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## Introduction

### Purpose

The *ISP Plan Reviews: Guidance for SCAs* is a resource to guide Support Coordination Agencies (SCAs) during Support Coordinator (SC) development of the person-centered plan and required review of the NJ Individualized Service Plan (ISP) by the SC Supervisor (SCS) prior to approval or submission to State review.

The updated Plan Reviews Guidance document is intended to provide greater specificity on person-centered planning documentation and to align iRecord functionality with high quality documentation in the ISP. iRecord is subject to ongoing updates and enhancements and Support Coordinators should complete all tile elements as additional features are developed.

### Service Plan

Every person determined eligible to receive services from the Division has an ISP developed in iRecord. The ISP is created with the individual's input, reflecting their interests and supporting the growth of their unique characteristics, strengths and goals.

The planning team should gather and consider the needs expressed by the person receiving services and those who know them well (i.e. family, friends, service providers). Outcomes, services, and providers identified in the plan should:

- Focus on the person
- Recognize and respect rights
- Encourage independence
- Recognize and value competence and dignity
- Respect cultural and religious needs and preferences
- Promote employment
- Promote active engagement and meaningful connections within the community
- Preserve the person's dignity and identity
- Support strengths
- Maintain quality of life
- Enhance all domains/areas of development
- Promote safety and mitigate risk
- Promote financial security and reliable access to resources

### Division Oversight & Quality Monitoring

Section 15.5 of the policy manuals indicates that the Division is required to implement oversight and monitoring of Division-approved service providers. As such, agencies will be subject to audits and formal reviews of programmatic functions not limited to, but which include monitoring of service plans, including assessed needs met and revisions made when necessary, individual choice, individual outcomes and goal attainment. Agencies should ensure all ISPs are up to date at all times and meet requirements outlined in this document. Agencies selected for formal evaluation will be notified by the Division or other auditing body.

In addition to formal evaluation work completed by the Division, the Division’s Support Coordination Unit (SCU) is often directly involved with the approval of ISPs. Specifically, the Division currently categorizes SCAs in the following manner:

- Released – Released SCAs have demonstrated capacity to develop plans that meet Division requirements and are authorized to approve ISPs for the agency.
- Unreleased – Unreleased SCAs have either not yet demonstrated capacity in ISP development, or have a history of not meeting Division requirements. Unreleased SCAs must submit their ISPs to the SCU for review and approval. With this type of technical assistance and oversight, it is anticipated that with time, the SCA may move to Released status.

Service providers that do not meet Division requirements will enter the Corrective Action Plan process and/or the provider disenrollment process. See policy manual Section 16 for details on disenrollment.

SCAs should be aware that evaluation scoring, beginning in 2026, will align with the CMS quality benchmark of 90%. Meaning, evaluation scores for SCA documentation, using the metrics outlined in this document, must be 90% or higher.

### Technical Assistance

The Division is committed to providing quality services to individuals with developmental disabilities and will provide technical assistance to service providers to improve performance. A SCU Quality Assurance Specialist (QAS) will be assigned to each SCA to provide training and technical assistance in service plan development.

### Home and Community Based Services (HCBS) Settings Compliance

All waiver services funded by the Division are Home and Community Based Services (HCBS) made possible by New Jersey’s participation in the Comprehensive Medicaid Waiver. The HCBS Guidelines can be found in the Division’s Supports Program and Community Care Program [policy manuals](#). In accordance with the [Home and Community Based Services \(HCBS\) Settings Final Rule](#) and [42 CFR § 441.301](#) all HCBS must be delivered in settings that are integrated in, and support full access to, their community.

### ISP and Person-Centered Planning Tool (PCPT) Submission Criteria

This guidebook outlines what is referred to as “submission criteria.” Submission criteria is the list of elements that must be included for a document to meet minimum requirements and be considered person-centered and complete. The submission criteria guidance ensures the ISP & PCPT meets at least the minimum quality requirement. The scoring outlined in this document is the same scoring that will be used in the evaluation of documents generated by Support Coordination Agencies. Scoring is assigned to each required element; with a goal of the ISP & PCPT scoring a 3 in each category. Each category of scoring represents specific tiles in iRecord. The scoring metric is available for SCAs to utilize in review of their own plans, to ensure that requirements are met.

- For **Released SCAs** – If plan changes are needed prior to SCS approval, the SCS will communicate the need for revisions to the SC and approve once revisions are complete.
- For **Unreleased SCAs** – the SCS must submit all ISPs to the Division for review and approval. Division staff will provide a rationale for required revisions in addition to best practice feedback for inclusion in the next ISP amendment/revision.

Any category in which requirements are not met will necessitate an ISP revision/amendment. The ISP/PCPT must always be up to date and reflective of the person's situation, needs, preferences and health & safety considerations.

## Appendix

The appendix section of this document offers information beyond the requirements as outlined within the submission criteria to facilitate quality improvement across all areas of the ISP and PCPT. The additional guidance contains quality expectation reminders, Division training materials and resources published by [The Boggs Center on Disability and Human Development](#). Also included are suggestions for conversation prompts and leading questions that can be adapted for SC use during the discovery phase of plan development. **Note:** Documents linked to this Guide may be updated at any time. Please refer to the [Support Coordination Information](#) webpage for current versions.

### IMPORTANT

**The ISP is a living document that should change as the person changes. It should be regularly reviewed, revised and updated as needed to reflect the person's changing interests, circumstances, needs, goals and desires. Updates should not wait until the annual ISP review.**

## Additional Resources

- The Division's Supports Program and Community Care Program [Policy Manuals](#)
- [Best Practice Guide: a Technical Assistance Guide for SCAs](#)
- [Support Coordination Information](#) webpage
- [ABC Manual: the Basics of Care Management](#)
- [iRecord User Guide](#)
- [Self-Directed Services/Self-Direction](#)
- [Developing Effective Person-Centered Planning Tools & New Jersey Individualized Service Plans](#)
- [Person-Centered Planning](#) webpage

## ISP Submission Criteria

The ISP identifies and describes the person's support and supervision needs as well as all Division-funded services, natural/generic supports and/or community resources currently being utilized or needed.

### Guiding Principles

During plan development or review, the SC or SCS ensures:

- The individual is given the opportunity to attend the meeting in-person, if preferred.
- The inclusive team is invited to participate, as preferred by the individual.
- There is a clear picture of who the person is and what is important to them.
- The plan describes the person in terms of their strengths, preferences and aspirations, not their disability or limitations.
- The plan contains detailed information on all support and supervision needs to guide supporters to minimize the potential for risk.
- The team reviews the person's medical needs and schedule of routine exams specific to their age group as recommended by the medical provider.
- There is a clear connection throughout all service planning documents (the ISP, PCPT, NJ Comprehensive Assessment Tool (NJCAT), Employment documents, Mental Health Prescreening Checklist, ISP Worksheets, etc.).
- Division requirements are met.

### Risk

**Reducing the Potential for Risk:** Plan review elements include a team discussion of new or previously identified risks and prevention strategies. For the purpose of evaluation, the following definitions of risk are considered when reviewing the plan and choosing the score in the Submission Criteria:

- **Low Risk:** Not likely to require immediate care by a medical professional, but the plan is missing or contains inconsistent information between the ISP and other documentation related to care of the person. Documentation and care discrepancies are not deemed significant in terms of immediate risk.
- **Moderate to High Risk:** Potential for harm which may require immediate care by a medical professional and the plan is missing or contains inconsistent information between the ISP and other documentation related to care of the person. Correction is needed to minimize risk.

**Dignity of Risk:** The planning team must recognize and respect a person's competence, dignity and right to make choices, even if there is a chance of negative consequences. SCs and approved service providers must include the person in problem-solving and decision-making, as well as ensure that services are provided in an unobtrusive and non-imposing manner. The team should navigate any challenging conversations tactfully to address concerns such as potential risks to safety. If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person's position is noted in the ISP. Outcomes, services and providers identified in the plan should align with the person's vision for their life.

Each section below outlines the elements required in documentation, with specific instruction and criteria outlined to ensure requirements are met and that documents reflect the person. Please refer to the Appendix for more detail in each category.

## Outcomes

Outcomes are entered within the Plans tab in iRecord. Outcomes must be specific to the person, linked to the PCPT and reflect the person’s choice and what they want to accomplish, improve, change and/or maintain in their life. Outcomes should be written as the end result, in the future tense, using person-centered language. Outcomes should focus on one area of achievement and, should not include the name of the service or service provider. The service provider must collaborate with the individual to develop strategies used to progress toward reaching the outcome(s) related to the service(s) they are providing and maintain documentation of the individual’s progress using Division required service delivery documentation. The planning team and individual should review the outcomes prior to plan approval.

Additional guidance available in [Appendix B](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>• PCPT not updated from previous year; unable to determine what the person wants to achieve</li> <li>• Outcomes do not use person-centered language (i.e. language that is disrespectful, applies only to a person with a disability)</li> <li>• Outcomes are not connected to the PCPT (i.e. not unique to the person, or reflecting what the person wants to accomplish, change, improve, or maintain)</li> <li>• Outcomes are unclear (due to a focus on multiple areas of achievement, not written as an end result or in future tense, excessive grammar or spelling errors)</li> <li>• Outcomes are not reflective of the person’s choice</li> <li>• Outcome refers to a specific provider or service</li> </ul>	<ul style="list-style-type: none"> <li>• Person-centered language (respectful, could apply to anyone without a disability)</li> <li>• Connected to the PCPT (unique to the person and reflects what they want to accomplish, change, improve, or maintain)</li> <li>• Outcome is clear (single area of achievement, written as end result and in future tense, grammar/spelling errors are minimal)</li> <li>• No reference to a program or service</li> <li>• Reflects the person’s choice</li> <li>• PCPT updated and reflects what the person wants to achieve or maintain</li> </ul>

## Employment

This category corresponds to the Employment tab and Outcomes section of iRecord. Competitive, integrated employment in the general workforce is the first and preferred post-education outcome. Every ISP must include at least one employment-related outcome to assist the person towards work experience, exposure, or attainment if the person is not pursuing employment at the time of the ISP meeting. The employment outcome, ISP, PCPT and Employment documents must align. If the person is interested in working, the SC should document the date of the referral submission in an iRecord case note and within the comments section of the Employment Pathway.

Additional guidance available in [Appendix C](#) of this document and in the [Best Practice Guide](#).

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>• No outcome related to employment, and person is not retired</li> <li>• Outcome is not unique to the person, relates to deficits, or does not move the person towards desired employment-related goal</li> <li>• Conflicting information or no connection between the employment outcome, ISP, PCPT, and employment document</li> <li>• Barriers to employment (i.e. behavioral, medical) not addressed or the reason given for not pursuing employment is disability-based</li> </ul>	<ul style="list-style-type: none"> <li>• At least one outcome is related to employment (even if the individual is not currently pursuing employment)</li> <li>• Outcome is unique to the person and relates to strengths, skills, preferences, and interests, and moves the person towards employment goals</li> <li>• Clear connection between the employment outcome, ISP, PCPT, employment document, and employment tiles</li> </ul>

<ul style="list-style-type: none"> <li>• <u>F3, F6, or DVRS referral</u> do not align with the person’s needs or employment goals (ex: F3 or DVRS referral submitted but individual cannot/does not wish to work, F6 completed but person wants to work, F3/F6/DVRS referral submitted but the person is competitively employed)</li> <li>• Incorrect Pathway selected in iRecord</li> <li>• Incorrect use of the Retirement feature (ex: Retirement checkbox marked but the person wishes to continue working or attend day habilitation, medical day or behavioral health programming)</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers to employment are not disability-based and are related to potential for harm which cannot be addressed via supports/services at this time</li> <li>• F3, F6, or DVRS referral align with the person’s needs and employment goals</li> <li>• Correct Pathway selected in iRecord, includes detailed information regarding current and history of employment</li> <li>• Correct use of Retirement feature, if applicable</li> </ul>
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### Services

Services are entered via Outcomes in the Plans tab of iRecord. Services must relate to identified needs (NJCAT and/or PCPT) and support the outcome under which they are listed, reflect individual choice and support the person in meaningful community participation. At least one billable service must be entered. Any barriers to services should be described and the strategies to address them should be documented. Exploratory services can be entered for up to 90 days to allow time for service identification. Natural/Generic Services (those not funded through the budget) should be included in the ISP and referenced in the PCPT in order to reflect any ongoing services provided via different funding sources (PPP/PCA, DVRS/CBVI employment services, Medical and Partial Care Day Programs, Private Duty Nursing, natural supports, etc.). If the person receives PPP or PCA services, the plan should indicate who is providing the service, during what hours, and whether the allotted hours meet the person’s needs. Natural/Generic services are not considered exploratory and can be entered into the plan for more than 90 days. Continuous services should be entered for the full plan year in order to remain within the allotted budget and avoid a gap in supports.

For individuals that utilize self-directed services, Electronic Visit Verification (EVV) is a federally mandated requirement that ensures provider visits for personal care are occurring. EVV statements must be entered in the EVV Description text field in iRecord under the “Provider” tab for any of the following: Community Based Supports, Individual Supports 15-minute Rate, In-home Respite, Behavioral Supports, Habilitative Therapies (PT, OT, Speech/Language/Hearing). EVV statements are not required for Individual Supports (Daily Rate) or for non-Division funded services. Live-in caregivers are exempt from EVV requirements.

Additional guidance available in [Appendix D](#) of this document and in the [Best Practice Guide](#). Guidance related to self-directed services and Electronic Visit Verification (EVV) can be found on the Support Coordination Information [webpage](#).

#### Requirements Not Met- 1

- Services do not relate to identified needs or support the outcome(s) under which they are listed
- Service documentation is inconsistent with and/or not connected to PCPT and/or NJCAT
- Known obstacles to receiving desired services not documented and/or addressed
- No billable service is entered or an exploratory service is entered for more than 90 days
- Natural/generic services (not Division-funded) are not included in the ISP (if applicable)

#### Meets Minimum Requirement- 3

- Services relate to identified needs and supports the outcome(s) under which they are listed
- Service documentation is consistent with and/or reflects a clear connection to PCPT and/or NJCAT
- Known obstacles to receiving services are identified, with strategies to address
- At least one billable service is entered, or exploratory services are entered for a maximum of 90 days to allow time for service identification
- Natural/generic services (not Division-funded) are included in the ISP (if applicable)

<ul style="list-style-type: none"> <li>If utilizing self-directed services: Under “Provider” in the EVV Checkbox feature, an EVV status (Yes, No, Intermittently) has not been identified for an applicable service or is inconsistent with the note entered in the EVV Description text field. (See <a href="#">EVV Guidance for Support Coordination Agencies</a>)</li> </ul>	<ul style="list-style-type: none"> <li>If utilizing self-directed services: Under “Provider” in the EVV Checkbox feature, an EVV status (Yes, No, Intermittently) has been identified for an applicable service and is consistent with the note entered in the EVV Description text field. (See <a href="#">EVV Guidance for Support Coordination Agencies</a>)</li> </ul>
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**Health & Nutrition**

This category relates to the Self-Care, Substance Use, Allergies, Dietary and Health Hazards tiles in iRecord. The plan should clearly describe the person’s support and supervision needs in a way that helps supporters understand how to best ensure the person’s safety, while respecting their preferences and promoting their wellbeing.

**Self-Care**

The Self-Care tile in iRecord contains the following drop-down options: Adjusting water temperature, Blowing nose, Chewing & swallowing, Dressing, Drinking on own, Feeding self, Toileting-bladder, Toileting-bowel, Using microwave, Using stove, Washing hands, Other. SCs must complete all drop-down options and include detail about the type of assistance (i.e. physical assistance, hand over hand, verbal prompting, reminders) needed to support the person in each area. Details must align with the NJCAT, ISP Worksheets for Residential or Day Habilitation Providers, as applicable. Responses in the NJCAT should be used to drive conversations regarding the individual’s current support needs as they relate to self-care and hygiene, but responses from the NJCAT should not be copied/pasted into the ISP.

