

**Service and Support Administrator (SSA)  
Supported Living (SL)**

\_\_\_\_\_ County Board of MRDD

Item #	Question	Reviewer Guidelines	ID#	ID#	ID#	ID#	S/P/N/NA
1.	Was the ISP developed by the individual with the support and assistance of a representative of the county board and person(s) of their choosing? [5123:2-12-03 (E)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
2.	Did the individual give written consent for the services in the ISP? [5123:2-12-03 (H)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
3.	Were dissenting opinions noted? [5123:2-12- 03 (F)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
4.	Does the ISP, or an attachment to the ISP identify the following? <ul style="list-style-type: none"> <li>o Service provider</li> <li>o Duration of service</li> <li>o Frequency of service</li> <li>o Natural supports</li> <li>o Service cost</li> <li>o Funding source</li> </ul> [5123:2-12-003 (G)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
5.	Was the ISP reviewed annually? [5123:2-12-03 (J)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
6.	Is the ISP effective for a specific period of time? [5123: 2-12-03 (J)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

**Reviewer's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Legend: S=Substantial Compliance ~ P= Partial Compliance ~ N= Non-Compliance ~ NA= Not Applicable ~Level 1=Level One Waiver ~I.O.=Individual Options**

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7.	Was a quality assurance review completed at least once every three years? 5123:2-12-01 (D)(3)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

Reviewer's Name \_\_\_\_\_ Date \_\_\_\_\_

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Acc 12/07