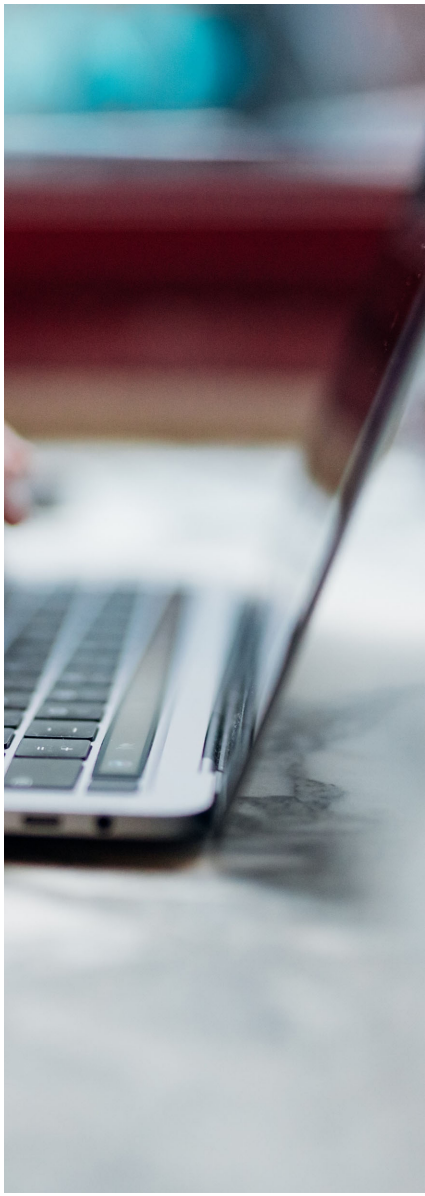
1915(i) Behavioral Health Services & Supports

Plan of Care Creation



Always use the most recent Plan of Care (POC) template when creating a new initial or annual POC

Sections are

Strengths and Preference Assessment	Conflict of Interest Exemptions	Eligibility & Initiation	Member Goals & Services
Risk Management/Crisis Plan (largely unchanged)	HCBS Setting Assessment Questions	Care Coordinator Information	Document Checklist

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Beginning a new Plan of Care

From the **State Oversight Account**, locate the most recent Plan of Care template and select **New** and your member's name

OR

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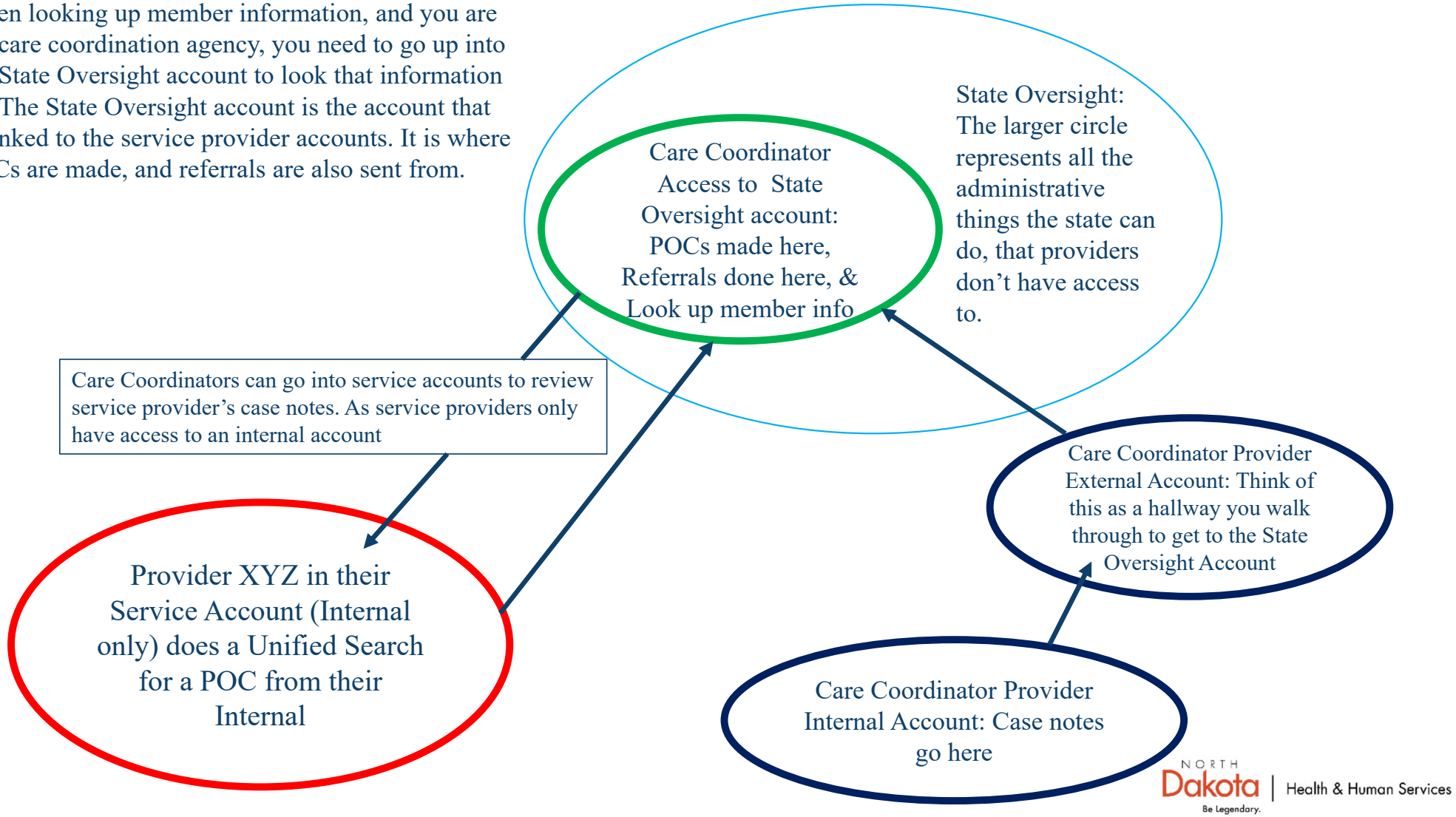
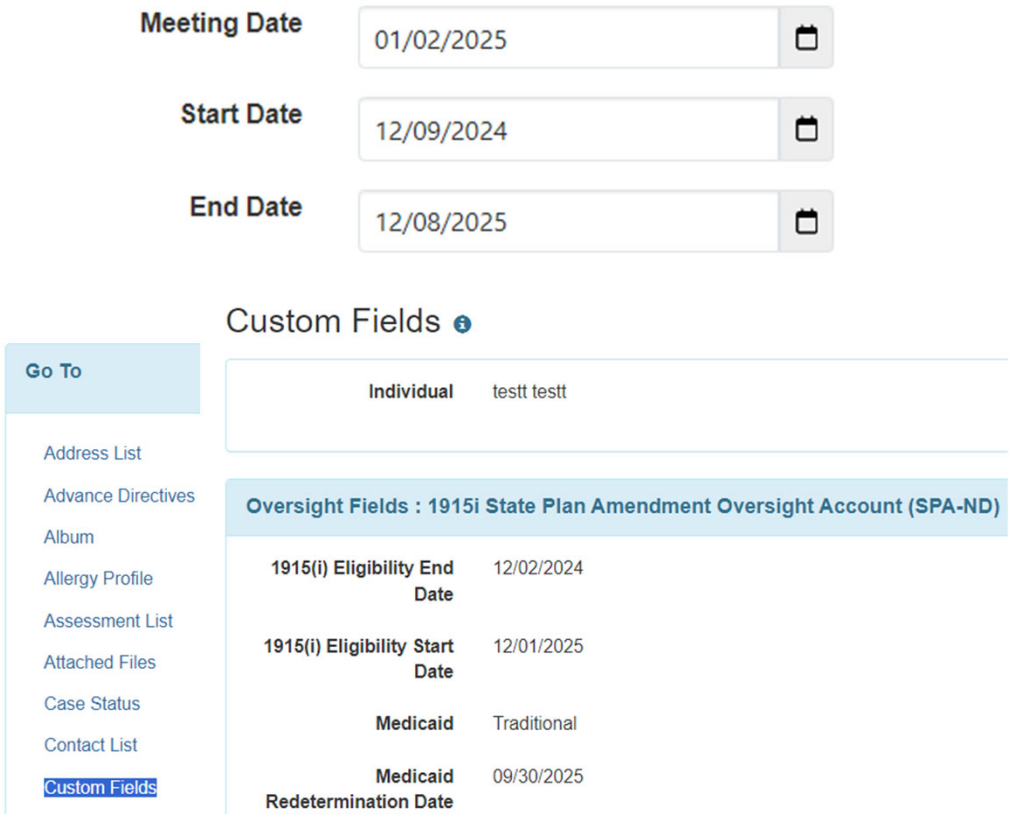
When looking up member information, and you are the care coordination agency, you need to go up into the State Oversight account to look that information up. The State Oversight account is the account that is linked to the service provider accounts. It is where POCs are made, and referrals are also sent from.



Beginning a new Plan of Care

In you're the state oversight account, go to the 1915i(i) Plan of Care 1.7.2025 section, and select New.

Filling in the Plan



Meeting date equals the date of your POC meeting.

Start date = 1915(i) start date

End date = 1915(i) end date

You will find these dates in the Custom Fields section under the **Go To** tab

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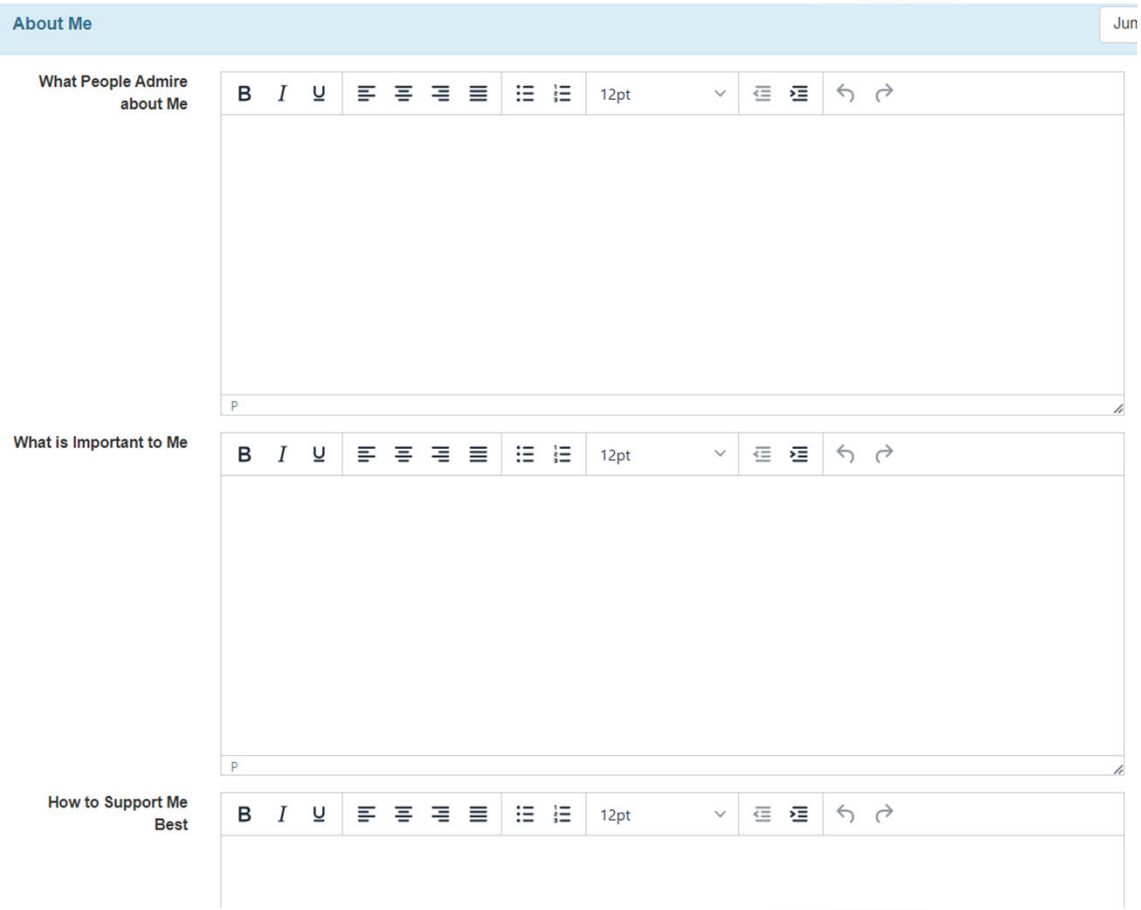

