

New York Individual Service Plan

The Therap system supports the entire process of service coordination required by Medicaid. With its online equivalent of the Individualized Service Plan (ISP), Therap provides easy storage and retrieval of all required documents linked with the ISP, and ensures automated information sharing and communication among the related people like service coordinators, families and provider agencies in a HIPAA secure and timely manner. Therap is also working on linking its Billing module to the ISP Program and Data modules to directly generate billing data for the services provided.

Written Evaluations and Eligibility/Enrollment Documentation can be entered into the system using the T-Log module and also as external attachments to the ISP Plan. All other documents required for a Service Coordination Record to be completed can be attached with an ISP Plan as this module can contain an unlimited number of attachments. Once the Individual Service

The screenshot displays the Therap ISP Plan interface. At the top, it shows the Therap logo and user information: 'Therap Demonstration Provider' and 'Logout - Ray Helper, Administrator'. The main section is titled 'ISP Plan' and includes a form ID '1599-DEMOC1-7483F2QMA8' and a status of 'Approved'. It lists the user 'Entered By: Kara Candelori' and the date '04/09/2009 12:48 PM'. Below this, there is an 'Update History (2)' section. The 'Individual Name' is 'Active, Mary / 00001', the 'Medicaid Number (CIN)' is '123456789', the 'Effective Date' is '04/09/2009', and the 'Time Zone' is 'US/Eastern'. The 'Section 1: The Narrative' section is highlighted, showing a 'Profile' section with a text area containing a narrative about Mary, a female who resides at First Street Group Home. Below the narrative, there is a 'Person's Valued Outcome' section with a text area for describing outcomes. The 'Safeguards' section is also visible, with a text area for describing safeguards. The interface includes various navigation buttons like 'Jump to', 'Edit/Delete', and 'Add'.

Figure: Different sections of the ISP Plan

The entire process of identifying and recording an individual's Valued Outcomes through the Comprehensive Functional Assessment (CFA) and the Individualized Service Plan (ISP) can be replicated efficiently using Therap modules. CFA can be done using Therap's Individual Data Form (IDF), the Individual Plan of Protective Oversight and Safeguards (IPOP) and Health Care Reports.

Individualized Service Plans can be prepared with Therap's ISP Plan module, which has been designed to meet the requirements of the State of New York and the New York provider community.

Plan is ready along with the other documents, various Waiver Habilitation Plans for an individual can be designed using the ISP Program module. This module

offers necessary provisions to define tasks and scoring methods. This module can also be used for the Service Coordination Activity Plan.

Sazzad Rafique
Director of Software Engineering
Therap Services, LLC.

"Therap's approach to documentation is providing a complete work flow rather than just generating standalone forms. Our integrated ISP platform ensures detailed tracking of progress at individual valued outcome level. For our users, one of the biggest advantages is getting industry's best"



Progress of various Waiver Habilitation programs of an individual can be recorded using ISP Data. Service Coordination Notes can also be entered into the system using this module.

Based on the data collected, reports can be generated for each month or for any given duration using the Report feature of the ISP Program module. Changes made to the ISP Plan based on review meetings will be automatically notified to related people using Therap's notification and acknowledgement features.

▶ Therap's ISP Plan can contain the following information:

- Profile
- The Person's Valued Outcome Safeguards
- Natural Supports and Community Resources

▶ The ISP Plan also lets you document the following funded services and supports:

- Medicaid State Form Services
- Medicaid State Plan Service - Article 16, 28 and 31
- Federal, State and County Funded Resources
- HCB Waiver Service Summary
- Other Services or 100% OMRDD funded Supports and Services
- Name of service provider receiving copy of ISP Plan and attachment

▶ Some of the major features of the ISP Plan module are listed below:

- Faster and accurate data entry
- Multiple file attachments
- Complete information in ISP Plan
- Linking Individual Plan for Protective Oversight and Safeguards (IPOP) and Individual Data Form (IDF)
- Online reviewing
- Automated notification after each update
- Archiving previous versions of an ISP Plan
- Keeping track of all plans
- Printing and saving ISPs

The ISP Plan includes separate sections for each of the services mentioned above. This helps you keep the enormous amount of information organized.

