



1915(i) Behavioral Health Services & Supports

Therap Changes for
January 2025

Last updated: 12/30/24

Topics for today's session

More member information available in Therap

New Plan of Care sections

POC Approval Requests/POC Changes needed

Quarterly/Interim Reviews

POC Change Form Requests

Therap Referral training coming in January

Streamlining the information you
need

**More member information
available in Therap**

More member information available in Therap

The following information will now be in Therap and no longer be emailed to care coordinators (via eligibility packet) for new members. All information can be accessed from the “Go To” List on the Member’s Individual Home Page

Member Eligibility and Medicaid Review Dates

Member Guardian/Legal Decision Maker (including parents for minor children)

Diagnosis

WHODAS/DLA score

Eligibility Application (SFN 741) and WHODAS/DLA assessment

Member Eligibility & Medicaid Review Dates

Click on the Custom Fields section

Go To

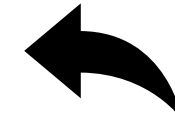
- Address List
- Advance Directives
- Album
- Allergy Profile
- Assessment List
- Attached Files
- Case Status
- Contact List
- Custom Fields**

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



Member Guardian/Legal Decision Maker

Click on the Guardian List section

Go To

[Address List](#)

[Advance Directives](#)

[Album](#)

[Allergy Profile](#)

[Assessment List](#)

[Attached Files](#)

[Case Status](#)

[Contact List](#)

[Custom Fields](#)

[Diagnosis List](#)

[Guardian List](#)

Guardian List

Guardian List of 'testt testt'

Filter

15 Records

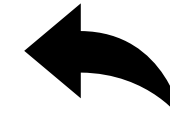
Form ID	Name	Guardian Type	Guardian Authority	Established County State	Established County	Established Date	Established End Date
GUARD-SPAND-NE84Y2XG74VLK	Hermione Granger	Full					

Showing 1 to 1 of 1 entry

< 1 >

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)



Diagnosis

Click on the Diagnosis List section

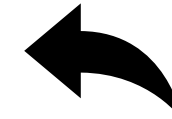
Go To

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

Active Diagnoses

Filter

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 Primary		Yes	Yes	07/10/2024		US/Central



WHODAS/DLA Score

Click on the Assessment List section. The type of assessment and score will be listed.

Go To

Assessment List

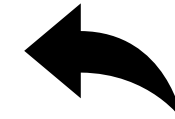
Assessment list of 'testt testt'

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

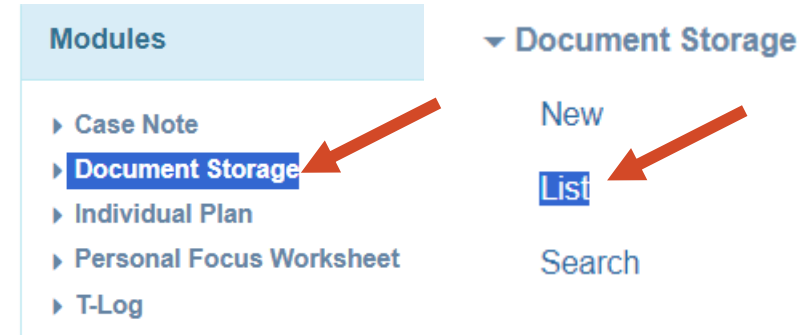
Showing 1 to 1 of 1 entry < 1 >

Assessment List



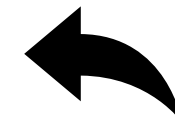
Eligibility Application & WHODAS/DLA Assessment

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



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



Easier to identify and write
goals and compliant POCs

New Plan of Care Sections

Use new plan of care template for new plans (initial or annual) starting January 2025

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

Plan of Care Reviews/Attestations & Signature Attachments (unchanged)

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]* [\[Hide Options\]](#)

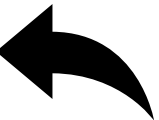
1. Alone in own home (owned or rented)
2. Alone in apartment or other rented residence
3. In home with family member(s)/guardian(s) (rented or owned)
4. In apartment or other rented residence with family member(s)/guardian(s)
5. In home with non-relatives (rented or owned)
6. In apartment or other rented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

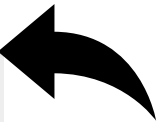
Answers here should determine and support whether employment supports are needed.

