

Ohio ISP Workgroup

October 21, 2020

Welcome



Say hello in the chat!



What we've accomplished



“All persons with disabilities have different needs and levels of understanding and ability to participate in creating their plans therefore creating one form all people have to follow is not servicing each person as an individual. The population we serve here are unable to answer questions about their likes and dislikes/hopes and dreams and it is inappropriate for us to decide those things for them and create a plan around that. Presenting a plan like this to a family member of someone who has this level of disability is offensive and focuses too much on what they are unable to do rather than how we can give them the best life possible.”

OISP Tester Feedback

Overview of Survey Responses
and Comments

Testing basics

- 100 individual teams tested
- No training and limited guidance
- Tested assessment and ISP
- Used electronic form (form.io) – had significant challenges with the tool
- Feedback varied greatly

Reminder: Who Tested?

- Allen CBDD
- Ashtabula CBDD
- Buckeye Columbus Center for Human Services (CCHS)
- Coshocton CBDD
- Champaign Residential Services, Inc. (CRSI)
- Delaware CBDD
- Fayette CBDD
- Franklin CBDD
- Graceworks
- Hancock CBDD
- Hattie Larlham
- Koinonia
- Lafayette Meadows
- Lawrence CBDD
- Montgomery CBDD
- Mt. Aloysius
- Northwest Ohio Developmental Center (NODC)
- ResCare
- Southwest Ohio Developmental Center (SODC)
- Trumbull CBDD
- Tuscarawas CBDD
- Warren CBDD
- Wood Lane Residential

Tester Roles

Role	Count
SSA	36
Waiver Provider	16
Family/Guardian/Close Friend	15
QIDP	15
ICF Staff (other than QIDP)	8
Person who receives DD services	4
Other*	5

*ADS Provider, Program Director, Registered Dietitian, School Administrator, Therapist

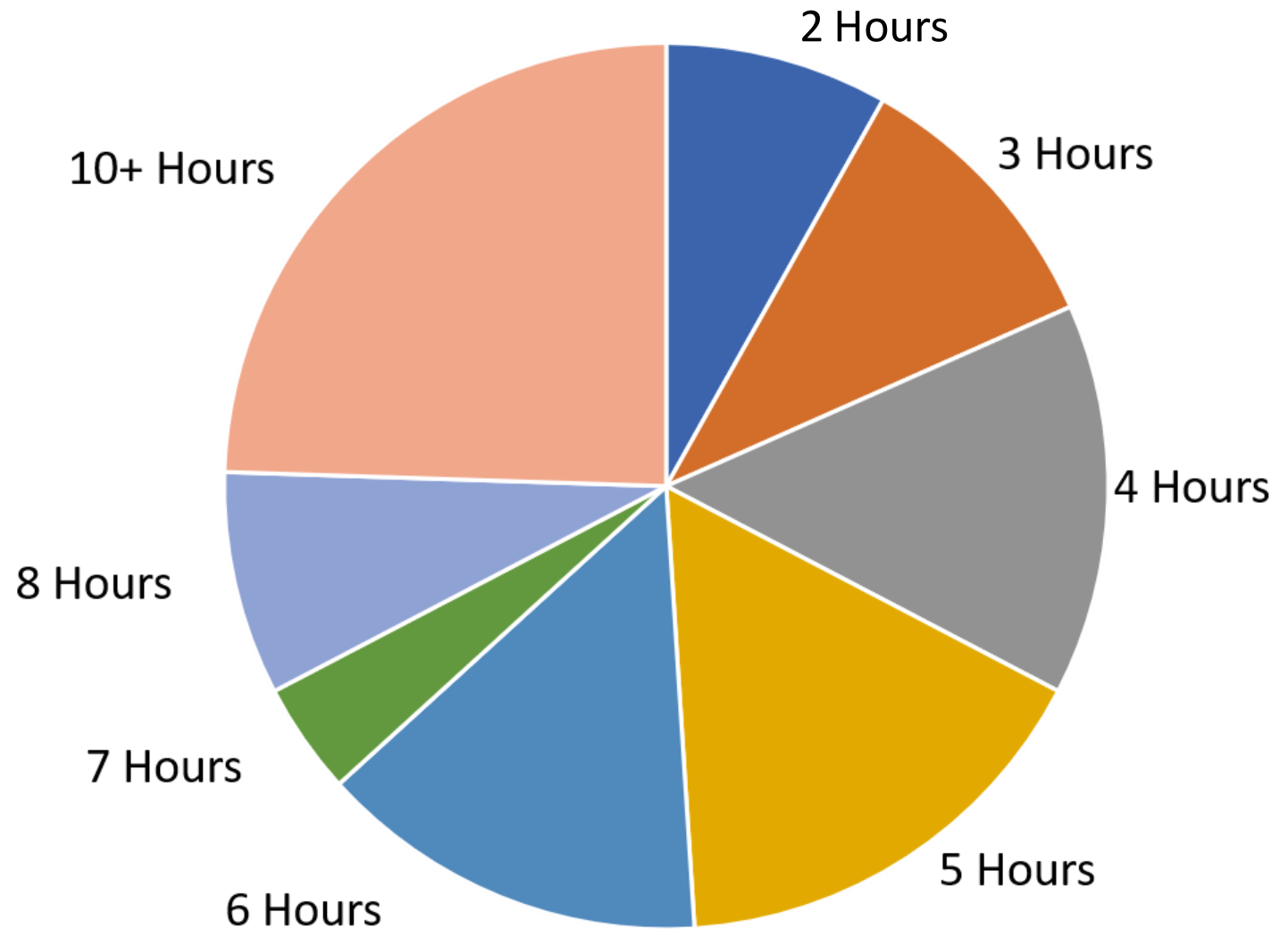
Meeting Location



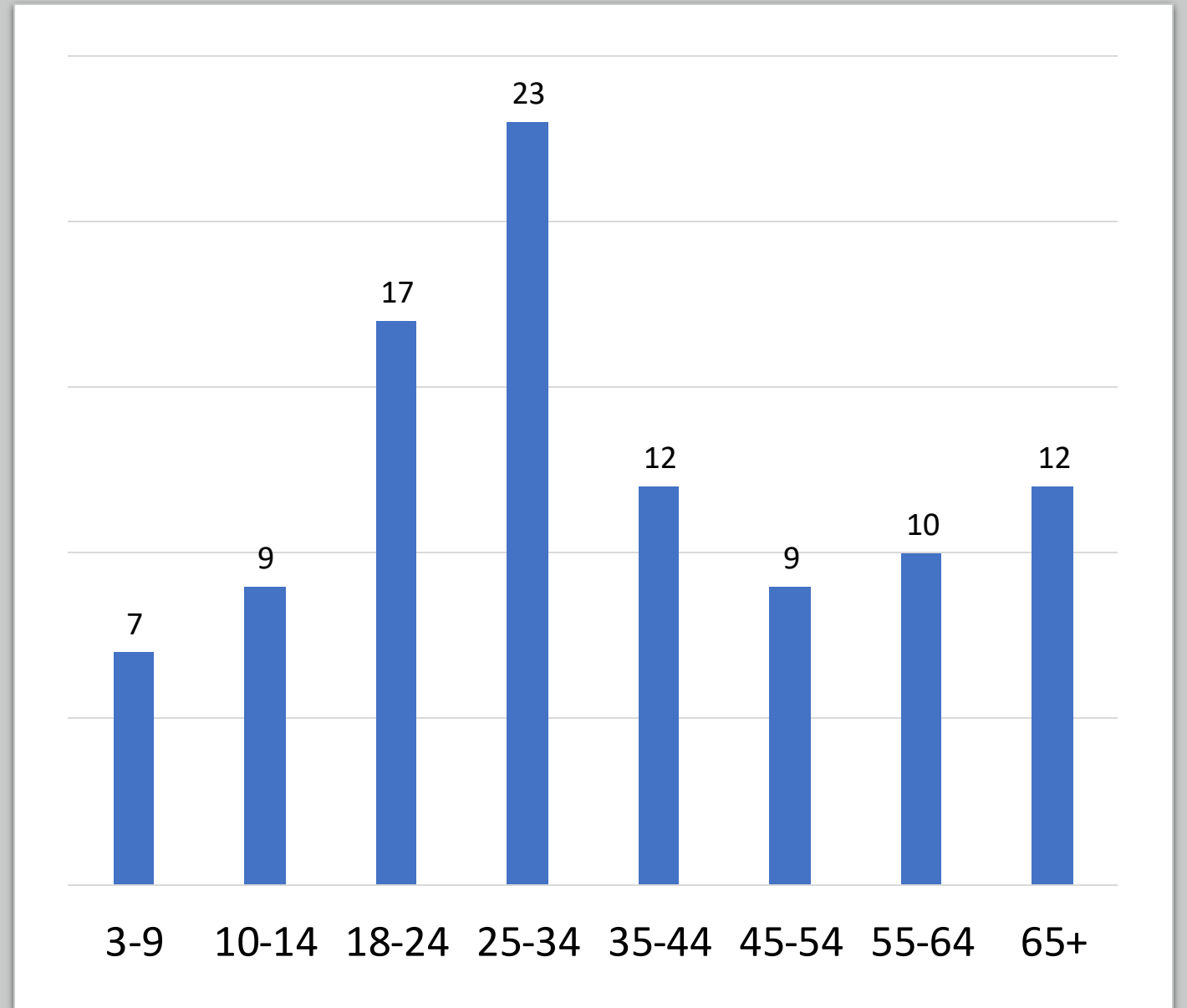
<u>Location</u>	<u>Count</u>
Zoom/Teams/Video Conference	20
Person's Home	16
Agency Office	10
Phone Call	7
ADS Program	1
Public Place	1

Most teams met once or twice, with an average of 1.83 times.

