Transition from OhioISP to the

“DODD Approved Person Centered Planning Templates”

Welcome and Introductions (3 minutes)

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Objectives

- Understand what is changing—and what isn't.
- Know what to expect during your next ISP meeting.
- Learn three ways to prepare for a successful planning meeting.
- Have an opportunity to ask questions.
- Tips for parents who are paid caregivers

Ohio is transitioning to a new set of DODD-approved Person-Centered Planning Templates.

The purpose is to:

- Create greater consistency across Ohio
- Improve person-centered planning documentation
- Better align documentation with federal HCBS requirements
- Modernize the planning process

Timelines:

Counties must be using new template by January 2027.

TakeAways

These changes are primarily administrative.

The planning philosophy has **not** changed.

Your services are **not** changing because of these templates.

Resources:
DODD Page - FAQ's - Templates etc.
https://dodd.ohio.gov/county-boards/service-planning/person-centered-templates

The biggest change

The ISP document will look different.

Some wording has changed.

Some questions have been reorganized.

The Risk Discussion has been updated slightly.

Accessing your plan

One practical change:

Families will no longer access plans through the DODD Salesforce system.

Instead:

County Boards will continue providing copies of the completed Person-Centered Plan following the annual planning meeting.

For most families, this won't be much different since relatively few were using Salesforce to access their plans.

What is NOT changing

- Your SSA
- Annual planning meetings
- Person-centered planning requirements
- Eligibility
- Waiver services
- Team participation
- Your right to ask questions

The Risk Discussion: Why It Matters

This is probably where families will notice the greatest difference.

Rather than viewing the Risk Table as "negative," think of it as helping document:

- What could happen
- What supports reduce those risks
- What is working well today
- How everyone will respond if something changes
- What frequency the support will most likely be given.

Assessment area	What is the risk, what it looks like, where it occurs (IT to populate from risk summaries in assessment)	What support must look like, why the person needs this support	Does this risk require supervision? (if yes, please select level)	Who is responsible:
Communication			Choose an item.	
Advocacy & Engagement			Choose an item.	
Safety & Security			Choose an item.	
Social & Spirituality			Choos	
Daily Life & Employment			Choos	
Community Living			Choos	
Healthy Living			Choos	
Amount of time the person can safely be alone:				
Provider Back-Up Plan:				

Old Vs. New...

Services and Supports: Known and Likely Risks — Include any Unusual Incident (UI) and Major Unusual Incident (MUI) trends and preventative measures. (Duplicate page to record additional risks, as needed.)

Levels of supervision and definitions:

1. **No paid supports:** The person can be alone and does not require any paid/remote support to ensure safety for a specified timeframe.
2. **General:** Someone must be able to hear/contact the person and respond within a few minutes if they call for help.
3. **Auditory:** Someone must be able to hear the person and respond quickly if they call for help.
4. **Visual:** Someone must be able to see the person and be able to provide support or direction.
5. **Close and constant:** Someone may never leave the person and must always be able to respond immediately.
6. **Technology:** Describe technology solutions in conjunction with levels 1-5.

Risk (what it is, what it looks like, where it occurs):	What support must look like, including frequency and supervision level (see above definitions), and why the person needs this support:	Who is responsible:

Amount of time the person can safely be alone (consider all environments):

Provider backup plan (people on HCBS waivers only, N/A for those in ICFs):

PWS Examples

Discuss examples such as:

- Food security/environmental controls
- Supervision needs
- Elopement concerns
- Medication management
- Behavioral supports
- Medical concerns
- Emergency planning

Key point

The goal is **not** to eliminate all risk.

The goal is to identify supports that help people live meaningful lives safely.

Three Tips for a Great ISP Meeting

Tip #1

Come Prepared to Tell Your Story

Don't worry about the paperwork.

Think about:

What has changed this year?

What is going well?

What isn't working?

What would make life better?

Families know their loved one better than anyone.

Tip #2

Don't Assume Everyone Remembers PWS

Even experienced SSAs work with many different people.

Every year, remind the team about:

- Hyperphagia
- Environmental controls
- Anxiety
- Need for routines
- Health concerns
- Emergency responses
- Supervision needs

Never assume everyone remembers last year's discussion.

Tip #3

Read Your Plan Afterwards

When you receive your completed plan:

Read it.

Ask yourself:

- Does this describe my family member?
- Is anything missing?
- Are supports described accurately?
- Are the risk strategies practical?

If something isn't correct—

Call your SSA.

The plan can be updated.

Final Thoughts on New Person Centered Assessment and Plan…

The form is changing.

The purpose isn't.

The annual planning meeting is still about:

- Listening
- Planning together
- Supporting a meaningful life
- Building on strengths
- Addressing health and safety

The paperwork simply documents that conversation.

For those who are a provider for their adult child.

Ohio Medicaid providers are responsible for ensuring claims are accurate, services are actually delivered, and documentation supports the services billed. Fraud, waste, and abuse investigations often focus on whether services were provided as authorized and documented—not simply whether the caregiver was a family member.

If You Are Also a Paid Provider:

Three Ways to Protect Yourself

1. Wear Two Hats—Know Which One You're Wearing

Many parents serve in two important roles:

- Parent or guardian
- Medicaid provider

During the ISP meeting, participate first as the parent, advocating for your son or daughter.

As a provider, remember that you are responsible for providing the services that are ultimately authorized—not determining what those services should be.

Key message:

> The plan should reflect your family member's needs—not your work schedule or income.

This helps avoid even the appearance of a conflict of interest.

2. Let the ISP Drive the Services

Don't think:

> "These are the hours I usually work."

Instead think:

> "What supports does my family member truly need?"

The assessment, person-centered planning discussion, and team recommendations should determine:

- What services are needed
- When they are needed
- Who is the best person to provide them

Good documentation protects everyone.

3. Document Like Someone Else Will Read It

One of the biggest protections for any provider is good documentation.

Document:

- What support you actually provided
- When you provided it
- Why it was needed
- Where you provided it.
- Any significant changes
- Any health or safety concerns

Never:

- Document services you didn't provide.
- Bill while someone else was providing the support.
- "Round up" time.
- Copy yesterday's note every day.

Remember:

> Good documentation isn't just for Medicaid—it tells your loved one's story and demonstrates the value of the support they received.