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# 1915(i) Behavioral Health Services & Supports

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2025 Plan of Care  
Creation & Changes

Revised: 1/17/2025

# Always use the most recent Plan of Care (POC) template when creating a new initial or annual POC

Sections are

Strengths and Preference Assessment

Conflict of Interest Exemptions

Eligibility & Initiation

Member Goals & Services

Risk Management/Crisis Plan (largely unchanged)

HCBS Setting Assessment Questions

Care Coordinator Information

Document Checklist

# POCs and Individual Plan Agendas are written in your Oversight account

- Plans of Care, Individual Plan Agendas, and Case Note reviews all take place in your Oversight External Account.
- Only case notes are done in your Internal Therap Account



# Beginning a new Plan of Care

From the Individual tab, locate the most recent Plan of Care template and select **New** and then select your member from the list

OR

<b>Individual</b>	<b>Care</b>	
Agency	Case Note	New   Search   Bulk PDF   Dashboard
Admin	General Event Reports (GER)	New   Search   Dashboard
Agency Reports	Multi-Individual Event (MIE)	New   Search
Individual Home Page	Witness	Search
Settings	Event Summaries	View
	Individual Demographics	Search   Custom Fields   Insurance   Contact List   Dashboard
	Individual Medical Information	Diagnosis List   Advance Directives   Allergy Profile   Medication Profile   Medication Reconciliation
	<b>Individual Plans</b>	
	Personal Focus Worksheet	New   Search
	Individual Plan Agenda	New   Search
	1915(i) Plan of Care 1.6.2025	<b>New</b>   Search   Expiration Report

Individual	Name <input type="text"/>
Agency	Advanced Search
Admin	Recently Accessed Individuals
Agency Reports	
<b>Individual Home Page</b>	
Settings	

**Modules**

- ▶ Case Note
- ▶ Document Storage
- ▼ Individual Plan
  - ▼ 1915(i) Plan of Care 1.6.2025
    - New**
    - Search
  - ▶ 1915(i) Plan of Care 11.1.2024
- ▶ Individual Plan Agenda
- ▶ Personal Focus Worksheet

# Beginning a new Plan of Care

From the Individual Home Page type in the Member name in the **Name** field, select the member and from the Individual Home page, Home tab, click the arrow next to **Individual Plan** and select the plan template and **New**

# Filing in the Plan

Meeting Date

Start Date

End Date

## Custom Fields ⓘ

Individual testt testt

### Oversight Fields : 1915i State Plan Amendment Oversight Account (SPA-ND)

1915(i) Eligibility End Date	12/02/2024
1915(i) Eligibility Start Date	12/01/2025
Medicaid	Traditional
Medicaid Redetermination Date	09/30/2025

Meeting date equals the date of your POC meeting.

Start date = 1915(i) start date

End date = 1915(i) end date

You will find these dates in the Custom Fields section under the **Go To** tab

Go To

- Address List
- Advance Directives
- Album
- Allergy Profile
- Assessment List
- Attached Files
- Case Status
- Contact List
- Custom Fields**

# About Me

About Me Jun

What People Admire about Me

**B** *I* U [Align Left] [Align Center] [Align Right] [Justify] [List Bulleted] [List Numbered] 12pt [Decrease Indent] [Increase Indent] [Undo] [Redo]

P

What is Important to Me

**B** *I* U [Align Left] [Align Center] [Align Right] [Justify] [List Bulleted] [List Numbered] 12pt [Decrease Indent] [Increase Indent] [Undo] [Redo]

P

How to Support Me Best

**B** *I* U [Align Left] [Align Center] [Align Right] [Justify] [List Bulleted] [List Numbered] 12pt [Decrease Indent] [Increase Indent] [Undo] [Redo]

P

Ask and fill in the answers to these three questions.

# Legal Decision Makers

If the member has a parental guardian/legal guardian, you should be able to select **Add/Remove Legal Decision Maker** to add their listed guardian.

## Legal Decision Makers

Jump to ?

Nothing found to display

Add/Remove Legal Decision Maker

## Legal Decision Maker ⓘ ?

<input type="checkbox"/>	Name	Residential Address	Mailing Address	Phone	Email	Relationship with the Individual	Legal Decision Maker	Provider
<input checked="" type="checkbox"/>	Hermione Granger	Bismarck, ND 58503, USA			hermione@hotmail.com	Guardian	Yes	SPA-ND (1915i State Plan Amendment Oversight Account)

Continue

## Legal Decision Makers

Jump to ?

Name	Residential Address	Mailing Address	Phone	Email	Relationship with the Individual
Hermione Granger	Bismarck, ND 58503, USA			hermione@hotmail.com	Guardian

Add/Remove Legal Decision Maker



**Strength and Preference  
Assessment** >

Conflict of Interest Exemptions

Eligibility & Initiation

Member Goals & Services

Member Goals & Services (cont'd)

Risk Management/Crisis Plan

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# Questionnaire Section

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This is the longest section of the Plan of Care.

Complete all questions unless directed otherwise. Read questions carefully, some do not need to be answered.

Sections are listed to your left, beginning with the Strength and Preference Assessment.

# Strength and Preferences Assessment

This series of questions is person-centered and designed to help care coordinators work with members to identify plan of care goals and steps/resources needed to achieve the goals. These questions are broken into subject matter sections.

