

ISP Element	Data Provided	Primary collection purpose
<b>Part I. Personal Profile</b>		
Legal Last Name	System Populated in WaMS	Identifying information
Legal Middle Name	System Populated in WaMS	Identifying information
Legal First Name	System Populated in WaMS	Identifying information
Preferred Name	System Populated in WaMS	Identifying information
How I am best supported to direct my planning process:	3000 Characters	Person-centered planning
My preferences for annual planning:	3000 Characters	Person-centered planning
My preferred date, time, and location for my meeting:	3000 Characters	Person-centered planning
List great things about {PreferredName}	3000 Characters	Person-centered planning
Describe what's important TO {PreferredName}	3000 Characters	Person-centered planning
Describe what's important FOR {PreferredName}	3000 Characters	Person-centered planning
Describe {PreferredName}'s vision of the life he or she wants	3000 Characters	Person-centered planning
Describe what {PreferredName} doesn't want in his/her life	3000 Characters	Person-centered planning
<b>Part II. Essential Information</b>		
Individual has the following	L : Legal Guardian A : Authorized Representative N : None	Count by type of substitute decision-maker
Are there any concerns with having or needing a substitute-decision maker?	Yes; No	Count of people with and without concerns around representation
If yes, describe	3000 Characters	Concern details
Decisions that the representative is authorized to make (check all that apply).	Medical; Financial; Housing; Service Planning; Other	Count of supported decision-making by type
If other, please specify decision	3000 Characters	Other decisions details
Individual has a power of attorney?	Yes; No	Count of people with a POA representative
Is there an advanced directive?	Yes; No	Count of people with an advanced directive
SSA Disability Determination Completed?	Yes; No	Count of people having completed SSA disability determination process
Date the Annual Risk Assessment was completed.	8 Characters: yyyyymmdd	Count of people with a current Annual Risk Assessment
Are there identified health (medical or mental health) and/or behavioral support needs to be addressed under outcomes in Part III Shared Planning?	Yes; No	Count of people with complex support needs

Quantitative	Qualitative
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List the identified needs.	6000 Characters	Identified needs details
Is there a behavioral treatment and/or crisis support plan?	Yes; No	Count of people with a behavior and/or crisis support plan
Describe current and previous behavioral and crisis interventions, the outcomes, and the location of the plans.	6000 Characters	Behavioral and crisis details
Current or past substance use including alcohol, prescription and nonprescription medications, and/or illicit drugs?	Yes; No	Count of people with substance use and/or history of substance use
If yes, describe	3000 Characters	Substance use details
Does this person have any previously unidentified risks (medical or mental health and/or behavioral)?	Yes; No	Count of people with previously unidentified risk(s)
Describe how this/these risks will be addressed.	6000 Characters	Plan to address newly identified risk(s) details
Medications Required?	Yes; No	Count of people taking medications
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)?	Yes; No; N/A	Count of people whose providers have been informed of need to obtain evidence of consent for the use of psychotropic medications
Medication name	3000 Characters	Medication details
Location of side effect information	3000 Characters	Side effect information details
History of health complications (medical or mental health), injuries, and/or past hospitalizations?	Yes; No	Count of people with history of health complications/injuries/hospitalizations
If yes, describe	3000 Characters	Health history details
List current/chronic medical and mental health diagnoses and when diagnosed (if known).	3000 Characters	Diagnoses details
Describe any current and previous health-related interventions and their outcomes.	3000 Characters	Health interventions details
Current health-related limitations or restrictions with or without specific protocols or monitoring requirements?	Yes; No	Count of people with health-related limitations
If yes, describe	3000 Characters	Health-related limitations details
Communicable diseases?	Yes; No	Count of people with communicable

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		disease(s)
If yes, describe	3000 Characters	Description of communicable disease(s)
Serious illnesses and/or chronic conditions of parents, siblings, and/or significant others in the same household?	Yes; No	Count of people with family and/or housemates with serious illnesses and/or chronic conditions
If yes, describe:	3000 Characters	Serious/chronic illnesses details
Special diet or nutritional needs?	Yes; No	Count of people with special diet/nutritional needs
If yes, describe	3000 Characters	Special diet/ nutritional needs details
Date of my last complete physical exam	8 Characters: yyyyymmdd	Count of physical examinations by frequency
Physical exam date is approximate.	Yes; No	Count of approximated/actual physical exam dates
Examination Results (Physical Exam).	3000 Characters	Physical exam results details
Date of my last complete dental exam.	8 Characters: yyyyymmdd	Count of dental examinations by frequency
Dental exam date is approximate.	Yes; No	Count of approximated/actual dental exam dates
Examination Results (Dental Exam)	3000 Characters	Dental exam results details
Allergies	3000 Characters	Allergies details
Reactions	3000 Characters	Allergic reactions details
Describe my relevant social, developmental, behavioral, and family history.	6000 Characters	Social/developmental history details
History of abuse, neglect, sexual or domestic violence, or trauma including psychological trauma?	Yes; No	Count of people with history of trauma/abuse
If yes, describe	3000 Characters	Trauma/abuse details
Provide a summary of my current and past living arrangements	3000 Characters	Current and past living arrangements details
Are there any needs requiring support for communication including language?	Yes; No	Count of people with communication support needs
If yes, please describe supports needed for communication.	3000 Characters	Communication support needs details
Are any adaptive equipment or assistive technology supports used?	Yes; No	Count of people with adaptive equipment/assistive technology support needs
Describe any adaptive equipment or assistive technology supports used and describe who is responsible for maintaining the equipment/device.	3000 Characters	Adaptive equipment/assistive technology support needs details
Would a professional evaluation related to adaptive equipment, assistive technology or other modifications be beneficial?	Yes; No	Count of people who would benefit from professional evaluation for technology/modifications

