
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 RDS Questionnaire. **Unmet needs** 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 in the treatment plan and in progress notes.

When is the Resource Data Summary (RDS) 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 was made by the consumer or by a person acting on behalf of the consumer.
 - 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 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.

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 need are being 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 an “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)	60 Days
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 serviced does not apply to persons being discharged from a hospital 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 the Atrezzo record:

- In Kepro's Atrezzo system, errors **cannot** be corrected or edited once the request has been submitted. In order to correct an error in RDS data, the provider must contact Kepro to have a new RDS Questionnaire added to the case. The newly added RDS Questionnaire will need to be filled out in its entirety to correct previous data.
- For assistance with this process, please contact Provider Relations at ProviderRelationsME@kepro.com or (866)521-0027, Option 3

Attachment A “Needed Resource”: Categories

❖ ***Mental Health Services***

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

❖ ***Mental Health Crisis Planning Resources***

- Development of Mental Health Crisis Plan
- Development of Mental Health Advance Directives

❖ ***Peer, Recovery, and Support Resources***

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

❖ ***Substance Abuse Services***

- Outpatient Substance Abuse Services
- Residential Treatment Substance Abuse Services

❖ ***Housing Resources***

- 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)
- 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)

- Assisted Living Facility (Typically a 24/7 apartment or group home environment with limited capacity to meet other medically necessary needs)
- Nursing Home (Typically a 24/7 intensive medically oriented group home environment)
- Residential Crisis Unit (24/7 staffed, short stay/interval unit or bed, typically in lieu of a hospital or other more intensive setting)
- Rent Subsidy (Section 8, BRAP, Shelter Plus or projected based housing)

❖ **Health Care Resources**

- Dental Services
- Eye Care Services
- Hearing Services
- Physical Therapy
- Physician/Medical Services

❖ **Legal Resources**

- Advocates
- Guardian (private)
- Guardian (public)

❖ **Financial Security Resources**

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

❖ **Education Resources**

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

❖ **Vocational/Employment Resources**

- Benefits Counseling Related to Employment
- Club House/Transitional and/or Peer Vocational Support
- Competitive Employment (no supports)

- Supported Employment
- Vocational Rehabilitation

❖ ***Living Skills Resources***

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

❖ ***Transportation Resources***

- Transportation to ISP-identified services
- Transportation to other ISP-identified activities
- After Hours Transportation (evenings/weekends)

❖ ***Personal Growth/Community Participation Resources***

- Avocational Activities
- Recreation Activities
- Social Activities
- Spiritual Activities

❖ ***Other Resources (briefly describe)***