
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Service Documentation for Home- and Community-Based Providers

November 8, 2022

Agenda

- Introduction
- Medicaid Documentation Standards and Changes
 - a. Definition
 - b. Purpose
 - c. Components
 - d. Basis for Service Requirements (specific services)
 - 1. Substantiating the services
 - 2. Professional Standards
 - e. Corrections
- Examples
- Common errors
- Quality Assurance and Quality Improvement Practices

Poll the audience.

Objectives:

- HCBS Providers will understand the new Iowa Administrative Code (IAC) changes from the Administrative Rule Change (ARC)
- Learn how to document in a way that is reflective of the support provided to individuals
- Identify the information needed in service documentation practices
- Develop strategies to implement best practices in service documentation
- Identify benefits of self-review or internal quality assurance practices

HCBS Services and Supports

HCBS Comprehensive Functional Assessment

Assesses an individual's "need" for HCBS services



Interdisciplinary Team Meeting

Develops the Individual Service Plan / Integrated Treatment Plan



Individual Service Plan/ Integrated Treatment Plan

Is person-centered and defines the services and supports the member will receive



Service Delivery and Documentation

Should reflect the person-centered service plan.

General Principles of Documentation

- If it is not documented, it has not been done
- “Fully disclose the extent of services,” care, and supplies furnished to beneficiaries
- Support claims billed
- Clear and concise
- Document services during the service or as soon as practical after the service
- maintain accurate service documentation

Iowa Administrative Code

441—79.3(249A) Maintenance of records by providers

79.3(1) Financial
(Fiscal) Records

79.3(2) Medical
(Clinical)
Records

79.3(3)
Maintenance
Requirements

- a. Definition
- b. Purpose
- c. Components**
- d. Basis for Service Requirements**
(specific services)
- e. Corrections

Medical Record “Clinical Record”

A provider of service shall maintain complete and legible medical records for each service for which a charge is made to the medical assistance program.

Required records shall include any records required to maintain the provider’s license in good standing.

Medical Record “Clinical Record”

Is a tangible history that provides evidence of:

- (1) The provision of each service and each activity billed to the program; and
- (2) First and last name of the member receiving the service.

The medical record shall provide evidence that the service is:

- (1) Medically necessary;
- (2) Consistent with the diagnosis of the member’s condition; and
- (3) Consistent with professionally recognized standards of care

Links to Medicaid Job Aid in the Resources Slide

Iowa Administrative Code

79.3
Maintenance
of records by
providers of
service

79.3(2) Medical
(Clinical) Records

- a. Definition
- b. Purpose
- c. COMPONENTS**
- d. Basis for Service Requirements (specific services)
- e. Corrections

