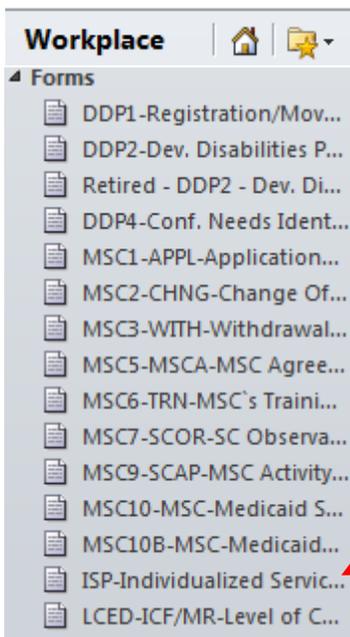


## ISP – Individualized Service Plan

- The **ISP** is a written personal plan, or blueprint, for a person with developmental disabilities that summarizes the help he or she wants and needs to achieve his or her own aspirations in life.
  - The system will not verify that assignment to MSC exists before New/Initial ISP can be completed.
  - The system will not check if there is an existing ISP on file.
  - CHOICES will not validate that the user has chosen the latest ISP. It is up to the user to know when to create an Initial ISP or copy an existing ISP for an ISP Re-write, Review, or Addendum.
  - Only a DDSO MSC Coordinator, MSC Supervisor, Agency MSC Coordinator and Agency MSC Supervisor can submit an ISP. All roles within CHOICES can view their own Agencies/DDSOs Individual's ISP.
- **CHOICES** has been developed to automate the process of completing and transmitting forms and generating certain reports.
- The workflow is *Individual* driven so it is recommended that work begin on any form by selecting the Individual first and then selecting the necessary form or report to view. (Shown later in the document)
- Inside CHOICES there is **NO delete function**. If a mistake is made on a form **before** saving or submitting, just close and nothing is saved. But once a form is saved, it cannot be deleted.
- Depending on your role in CHOICES some forms and functions may or may not be available to you.

### Locations of ISP forms

1.) On the left side, under **Workplace**, is the **Forms** section which is the **central** filing location. Click on the ISP link to see the full list of ISP forms in progress or completed and their current status.



The content pane will display any completed or partially completed and saved ISP forms:

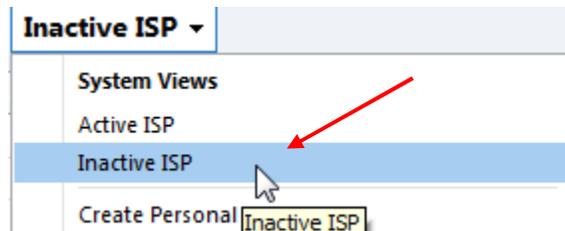
ISP-Individualized Service Plan: **Active ISP** ▾

<input type="checkbox"/>	Name	ISP type	ISP Date	Review Date	Form Status	Status	Modified On	Modified By
<input type="checkbox"/>	ISP for KESSELING,DIANA	Review/Addend...	7/2/2012	7/16/2012	In Process	Active	7/16/2012 11:57 ...	SYSTEM
<input type="checkbox"/>	ISP for KESSELING,DIANA	New/Initial	8/6/2012		Saved	Active	8/20/2012 4:21 ...	TestCAV031 TestCf
<input type="checkbox"/>	ISP for BABBITT,MARY K	New/Initial	8/28/2012		In Process	Active	8/29/2012 8:53 ...	SYSTEM
<input type="checkbox"/>	ISP for BENTON,HARRY	New/Initial	8/27/2012		Saved	Active	8/31/2012 9:34 ...	TestCAV032 TestCf

The **View** above is set to **Active ISP**. The **status** of each ISP is viewable:

- “**Saved**” means that the ISP has been saved only and there are no signatures as of yet.
- “**In Process**” means the ISP is locked and has at least one signature; the ISP needs either a MSC Supervisor to sign or submit or both.

Using the dropdown arrow, highlight **Inactive ISP** to view any ISP that has been **Completed or Returned**.



ISP-Individualized Service Plan: **Inactive ISP** ▾

<input type="checkbox"/>	Name	Form Status	ISP type	ISP Date	Review Date	Modified On	Modified By
<input type="checkbox"/>	ISP for BABBITT,STEVE K	Completed	New/Initial	1/1/2011		6/16/2011 8:17 ...	Alison DeSienoTe:
<input type="checkbox"/>	ISP for BABBITT,STEVE K	Completed	Review/Addend...	1/1/2011	6/16/2011	6/16/2011 8:18 ...	Alison DeSienoTe:
<input type="checkbox"/>	ISP for BABBITT,STEVE K	Completed	Re-write ( ISP D...	6/1/2011		6/16/2011 8:20 ...	Alison DeSienoTe:
<input type="checkbox"/>	ISP for BABBITT,STEVE K	Completed	Review/Addend...	1/1/2011	6/16/2011	6/16/2011 8:22 ...	Alison DeSienoTe:
<input type="checkbox"/>	ISP for KESSELING,DIANA	Completed	New/Initial	7/2/2012		7/16/2012 11:54...	TestCAV031 TestCf
<input type="checkbox"/>	ISP for CAREY,KRYSTAL	Returned	New/Initial	8/1/2012		9/4/2012 1:33 PM	OPWDD-CHOICES

“**Completed**” means that the ISP has been signed by both MSC and Supervisor and successfully submitted.

“**Returned**” means the MSC or Supervisor returned the form for editing. The form will need to be opened, and then copied to make appropriate corrections or edits. A returned form will remain inactive; its copy will become the new valid record once completed.

2.) Also, all forms are also filed under the **Individual** for whom they were created.

### Create a New ISP (Form)

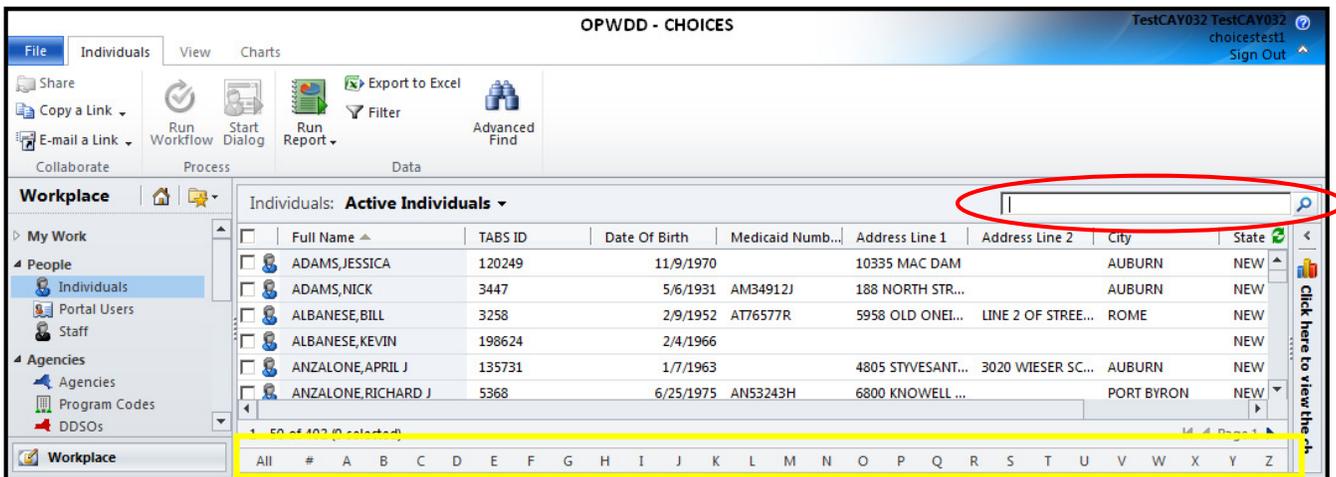
To create a new ISP go to **Workplace**, under **People**, click the “**Individuals**” link:



The Individuals section displays everyone that is known to TABS.

In the Individuals section, you can search by last name in either the area where it states **Search for records** or by clicking the first letter of the last name at the bottom of the screen.

**NOTE:** The search can also be done using a TABS ID.

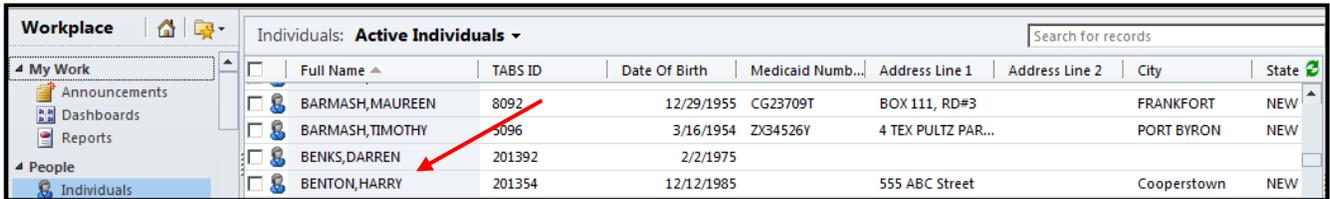


**TIP:** If you are unsure of how to spell the last name **do not guess**, you will not get a good result; only spell what you know is correct. Or search through a list of the last names beginning with that letter, by clicking on that letter at the bottom of the screen. In this example, it would be the letter **“B”**.

We are using Harry Benton. Enter his last name in the “Search for records” section, click the **Start Search** button .

A list matching the search displays.

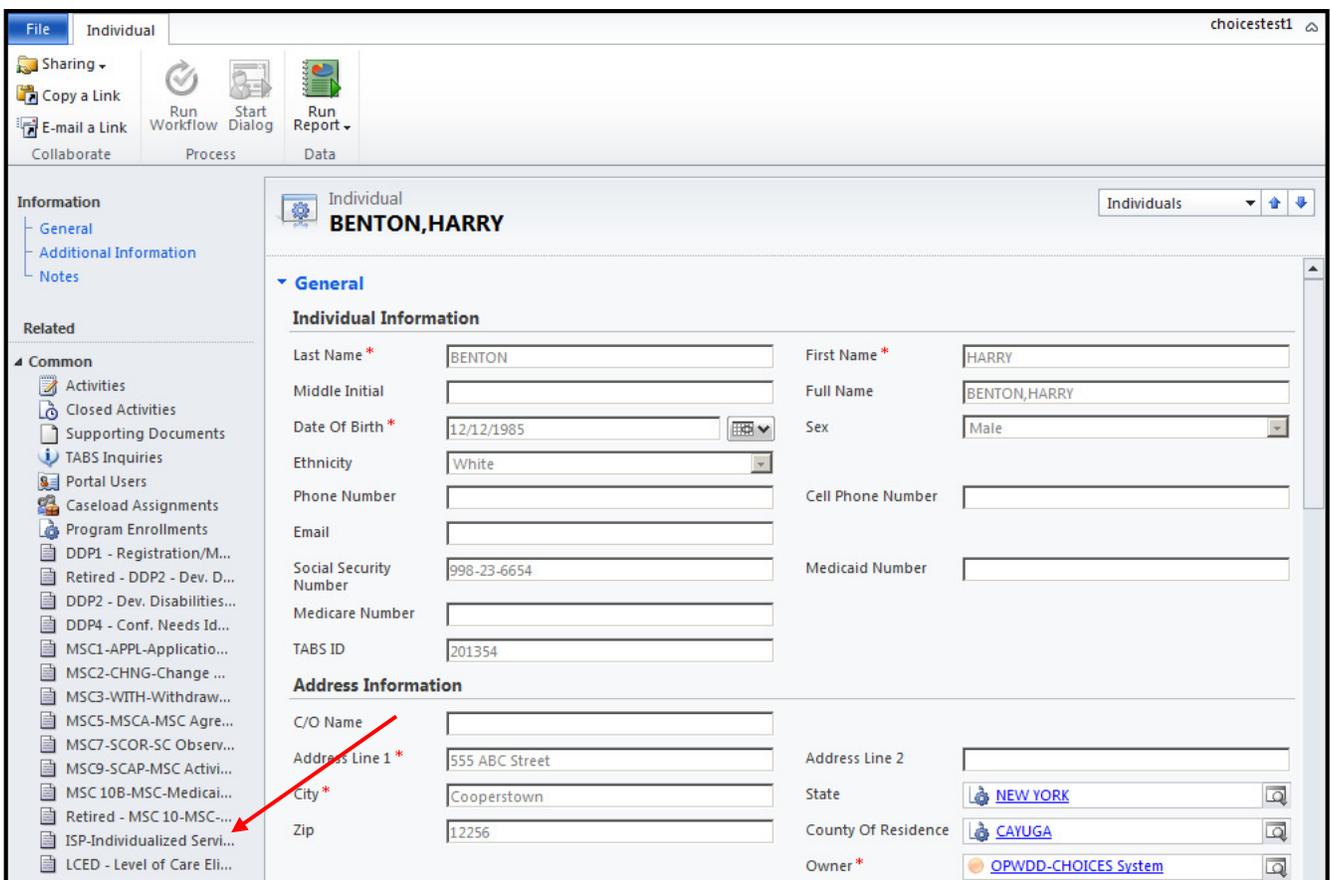
Click on the name to highlight and then double-click to open the Individual's record.



