### Quarterly/Interim Reviews & Individual Plan Agendas

Guidance for Care Coordinators

Last updated: 12/27/24

# Individual Plan Agendas capture your member meeting happenings

Care Coordinators, use the Individual Plan Agenda to document quarterly/interim meetings with members.

Document discussion and evaluation of plan goals and progress towards those goals. The Plan Agenda and Action Planning will identify new/changed steps for the Plan of Care.



# Areas of focus for Individual Plan Agendas



Discussion/review of member goals

Discussion/review of steps member is taking with service provider to reach goals

Discussion of member's satisfaction with services/progress

Identification of progress/steps/resources needed to make progress or make more progress



### **Discussion and Documentation focus**

#### Do for **EACH** Plan of Care goal:

Discussion of goal

Whether there has been progress

What progress occurred and what needs to happen to continue/start making progress during the next quarter

Whether the goal has been reached. If so, POC needs changing to remove that goal and possibly set another one.

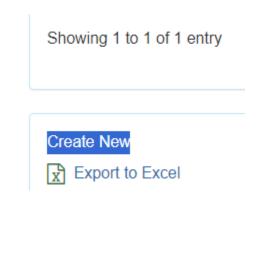
Action plan for next quarter to help get closer to/achieve goal



### How to start an Individual Plan Agenda

- Go to the Member's Individual Home Page
- Click under Modules "Individual Plan Agenda" and select "New" or once you are in the list, select "Create New"



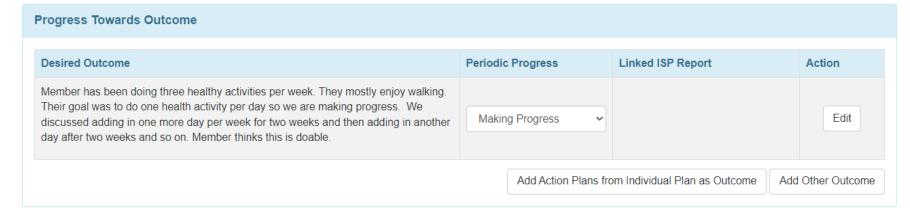




### Filling out the Individual Plan Agenda





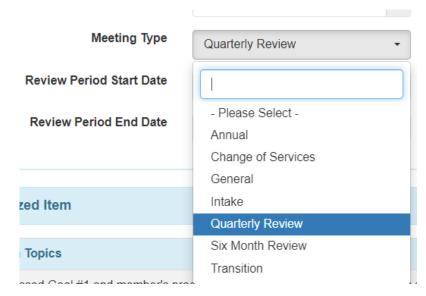




### Select your dates and type of meeting

Enter the Quarterly/Interim Meeting Date. Indicate the Meeting Type in the drop down

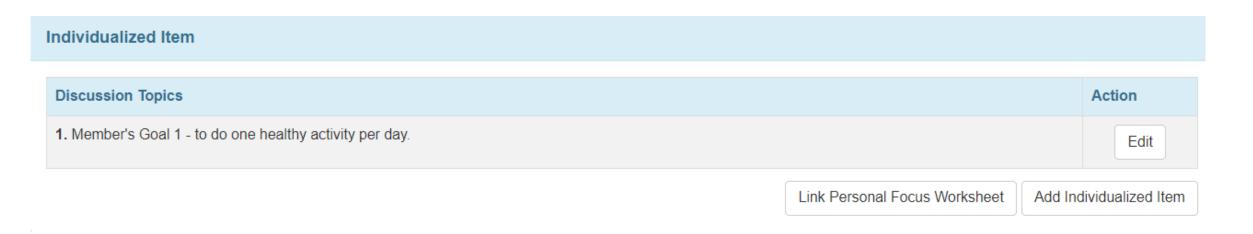
You will primarily need to select "Quarterly Review" or "Change of Services" when doing interim meetings regarding service changes. Please do not select Six Month Review as our requirements are that you meet with each member at least quarterly and that is the period we are measuring.





### Adding Individualized Items

Click "Add Individualized Item" to add a Discussion topic. Each discussion topic should relate to a goal or the member's services in support of achieving that goal. See below example.

