


Name of Policy: <u>Individualized Service Plan</u> Policy Number: 3364-170-07 Department: UTMC Care Clinic/ Ryan White Program Approving Officer: Chief Operating Officer, UTMC Responsible Agent: Program Director UTMC Care Clinic/Ryan White Program Scope: OP-Clinic-UTMC Care Clinic/Ryan White Program	 Effective Date: 5/01/2023 Initial Effective Date: 3/2023
<input checked="" type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

An Individualized Service Plan (ISP) will be developed for each client and will become part of the individual client record (ICR)..

(B) Purpose of Policy

The Individualized Service Plan is used to monitor progress during the course of treatment.

(C) Procedure

1. The development of the individualized service plan is a collaborative process between the client and service provider(s) based on a diagnostic assessment, a continuing assessment of needs, and the successful identification of interventions/services. The individualized service plan shall document, at minimum, the following:
 - a) A description of the specific mental health need(s) of the client;
 - b) Anticipated treatment outcomes based upon the mental health needs identified. Such outcomes shall be mutually agreed upon by the provider and the client. If these outcomes are not mutually agreed upon, the reason(s) needs to be fully documented in the client record;
 - c) Name(s) and/or description of all services being provided. Such service(s) shall be linked to a specific mental health need and treatment outcome;
 - d) Evidence that the plan has been developed with the active participation of the client. As appropriate, involvement of family members, parents, legal guardians/custodians, or significant others shall also be documented; or
 - e) As relevant, the inability or refusal of the client to participate in service planning and the reason(s) given; and
 - f) The signature(s) of the clinical staff member(s) responsible for developing the individual service plan, the date on which it was developed, and documented evidence of clinical supervision of staff developing the plan, as applicable.

2. The individual service plan must be completed within five sessions or one month of admission, whichever is longer.

3. The individualized service plan shall be periodically reviewed at the client's request, when clinically indicated, and/or when a recommended service is terminated, denied, or no longer available to the client. Documentation of results of such periodic review shall occur at least annually, and shall include:
 - a) Evidence that the plan has been reviewed with the active participation of the client, and, as appropriate, with involvement of family members, parents, legal guardians/custodians or significant others;

- b) As relevant, the inability or refusal of the client to participate and the reason(s) given; and
- c) The signature(s) of the clinical staff member(s) responsible for completing the review, the date on which it was completed; and documented evidence of clinical supervision of staff completing the review, as applicable.

Approved by:		Review/Revision Date:	
<u>/s/</u>	<u>05/10/2023</u>		
Christine Stesney-Ridenour Chief Operating Officer - UTMC	Date		
<u>/s/</u>	<u>05/10/2023</u>		
Katie Himich Program Director Ryan White	Date		
<i>Review/Revision Completed By:</i> <i>Agency Administration</i>			Next Review Date: 02/9/2026
Policies Superseded by This Policy:			