

Insert Agency Name

Insert service(s) name(s) Staff Action Plan

Name of Individual: _____ Medicaid Number (CIN#): _____

Staff Action Plan Review Date: _____

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.

Example: I want to live more independently in the community.

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.

Example:

Provider Assigned (Habilitative) Goal: (G) Teach person to identify and respond to safety issues (environmental safety concerns, etc.)

Staff Action: Staff will teach me how to plan a trip, access transportation routes, and the means of paying for each leg of the trip. Staff will help me learn these skills at least 3x a week. (Provider must outline the detailed steps as to how this is achieved.)

Individual Safeguards/Individual Plan of Protection (IPOP) (Section III of Life 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.

Example:

Provider Assigned (Safeguard) Goal: (S) Provide the following supervision: Provide supervision in unfamiliar places I need the following accommodation to feel comfortable and safe: remember my communication system

Staff Action: Staff will provide supervision by maintaining [person] in visual field while teaching travel skills. Staff will ensure that [person's] communication system is available during activities while outside of home and will prompt [person] to use communication system during travel training activities. **Detailed expectations can be described within the staff action plan or internal guidance documents such as a Travel Plan or Communication Plan**

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: _____