	Full Name	TABS ID	Date Of Birth	Medicaid Num...	Address Line 1	Address Line 2	City	State
<input type="checkbox"/>	BARMASH, MAUREEN	8092	12/29/1955	CG23709T	BOX 111, RD#3		FRANKFORT	NEW
<input type="checkbox"/>	BARMASH, TIMOTHY	3096	3/16/1954	ZX34526Y	4 TEX PULTZ PAR...		PORT BYRON	NEW
<input type="checkbox"/>	BENKS, DARREN	201392	2/2/1975					
<input type="checkbox"/>	BENTON, HARRY	201354	12/12/1985		555 ABC Street		Cooperstown	NEW

To ensure you have selected correctly, check the address or any other information displayed that you know and therefore will confirm this is the Individual you need.

To start an ISP for Harry Benton, in left column, under “**Details**” click “**ISP-Individualized Service Plan**”



File Individual choicestest1

Sharing Copy a Link E-mail a Link Collaborate Process Data

Run Workflow Start Dialog Run Report

Information  
General  
Additional Information  
Notes

Related  
Common  
Activities  
Closed Activities  
Supporting Documents  
TABS Inquiries  
Portal Users  
Caseload Assignments  
Program Enrollments  
DDP1 - Registration/M...  
Retired - DDP2 - Dev. D...  
DDP2 - Dev. Disabilities...  
DDP4 - Conf. Needs Id...  
MSC1-APPL-Applicatio...  
MSC2-CHNG-Change ...  
MSC3-WITH-Withdraw...  
MSC5-MSCA-MSC Agre...  
MSC7-SCOR-SC Observ...  
MSC9-SCAP-MSC Activi...  
MSC 10B-MSC-Medical...  
Retired - MSC 10-MSC-...  
ISP-Individualized Servi...  
LCED - Level of Care Eli...

Individual BENTON, HARRY

Individual Information

Last Name \* BENTON First Name \* HARRY  
Middle Initial Full Name BENTON, HARRY  
Date Of Birth \* 12/12/1985 Sex Male  
Ethnicity White  
Phone Number Cell Phone Number  
Email  
Social Security Number 998-23-6654 Medicaid Number  
Medicare Number  
TABS ID 201354

Address Information

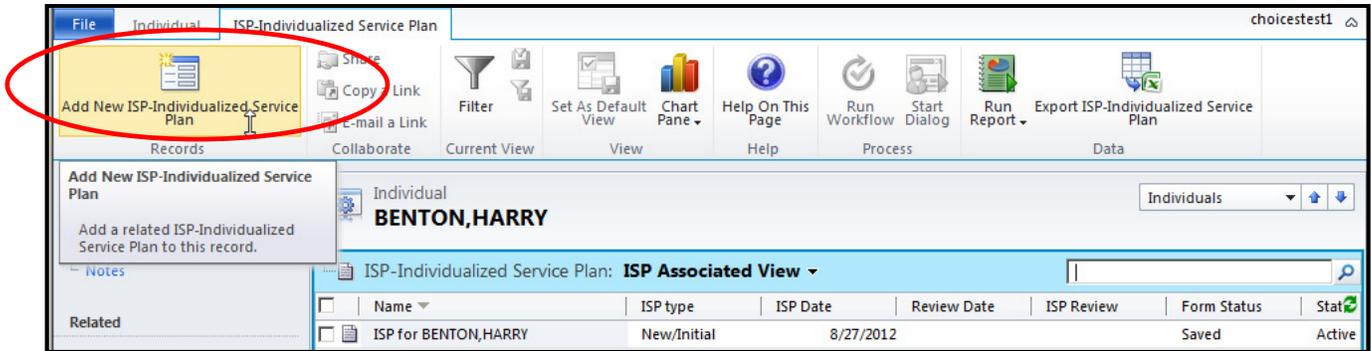
C/O Name  
Address Line 1 \* 555 ABC Street Address Line 2  
City \* Cooperstown State NEW YORK  
Zip 12256 County Of Residence CAYUGA  
Owner \* OPWDD-CHOICES System

**NOTE:** Before you begin certain forms, you may need to review the Portal Users to ensure a family member or advocate is listed that may want to view the form electronically.

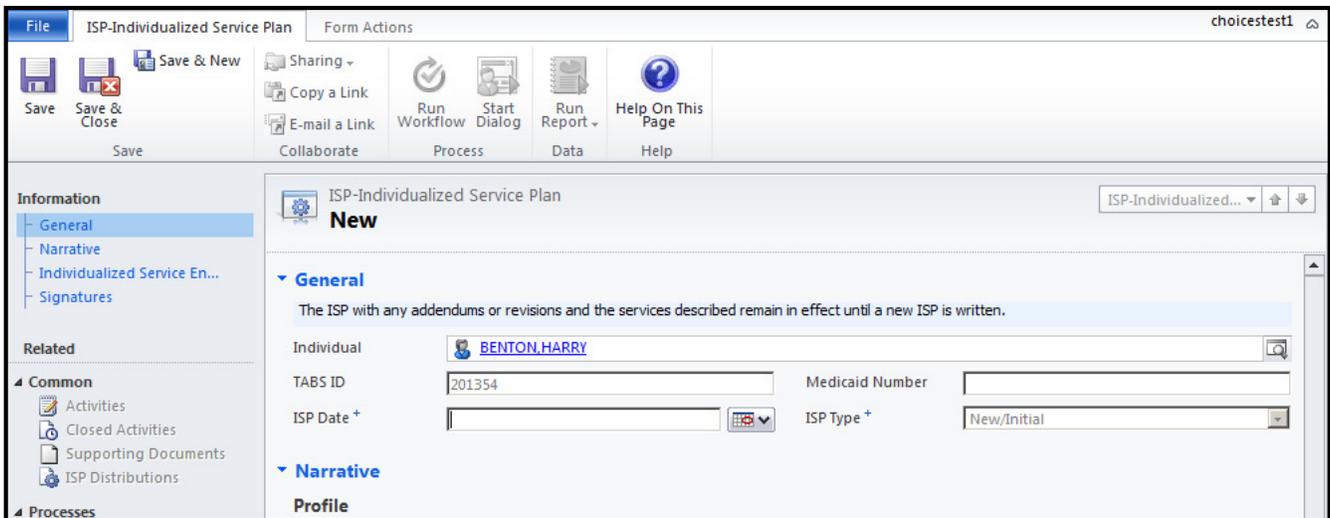
On the left side of the screen under **Details**, click the **Portal Users** link to open. For more information on Contacts, please see the Step by Step guide, **Portal Users**.

The following is the ISP screen:

Currently, there is one ISP listed. To start a new ISP click the **Add New ISP-Individualized Service Plan** button.



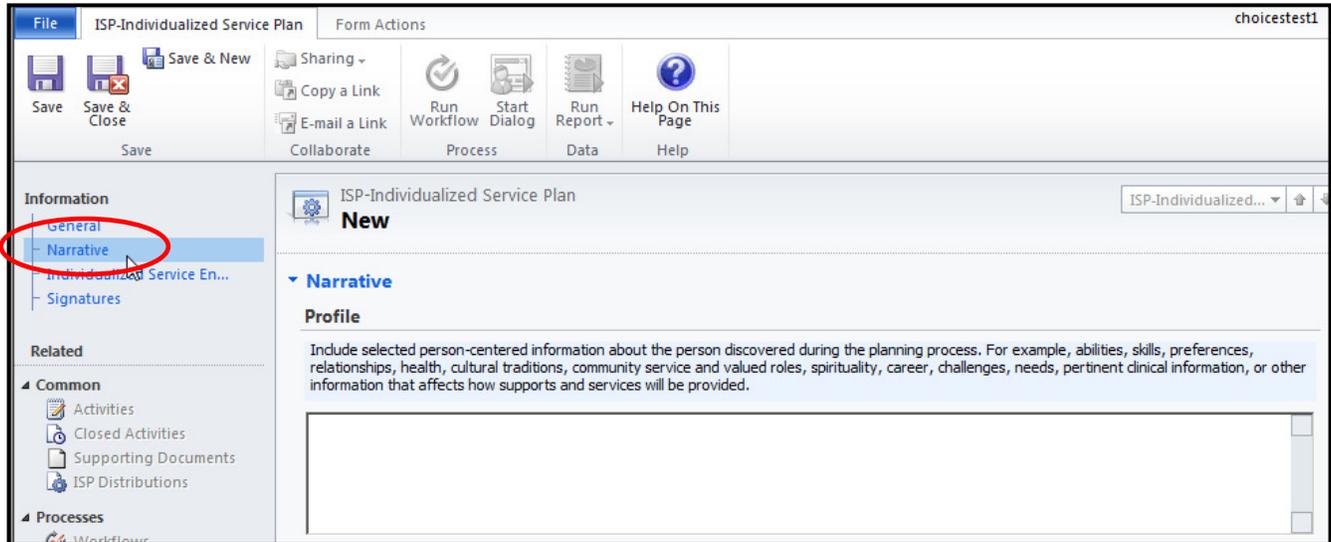
This will open a new ISP form, under the **General** tab, for Harry with his name and other pertinent information pre-populated from TABS.



### Continue on to Write the ISP:

The General section has no required fields at this time. The system automatically defaulted to "New/Initial". You cannot modify this field.

Click on the link for the next section or scroll down to **Narrative**:



Each section is a free text field, simply type the relevant information in the box. Also, you can copy and paste from a Word document.

## Safeguard Section

The ISP's section for Safeguards has been modified to include two formats for completing this section.

## Overview

A new Safeguards section has been created for the ISP and is required if the Individual chooses to self-direct Community Habilitation, Respite, or SEMP. This new safeguards section has 17 safeguards which must be addressed:

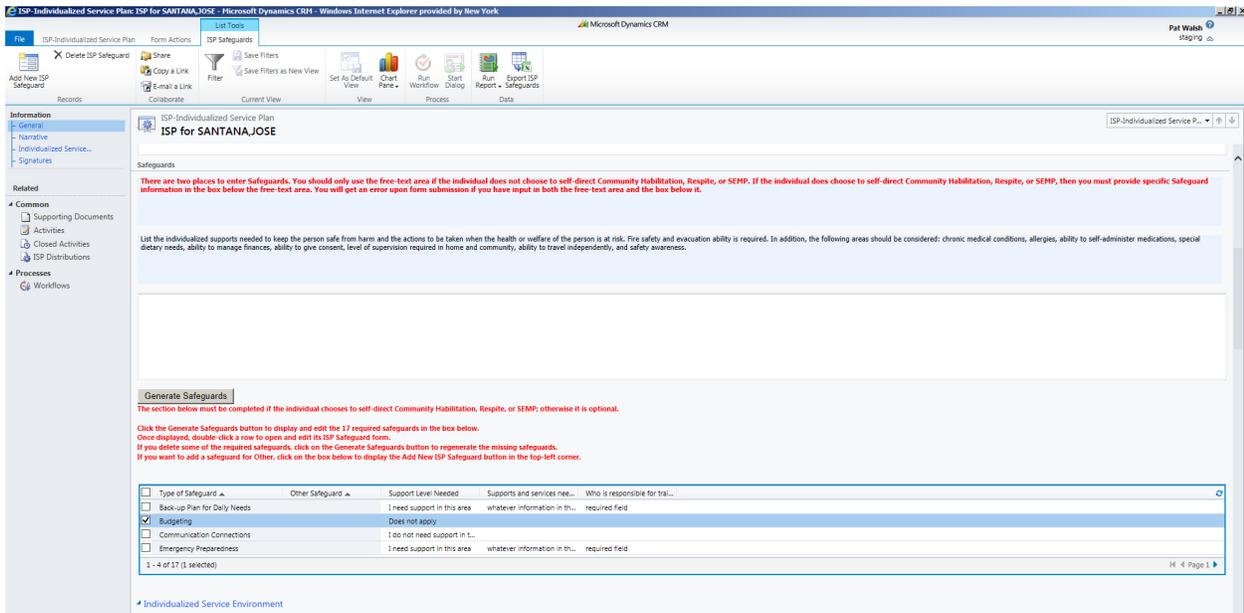
Safeguard and Description	Name in CHOICES
Guardianship – I know who my legal guardian is and how to contact him/her.	Guardianship
Informed Consent for General Non-Emergency Medical Procedures – I give consent for general non-emergency medical procedures.	Informed Consent for General Non-Emergency Medical Procedures
Informed Consent for Psychotropic Medication – I give consent for psychotropic medication.	Informed Consent for Psychotropic Medication
Reporting Incidents – I know how to correctly identify an incident and report the incident to my	Reporting Incidents

FMS agency and/or MSC.	
Budgeting – I manage my money and my budget.	Budgeting
Transportation – I travel independently within my community.	Transportation (within community)
Transportation – I travel independently outside my community	Transportation (outside community)
Back-up Plan for Daily Needs - I have and can use a backup plan when my regular schedule changes, e.g., staff cancellation, staff is tardy, or staff leaves employment unexpectedly.	Back-up Plan for Daily Needs
Medication Administration – I am able to correctly self-administer medications.	Medication Administration
Medical/Health Concerns/Reactions – I am aware of my medical/ health issues and needs and manage them by making and keeping appointments as needed, communicating concerns and symptoms, and being mindful of potential risks. Potential health problems could include asthma, allergies, risk of aspiration, ingestion or swallowing difficulties, potential sensitivity to medication, dairy, peanuts, etc.	Medical/Health Concerns/Reactions
Nutrition – I maintain an adequate diet that meets my nutritional needs, e.g., preventing choking, avoiding food allergies.	Nutrition
Protective Oversight/Level of Supervision – I maintain my personal safety and am free from self-injury; I do not threaten the safety or property of others.	Protective Oversight/Level of Supervision
Fire Safety - I respond safely in a fire including evacuating promptly and calling for help once out of the building.	Fire Safety
Personal Safety – 1. I respond appropriately in emergencies including following direction from law enforcement or community supports (EMS, fire departments, etc.)	Personal Safety (re: emergencies)
Personal Safety – 2. I am aware of my surroundings and do not put myself in situations where I do not know where I am or how to return to my home.	Personal Safety (re: surroundings and situations)
Emergency Preparedness – I have and can carry out emergency plans for sheltering in place and for identifying a plan and location if I need to relocate. I also know situations, such as severe weather, when I	Emergency Preparedness

<b>need to evacuate.</b>	
<b>Communication Connections – I can communicate with others, such as make phone calls to advocates, contact members of my circle of support, or file complaints/grievances. I can also call others to set up appointments if needed, such as a doctor’s appointment. (Need for a cell phone or land line telephone is included here.)</b>	Communication Connections

If the Individual is not self-directing the above mentioned services, either this new safeguards section, or the original safeguards section (a free-text box) must be completed. Only one of the safeguards sections can be completed.

