Part I: Essential Information

Q: Why is there a signature line at the end of the Part 1 and not on other parts?
A: It was an early request to ensure accountability for the contents. Based on feedback, this signature has been removed from the Essential Information.

Q: What date should be listed as the start date for Support Coordination/Self Directed/Provider services?
A: This should be the date the individual started the services they are currently receiving from that provider.

Q: What types of things should be referred to the Community Resource Consultant?
A: The CRC is a resource after exhausting local resources and if additional exploration is needed.

Q: Define Active Supports
A: "Active" means that the need requires specific protocols, instructions and reporting related to the increased need."

Q: Is there ever a time when the guardian, AR or POA is not the substitute decision maker?
A: No, substitute decision maker is a general term that encompasses the variety of possible representation. Specifics will be described within the Representation section of the EI and in the contact list.

Q: When is an Active Support no longer considered **active** and not needing its own outcome?
A: When there is no longer a need for a specific protocol or instructions to address the needed supports. For example, seizures that are controlled through medication for an extended period or sensory needs that are met by the person. The support might then be described in the Personal Profile, and incorporated in the Part III and Part V under the routine outcome for health and safety.

Q: Is it possible to have a medical or behavior support that is not listed under the 'Active Medical and Behavioral Needs' section of Part 1?
A: Yes, however, if there is a specific protocol or instructions, the medical/behavioral need would be listed in the Part I Essential Information under "Active Medical and Behavioral Support Needs" and under Health & Safety in the Part II, Profile. Refer to the PP Slide #91: "Steve is healthy, safe and a valued member of his community." Controlled seizures (with meds) might be addressed under this outcome.

Q: Why are we listing people in the friends and community contacts? Is this something we are allowed to do? Wouldn't we need to have releases signed by the friends/contacts to disclose this information?
A: Identifying friends and natural supports, support and facilitate community connections that are important to all of us. We can list other individuals receiving services if they are the individual's friend, but do not need a release as we are not noting the friend is receiving services. As always, follow your agency policies and only put the contact information if it is known by the friend or the friend's support team.

Q: In the legal guardianship section, it asks us to "describe the decisions the representative is authorized to make (when applicable)" Are we supposed to read through the guardianship or other paperwork to see what rights they have?
A: Yes, as support coordinators or provider, you should know and understand what information is contained in the guardianship papers.

Q: In the summary of employment background, the third box asks us, "If the person does not indicate a desire to work then describe how the person has been or will be educated about employment." How are we to go about this? Is by telling an individual and their family about DARS and offering to make a referral enough to fulfill that requirement? Some folks aren't able to even indicate a desire to work or not to work and don't have the capacity to realistically be supported in any type of employment due to high medical/behavioral needs, etc…

A: Document the education you provide about employment. Remember that the benefits of work extend beyond just making money and everyone has a different motivation to work. With Employment First we should be assisting individuals break the barriers of employment and assist everyone with their employment goals.

Q: Should a copy of the SSA disability determination letter be on file or can we just select yes, if they are currently receiving services.

A: The SSA disability determination letter is not required for the SC file. Selecting yes if they are receiving services is sufficient.

Q: What is the expectation for completing the Essential Information, Plan for Self Sufficiency for children?

A: The point here is to capture planning for the future and if that is considerable time away, indicating the parental role would be sufficient. As children near age 18, the SC can start having the conversation about what the individual/parents want to happen following completion of school – live in their own apt; live with friends; remain with parents, etc.

Q: Is the question "do I have any difficulty reading a magazine or newspaper" meant to get at reading skills?

A: Yes

Q: Does the question "Is there a behavioral/Crisis support plan" only refer to situations when the behavioral consultant is actively involved with the individual?

A: This section captures a behavioral/crisis plan regardless of who completes it. A provider may have staff that are qualified to write this plan and may not have a designation of 'behavioral consultant'.

Q: When summarizing the past living arrangements; how detailed should it be?

A: It should be the known history from birth until present.

Q: Does there need to be written documentation of non ID diagnosis?

A: The record should contain diagnostic information needed to qualify for the waiver received. Additional evidence, for other diagnoses, may be included either through past assessments, the person's history or by report.

Part II: Personal Profile

Q: I understand that there are five profile life areas that must reflect outcomes on Part III, Shared Planning. Do the remaining three areas require an outcome on Shared Planning?