About Me

Ask and fill in the answers to these three questions.

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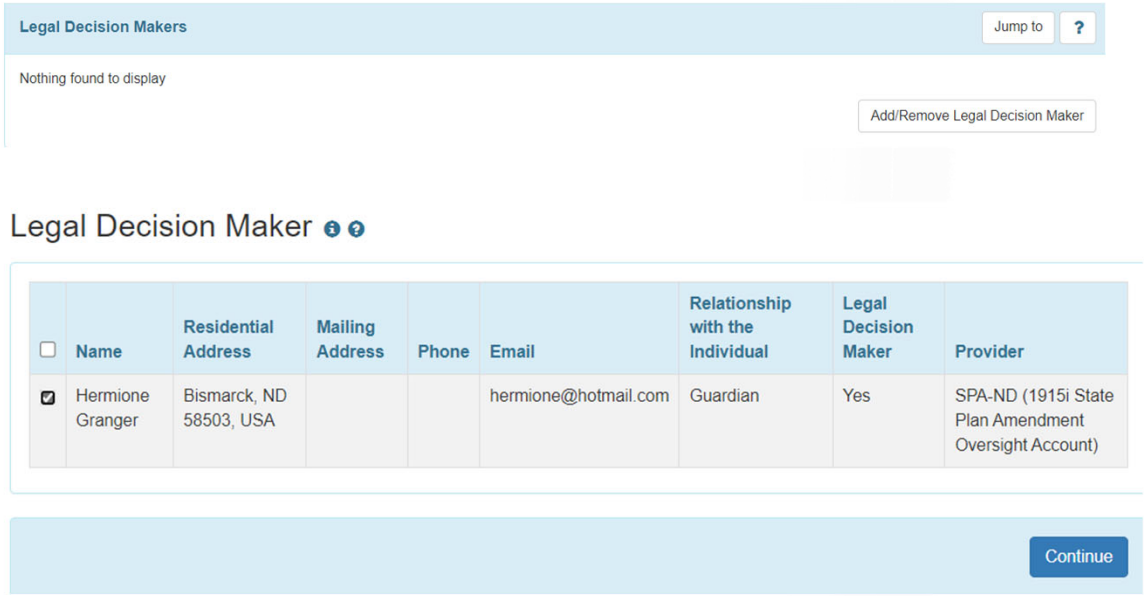
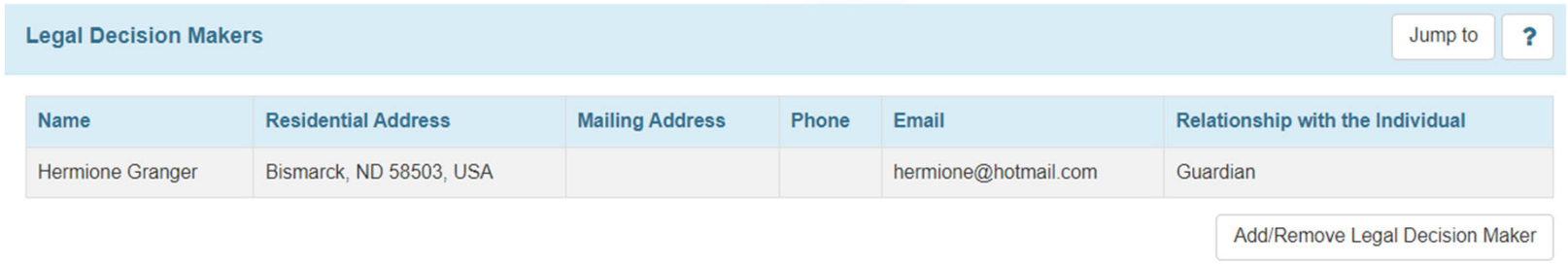
Legal Decision Makers



If the member has a parental guardian/legal guardian, you should be able to select **Add/Remove Legal Decision Maker** to add their listed guardian. You can also list the guardian under the Participants section of the POC.



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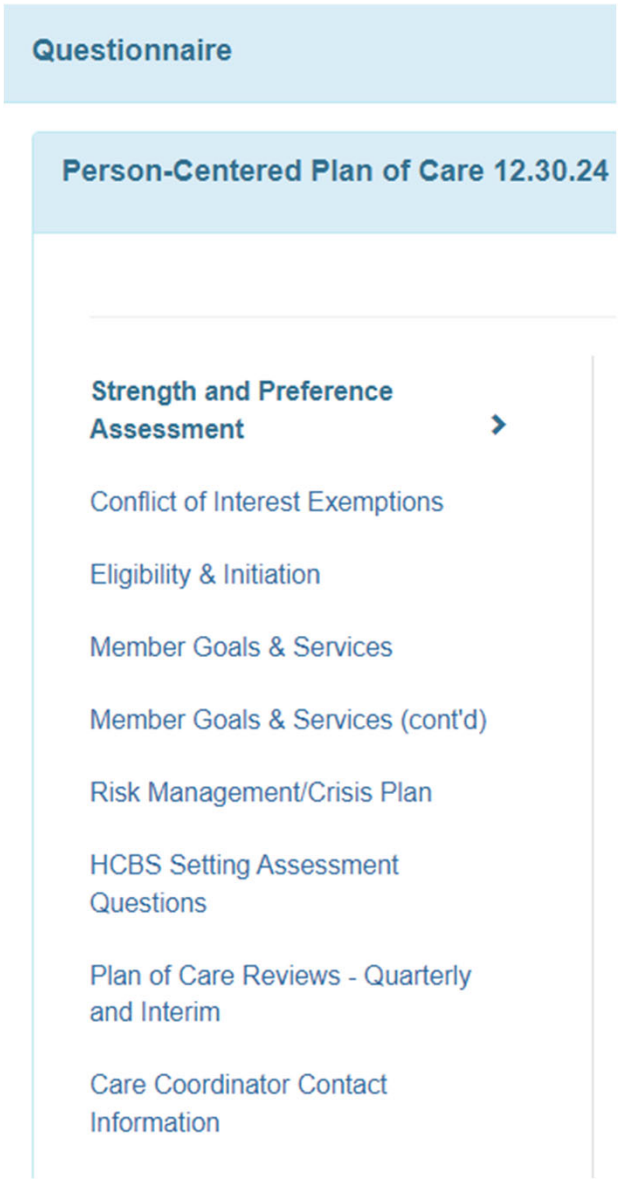

Questionnaire Section

This is the longest section of the Plan of Care.

Complete all questions unless directed otherwise. Read questions carefully, some do not need to be answered.

Sections are listed to your left, beginning with the Strength and Preference Assessment.

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Strength and Preferences Assessment

This series of questions is person-centered and designed to help care coordinators work with members to identify plan of care goals and steps/resources needed to achieve the goals. These questions are broken into subject matter sections.

- Interests and Activities
- Living Environment
- Employment
- Trauma, Safety, and Legal Issues
- Financial
- Lifestyle and Health
- Transportation
- Faith and Spirituality
- Choice-Making
- Relationships and Important People
- Hopes and Dreams

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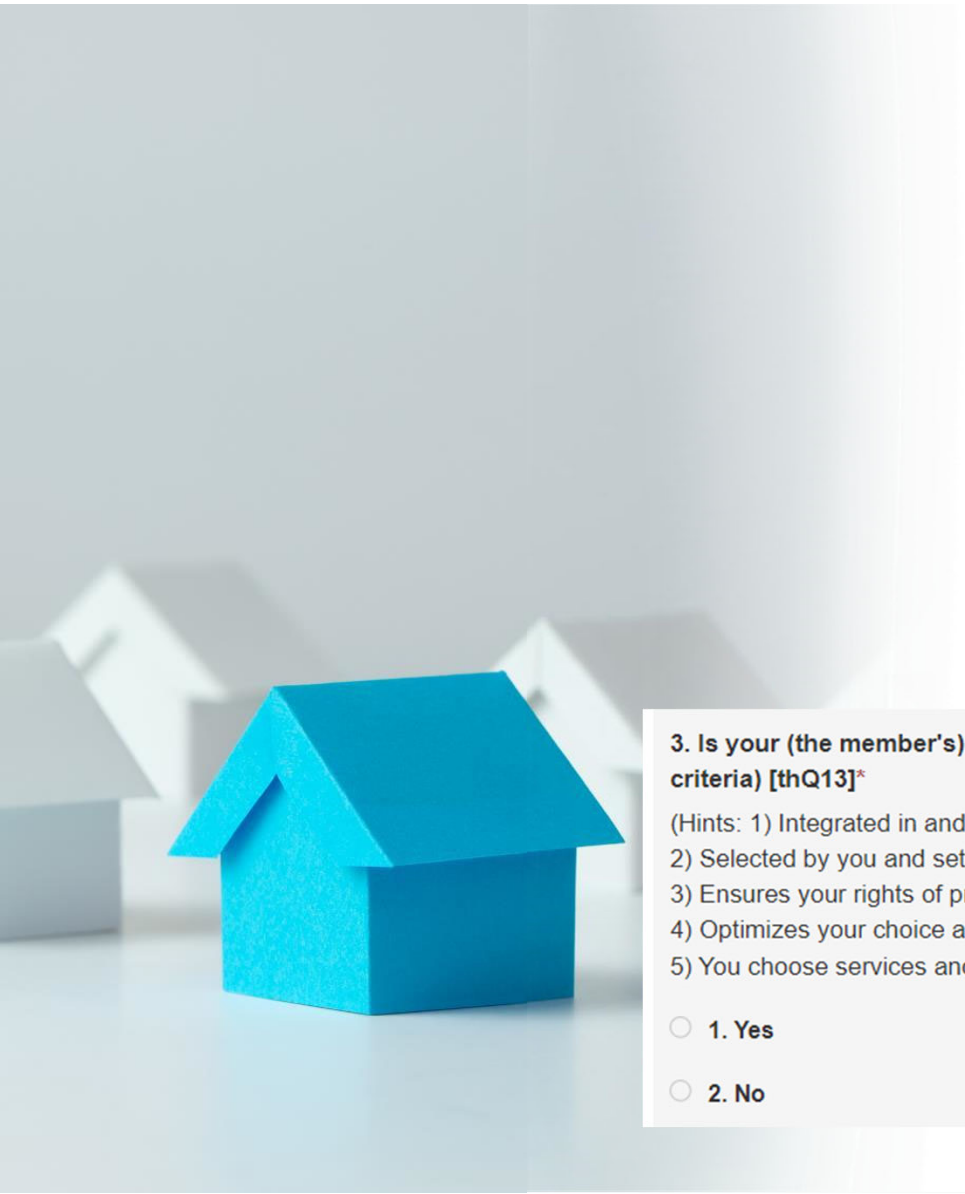


Residential

The answer to this question should always be yes. If the member says no to 1)-5) you need to investigate their setting further and documentation should occur in the HCBS settings section.

