

carelogic MANUAL by Qualifacts

DS SERVICE COORDINATORS



UPPER VALLEY
SERVICES

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PART I: Logging in to CareLogic

CARELOGIC ADDRESSES

Live CareLogic: <https://login.qualifacts.org/carelogic/?system=aris>

Test/Training site: <https://cert.qualifacts.org/carelogic/?system=aris>

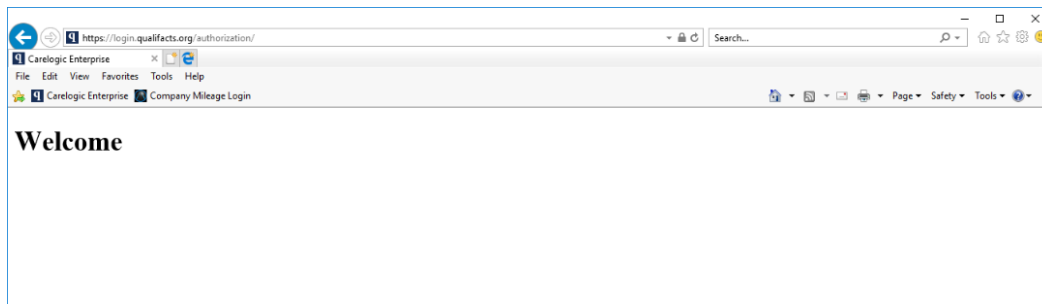
- While in the cert/test environment, you cannot negatively affect any individual's data.
- Data in the test/cert environment is anonymized so you will not recognize any individual's names (i.e., the names are fictional).

LOGGING ON

- **Account:** (if prompted) is **aris**
- **Username:** assigned to you (usually your first initial and last name)
- **Password:** Initial password is the word **password**.
 - You will then be prompted to change your password and create an electronic signature.
 - Your electronic signature will be used to sign documents in CareLogic.
 - For your password and signature, choose something that is short and easy to remember, but difficult for others to guess. It is best to use a combination of letters, numbers, and symbols.
 - Contact your Electronic Health Records (EHR) Specialist to reset your password.

ERROR MESSAGES

There is a common error with CareLogic in that you may sometimes get a blank white Welcome screen:



- If you have not logged off your computer in several days, do this first.
- If after logging back on to your computer and the white screen continues, in the address bar, erase the word /authorization/ and hit the enter key.
- Contact your EHR Specialist if the error persists.

LOGGING OFF

- Please log out of CareLogic each day for security purposes vs. closing your browser.
- On the right-hand side of the navigation bar, you will see a square with a right-pointing arrow icon. Click on this icon to log out of CareLogic.
- When logged in to CareLogic, the system will monitor the session for activity and when CareLogic is left unattended, CareLogic monitors for inactivity and will log a user off if inactive for an extended period.
- When working in CareLogic, make sure you save your data by hitting the "**Submit**" button or you will lose data if the system logs you off automatically.

OTHER IMPORTANT DATA

- Any field in pink is a required field. You must enter data in this field.
- To save text or other data entered in forms you **MUST** hit the **Submit** button on each page to save the information. If you exit out of the form and have not hit the **Submit** button, your data may/will be lost.
- **All users leave an audit trail when using CareLogic.** Please remember that unless you have an authorized reason for accessing an individual's or staff's data in CareLogic, you should not access data that you are not authorized to do so. Please contact your EHR Specialist for more information or clarification.

PART II: Dashboard

DASHBOARD

When you first log in to CareLogic you will see your Dashboard. At this time, the information on the Dashboard is not relevant to your job and can be safely ignored.

From the Dashboard, on the navigation bar, you can search for individuals, view your schedule, view alerts, and click on the individual tab, which has various menu options.

NAVIGATION BAR



The navigation bar is used to access the menu system in CareLogic. When a button in the navigation bar is clicked, the corresponding menu system is loaded. For example, if the **Schedule** button is clicked, the **Schedule** is loaded. If the **Individual** button bar is clicked, the various menus relating to the individual tab are presented.

The right side of the navigation bar contains icons that allow you to log off, check your alerts, change your password, and print.

Client Search

CLIENT SEARCH – Please see **Client Search Field** section below.



MY ALERTS – See **Alerts Tab** for additional information.



DASHBOARD – This button will return you to the dashboard.



USER PREFERENCES – Limited customization, includes choice of four color themes.



CHANGE PASSWORD/E-SIGN – Click here if you want to update your password.



MESSAGE CENTER – This is not used.



PRINT – Use this to print the contents of your screen. Limited functionality.



HELP – Qualifacts/CareLogic's online help system.



LOGOUT OF CARELOGIC – This button will return you to the dashboard.

FAVORITES TAB

The Favorites tab is where you will find any menu items you have starred. Some items only show when you are in an individual's record.

SCHEDULE TAB

When you click on the Schedule Tab you will be brought to **your** schedule.

- See **Appendix H: Schedule** for how to enter activities on your schedule.
- See **Appendix I: Activities Entered on The Schedule** for how to code activities properly on your schedule.
- Under the Staff Schedule drop-down on this form, you may also access the schedules for those you supervise.

INDIVIDUAL TAB

To find individuals assigned to **your** case load, click on the '**Individual**' tab on the ribbon and individuals assigned to you will load.

Other non-individual menu items within the Individual Tab:

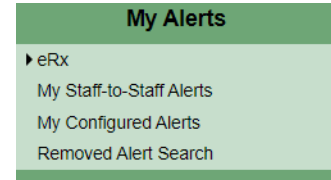
Alternate Alerts	View Alerts for other staff members YOU SUPERVISE ONLY
Alternate Caseload	Select a staff and view individuals assigned to them through staff relationships.
Case Audit Random Sample List	<i>Do not use</i>
Call Log Status	<i>Do not use</i>
Client Search Form	You can search for active and inactive individuals using various unique identifiers
ID Number Entry	<i>Do not use</i>
My Alerts	Another way to view your alerts
My Caseload	View individuals assigned to you through staff relationships.
My Groups	<i>Do not use</i>
Service History	Used to view schedule entries for an individual.

ALERTS TAB

Alerts indicate that user action is needed. **The alert button will ALWAYS be in red.** Alerts can be generated by the system or by users.

- **Familiarize yourself with your alerts.**

- If you only see **eRx, My Staff-to-Staff Alerts, Configured Alerts,** and **Removed Alert Search** in the left sidebar of the Alerts screen, you have no alerts requiring your attention.
- **Informational Alerts – Any alert that has a “Remove” button.**
 - Click on the alert, read the alert, and select “remove.”
- **Action Alerts – Any alert that requires specific action (i.e., unsigned documents).**
 - Click on the alert and then “select” the alert and resolve the situation.



- If you discover an action alert is for a document that was started in CareLogic in error, you can delete the document, which will remove the alert.

CLIENT SEARCH FIELD

To find individuals not on your case load, use the 'Client Search' field on the far right of your ribbon bar (by last name).

- The Client Search field searches broadly for individuals with similar names and may bring back more than one individual.
 - When you try accessing individuals that you do not have an assigned relationship to, CareLogic will advise you that you do not have the correct privileges to view that individual's information.
 - If you should have an assigned relationship, please contact your EHR Specialist.
 - If you need emergency access (i.e., you are filling in for another service coordinator, etc.), complete the **Client Access Log** as to why you need access to the records. Enter your signature and then hit Submit and you will be brought to the individual's ECR, or “face page.”

- Select the **ECR** to gain access to the individual's clinical record in CareLogic (see next section).

PART III: The Individual's Clinical Record

CLIENT SEARCH RESULTS

When you search for an individual using the **Individual** tab or through the **Client Search** box, on your navigation bar, the individual will pull under **Client Search Results**.

Caseload for Smith, John (0000) 1 client(s) on caseload

			Client Name	Gender	Birth Date	SSN	Caseload Organization	Admission Date	Primary Payer
ECR	Episodes	Schedule	Mayville , Cory (3175QT) 11/11/1984	M	11/11/1984	000-00-0457	UVS-Bradford	5/1/2016 01:00 PM	VT-Medicaid (VT-MED)
Beware striped pants with a striped shirt. Special Care Procedure for XYZ... Blah Blah Blah.... Please Ensure ABC and 123. Message regarding training here?									

ECR: THE ELECTRONIC CLIENT RECORD (ECR/FACE SHEET)

Click on the **ECR** button and the individual's **ECR/Face Sheet** will now appear, displaying recent and relative data relating to your individual.

Client Demographics

Name	Mayville, Cory (3175QT)
Status	Active
Upper Valley-Parent	ARIS Solutions 5/1/2016 1:00 PM - Currently Active
Gender	Male
Birth Date	11/11/1984
Age	35 years, 8 months
SSN	000-00-0457

Risks

- ISA due 2/28/19
- Beware striped pants with a striped shirt.
- COLST form
- Special Care Procedure for XYZ... Blah Blah Blah.... Please Ensure ABC and 123. Message regarding training here?

Contact Information

Physical Address: 17516 Some Street, Northfield, VT 05663 (OK to Send Mail)
Cell Phone: (802) 777-3830

Guarantors

Name	Tutor, Chantae (Public Guardian Full Guardianship)
Relationship & Information	Public Guardian, Full Guardianship, Legal Guardian, Emergency Contact, Appt Contact, Receives Statements
SSN	000-00-2077
Mailing Address	15495 Some Street, Nashville, TN 37238
Physical Address	14003 Some Street, Nashville, TN 37238
Work Address	14004 Some Street
Cell Phone	(802) 222-9235 (OK to ID)

Financial Information

Self Pay Balance: \$0.00
Payer 1: VT-Medicaid(VT-MED)

Payer Authorizations

Payer Plan	Begin Date	End Date	Procedure Code(s)	Authorized	Remaining	% Used
VT-Medicaid(VT-MED)	2/1/2021	(Not Set)	T2039, 001WV-U1	\$550.00	\$550.00	0%

Diagnosis

Diagnosis: (1) F68.2 - Psychotic Disorder Due to Another Medical Condition, With delusions
Effective Date and Time: 9/30/2021 10:36 AM
Diagnosed By: Sanders, Amanda (4827)

Medical Contacts

Document Date	Staff	Status	Signature Date	Document Name
3/29/2022	Coordinator, Training Service (6617)	Unsigned	(Not Set)	Vision Care Contact
3/29/2022	Coordinator, Training Service (6617)	Unsigned	(Not Set)	Annual Physical Contact
3/29/2022	Coordinator, Training Service (6617)	Unsigned	(Not Set)	Dental/Oral Contact

Service Documents

Document Date	Staff	Status	Signature Date	Document Name
1/27/2023	Sleeper, Michael (6639)	Unsigned	(Not Set)	VT Individual Support Agreement
7/28/2022	GRABOWSKI, JOSEPH (0338)	Fully Signed	7/28/2022	VT Individual Support Agreement (ISA)
7/28/2022	GRABOWSKI, JOSEPH (0338)	Fully Signed	7/28/2022	VT Individual Support Agreement (ISA)
7/28/2022	GRABOWSKI, JOSEPH (0338)	Fully Signed	7/28/2022	VT Individual Support Agreement (ISA)
3/31/2022	Coordinator, Training Service (6617)	Unsigned	(Not Set)	Communications Plan
3/31/2022	Coordinator, Training Service (6617)	Unsigned	(Not Set)	Personal Story
3/31/2022	Tomczyk, Carissa (4189)	Unsigned	(Not Set)	Home and Safety Requirements
3/31/2022	Tomczyk, Carissa (4189)	Unsigned	(Not Set)	Health History Questionnaire (SQ-03-020)
3/30/2022	Coordinator, Training Service (6617)	Unsigned	(Not Set)	Personal Story Update
3/30/2022	Coordinator, Training Service (6617)	Unsigned	(Not Set)	VT Needs Assessment

Direct Care Service Documents

Document Date	Staff	Status	Signature Date	Document Name
7/28/2022	GRABOWSKI, JOSEPH (0338)	Fully Signed	7/28/2022	VT Individual Support Agreement (ISA)

Client Demographics

Risks

Info exclusive to CareLogic. Does not display on the EFS.

Contact Information

Guarantors

Guarantors are any guardians listed.

Financial Information

Payer Authorizations

Staffed services utilizations.

Treatment Plan Expiration (not shown)

The individual's ISA expiration date.

Diagnosis

Used only for eligibility. Does not display on the EFS.

Medical Contacts

Service Documents


Direct Care Service Documents

You can click on any items in black. Doing so will take you to where the data showing is stored within the menu/forms in CareLogic.

Review the **ECR/Face Sheet** regularly for a snapshot of what is going on with your individual. Are there any unsigned documents? Do activities pulling from the schedule look in line with what you expect?

The **'Individual'** tab on the navigation bar, within the ECR, is where you will find and complete most of the forms required for service coordination on behalf of the individual. **This is where you will do the bulk of your work within CareLogic.**

PAYER AUTHORIZATIONS & SERVICE UTILIZATION

 **Please Note:** The **Payer Authorizations** section is a great way to keep tabs on staffed services utilization!

Payer Authorizations

● Exceeds Minimum Utilization

Payer Plan	Begin Date	End Date	Procedure Code(s)	Authorized	Remaining	% Used
VT-Medicaid(VT-MED)	7/1/2022	6/30/2023	H2025-C04	4160	4160	0%
VT-Medicaid(VT-MED)	7/1/2022	6/30/2023	T1016-A01	624	624	0%
VT-Medicaid(VT-MED)	7/1/2022	6/30/2023	S5135-H01	1040	1040	0%
VT-Medicaid(VT-MED)	7/1/2022	6/30/2023	T2021-B01	2080	2080	0%
VT-Medicaid(VT-MED)	7/1/2022	6/30/2023	T2017-H01	1040	1040	0%

PROCEDURE CODE	STAFFED SERVICE
T1016-A01	Service Coordination
T2021-B01	Community Supports
T2025-C04	Ongoing Support to Maintain Employment
S5135-H01	Supervised Living (in-home supports independent setting)
T2017-H01	Supervised Living

AUTHORIZED – total units (15 mins) of service authorized for the fiscal year

- To determine how many hours an authorization translates to per week, divide the total units by 208 (52 weeks X 4 units per hour)
 - **Example:** T2021-B01 / 4160 authorized units = Community Supports 20 hrs/wk
- As Service Coordinators and DSPs enter their time in CareLogic, the **Remaining** balance will decrease accordingly, and the **% Used** column will reflect actual utilization.
 - In a normal fiscal year, it is anticipated that utilization will follow a predictable track:

September 30th	25% used
December 31st	50% used
March 31st	75% used
June 30th	100% used
- **Paying regular attention to service utilization will help you stay on top of any trends that may warrant further action, whether it is heavy utilization or an underutilization of services. Both scenarios should be brought to the attention of the Program Director and may indicate a need for an updated Needs Assessment.**

PART IV: The Individual Tab within an Individual's ECR

GENERAL INFORMATION

ADDITIONAL MSR DATA	<i>Not used.</i>	
APPLICATION FOR DEVELOPMENTAL SERVICES	<i>Only used by Administrators.</i>	
CLIENT PICTURE	Please send the individual's picture to the EHR Specialist for upload.	
CLIENT RELATIONSHIPS	Add or end-date (DO NOT DELETE) outside relationships relating to your individual (i.e., shared living providers, primary care and other health care providers, other family members). Select "Emergency Contact" for the relationship to pull on the Emergency Fact Sheet.	See Appendix A: Emergency Fact Sheet
CONTACT INFORMATION	Update the phone, email, and address for the individual here. DO NOT DELETE OLD INFORMATION-only add or end-date.	
DEMOGRAPHICS	<i>Primarily used by Administrators. Please ask for assistance if you need to update this field.</i>	
DOCUMENT LIBRARY	Search for documents that have been uploaded to CareLogic. You can search by document type, staff member who uploaded the document, etc.	See Appendix J: Document Library
GROUPS	<i>Not used.</i>	
MESSAGE BOARD	Create important messages that can be displayed in various locations in CareLogic. The most important is the "Face Sheet as Risk"	
MSR ANNUAL REVIEW	<i>Not used.</i>	
PATIENT PORTAL	<i>Not used.</i>	
PROGRAM HISTORY	<i>View current or past programs the individual is associated with. Updated only by Administrators.</i>	
PROGRAM MANAGEMENT	<i>Used by Administrators to add or end programs for individuals.</i>	

STAFF RELATIONSHIPS	Shows active and inactive relationships between staff and the individual. Please ask your EHR Specialist to update, as necessary. Staff members with active relationships will have access to the individual's ECR.	
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FINANCIAL INFORMATION

GUARANTORS	This is where you add and end-date guardian information relating to the individual. You MUST have an active mailing address.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES
PAYER AUTHORIZATIONS	Updated by Administrators. Represents procedural codes associated with the current funded areas of support on the Waiver as administered through UVS.		
CLAIM MAINTENANCE	<i>Used by Administrators.</i>		

INQUIRY

BLACK BOX ADMINISTRATION	<i>Do not use.</i>		
CLIENT SCHEDULE	Will bring you to the individual's schedule which shows all activities done by various staff relating to this individual.		
FACE SHEET	This will bring you back to the individual's ECR.		
MEDICATIONS	This will bring you to the Client Medications site. You can view active medications for the individual.		UVS POLICY MEDICATION ADMINISTRATION POLICY FINAL
SCHEDULED/CANCELLED VISITS	Cancelled or errored out activities on staff members schedules relating to this individual.		

