 Characters	Key steps and services to get there
SupportType	string	not null only if PartNeeded = 1	R : Relationship-based C : Community-based E : Eligibility-based	Support Type **At least one "SupportType = E" must be added.
SupportProviderName	string	Null if SupportType = E	3000 Characters	Support Provider Name Data element will be system populated when "SupportType = E" based on NPI and Site Numbers If "SupportType = R, C, then this field is optional.
OtherSupporters	String	Must be null if SupportType = R or C	3000 Characters	Other supporters
StartDate	Date	not null only if PartNeeded = 1	8 Characters: yyyymmdd	StartDate
EndDate	Date	not null only if PartNeeded = 1	8 Characters: yyyymmdd	EndDate End Date cannot be before the start date

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
3.1.1 AttachedProviders Providers will only be mapped correctly, if received JSON data includes valid NPI and Site Numbers Section must only be added to the ISP JSON file is PartNeeded = 1				
ProviderID	String	not null only if PartNeeded = 1	14 digital numbers	MES provider location ID. (any number may be used. After MES goes live, only valid IDs provided by DMAS will be used to correctly map providers)
NPI	string	not null only if PartNeeded = 1	10 digital numbers	National Provider Identification
SiteNumber	String	not null only if PartNeeded = 1	50 characters	Site Number
3.2 Essential Supports				
3.2.1. Identified Risks				
IdentifiedRisks	string	Not null	A: Pressure Injury B: Aspiration Pneumonia C: Fall with Injury D: Dehydration E: Bowel Obstruction F: Sepsis G: Seizure H: Community Safety Risks I: Self-Harm J: Elopement K: Lack of Safety Awareness L: Substance use M: Suicidal ideations	Identified Risks (Select all that apply): Note: If "N" is selected, then other options cannot be selected.

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			N: None of these apply	
3.2.2. Potential Risks				
PotentialRiskPressureInjury	String	not null only if Identified Risks does not contain "A"	<p>A: Has been diagnosed with a PI in the past.</p> <p>B: Has diagnosis of diabetes or congestive heart failure.</p> <p>C: History or is currently experiencing paralysis or neurological damage.</p> <p>D: Regularly spends much of each day in a bed, chair, or wheelchair.</p> <p>E: Is unable to change body position independently.</p> <p>F: Is incontinent of bowel and bladder.</p> <p>G: Has experienced any wound or skin breakdown.</p> <p>H: Has presence of swelling of ankles or feet.</p> <p>N: None of these apply.</p>	<p>Potential risk – pressure injury</p> <p>(Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>
PotentialRiskAspirationPneumonia	String	Not null only if Identified Risks does not contain "B"	<p>A: Has been diagnosed with aspiration pneumonia in the past.</p> <p>B: Has a diagnosis of dysphagia, GERD and/or PICA.</p> <p>C: Has a diagnosis of any neurologic disorder (e.g., Cerebral Palsy, Stroke, Dementia, Alzheimer's Disease, Seizure disorder etc.)</p> <p>D: Has been diagnosed with an upper respiratory infection.</p> <p>E: Difficulty controlling</p>	<p>Potential risk – aspiration pneumonia</p> <p>(Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			<p>head/neck muscles.</p> <p>F: Requires assistance to be fed (food or liquid).</p> <p>G: Regularly coughs while eating or has experienced a choking episode.</p> <p>H: Has a feeding tube (G Tube, J Tube, NG Tube).</p> <p>I: Is missing the majority or all of their teeth.</p> <p>J: Has experienced impaired consciousness or awareness.</p> <p>K: Has a tracheostomy and/or is suctioned routinely (including oral suctioning).</p> <p>L: Has eating habits that could lead to choking (e.g., stuffing mouth, eating too quickly, jumping in seat etc.)</p> <p>M: Has an altered textured diet or drink modifications (e.g., bite size, pureed, thickened liquids).</p> <p>N: None of these apply</p>	
PotentialRiskFallWithInjury	String	Not null only if Identified Risks does not contain "C"	<p>A: Has experienced a fall or fall with injury in the past.</p> <p>B: Has been diagnosed with a seizure disorder, Meniere's disease (vestibular syncope), or arthritis.</p> <p>C: Takes more than 4 medications daily (polypharmacy)</p> <p>D: Uses walking aids and/or other Durable Medical Equipment (DME)</p>	<p>Potential risk – fall with injury (Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			<p>E: Has experienced syncope (fainting).</p> <p>H: Has experienced risk taking behaviors or impulsive behaviors such as darting or changing directions quickly with little to no indication.</p> <p>I: Experiences urinary/bowel urgency.</p> <p>J: Experiences fatigue and weakness with activity.</p> <p>K: Is 65 or older.</p> <p>N: None of these apply</p>	
PotentialRiskDehydration	String	Not null only if IdentifiedRisks does not contain "D"	<p>A: Has been diagnosed with dehydration in the past.</p> <p>B: Diagnosis of dysphagia, irritable bowel syndrome (IBS), hyperhidrosis and/or thermoregulation disorder.</p> <p>C: Requires assistance to be fed (food or liquid).</p> <p>D: Refuses to drink beverages.</p> <p>E: Has experienced chronic/repetitive diarrhea.</p> <p>F: Has experienced chronic/repetitive vomiting.</p> <p>G: Is prescribed routine diuretic medication.</p> <p>N: None of these apply</p>	<p>Potential risk – dehydration (Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>
PotentialRiskBowelObstruction	String	Not null only if IdentifiedRisks does not	<p>A: Has been diagnosed with a bowel obstruction in the past.</p> <p>B: Has been diagnosed with constipation, gastroparesis, Crohn's disease, diverticulitis, PICA or an ileus.</p>	<p>Potential risk – bowel obstruction (Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
		contain "E"	<p>C: Has diagnosis of any neurological disorder (e.g., Cerebral Palsy, Spina Bifida, Muscular Dystrophy, paralysis etc.)</p> <p>D: Is prescribed laxatives or enemas (routine or PRN).</p> <p>E: Refuses to drink beverages.</p> <p>F: Requires assistance to be fed (food or liquid).</p> <p>G: Is prescribed psychiatric and/or narcotic medications (routine or PRN).</p> <p>H: Has limited mobility.</p> <p>N: None of these apply</p>	
PotentialRiskSepsis	String	Not null only if IdentifiedRiskS does not contain "F"	<p>A: Has been diagnosed with Sepsis in the past.</p> <p>B: Has been diagnosed with Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Cirrhosis, Chronic kidney disease, Congestive Heart Failure (CHF), Pneumonia, UTI and/or lowered immune response (lupus, HIV, genetic disorders etc.)</p> <p>C: Diagnosis of PI, skin breakdown or cellulitis</p> <p>D: Recently experienced a severe hospitalization that includes an intensive care unit (ICU) admission.</p> <p>E: Has been diagnosed with a urinary tract infection (UTI) and/or uses a urinary catheter (indwelling or requires in and out catheterization)</p> <p>N: None of these apply</p>	<p>Potential risk – sepsis (Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PotentialRiskSeizure	String	Not null only if IdentifiedRisks does not contain "G"	<p>A: Has been diagnosed with seizure disorder in the past.</p> <p>B: Has been diagnosed any neurological disorder, genetic disorder, (e.g., Autism Spectrum Disorder, Cerebral Palsy, Dementia, Alzheimer's, Muscular Dystrophy, Obstructive Sleep Apnea, and Traumatic Brain Injury etc.) or thermoregulation disorder.</p> <p>C: Has experienced a change in routine anti-epileptic medications (AEM).</p> <p>D: Has missed or refused routine anti-epileptic medications (AEM).</p> <p>E: Has been diagnosed with dehydration.</p> <p>N: None of these apply</p>	<p>Potential risk – seizure (Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>
PotentialRiskCommunitySafetyRisks	String	Not null only if IdentifiedRisks does not contain "H"	<p>A: Attempted to assault and/or injuring others</p> <p>B: Property destruction due to fire setting and/or arson</p> <p>C: Sexual aggression</p> <p>N: None of these apply</p>	<p>Potential risk – community safety risks (Select all that apply)</p> <p>Note: If "N" is selected, then other options cannot be selected.</p>
PotentialRiskSelfHarm	String	Not null only if Identified	<p>A: displays self-injury</p> <p>B: pica</p> <p>C: physical self-harm</p> <p>D: suicide attempts</p>	<p>Potential risk – self-harm (Select all that apply)</p> <p>Note: If "N" is selected,</p>

