### Quarterly/Interim Reviews & Individual Plan Agendas

Guidance for Care Coordinators



# Individual Plan Agendas capture your member meeting happenings

Care Coordinators, use the Individual Plan Agenda to document quarterly/interim meetings with members.

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.







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



#### **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.

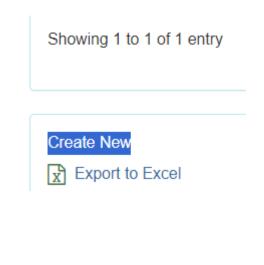
Action plan for next quarter to help get closer to/achieve goal



#### How to start an Individual Plan Agenda

- From the State Oversight Account, 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"

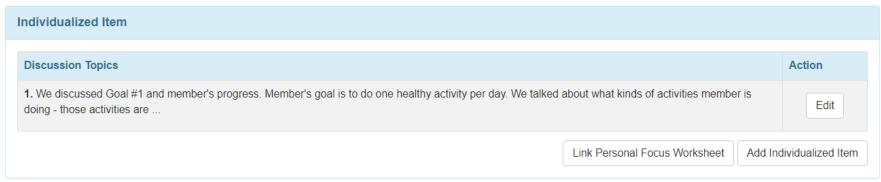


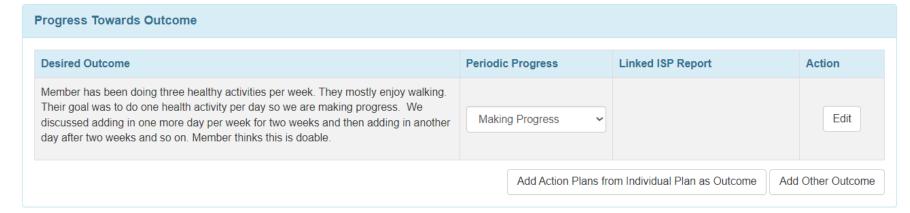




### Filling out the Individual Plan Agenda





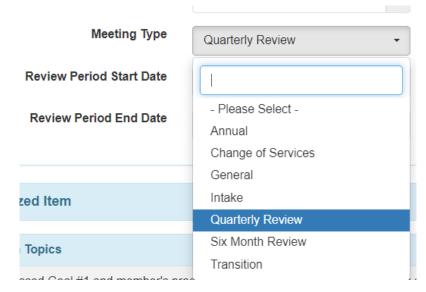




#### Select your dates and type of meeting

Enter the Quarterly/Interim Meeting Date. Indicate the Meeting Type in the drop down

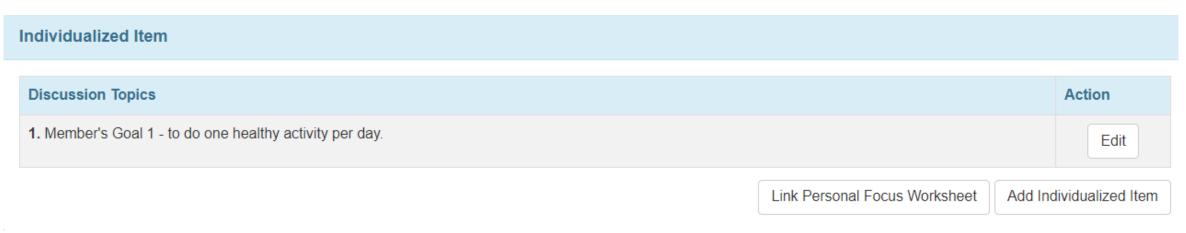
You will primarily need to select "Quarterly Review" or "Change of Services" when doing interim meetings regarding service changes. Please do not select Six Month Review as our requirements are that you meet with each member at least quarterly and that is the period we are measuring.





#### **Adding Individualized Items**

Click "Add Individualized Item" to add a Discussion topic. Each discussion topic should relate to a goal on the plan of care or the member's services in support of achieving that goal. See below example.