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

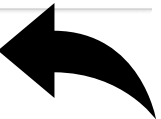
* Have experiences/relationships/people made it more difficult for you to reach your goals? If so, how?

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.**

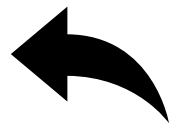
test

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

test

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Lifestyle and Health

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

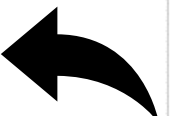
* What is your health like?

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.

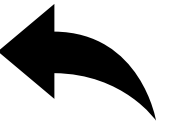
* How do you currently get from place to place?

About 2996 characters left

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

About 2996 characters left

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





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

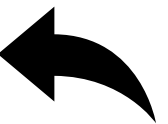
* What spiritual or faith-based activities do you participate in?

test

About 2996 characters left

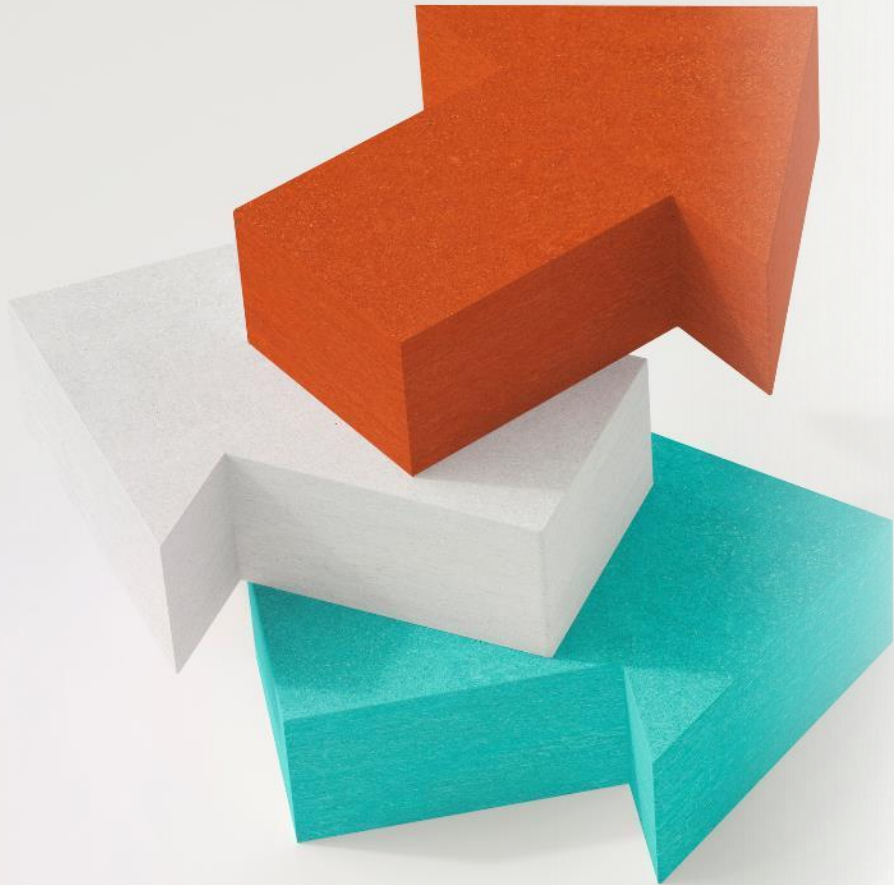
* In what ways are these helpful to you?

test



Choice-Making

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



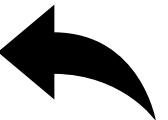
*** Are there any choices in your life you would like to make that others are making for you?**

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

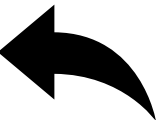
* If yes, who is that person?

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





Conflict of Interest Exemptions

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

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.

