

Person-Centered Planning and Documentation

Over the past several months, DODD has hosted a variety of workgroups and had multiple conversations with stakeholder that have touched on the issue(s) of person-centered planning and provider documentation. Some of the takeaways from these conversations were:

1. The assessment cannot authorize Medicaid services – it is a process that results in a document, it should be used to develop the plan, educate and inform the team, etc., but it cannot authorize Medicaid services – that is one of the functions of the plan.
2. The ISP authorizes services, and so, it should contain services. There seemed to be a misunderstanding that only outcomes are in plans, not services – that is not the intent of person-centered planning, not what the rule says, and clearly not what Medicaid would expect. Services should be in the plan.
3. Now that we've cleared up that services are in the plan, providers should be documenting services for Medicaid validation the same as they always have...we haven't changed that, but if they were getting plans without services, they likely didn't know what to do. Additionally, there seem to be some misunderstanding of what has always been required expected – for example, there is no expectation that services be documented every 15 minutes or that all documentation lives on one sheet of paper.
4. While outcomes shouldn't be the only things in plans, they should be there. The services in the ISP should relate to outcomes – so, in addition to Medicaid payment/validation, providers should also be documenting/reporting on progress toward outcomes. That's not about Medicaid payment but that is about accreditation/certification and good person-centered planning and coordination.
5. Finally, there are other things providers would want to document – for their own HR purposes, for certification purposes, for other accrediting body purposes (i.e., CARF). I have added that back in.
6. What you will not see addressed here is – do specific instructions to providers need to be included in the plan? We have not addressed it here because it is a local decision. The provider must be trained on the plan – that is clearly in rule as the responsibility of the SSA – including it in the ISP does not ensure the provider is trained, including it in the assessment does not ensure the provider is trained. The essential thing is that the provider is trained, however that happens. That's not about the plan, assessment or documentation, but rather about how the SSA is ensuring the team has been trained on the plan. Providers have a responsibility to communicate with SSAs (or other members of the team) and ask questions/seek clarification if the plan is unclear.

Attached are two charts and an example that we hope will provide clarification around issues that came to our attention. One chart relates to ISPs and documentation in general and the second is specific to ISPs when there are behavioral support strategies that include restrictive measures.

Individual Service Plan Development and Documentation

Assessment	ISP	Service Documentation	Outcome Documentation	Other Documentation
<p>Assessment is a process coordinated by the SSA.</p> <p>The SSA typically consolidates the results of the assessment process in an assessment document(s).</p> <p>The assessment process and document(s) inform the ISP.</p> <p>The assessment document(s) cannot be used to authorize Medicaid Services.</p> <p>The assessment document(s) are an excellent tool, full of information that may be shared with the provider(s) to ensure a comprehensive understanding of the person served, the services and supports needed and the expected outcomes.</p>	<p>The ISP should reflect the results of the assessment.</p> <p>The ISP authorizes Medicaid services (i.e., HPC, Voc Hab, etc.). In order for a provider to be paid for a service, the service must have been identified in the approved ISP. The ISP should also include some level of detail regarding the discrete tasks that make up the service (i.e., personal hygiene, job development).</p> <p>It should include needed services and supports and identify: the provider for each service and support across all settings; funding source; and frequency.</p> <p>The services and supports in the ISP should:</p> <ul style="list-style-type: none"> • Ensure health and welfare; • Assist the individual to engage in meaningful and productive activities; • Support community connections; • Assist with self-advocacy skills/activities; • Ensure achievement and 	<p>There are three things needed to support reimbursement:</p> <ul style="list-style-type: none"> • Authorization • Service Documentation • Claim <p>Service documentation is used to validate payment for Medicaid services. It may be electronic, hard copy, one document or multiple documents. Invoices are not service documentation.</p> <p>Each Medicaid service authorized in the ISP has specific documentation requirements outlined in Chapter 5123:2-9 of Administrative Code. Providers should refer to rule to see what documentation is expected.</p> <p>Some of the common elements a provider must document to validate payment for Medicaid services include:</p> <ul style="list-style-type: none"> • Type of service; • Date of service; • Place of service; • Name of individual 	<p>ISPs should now include services and supports that ensure the achievement of outcomes. So, in addition to Medicaid service documentation, providers are also documenting progress toward and/or achievement of outcomes.</p> <p>The Employment First rule also requires employment service providers to report annually (or more frequently as agreed to be the team) on progress toward employment outcomes and/or path to employment.</p> <p>There is an expectation that this documentation exist, but no prescribed method, means or format. Teams should decide the frequency and format for this documentation. It is likely to be narrative in nature (not likely a “doc sheet”). It is may support the “details and description” of your Medicaid claim, and would also be something looked by accreditation/compliance.</p> <p>Again, this documentation</p>	<p>There are many other things providers may choose to document.</p> <p>Providers may have staff keep notes in a log so second shift staff know what happened on first shift – this is not service documentation, nor is it is necessarily outcome documentation, but it is something many providers have their staff do to ensure good communication and quality services.</p> <p>Similarly, day service providers may document information from residential providers so they know what is happening at home and how that might impact services, how a person is doing, etc. and vice versa.</p> <p>For HR, annual training requirements, CARF accreditation, and other purposes, there may be still other things providers ask staff to document which are neither Medicaid service documentation nor outcome documentation, but are</p>