COMPONENTS

1. Identification
2. Basis for service
3. Service documentation
4. Outcome of service

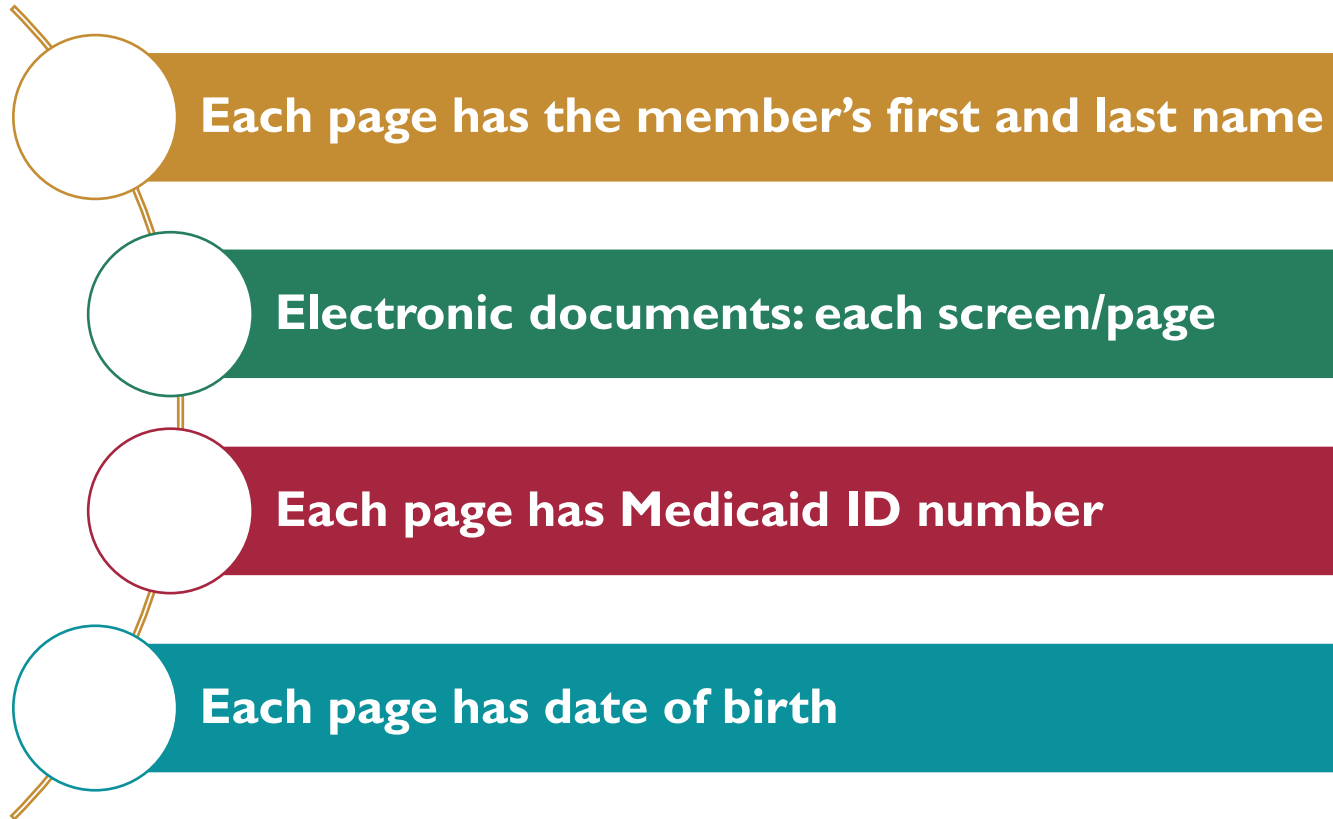
Medical Record “Clinical Record”

c. Components:

(I) Identification

Medical “Clinical” Record | c. Components

I. Identification:



Medical Record “Clinical Record”

c. Components:

(2) Basis For Services

Medical “Clinical” Record | c. Components

2. Basis for Service

The **medical record** shall include the items 1-13 unless the listed item is not routinely received or created in connection with a particular service:

1. The member’s complaint, **symptoms, and diagnosis.**
2. **The member’s medical or social history.**
3. Examination findings.
4. **Diagnostic test reports**, laboratory test results, or X-ray reports.
5. **Goals or needs identified in the member’s plan of care.**
6. Physician orders and any prior authorizations required for Medicaid payment.
7. **Medication records**, pharmacy records for prescriptions, or providers’ orders.

Medical “Clinical” Record | c. Components

8. Related professional consultation reports.
9. **Progress or status notes for the services or activities provided.**
10. **All forms required by the department as a condition of payment for the services provided.**
11. **Any treatment plan, care plan, service plan, individual health plan, behavioral intervention plan, or individualized education program.**
12. The provider’s assessment, clinical impression, diagnosis, or narrative, including the complete date thereof and the identity of the person performing the assessment, clinical impression, diagnosis, or narrative.
13. **Any additional documentation necessary to demonstrate the medical necessity of the service provided or otherwise required for Medicaid payment.**

Medical Record “Clinical Record”

c. Components:

(3) Service Documentation
& Administrative Rule Changes

Iowa Administrative Code

79.3
Maintenance
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COMPONENTS

1. Identification
2. Basis for service
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4. Outcome of service

IAC 441-79.3(2)c(3) Service Documentation

- Changes were effective September 16, 2022
- IAC was updated October 5, 2022
- You can find the changes outlined here:
 - [ARC 6419C](#)
 - [Public Comments](#)

IAC 441-79.3(2)c(3) Service Documentation

- Amendment: (3) Service documentation. The record for each service provided shall include information necessary to substantiate that the service was provided. ~~Service documentation shall include narrative documentation and may also include documentation in checkbox format.~~ Unless otherwise indicated below, the provider may document the services in any format so long as the documentation adequately substantiates the medical necessity and that the services were rendered.
 - Narrative is no longer required.
 - Format is up to the agency.
 - You may keep narrative. This is up to the agency.