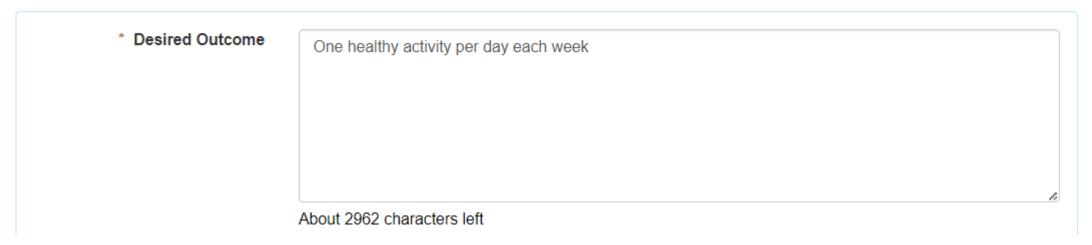




#### **Adding Progress Towards Outcomes**

Click "Add Other Outcome" to describe the person's desired outcome – i.e. what they are trying to achieve (goal). You should have a desired outcome note for each discussion topic listed.

#### Progress Towards Outcome •



#### **Adding Progress Towards Outcomes**

Then select the appropriate field under "Periodic Progress".

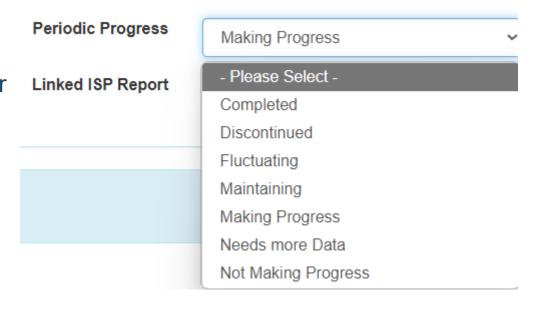
Choose Completed if the member has achieved their goal

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.





#### **Submitting Individual Plan Agenda**

Click "Submit" at the bottom.

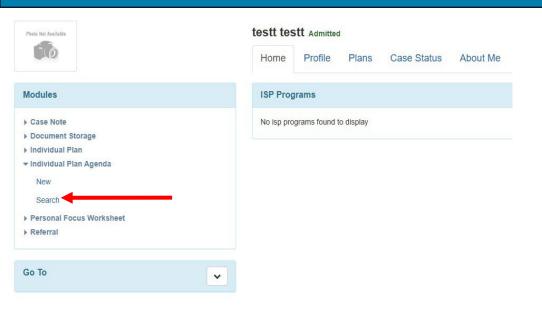


\*Clicking SUBMIT will send your IPA to the state to review and approve.

The form AGN-CC191ND-NEN4N5BYSMULT has been successfully submitted



#### Individual Plan Agenda List



Click on Search under Individual Plan Agenda. Then on the next screen you can just click on search, and it will list all IPAs that have been done for this member

Once it's been approved, you will see the Plan Agenda as showing "No" for Meeting Minutes Recorded. Click on this Plan Agenda.



#### **Recording Meeting Minutes – documenting**

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

Individualized Item

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 Record Meeting Minutes Cancel Back Discontinue Copy



#### Filling out Individualized Item section

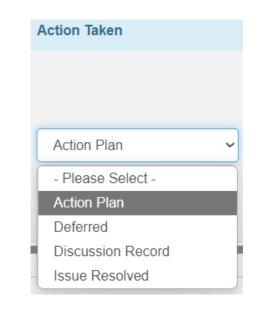
Select Action Taken. You will choose Action Plan or Issue Resolved.

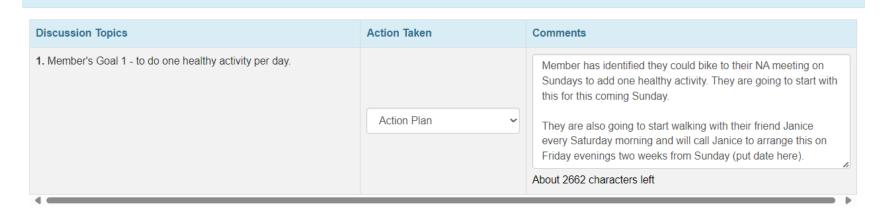
Choose **Action Plan** when the goal has not been achieved, and you are identifying action steps for the next quarter.