# How to complete the new section for Safeguards



The first format is the free-text box. Please read the red instructions to ensure you know which format to use.

This is a close-up of the 'Safeguards' form section. The title 'Safeguards' is in a yellow box. Below it, red text reads: 'There are two places to enter Safeguards. You should only use the free-text area if the individual does not choose to self-direct Community Habilitation, Respite, or SEMP. If the individual does choose to self-direct Community Habilitation, Respite, or SEMP, then you must provide specific Safeguard information in the box below the free-text area. You will get an error upon form submission if you have input in both the free-text area and the box below it.' Below this is a paragraph: 'List the individualized supports needed to keep the person safe from harm and the actions to be taken when the health or welfare of the person is at risk. Fire safety and evacuation ability is required. In addition, the following areas should be considered: chronic medical conditions, allergies, ability to self-administer medications, special dietary needs, ability to manage finances, ability to give consent, level of supervision required in home and community, ability to travel independently, and safety awareness.' A yellow highlight is under the text: 'This is the first and original format to type all the necessary information.' Below this is a large empty text area. Below the text area, red text reads: 'The form must be saved to enable the box below.' Below this is a table with 5 columns: Type of Safeguard, Other Safeguard, Support Level Needed, Supports and services needed, and Who is responsible for training. The table is currently empty. Below the table, it says 'To enable this content, save the record.' At the bottom, it says '0 - 0 of 0 (0 selected)'.

If the individual has *not* chosen self-direct Community Habilitation, Respite or SEMP, then you can complete the free text Safeguard box as usual.

If the individual has chosen any self-direct service, then you must complete the “Type of Safeguard” box.



“Save” the form to enable the “Type of Safeguard” box

A screenshot of a web form titled "Safeguards". At the top, there is a red warning message: "There are two places to enter Safeguards. You should only use the free-text area if the individual does not choose to self-direct Community Habilitation, Respite, or SEMP. If the individual does choose to self-direct Community Habilitation, Respite, or SEMP, you must enter information in the box below the free-text area. You will get an error upon form submission if you have input in both the free-text area and the box below it." Below this is a large text area with instructions: "List the individualized supports needed to keep the person safe from harm and the actions to be taken when the health or welfare of the person is at risk. Fire safety and evacuation ability is required. In addition, the following areas should be considered: dietary needs, ability to manage finances, ability to give consent, level of supervision required in home and community, ability to travel independently, and safety awareness." A yellow highlight is under the text "This is the first and original format to type all the necessary information." Below the text area is another red warning: "The form must be saved to enable the box below." At the bottom, there is a section with a header "Type of Safeguard" and several sub-sections: "Other Safeguard", "Support Level Needed", "Supports and services needed", and "Who is responsible for training". The "Type of Safeguard" sub-section is currently disabled (greyed out). A message at the bottom says "To enable this content, save the record." and "0 - 0 of 0 (0 selected)". An arrow points from the left towards the "Type of Safeguard" section.

Once the form has been saved, the button, “Generate Safeguards”, will be available.

Click *Generate Safeguards*.

A screenshot of the same "Safeguards" form, but now the "Type of Safeguard" section is active. A button labeled "Generate Safeguards" is now visible and highlighted. Below the button, there is a red warning: "The section below must be completed if the individual chooses to self-direct Community Habilitation, Respite, or SEMP; otherwise it is optional." This is followed by instructions: "Click the Generate Safeguards button to display and edit the 17 required safeguards in the box below. Once displayed, double-click a row to open and edit its ISP Safeguard form. If you delete some of the required safeguards, click on the Generate Safeguards button to regenerate the missing safeguards. If you want to add a safeguard for Other, click on the box below to display the Add New ISP Safeguard button in the top-left corner." Below these instructions is a table with the same sub-sections as before: "Type of Safeguard", "Other Safeguard", "Support Level Needed", "Supports and services needed", and "Who is responsible for training". The "Type of Safeguard" sub-section now shows a dropdown arrow. A message at the bottom says "No ISP Safeguard records are available in this view." and "0 - 0 of 0 (0 selected)". An arrow points from the left towards the "Generate Safeguards" button.

Allow the form to complete filling in the list of safeguard. The note “*Finished Creating Safeguards*” will appear above the *Generate Safeguards* button.

Finished Creating Safeguards

**Generate Safeguards**

The section below must be completed if the individual chooses to self-direct Community Habilitation, Respite, or SEMP; otherwise it is optional.

Click the Generate Safeguards button to display and edit the 17 required safeguards in the box below.  
 Once displayed, double-click a row to open and edit its ISP Safeguard form.  
 If you delete some of the required safeguards, click on the Generate Safeguards button to regenerate the missing safeguards.  
 If you want to add a safeguard for Other, click on the box below to display the Add New ISP Safeguard button in the top-left corner.

<input type="checkbox"/>	Type of Safeguard ▲	Other Safeguard ▲	Support Level Needed	Supports and services nee...	Who is responsible for trai...
<input type="checkbox"/>	Back-up Plan for Daily Needs		Does not apply		
<input type="checkbox"/>	Budgeting		Does not apply		
<input type="checkbox"/>	Communication Connections		Does not apply		
<input type="checkbox"/>	Emergency Preparedness		Does not apply		

1 - 4 of 17 (0 selected)

**NOTE:** “Does not apply” defaulted into *all*, *Support Level Needed*, fields. Upon opening each Safeguard that field will become available for editing.

Double click on the first Safeguard that applies to edit the information. A pop up will open specific to the Safeguard you selected.

The pop up for the, *Back-up Plan for Daily Needs*, safeguard will display. All fields with a red asterisk (\*) must be completed.

Click the drop down arrow to display the selections.

File | ISP Safeguard

Save | Save & Close | Delete | Share | Copy a Link | E-mail a Link | Run Workflow | Start Dialog | Run Report

Information | General

ISP Safeguard for SANTANA,JOSE

ISP \*

Type of Safeguard \* | Back-up Plan for Daily Needs | Other Safeguard

Support Level Needed \* | Does not apply

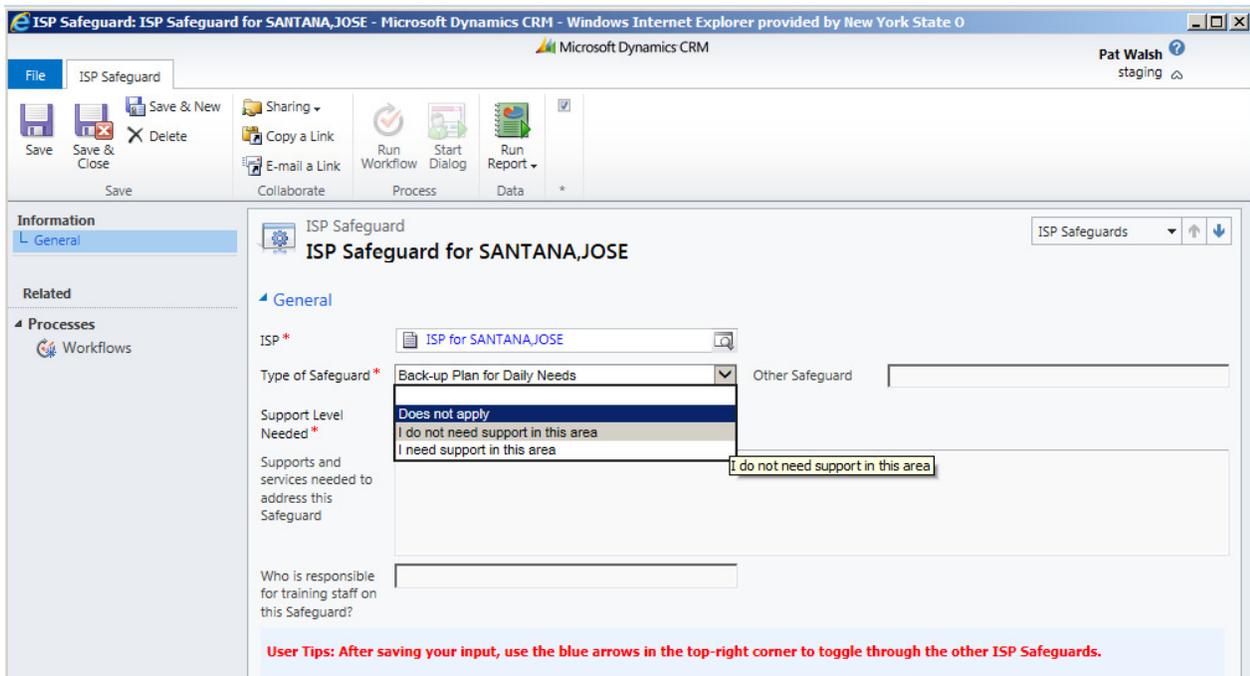
Supports and services needed to address this Safeguard

Who is responsible for training staff on this Safeguard?

User Tips: After saving your input, use the blue arrows in the top-right corner to toggle through the other ISP Safeguards.

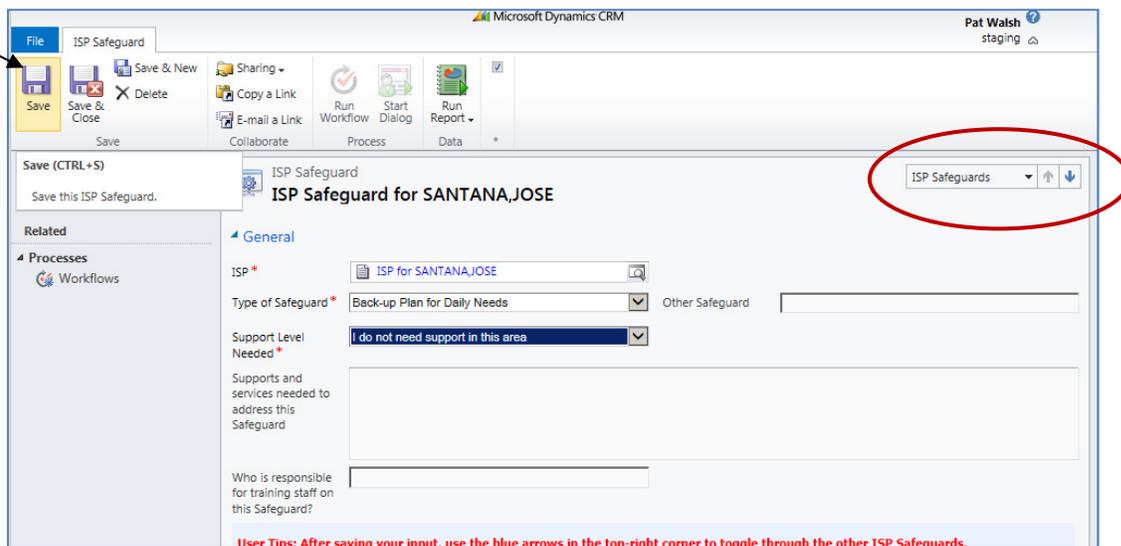
Choose the **correct** *Support Level Needed*. Then continue to complete all necessary information for this Safeguard.

Depending on the selection, other fields may become required.

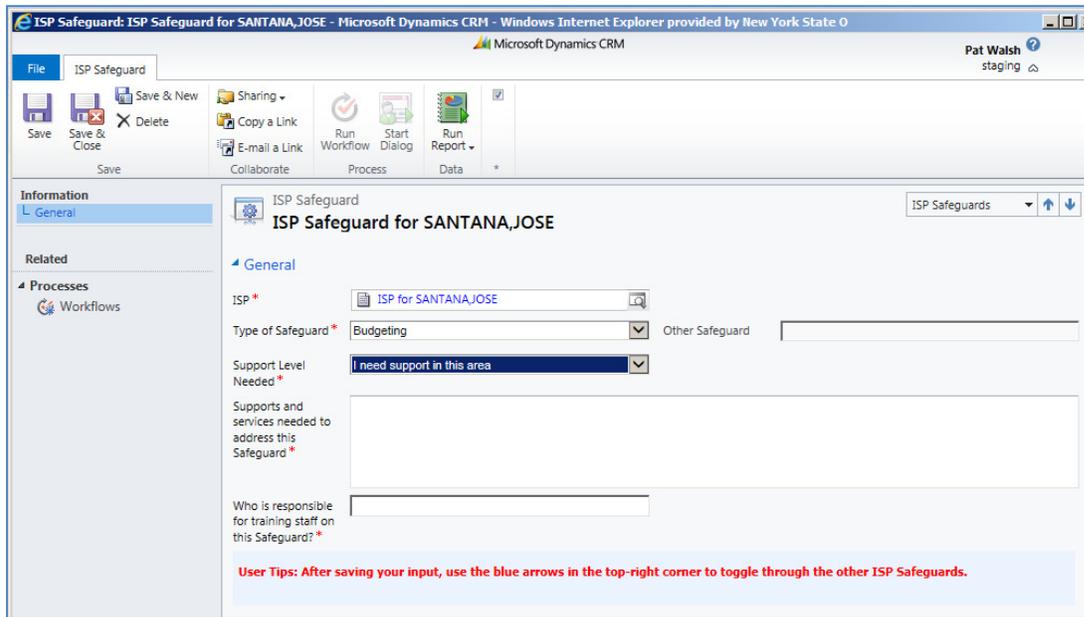


After completing the information for this specific Safeguard, click “Save”.

