Activities, exercises & tips	INDIVIDUAL SERVICE PLANNING	Resources and Links
Quote *"We must start looking at the issue of how we move people to the highest level of Independence possible. This includes teaching life skills that build on the individual's interests and abilities, yet allows the individual to participate in attaining his or her dreams and aspirations."* *Mikki Rogers 2008 DDSD Annual Report*	**Individual Service Planning** also called **Person Centered Planning** is the primary tool we use to ensure person directed services. The **ISP form** is the central document of our person centered planning system. The goal is to develop a plan that captures the individual's strengths, interests, dislikes, dreams, goals, etc. rather than a "compliance document" that does not reflect who the person is and what they desire. As supervisor, you play a critical role in providing relevant and meaningful information to develop the plan, as well as ensuring that the needed supports are in place and overseeing the implementation of the plan by your staff. Remember, most staff want to do the best job they can. Your involvement and mentoring can make all the difference in their performance. It may take more work up front, but in the long run, staff will understand their role and be better equipped to provide quality supports and services.	*Check out the DDSD website for ISP information:* http://www.health.state.nm.us/ddsd/PromisingPractes/ISP.htm
Activity *Encourage an "employment first" culture by leading a discussion with your staff asking each to share why they work/what they get out of work.* *Share that these same reasons apply to people with disabilities. We all want to feel productive, have some structure to our lives, have connections with others and have money to buy the things we need and desire.*	<u>Let's take a</u> LooK <u>at some of the areas emphasized in the ISP:</u> **The Employment First principle** focuses on integrated, community-based employment earning at or above the minimum wage as the **first** option for individuals in Community Inclusion Services. ❖ *That means that you and your staff should encourage individuals to explore employment options. Where employment is not the expressed goal of the individual, planning should include exploring other options as part of the individual's meaningful day that may, at some point, lead to employment.* ❖ *The more information you know about the individual's likes/dislikes, interests, and strengths the better chance you will have of finding the right job for the individual.* ❖ *If an individual is employed, it is imperative that you ensure that someone is responsible for reporting their wages to social security on a monthly basis.*	

Activity *1. Have staff write down their interests, hobbies, organization/clubs affiliations and things they would like to explore for themselves.* *2. Now, try to match staff with individuals with similar interests.* *Staff will be more interested in shared activities and may be able to take more of a teaching role!* **TIP** *A great meaningful day statement gives you a good picture of the person, what activities they find meaningful and ideas for future planning.*	**So what exactly is a <u>Meaningful Day</u>?** While the DDSD has a formal definition to guide services, the concept of a "Meaningful Day" is generally about individuals with developmental disabilities having the same opportunities and choices as everyone else. This means that your services and supports "provide individualized access for individuals with developmental disabilities to participate in activities and functions of community life that are desired and chosen by the general population."(DD Waiver Standards). <u>In other words</u>: ❖ These **choices and opportunities** are unique to each person and based on the person's individual interests. ❖ They may include meaningful work or volunteer activities, opportunities to enhance or sustain optimal health, personal relationship building, opportunities for growth and skill development in any and all aspects of an individual's life and opportunities to explore new paths and experience new things.. ❖ **Meaningful Day Statements** need to reflect what are the most important things to the individual. These can be considered the preferred activities and nonnegotiable things that happen every day / week / month / year. ❖ Meaningful Day activities do not happen only during weekdays between 9:00 am and 5:00 pm. ❖ What makes the person sparkle and shine? Why do they get up in the morning? What things do they do that make them who they are and take on specific roles in their family, community, club, and work? ❖ This description may be broader than a person's vision statements, but should have a clear connection to and support progress towards achieving the visions and desired outcomes. ❖ Meaningful Day Statements may also include activities the person would like to try, learn or experience.	*For more information about how to develop meaningful day services and supports for individuals, take a look at the "Meaningful Day Idea Book":* http://www.health.state.nm.us/ddsd/meaningfullife/MDIdeaBookIndex.htm *Check out the "How the Meaningful Day Description Works with the ISP" and the "Documentation Diagram" in the Appendix.*