Interests and Activities

Living Environment

Employment

Trauma, Safety, and Legal Issues

Financial

Lifestyle and Health

Transportation

Faith and Spirituality

Choice-Making

Relationships and Important People

Hopes and Dreams

# Residential

The answer to this question should always be yes. If the member says no to 1)-5) you need to investigate their setting further and documentation should occur in the HCBS settings section.



**3. Is your (the member's) residential address a community-based setting? (Community-based settings meet ALL below criteria) [thQ13]\***

(Hints: 1) Integrated in and supports full access to your community  
2) Selected by you and setting options must include non-disability specific settings.  
3) Ensures your rights of privacy, dignity and respect, and freedom from coercion and restraint.  
4) Optimizes your choice and independence in making life decisions  
5) You choose services and supports and who provides them.)

- 1. Yes
- 2. No

# Residential

Answers here should determine and support whether housing supports are needed and/or whether there is a residential goal.



4. In what type of residence do you live? [thQ162]\* [\[Hide Options\]](#)

1. Alone in own home (owned or rented)
2. Alone in apartment or other rented residence
3. In home with family member(s)/guardian(s) (rented or owned)
4. In apartment or other rented residence with family member(s)/guardian(s)
5. In home with non-relatives (rented or owned)
6. In apartment or other rented residence with non-relatives
7. Homeless
8. Other

5. Do you want to live in this setting/at this address? [thQ157]\*

1. Yes
2. No

6. If the above answer is no, where would you prefer to live? [thQ158] [\[Hide Options\]](#)

1. Home/apartment rented by member
2. Home of parent/guardian
3. Home of other family member
4. Home of friend
5. Other



# Employment

Answers here should determine and support whether employment supports are needed.

7. What would be your ideal job? [thQ164]\*

8. What skills do you need to do this job? [thQ165]\*

9. What skills do you already have to do this job? [thQ166]\*

10. What skills do you need to develop? [thQ167]\*

# Trauma, Safety, and Legal Issues

Answers here may relate to peer support, family peer support, or lead to referrals for other services/supports (care coordination).

\* What experiences/relationships/people make you feel safe or not safe?

test

About 2996 characters left

\* What experiences/relationships/people support you to reach your goals?

test

About 2996 characters left

\* Have experiences/relationships/people made it more difficult for you to reach your goals? If so, how?

test

About 2996 characters left

\* Have you been involved with the police and/or the legal system? If so, tell me about your experience(s).

test



# Financial

Answers here may relate to peer support, benefits planning, or referral to other supports/services (care coordination).

**\* Tell me about how you manage your money.**

About 2996 characters left

**\* Are there any skills, supports, of information about money management you think you need?**

About 2996 characters left



# Lifestyle and Health

Answers here may relate to peer support, family peer support, referrals to other services/supports (care coordination).

\* What is your health like?

About 2996 characters left

\* Tell me about things you do that help you stay healthy.

About 2996 characters left

\* What are some things you would like to do to improve your health?





# Transportation

Answers here should identify member transportation support needs. Including ways the member can independently commute in their community. Where that's not possible, transportation should be a plan goal with steps towards independence.

\* How do you currently get from place to place?

test

About 2996 characters left

\* Are there friends, family, neighbors, co-workers, or other sources of transportation you can use?

test

About 2996 characters left

\* Is there anything that would make travel easier for you?

test



# Faith and Spirituality

These answers may relate to peer support, family peer support, or connection to sources of support/services (care coordination).

