

ISA Authorization Checklist

Broker/Case Manager: _____
Individual Whom Funds are for: _____

Supervisor of Case Management Reviews the Plan Summary for the Principles of Self Determination and the Following Components:

Plan Summary

- The **Current Situation** describes the person's home, work or school, health and safety, community participation and relationships.
- The **Vision** outlines the dreams and goals the person would like to work toward and describes their vision for the following areas: home, work or school, health and safety, community participation and relationships.
- The **Action Plan** describes how the plan will support the vision and includes the type of support, amount of support including hours per week, providers, paid and non-paid supports, funds supported by DMR and not covered in ISA for the person's home, work or school, health and safety, community participation and relationships
- The summary includes **accomplishments** of the last year for renewals only.
- Contributors to plan** including name and role are listed.
- HCBS Waiver enrollment status** (with detailed explanation when not enrolled) is indicated.

Case Management Supervisor Comments:

Supervisor of Case Management Signature _____ **Date** _____

Self Determination Director Completes a Comprehensive Review of the ISA Packet

ISA Agreement, Plan Summary, Budget and Attachments

- The Individual Support Plan and budget **meet Cost Standard Requirements.**
- The **Individual Support Plan describes and reflects the services and supports in the budget** and how they will help the person reach the desired outcomes in the plan.
- The **plan supports the principles of self-determination** and includes the following essential features of self-determination:
 - Choice**
 - Active and Responsive Listening**
 - Circles/Social Networks**
 - Support/Safeguard Risk**
 - Flexibility**
 - Natural Supports**
- The **language is respectful** and is person centered.
- Original signatures on all forms.

Self Determination Director Comments:
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Self Determination Director Signature _____ **Date** _____

Fiscal Office Reviews the ISA and compares the ISA Agreement, the budget and the plan summary for consistency.

Individual Support Agreement:

- 1. All required pages are included in the agreement. YES
- 2. Documents are dated properly with the appropriate Fiscal Year. YES
- 3. The Start/End dates are correct (< or = 12 months) The ISA ends on a quarter.
(3/31,6/30,9/30,12/31) YES
- 4. Page 1 of the ISA has all information filled in. (Region, FY, Broker, Original...) YES
- 5. The ISA has the appropriate schedule(s) with original signatures (A, B, C, D, E)? YES

Budget:

- 6. Is the Demographic Information included and complete? YES
- 7. Is the type of budget indicated? (SD, FS, IS, Other) YES
- 8. Do the supports included in the plan adhere to the IS Cost Standards? YES
- 9. Have budget items requiring prior approvals been authorized? YES
- 10. Have budget items that exceed reasonable rates been authorized? YES
- 11. Do the cash figures on the ISA match the budget and budget cover sheet? YES
- 12. Are all budget pages complete? (Name, date, figures)? YES
- 13. Are the changes from previous agreement shown and explained as needed? YES
- 12. Are the dollars in the budget and agreement the same? YES
- 13. Is there is a cash advance? (1 month of wages and benefits) N/A YES
- 14. Is there a 1-time cost? If yes indicate amount _____ N/A YES
- 15. Is the annualization amount listed correctly on all documents? YES
- 16. The source of the funding: **16108**(617) _____ **16122**(620) _____ **Other** _____ YES
- 17. Is Workers Compensation included when required? (26 hrs/week/staff person)

CAMRIS (Applicable when coding changes are made to CAMRIS)

- 18. Appropriate ISA Support Service codes (SSID) are assigned (FIR/DFR/FID/DFD)? YES
- 19. An ISR Support Service code is assigned in addition to the ISA SSID if residential Supports are purchased from a Provider? If Primarily funded by an ISA and assigned to CTH, DSO, SEI, GSE program: Is DMR Contract field in Placement Screen set to "N"? YES
- 20. If Day Supports are not purchased from a provider is a generic DSO/SEI day program assigned? YES
- 21. Is the responsible person on the ISA indicated correctly in CAMRIS? YES

Spend Plan

- 23. For ISA's with portable dollars is the MC amended and posted at the same time the new ISA is posted? N/A YES
- 24. For new ISA's that are regional transfers, age outs or special circumstances has an allocation change been requested from CO. N/A YES

Fiscal Intermediary _____ **FI Cost: 1X setup** _____
Payroll _____ **Non Salary Fee** _____

Fiscal Review completed by: _____ **Date:** _____