Activity *Check out the link in the resource column for unique AT ideas that are solutions to different needs and challenges. Your staff may have thought of some type of adaptation. Give them recognition by submitting the idea to the Clinical Services Bureau.* **ACTIVITY** *Look at each individual's Communication Dictionary and update with any new applicable information on a regular basis.* **TIP** *You may want to set up a check in/out system to documenting responsibility for keeping track of the individuals' communication aides/devices throughout each day. You may want to add this as a responsibility in job descriptions. Some of these devices are costly so staff need to take this responsibility seriously and be accountable!* **ACTIVITY** *Review therapy plans and call therapists for clarification if needed. This will increase your awareness so you can better support your staff and provide individual specific training.*	**Assistive Technology (AT) and the Participatory Approach-** emphasizes the use of a 24-hour communication system and includes access to various devices and technologies to help support participation in daily activities. ► *When you take a look at an individual's daily activities, identify whether or not the individual actively participates physically, via communication, has any control over their environment, and has the necessary mobility to get where they want to go. If any of these areas are lacking, recommend to the team to make a **referral for Therapy Services**.* ► *Individuals with communication challenges should have a **Communication Dictionary** that explains the communication currently used by the individual (including vocalizations, gestures, facial expressions, body language and behaviors). Any one who supports the individual can create or add/delete from a communication dictionary. You should make sure that these have the most up-to-date information and that all staff who support the individual have access to them.* ► *It is your responsibility to make sure that individual's communication systems and devices (e.g.VOCA's, etc.) are current, in working order and are with the individual at all times. This may include working batteries, up-to-date pictures of the meaningful people, places and things in the individual's life, etc. Remember, this may be the only way the individual has to communicate!* ► *The individual's ISP should reflect whether he/she accesses therapy and/or uses any assistive technology. Therapy recommendations and all assistive technology should be mentioned in the ISP action plans in individual steps and the Teaching and Support Strategies **where applicable**.* ► *Individual's ISP's should include activities that are designed to encourage their increasing participation, control of the environment and choice making.*	*A.T. Solutions:* http://www.health.state.nm.us/DDSD/ClinicalSvcsBur/Resources/UniqueATSolutns_Rsrcs.htm

	▶ ***The Assistive Technology Fund (ATF)*** *gives eligible individuals and families a way to purchase Assistive Technology. Assistive Technology devices and tools are those aids that support a person with a disability to perform tasks that might otherwise not be possible. If you think an individual could benefit from any AT item, talk to the therapist on the team and bring it up at a team meeting.*	*Learn more about the AT Fund:* http://www.health.state.nm.us/DDSD/ClinicalSvcsBur/Services/AssistiveTechnologyProject01.htm
TIP *Consider the difference between asking an individual: "What is your Vision for the next year?" as opposed to "What would you like to learn or do this year?" or "What would you like us to help you do this year?"* **TIP** *Similarly, when gathering information from your staff, consider the difference between:* ▪ *"What do you think _____'s vision should be for this year?" "And "What would you like to do/explore with _____ this year?" "What are some areas you think ____ would like to explore?"* *Here are some additional questions to use to encourage staff to think about individual growth:*	**4 Stages of the ISP** As a supervisor, you play a critical role in each of the four stages: **assessment, development, implementation,** and **monitoring/revising**. Let's look at each of these stages individually and your role in each. ❖ **Assessment:** The assessment or pre-planning stage is generally concerned with gathering information so that the team has accurate and updated information for the development of the ISP. ▶ *In order to maximize the meaningfulness of the plan, we begin with the Individual, those who support him/her on a daily basis and others who best know the Individual.* ▶ *The information gathered can be used to complete the required **annual narrative assessment** and will answer these three basic questions:* ● *What has been working?* ● *What are the barriers and how are we overcoming/addressing them?* ● *What are any new ideas?* ▶ *This assessment should help the team expand and develop what has been working as well as address and eliminate any barriers identified.*	