	<p>reflect balance of outcomes important to and for the person – including employment outcomes;</p> <ul style="list-style-type: none"> • Address identified risks and supports to prevent/minimize risks <p>It is the responsibility of the SSA to establish and maintain contact w/providers as frequently as necessary to ensure that each provider is trained on the ISP and has a clear understanding of the expectations and desired outcomes of the supports being provided. The assessment document(s) may be extremely helpful to this end. By signing the ISP, the provider is indicating they have been trained/understand.</p>	<p>receiving service;</p> <ul style="list-style-type: none"> • Medicaid identification number of individual receiving service; • Name of provider; • Provider ID/contact number; • Written or electronic signature of person delivering service; • Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided; • Number of units of the delivered service. <p>As a point of clarification, there is no requirement for Medicaid reimbursement that providers document every 15 minutes. There may be reasons/opportunities that providers want to document that frequent (i.e., someone's health and welfare/medical condition may make this appropriate), but again, it is not necessary for Medicaid reimbursement.</p>	<p>should specifically address progress toward outcomes. It is not intended to be “punitive” in nature, but rather informative. It should let at team know whether the services and supports being delivered are helping an individual achieve an outcome – if progress is not being made, the team may want to discuss if the right services/combination of services are being delivered and/or if the outcome has changed. If an outcome has been achieved, the team should consider what's next.</p>	<p>important.</p>
--	--	--	---	-------------------

Example – John

NOTE: This example is not intended to demonstrate everything that would be included in an assessment, ISP or documentation, but rather just some of the elements. Additionally, this is not intended to be the preferred/required format for ISPs, but simply an example of what might be included.

Assessment	ISP	Service Documentation	Outcome Documentation	Other Documentation
<p>During the assessment process, the team learned:</p> <p>John likes to work and would like a job. He is on place 2 on his path to employment.</p> <p>He likes comic books, baseball cards and Diet Mountain Dew.</p> <p>He also likes going to the movies and meeting new people.</p> <p>John was fired from his job because he had difficulty keeping his uniform clean and had several warnings about personal hygiene. John cares how he looks and smells, but has trouble taking care of these tasks himself.</p>	<p>Outcome: John would like a job in the community where he can meet new people, earn money to buy the things he likes and do the things he likes to do.</p> <p>In order to get a job in the community, John will need the following services and supports:</p> <p>HPC – ABC Provider – #hours/days per week: John needs assistance with personal hygiene and laundry. His laundry should be done at least once a week, and he is able to let you know what personal hygiene tasks he needs help with and when.</p> <p>Supported Employment – Community – XYZ Provider -- #hours/days per week: John will need an assessment to figure out what he likes, what he's good at and what jobs would be the best fit for him, and what supports he might need on the job.</p>	<p>John's HPC provider uses a "doc sheet" to indicate the personal hygiene tasks that were completed each day as well as when laundry was done. Staff complete this sheet at the end of each shift. This doc sheet is used to support the Medicaid claim along with the other required elements (i.e., John's Medicaid number, the provider ID, etc.).</p> <p>The "Outcome Document" John's provider keeps is also used to support the claim.</p> <p>John's Supported Employment provider uses case notes to support the Medicaid claim. The staff working with John enter their information into electronic case notes that capture all the required billing information and include a narrative that describes progress toward outcomes and his path to employment.</p>	<p>In addition to the "doc sheet" John's HPC provider has a log book where staff enter a more narrative description of the services delivered and any progress toward outcomes. For example, staff may note: Today we focused on helping John learn how to operate the washing machine on his own. We did three small loads of laundry. John need assistance choosing the temperature setting, but was able to turn the washer on independently.</p> <p>As noted previously, this documentation is also used by John's provider to support the Medicaid claim. John's provider summarizes John's progress monthly and shares that with the team.</p> <p>John's Supported Employment provider summarizes the case notes they keep into a monthly report to the team. The monthly report includes the results of any assessment(s), the number and kind of jobs John has applied for and anything else they've learned (i.e., John loves cats – we expanded our search to pet stores).</p>	<p>John's HPC provider's log book also serves as a means for staff to communicate with one another – did anything significant happen on the shift? Is John sick? Did John's cat die? Did John get a job? Etc.</p> <p>As noted previously, a summary of this log is then shared with the team at least monthly, but more frequently if something significant occurs.</p> <p>John's Supported Employment provider keeps all of their documentation in electronic format. The case notes and monthly report are their complete "package" of documentation.</p>