To move to the next Safeguard, click the blue down arrow, on the right of the box, to automatically move to the next Safeguard.



The next Safeguard box automatically displays. In selecting, “I need support in this area” other fields become required.

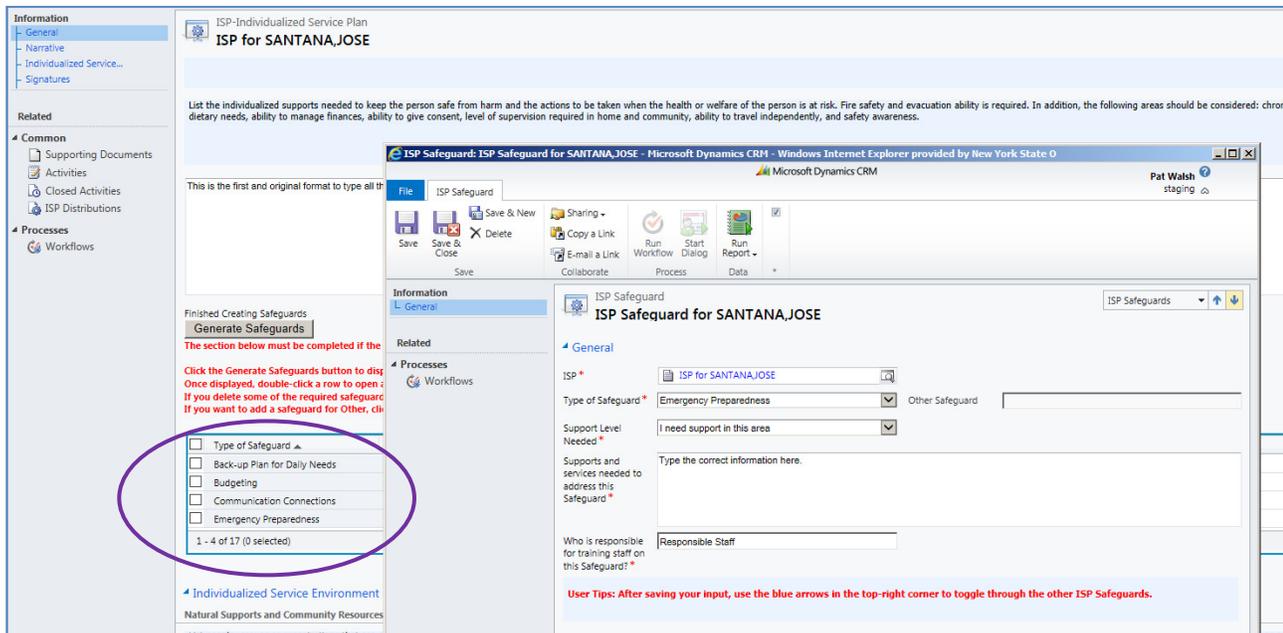


Complete all required information and then click, “Save”.

Again, use the blue down arrow to continue to the next Safeguard.

At the end of the **current list of Safeguards** appearing in the “Type of Safeguard” box, it will be necessary to move to the next page of Safeguards.

The open record is “Emergency Preparedness” and that is the *last* Safeguard on the first page. The blue down arrow *will not* work.



Click “Save & Close” to be returned to the ISP *Type of Safeguard* box.

On the bottom right, of the *Type of Safeguard* box, is the Page number and the forward (blue) arrow to move to the next page of Safeguards.

Click the arrow to load the next page of Safeguards.

<input type="checkbox"/> Type of Safeguard ▲	Other Safeguard ▲	Support Level Needed	Supports and services nee...	Who is responsible for trai...
<input type="checkbox"/> Back-up Plan for Daily Needs		I do not need support in t...		
<input type="checkbox"/> Budgeting		I need support in this area	Type the correct informati...	Responsible Staff
<input type="checkbox"/> Communication Connections		I need support in this area	Type the correct informati...	Responsible Staff
<input checked="" type="checkbox"/> Emergency Preparedness		I need support in this area	Type the correct informati...	Responsible Staff

1 - 4 of 17 (1 selected)

Page 1

The next page of Safeguards displays, double click & continue completing each, through # 17.

<input type="checkbox"/> Type of Safeguard ▲	Other Safeguard ▲	Support Level Needed	Supports and services nee...	Who is responsible for trai...
<input type="checkbox"/> Fire Safety		Does not apply		
<input type="checkbox"/> Guardianship		Does not apply		
<input type="checkbox"/> Informed Consent for General Non-E...		Does not apply		
<input type="checkbox"/> Informed Consent for Psychotropic...		Does not apply		

5 - 8 of 17 (0 selected)

The next link or section, **Individual Service Environment**, has a forced “Save” after completing the **Natural Supports and Community Resources** field, which is another free text field.

The screenshot displays the 'ISP-Individualized Service Plan' form. On the left sidebar, the 'Individualized Service Environment' link is circled in red. The main content area is titled 'New' and contains the following sections:

- Individualized Service Environment**
  - Natural Supports and Community Resources**

List people, groups or organizations that are a resource to the person. For example family, friends, neighbors, associations, community centers, spiritual, school groups, volunteer services, self-help groups, clubs, etc. Include the name of the person, place or organization and a brief statement about what is being done to help the person. Assistance related to achieving a Valued Outcome should be noted.

List people, groups or organizations that are a resource to the person. For example family, friends, neighbors, associations, community centers, spiritual, school groups, volunteer services, self-help groups, clubs, etc. Include the name of the person, place or organization and a brief statement about what is being done to help the person. Assistance related to achieving a Valued Outcome should be noted.
  - Note: Please save this form before adding any of services listed below.**
  - Medicaid State Plan Services**

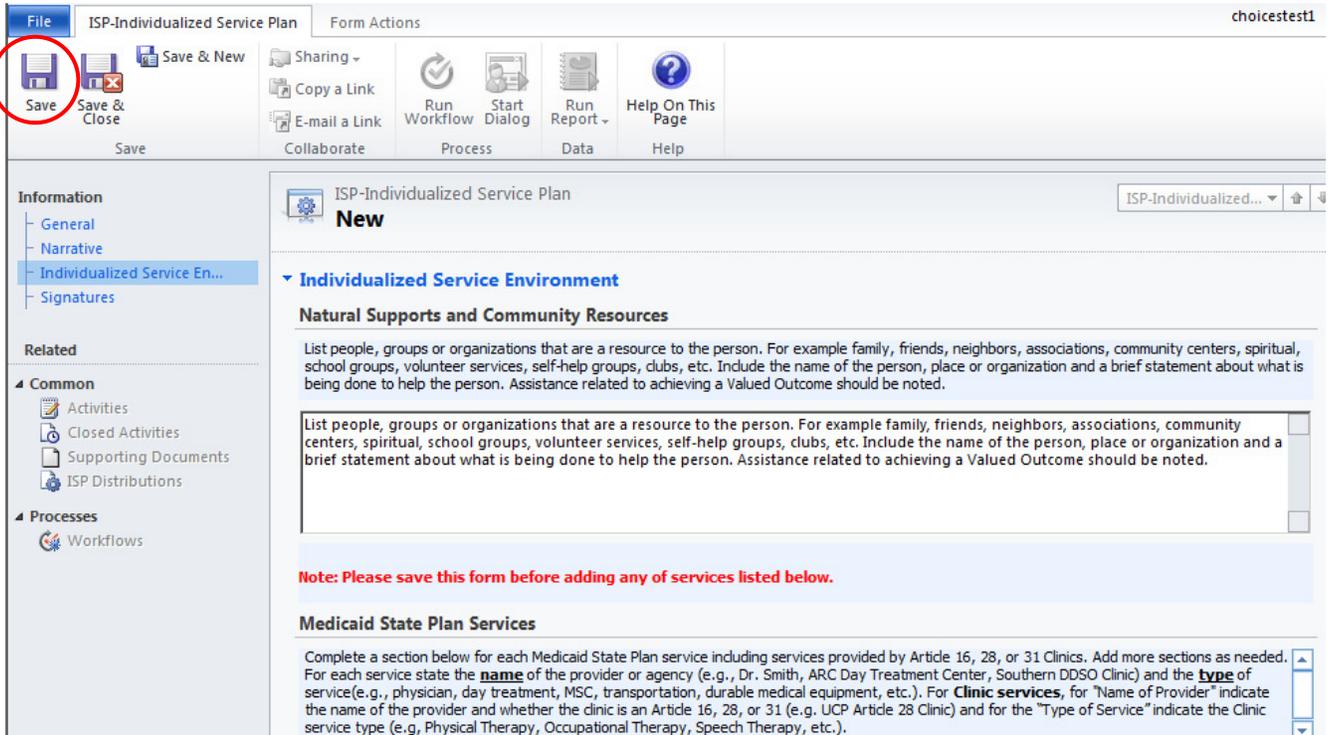
Complete a section below for each Medicaid State Plan service including services provided by Article 16, 28, or 31 Clinics. Add more sections as needed. For each service state the **name** of the provider or agency (e.g., Dr. Smith, ARC Day Treatment Center, Southern DDSO Clinic) and the **type** of service (e.g., physician, day treatment, MSC, transportation, durable medical equipment, etc.). For **Clinic services**, for "Name of Provider" indicate the name of the provider and whether the clinic is an Article 16, 28, or 31 (e.g. UCP Article 28 Clinic) and for the "Type of Service" indicate the Clinic service type (e.g, Physical Therapy, Occupational Therapy, Speech Therapy, etc.).
  - Federal, State or County Funded Services**

Complete a section below for each service. Add more sections as needed. For each service state the **name** of the provider or agency (e.g., VESID, HUD, NYS Office of the Aging, Education Department, BOCES, DOH, Department of Social Services); and the **type** of service (e.g., Senior Citizen Services, educational services, housing). This category does not include Medicaid Funded Services.
  - HCBS Waiver Services**

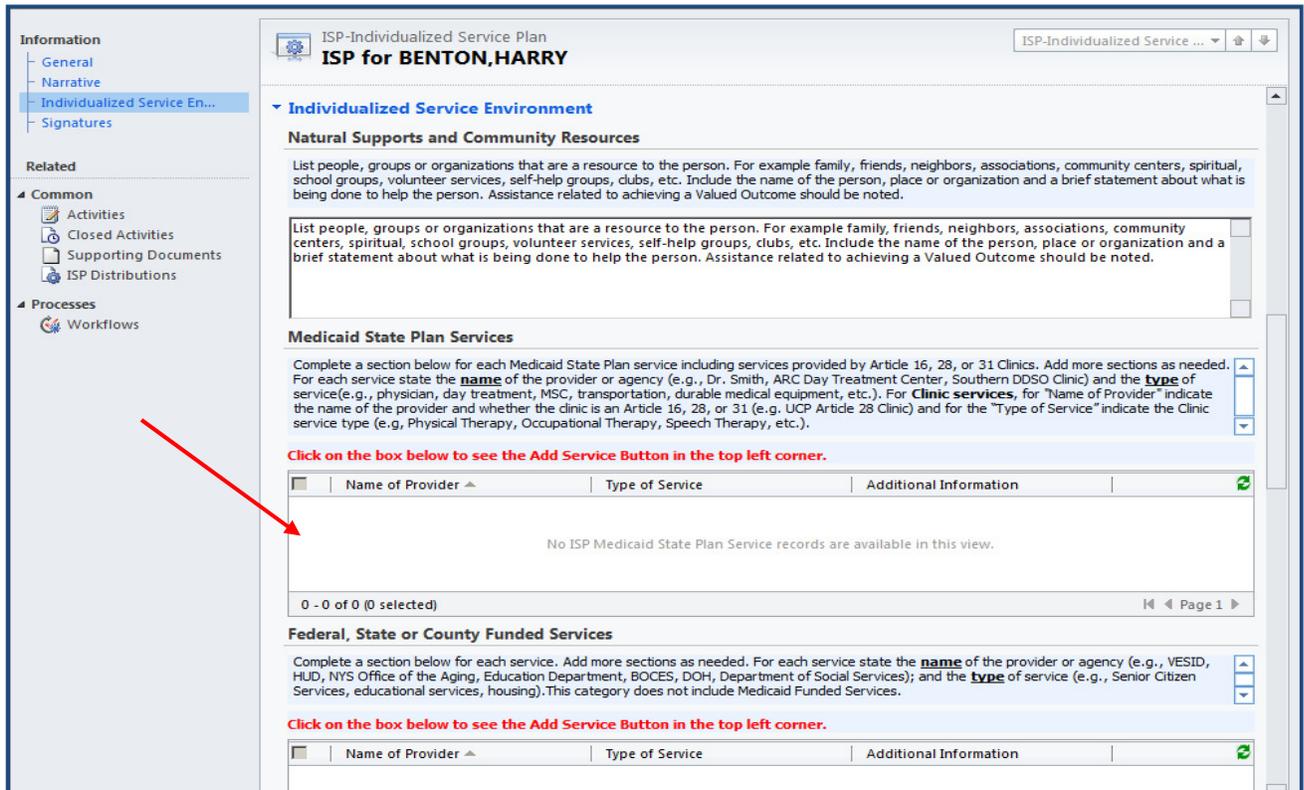
Complete a section below for each waiver service. Add more sections as needed. For each service state the **name** of the provider or agency (e.g., Sunshine Co. UCP, Southern DDSO), the **type** of service (e.g., residential habilitation, supported employment, environmental modification), the **frequency** of the service (billing unit of service), the **duration** (e.g., on-going), and **effective date** (e.g., 1/1/2010).
  - Other or 100% OPWDD funded**

Complete a section below for each service. Add more sections as needed. For each service briefly state the **name** of the provider or agency (e.g., Sunshine Co. UCP, Southern DDSO) and the **type** of service.