SERVICE DOCUMENTS-BULK REPORTING FOR UP TO 150 DOCUMENTS	Searchable field for various service documents relating to the individual. View signed or unsigned documents. You will be presented with a report of the document.		
SERVICE DOCUMENT MODULE SEARCH	<i>Do not use.</i>		
SERVICE HISTORY	Used to view schedule entries for the individual.		
CLIENT EPISODES	<i>Used by administrators.</i>		

RELEASES

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION	DO NOT USE THE FORM IN CARELOGIC. USE form: Authorization to Disclose Health Information form in UVS EMPLOYEE RESOURCE & INFORMATION TEAM SITE . Give form to EHR Specialist to upload to CareLogic.	HIPAA POLICY FORM: AUTHORIZATION TO DISCLOSE HEALTH INFORMATION	INDIVIDUAL / GUARDIAN SIGNATURE REQUIRED
CONSENT AND AGREEMENT TO USE HEALTH INFORMATION	<i>Do not use. (Used by intake coordinators.)</i>	HIPAA POLICY	INDIVIDUAL / GUARDIAN SIGNATURE REQUIRED
MEDIA RELEASE	You can use this release to receive permission from an individual to have their image, story, etc., used by/in the media. Give form to EHR Specialist to upload to CareLogic.	HIPAA POLICY PRIVACY PRACTICES (?)	INDIVIDUAL / GUARDIAN SIGNATURE REQUIRED
REVOKE AUTHORIZATION TO RELEASE HEALTH INFO	Individuals may revoke authorization to release health information but need to understand any ramifications of doing so. Give form to EHR Specialist to upload to CareLogic.	HIPAA POLICY	INDIVIDUAL / GUARDIAN SIGNATURE REQUIRED

HOME PROVIDER RELEASE	<i>This is a HEADER, not a menu/form.</i>		
AUTHORIZATION TO RELEASE HEALTH INFORMATION TO HOME PROVIDER	<p><u>Mandated</u> but DO NOT USE THE FORM IN CARELOGIC. USE FORM Annual Disclosure Record/Protected Health Information in UVS EMPLOYEE RESOURCE & INFORMATION TEAM SITE.</p> <p>Give to EHR Specialist to upload.</p>	HIPAA FORM: ANNUAL DISCLOSURE RECORD / PROTECTED HEALTH INFORMATION	INDIVIDUAL / GUARDIAN SIGNATURE REQUIRED
REVOKE OF AUTHORIZATION TO RELEASE HEALTH INFO TO HOME PROVIDER	Individuals may revoke release of health information to home provider but need to understand the ramifications of doing so.	HIPAA	INDIVIDUAL / GUARDIAN SIGNATURE REQUIRED
DISCLOSURE TO HOME PROVIDER/RESPITE WORKER (PEGGY'S LAW)	<p><u>Mandated</u> requirement to be provided to Shared Living Provider. Needs to be updated as information changes.</p> <p>Reviewed at contract time or annually.</p> <p>Give to EHR Specialist to upload.</p>	<u>HOME PROVIDER DISCLOSURE LAW (PEGGY'S LAW)</u>	INDIVIDUAL / GUARDIAN / SHARED LIVING PROVIDER / RESPITE PROVIDER

ISA

INDIVIDUAL SUPPORT AGREEMENT (ISA)	<p><u>Mandated</u> form used to both create new treatment plans and review existing ISAs. ISAs are required to be updated as needed, but minimally annually.</p> <p>NEVER SELECT THE "ADD A VT Individual Support Agreement (ISA) tab from the navigation bar.</p> <p>Give signature pages to EHR Specialist to upload.</p>	<p><u>Appendix C: ISA New Term</u></p> <p><u>Appendix D: ISA Mid-Point Review</u></p> <p><u>Appendix E: ISA End of Term Review</u></p>	<p><u>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</u></p> <p>ENVIRONMENTAL RISK ASSESSMENT AND SAFETY PLAN PROCEDURES FINAL</p> <p>FORM: ENVIRONMENTAL RISK & SAFETY PLAN ASSESSMENT</p>	<p>INDIVIDUAL/GUARDIAN SIGNATURE REQUIRED</p> <p>QDDP SIGNATURE REQUIRED.</p>
ISA GROUP NOTE	<i>Not used.</i>			

ISA NOTICE OF POSTPONEMENT	<i>Not used.</i>			
FUNDED AREAS OF SUPPORT	<u>Mandated</u> to be reviewed annually but may be updated as needed. Funded Areas of Support represent waiver funding that UVS/service coordinators are responsible for managing. <u>All ISA outcomes should reflect monies in the individual's Funded Area of Support.</u>		<u>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</u>	
MAPS	<i>Not used.</i>			
NEEDS ASSESSMENT	<u>Mandated</u> to be reviewed annually but may be updated as needed. A new Needs Assessment would be completed, or updated, prior to any new or significant changes in funding areas for an individual throughout the year. *The ISA may require a change depending on if a new funding area is added.		<u>Vermont State System of Care Plan for Developmental Disabilities Services (SOCP)</u> <u>Regulations Implementing the Developmental Disabilities Act of 1996</u>	
COMPREHENSIVE PERSONAL STORY	<u>Mandated</u> upon entry into the services. If an individual already has a comprehensive personal story, ask your EHR Specialist to upload into CareLogic.		<u>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</u>	QDDP SIGNATURE REQUIRED
PERSONAL STORY UPDATE	<u>Mandated</u> annual update or whenever a meaningful change happens. If no Personal Story is found in this menu, check the core book for all personal stories and ask your EHR Specialist to upload into CareLogic. The most		<u>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</u>	QDDP SIGNATURE REQUIRED

	recent Personal Story should be copied into CareLogic. When you select to “add a personal story” from the menu the data will populate with the most current personal story. Update as needed.			
COMMUNICATION PLAN	<u>Mandated</u> if referenced as a support plan in an ISA. Menu/form will respond differently based on answers to form questions.		<u>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</u>	
COMPREHENSIVE BEHAVIORAL SUPPORT PLAN	<u>Mandated</u> when restraints or restrictive procedures used, budget over \$125,000, or basic plan not effective. Will be referenced in ISA as a Behavioral Support Plan.		<u>BEHAVIORAL SUPPORT GUIDELINES</u> UVS POSITIVE BEHAVIOR SUPPORT GUIDELINES POLICY	INDIVIDUAL/ GUARDIAN SIGNATURE REQUIRED QDDP SIGNATURE REQUIRED.
BEHAVIORAL SUPPORT PLAN	<u>Mandated</u> if referenced as a support plan in an ISA.		<u>BEHAVIORAL SUPPORT GUIDELINES</u> UVS POSITIVE BEHAVIOR SUPPORT GUIDELINES POLICY	INDIVIDUAL/ GUARDIAN SIGNATURE REQUIRED QDDP SIGNATURE REQUIRED.
SHARED SUPPORT PLAN	Not Mandated but encouraged for all Individuals. Homegrown UVS Support Plan.			INDIVIDUAL/ GUARDIAN SIGNATURE REQUIRED QDDP SIGNATURE REQUIRED.
COMMUNITY SAFETY PLAN	<u>Mandated</u> for individuals on Act 248 and anyone supported by Public Safety Funding and identified as an offender.		<u>BEHAVIORAL SUPPORT GUIDELINES</u> UVS POLICY POSITIVE BEHAVIOR SUPPORT GUIDELINES POLICY	INDIVIDUAL/ GUARDIAN SIGNATURE REQUIRED QDDP SIGNATURE REQUIRED.

ISA GOALS REVIEW	<i>Not used. See Service Coordination Note Bundle</i>	Appendix G: Service Coordination Note Bundle		
ISA EXTENSION	<i>Mandated to be signed when the current ISA is expiring, and a new ISA cannot be completed before the expiration of existing ISA.</i>	Appendix F: ISA Extension	INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016	INDIVIDUAL/ GUARDIAN SIGNATURE REQUIRED QDDP SIGNATURE REQUIRED.
COVID 19	<i>This is a HEADER, not a menu/form.</i>			
COVID19-ISA CHANGE FORM PART I	<i>No longer used. Used during the 2019-2020 COVID19 Pandemic relating to changes to existing ISAs.</i>			INDIVIDUAL/ GUARDIAN SIGNATURE REQUIRED QDDP SIGNATURE REQUIRED.
COVID19 – ISA CHANGE FORM PART 2	<i>No longer used. Used during the 2019-2020 COVID19 Pandemic relating to changes to existing ISAs.</i>			INDIVIDUAL/ GUARDIAN SIGNATURE REQUIRED QDDP SIGNATURE REQUIRED.

MEDICAL

ALLERGIES	<i>Mandated. View current Allergies recorded for the INDIVIDUAL. Use Navigation Bar "manage allergies" to enter new allergies. This will bring you to Dr. First. You must enter any known allergies and individual's reactions. Allergy information will pull on the Emergency Fact Sheet.</i>	See Appendix A: Emergency Fact Sheet See Appendix B: Manage Medications- Dr. First.	HEALTH AND WELLNESS GUIDELINES	
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HEALTH HISTORY QUESTIONNAIRE	<i>Not used.</i>			
IMMUNIZATION	<u>Mandated for some immunizations.</u> Provides detailed menu on immunization doses. Contact your nurse if you need assistance with medical jargon.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
CVX SHORTHAND-COVID IMMUNIZATION TRANSLATION	Will take you to the Center for Disease Control's website. Lists the various names/types of COVID19 immunization dosages (including boosters). Contact your nurse for assistance with medical jargon.			
LAB RESULTS	Not required, keep results in core book. However, you can enter any lab results you have received in this menu.			
MEDICATIONS	<u>Mandated Data.</u> This will bring you to the Client Medications site. The Client Medications site can also be accessed through Individual/Medical/Medication menu. Use the navigation bar to "update medications." Requires Dr. First access.	See Appendix A: Emergency Fact Sheet See Appendix B: Manage Medications- Dr. First.	HEALTH AND WELLNESS GUIDELINES UVS POLICY MEDICATION ADMINISTRATION POLICY FINAL	
MEMO TO CHART	Duplicative menu. You can add a Memo to Chart here if you wish. Most Memo to Charts get created through entering service coordination activities on the schedule which require a Memo to Chart.			

SPECIAL CARE PROCEDURES	Nurses will complete this menu when they train staff, home providers, etc. on Special Care Procedures. The Special Care Plan, any Special Care Procedures and documentation are uploaded through the document library and will be viewable at the menu location as well.		HEALTH AND WELLNESS GUIDELINES	RECIPIENT OF TRAINING SIGNATURE REQUIRED NURSE GIVING TRAINING
TREATMENT DIAGNOSIS	Updated by Administrators. If you see a missing treatment diagnosis, or an incorrect diagnosis, contact your EHR Specialist.			
MEDICAL CONTACT FORMS	<i>This is a HEADER, not a menu/form.</i>			
ANNUAL PHYSICAL CONTACT	<u>MANDATED.</u> Annual physical Exams are a requirement for those receiving HCBS.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
CANCER SCREENING CONTACT	<u>MANDATED.</u> Enter and complete data when received (i.e., mammogram, skin screening, etc.) for those receiving HCBS.		HEALTH AND WELLNESS GUIDELINES	
DENTAL/ORAL CARE CONTACT	<u>MANDATED.</u> Bi-annual dental exams and cleanings are required for those receiving HCBS. Add dental provider or organization to client relationship.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
NEUROLOGY CONTACT	Creates a medical contact note regarding an appointment with neurologist doctor.		HEALTH AND WELLNESS GUIDELINES	

	Add provider or organization to client relationship.			
OCCUPATIONAL/PHYSICAL THERAPY CONTACT	Creates a medical contact note regarding an appointment with occ/physical therapist. Add provider or organization to client relationship.		HEALTH AND WELLNESS GUIDELINES	
OTHER MEDICAL CARE CONTACT	Enter data and sign. Add provider or organization to client relationship.		HEALTH AND WELLNESS GUIDELINES	
PHYSICIAN/PSYCHIATRIC CARE CONTACT	In-depth medical contact note. Discusses Tardive Dyskinesia, Assessments, Attendees, shows current medication list.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
PRIMARY CARE CONTACT	Creates a medical contact note regarding an appointment with primary care doctor. Add provider or organization to client relationship.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
PSYCHIATRIC CARE CONTACT	Creates a medical contact note regarding an appointment with psychiatrist. Add provider or organization to client relationship.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
SPEECH/LANGUAGE CONTACT	Creates a medical contact note regarding an appointment with speech/language provider. Add provider or organization to client relationship.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	

<p>VISION CARE CONTACT</p>	<p>Creates a medical contact note regarding an appointment with eye doctor.</p> <p>Add provider or organization to client relationship.</p>	<p>See Appendix A: Emergency Fact Sheet</p>	<p>HEALTH AND WELLNESS GUIDELINES</p>	
<p>URGENT CARE CONTACT</p>	<p>Enter data and sign.</p> <p>Add provider or organization to client relationship to individual if appropriate.</p> <p>*Did the visit to urgent care require an incident or critical incident report? See <i>Service Coordination</i> section.</p>	<p>See Appendix A: Emergency Fact Sheet</p>	<p>HEALTH AND WELLNESS GUIDELINES</p>	

SERVICE COORDINATION

<p>ANNUAL EVALUATION FOR LESS RESTRICTIVE PLACEMENT</p>	<p>ANNUAL EVALUATION FOR LESS RESTRICTIVE PLACEMENT: MANDATED to be completed annually for any individual funded through Public Safety Funding and/or on Act 248.</p> <p>SOTIP/VOTIPs are uploaded to CareLogic.</p>		<p>PROTOCOLS FOR EVALUATING LESS RESTRICTIVE PLACEMENTS & SUPPORTS FOR PEOPLE WITH INTELLECTUAL/ DEVELOPMENTAL DISABILITIES WHO POSE A RISK TO PUBLIC SAFETY</p>	
<p>CASE MANAGEMENT TEAM MEETING NOTES</p>	<p><i>Not used. Enter notes through schedule/Memo to Chart and/or on the Service Coordination Home Note Bundle form.</i></p>	<p>Appendix G: Service Coordination Note Bundle</p>		
<p>CONSUMER RIGHTS</p>	<p>MANDATED annually. DO NOT THE FORM IN CARELOGIC.</p> <p>Give the individual the INDIVIDUAL RIGHTS POLICY-DD. Complete the acknowledgment form attached to the policy (found at UVS</p>		<p>Regulations Implementing the Developmental Disabilities Act of 1996</p>	

	EMPLOYEE RESOURCE & INFORMATION TEAM SITE). Give to form to the EHR Specialists to upload.		INDIVIDUAL RIGHTS-DD POLICY FORM: INDIVIDUAL RIGHTS-DD ACKNOWLEDGMENT	
CONTACT NOTE	Not generally used-but you can use if you wish. Most service coordinators put contact note information in the Service Coordination Note Bundle section (first page, under comments). IF YOU USE CONTACT NOTES-YOU MUST STILL DO A SUMMARY OF YOUR CONTACTS WITHIN THE SERVICE COORDINATION NOTE BUNDLE AND THEN ALSO STATE: SEE CONTACT NOTES FOR XX MONTH.	Appendix G: Service Coordination Note Bundle		
EMERGENCY FACT SHEET ADDITIONAL INFORMATION	<u>MANDATED</u> to be updated annually. However, update at any time with pertinent information when received.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
GRIEVANCE AND APPEALS PROCEDURE NOTIFICATION	<u>MANDATED</u> to be updated annually. DO NOT USE THE FORM IN CARELOGIC. Give the individual the COMPLAINT GRIEVANCE AND APPEAL RESOLUTION POLICY FINAL 9-2-2021 to read. Give signed acknowledgement form to EHR Specialist to upload to CareLogic.		Regulations Implementing the Developmental Disabilities Act of 1996 COMPLAINT GRIEVANCE AND APPEAL RESOLUTION POLICY-FINAL 9-2-2021 FORM: COMPLAINT GRIEVANCE AND APPEAL POLICY ACKNOWLEDGMENT FORM 9-2	INDIVIDUAL/ GUARDIAN

<p>HOME AND SAFETY REQUIREMENTS</p>	<p><u>MANDATED.</u> DO NOT USE THIS FORM IN CARELOGIC.</p> <p>Home and Safety Requirements are addressed on the Service Coordination Note Bundle.</p>	<p>Appendix G: Service Coordination Note Bundle</p>	<p>HOME VISIT CONTACT NOTE</p> <p>ENVIRONMENTAL RISK AND SAFETY PLAN PROCEDURE</p>	
<p>INCIDENT REPORT</p>	<p><u>MANDATED.</u> DO NOT USE CARELOGIC FORM.</p> <p>Complete the UVS Incident Report Form Fillable 04-07-2022 found on the UVS EMPLOYEE RESOURCE & INFORMATION TEAMS site. Complete this form and when signed, give a copy to the EHR Specialist to upload into CareLogic.</p> <p>If a critical incident-you will also complete the State's Critical Incident Form.</p>		<p>HEALTH AND WELLNESS GUIDELINES</p> <p>For Critical Incident Reporting, See Vermont Critical Incident Reporting Policy</p> <p>INCIDENT AND CRITICAL INCIDENT REPORTING POLICY FINAL 1-5-2022</p> <p>FORM: INTERNAL INCIDENT REPORT FORM FILLABLE 04-07-2022</p>	<p>REQUIRES SUPERVISOR SIGNATURE.</p>
<p>ISA GOALS REVIEW</p>	<p>Not Used. Goal reviews are done on the Service Coordination Note Bundle or Goals Addressed form.</p>	<p>Appendix G: Service Coordination Note Bundle</p>		
<p>MEMO TO CHART</p>	<p>You can add a Memo to Chart here if you wish. Most Memo to Charts get created through entering service coordination activities on the schedule which require a Memo to Chart. (Memo to Chart is also found under the Inquiries and Direct Care Employment tab.)</p>			

<p>NEGOTIATED RISK AGREEMENT</p>	<p><u>Mandated</u> if referenced as a support plan in an ISA.</p>			
<p>PROGRESS NOTE</p>	<p>If you have specific ISA goals that have specific language on how to track the progress of a goal, you can use this form to do so. Some UVS locations ask their DSP's to enter progress notes in CareLogic. Some service coordinators use this field to type in progress notes from forms received from Shared Living Providers, etc. Some UVS Locations do not use this form/menu. If you receive some sort of tracking mechanism relating to a goal, you can either enter the data here, or keep the paper form in your core book. As of this writing, due to space constraints, paper progress notes are not uploaded to the CareLogic library.</p>		<p><u>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</u></p>	
<p>SERVICE COORDINATION NOTE BUNDLE</p>	<p><u>Mandated Monthly</u>. The Service Coordination Note Bundle serves numerous purposes. The Service Coordination Note Bundle should be signed off each month.</p>	<p><u>Appendix G: Service Coordination Note Bundle</u></p>	<p><u>HOME VISIT REQUIREMENTS FOR DEVELOPMENTAL DISABILITY SERVICES</u></p> <p><u>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</u></p> <p>SHARED LIVING HOME VISIT REQUIREMENTS FINAL</p> <p>ENVIRONMENTAL RISK ASSESSMENT</p>	

			<p>AND SAFETY PLAN FINAL</p> <p>FORM: ENVIRONMENTAL RISK & SAFETY PLAN ASSESSMENT</p> <p>FORM: HOME VISIT CONTACT CHECKLIST AND NOTES BUNDLE FINAL</p>	
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REPORTS

At the time of this writing, the reports menu in CareLogic is not functional due to limited analytics. Please contact your EHR Specialist for specific reporting needs.

