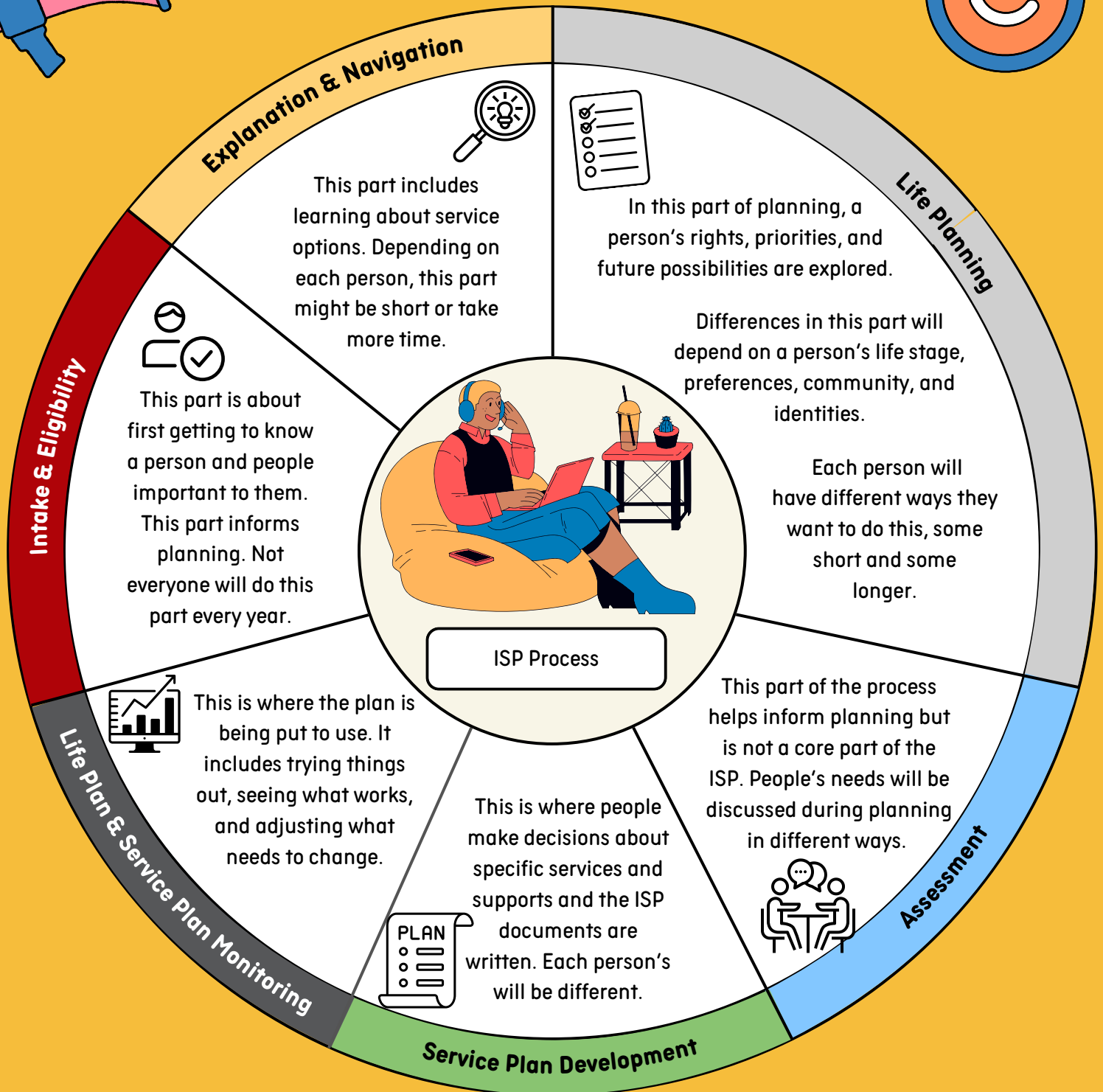
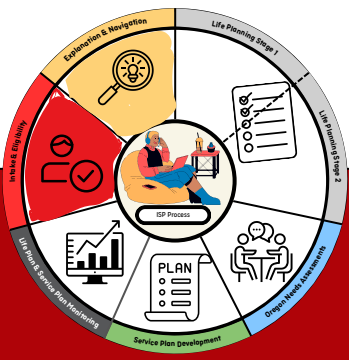


# Support Planning Process

Use this graphic organizer to learn about your ISP.  
Each step in the process can help you achieve your goals.