**\* How do you view the purpose of your life?**

test

About 2996 characters left

**\* What spiritual or faith-based activities do you participate in?**

test

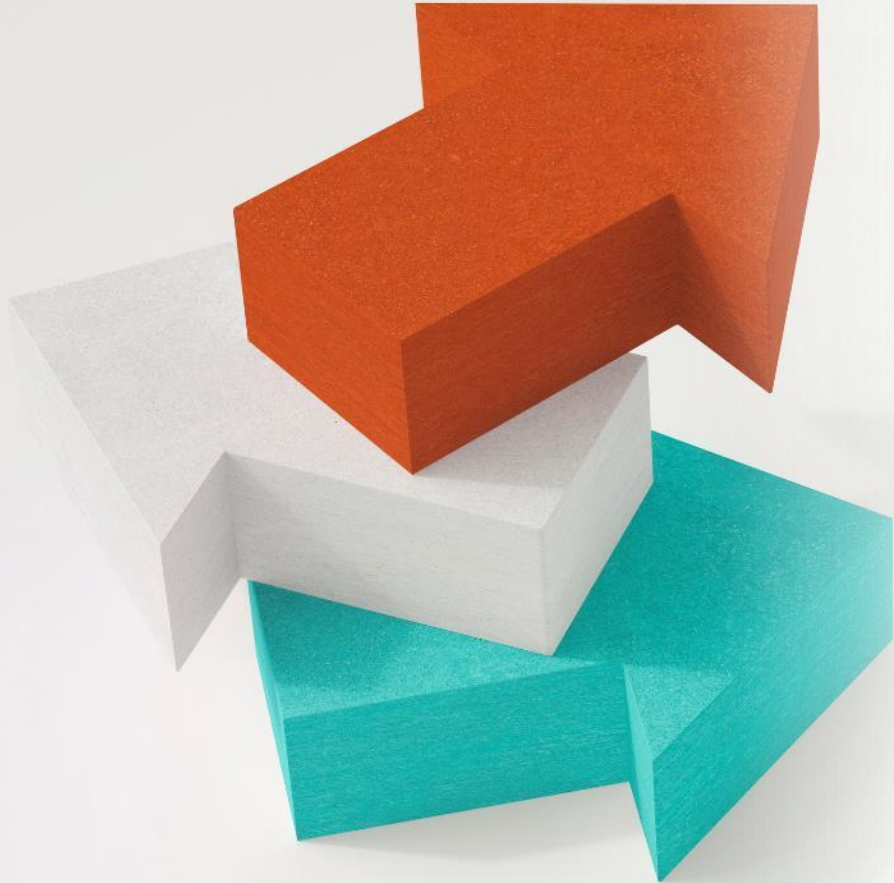
About 2996 characters left

**\* In what ways are these helpful to you?**

test

# Choice-Making

These answers may relate to peer support, family peer support, or connection to sources of support/services (care coordination).



**\* Are there any choices in your life you would like to make that others are making for you?**

test

About 2996 characters left

**\* If you could make these choices, what would you choose differently?**

test



# Relationships and Important People

These answers may relate to peer support, family peer support, or connection to sources of support/services (care coordination).

\* Is there a person in your life that you feel believes in you?

test

About 2996 characters left

\* If yes, who is that person?

test

About 2996 characters left

\* How does this person let you know they believe in you? What do they do?

test

# Hopes and Dreams

\* Tell me about your hopes or dreams for the future.

test

About 2996 characters left

These will help with goal setting in general to get a better feel for the member, their strengths, and where they'd like to go.

\* What are some hopes and dreams you have let go of?

test

About 2996 characters left

\* Tell me about the dreams that have come true for you.

test

About 2996 characters left

\* What did you do to make those dreams come true?

test



Strength and Preference  
Assessment

**Conflict of Interest Exemptions** >

Eligibility & Initiation

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Member Goals & Services (cont'd)

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# Conflict of Interest Exemptions

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This section is to determine whether a provider is exempted from the federal requirement that members receive care coordination and supportive services from separate provider agencies.



# Conflict of Interest Exemptions

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Answer the first question to determine whether you need to answer the following questions.

- \* Is your agency wanting to provide both care coordination and supportive services (i.e. peer support, housing support, etc.) to this member?
- Yes
- No

# Conflict of Interest Exemptions

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You will be asked to list the different service providers for care coordination and supportive service(s) if you qualify for the exemption for this member.

Care coordinators may only render care coordination for a member, even if the conflict of interest exemption applies.

**If you answered yes to the previous question, is your agency the only willing and qualified provider in the member's county of residence?**

*Hints: You can be the only willing and qualified provider for the follow* ⓘ

**If you are the only willing and qualified provider, which of the following shows you are the only willing and qualified provider?**

**If you answered "Other" please explain why your agency is the only willing and qualified provider to do both care coordination and supportive services for this member.**

- Yes. Requires documentation showing you are the only willing and qualified provider. Please attach to this plan of care.
- No. You cannot provide both care coordination and supportive services to this member.
- There are no other providers offering the service in the member's county of residence as documented by a dated screenshot of the 1915(i) Supportive Services Provider List uploaded along with this plan of care.
- There are no other providers offering culturally specific services to meet this member's specific service requirements as documented by this plan of care, a dated screenshot of the 1915(i) provider list uploaded to this plan of care and/or service denials or proof of no response from other service providers.
- All other supportive service providers in this member's county of residence have denied or not responded to service referrals. Documentation required (if referrals are sent in Therap there is documentation of no response or denials which suffices).
- Other. If you answer other, please explain in the next question.



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# Eligibility & Initiation

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This section is where you'll enter information about eligibility, POC meetings and important dates, the member's qualifying assessment score as well as duplication of services.

# Assessment Score (WHODAS or DLA-20)

On the Member's Individual Home Page click on the **Assessment List** section. The type of assessment and score will be listed.

Go To

Address List

Advance Directives

Album

Allergy Profile

Assessment List

## Assessment List

Assessment list of 'testt testt'

Filter

15 Records

Assessment Type	Assessment Score	Band/Percentile	Assessment Date	Effective Date	Expiration Date	Attachment	Comments	Deleted	Time Zone
Other	41		11/04/2024			WHODAS test.docx		No	US/Central

Showing 1 to 1 of 1 entry

< 1 >

# Assessment Score (WHODAS or DLA-20) & Eligibility Assessment

From the Member's Home Tab on their Individual Home Page click **List** under **Document Storage** under Modules

Form ID	Individual	Status	Description	Upload Date	Updated Date	Type	Received Date	Valid From	Valid To	Entered By	File Size	Provider	Time Zone	Document
DOC-SPAND-NEJ4PDCYZ4VJ4	testt, testt	Active		12/16/2024	12/16/2024	Eligibility Application	12/02/2024			Dendy, Mandy	0.278 MB	1915i State Plan Amendment Oversight Account	US/Central	eligibility.pdf
DOC-SPAND-NE84Y35XG4VLY	testt, testt	Active	Score: 41	12/06/2024	12/06/2024	WHODAS	12/05/2024			Dendy, Mandy	0.011 MB	1915i State Plan Amendment Oversight Account	US/Central	WHODAS test.docx

Ensure that Care Coordinator is in the external Oversight account to see Document storage and that this is enabled in the Super Role

# Potential Service Duplication

Answer these questions to determine if there is service duplication.