Hours Spent Completing the assessment and ISP

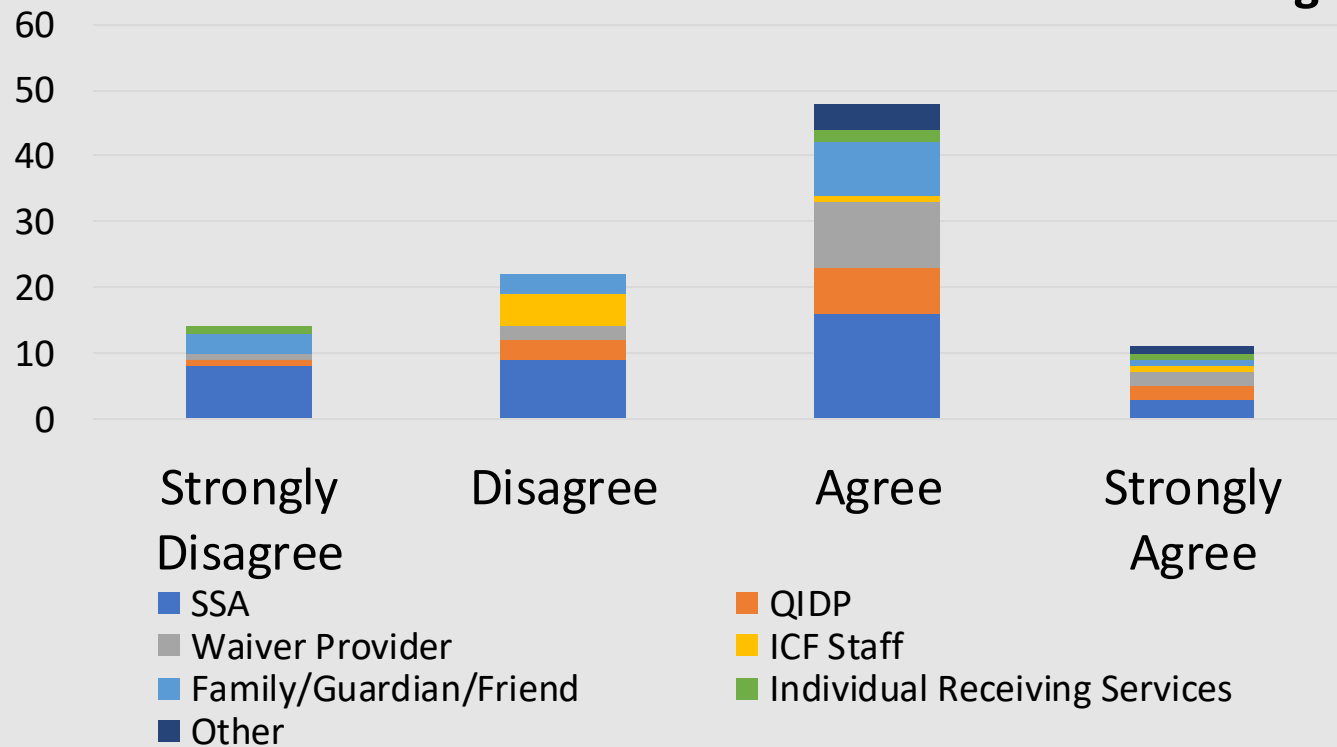


Individual Age Range



Developing the plan took a reasonable amount of time.

62.1% Agree

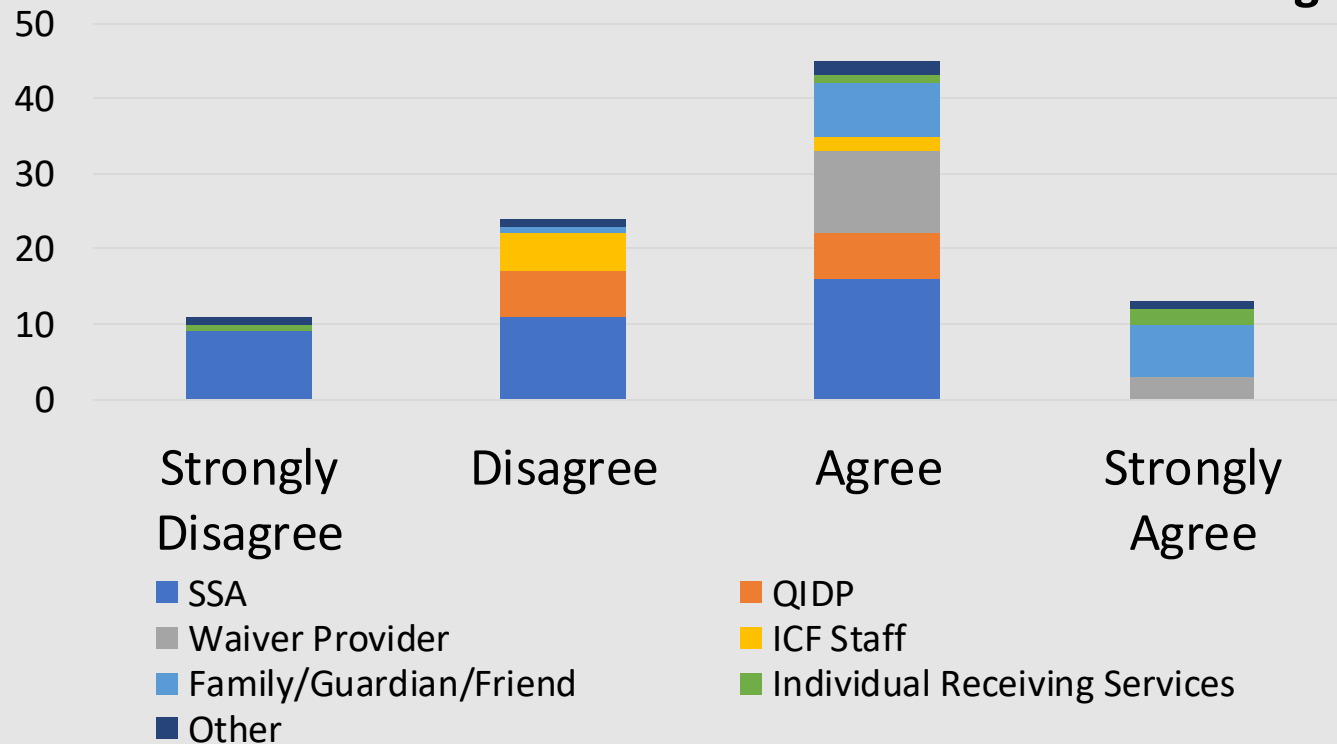


Common Comments

- Took too long
- Will become easier in the future
- Repetitive questions/content
- Individual/Parent got frustrated

It was easy to work on and finish the plan.

62.4% Agree

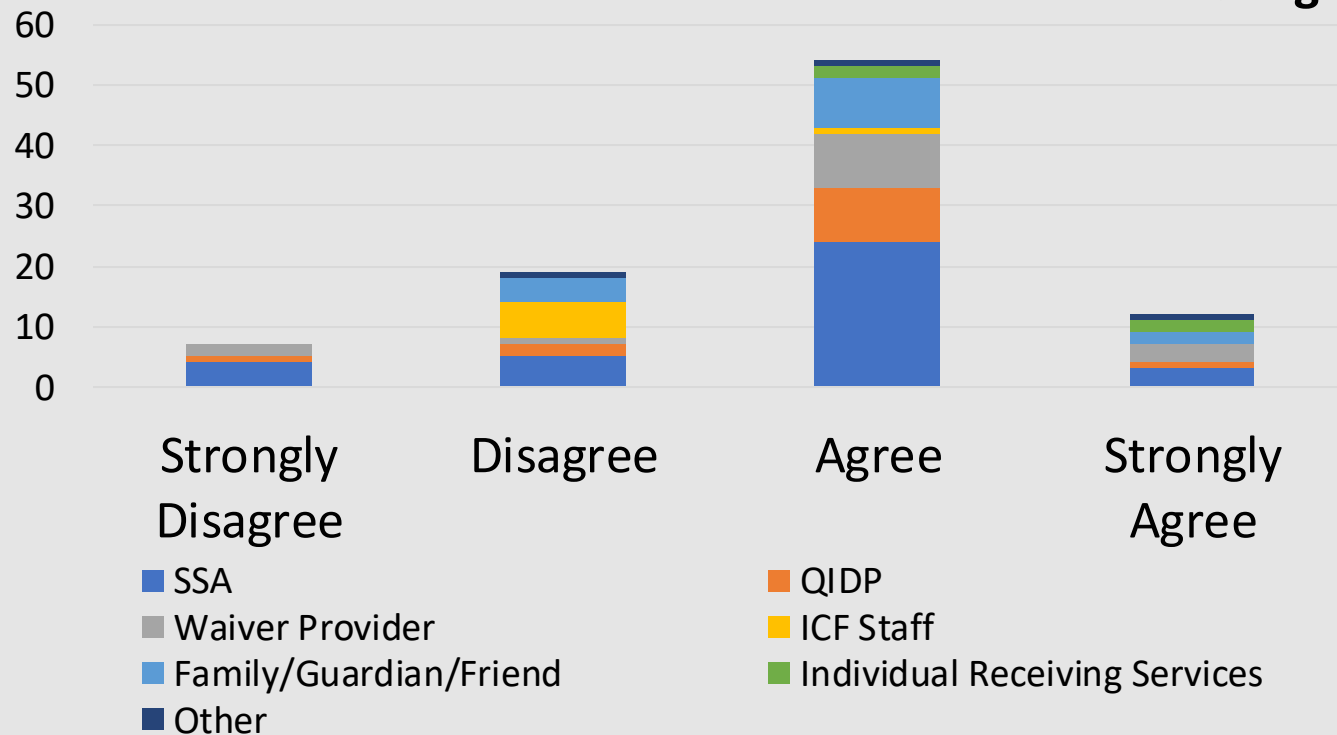


Common Comments

- Confusing
- Not sure what some questions were asking
 - Training will help
- Redundant

It is clear where there is paid and unpaid support.