\*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

Additional guidance available in [Appendix E](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Information from the ISP Worksheet(s) related to self-care is not included in the ISP which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>Information related to current self-care needs is inconsistent with the NJCAT and/or the discrepancy is not explained in areas which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>Support or supervision with current self-care needs is not clear which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>All iRecord drop-down options are not completed</li> </ul>	<ul style="list-style-type: none"> <li>Support needs align with ISP Worksheet(s)</li> <li>Information describes self-care needs and/or concerns</li> <li>All iRecord drop-down options are completed</li> <li>Information is consistent with the NJCAT, discrepancies are explained</li> <li>Information contains essential detail for support or supervision regarding current self-care needs to minimize the potential for harm or negative outcome</li> </ul>

**Substance Use**

The Substance Use tile in iRecord was created to give SCs a dedicated place to list treatment or support needs in the event the individual currently uses or formerly used substances. If the individual has not used substances, select ‘Never used.’ The individual or their legal guardian have the option of selecting ‘Prefers not to answer.’ If the individual requires treatment or support, enter a comment. Supervision and support needs must be also be described under the appropriate Settings tile.

Additional guidance available in [Appendix F](#) of this document.

Requirements Not Met- not scored	Meets Minimum Requirements- not scored
<ul style="list-style-type: none"> <li>• ‘Prefers not to answer’ or ‘Never Used’ was not selected yet the tile is incomplete</li> </ul>	<ul style="list-style-type: none"> <li>• The tile is completed or ‘Prefers not to answer’ was selected</li> </ul>
<p style="text-align: center;"><b>Allergies</b></p> <p>The Allergies tile in iRecord contains the following drop-down options: Environmental, Food, Medication. SCs must describe known allergies for each drop-down option, identify any related interventions, protocols, or precautions and illustrate what an allergic reaction looks like specific to the person as well as what treatment may be needed. Individualized support needs should be documented accordingly (i.e. assistance needed to use EpiPen).</p> <p>*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.</p>	
<p style="text-align: center;">Additional guidance available in <a href="#">Appendix G</a> of this document.</p>	
Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>• Information lacks detail (intervention, protocols, precautions, how to identify a reaction) for support of current allergies which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>• Information from the ISP Worksheet(s), where applicable, related to allergy intervention, protocols, how to identify a reaction is not included in the ISP which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>• Discrepancies with the NJCAT regarding allergies are not explained which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>• Allergies are mentioned in the plan but are not documented in the correct iRecord tile</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy needs/concerns are clearly identified, fully addressed and documented in the iRecord Allergy tile</li> <li>• Information contains essential detail (intervention, protocols, precautions, how to identify a reaction, and treatment/medication for support regarding current allergies to minimize the potential for risk</li> <li>• Support needs align with ISP Worksheet(s)</li> <li>• Information is consistent with the NJCAT, discrepancies are explained</li> <li>• The person has no known allergies at this time, and this information is included in the iRecord tile</li> </ul>
<p style="text-align: center;"><b>Dietary</b></p> <p>The Dietary tile in iRecord contains the following drop-down options: Food prep (Diet), Food prep (Liquid), Mealtime supervision, Special diet, Tube fed. SCs must describe the person’s dietary preferences, medically prescribed diets, specialized texture or liquid preparations, medical restrictions or guidelines, and/or mealtime supervision needs. Information reflected in each dropdown should summarize the information learned through the discovery process (NJCAT, ISP worksheets, PCPT, team discussions). The diet described in the ISP must match what is documented on the prescription, where applicable. It is best practice to upload the diet prescription.</p> <p>*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.</p>	
<p style="text-align: center;">Additional guidance available in <a href="#">Appendix H</a> of this document.</p>	
Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>• The diet described in the ISP does not match the available prescription (where applicable) which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>• It is unclear if the diet is a preference vs prescribed</li> </ul>	<ul style="list-style-type: none"> <li>• The diet described in the ISP matches the available prescription (where applicable)</li> <li>• It is clear that the diet is a preference, if applicable</li> </ul>

<ul style="list-style-type: none"> <li>Information lacks detail for support regarding food or liquid preparation which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>Information from the ISP Worksheet(s) related to dietary needs, supervision at mealtime or when around food/liquids is not included in the ISP which may have a moderate risk to high risk potential for harm or negative outcome</li> <li>Discrepancies with the NJCAT regarding dietary needs or restrictions are not explained which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Information lacks detail regarding support/supervision at mealtime or when around foods/liquids which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Dietary needs are mentioned in the plan but are not documented in the correct iRecord tile</li> </ul>	<ul style="list-style-type: none"> <li>Information contains essential detail regarding support/supervision at mealtime or when around foods/liquids to minimize the potential for risk</li> <li>Dietary needs and supervision at mealtime or when around food/liquids, in the ISP align with the ISP Worksheet(s), as applicable</li> <li>Information is consistent with the NJCAT, discrepancies are explained</li> <li>The person does not have a prescribed diet or dietary preference at this time, and this information is included in the iRecord tile</li> </ul>
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**Health Hazards**

The Health Hazards tile in iRecord contains the following drop-down options: Aspiration, Bowel impaction, Choking, Constipation, Dehydration, Falling, Seizures, Swallowing Disorder, Other. Other may include, but is not limited to skin conditions, diabetes, respiratory conditions and diagnoses related to the heart, bladder/kidney, or musculoskeletal system. SCs must describe the concern, indicate the status (new, current, or observed in the past), identify precautions or interventions and explain how the condition is managed. If the person is prescribed medication for a diagnosis, ensure the name of the medication (including dosage, frequency, times of administration, purpose and assistance needed) is included in the Medication section.

\*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

Additional guidance available in [Appendix I](#) of this document.

<b>Requirements Not Met- 1</b>	<b>Meets Minimum Requirements- 3</b>
<ul style="list-style-type: none"> <li>Information lacks detail regarding support or supervision which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Precautions or signs of discomfort/distress are not fully described which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Required treatments or interventions including medications are not identified which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Information from the ISP Worksheet(s) related to care, support, or supervision for the identified condition(s) is missing which could have a moderate risk to high risk potential for harm or negative outcome</li> </ul>	<ul style="list-style-type: none"> <li>Detailed information regarding support needs or prevention strategies are clearly defined to minimize the potential for risk</li> <li>Information in the ISP would allow a supporter to recognize and respond to signs of discomfort/distress to minimize the potential for risk</li> <li>Required treatments or interventions including medications are clearly identified to minimize the potential for risk</li> <li>Support and supervision regarding health hazards in the ISP align with ISP Worksheet(s), as applicable to minimize the potential for risk</li> <li>Information is consistent with the NJCAT, discrepancies are explained</li> </ul>

<ul style="list-style-type: none"> <li>Information is inconsistent with the NJCAT and is not explained which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Health hazards are mentioned in the plan but are not documented in the correct tile</li> </ul>	
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**Medical**

**Medication(s)**

The Medication(s) tile in iRecord is found within the Medical section. SCs must include a detailed description of all medications prescribed by a health care provider, as well as vitamins and over-the-counter (OTC) medications. Medication changes should be documented in the ISP throughout the plan term. Dosages, frequency and times of administration should be entered as listed on the prescription or pharmacy label. Comments in the Notes section of the iRecord Medication(s) tile should describe why each medication is prescribed, the level of assistance needed and any special instructions (if applicable). The “Self-Administer” box should be checked for each medication the individual is able to independently self-administer (leave the box unchecked if any supervision or assistance is required with that medication). Each diagnosis must also be referenced in the applicable section of the ISP. For example, if the individual is taking medications for high cholesterol and diabetes, these diagnoses must also be described in the iRecord Health Hazards tile in the Health & Nutrition section. OTC medications that are not prescribed and are only taken as needed/intermittently (i.e. aspirin for a headache, lotion for occasional dry skin, cough medicine for a cold) do not need to be added to the ISP. For individuals living in their own homes, specific times are not required for medications if the prescription/pharmacy label states AM/PM.

\*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

Additional guidance available in [Appendix J](#) of this document.

<b>Requirements Not Met- 1</b>	<b>Meets Minimum Requirements- 3</b>
<ul style="list-style-type: none"> <li>Information lacks detail such as dosage, frequency, and time (or range of time) for medication administration which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Plan does not define or incorrectly defines the level of assistance needed with the medication which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Detail is not provided as to why the medication is prescribed</li> </ul>	<ul style="list-style-type: none"> <li>The person is not prescribed any medication and does not use daily/regular OTC medications, and this is documented in the iRecord Medication(s) tile.</li> <li>Part B should include direction when a person lives at home as there may be decisions about which OTC med may meet the need.</li> <li>Includes information about dosage, frequency, and time (or range of time) for all prescribed and OTC medications which minimizes the potential for risk</li> <li>Plan defines the level of assistance needed with each prescribed or OTC medication</li> </ul>

**Safety & Supports**

This category relates to the Support Settings, Mobility/Adaptive Equipment, Behavior/Sensory Needs and Behavior Plan tiles in iRecord and should ensure that supporters have all the information needed to keep the person safe. Communication, Religious/Cultural Information and Emergency Back-Up Plan tiles are

also in this section. Legal/Criminal History tile should be completed or it should be noted that the person declined to provide this information. Support/supervision needs must be defined in the plan as related to these issues.

**Support Settings: Home, Community, and Work**

The Support Settings tile in iRecord contains the following drop-down options: Home, Work, Community. SCs must complete the Home and Community drop-down options for all individuals. The Work option must be completed for all individuals currently employed, utilizing employment services and/or attending a day program. The individual’s support and supervision needs must be documented in detail for each setting. The reason for the support/supervision need must be further described in the associated Safety & Supports tiles (i.e. Mobility/Adaptive equipment, Behavior/Sensory, Behavior Plan). Note that additional options will be added in iRecord in the future.

\*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

Additional guidance available in [Appendix K](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Information is inconsistent with ISP Worksheet(s), NJCAT or Mental Health Pre-Screening Checklist which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Support and supervision needs in one or more settings is unclear or not identified which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Support and supervision needs during emergencies are not clearly identified which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>HCBS, privacy and rights restrictions are not thoroughly documented or in accordance with Division policy manuals, if applicable</li> <li>Support and supervision needs in one or more settings are mentioned in the plan but are not documented in the correct tile</li> </ul>	<ul style="list-style-type: none"> <li>Information is consistent with ISP Worksheet(s), NJCAT and Mental Health Pre-Screening Checklist which minimizes the potential for risk</li> <li>Supporters have detailed information regarding support and supervision needs in all settings which minimizes the potential for risk</li> <li>Support and supervision needs during emergencies are clearly defined in all settings which minimizes the potential for risk</li> <li>HCBS, privacy and rights restrictions are thoroughly documented and in accordance with Division policy manuals, if applicable</li> </ul>

**Mobility/Adaptive Equipment**

The Mobility/Adaptive Equipment tile in iRecord contains the following drop-down options: Bed Shaker, Braces/Crutches, Helmet, Mechanical Lift, Protective Home Modification, Electric Scooter, Walker, Wheelchair, Other. SCs should detail all prescribed adaptive equipment within the Mobility/Adaptive Equipment iRecord tile and should include specifics regarding where and when the equipment may be used (i.e. the person may use a cane in some instances and a wheelchair in others). Information should include details specific to the person related to assistance needed with mobility, ambulation, stairs, transfers, getting in and out of a vehicle, etc. Note that additional options will be added in iRecord in the future.

\*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

Additional guidance available in [Appendix L](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
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<ul style="list-style-type: none"> <li>Information lacks clarity on when and how the equipment is used which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Information lacks clarity on support needed with equipment usage or maintenance which could have a moderate to high potential for risk</li> <li>Information from the ISP Worksheet(s) is missing which could have a moderate risk to high risk potential for harm or negative outcome Information is inconsistent with the NJCAT and is not explained which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Mobility/adaptive equipment is mentioned in the plan but is not documented in the Mobility/Adaptive Equipment tile</li> </ul>	<ul style="list-style-type: none"> <li>Includes information about when and how adaptive equipment is used which minimizes the potential for risk</li> <li>Includes information about where and when assistance is needed which minimizes the potential for risk</li> <li>Information aligns with the ISP Worksheet(s), as applicable</li> <li>Information is consistent with the NJCAT, discrepancies are explained</li> <li>Person does not require adaptive equipment (including eyeglasses) at this time and this is documented in the Mobility/Adaptive Equipment iRecord tile</li> </ul>
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**Behavior/Sensory Needs**

The Behavior/Sensory Needs tile in iRecord contains the following drop-down options: Aggression, Behaviors, Elopement/Walkaway, Fears/Phobias, Interactions, Sensory Issue. There are additional drop-down options for Aggression, Behaviors, Interactions and Sensory Issue. SCs should describe the support or supervision needs to ensure safety in all applicable areas. Behaviors learned through the NJCAT (Question 27 section), Mental Health Pre-Screening Checklist, Provider ISP Worksheets and discussions with the planning team must be documented in detail within this tile. Information across these documents should be consistent and align with one another. Information should describe the specific behavior, indicate if it is a new, current, or past behavior, list the frequency, duration and identify any antecedents, interventions and behavioral support strategies. Information/language should be copied/pasted directly from the NJCAT and details should be individualized and specific to the person.

\*If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

Additional guidance available in [Appendix M](#) of this document.

<b>Requirements Not Met- 1</b>	<b>Meets Minimum Requirements- 3</b>
<ul style="list-style-type: none"> <li>Information is inconsistent with ISP Worksheet(s), Addressing Enhanced Needs Form, NJCAT or Mental Health Pre-Screening Checklist in the areas of safety which could have a moderate risk to high risk potential for harm or negative outcome</li> <li>Support needs are described using generic language from the NJCAT</li> <li>Information is not clear or detailed which could have a moderate risk to high risk potential for harm or negative outcome Mental health issues related to suicidality and/or harming self or others are not addressed or do not include follow up planning (services, behavior support plan, medical follow up, psychiatrist/psychologist) or team action</li> <li>Behavior/sensory needs are mentioned in the plan but are not documented in the correct tile</li> </ul>	<ul style="list-style-type: none"> <li>Support needs are aligned across documents which minimizes the potential for risk</li> <li>Support needs are specific to the person which minimizes the potential for risk</li> <li>Documentation provides clear, detailed information which minimizes the potential for risk</li> <li>Mental health issues related to suicidality and/or harming self or others are addressed and include follow up planning (services, behavior support plan, medical follow up, psychiatrist/psychologist)</li> </ul>

**Behavior Plan**

The Behavior Plan tile is a required tile within iRecord. The tile contains the following drop-down options to indicate whether a Behavior Plan is required: Yes, No, or In Development.

1. “Yes” indicates a Behavioral Supports Provider is identified.
  - a. SC adds the Behavior Support Plan (BSP) level (I, II, III). If the BSP from the provider does not list the level, the SC should contact the provider for a revised copy.
  - b. SC enters the date of the Functional Behavioral Analysis (FBA) (optional). If a date is entered for the FBA, the SC has the option to upload the document.
  - c. If a date is entered for BSP, one (1) corresponding document (the most recent BSP) must be uploaded.
2. “No” indicates the person does not have behavior concerns or an acuity for behavior and the person does not require a Behavior Support Plan at this time. No further information is required in the tile.
3. “In Development” indicates a Behavioral Supports Provider has been identified.
  - a. iRecord creates a Due-list item with a prompt “Update BSP Info” beginning in 90 days.
  - b. SC should follow-up with the Behavioral Supports Provider and document efforts in iRecord case notes and/or the SC Monitoring Tool.

The Behavior Plan tile requires the SC to click “Verified” annually. If behavior concerns are present and/or a BSP is needed, the SC documents the team’s annual discussion in the Notes section of the tile. **Note:** The Change Plan Status tile displays a red litmus preventing plan approval when a new macro plan is generated and the person’s current Behavior Plan information has not been verified within 30 days.

\*If the person declines to follow a recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

Additional guidance available in [Appendix N](#) of this document, in the [Best Practice Guide](#), and in the [ABC Manual: The Basics of Care Management](#).

