


<b>Name of Policy:</b>	<u>Individual Service Plan</u>	
<b>Policy Number:</b>	3364-160-CR-105	
<b>Department:</b>	Psychiatry	
<b>Approving Officer:</b>	Chief Executive Officer, UTMC	
<b>Responsible Agent:</b>	Chair/Medical Director Department of Psychiatry	
<b>Scope:</b>	OP-Clinic-Psychiatry	
		<b>Effective Date:</b> 10/01/2022 Initial Effective Date: 1/1998
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input checked="" 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.

<p><b>Approved by:</b></p> <p><u>/s/</u> _____ <u>10/19/2022</u>        Rick Swaine Date        Chief Executive Officer - UTMC</p> <p><u>/s/</u> _____        Cheryl McCullumsmith, MD, PhD Date        Chair/Medical Director        Department of Psychiatry</p> <p><u>/s/</u> _____ <u>09/02/2022</u>        Lindsay Watson LSW, MBA Date        Administrative Director        Department of Psychiatry  <i>Review/Revision Completed By:</i>  <i>Agency Administration</i></p>	<p><b>Review/Revision Date:</b>        07/2002        04/2004        08/2005        08/2007        9/2/2010        2/11/13        01/24/14        10/27/2016        09/19/2019        9/2/2022</p> <p><b>Next Review Date:</b> 09/2/2025</p>
<p><b>Policies Superseded by This Policy:</b> ODMH-CR-105</p>	