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
		IdentifiedRisk does not contain "I"	N: None of these apply	then other options cannot be selected.
PotentialRiskElopement	String	Not null only if IdentifiedRisk does not contain "J"	A: Leaves the setting unexpectedly, with a demonstrated history of lack of safety awareness, or ignoring common safety norms when leaving (i.e., walking into traffic) B: Leaves the setting without support, despite current individualized safety restriction to include having support when leaving N: None of these apply	Potential risk – elopement (Select all that apply) Note: If "N" is selected, then other options cannot be selected.
PotentialRiskLackOfSafetyAwareness	String	Not null only if IdentifiedRisk does not contain "K"	A: displays a pervasive lack of safety awareness throughout their daily living due to communication deficits combined with cognitive deficits and/or brain injury that leaves them open to victimization (financial, daily living, socio-sexual) N: None of these apply	Potential risk – lack of safety awareness (Select all that apply) Note: If "N" is selected, then other options cannot be selected.
PotentialRiskSubstanceUse	String	Not null only if IdentifiedRisk does not contain	A: Expresses an intense desire for a substance. B: Fails to fulfill obligations due to use of a substance. C: Has quit or reduced participation in important activities in order to use the substance.	Potential risk – substance use (Select all that apply) Note: If "N" is selected, then other options cannot be selected.

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
		"L"	D: Spends excessive time obtaining, using, and/or recovering from the effects of a substance. E: Uses larger amounts of a substance or for longer than intended. F: Continues substance use despite having a physical or mental problem that could have been caused or exacerbated by the substance. G: Expresses desire to cut down or regulate substance use and/or reports unsuccessful efforts. N: None of these apply	
PotentialRiskSuicidalIdeations	String	Not null only if IdentifiedRisks does not contain "M"	A: Talking, drawing, or writing about dying, death, or suicide B: Making plans for suicide C: Seeking means for suicide D: Expressing hopelessness E: Withdrawing from others N: None of these apply	Potential risk – suicidal ideations (Select all that apply) Note: If "N" is selected, then other options cannot be selected.
3.2.3. Routine Supports				
RoutineSupports	String	Not null	A: Adaptive equipment/DME B: Bathing C: Communication support D: Dressing E: Restroom support F: Positioning/transferring G: Personal appearance	Routine Supports (Select all that apply): Note: If "Q, R, S" are selected, specify the name of the routine support.

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
			H: Medication use I: Housekeeping J: Laundry K: Shopping L: Meal planning/preparation/intake M: Banking/money management N: Medical appointments O: Transportation P: Crisis plan Q: Other routine support #1 (e.g., dialysis, catheter care, ostomy care) R: Other routine support #2 S: Other routine support #3 T: Other medical #1 (e.g., high/low blood pressure, dementia/neurological impairment, respiratory care, G-Tube, etc.) U: Other medical #2 V: Other medical #3 W: Other behavioral #1 (e.g. Self-neglect, trichotillomania, severe stereotypy, etc.) X: Other behavioral #2 Y: Other behavioral #3 Z: None of these apply	(3000 characters) If 'T, U, V' are selected, specify the name of the medical support. (3000 characters) If "W, X, Y" are selected, specify the name of the behavioral support. (3000 characters)
EssentialSupports List	String		Populated from IdentifiedRisks Populated from PotentialRisks Populated from RoutineSupports	Essential Supports Summary List Populated from IdentifiedRisks Populated from PotentialRisks Populated from

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
				RoutineSupports

1.7. 4.0 Part IV. Agreements

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
PartNeeded	bool	Not null	1: Needed 0: Not Needed	Value should be 1 – if type = New Value should be 0 – if type = Update
4.1. PotentialRisksReferral				
Section must only be added to the ISP JSON file if PartNeeded = 1				
PotentialRisksList	String		Populated from PotentialRisks Note: This data field shall not be included in the EHR .json file.	Populated from PotentialRisks *Add message stated as “Per the Virginia Department of Behavioral Health and Developmental Services Person-Centered Individual Support Plan, the following potential risks were identified. This listing is being provided for assessment and consultation purposes.”
PotentialRisksReferral	Bool	Not Null only if any of the following is not null AND does not contain “N”: “PotentialRiskPressureInjury” “PotentialRiskAsp	1: Appointment will be scheduled. 0: Appointment declined by individual/SDM	Will an appointment with a Qualified Health Professional be scheduled? Select one response:

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
		irationPneumonia" "PotentialRiskFallWithInjury" "PotentialRiskDehydration" "PotentialRiskBoeObstruction" "PotentialRiskSepsis" "PotentialRiskSeizure" "PotentialRiskCommunitySafetyRisks" "PotentialRiskSelfHarm" "PotentialRiskElopement" "PotentialRiskLackOfSafetyAwareness" "PotentialRiskSubstanceUse" "PotentialRiskSuicidalIdeations"		
PlannedAppointment	string	not null If PotentialRisksReferral =1 must be null if PotentialRisksReferral = 0 or is null	3000 characters	If appointment is planned, who will schedule the appointment?
NoPlannedAppointment	string	not null If PotentialRisksReferral =0 must be null if PotentialRisksReferral = 1 or is null	6000 characters	If appointment is not planned, describe how needs are/will be met.