DIRECT CARE / EMPLOYMENT

<p>INCIDENT REPORT</p> <p>Note: Critical Incident Reports are not in CareLogic</p>	<p><u>MANDATED</u>. DO NOT USE CARELOGIC FORM.</p> <p>Complete the UVS Incident Report Form Fillable 04-07-2022.</p> <p>Complete this form and when signed, give a copy to the EHR Specialist to upload into CareLogic.</p> <p>If a critical incident-you will also complete the State's Critical Incident Form.</p>		<p>HEALTH AND WELLNESS GUIDELINES</p> <p>For Critical Incident Reporting, See Vermont Critical Incident Reporting Policy</p> <p>INCIDENT AND CRITICAL INCIDENT REPORTING POLICY FINAL 1-5-2022</p> <p>FORM: INTERNAL INCIDENT REPORT FORM FILLABLE 04-07-2022</p>	<p>REQUIRES SUPERVISOR SIGNATURE.</p>
<p>PROGRESS NOTE</p>	<p>If you have specific ISA goals that have specific language on how to track the progress of a goal, you can use this form to do so. Some UVS</p>		<p>INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016</p>	

	<p>locations ask their DSP's to enter progress notes in CareLogic. Some service coordinators use this field to type in progress notes from forms received from Shared Living Providers, etc. Some UVS Locations do not use this form/menu. If you receive some sort of tracking mechanism relating to a goal, you can either enter the data here, or keep the paper form in your core book. As of this writing, due to space constraints, paper progress notes are not uploaded to the CareLogic library.</p>			
<p>SUPPORTIVE EMPLOYMENT CONTACT (PROGRESS NOTE)</p>	<p><i>Not Used.</i></p>			
<p>MEMO TO CHART</p>	<p>You can add a Memo to Chart here if you wish. Most Memo to Charts get created through entering service coordination activities on the schedule which require a Memo to Chart. (Memo to Chart is also found under the Inquiries and Service Coordination tab.)</p>			
<p>EMPLOYMENT WORK PLAN</p>	<p>This is where any Employment Work Plans developed by the team are found.</p>			

EFS

EMERGENCY FACT SHEET	This will pull a <u>MANDATED</u> report. The EFS is created when various forms/menus in CareLogic are populated. Please note that when clicking on the EFS it may sometimes take a minute to load.	See Appendix A: Emergency Fact Sheet	HEALTH AND WELLNESS GUIDELINES	
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CHOICES FOR CARE (EXCLUSIVE FOR VERMONT COMFORTS OF HOME)

AFC PERSON CENTERED PLAN	<i>Not used by DS.</i>
COMPREHENSIVE PERSONAL STORY	<i>Not used by DS.</i>
PERSONAL STORY UPDATES	<i>Not used by DS.</i>

EXTERNAL LINKS

DAIL POLICIES	Brings you to the Vermont Disabilities, Aging and Independent Living, Development Disabilities Services Division. VISIT THIS SITE! This is where all the State Regulation URLs are pulled from.
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PART V: Appendix List & Appendices

- APPENDIX A: Emergency Fact Sheet**
- APPENDIX B: Manage Medications-Dr. First**
- APPENDIX C: ISA New Term**
- APPENDIX D: Reviewing an ISA (Mid-Term)**
- APPENDIX E: Reviewing an ISA (End of Term)**
- APPENDIX F: ISA Extension**
- APPENDIX G: Service Coordination Monthly Notes**
- APPENDIX H: Schedule**
- APPENDIX I: Activities Entered on The Schedule**
- APPENDIX J: Service Documents**
- APPENDIX K: Training and Resources Information**

APPENDIX A: EMERGENCY FACT SHEET

RELEVANT REGULATIONS	RELEVANT POLICIES	OTHER RELEVANT APPENDIXES
Health and Wellness Guidelines	UVS POLICY MEDICATION ADMINISTRATION POLICY FINAL	APPENDIX B: MANAGE MEDICATIONS/DR. FIRST

The **Emergency Fact Sheet (EFS)** is a mandated report and gets created/built from completing various fields and forms within CareLogic.

How to Create the EFS

The table below describes information that is mandatory on an emergency fact sheet, and the location in CareLogic where you enter the information.

- The left side column lists the required fields for the Emergency Fact Sheet
- The middle column indicates where to enter or edit data in CareLogic.
- The third column has notes on some quirks in CareLogic, or other information that will be helpful.

NOTE A large part of the EFS report is made up by completing the form "Emergency Fact Sheet Other" menu/form as indicated in the table below (Individual>Service Coordination>Emergency Fact Sheet Other).

MANDATORY REPORT INFORMATION	WHERE IN CARELOGIC TO ENTER	NOTES**
Individual's Name	Individual > General Information > Demographics	You should not need to update this as it will already be loaded in CareLogic when the individual was added to CareLogic. Any name changes-ask your EHR Specialist for assistance.
Address	Individual > General Information > Contact Information	Keep this updated if the individual relocates. Select primary button. Never delete addresses! Only end-date. There can be no gaps between address dates.
Phone Number	Individual > General Information > Contact Information	The number <u>needs to be marked as primary</u> for it to pull on the EFS.
Date of Birth	Individual > General Information > Demographics	This should already be done for you. See your EHR Specialist for assistance.

Marital Status	Individual > General Information > Demographics	This should already be done for you but change the marital status if applicable.
Guardian	Individual > Financial Information > Guarantors	Make sure the guardian's mailing address is active-the mailing address pulls on the EFS, not the physical address.
Current Service Coordinator	Individual>General Information>Client Relationships	Make sure to select "emergency contact". Include your phone number if you want to be contacted in case of an emergency.
Shared Living Provider	Individual>General Information>Client Relationships	Make sure to select "emergency contact". Include address and phone number.
Health Insurance Information	Individual > Financial Information > Payers	This should already be done for you. See your EHR Specialist for assistance.
Health Care Providers	Individual > General Information > Client Relationships	If after you enter a health care provider and you see their name duplicate on the EFS after you run the report, go back to the Client Relationships and unselect "Emergency Contact" for those that are duplicating.
Medical Problems List	Individual > Service Coordination > Emergency Fact Sheet Additional Information	See the Health and Wellness Guidelines . See Appendix B: Manage Medications/Dr. First .
Allergies	Individual > Medical > Allergies (entered through manage medications, a/k/a Dr. First).	See the Health and Wellness Guidelines . See Appendix B: Manage Medications/Dr. First .
Current Medications	Individual > Medical > Medications (entered through manage medications, a/k/a Dr. First).	Make sure all current medications are pulling! If not, it may be that the start date wasn't entered. See Appendix B: Manage Medications/Dr. First .

Protocols for Emergency Treatment / Advance Directives	Individual > Service Coordination > Emergency Fact Sheet Additional Information	Complete this section.
Date of Last Annual Physical Exam	Individual > Medical > Annual Physical Contact	Annual Physicals are Required for all the individual we serve.
Date of Last Dental Exam	Individual > Medical > Dental/Oral Care Contact	Bi-Annual exams are Required for all the individuals we serve.
Date of Tetanus Immunization	Individual > Medical > Immunizations	Every 10 years for most of our individuals.
Other Interested Individuals (friends, relatives, providers, etc.)	Individual > Service Coordination > Emergency Fact Sheet Additional Information	Who else would the individual want contacted in case of emergency?
Communication Method	Individual > Service Coordination > Emergency Fact Sheet Additional Information	This is important for emergency or other personnel to understand so they can best communicate with the individual.
Other Individual Pertinent Information	Individual > Service Coordination > Emergency Fact Sheet Additional Information	Any other information you or the individual thinks would be helpful in the case of an emergency.
Date the Emergency Fact Sheet was Completed or Updated.	Individual > Service Coordination > Emergency Fact Sheet Additional Information	When you create and submit/save the EFS Additional Information form, this will show as the "last date the EFS was updated" on the EFS sheet.

How to Run an EFS for an individual

Go to Individual/EFS/Emergency Fact Sheet. A new tab will open in your browser. Select "View Report" and the EFS will pull for you. You can download the report or print it from CareLogic. **Changes may take an hour or a day to pull on the EFS.**

EMERGENCY FACT SHEET CHEAT SHEET

(Refer to Health & Wellness Guidelines Standard 1)

<https://ddsd.vermont.gov/sites/ddsd/files/documents/health-and-wellness-standards-and-guidelines.pdf>

EMERGENCY FACT SHEET INFO	WHERE TO EDIT IN CARELOGIC
Individual's name	Individual > General Information > Demographics
Address	Individual > General Information > Contact Information
Phone Number	Individual > General Information > Contact Information
Date of Birth	Individual > General Information > Demographics
Marital Status	Individual > General Information > Demographics
Guardian	Individual > Financial Information > Guarantors
Health Insurance Information	Individual > Financial Information > Payers
Health Care Providers	Individual > General Information > Client Relationships
Medical Problems List	Individual > Service Coordination > Emergency Fact Sheet Additional Information
Allergies	Individual > Medical > Allergies <i>(requires Dr First access)</i>
Current Medications	Individual > Medical > Medications <i>(requires Dr First access)</i>
Protocols for Emergency Treatment / Advance Directives	Individual > Service Coordination > Emergency Fact Sheet Additional Information
Date of Last Annual Physical Exam	Individual > Medical > Annual Physical Contact
Date of Last Dental Exam	Individual > Medical > Dental/Oral Care Contact
Date of Tetanus Immunization	Individual > Medical > Immunizations
Other Interested Individuals (<i>friends, relatives, providers, etc.</i>)	Individual > Service Coordination > Emergency Fact Sheet Additional Information
Communication Method	Individual > Service Coordination > Emergency Fact Sheet Additional Information
Other Individual Pertinent Information	Individual > Service Coordination > Emergency Fact Sheet Additional Information
Date the Emergency Fact Sheet was Completed or Updated.	Automatically updates when EFS is generated

APPENDIX B: MANAGE MEDICATIONS/DR FIRST

RELEVANT REGULATIONS	RELEVANT POLICIES	OTHER RELEVANT APPENDIXES
Health and Wellness Guidelines	UVS POLICY MEDICATION ADMINISTRATION POLICY FINAL	APPENDIX A: EMERGENCY FACT SHEET

UVS utilizes “**Manage Medications**” also called “**Dr. First**” to enter and manage medications associated with an individual. Entering and updating medications is required for all individuals we serve via both the **Health and Wellness Guidelines** as well as a determination from UVS Leadership that ALL individuals (i.e., even those living with families or independently) will have their medications entered into **Dr. First**.

Have the following in front of you prior to entering Manage Medications/Dr. First:

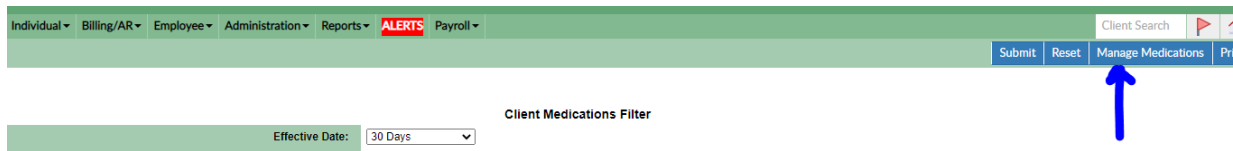
- Complete name of medication
 - Correct Dosage amount(s)
 - Deliver mode of medication
 - Frequency of medication intake
 - Prescriber’s Name (or the name of the individual who is reporting the medication/vitamin to you)
 - The medical condition the medication is treating.
- **Medication Administration Reports (MARs)** should be cross-referenced to ensure all medications are being recorded.

Directions

Go to the **ECR** for the individual and go to “**Individual/Medical/Medications.**”

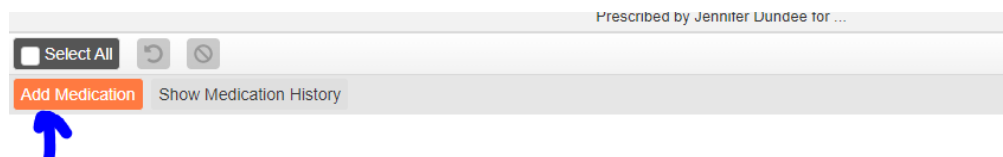
On this landing page, you can see the medications already added to Dr. First, but you cannot enter medications here.

To enter and edit medications, in the upper right corner on your navigation bar, you will see “**Manage Medications**” which brings you to the **Dr. First** site.



The First Way to Add Medications

The first option is to click on the Orange button “**Add Medications**” near the bottom left of the screen once you are in **Dr. First**:



Once you hit the **Add Medication** button, it will ask you to search for a drug. Enter the drug name. In the example below, we chose Lorazepam tablet. Once we chose that, the system presented different doses. Select the correct dose.

We are choosing 1 mg. Once we choose this a pop up will appear for us to add information to.

The sections highlighted in Yellow Below need to be completed:

Patient Directions:

- Action, Dose, Dose Unit, Route, Frequency, Other

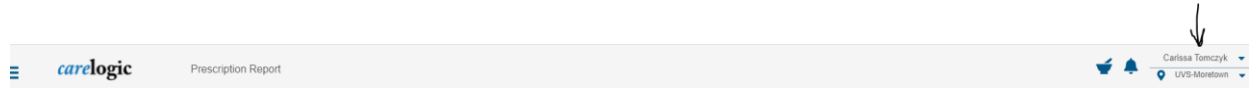
Start Date:

- You **MUST** put a start date. If you do not have documentation on when the medication started, use the last annual exam date or the first day of the year.

Comments For Office Use Only:

- You **MUST** indicate the medical condition the drug is treating. Examples:
 - Tylenol prescribed for arthritis
 - Ibuprofen: prescribed for menstrual cramps
- You **MUST** also record which doctor prescribed the medication OR the name of the individual reporting the medication usage (i.e., parent, guardian, self-reported by individual).

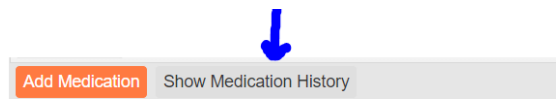
Now you can enter more medications, or you can log off Dr. First from the upper right corner of the screen and return to EMR.



You are now brought back to the **Client Medications** Page. You should see the medication you just uploaded on this screen. **If you entered the data correctly, the medications will also now pull on the EFS Sheet.**

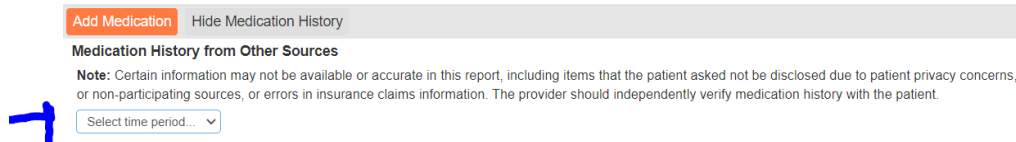
The Second Way to Add Medications

When on the **Dr. First** page, instead of hitting the orange **“Add Medications”** button, hit the gray **“Show Medications History”** button.



If an electronic prescription has been sent back and forth between a doctor’s office and a pharmacy, utilizing SureScript, the **Dr. First** system will display the data. The data presented will have the dosage when it was prescribed and when it was filled.

You can ask the system to show you the medication history from 1 month to 1 year by clicking:



Choose the longest period, which is one (1) year.

Medication History from Other Sources
 Note: Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.
 1 year

Drug History from 09/16/2020 to 09/16/2021

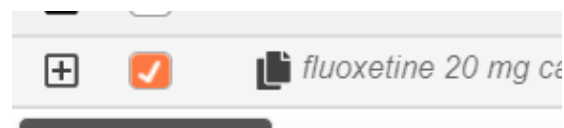
Drug	Directions	Qty	First Fill	Last Fill	Actions
<input type="checkbox"/> hydrocortisone 2.5 % topical cream	APPLY TOPICALLY TWICE DAILY	28 gram	05/04/2021	05/05/2021	
<input type="checkbox"/> lisinopril 10 mg tablet	TAKE ONE TABLET BY MOUTH EVERY DAY IN THE MORNING TOTAL DOSE 15MG DAILY	90 Not Specified	11/09/2020	09/31/2021	
<input type="checkbox"/> lisinopril 5 mg tablet	TAKE ONE TABLET BY MOUTH EVERY DAY IN THE EVENING TOTAL 15MG DAILY	90 Not Specified	11/09/2020	09/31/2021	
<input type="checkbox"/> proethidrone acetate 5 mg tablet	TAKE ONE HALF TABLET BY MOUTH DAILY	45 each	04/03/2021	07/06/2021	

If you see a medication that has been reported to you click on the + button to expand.

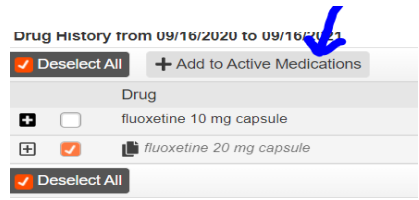
- Pay attention to the drug listings. In the sample below it looks like a duplicate entry for Lisinopril but, the individual is taking both a 10 mg tablet and a 5 mg tablet, once in the morning, and once in the evening for a total of 15 mg daily. In this case, you would select both medications.

Once you click on the + more information will pop up for you to view. **You will be able to view the history of when medications were first filled and last filled. This will give you another indicator, along with the verbal/release data you have, to know which medications are active.**

Click on the medications that are applicable in the box next to the +



Select **“Add to Active Medications”** (top of the table).



Now this medication will be listed at the top of the page under **“Active Medications”**

Once you select all the medications, go to the top of the page to the **“Active Medications”** and double-click on **each** medication you added. You will get a pop-up screen. **Unlike the first medication where you searched for the medication and manually added, the pop-up screen may have information already populated on the pop-up screen. This is fine, BUT you still must make sure that the REQUIRED fields are filled in by typing in that data:**

Update Medication

aripiprazole 10 mg tablet 10 mg tablet

Provider: Select provider...

Patient Directions: Take 1 mg by mouth once a day

Additional Directions To Patient:

Days Supply: -- Select -- Quantity: 90 tablet Refills: 0 Substitution permitted

Start Date: 2020 1 1 Today Stop Date: Today Last Written Date: 2020 10 21 Today

Directions To Pharmacist: Primary Diagnosis: -- Select -- Secondary Diagnosis: -- Select --

Comments For Office Use Only: Prescribed by [Redacted] for XXXXXXXX

Update Close

Do this for all medications and then leave the **Dr. First** system (log out from your navigation bar).

Upon logging off, you return to the **CareLogic Manage Medications** page, and you will see the list of medications for the individual. **Make sure you see the start date for the medications. You must have a start date, or the medication will not pull on the Emergency Fact Sheet.**

Client Medications Filter

Effective Date: 30 Days

Status: Select Status

Client Medications

● Additional Information in Dr First
● Overdose Danger

Begin Date	End Date	Medication & Dosage	Sig
1/1/2021	(Not Set)	norethindrone acetate (norethindrone acetate) 5 mg tablet 1/2 tablet	Take 1/2 tablet by mouth
1/1/2021	(Not Set)	lisinopril (lisinopril) 5 mg tablet 1 tablet	Take 1 tablet by mouth
1/1/2021	(Not Set)	lisinopril (lisinopril) 10 mg tablet 1 tablet	Take 1 tablet by mouth

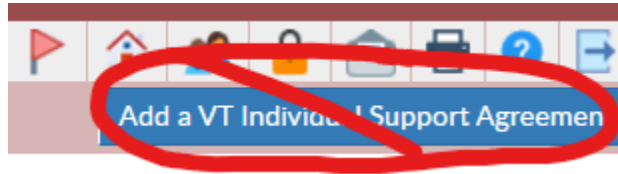
This is how your medications will look on the **Emergency Fact Sheet:**

MEDICATIONS		
norethindrone acetate (norethindrone acetate) 5 mg tablet	Take 1/2 tablet by mouth once a day	Prescribed by Jennifer Dundee for ...
lisinopril (lisinopril) 5 mg tablet	Take 1 tablet by mouth every evening	Prescribed by Sarah Twichell for ...
lisinopril (lisinopril) 10 mg tablet	Take 1 tablet by mouth every morning	Prescribed by Sarah Twichell for ...

APPENDIX C: NEW ISA TERM

RELEVANT REGULATIONS	RELEVANT POLICIES	OTHER RELEVANT APPENDIXES
INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016 GUIDELINES FOR THE QUALITY REVIEW PROCESS OF DEVELOPMENTAL DISABILITIES SERVICES	ENVIRONMENTAL RISK ASSESSMENT AND SAFETY PLAN PROCEDURES FINAL FORM: ENVIRONMENTAL RISK & SAFETY PLAN ASSESSMENT	Appendix E: Reviewing and ISA (END OF TERM)

Unless this is an initial ISA for BRAND NEW INDIVIDUAL TO UVS- Before writing a new ISA, be sure to complete an ISA Review (See Appendix E, Reviewing an ISA (END OF TERM)). Per ISA Guidelines, a review should be done annually → one at the 1 year or half-way point of the full ISA term and one right before the new full ISA.



DO NOT CLICK THIS BUTTON! CLICK "REVIEW" INSTEAD.

On the **ISA** list page, click the "**Review**" button of previous active ISA document.