3. Is your (the member's) residential address a community-based setting? (Community-based settings meet ALL below criteria) [thQ13]*

(Hints: 1) Integrated in and supports full access to your community
2) Selected by you and setting options must include non-disability specific settings.
3) Ensures your rights of privacy, dignity and respect, and freedom from coercion and restraint.
4) Optimizes your choice and independence in making life decisions
5) You choose services and supports and who provides them.)

- 1. Yes
- 2. No

Residential

Answers here should determine and support whether housing supports are needed and/or whether there is a residential goal.

4. In what type of residence do you live? [thQ162]* [Hide Options]

1. Alone in own home (owned or rented)
2. Alone in apartment or other rented residence
3. In home with family member(s)/guardian(s) (rented or owned)
4. In apartment or other rented residence with family member(s)/guardian(s)
5. In home with non-relatives (rented or owned)
6. In apartment or other rented residence with non-relatives
7. Homeless
8. Other

5. Do you want to live in this setting/at this address? [thQ157]*

- 1. Yes
- 2. No

6. If the above answer is no, where would you prefer to live? [thQ158] [Hide

1. Home/apartment rented by member
2. Home of parent/guardian
3. Home of other family member
4. Home of friend
5. Other

Employment

Answers here should determine and support whether employment supports are needed.

7. What would be your ideal job? [thQ164]*

8. What skills do you need to do this job? [thQ165]*

9. What skills do you already have to do this job? [thQ166]*

10. What skills do you need to develop? [thQ167]*

Trauma, Safety, and Legal Issues

Answers here may relate to peer support, family peer support, or lead to referrals for other services/supports (care coordination).

* What experiences/relationships/people make you feel safe or not safe?	test About 2996 characters left
* What experiences/relationships/people support you to reach your goals?	test About 2996 characters left
* Have experiences/relationships/people made it more difficult for you to reach your goals? If so, how?	test About 2996 characters left
* Have you been involved with the police and/or the legal system? If so, tell me about your experience(s).	test

Financial

Answers here may relate to peer support, benefits planning, or referral to other supports/services (care coordination).

* **Tell me about how you manage your money.**

test

About 2996 characters left

* **Are there any skills, supports, of information about money management you think you need?**

test

About 2996 characters left

Lifestyle and Health

Answers here may relate to peer support, family peer support, referrals to other services/supports (care coordination).

* **What is your health like?**

test

About 2996 characters left

* **Tell me about things you do that help you stay healthy.**

test

About 2996 characters left

* **What are some things you would like to do to improve your health?**

test

Transportation

Answers here should identify member transportation support needs. Including ways the member can independently commute in their community. Where that's not possible, transportation should be a plan goal with steps towards independence.

* How do you currently get from place to place?

test

About 2996 characters left

* Are there friends, family, neighbors, co-workers, or other sources of transportation you can use?

test

About 2996 characters left

* Is there anything that would make travel easier for you?

test

Faith and Spirituality

These answers may relate to peer support, family peer support, or connection to sources of support/services (care coordination).

* **How do you view the purpose of your life?**

test

About 2996 characters left

* **What spiritual or faith-based activities do you participate in?**

test

About 2996 characters left

* **In what ways are these helpful to you?**

test

Choice-Making

These answers may relate to peer support, family peer support, or connection to sources of support/services (care coordination).

*** Are there any choices in your life you would like to make that others are making for you?**

test

About 2996 characters left

*** If you could make these choices, what would you choose differently?**

test

Relationships and Important People

These answers may relate to peer support, family peer support, or connection to sources of support/services (care coordination).

* Is there a person in your life that you feel believes in you?	test About 2996 characters left
* If yes, who is that person?	test About 2996 characters left
* How does this person let you know they believe in you? What do they do?	test

Hopes and Dreams

These will help with goal setting in general to get a better feel for the member, their strengths, and where they'd like to go.

* **Tell me about your hopes or dreams for the future.**

test

About 2996 characters left

* **What are some hopes and dreams you have let go of?**

test

About 2996 characters left

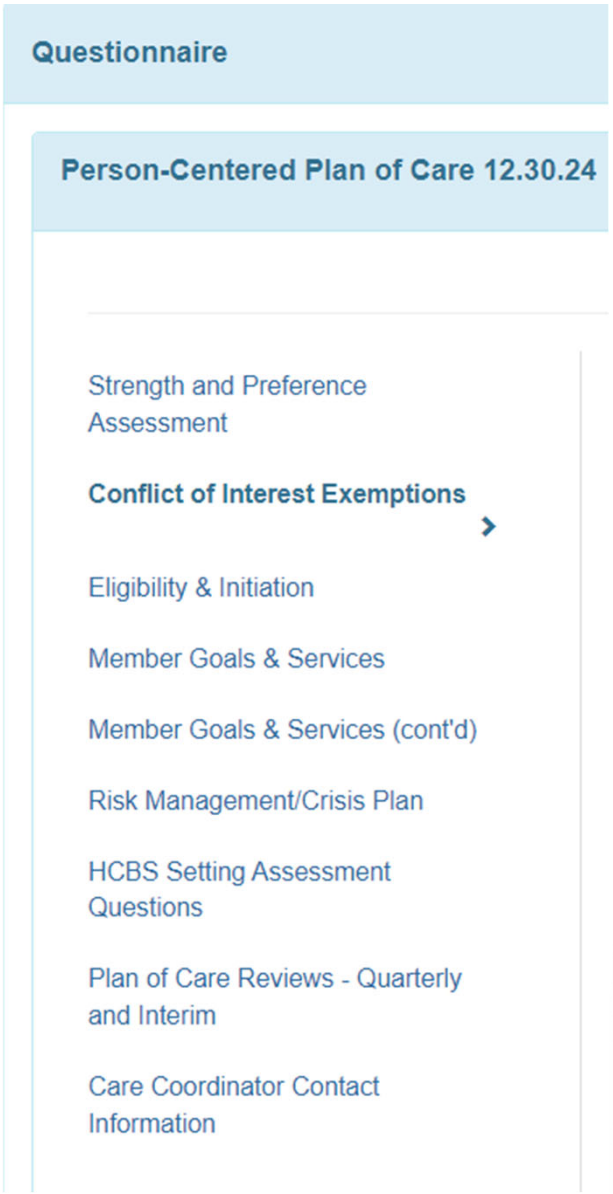
* **Tell me about the dreams that have come true for you.**

test

About 2996 characters left

* **What did you do to make those dreams come true?**

test



Conflict of Interest Exemptions

This section is to determine whether a provider is exempted from the federal requirement that members receive care coordination and supportive services from separate provider agencies.

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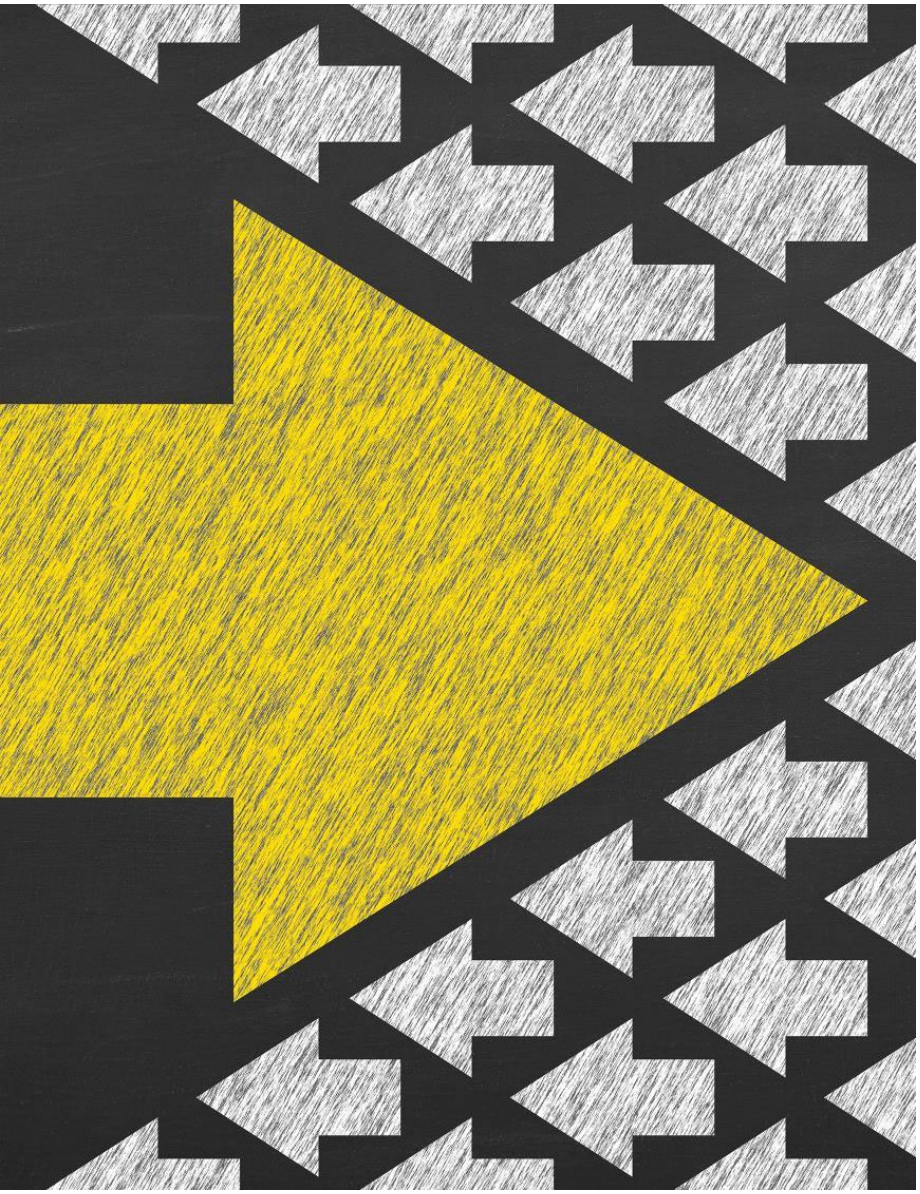