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
4.2. IndividualQuestions				
Section must only be added to the ISP JSON file if PartNeeded = 1				
IndividualQuestion sQ1	bool	not null only if PartNeeded = 1	1 : Yes 0 : No	Does this plan move me closer to the life I want?
IndividualQuestion sQ2	bool	not null only if PartNeeded = 1	1 : Yes 0 : No	Have I had the opportunity to plan for personal topics apart from the full team?
IndividualQuestion sQ3	bool	not null only if PartNeeded = 1	1 : Yes 0 : No	I was supported to direct and participate in my planning process as described in Part II: Personal Profile?
IndividualQuestion sQ4	bool	not null only if PartNeeded = 1	1 : Yes 0 : No	Have I chosen all of the providers and services I receive having been informed about all options and the benefits and risks?
IndividualQuestion sQ5	bool	not null only if PartNeeded = 1	1 : Yes 0 : No	Have I chosen or had input into where I live?
IndividualQuestion sQ6	bool	not null only if PartNeeded = 1	1 : Yes 0 : No	Have I chosen or had input into who lives with me?
IndividualQuestion sQ7	bool	not null only if PartNeeded = 1	1 : Yes 0 : No	Do I choose or have input into my daily schedule?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
IndividualQuestionsReasonAndResolvePlan	string	not null If IndividualQuestionsQ1 through IndividualQuestionsQ7 = 0	6000 Characters	If the answer is “no” to any question above, go back and consider again. Describe the reason for any questions about remaining “no” at the end of the meeting and any plan to resolve.
4.3. Team Questions				
Section must only be added to the ISP JSON file if PartNeeded = 1				
TeamQuestionsQ1	bool	not null only if part needed = 1	1 : Yes 0 : No	Does any team member have an objection to any outcomes in my plan?
TeamQuestionsQ2	bool	not null only if part needed = 1	1 : Yes 0 : No	Are there any restrictions that require review or agreement?
TeamQuestionsQ3	bool	not null only if part needed = 1	1 : Yes 0 : No	Do I need financial planning or benefits counseling in order to maintain or maximize resources?
TeamQuestionsQ4	bool	not null only if part needed = 1	1 : Yes 0 : No	Is there any IMPORTANT TO or IMPORTANT FOR information elsewhere that is not addressed in my plan?
TeamQuestionsQ5	bool	not null only if part needed = 1	1 : Yes 0 : No	Does any team member have an objection to any essential supports in my plan?

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
TeamQuestionsQ6	String	not null only if part needed = 1	<p>A: Yes, referral to be completed within 30 days of ISP</p> <p>B: Yes, referral(s) already completed and waiting to start services</p> <p>C: Yes, and the person is connected to this service already</p> <p>D: Yes, there are needs but individual/SDM declined referral</p> <p>E: No, needs are addressed by other supports (e.g. ABA, psychology)</p> <p>F: No, needs do not require these services</p> <p>NOTE: must select only one value</p>	<p>Are Therapeutic Behavioral Consultation waiver services needed?</p> <p>Please review selections carefully and respond.</p> <p>Select only 1</p>
TeamQuestionsQ6.Specify	string	not null If TeamQuestion6=A	3000 characters	<p>If yes within 30 days, who will complete referral for behavioral services?</p> <p>A service authorization should be submitted to DBHDS within 30 days of an identified need.</p>

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
TeamQuestionsQ7	String	not null only if part needed = 1	<p>A: Yes, referral to be completed within 30 days of ISP</p> <p>B: Yes, referral(s) already completed and waiting to start services</p> <p>C: Yes, and the person is connected to this service already</p> <p>D: Yes, there are needs but individual/SDM declined referral</p> <p>E: No, needs are addressed by other supports (e.g. ABA, psychology)</p> <p>F: No, needs do not require these services</p> <p>NOTE: must select only one value</p>	<p>Are Nursing waiver services needed? Please review selections carefully and respond.</p> <p>Select only 1</p>
TeamQuestionsQ7.Specify	string	not null If TeamQuestion7=A	3000 characters	<p>If yes within 30 days, who will complete referral for nursing services? A service authorization should be submitted to DBHDS within 30 days of an identified need.</p>

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
TeamQuestionsNoReasonAndResolvePlan	string	not null only if part needed = 1	6000 Characters	Describe the reason for any questions above being marked "yes" and any plan to resolve
AnySupportsOrServicesNotAvailable	bool	not null only if part needed = 1	1 : Yes 0 : No	Are supports or services needed that are not available
AnySupportsOrServicesNotAvailableDescription	string	not null only if SupportsOrServicesNotAvailable = 1	If yes, speak with your supervisor and you may contact your assigned Community Resource Consultant to discuss	If yes, speak with your supervisor and you may contact your assigned Community Resource Consultant to discuss.
4.4. AgreementSignatures				
Section must only be added if PartNeeded = 1				
SignerType	string	not null only if part needed = 1	P : Person S : Substitute Decision Maker C : SC/CM V : Provider F : Family R : Friend O : Other	Signer Type **There must be at least one SignerType = P or S **There must be at least one SignerType = C
SignatureType	string	not null only if part needed = 1	S: Signature on File in the EHR System C: Contributor not here for planning	SignatureType options for Part IV Agreements also includes "Contributor not here for planning" as an acceptable selection. This enables completing the ISP when providers are absent from the annual planning process.

Data Element	Data Type	Not Null	Acceptable Values	Descriptions
ProviderID	String	not null only if PartNeeded = 1	14 digital numbers	MES provider location ID. (any number may be used. After MES goes live, only valid IDs provided by DMAS will be used to correctly map providers)
NPI	string	not null only if part needed = 1	10 digital numbers	National Provider Identification (Site Level NPI) (need this only if SignerType above is "V")
Site Number	string	not null only if part needed = 1	50 characters	Site Number (need this only if SignerType above is "V")
PrintName	string	not null only if part needed = 1	50 Characters	Print Name
RelationshipOrService	string	not null only if part needed = 1	50 Characters	Relationship/Service
SignedDate	Date	not null only if part needed = 1	8 Characters: yyymmdd	Date Signed
4.5. PersonCenteredDates				
Section must only be added if PartNeeded = 1				
FirstQuarterReviewDate	Date	not null only if part needed = 1	8 Characters: yyymmdd	1st Quarter Date
SecondQuarterReviewDate	Date	not null only if part needed = 1	8 Characters: yyymmdd	2nd Quarter Date
ThirdQuarterReviewDate	Date	not null only if part needed = 1	8 Characters: yyymmdd	3rd Quarter Date
FourthQuarterReviewDate	Date	not null only if part needed = 1	8 Characters: yyymmdd	4th Quarter Date

2. Response file Specifications

2.1. Response File

The response file specification is shown as below.