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>• If BSP, information does not reflect annual discussion regarding the need of a BSP or review of progress</li> <li>• If acuity for behavioral needs but no BSP, information does not reflect annual discussion regarding the need for a BSP and/or behavioral support services</li> <li>• ISP reflects a behavioral concern, but information does not reflect the annual discussion regarding the need for a BSP and/or behavioral services</li> </ul>	<ul style="list-style-type: none"> <li>• Person does not have a behavior plan or behavior concerns</li> <li>• If BSP, information reflects annual discussion regarding the need of a BSP and review of progress</li> <li>• If acuity for behavioral needs but no BSP, information reflects annual discussion regarding the need for a BSP and/or behavioral support services</li> <li>• ISP reflects a behavioral concern, and information reflects the annual discussion regarding the need for a BSP and/or behavioral services</li> </ul>

### Emergency Backup Plan

The Emergency Backup Plan tile in iRecord is found within the Safety and Supports tab. Support Coordinators should develop an emergency back-up plan with individuals and families in the event that current supports are no longer available. Advanced planning reduces the risk to a person’s health & safety and ensures their wishes are respected. For people residing in their own/family home with a primary caregiver, it is important to discuss and document the plan if the primary caregiver(s) is unable to provide support (due to illness, injury, hospitalization, death, or other reasons). Additional information should be documented in the Notes section of the tile. Items to include in the tile include the following:

- Identification of a Proxy Decision-maker
- Additional emergency contacts such as family members, friends and neighbors
- Potential alternatives to current supports and preferences

- Location of important documents (i.e. insurance cards, driver’s license/ID card, birth certificate, healthcare proxy/advanced directive documents), medication, adaptive equipment, favorite items needed for the person’s daily routine, etc.

Note: A Proxy Decision-maker should be identified whenever there is not a legal guardian. Proxy Decision-makers should be entered/linked to the Contact Attributes tile in iRecord.

Additional guidance available in [Appendix O](#) of this document and the [Best Practice Guide](#).

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>• Does not identify a coverage plan in the event current supports are not available</li> <li>• Does not identify a Proxy Decision-maker (linked to Contact Attributes tile) if the person does not have a legal guardian</li> </ul>	<ul style="list-style-type: none"> <li>• The person lives in a provider-managed setting with 24-hour access to staff</li> <li>• Identifies a coverage plan in the event current supports are not available</li> <li>• Proxy Decision-maker is identified</li> </ul>

### Legal & Criminal Information

The Legal/Criminal History Tile in iRecord is found within the Safety & Supports tab. The tile was created to give SCs a dedicated place to list support and supervision needs in the event the **individual** has a current or past history of criminal activity, Megan’s Law, Parole or Probation, Restraining/Protective order (against the individual) or other, as described. If the individual does not have any criminal or legal history, select ‘N/A.’ If the individual or their legal guardian does not want legal or criminal history in the ISP, select ‘Prefers not to answer.’ Supervision and support needs must be described under the appropriate Settings tile.

Additional guidance available in [Appendix P](#) of this document.

Requirements Not Met- not scored	Meets Minimum Requirements- not scored
<ul style="list-style-type: none"> <li>• ‘Prefers not to answer’ or N/A was not selected yet the tile is incomplete</li> </ul>	<ul style="list-style-type: none"> <li>• The tile is completed or ‘Prefers not to answer’ was selected</li> </ul>

### Person-Centeredness

The ISP and all supporting documents (Mental Health Pre-Screening Checklist, Employment Determination Forms, Addressing Enhanced Needs Form) must be written with respectful, person-centered, strength-based and age-appropriate language.

Additional guidance available in [Appendix Q](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>• Person-centered language not used in one or more sections other than Outcomes</li> <li>• Language is outdated, disrespectful, deficit-based and/or not age-appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Person-centered language used throughout</li> <li>• Language is current, respectful, strength-based and/or age-appropriate</li> </ul>

### Writing Quality

The ISP and supporting documents (Mental Health Pre-Screening Checklist, Employment Determination Forms, Addressing Enhanced Needs Form) should be written with respectful, person-centered language that is simple, clear and understandable to most people. Support needs should be specific to the person

and not pulled from generic language in the NJCAT. SC/SCS should proofread to ensure spelling and grammatical errors are corrected before the plan is approved.

Additional guidance available in [Appendix R](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Multiple grammatical, spelling or punctuation errors found throughout service planning documents</li> <li>Plan is hard to follow and/or contains excessive redundancy</li> <li>In more than one section, support needs are described using mostly generic language copied from the NJCAT</li> <li>In more than one section, language contains jargon and is not clear or understandable to most people</li> </ul>	<ul style="list-style-type: none"> <li>No/minimal grammatical, spelling or punctuation errors found throughout service planning documents</li> <li>Plan is written in a concise manner that would be clear to most people.</li> <li>Support needs are described using language specific to the person</li> </ul>

### Budget Accuracy

Service Detail Reports (SDRs) must be reviewed for every Division-funded service to ensure accurate service entry and budget utilization. Service dates for all continuous services should match the plan term dates. The budget should be allocated efficiently, take into consideration the potential for additional service needs later in the plan term, and support 12 months of services (i.e. the budget should not be frontloaded to only support 6 months of services). All services, both current and projected, should be sustainable within the individual’s annual budget.

Additional guidance available in [Appendix S](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Incorrect procedure/billing codes, frequency, durations, units, provider information and/or rates</li> <li>Exception weeks edited incorrectly (day program closures, one-time cost services)</li> <li>Budget utilized inaccurately/inefficiently; does not support 12 months of service</li> <li>Services not entered in accordance with Section 17 of the policy manuals (limitations, qualifications, standards)</li> </ul>	<ul style="list-style-type: none"> <li>Correct procedure/billing codes, frequency, durations, units, provider information and/or rates used</li> <li>Exception weeks edited correctly (day program closures, one-time cost services)</li> <li>Budget utilized accurately/efficiently; supports 12 months of service</li> <li>Services entered in accordance with Section 17 of the policy manuals (limitations, qualifications, standards)</li> </ul>

### Plan Development and Submission

The current versions of all required documents must be completed and uploaded to iRecord, dated accurately and follow signature requirements, as applicable. People must sign their plan, unless there is a legal guardian. If the person has a legal guardian(s), the judgment must be uploaded. Plans must be submitted within the required timeframes with no gaps. The correct waiver program (Supports Program or Community Care Program) must be chosen under the Plans tab in iRecord or, if the person is on Supports Program + Private Duty Nursing (SP + PDN), it should be noted in the plan. If Division staff provided best practice feedback with the previous anniversary plan, there should be evidence that feedback was addressed.

Additional guidance available in [Appendix T](#).

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Required documents and/or signatures missing (SCS Checklist, Mental Health Pre-Screening Checklist, R&amp;R, F3/F6, ISP Signature page, Annual</li> </ul>	<ul style="list-style-type: none"> <li>All required documents and signatures are present and dated accurately</li> <li>Legal Guardianship Judgement uploaded, if applicable</li> </ul>

<p>Medical/Dental form, Addressing Enhanced Needs Form (if acuity), ISP Worksheets (if applicable), and Behavior Support Plan (if applicable)</p> <ul style="list-style-type: none"> <li>• Legal guardianship judgement not uploaded and the individual’s signature is not present, if applicable</li> <li>• Outdated/incorrect forms used</li> <li>• Plan signed before the meeting date</li> <li>• Anniversary Plan submitted after the previous plan expired</li> <li>• NJCAT Reassessment, Waiver Transition, or Retirement plan submitted after the iRecord due date</li> <li>• Best practice recommendation(s) from prior anniversary plan not completed, if applicable</li> <li>• Incorrect waiver program chosen</li> <li>• The ISP Worksheet is not available from the residential and/or day habilitation provider and the SC did not meet the requirement to document the lack of receipt in a case note</li> <li>• Addressing Enhanced Needs Form, where applicable, was not uploaded prior to service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• The ISP Worksheet is available from the residential and/or day habilitation provider or the SC met the requirement to document the lack of receipt in a case note</li> <li>• Addressing Enhanced Needs Form, where applicable, was uploaded prior to service delivery</li> <li>• Current/correct forms used</li> <li>• Plan submitted within required timeframe. Rationale for expedited plan review or plan submitted after 30 days of enrollment is documented.</li> <li>• Best practice recommendation(s) from prior anniversary plan completed, if applicable</li> <li>• Correct waiver program chosen</li> <li>• Minor issues found (best practice feedback should be provided to inform the next ISP amendment/revision)</li> </ul>
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## PCPT Submission Criteria

The Person-Centered Planning Tool (PCPT) is a strengths-based document that focuses on the person’s positive attributes, interests, long/short-term hopes and dreams and various areas of importance. Support and supervision needs should not be included in the PCPT. The PCPT is completed in iRecord and is accessed via the Tools tab.

Relationships	
<p>The Relationships iRecord tile contains a multitude of drop-down options for relationship types. The SC should include the people identified by the person as important and within their circle of support, including, but not limited to, family, friends, neighbors, coworkers, members of community groups, paid and natural supports. The SC should include details in the Notes section of the Relationships tile specifying the role (example- sister) and why the relationship is important. Details may include what the person likes to do with the person, what role the person takes in their life, how often they spend time together, methods of communication (i.e. phone calls, social media, text messages, letters/cards) etc.</p>	
<p>Additional guidance available in <a href="#">Appendix V</a> of this document.</p>	
Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Does not identify people or relationships that are important to the person</li> <li>Does not identify the role or the importance of the relationship to the person</li> <li>Does not identify people who the individual chooses to assist with supported decision-making or the appointed guardian, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Identifies people that are important to the person</li> <li>Identifies the importance or closeness of the relationships</li> <li>Identifies people who the individual chooses to assist with supported decision-making or the appointed guardian, if applicable</li> </ul>

Strengths & Qualities	
<p>The Strengths &amp; Qualities iRecord tile contains the following drop-down options: Like about self, Others like about you, Achievements, Things you do well. The SC should describe what is liked and admired about the person from the person’s own perspective as well as from the perspective of others. Achievements must be defined and individualized to the person.</p>	
<p>Additional guidance available in <a href="#">Appendix W</a> of this document.</p>	
Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Does not identify positive qualities, talents, strengths of the person</li> <li>Does not capture information from the individual’s perspective</li> <li>Does not list any achievements</li> </ul>	<ul style="list-style-type: none"> <li>Identifies positive qualities, talents, strengths of the person from their own or others’ perspective</li> <li>Identifies achievements from their own or others’ perspective</li> <li>Captures information from the individual’s perspective as well as the perspective of others</li> </ul>

Important to You	
<p>The Important to You tile contains the following drop-down options: Personal preferences/Routines, Places to go, Interests, Things to do, People to see/Relationships, Recreational pursuits, Dislikes, Pets, Other. The SC should describe what is important to the individual based on information shared through conversations as well as through observations. In addition to asking questions, the SC should use the person’s environment to generate conversations about what may be important to them.</p>	
<p>Additional guidance available in <a href="#">Appendix X</a> of this document.</p>	

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Information does not reflect what is important to the person</li> <li>Information does not appear to reflect the person’s choices or preferences</li> <li>Content does not capture information from the individual’s perspective</li> </ul>	<ul style="list-style-type: none"> <li>Information reflects what is important to the person</li> <li>Information reflects the person’s choices or preferences</li> <li>Content captures information from the individual’s perspective as well as the perspective of others</li> </ul>

### Hopes & Dreams

The Hopes & Dreams iRecord tile contains the following drop-down options: Short-term hopes and dreams, Long-term hopes and dreams. The SC should describe the individual’s short/long-term hopes and dreams and should be written from the individual’s perspective, either through their own words or based on the observations of those closest to them. This section should have a direct connection to the individual’s Outcomes. Conversations should take place to determine if the person would like to use the supports and services available to them to pursue their hopes and dreams.

Additional guidance available in [Appendix Y](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Short-term hopes and dreams for the future are not identified</li> <li>Long-term hopes and dreams for the future are not identified</li> <li>Not written from the person’s perspective</li> </ul>	<ul style="list-style-type: none"> <li>Short/long-term hopes and dreams for the future are identified</li> <li>Written from the person’s perspective</li> </ul>

### Supporter Qualities

The Supporter Qualities tile in iRecord contains the following drop-down options: Characteristics of supporters, Other. The SC should describe personality traits and/or other characteristics that the person would like their supporters to have, such as special skills, experience and/or training (if applicable). This section can be used to inform a job description for a Self-Directed Employee. The section should not contain detail regarding the individual’s support and supervision needs.

Additional guidance available in [Appendix Z](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Information does not describe preferred traits or characteristics for a potential supporter</li> <li>Information primarily includes detail about the-person’s support and supervision needs</li> </ul>	<ul style="list-style-type: none"> <li>Information describes preferred traits or characteristics for a potential supporter</li> <li>Information includes interests and/or other valuable information that facilitates longevity and -development of a-bond between the person and supporter</li> <li>Information identifies preferences for special skills, experience, and/or training (if applicable)</li> </ul>

### Community Integration

The Community Integration tile in iRecord contains the following drop-down options: Previous/Current Experience, Extent of interaction with community. The SC should describe what the person currently likes to do in the community and include specific, detailed information about current and previous experiences, as well as the extent of their interactions with people in the community. SCs are reminded that individuals must have full access to the community and have

opportunities to explore new experiences and activities they may enjoy or find meaningful. This section should include places and activities that are available to the general public, not just programs that only serve individuals with disabilities.

Additional guidance available in [Appendix AA](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Information does not describe what the person likes or may like to do in the community, including places open to the general public</li> <li>Information does not include preferences for interactions in the community</li> <li>Information does not include information regarding new experiences and activities the individual may enjoy or find meaningful</li> </ul>	<ul style="list-style-type: none"> <li>Information describes what the person likes or may like to do in the community, including places open to the general public</li> <li>Information includes preferences for interactions in the community</li> <li>If the individual has not had many opportunities to participate in the community, information identifies potential opportunities for them to explore new experiences and activities they may enjoy or find meaningful</li> </ul>

### Communication Styles

The Communication Styles tile in iRecord contains the following drop-down options: Read/Write, Express emotions-Happy/Sad/Excited/Angry, Express illness, pain, discomfort, Express Wants/Needs/Choices, Express understanding, Express lack of Desire/Interest, Other. SC should describe how the person communicates, including information regarding non-verbal communication (non-verbal cues/gestures/facial expressions).

Additional guidance available in [Appendix BB](#) of this document.

Requirements Not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>Information lacks detail regarding how the person expresses themselves which may impact a supporter’s ability to meet the person’s needs</li> <li>Some/most/all tiles are not completed</li> </ul>	<ul style="list-style-type: none"> <li>Information describes how the person expresses themselves which would promote a supporter’s ability to meet the person’s needs</li> <li>All iRecord drop-down options are completed</li> </ul>

### Annual Review of Changes

PCPTs must be comprehensively written and updated annually (at minimum). The PCPT is a document that is intended to grow with the individual and should reflect changes, updates/additions to content and details regarding any new information learned throughout the planning year. New/learned information should be added and existing information should be expanded on. Information that no longer applies or is no longer relevant should be removed.

Additional guidance available in [Appendix CC](#) of this document.

Requirements not Met- 1	Meets Minimum Requirements- 3
<ul style="list-style-type: none"> <li>PCPT shows no evidence of review or revision since the previous year and/or contains information that is no longer relevant</li> <li>Information lacks detail to provide a clear picture of who the individual is and what is important to them</li> </ul>	<ul style="list-style-type: none"> <li>PCPT grows with the individual and reflects annual updates</li> <li>Information provides a detailed picture of who the individual is and what is important to them</li> </ul>

## Additional Guidance and Training Recommendations

### Appendix A – General Reminders

**Amended ISP** – The Amended NJ ISP feature in iRecord allows the SC to make minor changes to the Individualized Service Plan (ISP) without having to create a plan revision, obtain signatures or submit the plan for SC Supervisor review or approval. See the [Best Practice Guide](#) and [iRecord User Guide](#) for additional information on plan revisions.

**Cross-walking** – Information provided on the Mental Health Pre-Screening Checklist, ISP Worksheets, NJCAT and Addressing Enhanced Needs Form (if applicable) must be reflected in and align with what is documented in the ISP. Support and supervision needs must be consistent throughout all service planning documents.