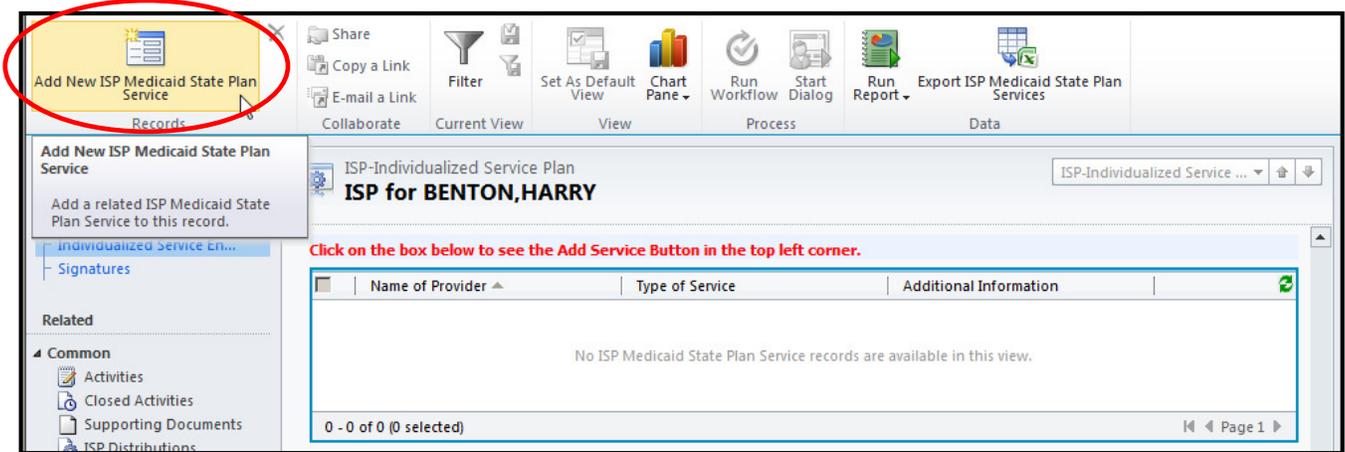
So, after completing the Natural Supports and Community Resources section, click the “Save” icon in the upper left corner of the form.



**NOTE:** the sections that were closed are now available after the “Save”. (Compare the graphic below with the one at the bottom of the previous page in which none of the services were open.)



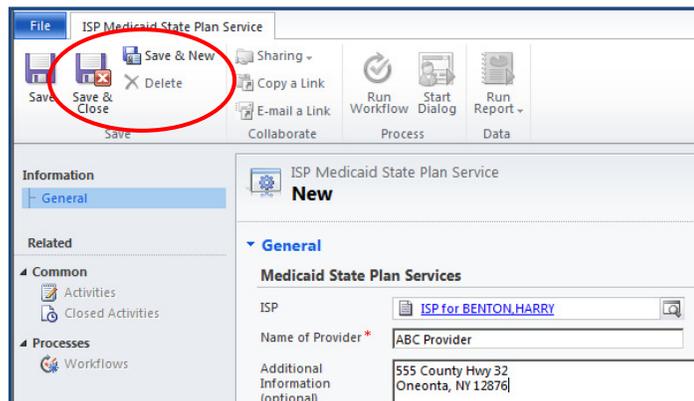
Click inside the box as directed, to activate the correct icons on the ribbon. In this example, the user clicked inside the Medicaid State Plan Services, thus the **Add Medicaid State Plan Service Button** displayed in the top left corner.



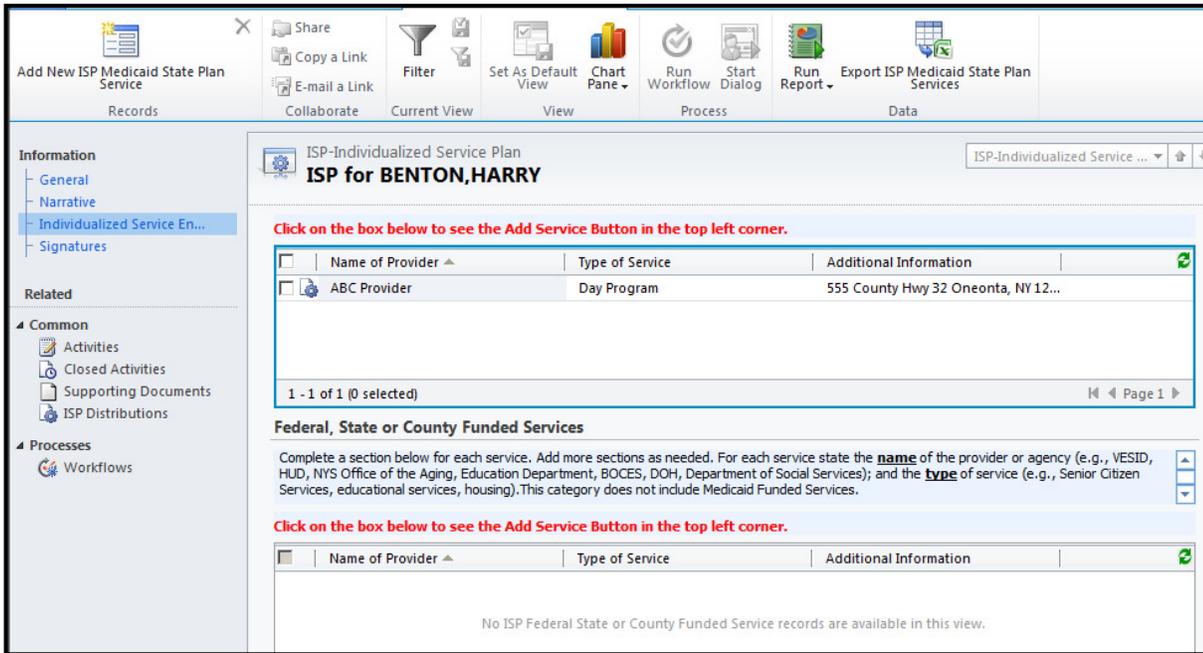
Fill in the information for this Service. Complete all required fields\*.

The **Additional Information** box is optional and a free text field.

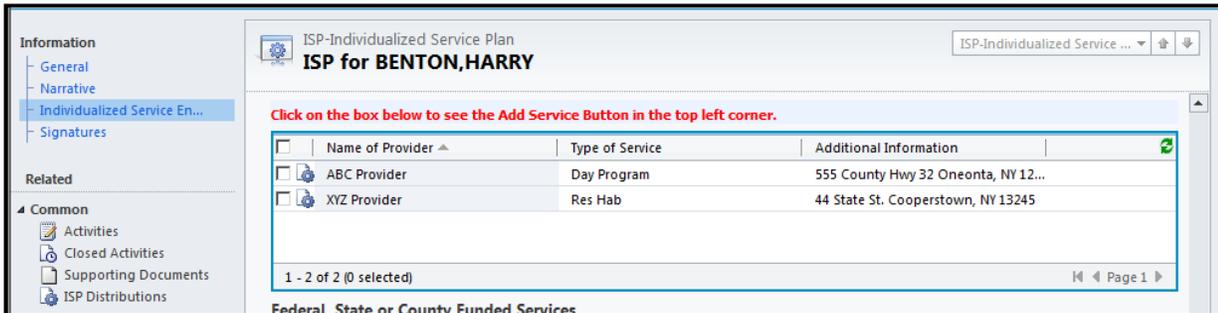
Once all information is completed click **Save and Close** to return to the ISP form. Or click **Save & New** to continue adding services for that specific plan type.



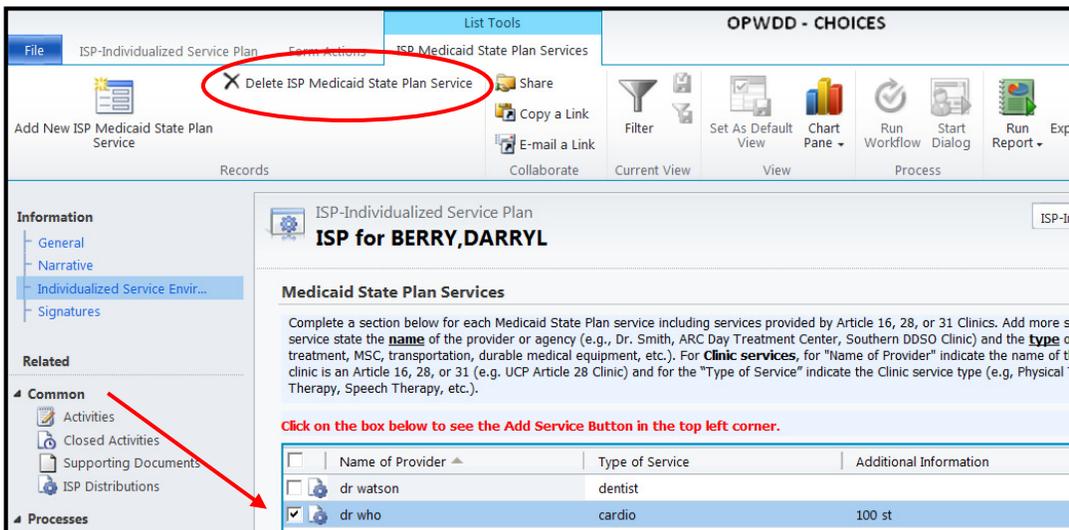
When completed with one type of Services, move to the next and activate by clicking within that Services box. The ribbon will display the appropriate, “**Add... Services**” button.



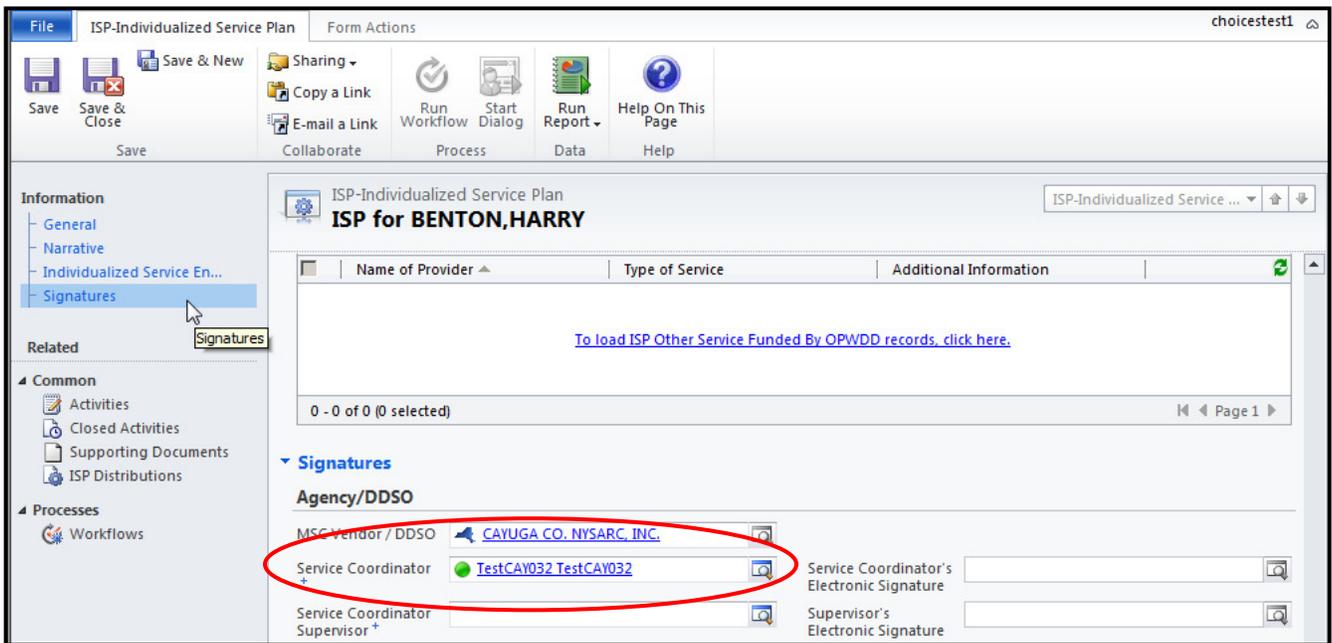
There can be multiple Services under any one Service section.



