

ISP Resource Data Summary (RDS)

The Individual Support Plan Resource Data Summary (ISP RDS) tracks the extent to which the mental health system is meeting the needs of a person with an ISP.

The Resource Data Summary:

- Is a data collection tool.
- Supports a process for the Community Support Worker (CSW) and the Department of Health and Human Services (DHHS) to track the unmet resource needs related to the goals identified in the person's ISP.
- Does not take the place of any part of the ISP, including relevant treatment and/or service plans that are part of the ISP.
- Provides information regarding the timeliness of service provision to individuals. The expected response times, as set forth in the middle column of the following chart, establish expectations for provider performance.
- Serves as the trigger for determining whether an **interim plan** should be developed.

Who fills out the ISP Resource Data Summary?

The RDS is completed by the CSW of each person receiving community integration, community rehabilitation or ACT services.

What is the ISP Resource Data Summary?

The RDS is the final part of the ISP package that is completed by the CSW. It is submitted electronically to the Department through APS Healthcare at the time of request for prior authorization or continuing stay review. The ISP comprises the treatment plan completed by the CSW and the consumer, copies of treatment plans by other providers or service agreements, and the Resource Data Summary. Copies of treatment plans or service agreements need to be in the record, paper or electronic, for easy access by the CSW. The ISP is not complete until the RDS has been finished. The ISP RDS is the only part of the ISP package that is submitted to DHHS.

When is the Resource Data Summary completed?

- Initial ISP: This is the first ISP that was completed within your agency. The ISP RDS, as part of the initial ISP, must be completed within 30 days of **application** for community support services. The application date is the date on which the request for Community Support Services was made by the consumer or by a person acting on behalf of the consumer.
 - Note: At the time of the initial prior authorization (PA), the initial ISP may not be completed yet; therefore the RDS information would not be complete at that time. A request for PA can be made without RDS data. If the ISP/RDS data is available at the time of the PA request, please enter it at the time of the request.
- 90-Day Review of ISP: This is the update of the person's ISP that occurs on or within 90 days of the last ISP. If this is an annual review, check annual instead of 90-day review.
- Annual Review of ISP: The annual review of the person's ISP occurs within one year of the initial ISP and every year thereafter.

- Person has left CSS agency: An ISP Resource Data Summary, as part of the ISP, is completed automatically when a discharge is completed within APS Healthcare

Service	Expected Response Time/Interim Planning	Unmet Need For Resource Development
Emergent	Immediately	
Urgent	Within 24 Hours	
Daily Living Support Services	Within 5 Days	30 Days
Community Integration	Within 7 Days (3 for class members)	60 Days
Intensive Community Integration	Within 7 Days (3 for class members)	60Days
Assertive Community Treatment	Within 7 Days (3 for class members)	60 Days
Psychiatric Medication and Monitoring for Consumers in the Community	Within 10 Days ¹	
Skills Development	Within 30 Days	90 Days
Day Supports	Within 30 Days	90 Days
Specialized Groups	Within 30 Days	90 Days
PNMI	Varies with consumer's current situation	90 Days
All Other Services to address ISP-identified needs	Within 30 Days	90 Days

¹ The ten-day expected response time for psychiatric medication and monitoring services does not apply to persons being discharged from a hospital or crisis residential unit. The hospital or crisis residential unit discharge plan will include making the connection between the consumer and a provider of medication monitoring services within a time that does not put the person in jeopardy. The needs of patients discharged without such a plan would be deemed urgent.

RDS Data to be provided or updated at each Prior Authorization (PA) and Continuing Stay Review (CSR)

Administrative Page of APS CareConnection®-Required Fields

- *Date of Referral/Application for Community Integration/CRS/ACT Services:* The referral/application date is defined as the date that the request for CSS was made to your agency by the person with the ISP or a person acting on behalf of the person with the ISP.
 - The provider is required to enter the ISP/RDS data within 30 days of the referral/application date. If the data is available at the time of the PA request, enter it at the time of the request.
- *Location at Time of Referral:* Choose “Hospital” or “Community”. All non-hospital locations are considered “Community”.
- *Date Worker Assigned:* Date that the agency assigns a worker for the consumer. It is understood that this may not be known at the time of the PA, and may be left blank in the PA only, in that instance.