Data Element	Data Type	Not Null	Acceptable Values	Description
Version	string	not null	3.3 or 3.4 or 4.0	Version number of data specifications. In case ISP changes at some point, it'll be good to know which version it is.
RecordID	string	not null		Unique ID in EHR system and WaMS will use it to return the error code for that record.
Results	Array	not null	Array of result	Array of error codes and error messages.

The result specification is shown as below.

Data Element	Data Type	Not Null	Acceptable Values	Description
Version	string	not null	3.3 or 3.4 or 4.0	ISP version
RecordId	string	not null		Unique ID in EHR system for the ISP record
Code	string	not null	4 digital numbers	Return code
Message	string	not null	3000 Characters	Return Message

2.2. Return Codes

Code	Message	Description
1001	Record has been created.	New ISP form is created
1002	Record has been updated.	Previously imported ISP form is updated
1003	Record has been discarded.	Previously imported ISP form is

Code	Message	Description
		discarded
2001	Either Medicaid Number, SSN or Person ID is required for matching a person profile in the WaMS system	None of the required matching fields are provided
2004	CSB code is missing.	CSB code is required for matching person
2005	Record ID is missing.	RecordID is required for matching file
2006	Date of Birth is missing.	Refer data elements
2007	Can't find individual through matching rule.	Refer section 4.2, subsection A
2008	Incorrect Medicaid number format.	Refer data elements
2009	Incorrect CSB code format.	Refer data elements
2010	CSB code is invalid.	Refer section 2, sub section E
2011	Incorrect Person ID format.	Refer data elements
2012	Incorrect Social Security Number format.	Refer data elements
2014	Incorrect Date of Birth format.	Refer data elements
2015	Individual transferred to another CSB.	Refer data elements
2018	Inbound file name CSB code does not match its JSON data CSB code	Refer section 2, subsections B, C, E
2020	Incorrect RecordID format	Refer data elements
2021	The RecordID in the file name does not match the data within the file	Refer data elements
3100	Can't create new ISP for an existing Record ID.	Refer data elements
3101	Can't update ISP for a new Record ID.	Refer data elements
3102	Can't create or update ISP since the individual discharged/deceased/transfer.	Refer data elements
3103	General Information has not been completed. {Related Fields} is missing; {Related Fields} is invalid;	Refer data elements
3104	ISP Overview has not been completed.	Refer section 4.2, subsections

Code	Message	Description
	{Related Fields} is missing; {Related Fields} is invalid;	A, I and section 5.2
3114	The effective date cannot be greater than end date.	
3115	The entered effective date range cannot be overlapped.	
3116	End date cannot be greater than 1 year (366 days) after the effective date.	
3118	Part I has not been completed. {Related Fields} is missing; {Related Fields} is invalid;	Refer sections 4.2 and 5.4
3119	Part II has not been completed. {Related Fields} is missing; {Related Fields} is invalid;	Refer sections 4.2 and 5.5
3120	Part III has not been completed. {Related Fields} is missing; {Related Fields} is invalid;	Refer sections 4.2 and 5.6
3121	Part IV has not been completed. {Related Fields} is missing; {Related Fields} is invalid;	Refer sections 4.2 and 5.7
3123	Can't find Provider through NPI {NPI} and Site number {Site number}.	Refer data elements
3124	Can't find Authorized Waiver Service through Procedure code {Procedure code} and Modifier 1 {Modifier 1}.	Refer data elements
3125	Cannot find Provider among assigned providers.	Each NPI/SiteNumber pair in AttachedProviders for a SharedPlanning with SupportType = E, must be included in AgreementSignatures with SignerType = V
3200	Cannot create new record for a previous ISP version	
3201	Cannot update ISP record due to version mismatch	

Code	Message	Description
4001	System is not available	This is a system error. Scenarios include system failure and download process failures.
4002	Date convert exception {message}	Incorrect date/time format provided for questions inside the JSON file
4003	Number convert exception {message}	Incorrect numerical value provided questions inside the JSON file
4004	Unexpected exception {message}	This is JSON related errors. Ex: if non-string value is provided for a string data type.
4005	JSON file is invalid	Invalid JSON file which cannot be parsed
5555	Cannot find assigned slot for this client.	Client should have a waiver slot assigned in the WaMS system
6666	The WaiverType value in the submitted file does not match the client's waiver program.	Client should have a waiver enrollment in the WaMS system that matches WaiverType value in the submitted file. Refer data elements
7777	This person does not have a current physical address. To continue, update this information in Person's Overview.	Refer section 4.1
7778	This person does not have a current living situation on waiver entry. To continue, update this information in Person's Overview.	Refer section 4.1
7788	ISP cannot be Discarded as it does not meet the Discard preconditions.	Refer section 4.1
9500	County Code {County Code}, does not exist in the provided list	Refer section 7.1
9600	State Code {State Code}, does not exist in the provided list	Refer section 7.2

Code	Message	Description
9700	No data is allowed in part IV when action type is Update	Refer section 4.2
9800	No data is allowed in part III when action type is Update	Refer section 4.2

3. County and State Codes

3.1. County Codes

County Name	County Code
Accomack	001
Albemarle	003
Alleghany	005
Amelia	007
Amherst	009
Appomattox	011
Arlington	013
Augusta	015
Bath	017
Bedford	019
Bland	021
Botetourt	023
Brunswick	025
Buchanan	027
Buckingham	029
Campbell	031
Caroline	033
Carroll	035
Charles City	036
Charlotte	037
Chesterfield	041
Clarke	043
Craig	045
Culpeper	047
Cumberland	049
Dickenson	051
Dinwiddie	053
Essex	057
Fairfax	059
Fauquier	061

County Name	County Code
Floyd	063
Fluvanna	065
Franklin	067
Frederick	069
Giles	071
Gloucester	073
Goochland	075
Grayson	077
Greene	079
Greensville	081
Halifax	083
Hanover	085
Henrico	087
Henry	089
Highland	091
Isle of Wight	093
James City	095
King and Queen	097
King George	099
King William	101
Lancaster	103
Lee	105
Loudoun	107
Louisa	109
Lunenburg	111
Madison	113
Mathews	115
Mecklenburg	117
Middlesex	119
Montgomery	121
Nelson	125
New Kent	127
Northampton	131
Northumberland	133
Nottoway	135
Orange	137
Page	139
Patrick	141
Pittsylvania	143
Powhatan	145
Prince Edward	147
Prince George	149
Prince William	153
Pulaski	155
Rappahannock	157
Richmond	159
Roanoke	161
Rockbridge	163