**Delete** an added service: click in the box in front of the service, the **Delete** icon will become active.

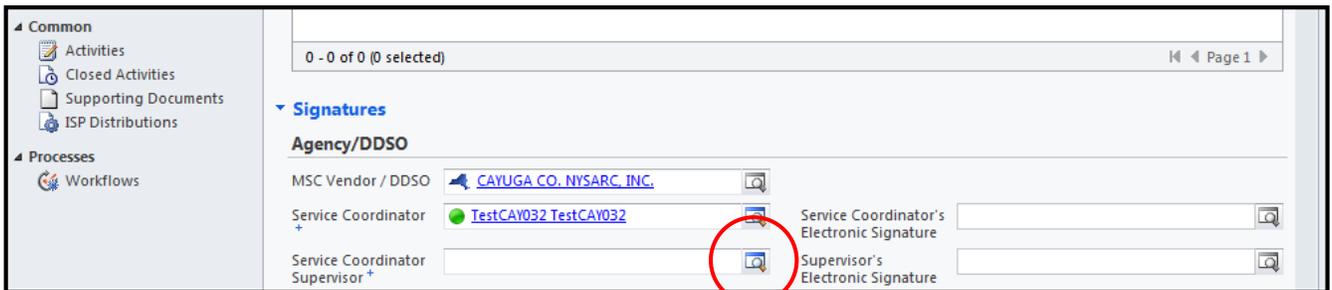


After completing all Services necessary, move to the next section, **Signatures**. The user signed into CHOICES completing this form, is the automatic default for the Agency/DDSO, Service Coordinator, and responsible to sign, once all required information is complete.



Select the Supervisor who will sign the ISP:

Click on the **Find** icon to open a list.



The **Look Up Record** box displays:

You can type the name of the person you are searching for in the Search field and then click Search button :

10/6/2014

**Look Up Record -- Webpage Dialog**

**Look Up Record**  
 Enter your search criteria and click Search to find matching records. Filter your results and view different columns of data by using the View options. Then, select the record you want and click OK.

Look for:

View:   Filter by related Agency

Search:  

	Full Name ▲	Agency	Business Unit
<input type="checkbox"/>	 Alison DeSienoTest2	CAYUGA CO. NYS	60680 -- CAYUGA CO. NY
<input type="checkbox"/>	 TestCAY001 TestCAY001	CAYUGA CO. NYS	60680 -- CAYUGA CO. NY
<input type="checkbox"/>	 TestCAY002 TestCAY002	CAYUGA CO. NYS	60680 -- CAYUGA CO. NY
<input type="checkbox"/>	 TestCAY003 TestCAY003	CAYUGA CO. NYS	60680 -- CAYUGA CO. NY
<input type="checkbox"/>	 TestCAY004 TestCAY004	CAYUGA CO. NYS	60680 -- CAYUGA CO. NY
<input type="checkbox"/>	 TestCAY005 TestCAY005	CAYUGA CO. NYS	60680 -- CAYUGA CO. NY
<input type="checkbox"/>	 testCAY006 TestCAY006	CAYUGA CO. NYS	60680 -- CAYUGA CO. NY

1 - 38 of 38 (0 selected) Page 1

Properties New

OK Cancel Remove Value

https://choicestest1.dynamics.omr/\_controls/ Local intranet | Protected Mode: Off

To select a supervisor, click on the name to check and highlight, and then click “OK” at the bottom of the screen.

**Look Up Record -- Webpage Dialog**

**Look Up Record**  
Enter your search criteria and click Search to find matching records. Filter your results and view different columns of data by using the View options. Then, select the record you want and click OK.

Look for:

View:   Filter by related Agency

Search:

	Full Name ▲	Agency	Business Unit
<input type="checkbox"/>	TestCAY041 TestCAY041	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NYSA
<input type="checkbox"/>	TestCAY042 TestCAY042	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NYSA
<input type="checkbox"/>	TestCAY043 TestCAY043	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NYSA
<input type="checkbox"/>	TestCAY044 TestCAY044	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NYSA
<input checked="" type="checkbox"/>	TestCAY045 TestCAY045	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NYSA

1 - 5 of 5 (1 selected) Page 1

Properties New

**OK** Cancel Remove Value

The **Service Coordinator Supervisor** is now selected.

**Signatures**

**Agency/DDSO**

MSC Vendor / DDSO

Service Coordinator  Service Coordinator's Electronic Signature

Service Coordinator Supervisor  Supervisor's Electronic Signature

**Individual / Family Member Section:**

Notice none of the fields are marked as **required \* fields**, but a signature by the Individual, a Family member or Advocate, is required for the ISP. On the electronic version, you must choose how the signature is to be obtained, via paper or CHOICES Portal.

So the Required Field is actually one of two, **Individual / Family Member or CHOICES Portal User Information**.

**Individual/Family Member**

Has Individual signed paper acknowledging this document? <sup>+</sup>  Date Signed

Has Family Member or Advocate signed paper acknowledging this document? <sup>+</sup>  Date Signed

Name of Family Member or Advocate

**Choices Portal User Information**

Name  CHOICES Portal User Electronic Signature

Relationship To Individual  Specify Other Relationship

Show Form in CHOICES Portal?  No  Yes

Does CHOICES Portal User choose not to sign?  No  Yes

First is the example of **obtaining a signature via paper**.

**Has Individual signed paper ...?** Depending on the selection, other fields will become required.

In the example below, the selection of “Yes – as ...” then the **Date Signed\*** field becomes required.

**Has Family Member/Advocate signed paper form?** This field is dependent on the answer to the first question, “Has Individual signed paper ...”

Obviously, in this example we can see no further action is required since the note “Individual is self advocate” has automatically filled in and is locked (grayed out).

**Individual/Family Member**

Has Individual signed paper acknowledging this document? <sup>+</sup>  **Yes - as self advocate** Date Signed\*

Has Family Member or Advocate signed paper acknowledging this document? <sup>+</sup>  Individual is self advocate Date Signed

Name of Family Member or Advocate

If the Individual or Family Member is **unable or unwilling to sign make that selection**.

Then you can type the name of the Family Member or Advocate to whom you are referring.

**Individual/Family Member**

Has Individual signed paper acknowledging this document? <sup>+</sup>  Date Signed

Has Family Member or Advocate signed paper acknowledging this document? <sup>+</sup>  Date Signed

Name of Family Member or Advocate

Or, select whether the form should be made available through **CHOICES** Portal.

Then the Portal User selected will receive an email and can view and sign the form electronically.

**NOTE:** The Portal is an electronic gateway to CHOICES for the individual, family and advocates. They will receive an email stating a form(s) requires their attention and please enter through the Portal. The email will contain only a **TABS ID** as the identifier.

**Individual/Family Member**

Has Individual signed paper acknowledging this document? <sup>+</sup>  Date Signed

Has Family Member or Advocate signed paper acknowledging this document? <sup>+</sup>  Date Signed

Name of Family Member or Advocate

---

**Choices Portal User Information**

Name \*  CHOICES Portal User Electronic Signature

Relationship To Individual \*  Specify Other Relationship

Show Form in CHOICES Portal?  No  Yes Does CHOICES Portal User choose not to sign?  No  Yes

Fill in all required fields. You must click on **Yes** for the Portal User to view and sign the form.

If the Portal User wants to view the form but refuses to sign, make that selection:

Does CHOICES Portal User choose not to sign? – **Yes** – means they choose not to sign.

**Choices Portal User Information**

Name \*  CHOICES Portal User Electronic Signature

Relationship To Individual \*  Specify Other Relationship

Show Form in CHOICES Portal?  No  Yes

Does CHOICES Portal User choose not to sign?  No  Yes

**Paper Distributions** - This is not mandatory. If you are not recording paper distributions continue to the middle of the following page.

The ISP can record the distribution of paper copies if so desired. DO NOT SUBMIT the completed ISP form until after paper distributions have been noted.

The ISP, once **Saved, but NOT submitted**, allows the link for ISP Distributions to be available.

Click on the **ISP Distributions** link:

[To load ISP Other Service Funded By OPWDD records, click here.](#)

0 - 0 of 0 (0 selected) Page 1

**ISP Distributions**

Agency/DDSO:

Service Coordinator:

Service Coordinator Supervisor:

Service Coordinator's Electronic Signature:

Supervisor's Electronic Signature:

A new window displays:

Click on **Add New ISP Distribution** button

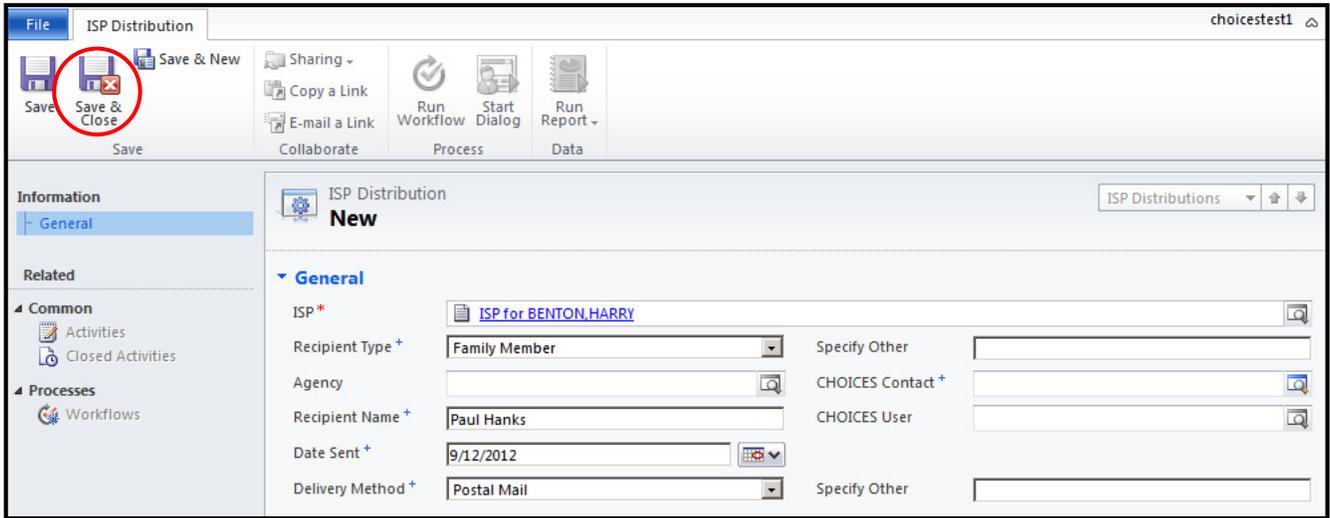
**Add New ISP Distribution**

ISP-Individualized Service Plan: **ISP for BENTON, HARRY**

Name	Recipient Type	Recipient Name	Agency	CHOICES Contact	CHOICES User	Deliver
ISP Distribution for BENTON, HARRY	Family Member			Dean Benson		CHOIC

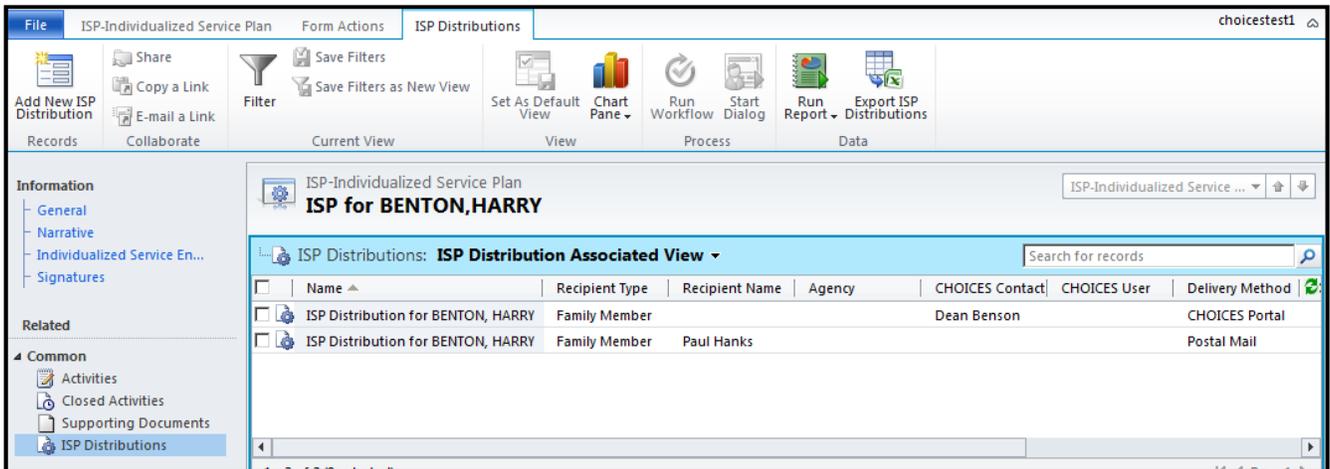
1 - 1 of 1 (0 selected) Page 1

Fill in the information, and then click **“Save and Close”**.



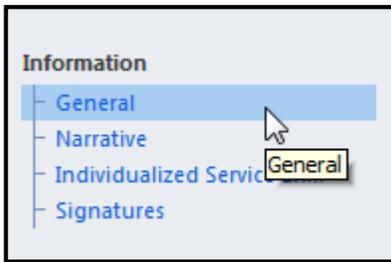
The one Distribution is now listed in the ISP Distributions along with the distribution for sending the ISP to CHOICES Portal.

If there are more distributions to add, click the **Add New ISP Distribution** button again and follow the same process.



Any and all distributions that were noted, *before submission* of the form, will be listed.

