**Provider Review  
Questions, Answers & Guidance**March 15, 2012

| **Question** | **Answers & Guidance** |
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| 1. *What software do I need to use the Adobe version of this form?* | [**Adobe Reader**](http://get.adobe.com/reader/) is a FREE software program. You will need the latest version of Adobe Reader (9.1 or higher) to use the all of the features of this form. You may download the software for free by clicking “[Adobe Reader X](http://get.adobe.com/reader/)” or going to: <http://get.adobe.com/reader/> |
| 1. *Am I restricted to using only the Adobe form?*   *Where can I get a copy of the form?* | No. Your agency may have documentation processes that allow you to record your service activities in formats other than this form. However, those formats must include and capture all of the elements noted on the form or format provided by the DIDD. This may include electronic systems that allow you to record and save information related to providing services to the person.  You can get a copy of the standardized form from the DIDD website. |
| 1. *How do I save this form to my computer?  How do I save my changes once I begin filling it in?* | Download the blank form onto your computer. Save it and keep this as a “clean” copy (i.e., a blank form) to use each time you want to create a document for a particular person.  Once you start a document by entering data for a specific person, perform a “**Save As**” (not “Save”) command so that you can rename the file using a unique filename that identifies it as that person’s Provider Review.  You may open, edit and re-save the document as often as needed throughout the month. Once you are finished and ready to print or file the document follow the instructions about the “Signature Field” at the end of the form. If you are not signing the completed form electronically, just save and print it to sign your final edition by hand. |
| 1. *Who completes the Provider Review?* | Providers of Residential, Day and PA services complete the Provider Review form. |
| 1. *What is the “Period Covered by Review”?*   *When is it due?* | Use this field to record the month and year that is being reviewed.  Reviews are due on the 20th of each month and should cover information gathered during the previous month.  For example, a review of services provided in March 2012 should be submitted to the ISC Agency on April 20, 2012. |
| 1. *Where do I send the completed Provider Review?* | Each ISC Agency will let providers know where to send the completed form.  It is important to note that events or issues that require immediate follow up and reporting to the person’s ISC should not wait on a Provider Review. Instead they should be shared with the ISC as they happen so that appropriate action or planning can occur. |
| 1. *What are the “Types of Services Being Reviewed?* | Residential, Day and/or PA services are identified in this section. Providers of multiple services for the same person will include information about each service on one form.  In the Adobe version of this form you can select the appropriate service(s) from the drop down boxes. |
| 1. *What is meant by “information that is new, different and that others need to know” in* ***Question 1****?* | This is information that is new, adds to, or is a significant change to the information about supports and services in the Personal Focus section of the ISP and needs to be captured in an amendment to the ISP.  If you check “No” no comment is needed. If you check “Yes” in the Adobe version of this form a blank field will be added for your comments.  Examples of information to include:   1. Changes to a person’s services. 2. A change in how the person is supported in an activity. 3. Something your agency has identified that contributes to the person having a good day or a bad day.   Information for this section may be gathered from:   1. Daily notes or learning log 2. Staff observation 3. Incident reviews and/or risk reviews 4. Medical documents 5. Funds management 6. Family or conservator input |
| 1. *What information should be included in* ***Question 2.*** *about implementing outcomes?* | Record and report on only the outcomes from B.1. Personal Outcomes and B.2. Supports for Daily Life in the Action Plan section of the ISP that are identified with the service your agency is responsible for providing. Do not record the individual Action Steps or list the number of times an activity was completed.  The Adobe form allows you to insert (add) any number of blank fields for entering as many Outcome as necessary by:   1. Clicking the “+” button to add another set of fields to the form. 2. Clicking the “-“ button to remove the additional set of fields.   Complete the table as follows:   1. In the first column record the specific Outcome as stated in the ISP.    * **For example**, “*Jon works at a Drive-In.”* 2. In the second column include what was done during the month to achieve the outcome. Include things that were tried, even if they weren’t successful in implementing the Outcome. Identify the things that worked and things that did not work. If your staff learned anything during the implementation of the outcome and would do something differently the next time, share that information here.    * **For example**, “*At the beginning of the month Jon had some trouble getting everything completed by the end of his shift because he was spending a lot of time talking to his coworkers. The job coach recognized that the 2 coworkers closest to Jon’s age were the ones he really wanted to talk to. He asked the manager to change Jon’s break schedule to the match his coworkers so Jon could have time to talk to them and hang out. So far, going on break with the coworkers he likes is helping him talk less while he is working and he is finishing the work assigned to him.”* 3. In the third column a “No” response doesn’t require a comment. Check “Yes” if there was a barrier to implementing the Outcome. A barrier is something that prevents us from implementing the Outcome. Briefly describe the barrier and anything that your agency has tried to address it. Indicate if further planning is needed to address the barrier in the ISP.    * **For example**, an injury or sharp decline in health could be a barrier that prevents Jon from going to work at the Drive-In. If this is a temporary issue you might note that Jon is expected to return to work the following month. If the issue is more serious you may note that Jon’s outcome to work at the Drive-In needs to be amended or discontinued. |
| 1. *What information should be included in* ***Question 3.*** *about the amount and frequency of services?* | Documentation about the utilization of services each month is a component of the Performance Measures and is required by CMS and DIDD. We are required to review how services were used to determine if the amount and frequency of a service is adequate to meet the person’s needs, is being delivered as approved and to make sure it is not is consistently being under-utilized. Consistent under-utilization may be an indicator that the amount or frequency of a service can be decreased.  Enter each type of waiver service your agency is authorized to provide. For example Residential, Day, PA, or Nursing (if provided by the Residential Agency). If the service was not delivered in the amount and frequency authorized in the ISP, check “No” and briefly explain why it wasn’t. A “Yes” response requires no additional comment. |