71.7% Agree

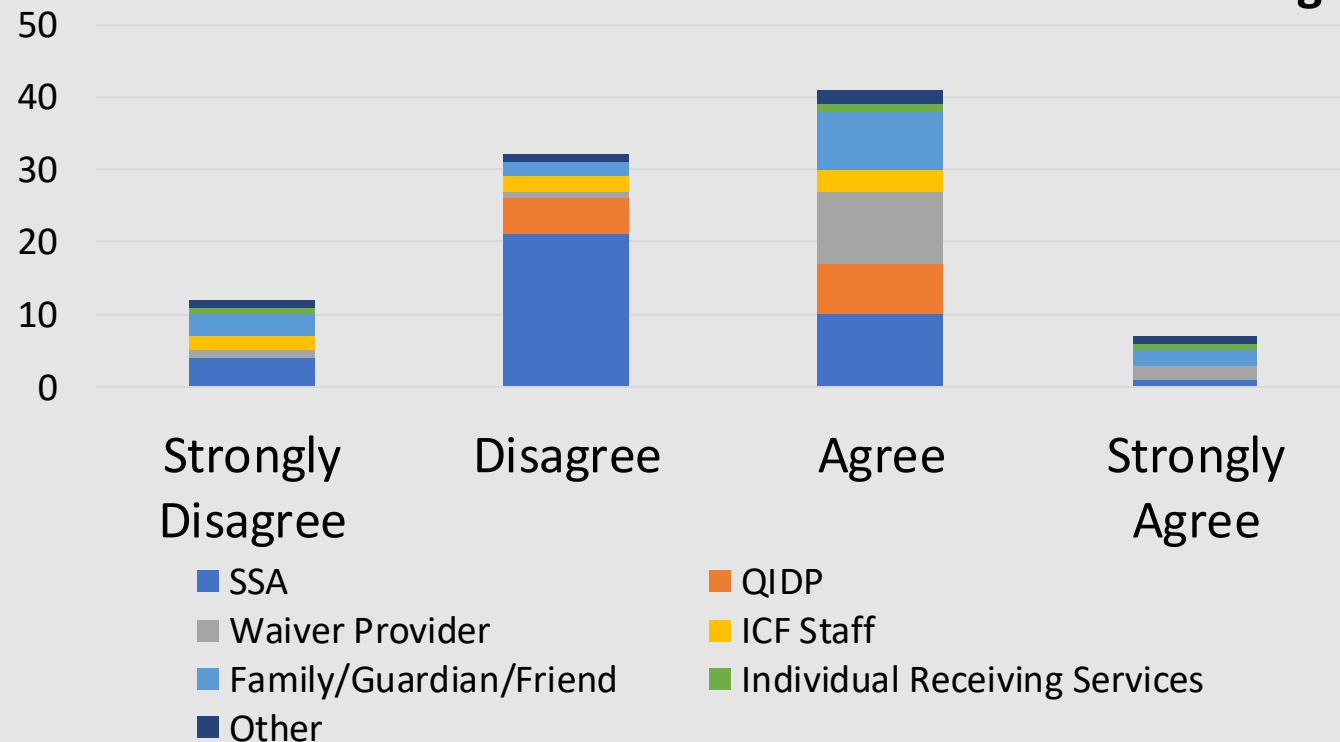


Common Comments

- Not applicable

I can easily find information I need/am looking for.

52.2% Agree

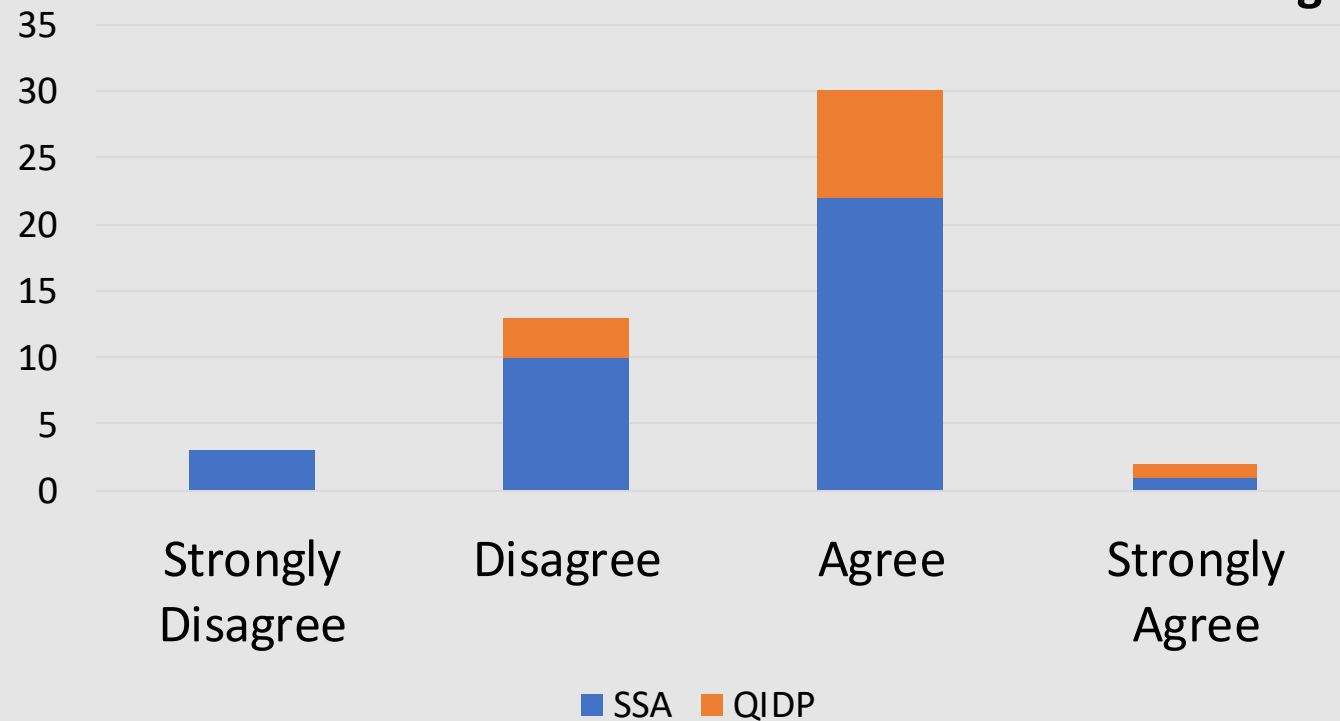


Common Comments

- Will get easier with time
- Document goes back and forth a lot
- Repetitive
- Will be difficult for providers
- Difficult due to length

The assessment information clearly led to the plan.

66.7% Agree

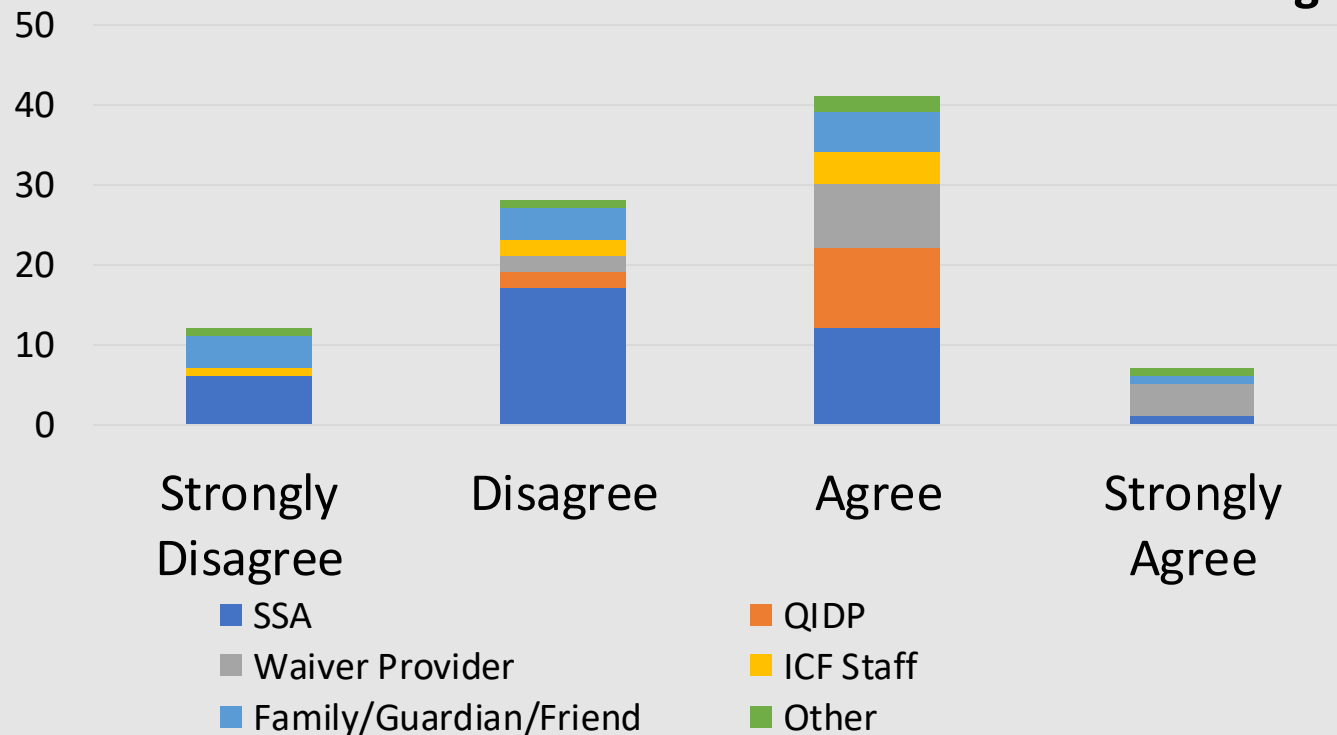


Common Comments

- Like the autofill feature
- No clear separation of the two documents

The plan is a reasonable length for the individual.