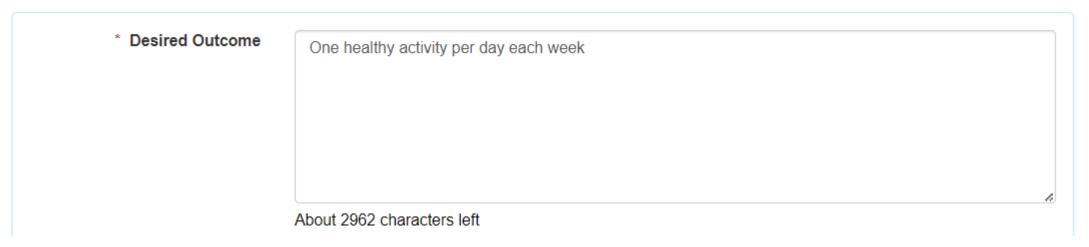




### **Adding Progress Towards Outcomes**

Click "Progress Towards Outcome" to describe the person's desired outcome – i.e. what they are trying to achieve (goal).

#### Progress Towards Outcome •



### **Adding Progress Towards Outcomes**

Then select the appropriate field under "Periodic Progress".

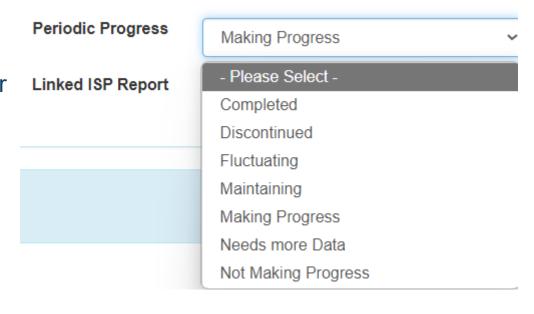
Choose Completed if the member has achieved their goal

Choose **Discontinued** if you are ending the member's goal for any reason other than completion – i.e. if the goal is no longer realistic due a member's changed circumstances.

Choose **Fluctuating** if member's making/losing progress.

Choose **Making Progress** if your discussion with member shows there is progress towards that goal being made. Add any additional comments about further steps to achieve the goal in the comments section.

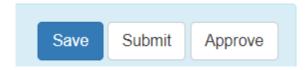
Choose **Not Making Progress** if the member's progress is stalled. Your notes should identify WHY the member's progress is stalled and there should then be a corresponding action plan to identify ways to create progress.





### Saving Individual Plan Agenda

Click "Save" at the bottom.



Go to the Individual Plan Agenda List.

You will see the Plan Agenda as showing "No" for Meeting Minutes Recorded. Click on this Plan Agenda.

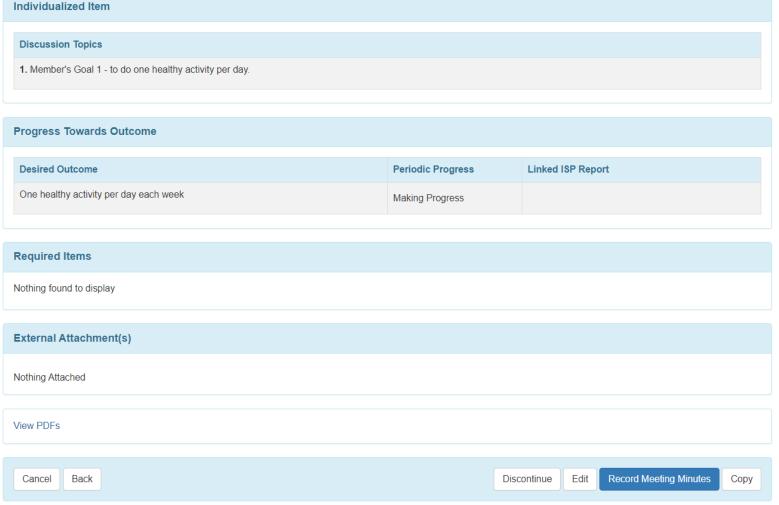




### **Recording Meeting Minutes – documenting**

Click on "Record Meeting Minutes" at the bottom of the screen and click "yes" on the popup.

Individualized Item

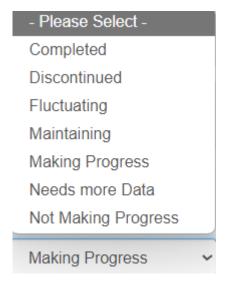


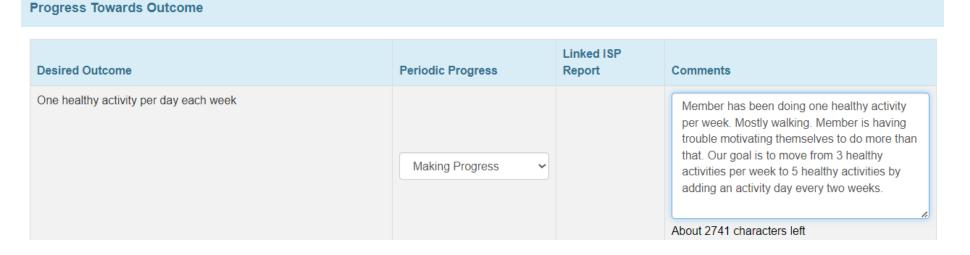


### Filling out Progress Towards Outcome section first

Use the Comments section to outline the member's progress – whether that is a lack of, fluctuating, or making progress.