IAC 441-79.3(2)c(3) Service Documentation

1 to 3 have no changes:

- 1. The specific procedures or treatments performed.
- 2. The complete date of the service, including the beginning and ending date if the service is rendered over more than one day.
- 3. The complete time of the service, including the beginning and ending time if the service is billed on a time-related basis. For those non-time-related services billed using Current Procedural Terminology (CPT) codes, the total time of the service shall be recorded, rather than the beginning and ending time.

IAC 441-79.3(2)c(3) Service Documentation

- 4. The location where the service was provided if otherwise required on the billing form or in respite IAC references
 - This was just a grammatical change (eliminate an extra “or”)
 - No additional steps or changes to the requirements of noting the locations of services.
 - TIPS:
 - If mileage logs identify locations where the member and staff traveled in services, this can serve as the location where services are provided
 - Submit both the service documentation and the mileage for a review

IAC 441-79.3(2)c(3) Service Documentation

- 5. Medication administration record (MAR). The name, dosage, and route of administration of any medication dispensed or administered as part of the service.
 - This addition was to include the record of medication administration
 - Previous language had everything after the underlined portion
 - Only required when the medications are dispensed or administered during service provision
 - MAR is not required if you do not offer this service

Medication Administration Record (MAR)

MO/YR:	Start/Stop Date		Facility Name:																													
Medication	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Start																															
	Stop																															
	Start																															
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Diagnosis:	DIET (Special Instructions, e.g. Texture, Bite Size, Position, etc.)															Comments																
Allergies:	Physician Name															A. Put initials in appropriate box when medication is given. B. Circle initials when not given. C. State reason for refusal / omission on back of form. D. PRN Medications: Reason given and results must be noted on back of form. E. Legend: S = School; H = Home visit; W = Work; P = Program.																
	Phone Number																															
NAME:	Record #															Date of Birth:					Sex:											

IAC 441-79.3(2)c(3) Service Documentation

- 6. Mileage log. The name, date, purpose of the trip, and total miles for transportation provided as part of the service.
 - Tips:
 - Noting the location of services on documentation does not take the place of mileage logs
 - Contents listed above need to be accounted for in documentation somewhere, but there is room to establish this within your agency
 - You can use paper or electronic records
 - Fleet management software is accepted as well
 - If transportation is a component of service, this needs to be documented
 - May use existing records and add on these items

Service Documentation – Mileage Log

Mileage Log



2222 HCBS Way

Total mileage recorded:

84.6

Date	Time	Description	Purpose	Individuals Transported	From	To	Odometer Start	Odometer Finish	Mileage
8/26/2022	1:30 PM	Grocery Shopping	Shopping and Banking	Jane Doe, Fanny Fae	Home	Hyvee and CCU Credit Union - Atlantic	33,489.1	33,521.4	32.3
8/26/2022	3:00 PM	Returning home	Shopping and Banking	Jane Doe, Fanny Fae	Hyvee and CCU Credit Union - Atlantic	Home	33,521.4	33,553.7	32.3
8/27/2022	8:45am	Transport to Day Program	Day Habilitation	Jane Doe, Fanny Fae	Home	Dynamite Day Hab	33,553.7	33,563.7	10.0
8/27/2022	3:00pm	Pick Up from Day Hab	Return Home	Jane Doe, Fanny Fae	Dynamite Day Hab	Home	33,563.7	33,573.7	10.0
									0.0

IAC 441-79.3(2)c(3) Service Documentation

- 7. Narrative description of any incidents or illnesses or unusual or atypical occurrences that occur during service provision.
 - Unusual or atypical examples:
 - Member trips multiple times in one day (which they don't typically have coordination issues) and staff is concerned as to why the member is losing balance. Suspects inner ear issues since member had strep throat in recent weeks.
 - Member has a loud argument with a family member on the phone and is distraught.
 - Tornado watch, sirens go off, or use of the safety plan for disasters
 - Staff finds out that the member is feeling down and has made an emergency appointment for mental health therapy
 - Something requiring an incident report occurs
 - Member has an upset stomach but does not hurt enough to go to the ER. Handled in the shift or across two shifts.
 - Must document more than “see incident report” or just check a box that the incident report was completed.

Narrative description of any incidents or illnesses or unusual or atypical occurrences...

- The narrative description in the service note for any minor or major incidents may reference the incident and that a minor or major incident report was completed, no further narrative description on the service note would be required.
- As an example of the narrative note for a major incident report might say, “Jane tripped and fell walking up the driveway and was taken to the ER. A major incident report was completed.”
- Unusual or atypical occurrences that require a narrative note are those events that are irregular or unusual for the member and include but are not limited to: atypical behavior, a major or minor incident, illness that is treated or untreated, vacationing with family, starting a new job or attending a new day program.
- An example of the narrative note for an atypical occurrence might say, “John left with his parents this morning for vacation in Colorado, John will return on October 10.”