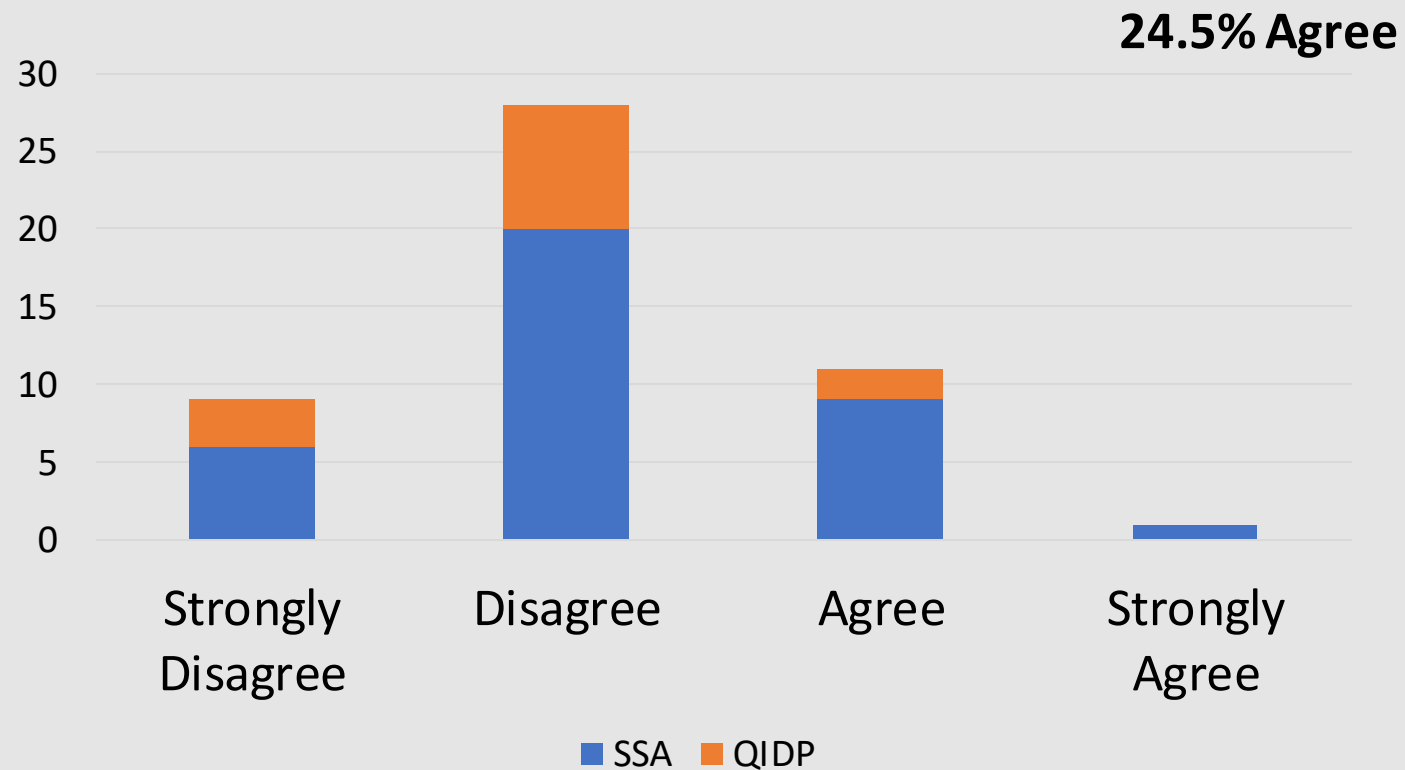
54.5% Agree



Common Comments

- Too long
- Repetitive questions
- Would like an N/A option
- Length makes it inaccessible to DSPs (40+ pages)
- Difficult for individual and team to stay focused
- Depends on the needs of the individual
 - More detail needed for ICF individuals
 - Too long for children and individuals with minimal needs

I knew how to complete every section of the plan.

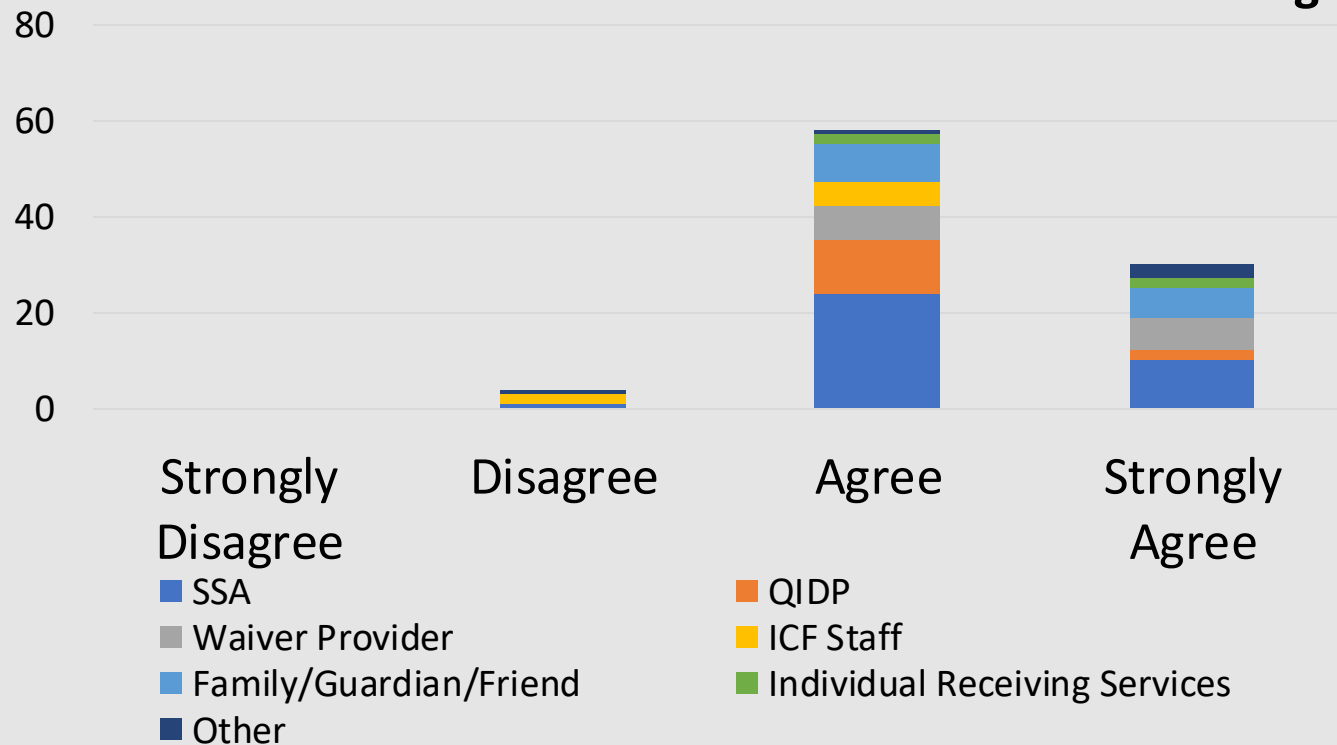


Common Comments

- Need more explanation of what each box is looking for
- Difficult for non-verbal and profound individuals
- Not sure about some sections
 - What's Working/Not Working, Strengths, Known and Likely Risks, Important To and Important For, Outcome, Services and Supports

The plan talks about what makes the person's life happy and keeps them healthy.

95.7% Agree

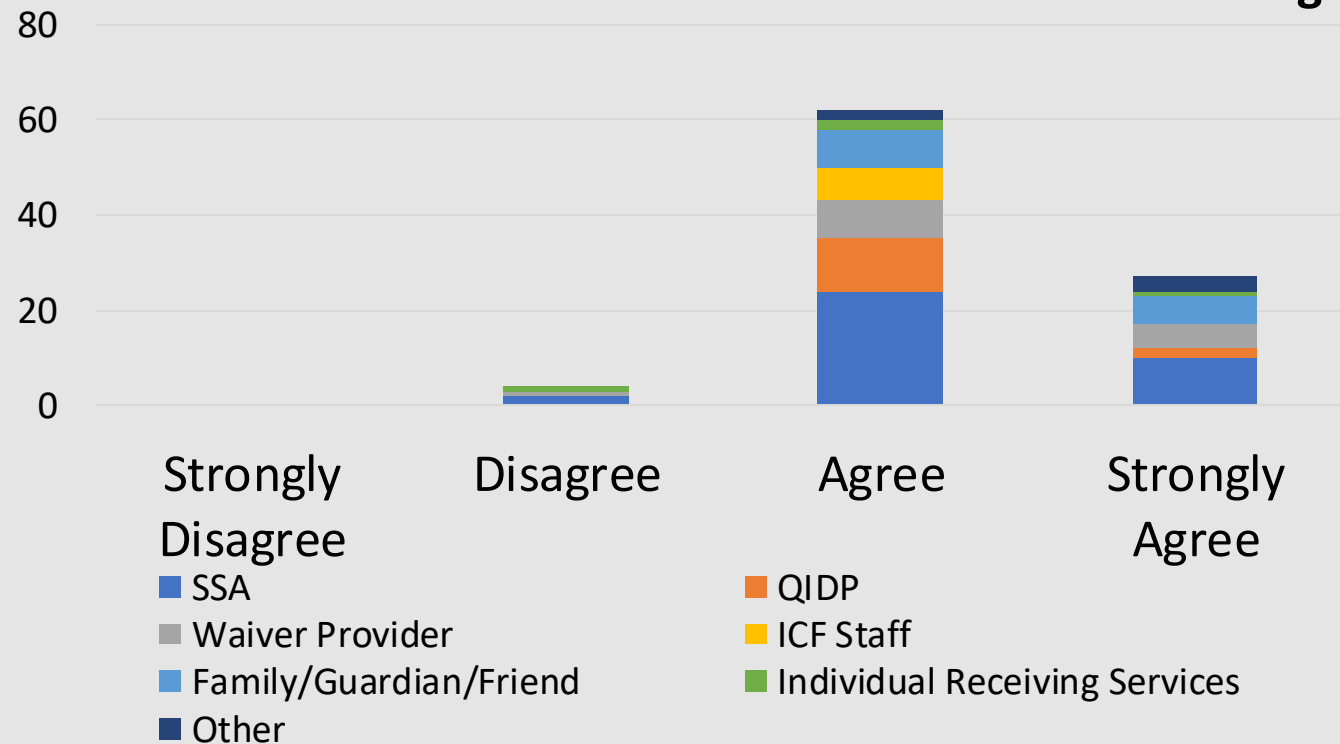


Common Comments

- Like that the document is positive and focuses on abilities
- Did not feel specific enough to the individual
 - Comment boxes would help

The plan talks about the health and safety needs of the person.