- *"How do you give the individual more control over (e.g. money management) in their life?" (with the idea of moving people toward more independence).* - *"How can we fade out paid supports and increase natural supports for this individual?"* - *"What can the individual gain by completing _____?"* - *"What is the worst thing that can happen if the individual tries _____?" (this can help your staff deal with the fears/concerns they may have and avoid a "readiness trap".)* **TIP** *A reminder that we do not limit a person's vision because of medical concerns, but rather, clarify how we can help them be successful with specific supports for each concern.* **TIP** *The pre ISP questionnaire is a tool that can help gather this information and document the input of key staff members who are unable to attend pre-planning meetings.*	▶ *A large part of your role as a supervisor is asking the right team members the right questions.* ▶ *A Vocational Assessment Profile (VAP) is a good way to gather information in order to develop a 'career plan' for the individual. Even if the individual has not identified the desire to become employed, this assessment process can help identify meaningful activities that may lead to future employment.* **Here are some examples of ways to strengthen your preplanning and address requirements:** ★ Residential providers having casual meetings or "parties" at the individual's house to discuss and capture this information. ★ Day Habilitation providers using a one week planning period to review and revise narrative information and add to a composite list (flip chart) of what the individual likes or dislikes. ★ Other concepts such as identifying preferred "social roles" can help teams formulate meaningful visions from this information. ▶ *As supervisor you will also want to work with the Health Care Coordinator and/or the nursing staff to make sure all medical/health and safety concerns as identified in the Health and Safety section of the ISP narrative are current and accurate. This allows all team members to be aware of the issues and what we are doing to support the individual in achieving his vision/outcomes with these concerns.* ▶ *One example of how a supervisor can coordinate the revision of the narrative section of the ISP is by asking all staff to review all narrative information by crossing out the things that are no longer true and adding any relevant information they feel may be missing.*	*If your agency does not have someone trained in the VAP process, check with your regional office to find out how to access the training.* *Check out "Social Roles" in the Appendix.* *Check out the Pre-ISP Questionnaire tool in the appendix*

ACTIVITY *Meet with the individual and staff before an IDT meeting and identify what can be done to decrease stress and help the individual to stay engaged. Make sure the individual has a way to not only communicate their wishes, desires, and dreams, but can also indicate when they feel stressed or left out of the discussion.* **ACTIVITY** *This pre-planning period is a perfect time to clarify expectations of everyone's role at the meeting and to practice or "role play". An example of how this may look is a supervisor encouraging her staff and the individual to "show/tell the team how you helped your neighbor fix his bike and now how you'd like to get a job at Rob and Charlie's Bike Shop".*	▶ *One final area to consider in this pre-planning stage is preparing the individual and your staff to actively participate at the actual ISP meeting.* ▶ *The individual should be encouraged to lead/be involved in their meeting as much as possible. The annual ISP meeting can be stressful and often has environmental factors which contribute to "shutting down" the individual's (and staff's) participation.* ▶ *The key is setting the individual up to succeed; helping identify what and how they will present to the team, practice or role play, and assuring them of your support (i.e. "If you get nervous, I can jump in and help you").*
	❖ **Development of the ISP-**The annual ISP meeting is the focus point for the individual and all team members to integrate their planning with the input and concerns of all other team members. ▶ *The reason why all team members are required to send their assessments to all other team members **two weeks** before the meeting is to provide the team with an opportunity to review all assessment information and come to*