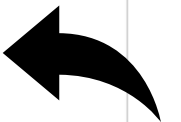
If you answered yes to the previous question, is your agency the only willing and qualified provider in the member's county of residence?

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.



Eligibility & Initiation

Here is where you will enter the member's eligibility dates, plan of care/meeting dates, assessment score, and identify/verify no duplication of services.

You'll be asked to more comprehensively identify other services the member is currently receiving to help document no duplication of services as appropriate.


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.

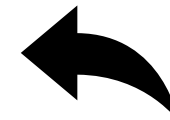
- Yes
 No

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.



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.

Goal writing

The new POC goal questions make it easy to write SMART goals by breaking each component into a separate question. Answer all questions to ensure you have a SMART goal.

Be specific with each answer

*** 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.

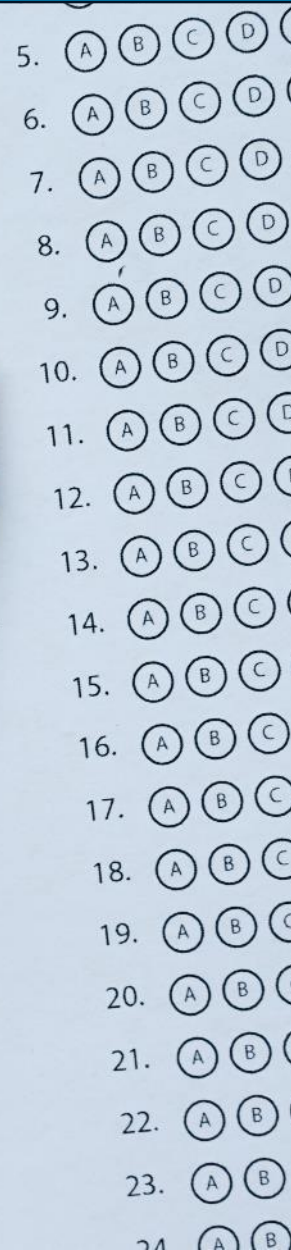
This question is the M 

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.

Answers lead you to the appropriate service(s)



