

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 resources 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?

- The RDS is part of the ISP package that is completed by the CSW. It is submitted electronically to the Department through Acentra Health at the time of request for Prior Authorization or Continued 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 the person identified the resource need on their ISP.
- **Dat Satisfied:** The date 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 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 being made by the consumer or by a person action 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 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 is 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 needs 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 services 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 Acentra Health’s Atrezzo system, errors **cannot** be corrected or edited once the request has been submitted. To correct an error in RDS data, the provider must contact



Acentra Health 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