

Therap in South Carolina Newsletter

September 2016

September Provider Highlight: Anderson DSNB

The folks at Anderson DSNB would admit themselves that they got off to a “slow start” with their Therap Implementation. However, after some new teamwork, innovative training, and determination; Therap usage has become part of the culture at Anderson.

Currently, Anderson DSNB uses IDF, Health Tracking, T-Logs, SComm and ISP Programs and Data. Also, Anderson is one of a handful of providers in the Palmetto State using the optional Training Management System (TMS) module.

Anderson was one agency that had a substantial time gap between when their direct support staff were trained and Therap was implemented. Therefore, Anderson took Therap up on their offer to return to re-train staff and train staff hired after the initial training. This turned out to be the turning point for a more streamlined implementation.

The second round of training coincided with the hiring of a new residential director, Greg Morro. When asked the keys to Anderson’s success, Greg states, “The commitment of the whole team to utilize Therap instead of previous methods. As an agency, there can only be so much training in preparation for beginning a new module. It takes everyone at all levels to commit to starting a module, and assisting others when there are difficulties.”

A common barrier to implementation is the real or perceived lack of computer literacy by direct support staff. Anderson combated this issue by sending staff to the local public library to attend classes on basic computer skills. Greg adds, “Supervisors and co-workers have supported them, and subsequently they have learned that Therap implementation is nothing to fear. Overall supervisors and co-workers have been great with on-going training as needed.”

The move from a paper documentation system to the use of an electronic system is a huge undertaking for any provider agency.

Greg gives his take on how this transition was overcome at Anderson, “There can only be so much preparation. At some point, program staff need to begin a module and work out the kinks as they arise. Staff can be hesitant to change their ways after years of becoming comfortable with a system. I’ve tried to repeat the message that Therap does not mean extra work, and that administration would do their best to “translate” old systems to Therap. Therefore, I’ve tended to discourage duplication on paper when a module is implemented, even though supervisors tend to feel like they need “backup”. It is so much easier to train new staff from their orientation on Therap as an expectation, rather than “converting” experienced staff.”

Broad access to real time data and information is often cited as a positive aspect of using Therap. At Anderson, this translates into positive change, according to Greg “Administration is getting communication and information on individuals’ much more efficiently. It allows for reports and feedback to be generated closer to events, increasing the likelihood that positive changes will be implemented on a timely basis.” Greg hopes that this positive aspect on the lives of those Anderson supports will open the door to increased usage and a quicker implementation of new modules.

Greg cites the efficiency, more complete information and easier storage as the benefits Anderson has seen through Therap usage. Typical downfalls that Greg has observed is the time spent at the computer opposed to verbal face-to-face communication.

Anderson found that allowing staff time to practice and get comfortable with entering data into new modules is a very concrete way to ensure they are successful.

The Training Management System Module (TMS) is an optional module that DSNB has purchased for SC providers

to use. Anderson has jumped at the chance to use TMS. The decision to use TMS was prompted by the discontinuation of another data base for tracking staff training and other requirements. Anderson finds TMS to be user friendly and more efficient than the previous system.

Sandy Austin, Director of Staff Development, shares this about TMS, "The most beneficial part of the TMS module has been the ease of alerting staff directly about their scheduled trainings. Previously, there were often complaints that staff were not receiving notifications soon enough to plan to attend necessary trainings. Supervisors will be able to hold staff more accountable knowing they were sent notifications via Therap."

The implementation of Therap at Anderson DSNB has been a successful challenge for the staff there. They are well on schedule to use the modules mandated by DDSN and are using the optional TMS module much to their satisfaction. Great job, Anderson!

Therap Case Management is Coming to South Carolina

The rollout for case management functionality for Therap is targeted for late 2016. This functionality will include:

- Intake & Eligibility
- Level of Care (LoC)
- Case Management Assessment
- Case Management Plan
- Case Notes
- Case Management Alerts & Reminders

At Therap, we are developing a comprehensive training program to meet training needs of South Carolina Case Management Providers. This will include video, webinar, and live on-site training to meet the needs of all learners.