VTISATP - VT Individual Support Agreement (ISA)

Service Date	Activity	Program	Staff	Signature Date	Attach	Addenda (1)	Review	Report
7/28/2022		Waiver Program (WAIVER)	GRABOWSKI, JOSEPH (0338)	7/28/2022 07:27 PM	Attach	Addenda (1)	Review	Report
7/28/2022		Waiver Program (WAIVER)	GRABOWSKI, JOSEPH (0338)	7/28/2022 07:14 PM	Attach	Addenda (1)		Report
7/28/2022		Waiver Program (WAIVER)	GRABOWSKI, JOSEPH (0338)	7/28/2022 07:07 PM	Attach	Addenda (1)		Report
3/22/2022		Waiver Program (WAIVER)	Sanders, Amanda (4827)	7/28/2022 06:42 PM	Attach	Addenda (1)		Report

On the **Treatment Plan Review** page- the **beginning date** will be the end date of the current **ISA** and the **end date** will be 2 years from the beginning date. Click **Submit**.

Treatment Plan Review

Review Document: VT Individual Support Agreement

Plan Type: ISA

Plan Begin Date/Time: The plan being reviewed is set to end on 03/24/2025. Beginning a review will end date the current plan.
This document may be covered by a Treatment Plan business rule; Begin and End Date may be removed after submitting.

05/14/2023 10:30 AM PM

Plan End Date/Time: 03/24/2025 11:31 AM PM

The **Date** box will appear again, but the header will say “**VT Individual Support Agreement**”- review the dates are correct. The blue message is a standard soft stop indicating an ISA document is already in the system, click **Submit** anyway.

The screenshot displays the 'VT Individual Support Agreement' form for Mayville, Cory (3175QT) 11/11/1984. On the left is a navigation menu with options like 'Treatment Plan Information', 'ISA Review/Change Form', and 'Signatures'. The main form area is divided into two sections: 'Session Information' and 'VT Individual Support Agreement'. The 'Session Information' table lists Client, Staff, Document Date, and Client Program. The 'VT Individual Support Agreement' section includes fields for Plan Type, Plan Begin/End Date/Time, Client Program(s), and Full Term ISA Dates. A blue warning message states: '***PLEASE BE AWARE THERE IS A PLAN ALREADY COVERING THIS DOCUMENT'S SERVICE DATE AND TYPE***'. A 'Document List' sidebar shows a dropdown menu with the selected document: '* 05/14/23Smith, John (0000)'.

TREATMENT PLAN INFORMATION page

On this first page, you will confirm the that the **Plan Begin Date** and the **Plan End Date** matches the planned full term of the ISA.

- In the **Full Term ISA Dates** box, you will enter the full term of the ISA.
- Click **Submit**.

ISA REVIEW/CHANGE FORM page

Click the “**No**” radio button on by the question “**Is this a review of the ISA?**”

- Click **Submit**.

The screenshot shows the 'ISA Review/Change Form' with the question 'Is this a review of the ISA?'. Below the question are two radio buttons: 'Yes' and 'No'. The 'No' radio button is selected. There is also a 'Test' label next to the radio buttons.

ISA QUESTIONS page

- Set the **Anticipated Review Date** within the **Information and Data Instructions** to a date around the midway point of the full ISA term.
- Complete the **ISA Questions** page per the **Vermont ISA Guidelines**.
- Click **Submit**.

PROBLEMS/GOALS/OBJECTIVES page

- Click the **Add Measurable Outcome** button in the top right corner of the screen.

- Write a **Measurable Outcome** narrative.
 - Indicate **How often will QDDP review this outcome?** by selecting a frequency from the drop-down list.
 - Click the **Save Measurable Outcome** button.
- Click the **Add Support Strategy** button to the right of the **Measurable Outcome**.

- Describe the support in the box by **When, Where & How will people support you?**
 - Select an **Associated Activity** from the drop-down list.
 - Click the **Save Support Strategy** button.
- Click the **Add Information & Data Instructions** button to the right of the **Support Strategy**.

- Describe the required information & what to document in the first text box.
 - Indicate **How often should this information be collected?** by selecting a frequency from the drop-down list.
 - Indicate **Who is responsible for writing this documentation?** by selecting a frequency from the drop-down list.
 - Describe **Who is responsible for collecting this data?** in the last text box.
 - Click the **Save Information & Data Instructions** button.
- Add additional **Measurable Outcomes, Support Strategies, and Information & Data Instructions** as necessary.
- Click **Continue**.

APPROVALS & PHYSICAL SIGNATURES page

- If the individual is not able to sign their ISA, select **No** to the question **Will the individual be signing to indicate approval?**
 - In the resulting text box, describe the **Indication of approval of this plan.**

Approvals & Physical Signatures

Will the Individual be signing to indicate approval? Yes No

Indication of approval of this plan: Indication of approval of this plan if the individual is unable to sign

Max: 1000 characters.

Will you be printing and collecting this signature on paper? Yes No

- If the Individual can sign their ISA, select **Yes**.
- Select **Yes** to the question **Will you be printing and collecting this signature on paper?**
 - This will open a list of signature and date boxes that can be printed and used for a paper signature page.
 - You can optionally type in the names of the individuals who will be signing the ISA Review.

Approvals & Physical Signatures

Will the individual be signing to indicate approval? Yes No

Will you be printing and collecting this signature on paper? Yes No

Individual 1:

Signature 1:

Signature Date 1:

Individual 2:

Signature 2:

Signature Date 2:

Individual 3:

Signature 3:

Signature Date 3:

Individual 4:

Signature 4:

Signature Date 4:

Individual 5:

Signature 5:

Signature Date 5:

- Click **Submit**.

SIGNATURES page

- **Do not** sign the document until you have given the ISA and all supporting documents to the guardian/individual to look over, and they have provided you with their signed copy of the signature page.
- Once all the signatures have been collected, add your electronic signature to the document, select the person designated for the second signature from the drop-down list.
- Click **Submit**.

APPENDIX D: REVIEWING AN ISA (MID-TERM)

RELEVANT REGULATIONS	RELEVANT POLICIES	OTHER RELEVANT APPENDIXES
INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016 GUIDELINES FORE THE QUALITY REVIEW PROCESS OF DEVELOPMENTAL DISABILITIES SERVICES	ENVIRONMENTAL RISK ASSESSMENT AND SAFETY PLAN PROCEDURES FINAL FORM: ENVIRONMENTAL RISK & SAFETY PLAN ASSESSMENT	Appendix E: Reviewing and ISA (END OF TERM)

This overview is to explain the various date fields within an **ISA Review**, not clinical content. See the **ISA Guidelines** for content guidance.

On the **ISA** list page, click the “**Review**” button of previous active **ISA** document.

VTISATP - VT Individual Support Agreement (ISA)

Service Date	Activity	Program	Staff	Signature Date	Attach	Addenda (1)	Review	Report
7/28/2022		Waiver Program (WAIVER)	GRABOWSKI, JOSEPH (0338)	7/28/2022 07:27 PM	Attach	Addenda (1)	Review	Report
7/28/2022		Waiver Program (WAIVER)	GRABOWSKI, JOSEPH (0338)	7/28/2022 07:14 PM	Attach	Addenda (1)		Report
7/28/2022		Waiver Program (WAIVER)	GRABOWSKI, JOSEPH (0338)	7/28/2022 07:07 PM	Attach	Addenda (1)		Report
3/22/2022		Waiver Program (WAIVER)	Sanders, Amanda (4827)	7/28/2022 06:42 PM	Attach	Addenda (1)		Report

On the **Treatment Plan Review** page- the **beginning date** will be the date the mid-term review will start and the **end date** will be the end date of the ISA's original term.

Treatment Plan Review

Review Document: VT Individual Support Agreement

Plan Type: ISA ▼

Plan Begin Date/Time: The plan being reviewed is set to end on 03/24/2025. Beginning a review will end date the current plan.
This document may be covered by a Treatment Plan business rule; Begin and End Date may be removed after submitting.

05/14/2023 AM PM

Plan End Date/Time: 03/24/2025 AM PM

- **If there will be no changes to the ISA**, the begin date can be the date you open the ISA to do the review.
- **If there WILL be changes which require a signature from the individual and the guardian**, make the begin date a week in the future to give yourself time to write the review, print out the review to share with the individual/guardian, and after that is shared, you can sign off on the ISA Mid-Term Review.

Click **Submit**.

The **Date** box will appear again, but the header will say “**VT Individual Support Agreement**” – This is a new copy of the existing ISA, open for editing.

VT Individual Support Agreement
Mayville, Cory (3175QT)
11/11/1984

- ▶ Treatment Plan Information
- ISA Review/Change Form
- ISA Questions
- Problems/Goals/Objectives
- Approvals & Physical Signatures
- Signatures

Document List

* 05/14/23Smith, John (0000) ▼

Session Information

Client:	Mayville, Cory (3175QT) 11/11/1984
Staff:	Smith, John (0000)
Document Date:	5/14/2023
Client Program:	Waiver Program (WAIVER) (07/01/2017 -)
	Edit Session Information

PLEASE BE AWARE THERE IS A PLAN ALREADY COVERING THIS DOCUMENT'S SERVICE DATE AND TYPE

VT Individual Support Agreement

Plan Type: ISA ▼

Plan Begin Date/Time: 05/14/2023 10:30 AM PM

Plan End Date/Time: 03/24/2025 11:31 AM PM

Client Program(s):

Youth Employment Initiative Grant (YOUTH)

Childrens Personal Care Services (CPCS)

Pre-Admission (PREADM)

Waiver Program (WAIVER)

Full Term ISA Dates: ISA term 3/25/23-3/24/24

Max: 4000 characters.

TREATMENT PLAN INFORMATION page

On this first page, you will confirm the that the **Plan Begin Date** is the date of the review or the anticipated date you will have any required signatures by, and that the **Plan End Date** matches the end date of the original ISA.

- In the **Full Term ISA Dates** box, you will enter the actual full term of the ISA.
- Click **Submit**.

ISA REVIEW/CHANGE FORM page – no changes made

Click the “**Yes**” radio button on by the question “**Is this a review of the ISA?**”

- Please indicate the **Review Meeting Date**.
- Document the **Status** of the individual's outcomes.
- Describe any **Comments** that the individual has regarding their satisfaction with their supports.
- Record the **Guardian's Satisfaction** level if applicable.
- Add any of the individual's **Family's Comments** if applicable.
- Add any **Provider's Comments** if applicable.
- Select **No** if no **Change** has been made.
- Click **Submit**.

ISA Review/Change Form

Is this a review of the ISA? Test
 Yes No

Review Meeting Date: 05/10/2023

Status: What is the status of each of the individual's outcomes?
 Outcome #1 - Corey will be working independently.
 Outcome #2 - Corey will do his own laundry.
 Outcome #3 - Corey will save for a down payment on an apartment.
 Max: 4000 characters.

Comments: What are the individual's comments about his/her satisfaction with supports?
 Corey states "I am very happy that I am doing more things for myself."
 Max: 4000 characters.

Guardian's Satisfaction: What is the Guardian's level of satisfaction (if applicable)?
 Corey's guardian continues to be satisfied with the supports that Corey receives.
 Max: 4000 characters.

Family's Comments: What are the family's comments (if applicable)?
 N/A
 Max: 4000 characters.

Provider's Comments: What are the provider's comments? (If ISA changes, complete an ISA Change Form.)
 N/A
 Max: 4000 characters.

Change? Has a change been made?
 Yes No

ISA REVIEW/CHANGE FORM page – changes made

- Select **Yes** on the **Change?** question.
- In the **Change Description** box, briefly describe the changes made to the ISA, whether changes to Supervision and/or Outcomes.

The screenshot shows a form with two main sections. The first section is titled 'Change?' and contains the question 'Has a change been made?' with two radio button options: 'Yes' (which is selected) and 'No'. The second section is titled 'Change Description:' and contains a text area for describing changes. Above the text area is the instruction: 'Please describe the changes throughout this document. The effective date of changes is the start date on page one.' Below the text area is a note: 'Max: 4000 characters.'

- Click **Submit**.

ISA QUESTIONS page – no changes made

- Change the **Anticipated Review Date** within the **Information and Data Instructions** to a date within three months of [the end date](#) of the ISA term.
- Click **Submit**.

ISA QUESTIONS page – changes made

- Change the **Anticipated Review Date** within the **Information and Data Instructions** to a date within three months of [the end date](#) of the ISA term.
- Make other changes as relevant.
- Click **Submit**.

PROBLEMS/GOALS/OBJECTIVES page – no changes made

- You only need to click the blue **Continue** button to proceed to the next page.

PROBLEMS/GOALS/OBJECTIVES page – changes made

- Change/update the **Problems/Goals/Objectives** as relevant to the ISA review. Once fully signed, these new Goals will now be reflected in your monthly Service Coordination **Goals Addressed** notes.
- Click **Continue**.

APPROVALS & PHYSICAL SIGNATURES page – no changes made

- Select **Yes** to the question **Will the individual be signing to indicate approval?** (*The individual's signature on the original ISA covers this review period.*)
- Select **No** to the question **Will you be printing and collecting this signature on paper?**
- Click **Submit**.

APPROVALS & PHYSICAL SIGNATURES page – changes made

- Select **Yes** to the question **Will the individual be signing to indicate approval?** *(The individual's signature on the original ISA covers this review period.)*
- Select **Yes** to the question **Will you be printing and collecting this signature on paper?**
 - This will open a list of signature and date boxes that can be printed and used for a paper signature page.
 - You can optionally type in the names of the individuals who will be signing the ISA Review.
- Click **Submit**.

Approvals & Physical Signatures

Will the individual be signing to indicate approval? Yes No

Will you be printing and collecting this signature on paper? Yes No

Individual 1:

Signature 1:

Signature Date 1:

Individual 2:

Signature 2:

Signature Date 2:

Individual 3:

Signature 3:

Signature Date 3:

Individual 4:

Signature 4:

Signature Date 4:

Individual 5:

Signature 5:

Signature Date 5:

SIGNATURES page

- **If there have been no changes to the ISA**, you can sign the document upon completion.
- **If there has been a change to the ISA, do not** sign the document until you have given the reviewed ISA to the guardian/individual along with all relevant supporting documents, and they have provided you with their signed copy of the signature page.
- Once all the signatures have been collected, add your electronic signature to the document, select the person designated for the second signature from the drop-down list.
- Click **Submit**.

APPENDIX E: REVIEWING AN ISA (END OF TERM)

RELEVANT REGULATIONS	RELEVANT POLICIES	OTHER RELEVANT APPENDIXES
INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016 GUIDELINES FOR THE QUALITY REVIEW PROCESS OF DEVELOPMENTAL DISABILITIES SERVICES	ENVIRONMENTAL RISK ASSESSMENT AND SAFETY PLAN PROCEDURES FINAL FORM: ENVIRONMENTAL RISK & SAFETY PLAN ASSESSMENT	Appendix D: Reviewing an ISA (Mid-Term)

This overview is to explain the various date fields within an **ISA Review**, not clinical content. See the **ISA Guidelines** for content guidance.

PLEASE NOTE: The key distinction between this review and any other review is that other than the actual review information, nothing else changes.

Follow the steps outlined in **APPENDIX D: REVIEWING AN ISA (MID-TERM)** without making any changes throughout the document other than to complete the **ISA REVIEW/CHANGE FORM** page.

ISA REVIEW/CHANGE FORM page

Click the “**Yes**” radio button on by the question “**Is this a review of the ISA?**”

- Answer the **ISA Review** questions as normal.
- **PLEASE NOTE:** When you get to the question “**Change?**,” the answer will always be **No**. Remember, all the goals you are reviewing are expiring and the new ISA contains **NEW** goals. You just want to write the status of the expiring goals as of the end of the ISA term.
- Click **Submit**.

APPROVALS & PHYSICAL SIGNATURES page

- Select **Yes** to the question **Will the individual be signing to indicate approval?** *(The individual's signature on the original ISA covers this review period.)*
- Select **No** to the question **Will you be printing and collecting this signature on paper?**
- Click **Submit**.

Approvals & Physical Signatures

Will the Individual be signing to indicate approval? Yes No

Will you be printing and collecting this signature on paper? Yes No

SIGNATURES page

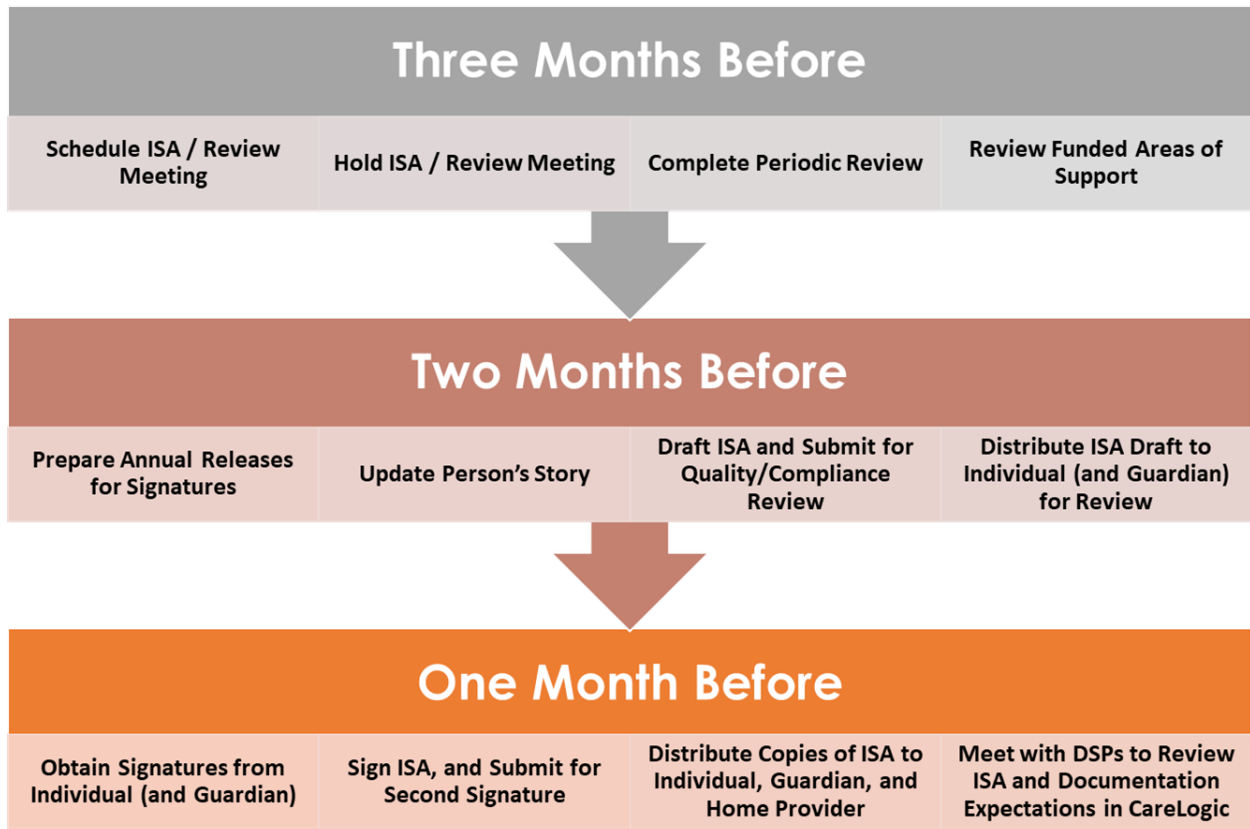
- If there have been no changes to the ISA, you can sign the document upon completion.
- Click **Submit**.

