Care Manager & Provider Information Session

May 22, 2019
Info Session Updates

2nd and 4th Wednesdays of Each Month at Noon

• Session 6 – May 8, 2019
  – I AM Assessment Tool Demonstration
    • Recording and presentation posted on the OPWDD website

• Session 7 – May 22, 2019
  – Developing the Staff Action Plan

• In lieu of a Session – June 5, 2019
  – Care Managers Quarterly Conference

For viewing of or registration for the Care Manager and Provider Info sessions go to the OPWDD website at: https://opwdd.ny.gov/providers_staff/care_coordination.organizations/msc_webinars
Care Manager and Provider Information Sessions

Developing the Staff Action Plan

May 22, 2019

Division of Person-Centered Supports
OPWDD
Staff Action Plan Resources

• The Staff Action Plan and Service Delivery: OPWDD has developed a comprehensive recorded training on the Staff Action plan and service delivery. The recording and PowerPoint are available in OPWDD’s Statewide Learning Management System (SLMS) under class code OPWDD-EL-StaffActionPlan.

• SLMS can be used by both State and Non-State Employees and information on how to access can be found at the following links:
  o SLMS Account Creation (First time users)
  o SLMS Login (Existing users)
  o Using SLMS
Staff Action Plan Administrative Memorandum

https://opwdd.ny.gov/opwdd_regulations_guidance/adm_memoranda

- The Staff Action Plan Program and Billing Requirements # 2018-09 (Reissued 5/9/19).
- Please also note; Transition to People First Care Coordination #2018-06 (Reissued 5/9/19).
Life Plan and Staff Action Plan timeframes are extended to support person-centered Life Plan and Staff Action Plan development

By December 31, 2019 all individuals will have a Life Plan

By March 1, 2020 all individuals will have a Staff Action Plan

A Life Plan must be developed for individuals new to services.

Even with the extended timeframes, Life Plans should be done as soon as possible.
Developing the Staff Action Plan
Required Components of a SAP:

• Identifying information.

• Individual Habilitation Goals/Valued Outcomes and Provider Assigned Goals.

• Individual Safeguards.
Identifying Information:

- The individual’s name.
- Medicaid ID number.
- The name of the habilitation provider.
- The Care Coordination Organization.
- Identification of the habilitation service.
- The date of the Life Plan meeting or Staff Action plan review (in which the SAP was developed or reviewed).
Identifying information on the SAP:

Agency Name

Community Habilitation Staff Action Plan

Name of Individual: ***** Medicaid Number (CIN#): *****
Staff Action Plan Review Date: 5/2019
Name of Care Coordination Organization: ********

Individual Habilitative Goals/Valued Outcomes (My Goal – Section II of Life Plan)

This section contains the individual’s habilitative goals/valued outcomes derived from the individual’s Life Plan. The habilitation service must relate to the individual’s habilitative goals/valued outcomes. To support person-centered practices, each of the goals/valued outcomes identified must relate to a Council on Quality and Leadership (CQL) Personal Outcome Measure (POM) category.

I would like to engage in community activities and access other community events that foster integration with peers and build peer relationships.

Provider Assigned Habilitative Goals (Section II of Life Plan)

This section contains the habilitation provider assigned (habilitative) goals derived from the individual’s Life Plan which will be assigned as Goals (G), Supports (S), or Tasks (T). Tasks assigned in the Life Plan are not habilitative in nature and therefore do NOT meet the billing requirements to be a habilitation goal. Using the habilitative goals/valued outcomes identified above as the starting point, the details in this section describe the habilitation staff actions that will enable the individual to reach his/her goals/valued outcomes.
Individual Goals/Valued Outcomes and Provider Assigned Goals:

• The individual’s goals/valued outcomes and provider assigned goals come from Sections II and III of the individual’s Life Plan.

• These should be used as a starting point to develop the SAP.

• By use of a person-centered planning process it should be determined how the SAP will be implemented.
Determining if the provider assigned goal is a Goal, Support or Task.

• **Goal (G):** The provider assigned goal will include teaching/instructing/assisting the person to do something where there will be an outcome.

• **Support (S):** The provider assigned goal will be some type of assistance that is typically ongoing.

• **Task (T):** Something that needs to occur. Not habilitative, therefore not billed for.
Collaborative Process – Driven by the Person

• Who is involved – the person’s circle of support and service providers.
• The Person and the Care Manager facilitate the meeting.
• With the person in the driver’s seat, the meeting should be a collaborative effort involving the person, his/her circle of support and service providers.
• Factors to consider when discussing Sections II and III of the Life Plan in conjunction with the development of the SAP:
  Is it a goal, support or task?
  How can certain supports/goals be combined in the SAP to best benefit the person?
  Are there additional goals or supports that the person feels are important to them?
  Should they be in Section II or III of their LP and addressed in their SAP?
Personal Outcome Measures (POMs) in the SAP:

- 21 POM Indicators from the Council on Quality and Leadership (CQL).
- POMs are populated in Section II of the Life Plan.
- The person’s goals/valued outcomes should relate back to one of the 21 Personal Outcome Measures.
The SAP must address one or more of the below strategies:

- **Skill Acquisition/Retention** – Staff will use methods to help the individual become more independent in some aspect of life.