Additional Requirements for Behavioral Support Strategies that Include Restrictive Measures				
Assessment	ISP	County Board Documentation	Provider Documentation	Other Documentation
<p>In addition to the items above, behavioral support strategies that include restrictive measures require an assessment conducted within the past twelve months that clearly describes:</p> <ul style="list-style-type: none"> • The behavior that poses risk of harm or likelihood of legal sanction; • The level of harm or type of legal sanction; • When the behavior is likely to occur; • The person's interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors that may be contributing to the behavior. <p>The SSA should coordinate the assessment, but may not be the one to conduct the assessment or develop the strategies. There are specific requirements for who can conduct the assessment and develop the strategies.</p>	<p>While the SSA may not be the person developing the strategy, they do need to integrate the strategy into the ISP.</p> <p>Some key elements to be included in the ISP would be:</p> <ul style="list-style-type: none"> • A description of behaviors to be increased or decreased in terms of baseline data; • Measures to be implemented and those responsible for implementation; • Steps to be taken to ensure the safety of the individual and others; • As applicable, needed services and supports to assist the individual in meeting court-ordered community controls; • As applicable, necessary coordination with other entities. 	<p>There must be documentation that demonstrates positive and non-restrictive measures have been employed and have been determined ineffective. There is no prescribed format for this documentation, but it should exist in the person's file.</p> <p>Along w/written informed consent, the SSA must submit to the human rights committee documentation based upon the assessment that clearly indicates risk of harm or likelihood of legal sanction described in observable and measurable terms and ensure the strategy is reviewed and approved by the human rights committee prior to implementation and whenever the behavioral support strategy is revised to add restrictive measures but no less than once per year.</p> <p>The County Board must complete the Restrictive Measure Notification form and submit to DODD.</p>	<p>Each person providing services to an individual with a behavioral support strategy that includes restrictive measures shall successfully complete training in the strategy prior to serving the individual. Providers/SSAs would want to document this has been done/how it has been done.</p> <p>Each provider shall maintain a record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet). The provider shall share the record with the individual and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered. Again, there is no prescribed means or format for collecting or reporting on this date, but the team should establish this.</p>	<p>The goal of behavioral support strategies that include restrictive measures is improving outcomes for the individual over time.</p> <p>When a plan includes restrictive measures, the team must review the strategy at least every 90 days. The team would want to document this review. As noted above, documentation should specifically address progress toward outcomes. It is not intended to be "punitive" in nature, but rather informative. It should let the team know whether the services and supports being delivered, including behavioral support strategies that include restrictive measures, are helping an individual achieve an outcome. If progress is not being made, the team should discuss whether the right services/combination of services are being delivered and/or if the outcome has changed. If an outcome has been achieved, the team should likely consider phasing out the restrictive measure.</p>

Example – Donna (w/restrictive measures)

NOTE: This example is not intended to demonstrate everything that would be included in an assessment, ISP or documentation, but rather just some of the elements. Additionally, this is not intended to be the preferred/required format for ISPs, but simply an example of what might be included.