County Name	County Code
Rockingham	165
Russell	167
Scott	169
Shenandoah	171
Smyth	173
Southampton	175
Spotsylvania	177
Stafford	179
Surry	181
Sussex	183
Tazewell	185
Warren	187
Washington	191
Westmoreland	193
Wise	195
Wythe	197
York	199
City of Alexandria	510
City of Bedford	515
City of Bristol	520
City of Buena Vista	530
City of Charlottesville	540
City of Chesapeake	550
City of Colonial Heights	570
City of Covington	580
City of Danville	590
City of Emporia	595
City of Fairfax	600
City of Falls Church	610
City of Franklin	620
City of Fredericksburg	630
City of Galax	640
City of Hampton	650
City of Harrisonburg	660
City of Hopewell	670
City of Lexington	678
City of Lynchburg	680
City of Manassas	683
City of Manassas Park	685
City of Martinsville	690
City of Newport News	700
City of Norfolk	710
City of Norton	720
City of Petersburg	730
City of Poquoson	735
City of Portsmouth	740
City of Radford	750
City of Richmond	760

County Name	County Code
City of Roanoke	770
City of Salem	775
City of Staunton	790
City of Suffolk	800
City of Virginia Beach	810
City of Waynesboro	820
City of Williamsburg	830
City of Winchester	840
Other	Other

3.2. State Codes

State Name	State Code
Alaska	AK
Alabama	AL
Arkansas	AR
Arizona	AZ
California	CA
Colorado	CO
Connecticut	CT
District of Columbia	DC
Delaware	DE
Florida	FL
Georgia	GA
Hawaii	HI
Iowa	IA
Idaho	ID
Illinois	IL
Indiana	IN
Kansas	KS
Kentucky	KY
Louisiana	LA
Massachusetts	MA
Maryland	MD
Maine	ME
Michigan	MI
Minnesota	MN
Missouri	MO
Mississippi	MS
Montana	MT
North Carolina	NC
North Dakota	ND
Nebraska	NE
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
Nevada	NV

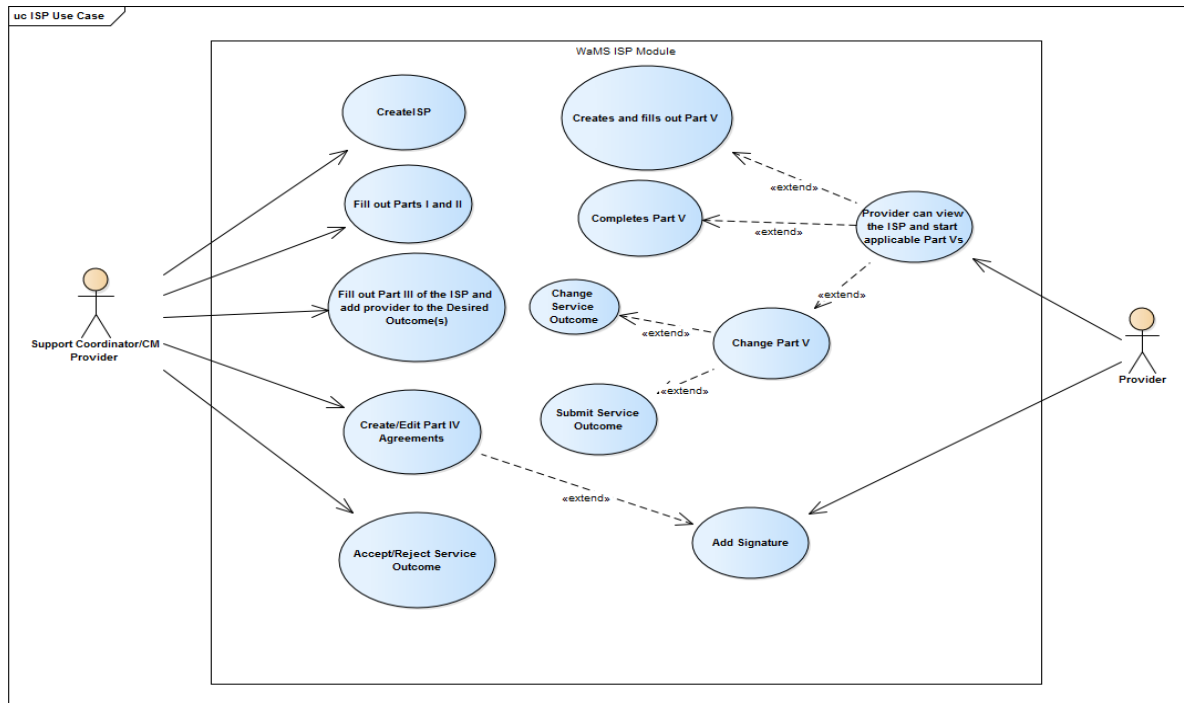
State Name	State Code
New York	NY
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Virginia	VA
Vermont	VT
Washington	WA
Wisconsin	WI
West Virginia	WV
Wyoming	WY
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NB
Newfoundland and Labrador	NL
Northwest Territories	NT
Nova Scotia	NS
Ontario	ON
Prince Edward Island	PE
Quebec	QC
Saskatchewan	SK

Appendix A: ISP in WaMS

A.1 Business Use Case

An Individual Support Plan must be developed for each individual receiving Waiver services. The Individual Support Plan means supports and actions to be taken during the year by each service provider to achieve the individual's desired outcomes. The Individual Support Plan is developed by the case manager, the individual and partners chosen by the individual such as service providers.

It contains essential information and includes what is important to the individual on a day-to-day basis and in the future and what is important for the individual to keep healthy and safe as reflected in the Plans for Supports.