IAC 441-79.3(2)c(3) Service Documentation

- 8. Any supplies dispensed as part of the service.
- 9. The first and last name and professional credentials, if any, of the person providing the service.
- 10. The signature of the person providing the service, or the initials of the person providing the service if a signature log indicates the person's identity

IAC 441-79.3(2)c(3) Service Documentation

- 11. For 24-hour care, documentation for every shift of the services provided, ~~the member's response to the services provided, and the person who provided the services.~~
 - The member response is no longer required
 - The person who provided the service is already required on #10 and was redundant
 - Shift time would need to match when the member comes and goes from services.

Service Documentation In Any Format

- Electronic Service Records
- Electronic Visit Verification (EVV)
- Mileage Logs
- Medication Administration Records (MARS)
- Support Checklists
 - IDLS
 - ADLS
 - ROM
 - Other
- Activity Records
- Activity Calendars
- Program Goal Records

Medical Record “Clinical Record”

c. Components:

(4) Outcome of Services

Iowa Administrative Code

79.3
Maintenance
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79.3(2) Medical
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- a. Definition
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- e. Corrections

COMPONENTS

1. Identification
2. Basis for service
3. Service documentation
4. **Outcome of service**

Outcome of Services

- The medical record shall indicate the member's progress in response to the services rendered, including:
 - Any changes in treatment
 - Alteration of the plan of care
 - Revision of the diagnosis

Medical Record “Clinical Record”

d. Basis for Service Requirements for Specific Services

Iowa Administrative Code

79.3(1) Financial
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IAC 441-79.3(2)d: Changes and Expectations

d. Basis for service requirements for specific services.

The following was added:

“The health care provider should include all records and documentation that substantiate the services provided to the member and all information necessary to allow accurate adjudication of the claim. Additionally, documentation requirements must meet the professional standards pertaining to the service provided.”

Basis for service requirements

This was **removed** from IAC 441-79.3(2)c(3)d:

These items will be specified on Form 470-4479, Documentation Checklist, when the Iowa Medicaid enterprise program integrity unit requests providers to submit records for review. (See paragraph 79.4(2)“b.”

Basis for service requirements

Documentation must substantiate the services provided to the member and include all information necessary to allow accurate adjudication of the claim.

Consider the following:

STAFF TRAINING

CONTENT OF THE SESSION/SERVICE

SUPPORTS AND SERVICES PROVIDED

INTERVENTIONS

STAFF INTERACTIONS ARE REPRESENTED

Basis for service requirements

Considerations:

- Supports provided
- goals documented
- interventions

Name	Date		
Supports Provided to Client in services:			
<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting/Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community Activities <input type="checkbox"/> Household Skills <input type="checkbox"/> Boundaries/Relationships <input type="checkbox"/> Meal Prep/Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication Skills <input type="checkbox"/> Other			
Goal:	Intervention:	Time spent:	Response:
(List from service plan, summarized below) <input type="checkbox"/> Budgeting <input type="checkbox"/> Socialization <input type="checkbox"/> Meal plan/prep/making Or they might be more specific like below:	(list from service plan) <input type="checkbox"/> Checklist made <input type="checkbox"/> Checklist used <input type="checkbox"/> Assistive device used <input type="checkbox"/> Planning completed <input type="checkbox"/> Assistance given from staff <input type="checkbox"/> Communication device used		<input type="checkbox"/> Actively Participated <input type="checkbox"/> Progress Made <input type="checkbox"/> Declined <input type="checkbox"/> Not offered today <input type="checkbox"/> Did not have time
<input type="checkbox"/> Prepare meal following recipe <input type="checkbox"/> Write shopping list to budget <input type="checkbox"/> Pay for items at the register	<input type="checkbox"/> Checklist made <input type="checkbox"/> Assistive device used <input type="checkbox"/> Assistance given from staff		<input type="checkbox"/> Actively Participated <input type="checkbox"/> Progress Made <input type="checkbox"/> Declined <input type="checkbox"/> Not addressed today

Basis for service requirements

Considerations:

- Goals documented
- Interventions
- Individualized
- Frequency monitored

Cooking Skills	Month/day/year:				
Only score on the items addressed on that date.					
Staff initials					
<u>1X a week:</u>					
	Pick a recipe				
	Discuss nutritional value of recipe				
	Write out ingredients needed				
	Write shopping list				
	Calculate money needed for items at store				
<u>1x a week:</u>					
	Locate items needed in store				
	Ask for help when needed				
	Pay for items to cashier				
<u>3x a week:</u>					
	Prepare kitchen by getting all items needed				
	Review kitchen safety				
	Prepare meal by following recipe				
	Follow trainer instructions				
	Ask for help when needed				
	Practice safety in kitchen				
	Clean up after cooking				
	Store leftover food correctly				
	Meal prepared correctly?				
Average score for day					
# of successful (+) tasks / # of tasks attempted					

Basis for service requirements

Considerations:

- Goals documented
- Interventions
- Individualized
- Tracks weekly

GOAL #:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
Skills addressed:	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Intervention:	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive technology <input type="checkbox"/> prompting <input type="checkbox"/> independantly completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive technology <input type="checkbox"/> prompting <input type="checkbox"/> independantly completed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> te <input type="checkbox"/> <input type="checkbox"/> co
Supports:	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Au <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Basis for service requirements

Considerations:

- Internal review

REVIEWED BY (Name and credentials)		D
	Name	Date

Supports Provided to Client in services:

- Staff instructions – levels of intervention needed helps justify the time spent

of successful (+) tasks / # of tasks attempted

Staff Instructions: Describe for staff the important details about the participant's support needs for accomplishing this objective. Do staff demonstrate the step first, give verbal prompts, wait until assistance is asked for, allow participant to take a break, or perform certain parts for the participant? List the various environments that may promote successful training, list things to avoid or restrictions, and important phrases or ways the staff can encourage the participant to accomplish various steps. If certain tasks require additional support or specific support, be sure to list it. List instructions for measuring progress (such as a score key).

Example key: (+)=completed task (+vp)= completed with verbal prompt (+vp x2)=completed with 2 verbal prompts (+mp)=completed with motion prompt (-hh) needed Hand over hand guidance (-) = did not complete task

- Progress/Barriers noted:

Monthly Objective Progress %: _____

Basis for service requirements.

Documentation requirements must meet the professional standards pertaining to the service provided.

Consider the following:

- ✓ **COMPLETE AND ACCURATE**
- ✓ **REVIEW DOCUMENTATION INTERNALLY**
- ✓ **QUALITY IMPROVEMENT ALONG WITH ASSURANCE**
- ✓ **DEMONSTRATES PROGRESS AND OUTCOMES**
- ✓ **INDIVIDUALIZED**

Basis for service requirements

- Knowing and following these tips help Medicaid providers requirements for HCBS services, improve billing and help strengthen the integrity of the Medicaid program:
 - Check beneficiary eligibility regularly;
 - Ensure the beneficiary has the required person-centered service plan (service plan) and that it is current and complete;
 - Ensure the beneficiary has a specific plan of care (provider service plan) if used and that it is current and complete;
 - Make sure that service documentation is complete and supports services
 - Use appropriate procedure or service code and number of units for billing;
 - Use the appropriate billing form when billing; and
 - Only submit claims for dates of service when the service documentation substantiates that services were delivered.

Basis of Service - HCBS

The medical record for HCBS Waiver or State Plan HCBS service recipient must contain the basis for service requirements for specific services which includes:

1. Notice of decision for service authorization.
2. Provider specific service plan and the Comprehensive Person-Centered Service Plan (initial and subsequent plans).
3. Service logs, notes, or narratives.
4. Mileage and transportation logs.
5. Log of meal delivery. (as applicable)
6. Invoices or receipts.
7. Forms 470-3372, HCBS Consumer-Directed Attendant Care Agreement, and 470-4389,
8. Other service documentation as applicable. (i.e. checklists, MARs)

Note: These items should be submitted records for a review when the member record is requested.

Iowa Administrative Code References:

79.3(2) Medical (clinical) records. d. basis for service.

Highlighting the need for certain records based on the specific service types:

- (24) Home- and Community-Based Habilitation Services
- (27) Home Health Agency Services
- (33) Case Management Services, including HCBS
- (35) Home- and Community-Based Waiver Services other than case management
- (40) Health Home Services
- (42) Community-Based Neurobehavioral Rehabilitation Services

Medical Record “Clinical Record”

e. Corrections

Iowa Administrative Code

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Service Documentation - Corrections

79.3(2) Medical (clinical) records. e. Corrections.