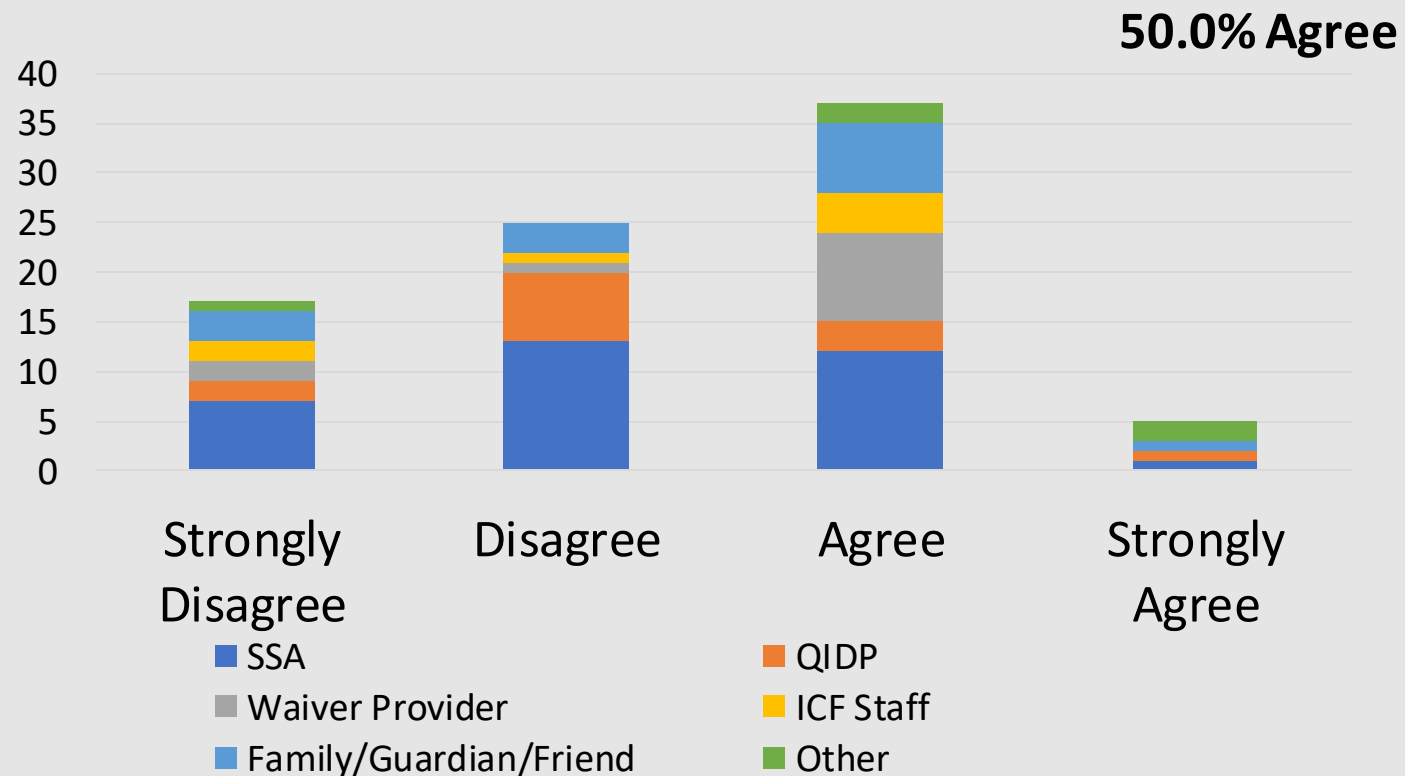
95.7% Agree



Common Comments

- Less clarity than in the current plan

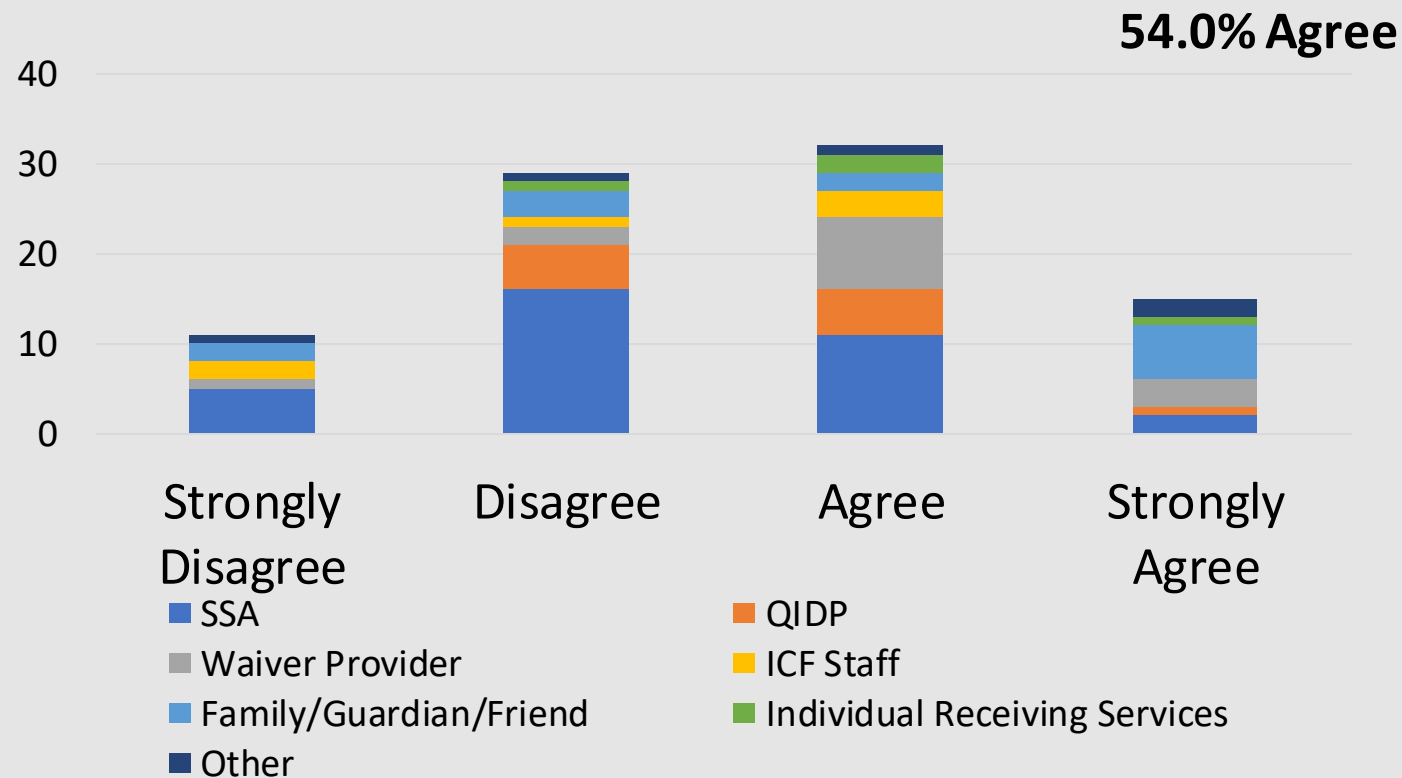
There is no unnecessary information in the plan.



Common Comments

- A lot of N/A items for ICF individuals and individuals with complex needs
- Many repetitive questions
- Summary section repetitive

The plan is easy to read and understand.