## Other services and service duplication verification

**\* Does this member receive any other Medicaid-funded or potentially duplicative services?**

*Hints: 1915(c) Waiver Services, Targeted Case Management, etc.*

- Yes
- No

**If the above answer is yes, please select the Medicaid or other service(s)**

*Hints: You can check the member's Medicaid waiver service eligibility in *

- Autism Waiver - ND.0842
- Medically Fragile Waiver - ND.0568
- HCBS Aged and Disabled Waiver - ND.0273
- ID/DD Waiver - ND.0037
- Children's Hospice Waiver - ND.0834
- Targeted Case Management
- Behavioral Health Rehabilitative Services (including psychosocial rehabilitation)
- Community Transition Services through the ND Transition and Diversion Services Pilot Project or Money Follows the Person
- Individualized Education Plan (IEP) through the Individuals with Disabilities Education Act (IDEA)
- Foster care
- Vocational Rehabilitation
- Other

**If you answered other, please list what other potentially duplicative services the member receives.**

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# Member Goals & Services

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Elements of SMART goals have been broken into separate questions so it's easier to write the member's goals as SMART goals.

**Tip:** Write the member's goal as something they want to achieve versus the service that will help them achieve it. You will identify the service(s) in this section.

# Member Goals & Services

This section has been expanded on with questions designed to capture each component of a S-M-A-R-T goal.

**\* What goal is member trying to achieve? Be specific.**

*Hints: This question is the S in SMART goals - Specific.*

**\* How is the member going to achieve the goal?**

*Hints: What steps is the member going to take?*


*This question is the M *

**\* List the member's unpaid natural supports and community resources the member has access to in support of this goal.**

**Hints**


- List:
- Support Provided
  - Name of Support or Resource
  - Contact Information (Address, Phone, and/or Email address)

**\* What tools or resources does the member need to achieve this goal? (Type N/A if the member has the necessary tools or resources to work towards achieving this goal.)**

**Hints** 

This question is the A in SMART goals - Achievable. Ensuring the member has what they need to work towards this goal. I.e., you wouldn't ask someone to repair a car without giving them the tools they need to do the mechanical repairs. The same applies here. If the member needs to work on a specific skill or have access to a resource, list it.


**\* What is the benefit of member achieving this goal?**

**Hints** 

What do they expect to happen if they reach the goal? What kind of change(s) do they expect to see?

This is the R in SMART Goals - Relevant. How does achieving this goal make sense for the member?

**\* When does the member expect to achieve this goal?**

**Hints** 

Enter a timeframe in days, weeks, or months. This goal should be evaluated quarterly for progress or adjustment.

This is the T in SMART goals - Time-bound. It gives you a timeframe and something to shoot for.

# Be specific with each answer

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**\* What goal is member trying to achieve? Be specific.**

*Hints: This question is the S in SMART goals - Specific.*

Member is currently living at a sober living facility. Member used to live independently in an apartment and would like to get an apartment again.

**\* How is the member going to achieve the goal?**

*Hints: What steps is the member going to take?*

Member is going to first do a budget to see how much money they have and explore available assistance to see what rental properties they can afford.

*This question is the M *

Member is going to visit and/or fill out five rental applications per week.

**\* What tools or resources does the member need to achieve this goal? (Type N/A if the member has the necessary tools or resources to work towards achieving this goal.)**

Member doesn't have transportation to explore rental properties outside of walking distance of his friend's residence. He needs transportation. He also needs someone to review his applications before submitting them. He might need reminders and follow-up as well.

A yellow pencil is positioned vertically on the left side of a white sheet of paper. The paper contains a multiple-choice test with 24 numbered questions, each with four options labeled A, B, C, and D. The pencil is pointing towards the top of the page.

# Answers lead you to the appropriate service(s)

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**\* What is the benefit of member achieving this goal?**

*Hints: What do they expect to*

The member is looking forward to having a place of his own where he can have his children over to visit.

**\* When does the member expect to achieve this goal?**

*Hints: Enter a timeframe in days,*

Member understands this might take a while and expects to have an apartment within the next three months.



# Integrate services to support goal achievement

What service(s) will help me achieve this goal?

- In this example, member would benefit from both Housing Supports and Non-Medical Transportation to achieve this goal.
- Why? Because member is looking for an apartment and doesn't currently have transportation to use when exploring potential apartments.



# NMT pairs with other supportive services

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NMT is generally not a standalone goal. Transportation will be the goal and NMT may be used to support achievement of the goal.

- NMT is used to support a member in achieving POC goals.
- You can now select two services in support of one plan goal – i.e. peer support or housing support and NMT to support a member's transportation needs in relation to the goal.

Will non-medical transportation help me achieve this goal?

If you answered yes above, what kinds of activities or events do you need non-medical transportation (NMT) for to achieve this goal?

Total NMT Units Requested

NMT Frequency Requested

NMT Duration Requested

NMT Service provider name

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**Risk Management/Crisis Plan** >

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# Risk Management/Crisis Plan

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Here is where you will enter information about the member's qualifying diagnosis(es), other health information, as well as risk management and crisis planning information.