RDS Page of APS CareConnection®-Required Fields ISP Status: Choose ISP Status (Initial ISP, 90 Day Review, or Annual) at the top of the APS CareConnection RDS page at each review. Discharge status is obtained by DHHS from the discharge data that providers submit to APS Healthcare and does not need to be entered separately by providers in this field.

Needed Resources by Category: These are resources that the person does not currently have/receive that are needed to assist the person in meeting goals identified on his/her ISP. There must be a goal or action steps on the ISP identifying the resource needed and referring, when appropriate, the person for the service.

Needed Resource Categories:

- Mental Health Services*
 - Assertive Community Treatment (ACT) (see MaineCare Section 17 for service description)
 - Community Integration Services (see MaineCare Section 17 for service description)
 - Dialectical Behavioral Therapy
 - Family Psycho-Educational Treatment Service (see MaineCare Section 65 for service description)
 - Group Counseling (see MaineCare Section 65 for service description)
 - Individual Counseling (see MaineCare Section 65 for service description)
 - Inpatient Psychiatric Facility
 - Intensive Case Management (see MaineCare Section 17 for service description)
 - Psychiatric Medication Management (see MaineCare Section 65 for service description)
 - Other Mental Health Services (briefly describe)
- Mental Health Crisis Planning Resources*
 - Development of Mental Health Crisis Plan
 - Development of Mental Health Advance Directives
 - Other Mental Health Crisis Planning Resources (briefly describe)
- Peer, Recovery, and Support Resources*
 - Peer Recovery Center
 - Recovery Workbook Group
 - Social Club
 - Peer-Run Trauma Recovery and Empowerment Group
 - Wellness Recovery and Action Planning
 - Family Support
 - Other Peer, Recovery, and Support Resources (briefly describe)
- Substance Abuse Services*
 - Outpatient Substance Abuse Services
 - Residential Treatment Substance Abuse Services
 - Other Substance Abuse Services (briefly describe)
- Housing Resources*
 - Supported Apartment (Typically a stand-alone/independent apartment setting with own kitchen, bath, bedroom(s)—often has rent supports and access to Section 17 Services)
 - Community Residential Facility (Typically a care & supervision arrangement that provides 24/7 staff availability as needed in either a group home or independent apartment setting in close proximity to a group home/office—may have access to Section 17 and/or 97 services)
 - Residential Treatment Facility (Typically a 24/7 intensive treatment/recovery focused program that is professionally staffed in a group home living arrangement—typically funded by Section 97 Services)

- Assisted Living Facility (Typically a 24/7 apartment or group home environment with limited capacity to meet other medically necessary needs)
- Nursing Home (Typically a 24/7 intensive medically oriented group home environment)
- Residential Crisis Unit (24/7 staffed, short stay/interval unit or bed, typically in lieu of a hospital or other more intensive setting)
- Rent Subsidy (Section 8, BRAP, Shelter Plus or projected based housing) ‘project based housing’ was in definition on the RDS but not part of the check-off list
- Other Housing Resources (briefly describe)

- Health Care Resources*
 - Dental Services
 - Eye Care Services
 - Hearing Services
 - Physical Therapy
 - Physician/Medical Services
 - Other Health Care Resources (briefly describe)

- Legal Resources*
 - Advocates
 - Guardian (private)
 - Guardian (public)
 - Other Legal Resources (briefly describe)

- Financial Security Resources*
 - Assistance with Managing Money
 - Assistance with Securing Public Benefits (e.g. SSI, TANF, Food Stamps, General Assistance, MaineCare)
 - Representative Payee
 - Other Financial Security Resources (briefly describe)

- Education Resources*
 - Adult Education (Other than GED)
 - GED
 - Literacy Assistance
 - Post High School Education (including 2-year and 4-year courses of study)
 - Tuition Reimbursement Related to Employment Goals
 - Other Education Resources (briefly describe)

- Vocational/Employment Resources*
 - Benefits Counseling Related to Employment
 - Club House/transitional and/or peer vocational support
 - Competitive Employment (no supports)
 - Supported Employment
 - Vocational Rehabilitation
 - Other Vocational/Employment Resources (briefly describe)

- Living Skills Resources*
 - Daily Living Support Services (see MaineCare Section 17 for service description)
 - Day Support Services (see MaineCare Section 17 for service description)
 - Occupational Therapy
 - Skills Development Services (see MaineCare Section 17 for service description)
 - Other Living Skills Resources (briefly describe)