*** 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?**

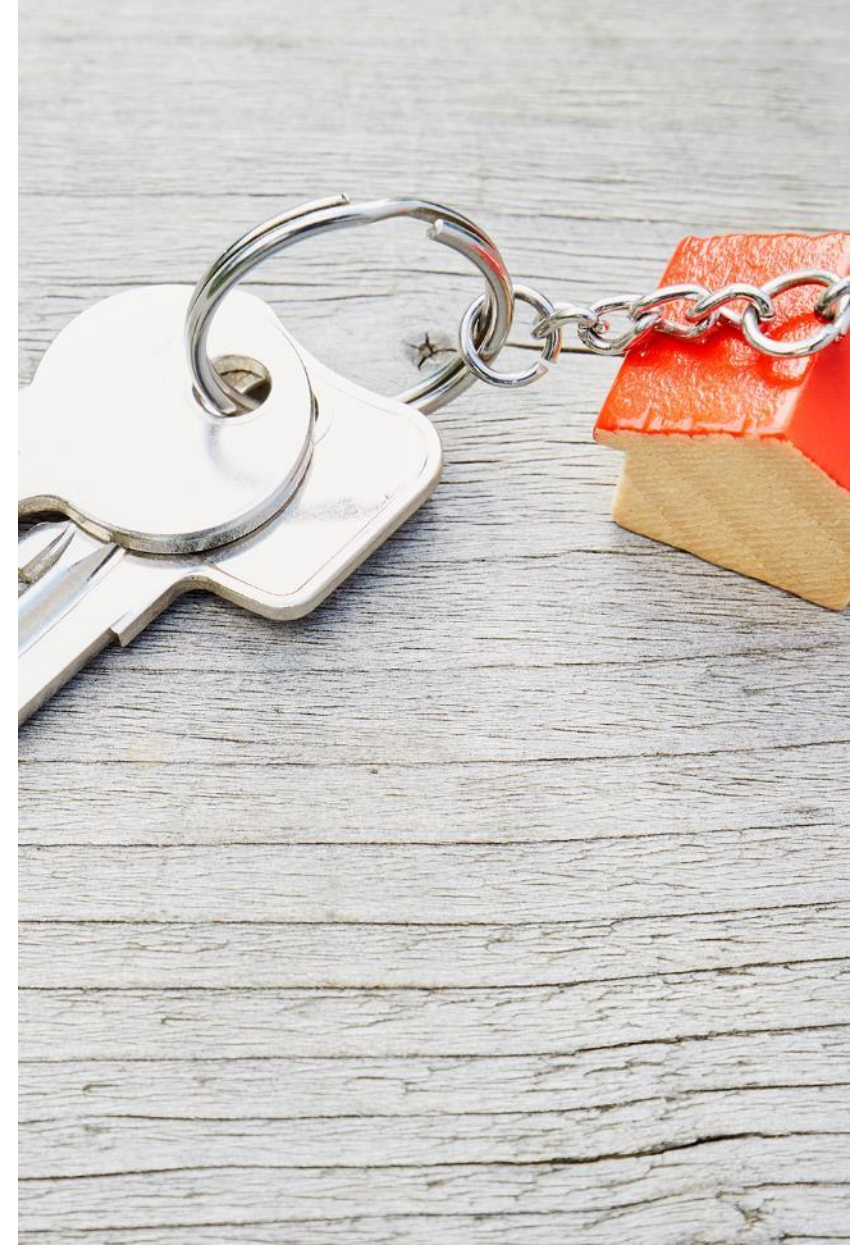
Hints: Enter a timeframe in days,

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?

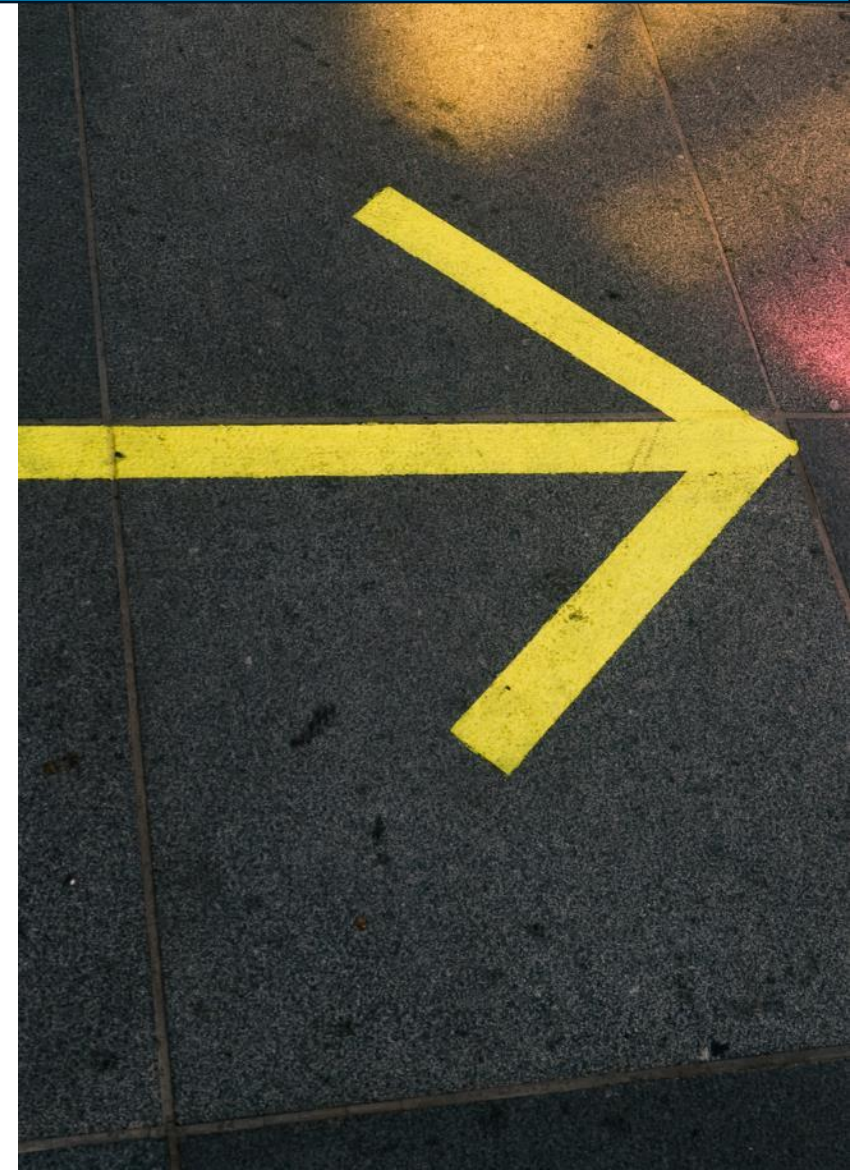
- In this example, member would benefit from both Housing Supports and Non-Medical Transportation to achieve this goal.