Training for case management functionality will begin in the fall of 2016 and run through the winter until implementation. Case managers will be asked to complete webinar training first. On-site follow-up and Q&A sessions will be held at four locations: Harden St. Ext., Whitten Center, Coastal Center, and Pee Dee Center after three

weeks of webinar training. Depending on need, on-site training may be made available.

Many hours of planning and development have gone into making case management functionality a reality in South Carolina. We are confident that it will greatly meet the needs of case management providers in the Palmetto State. We look forward to bringing this enhanced functionality to South Carolina to end 2016 with a big bang!

ISP Programs & Data in South Carolina

By September 1, 2016, all residential and day service providers in South Carolina should be utilizing the ISP Programs and ISP Data Modules in Therap. ISP Programs & Data should be used for all daily tasks, goals, and activities for the individuals supported in your day and residential programs. This includes all day services, CTH1s, CTH2s, SLP1s, SLP2s and the regional centers.

Here's a few reminders about some very useful tools available to you as you proceed with utilizing ISP Programs and Data:

ISP Scoring Methods: Provider administrators are able to create ISP Scoring Methods unique to their agency by following this user guide:

<https://support.therapservices.net/documentation/provider-administration/create-new-scoring-method-from-admin-tab>

This is great for those objectives so popular in South Carolina. Once this scoring method is created once, it can be used by all ISP Program writers at the agency.

ISP Program Template Library: If you have goals and objectives that are used by more than one person, you can add them to your ISP Program Library:

<https://support.therapservices.net/documentation/individual-supports/isp-program-templates/create-new-isp-program-template/>

These ISP Programs can be generalized and then personalized when associated with an individual receiving services. This will allow an ISP Program to be created once and then

associated with multiple individuals later. This library is specific to your agency.

This role is individual user passed and can be found in Admin Privileges.

Global ISP Program Template Library: Writing a new goal or objective for the first time? Not sure where to start? The Global ISP Program Template Library is full of ISP Programs templates written by fellow Therap users and Therap staff:

<https://support.therapservices.net/documentation/individual-supports/isp-program-templates/import-isp-program-template-from-global-template-library/>

These templates can be imported into your agency's ISP Program Template Library and then be associated with multiple individuals. They can be modified and tailored to fit your needs.

This role is individual user passed and can be found in Admin Privileges.

ISP Programs and Data will allow you to create some very personalized and creative goals and objectives for the individuals you support at your agency.

This month's Spotlight

Each month, Therap will highlight one of their staff members who is part of the Therap Implementation Team in the State of South Carolina.



James Kelly co-founded Therap Services in 2003. He has spent his entire professional career of more than 30 years in the human services community. Jim is intricately involved in the day to day oversight of Therap Services including heading the Billing Specialists Team, delivering implementation guidance and oversight to state, county and provider agency systems. Jim has worked with

organizations and billing clearinghouses in multiple states to ensure a seamless electronic billing solution to Medicaid, Medicare and private payers. Jim led the billing team to compliance with eMedNY and continues to provide support and guidance to New York provider agencies about the use of Therap's electronic billing systems.

Jim earned a Bachelor Degree in Psychology from Northern Illinois University and a Master's Degree in Corrections Counseling from Chicago State University. Jim was the Director of Residential Services for The Resource Center/Chautauqua County Chapter of NYSARC in Jamestown, NY from 1986 to 1988. Jim acted as the Vice President Program Services for National Community Development Corp., a private provider agency for developmental disabilities services in New Haven, CT from 1988 to 1990.

In 1990, Jim founded Community Options, Inc. in Connecticut with Richard Robbins. He currently serves as President and Chief Executive Officer for Community Options. The agency provides property management, personnel services, program development for new agencies, financial services for non-profits, and direct operation of 19 group homes for individuals with developmental disabilities, five separate day programs and employment supports for adults with a broad range of disabilities.

Project Implementation Team

South Carolina DDSN

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