# Diagnosis

On the Member's Individual Home Page click on the **Diagnosis List** section

## Go To

- Address List
- Advance Directives
- Album
- Allergy Profile
- Assessment List
- Attached Files
- Case Status
- Contact List
- Custom Fields
- Diagnosis List**

## Active Diagnoses

Diagnosis Coding Type	Diagnosis Code	Description	DSM-5	Billable	Diagnosis Date	Diagnosed By	Time Zone
ICD-10	F90.2 - Attention-deficit hyperactivity disorder, combined type <span>Primary</span>		Yes	Yes	07/10/2024		US/Central

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Member Goals & Services (cont'd)

Risk Management/Crisis Plan

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# HCBS Setting Assessment Questions

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Here is where you will verify the member is receiving services in a qualifying home and community-based setting.

Depending on the answer to the first question, you may be able to skip the remaining questions.

# HCBS Setting Assessment Questions

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You will answer the first question and if the answer is No you do not need to complete the following sections.

If you answer Yes to the first question, you must complete the Provider-Owned or Controlled Setting section.

If you answer Yes to any questions in the Provider-Owned or Controlled Setting section, you must answer the questions in the Setting Modifications section.

## Provider Question

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\* Is the member receiving 1915(i) services in a provider-owned or controlled residential setting?

Hints

- Yes. The Provider-Owned or Controlled Setting section of this Questionnaire must be completed.
- No. Skip the Provider-Owned or Controlled Setting section of this Questionnaire.

This means that a provider either owns or operates the member's residential location.

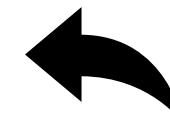


**Provider-Owned or Controlled Setting**



**Setting Modifications**

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Member Goals & Services (cont'd)

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# Plan of Care Reviews – Quarterly and Interim

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You won't fill out this section for initial plans of care.

This section is for the member's Quarterly Reviews and any Interim (between Quarterly Reviews) plan updates.

If you are doing a Quarterly/Interim Review, you will complete an Individual Plan Agenda in addition to updating the Member Goals & Services section.

Risk Management/Crisis Plan

HCBS Setting Assessment  
Questions

Plan of Care Reviews - Quarterly  
and Interim

**Care Coordinator Contact  
Information** >

# Care Coordinator Contact Information

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Here is where you enter your information. This is important because the member and other planning team members receive this plan of care and may use this plan to contact you.



# Document Checklist

Here is where you will upload Meeting Attendee Signatures and Member and Care Coordinator Signatures & Acknowledgements, and Member Rights and Responsibilities, as needed by clicking **Add File**. You can select **Attach Other File** to add any other documents.

Document Checklist	Jump to				
CheckList	Attachment	Description	Uploaded By	Upload Date	Action
Meeting Attendee Signatures (required for initial POCs and Annual POC reviews)					Add File   Scan File
Member Rights and Responsibilities					Add File   Scan File
Member and Care Coordinator Signatures & Acknowledgements (required for all POCs and Interim/Quarterly Reviews)					Add File   Scan File


Attach Other File

# Document Checklist – selecting from Individual Document Lookup

If you have uploaded these documents to the Member's **Document Storage** you can attach these documents to the POC using the **Individual Document Lookup** button.

## Individual Document Lookup

Individual	testt testt
Entered By	<input type="text" value="Search"/>
Form ID	<input type="text"/>
File name/Description	<input type="text"/>
Type	- Please Select -
Received Date From	<input type="text"/>
To	- Please Select -
Upload Date From	Admission Order
To	Authorization
Status	Consultant Report
Linked Providers	Discharge Order
Unified Search	Lab Result
	Progress Notes
	Referral Document
	Diagnosis
	DLA-20
	Eligibility Application
	Member and Care Coordinator Signatures & Acknowledgements
	POC Meeting Signatures
	Release of Information
	WHODAS

 Clear Selection

Search



# Submitting a Plan of Care for Program Staff Approval

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All Plans of Care must be approved by Program staff prior to rendering services other than care coordination services rendered to develop and write the Plan.

When you are ready for the Plan to be reviewed and approved, select **Submit**.

Save

Submit

Approve

Save and Share with Linked Providers

TEST ENVIRONMENT - Do Not Enter Real Data

Compose

This message contains information specific to [REDACTED]

Inbox 1  
Sent Items  
Drafts  
Trash  
My Folder(s)

Recipient(s)  
Search  
Dendy, Mandy / Therap Admin (1915i State Plan Amendment Oversight Account) x

H/M/L  
Medium

Subject  
POC Changes needed

Therap Form Attachment(s)

Module Name	Form ID	Action
Individual Plan	OISP-CC191ND-NEJ4N56ZBMUL	<a href="#">Open</a>   <a href="#">Remove</a>

Individual Plan [v] [Q]

File Attachment(s)