Cross-train service providers for seamless service integration

Housing Support Specialist/Non-Medical Transportation Provider

- A NMT provider can drive the member to look at and apply for apartments and bill for that service
- Then while at the apartments, the provider can render Housing Support services and bill for those
- Providing seamless service for the member and maximizing billable moments



NMT pairs with other supportive services

NMT is not a standalone goal

- NMT is used to support a member in achieving POC goals.
- A new POC template will have the option to select two services in support of one goal – i.e. peer support or housing support and NMT to support a member's transportation needs in relation to the goal.



HCBS Setting Assessment Questions

You will answer the first question and if the answer is No then 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

* 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.

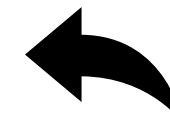
This means that a provider either owns or operates the member's residential location.



Provider-Owned or Controlled Setting



Setting Modifications



Reducing unnecessary emails

**POC Approved Requests/POC
Changes Needed**



No need to email POC Review Requests anymore

We will be working submitted initial and amended plan of care requests from Therap chronologically from oldest submission to newest submission.

Using secure SComm to communicate

Care coordinators will receive SComm Therap communications from program staff when changes are needed. The plan will be attached.

You will need to then make changes in the POC and Submit it for approval again using the Submit button. It will enter our work queue again for review.

TEST ENVIRONMENT - Do Not Enter Real Data

Compose

This message contains information specific to [REDACTED]

Recipient(s)

Dandy, Mandy / Therap Admin (1915f State Plan Amendment Oversight Account) x

H/M/L Medium

Subject POC Changes needed

B I U [Text Alignment Icons] 12pt [List Icons] [Undo] [Redo]

Message to provider about changes here

Therap Form Attachment(s)

Module Name	Form ID	Action
Individual Plan	OISP-CC191ND-NEJ4N56ZBMUL	Open Remove

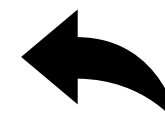
Individual Plan [Search]

File Attachment(s)

The total size of all attachments cannot exceed 10 MB

Add File Scan File

Cancel Save Send



Expanded Guidance on Quarterly
Plan of Care Reviews and Plan
Updates eliminating gray areas

Quarterly/Interim Reviews

Using Individual Plan Agendas to document quarterly/interim reviews

Beginning January 6th, Care Coordinators will use the Individual Plan Agenda to document quarterly/interim meetings with members.

This will 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



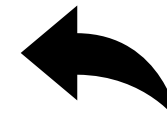
Discussion/review of member goals

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

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



Discussion and Documentation focus

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

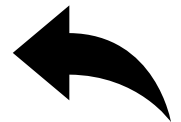
Discussion of goal

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"

The screenshot displays a web application interface. On the left, a sidebar menu titled 'Modules' is expanded to show 'Individual Plan Agenda'. Below this menu, there is a 'New' button and a search field. On the right, a main content area shows a message 'Showing 1 to 1 of 1 entry' and a 'Create New' button. Below the 'Create New' button, there is an 'Export to Excel' option with a small icon.