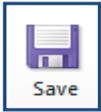
**NOTE:** To go back to the ISP, Click General under the Information section on the left side of the page



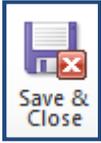
## **Saving, Submitting and Printing the ISP**

Once the form is completed and all required fields have been entered, the ISP form can either be **Saved** or **Signed**.

In the top left-hand corner of the screen you will find a **Save** & **Save and Close** button.

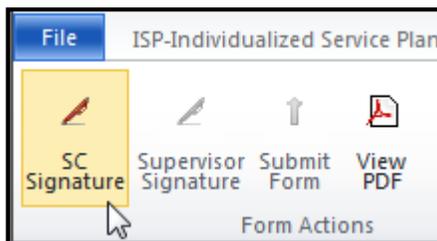
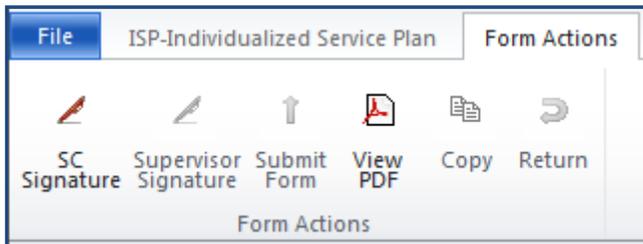
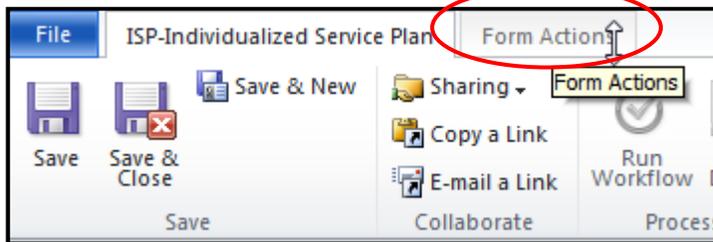


Saves the ISP – Gives it a Saved status, remains open and **View PDF** becomes available



Saves the ISP and **Closes** the form - Gives it a Saved status

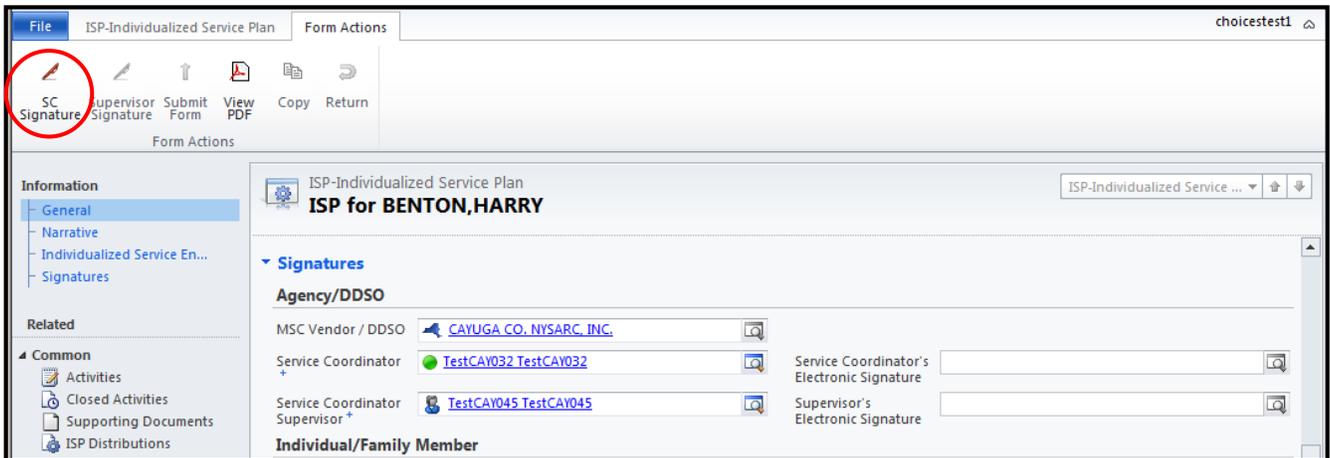
To sign off on the ISP you must first click the **Form Actions** tab at the top of the page.



The Service Coordinator must sign the ISP before submission

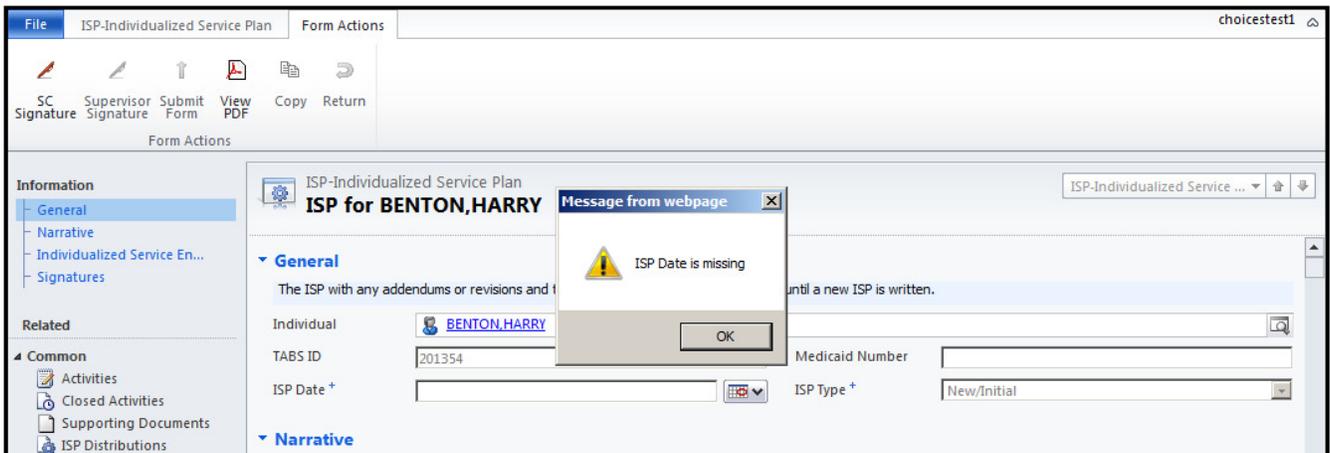
**NOTE:** This gives the ISP form an "In Process" status.

In this example Service Coordinator, testcay032, will sign.



### Error Messages:

An ISP date may *not* have been selected at the beginning since it could be a day or two until completion. But once the SC Signature is clicked, any required field not completed will be displayed.



Fill in any missing information, and then click **SC Signature** again.

**NOTE:** The following message is only to warn you the ISP will be locked. No further edits or changes to *this* ISP form will be allowed.



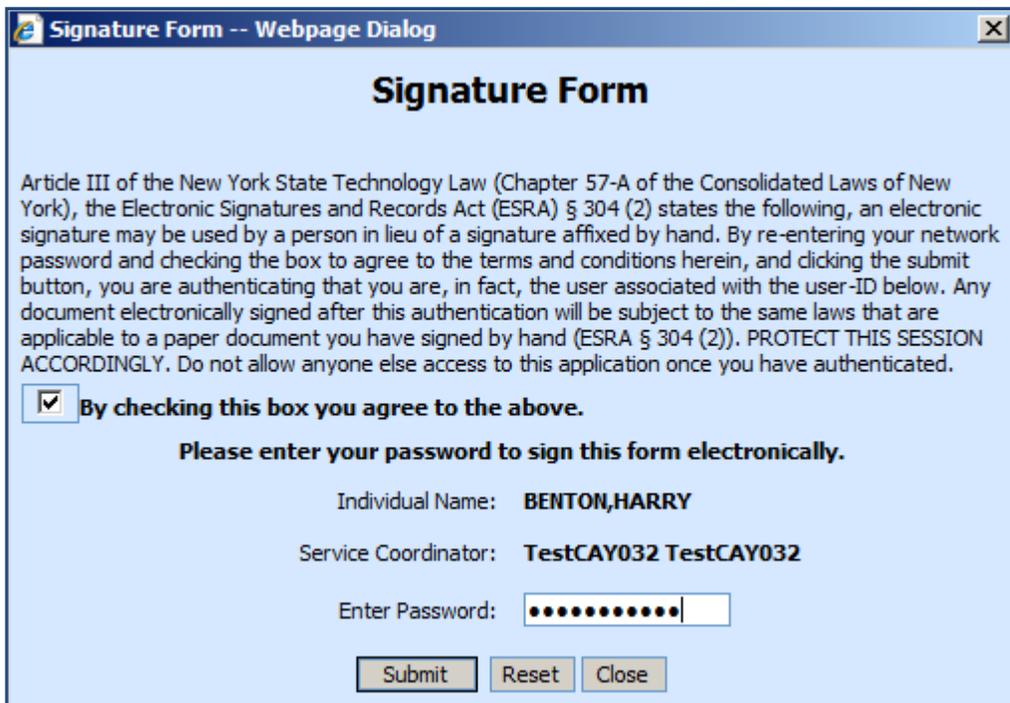
Click **OK**.

**NOTE:** If the ISP must be reviewed by the Supervisor or others, do not sign the form – only Save & Close. The user will then have to communicate with the Supervisor to review the ISP. Once the ISP is signed, it is locked – no further edits on this ISP would be allowed by the system. But if the Supervisor returns the ISP after reviewing it can be copied and edited.

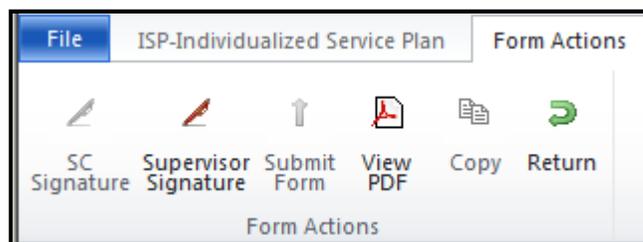
**Recommendation:** have the business process in place so any and all supervisors who need to review the form prior to the Service Coordinator signing and locking the form can do so.

**NOTE:** If this ISP does have inaccuracies and needs to be corrected after its signed, use the **Return** function and create a new ISP by “Copy”

**Read the statement on the Signature Form, click in the box acknowledging you read the statement, then enter your password and click Submit.**



Once the Service Coordinator has signed the form, two new buttons become active:

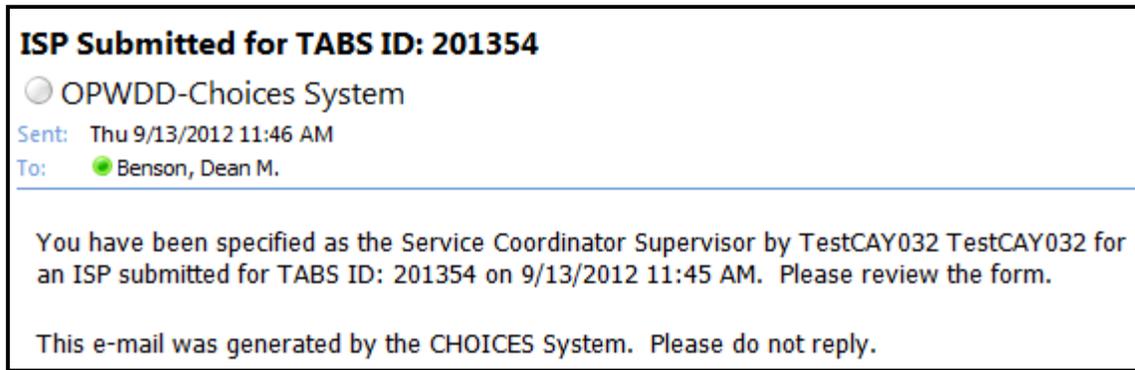


**Supervisor Signature** – the form must now be signed by the SC’s Supervisor or

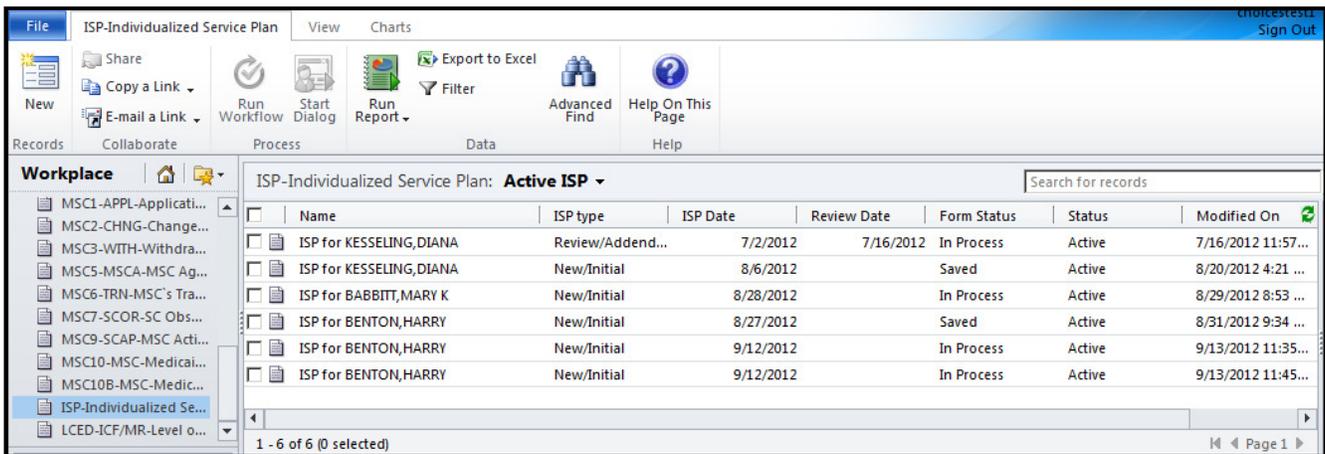
**Return** – if the Supervisor wants further edits, they click **Return** to send back to the Service Coordinator, this ISP form becomes Inactive.