The total size of all attachments cannot exceed 10 MB

Add File Scan File

Cancel Save Send

# SComms for returned Plans

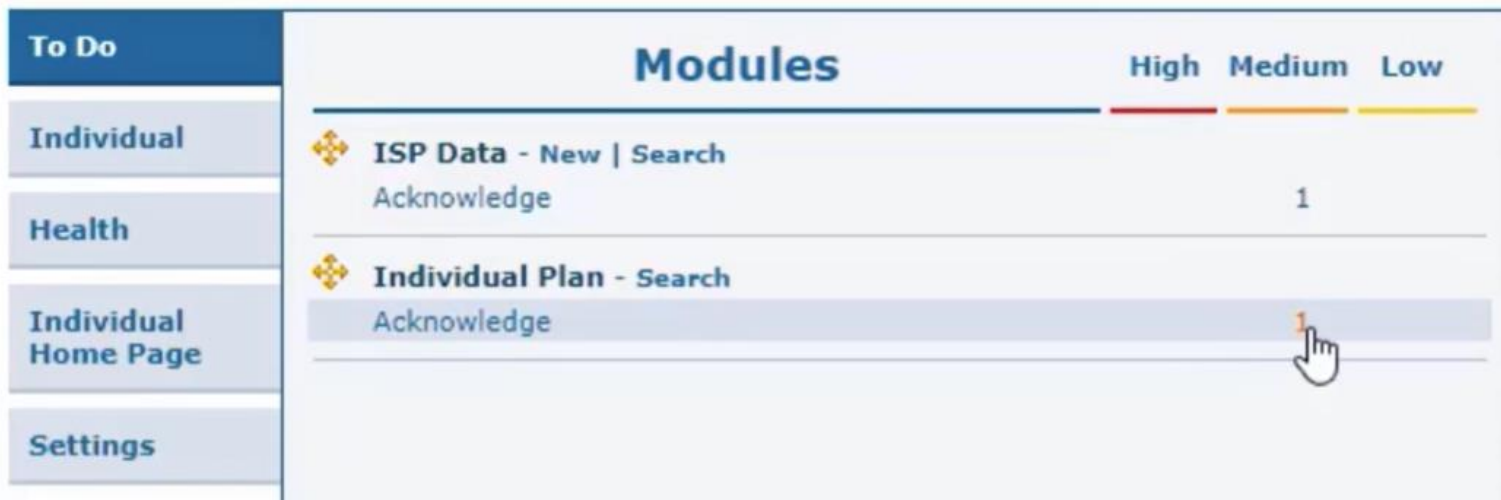
If a Plan needs changes, you will receive a SComm in Therap about the plan and needed changes.

The Plan will be returned to your work queue and you simply **Submit** it again when it's ready for review.

# An Approved Plan will come to you for Acknowledgement

An Approved Plan should show up on your To Do tab. Check this tab regularly and click through and **Acknowledge** plans that need acknowledging.

[Here](#) is how to see what updates have been made to a plan.



To Do	Modules	High	Medium	Low
Individual	ISP Data - New   Search Acknowledge		1	
Health	Individual Plan - Search Acknowledge		1	
Individual Home Page				
Settings				

Individual Plan Agendas

**Quarterly/Interim Reviews**

# Areas of focus for Individual Plan Agendas – do for each goal



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

Verification Conflict-of-Interest exemption is still valid, if applicable

# Starting an Individual Plan Agenda

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## Modules

- ▶ Case Note
- ▶ General Event Reports (GER)
- ▶ Individual Plan
- ▼ Individual Plan Agenda

**New**

Search

Showing 1 to 1 of 1 entry

**Create New**

 Export to Excel

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 (IPA)

## Individual Plan Agenda Approved i

Individual	testt testt <span>i</span>
Meeting Date	<input type="text" value="11/25/2024"/> <span>📅</span>
Meeting Type	<input type="text" value="Quarterly Review"/> <span>▼</span>
Review Period Start Date	<input type="text" value="09/02/2024"/> <span>📅</span>
Review Period End Date	<input type="text" value="12/02/2024"/> <span>📅</span>

Enter the Quarterly Review POC meeting date and select **Quarterly Review** as the Meeting Type.

Enter the quarterly period dates – start and stop.

## Individualized Item ⓘ

**\* Discussion Topics**

We discussed Goal #1 - do one healthy activity per day. We discussed what kinds of activities member is doing.

About 2890 characters left

**Personal Focus Worksheet Agenda Topics**

No Personal Focus Worksheet has been linked with this Individual Plan Agenda

[Continue](#)

# Individualized Item = Goal discussion

Click **Add Individualized Item**, summarize the member's goal and what you discussed, and click **Continue**.

## Individualized Item

Discussion Topics	Action
1. We discussed Goal #1 - do one healthy activity per day. We discussed what kinds of activities member is doing.	<a href="#">Edit</a>

[Link Personal Focus Worksheet](#)

[Add Individualized Item](#)

# Enter Progress towards the Member's goal

Click **Add Other Outcome** to assess and document the member's progress, lack of progress, or achievement of the goal.

## Progress Towards Outcome

Nothing found to display

Add Action Plans from Individual Plan as Outcome

Add Other Outcome

## Progress Towards Outcome

**\* Desired Outcome**

One healthy activity per day each week

About 2962 characters left

Periodic Progress

Making Progress

Linked ISP Report

- Please Select -

Completed

Discontinued

Fluctuating

Maintaining

Making Progress

Needs more Data

Not Making Progress

# Select the level of quarterly progress

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**Completed** if the member has achieved their goal

**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.

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

**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.

**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.

## Individualized Item ⓘ

**\* Discussion Topics**

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About 2890 characters left

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No Personal Focus Worksheet has been linked with this Individual Plan Agenda

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## Individualized Item

Discussion Topics	Action
1. We discussed Goal #1 - do one healthy activity per day. We discussed what kinds of activities member is doing.	<a href="#">Edit</a>

[Link Personal Focus Worksheet](#)

[Add Individualized Item](#)

# Approve the Individual Plan Agenda

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Click **Submit** so you can add in your meeting minutes.