Conflict of Interest Exemptions

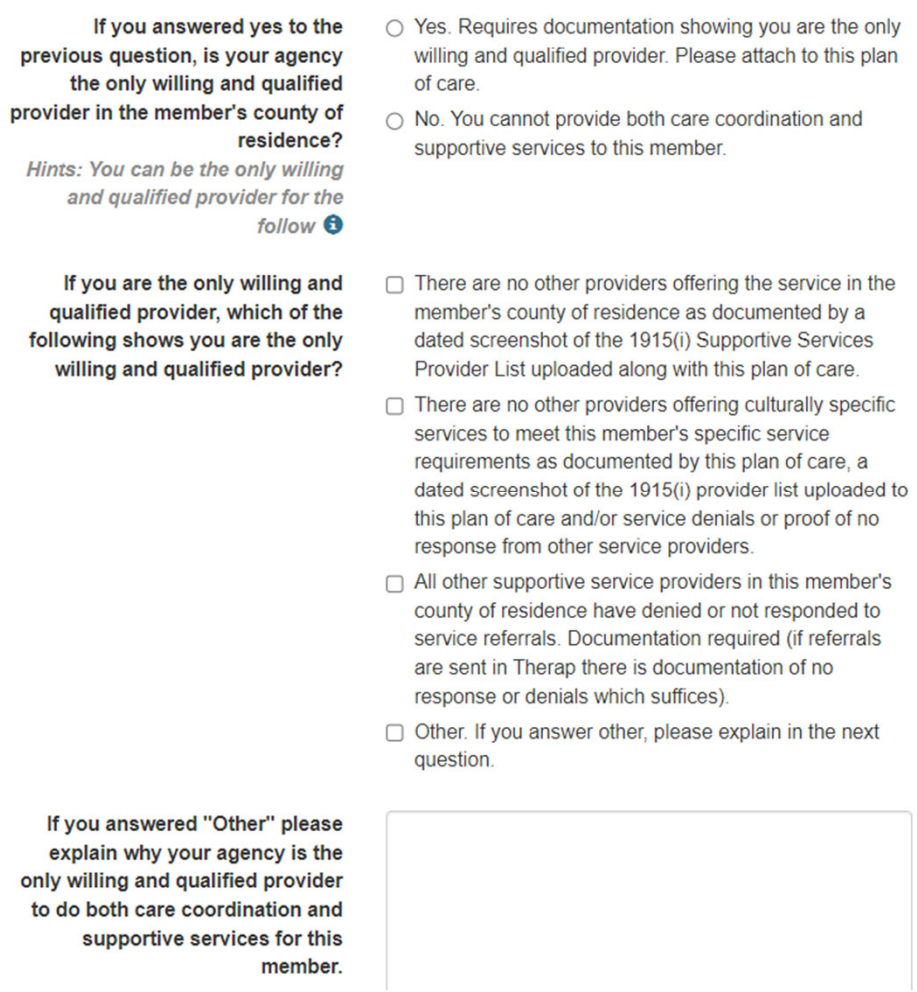
Answer the first question to determine whether you need to answer the following questions.

* **Is your agency wanting to provide both care coordination and supportive services (i.e. peer support, housing support, etc.) to this member?**	○ Yes ◉ No

Conflict of Interest Exemptions

You will be asked to list the different service providers for care coordination and supportive service(s) if you qualify for the exemption for this member.

Care coordinators (the individual) may only render care coordination for a member, even if the conflict-of-interest exemption applies. Meaning that if you had the exemption, your agency would need a different person to do the care coordination, and someone else to do the peer support.



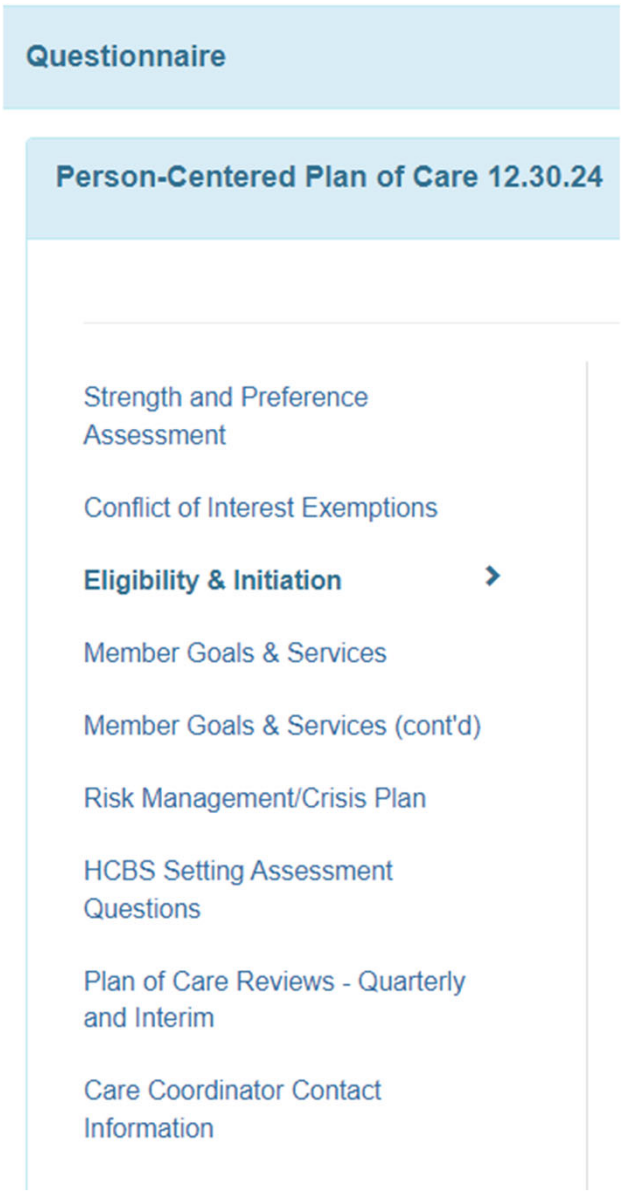
If you answered yes to the previous question, is your agency the only willing and qualified provider in the member's county of residence?
Hints: You can be the only willing and qualified provider for the follow

- ○ Yes. Requires documentation showing you are the only willing and qualified provider. Please attach to this plan of care.
- ○ No. You cannot provide both care coordination and supportive services to this member.

If you are the only willing and qualified provider, which of the following shows you are the only willing and qualified provider?

- ☐ There are no other providers offering the service in the member's county of residence as documented by a dated screenshot of the 1915(i) Supportive Services Provider List uploaded along with this plan of care.
- ☐ There are no other providers offering culturally specific services to meet this member's specific service requirements as documented by this plan of care, a dated screenshot of the 1915(i) provider list uploaded to this plan of care and/or service denials or proof of no response from other service providers.
- ☐ All other supportive service providers in this member's county of residence have denied or not responded to service referrals. Documentation required (if referrals are sent in Therap there is documentation of no response or denials which suffices).
- ☐ Other. If you answer other, please explain in the next question.

If you answered "Other" please explain why your agency is the only willing and qualified provider to do both care coordination and supportive services for this member.



Eligibility & Initiation

This section is where you'll enter information about eligibility, POC meetings and important dates, the member's qualifying assessment score as well as duplication of services.

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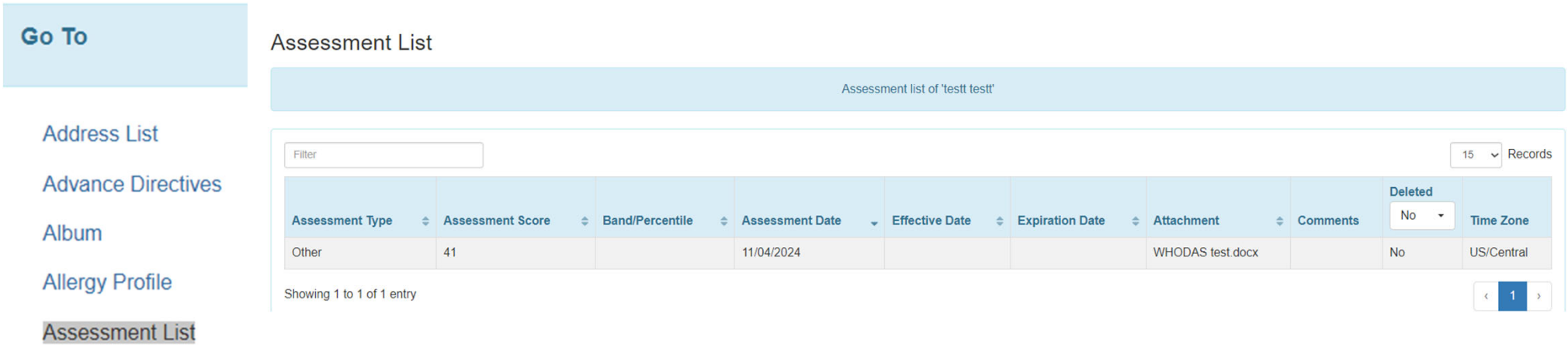
Assessment Score (WHODAS or DLA-20)

On the Member's Individual Home Page click on the **Assessment List** section. The type of assessment and score will be listed.