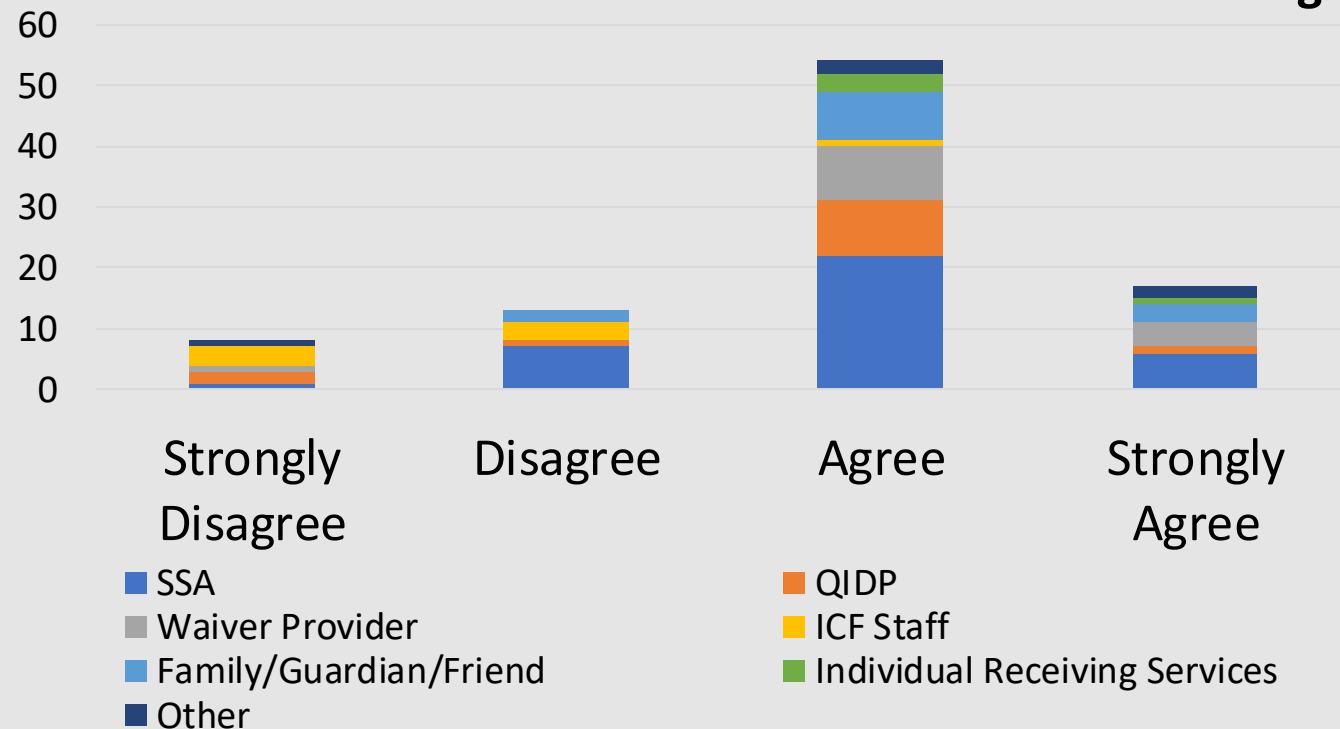


Common Comments

- It will take time to get used to
- Long and repetitive
 - Difficult to ensure consistency
- Too difficult for average DSP
- Narrative style and formatting make important information difficult to find

The plan gives a clear and accurate picture of the person.

77.2% Agree

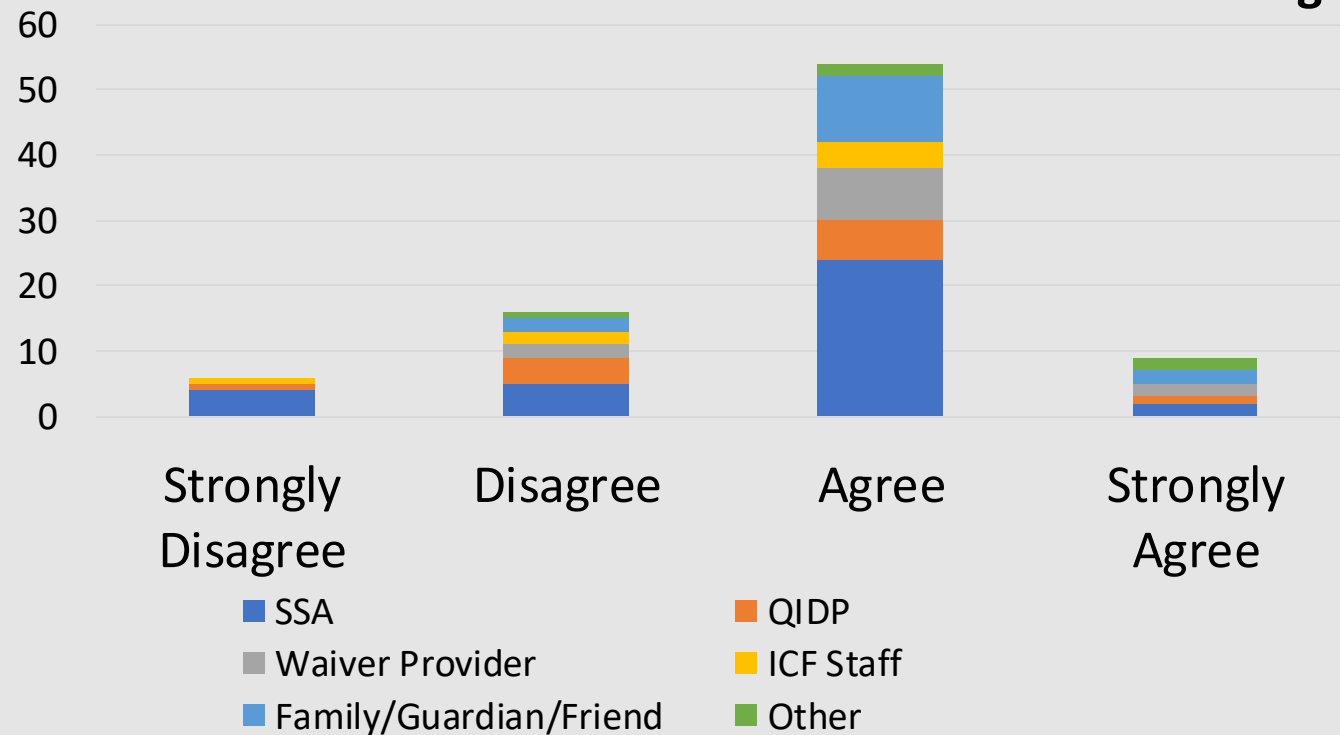


Common Comments

- Needs more detail for individuals in ICFs
- Doesn't include all areas, despite the length

The plan addresses all needs identified in the assessment.

74.1% Agree

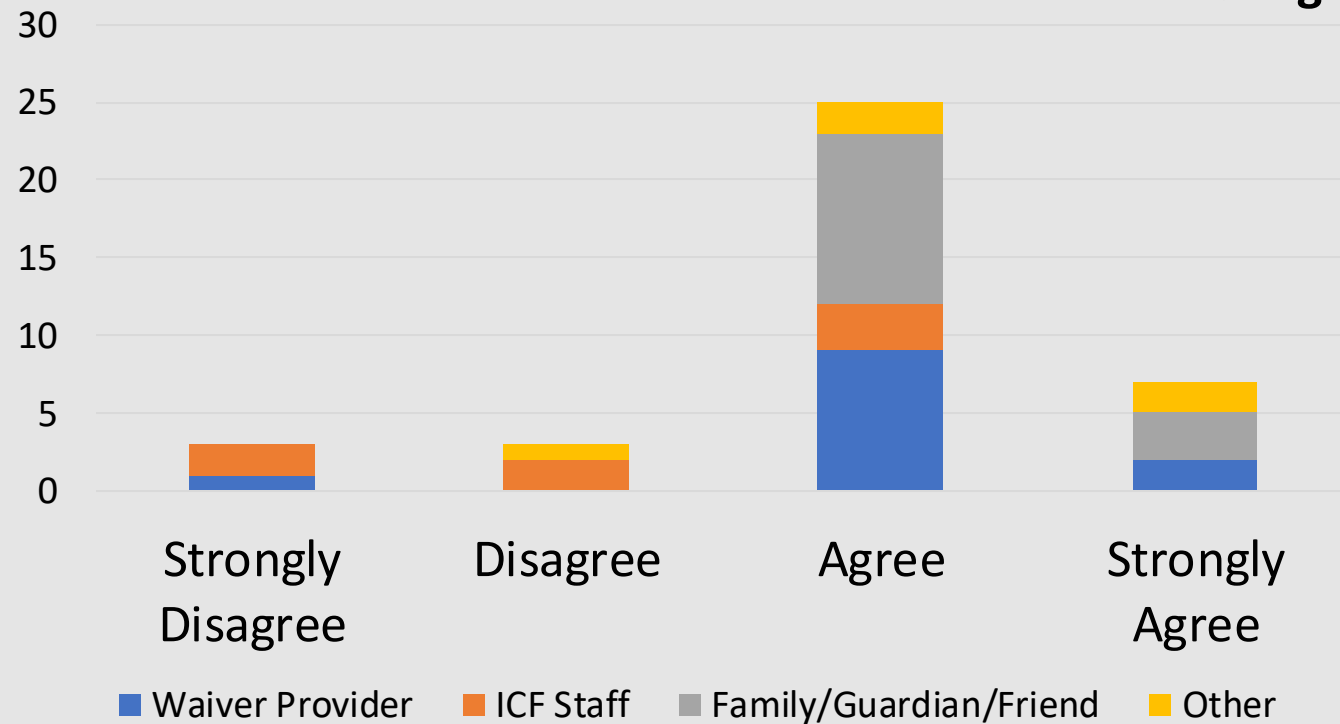


Common Comments

- Doesn't cover everything

The outcomes and services are about what the person wants and needs.