ISA QUICK REFERENCE

https://ddsd.vermont.gov/sites/ddsd/files/documents/ISA_Guidelines.pdf

WHAT IS IT?	An Individual Support Agreement (ISA) is essentially a contract between an individual and the Designated Agency identifying specific needs and wishes that will receive Medicaid funded supports, and outlining those supports, who will provide them, and how they will be measured.
INTENT:	Funded supports can ensure health and safety, promote growth and independence, provide access to the community, help to develop a natural network of friends and relationships, and/or improve one's quality of life.
ISA TERM:	Up to 2 years but can be much shorter and/or replaced by a new ISA at any point.
ISA REVIEW:	Must be reviewed annually, and as needed. Changes require signatures before implementation. Funded Areas of Support need at least one corresponding ISA Outcome . (<i>Service Coordination and Respite do not need an Outcome</i>).
NEEDS:	The Needs Assessment informs which Funded Areas of Support are budgeted. ISA Outcomes should address at least one need meeting the state's funding priorities for Home and Community-Based Services (HCBS) .
DREAMS:	ISA Outcomes should also address the individual's hopes and dreams. Should use the individual's own words whenever possible.
SUPPORTS:	Areas of Support reflect Funded Areas of Support . Additional Supports describe external supports and resources the Service Coordinator will assist the individual with accessing.
SUPERVISION:	Needs to be as specific as possible.
RESTRICTIONS:	If no restrictions, enter "no restrictions" – do not leave blank. Any restrictions need to be agreed upon by the individual and the team. If an individual has a Behavior Support Plan , that can be referenced instead.
OUTCOMES:	All ISA Outcomes must be SMART (Specific, Measurable, Attainable, Relevant, and Time Based). ISA Outcomes describe what the ideal outcome of supports will be.
STRATEGIES:	Support Strategies describe how the ISA Outcomes will be achieved, defining what needs to be done, who needs to do it, and specific strategies to support the individual in working toward the specific outcome.
TRACKING:	Can be flexible beyond written narratives but must be able to show progress. ISA must be clear in what is to be tracked, by whom, and how often.
WHY?	1) To make sure that the supports are meeting the individual's needs 2) To make sure state and federal money is appropriately spent on supports
SIGNATURES:	The individual and their guardian (if they have one) must sign the ISA before it is expired and before it can be implemented. If the individual is unable to sign, the team must identify an alternate Indication of Approval .
EXTENSIONS:	30-Day Extension – If more time is needed to develop the ISA. This requires signatures from the individual and guardian.
QDDP:	A Qualified Developmental Disability Professionals (QDDP) must sign the ISA, and is responsible for reviewing specific outcomes as outlined in the ISA.

ISA TIMELINE QUICK REFERENCE



WHERE TO FIND ISA DOCUMENTS IN CARELOGIC – QUICK REFERENCE

PERIODIC REVIEW / NEEDS ASSESSMENT	Individual > ISA > Needs Assessment
FUNDED AREAS OF SUPPORT	Individual > ISA > Funded Areas of Support
ANNUAL RELEASES	Individual > Releases Individual > Service Coordination > Consumer... Individual > Service Coordination > Grievance...
PERSONAL STORY UPDATE	Individual > Personal Story Update
ISA (NEW OR REVIEW)	Individual > ISA > Individual Support Agreement
EMERGENCY FACT SHEET	Individual > EFS > Emergency Fact Sheet



ISA & REVIEW PLANNING CHECKLIST

Individual: _____ Current ISA Term: _____

THREE MONTHS PRIOR:

- Schedule ISA / Review Team Meeting**
- Hold ISA / Review Team Meeting**
 - What is the status of the individual's outcomes? What are the individual's comments about his/her satisfaction with supports? What is the Guardian's level of satisfaction (if applicable)? What are the family's comments (if applicable)?
- Review and update ISA supporting documents if any**
 - *Behavior Support Plan, Community Safety Plan, Shared Support Plan, CBSP, Communication Plan, SCP Plan, etc.*
- Review and update Emergency Fact Sheet**
- Review and update Needs Assessment / Periodic Review**
 - Have needs changed? Does the individual's budget need to be adjusted?
- Review and update Funded Areas of Support**
 - Confirm individual's budget with supervisor/financial administrative assistant.
 - Do funded areas still meet the individual's needs?
 - Review utilization of services for changes that may be needed.
 - Does the individual's budget need to be adjusted?
- If Individual lives with a Home Provider, complete Home and Safety Requirements and Placement Satisfaction forms in CareLogic**
- If Individual is on Public Safety, complete Annual Evaluation for Least Restrictive Placement (using SOTIPS, other scale(s) as appropriate)**

TWO MONTHS PRIOR:

- Update Person's Story**
- Prepare Annual Releases for signatures**
 - Individual Rights / Grievance and Appeals
 - Authorization to Disclose Health Information (one per medical provider)
 - ***If Individual lives with a Home Provider, update Disclosure to Home Provider/Respite Worker (Peggy's Law)***
- If the ISA is new, or has been changed during review:**
 - ***Send to designated staff for internal quality/compliance review before sending draft ISA to guardian/individuals*** (This is to confirm that outcomes are "measurable and clearly stated" as per requirements before officially signing off on the ISA)
 - ***Distribute ISA draft and supporting documents to Individual (and Guardian) for review/feedback*** (Provide signature page in case team satisfied)

ONE MONTH PRIOR:

- If ISA is new, or has been changed during review, obtain ISA approvals from Individual and Guardian**
 - ***Is there an ISA extension or signature variance needed?***
- Sign ISA in CareLogic, and submit to designated staff for second signature**
- Send any external documents that need to be scanned into CareLogic to EHR Specialist** (i.e. Special Care Procedures, signature pages, signed releases, etc.)
- Distribute copies of ISA, supporting documents, and data/tracking sheets to Individual, Guardian, SLP or family**
- Meet with staff DSPs to review new ISA outcomes, support strategies, and documentation expectations in CareLogic**

NEW OR REVIEW?

New ISA

TREATMENT PLAN INFORMATION

Plan Begin & End Dates reflect NEW term

ISA REVIEW/CHANGE FORM

"Is this a review?" - NO

ISA QUESTIONS

Update all information.

PROBLEMS/GOALS/OBJECTIVES

Create NEW goals - avoid reusing previous goals.

ISA Review

TREATMENT PLAN INFORMATION

Plan Begin Date is when changes take effect

End Date remains the same

ISA REVIEW/CHANGE FORM

"Is this a review?" - YES

"Have changes been made?"

- YES: describe changes & get signatures.

- NO: no signatures necessary.

ISA QUESTIONS

Update information as relevant.

Changes to supervision require signatures.

PROBLEMS/GOALS/OBJECTIVES

Add/delete/update changed goal as reflected on ISA Review/Change Form

APPENDIX F: ISA EXTENSION

RELEVANT REGULATIONS	RELEVANT POLICIES	OTHER RELEVANT APPENDIXES
INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016 GUIDELINES FORE THE QUALITY REVIEW PROCESS OF DEVELOPMENTAL DISABILITIES SERVICES		Appendix E: Reviewing an ISA (END OF TERM)

This overview is to provide basic information on completing an ISA extension, not clinical content. See the **ISA Guidelines** for content guidance.

PLEASE NOTE: ISA Extensions should be used as a last resort when unforeseen circumstances have warranted a temporary delay to the completion of the ISA. The individual and their guardian (if they have one) MUST sign and date this. Do NOT sign the ISA Extension form until you have these signatures and they have been uploaded into CareLogic.

- Navigate to **Individual > ISA > ISA Extension**, and click **Add a ISA Extension**.
- Complete the **ISA Extension** form per the **VT ISA Guidelines**.

Staff:	GRABOWSKI, JOSEPH (0338)
Document Date:	5/15/2023
Client Program:	Waiver Program (WAIVER) (07/01/2003 -)
	Edit Session Information

ISA Extension

Original ISA End Date:	<input type="text"/>
Reason for Extension:	<div style="background-color: #ffe0e0; height: 40px; width: 100%;"></div>
Date that the current ISA is extended to:	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">MAY NOT BE MORE THAN 30 DAYS PAST ORIGINAL END DATE</div> <input style="width: 100px;" type="text"/> </div>

Max: 4000 characters.

- **Do not sign this document until you have the individual and guardian's signatures.**
- Once you have the necessary signatures, you may sign off on it.
- Upon obtaining all signatures, follow the steps in **APPENDIX C: NEW ISA TERM**:
 - Set the new term dates to reflect the 30-day extension period.
 - On the **ISA Review/Change** page, select **No** to **"Is this a review of the ISA?"**
 - Do not make any further changes to the existing ISA.
 - Add your electronic signature to the document and indicate who is the second signature.
 - No further external signatures are necessary.

APPENDIX G: ISA RELATED DOCUMENTS

RELEVANT REGULATIONS	RELEVANT POLICIES/FORMS	OTHER RELEVANT APPENDIXES
INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016 BEHAVIORAL SUPPORT GUIDELINES		APPENDIX C: NEW ISA TERM APPENDIX D: REVIEWING AN ISA (MID-TERM)

Related Documents

Documents that apply to this ISA:	<input checked="" type="checkbox"/> Emergency Fact Sheet <input type="checkbox"/> Special Care Procedures <input type="checkbox"/> Behavior Support Plan <input type="checkbox"/> Communication Plan	<input type="checkbox"/> Employment Plan <input type="checkbox"/> Community Safety Plan <input type="checkbox"/> Nutrition Plan <input type="checkbox"/> Physical Therapy Plan	<input type="checkbox"/> Shared Support Plan <input type="checkbox"/> Occupational Therapy Plan <input checked="" type="checkbox"/> Other (please describe)
Other Related Documents:	Funded Areas of Support		

Whenever an ISA is first written, all related documents as indicated within the ISA Questions page are considered a part of the ISA. Individual and guardian signatures apply to all such documents.

All the documents relevant to the ISA should be reviewed at least annually when the ISA is reviewed and updated as needed. Significant modifications to the documents during the course of the ISA should be signed as well.

Emergency Fact Sheet

- See **Appendix A**.

Special Care Procedures

- Generally the agency nurse writes these and provides trainings specific to individuals.

Behavior Support Plan

- Select this whether you have written a **Behavior Support Plan** or a **Comprehensive Behavior Support Plan**.

Communication Plan

Employment Plan

Community Safety Plan

- Sometimes used for individuals on **Public Safety**. If this is listed, you will want to make sure that it is up-to-date, properly followed and documented.

Nutrition Plan

Physical Therapy Plan

Shared Support Plan

- While a **Shared Support Plan** is distinct from a **Behavior Support Plan**, it is important to make sure that this information is as up-to-date as possible.

Occupational Therapy Plan

Other (please describe)

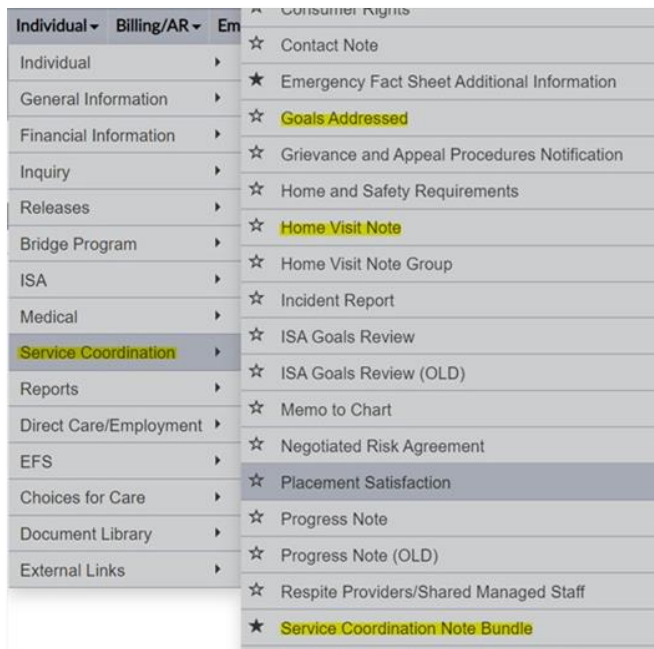
- Please include "**Funded Areas of Support**" here. Other related documents may include **Negotiated Risk Agreement, Supported Decision Making Agreement**, etc.

APPENDIX H: SERVICE COORDINATION MONTHLY NOTES

RELEVANT REGULATIONS	RELEVANT POLICIES/FORMS	OTHER RELEVANT APPENDIXES
HOME VISIT REQUIREMENTS FOR DEVELOPMENTAL DISABILITY SERVICES INDIVIDUAL SUPPORT AGREEMENT GUIDELINES 2016	<p>SHARED LIVING HOME VISIT REQUIREMENTS FINAL</p> <p>ENVIRONMENTAL RISK ASSESSMENT AND SAFETY PLAN FINAL</p> <p>FORM: ENVIRONMENTAL RISK & SAFETY PLAN ASSESSMENT</p> <p>FORM: HOME VISIT CONTACT CHECKLIST AND NOTES BUNDLE FINAL</p>	<p>APPENDIX C: NEW ISA TERM</p> <p>APPENDIX D: REVIEWING AN ISA (MID-TERM)</p>

REMINDER: As of April 2023, you no longer need to complete a bundle for individuals who live independently or with family. Instead, your monthly note will be contained within the Goals Addressed stand-alone document.

Under **Individual > Service Coordination**, you will find the below highlighted menu items:



- **Goals Addressed**
- **Home Visit Note**
- **Service Coordination Note Bundle**

These will eventually be grouped together with their own header under the Service Coordination menu, but for now, this is where you will find them.

WHICH DOCUMENT TO USE FOR YOUR MONTHLY NOTE

INDIVIDUAL	MONTHLY DOCUMENTATION REQUIRED
Lives with a Shared Living Provider	Service Coordination Note Bundle
Lives independently or with family	Goals Addressed

HOME VISIT NOTE / PAGE ONE OF SERVICE COORDINATION NOTE BUNDLE

REMINDER: Do not write your monthly summary on this page. The Comments box only pertains to the actual Home Visit.

STATUS OF CONTACT:

- **Attended In-Person**
- **Attended Virtually** – this is *only* for video. Telephone contacts are not considered virtual visits.
- **Cancelled** – indicate the date of the scheduled Home Visit and the reason for the cancellation. If there was no visit scheduled for the month, select the last day of the month for the cancellation and document the reason for the missing Home Visit.

COMMENTS is no longer where you write the monthly summary. Instead, you will write any comments specific to the month's home visit.

UNABLE TO SCHEDULE / NEXT HOME VISIT SCHEDULED FOR: If possible, please coordinate the day and time of the next Home Visit with the team. If unable to do so, please check the appropriate box.

GOALS ADDRESSED / PAGE TWO OF SERVICE COORDINATION NOTE BUNDLE

REMINDER: This is where you will write the monthly summary for ALL individuals.

Goals Addressed			
VT Individual Support Agreement (ISA)			
Mark as Addressed	Measurable Outcome/Support Strategy/Information & Data Instructions	Associated Activity	Comments
	Measurable Outcome: Will ride horses in Grand Canyon		
	Support Strategy: Begin riding lessons. Service coordinator will assist.	Service Coordination	
<input type="checkbox"/> Addressed	Information & Data Instructions: Sc. will write a monthly note		<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Max: 4000 characters.
Goals Addressed:		<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Max: 4000 characters.	

Check **Addressed** by specific measurable outcomes being documented and write outcome-specific notes in the correlating text box.

GOALS ADDRESSED: This is where you will write your monthly summary of Service Coordination provided. The best practice is to write a concise summary of general Service Coordination provided through the month. Should you feel that you need to capture more information for a specific individual, you could always capture this in **Contact Notes** as they happen and reference/summarize them here.

The **Service Coordination Note Bundle (SCNB)** combines both mandated DAIL regulation information as well as components from the UVS Quality Improvement Plan into one form

Please note that when under State Review, the State Reviewers will be accessing the SCNB's in CareLogic to review summarized notes of Service Coordination performed on behalf of the individual.

Generally

At the beginning of each month, select “**Add a Service Coordination Meeting**” from your navigation bar.

Throughout the month, you will then begin adding data to the form as you have various contacts relating to the individual you serve.

- Make sure each time you enter data in the form you hit the “**Submit**” button on your navigation bar for each page you access within the form. Failure to do so means your data will not be saved.
- Date fields from previous SCNB's pull forward when you add a new note bundle. **Be sure to remove and update these dates.**
- Do not complete the signature page until you have finished the SCNB for the entire month.

Consider using the **Home Visit Contact Checklist and Notes Bundle Final** Form when attending a home visit. It may be easier and less intrusive to use this form versus trying to enter data into CareLogic at the time of the visit.

HOME PLACEMENT SATISFACTION

- This form is required to be completed monthly for any individual in a Shared Living Provider (SLP) or Staffed Living (SL) environment.
- Update the date field at the bottom of the tab.
- Hit Submit

HOME PLACEMENT STRESSORS

- **This form should be completed every month for individuals in a SLP/SL environment.** The Home Placement Stressors form allows UVS to capture relevant data to keep a pulse on SLP situations.
 - Be as nuanced as possible when asking these questions.
- Hit Submit

PHYSICAL AND MENTAL HEALTH

- This form is required to be completed monthly.
- The form will offer different menu selections based on your yes or no answers.
 - Select N/A when appropriate
- Update the date field at the bottom of the tab.
 - If you collected the data throughout the month, choose any date you collected relevant data within that month.
- Hit Submit

RESPITE PROVIDERS/SHARED MANAGED STAFF

- This form is required to be completed monthly.
- Respite Providers and Shared Managed Staff have an obligation to train any new employees they hire. Please go over this checklist with them not only as a reminder of their responsibilities, but also to ensure compliance.
- Date: Update the date field at the bottom of the tab.

HOME AND SAFETY REQUIREMENTS

- This form is required to be completed monthly.
- UVS has a responsibility to ensure the individual's we serve live in a safe residential environment when living with a SLP or a SL Environment.
 - When doing a home visit in person, go around the home and ask about the various safety risks, hazards, or possible restriction to individual's rights.
 - If you cannot do a physical home visit, you can ask the SLP to walk you through the house to address the risks in the home.
- In the **Other** section, indicate if the *Environmental Risks and Safety Assessment Plan* completed previously (this plan was uploaded to CareLogic in the ISA section) needs to be updated or if there are no changes to the Plan.

SIGNATURES

- At the end of your month, **or within 10 days of doing a home visit (per UVS Policy)**, complete the Signature page and Submit.

ADDENDUM

- Create an addendum for your signed SCNB indicating which month the SCNB is for (e.g., February 2023 SCNB).