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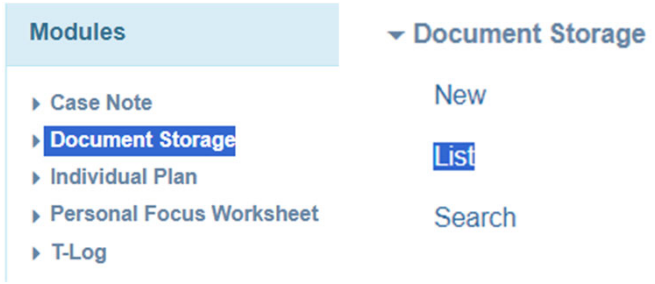
Assessment Score (WHODAS or DLA-20) & Eligibility Assessment

From the Member's Home Tab on their Individual Home Page click **List** under **Document Storage** under Modules



Form ID	Individual	Status	Description	Upload Date	Updated Date	Type	Received Date	Valid From	Valid To	Entered By	File Size	Provider	Time Zone	Document
DOC-SPAND-NEJ4PDCYZ4VJ4	testt, testt	Active		12/16/2024	12/16/2024	Eligibility Application	12/02/2024			Dendy, Mandy	0.278 MB	1915i State Plan Amendment Oversight Account	US/Central	eligibility.pdf
DOC-SPAND-NE84Y35XG4VLY	testt, testt	Active	Score: 41	12/06/2024	12/06/2024	WHODAS	12/05/2024			Dendy, Mandy	0.011 MB	1915i State Plan Amendment Oversight Account	US/Central	WHODAS test.docx

Ensure that Care Coordinator is in the external Oversight account to see Document storage and that this is enabled in the Super Role

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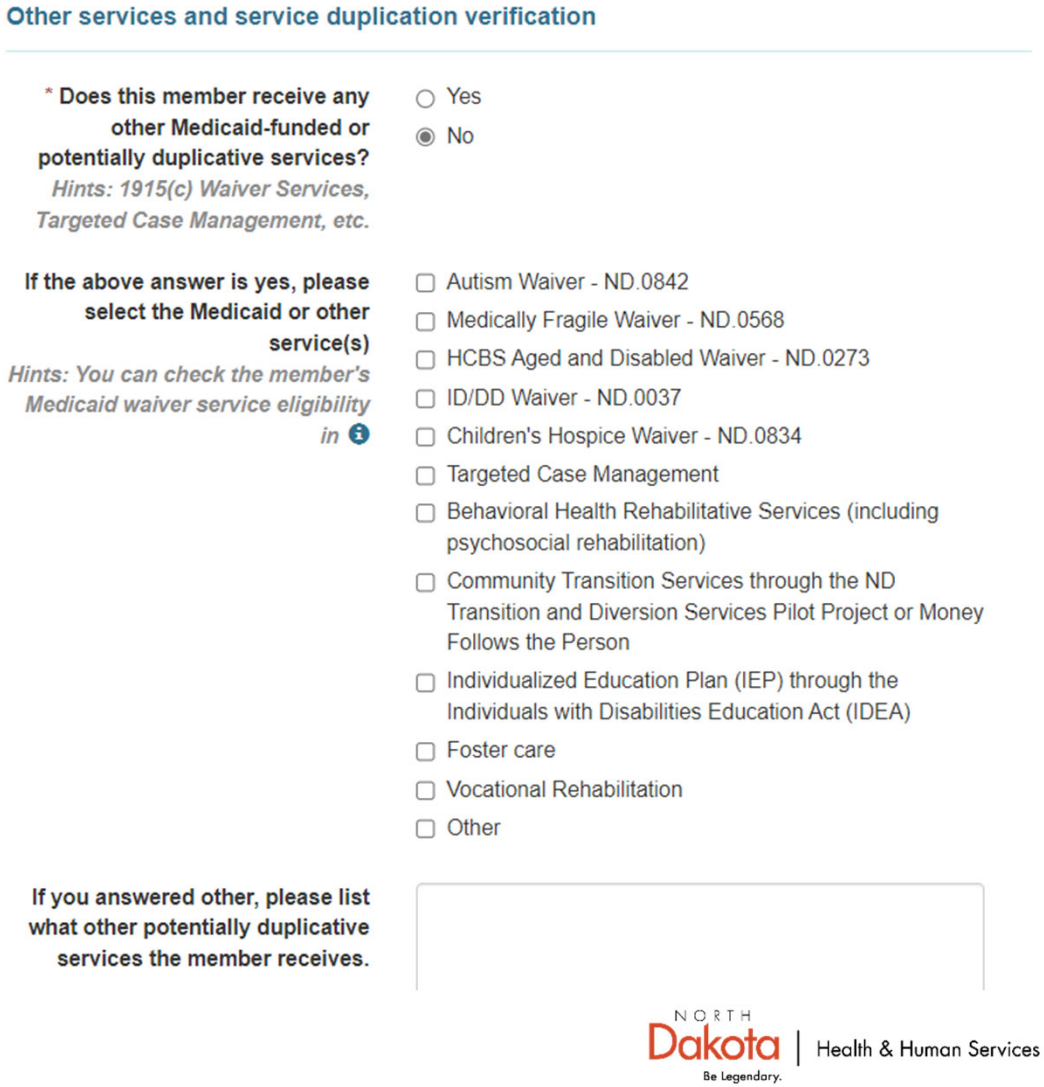
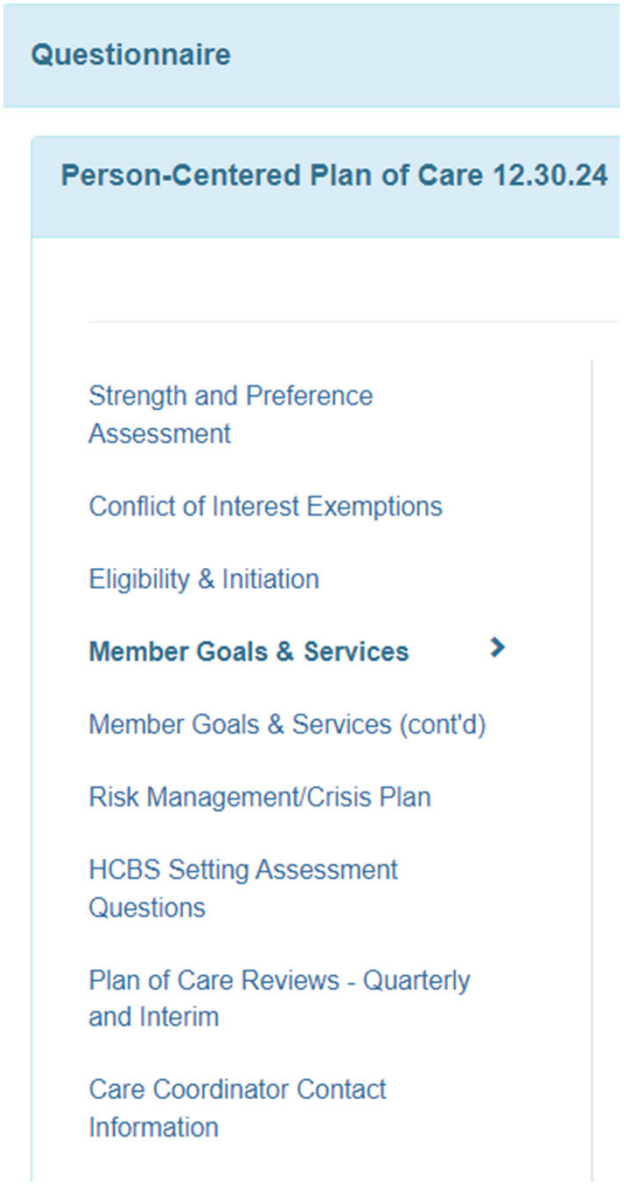
Potential Service Duplication

Answer these questions to determine if there is service duplication.





Member Goals & Services

Elements of SMART goals have been broken into separate questions so it's easier to write the member's goals as SMART goals.

Tip: Write the member's goal as something they want to achieve versus the service that will help them achieve it. You will identify the service(s) in this section.

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Member Goals & Services

This section has been expanded on with questions designed to capture each component of a S-M-A-R-T goal.

*** What goal is member trying to achieve? Be specific.**
Hints: This question is the S in SMART goals - Specific.

*** How is the member going to achieve the goal?**
Hints: What steps is the member going to take?

This question is the M

*** List the member's unpaid natural supports and community resources the member has access to in support of this goal.**

Hints

List:
- Support Provided
- Name of Support or Resource
- Contact Information (Address, Phone, and/or Email address)

*** What tools or resources does the member need to achieve this goal? (Type N/A if the member has the necessary tools or resources to work towards achieving this goal.)**

Hints

This question is the A in SMART goals - Achievable. Ensuring the member has what they need to work towards this goal. I.e., you wouldn't ask someone to repair a car without giving them the tools they need to do the mechanical repairs. The same applies here. If the member needs to work on a specific skill or have access to a resource, list it.

*** What is the benefit of member achieving this goal?**

Hints

What do they expect to happen if they reach the goal? What kind of change(s) do they expect to see?

This is the R in SMART Goals - Relevant. How does achieving this goal make sense for the member?

*** When does the member expect to achieve this goal?**

Hints

Enter a timeframe in days, weeks, or months. This goal should be evaluated quarterly for progress or adjustment.

This is the T in SMART goals - Time-bound. It gives you a timeframe and something to shoot for.

Be specific with each answer

*** What goal is member trying to achieve? Be specific.**
Hints: This question is the S in SMART goals - Specific.

Member is currently living at a sober living facility. Member used to live independently in an apartment and would like to get an apartment again.

*** How is the member going to achieve the goal?**
Hints: What steps is the member going to take?

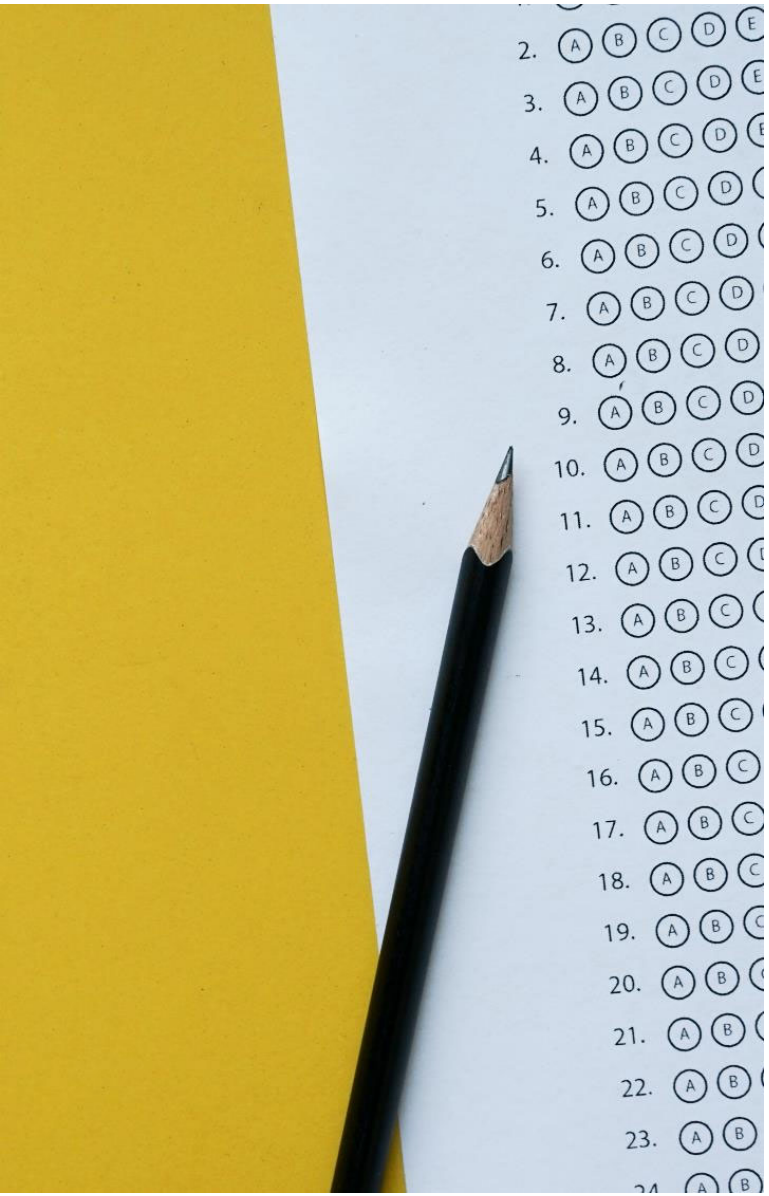
This question is the M

Member is going to first do a budget to see how much money they have and explore available assistance to see what rental properties they can afford.