	the meeting with any questions they may have.	
TIP	▶ Many individuals who have worked with agencies in the pre-planning are now taking ownership of their meetings. Some have led or co-led the entire meeting or have at least presented their own version of what would be meaningful for them to achieve in the upcoming year.	
One example of an individual facilitating their own meeting is of an individual whose previous year's outcome was to work with his therapists in developing a power point presentation for his annual ISP meeting.	▶ *Your role as supervisor at this meeting is primarily to facilitate the individual and your staff's participation. As mentioned above, practicing with the individual and DS during the pre-planning stage can give them confidence in presenting at the meeting.*	
TIP	▶ *One of your tools to use at the meeting when questions are asked of you is to defer to the individual or their staff, for example:* "Lets see, Maria what do you think?" or "Michelle how do you think Juan will like this?'	
Examples of individuals taking more ownership of their meetings is choosing where to hold their meetings (e.g. the bowling alley, their home, etc.), greeting team members as they arrive and showing them to their seat, and/or bringing photos of information they wish to share with the team.	▶ *You are trying to encourage and empower the individual and your staff to speak up for themselves rather than someone answering for them.*	
	▶ *Many individuals receiving services have very complex medical conditions and team members are justly concerned with providing the supports necessary for health and safety. However, it is very important to focus on the individual's Vision and not just the health and safety concerns. When teams focus only on functional capabilities and medical concerns, the ISP turns into a medically oriented compliance document rather than a map to achieve individualized visions.*	
TIP		
Start the meeting with asking each team member to share one positive accomplishment of the individual during the past year or how they helped the individual achieve an outcome.		

💡😊 **TIP** *When you are asked a question at the ISP meeting, redirect it to the individual or your staff, as appropriate. Not only does this provide an opportunity for better "front line" information, but sends the message of how you value the individual and your staff.*		
💡😊 **TIP** **Examples of how individuals collect their own data:** ▪ *The individual brings back (collects) menus to document action steps of ordering their own meals at restaurants* ▪ *The individual documents all action steps on their calendar with appropriate stickers (like putting dog stickers on the days when they visit the animal shelter).* 💡😊 **TIP** **Tips on turning therapy outcomes into meaningful outcomes:** ▪ *An example might be the inclusion of specific range of motion activities to help an individual remain flexible while*	❖ **Action Plans and Teaching and Support Strategies -** By the end of the annual meeting, teams have discussed and clarified pre-planning assessment information for the development of the ISP. ❖ The **Action Plan** will focus this information, discussion, and planning into a clearly measurable outcome with identified barriers/challenges, action steps and strategies. This will be the blueprint that you and your staff will be following to support the individual in achieving their desired meaningful outcomes. ▶ *This Action Plan, and in particular, the final column labeled "measurement/criteria documentation and reporting requirement", is often scrutinized carefully by the monitoring components of our system. This identifies where to document how the team is supporting the individual in the achievement of their outcomes (ISP implementation) and helps assess whether the team is on the right path. (Are they making progress or is something preventing progress?). Don't identify extra documentation sources when a single source may be sufficient. (See "Monitoring Progress and Data Collection" section below for more details).* ▶ *It is strongly recommended that teams identify ways in which the individual can document their own progress. This provides an additional check on the meaningfulness of the action step in that if someone really wanted to do this, they may want to collect their own data.*	*Check out the "Desired Outcome Evaluation" Job Tool in the Appendix.*

working on their desired action steps, like folding laundry, learning how to make pottery or putting on make-up.

- *When you see an outcome that looks more like a therapy outcome, (e.g. Robert will increase his eye-hand coordination) ask what the individual will gain or be able to do that he can't already do (use the controller on his Play Station).*
- *This second statement is a more meaningful outcome statement (Robert will use his PS2 controller to play Gonzo). The previous statement of increasing eye-hand coordination becomes the therapy recommendation integrated into the T&SS with specific details of how staff can help Robert with his eye-hand coordination when he uses his PS2 controller.*

TIP
Tips on integrating assistive technology:
Examples might include the adaptive eating equipment and other aides developed by therapists to assist the individual.

