

## ISS Subcommittee Recommendations

A) **The first step in transitioning to an ISS setting will begin with an assessment/planning process.** The current assessments “score” individuals based on varying degrees of disability and are used to determine their individual budgets. Other assessments will need to be added to help with transition and future planning for the member. Some formal needs assessments that provide measurable indicators and support person-centered planning and home and community based outcomes include a MAP (Making Action Plans), PATH (Planning Alternative Tomorrows with Hope), Real Life Quality Standards developed by the Center for Self Determination, or SSR: Supporting Social Roles: A Second Bottom Line for Services to People with Developmental Disabilities by John O’Brien. Any of these assessments or other methods could be used to help in the transition/planning process.

This Person-Centered Planning Process will be led by the member where possible, and will include their legally appointed representative and all other members of the Treatment Team. Teams should be encouraged to include non-service related persons (friends, neighbors, etc.) of the member. Working together they will begin the process to identify housing options (HUD subsidized or other suitable housing options in the community) as well as possible housemates. Agencies and/or family members would be encouraged to develop ways to “match” members beginning with such factors as age range, interests, and the desire to live in the same community/geographic area.

- B) The following Waiver member rights must be upheld by the treatment team in the process of designing multiple-person households:
- Each resident shall occupy a private bedroom.
  - The home must meet all mobility requirements for the occupants, being fully accessible if needed. Adaptations to the home to meet individual requirements should not be economically burdensome.
  - Each member should be given a choice of housemates and attention must be given to best determine the compatibility of housemates.
  - All members shall have access to their personal possessions, unless contraindicated by treatment needs.
  - All members have the right to private communication by mail, in person, or by telephone.
  - All members will be given informed choices regarding the services and supports they receive and from whom.

- C) After a possible roommate(s) “match” has occurred the treatment teams for all members would need to meet together to plan in detail a successful transition. This transition plan would include at least one community outing for the members to meet and socialize to help gauge compatibility. Where possible, at least one overnight stay together (preferably in the proposed apartment or home setting where the individuals will reside) will be arranged.
- D) Waiver members will not be required to leave a single-person setting for the sake of residing in a multiple-person setting if:
- Such a move would require the member to void a current lease, HUD agreement, default on a mortgage, or some other significant economic harm or
  - The move requires the member to move out of a preferred geographic area or change service provider agency against their choice or
  - The move negatively impacts implementation of the IPP, for example, interferes with employment of the member, puts undue distance between the member and their social or religious supports, etc. or
  - The member’s Human Rights Committees determines the move to be a health and/or safety concern.
- E) It is anticipated that there may be a few instances where members may need to continue to receive services in a one person ISS setting for a longer period of time. The Treatment Team must have historical documentation to support: *not permanent*
- The member has experience living in a two or more person residential setting, but has been unsuccessful. Factors to consider include things such as the member’s severe challenging behavior that would impede the personal freedom, rights, or safety of housemates or
  - The member has autism or another developmental disability that results in behaviors that would put themselves or housemates at a safety risk or would severely compromise the housemate’s quality of life or
  - The member has a documented history of sexual behaviors that makes it necessary that they live alone or
  - The member has a significant medical condition (such as severe seizures, immune deficiency etc.) that requires them to receive 1:1 staffing or whose condition would be compromised by virtue of having a housemate.