**Distribution of ISP** – SCs are responsible for distributing copies of the completed ISP and signature page (and PCPT if consent is given by the individual) to all team members and service providers within 3 working days from the date of ISP approval.

**Individual Reassignments** – If an individual is reassigned to a new SCA, the new SCA should treat the plan as a brand new assignment. The ISP and PCPT should be reviewed and updated where needed, a new Rights & Responsibilities must be obtained and signed by the new SC and a new Mental Health Pre-Screening Checklist and ISP Checklist for SCSs should be completed. The plan should be approved within 30 days of assignment.

**NJCAT** – When developing the Individualized Service Plan (ISP), Support Coordinators should summarize (not copy/paste) pertinent information learned from the NJCAT in an individualized, person-centered manner in the related ISP tiles. As support needs change over time, it is expected that changes are reflected in the ISP and planning documents.

**Prescriptions** – Excluding waiver program requirements for Physical Therapy, Occupational Therapy and Speech Therapy services, annual medical and dental forms and Behavioral Support Plans, Support Coordinators are not required to obtain or upload medical prescriptions (i.e. prescribed diets, adaptive equipment) or medical protocols into iRecord, although they may. Securing these documents is a provider responsibility. However, all related information must be included and documented in detail within the ISP.

**Providers** – The ISP must not prioritize the provider’s preferences over those of the individual. If the provider is not willing or able to provide services in a way that aligns with the person’s needs, preferences and goals, then alternate service options should be examined.

**Service Detail Reports (SDRs)** – Support Coordinators must review SDRs for all Division-funded services to verify correct service entry and budget allocation prior to plan approval.

**Signatures** – All service planning documents must be signed and dated by the individual and legal guardian (if applicable) for plan approval. Support Coordinators are responsible for obtaining signatures.

**Tiles** – When entering information into the iRecord tiles, SCs should use the category/dropdown option that best matches the information being entered. If none of the dropdown options apply, the “Other” category should be used.

## Appendix B – Outcomes

iRecord	
<b>Tab</b>	Plans
<b>Section</b>	Plans
<b>Title</b>	Outcomes

Outcomes reflect what the person wants to achieve. They often provide a vision for the future by describing something a person wants to accomplish, change, improve or maintain in their life. Outcomes express the “end result” of services, supports and strategies. They are defined by the person and focus on areas including: valued social roles, employment, relationships and social connections, leisure and recreation, home life, health and well-being and lifelong learning.

[Developing Person-Centered Outcomes](#)

### Avoid

- I. Adding a provider to an outcome they cannot help achieve
  - A. Outcomes should be broad-based objectives that allow the relevant type of service provider to develop planning goals. Service providers are responsible for working collaboratively with SCs to develop strategies that can be used to progress toward reaching the outcome related to the service they are providing.
- II. Repeating outcomes used for other individuals
  - A. Using similar outcomes for all the individuals you support does not reflect the discovery phase of the planning process. Outcomes are specific to the person and their short- and long-term goals.
- III. Focusing on a Program or Service
  - A. Outcomes should not include the name of the service or service provider. However, if the individual is in the process of identifying a service or service provider (i.e. day habilitation, CBS/SDE, etc.), it is acceptable to have the service listed in the wording of the outcome.
    - Acceptable – John will find a day program near his house; Jane will hire a self-directed employee that shares common interests.
    - Unacceptable – John will attend ABC Day Program 5 days a week; Jane will receive SDE services in the community.
- IV. Disability/Skill-based Outcomes
  - A. Outcomes should not be disability-based (would only apply to an individual with a disability) or contain jargon. Skill-based outcomes are acceptable if the person expresses a desire to learn a specific skill as described in the PCPT (i.e. John will gain financial skills).

**Voting Outcomes** – Voting outcomes are not mandatory, even if the person needs assistance to vote. However, if the individual would like a voting outcome included in their ISP, it should be added.

### Questions to Consider Prior to Plan Approval

- Does the outcome genuinely reflect what the person wants to achieve?
- Does the outcome reflect the person’s vision for their life?
- Does the outcome connect to information contained in the PCPT?
- Does the outcome only apply to a person with a disability?
- Is the outcome written using person-centered language?

**Division Training Recommendations**

NJISP Related: New Jersey Individualized Service Plan Process and Documentation  
Charting the LifeCourse: a Method of Ensuring Person-Centeredness  
Building Partnerships in Planning Through Charting the LifeCourse and Person-Centered Thinking  
Creating a Vision: Outcomes that Matter  
Planning Across the Life Stages

## Appendix C – Employment

iRecord			
<b>Tab</b>	Demographics		
<b>Section</b>	Employment		
<b>Title</b>	Employment History Pathway Assessment*	DVRS/CBVI Determination Career Planning & Unpaid Experiences	Voting Career-Related Education
<b>Drop-down Options*</b>	Employed Unemployed – Experience/Training	Unemployed – No Experience/Training Unemployed – Not Pursuing	

**Conversations about Employment** – Individuals with disabilities have historically had little access to employment. Since employment was not always an expectation, some people and their families may doubt that working is a realistic option. Concerns may include the perception of safety risk, fear of losing benefits, cultural considerations and/or significant medical or behavioral needs. SCs will need to navigate complex employment conversations by using a combination of active listening and observation, validating concerns and providing education. While some people are employed or open to exploring immediate employment, others may prefer to take smaller steps on their journey.

**Employment Outcomes** – Every ISP must contain at least one employment-related outcome to assist the individual towards work experience, exposure or attainment, even if the individual is not pursuing employment at the time of ISP development (unless the individual is 65 years of age or older). All outcomes, including employment outcomes, must reflect the individual’s reality. An employment outcome should not indicate that a person will get a job if they are not planning to work.

- I. An employment outcome is not necessarily about getting a job. It can include getting ready to work, learning about interests for possible future employment, discussing job opportunities, developing skills to progress towards successful employment, learning how to interview or write a resume, etc.
- II. For individuals who are already competitively employed, the outcome can relate to maintaining their current employment or working toward further career development. As with any outcome included in the ISP, it is understood that employment outcomes may take years to achieve and involve lifelong skill development.
- III. For individuals who indicate that they are not interested in employment, an employment outcome is still required to ensure progress towards gaining, improving, and/or developing skills marketable or habilitative skills, characteristics, behaviors, communication, etc.
- IV. **Crosswalk Documents** – The employment outcome, ISP, PCPT, and employment document should be carefully reviewed to ensure they all connect and are in alignment. For example, if the individual wants to pursue employment, a DVRS/CBVI referral should be submitted and their employment outcome should move them towards this goal. If the individual does not wish to pursue employment, a DVRS/CBVI referral should not be submitted and the outcome should not reference getting a job. The [Employment Non-Referral Form \(F6\)](#) should be completed and barriers to employment should be addressed in the Pathway.

**DVRS Decision Tile** – One of three employment documents should be completed and uploaded within the DVRS Decision tile (under the Employment tab) for plan approval:

- I. [Employment Non-Referral Form – \(F6\)](#) is completed by the Plan Coordinator and uploaded under the Employment Tab through the DVRS/CBVI documentation tile. SC should complete only if the individual will not be referred to DVRS/CBVI for any of the below reasons:

- A. The individual is already competitively employed in the general workforce and does not need employment supports at this time, **or** has moved onto Long-Term Follow-Along (LTFA), Division funded Supported Employment services.
- B. The individual is of retirement age (65 or older).
- C. The medical condition or behavioral support need exceeds the supports or services available from DVRS/CBVI at this time (due to substantiated concerns about harm to self or others, which cannot be sufficiently mitigated by supports/services).
- D. The individual/legal guardian understands that employment is the preferred post-education outcome. The individual/LG is not interested in pursuing employment at this time.

**Note:** The last two options on the F6 require additional, detailed information that explains what prevents the individual from pursuing employment and what would assist them to be ready in the future. SCs should not document the individual’s intellectual or developmental disability as the reason for not pursuing employment or exploring DVRS/CBVI services. Examples of additional unacceptable reasons for not pursuing employment include utilizing a wheelchair, using non-verbal communication, requiring support while using the bathroom, requiring assistance with self-care, not being able to read or write, etc.

- II. **DVRS/CBVI Referral**- The vocational rehabilitation (VR) agency confirms receipt of a referral via an auto-generated email with a Referral Reference Number. The SC enters the reference number on the “Add DVRS/CBVI Info” tile. (A copy of the email is **not** to be uploaded.)
  - A. If the individual expresses interest in pursuing employment or getting a job, a referral should be submitted to the Vocational Rehabilitation (VR) agency, the Division of Vocational Rehabilitation Services (DVRS) or the Commission for the Blind and Visually Impaired (CBVI). The SC should document the date of the referral submission in an iRecord case note and within the comments section of the Employment Pathway. The confirmation page from the online referral submission should also be uploaded into iRecord. DVRS/CBVI will automatically reject a referral if the individual or family refuses employment services, so individuals should not be advised to contact DVRS/CBVI if they are not ready or interested in working at that time. See the [Best Practice Guide](#) for information on the referral process for Vocational Rehabilitation (VR).
- III. **Employment Determination Form – (F3)**- SC should complete if an individual is interested in working and is referred to DVRS/CBVI. The SC must complete the first and last sections of the form before forwarding it to DVRS/CBVI at the time of referral. The VR Counselor will complete the remainder of the form based on the information gathered during the meeting with the individual and return it to the SC can upload under the Employment Tab through the DVRS/CBVI documentation tile. The F3 is only valid if completed/signed by a VR counselor, so blank or incomplete F3 should not be uploaded to iRecord.
  - A. If the individual/family is not contacted by DVRS/CBVI after two weeks following the referral submission, the SC should email DVRS/CBVI to confirm that the referral was received and enter a case note in iRecord.
  - B. If the individual is already working with DVRS/CBVI or has utilized their services in the past, the SC should contact DVRS/CBVI directly to request a copy of the F3 if the form is not already on file in iRecord, and document all attempts to obtain in case notes.

**Employment Pathways** – Documentation in this section should include information from the annual discussion that identifies the individual’s employment status and details where the individual is on their path to employment (if not presently employed). It should identify potential barriers, concerns, fears and reasons the individual is not working or pursuing employment (if applicable), as well as establish next steps in the employment process (if applicable). The SC must develop an employment outcome based on this information, address all questions within the chosen Pathway and document additional information in iRecord case notes. The four Employment Pathways are:

- I. **Employed** – Selected for individuals who are competitively employed (earning minimum wage or above) in the general workforce. The notes section of this Pathway should include the name (and address, if known) of the employer, details regarding the individual’s job responsibilities, number of

hours the individual works per week/schedule, overall satisfaction, support needs and any desired changes. Outcomes may address maintaining current employment, increasing hours or salary, learning new job responsibilities, seeking alternative employment, obtaining a promotion, etc.

- II. **Unemployed – Experience/Training** – Selected for individuals who are presently unemployed but have previous training and experience, either paid or unpaid (i.e. through competitive employment, internships, job sampling, work crews). The notes section of this Pathway should include details of previous experience/training, results of situational assessments or vocational evaluations, address barriers to employment and identify areas of interest. Outcomes may address writing a resume, identifying a career path, applying for jobs, becoming employed at a favorite store or local restaurant, etc.
- III. **Unemployed – No Experience/Training** – Selected for individuals who are currently unemployed and have no previous training or experience, either paid or unpaid, but are interested in pursuing employment. The notes section of this Pathway should address barriers to employment and reflect discussions regarding the benefits of employment and seeking employment services. Outcomes may what it means to work, exploring employment options through volunteering, preparing for a job interview, being exposed to different career fields, etc.
- IV. **Unemployed – Not Pursuing** – Selected if the individual has chosen to retire because they are 65 or older, or is not pursuing employment at this time because a medical condition or behavioral support need which exceeds the supports or services available from the Vocational Rehabilitation agency, as indicated on the [Employment Non-Referral Form – \(F6\)](#). Outcomes for retired individuals should not reference getting a job or pursuing employment but can reference how the individual wishes to spend their day. Outcomes may address identifying an area of interest and learning employment-related soft skills (i.e. communication, teamwork, work ethic)

**Employment Services** - Employment services offered through DVRS/CBVI must be accessed prior to utilization of any Division-funded employment service. If DVRS/CBVI services are not available or if the individual is ineligible, Division-funded employment services including Supported Employment, Career Planning, and Prevocational Training can be added to the ISP. If the individual is eligible for DVRS/CBVI services, funding shifts to the Division once the individual is stable on the job site and has moved into Long-Term Follow-Along.

- I. **Supported Employment Budget Component** – This can be accessed for situations in which the individual’s budget is unable to sustain the level of Supported Employment services needed in order for the individual to find or keep a competitive job in the general workforce. The individual must make every effort to utilize their budget to cover Supported Employment needs prior to requesting this additional funding. The Supported Employment budget component may be used for the following services: Supported Employment – Individual Employment Support, Community Based Supports or Individual Supports 15-minute Rate to assist the individual to keep or find a job. To request the Supported Employment budget component, the SC must submit a completed [Supported Employment Funding Request](#) to the DDD Employment Helpdesk at [DDD.EmploymentHelpdesk@dhs.nj.gov](mailto:DDD.EmploymentHelpdesk@dhs.nj.gov) for Division review/approval.

**Prevocational Training** – This service is limited to 30 hours per week and for a duration of two years. If the individual needs to continue these services beyond two years (for activities other than volunteering or college programs/classes), the SC and Prevocational Training service provider must submit the completed [Continuation of Prevocational Training Justification](#) form to the Division at [DDD.EmploymentHelpdesk@dhs.nj.gov](mailto:DDD.EmploymentHelpdesk@dhs.nj.gov) for review/approval. If approved, documentation must be submitted annually thereafter to justify the need for continued extension of Prevocational Training.

**Career planning** – This service is limited to a maximum of 80 hours per plan year. If the individual is eligible for services from DVRS/CBVI, these services must be exhausted before Career Planning can be utilized.

**Retirement**– SCs **should not** automatically select the iRecord Retirement feature simply because the individual is 65 years or older. This has significant implications for the individual’s budget and service funding. It should only be used if an individual is 65 years of age or older **and** decides to retire from both

employment and Employment/Day services, including non-Division-funded services such as Medicaid-funded adult Medical Day programs, Mental Health Partial day program and/or DVRS-funded workshops. Once the individual is “iRecord Retired,” Employment Pathways and employment-related outcomes are no longer required.

- I. When an individual retires from **all** day programming (Division-funded and non-Division-funded) and the iRecord retirement checkbox is used, the Employment Pathway will need to be updated to reflect “Unemployed – Not Pursuing.” Any other entry on the Employment Pathway Assessment tile will cause a red litmus indicator to prompt an update to this tile.
- II. If the individual is 65 or older and wishes to retire from employment but wants to continue attending day program or utilize other day services, the iRecord Retirement feature **should not** be checked. In this scenario, the SC should update the Employment Pathway Assessment to “Unemployed – Not Pursuing,” select “Retirement” and complete the [Employment Non-Referral Form – \(F6\)](#), selecting the second checkbox option (Individual is of Retirement Age (65 or older)). The employment briefcase icon (in iRecord Outcomes) will no longer appear for individuals who are retired.
  - A. **Note:** iRecord will continue to prompt the SC to enter an employment outcome. This iRecord requirement is only disabled if the Retirement feature is checked. If the individual retires from employment, the outcome should not reference getting a job or pursuing employment in any way. It should instead reference how the individual wants to spend their days.

**Volunteerism** – It is not permissible for an individual to work without pay alongside paid staff under the label of “volunteering.” This is a form of labor exploitation. Forms of “true” volunteerism include doing so for the good of the community and working alongside other volunteers (e.g. at soup kitchens, food banks, animal shelters, nursing homes). If the person wishes to volunteer in order to explore possible work interests, the focus of the volunteer work should align with their PCPT and move them toward competitive employment or a vocational assessment, based on their interests. These instances should be time limited and the person should not replace a paid employee.