Figure: Medicaid State Plan Service - Article 16, 28 and 31

File Name	Description	Date	Attached By
People First Language.pdf (443KB)	Mary's Behavior Support Plan	08/18/2008	Justin Admin, Executive Director

Form ID	Document Title	Program	Created By	Approved By
IPP-DEMONY-6AL37HMC9	Individual Plan of Protective Oversight - General Information	Neighborhood Home IRA	Allison Manager, Director of Quality Assurance	Allison Manager, Director of Quality Assurance
IPP-DEMONY-6E63PT7HYC	Individual Plan of Protective Oversight - Residential Information	East Street Day Program	Mary Nurse, Direct Support Professional	Mary Nurse, Direct Support Professional
IPP-DEMONY-6AL36Y2876	Individual Plan of Protective Oversight - Residential Information	Neighborhood Home IRA	Allison Manager, Director of Quality Assurance	Allison Manager, Director of Quality Assurance
IPP-DEMONY-6AL37CCSY4	Individualized Services Safeguard	Neighborhood Home IRA	Allison Manager, Director of Quality Assurance	Allison Manager, Director of Quality Assurance

Figure: Linked Safeguards on the ISP Plan

Figure: Service Provider listed on the ISP Plan

Habilitation Plan

Habilitation Plan is an essential document for providers of Habilitation Services. Therap's Habilitation Plan module contains all the recommended key elements including a person's name, Medicaid Identification Number, name of the Service Provider, Type of Service, last Review/Update detail, Valued Outcomes addressed by the service, description of Support and Services, Safeguards details and author of the Plan.

Habilitation Plan in Therap is integrated with the ISP Program and ISP Plan through Valued Outcomes. This integration eliminates double documentation and provides a simple way of creating and updating Habilitation Plans.

Figure: Habilitation Plan

Individualized Plan of Protective Oversight and Safeguards (IPOP)

The Individualized Plan of Protective Oversight & Safeguards (IPOP) module is designed to enhance the level of care and safety. This can be achieved by effectively documenting procedures and guidelines for providing support to consumers, and recording a consumer's detailed protection and safety requirements for different programs. The IPOP module provides extensive information on a consumer's skills, required level of assistance, methods for caring, nutrition, and medication needs, etc. Divided into six categories, this module

takes a questionnaire-based approach to document and update information under the different categories. Information from any of the categories can be efficiently shared in a HIPAA compliant way. IPOP and Safeguards for an individual can be linked to ISP Plans. They can also be printed out and saved in PDF format.

Figure: IPOP Residential Information

Individual Plan of Protective Oversight and Safeguards			
General Information	Residential Information	Day Program	Supported Employment
New	New	New	New
Worklist (1)	Worklist (1)	Worklist (1)	Worklist (1)
Acknowledge (1)	Acknowledge (1)	Acknowledge (1)	Acknowledge (1)
Search	Search	Search	Search
Work Center	Individualized Services		
New	New		
Worklist	Worklist		
Acknowledge	Acknowledge		
Search	Search		

Figure: IPOP and Safeguards section on Therap's FirstPage

ISP Programs

Therap's ISP Program module allows for the development of a detailed individual plan with scoring methods to track progress. It can be used to track individual

skills and goals. It can also act as a shift 'checklist' to ensure that Direct Support Professionals (DSPs) have attended to a particular individual's needs, as well as be

a place for running a log of, for example, an individual's recreational activities, or their case management notes.