Member is going to visit and/or fill out five rental applications per week.

*** What tools or resources does the member need to achieve this goal? (Type N/A if the member has the necessary tools or resources to work towards achieving this goal.)**

Member doesn't have transportation to explore rental properties outside of walking distance of his friend's residence. He needs transportation. He also needs someone to review his applications before submitting them. He might need reminders and follow-up as well.



Answers lead you to the appropriate service(s)

*** What is the benefit of member achieving this goal?**

Hints: What do they expect to

The member is looking forward to having a place of his own where he can have his children over to visit.

*** When does the member expect to achieve this goal?**

Hints: Enter a timeframe in days,

Member understands this might take a while and expects to have an apartment within the next three months.

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Integrate services to support goal achievement

What service(s) will help me achieve this goal?

- In this example, member would benefit from both Housing Supports and Non-Medical Transportation to achieve this goal.
  - Why? Because member is looking for an apartment and doesn't currently have transportation to use when exploring potential apartments.

NMT pairs with other supportive services

NMT is generally not a standalone goal. Transportation will be the goal and NMT may be used to support achievement of the goal.

- NMT is used to support a member in achieving POC goals.
- You can now select two services in support of one plan goal – i.e. peer support or housing support and NMT to support a member's transportation needs in relation to the goal.

Will non-medical transportation help me achieve this goal?

If you answered yes above, what kinds of activities or events do you need non-medical transportation (NMT) for to achieve this goal?

Total NMT Units Requested

NMT Frequency Requested

NMT Duration Requested

NMT Service provider name

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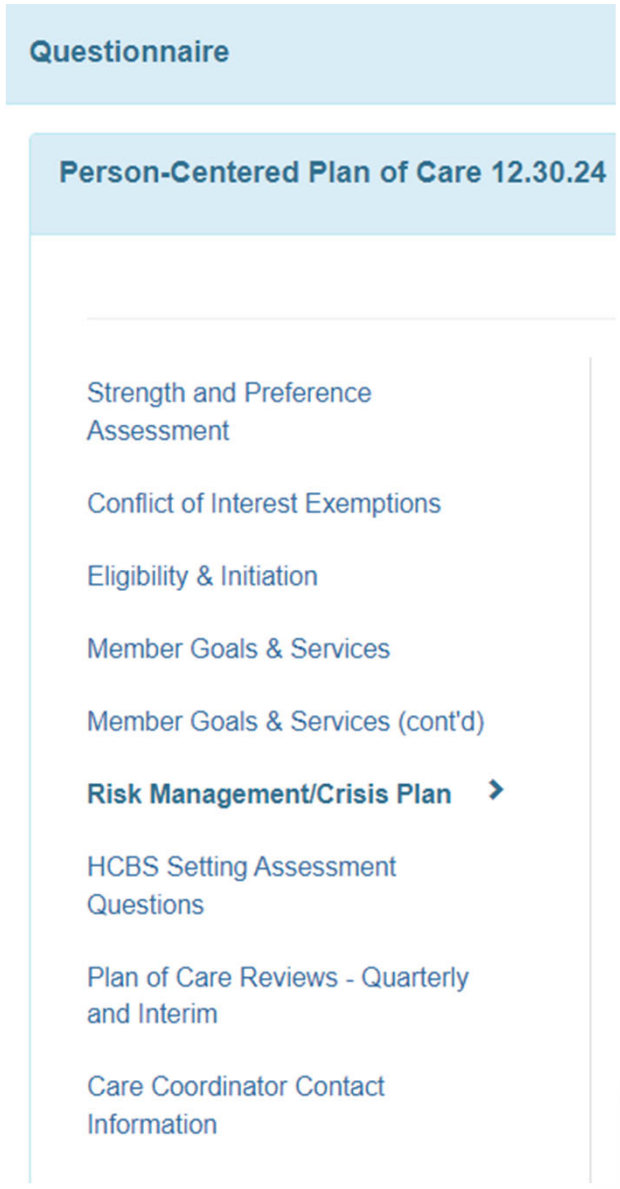

Risk Management/Crisis Plan

Here is where you will enter information about the member's qualifying diagnosis(es), other health information, as well as risk management and crisis planning information.

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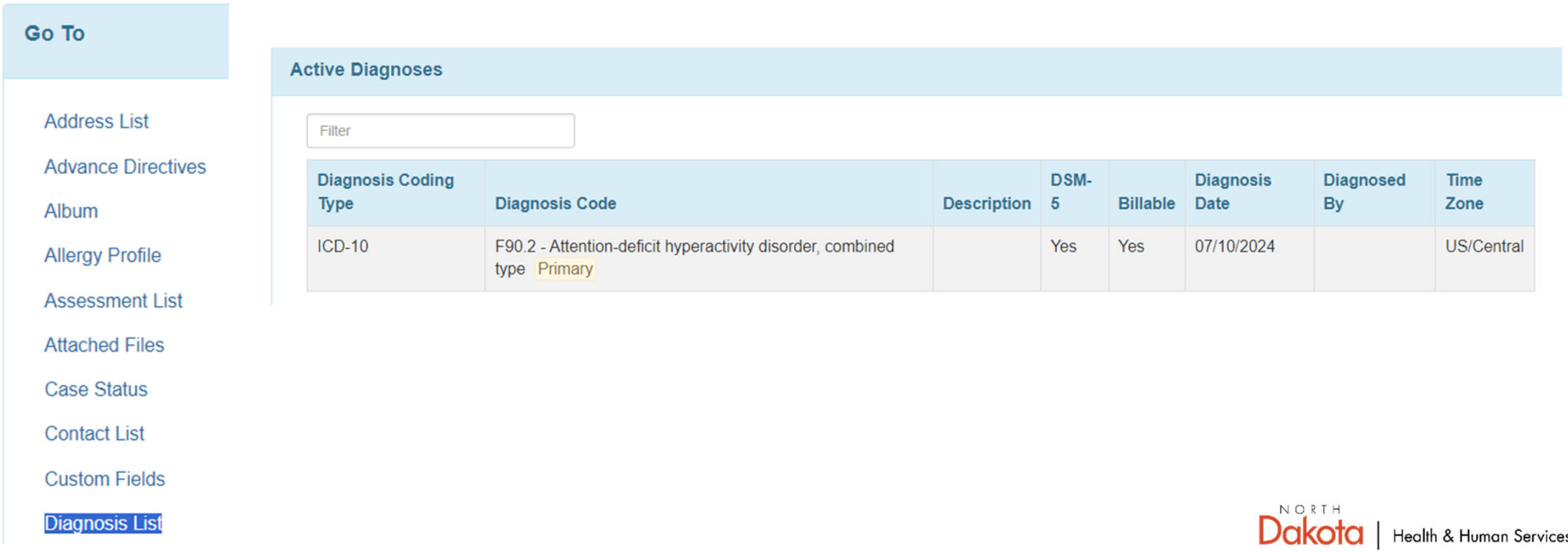
Diagnosis

On the Member's Individual Home Page click on the **Diagnosis List** section



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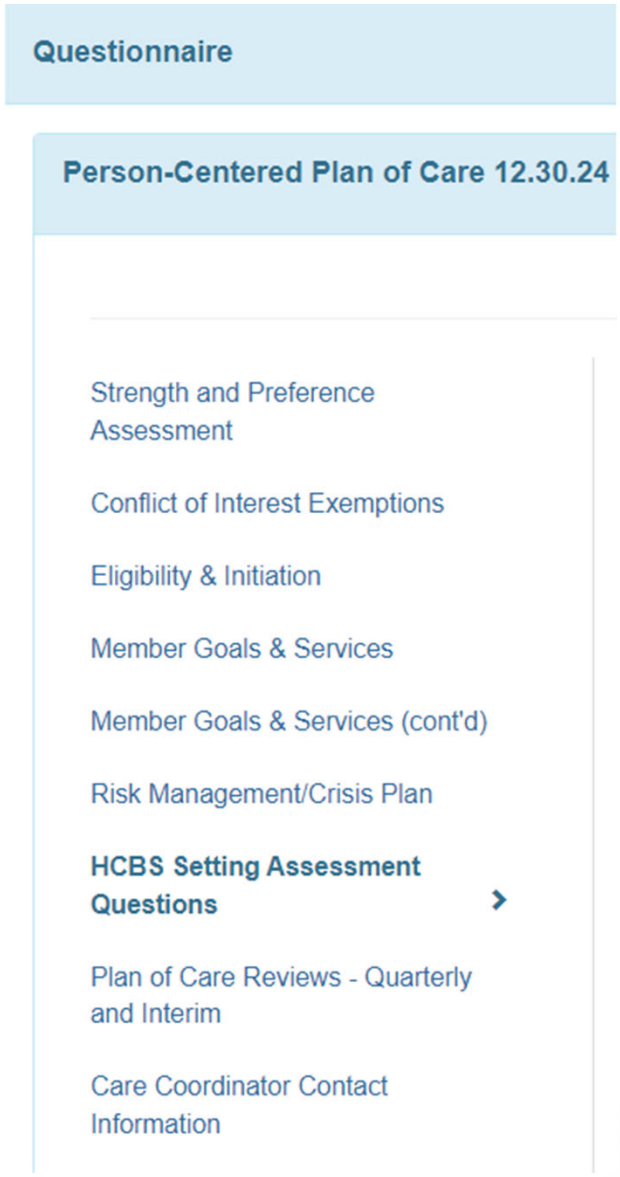

HCBS Setting Assessment Questions

Here is where you will verify the member is receiving services in a qualifying home and community-based setting.

Depending on the answer to the first question, you may be able to skip the remaining questions.

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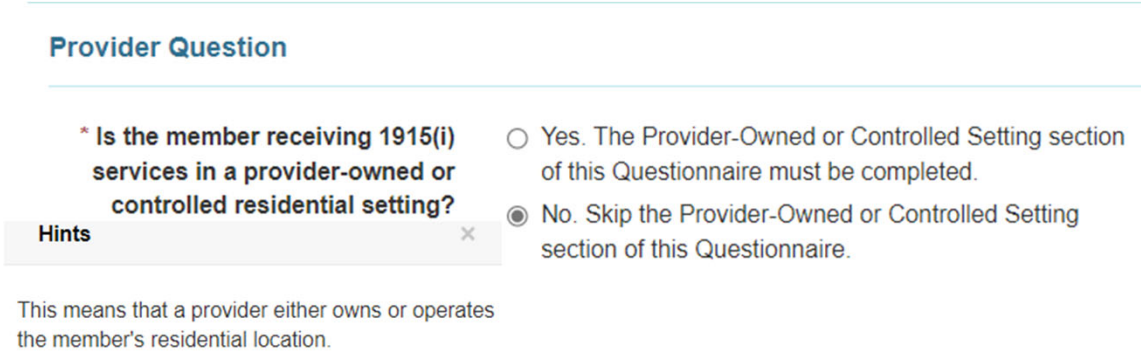
HCBS Setting Assessment Questions

You will answer the first question and if the answer is No you do not need to complete the following sections.