A: The Personal Profile is designed to ensure team consideration of all eight life areas. The three additional categories (Money, Relationships and Transportation & Travel) are not required to have outcomes in Shared Planning; however, these areas should contain outcomes if desired by the individual.

Q: How is information that the individual does not want to talk about in the meeting shared?

A: The Planning Partner would have the responsibility of sharing the information with the team members that need to know outside of the annual meeting.

Q: Does the information on the personal profile for the "Tos" and "Fors" have to be verbatim on the shared plan?

A: No, The idea is that the Important To information will be used to develop meaningful outcomes for the individual. The Important For information would be the information on how to support the individual. One should be able to look back to the corresponding profile area to understand how an outcome was identified and developed.

Q: The "Getting the Life I Want" section says: "Talk about how meaningful, competitive employment could be supported first, preferred ways to spend time in meaningful employment or other activities." What information is expected in this section?

A: Virginia is an Employment First State and you are required to discuss employment with each individual. If individual is not interested in employment document what has been done to discuss/educate about employment and what the individual is doing to make for a meaningful day.

Q: How do you address the Work/Alternative to Work for school age children? How would you write a require outcome?

A: An outcome for a child would relate to his or her meaningful day. While waiver providers will not bill for the child's time in school, they (and family) may do things before and after the school day to support the child's success. The outcome "John has good friends at school," for example, could be supported by his looking nice each morning and reminders to stay clean and be friendly to others during the day. Any reporting could be related to what he says about his friends and reports and updates from the teacher.

Q: When having discussions with individuals and their support teams, we may come across things that individuals state are really important to them, but it may not be a realistic goal. We understand that we are supposed to work through it and try to pull out why something is important and why that provides them with fulfillment, but that is not always possible (lack of finances, resources, supports, etc.). What should we do in these circumstances?

A: Teams need to get as close as possible to the person's desired outcome with natural supports. Outcomes are not the billable and are encouraged to capture what is important to the individual. Support Activities per service can address more specific steps to achieve one's Outcome. For example, a lack of money could mean more time saving and a lack of supports might require a period of exploration.

Q: Can the opportunity to "plan for personal topics" be facilitated by the planning partner prior to the Annual meeting?

A: Yes

Part III: Shared Planning and Part IV: Signatures

Q: If an Outcome is added on Part V during the year is it also added to Part III?

A: No, Part III does not change. Those changes happen directly on the Part V.

Q: Are separate outcomes needed for major medical/behavioral issues?

A: Yes, in the new forms these are referred to as Active medical and behavioral issues. Please see The Instructions on the shared plan.

Q: Can there be outcomes under work or alternatives to work that are not skill building.

A: Yes and remember that outcomes themselves may or may not immediately reflect skill-development. Skill-building can occur under any outcome based on the abilities and interests of the person. The activities are what is allowable for the service.

Q: Who does employment first outcomes/activities?

A: The SC along with the other team members would complete the sections of the Essential Information and Personal Profile that concern Work/Alternatives to Work/Meaningful day. If a person chooses to work, it does not preclude a day support provider from supporting the person in some way through their activities. This would apply to any outcome, but remember that the activities/steps that are agreed upon by your agency must be allowable for your service.

Q: If an individual does not have ID Waiver but receives ID Medicaid targeted case management and EDCD waiver, do we list the agency/attendant on the plan as the provider of services?

A: If there is an agency, you may record the agency, but for CD services listing the individual attendants and indicating their role is appropriate. The shared plan should list friends, family and non-waiver services as well when they are supporting the individual toward a particular outcome.

Q: In the example of the outcome "Mary breathes more easily" it has the support coordination activity of "Mary goes to a new respiratory therapist." Why is support coordinators listed on this outcome? Are we assuming that she isn't receiving medical treatment for her respiratory issues currently? Once this referral is made and Mary is satisfied with services does the SC end that activity? Does this outcome now get covered in health and safety at that point?

A: As support coordinators you are responsible for monitoring health and safety so it make sense that you are assisting her with finding a new respiratory therapist and that you are monitoring to ensure a new respiratory therapist is found and appointment made. In addition to the 'standard' Support Coordinator Outcome a SC might also have listed on the SC Part V other Outcomes that might require specific activities - like locating a dentist. Often these activities can be included within the standard SC Outcome, but there might be times when a specific activity is needed by the SC in order for other providers to move forward – like completing an application to the gym.