The image displays several overlapping sections of the 'Day Habilitation (ISP Program)' form. The main form is titled 'Day Habilitation (ISP Program)' and includes the following sections:

- Form Information:** Form ID: ISP-DEMONY-6AL3WEYCCA, Status: Approved, Entered By: Admin, Justin / Executive Director on 08/18/2008 05:12, Approved By: Admin, Justin / Executive Director on 08/18/2008 05:14, Last Updated By: Admin, Justin / Executive Director on 01/05/2010 02:11, Update History (2).
- Program Description:**
 - Provider Program: East Street Day Program (East Street)
 - Individual Name: Active, Mary / 11111
 - Program Name: Day Habilitation
 - Program Creation Date: 09/01/2007
 - Time Zone: US/Eastern
 - Long Term Objective: To achieve a more indepe... setting.
 - Reason for Program: To work towards more in... employment opportunities.
 - Maximum Number of Times: 2
 - Location: [Empty field]
 - Criteria for Completion: Ongoing
- Scoring Details:**
 - Scoring Method: Day Habilitation
 - Options: Completed independently, Completed with prompt, Completed with assistance, Did not participate, Did not complete, Not applicable for this session (Non Reportable)
 - Baseline Dates: From [] To []
- Teaching Method(s):**
 - Teaching Method 1: Staff will supervise throughout duration of activity and document accordingly including duration of time spent completing activity, location(s) and comments for each task and overall observations summarized in general comment area.
- Other Details:**
 - Type of Service Provider: DS
 - Entered By: Admin, Justin / Executive Director
 - Program Author: Admin, Justin / Executive Director
 - Approved By: Admin, Justin / Executive Director
 - Approved Date: 08/18/2008
 - Last Updated By: Justin Admin, Executive Director
 - Input Method: Grid Non-Grid
 - Are Comments required for data collection?: Yes No Yes, if there is at least one reportable score
 - Are Begin Time and End Time required for data collection?: Yes No Yes, if there is at least one reportable score
 - Are Location required for data collection?: Yes No Yes, if there is at least one reportable score
 - Use Scoring Comments?: Yes No
 - Default Score (Only applicable for Non-Grid): Not applicable for this session (Non Reportable)
- Files & Images:**
 - Attach File(s): [Add] [Scan]
 - Attach Image(s): [Add]
- Navigation:**
 - Edit Task(s) Calculate Baseline Scores Add Teaching Method Edit Teaching Method(s)
 - Display PDF Display PDF(with Signature Sheet)
 - Acknowledgment Report Pending Acknowledgment Report
 - << Back Cancel Approve Update Discontinue Discontinue & Copy as Draft Copy Display Printable Send via SComm

Figure: Different sections of the ISP Program Form

ISP Reports

The ISP Report module allows users to generate reports on the data that has been entered for an individual's program. These auto-generated reports will be useful in review processes. For New York users, reports can be of three types: Programmatic, Clinician and Res Hab Documentation Record. With the Pro-

grammatic Report option one can view task scores for specific periods and their calculated deviation from the baseline. This enables provider agencies as well as guardians to track progress of an individual with statistical accuracy based on the scores entered into the system. A Clinician Report on the other hand gives

an overview of begin and end times of a session, its total duration, and comments. This kind of report can show overall progress of a person towards the goal without going into statistical details. Both Programmatic and Clinician Reports can be exported to Excel for further analysis.