If you answer Yes to the first question, you must complete the Provider-Owned or Controlled Setting section.

If you answer Yes to any questions in the Provider-Owned or Controlled Setting section, you must answer the questions in the Setting Modifications section.



→ **Provider-Owned or Controlled Setting**

→ **Setting Modifications**

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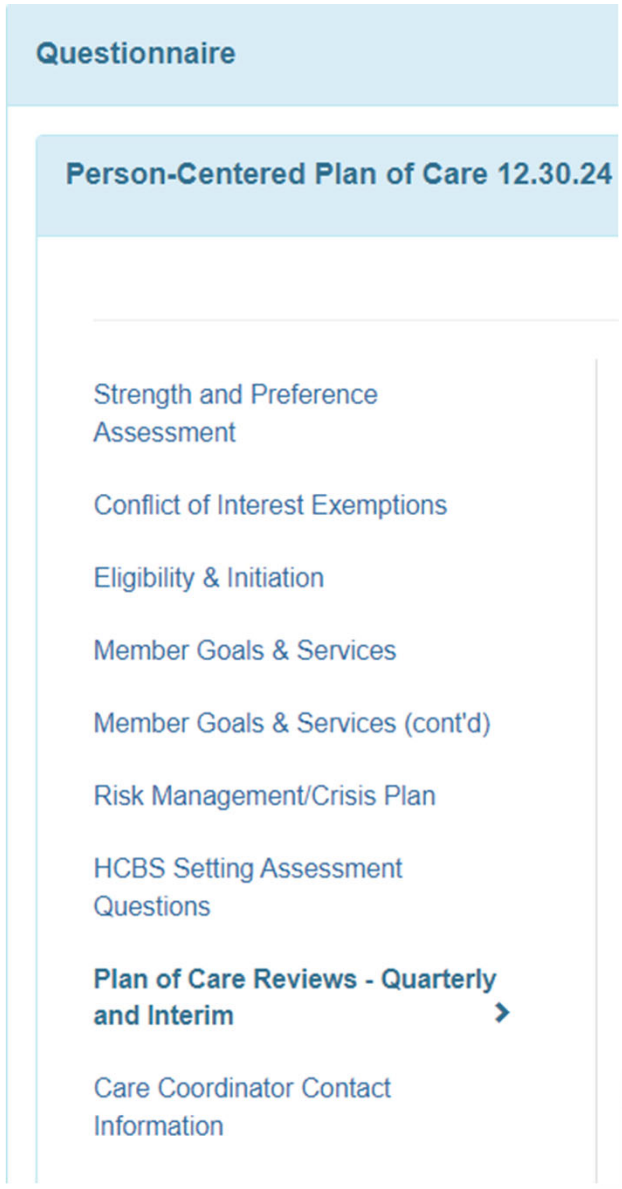

Plan of Care Reviews – Quarterly and Interim

You won't fill out this section for initial plans of care.

This section is for the member's Quarterly Reviews and any Interim (between Quarterly Reviews) plan updates.

If you are doing a Quarterly/Interim Review, you will complete an Individual Plan Agenda in addition to updating the Member Goals & Services section.

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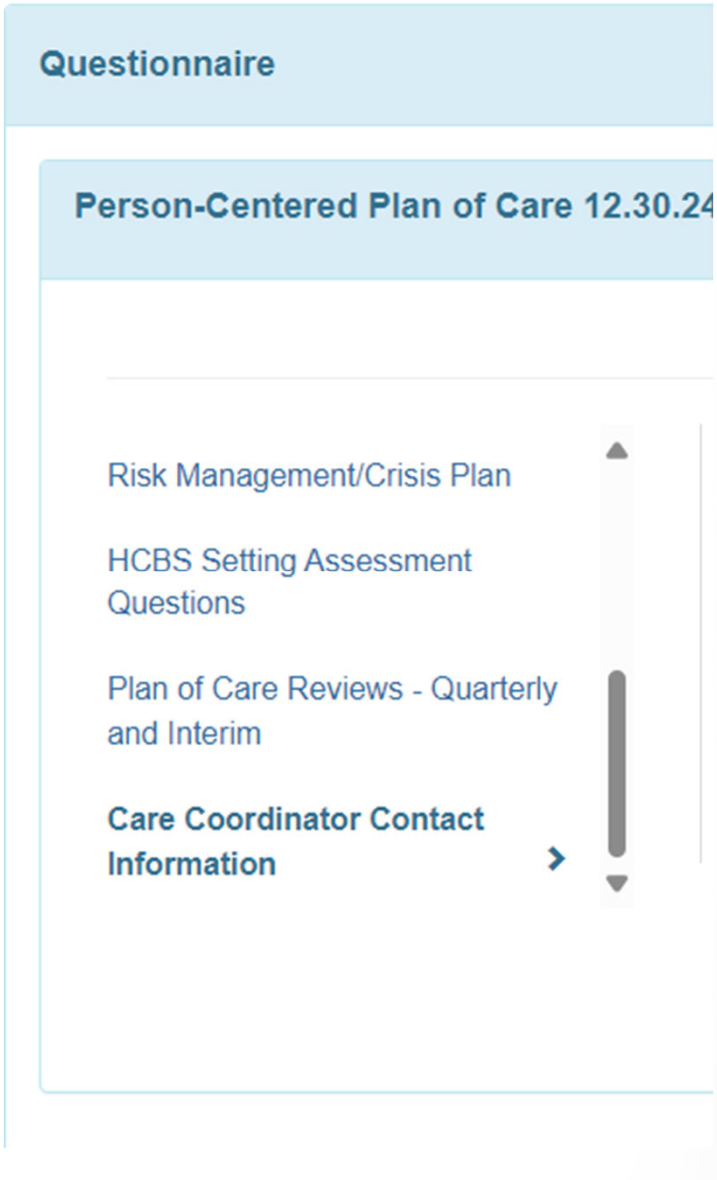

Care Coordinator Contact Information

Here is where you enter your information. This is important because the member and other planning team members receive this plan of care and may use this plan to contact you.

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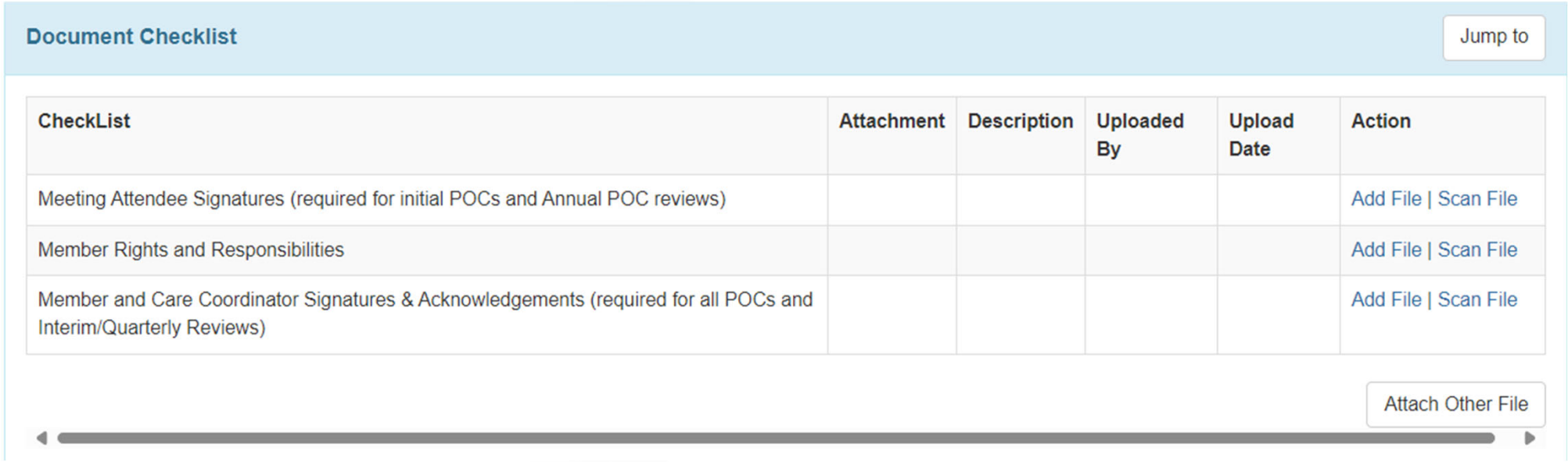
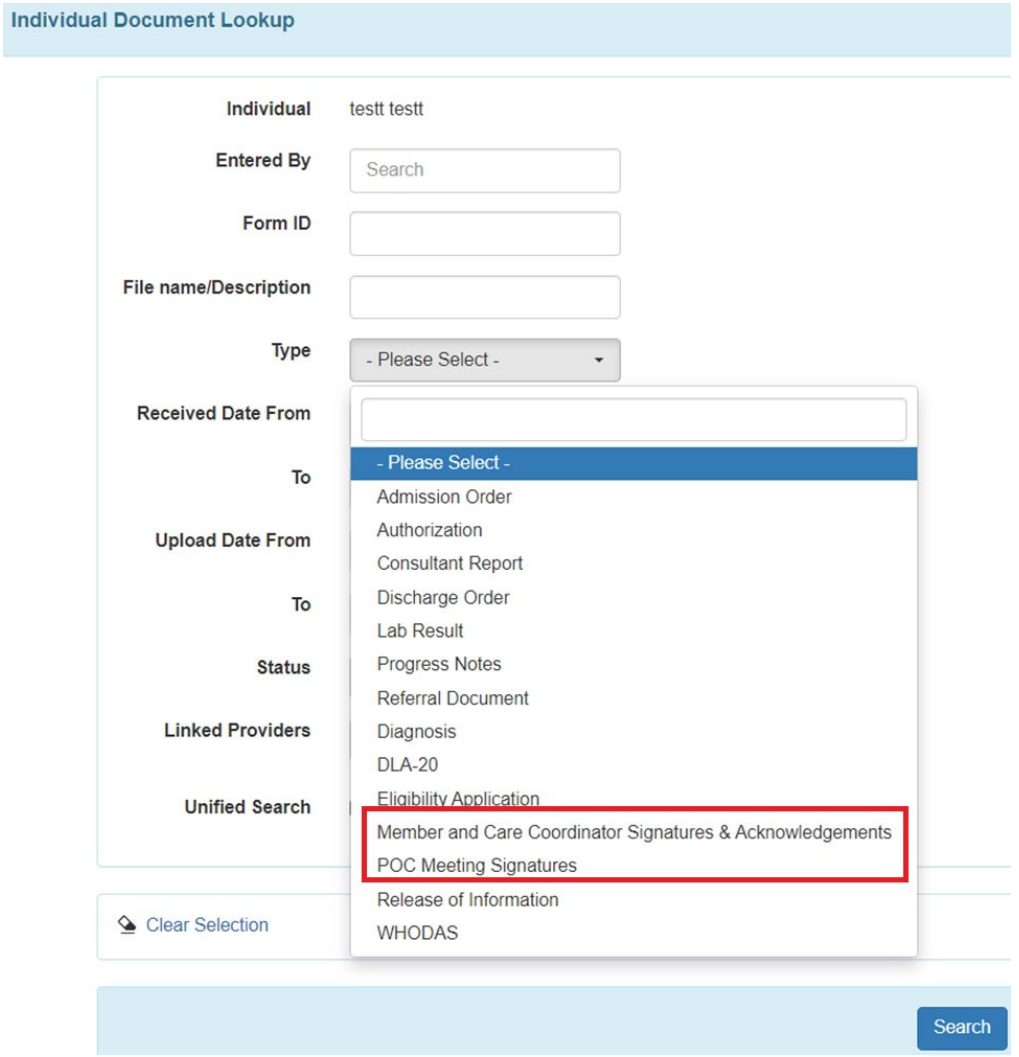
Document Checklist