- Transportation Resources*
 - Transportation to ISP-identified services
 - Transportation to other ISP-identified activities
 - After hours transportation (evenings/weekends)
 - Other Transportation Resources (briefly describe)

- Personal Growth/Community Participation Resources*
 - Avocational Activities
 - Recreation Activities
 - Social Activities
 - Spiritual Activities
 - Other Personal Growth/Community Participation Resources (briefly describe)

- Other Resources (briefly describe)*

Status for Each Resource Need

- **Date Identified:** The date that the person identified that resource need on their ISP.
- **Date Satisfied:** The date that the person started to receive the needed resource as documented on the treatment plan and in progress notes.
- **No Longer Needed:** Check this box when the identified resource is no longer needed or requested, with the reason documented on the treatment plan and in progress notes

Treatment Plan Page of APS CareConnection®-Required Fields

Date Current Treatment Plan was Completed: The date the ISP (that this APS Healthcare review refers to) was developed or reviewed by the person with the ISP and the provider, and signed by the guardian if one exists. This is the date used to determine the timeliness of ISPs (entered at the bottom of Individual Treatment Plan page of APS CareConnection review).

Additional Reporting Data Page of APS CareConnection®-Required Fields

Current Living Situation: Select from the drop down the item that describes the current living/housing situation of the person with the ISP. For this purpose, ‘current’ means as of the date of the RDS being submitted.

- Living in a Homeless Shelter or on the Streets
- Living in Own Apartment or Home
- Temporarily Staying with Others
- Living in a Supported Apartment
- Living in a Community Residential Facility
- Living in a Residential Treatment Facility (group home living arrangement)
- Living in a Nursing Home
- Living in an Assisted Living Facility
- Currently in a Residential Crisis Unit
- Currently Hospitalized (Specify whether in Riverview Psychiatric Center, Dorothea Dix Psychiatric Center, or other Psychiatric Inpatient unit/Facility)
- Currently hospitalized for medical reasons
- Incarcerated in a State Prison or County Jail

Other Living Situation (briefly describe in text field)

Rent Subsidy – select Yes or No from drop down menu

Current Vocational/Employment Status: Select the item from the drop down that describes the current vocational/employment status of the person with the ISP. For this purpose, ‘current’ means as of the date of the RDS being submitted.

- Volunteer Work
- Sheltered/Enclave Work
- Self-Employed
- Competitively Employed Full-Time (32 or more hours per week)
- Competitively Employed Part-Time (less than 32 hours per week)
- Working with Supports Full-Time (32 or more hours per week)
- Working with Supports Part-Time (less than 32 hours per week)
- Not Employed—Not Looking for Work
- Not Employed—Looking for Work

Other Employment Status (briefly describe in text field)

Does the Member Receive Vocational Rehabilitation Services: Select Yes or No from drop down menu

Discharge

Discharge the consumer in APS CareConnection® within 5 days of the actual discharge from services. In the “Search Services” tab, discharge only the most current request for CI, ACT or CRS for this consumer. If the consumer is authorized for multiple services with your agency, only discharge them from the CI, CRS or ACT request, for the service they’ve ended).

1. Fully complete the discharge page (Including “Living Situation Upon Discharge”)
2. Make sure to include the most recent LOCUS date completed, LOCUS score and LOCUS level of care
3. Enter anticipated discharge services and include the names of all agencies that the consumer is referred/transferred to.

Creating a New Version of the ISP Resource Data Summary

Please see APS Healthcare’s manuals for a description of the copy and extend buttons within CareConnection. These will allow you to “version” or modify your information from review to review without having to recreate it each time.

Correcting Errors

In APS Healthcare’s CareConnection, errors can not be corrected or edited once the form has been submitted. When an error in RDS data needs to be corrected or edited, the provider must correct or edit the data in the following Continued Stay Request. See APS Healthcare instructions for this process.

Contact an OAMHS data specialist for any corrections or edits that need to be made within OAMHS EIS data system. Please be aware that any change made through OAMHS will not change the data submitted to APS Healthcare.

Contacts for Assistance

Office of Adult Mental Health Services' data specialists are available to assist with report related questions such as 'why is my RDS/enrollment overdue' and definitions of RDS form elements. However, assistance regarding entry of information into CareConnection should be directed to APS Healthcare.

Link to APS Healthcare Website for their provider manual and provider updates:
<http://www.qualitycareforme.com>

Data Specialists:

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