1915(i) staff will need to Approve the Individual Plan Agenda before you can add meeting minutes.

# Add Meeting Minutes

If you select **List** you will see that your Individual Plan Agenda List shows your IPA as not having Meeting Minutes Recorded.

## Individual Plan Agenda List

Form ID	Individual	Status	Meeting Date	Meeting Type	Review Period Start Date	Review Period End Date	Meeting Minutes Recorded?
AGN-SPAND-P354VPMMPPEQMF	testt, testt	Approved	12/02/2024	Quarterly Review	09/17/2024	12/17/2024	No
AGN-SPAND-P344RRQYXEKQE	testt, testt	Approved	11/25/2024	Quarterly Review	09/02/2024	12/02/2024	Yes

Click on the IPA and select **Record Meeting Minutes**

Cancel

Back

SComm

Discontinue

Edit

Record Meeting Minutes

Copy

# Record Meeting Minutes – Individualized Item

Click **Yes** to the popup to record minutes. The **Comments** section is where you can document an **Action Plan** for a goal that wasn't achieved in this most recent plan quarter.

Individualized Item		
Discussion Topics	Action Taken	Comments
<p>1. We discussed Goal #1 - do one healthy activity per day. We discussed what kinds of activities member is doing.</p>	<p>Action Plan</p>	<p>Member is mostly choosing walking as their healthy activity. Member is having trouble motivating themselves to do more than that. The goal is to move from 3 healthy activities per week to 5 healthy activities per week by adding an extra day of <u>activity every two weeks</u>.</p> <p>Member is going to continue meeting with their peer support specialist once per week for a walk. They are also going to text/call their friend to add in another walk each week.</p> <p>About 2549 characters left</p>



# Record Meeting Minutes – Progress Towards Outcome

This is where you add any extra documentation to support the Action Plan and goal discussion you had with the Member.

Individualized Item		
Discussion Topics	Action Taken	Comments
<p>1. We discussed Goal #1 - do one healthy activity per day. We discussed what kinds of activities member is doing.</p>	<p>Action Plan</p>	<p>Member is mostly choosing walking as their healthy activity. Member is having trouble motivating themselves to do more than that. The goal is to move from 3 healthy activities per week to 5 healthy activities per week by adding an extra day of <u>activity every two weeks</u>.</p> <p>Member is going to continue meeting with their peer support specialist once per week for a walk. They are also going to text/call their friend to add in another walk each week.</p>

About 2549 characters left

# Saving Meeting Minutes & Using in the POC

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When you are done adding meeting minutes for the Individual Plan Agenda, you will click **Save Meeting Minutes** to save them. You'll then see it noted the Meeting Minutes are recorded.

Cancel Back SComm **Save Meeting Minutes**

Individual	Status	Meeting Date	Meeting Type	Review Period Start Date	Review Period End Date	Meeting Minutes Recorded?
testt, testt	Approved			01/05/2025	03/04/2025	Yes

# Individual Plan Agendas provide a nice overview of Quarterly Reviews

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Go to the Member's Individual Home page and under **Modules** click **Individual Plan Agenda** and **Search**. If you do a blank search it will find all listed ones for your member.

Individual	Status	Meeting Date	Meeting Type	Review Period Start Date	Review Period End Date	Meeting Minutes Recorded?	Entered By	Entered Date
testt, testt	Approved			01/05/2025	03/04/2025	Yes	Dendy, Mandy / Therap Admin	01/09/2025 03:14 PM
testt, testt	Discontinued	12/02/2024	Quarterly Review	09/17/2024	12/17/2024	No	Dendy, Mandy / Therap Admin	01/03/2025 04:02 PM
testt, testt	Approved	11/25/2024	Quarterly Review	09/02/2024	12/02/2024	Yes	Dendy, Mandy / Therap Admin	01/02/2025 09:43 AM

# Using the Individual Plan Agenda to update a Member's POC

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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

End Date: 05/31/2025

You can also see an Individual Plan Agenda listed from the Linked Individual Plan Agenda area at the at end of a Member's Plan of Care

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[Linked Individual Plan Agenda](#) | Acknowledgement Report

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# Create a Change Form to Update Member's Plan of Care

Open the Member's Plan of Care and at the bottom click **Create Change Form**



You will then fill out the date you are making the change, make sure your name is selected at **Change Initiated By**, select **Individual Plan**, and **Other** as the **Reason for Change**.

- Document(s) being changed, added or discontinued
- Financial Plan
  - Individual Plan
  - Protocol(s)
  - Safety Plan
  - Other Document(s)

Reason for Change

Other

# Fill in reason for change, change, and where to find it

**Other Reason** will either be Change of Service Provider (Interim Update) OR Quarterly Review

**List Specific Change(s)** – say what you are changing. If you are switching service providers be specific and list providers. If it's a Quarterly Review list the Individual Plan Agenda and Goal(s) that are updated.