Assessment	ISP	County Board Documentation	Provider Documentation	Other Documentation
<p>Within the last month, the police have been called three times because Donna was missing. As a result the team is considering a behavioral support strategy that includes restrictive measures. An assessment has been conducted and found:</p> <p>Donna has regularly gotten into cars with strangers, given out her phone number and address. It is believed this behavior has increased recently as Donna has become a target of human trafficking. The people Donna has been found with are known traffickers, and Donna is at immediate risk of being caught up in their trafficking ring.</p> <p>This risk is greatest when Donna is alone. She currently needs someone with her at all times – this can be a trusted friend, family or</p>	<p>Below is one possible outcome in Donna’s plan and how the team incorporated a behavioral support strategy that includes restrictive measures – there are many possibilities.</p> <p>Outcome: Donna would like to have friends over once a week to watch movies and play games.</p> <p>In order to do this, Donna needs the following services and supports:</p> <p>HPC – ABC Provider – #hours/days per week: Donna needs help cleaning her house and getting it ready for friends. She likes to make snacks or even whole meals for them and will need assistance planning, shopping and preparing the food.</p> <p>Donna will want to call or email her friends to invite them, and likes to get on the computer to look up recipes. However, Donna is at serious risk of becoming a victim of human trafficking and we are attempting to educate Donna about human-trafficking, while eliminating her interaction with traffickers – she had been contacting them/been contact by them up to 6 times a day.</p> <p>Staff should be able to see Donna at all times. Donna’s phone is to be kept by</p>	<p>The SSA did document attempts to change Donna’s phone number and e-mail address, have staff just ask Donna who was on the phone, etc., but Donna continued to call and e-mail, and ultimately leave with the human traffickers on three separate occasions.</p> <p>The SSA submitted all the needed documentation to the human rights committee who reviewed and approved the restrictive measures.</p> <p>The SSA completed the Restrictive Measure Notification and submitted it to DODD.</p>	<p>The counselor who developed the behavioral support strategies that included restrictive measures trained the team, including the SSA and the provider, on the behavioral support strategies and on human trafficking. This training also included a review of the “approved list” of people Donna can text, email, call, and have over. The provider and the SSA both have a copy of this list. Both the provider and the SSA documented this training in Donna’s file.</p> <p>Since there is no “antecedent” for Donna’s restrictive measure, the team has decided the provider will log any deviation from the plan – if Donna were to somehow gain access to the phone/email without the provider knowing, contacted the human traffickers, begins talking about a new friend(s), etc. The provider will also check Donna’s phone and e-mail daily and log any attempts the traffickers are making at contacting Donna.</p>	<p>The team shares information weekly, but will meet in 90 days to review the behavioral support strategies – if action or changes are needed prior, the team will meet prior. Both the SSA and the provider will document this meeting for Donna’s file. Some things they will consider at that meeting:</p> <ol style="list-style-type: none"> 1. Has Donna’s interaction with the human traffickers been reduced or eliminated? If so, can any of the measures be reduced or eliminated – can she have greater access to her phone, computer, etc.? If not, does something need to change/be revised? 2. Is Donna making progress/seeing success in other areas that are important to her? Is she having friends over? Has the team been able to figure out how to help her safely meet new people, including people she might like to date? <p>The team will modify the ISP and/or behavioral support strategies as needed.</p>

<p>staff, but Donna cannot currently be alone. The traffickers have even come to her house at night when she is sleeping.</p> <p>Donna has a very supportive family and many friends, but says she would like a boyfriend, and the traffickers are telling her they will help her find one.</p> <p>Donna is now also communicating with them via text, phone and e-mail as well. Attempts at changing Donna's phone number and e-mail address have failed as she just gives them out again.</p>	<p>staff. Staff are to dial for Donna from the approved list of callers, if/when Donna wants to make a call. Similarly, Donna's computer has also been locked and staff have the password. Donna does like to look up recipes and other information on the computer. Staff can unlock the computer when Donna asks, but must sit next to her while she's using it. Her e-mail access is also restricted, but staff can assist her in sending out e-mails to the approved list when she would like.</p> <p>If Donna should happen to go missing, the police are to be called immediately in order to keep Donna safe. While there may not be risk of legal sanction for Donna, the past three incidents have demonstrated a serious and immediate risk of harm to Donna if she is with the human traffickers. Police are aware of this situation and have been helpful and supportive.</p> <p>Staff can also use the educational materials developed and provided to help Donna learn about the signs and dangers of human trafficking. Donna is in counseling and her counselor may provide other tools and materials for staff to use.</p> <p>Additionally, Donna and her team are discussing ways Donna can safely meet men and learn about dating and safety.</p>		<p>The team agreed to share this information weekly at this point.</p>	
---	--	--	--	--