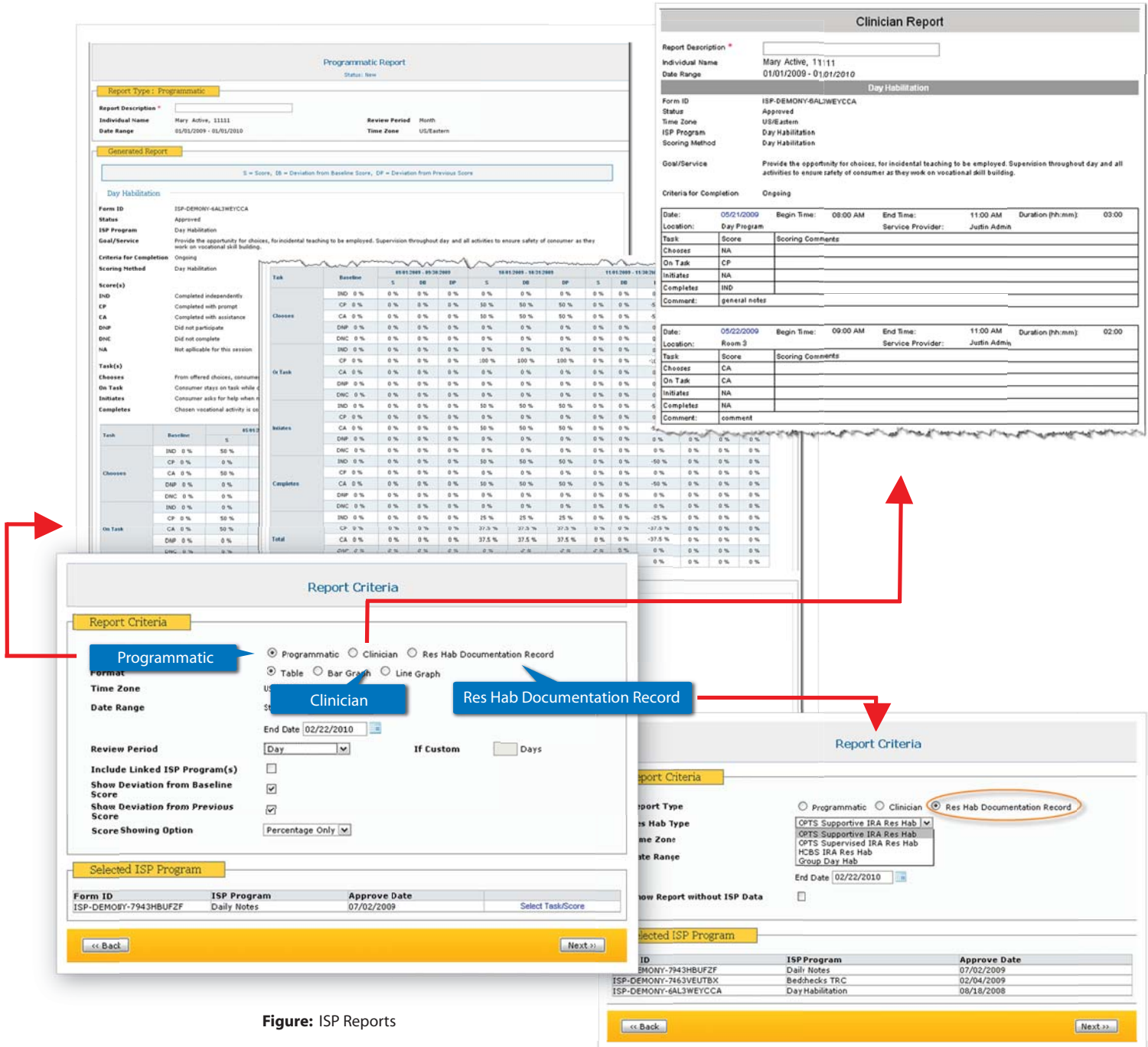


Figure: ISP Reports

Habilitation Checklists

In Therap applications, the ISP Program module is actually used to generate required documentation for Residential Habilitation services. The report function in ISP Program generates Individual Summary and Daily Checklists for different Habilitation Services like Supervised/Supportive IRA Residential Habilitation, Group Day Habilitation, etc. Therap provides an integrated approach

for such documentation as is it linked with the ISP Data collection module. Staff actions/services are documented as individual tasks in one or more ISP Programs as the individual participates in those programs. Data collection is done on a daily basis and staff initials are recorded along with individual responses to each task. In ISP Data, Time In/Time Out records along with additional comments/

observations are recorded, thus users can access detailed documentation for every staff action recorded in the Habilitation Checklist.

Therap is also working on integrating Habilitation documentation with the Billing module to make it easier for users to generate billing data straight from the Habilitation documentation.