Q: What do we do when we come across things that are important to someone, but it's not good for them? For example, being able to eat foods an individual likes may be important, but the foods they like may not be on their physician prescribed diet, or healthy for them.

A: Teams should be creative and strive to find a balance between what is important to and important for an individual. For example, someone who wants to lose weight, but loves ice cream, might be open to taking a walk each day if it means they can have a scoop of ice cream and still lose weight. It is vital to remember that what is important TO a person should never be withheld or contingent upon doing what one thinks is important FOR him or her.

Q: Are we supposed to have the Part III completed DURING the meeting? If not, what is the timeframe it needs to be given to providers?

A: The Part III should be completed at the meeting.

Q: Do we put family as providers-i.e.—child living at home with only CD Services—CD Services and family provide all of the support?

A: Yes, if they are providing the supports, paid or as natural supports.

Q: How detailed should the "no longer needs supports when" section of Part III be answered?

A: Basically, it should be a simple accounting of what can be seen (either an achievement or **n**atural supports or a combination). It may be helpful to think in terms of whether the accomplishments need to be observed only one time or if a "window" is needed to confirm the ability. For example: "Steve is organized" could be established when documentation shows "he is able to hang up his clothes and clean and organize his dress and nightstand." This would provide some guidance to providers regarding what it takes to get there. However, "Steve sleeps well by using his CPAP for sleep apnea" might need a timeframe to demonstrate he has sufficiently learned the skill. So it would be appropriate to say "when he sleeps at least 8 hours per night and cleans and uses his CPAP correctly for 6 months." Notice in the second example all of the steps are not included, but would be developed by the provider. In both examples, the supports are implied based on what we are expecting to see.

Q: If the Substitute Decision Maker is not present at the PC ISP meeting do they sign Part IV?

A: The SDM is required to sign alongside the individual on all paperwork. They should sign with the actual date that they provide their signature and be listed under "people who were not here for planning." Until the signature is obtained, a copy of the original document should be filed with the date mailed to SDM clearly indicated.

Q: It was stated during the training that support coordinators should be included on more outcomes, but there wasn't much of a discussion following that. Are there certain expectations for what we need to be included on? Do we need to be included on overnight supports?

A: If it is expected that the SC have a part in helping the individual obtain an outcome they would be listed on the Part III, plus the one SC outcome which would cover monitoring and advocating.

Q: We were told that we should use three standard outcomes that support coordinators will be attached to: Health and Safety, Periodic Supports, and Support Coordination. The activities that were provided were: Health and Safety: "John" is healthy, safe and a valued member of the community. Periodic Supports: "John" has something to do when plans are cancelled. (this is only applicable when a service provider has periodic supports approved via an ISAR, correct?)

A: There is one standard outcome designed to contain the activities related to Targeted Case Management – for example "Steve's outcomes are achieved." The support coordinator would be monitoring all other outcomes under this one outcome. A second standard outcome is related to routine support needs – for example "Steve is healthy, safe and a valued member of his community." The third standard outcome is for periodic supports – for example "Steve has something to do when plans are cancelled." The last outcome is the only outcome that can be added by a provider without the SC signature because the use of periodic support hours is approved on the Individual Service Authorization Request (ISAR). All three of the standard outcome options may be listed under Health & Safety.

Part V: Plan for Supports/Person Centered Reviews

Q: How many skill building outcomes are required?

A: The amount of skill-building is based on the individual's abilities and interests. Support Activities (first column of Part V) are identified as skilled building or not. Residential, Day Support and Prevocational services all require skill building.

Q: Do SCs provide updates/information on every outcome of the plan or just the ones that pertain to something the SC has agreed to provide supports?

A: SCs need to address each outcome by reviewing the submitted quarterlies and summarizing the status of the outcome.

Q: Whose signatures need to be on the Person Centered Review?

A: The provider at a minimum must sign the Person Centered Review. There are signature lines on the Person Centered Review for the individual and substitute decision maker but the signatures are optional. These spaces are provided to confirm the sharing of the information (which is required). Remember that Person Centered Reviews must be 'reviewed' with the individual and confirmation of this review noted.

Q: Who completes the Safety Restriction Form found at the end of Part V?

A: The safety restrictions form is completed by the provider implementing the restriction in accordance with Human Rights regulations. The person documenting the restriction should be identified by the agency as a person capable of providing the needed content. The Human Rights Advocates will address any specific questions regarding Safety Restrictions.