**Extended Employment (EE)** – There should be ongoing conversations to seek Competitive Integrated Employment (CIE) whenever an individual attends an Extended Employment (EE) or Workshop program. If the individual expresses their content with the placement, the [F6](#) should be completed with the fourth checkbox option selected (individual is not interested in pursuing employment at this time) and an [Employment Determination Form – \(F3\)](#) would **not** be required.

**Note:** The Division does **not** recognize Extended Employment (EE) or Workshop programs as employment, so this information should not be added to the iRecord Employment tile.

- I. Documentation example for completion of the [F6](#) – Option #4 notes section:
  - A. *<Individual Name> attends <EE/Workshop Program Name> and has chosen not to pursue Competitive Integrated Employment (CIE) through DVRS at this time. <Individual Name> will be provided continued encouragement to pursue CIE through monthly contacts and annual employment discussions. <Individual Name> will be referred to DVRS when they are ready to work competitively.*
- II. All Extended Employment (EE) programs are DVRS-funded but an [F3](#) should not be completed simply because an individual attends an EE. It is only completed once individuals are referred to DVRS and have been determined eligible/ineligible for services. In order to align with NJ’s Employment First initiative, if an individual has expressed an interest in Competitive Integrated Employment they are considered “work ready” and would then be referred to DVRS.

#### Division Training Recommendations

NJISP Related: Employment Expectations and Overview

## Appendix D – Services

iRecord	
<b>Tab</b>	Plans
<b>Section</b>	Plans
<b>Title</b>	Outcomes

**Services** – Services must always connect to the PCPT and/or NJCAT, support the outcome they are listed under, reflect individual choice, and move the individual towards meaningful community participation. Continuous services should also be entered for the full plan year to avoid gaps in supports. See the [Best Practice Guide](#) for additional information regarding service entry and service considerations.

- I. **Exploratory Services** - Plans should contain at least one billable service or have exploratory services entered for a maximum of 90 days to allow time for service identification. Exploratory services should be entered in circumstances where time is needed to further explore service needs, research and confirm the appropriate service providers, hire Self-Directed Employees, determine eligibility with other State agencies or funding sources before determining the need for Division-funded services (i.e. DVRS services), etc.
- II. **Natural/Generic Services** (not funded through the DDD budget) should be included in the ISP and referenced in the PCPT to reflect any ongoing services that are provided through different funding sources such as PPP/PCA, DVRS/CBVI employment services, Medical and Partial Care Day Programs, Private Duty Nursing, natural supports, etc. Per policy manual Section 7.5.2.2, “All services, including those services that are not Division-funded, that are required to meet an assessed need must be included within the ISP.” Natural/Generic services are not considered exploratory and can be entered into the plan for more than 90 days.
  - A. SCs must select the correct service type for what is being provided. For example, if an individual is attending an Adult Medical Day Program 5 days a week, the SC should select “Day Habilitation” as the service type, “Generic” as the payment source, “Day(s)” as the unit type, and enter “5” as the average weekly units. The SC should include the name and location of the program in the Service Description box and document the individual’s support/supervision needs under the Support Settings / Work tile in the ISP.
  - B. **Note:** The Natural Supports Training service type should not be confused with natural/generic services. Natural Supports Training has a specific service description (see policy manual Section 17.11) and should not be used when entering natural/generic services unless it applies to the outcome.
  - C. If an individual is pending residential placement and residing in a nursing home, psychiatric hospital, boarding home, etc. at the time of the initial or annual ISP, the SC should enter this as a generic service.

**Electronic Visit Verification (EVV)** – EVV is a federally mandated requirement that ensures provider visits for personal care services are occurring and that individuals with disabilities receive needed care.

- I. **EVV Statements** must be entered within the EVV Checkbox Feature in iRecord under the “Provider” tab when any of the following services are listed in the ISP: Community Based Supports, Individual Supports (15 min. rate), In-Home Respite, Behavioral Supports, Physical Therapy, Occupational Therapy, and Speech, Language, & Hearing Therapy). EVV statements are not required for Individual Supports (Daily Rate) or for non-Division funded services. Live-in caregivers are exempt from EVV requirements. Additional considerations are noted below:
  - A. Virtual Services – Services delivered virtually are EVV exempt.
  - B. IS/CBS in the Community – If no in-home visit takes place, services are considered EVV exempt.
  - C. Partial In-Home Service – If any part of a service takes place in the home, the entire service requires EVV.

- II. **EVV Live-in Worker Attestation Form** – SCs are responsible for confirming with the individual/family which staff, if any, are live-in caregivers paid by DDD through the individual’s budget. Should a live-in caregiver exist, the SC completes the [EVV Live-In Worker Attestation](#) form at the time of service plan development and whenever there is a change in live-in caregiver status. The SC uploads the completed form in iRecord and emails [DDDEVV@dhs.nj.gov](mailto:DDDEVV@dhs.nj.gov). When entering the service in the ISP, SCs are encouraged to enter a notation in the service description box indicating that the service is provided by a live-in caregiver.

**Reminder**

SCs must check the Phase I and Phase II Compliance Reports on the Division’s [Electronic Visit Verification \(EVV\)](#) webpage before adding a new service provider to an individual’s service plan to ensure the provider is EVV compliant. Providers that are noted as disengaged should not be added to the ISP.

**Overlapping Services / Appendix K** – SCs should reference Appendix K – Quick Reference Guide to Overlapping Claims for Services in both the [Supports Program and Community Care Program Policies and Procedures Manual](#). If an individual is assigned an acuity factor, Behavioral Supports cannot be claimed while providing the following services because those supports are already included within the rate: Individual Supports, Community Based Supports, Day Habilitation, and Out of Home Overnight Respite. See the [Best Practice Guide](#) for additional information and examples regarding overlapping services.

**Division Training Recommendations**

DDD SC – NJISP Related: Service Entry and iRecord Overview  
Supporting a Vision: Identifying Supports and Services  
Design Your Own Path: Introduction to Self-Directed Services  
Fiscal Intermediary Choices: Understanding Your Options  
Overview of the DDD Service Review Process  
Electronic Visit Verification (EVV)

### Appendix E – Self-Care

iRecord			
<b>Tab</b>	Demographics		
<b>Section</b>	Health & Nutrition		
<b>Tile</b>	Self-Care		
<b>Drop-down Options</b>	Adjusting water temperature Blowing nose Chewing & swallowing Dressing	Drinking on own Feeding self Toileting – bladder Toileting – bowel	Using microwave Using stove Washing hands Other

- I. SCs are required to complete all drop-down options in the Self-Care tile.
- II. Include detail about type of assistance needed to support the person in each area
- III. All detail should align with information in NJCAT, ISP Worksheets and Addressing Enhanced Needs Form (if applicable).

#### Division Training Recommendations

NJISP Related: New Jersey Comprehensive Assessment Tool (NJCAT) and Person-Centered Planning Tool (PCPT) Overview

## Appendix F – Substance Use

iRecord			
<b>Tab</b>	Demographics		
<b>Section</b>	Health & Nutrition		
<b>Title</b>	Substance Use		
<b>Drop-down Options</b>	<u>Use Status</u> Currently uses Formerly used Never used Prefers not to answer None	<u>Type</u> Marijuana Alcohol Opioids Stimulants Other	<u>Treatment/Support</u> Checkbox will appear if “Currently uses” or “Formerly used” are selected

**Examples for consideration may include:**

1. **Formerly Used Alcohol**

*<Name> attends AA meetings at the local Elks Lodge every Wednesday evening at 7:30 pm. It is important to <Name> that staff provide transportation to and from the meeting.*

2. **Currently Uses Marijuana**

*<Name> prefers to use an edible form of marijuana as a sleep aid. This is not prescribed but the medical provider is aware and does not note any adverse interactions with prescribed medications.*

**Division Training Recommendations**

Ensuring Documentation Meets Requirements

## Appendix G – Allergies

iRecord		
<b>Tab</b>	Demographics	
<b>Section</b>	Health & Nutrition	
<b>Title</b>	Allergies	
<b>Drop-down Options</b>	Environmental	Food Medication

**Documentation of Allergies** – SC must describe known allergies (Environmental, Food, Medications, & Other), identify any interventions, protocols, or precautions and thoroughly describe what an allergic reaction looks like specific to the person as well as the treatment that may be needed. Individualized support needs should be documented accordingly (i.e. assistance needed to use EpiPen).

- I. **Allergies to Medications:** What medications is the individual allergic to? What should the caregivers/staff look for or do? Should 911 be called? Should the PCP be called?
  
- II. **Allergies to Environmental:** What environmental allergens cause a reaction? What symptoms does the individual experience?? What prescribed or approved over-the-counter (OTC) medications are used to relieve symptoms? Is there an Asthma (Allergy Induced Intermittent Asthma) diagnosis? Does the person experience itching, burning, hives, rash, redness, anaphylaxis, etc.? What is the protocol for treatment (inhaler, oral antihistamine, call 911, call PCP, EpiPen, Steroid topical cream)? What are the care and support needs related to their reactions and/or symptoms?
  
- III. **Allergies to Food:** Is the person allergic to any foods? What is the reaction, signs/symptoms, protocol if ingested or exposed? What should a supporter do (EpiPen, call 911, call PCP, Benadryl or other OTC medication?) if the individual were to have a reaction?

### Reminder

If the person declines to follow a medical prescription or recommendation to reduce the potential for risk, the SC should facilitate a team discussion and ensure the person’s position is noted in the ISP.

### Division Training Recommendations

Supporting the Person: Medical Supports and Documentation

## Appendix H – Dietary

iRecord			
<b>Tab</b>	Demographics		
<b>Section</b>	Health & Nutrition		
<b>Title</b>	Dietary Related detail can be included in Health Hazards/Concerns and/or Self-Care		
<b>Drop-down Options</b>	Food prep (Diet) <ul style="list-style-type: none"> <li>• Chopped, Ground, Puree, Liquid</li> </ul> Food prep (Liquids) <ul style="list-style-type: none"> <li>• Honey-thick, Nectar-thick, Pudding-thick, Thin/Regular</li> </ul>	Mealtime supervision  Special diet* <ul style="list-style-type: none"> <li>• Doctor Prescribed</li> <li>• Diet Preference</li> </ul> *SC to specify in Notes section	Tube Fed

**Mealtime Supervision** – The individual’s supervision needs during mealtime must be documented in measurable detail.

- I. What does the supervision level look like (reminders, 1:1, line of sight, arm’s length, seated next to, verbal reminders to eat more slowly or to take smaller bites, visual observation during food intake or when food is present, etc.)? What support is the staff providing?
- II. Indicating “mainly supervised” or “requires supervision” does not contain enough detail and is considered too ambiguous. This can increase the risk for choking incidents.
- III. Information about mealtime risk should be listed under the Dietary and/or Health Hazards/Concerns tile (i.e. at risk for aspiration, choking, dehydration). Support needs at mealtime should be listed under the Self-Care tiles (i.e. Feeding self, Drinking on own, Chewing & swallowing).

**Diet Type** – Special Diets - What foods should be avoided? Is there a script or is this a preference?

**Chewing & Swallowing/food preparation** – Does the individual have a special diet? Is food/diet to be regular, moist, chopped or pureed? Is the support related to diet documented in all settings? Is something new noted in the ISP or MTs? Have there been episodes of coughing or swallowing? Should an appointment be scheduled with the individual’s doctor? Should a referral be made to the DDD Resource Team for review by a Speech Pathologist?

- I. **Speech Pathology Division Referral** - The [Speech Pathology Consultation Form](#) is used to request consultation for issues with choking, swallowing, frequent coughing while eating, aspiration, mealtime behavior, weight loss, tube feedings, problems with speech, communication, hearing or hearing aids. Instruction and training on proper diet texture preparation is also available for individuals with prescribed diets. Submit referrals to [DDD.ResourceTeam@dhs.nj.gov](mailto:DDD.ResourceTeam@dhs.nj.gov) and upload a copy of the form in iRecord. See the [ABC Manual](#) for additional information related to the DDD Resource Team and the Choking Prevention Unit Agency Training Request Form.

## Documentation Examples

James is at risk for choking and is prescribed a specialized diet: food should be chopped in half-inch pieces and liquids should be thin. Staff should sit next to James and visually monitor him during mealtime and when food is present. James may get distracted during mealtime and walk away, so staff should verbally prompt James to return and finish eating. Staff should ensure James doesn't walk away with food in his mouth. They should verbally prompt him to take time to finish chewing and swallowing.

(If doctor prescribed)

James is prescribed a 1500 calorie diet for weight management.

(If preference)

James stated that he is avoiding high calorie and sugary foods in an effort to lose weight.

### Division Training Recommendations

Mealtime Safety and Documentation  
Overview of the DDD Resource Team

## Appendix I – Health Hazards/Concerns

iRecord			
<b>Tab</b>	Demographics		
<b>Section</b>	Health & Nutrition		
<b>Title</b>	Health Hazards/Concerns		
<b>Drop-down Options</b>	Aspiration Bowel impaction Choking	Constipation Dehydration Falling	Seizures Swallowing Disorder Other

- I. **Documentation Requirements** – Per the Division’s policy manuals Section 6.3, SCs are responsible for “Ensuring that there has been a discussion regarding the medical needs of the individual and that these needs are documented in the ISP. This is to include the need for data collection of bowel movements, urine output, seizure activity, etc. Should the planning team agree that such data collection is medically necessary, and the individual’s primary care physician provides a prescription for it, this shall also be documented in the ISP along with the responsible party who will record and store the information.”
  
- II. **Documentation Consistency** – All “yes” answers for Questions 28 in the NJCAT must be reflected within the corresponding ISP tiles (primarily under the Health Hazards tile) and any discrepancies should be clarified (Respiratory or Breathing Conditions, Heart or Circulatory Conditions, Digestive Conditions, Swallowing Conditions, Bladder or Kidney Conditions, Conditions of the Nervous System, Hormone or Endocrine Conditions, Chronic Conditions related to Skin, Hair, or Nails, and Musculoskeletal Conditions).
  
- III. **Coordination with Providers: ISP Worksheets for Residential and Day Habilitation Providers (ISP Worksheets)** – The provider reviews the current ISP and completes the ISP Worksheet with the individual to reflect new/update information necessary for ISP accuracy. The provider sends the worksheet to the team along with any supporting assessments or completes the worksheet at the meeting and provides copies to the team. The provider sends the worksheet to the team along with any supporting assessments or completes the worksheet at the meeting and provides copies to the team. If still not received, the SC documents the lack of receipt of the worksheet in iRecord case notes. The ISP Worksheets with further instructions are available on the [Support Coordination Information](#) webpage under Plan Development and Monitoring.
  
- IV. **Specific Conditions**
  - A. **Seizure Management** – Document the frequency of occurrence, and history, if currently controlled. Describe the type of seizure and what they look like specific to the person. Are they taking any medication or is a PRN needed at onset? Is there is a seizure protocol in place and what actions or supervision must be provided by staff? When should 911 be called?
  - B. **Diabetic management** – Does the individual have a special diet? What medications do they take? Does the individual utilize any diabetic tools (i.e. pump, glucometer)? How do they check their blood sugar and how often? What support is needed to do so? What should the caregiver/individual do if the individual’s blood sugar is too high/low? Does the individual experience symptoms when their sugar is too high/low? When should 911 be called?

### Division Training Recommendations

Planning Team Partnerships: Using Individualized Service Plan (ISP) Worksheets in Plan Development

**Appendix J – Medical**

iRecord	
<b>Tab</b>	Demographics
<b>Section</b>	Medical
<b>Tile</b>	While completion is strongly encouraged, the following Medical tiles are not required for plan approval: Medical Practitioner, Preferred Hospital, Administrative Service Organization (ASO), Managed Care Organization (MCO), Private Insurance, Preferred Pharmacy

**Diagnosis Tile** – The information contained within the individual’s Diagnosis tile in iRecord was entered Division staff based on the psychological/medical documentation that was submitted during the intake process.

