

# Therap for Residential Habilitation and ICF

Therap's Individual Supports module provides a complete suite of applications to document all the supports provided to an individual in a residential setting (waiver or ICF).

A Residential Habilitation Plan is created based on the Valued Outcomes in the Individual's ISP (these are directly linked so there is no chance of getting the wording wrong, but if required, the Habilitation Plan can be written first), and the goals that have been written to support the individual (again, the goal statements in the Habilitation Plan and the Habilitation Checklist are linked to ensure compliance).

Staff members can document service provisions directly in Therap. This means that the Habilitation Checklist is complete with individual electronic signatures for each service on each day (with the ability to add corrections, times of services, and comments). Should a checklist be audited, there is full proof of when, where,

and by whom that service was documented.

Therap also allows Direct Support Professionals and other staff to document all the other activities in an individual's day such as Health Issues, Incident Reporting, Behavioral Documentation.

Because staff members are entering data into Therap as services are provided, at

the time of writing reports, data is right there at your fingertips. Nurses, Supervisors, and Quality Assurance staff can generate the reports that they need without having to drive to program sites, ask others, or do any data entry. Reports are also available at any time so that clinicians do not have to wait until the end of the month or the year to know how well supports are working and adjust them appropriately.

OPTS Supervised IRA Residential Habilitation Documentation Record - INDIVIDUAL SUMMARY																																
AGENCY:	New York Demonstration Provider										MONTHLY YEAR:	01/02/2010 - 02/01/2010																				
INDIVIDUAL:	Mary Active, 11111										Medicaid #:	1234567890										TABS ID:										
Supervised IRA SITE LOCATION:	987 East Street										OPTS IRA Prgm. Code:											OPTS Contract #:										
Individual Presence in the IRA											Write "P" if individual is present at IRA and "A" if absent from 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																					
DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE/ ACTION PROVIDED (based on individual's Supervised IRA Res Hab Plan)											STAFF PROVIDING SERVICE/ ACTION MUST INITIAL THE DATE THE SERVICE/ ACTION WAS PROVIDED. (NOTE: by entering initials, staff are attesting that the service/action was provided on that day. Initialing must occur at the same time as service delivery.)																					
											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																					
5a-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")																																
SIGNATURE											PRINT NAME										INITIALS											
Justin M. Brodie, Executive Director											JMB																					

Figure: Residential Habilitation Documentation Record generated from Therap

Figure: ISP Data collection form

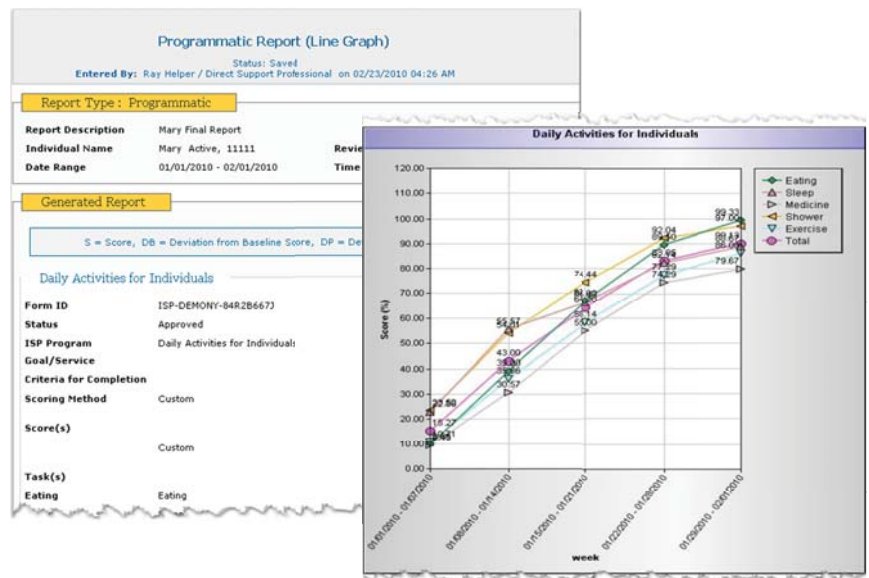


Figure: ISP Report showing the Progress of the Individual