New York State Office for People with Developmental Disabilities

INDIVIDUAL SUPPORT SERVICES
QUALITY ASSURANCE CHECKLIST

Participant Name & TABS#: ______________________________
Participant Address: ____________________________________________
ISS Agency Name: Learning Disabilities Association of WNY
ISS Agency Reviewer: Anna Jones
Care Manager/Coordinator Name: ________________________________

This checklist is to be completed at the time of enrollment in the program and is expected to be updated annually. A new checklist will be required if an individual moves prior to the annual update.

Indicate “Yes” or “No” after each of the following statements.

1. The home has smoke detectors in the corridors outside the sleeping areas. Yes/No
2. The smoke detectors work. Yes/No
3. An evacuation plan was developed and reviewed with the individual particular to his/her living situation. Yes/No
4. The home has a working landline telephone or cell phone. Yes/No
5. Local emergency phone contact is available and appropriate to the individual. Yes/No
6. The home is reasonably clean and well maintained. Yes/No
7. The home is free from hazardous conditions. Yes/No
8. The furnishings are adequate. Yes/No
9. The home meets the individual’s physical needs and requirements. Yes/No
10. The heat, water, electricity and air conditioning (if applicable) are in good working order. Yes/No
11. The home has a working carbon monoxide detector (not required if electric heat). Yes/No
12. The person’s health, safety and well-being are reasonably maintained in the home. Yes/No

If “No” is indicated for any of the above items, check either (a), (b), or (c) below and describe the needed action.

_____ (a) The reviewer has discussed with the participant any problems with the above item(s), and does not consider them to be a significant threat to the individual’s health, safety, or well-being.

_____ (b) The reviewer has discussed with the participant any problems with the above item(s), and the individual has been encouraged to access available services to address behaviors or activities which jeopardize his/her health, safety, or well-being.

_____ (c) The participant has not engaged in activities necessary to ensure his/her health, safety, or well-being, and therefore an alternate living arrangement must be developed.

Needed Actions: __________________________________________________________________________________________
__________________________________________________________________________________________________________

We agree the participant’s residence has meet all of the conditions listed above, unless needed actions are being addressed.

__________________________________________________________________________________________________________

Participant/Advocate Signature __________________________ Date __________ Care Manager/Coordinator Signature __________________________ Date __________

ISS Agency Reviewer Signature __________________________ Date __________ DDRO Signature __________________________ Date __________

September 10, 2020
New York State Office for People with Developmental Disabilities

INDIVIDUAL SUPPORT SERVICES PLAN

Participant Name: _______________________________________________________

ISS Provider Name: ______ LDA of WNY __________________________

ISS Provider Representative: ______ Anna Jones _________________________

Care Manager/Coordinator (if applicable): ________________________________

DDRO: ______ Western _______________________________________________

An ISS Plan Agreement is to be completed and signed by the participant, Care Manager/Coordinator and the ISS Provider representative upon enrolling in the agency’s Individual Support Services program and annually.

Part I: Plan Narrative

Describe the specific supports and services to be provided to the individual under the provisions of this plan agreement. For each support or service, indicate the type, intensity, frequency, and provider or source. Specify all transition or non-recurring expenses. (Attach additional sheets as necessary.)

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Part II: Participant Responsibilities

Describe the specific responsibilities of the participant as part of the Individual Support Services Plan.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

September 10, 2020
Part III: Support Network

Describe the specific support network available to assist in completing the participant responsibilities as well as meeting his/her needs for independent living.

______________________________________________
______________________________________________
______________________________________________
______________________________________________

We agree to the “Plan Narrative”, “Participant Responsibilities,” and “Plan Budget.”

Participant/Advocate Signature       Date

Care Manager/Coordinator Signature       Date

ISS Agency Representative Signature       Date
An ISS Participation Agreement is to be completed and signed by the participant and the ISS Provider representative upon enrolling in the agency’s Individual Support Services program and annually.

**Program Objective**

Individual Support Services is an approach which creates more independent housing opportunities for persons with developmental disabilities through the use of integrated housing options.

The program serves persons with a developmental disability ready to leave certified community or institutional facilities, living at home with parents and siblings, or who are homeless. Participating agencies are required to maintain documentation that the individuals are eligible for OPWDD services and supports.

OPWDD is committed to achieving the following basic outcomes for people with developmental disabilities:

- **Home of Choice** – People who have developmental disabilities are living in the home of their choice.
- **Work or Contributing to Community** – People who have developmental disabilities are able to work at paying jobs and/or participate in their communities through meaningful activities.
- **Relationships** – People who have developmental disabilities have meaningful relationships with friends, family and others of their choice.
- **Good Health** – People who have developmental disabilities have good health.

**Principles**

The following principles should be used in developing individual support services:

1. Individuals should have choices in their lives about where they live, with whom they live, what services they receive and who provides services to them.
2. Persons with disabilities should live in integrated, decent and safe housing.
3. Persons with developmental disabilities should have a variety of housing and services options available to them.

**Housing Strategy**

ISS Provider’s and CCO’s should focus on gaining access to affordable housing by facilitating the following:

1. Negotiating access to publicly or privately funded affordable housing.
2. Assisting participants to access HUD Section 8 and Rural Rental Assistance and other rent subsidies.
3. Leveraging other affordable housing projects with the assistances of OPWDD funding.
4. Assisting participants to secure affordable housing on the open market;
5. Assisting participants in locating housing choices that fall within the Division of Housing and Community Renewal (DHCR) County Maximum Payment Standards, where practicable
6. Assisting with the cost of establishing a household.
7. Providing rent subsidies if no other funds are available.

**Case Management and/or Support Services**

All individuals enrolled in Individual Support Services shall select an ISS Provider Agency/Coordinator to enable the individual to access needed supports, services, and housing assistance. The ISS Coordinator’s duties include facilitating, to the extent agreed upon by the participant, the following: outreach, eligibility determinations, identification of service providers, individual choice arranging for assessments, implementation of support plan, assistance in housing negotiation, help in establishing a household, resource management, technical assistance to landlords, and access to generic community supports and services (such as food stamps and heating assistance).

In accordance with the individual’s preferences, each individual should receive assistance with day activities, recreation, inclusion in the community and transportation to insure the individuals becomes as independent as possible.
We agree to the responsibilities described in this Participation Agreement.

We agree to the responsibilities described in this Participation Agreement.