- I. The Division’s Intake Unit is the only entity that can revise this information. If an individual/legal guardian/family member reports that the primary and/or secondary diagnosis is incorrect or requests a modification, the SC should complete and submit the [ICD-10 Diagnosis Change Request Form](#).
- II. The Division’s iRecord ICD-10 coding focuses on I/DD-related diagnoses. The system does not accommodate general medical diagnoses or mental health diagnoses other than “F99, Psychiatric Disorder or Problem.” For this reason, requests to change or add a more specific mental health diagnosis, or to add any diagnosis that is not I/DD related cannot be processed.
- III. The primary and/or secondary diagnosis listed within this tile does not need to be reentered under the Health Hazards/Concerns tile.

**Medical Practitioner** – SCs should utilize the Medical Practitioner tile in iRecord to list all the individual’s medical professionals and specialized physicians including, but not limited to, Primary Care Physician/General Practitioner, Cardiologist, Chiropractor, Dentist, Dermatologist, Endocrinologist, Gastroenterologist, Gynecologist, Infectious Disease, Neurologist, Optometrist/Ophthalmologist, Podiatrist, Psychiatrist, Pulmonologist, Urologist, etc.

- I. SCs are responsible for keeping this list up-to-date and completing changes in a timely manner.
- II. SCs must select the “NJISP” checkbox in the upper right-hand corner for each specialist entered in order for their information to populate within the ISP. View the [Medical Practitioner](#) section of the iRecord User Guide for additional details and step-by-step instructions.

**HIV Disclosure and Documentation** – [Division Circular \(DC\) #45](#) indicates that individuals must give consent to disclose HIV-related information, which is subject to a higher degree of confidentiality. As per [Division Circular \(DC\) #53](#), "Information concerning the status of individuals who are HIV positive shall not be included in the client record and shall be available in accordance with DC #45." Therefore, if applicable, HIV should not be mentioned anywhere in the ISP. Instead, the ISP should indicate that the individual is diagnosed with a viral disorder that requires the use of universal precautions. Any medications prescribed for HIV should be listed within the medication tile with the reason for administration being: viral disorder.

**Division Training Recommendations**

Supporting the Person: Medical Supports and Documentation

## Appendix K – Support Settings

iRecord		
<b>Tab</b>	Demographics	
<b>Section</b>	Safety & Supports	
<b>Title</b>	Support Settings	
<b>Drop-down Options</b>	Community	Home
		Work

### Support Settings: Community, Home, Work

- I. SCs must complete the Home and Community options for all individuals.
  - A. **Emergency planning** – Support and supervision needs during an emergency should be clearly detailed in the service plan for all individuals and included in all support settings, regardless of the level of support noted in other areas. SCs should indicate the level of independence or the level of support needed.
  - B. **Areas that should be addressed** – Supervision/alone time, evaluation plan, support/supervision needed during an emergency. SCs must complete the Home and Community dropdown options for all individuals, no matter the level of independence.
  - C. **Areas for consideration** – Assistance with finances/purchases/money management, household chores, travel (not self-care needs, which should be documented under the Self-Care tile).
- II. The Work dropdown option must be completed for all individuals currently employed, utilizing employment services and/or attending a day program. The individual’s support and supervision needs must be documented in detail for each setting. The reason for the support/supervision need must be further described in the associated tile (i.e. Behavior/Sensory, Mobility/Adaptive equipment, Self-Care, Dietary, Health Hazards/Concerns).
- III. For individuals who reside in a provider-managed setting and/or who attend a provider-managed day program, the support and supervision needs documented on ISP Worksheets must be included and consistent with the information documented in the ISP. The SC uploads the ISP Worksheet and all provided supporting documentation in iRecord. SCs are responsible for ensuring the individual’s support and supervision needs are documented properly and in accordance to the information reported by the provider.

### HCBS Restrictions

- I. **HCBS Privacy Restrictions: Lockable Doors** – In a shared living setting, such as a group home, the individual must have a key to the entrance of their home and a door knob with a lock and key that is unique to their bedroom.
  - A. The staff determined as necessary to have a key to an individual’s living unit or bedroom must be decided by the individual and their planning team and documented in the service plan.
  - B. Documentation is required only if there is an assessed need and documented risk to the individual’s health or safety that requires rights modification.
  - C. Restrictions (if applicable) and the designation of staff determined to hold keys should be listed under the Support Settings tile/Home dropdown option. This information should be bulleted or entered separately for ease of identification. Information in the ISP must align and be consistent with the information documented under the HCBS Modifications section of the Provider ISP Worksheet.
- II. **HCBS Privacy & Rights Restrictions: Privacy in Home and Bedroom and Visitation Rights** – Every individual has the right to privacy within their home and bedroom and right to have visitors of his/her choosing at any time unless there is an assessed need and documented risk to the individual’s health or safety that requires rights modification.

A. Restrictions (if applicable) should be listed under the Support Settings tile/Home dropdown option. This information should be bulleted or entered separately for ease of identification. Information in the ISP must align and be consistent with the information documented under the HCBS Modifications section of the Provider ISP Worksheet.

III. **HCBS Rights & Autonomy Restriction: Access to Food** – Individuals must have access to food at all times. This requirement applies to both Residential and Day Habilitation Providers. Providers may not limit an individual’s access to food, even if they make poor food choices, unless there is an assessed need and documented risk to the individual’s health or safety that requires rights modification.

A. Restrictions (if applicable) should be listed under the Support Settings tile/Home dropdown option. This information should be bulleted or entered separately for ease of identification. Information in the ISP must align and be consistent with the information documented under the HCBS Modification Review section of the Provider ISP Worksheet.

**All HCBS restrictions must be reviewed and approved by the Human Rights Committee (HRC).**

The ISP must include the following seven elements only if restrictions or modifications are in place:

1. Description of the specific assessed need and why the modification or restriction is needed.
2. Description of the positive interventions and less intrusive methods that were attempted but unsuccessful.
3. Description of the intervention that is directly proportionate to the specific assessed need.
4. Description of the data collection and review to measure the ongoing effectiveness of the modification.
5. Description of the established time limits for periodic reviews of the modification to determine if it is still necessary or can be terminated.
6. Documentation that informed consent was received from the individual (and legal guardian, if applicable).
7. Documentation of assurance that the modification will not cause harm to the individual.

IV. **Accessibility** – Individuals have the right to live in a setting that is physically accessible, to move freely about and not be confined to any one area of the setting. Restrictions or modifications to this rule are not permitted.

V. **Human Rights Committee (HRC) Approval Document** – While not required, SCAs are encouraged to obtain and upload the [HRC Approval Document](#) in iRecord.

**Division Training Recommendations**

Walkaway Safety and Documentation

Planning Team Partnerships: Using the Individualized Support Plan (ISP) Worksheets in Plan Development

Putting Home and Community-Based Services (HCBS) Rules into Practice

**Appendix L – Mobility/Adaptive Equipment**

<b>iRecord</b>			
<b>Tab</b>	Demographics		
<b>Section</b>	Safety & Supports		
<b>Tile</b>	Mobility/Adaptive Equipment		
<b>Drop-down Options</b>	Bed Shaker Braces/Crutches Helmet	Mechanical Lift Protective Home Modification Electric Scooter	Walker Wheelchair Other

- I. Other prescribed adaptive equipment should be listed under the “Other” dropdown category and some examples include: Glasses, hearing aids, Hoyer Lift, orthotic shoes, helmet, bed rails, adaptive bed, grab bars, ramps, CPAP Machine, commode, etc.

**Division Training Recommendations**

Supporting the Person: Adaptive Equipment and Documentation  
 Supporting the Person: Medical Supports and Documentation

## Appendix M – Behavior/Sensory Needs

iRecord			
<b>Tab</b>	Demographics		
<b>Section</b>	Safety & Supports		
<b>Title</b>	Behavior/Sensory Needs		
<b>Drop-down Options</b>	Aggression Behaviors	Elopement/Walkaway Fears/Phobias	Interactions Sensory Issue

**Behavior/Sensory Needs** – All current and past behaviors should be addressed in the ISP.

- I. If the NJCAT respondent answered “yes” to a behavior that is no longer presenting, the behavior should still be listed in the ISP but noted as a past behavior.
  - A. While allowed, it is not necessary to use the term “NJCAT discrepancy” or “Contrary to the NJCAT” if any changes have occurred. For example, if the respondent answered “yes” to physically and verbally threatens others in the NJCAT but clarifies during the planning meeting that these behaviors occurred in the past, a recommended way for the SC to document this in the ISP is “XXX has a prior history of physically and verbally threatening others, however due to medication adjustments and effective redirection strategies, these behaviors are no longer present”.
  - B. If a true NJCAT discrepancy is identified, a recommended way to document this is “NJCAT indicates that XXX physically and verbally threatens others, however the planning team reports that this is inaccurate.”
- II. When adding a new behavior or sensory need, iRecord will list the following dropdown options under “Type of Need” – Aggression, Behaviors, Elopement, Fears/Phobias, Interactions, and Sensory Issue.
  - A. If **Aggression** is selected, supplemental dropdown options will appear:
    - i. Target of Aggression (Self, Others) and
    - ii. Type of Aggression (Self: bites, scratches, hits, Others: bites, grabs/scratches, hits, kicks, uses objects against)
  - B. If **Behaviors** is selected, supplemental dropdown options will appear: Eats/Mouths inedible objects (i.e. Pica), Smears feces, Takes clothes off in public, Masturbates in public, Sexually touches others, Sexually predatory behavior, Other
  - C. If **Interactions** is selected, supplemental dropdown options will appear: Adults (Same Sex). Adults (Opposite Sex), Children, Pets, Strangers, Other
  - D. If **Sensory Issue** is selected, supplemental dropdown options will appear: Lights, Proximity/Touch, Scent, Sounds, Temperature, Other

**Pica** – Pica is defined as the compulsive and recurrent consumption of non-nutritive/non-food items. A pica event occurs when the non-food item is swallowed/ingested. Mouthing non-food items is not considered pica as it involves manipulating them without intent to ingest.

- I. Non-food items commonly ingested include batteries, gloves, cloth items, paper clips, hair, dirt, cigarette butts, buttons, thread/strings, pebbles, and bottle caps. Serious and life-threatening risks of pica include choking/aspiration, poisoning, perforation of the esophagus and/or stomach, bowel obstruction/blockage and dental and mouth injuries.
- II. To reduce the risk of pica event occurrence, the ISP must include details specific to the individual, clearly identify all items the individual is known to ingest, locations and frequency of occurrences, supervision levels, behavioral interventions, environmental management and/or sweep protocols and all strategies outlined in the individual’s Behavior Support Plan (if applicable).

- III. Indicating “Eats/Mouths Inedible Objects” (generic language from the NJCAT) or “requires supervision” does not include sufficient detail and ambiguous language may put the individual at significant risk. Information should be documented within the Behavioral/Sensory Needs tile under the Safety & Supports tab.
- IV. Available resources including prevention handouts, monthly training calendars which offers the “Understanding Pica from a Behavioral Perspective: Managing the Environment for Prevention” training, and consultations from the DDD Resource Team can be found on the Division website at <https://nj.gov/humanservices/ddd/individuals/healthsafety/>

**IMPORTANT**

All choking and pica incidents require an incident report (Medical Event: MD103) and evaluation by a medical professional.

**Division Training Recommendations**

Behavior Supports and Documentation  
Putting Home and Community-Based Services (HCBS) Rules into Practice  
Overview of the Behavior Management Committee

## Appendix N – Behavior Plan

iRecord		
<b>Tab</b>	Demographics	
<b>Section</b>	Safety & Supports	
<b>Title</b>	Behavior Plan	
<b>Drop-down Options</b>	<u>BSP Level</u> Level I Level II Level III	<u>Type</u> BSP FBA

- I. **Behaviors** – An effective way to describe behaviors is in terms of these four points: first, worst, recent and current.
  - A. Describe the first time the behavior occurred / when it began.
  - B. Describe the most severe (or worst) time the behavior occurred.
  - C. Report the most recent time the behavior occurred.
  - D. Explain what is typical currently in terms of frequency, intensity and duration (including examples of behaviors and effective interventions is helpful.)
  
- II. When does the planning team meet? Following a behavioral incident, especially if new, uncommon, recurring, or severe. For instance, the team should meet following a walkaway incident.
  
- III. For individuals with Dual Diagnosis, it can sometimes be difficult for the team to distinguish between psychiatric and behavioral components of a person’s symptoms. The team should ensure behavioral supports are in place, if needed.
  
- IV. See the [ABC Manual: The Basics of Care Management](#) for information on:
  - A. How to request a behavioral consultation from the DDD Resource Team.
  - B. Human Rights Committees (HRCs) – The Division requires an objective review of issues that may infringe upon human or civil rights of individuals with IDD through a review by a Human Rights Committee (HRC). Approved providers may elect to develop their own HRC or utilize the HRC established by the Division.
  
- VI. **Behavior Strategies**
  - A. Behavior strategies are not person-specific plans. Until a formal Functional Behavior Assessment (FBA) and Behavior Support Plan (BSP) are developed and implemented by a (BCBA), interim behavior strategies may be used to ensure the immediate safety and stability of the individual and others within a group home setting. These temporary strategies do not replace a formal FBA or BSP and should be in effect for a maximum of 90 calendar days, unless otherwise extended with documented justification.
  - B. If at the end of the formal assessment, the Board-Certified Behavior Analyst (BCBA) does not believe the person warrants an actual BSP, then generic strategies can be put in place.
  - C. In the Behavior Plan tile, the SC enters “No” under “Behavior Plan Required?” and documents the interim strategies in the Notes section of the tile. The strategies should be uploaded under the Documents tab and not in the Behavior Plan tile.

Questions can be directed to [Ddd.Behavioralservices@dhs.nj.gov](mailto:Ddd.Behavioralservices@dhs.nj.gov)

**Division Training Recommendations**

Behavior Supports and Documentation

Overview of the Behavior Management Committee

Overview of the DDD Resource Team

Supporting the Person: Behavior Supports and Documentation

## Appendix O – Emergency Back-up Plan

iRecord	
<b>Tab</b>	Demographics
<b>Section</b>	Safety & Supports
<b>Title</b>	Emergency Backup Plan

- I. **Proxy Decision-Maker** – For individuals without a court-appointed guardian, a Proxy Decision-maker is a person appointed by the individual to make health-related decisions on their behalf in the event they become unable to do so. Ideally, Proxy Decision-makers have been formally designated by the individual and documentation exists for the scope and type of decision-making being designated. Typical examples of formal decision-designation documentation may include Durable Power of Attorney for Healthcare, Medical Power of Attorney, or a living will. If these documents do not exist, it is acceptable at this time for the SC to enter in iRecord a name and contact information as a Proxy Decision-maker that the individual designates without documentation. Individuals and SCs are strongly encouraged to develop supporting documentation, such as the [NJ Department of Health’s Designation of Healthcare Representative Form](#). For individuals with a court-appointed guardian, guardianship can be general or limited to certain types of decisions, therefore, it should not be assumed that a legal guardian is the proxy decision-maker. Guardianship documents should be reviewed before making this designation.

**Emergency Back-up Plan iRecord Tile**

1. Does the individual live in a provider-managed setting with 24-hour access to staff?
2. Does the individual have a Personal Emergency Response System (PERS)?
3. Does the individual have a Will or Advance Directive?
4. Does the individual have a Proxy Decision-maker for health-related decisions?\*

\*SCs will not be able to select “Yes” for this question until/unless a Proxy Decision-maker is designated within the Contact Attribute tile. If added, name/contact information will auto-populate in Emergency Backup Plan tile and ISP. This step is not needed if there is no designated Proxy Decision-maker.

- A. SCs must ensure that all emergency contact information is kept up-to-date in iRecord, including contacts that are designated as part of an emergency back-up plan or Proxy Decision-maker. Information should include the emergency contact’s full name, relationship to the individual, address, phone number (i.e. home, cell, work) and email address. In order to designate a contact as an emergency contact, the SC needs to check the applicable box within the Contact section/Contact Attribute tile. If more than one emergency contact is identified, the SC must list them in order of priority, with number 1 being the highest priority contact.
- II. **Guardian or Decision-Making Supporter** – The SC must initiate a discussion about decision-making at the annual Planning Team meeting (which includes the individual). The discussion should address whether Supportive Decision-Making (SDM) or other options less restrictive than legal guardianship can support the individual in their decision-making.
- A. In the PCPT Relationships tile in iRecord, the SC should enter information about either (a) the individual’s relationship with the person or people whom the individual has identified to help with SDM, or (b) the person or people appointed by the court as legal guardian(s).