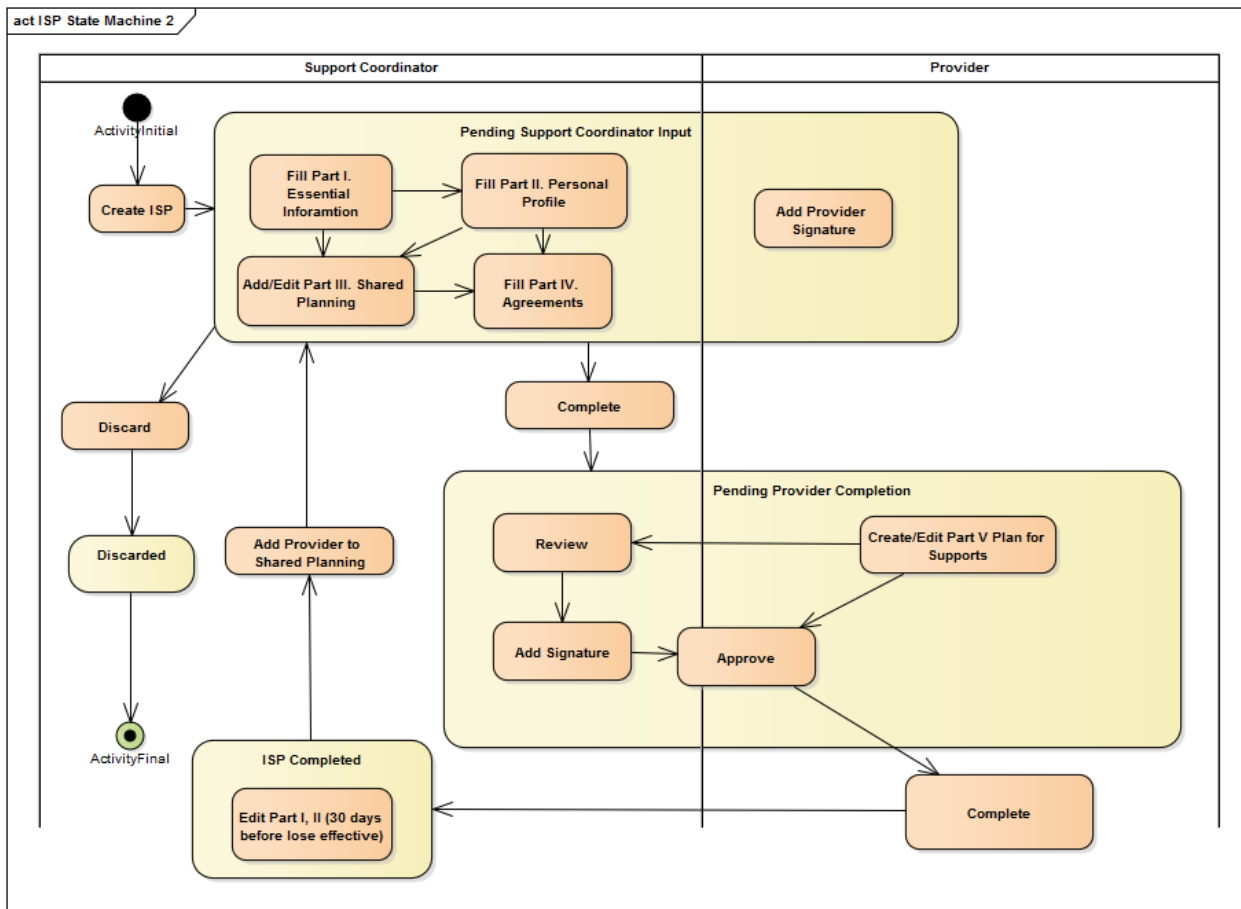
The Individual Support Plan includes:

1. The Essential Information (including risk assessment) and Personal Profile (Part I and Part II);
2. The individual's vision for a good life and desired outcomes that are shared by all partners and service providers (Part III);
3. A Plan for Supports for service requested and received by the individual which outline the activities planned to assist in attaining the individual's desired outcomes, which include items that are important to him, as well as his health and safety needs (Part V);
4. A documentation of agreement by those individuals participating in the development and implementation of the Individual Support Plan (Part IV);
5. A begin and end date (Overview).

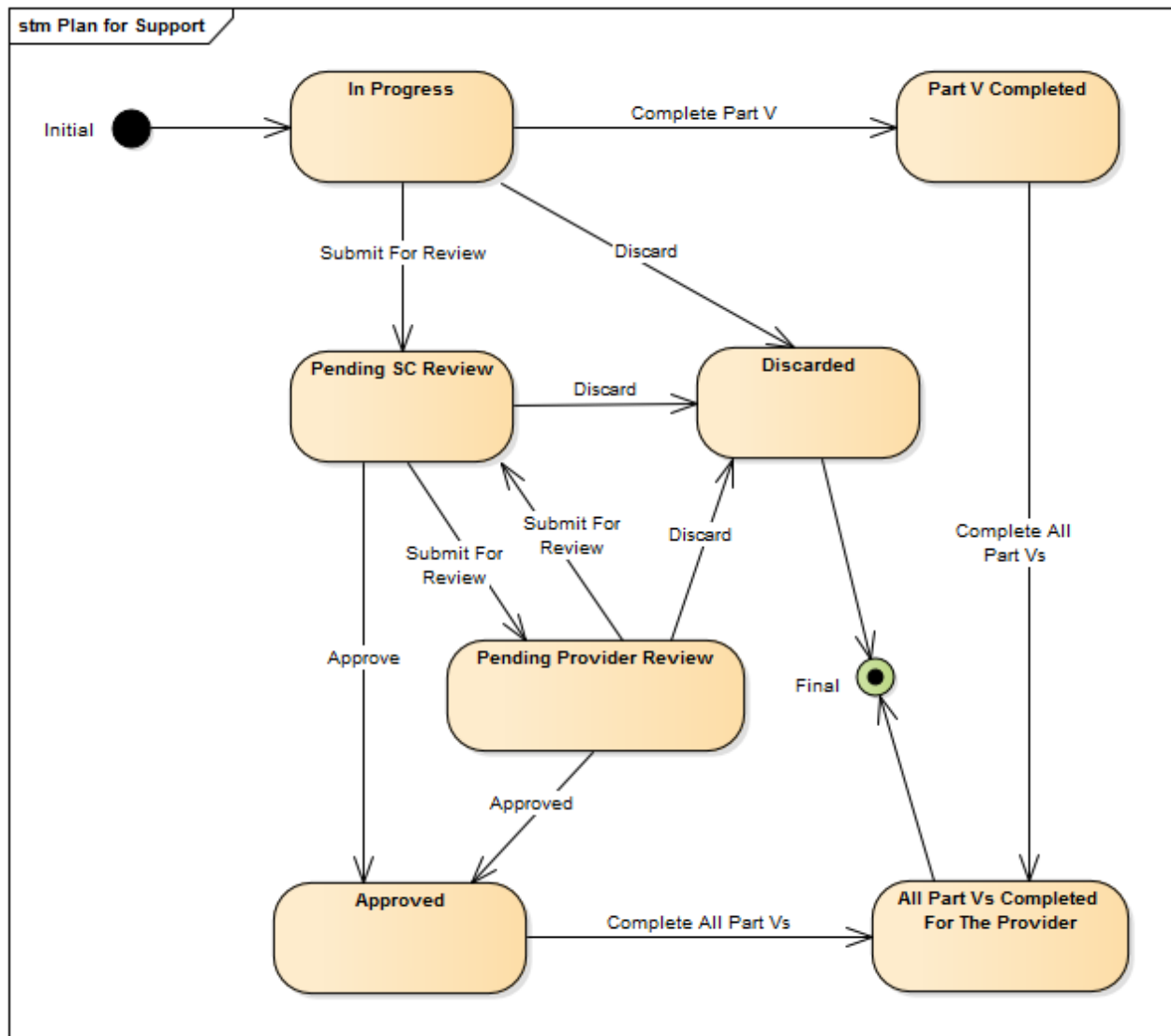
A.2 ISP State Machine

The state machine diagrams is shown as below.