Describe the member's progress. If you are ending or modifying the goal explain why that's necessary. See below example:







### Filling out Individualized Item section

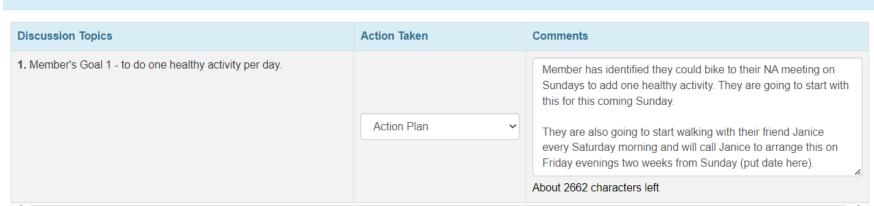
Select Action Taken. You will choose Action Plan or Issue Resolved.

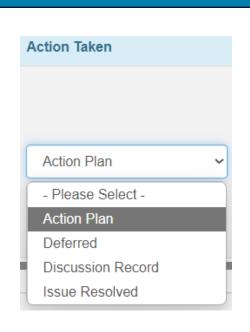
Choose **Action Plan** when the goal has not been achieved and you are identifying action steps for the next quarter.

Choose Issue Resolved when the goal has been achieved.

Use the Comments section to lay out the Action Plan steps, example below.

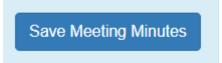
Individualized Item





### **Saving Meeting Minutes**

Click "Save Meeting Minutes"



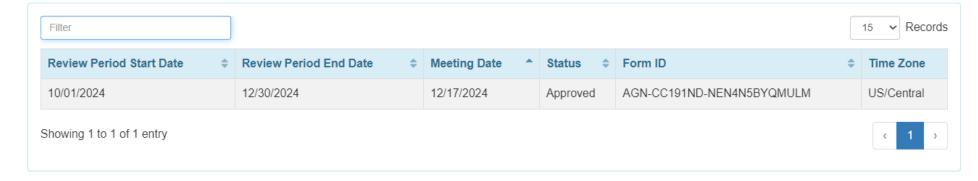
You will now go in to Edit the member's Plan of Care.

Linked Individual Plan Agenda | Acknowledgement Report

At the bottom you will click "Link Individual Plan Agenda"

You will see the Individual Plan Agenda you approved Listed. Click on it to make sure it shows your Individual Plan Agenda.

Individual Plan Agenda List





### Using the Individual Plan Agenda

By looking at a member's Individual Plan Agenda you can see whether their Plan of Care has been updated based on a Plan Agenda.

Individual Plan created/updated based on this Individual Plan Agenda OISP-CC191ND-NCB4STAZ7EQLQ