- **Staff Supports** – This is used when the individual is not expected to independently perform the task without supervision. This may also be used to assist with preserving the individual's health/welfare or to reach a goal.

- **Exploration of new experiences** – Trial and error process. This allows for the person to make informed choices and identify new goals/valued outcomes.
Individual Safeguards/IPOP

- The safeguards are listed in Section III of the individual’s Life Plan.

- These should be used as a starting point for the SAP.

- The SAP or other internal guidance document, developed by the habilitation provider, needs to provide the individual-specific information and details the staff need to know how to implement the safeguards. Additionally, the Life Plan and/or the SAP must specifically reference where the additional detail is located.
## Section II – Provider Assigned Habilitative Goals

### Life Plan:

#### SECTION II

OUTCOMES AND SUPPORT STRATEGIES

This section includes measurable/observable personal outcomes that are developed by the person and his/her IIT using person-centered planning. It describes provider goals and corresponding staff activities identified to meet the CDO goal/valued outcome. It captures the following information: goal description, valued outcomes, action steps, responsible party, service type, timeframe for action steps and Personal Outcome Measures. Evidence of achievement must be reflected in monthly notes from assigned providers.

<table>
<thead>
<tr>
<th>CQL PCMS Goal/Valued Outcome</th>
<th>My Goal/Valued Outcome</th>
<th>Provider Assigned Goal/Location</th>
<th>Service Type</th>
<th>Frequency</th>
<th>Quantity</th>
<th>Time Frame</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>People choose personal goals</td>
<td>would like to access my community</td>
<td>Clinton County VISARE Inc. Community Habilitation</td>
<td>Monthly</td>
<td>4</td>
<td>Ongoing</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Assigned Habituation Goal (Section II of Life Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Assigned Habituation Goal: (S) Pursue my hobbies and interests.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Action Plan:</th>
</tr>
</thead>
</table>

Agency Name

**Community Habilitation Staff Action Plan**

- **Name of Individual:**
- **Medicaid Number (CIN#):**
- **Staff Action Plan Review Date:** 5/1/2019
- **Name of Care Coordination Organization:**

**Individual Habitability Goals/Valued Outcomes (My Goal – Section II of Life Plan):**

This section contains the individual’s habitability goals/valued outcomes derived from the individual’s Life Plan. The habilitation service must relate to the individual’s habitability goals/valued outcomes. To support person-centered practices, each of the goals/valued outcomes identified must relate to a Council on Quality and Leadership (CQL) Personal Outcome Measure (POM) category.

- I would like to access my community.

<table>
<thead>
<tr>
<th>Provider Assigned Habitability Goal (Section II of Life Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Assigned Habitability Goal: (S) Pursue my hobbies and interests.</td>
</tr>
</tbody>
</table>

**Staff Action:** Staff will assist me with accessing my community. Community activities that I enjoy include: going to the arcade, going bowling, attending local craft fairs and going to aquariums. Staff may provide encouragement for me to participate in new community activities as I am sometimes hesitant to try new things. Staff may encourage me to interact with my peers and/or community members during these activities. Staff will assist me with this at least 4 times per month.
## Section III – Individual Safeguards/IPOP

### Life Plan:

<table>
<thead>
<tr>
<th>Goal/Valued Outcome</th>
<th>Provider Assigned Goal</th>
<th>Provider / Location</th>
<th>Service Type</th>
<th>Frequency</th>
<th>Quantity</th>
<th>Time Frame</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to move safely</td>
<td>(S) Verbal prompts to move safely</td>
<td>Clinton County NYSARC Inc. - Comm Hab - Location May Vary</td>
<td>Community Habilitation</td>
<td>As Needed</td>
<td>As Needed</td>
<td>Ongoing</td>
<td>None</td>
</tr>
<tr>
<td>I want to move safely</td>
<td>(S) Provide contact guarding</td>
<td>Clinton County NYSARC Inc. - Comm Hab - Location May Vary</td>
<td>Community Habilitation</td>
<td>As Needed</td>
<td>As Needed</td>
<td>Ongoing</td>
<td>None</td>
</tr>
<tr>
<td>I need supervision at home.</td>
<td>(S) Frequent Checks (less than 30 minutes)</td>
<td>Clinton County NYSARC Inc. - Comm Hab - Location May Vary</td>
<td>Community Habilitation</td>
<td>As Needed</td>
<td>As Needed</td>
<td>Ongoing</td>
<td>None</td>
</tr>
</tbody>
</table>

### Staff Action Plan:

- **Goal/Valued Outcome:** I want to move safely.
  - **Provider Assigned (Safeguard) Goal:** (S) Verbal prompts to move safely.
  - **Staff Action:** Staff will provide me with verbal prompts to move safely. I may need reminders to watch out for hazards because at times I may not pay attention to where I am walking. See my 'ambulation procedure' for additional guidance.
  - **Frequency:** As Needed