A provider may correct the medical record **before** submitting a claim for reimbursement

- 1) Corrections must be made or authorized by the person who provided the service or by a person who has first-hand knowledge of the service.
- 2) A correction to a medical record must not be written over or otherwise obliterate the original entry. A single line may be drawn through erroneous information, keeping the original entry legible. In the case of electronic records, the original information must be retained and retrievable.
- 3) Any correction must indicate the person making the change and any other person authorizing the change, must be dated and signed by the person making the change, and must be clearly connected with the original entry in the record.
- 4) If a correction made **after a claim** has been submitted affects the accuracy or validity of the claim, an amended claim is needed

Common Errors

From the HCBS Quality Improvement Organization
(QIO) Review Process

Common Errors

- The record is incomplete
- There are no interventions or indication of what the staff did to support the member or work on goal development
- The record does not have the correct service listed (using a respite form for SCL; checked the wrong services on the form; using a CDAC record for SCL)
- Goals do not match the service plan
- Missing documentation from shifts
- Not submitting all the records requested or all the records needed for evidence

Quality Oversight with the QIO:

- HCBS Records Requests could come from:
 - A scheduled review (Targeted, Focused, or Periodic)
 - Corrective Action Plan
 - Evidence of Compliance with the Corrective Action

Service Documentation Examples

Specific to HCBS Services

Example One: Residential-Based Supported Community Living with Dee

Goals:

- Dee will set up and follow their schedule without refusing 70% of trials per month.
- Behavioral outbursts will be eliminated using positive supports and the BIP.
 - Goal of initially using once per week
 - Then once every other week
 - Once per month
- Dee will demonstrate good sleep hygiene by completing a nightly routine, logging hours of sleep, and monitoring energy levels.
- Dee will set up and follow his daily schedule 70% of trials per month to gain independence in daily activities.

Example 1:

Interventions/Supports:	Full Assist	Physical Prompt	Verbal Prompts	Visual Aid	Supervision	Observed	Program implemented	BIP Used	Independent	Comments:
Cleaning										
Meal Preparation <input type="checkbox"/> Breakfast <input type="checkbox"/> lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ate independently
Bathing			1				X			
Toileting									X	
Hygiene (routines)		X	2		X					
Dressing									X	
Ambulation									X	
Social Skills			X		X					
Supervision										Throughout shift
Decision-Making			X							
Positive behavior supports used <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N										Motivational interviewing Positive reinforcement
Cleaning	X								X	Dishes on own
Transportation	X									
OTHER: _____										n/a
MONITORING:	Hours of sleep: ___ 4 ___		#of behavioral outbursts as defined in the PCP: ___ 0 ___				Daily Schedule Followed: <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N		Good sleep hygiene: <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N	

Example 2: Hourly SCL with Ben

Goals:

- Goal 1: Keep house clean and safe with room tidy daily.
- Goal 2: Complete hygiene routine every evening.

Has programming for each goal documented in the provider plan.

- Goal 1: (4) Chore chart used with prompt (3) chore chart not needed, room cleaned with staff assistance (2) Room cleaned independently (1) Room not clean refused (0) Room not cleaned – no time, not needed
- Goal 2: (4) Hygiene Chart used with physical prompt (3) Chart used with verbal prompt (2) completed with supervision (1) Completed independently (0) refused

Example 2:

Schedule Daily




Schedule and Frequency Comment This ISP Data is to be completed prior to end of each shift.

Goal/Service

Goal 1: Keep house clean and safe with room tidy daily.
 Goal 2: Complete hygiene routine every evening.

Criteria for Completion

Goal 1: (4) Chore chart used with prompt (3) chore chart not needed, room cleaned with staff assistance (2) Room cleaned independently (1) Room not clean refused (0) Room not cleaned – no time, not needed
 Goal 2: (4) Hygiene Chart used with physical prompt (3) Chart used with verbal prompt (2) completed with supervision (1) Completed independently (0) refused

Date:	10/18/2022	Begin Time:	1:00PM	End Time:	8:00PM	Duration (hh:mm):	7 hrs
Location:	Home, community			Service Provider:	Courtney Ackerson		
Task	Score	Scoring Comments					
Household Skills	NA						
Hygiene	VP						
Medication	PPA	See MAR					
Medical Appointments	NA						
Transportation	VP	2, 1234 Cherry Lane, Des Moines, IA 50312 for shopping; 1234 Walnut, Des Moines, IA 50310					
Activities							
Money Management	NA						
Meal Plan/Cooking	FA	Ate dinner independently					
BSP	IND						
GERs	NA						
Other							
Goal 1	3	45 minutes – on and off – good conversation					
Goal 2	3	15 minutes					
Comment:							