**The Service Coordinator can now “Close” the form, click the “X” in the right corner.**

The Service Coordinator's Supervisor, selected on the ISP, will receive an auto-generated email notifying them that they have an ISP to review.



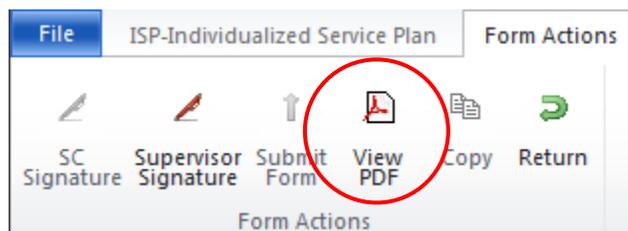
The Service Coordinator Supervisor can review the list of ISPs from the main page of CHOICES or from the Individual's record.



The SC Supervisor can view the form in its electronic version or open a PDF before signing and submitting the ISP.

### To View PDF

Once a form has been saved a new button appears "View PDF", click the button to open the form.



**NOTE:** Depending on the version of Adobe Reader installed on the computer, the form will either be static or dynamic.

A dialog box may displays: Click **Open** to open the PDF.

The PDF displays.

 NYS Office For People With Developmental DisabilitiesISP

## Putting People First

CAYUGA CO. NYSARC, INC.

The ISP with any addendums or revisions and the services described remain in effect until a new ISP is written.

### Individualized Service Plan

**Name of Person:** BENTON,HARRY **ISP Date:** 09/12/2012

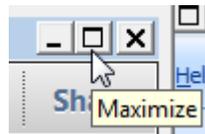
**Medicaid Number(CIN#):**

Date ISP Reviewed	Face to Face?	MSC Name

### Section 1: The Narrative

(Profile, the Person's Valued Outcomes and Safeguards)

You may have to Maximize the form:



**NOTE:** You can print the PDF or view it in this format.

To close the PDF, click the 'X' in the top right-hand corner of the **PDF** screen.



https://choicescsitest1.dynamics.omr/PDF/PDFConfigurator/omrPDFHandler.aspx?pk=433D3ABF-A7FD- - Windows Internet Explorer pro

 NYS Office For People With Developmental Disabilities ISP

# Putting People First

CAYUGA CO. NYSARC, INC.

The ISP with any addendums or revisions and the services described remain in effect until a new ISP is written.

## Individualized Service Plan

**Name of Person:** BENTON,HARRY **ISP Date:** 09/12/2012

**Medicaid Number(CIN#):**

### Submitting the ISP Form

1.) The SC Supervisor must sign:

File ISP-Individualized Service Plan Form Actions choicestest1








Information

- General
- Narrative
- Individualized Service En...
- Signatures

Related

- Common
- Activities
- Closed Activities

ISP-Individualized Service Plan  
**ISP for BENTON,HARRY**

The ISP with any addendums or revisions and the services described remain in effect until a new ISP is written.

Individual: [BENTON,HARRY](#)

TABS ID: 201354 Medicaid Number:

ISP Date: 9/12/2012 ISP Type: New/Initial

**Signature Form**

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By re-entering your network password and checking the box to agree to the terms and conditions herein, and clicking the submit button, you are authenticating that you are, in fact, the user associated with the user-ID below. Any document electronically signed after this authentication will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)). PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

**By checking this box you agree to the above.**

**Please enter your password to sign this form electronically.**

Individual Name: **BENTON,HARRY**

Service Coordinator Supervisor: **TestCAY045 TestCAY045**

Enter Password: [masked]

Submit Reset Close

**TIP:** If you are missing any required fields, an error message will display informing you what to do.

2.) The form will close momentarily and then display with the SC Supervisor's electronic signature and the **Submit Form** button becomes active.

File ISP-Individualized Service Plan Form Actions choicestest1

SC Signature Supervisor Signature **Submit Form** New PDF Copy Return

Information

- General
- Narrative
- Individualized Service En...
- Signatures

Related

Common

- Activities
- Closed Activities
- Supporting Documents

ISP-Individualized Service Plan  
**ISP for BENTON,HARRY**

ISP-Individualized Service ...

Signatures

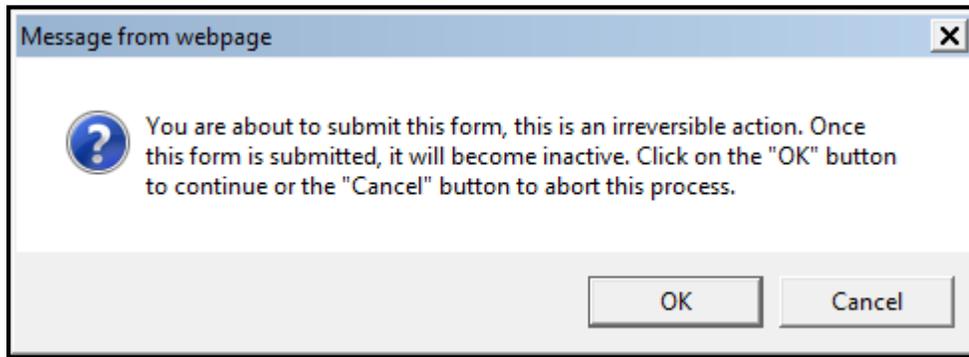
Agency/DDSO

MSC Vendor / DDSO [CAYUGA CO. NYSARC, INC.](#)

Service Coordinator [TestCAY032 TestCAY032](#) Service Coordinator's Electronic Signature [TestCAY032 TestCAY032 on 09/13/2012](#)

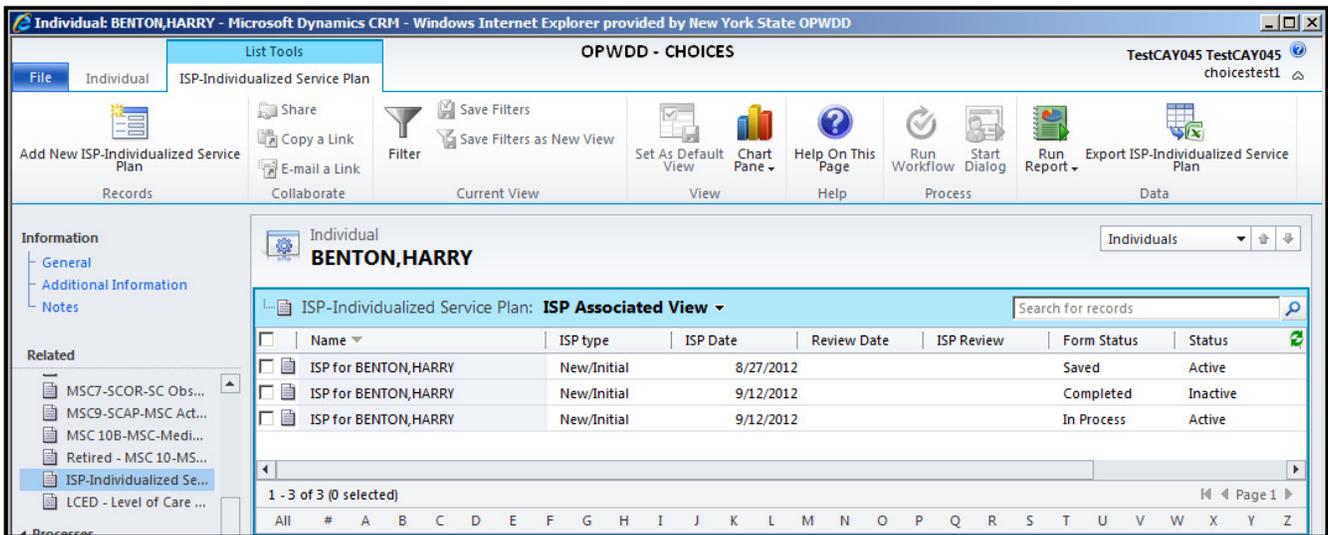
Service Coordinator Supervisor [TestCAY045 TestCAY045](#) Supervisor's Electronic Signature [TestCAY045 TestCAY045 on 09/13/2012](#)

3.) Click **Submit Form** and the following message displays:

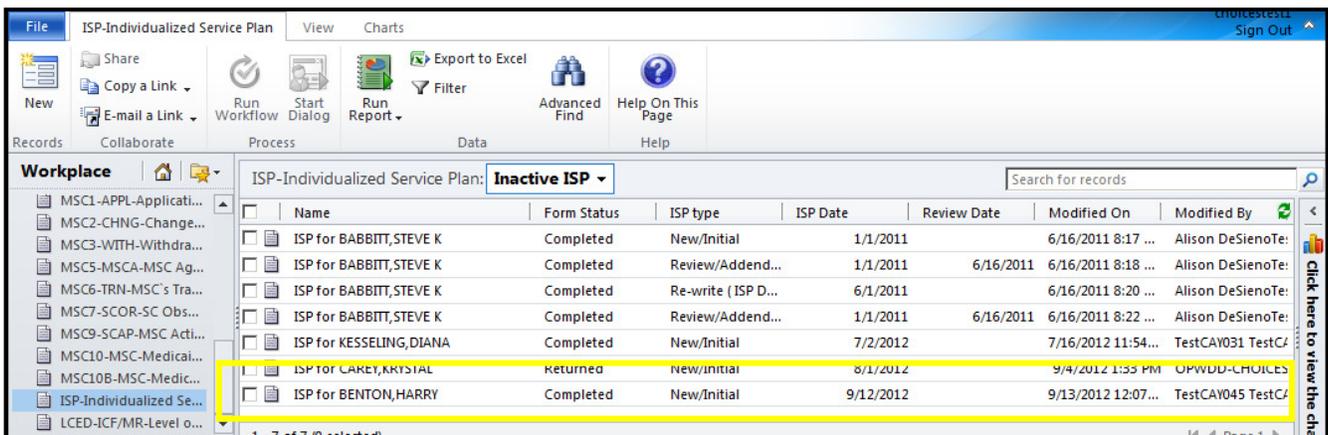


4.) Click **OK** and the form closes.

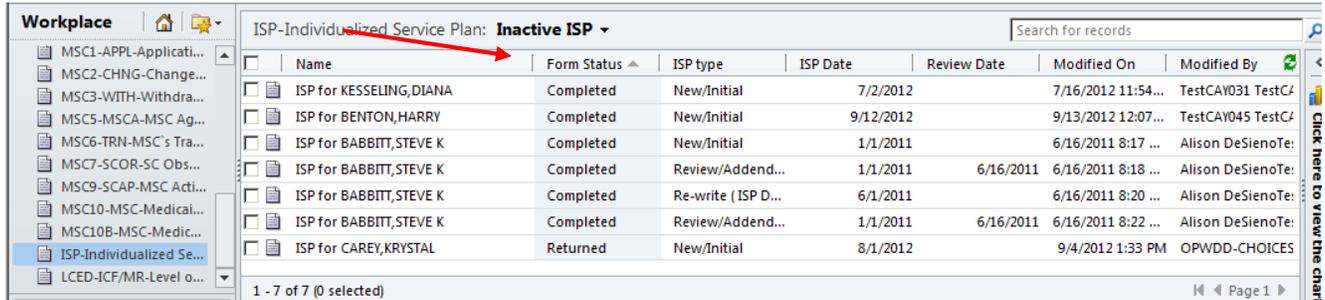
If you were working on the form from the Individual's screen you can see the **Completed** ISP listed.



Returning to the main screen, you can view the Completed ISP, in the list under **Inactive ISP**.



## Sort the Information in any List



The screenshot shows a software interface with a sidebar on the left containing a list of menu items. The main area displays a table titled "ISP-Individualized Service Plan: Inactive ISP". The table has columns for Name, Form Status, ISP type, ISP Date, Review Date, Modified On, and Modified By. The rows are sorted by Form Status, showing "Completed" and "Returned" statuses. A red arrow points to the "Form Status" column header.

Name	Form Status	ISP type	ISP Date	Review Date	Modified On	Modified By
ISP for KESSELING, DIANA	Completed	New/Initial	7/2/2012		7/16/2012 11:54...	TestCAV031 TestCA
ISP for BENTON, HARRY	Completed	New/Initial	9/12/2012		9/13/2012 12:07...	TestCAV045 TestCA
ISP for BABBITT, STEVE K	Completed	New/Initial	1/1/2011		6/16/2011 8:17 ...	Alison DeSienoTe:
ISP for BABBITT, STEVE K	Completed	Review/Addend...	1/1/2011	6/16/2011	6/16/2011 8:18 ...	Alison DeSienoTe:
ISP for BABBITT, STEVE K	Completed	Re-write (ISP D...	6/1/2011		6/16/2011 8:20 ...	Alison DeSienoTe:
ISP for BABBITT, STEVE K	Completed	Review/Addend...	1/1/2011	6/16/2011	6/16/2011 8:22 ...	Alison DeSienoTe:
ISP for CAREY, KRISTAL	Returned	New/Initial	8/1/2012		9/4/2012 1:33 PM	OPWDD-CHOICES

Each list can be sorted by any column.

In this example, the sort was done through the **Form Status** so to view all the completed ISPs.

To see the list alphabetically arranged click on the **Name** button.

To sort the list according to the ISP date, click on the **ISP Date**.