A.2.1 Individual Support Plan

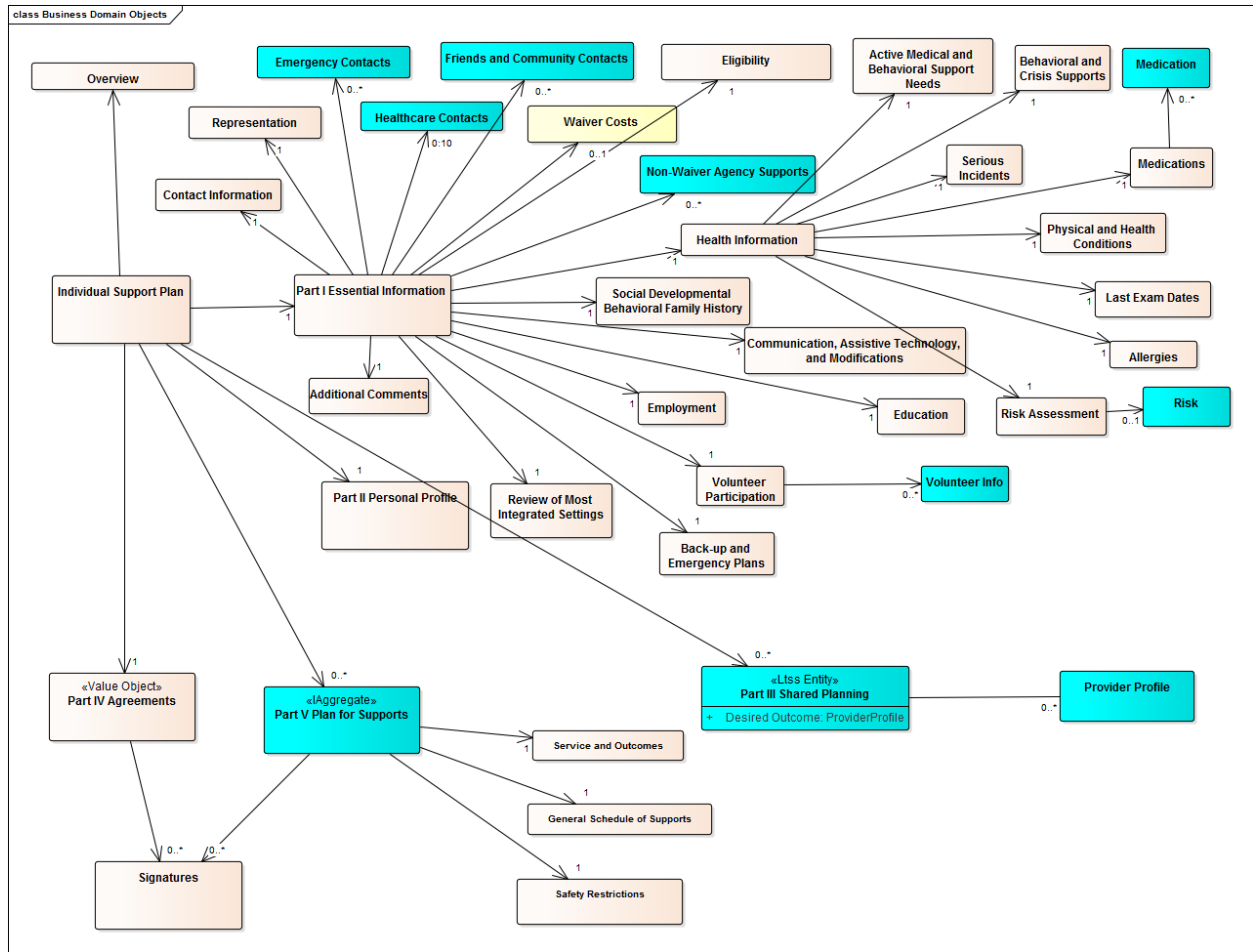


A.2.2 Plan for Support



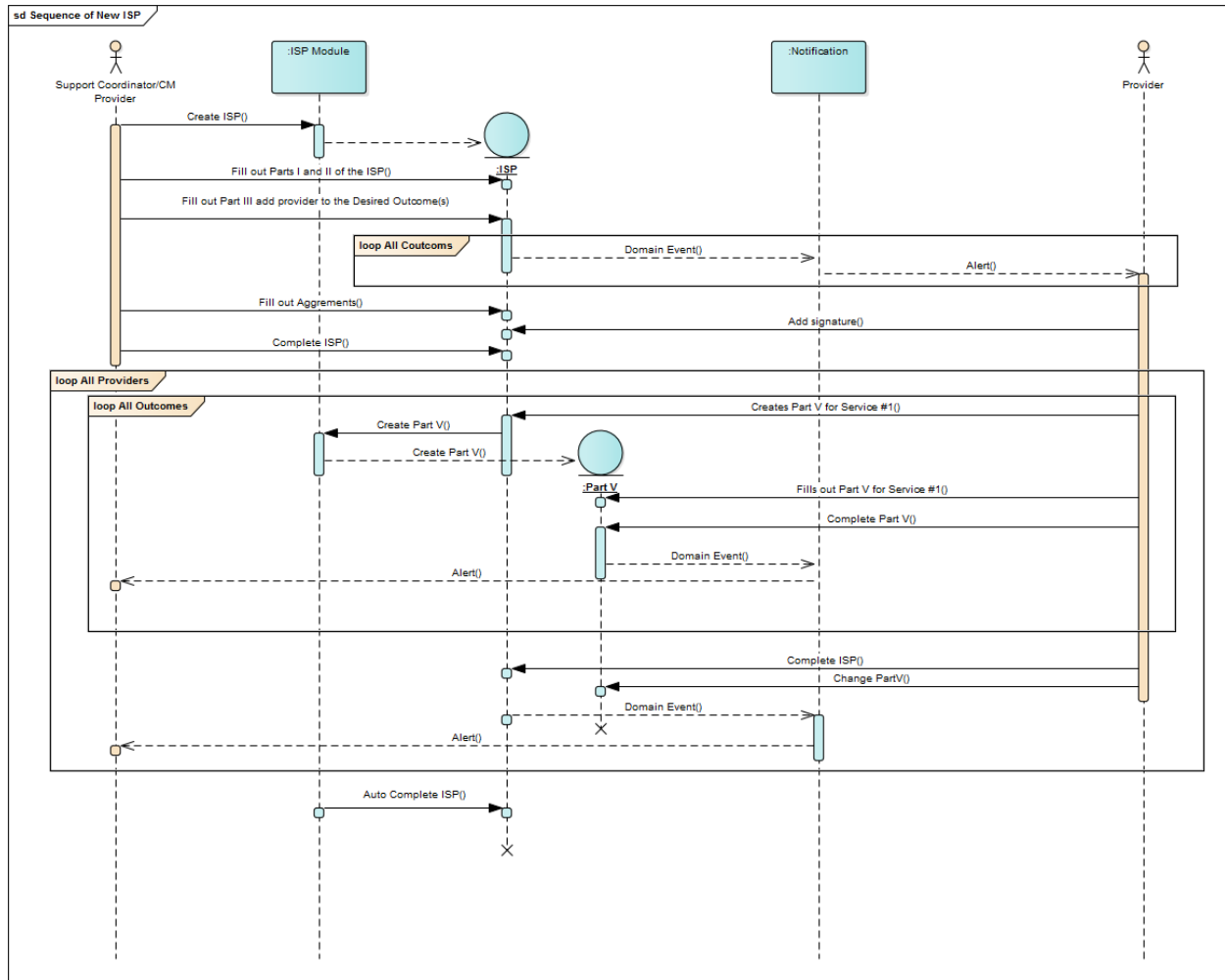
A.3 Business Domain Modeling

The business domain is shown as below.

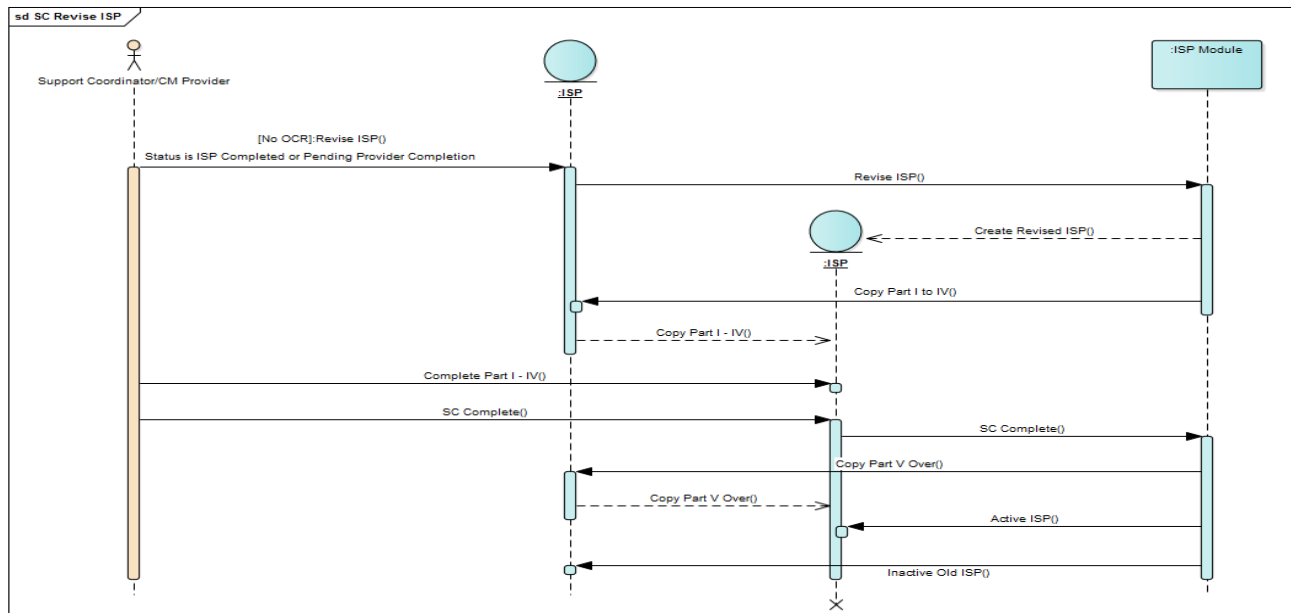


A.4 Sequence of ISP

A.4.1 Sequence of New ISP



A.4.2 Sequence of SC Revise ISP



A.5 ISP Screens in WaMS

A.5.1 SC Fill out Part I to Part IV

Plan - Summary Status: Pending Support Coordinator Input [Discard](#)

- Overview [Edit](#)
- Providers [Add](#)
- Part I. Essential Information**
- Part II. Personal Profile**
- Part III. Shared Planning [Manage](#)

No.	Life Area	Desired Outcome	I no longer want/need support when...	Types of Support	Supporter Names/Providers	Natural Support	Start date	End Date	Status
1	Work and Alternates to Work	cvbxfff	sdafasdf	Eligibility-based	ENDEPENDENCE CTR INC, ENDEPENDENCE CENTER OF NORTHERN VA, ENDEPENDENCE CENTER INC, ENDEPENDENCE CENTER OF NORTHERN VA		05/02/2017	05/20/2017	In Progress

- Part IV. Agreements
- Part V. Plan for Supports
- Attachment [Upload Attachments](#)
- Form Notes [Add Form Note](#)
- Changes History