Report Criteria

Report Criteria

Report Type Programmatic Clinician Res Hab

Format Table Bar Graph Line Graph

Time Zone US/Eastern

Date Range Start Date: 02/01/2010 End Date: 02/22/2010

Review Period Day If Custom

Include Linked ISP Program(s)

Show Deviation from Baseline Score

Show Deviation from Previous Score

Score Showing Option Percentage Only

Selected ISP Program

Form ID	ISP Program	Approve Date
ISP-DEMONY-7943HBUFZF	Daily Notes	07/02/2009

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OPTS Supervised IRA Residential Habilitation Documentation Record - INDIVIDUAL SUMMARY

AGENCY: New York Demonstration Provider	Medicaid #: 123456780	MONTH & YEAR: 01/02/2010 - 02/01/2010																																		
INDIVIDUAL: Mary Active, 11111	TABS ID:																																			
Supervised IRA SITE LOCATION: 987 East Street	OPTS IRA Prgm. Code:	OPTS Contract #:																																		
Individual Presence in the IRA	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1					
Write "P" if individual is present at IRA and "A" if absent from IRA.																																				
DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE/ ACTION PROVIDED (based on individual's Supervised IRA Res Hab Plan)	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1					
8a-10a			JMB	JMB																																
10a-12p			JMB	JMB																																
From offered choices, consumer selects an activity			JMB	JMB																																
Consumer stays on task while completing task			JMB	JMB																																
Consumer asks for help when needed			JMB	JMB																																
Chosen vocational activity is completed thoroughly			JMB	JMB																																
Countable Service Day ("YES" or "NO")																																				
Staff Signature Log																																				
SIGNATURE	PRINT NAME	INITIALS	SIGNATURE	PRINT NAME	INITIALS																															
	Justin M. Brockie, Executive Director	JMB																																		

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Group Day Habilitation Documentation Record - Individual Summary Sheet

AGENCY: New York Demonstration Provider	Medicaid #: 123456780	MONTH & YEAR: 02/01/2010 - 02/10/2010						
INDIVIDUAL: Mary Active, 11111	TABS ID:							
SITE ADDRESS: 987 East Street								
DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE/ ACTION PROVIDED (based on the individual's Group Day Habilitation Plan)	1	2	3	4	5	6	7	8
What Supports were provided								
Describe the member's affect etc		RMM	RMM	RMM	RMM	RMM	RMM	RMM
5p-8p		RMM	RMM	RMM	RMM	RMM	RMM	RMM
8p-10p		RMM	RMM	RMM	RMM	RMM	RMM	RMM
10p-12a		RMM	RMM	RMM	RMM	RMM	RMM	RMM
12a-2a		RH	RH	RH	RH	RH	RH	RH
2a-4a		RH	RH	RH	RH	RH	RH	RH
4a-6a		RH	RH	RH	RH	RH	RH	RH
6a-8a								

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HCBS WAIVER SERVICE DOCUMENTATION IRA RES HAB DAILY CHECKLIST

AGENCY: New York Demonstration Provider	Medicaid #: 123456780	MONTH & YEAR: 01/01/2010 - 01/31/2010																													
INDIVIDUAL: Mary Active, 11111	IRA Address: 987 East Street																														
BILLING DEPARTMENT DATA		INDIVIDUAL ENROLLMENT DATA																													
CHECK APPROPRIATE BOX FOR UNIT OF SERVICE TO BILL		<input type="checkbox"/> Supervised IRA <input type="checkbox"/> Enrolled in program full month																													
Full Month	Semi Monthly (1st half)	<input type="checkbox"/> Supportive IRA <input type="checkbox"/> Enrolled in program less than full month																													
<input type="checkbox"/>	<input type="checkbox"/>	Date discharged this month:																													
DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE / ACTION PROVIDED (based on the individual's Residential Habilitation Plan)		Staff providing the service or action initial the date the service or action was provided.																													
		(NOTE: By entering initials, staff are attesting that the service or action was provided on that day. Initialing must occur at the same time as service delivery.)																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Eating	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR
Sleep	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR
medicine	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR
shower	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR
exercise	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR	ABR
** INITIALS KEY: For each staff person who provided a service or action this month, include the staff name, title and signature next to the staff person's initials																															
INITIALS	STAFF NAME	TITLE	SIGNATURE	INITIALS	STAFF NAME	TITLE	SIGNATURE																								
ABR	Ray Helper	Direct Support Professional																													

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Figure: Residential Habilitation Checklist