84.2% Agree

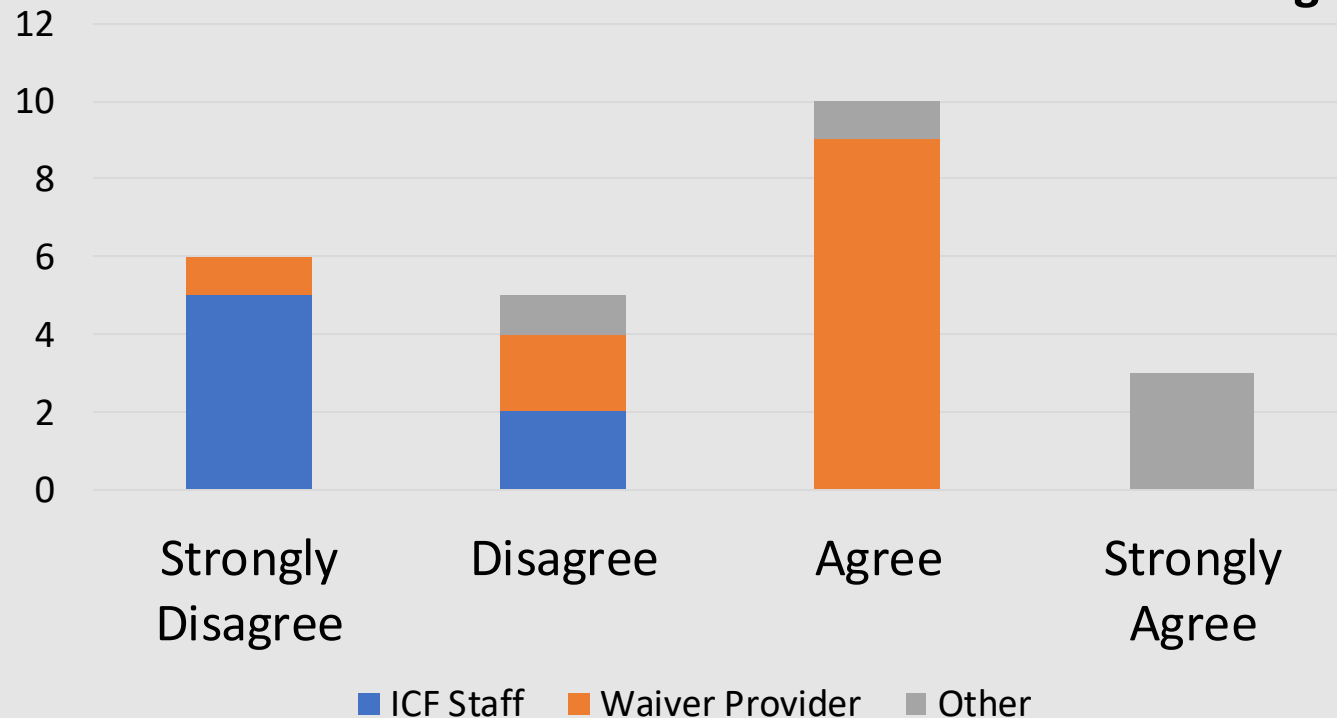


Common Comments

- Difficult to know what some individuals want
 - Ex: non-verbal individuals
- Need to cover more training areas for ICF individuals

The direct care staff (or waiver provider) can find the information they need to do their job.

54.2% Agree



Common Comments

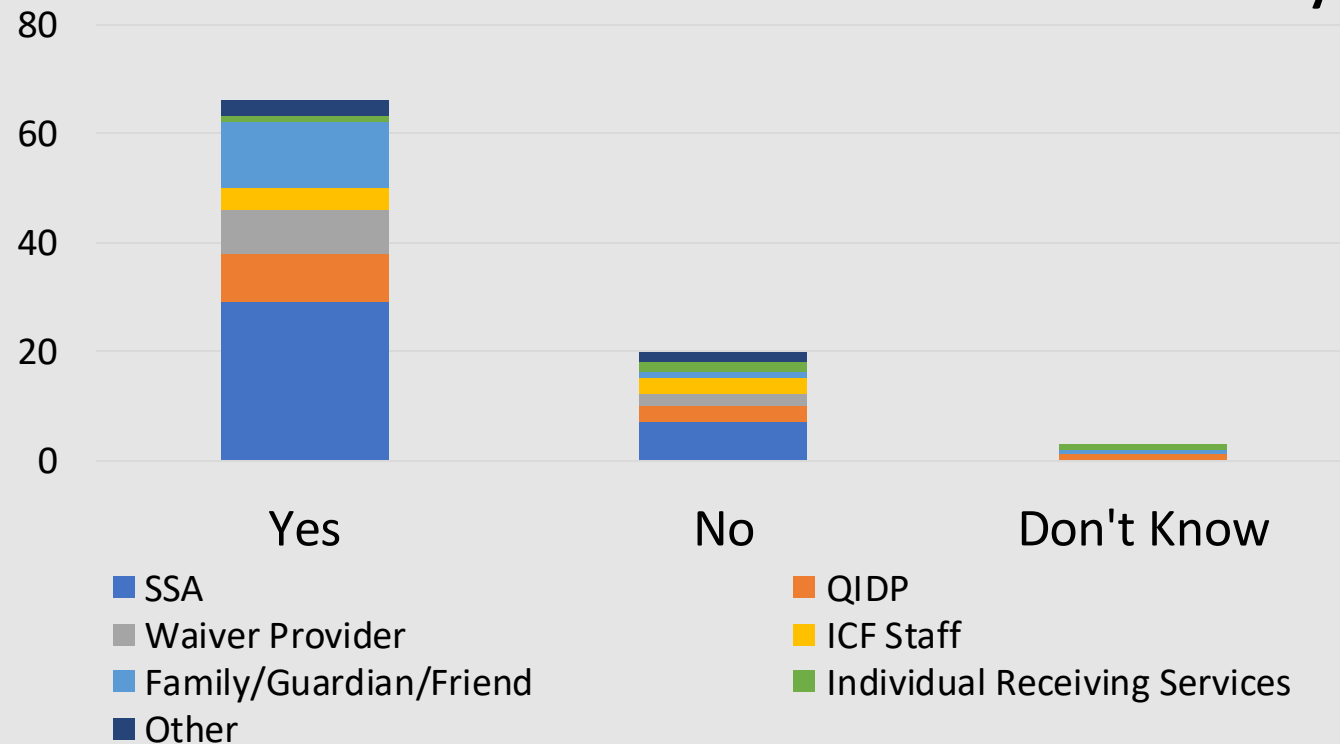
- Not enough detail included

Questions asked only to the Individual

- The people I wanted were part of the planning process
 - 100% agree
- All of the people who support me are included in my plan
 - 100% agree
- My plan shows who I am
 - 100% agree
- My plan talks about what I want and don't want in my life
 - 100% agree
- My plan talks about the things I need help with
 - 2/3 agree
 - "I don't need help with things"
- My plan lets the people in my life know how I want them to help me
 - 2/3 agree
 - "It does not give a good service area"
- Additional Comments
 - "I think the new ISP and assessment is too complicated"

Were there repetitive parts?

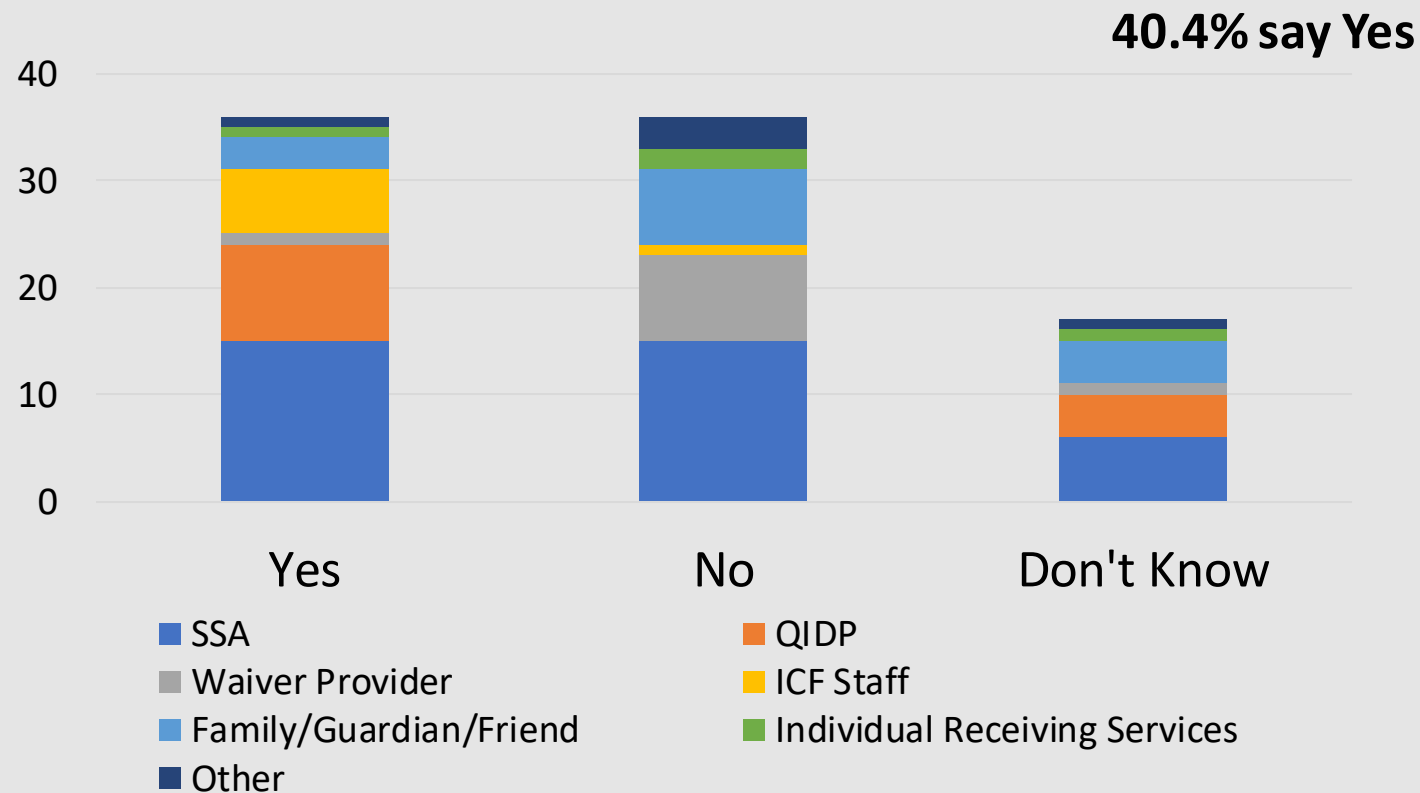
74.2% say Yes



Common Comments

- Some sections repetitive
 - Communication, Safety & Security, Skills, Important To/Important For, Likes, Risks, Strengths, What's Working/Not Working
- Summary section very repetitive