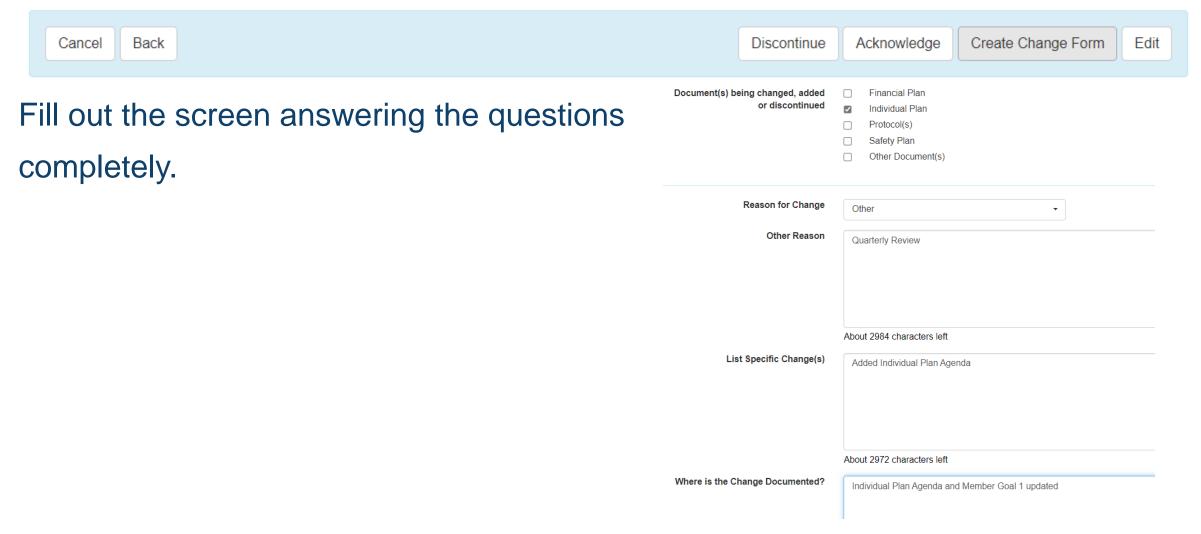
Start Date: 08/22/2024

Health & Human Services

End Date: 05/31/2025

# Adding the Plan Agenda to a Member's Plan of Care/Change Form Request

You will now click "Create Change Form" at the bottom of the Plan screen.



# Adding the Plan Agenda to a Member's Plan of Care/Change Form Request

You will now click "Activate and Edit Individual Plan". This lets you open the member's Plan and edit it.

Back Save Activate Activate and Edit Individual Plan

You will see the following confirmation at the top of your screen after you click to Activate and Edit Individual Plan.

The form OISPCF-CC191ND-NEN4N5BYTMULB has been Successfully Activated

Save and Continue Editing



### Change Form Request and Editing the Member's POC

You will scroll down the Member's Plan to the Action Plan section. Click "Import from Individual Plan Agenda" and select the Individual Plan Agenda.



Select the Desired Outcome and Need/Issue.

#### **Action Plan List**

You have selected 1 items.

Select	Desired Outcome	Need/Issue
Ø	Member has identified they could bike to their NA meeting on Sundays to add one healthy activity. They are going to start with this for this coming Sunday. They are also going to start walking with their friend Janice every Saturday morning and will call Janice to arrange this on Friday evenings two weeks from Sunday (put date here).	Member's Goal 1 - to do one healthy activity per day.

### **Editing the member's Plan of Care**

Member Plan of Care goals must be updated as needed each quarter.

When you are done making updates to the POC you will select "Update without Closing the Change Form" and then you will see this confirmation.

The form OISP-CC191ND-NCB4STAZ7EQLQ has been successfully updated

Once you receive notification the Change Form has been acknowledged by program staff, you will also Acknowledge the Plan.

Cancel Back Discontinue Acknowledge Create Change Form Edit

The form OISP-CC191ND-NCB4STAZ7EQLQ has been successfully acknowledged

### Edit the Desired Outcome and Need/Issue if more detail is needed

Selecting "Edit" will allow you to add any detail here.

You are describing the action the member will be taking as the Need/Issue and any things they need to overcome to achieve the goal.

You are describing the Desired Outcome as what you and the member expect to see for progress by the end of next quarter.



# **Submitting the Plan Change Form**

Click "Update without Closing the Change

Form" to submit the Changed Plan for program staff approval.



Updating without Closing the Change Form will generate a work item for state staff to review the change request/changed POC.

# **Submitting the Plan Change Form**

You should never submit a Change Form without also editing the member's POC as the changes need to be reflected on the POC itself.

Program staff must acknowledge Plan changes. The changed Plan is not considered Approved until you receive acknowledgement from program staff.

You will see this acknowledgement tracked through Therap.

### **Submitting the Plan Change Form**

Click on the next to Approved and this will show you the Plan's history – submission, approval, updates, etc.

1915(i) Plan of Care 11.2024 Approved

The Change Form feature for POCs is NOT for YEARLY reviews. This is for quarterly reviews or interim updates only.

Members need a completely new plan of care developed on at least an annual basis which requires going through all questions and inputting new member information (i.e. new WHODAS/DLA, eligibility dates, strength and preference assessment

answers, etc.)

Time Zone: US/Central
Entered By: , Care Coordinator on 11/01/2024 09:38 AM
Last Updated By: Mandy Dendy, Therap Admin on 12/19/2024 02:49 PM
Approved By: Mandy Dendy, Therap Admin on 12/18/2024 02:58 PM
Plan Type: Individual Support Plan
Template Form ID: IPPT-SPAND-I

Update History

Click Update History to see more details.