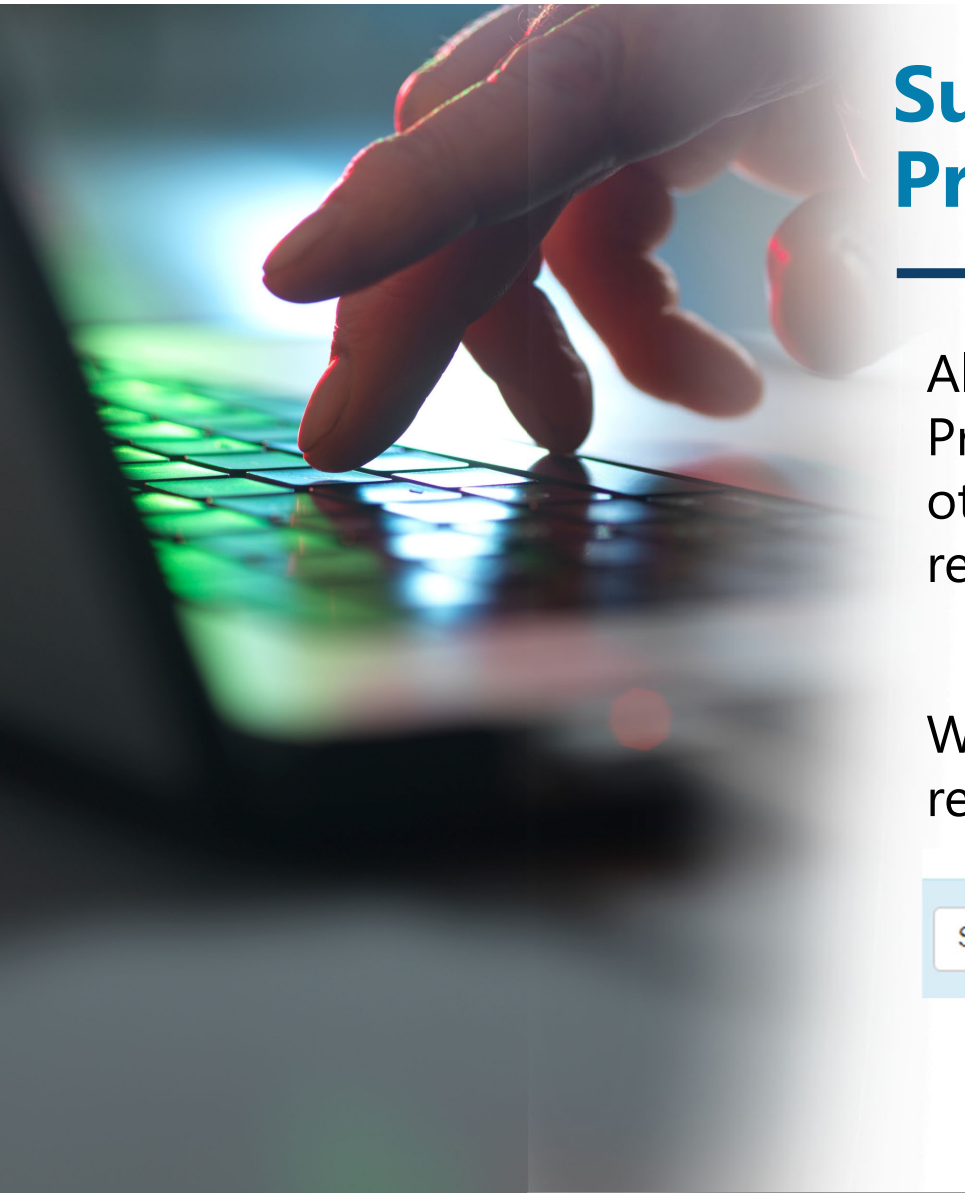
Here is where you will upload Meeting Attendee Signatures and Member and Care Coordinator Signatures & Acknowledgements, and Member Rights and Responsibilities, as needed by clicking **Add File**. You can select **Attach Other File** to add any other documents.



Document Checklist – selecting from Individual Document Lookup

If you have uploaded these documents to the Member's **Document Storage** you can attach these documents to the POC using the **Individual Document Lookup** button.

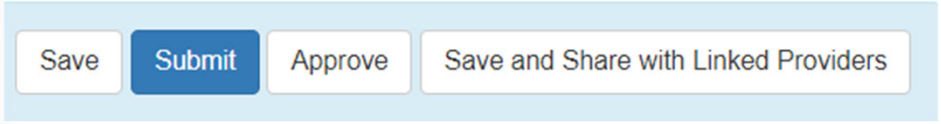




Submitting a Plan of Care for Program Staff Approval

All Plans of Care must be approved by Program staff prior to rendering services other than care coordination services rendered to develop and write the Plan.

When you are ready for the Plan to be reviewed and approved, select **Submit**.



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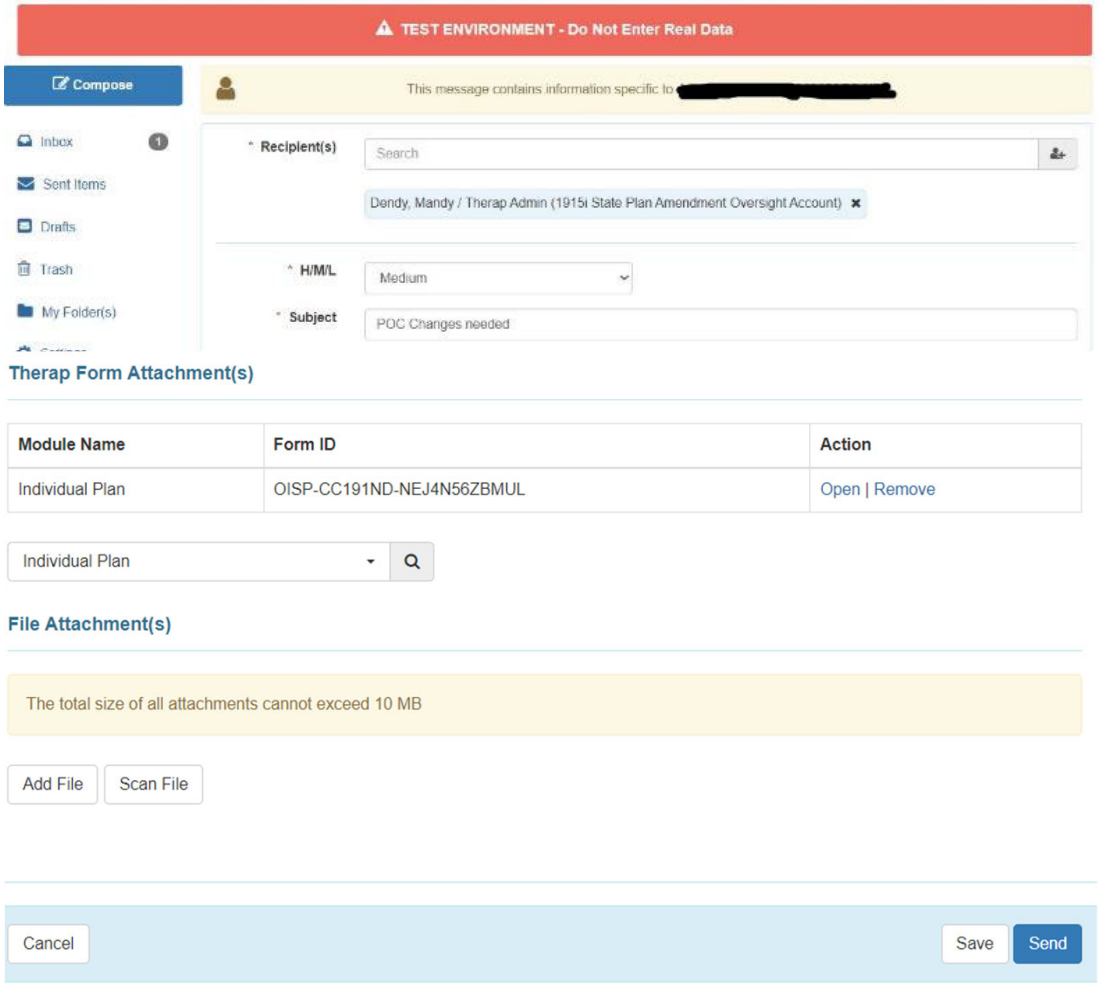

SComms for returned Plans

If a Plan needs changes, you will receive a SComm in Therap about the plan and needed changes.

The Plan will be returned to your work queue and you simply **Submit** it again when it's ready for review.

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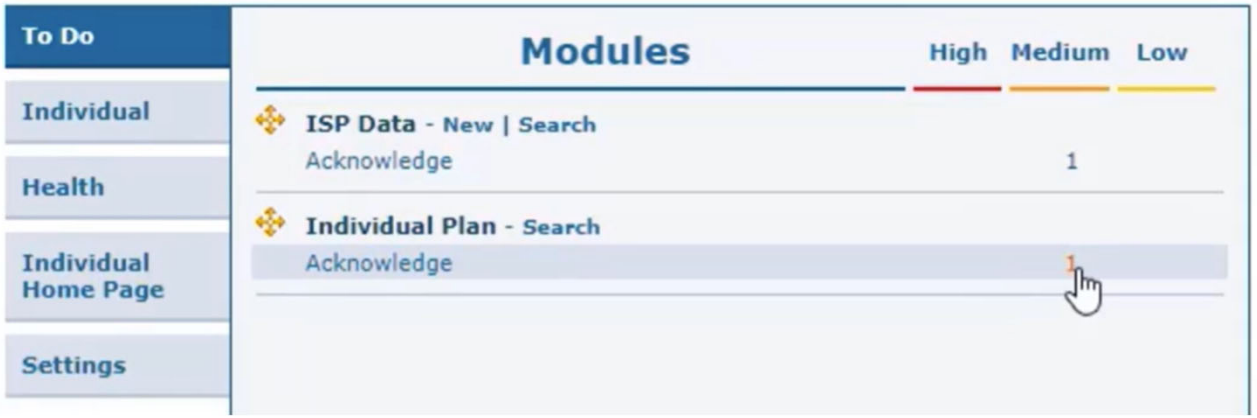
An Approved Plan will come to you for Acknowledgement

An Approved Plan should show up on your To Do tab. Check this tab regularly and click through and **Acknowledge** plans that need acknowledging.

Here is how to see what updates have been made to a plan.



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