▶ **You and all team members should leave the meeting with the exact wording of the outcomes and action steps**. *This will help you, your agency's service coordinator in collaboration with any therapist on the team, to develop the Teaching and Support Strategies (T&SS) and return them to the case manager within two weeks as required.*

▶ *The team determines which action steps require T&SS by identifying which actions would need additional information for staff (T&SS are written for staff as a guide for implementation) to help support the individual in completing that step.*

▶ *A very important part of the form is the integration of therapy recommendations in the task analysis section. This, along with the IST done by therapists, are the primary places therapists identify the strategies and techniques to be employed by staff in promoting progress towards therapy outcomes.*

▶ *Similarly, one of the sections on the T&SS is for the identification of assistive technology. This supports the use of assistive technology devices and adaptive equipment which aids the individual.*

You can find the Teaching and Support Strategies form on the DDSD website:

http://www.health.state.nm.us/ddsd/PromisingPractes/ISP.htm

Check out the "Written Strategies Job Tool" in the Appendix.

TIP *Check out the* ***Checklist for referral*** *link in the resource column to help you decide if Assistive Technology and/or Therapy Services are needed for an individual.*		*Checklist for referral for Assistive Technology/Therapy Services* http://www.health.state.nm.us/DDSD/Rules/TA/documents/ATGuideChecklistcci022006.pdf
TIP *An example might be staff encouraging the individual to work on speech pronunciation while cheering with the individual at a baseball game.* **TIP** *When you're feeling overwhelmed, ask your staff to help develop the Teaching and Support Strategies. Staff not only have good insight into the individual's learning style, but when the T&SS are developed by the staff, they will have a greater buy-in when it comes to implementation.*	❖ **Implementation-** Your role as supervisor in the ongoing implementation of an individual's ISP is, in general, providing the supports to help individual's achieve success. ▶ *One key step is in reinforcing the person centered planning process with your staff by encouraging their understanding of **why** the individual is working on these steps. When staff understands why the individual is working on a particular activity, they can be encouraged to support the individual with many learning opportunities beyond those associated with data collection.* ▶ *Another important part of your role is supporting your staff to have a clear understanding of what is required in terms of monitoring progress and data collection.*	
TIP *Well written plans usually only need brief daily documentation.*	❖ **Monitoring Progress and Data Collection -** In the largest sense, your role in monitoring progress is making sure we're on the right track and that the individual is getting the supports they need to achieve their desired meaningful visions and outcomes.	*See: "Documentation Requirements Tip Sheet" in the Appendix.*

KISS:

Keep it simple supervisors!

TIP
Check with your regional office for examples of forms developed by agencies throughout the state.

TIP
Encourage the individual to collect their own data. This might look like: making sure Robert puts the right sticker on the right day on his calendar, or making sure Andres puts the new picture in his photo journal.

TIP
These monthly/quarterly summaries generally focus around four questions; what's working well?, are their any barriers (and how can we address them)?, any new ideas? and any changes to the

▶ *One of your most effective tools for ensuring that staff are supporting individuals to achieve their desired outcomes is making sure your staff know why they are doing what they are doing.*

▶ *You should support your staff with their responsibility of making sure the individual is working on what is truly meaningful to him/her. We would much prefer that staff let us know when the action steps/outcomes don't seem to be working rather than continuing to collect data that they refused to do the activity (non-meaningful?). This allows teams to immediately meet and revise the inappropriate (non-meaningful) action step/outcome for something the individual wants to work on (no refusal activity).*

▶ *One clear distinction to impart to your staff is the difference between their responsibility in providing written documentation for daily progress notes and the responsibility of tracking of action steps/outcomes (data collection).*

▶ *The last column on the action plan is **titled "Documentation and Reporting Requirements".** This is where the team identifies how you will track progress of each action step.*

▶ *If the individual is responsible for their own data collection (DDSD encourages this), then your staff responsibilities around this can be detailed in the **T&SS** under the section for documentation/data collection.*

▶ *If staff is collecting the data, make sure they know when, where, and how to document this and that it is consistent with what you put in the final documentation/reporting requirements column of the **Action Plan.***

▶ *In regards to daily progress notes, support your staff in completing your agency's form. The DDSD allows each agency to develop their own forms as long as they meet standard requirements..*

▶ *An additional responsibility for supervisors in monitoring progress is providing information and data to the service coordinator for the **quarterly report and annual narrative assessment**. The primary purpose of the **quarterly report** is to provide a snapshot of progress (or lack of progress) on the established desired outcomes and action steps. If everything is progressing according to plan, then continue the success. If there are*

Check out the DD Waiver standards:

http://www.health.state.nm.us/ddsd/Rules/Standards/documents/DDW_Standardf.pdf

individual's description of what is meaningful? Many of these questions will be answered through a description of progress on action steps and outcomes.

