ISP Resource Data Summary (RDS)

The Individual Support Plan Resource Data Summary (ISP RDS) tracks the extent to which the mental health system is meeting the needs of a person with an ISP.

The Resource Data Summary (RDS):
- Is a data collection tool.
- Supports a process for the Community Support Worker (CSW) and the Department of Health and Human Services (DHHS) to track the unmet resource needs related to the goals identified in the person's ISP.

Who fills out the ISP Resource Data Summary (RDS)?

The RDS is completed by the CSW of each person receiving Community Integration, Community Rehabilitation Services, Behavioral Health Home Services, or ACT services.

What is the ISP Resource Data Summary (RDS)?

The RDS is part of the ISP package that is completed by the CSW. It is submitted electronically to the Department through KEPRO at the time of request for Prior Authorization (PA) or Continuing Stay Review in the **"Needed Resources"** section. **"Needed Resources"** are resources that the person does not currently have/receive that are   needed to assist a person in meeting goals identified on his/her ISP (See Attachment A for   list of Needed Resource Categories). ***There must be a goal or action steps on the ISP identifying the resource needed and referring, when appropriate, the person for the service.***

Status for Each Resource Need
- **Date Identified**: The date that the person identified that resource need on their ISP.
- **Date Satisfied**: The date that the person started to receive the needed resource as documented on the treatment plan and in progress notes. **OR**
- **No Longer Needed**: Check this box when the identified resource is no longer needed or requested, with the reason documented on the treatment plan and in progress notes.

When is the Resource Data Summary completed?
- Initial ISP: This is the first ISP that was completed within your agency. The ISP RDS, as part of the initial ISP, must be completed within 30 days of **application** for community support services. The application date is the date on which the request for Community Support Services was made by the consumer or by a person acting on behalf of the consumer.
  - o Note: At the time of the initial prior authorization (PA), the initial ISP may not be completed yet; therefore the RDS information would not be complete at that time. A request for PA can be made without RDS data. If the ISP/RDS data is available at the time of the PA request, please enter it at the time of the request.
- 90-Day Review of ISP: This is the update of the person's ISP that occurs on or within 90 days of the last ISP. If this is an annual review, check annual instead of 90-day review.
- Annual Review of ISP: The annual review of the person's ISP occurs within one year of the initial ISP and every year thereafter.

- Person has left CSS agency: An ISP Resource Data Summary, as part of the ISP, is completed automatically when a discharge is completed within KEPRO

When does a Resource Need become an Unmet Need?

The Consent Decree provides standards regarding the timeliness of service provision to individuals. The RDS Needed Resources Data is the source of determining whether consumer needs are being met within expected response times. If consumer needs are not met within expected response times, the CSW must work to develop an **interim plan** to address the need. The middle column of the following chart shows the established expectations for provider performance, and the last column indicates when it becomes and "Unmet Need":

Service	Expected Response Time/Interim Planning	Unmet Need For Resource Development
Emergent	Immediately	
Urgent	Within 24 Hours	
Daily Living Support Services	Within 5 Days	30 Days
Community Integration/ Behavioral Health Home	Within 7 Days (3 for class members)	60 Days
Community Rehabilitation Services	Within 7 Days (3 for class members)	60Days
Assertive Community Treatment	Within 7 Days (3 for class members)	60 Days
Psychiatric Medication Management	Within 10 Days[1]	
Skills Development	Within 30 Days	90 Days
Day Supports	Within 30 Days	90 Days
Specialized Groups (TREM, DBT, etc.)	Within 30 Days	90 Days
Residential Treatment	Varies with consumer's current situation	90 Days
All Other Services to address ISP-identified needs	Within 30 Days	90 Days

[1] The ten-day expected response time for psychiatric medication and monitoring services does not apply to persons being discharged from a hospital or crisis residential unit. The hospital or crisis residential unit discharge plan will include making the connection between the consumer and a provider of medication monitoring services within a time that does not put the person in jeopardy. The needs of patients discharged without such a plan would be deemed urgent.