## Intake & Eligibility

This part is about getting to know a person and people important to them. It includes their language, culture, preferences, history, and all identities and experiences a person wants to share.

- Ask what language the person uses. If they want their family or anyone else to help them with their planning, ask what language works best for them too.
- Ask the person what name they want to be called, pronouns if they want to share, and any other words they use to identify themselves.
- Discuss the person's communication styles. What communication supports are useful, in what ways those supports should happen so they work well, and who should help?
- Review the list of documents that will be needed. Share these documents with the person however works best for them.
- Share virtual and paper copies of the ISP process so the person knows what to expect. Share a description of I/DD services to help them get to know their service options.
- Share next steps in conversation using the person's communication style. Also share next steps in writing.



## Explanation & Navigation (getting ready to plan)

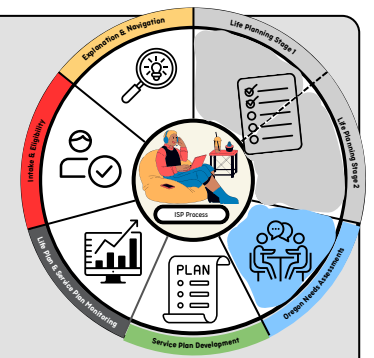
Learning about service options helps with planning. Depending on each person, this part might be short or take more time.

- Before meeting with the person, professionals review documents about the person. Honor the person's preferences. This helps to reduce trauma and repetition.
  - If it is not yet known, ask what language the person uses. If they want their family or anyone else to help them with their planning, ask what language works best for them too.
  - If it is not yet known, ask the person what name they want to be called, pronouns if they want to share, and any other words they use to identify themselves.
- Ask about the person's communication styles. What communication supports are useful, in what ways those supports should happen so they work well, and who should help?
- Review what service possibilities the person has including specific eligibility requirements for different services. Explain anything they have questions about.
- Share resources with the person in ways that work best, such as the Life Stage guide and other planning tools.
- Discuss what forms might need to be filled out, or other things the person might need to do that are required for the system to fund their services.
- Start discussions about the person's rights, using the person's communication style. Discuss power dynamics and where the person has control. Ask if the person wants anyone else involved to help them.
- Share next steps in conversation using the person's communication style. Also share next steps in writing.



## Life Planning

In this part of planning, a person's rights, priorities, and future possibilities are explored. Differences in this part will depend on a person's life stage, preferences, community, and identity. Each person will have different ways they want to do this, some short and some longer.



Discuss the person's rights, power and control within their planning and services.

If the person wants to have a life plan that focuses on priorities they have right now and explores their future.

If the person only wants to have a shorter planning process that just focuses on priorities they have right now:

- Discuss the person's current priorities with them.
- Discuss areas of the person's life where they feel that they have adequate supports.
- Discuss areas of the person's life where they feel they do not have adequate supports.
- Document all of these discussions and any decisions made.

Discuss ways the person can get help with directing their own services and plan. Support them in ways that work for them and honors their preferences.

Discuss areas of the person's life in ways that work for them. Discussions will be different depending on the person's preferences and life stage.

- Have conversations about where the person feels they have adequate supports.
- Discuss areas of the person's life where they feel they do not have adequate supports.
- Document all of these discussions and any decisions made.

The person can discuss whatever areas of their life that they want to. They don't have to discuss things they don't want to.

Create space for the person's questions or concerns. Some things might take time or several conversations.

Share next steps in conversation using the person's communication style.

## Assessment (learning about needs)



This part of the process helps inform planning but is not a core part of the ISP. People's needs will be discussed during planning in different ways.

An Assessor reviews intake and relevant documents to learn about the person. This helps to know the person's preferences and honor them. They also review previous assessment responses. This helps to reduce trauma and repetition.