Ok, maybe documentation is not needed for EVERYTHING!!!
*(Although this **may** be expected!)*

*"I bought a doughnut and they gave me a receipt for the doughnut... I don't need a receipt for the doughnut. I give you money and you give me the doughnut, end of transaction. We don't need to bring ink and paper into this. I can't imagine a scenario that I would have to prove that I bought a doughnut. To some skeptical friend, 'Don't even act like I didn't get that doughnut, I've got the **documentation** right here... It's in my file at home. ...Under "D"."*
Mitch Hedberg

problems, it alerts the team of the need to meet and revise the plan.

- ✓ *Often supervisors struggle with gathering this information (sometimes sifting through hundreds of pages of daily progress notes reiterating that Peggy has a good day and ate all her lunch!).*

- ✓ *Some supervisors have addressed this by asking for monthly summaries from their staff for each of the individuals they support.*

- ✓ *The written quarterly reports are due to all team **members no later than (14) calendar days** following the end of each ISP quarter.*

- ✓ *Similar to the daily notes, DDSD allows agencies to address this with their own forms as long as they meet the reporting requirements identified in the standards.*

- ✓ *Whether or not you are the one actually writing the report, you are a key person for contributing to the quality, content and timely completion.*

▶ *The **annual narrative assessment** includes a summary of what has been successful over the past year, barriers encountered and how they were addressed and ideas for planning for the upcoming year.*
    ✓ *The annual narrative assessments are due to all team members no later than (14) calendar days before the ISP meeting.*

❖ **Performance Contracts-** All Community Inclusion providers (Supported Employment, Community Access and Adult Habilitation) are required to have an annual performance contract attached to their Provider Agreement. The Regional Office Supported Employment Coordinator and Community Inclusion Coordinator will assist you in the development of your agency's performance contract and how to report. The performance contract will specify the performance outcomes (targets) linked to the individual served outcomes.

See DD Waiver Standards Chapter 5, IIIF

TIP *Talk to your Supported Employment Coordinator or Meaningful Day Coordinator to get the new forms and to answer any of your questions regarding this process.*	*You or the designated person in your agency are responsible for completing quarterly reports that reflect the status of individuals listed in your contract.*	

TIP
The DHI survey and CPR audit tools are available on the web and will detail what will be needed and asked in interviews.
 	
o *Many supervisors help staff prepare for this by practicing the interview and reminding them that they are not expected to have all the answers in their head. In other words, this is an 'open-book' test."*
o *Instead, they should know the individual and his/her ISP well enough to understand and support the individual's visions and outcomes, be aware of their medical/health concerns and know how to support these, and have expectations for further growth and development.*
o *They can refer to documents, tools, plans, etc. for*
	❖ **External Monitoring -** In addition to **your** role in monitoring progress of your program, there are several types of external monitoring in which you and your staff will be involved.
	
	   *Some of these external monitorings are driven by standards and accreditation criteria, like **New Mexico's QMB surveys** or the nationally recognized **CARF** or **The Council on Quality Leadership (CQL)**. These are comprehensive surveys to insure all systems are in place and meeting the needs of individuals receiving services.*
	
	   Your role in this process will generally focus on making sure all quality assurance systems are complete (with all appropriate reporting forms and clear policy and procedures) and implemented.
	
	   Some time during this process, you may be introducing and training your staff on new policies and procedures and forms that better address the standards.
	