Correcting Errors or providing RDS updates in the CareConnection record

In KEPRO's CareConnection, errors **cannot** be correct or edited once a form has been submitted. In order to correct an error in RDS data, the provider must create a new Continued Stay Request by extending off the KEPRO Case ID in need of correction. The new Continued Stay Request will require minimal fields, no new clinical information, and note in the "Additional Information" section of CareConnection that submission is for "RDS UPDATE ONLY." The provider may submit a new Continued Stay Request to update the RDS information only if their date or units have not expired.

Instructions for submitting a Continued Stay Review for RDS Update Only
Contact Brianna Walton for assistance at bwalton@kepro.com or 1-866-521-0027,
Option 1

1. If you do not know which KEPRO Case ID you need to extend off of, you will need to go to "Search Responses" and enter in your client's MaineCare number. Here you will be able to see all of your client's cases. You will want to extend off of the Case ID with the authorized end date the farthest out (meaning the Case ID with the greatest end date, not necessarily the newest Case ID).

2. Go to "Search Request" on the blue bar and type the KEPRO Case ID in the search box. Click "Search" and then on the "**EXT**" link. This will create your Continued Stay Review.

3. Administrative Page – Here you will need to enter in the "Start Date for Current Authorization". This date will be the date of when you are submitting your updated RDS information to KEPRO. Click Save and Continue when complete.

4. <u>Services Requested Page</u> – Click on the "Modify" link and leaving the units at 1. Generate the end date automatically by clicking in the "Service Length" box and hitting the tab key on your keyboard. Click Save and then save and continue.

5. <u>RDS Page</u> – If a previously identified resource is no longer needed, check the box that states "No Longer Needed". If a previously identified resource has been satisfied, meaning the member is recieving the identified resource, enter in the date in the "date satisfied" field.

6. Using the tabs on the left hand side of the screen, select the "Additional Information" page to move to that section.

7. <u>Additional Information Page</u> – On this page include the note "RDS UPDATE ONLY". Select "None" from the Treatment Progress drop down. Save and Continue when complete.
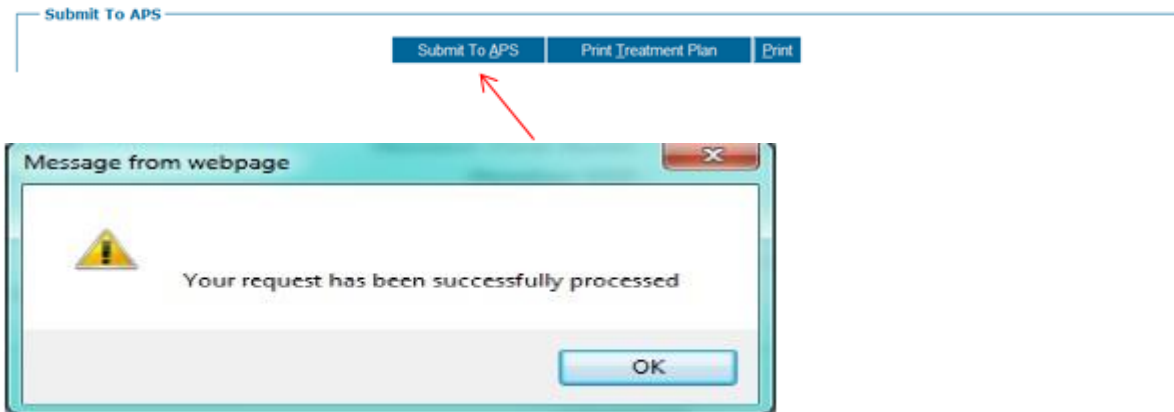
Additional Info

Notes:
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RDS UPDATE ONLY
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Continuing Stay Review

Treatment Progress : None ▾

8. <u>Submit to KEPRO Page</u> – Click on the "Submit to KEPRO" button located in the top middle of the review. You will get a pop up that says "Your Review has been successfully processed". Once you've received this message you know you have correctly submitted your RDS update only request.