APPENDIX I: SCHEDULE

Relevant Regulations	Relevant Policies	Other Relevant Appendices
<u>DDSD ENCOUNTER DATA SUBMISSION GUIDE FOR HOME AND COMMUNITY-BASED SERVICES</u>		<u>Appendix I: Activities Entered on the Schedule</u>

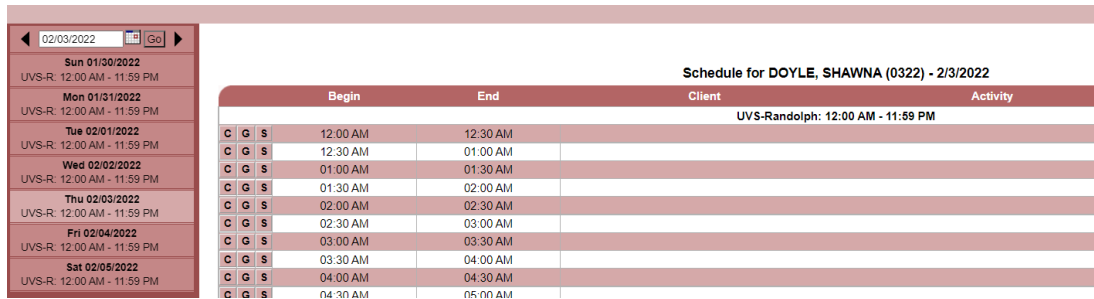
*****NOTE: It is VERY Important that all time you have completed is entered into CareLogic for State encounters purposes.** Please make sure you go in and enter any past time that you have not entered to ensure accuracy and that past time is billed for.

▶ There are two ways to enter your time into CareLogic. The first, via the **Batch Activity** view, is the optimal way to enter a day's worth of activities in bulk and will save you several clicks. Think of this akin to a paper timesheet where each line represents one specific activity that day.

OPTION 1: ENTERING BULK SCHEDULE ACTIVITIES USING BATCH ACTIVITY ENTRIES

How to enter activities on your schedule using Batch Activity

1. Click on the word **Schedule** on the left side of your navigation bar. The following form will appear.

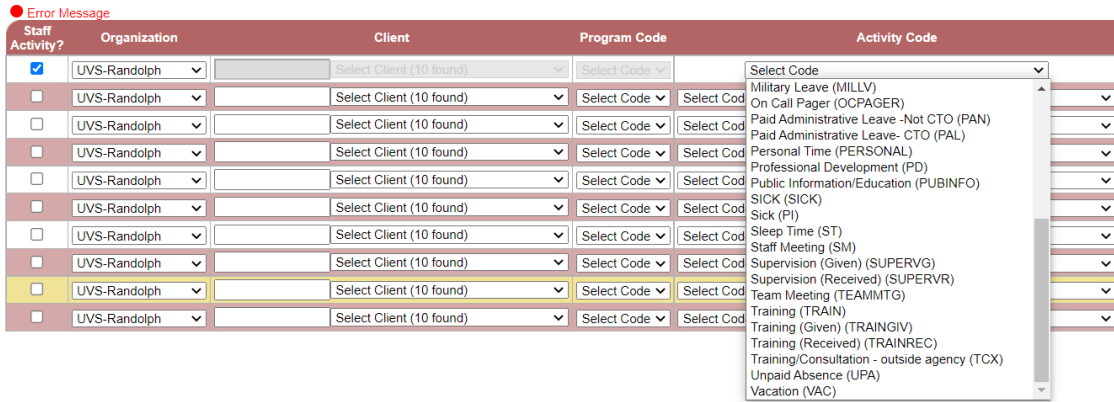


2. Hover on the word **schedule**, go down to **activities**, then over to **batch activity entry**.

- Screen shot below is where you will enter the completed time for all activities.
 - **NOTE:** Batch Activity can only be used to enter time that is already been done. It will not let you enter a time in the future.

3. Select the Staff Activity box for anything pertaining to training or Administration time.

- Complete the Activity code and times that were spent on that activity.
 - Check that the correct AM/PM bullet was selected.



4. For activities done with an individual you will fill in the **client** field with the individual's name.

- **Program Code** will always be **WAIVER**
- **Activity:** This must be an authorized Funded Area of Support as outlined in the ISA. Select one of the following activities: (Refer to [Appendix I](#))
 - **Service Coordination**
 - **Care Coordination**
 - **Clinical Documentation**
 - **Transport without Client**
 - **Community Supports**
 - **Ongoing Support to Maintain Employment**
- **Svc Location:** Select one of the locations below (if more than one location applies to activity, select the location where most of the time was spent – See page).
 - **12-Home**
 - **18-Place of Employment-Worksite**
 - Any services provided at a worksite-OR-in a community setting
 - **53-Community Mental Health Center**
 - Any Services provided in the office (or if working remotely)
 - **99-Other Place of Service**

5. When all fields are complete then click **submit**.

DOCUMENTATION USING BATCH SCHEDULING

On Schedule click “**No-Add**” under SvcDoc to begin documentation. The following screenshot will appear for you.

Session Information	
Client:	Blythe , Laxmi (3009) 10/9/1971
Staff:	DOYLE, SHAWNA (0322)
Service Date/Time:	4/22/2022 12:00 AM - 12:30 AM
Client Program:	Waiver Program (WAIVER)
Activity:	Service Coordination (SC)
Organization:	UVS-Randolph
Service Location:	53 - Community Mental Health Center

Memo to Chart Entry	
Narrative:	General oversight of services

Max: 4000 characters.

Then click **Submit** after completion of **Memo to Chart**.

- You will be prompted to **sign** the document.

When the time is complete and the memo to chart is entered and signed you will see the following:

Schedule for DOYLE, SHAWNA (0322) - 4/22/2022

Begin	End	Client	Activity	Status	SvcDoc
UVS-Randolph: 12:00 AM - 11:59 PM					
12:00 AM	12:30 AM	Blythe, Laxmi (3009) 10/9/1971	Service Coordination (SC)	Kept	Yes - Signed
12:30 AM	01:00 AM				
01:00 AM	01:30 AM				

OPTION 2: ENTERING INDIVIDUAL SCHEDULE ENTRIES USING THE DAY VIEW

How to enter activities on your schedule

1. Click on the word **Schedule** on the left side of your navigation bar. The following form will appear.

2. Select the type of activity that you would like to put on the schedule.

- Select **C** for when you are entering time spent on activities completed with an individual.
- Select **S** for Staff activities. Appropriate for time spent on training or administrative time.
- G** is not used.

3. The screenshot below will open for you.

- Make sure the correct service date appears.
- Make sure the correct AM/PM bullet is selected.
- Enter the client's name that time was spent on.
- Select the appropriate activity referring to appendix I for the activity cheat sheet.
- Select the appropriate Service location.

Schedule a Client Activity

Service Date:	04/22/2022
Time From:	08:00 <input checked="" type="radio"/> AM <input type="radio"/> PM
Time To:	12:30 <input type="radio"/> AM <input checked="" type="radio"/> PM
Organization:	UVS-Randolph
Staff:	DOYLE, SHAWNA (0322) Find Staff
Client:	Dybvig, Kelli (3003) 1/6/1985
Client Program:	Programs marked with (*) are not yet active. They will become active once the Client is admitted. Waiver Program (WAIVER)
Activity:	Service Coordination (SC)
Service Location:	53 - Community Mental Health Center
Description:	<input type="checkbox"/> Show Message on Front Desk? Max: 100 characters.

4. For activities done with an individual you will fill in the **client** field with the individual's name.

- **Client Program** will always be **WAIVER**
- **Activity:** This must be an authorized Funded Area of Support as outlined in the ISA. Select one of the following activities: (Refer to Appendix I)
 - **Service Coordination**
 - **Care Coordination**
 - **Clinical Documentation**
 - **Transport without Client**

PLEASE NOTE: If you are covering a staffed activity, then please select one of the following:

- **Community Supports**
 - **Ongoing Support to Maintain Employment**
 - **In-Home Supports**
 - **Supervised Living**
 - **Staffed Living**
- **Svc Location:** Select one of the locations below (if more than one location applies to activity, select the location where most of the time was spent).
 - **12-Home**
 - **18-Place of Employment-Worksite**
 - Any services provided at a worksite-**OR**-in a community setting
 - **53-Community Mental Health Center**
 - Any Services provided in the office (or if working remotely)
 - **99-Other Place of Service**

5. Click **Submit** when all fields are complete.

6. Mark your time as **Kept**, click on the "**None**" button under **Status** as seen below.

- The screenshot below will appear:

Session Information	
Client:	Blythe , Laxmi (3009) 10/9/1971
Staff:	DOYLE, SHAWNA (0322)
Service Date/Time:	4/22/2022 12:00 AM - 12:30 AM
Client Program:	Waiver Program (WAIVER)
Activity:	Service Coordination (SC)
Organization:	UVS-Randolph
Service Location:	53 - Community Mental Health Center

<p>Appointment Status:</p> <p>Activity: Service Coordination (SC)</p> <p>Time From: 12:00</p> <p>Time To: 12:30</p> <p>Do you want to attach an existing document?</p> <p>Cancellation Comments:</p> <p><small>Max: 2000 characters.</small></p> <p>If cancelled, does the client want to reschedule?</p>	<p>Client Activity Status</p> <p> <input checked="" type="radio"/> Kept <input type="radio"/> Co-Staff <input type="radio"/> Checked In <input type="radio"/> In Session <input type="radio"/> CBC <input type="radio"/> CBT <input type="radio"/> DNS <input type="radio"/> Error </p> <p>Choose Yes to delete the document related to the service. The "Service Document to Attach" will be related to the service.</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Appointment Status:

- **Kept** The appointment has been kept as scheduled
- **CBC/CBT** The appointment was cancelled by client/staff
- **Error** Use this to error out any mistaken entries

Note: At times Service Coordinators need to cover Community Supports and/or Employment Supports. When entering this time in your schedule it is done the same way just using the appropriate Activity and service location.

- There is a qualifier that needs to be checked when keeping time for these Activities as seen below.

Session Information

Client:	Blythe , Laxmi (3009) 10/9/1971
Staff:	DOYLE, SHAWNA (0322)
Service Date/Time:	4/22/2022 08:00 AM - 10:00 AM
Client Program:	Waiver Program (WAIVER)
Activity:	Community Supports (AQ) (CS)
Organization:	UVS-Randolph
Service Location:	18 - Place of Employment-Worksite

Client Activity Status

Appointment Status: Kept Co-Staff Checked In In Session
 CBC CBT DNS
 Error

Activity: Community Supports (AQ) (CS) ▼

Time From: 08:00 AM PM

Time To: 10:00 AM PM

Activity Qualifiers: One Staff to One Person Served Two Staff to One Person Served

Non-billable Minutes:

Cancellation Comments:Max: 2000 characters.

If cancelled, does the client want to reschedule? Yes No

DOCUMENTATION USING DAY VIEW SCHEDULE

On Schedule click **"No-Add"** under SvcDoc to begin documentation. The following screenshot will appear for you.

Session Information

Client:	Blythe , Laxmi (3009) 10/9/1971
Staff:	DOYLE, SHAWNA (0322)
Service Date/Time:	4/22/2022 12:00 AM - 12:30 AM
Client Program:	Waiver Program (WAIVER)
Activity:	Service Coordination (SC)
Organization:	UVS-Randolph
Service Location:	53 - Community Mental Health Center

Memo to Chart Entry

Narrative:

General oversight of services

Max: 4000 characters.

Then click **Submit** after completion of Memo to Chart.

- You will be prompted to **sign** the document.

When the time is complete and the memo to chart is entered and signed you will see the following:

Schedule for DOYLE, SHAWNA (0322) - 4/22/2022						
	Begin	End	Client	Activity	Status	SvcDoc
	UVS-Randolph: 12:00 AM - 11:59 PM					
Schedule	12:00 AM	12:30 AM	Blythe , Laxmi (3009) 10/9/1971	Service Coordination (SC)	Kept	Yes - Signed
C	G	S				
	12:30 AM	01:00 AM				
C	G	S				
	01:00 AM	01:30 AM				

SERVICE COORDINATION SCHEDULE ACTIVITY ROLL UP GUIDANCE

In general, **Service Coordination** activities conducted throughout the day can be “rolled up” into one activity that best describes the overall focus of work done that day.

Example:

Time	Client	Activity	Hours
8 AM	John Smith	Service Coordination	0.5
8:30 AM	John Smith	Service Coordination	0.5
9 AM	Susan Jones	Service Coordination	2
11 AM		TRAINING (Received)	0.5
11:30 AM	Joe Johnson	Service Coordination	0.5
12 PM	John Smith	Service Coordination	1.5
1:30 PM	Joe Johnson	Service Coordination	0.5
2 PM	Susan Jones	Service Coordination	1
3 PM		TRAINING (Received)	1

In the above example, you would need to write eight separate notes. However, if you “roll up” the activities, you could enter them like this:

Time	Client	Activity	Hours
8 AM	John Smith	Service Coordination	2.5
11 AM	Susan Jones	Service Coordination	3
1 PM	Joe Johnson	Service Coordination	1
2 PM		TRAINING (Received)	1.5

Doing this will streamline your timekeeping and would only require three notes for the day.

LOCATION CODES

Below is a list of the designated location codes that you can select from. If an activity was conducted over multiple locations, you do not need to break it down into different entries – rather, choose the location where the majority of the time was spent.

The exception to this is for **Home Visits** – It is important that these are entered to reflect when and where they were done.

Select Service Location (5 found) ▼

- Select Service Location (5 found)
- 02 - Telehealth
- 12 - Home
- 18 - Place of Employment-Worksite
- 53 - Community Mental Health Center
- 99 - Other Place of Service

02 - Telehealth

- Use **only** for virtual home visits done via video

12 - Home

- Make sure to use this for any in-person home visits

18 - Place of Employment-Worksite

- Use this location code for anywhere not at the individual's home or at the office (i.e. Transport w/o Client, attending medical appts, etc.)

53 - Community Mental Health Center

- Use this location code for work done at the office.

99 - Other Place of Service

- Do not use this location code.

APPENDIX J: ACTIVITIES ENTERED ON THE SCHEDULE

Relevant Regulations	Relevant Policies	Other Relevant Appendices
DDSD ENCOUNTER DATA SUBMISSION GUIDE FOR HOME AND COMMUNITY-BASED SERVICES		Appendix H-SCHEDULE

PLEASE NOTE: DAIL has defined which Service Coordinator activities are 'reportable' and 'non-reportable' for Encounter Data purposes. While the latter are non-billable, **it is still important to capture ANY work done on behalf of an individual.**

Here are the state's definitions of service activities:

SERVICE PLANNING AND COORDINATION (SC)

- Oversight and coordination of services.
- Phone calls/emails on behalf of the person.
- Accompanying the person to appointments.
- Assistance to recipients in planning, developing, choosing, gaining access to, coordinating, and monitoring the provisions of needed services and supports for the specific individual, coordinating medical and clinical services, providing general oversight of services and supports for a specific individual.
- Monitoring the ISA.
- Coordinating medical and clinical services.
- Providing general oversight of services and supports.

CLINICAL DOCUMENTATION (CD)

- Time spent reviewing and writing documents that support the individual's treatment that is non-billable.

CARE COORDINATION (CC)

- Coordination engaged in outside of a treatment team meeting that is non-billable.
- Multiple staff working on coordinating emergency respite for a individual where only one person can bill for that time
- 2 staff calling each other to coordinate care for a family they share (primary staff should bill, secondary would bill this code)

TRANSPORT WITHOUT CLIENT (T)

- Individual-specific transportation without individual present (i.e., traveling to/from home visits, medical appointments, etc.)

SERVICE COORDINATION MOST COMMON ACTIVITIES CHEAT SHEET

HOME VISIT	Home Visits - Developmental home providers	Give brief description of who was present and write "Home Visit notes to follow"
CONTACT	Contact with ... (individual specific)	Phone call/email/discussion on behalf of (individual) regarding
CONSULT	Consult with peers (including Employment Director, RN, Clinical Personnel) if individual specific	Coordination of services with (person you had contact with) on behalf of (individual) regarding
INCIDENT	Critical Incident developing and reporting	Development of a Critical Incident Report
FUNDING	Development of funding proposal when needs have changed	Assisting (individual) to gain access to needed services
FUNDING	Individual Budget Preparation and/or Review of utilization	Monitoring the provisions of needed services and supports for (individual)
ISA	ISA Meeting and any Review Meetings - facilitating meeting with the team to discuss plan	Coordinating and monitoring the provision of needed services and supports for (individual)
MEDICAL	Attending important medical appointments with individual by Service Coordinator	Accompanying _____ to _____ Appointment
MEDICAL	Supporting individuals with their medical needs by Service Coordinator	Coordinating Medical/Clinical Services
MEDICAL	Follow up on medical documentation	Coordinating Medical/Clinical Services
MEDICAL	Research & Resolve medication issues w/DHP, medical provider	Coordinating Medical/Clinical Services
MEDICAL	Attending a Psychiatric Medication Check	Coordinating Medical/Clinical Services.
MEDICAL	Attending Therapy Session with an individual	Coordinating Medical/Clinical Services.
MEDICAL	Reviewing and monitoring of all medical documentation by Service Coordinator	Providing general oversight of services and supports
MEDICAL	Ongoing record review to assure adherence to H&W Guidelines	Providing general oversight of services and supports
OVERSIGHT	Service Coordinator reviewing individual's records	General oversight of services
OVERSIGHT	Record Review (reading/reviewing someone's records)	Monitoring services
OVERSIGHT	Review of Progress notes for home, community, employment, and residential services	Monitoring the ISA
OVERSIGHT	ISA implementation - working with the individual, family, support staff to review the new ISA and what the expectations are going forward	Oversight and monitoring of services and supports for (individual)

SERVICE COORDINATION ALL ACTIVITIES CHEAT SHEET

CATEGORY	SERVICE COORDINATION DUTIES	CODE	HOW TO BEGIN YOUR NOTE
CI	Critical Incident developing and reporting	SC	Development of a Critical Incident Report
Consult	Consult with peers (including Employment Director, RN, Clinical Personnel) if individual specific	SC	Coordination of services with (person you had contact with) on behalf of (individual) regarding
Contact-Consults	Contact with Consults face to face, phone, email etc. (individual specific)	SC	Phone call/email/discussion on behalf of (individual) regarding
Contact-Guardian	Contact with a guardian face to face, phone, email etc..	SC	Phone call/email/discussion on behalf of (individual) regarding
Contact-school	Contact with Schools	SC	Phone call/email/discussion on behalf of (individual) regarding
Contact- SLP	Contact with Home Provider/Family Member face to face, phone, email etc..	SC	Phone call/email/discussion on behalf of (individual) regarding
Contact-Individual	Contact with individual face to face, phone, email etc..	SC	Phone call/email/discussion with (individual) regarding
Contact-Medical	Contact with Medical Professionals face to face, phone, email etc.. (individual specific)	SC	Phone call/email/discussion on behalf of (individual) regarding
Crisis	Emergency Placement Need - Coordinating the use of Emergency placement personnel.	SC	Coordinating the provision of needed services and supports for (individual)
Funding	Development of funding proposal when needs have changed	SC	Assisting (individual) to gain access to needed services
Funding	Individual Budget Preparation and/or Review of utilization	SC	Monitoring the provisions of needed services and supports for (individual)
Funding	Presentation of funding proposal for established individual to local/equity	SC	Assisting (individual) to gain access to needed services
Housing	Coordinating and following through with accessibility review	SC	General oversight of services and supports. Completed Accessibility review; follow-up on accessibility review, etc.
Housing	Arranging for modifications to the home	SC	General oversight of services and supports. follow-up on accessibility review to (what you did)
Housing	Moving the individual's belongings to a new home (multiple people coding A01) - Lead Service Coordinator	SC	Lead SC: Coordinating needed services for (individual)
ISA	ISA Meeting and any Review Meetings - facilitating meeting with the team to discuss plan	SC	Coordinating and monitoring the provision of needed services and supports for (individual)
Legal	APS investigations - filing reports, meeting with investigators, etc..	SC	APS Investigation
Medical	Attending important medical appointments with individual by Service Coordinator	SC	Accompanying _____ to _____ Appointment
Medical	Supporting individuals with their medical needs by Service Coordinator	SC	Coordinating Medical/Clinical Services

<u>CATEGORY</u>	<u>SERVICE COORDINATION DUTIES</u>	<u>CODE</u>	<u>HOW TO BEGIN YOUR NOTE</u>
Medical	Follow up on medical documentation	SC	Coordinating Medical/Clinical Services
Medical	Research & Resolve medication issues w/DHP, medical provider	SC	Coordinating Medical/Clinical Services
Medical	Attending a Psychiatric Medication Check	SC	Coordinating Medical/Clinical Services. DO NOT CALL THIS A MEETING
Medical	Attending Therapy Session with an individual	SC	Coordinating Medical/Clinical Services. DO NOT CALL THIS A MEETING
Medical	Reviewing and monitoring of all medical documentation by Service Coordinator	SC	Providing general oversight of services and supports
Medical	Ongoing record review to assure adherence to H&W Guidelines	SC	Providing general oversight of services and supports
Oversight	Service Coordinator reviewing individual's records	SC	General oversight of services
Oversight	Record Review (reading/reviewing someone's records)	SC	monitoring services
Oversight	Review of Progress notes for home, community, employment and residential services	SC	monitoring the ISA
Oversight	ISA implementation - working with the individual, family, support staff to review the new ISA and what the expectations are going forward	SC	Oversight and monitoring of services and supports for (individual)
Oversight	Human Rights - when presenting on an individual	SC	Monitoring the provisions of needed services and supports for (individual)
Oversight	Discharge planning services and supports	SC	Oversight and Coordination of Services regarding _____
Oversight	IEP/School Meetings (if receiving Waiver Services)	SC	Oversight and Coordination of Services regarding _____ DO NOT CALL THIS A MEETING.
Oversight	Account Ledgers /Attendance Sheets	SC	Oversight and monitoring of services and supports for (individual)
SLP	Home Visits - Developmental home providers	SC	Give brief description of who was present and write "Home Visit notes to follow" - Don't forget to create a separate Home Visit note in the individual's record.
Support	Filling out forms and applications for most anything. Benefits, housing, job, etc.	SC	Gaining Access to needed services and supports regarding _____
Support	Resolving issues with Social Security/ Medicaid	SC	Oversight and Coordination of Services regarding _____
Support	Assisting individual with receipts and completing personal spending document. Individual present	SC	General oversight of services through review of account ledger with (individual)
Support	Site visit with new staff with individual present	SC	Met with (individual) during (activity) to provide support. Introduced (individual) to potential new staff.

