

CALIFORNIA ASSISTED LIVING WAIVER (ALW) PROGRAM INDIVIDUAL SERVICE PLAN (ISP)

Medi-Cal Member's Name Doe, Jane (Last, First) Medi-Cal Member's CIN 123456789A Today's Date 02/03/16

ALW Residence One Great Residence CCA ALW CCA Number 1

1. This ISP is an **Initial** **Update*** * If this ISP is an update, complete 1a, 1b and 1c; if this is an initial ISP, skip to question 2.

1a. Date of Last ISP _____ 1b. Tier in Last ISP 1 2 3 4 5

1c. Reason for ISP update Semi-Annual Re-assessment Significant Change in Condition

2. ISP Start Date 02/16/2016 3. ISP End Date 08/16/2016 4. Tier for **THIS ISP** 1 2 3 4 5

5. Is the Physician's Report attached to this ISP? Yes No 6. Date of most-current Physician's Report 02/12/2016

INSTRUCTIONS: ISP development teams must **NOT** include medical treatments without doctors' orders – **ONLY** physicians may diagnose and order treatment(s) for medical care. Physician-prescribed treatments that require community-based maintenance (e.g., monitoring, medication, in-home treatments, etc.) must be included in the ISP to address how the medical needs will be met and who is responsible for meeting them. The ALW ISP development team is responsible for identifying and addressing all **NON**-medical (e.g., social support(s), transportation, community engagement, etc.) needs and services that are required to assure the health and safety of the Participant in the assisted living setting.

Need / Concern	Goal(s)*	Intervention(s) / Plan	Measurable Outcome(s)	Responsible Provider	Start Date	End Date
Need, problem, &/or concern that must be addressed to ensure (& maintain) the Member's preferences, health, & safety in the community. Needs / Concerns should address Members' socialization, emotional wellbeing, mental wellbeing, maintenance of physical wellbeing, and functioning skills.	Clear statement of the desired effect the intervention will have on the need &/or concern.	Service, support, &/or monitoring that will be implemented to address the need &/or concern (i.e., actions that will be employed to meet the Member's preferences & needs in the community).	Overall, measurable result(s) in terms of quantitative &/or qualitative outcomes used to determine if the proposed intervention is working &/or achievable. Quantitative outcomes are measured by count, percent, range, etc. Qualitative outcomes are analyzed based on interview responses, & observations (can be in the form of direct quotes)	Agency/ Organization responsible for implementing the intervention & meeting the Member's goals based on measurable outcomes.	Must be a date in mm/dd/yyyy format	Must be a date in mm/dd/yyyy format. Do not list "ongoing" or "continuous"

* Include SMART goals: Specific, Measurable, Attainable, Relevant, and Time-bound

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SOCIALIZATION – Difficulty in adjusting socially / ability to maintain reasonable personal relationships						
<i>Member wishes to attend religious services at least once a week</i>	<i>Member attends services, as frequently as desired</i>	<ul style="list-style-type: none"> o <i>RCF will coordinate transportation with church attendee (Minnie Moe), to pick up Member on dates she wishes to attend religious services</i> o <i>Member will always provide Minny Moe at least 48-hours of notice</i> 	<i>Member states she is satisfied with frequency of religious service attendance in monthly interview</i>	<i>One Great Residence (222) 555-7777</i> <i>Minny Moe (attendee) (222) 555-2580</i>	<i>2/16/2016</i>	<i>8/16/2016</i>
<i>Member is interested in attending, but unfamiliar with, offsite community social activities (e.g., Bingo, senior services events, etc.)</i>	<i>Member will be able to participate in outside socialization and community events, as desired</i>	<ul style="list-style-type: none"> o <i>RCF will present Member with a list of offsite social activities and programs through the AAA</i> o <i>RCF will coordinate efforts with AAA to provide opportunities for Member to attend/participate in community based social activities and programs</i> 	<i>Member states she is satisfied with participation in community activities and social interaction in monthly interview</i>	<i>One Great Residence (222) 555-7777</i>	<i>2/16/2016</i>	<i>8/16/2016</i>

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EMOTIONAL – Difficulty in adjusting emotionally						
<p><i>Member has a history of verbal outbursts/abuse when her stress becomes too much for her to manage, and does not feel like she has any way to bring her stress and anxiety back down to a level with which she can cope.</i></p>	<p><i>Member will learn to identify when her stress levels are rising (before reaching a point when she is unable to employ stress reduction strategies), and use breathing exercises to use to reduce overall stress so she is better able to address the issue(s) contributing to her stress.</i></p>	<p><i>Member will receive weekly visits from LCSW to learn to identify when her stress levels are becoming problematic, as well as strategies to use to reduce stress through breathing and self-talk.</i></p> <p><i>Document the frequency of emotional outbursts(s).</i></p>	<p><i>Member will have fewer outbursts over time, as she becomes more skilled in identifying and managing stress.</i></p>	<p><i>One Great Residence (222) 555-7777 - ALF does not have a LCSW on staff, so a referral will be made to county mental health.</i></p>	<p><i>Referral to be made by 2/18/2016</i></p> <p><i>Services to begin no later than 3/16/2016</i></p>	<p><i>Member will be evaluated by county LCSW on 6/16/2016 to determine if services should be continued through 9/16/2016</i></p>