- B. When a person appointed as a legal guardian is no longer viable or available, action is required which may include a family member applying for substitute guardianship or a BGS referral.
- C. See the [ABC Manual](#) for additional information related to Decision-Making: Alternatives to Guardianship and Guardianship

**SC and Planning Team should develop a related outcome any time action is needed related to guardianship.**

Possible language may include:

1. *<Individual Name> is able to make informed decisions for themselves at this time, however, if needed, <Contact Name> is available to assist with supportive decision-making.*
2. *<Contact Name> has applied to become <Individual Name's> legal guardian and a court date is pending.*
3. *<Individual Name> appears to need a legal guardian and has chosen <Contact Name> for this role. <Contact Name> has initiated the process for guardianship application. (Best practice is to develop an outcome)*
4. *<Contact Name> is <Individual Name's> legal guardian, which remains appropriate at this time.*
5. *<Contact> is <Individual Name's> legal guardian but the Planning Team supports <Individual Name's> request to become autonomous, with supportive decision-making as needed. (Best practice is to develop an outcome)*

**Division Training Recommendations**

Alternatives to Guardianship: Empowering Individuals Through Supportive Decision-Making  
Crisis and Emergency Resources for Support Coordinators, Individuals and Families

### Appendix P – Legal /Criminal History

iRecord			
<b>Tab</b>	Demographics		
<b>Section</b>	Safety & Supports		
<b>Title</b>	Legal/Criminal History		
<b>Drop-down Options</b>	Criminal activity Megan’s Law	Parole Probation	Restraining/Protective Order Other

**Examples for consideration may include:**

1. **Criminal Activity**  
*<Name> was charged with trespassing in <month, year> after entering a neighbor’s garage without permission. The case was dismissed, but the planning team recommends staff supervision during community outings to prevent recurrence. Staff provide verbal reminders about respecting personal property boundaries.*
2. **Probation**  
*<Name> is currently on probation for <charge> (date: <month, year>). Probation requires weekly check-ins with the probation officer. Staff assist by providing transportation, reviewing paperwork, and offering support during the meeting. Restrictions include no contact with co-defendants.*
3. **Restraining Order**  
*On <date>, a restraining order was issued against <Name> following a verbal altercation with a former roommate. The order prohibits contact until <expiration date>. Staff ensure housing placements and community activities avoid contact with this individual.*
4. **Megan’s Law**  
*<Name> was convicted of <offense> on <date> and is registered under Megan’s Law. Staff support includes reminding <Name> of annual registration dates, transporting them to the police station, and ensuring compliance with court-mandated supervision guidelines.*
5. **Other – Court Order**  
*Per the court order dated <month, year>, <Name> is not permitted to have unsupervised access to the internet. Staff provide structured computer use at the program site and monitor online activity. Court order has been uploaded into iRecord.*

**Examples of what not to include:**

1. *<Name> had juvenile charges at age 15, but there have been no incidents since reaching adulthood.*
2. *<Name> once engaged in property damage over 20 years ago, with no current restrictions or support needs.*

**Division Training Recommendations**

Ensuring Documentation Meets Requirements

## Appendix Q – Person Centeredness

- I. Information from the NJCAT that reference the individual’s ability to recognize shapes, colors, etc. should not be included in the plan. Information should only be relevant, current, and age appropriate.
- II. If an individual does not have any documented mobility needs or ambulation issues, the following irrelevant information from the NJCAT should not be included or referenced in the ISP: the ability to independently roll from back to stomach, pull herself up from a standing position, go up the stairs, pick up small objects, transfer an object from hand to hand, scoot if necessary, and stand without support.

### Questions to Consider Prior to Plan Approval

- Is the language used in the plan respectful and strengths-based?
- Is the content based on the individual’s identified vision for their life?
- Would I be offended if this language was used to describe myself or a loved one?

## Appendix R – Writing Quality

### Questions to Consider Prior to Plan Approval

- If I never met this person, would I feel comfortable being left along to support them, based on how the plan is written?
- Are the individual's support and supervision needs easily identifiable?
- Is the information clear and understandable to individuals, families and providers?
- If the plan was written for myself or a loved one, would I consider the quality of writing acceptable?

### Division Training Recommendations

Best Practice in Documentation

Charting the LifeCourse: A Method of Ensuring Person-Centeredness

Ensuring Waiver Documentation Compliance for Support Coordination Agencies (SCAs)

## Appendix S – Budget Accuracy

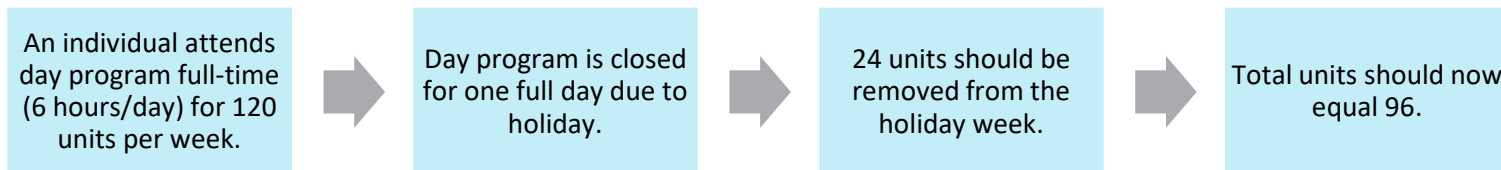
***Service Detail Reports (SDRs) must be reviewed for every funded service to ensure service entry and budget accuracy.***

- I. **Continuous Services** - Service dates for all continuous services should match the plan term dates. The budget should be allocated efficiently and support 12 months of services (i.e. the budget should not be frontloaded to only support 6 months of services). All services, both current and projected, should be sustainable within the individual’s annual budget.
- II. **Initial ISPs and Service Duration Dates** – ISP plan terms have a duration of 365 days. For any initial ISP (Plan 1.00), plan term dates are established following plan approval. When the SC enters a new service in an initial plan, iRecord automatically sets the service duration dates for 18 months. This functionality was implemented to prevent service gaps towards the end of the plan in the event of plan delays. iRecord will automatically adjust the service end date once the plan is approved.
- III. **Day Habilitation Services** – Day Habilitation services only draw funding from the Employment/Day budget component (calculated based off the individual’s tier) and are limited to 30 hours (120 units) per week. Service entry must match the information documented on the Provider ISP Worksheet completed by the Day Hab provider.  
**Note:** a 5% absentee rate is factored into Day Habilitation rates to account for time the individual does not attend program.

### Reminder

6 hours per day = 24 units per day = 120 total weekly units  
5 hours per day = 20 units per day = 100 total weekly units

- IV. Exception weeks must be edited (units removed) to account for program closures/holidays. Example:



- A. If the Employment/Day budget component remains over-obligated after all units for program closures are removed, the SC should remove/zero-out units from the last exception weeks, backward, until the service is within budget. This allows any unused units to roll over for future use.
- B. The “Exclude Weekends” checkbox is an optional iRecord feature but its use is strongly encouraged. If selected, iRecord automatically adjusts the units for the first and last exception weeks. Please note that once the plan is approved the SC will not be able to check or uncheck the Exclude Weekends checkbox.

- V. **Duplicative Services** – Per Section 8.6 of the Division’s policy manuals, the State cannot provide funding for duplicative services. Therefore, adjustments must be made to the individual’s Employment/Day budget component when day services are funded by non-Division sources: Medicaid-funded Medical Day programs, Mental Health Partial Day programs, or DVR-funded workshops.
- VI. Budget deductions are based on the percentage of time (a 30-hour week) the individual attends the non-Division-funded day program.

**Example 1**

An individual attends a Medical Day program 15 hours per week.

50% of the Employment/Day budget component must be deducted.

The remaining 50% can fund additional services.

**Example 2**

An individual attends a Mental Health Partial program 30 hours per week.

100% of the Employment/Day budget component must be deducted.

No additional services can be funded (including services considered "non-duplicative").

- VII. Service entry should follow these guidelines:
  - A. The service is entered into the ISP as a Natural/Generic service.
  - B. Service type is “Day Habilitation.”
  - C. Payment source is “Generic.”
  - D. Unit type is “Hour.”
  - E. Average weekly units should equal the number of hours the individual attends the non-Division-funded day program.
  - F. Name and location of the program should be entered in the Service Description box.

**Note:** Since the service is entered as a natural/generic service, the funds in the employment/day budget component do not appear as obligated. Therefore, the SC needs to be aware not to enter services into the plan, which require funding already “reserved/allocated” by the non-Division day service
- VIII. **One-Time Cost Services** – including, but not limited to, annual gym memberships, items and service evaluations
  - A. Service entry should follow these guidelines:
    - i. The average weekly unit is entered as “zero” (0).
    - ii. The dates of service duration must match the plan term dates.
    - iii. One unit should be added to the second or third full exception week to allow for roll over.

**Important:** This unit should only be entered at the beginning of the service and not in the last exception week. The provider will not be able to submit billing or receive payment until the unit becomes available. However, if the unit is placed too early and plan approval is delayed, the unit may be lost. SCSs must ensure the unit is available before approving.
- IX. **Classes via Goods & Services** – When entering classes into a plan under the Goods & Services category, it is essential that the SC understands and correctly enters detail about how the classes are offered and priced.

- A. Some classes are offered and priced as ‘individual sessions’ with a per-session cost.
- B. Other classes are offered and priced as ‘seasonal semesters’ or ‘bundled/group packages’, where multiple sessions are included in one package with a per-package cost. For example:

**Example 1**

A community vendor offers 10 class sessions at a cost of \$25 per class or session.

The Support Coordinator adds 10 units of service at the unit rate of \$25.

**Example 2**

A community vendor offers 10 class sessions per semester at a cost of \$150 per semester.

The Support Coordinator adds a single unit of service at the unit rate of \$150.

- A. It is also important to understand the community vendor’s policies about class attendance and refunds, in case the individual needs to miss a session or decides they no longer want to attend sessions.
  - B. In all cases, the Support Coordinator should enter the community vendor’s name and contact information and a brief description of the service (e.g., 10 sessions of virtual cooking class) into the service description field. See the [Best Practice Guide](#) for additional information and important reminders related to Goods & Services.
- X. **Habilitative Therapies** – Therapies such as Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) are only funded through the Individual/Family Supports Budget component and require EVV (Electronic Visit Verification). The SC must upload a copy of the medical prescription and documentation that specifies the applicable therapy is necessary for habilitation provided by an appropriate health care professional directly into the service line for plan approval. Service entry must match the parameters on the medical prescription. New prescriptions are required annually and the dates must align with the service plan. For example, if the prescription for PT services is only written for 6 months, the service should not be entered beyond this parameter. See the [Best Practice Guide](#) for additional information related to Habilitative Therapies in the Fee-for-Service System.
- XI. **Retirement Feature** – “iRecord Retirement” is different than employment retirement. Retirement should only to be used if an individual is 65 years of age or older and decides to retire from both employment and Employment/Day Services. It should NOT be selected if the individual attends any sort of Day Program, including Non-Division funded day programs (Medical and Partial Care Day Programs, DVRS funded workshops). If the Retirement option is checked in error, please email the SC Help Desk ([DDD.SCHelpdesk@dhs.nj.gov](mailto:DDD.SCHelpdesk@dhs.nj.gov)) right away for assistance. A JIRA ticket should not be submitted as this is not an IT related issue. See the [Best Practice Guide](#) for additional information related to the Retirement Feature.
- XII. **Self-Directed Employee (SDE) Services** – The name of the SDE(s) must be included in the service line and the rate entered in the ISP must be the billable rate received by the applicable Fiscal Intermediary (FI), not the hourly wage. Service approval is triggered when the billable rate is below minimum wage or exceeds \$25.00 per hour. An SDE may not be paid a wage above \$25.00 per hour unless they meet the standard for an Enhanced Reasonable and Customary wage as outlined in Section 8.3.2.0.1 of the Division’s waiver manuals. Multiple SDEs can be included in one service line if they are all receiving the same billable rate. SCs are encouraged to include all SDEs into one service line so they can share hours or cover one another in an event of

a call out but this practice is not required. See the [Best Practice Guide](#) for additional information related to SDEs, SDE service models and related participation costs, and fiscal intermediary functions.

- XIII. **Overlapping Services / Appendix K** – Please ensure SCs are using and referencing Appendix K (Quick Reference Guide to Overlapping Claims for Services) in both the Supports Program and Community Care Program Policies and Procedures Manual. Remember, if an individual is assigned an acuity factor, Behavioral Supports cannot be claimed while providing the following services because those supports are already included within the rate: Individual Supports, Community Based Supports, Day Habilitation, and Out of Home Overnight Respite. See the [Best Practice Guide](#) for additional information and examples regarding overlapping services.

#### Division Training Recommendations

NJISP Related: Service Entry and iRecord Overview  
Overview of the DDD Service Review Process  
Supporting a Vision: Identifying Supports and Services  
Fiscal Intermediary Choices: Understanding Your Options  
Design Your Own Path: Introduction to Self-Directed Services

## Appendix T – Plan Development & Submission

**Use of Electronic Signatures on Service Planning Documents** – An ISP can be signed by the individual and/or legal guardian through the [E-signature feature](#) in iRecord or by physically signing a printed copy, scanning and uploading the document.

- I. If the SCA has electronic signature capabilities and is able to successfully obtain verified electronic signatures from individuals/legal guardians using reputable software, verified electronic signatures may be used on the following documents: Individualized Service Plan (ISP), Participant Enrollment Agreement (PEA).
- II. Typed names in script or other fonts are not accepted as electronic signatures.
- III. Individuals/legal guardians are encouraged to utilize e-signature, but it is not required. SCA staff may need to teach individuals/legal guardians how to use e-signature.
- IV. Additional guidance is available on the [Electronic Signature \(e-signature\) Fact Sheet](#).
- V. Documents such as the ISP, the Participant Enrollment Agreement (PEA), [Waiver Program Disenrollment Request](#) and the [Goods and Services Request](#) require live or electronic signatures

**Documents Required for Service Plan Approval** – Support Coordination forms and documents are found on the [Support Coordination Information](#) webpage. A *live or verified electronic signature is required unless otherwise specified on the form.*

- I. [ISP Review Checklist for Support Coordination Supervisors](#) (Current version January 2025) – The use of this checklist is required by all SCSs when reviewing macro plans (initial and anniversary, waiver transitions, NJCAT reassessments) and plans of individuals newly assigned to their SCA. It is not required for plan revisions. The ISP Review Checklist is intended to guide the SCS through a detailed plan review to ensure quality.
- II. Signed/Dated [Participant Enrollment Agreement \(PEA\)](#) (Current Version November 2017) – Required only for initial waiver enrollment or for waiver transition plans (i.e. the individual transitions from SP to CCP). A new PEA is not needed if the individual has a change in guardianship or SCA.  
**Note:** The [E-sign for Enrollment](#) iRecord feature allows individuals and/or legal guardians to electronically sign Participant Enrollment Agreement (PEA) documents.
- III. [Rights and Responsibilities \(R&R\)](#) – This document is now [embedded](#) within the ISP.
- IV. [Employment Determination Form – \(F3\)](#), [Employment Non-Referral Form – \(F6\)](#), or [DVRs/CBVI Referral](#) (Current Version March 2023) – One of three employment documents should be completed, depending on the individual’s employment status and intention. Required for all initial plans. Not required annually, should be updated as needed or when the individual’s employment status has changed.
- V. [Mental Health Pre-Screening Checklist](#) (Current Version April 2017) – Required for all initial plans, anniversary plans, and individual reassignment plans. The form must be completed in its entirety; all “Yes” responses require explanation and all follow-up actions must be described in the comments section (i.e. continue with current supports or arrangements for new interventions/referrals). The information documented on this form must align with and be included in the ISP. Completed by the SC and reviewed by the SCS.  
**Note:** The Mental Health Pre-screening Checklist will continue to be completed as usual, but with the iRecord enhancements it can now be uploaded through a tile under the Medical tab.
- VI. **Person-Centered Planning Tool (PCPT)** – Must be comprehensive and updated annually. Revisions should be completed throughout the plan year as requested or applicable.
- VII. Signed/Dated **Individualized Service Plan (ISP)** – Completed and updated annually; revisions throughout the plan year as requested. Information provided on the Mental Health Pre-Screening Checklist, ISP Worksheets, and NJCAT must be incorporated.