Submit To APS

| Submit To APS | Print Treatment Plan | Print |

Message from webpage

⚠ Your request has been successfully processed

OK

Attachment A
"Needed Resource"
Categories:

D *Mental Health Services*
  D   Assertive Community Treatment (ACT)   (see MaineCare Section 17 for service description)
  D   Dialectical Behavioral Therapy
  D   Family Psycho-Educational Treatment Service   (see MaineCare Section 65 for service description)
  D   Group Counseling   (see MaineCare Section 65 for service description)
  D   Individual Counseling   (see MaineCare Section 65 for service description)
  D   Inpatient Psychiatric Facility
  D   Intensive Case Management   (see MaineCare Section 17 for service description)
  D   Psychiatric Medication Management   (see MaineCare Section 65 for service description)

D *Mental Health Crisis Planning Resources*
  D   Development of Mental Health Crisis Plan
  D   Development of Mental Health Advance Directives

D *Peer, Recovery, and Support Resources*

- D   Peer Recovery Center
- D   Recovery Workbook Group
- D   Social Club
- D   Peer-Run Trauma Recovery and Empowerment Group
- D   Wellness Recovery and Action Planning
- D   Family Support

D   *Substance Abuse Services*
- D   Outpatient Substance Abuse Services
- D   Residential Treatment Substance Abuse Services

D   *Housing Resources*
- D   Supported Apartment (Typically a stand-alone/independent apartment setting with own kitchen, bath, bedroom(s)—often has rent supports and access to Section 17 Services)
- D   Community Residential Facility (Typically a care & supervision arrangement that provides 24/7 staff availability as needed in either a group home or independent apartment setting in close proximity to a group home/office—may have access to Section 17 and/or 97 services)
- D   Residential Treatment Facility (Typically a 24/7 intensive treatment/recovery focused program that is professionally staffed in a group home living arrangement—typically funded by Section 97 Services)
- D   Assisted Living Facility (Typically a 24/7 apartment or group home environment with limited capacity to meet other medically necessary needs)
- D   Nursing Home (Typically a 24/7 intensive medically oriented group home environment)
- D   Residential Crisis Unit (24/7 staffed, short stay/interval unit or bed, typically in lieu of a hospital or other more intensive setting)
- D   Rent Subsidy (Section 8, BRAP, Shelter Plus or projected based housing) 'project based housing' was in definition on the RDS but not part of the check-off list

D   *Health Care Resources*
- D   Dental Services
- D   Eye Care Services
- D   Hearing Services
- D   Physical Therapy
- D   Physician/Medical Services

D   *Legal Resources*
- D   Advocates
- D   Guardian (private)
- D   Guardian (public)

D   *Financial Security Resources*
- D   Assistance with Managing Money
- D   Assistance with Securing Public Benefits (e.g. SSI, TANF, Food Stamps, General Assistance, MaineCare)
- D   Representative Payee

D   *Education Resources*
- D   Adult Education (Other than GED)
- D   GED
- D   Literacy Assistance
- D   Post High School Education (including 2-year and 4-year courses of study)
- D   Tuition Reimbursement Related to Employment Goals

D   *Vocational/Employment Resources*

D   Benefits Counseling Related to Employment
D   Club House/transitional and/or peer vocational support
D   Competitive Employment (no supports)
D   Supported Employment
D   Vocational Rehabilitation

D *Living Skills Resources*
    D   Daily Living Support Services   (see MaineCare Section 17 for service description)
    D   Day Support Services   (see MaineCare Section 17 for service description)
    D   Occupational Therapy
    D   Skills Development Services   (see MaineCare Section 17 for service description)

D *Transportation Resources*
    D   Transportation to ISP-identified services
    D   Transportation to other ISP-identified activities
    D   After hours transportation (evenings/weekends)

D *Personal Growth/Community Participation Resources*
    D   Avocational Activities
    D   Recreation Activities
    D   Social Activities
    D   Spiritual Activities

D *Other Resources (briefly describe)*