Choose Issue Resolved when the goal has been achieved.

Use the Comments section to lay out the Action Plan steps, example below.

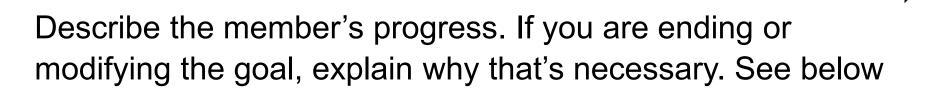
Individualized Item





### 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.





#### **Progress Towards Outcome**

example:

Desired Outcome	Periodic Progress	Linked ISP Report	Comments
One healthy activity per day each week	Making Progress ~		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.  About 2741 characters left



### **Saving Meeting Minutes**

Click "Save Meeting Minutes"

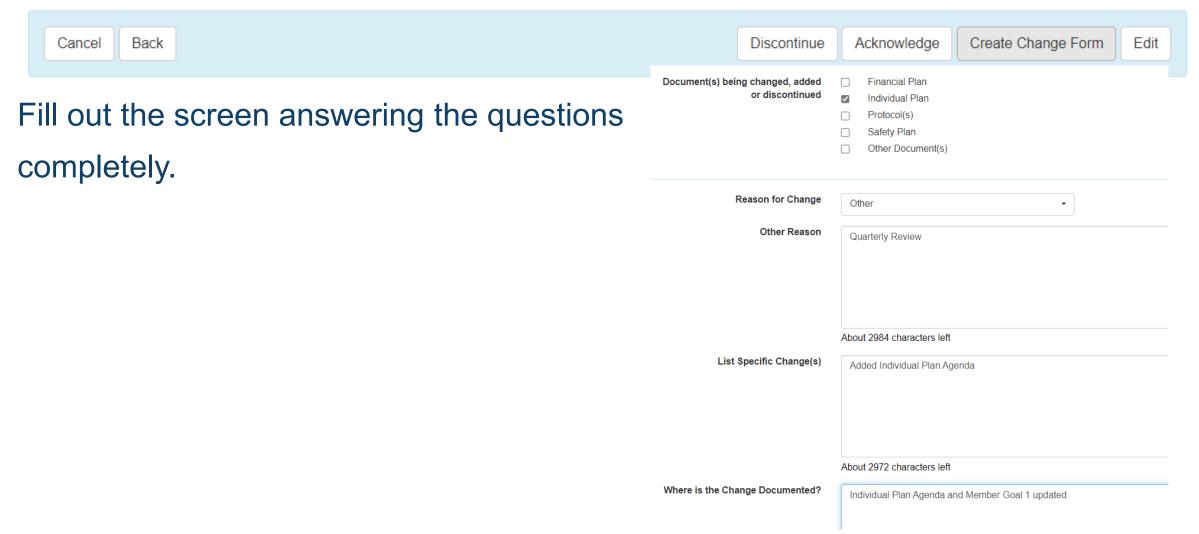
Save Meeting Minutes

Meeting Minutes for the form AGN-SPAND-P4T4QDAZJ4RNZ has been successfully saved



# 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 of Care.



# 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 of Care and edit it with any changes that came out of your meeting with the member.

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 of Care to the <u>Action Plans</u> section. Click <u>Import from Individual Plan Agenda</u>. Search for the IPA and select the correct option.



Select the Desired Outcomes and Needs/Issues from the Action Plan List. Then select "Add from Individual Plan Agenda". You will now see Action Plan items listed on the POC from the IPA.



#### **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"

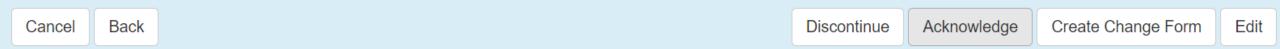
Form"

Cancel	Back	Update without Closing the Change Form

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 1915i program staff, you can also Acknowledge the Plan of Care. This is not a required step, but it will show in your "to-do" list until completed.



#### **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.)

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-I