Example 3: Prevocational Services with Twan

Goals:

- I want to work in the community
 - I will use positive communication strategies with coworkers and supervisors
 - I will complete my work independently using assistive devices when needed
 - I will use strategies to stay on task and have fewer than 5 reminders to complete tasks

Example 3: Prevocational Services with Twan

- 10/31/22 – Member was dropped off at the agency at the start of services. Discussed the plan for the day and transported the member to the job site where member is observing and trying tasks in the setting today. Twan is staying focused on his job task and is keeping busy. He is working at a good pace and is listening and following all staff's directions. Staff praised Twan on his goal and encouraged him to keep up the good work Twan said, Thanks. "Twan is following all staff's directions and has a positive attitude. He is staying focused on his job task and is communicating with staff as needed with one reminder in this timeframe to share his comment with his coworker and not support staff. Staff asked Twan how his morning was going Twan said, ".Good." Staff encouraged Twan to keep up the good work Twan said, "I will" and continued working on his job task. Twan has done a wonderful job today. He has kept busy at his workstation and has stayed focused on his job task. Twan has worked at a good pace and has completed all job tasks given to him today. Staff said, "Twan you have done a wonderful job today" Twan said, "Thanks."

Example 3:

Service Provided: <u>Prevoc Service Name:</u>			DOB: _____		
DATE:	10/31/22	10/31/22	11/1/22	11/1/22	I
TIME (start – end):	8:00AM – 9:20AM	8:00AM – 9:20AM	10AM – 12PM	10AM – 12PM	
SHIFT:	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	C
LOCATION:	Walgreens 3000 University, DSM; Agency office	Walgreens 3000 University, DSM; Agency office	3100 <u>Ashbury lane</u> (Factory observation), DSM	3100 <u>Ashbury lane</u> (Factory observation), DSM	
GOAL I; OBJ#:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	C
Skills addressed:	<input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Cleaning <input checked="" type="checkbox"/> Relationships <input checked="" type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Cleaning <input type="checkbox"/> Relationships <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Cleaning <input type="checkbox"/> Relationships <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Cleaning <input type="checkbox"/> Relationships <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	C C C C C C C
Intervention:	<input checked="" type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input checked="" type="checkbox"/> instruction <input type="checkbox"/> assistive technology <input checked="" type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input checked="" type="checkbox"/> assistive technology <input checked="" type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input checked="" type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input checked="" type="checkbox"/> instruction <input type="checkbox"/> assistive technology <input checked="" type="checkbox"/> prompting <input type="checkbox"/> Independently completed	C C C C C te C C
Supports:	<input type="checkbox"/> Medication <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community	<input type="checkbox"/> Medication <input checked="" type="checkbox"/> Transportation <input checked="" type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community	C C C C C C C

Quality Assurance & Quality Improvement

Upcoming Training:

December 15, 2022, 11:00AM - 12:30PM

Virtual Training through Zoom | [Registration open](#)

Understand quality assurance and improvement in ways that your agency can design policy and procedure in accordance with rules, regulations, and best practices.

QA AND QI: WHAT'S THE DIFFERENCE?

QUALITY

Assurance

- Assess when intended quality is reached
- Reactive – works on problems after they occur
- Retrospective – policing, punitive
- Lead by management
- One Point in Time
- Tends to attribute blame

Improvement

- Move system from current state to new state of performance
- Proactive – works on processes before problems occur
- Prospective and retrospective
- Lead by staff, self-determined
- Continuous Regulatory Aimed at improvement-measuring
- Where you are now and how to make things better
- Avoids attributing blame

Quality Assurance & Quality Improvement

- **Quality Improvement is required of certified services**

The organization has a systematic, organization wide, planned approach to designing, measuring, evaluating, and improving the level of its performance. The organization:

1. Measures and assesses organizational activities and services annually.
2. Gathers information from consumers, family members, and staff.
3. Conducts an internal review of **consumer service records**, including all major and minor incident reports according to subrule 77.37(8).
4. Tracks incident data and analyzes trends annually to assess the health and safety of consumers served by the organization.
5. Identifies areas in need of improvement.
6. Develops a plan to address the areas in need of improvement.
7. Implements the plan and documents the results.

