



## INFORMATIONAL MEMO

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<b>Title:</b> Individual Service and Support Plans (ISSP) and Individual Behavioral Service and Support Plans (IBSSP) Documentation Changes	<b>Topic:</b> HCBS
<b>Audience:</b> Provider Agencies, Case Management Agencies (CMA)	<b>Sub-Topic:</b> Provider Guidance
<b>Supersedes Number:</b> N/A	<b>Division:</b> Benefits and Services Management
<b>Effective Date:</b> May 22, 2024	<b>Office:</b> Office of Community Living
<b>Expiration Date:</b> July 24, 2025	<b>Program Area:</b> HCBS Services
<b>Key Words:</b> Individual Services and Supports Plan (ISSP), Individual Behavioral Services and Support Plan (IBSSP), Person-Centered Support Plan, Case Management Agencies (CMA), Provider Agencies, Service Plan	
<b>Legal Authority:</b> N/A	
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<b>Approved By:</b> Candace Bailey	

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### Purpose and Audience:

The purpose of this Informational Memo is to communicate expectations and requirements for documentation within the Developmental Disabilities (DD) and Supported Living Services (SLS) Home and Community-Based Services (HCBS) waivers.

### Information:

Effective Jan. 1, 2024, the Department of Health Care Policy and Financing (HCPF) eliminated the requirement for Provider Agencies to complete Individual Service and Support Plans (ISSP) and Individual Behavioral Service and Support Plans (IBSSP) for members of the DD and SLS waivers. This also means Human Rights Committees (HRC) and the Colorado Department of Public Health and Environment (CDPHE) are no longer required to track, and/or audit ISSPs and IBSSPs during the survey process. The use of

those terms and language associated with these requirements have been removed from the Colorado Code of Regulations. However, the goals associated with these plans still exist within the current care and service planning processes outlined below.

Case Management Agencies (CMAs) will continue to be responsible for completing the Person-Centered Support Plan. Responsibilities for the Person-Centered Support Plans can be found in regulation, contract, operational guidance and required CMA training.

Provider Agencies will incorporate the information and goals from the Person-Centered Support Plan within their own internal service plans. Provider Agencies must develop a service plan for each Member, which outlines which services are being rendered, frequency of those services, the member's likes and dislikes, and goals the member has set to increase independence with their services. In the service plan, Provider Agencies should include a tracking sheet to monitor the progression of these goals.

While ISSP and IBSSP requirements were previously outlined in regulations which stated that these documents must be maintained and provided to CDPHE and HRC for auditing purposes, that language has now been removed and the specific documents are no longer required. However, provider agencies should continue to utilize internal methods to track member progress on reaching individualized goals for their services and behaviors. In addition to tracking goals, the provider agency must also continue to track the scope of frequency, and duration of the service to verify that services are being provided in a manner that supports the goals of the individual.

**Definition(s):**

A Person-Centered Support Plan is defined as a service and support plan that is directed by the individual whenever possible, with the individual's representative acting in a participatory role as needed, is prepared by the Case Manager, identifies the supports needed for the individual to achieve personally identified goals, and is based on respecting and valuing individual preferences, strengths, and contributions.

**Attachment(s):**

None

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