Q: How does SC answer the informed consent question on the Person Centered Review since they don't provide medication administration?

A: This question on the review does not apply to the SC since they do not administer medications. Should the SC have knowledge that affected providers have not obtained consent, they would follow-up individually as needed. A team review and confirmation always occurs as part of the annual planning process.

Q: In the first section of the Part V, do the support coordinators need to list high intensity overnight supports (if needed) or can we put N/A since it will be listed in the Part V of the residential?

A: The SC can include their role in the coordination and monitoring of all outcomes under the standard outcome for Health & Safety. If they are assisting with specific steps in other outcomes, those would be listed on the SC Part V and Person-Centered Review with associated reporting.

Q: Are there any circumstances when we have skill building listed as an outcome/activity as SCs?

A: No. Support Activities for Medicaid Targeted Case Management do not include direct supports.

Q: Does the "by when" dates need to match the ISP dates?

A: "By when" is on Part III and is the target end date for the Outcome. All providers, along with the individual contribute to the information stated in Part III. Part V asks for "how often" when means the frequency of each activity.

Q: Who requires the 5 outcomes (work & alternatives, learning & other pursuits, community & interests, home and health & safety) in their plans? *Should these be capitalized, just for ease of reading? I wouldn't otherwise, unless maybe helps to emphasize their importance in Virginia?*

A: Outcome development and reporting in these 5 areas is required for all individuals receiving ID or DD waiver services or on the ID or DD waiver wait list and receiving EDCD or Assisted Technology Waiver services and receiving targeted case management.

Q: If the individual does not have waiver do we use this plan?

A: The PC ISP is not required for individuals without waiver. If the individual does not have wavier and your agency chooses to use the PC ISP then an option is to complete only Parts I, II, and V Your agency would need to ensure that outcomes have "by when" dates included on the Part V when using this option. From

Q: What is the Definition of Met, and Partially Met.

A: Outcomes that are "met" are considered achieved and also ended. Outcomes that are "partially met" indicate that some success or progress has been made. Those outcomes that are "not met" indicate that no progress has been made with the particular outcome. The review content will provide more information about what is going well or needs to change with a particular outcome.

Part V: Ongoing Documentation

Q: Is a daily note required for each outcome?

A: No, request for reimbursement should be submitted to Medicaid without notes on file that summarize the outcomes and supports. Supports should be documented each time they are provided. Chapter IV of the ID Community Services Manual describes options for the use of narrative notes, checklists in combination with notation and options for documenting skill-building and safety supports.

Q: If you use the Safety Support Checklist for safety outcomes are you only required to complete a weekly support log entry?

A: See instructions noted on the Safety Support Checklist "In addition to a weekly summary of all safety supports, note any unusual circumstances and related support on the SS Checklist".

Q: If the Skill Building Log is used for skill building outcomes does that replace a support log entry?

A: The Support Log may indicate that the Skill-building log was completed. There is no need to duplicate your documentation. This can be done for any alternate source of documentation such as the Learning Log or other person-centered tool.

Q: What does this mean "When using checklist along with routine notes, the notes will touch on various supports across the billing period?"

A: Supports should be documented each time they are provided. Chapter IV of the ID Community Services Manual describes options for the use of narrative notes, checklists in combination with notation and options for documenting skill-building and safety supports. A checklist would confirm that identified supports were completed or not, when completing a narrative note, the staff has the opportunity to explain in more detail what might have happened over the course of a day or several days. Additionally, the expectation is that if the support did not go as planned, then staff would indicate the reason.

Q: When do you use the Status update form and where it is keep in the individuals file?

A: All agencies should follow their own procedures for filing information. The status update form might contain information about needed changes to the Essential Information or the Personal Profile. The Status update form may even trigger the need to update the Part V. These status forms should be readily accessible and folded into the plan documents at regular intervals. We recommended quarterly.

Q: If two providers in the same agency have the same safety restriction, do they both complete a separate Safety Restriction Form? Or can it be done on one form?

A: Each agency should complete a form for the service setting in which they will implement the restriction. Questions should be directed to your Regional Human Rights Advocate.

Q: Does the physician need to sign a psychotropic medication consent form?

A: Refer to the 4-1-15 PowerPoint #17 Slide and Notes. Any additional questions should be directed to your Regional Human Rights Advocate.