<u>CATEGORY</u>	<u>SERVICE COORDINATION DUTIES</u>	<u>CODE</u>	<u>HOW TO BEGIN YOUR NOTE</u>
Support	Meetings at Social Security with individual & guardian	SC	Oversight and Coordination of Services regarding _____ DO NOT CALL THIS A MEETING.
Support	Service Coordinator providing training Direct Support out in the field with the individual	SC	Provided general oversight and support to (individual) *** DO NOT USE THE WORD TRAINING!***
Support	Accompanying and providing support to individual/DHP for funerals/family visits	SC	Provided general oversight and support to (individual) during _____
Support	Support (supervision) of direct care staff- on site with individual present	SC	Support provided to (individual) and (staff) during... (activities)
Training	Service Coordinator or Administrator providing training on specific individual's (record review, prep for transitions, meeting new individuals and teams, etc.)	SC	Trainer: Providing general oversight of services and supports
Orientation	Service Coordinator being trained on specific individual's (record review, prep for transitions, meeting new individuals and teams, etc.)	CC	Trainee: review of supports required
Home/Respite Coordination	Interview process for Home Providers – specific to an individual- going out to see the home, introducing the guardian and individual	CC	Met with (potential provider) with (people present) to discuss services and supports required for (individual)
Secondary Service Coordination	Moving the individuals' belongings to a new home (multiple people coding A01) - Secondary Service Coordinator	CC	Other people: Supported (individual) transitioning their belongings to new DH
Home/Respite Coordination	Service Coordinator assists in recruiting and interviewing Respite Providers – specific to an individual	CC	Coordinating or development of respite providers
Secondary Service Coordination	Emergency Placement Need - Additional staff coordinating the use of Emergency placement personnel.	CC	Assisting in Coordinating the provision of needed services and supports for (individual)
ISA Development	ISA Meeting Preparation - work done prior to the ISA Meeting; reviewing current documents that support treatment	CD	Prepared for ISA meeting
ISA Development	ISA Development/writing the ISA and all related documents that go with the ISA (needs assessments, communication Plans, Support Plans, Peggy's Law, Emergency Fact Sheets, etc..	CD	Development of (what you developed)
ISA Development	ISA reviews- Writing the ISA annual review and related documents	CD	Development of (what you developed)
ISA Development	Developing/ writing Behavior Support Plan with additional documents including updates/changes	CD	Development of (what you developed)

<u>CATEGORY</u>	<u>SERVICE COORDINATION DUTIES</u>	<u>CODE</u>	<u>HOW TO BEGIN YOUR NOTE</u>
Documentation	Summarize and write Goal Review Summaries (Monthly SC Note Bundle)	CD	Development of (what you developed)
Documentation	Home Visit- writing home visit contact note (Monthly SC Note Bundle)	CD	Development of home visit note that occurred on (date of home visit)
Documentation	Critical Incident - reviewing, signing off on and upload	CD	Reviewing and signing off on Critical Incident Report
Travel	Traveling to an appointment/meeting that is related to the individual and the individual is not present	T	Traveling to appointment (or meeting)
Travel	Traveling to a Home Visit	T	Traveling to Home visit

STAFF ACTIVITIES

Staff Activity - these are activities that are not related to any individual

<u>SERVICE COORDINATION DUTIES</u>	<u>BILLING CODE</u>	<u>DOCUMENT</u>	<u>COMMENTS</u>
Supervision of direct care staff - without individual present	Supervision (Given)	Supervision forms	Supervision provided to (person receiving supervision) - your supervision notes need to be kept in your supervision folders; personnel discussion to be recorded in your admin folder on your desktop
Service Coordinator's supervision	Supervision (Received)	Supervision forms	Met with (supervisor) for supervision (come prepared to supervision)
Trainings (Relias, policy, etc.)	Training (Received)		
Service Coordinator providing individual specific training for direct care staff (ISA and related docs)	Training (Given)	write In the schedule descript box. Complete Training Document	no document in Carelogic; record dates on training doc
Develop of New Home provider - providing training	Training (Given)	write In the schedule descript box. Complete Training Document	no document in Carelogic; record dates on training doc
Implementing and training on the Behavior Support Plan - supporting the individual and all staff, home providers etc..	Training (Given)	write In the schedule descript box. Complete Training Document	Complete training doc. Including dates of training
Service Coordination meeting	Staff Meeting	write In the schedule descript box.	
Therapeutic Options Training per Individual's Team (giving or receiving)	Training given or Training Received	write In the schedule descript box. Complete Training Document	

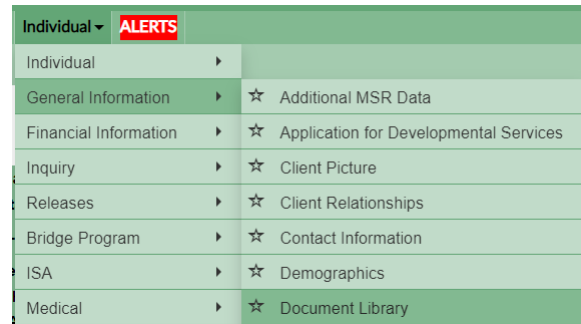
APPENDIX K: DOCUMENT LIBRARY

Please Note!

- It is very important that CareLogic is the default location of an individual's records, unless otherwise indicated.
- It is **not** necessary to keep a printed copy of CareLogic Service Documents in the core books.

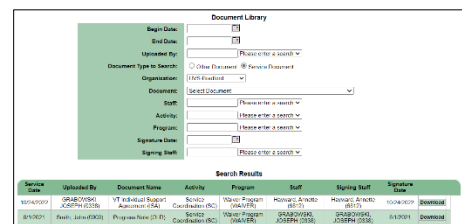
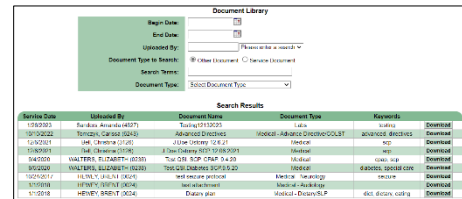
Overview of the Document Library

- Whenever possible, physical documents have been uploaded into corresponding folders in the menu system (i.e. ISA signature pages can be found under **Individual > ISA > Individual Support Agreement.**)
- Some documents, however, do not live in the menu system. These primarily consist of external documents such as guardianship orders, psychological evaluations, and other copies of insurance cards.
- All of these uploaded documents can be found in the **Document Library**, which can be found under **Individual > General > Document Library.**



Document Types (Service/Other)

- There are two types of documents:
 - Other Documents** – These are mostly external documents that are not found within the CareLogic menu system and are shown as the default when accessing the Document Library.
 - Service Documents** – These documents officially live in the Document Library as well but can also be found throughout the CareLogic menu system. To see a list of uploaded Service Documents, select the Service Document radio button and click Submit.



What to send for scanning/uploading

- Service Coordinators do not need to scan and upload documents directly into CareLogic. Instead, scan the document to the designated UVS EHR Specialist.

The following attachments will provide additional insight into the Individual's Record and where documents should be found:

- Service Document Core Book / CareLogic Matrix** - This is a list of documents traditionally found within an individual's core books. Here you will find who they apply to, how often they should be updated, whether they should be uploaded into CareLogic, and if so, where they can be found.
- Core Book / CareLogic Simplified Guide** – This is a simplified version of the matrix to help make quick work of locating.
- Individual Record Audit Checklist** – This is not a comprehensive record checklist but includes the core documentation usually audited during a QSR.

SERVICE DOCUMENT CORE BOOK / CARELOGIC MATRIX

DOC NAME	CATEGORY	UPLOAD	DOC TYPE	CL DOC NAME	CORE WHERE FOUND	INDIVIDUALS	UPDATED
Environmental Risk Assessment	Assessments	Yes	Service Document	VT Individual Support Agreement	Yes Individual>ISA>Individual Support Agreement	All living w/ SLPs, staffed residential, group home	Annually and as changes occur
Psychological Eval	Assessments	Yes	Other	Psychological Evaluation	Yes Document Library	All	Upon intake and as needed
Adaptive Behavior Assessment	Assessments	Yes	Other	Assessments	Yes Document Library	All	Upon intake and as needed (for eligibility)
Assessments, misc	Assessments	Yes	Other	Assessments	Yes Document Library	All (as applicable)	Done as necessary
Medicaid/economic services notices	Benefits	No	Other	N/A	Yes Paper Binder Only	n/a	n/a
Consent to Administer Prescribed Medications	Consent / Releases	Yes	Other	??	Yes Document Library	All receiving meds	Annually
Release of Information	Consent / Releases	Yes	Service Document	Consent and Agreement to Use of Health Information	Yes Individual > Releases	All	Upon intake and annually
Prior Consent for Emergency Treatment	Consent / Releases	Yes	Other	??	Yes Document Library	All (at guardian discretion)	Annually
Medical Release	Consent / Releases	Yes	Service Document	Authorization to Release Health Information	Yes Individual > Releases	All	Annually
Emergency Release	Consent / Releases	Yes	Other	??	Yes Document Library	All	Annually
HIPAA for individuals	Consent / Releases	Yes	Service Document	Consent and Agreement to Use of Health Information	Yes Individual > Releases	All	Upon intake and as needed
Individual Rights	Consent / Releases	Yes	Service Document	Client Rights	Yes Individual > Service Coordination	All	Upon intake and annually
Grievance and Appeals	Consent / Releases	Yes	Service Document	Grievance and Appeals Procedure Notification	Yes Individual > Service Coordination	All	Upon intake and annually
Peggy's Law	Consent / Releases	Yes	Service Document	Disclosure to Home Provider/Respite Worker	Yes Individual > Releases	All living w/ SLPs	Annually and upon new respite providers
Covid-19 Change Form 1	COVID	No	Service Document	Individual Support Agreement COVID-19 Change Form 1	No Individual > ISA	All	no update
Covid-19 Change Form 2	COVID	No	Service Document	Individual Support Agreement COVID-19 Change Form 2	No Individual > ISA	All	As return to services occurs
Return to community/return to employment Covid	COVID	No	Other	COVID-19 Contingency	No Document Library	All receiving staffed supports	When return to community/employment happens and as changes occur
Application for Developmental Services	Eligibility	Yes	Service Document	Application for Developmental Services	Yes Document Library	All	Upon intake
Waiver based eligibility form	Eligibility	Yes	Other	Intake/Eligibility	Yes Document Library	All	Upon HCBS funding
DOC NAME	CATEGORY	UPLOAD	DOC TYPE	CL DOC NAME	CORE WHERE FOUND	INDIVIDUALS	UPDATED

DOC NAME	CATEGORY	UPLOAD	DOC TYPE	CL DOC NAME	CORE WHERE FOUND	INDIVIDUALS	UPDATED
Funding Proposals	Eligibility	Yes	Other	Funding	Yes Document Library	All	Upon intake and as needs change
Goods and Services for copies of purchase orders	Financial	No	N/A	N/A	Yes Paper Binder Only	n/a	n/a
Emergency Fact Sheet	General	No	N/A	Emergency Fact Sheet	No Individual > EFS	All	Annually and as individual information changes
ISA	ISA	No	Service Document	Vermont Individual Support Agreement	No Individual > ISA	All	Two-year term (max)
ISA Signature Page	ISA	Yes	Service Document	Vermont Individual Support Agreement	No Individual > ISA	All	At completion of ISA development and if changes are made in an ISA review
ISA Review Change Form	ISA	No	Service Document	Vermont Individual Support Agreement	No Individual > ISA	All	Annually, mid-term, end-of-term, and when funding changes occur
Funded Areas of Support	ISA	No	Service Document	Funded Areas of Support	No Individual > ISA	All	ISA, ISA modifications resulting in service changes (ISA attachment)
Comprehensive Behavior Support Plan Supporting Docs	ISA	No	Service Document	Comprehensive Behavior Support Plan	No Individual > ISA	If applicable	Update in conjunction with ISA, and as needed (ISA attachment)
Behavior Support Plan	ISA Supporting Docs	No	Service Document	Behavior Support Plan	No Individual > ISA	If applicable	Update in conjunction with ISA, and as needed (ISA attachment)
Shared Support Plan	ISA Supporting Docs	No	Service Document	Shared Support Plan	No Individual > ISA	If applicable	Update in conjunction with ISA (ISA attachment)
Communication Plan	ISA Supporting Docs	No	Service Document	Communication Plan	No Individual > ISA	If applicable	Update in conjunction with ISA (ISA attachment)
Supported Decision Making Agreement	ISA Supporting Docs	Yes	Other	Guardianship Order	Yes Document Library	If applicable	Reviewed annually, updated as needed
Negotiated Risk Agreement	ISA Supporting Docs	No	Other	Negotiated Risk Agreement	Yes Document Library	If applicable	Reviewed annually, updated as needed
Other ISA supporting documents	ISA Supporting Docs	Yes	Service Document	Document Library	No Individual > ISA	If applicable	Update in conjunction with ISA (ISA attachment)
Service Coordination Note Bundle	ISA Tracking	No	Service Document	Service Coordination Note Bundle	No Individual > Service Coordination	All living w/ SLPs	Monthly Service Coordination notes
Goals Addressed	ISA Tracking	No	Service Document	Goals Addressed	No Individual > Service Coordination	All living independently or w/ family	Monthly Service Coordination notes
ISA Tracking Documents (Residential)	ISA Tracking	No	Other	N/A	Yes Paper Binder Only	All living with SLPs	Per ISA
ISA Tracking Documents (Community)	ISA Tracking	No	Service Document	Progress Note	No Individual > Direct Care/Employment	All receiving staffed supports	Per ISA
DOC NAME	CATEGORY	UPLOAD	DOC TYPE	CL DOC NAME	CORE WHERE FOUND	INDIVIDUALS	UPDATED

DOC NAME	CATEGORY	UPLOAD	DOC TYPE	CL DOC NAME	CORE WHERE FOUND	INDIVIDUALS	UPDATED
Guardianship Documentation	Legal Docs	Yes	Other	Guardianship Order	Yes Individual > General Information	Anyone with a guardian	Obtained at Intake, updated as changes occur
Power of Attorney	Legal Docs	Yes	Other	Legal Information	Yes Document Library	If applicable	As changes occur
Advance Directive	Legal Docs	Yes	Other	Legal Information	Yes Document Library	If applicable	As changes occur
Copies of insurance cards	Legal Docs	Yes	Other	Insurance Cards	Yes Document Library	All	As changes occur
ID's	Legal Docs	No	N/A	N/A	Yes Paper Binder Only	All	As changes occur
Birth Certificate	Legal Docs	Yes	Other	Birth Certificate	Yes Document Library	All	As changes occur
Agency vehicle (copies of insurance and registration)	Legal Docs	No	N/A	N/A	Yes Paper Binder Only	If applicable	As changes occur
Special Care Procedures	Medical	Yes	Service Document	Special Care Procedures	Yes Individual > Medical	If applicable	Annually and as changes occur
Seizure Protocols	Medical	Yes	Service Document	Special Care Procedures	Yes Individual > Medical	If applicable	As needed/as medical needs change
Medication Administration Charts	Medical	No	N/A	N/A	Yes Paper Binder Only	All receiving home supports	Monthly or as orders change
Physician's Orders	Medical	Yes	Service Document	Primary Care Contact	Yes Individual > Medical	All receiving home supports	Per event, at least annually
Vision Appointments	Medical	Yes	Service Document	Vision Care Contact	Yes Individual > Medical	All receiving home supports	Varies; per individual, see guidelines
Medication Checks	Medical	Yes	Service Document	Psychiatric Care Contact	Yes Individual > Medical	All receiving psychiatric meds living with SLPs	At least quarterly; per visit
Other Medical Appointments	Medical	Yes	Service Document	"... Care Contact" (selecting relevant type)	Yes Individual > Medical	All receiving home supports and required in Health & Wellness Guidelines	As appointments occur
Needs Assessment / Periodic Reviews	Needs Assessments	No	Service Document	VT Needs Assessment	No Individual > ISA	All	Upon intake, updated annually and as changes occur
SIS-A Assessments	Needs Assessments	Yes	Service Document	VT Needs Assessment	No Individual > ISA	As identified	To be determined
Comprehensive Person's Story	Personal Stories	No	Service Document	Personal Story	Yes Individual > ISA	All	Upon intake
Person's Story Updates	Personal Stories	No	Service Document	Personal Story Update	No Individual > ISA	All	Annually and as major life changes occur
DAIL Public Safety Risk Assessment	Public Safety	Yes	Service Document	Annual Evaluation Less Restrictive Placement	Yes Individual > Service Coordination	Only for Public Safety	Upon intake
Annual Evaluation of Least Restrictive Placement	Public Safety	No	Service Document	Annual Evaluation Less Restrictive Placement	Yes Individual > Service Coordination	Only for Public Safety	Annually
Community Safety Plan	Public Safety	No	Service Document	Community Safety Plan	No Individual > ISA	If applicable	Update in conjunction with ISA or as needed
SOTIPS	Public Safety	Yes	Service Document	Annual Evaluation Less Restrictive Placement	Yes Individual > Service Coordination	Only for Public Safety	Annually
DOC NAME	CATEGORY	UPLOAD	DOC TYPE	CL DOC NAME	CORE WHERE FOUND	INDIVIDUALS	UPDATED