Filling out the Individual Plan Agenda

Meeting Date	<input type="text" value="12/19/2024"/>	
Meeting Type	<input type="text" value="Quarterly Review"/>	
Review Period Start Date	<input type="text" value="12/02/2024"/>	
Review Period End Date	<input type="text" value="12/26/2024"/>	

Individualized Item

Discussion Topics	Action
1. We discussed Goal #1 and member's progress. Member's goal is to do one healthy activity per day. We talked about what kinds of activities member is doing - those activities are ...	<input type="button" value="Edit"/>

Progress Towards Outcome

Desired Outcome	Periodic Progress	Linked ISP Report	Action
Member has been doing three healthy activities per week. They mostly enjoy walking. Their goal was to do one health activity per day so we are making progress. We discussed adding in one more day per week for two weeks and then adding in another day after two weeks and so on. Member thinks this is doable.	<input type="text" value="Making Progress"/>		<input type="button" value="Edit"/>

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.

The screenshot shows a web form with the following fields and a dropdown menu:

- Meeting Type**: A dropdown menu currently set to "Quarterly Review".
- Review Period Start Date**: An empty text input field.
- Review Period End Date**: An empty text input field.

The dropdown menu is open, showing the following options:

- Please Select -
- Annual
- Change of Services
- General
- Intake
- Quarterly Review** (highlighted)
- Six Month Review
- Transition

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.

Individualized Item

Discussion Topics	Action
1. Member's Goal 1 - to do one healthy activity per day.	Edit

[Link Personal Focus Worksheet](#)

[Add Individualized Item](#)

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 ⓘ

* **Desired Outcome**

One healthy activity per day each week

About 2962 characters left

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.

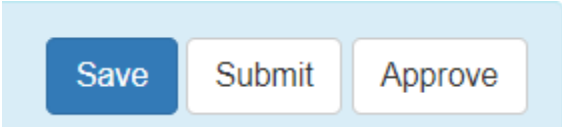
Choose **Making Progress** if your discussion with member shows there is progress towards that goal being made. Add any additional comments about further steps to achieve the goal in the comments section.

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.

The image shows a screenshot of a web form. On the left, there are two labels: "Periodic Progress" and "Linked ISP Report". The "Periodic Progress" label is positioned above a dropdown menu. The dropdown menu is currently open, showing a list of options. The top option is "Making Progress" with a small downward arrow. Below it is a greyed-out option "- Please Select -". The remaining options are "Completed", "Discontinued", "Fluctuating", "Maintaining", "Making Progress", "Needs more Data", and "Not Making Progress". The "Making Progress" option in the list is highlighted with a light blue background. The "Linked ISP Report" label is positioned below the dropdown menu.

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.

Form ID	Individual	Status	Meeting Date	Meeting Type	Review Period Start Date	Review Period End Date	Meeting Minutes Recorded?	Time Zone
██████████	██████████	Approved	12/17/2024	Quarterly Review	10/01/2024	12/30/2024	No	US/Central

The form AGN-CC191ND-NEN4N5BYSMULT has been successfully submitted

Recording Meeting Minutes – documenting

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

Individualized Item

Discussion Topics

1. Member's Goal 1 - to do one healthy activity per day.

Progress Towards Outcome

Desired Outcome	Periodic Progress	Linked ISP Report
One healthy activity per day each week	Making Progress	

Required Items

Nothing found to display

External Attachment(s)

Nothing Attached

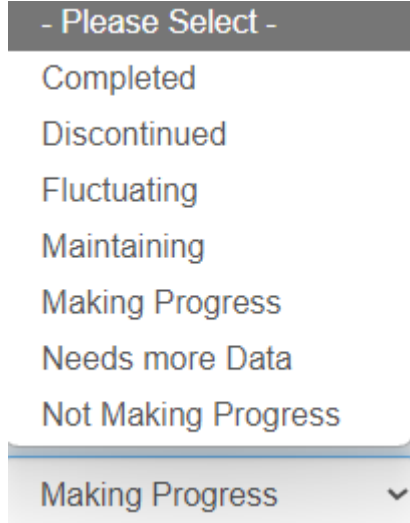
View PDFs

Cancel Back Discontinue Edit **Record Meeting Minutes** Copy

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:



A dropdown menu with a grey header containing the text "- Please Select -". Below the header, the following options are listed: Completed, Discontinued, Fluctuating, Maintaining, Making Progress, Needs more Data, and Not Making Progress. The "Making Progress" option is currently selected and highlighted in a light grey box with a small downward arrow on the right side.