A.5.2 Provider Fill out Part V

Part V: Plan for Supports - Summary Status: In Progress

[Back to Summary](#) [Discard](#)

▶ **Instructions**

▼ **Service and Outcomes** [Edit](#)

Overview

Effective Date*	05/10/2017
Provider	ENDEPENDENCE CENTER O...
Service*	Supported Employment, Group...
Comment	<div></div>

▶ **General Schedule of Supports** [Add New Support](#)

▶ **Signatures** [Edit](#)

▶ **Safety Restrictions** [Edit](#)

A.5.3 SC Edit after ISP Complete

Plan - Summary Status: ISP Completed

▶ **Overview** [Edit](#)

▶ **Providers** [Add](#)

▼ **Part I. Essential Information**

- ▶ **Contact Information** [Edit](#)
- ▶ **Representation** [Edit](#)
- ▶ **Emergency Contacts** [Edit](#)
- ▶ **Healthcare Contacts** [Edit](#)
- ▶ **Friends and Community Contacts** [Edit](#)
- ▶ **Eligibility** [Edit](#)
- ▶ **Non-Waiver Agency Paid Supports** [Edit](#)
- ▶ **Self-Directed and Agency-Directed Personal Assistance, Respite, and Companion Supports** [Edit](#)
- ▶ **Health Information** [Edit](#)
- ▶ **Social Developmental Behavioral Family History** [Edit](#)
- ▶ **Communication, Assistive Technology, and Modifications** [Edit](#)