Quality Assurance & Quality Improvement

- An example of starting with quality assurance to ensure complete and accurate documentation would be implementing a checklist like this:
- Make sure you have
 - the name of the person completing the check
 - Date of check
 - Follow up needed and when it is completed

Service Documentation Checklist:	
	Service type
	Date of service
	Start/end time of service or total time
	Member Name, DOB, SID
	DOB
	Intervention
	Location (specific)
	Medication (MAR present and complete)
	Mileage log complete
	Incidents – Was narrative needed?
	Incidents – Was a report needed?
	Supplies dispensed were noted
	Staff name, credentials, signature, date

Quality Assurance & Quality Improvement

- Additional step to the previous checklist:
 - Ensure that you document next steps such as individual staff training and an additional review
 - Ensure that the date of the documentation review is present
 - Name and signature of person completing it and note the date of any follow up as a result of the review.

Quality Assurance & Quality Improvement

QUALITY ITEM:				
Service type				
Date of service				
Start/end time of service or total time				
Member Name, DOB, SID				
DOB				
Intervention				
Location (specific)				
Medication (MAR present and complete)				
Mileage log complete				
Incidents – Was narrative needed?				
Incidents – Was a report needed?				
Supplies dispensed were noted				
Staff name, credentials, signature, date				

Questions

Training Archive

<https://dhs.iowa.gov/Providers/tools-trainings-and-services/CBT-for-LTSS/Archive>

RECORDINGS AVAILABLE:

- Behavior Intervention Plan Development
- CMS Settings: State Transition Plan Update
- Introduction to Waiver Services in Iowa
- Positive Behavior Supports
- Mental Health Crisis Response
- Adopting a Trauma Lens in Children's Services
- Introduction to Motivational Interviewing

RECORDINGS COMING SOON:

- Person-centered Planning
- Service Documentation (general and for HCBS Providers)

Upcoming Training:

TEXT

Assistive Technology Introduction with Easterseals Iowa

November 18, 2022 | 10:00AM - 12:00PM | In Person and Virtual Training option
In Person [Registration open](#) at 401 NE 66th Avenue, Des Moines, IA 50313 (Space limited!) | **Virtual** [Registration open](#) (same date, time, and content) through Zoom
Learn about how to incorporate assistive technology in service provision. This will be perfect for first time direct support professionals or for those who use AT frequently in providing services to others and need to spark some new ideas.

Self-Assessments for Home- and Community-Based Providers

November 30, 2022 | 10:00AM - 11:00AM | Virtual Training | [Registration open](#)
The annual Provider Self-Assessment will be released soon and is due to be submitted with all supporting documents by December 31, 2022. The self-assessment is required for any provider that is reviewed by the HCBS QIO. These services are listed on the self-assessment form if you need to confirm that this training is applicable to you or your agency.

Transition Planning from Hospital Care

December 2, 2022, 12:00PM - 1:00PM | Virtual Training | [Registration open](#)
Understand best practices and planning methodologies for serving clients being discharged from hospital care. Learn what to prepare for, how to coordinate care, and why transition planning is crucial to the discharge process.

Quality Assurance and Quality Improvement for HCBS Providers

December 15, 2022, 11:00AM - 12:30PM | Virtual Training | [Registration open](#)
Understand quality assurance and improvement in ways that your agency can design policy and procedure in accordance with rules, regulations, and best practices.

Resources

- Medicaid Documentation Record Resource Guide:
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-recorddoc-resourceguide.pdf>
- Department of Health and Human Services: <https://dhs.iowa.gov/>
- Iowa Medicaid: <http://dhs.iowa.gov/ime/about>
- HCBS Information: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>
- DHS Office of Policy Analysis (Rules):
<http://dhs.iowa.gov/ime/providers/rulesandpolicies>
- Iowa Administrative Code – Chapter 44I Human Services Department:
<https://www.legis.iowa.gov/law/administrativeRules/agencies>

Resources

- Provider Manuals:
 - HCBS: <http://dhs.iowa.gov/sites/default/files/HCBS.pdf>
 - Habilitation:
<https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?012620221624>
- Policy examples from the HCBS QIO under “Policy and Forms Sample Documents”:
<https://dhs.iowa.gov/ime/providers/enrollment/providerenrollment>
- ARC 6419C
- Public Comments

Thank you for attending.