**1** Assessor works with the person to set up the assessment. The person has the right to choose when and where it will happen, and who will complete it. They can also ask for support during the assessment.

**2** Explain what the assessment is and why it's required. Facilitate the assessment with compassion. It is likely a difficult experience for the person and their family.

**3** Help arrange for preferred supporter(s) to connect with person after the assessment.

Other assessments may be completed here, too, completed by the Services Coordinator or Personal Agent.



## Service Plan Development (finalizing the plan)

This is where people make decisions about specific services and the ISP documents are written.

Write the plan:

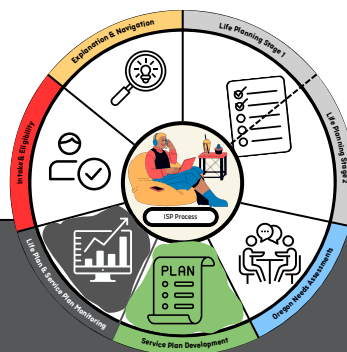
**1** Discuss with the person which of their priorities they want I/DD services to help with. They can also decide to get help in other ways.

The person makes the final decisions about what help they want with their priorities in different areas of their life. They also decide if they have priorities that they don't want help with.

**2** The Services Coordinator or Personal Agent finds support options that can work for the person. Discuss these options to help the person make the best decision for them.

**3** The person and their Services Coordinator or Personal Agent, along with anyone else the person chooses, creates a statement that describes what the person wants to change and what they want to stay the same. They write down what services the person needs and how those will happen. They also write next steps, so everyone involved knows what they are supposed to do. They include ways to know if the plan is working or if something needs to change.

**4** Discuss each of the person's priorities in this way, until all of them have decisions about how to proceed. Fill out all of the ISP documents so that the person's decisions about each of their priorities are recorded. Specify which priorities will have I/DD services to help with, and how. Include priorities that the person does not want services to help with.



## Life Plan and Service Plan Monitoring (making it happen)

This is the part of the process where the plan is being put to use. Trying things out, seeing what works, and adjusting what needs to change.

Ask the person questions about how their services are going. Is everyone doing what they agreed to?

Have regular conversations with the person about how the plan is working. Are their priorities being addressed how they are needing them to be? Are they happy with how their plan works in action? If not, revisit Life Planning and Service Plan Development to make changes.

Use LifeCourse and Person Centered Planning tools to help the person reflect on what is going well and decide what they want to change. Document all of the changes, so the plan is up to date at all times.

Always provide tools and copies of completed tools to the person. Use their preferred communication styles to make sure they are happy with their plan.



# ISP Process Strategy

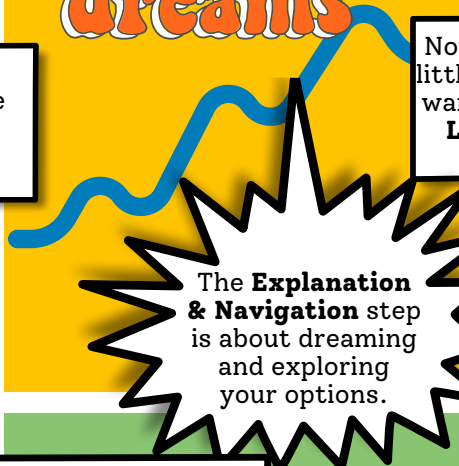
As you enter the I/DD system, you will experience **Intake & Eligibility**.

Hey, John!  
What supports do you need in your life?



Hey, Jess!  
I want to share who I am and what I need in my life.

## dreams



The **Explanation & Navigation** step is about dreaming and exploring your options.

Now that I know a little about you, we want to talk about **Life Planning**.

Is this when I learn about my rights as a DD service user?



Yes! And next we will do your **Oregon Needs Assessment** to help find your needs and how to help you reach goals.

Thanks! I am nervous about this as it has been hard in the past.



Last step is **Life Plan & Service Plan Monitoring** to keep us on track!

I get it! That means I will work with you to monitor how things are going.

The **Service Plan Development** process is about prioritizing how goals meet needs.

What are the different services?