	   *In addition to these accreditation surveys you and your staff will be involved with surveys from **DHI** and the annual **Community Practice Review** audit for individuals represented by the Jackson Lawsuit. These reviews are primarily to determine if agencies are providing the services as identified in the ISP and are in compliance with the standards.*
	
	   Often staff members will have "test anxiety" around these reviews and interviews, "forgetting" what they always know on non-audit days. Your primary role in this case is to help inspire confidence in your staff, so that
		This website provides information regarding the process and content of the Community Practice Reviews:
		http://www.jacksoncommunityreview.org/
		
		Follow this link to look at the CPR protocol:
		http://www.jacksoncommunityreview.org/2009CPRProtocolFINAL8.4.09.pdf
		
		Follow this link to look at the DD Waiver Service Provider Self-Assessment tool:
		http://dhi.health.state.nm.us/eLibrary/QMBdocs/DDWSvcProvSelf-Assessment_2.pdf

demonstrating that they know where to find any of the answers they can not articulate or recite. o *You can also contact your Regional Office for additional information.*	*they know their role and can answer any questions.* ▶ *Statewide trends show that a recurrent issue of many reviews and audits is staff demonstrating knowledge of the process for reporting abuse and neglect, and therefore, this is one area supervisors often remind (retrain) staff before the audit. In general, this is the time when your efforts in supporting your staff and answering all of their questions will be repaid by their confidence that they know they are doing a great job!*	
TIP *You may consider taking the 2 Day PCP and/or the Promoting Effective Teamwork training to learn this information more in depth.*	❖ **Interdisciplinary Team Roles and Responsibilities** ▶ *Independent Case Manager(CM)- The case manager shall serve as advocate for the best interests of individual receiving services while considering the input of the legal guardian. The CM is responsible for coordinating the development, modification and implementation of the ISP in consultation with the IDT and the individual.* ▶ *Family Members who are not legal guardians- The DDSD regards family as an essential part of the individual's life and encourages family participation as much as possible in the development of the ISP. Any family member who has not been court appointed as legal guardian cannot make any decisions for the individual, but can offer suggestions to the IDT, the individual, or the legal guardian for their consideration. A family member may be an advocate for the individual and help the individual make informed choices and, if needed, challenge the advice of any IDT member. They are also a good source of natural supports.* ▶ *Decision Justification -Individuals served through the DD Waiver at times receive evaluations conducted by a variety of professionals. These evaluations typically include recommendations for the individual and the team to consider. The Decision Justification form provides a way to document that the team has given due consideration to the recommendations and either 1) created an action plan to implement the recommendation, or 2) made a thoughtful determination that the recommendation should not be implemented.*	*Follow this link to the DDSD NMAC regulation "Service Plans for Individuals with Developmental Disabilities Living in the Community":* http://www.health.state.nm.us/ddsd/rules/Regulations/documents/7_26_5_NMAC.pdf

❖ **SUMMARY OF PRE-MEETING ACTIVITIES:**

WHO	WHAT	WHEN
IDT Members (e.g., case manager, nurse, therapist)	Complete and disseminate assessments to the rest of the IDT (including other providers, the person and the guardian)	At least 2 weeks before the meeting
Case Manager	Meets with the person (and guardian) to review rights, review assessments, sign paperwork (e.g., Addendum A), discover what the person wants for the future, help the person prepare for the meeting, etc.	Before the meeting
Case Manager	Sends written notice of meeting to meeting participants and solicit input into the meeting agenda.	At least 21 days before the meeting
Service Coordinators	Sends annual narrative assessment summaries to case manager and all other team members	Two weeks before the meeting
IDT Members	Review assessments, identify implications for planning, and prepare for the meeting (e.g., help the individual prepare visual aids, make notes of things to include during the team's discussion)	Before the meeting
IDT Members	Submit draft individual-specific training requirements to the case manager (which will be finalized at the meeting with input from the entire team).	Before the meeting
Therapists and Nurses	Make arrangements with the case manager to participate in the meeting in person or by phone (if necessary/requested by the team)	Five days before the meeting