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MENTAL STATUS – Difficulty with intellectual functioning including inability to make decisions regarding daily living.						
<i>Public Transit Training – Member will need to use public transit to attend medical appointments; however, she is unfamiliar with local bus routes and has never relied on public transit in the past</i>	<i>Member will use local paratransit services as transportation to medical appointments</i>	<ul style="list-style-type: none"> o <i>Application for use of paratransit services will be completed</i> o <i>Approval to use paratransit services will be received</i> o <i>RCF will schedule paratransit on behalf of Member to ensure she is able to attend medical appointments</i> 	<i>Scheduled medical appointments will not be missed because transportation was not available</i>	<i>One Great Residence (222) 555-7777</i> <i>Paratransit (800) 555-5555</i>	<i>2/16/2016</i>	<i>8/16/2016</i>
<i>Money Management Training – Member expressed an interest in learning more about basic budgeting because she has had difficulty managing her finances in the past</i>	<i>Member will successfully complete training to help her budget her monthly income</i>	<ul style="list-style-type: none"> o <i>Member will attend a Money Management Training on basic budgeting skills</i> o <i>Member will actively work on budgeting class exercises</i> o <i>Member will, with the help of her sister, Cathy Doe, develop two financial goal(s) – one short term goal and one long term goal</i> 	<i>Member will demonstrate ability to keep track of her monthly income and expenses</i>	<i>Area Agency on Aging (222) 555-0000</i>	<i>3/1/2016</i>	<i>4/1/2016</i>
<i>Dementia, Alzheimer, Progressive memory loss</i>	<i>Member is aware of surroundings and oriented, if possible</i>	<ul style="list-style-type: none"> o <i>Provide simple verbal Member as independent as possible</i> o <i>Assist Member's memory by use of reminders</i> 	<i>Monthly log to document Member's level of memory</i>	<i>ALW CCA case manager</i> <i>One Great Residence (222) 555-7777</i>	<i>2/16/2016</i>	<i>8/16/2016</i>

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PHYSICAL / HEALTH – Difficulties with physical development and poor health habits regarding body functions						
<i>Member does not have an existing community physician and needs help with finding a Primary Care Provider (PCP) for Medical Care in the community</i>	<ol style="list-style-type: none"> 1. Identify and set-up initial appointment with PCP 2. Obtain comprehensive doctor's orders for community-based medical care and medications 	<ul style="list-style-type: none"> o CCA will call RCF a week in advance to remind them about the appointment o RCF will call paratransit to set up transportation o CCA will call Member on the morning of appointment to ensure she remembers and is ready for the appointment 	<ul style="list-style-type: none"> o Member will become a patient of PCP o Member will receive comprehensive doctor's orders for community-based medical care 	ALW CCA Number 1 (222) 555-1111 One Great Residence (222) 555-7777	2/16/2016	Fulfilled by 3/16/2016
<i>Member struggles with maintaining personal hygiene</i>	<ol style="list-style-type: none"> 1. Member will remember to shower 2. Member will brush her teeth 	<ul style="list-style-type: none"> o RCF will provide scheduled reminders for ADLs o RCF will assist Member with regular bathing and teeth brushing, while allowing her maximum participation to foster independence 	<ul style="list-style-type: none"> o Member will bathe a minimum of three days a week o Member will brush teeth a minimum of once a day 	One Great Residence (222) 555-7777	2/16/2016	8/16/2016
<i>Member wishes to attend a local substance abuse support group to help her stay sober</i>	<i>Member will not abuse prescribed pain medication</i>	<ul style="list-style-type: none"> o Member will attend weekly NA meetings to help maintain sobriety in the community o Member's Sponsor, Joe Jones will provide transportation to weekly meetings 	<i>Member will attend meetings regularly</i>	Church Especial – Support Services Coordinator (222) 555-3339 Joe Jones – Sponsor (222) 555-9614	2/20/2016	8/16/2016

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Continued from page 5 - PHYSICAL / HEALTH – Difficulties with physical development and poor health habits regarding body functions						
<i>Fall risk related to weakness of extremities</i>	<i>No episodes of falling</i>	<ul style="list-style-type: none"> ○ <i>Assist in obtaining needed mobility devices per plan of care</i> ○ <i>Evaluate the use of the assisted devices</i> 	<p><i>Member demonstrates the adequate use of the device</i></p> <p><i>Monthly review of RCF log of fall occurrence</i></p>	<p><i>ALW CCA case manager</i></p> <p><i>One Great Residence (222) 555-7777</i></p>	<i>2/16/2016</i>	<i>8/16/2016</i>

SAMPLE

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INDIVIDUAL SERVICE PLAN (ISP)**

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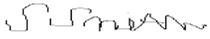
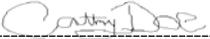
Has the Medi-Cal Member received comprehensive doctor's orders for medical care? Yes No**

** If not, when is his/her next doctor's appointment? 02/27/2016

ISP Planning Team Assurances

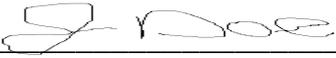
By signing below, I confirm, to the best of my knowledge, the following statements are true:

- I was an active participant in the development of this ISP;
- I provided the Medi-Cal member, and/or the member's legal representative, the freedom to choose among necessary and available services to meet the need(s) identified in the LOC assessment
- I provided the Medi-Cal member, and/or the member's legal representative, with the opportunity to direct all aspects of the design, delivery, and/or modification(s) of services, if (s)he wished to do so.
- I believe the Medi-Cal member is compatible with the facility and residents, and that I/we can provide the care as specified in this ISP

Team Member's Name	Discipline/ Relationship	Telephone Number	Signature	Date
Susie Smith	RN	(222) 555-1111		02/04/2016
Bobby Blue	RCF Director	(222) 555-7777		02/04/2016
Cathy Doe	Member's Sister	(222) 555-0000		02/04/2016

Member's Confirmation

By signing below, I confirm I have been allowed to participate in the development of this ISP and I've received a completed copy of the signed document for my records.

Medi-Cal Member/Legal Representative Signature:  Date: 02/04/2016

(PLEASE PRINT, SIGN, AND RETURN ISP TO ALW INBOX)