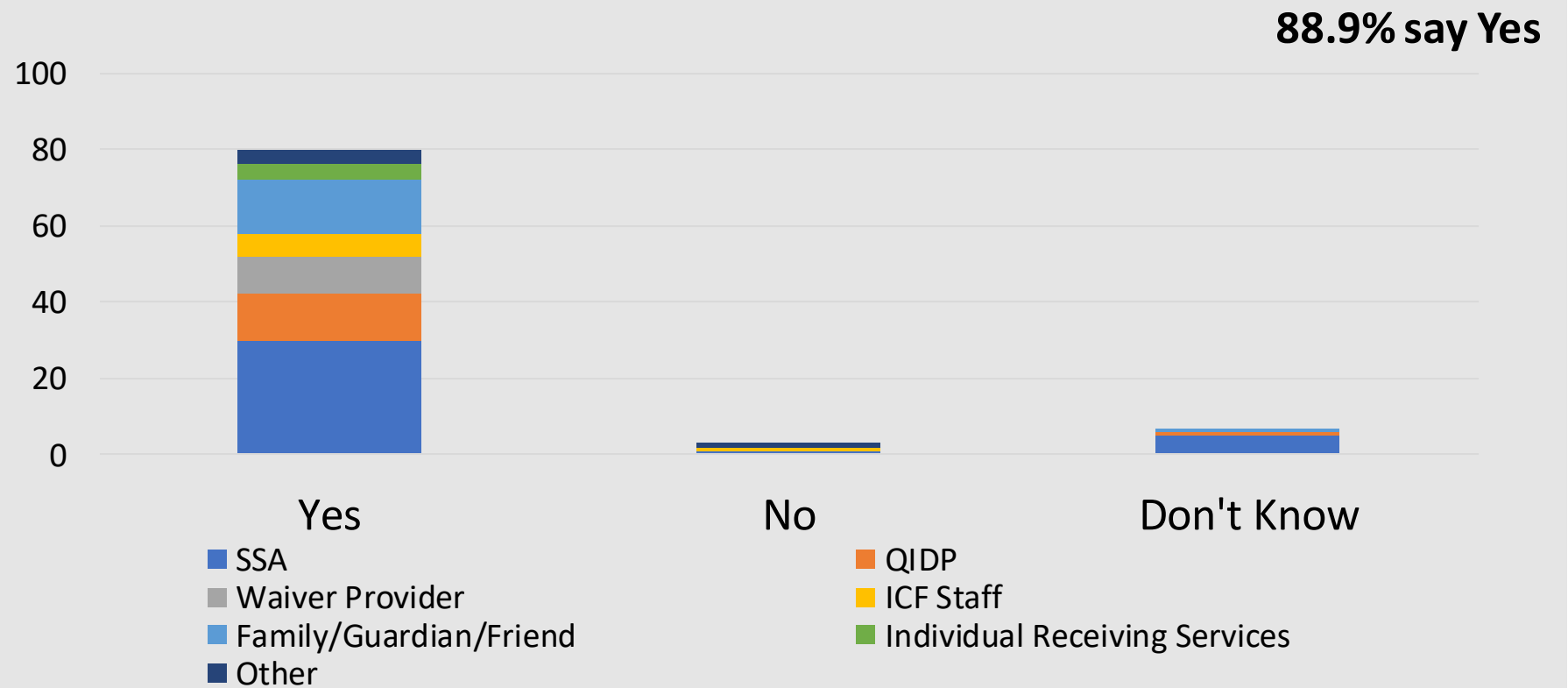
Was there any information missing?





Additional Things to Include

- IEP goals
- Concise section for each discipline involved in the person's care
- Add "in-person" option under the best way to connect with a person (for deaf and blind individuals)
- Resident Rights
- Behavior Support Strategies
 - Including for behaviors that don't require restrictive measures
- W242 areas
- Service areas
- Sexuality assessments for offenders
- Discharge plans for ICFs
- Specific ADLs in categories
- "Other" box for each section
- Current doctor information rather than just referrals
- Authorized Representative for benefits
- Medical Information
- County Funding section
- ER contact information
- Programming/VocHab
- Supervision in different environments
- Future planning
- Nutrition Assessment

Were the right people included?





“I would definitely like to see training done, particularly in outcome/experience section for ICF. It would be nice to have a quality example of an assessment and plan for an ICF client in the low/moderate range. This is so very different than what I have worked with . Maybe I don't understand the assessment/plan, but where would we capture behavior supports for things other than restrictive measures. This is needed for the DDP scores. How do we incorporate behavior support plans into this document?”



“I feel this plan does not do justice for the lower functioning individuals and does not give guidance as to how to give an accurate description of the person and therefore a lot of the plan does not pertain to them.”

“It would be helpful to have an example of the assessment/ISP from the standpoint of a lower functioning ICF.”



“Most providers want a 1-page face sheet about the person they are working with. This plan is comprehensive but doesn't seem practical with staff who come in and out of homes. Providers seem to ask for the "health and safety" to be highlighted on a face sheet and some providers make this on their own from the ISP. It was good to have the explanations of the questions to help the individual try to understand how to respond, however I think the language in the ISP should be basic-very simplistic. Many, many folks would not be able to respond to any of these questions. For my individual, she struggled with some questions and she works for our agency as a clerical assistant. I do think the questions made her think a lot and her provider seemed to learn more about her during the assessment which is good.”

Themes and Patterns

- Feedback differences ICFs/county boards
- Language challenge/Cultural shift
- People with intensive needs

Break

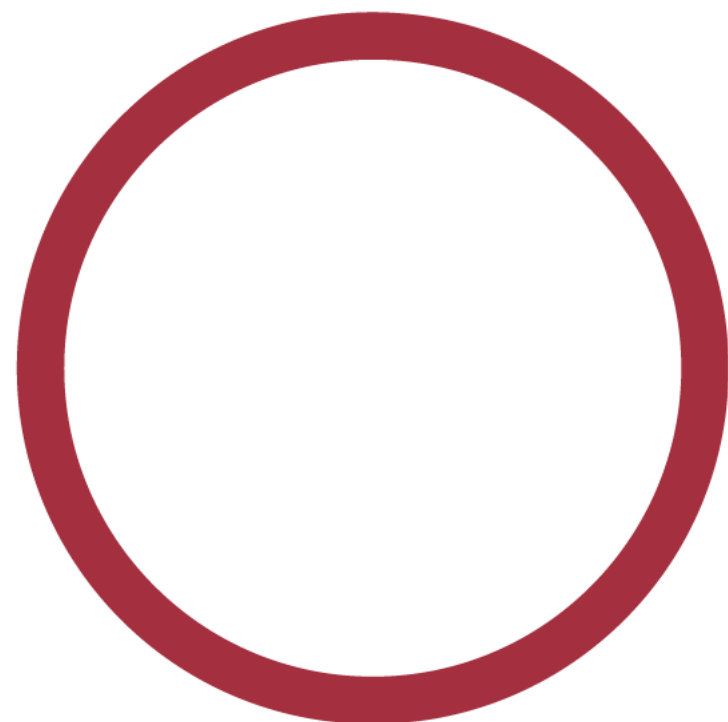
10 minutes

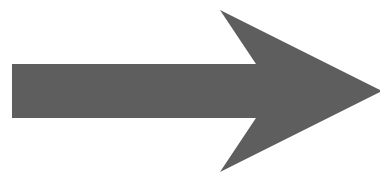


OISP Logo

The Story

- Person-Centered
- The Ohio ISP
- The only assessment
- Together
- Team
- Transformation
- Ongoing
- Process
- Revisit
- Cyclical









Ohio ISP

An online solution

Salesforce – IT solution

Sense Corp – vendor that is building OISP

Collection of Requirements – daily meetings with vendor and DODD

- How assessment feeds plan
- Reporting and dashboards
- What it should look like

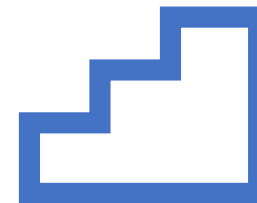
Next step – User stories (ensuring they understand requirements)

OISP Testing

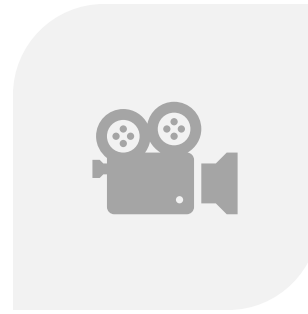
A Closer Look

Welcome to Delaware CBDD!

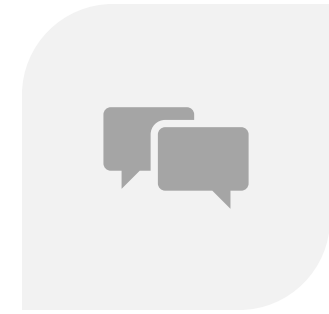
Next Steps



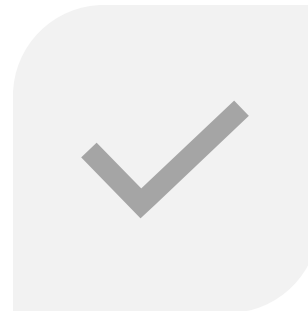
OISP High-Level Overview Training Updates



TWO-PART RECORDED
WEBINARS



LIVE CHATS TO ADDRESS
QUESTIONS



REQUIRED FOR SSAS
AND QIDPS



ADDITIONAL TRAININGS
TO FOLLOW

Additional Steps



No major changes within the 1st
year



Presentations at OACB/OPRA

Wrap-Up



Will reconvene in December



Will communicate any
important updates via email