Progress Towards Outcome

Desired Outcome	Periodic Progress	Linked ISP Report	Comments
One healthy activity per day each week	<input type="text" value="Making Progress"/>		<p>Member has been doing one healthy activity per week. Mostly walking. Member is having trouble motivating themselves to do more than that. Our goal is to move from 3 healthy activities per week to 5 healthy activities by adding an activity day every two weeks.</p> <p>About 2741 characters left</p>

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.

Action Taken

Action Plan

- Please Select -

Action Plan

Deferred

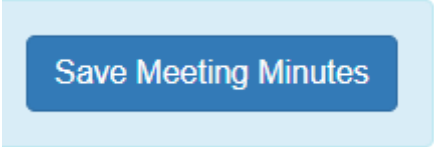
Discussion Record

Issue Resolved

Individualized Item		
Discussion Topics	Action Taken	Comments
1. Member's Goal 1 - to do one healthy activity per day.	Action Plan	<p>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.</p> <p>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).</p> <p>About 2662 characters left</p>

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

Review Period Start Date	Review Period End Date	Meeting Date	Status	Form ID	Time Zone
10/01/2024	12/30/2024	12/17/2024	Approved	AGN-CC191ND-NEN4N5BYQMULM	US/Central

Showing 1 to 1 of 1 entry

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

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.

Cancel

Back

Discontinue

Acknowledge

Create Change Form

Edit

Fill out the screen answering the questions completely.

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

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.

Action Plans Jump to

Nothing found to display

Select the Desired Outcome and Need/Issue.

Action Plan List

You have selected 1 items.

Select	Desired Outcome	Need/Issue
<input checked="" type="checkbox"/>	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.



If a Conflict-of-Interest Exemption applies, verify & document it still applies at Quarterly Reviews

Care coordinators whose agency is also providing supportive services under a conflict-of-interest exemption should verify that the exemption still applies quarterly.

Providers are expected to send referrals if it no longer applies or if referrals are needed to determine if the exemption still applies.

No more copying
Plans of Care for
Plan updates

**POC Change
Form Requests**



Submitting the Plan Change Form

Click “**Update without Closing the Change**

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

Cancel Back Update without Closing the Change Form Update

⚠ TEST ENVIRONMENT - Do Not Enter Real Data

The form OISP-CC191ND-NEJ4N56KUMULZ has been successfully updated

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.)

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.

Educating on and supporting in switching to online supportive service referrals in Therap. Reducing emails and wasted time sending referrals = quicker access to services.

Therap Referral webinars in the month of January. Referrals to start end of Jan/beginning of Feb.

Upcoming Therap Trainings - Referrals

These sessions are designed for agency staff who are responsible for sending and accepting service referrals.

This training is on how care coordination agencies can generate Therap referrals to supportive service provider agencies. Therap referrals will be required at the end of January/beginning of February 2025. Exact date TBA. **Therap referrals will replace the Service Provider Request form.**

*All sessions will have the same information, you only need to attend one

Register here:

https://therapservices.zoom.us/webinar/register/WN_Rn0bcSm3Q9C9rDoeqXpe5w#/registration



Referral Module Training for Care Coordination

Description	This will be a training on how to generate referrals to provider agencies
Date & Time	Jan 8, 2025 01:00 PM Jan 15, 2025 01:00 PM Jan 22, 2025 01:00 PM
	Time shows in Central Time (US and Canada)



Also happening in January – alignment of Expansion member Navigation and POC reviews, improving turnaround times

There will be separate Expansion Navigation and POC review staff



Questions?

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