- **Goal/Valued Outcome:** I need supervision at home.
  - **Provider Assigned (Safeguard) Goal:** (S) Frequent checks (less than 30 minutes).
  - **Staff Action:** While I am at home, staff will check on me every 15 minutes. These checks do not need to be documented.
  - **Frequency:** As Needed

**Signatures:**
- Staff Action Plan Author’s Name: [enter name]
- Staff Action Plan Author’s Signature: [sign]
- Date: [enter date]
- Individual (optional): [enter name]
- Date: [enter date]
- Advocate (optional): [enter name]
- Date: [enter date]
- Supervisor/Reviewer (optional): [enter name]
- Date: [enter date]
Section III – Individual Safeguards/IPOP

Life Plan:

<table>
<thead>
<tr>
<th>Goal/Value Outcome</th>
<th>Provider Assigned Goal</th>
<th>Provider / Location</th>
<th>Service Type</th>
<th>Frequency</th>
<th>Quantity</th>
<th>Time Frame</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to maintain employment</td>
<td>(G) Teach work skills</td>
<td>Clinton County NYSARC Inc. - Supported Employment - Address</td>
<td>Supported Employment</td>
<td>4</td>
<td>Monthly</td>
<td>Ongoing</td>
<td>None</td>
</tr>
<tr>
<td>I want to maintain employment</td>
<td>(G) Teach work habits</td>
<td>Clinton County NYSARC Inc. - Supported Employment - Address</td>
<td>Supported Employment</td>
<td>4</td>
<td>Monthly</td>
<td>Ongoing</td>
<td>None</td>
</tr>
<tr>
<td>I want to maintain employment</td>
<td>(G) Teach social skills</td>
<td>Clinton County NYSARC Inc. - Supported Employment - Address</td>
<td>Supported Employment</td>
<td>4</td>
<td>Monthly</td>
<td>Ongoing</td>
<td>None</td>
</tr>
</tbody>
</table>

Staff Action Plan:

This section contains the habilitation provider assigned (safeguard) goals derived from the individual’s Life Plan which will be assigned as Goals (G), Supports (S), or Tasks (T). Tasks assigned in the Life Plan are not habilitative in nature and therefore do NOT meet the billing requirements to be a habilitation goal. Using the individual safeguards/IPOP from Section III of the Life Plan as the starting point, this section must include detail and any internal guidance documents that outline the individual-specific protective oversight measures staff need to implement or ensure for the individual. For individuals receiving Individualized Residential Alternative (IRA) Residential Habilitation, the Residential Habilitation Staff Action Plan must meet the requirements of the Plan for Protective Oversight in accordance with 14 NYCRR Section 686.16.

<table>
<thead>
<tr>
<th>Goal/Value Outcome: I want to maintain employment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Assigned (Safeguard) Goal: (G) Teach work skills (G) Teach work habits (G) Teach social skills</td>
</tr>
<tr>
<td>Staff Action: Staff will assist me to learn new job skills, if needed. I require task instruction to be clear, simple, and may need it to be repeated. Staff will monitor my job skill development and ensure expectations are met. Staff will work with my employer to ensure expectations are clear regarding job performance. Staff will assist me with learning to remain focused on a task and not letting things around me become a distraction. Staff will assist me with strategies to appropriately and effectively communicate with co-workers and supervisors. This would include being understood by speaking clearly and concisely. Staff will also assist me with reading materials given on the job and filling out paperwork, if needed by the employer.</td>
</tr>
<tr>
<td>Frequency: 4 times per month</td>
</tr>
</tbody>
</table>

Signatures:

- Staff Action Plan Author’s Name: ___________________ Title: ___________________
- Staff Action Plan Author’s Signature: ___________________ Date: ___________________
- Individual (optional): ___________________ Date: ___________________
- Advocate (optional): ___________________ Date: ___________________
- Supervisor/Reviewer (optional): ___________________ Date: ___________________
SAP Billing Standards:

1. Individual’s name
2. Individual’s Medicaid number
3. Habilitation service provider’s agency name
4. Name of habilitation service provided
5. Date (day, month, year) of the Life Plan meeting or SAP review from which the SAP was developed.
6. Goals/Valued outcomes from the individual’s Life Plan
7. Provider assigned goals from the individual’s Life Plan
8. Description of the services and supports & Identification of the frequency from sections II and III of the Life Plan.
9. Safeguards
10. Printed name, signature, and title of the person who wrote the SAP.
11. Date (day, month, year) that the author signed the plan.
12. Evidence that the SAP was distributed no later than 60 days after the start of the habilitation service, Life Plan review date or a SAP revision/update – whichever comes first.
SAP Billing Standards:

- Evidence that the SAP was reviewed at least twice annually. The review must include a review sign-in sheet, a service note indicating the review took place and a revised/updated SAP.

- Evidence of the reviews must include: individual’s name, habilitation service, staff signature, date of the staff signature and date of the review.
Thank you – Questions?
Care.coordination@opwdd.ny.gov