DOC NAME	CATEGORY	UPLOAD	DOC TYPE	CL DOC NAME	CORE WHERE FOUND	INDIVIDUALS	UPDATED
VOTIPS	Public Safety	Yes	Service Document	Annual Evaluation Less Restrictive Placement	Yes Individual > Service Coordination	Only for Public Safety	Annually
Static-99	Public Safety	Yes	Service Document	Annual Evaluation Less Restrictive Placement	Yes Individual > Service Coordination	Only for Public Safety	Annually
State Home/Accessibility Review	Residential	Yes	Other	State Home / Accessibility Review	Yes Document Library	Individuals who live with Shared Living Providers	Every five years

CORE BOOK DOCUMENTS**CARELOGIC****INTAKE/ELIGIBILITY**

Application for Developmental Services
 Waiver Based Eligibility Form
 Funding Proposals

General Information/Application for Developmental Services
 Document Library
 Document Library

LEGAL DOCUMENTS

Guardianship Documentation
 Power of Attorney
 Advance Directive
 Copies of Insurance Cards
 ID's
 Birth Certificate
 Agency vehicle (copies of insurance and registration)

Document Library
 Document Library
 Document Library
 Document Library
 Document Library
 Document Library
 Document Library

ASSESSMENTS

Psychological Eval
 Adaptive Behavior Assessment
 Psychosexual Evaluation
 Assessments, misc

Document Library
 Document Library
 Document Library
 Document Library

CONSENT / RELEASES

Consent to Administer Prescribed Medications*
 Consent to Self-Administer Medication
 Release of Information / HIPAA
 Medical Release
 Release to Share Health Information with SLP
 Peggy's Law
 Individual Rights
 Grievance and Appeals*
 Notification

Document Library
 Document Library
 Releases/Consent and Agreement to Use of Health Information
 Releases/Authorization to Disclose Health Information
 Releases/Authorization to Disclose Health Info to Home Provider
 Releases/Disc. to Home Provider/Respite Worker (Peggy's Law)
 Service Coordination/Consumer Rights
 Service Coordination/Grievance and Appeals Procedures

FUNDING/FINANCIAL

Funding Proposals
 Waiver Change Forms
 One-Time Funding
 ISA Related Invoices

Document Library
 Core Book
 Core Book
 Core Book

NEEDS ASSESSMENTS

Needs Assessment
 Periodic Reviews
 SIS-A Assessments

ISA/Needs Assessments
 ISA/Needs Assessments
 ISA/Needs Assessments

PERSONAL STORIES

Comprehensive Personal Story
 Personal Story Updates

ISA/Comprehensive Personal Story
 ISA/Personal Story Updates

ISA / ISA REVIEWS

ISA
 ISA Review Change Form
 Funded Areas of Support
 ISA Extensions
 Covid Change Forms
 Environmental Risk Assessment

ISA/Individual Support Agreement
 ISA/Individual Support Agreement
 ISA/Funded Areas of Support
 ISA/ISA Extension
 ISA/COVID-19 ISA Change Forms 1&2
 ISA/Individual Support Agreement

ISA SUPPORTING DOCUMENTS

Comprehensive Behavior Support Plan
 Behavior Support Plan
 Shared Support Plan
 Communication Plan
 Employment Plan
 Supported Decision Making Agreement
 Negotiated Risk Agreement
 Other ISA supporting documents

ISA/Comprehensive Behavior Support Plan
 ISA/Behavior Support Plan
 ISA/Shared Support Plan
 ISA/Communication Plan
 Direct Care/Employment/Employment Work Plan
 Document Library
 Service Coordination/Negotiated Risk Agreement
 Document Library

ISA DOCUMENTATION

Service Coordination Monthly Notes / SLPS	Service Coordination/Service Coordination Note Bundle
Service Coordination Monthly Notes	Service Coordination/Goals Addressed
ISA Tracking Documents (Residential)	Core Book
ISA Tracking Documents (Community)	Direct Care/Employment/Progress Notes
ISA Tracking Documents (Employment)	Direct Care/Employment/Progress Notes

PUBLIC SAFETY

DAIL Public Safety Risk Assessment	Service Coordination/Annual Eval for Less Restrictive Placement
Annual Evaluation of Least Restrictive Placement	Service Coordination/Annual Eval for Less Restrictive Placement
Community Safety Plan	ISA/Community Safety Plan
SOTIPS	Service Coordination/Annual Eval for Less Restrictive Placement
VOTIPS	Service Coordination/Annual Eval for Less Restrictive Placement
Static-99	Service Coordination/Annual Eval for Less Restrictive Placement

RESIDENTIAL

State Home/Accessibility Review	Service Coordination/Home and Safety Requirements
Agency Vehicle Records	Core Book
Out of State Placement Form	Core Book
Attendance Forms	Core Book

MEDICAL

Special Care Procedures	Medical/Special Care Procedures
Seizure Protocols	Medical/Special Care Procedures
Medication Administration Charts	Core Book
Physician's Orders	Core Book
Annual Physical	Medical/Annual Physical Contact
Dental Appointments	Medical/Dental Oral Care Contact
Vision Appointments	Medical/Vision Care Contact
Medication Checks	Medical/Psychiatric Care Contact
Other Medical Appointments	Medical/Medical Contact Forms
Urgent Care	Medical/Urgent Care Contact
Immunizations	Medical/Immunizations
Covid Vaccination	Core Book

INCIDENT REPORTS

Incident Reports	Service Coordination/Incident Report
Medical Incident Reports	Service Coordination/Incident Report
Critical Incident Reports	Service Coordination/Incident Report
APS Reports & Correspondence	Service Coordination/Incident Report

INDIVIDUAL RECORD AUDIT CHECKLIST

Individual: _____
 Service Coordinator: _____

Date: _____

EMERGENCY FACT SHEET (based on VT Health & Wellness Guidelines)

- Individual Info:
 - Name/Address/Phone
 - Date of Birth
 - Marital Status
- Guardian (if there is one)
 - Name/Address/Phone
 - Powers
- Next-of-Kin (if no guardian)
 - Name/Address/Phone
- Health Insurance Information
- Health Care Providers
 - Names/Phone/Specialties
- Medical Problems List
 - Current medical problems
 - Past medical problems (including surgeries, treatments, etc., and relevant dates)
 - Significant family history (i.e. diabetes, heart condition)
- Allergies w/ adverse reaction & special emergency treatment (if none, then indicated with NKA)
- Medications
 - Diagnosis and/or symptoms corresponding w/ Medical Problem
 - PRN medications included
- Protocols for any emergency treatment and advance directives
- Current Medical Dates
 - Annual Physical Date: _____
 - Dental Exam Date: _____
 - Tetanus Date: _____
- Other important people
 - Service Coordinator
 - Shared Living Provider
 - Other: (optional)
- Communication Method w/ Supports
 - Other Pertinent Information

ESSENTIAL ANNUAL DOCUMENTS

- Comprehensive Needs Assessment (original)
- Most Recent Needs Assessment Periodic Review Date: _____
- Comprehensive Personal Story (original) Date: _____
- Personal Story Updates Date: _____

ISA ANNUAL / BI-ANNUAL / REVIEW

- Previous ISA w/ signatures Term: _____
 - Previous ISA changes & modifications
- Current ISA w/ signature Term: _____
 - Most recent ISA review Date: _____
- Funded Areas of Support

ISA ANNUAL / BI-ANNUAL / REVIEW (con't)

- ISA Attachments** *(if indicated in ISA)*
 - Environmental Risk Assessment
 - Behavior Plan
 - Shared Support Plan
 - Special Care Procedures
 - Seizure Protocols
 - Communication Plan
 - Safety Plan
 - Other:
- COVID-19 ISA Change Forms
- Service Coordinator Monthly Notes *(all completed during the term of the current ISA)*
- ISA Tracking Documents (SLP/DSP)

ADDITIONAL SERVICE DOCUMENTS

- Disclosure to Home Providers/Respite Providers (Peggy's Law)
- Completed Housing Inspection forms *(as applicable)*
- Public Safety Documents *(if applicable)*
 - Original Offender Risk Assessments
 - SOTIP/VOTIP Assessments, Annual Assessments of Least Restrictive Placement
- Annual Evaluation of Least Restrictive Placement *(individuals funded through Public Safety)*

MEDICALLY SPECIFIC *(individuals living w/ SLPs)*

- Immunization Record
- Annual Physical Exam
- Dental Appts.(6 Mo.)
- Other Medical Appts:

RELEASES

- Medical
- Emergency
- HIPAA
- Individual Rights Sign-Off
- Grievance & Appeals
- Disclosure (Peggy's Law)
- Medication Admin
- Other:

INTAKE/ELIGIBILITY

- Application for Developmental Services
- Guardianship Documentation
- Psychological (Most Recent)
- Adaptive Behavior Assessment
- Eligibility Documents

ADDITIONAL ITEMS

- Incident Reports / Critical Incident Reports / APS Reports

APPENDIX L: TRAINING AND RESOURCES INFORMATION

FOR ALL PROGRAMS:

Abuse, Neglect, Exploitation Training

VT APS Mandated Reporter Training for vulnerable adults online [Mandatory Reporters and Vulnerable Adults](#) at YouTube or www.youtube.com/watch?v=wQ9GCADCec

VT DCF Mandated Reporter Training Protecting Vermont's Children Reporting Abuse and Neglect is available online at "mandatedreporters.vt.gov" or through the link on the DCF website <https://dcf.vermont.gov/protection/reporting/mandated>

AHS Rules on Designation 2003 <https://ddsd.vermont.gov/sites/ddsd/files/documents/administrative-rules-on-agency-designation.pdf> Designation Rules 2003

ARIS Hiring Packet for new employees

https://arissolutions.org/wp-content/uploads/2021/11/Employee_Hiring_Packet_2021_-_webversion.pdf

DAIL CIR Requirements

https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_CIR_Requirements.pdf

DAIL SSI Room and Board Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/Room_and_Board_Memo-2022.pdf

DDSD Behavior Support Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/Behavior_Support_Guidelines10%272004.pdf

DDSD Health and Wellness Guidelines <https://ddsd.vermont.gov/sites/ddsd/files/documents/health-and-wellness-standards-and-guidelines.pdf>

First Aid and CPR training: National CPR Foundation link

<https://www.nationalcprfoundation.com/?gclid=EAlaIqobChMI6lytt6qO9QIVj8mUCR1RegDiEAYASA AEgKQBvD BwE#>

Select "courses" and then select "first aid", then "CPR". Must print out certificate of completion when finished and submit a copy for both first aid and CPR.

FOR ADULT FAMILY CARE (AFC):

ASD (Adult Services Division) website (CFC/AFC links)

<https://asd.vermont.gov/>

ASD Resource CFC

<https://asd.vermont.gov/resources>

CFC (Choices for Care) Manual

https://asd.vermont.gov/sites/asd/files/documents/_Merged%20CFC_High_Highest_Manual.pdf

CFC Regulations (includes AFC)

https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Regulations_2020.pdf

CFC Quality Management

https://asd.vermont.gov/sites/asd/files/documents/Adult%20Services%20Division%20Quality%20Overview%202017_0.pdf

FOR DEVELOPMENTAL DISABILITIES SERVICES (DDS):

Act 248

<https://legislature.vermont.gov/statutes/fullchapter/18/206>

APSE Employment First

<https://apse.org/wp-content/uploads/2020/09/E1-Statement-2020-REV.pdf> (APSE Guideline page no longer exists)

Developmental Disabilities (DD) Act of 1996 <https://legislature.vermont.gov/statutes/chapter/18/204A>

Developmental Disabilities Act Regulations 2017

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/7.100%20final-clean.ddact-regulations-10-01-2017.pdf>

DDSD (Developmental Disabilities Services Division) website

<https://ddsd.vermont.gov/>

DDSD Accessing Medicaid Eligibility for DD Services

https://ddsd.vermont.gov/sites/ddsd/files/documents/Accessing_Maintaining_Medicaid_for_DD_Services.pdf

DDSD Bridge Program Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/Bridge%20Guidelines%20FY17%20FINAL_.pdf

DDSD education and support of sexuality policy

<https://ddsd.vermont.gov/sites/ddsd/files/documents/policy-education-support-of-sexuality.pdf>

DDSD Facilitated Communication Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/VCTF-VT_FC_Guidelines.pdf

DDSD Family Managed Respite Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/Family_Managed_Respite_Guidelines.pdf

DDSD Flexible Family Funding Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/FFF%20Guidelines%2010_13_16.pdf

DDSD Funding Proposal Budget Form

https://ddsd.vermont.gov/sites/ddsd/files/documents/Equity_PublicSafety-FundingForm.xls

DDSD Funding Proposal Form

https://ddsd.vermont.gov/sites/ddsd/files/documents/Equity_PublicSafety-FundingProposalRequest.docx

DDSD Human Rights Committee

https://ddsd.vermont.gov/sites/ddsd/files/documents/HRC_Guidelines_Updated_111014_EER.pdf

DDSD ISA Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/ISA_Guidelines.pdf

DDSD Maintaining Medicaid Eligibility when in Shared Living Out of State Guidelines for DD HCBS (Home and Community Based Services)

https://ddsd.vermont.gov/sites/ddsd/files/documents/Medicaid_Eligibility_DD_HCBS_Living_OutOfState.pdf

DDSD Medicaid Manual

<https://ddsd.vermont.gov/sites/ddsd/files/documents/dds-medicaid-procedures.pdf>

DDSD PASRR (specialized day services)

procedures included in Medicaid Manual

DDSD Public Safety Risk assessment forms

https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_Risk_Assessment_Other_Behavior_Worksheet.pdf

https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_Risk_Assessment_Sexual_Behavior_Worksheet.pdf

https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_Risk_Assessment_Violent_Behavior_Static_Information.pdf

DDSD Public Safety SOTIPS score sheet

https://ddsd.vermont.gov/sites/ddsd/files/documents/Public_Safety_SOTIPS_Score_Sheet.pdf

DDSD Public Safety VOTIPS Score Sheet

https://ddsd.vermont.gov/sites/ddsd/files/documents/Public_Safety_VOTIPS_Score_Sheet.pdf

DDSD protocols for evaluating less restrictive placements for individuals with ID who pose a risk to public safety

http://ddsd.vermont.gov/sites/ddsd/files/documents/DDSD_PS_Practices_Protocol_Memo043015.pdf

DDSD QDDP Requirements Role

https://ddsd.vermont.gov/sites/ddsd/files/documents/QDDP%20Protocol_11.9.16.pdf

DDSD Quality Review Guidelines

https://ddsd.vermont.gov/sites/ddsd/files/documents/guidelines_quality_review_process_of_dd_services.pdf

DDSD Targeted Case Management (TCM): procedures included in Medicaid Manual

DDSD VT State System of Care Plan

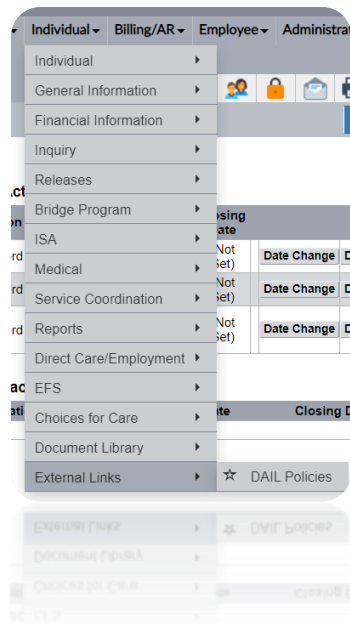
https://ddsd.vermont.gov/sites/ddsd/files/documents/Vermont_DS_State_System_of_Care_Plan.pdf

Vermont Preservice Training for DDS (link also on ARIS website)

<https://vtrespite.learn.trakstar.com/PublicCoursePage.aspx?c=12556662194>

UVS Local System of Care Plan: provide link/copy on TEAMS?

Additional Resources and Guidance

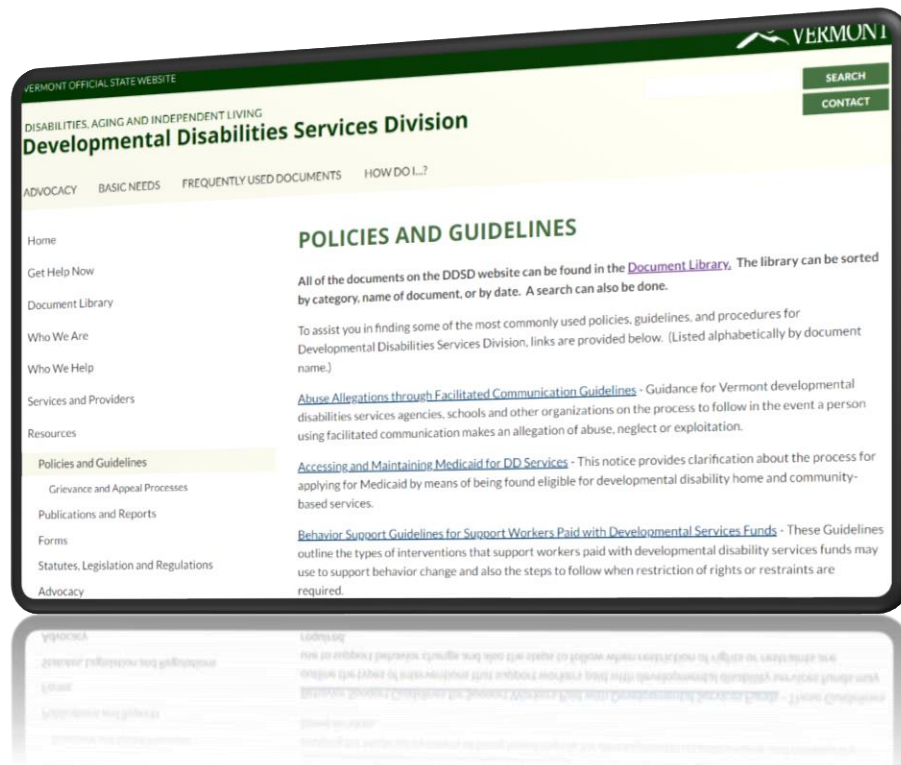


If you are interested in reading and referencing the State of Vermont’s official guidance around the ISA, there is a shortcut just for that purpose.

From an individual's record, navigate to **Individual > External Links > DAIL Policies**.

This will take you to the **Vermont Disabilities, Aging, and Independent Living (DAIL) Developmental Disabilities Services Division** page, where you will find **Policies and Guidelines** on everything from **ISAs** to the **Vermont State System of Care Plan for Developmental Disabilities Services**.

Much of the guidance in this **ISA Manual** was derived from these sources. We encourage you to spend some time on the State web site, familiarizing yourself with these foundational policies.



[HTTPS://DDSD.VERMONT.GOV/RESOURCES/POLICIES](https://ddsd.vermont.gov/resources/policies)