Describe in the Plan **Where is the Change Documented?**

Document(s) being changed, added or discontinued

- Financial Plan
- Individual Plan
- Protocol(s)
- Safety Plan
- Other Document(s)

Reason for Change

Other

Other Reason

Quarterly Review

About 2984 characters left

List Specific Change(s)

Added Individual Plan Agenda

About 2972 characters left

Where is the Change Documented?

Individual Plan Agenda and Member Goal 1 updated

# Activate the Change Request and Edit the Member's Plan

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Click **Activate and Edit Individual Plan**. Now you will go through and update the Member's goal(s), service providers, conflict of interest exemption information, and anything else that needs updating.

Save

Activate

Activate and Edit Individual Plan

# Using the Individual Plan Agenda in the POC

Open the Member's currently approved POC and select **Edit**. Scroll down to the Action Plan section. Select **Import from Individual Plan Agenda** and do a search for the Individual Plan Agenda. Select the correct one.

**Action Plans** Jump to ?

Nothing found to display

Import from Individual Plan Agenda Add Action Plan

## Search Individual Plan Agenda

This list contains only the approved Individual Plan Agenda having Meeting Minutes

Filter 15 Records

	Form ID	Individual	Status	Meeting Date	Meeting Type	Review Period Start Date	Review Period End Date	Meeting Minutes Recorded?	Entered By	Entered Date	Time Zone
<input checked="" type="radio"/>	AGN-SPAND-P344RRQYXEKQE	testt, testt	Approved	11/25/2024	Quarterly Review	09/02/2024	12/02/2024	Yes	Dendy, Mandy / Therap Admin	01/02/2025 09:43 AM	US/Central

Showing 1 to 1 of 1 entry < 1 >



Back

Select



# Adding the Individual Plan Agenda items under Action Plan section

You will get an Action Plan List and you can put a checkbox next to the item(s) you want to import into the Member's Plan. Select **Add from Individual Plan Agenda** to add the item to the POC.

**Action Plan List**

You have selected 1 items.

Select	Desired Outcome	Need/Issue
<input checked="" type="checkbox"/>	Member is mostly choosing walking as their healthy activity. Member is having trouble motivating themselves to do more than that. The goal is to move from 3 healthy activities per week to 5 healthy activities per week by adding an extra day of activity every two weeks. Member is going to continue meeting with their peer support specialist once per week for a walk. They are also going to text/call their friend to add in another walk each week.	We discussed Goal #1 - do one healthy activity per day. We discussed what kinds of activities member is doing.

[Back](#) [Add from Individual Plan Agenda](#)

# Now you will see it listed as an Action Plan on the POC

You will get an Action Plan List and you can put a checkbox next to the item(s) you want to import into the Member's Plan. Select **Add from Individual Plan Agenda** to add the item to the POC.

Action Plans Jump to ?

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Action Plan 1

<b>Desired Outcome</b>	Member is mostly choosing walking as their healthy activity. Member is having trouble motivating themselves to do more than that. The goal is to move from 3 healthy activities per week to 5 healthy activities per week by adding an extra day of activity every two weeks. Member is going to continue meeting with their peer support specialist once per week for a walk. They are also going to text/call their friend to add in another walk each week.
<b>Need/Issue</b>	We discussed Goal #1 - do one healthy activity per day. We discussed what kinds of activities member is doing.

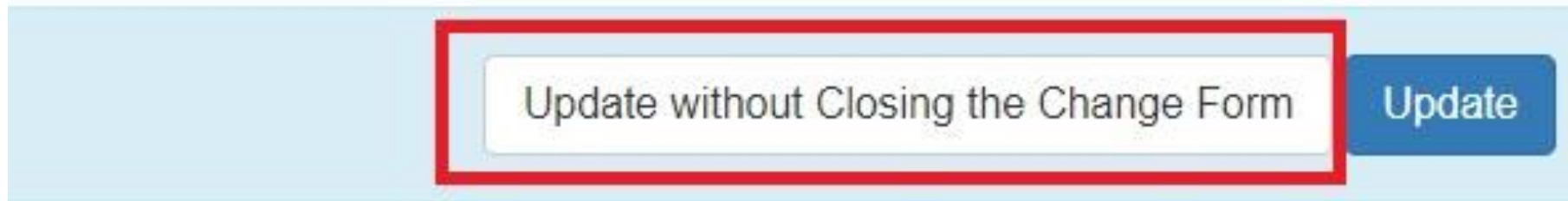
Edit

Import from Individual Plan Agenda Add Action Plan

# Update without Closing Change Form

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When you are done updating the plan, click **Update without Closing the Change Form**. This sends it to 1915(i) Staff for review and acknowledgement.



The form OISP-CC191ND-NCB4STAZ7EQLQ has been successfully updated

# Approval of Change Form

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Once you click **Update without Closing the Change Form**, the Change Form is sent to 1915(i) Staff for review and acknowledgement.

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

Cancel

Back

Discontinue

Acknowledge

Create Change Form

Edit

The form OISP-CC191ND-NCB4STAZ7EQLQ has been successfully acknowledged


# Must dos!

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.


# Seeing a Plan's History

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.)

Form ID : OISP- ×


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-

[Update History](#)

Click Update History to see more details.