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If yes, describe	3000 Characters	Adaptive equipment/assistive technology benefits details
Any concerns with accessing needed services or supports including transportation?	Yes; No	Count of people with transportation concerns
If yes, describe.	3000 Characters	Transportation concerns details
Highest level of education completed.	None; Elementary; Middle School; Some High School; High School; Vocational; Some College; College Degree; Some Graduate School; Master's Degree of Higher	Count of people across educational levels
Describe my educational history:	3000 Characters	Educational history details
Employment status (select one).	currently employed; currently employed, looking; previously employed, looking; previously employed, not looking or retired; not previously employed, looking; not previously employed, not looking or child	Count of people across employment statuses
Indicate all of the current barriers to employment.	None; Impact to benefits; Transportation; Safety; Lack of awareness; Other – describe	Count of types of barriers related to employment
If other, please specify	3000 Characters	Other barriers to employment details
Services that could help address barriers (select all that apply) <i>[if applicable]</i>	Benefits Planning; Employment and Community Transportation; Workplace Assistance; Therapeutic Consultation Community; Engagement/Coaching for education; Other	Count of types of services considered to address barriers to employment
If other, please specify	3000 Characters	Other services/supports that may address barriers to employment details
Volunteer status (select one).	currently volunteering; currently volunteering, looking;	Count of people across volunteer statuses

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	previously volunteered, looking; previously volunteered, not looking; no previous volunteering, looking; no previous volunteering, not looking	
Community involvement occurring in the following ways (select all that apply).	Natural Supports; Community Engagement; Community Coaching; Group Day; Residentially-based services; O: Other	Count of types of supports related to community involvement
If other, please specify	3000 Characters	Other types of supports related to community involvement details
Indicate all of the current barriers to community involvement.	None; Lack of awareness; Medical; Behavior; Other – describe	Count of types of barriers related to community involvement
If other, please specify	3000 Characters	Other barriers to community involvement details
Services that could help address barriers (select all that apply)	Community Engagement; Community Coaching; Nursing; Employment and Community Transportation; Residentially-based services; Therapeutic Consultation; Workplace Assistance; Other - describe	Count of types of services considered to address barriers to community involvement
If other, please specify	3000 Characters	Other services/supports that may address barriers to community involvement details
Describe plan for future living arrangements	3000 Characters	Plans for future living arrangements details
Describe supports needed to transition to more inclusive settings	3000 Characters	Supports needed to transition to more inclusive settings details
Current primary employment or day setting	Community Coaching; Community Engagement; Employment Group; Employment Individual; Group Day Services; Residential; Self-Employed; Unemployed;	Count of settings utilized for employment/day options

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	Other	
If Other, describe	3000 Characters	Other employment/day settings details
Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated housing options?	No interest expressed after a discussion of these integrated housing options; Housing Choice Vouchers; Local tenant-based rent assistance; Low Income Housing Tax Credit properties; Private federally assisted Section 8 housing; Project Based Vouchers; Rental Affordable Dwelling Units; Rural Development 515 properties; Other options	Count of people confirming no interest following discussion or frequency of interest in integrated housing options by type
If Other, describe	3000 Characters	Other integrated housing options details
Has the individual and/or substitute decision maker identified an interest in pursuing one or more of these integrated waiver service options?	No interest expressed after discussion of these integrated waiver service options; Community Coaching; Community Engagement; Consumer-Directed Supports; Electronic Home-Based services; Independent Living Supports; In-home Support Services; Shared Living; Supported Employment; Supported Living; Workplace Assistance Services; Other options	Count of people confirming no interest following discussion or frequency of interest in integrated waiver service options by type
If Other, describe	3000 Characters	Other integrated waiver service options details
Additional Comments	3000 Characters	General comments
<b>Part III. Shared Planning</b>		
Life Area	Employment; Meaningful Day ; Community Living; Safety & Security; Healthy Living; Social & Spirituality; Citizenship & Advocacy	Count of outcomes by life area type
Desired Outcome	3000 Characters	Outcome statement details
Key steps and services to get there	3000 Characters	Outcome measures details

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ISP Element	Data Provided	Primary collection purpose
Support Type	Relationship-based; Community-based; Eligibility-based	Count of outcomes by type of support
Support Provider Name	3000 Characters	Name of provider(s) details
Start Date	8 Characters: yyyymmdd	Start date of outcomes to determine duration
End Date	8 Characters: yyyymmdd	End date of outcomes to determine duration
Part IV. Agreements		
Does this plan move me closer to the life I want?	Yes; No	Count of people confirming plan leads to personal vision
Have I had the opportunity to plan for personal topics apart from the full team?	Yes; No	Count of people confirming privacy in planning was provided
I was supported to direct and participate in my planning process as described in Part II: Personal Profile?	Yes; No	Count of people confirming that participation in planning matched preferences
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.	3000 Characters	Plans to resolve disagreements details
Does any team member have an objection to any outcomes in my plan?	Yes; No	Count of teams with unresolved objections
Are there any restrictions that require review or agreement?	Yes; No	Count of people with restrictions not reviewed/agreed to by the team
Do I need financial planning or benefits counseling in order to maintain or maximize resources?	Yes; No	Count of people with unresolved needs related to financial planning or benefits counseling
Have I chosen all of the providers and services I receive having been informed about the benefits and risks?	Yes; No	Count of people confirming informed choice regarding the providers and services identified in the plan
Is there any IMPORTANT TO or IMPORTANT FOR information elsewhere that is not addressed in my plan?	Yes; No	Count of unresolved issues at the end of annual planning
Describe the reason for any questions above being marked "yes" and any plan to resolve	3000 Characters	Plans to resolve disagreements details
Are supports or services needed that are not available?	Yes; No	Count of people having difficulty locating supports or services

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