- VIII. [Addressing Enhanced Needs Form](#) (if acuity) (Current Version October 2024) – Completed for individuals assigned the acuity factor and interested in receiving Community Based Supports/Individual Supports, Day Habilitation and/or Respite. The form must be completed prior to service delivery and updated annually, at minimum, or as needed. It is not required for SDEs, community vendors/FI services, funded services that do not include the acuity rate, or for exploratory plans (no services). The information documented on this form must align and be mentioned in the ISP. Plans can be approved with only the SC portion completed if case notes reflect the SC’s attempts to obtain the form from the service provider.
- IX. [ISP Worksheets for Residential Providers and Day Habilitation Providers](#) (if applicable) (Current version January 2026) – Required annually for residential and day habilitation providers only. Other service providers (non-residential/day hab) are not required to use these worksheets, although they may. When preparing for residential placement, the *Pre-Placement Meeting Transition Plan* form is used. A provider is not responsible for completing the ISP Worksheet prior to service an individual for 30 days. **Note:** Service providers are able to create and utilize digitized versions of these forms as long as the form contains all required Division components.
- X. **Behavioral Support Plan (BSP)** (if applicable) – If the individual has a behavior support plan, regardless of residential setting, the current plan is uploaded in iRecord / upload type: “BSP-Behavior Support Plan”
- XI. **Annual Medical and Dental Forms** – Required for all Individuals residing in a licensed residential setting. Not required but highly recommended for Individuals residing in their own home or in a non-licensed residential setting including those who attend a day program and/or receive other waiver services. For individuals who are edentulous an annual oral exam is required. This may be conducted by a physician and must clearly document that the individual’s mouth and gums were examined.
- A. As per Section 7.4.1.2 (Optional Discovery Tools) of both waiver manuals, Support Coordinators are reminded to discuss the importance of annual medical and dental exams on the SC monitoring tool and to collect/upload these documents to iRecord when they are available. All SC attempts to obtain the forms should be documented within case notes.

#### Reminders

- All annual documents expire at the one-year mark.
- A valid document should always be on file.
- If a new macro plan is generated (due to NJCAT reassessment, waiver transition or retirement) all annual documents must be obtained and signed, even if current.

Per Section 17.18.5.12 of the policy manuals, “There are serious consequences to fraudulent documentation; thus, providers must take precautions with all applicable laws and regulations. Common documentation errors include missing signatures.”

**Guidance for Individual Reassignments** – If an individual is reassigned to a new SCA, the new SCA should treat the plan as a brand new assignment. The ISP and PCPT should be reviewed and updated where needed, a new Rights & Responsibilities must be obtained and signed by the new SC and a new Mental Health Pre-Screening Checklist and ISP Checklist for SCSs should be completed. The plan must be approved within 30 days of assignment.

**Guidance for Securing ISP Worksheets from Providers** –The provider reviews the current ISP and completes the ISP Worksheet with the individual to reflect new/update information necessary for ISP accuracy. The provider sends the worksheet to the team along with any supporting assessments or completes the worksheet at the meeting and provides copies to the team. The provider sends the worksheet to the team along with any supporting assessments or completes the worksheet at the meeting and provides copies to the team. If still not received, the SC documents the lack of receipt of the worksheet in iRecord case notes. The ISP Worksheets with further instructions are available on the [Support Coordination Information](#) webpage under Plan Development and Monitoring.

I.

**Guidance on ISP Signature/Unable to Reach Legal Guardian** – If a private legal guardian (not applicable to public guardians) is unreachable (e.g. out of the country), documentation of three separate attempts to contact them on different dates and varying times, over a two-week period should be made and documented in iRecord case notes. As long as there is documented approval of the Planning Team and individual, the individual may sign or mark the ISP for approval and the ISP may be approved. The Support Coordinator (SC) should clearly note on the signature page the following statement: “I have attempted to reach [Guardian’s Name], legal guardian, on [Enter three dates/times] and was unsuccessful. Services outlined in the plan are appropriate as per the Planning Team. Plan approval moving forward.”

**Note:** Additional guidance for circumstances in which signatures are unable to be obtained can be found in the policy manuals Section 7.5.9.1 as well as [ISP Signature Page Frequently Asked Questions](#).

**Timeframes** – Initial plans (brand new assignments) must be approved within 30 days of enrollment. For Unreleased SCAs, Anniversary Plans should be submitted to State Review at least 7 business days prior expiration of current plan. NJCAT Reassessment, Retirement, and Waiver Transition plans must be approved within 30 days of plan creation (iRecord due date). Individual Reassignment plans should be approved within 30 days of assignment.

#### **Division Training Recommendations**

NJISP Related: New Jersey Individualized Service Plan Process and Documentation  
Best Practice in Documentation  
Ensuring Waiver Documentation Compliance for Support Coordination Agencies (SCAs)  
E-Signature in iRecord: Functionality, Responsibilities and Expectations

## Additional Guidance – PCPT

### Appendix U – General Reminders

Meaningful conversations with individuals and families are fundamental to the person-centered planning process. These discussions are not merely procedural, they are the cornerstone of developing plans that are personalized, relevant, and impactful. Whether directly supporting individuals, supervising teams, or shaping agency-level practices, everyone plays a critical role in creating the conditions for deeper, more enriching engagement.

#### Ways to Promote Meaningful Conversations

##### Support Coordinators

Take time to build trust and connection.

Ask open-ended questions that invite individuals/families to share their values, hopes and daily realities.

Go beyond the checklist and explore what truly matters to the individual/family.

Let the conversation guide the plan.

##### Support Coordination Supervisors

Provide space in supervision to reflect on quality of conversations, not just compliance.

Encourage staff to share successes and struggles in meaningful engagement.

Go beyond the checklist and explore what truly matters to the individual/family.

Let the conversation guide the plan.

##### Agency Heads

Consider how the SCA's structures, policies and documentation support (or limit) person-centered dialogue.

Set a tone that invests in culture, training and making a difference.

#### Division Training Recommendations

NJISP Related: New Jersey Comprehensive Assessment Tool (NJCAT) and Person-Centered Planning Tool (PCPT) Overview

DDD Charting the LifeCourse: A Method for Ensuring Person-Centeredness

Best Practice in Documentation

Putting Home and Community Based Services (HCBS) Rules into Practice, Supporting a Vision: Identifying Supports and Services

## Appendix V – Relationships

iRecord	
<b>Tab</b>	Tools
<b>Section</b>	PCPT
<b>Tile</b>	Relationships
<b>Drop-down Options</b>	There are 51 dropdown options that capture a multitude of relationship types.

### Conversations Starters for Discussion of Relationships

- Who are the most important people in your life and why? What role do they play?
- Who do you like to spend time with? What do you enjoy doing with them? Where do you go? How often do you spend time together?
- Who do you like to talk to when you are happy/sad/lonely? Who do you like to share jokes with?
- Who do you want to share your achievements with?
- Who do you turn to when you need help or do not feel well?
- Who do you trust and rely on?
- Is there a person absent from your life that you miss? If so, who?

**Appendix W – Strengths & Qualities**

<b>iRecord</b>		
<b>Tab</b>	Tools	
<b>Section</b>	PCPT	
<b>Tile</b>	Strengths & Qualities	
<b>Drop-down Options</b>	Like about self Others Like about you	Achievements Things you do well

**Conversation Starters for Discussion of Strengths & Qualities**

- What do you like about yourself?
- What are some of your greatest achievements (something you've won/completed/conquered) and proudest moments?
- What are some of your talents and things you do well?
- What are some of your positive qualities?
- How would a friend describe you?
- What do others like and admire about you?
- What do others think you are good at?

## Appendix X – Important to You

iRecord			
<b>Tab</b>	Tools		
<b>Section</b>	PCPT		
<b>Title</b>	Important to <Person’s Name>		
<b>Drop-down Options</b>	Personal preference/Routines Places to go Interests	Things to do People to see/Relationships Recreational pursuits	Dislikes Pets Other

- I. **HCBS Informed Choice: Selection of Residential Setting** – Individuals have the right to choose their preferred residential setting among setting options, including non-disability specific settings and an option for a private unit within a provider managed residential setting. Residential settings options should be identified, discussed with the person and documented in the ISP. Personal Preferences/Routines is the recommended dropdown option to capture this information.
  - A. If the individual expresses an interest in moving or changing residential settings, a planning team meeting should occur to discuss the individual’s request and alternative residential options. The ISP should be updated at the time of the request. If the move is being pursued due to a change of need (i.e. ambulation issues), this should be documented under the Support Settings/Home tile as well.
  
- II. **HCBS Informed Choice: Roommates, Furnishings and Decorations, Schedules, and Activities** – Individuals have the right to choose their roommate(s) if sharing a bedroom and to request a private unit if they no longer wish to share a bedroom. They also have the freedom to furnish or decorate the unit according to their unique preferences and have control over their own schedules and activities. Information should be added to the most applicable dropdown option.

### Conversation Starters for Discussion of Important to You

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>What are things you enjoy doing at work, home, community and in your free time?</li> <li>What are things you don’t enjoy doing? Are there places you prefer to avoid?</li> <li>What are your favorite activities and recreational pursuits? Are there new things you want to explore?</li> <li>Do you prefer to do things with other people or by yourself?</li> <li>What would you like to change in your life? What would you like to stay the same?</li> <li>Are you living in your preferred residential setting? Are you interested in moving or making a change to your living situation?</li> <li>Do you like your roommate and/or the people you live with? Are you interested in making any changes or do you have alternate preferences?</li> </ul> | <ul style="list-style-type: none"> <li>How do you like to decorate/furnish your bedroom and home? Are your decorations/furnishing preferences being met? Are you interested in making any changes?</li> <li>Do you have any specific hobbies or rituals that make you feel happy, calm and comfortable?</li> <li>How would you describe your perfect day? Your worst day?</li> <li>Do you have a pet? What type? What is their name?</li> <li>Do you collect anything (DVDs, CDs, movie posters, stamps, coins, etc.)?</li> <li>If the person says they like to go out to eat, ask about their favorite restaurants, if they want to try someplace new, who they like to go out with, their favorite foods, etc.</li> <li>If the person says they like to shop, as where they like to go, the names of their favorite stores, with whom they like to shop, etc.</li> </ul> |
|--|--|

- Are you attending your preferred day program? Are you interested in attending a different program or utilizing another day service?
- Describe your morning, day and nightly routines. Is your routine on the weekend different than your routine during the week? If so, in what way?
- Do you feel like you have control over your own schedule and activities? How so?
- If the person says they like to watch TV and/or movies, ask about the names of favorite shows/movies, if they prefer or dislike a specific genre, if they look forward to any new releases, if they prefer to watch movies at home or in a movie theater, with friends or alone, etc.
- If the person says they like music, ask about their favorite types of music, favorite artists, favorite place to listen to music, if they have attended or want to attend a live concert, if they play any instruments, etc.
- If the person says they like to travel, ask about where they have traveled/want to travel and with whom, if they have upcoming travel plans or places/destinations they wish to see, etc.

## Appendix Y – Hopes & Dreams

iRecord	
<b>Tab</b>	Tools
<b>Section</b>	PCPT
<b>Title</b>	Hopes & Dreams
<b>Drop-down Options</b>	Short-term hopes and dreams   Long-term hopes and dreams

### Conversations Starters for Discussion of Hopes & Dreams

- Describe how you envision your future.
- What are your hopes and dreams for yourself?
- How would you like your life to be different? Is there anything you would like to change? Anything you want to remain the same?
- What new things would you like to learn or explore?
- What is your dream job? Living situation? Relationship goals?
- Is there any place you would like to travel to?
- What kind of relationships do you want to have in your life?
- If you won the lottery, how would you spend the money?

## Appendix Z – Supporter Qualities

iRecord	
<b>Tab</b>	Tools
<b>Section</b>	PCPT
<b>Title</b>	Supporter Qualities
<b>Drop-down Options</b>	Characteristics of supporters   Other

### Conversation Starters for Discussion of Supporter Qualities

- Describe your ideal supporter.
- What qualities would you like this person to have?
- What kind of people do you like/do not like to be around?
- What are the characteristics and personality types you prefer? What characteristics and personality types you would like to avoid?
- What are some interests you would like to have in common?
- What would you like your supporter to do that makes you feel valued and respected?
- Are there special skills, experience and/or training you would like your supporter to have?
- Do you have a schedule preference? If so, please elaborate.
- Is it important that the supporter have a driver’s license? Their own vehicle?
- Are there any particular places you would like your supporter to take you?

## Appendix AA – Community Integration

iRecord	
<b>Tab</b>	Tools
<b>Section</b>	PCPT
<b>Title</b>	Supporter Qualities
<b>Drop-down Options</b>	Previous/Current experience      Extent of interaction with community

**HCBS Rights & Autonomy: Community Integration** – Individuals must have full access to the community and given opportunities to explore new experiences and activities they may enjoy or find meaningful. Information and answers to the questions under the Community Integration Review section from Provider Worksheets (Residential and Day Hab) should be included in this section of the PCPT.

### Conversation Starters for Discussion of Community Integration

- Where do you like to go for fun? With whom do you like to go? How often?
- Where do you like to shop and run errands?
- How do you like to socialize? Would you like the opportunity to meet more people?
- Do you work or volunteer? Have you worked or volunteered in the past? If so, where?
- Are you part of any social clubs or community groups? If so, how often do you meet?
- Are there new places, activities and/or experiences you would like to try or learn more about?
- Are there things you have done or places you have gone in the past that you enjoyed? Would you like to resume these activities?
- How would you like to be more engaged in your community?
- Do you prefer places with lots of people or fewer people?
- Do you prefer busier/louder places or quieter places?
- Are there places or community activities that you do not like?

**Appendix BB – Communication Styles**

iRecord			
<b>Tab</b>	Tools		
<b>Section</b>	PCPT		
<b>Title</b>	Supporter Qualities		
<b>Drop-down Options</b>	Read/Write Express Emotions – Happy/Sad/Excited/Angry	Express illness, pain, discomfort Express Wants/Needs/Choices Express Understanding	Express Lack of Desire/Interest Other

**Conversation Starters for Discussion of Communication Styles**

- What is your preferred language? Are you bilingual?
- How do you prefer to communicate? How do you prefer that others communicate with you?
- How do you let someone know that you are happy, sad, scared, excited or any other feeling?
- How do you let someone know that something is wrong?
- How do you let someone know you are not feeling well or you are in pain?
- How do you let someone know that you want to do something? Prefer not to do something?
- Do you use any communication devices or other technology to communicate?
- Do you read or write? To what extent?
- Do you use any non-verbal ways to communicate?

## **Appendix CC – Annual Review of Changes**

In order to improve with drafting quality PCPTs, it is recommended to create or use an information gathering guide to assist SCs with having more meaningful conversations, making better observations, and asking deeper follow up questions to build on each section of the PCPT. The Monitoring Tool should be used to refine the plan based on progress and changes in the person's life.

### **Questions to Consider Prior to Plan Approval**

- Does the reader have a clear and thorough picture of who the person is and what is important to them?
- What new information learned and discussed during monthly monitoring can be added to the PCPT (i.e. family trips, friends, community experiences, skills learned, achievements)?
- Are outcomes being addressed and/or achieved? Does the person still want to achieve them?
- What additional probing questions can be asked to gather more relevant information?
- Is the PCPT strength-based (not deficit-based) and written using respectful, person-centered language?