| 1. *What information should be included in* ***Question 4.*** *about health and safety?* | Significant events, issues, and changes related to the person’s overall health, behavioral or psychiatric status that require action or follow up, changes in how the person is supported, or changes in the ISP should be recorded in this section. This should include new information and/or information that may have been shared with the ISC during regular interactions and contacts in the month being reviewed.  If you check “No” no comment is needed. If you check “Yes” in the Adobe version of this form a blank field will be added for your comments.  Please note, significant health issues that require additional supports, services or changes to the person’s ISP should be reported to the person’s ISC as they happen so that appropriate and timely action can occur. |
| 1. *How do I handle the signature section?* | The document you create may be printed and signed by hand. It can also be signed electronically using available digital signing services. Adobe Reader allows you to create and store your digital signature, protected with a password, on your computer  If signing electronically, make it the last thing you do when the document is completely finished. Once you digitally sign the form, all fields and buttons (except for the “Finish” button) will lock. You cannot edit the form any further unless you “clear” your signature. To clear a signature, right-click on the signature field and choose “Clear Signature”. You can always re-apply the signature once it is cleared. |
| 1. *Are there additional examples that will help me respond to monthly review questions 1-4?* | 1. **As a result of your agency's overall review and oversight activities this period, have we learned anything new or different about what is important to or important for this person, or what others need to know to support the person?**   Examples include information certain people know about supporting a person, an interest they have, or something they don’t like that needs to be recorded in the ISP and shared with all supporters.   * *Jon likes to help make dinner but if we don’t invite him to join us in the kitchen he won’t initiate the activity and he feels left out. The best way to support Jon is to let him know when it is time to start making dinner and ask him if he wants to help.* * *Jon doesn’t like to take his morning medication before he has his first cup of coffee. A simple way to avoid unnecessary conflict is to wait until Jon finishes his coffee before letting him know it is time to take his medicine.* * *Jon doesn’t want to leave his mom’s house after spending a weekend with her. We found out that when Jon lived with his mom he loved watching game shows with her on weekday mornings. When he leaves her house on Sunday he knows he will be going back to work the next day and won’t get to see any of the shows. We tried recording Jon’s favorite game shows so he can watch them after work and on the weekend. Now he doesn’t get upset when it’s time to leave his mom’s.*   Information that would **not** need to be recorded includes things that don’t affect how supports are provided or doesn’t require an ISP amendment. For example:   * *Jon is working M, W, F instead of M, T, R.* * *Jon is spending an extra weekend with his mother next month.* * *Jon renewed his gym membership for another year.* * *Jon ordered a subscription to Net Flix.* |
|  | 1. **How are we doing with implementing Personal Outcomes and providing Supports for Daily Life as stated in the ISP?**   Examples include information about the overall progress in achieving an outcome. The actual outcome is recorded in column one. The things that were tried, learned, worked or didn’t work are recorded in column two. Any barrier that prevented progress or indicates the outcome needs to be revised, is recorded in the third column.  As an example the following outcome could be added to the first column.   * *Jon learns about the Old American West.*   For this outcome, the following could be recorded in the second column.   * *Jon saw a flyer for a class on regional Native American jewelry being offered at the museum and registered for the class. The class included a lecture and jewelry making. Jon seemed bored during the lecture but when we moved to the jewelry making part of the class, Jon lit up. He made 2 necklaces and did such a nice job that the instructor took a picture of his work to include in the museum’s next newsletter. Jon wants to take more classes but next time we will look for ones that have more hands on activities and less lecture time.*   Using the same outcome as an example, we could record a barrier by selecting “*Yes*” and adding this information to column three.   * *The Native American Museum is closed for repairs and renovations for 3 months. Because the museum is the only local resource for regular activities and information about the Old American West, its closure is a barrier to implementing the outcome. While it is closed we will look for information and events online.*   If Jon decides he wants to learn more about making jewelry instead of learning more about the Old American West, we could record that a change to the ISP is needed in column three.   * *Jon doesn’t want to pursue learning about the Old American West anymore. He really wants to make Native American jewelry and said, “If I get good enough I can sell things at the flea market.” The Old American West outcome and actions should be amended to reflect that Jon is more interested in making and selling Native American jewelry.*   Actions steps and the frequency of an activity should **not** be included in column two. For the outcome *“Jon learns about the Old American West.”* you would not record the following information:   * *Jon has a membership at the local Native American Museum.* * *Jon went to the museum 2xs in March.* * *Jon refused a trip to the museum 1x in March.* * *Jon watched a movie of his choice about the Old West 4xs in March.* |
|  | 1. **Did the person receive services from your agency in the amount and frequency as authorized in section C. of the ISP?**   If services were not provided in the amount and frequency authorized briefly state why. Some examples of why services weren’t provided as authorized include:   * *Jon spent 3 nights at his mother’s house in March.* * *Jon missed 1 day of work to go shopping with his mother.* * *Jon was sick and missed 1 day at the workshop.*   Services should **not** be under-utilized because of a staffing shortage. For example:   * *Jon couldn’t go to work 2 days in March because his staff was out sick.* * *Due to staff quitting without notice, Jon missed 3 days at the workshop.* |
|  | 1. **Health & Safety:**   Information about medical appointments or health issues that need more follow up or require a change in how someone is supported is shared in this section. For example:   * *Jon broke his foot at the end of March. He was fitted for a cast and is restricted from standing longer than 10 minutes at a time. He is using a shower bench and needs physical assistance when getting in and out of the tub to prevent him from falling. Jon has a follow up appointment with an orthopedist on April 25th. We need to find out if there are things he can do at work while seated.* * *Jon had increased incidents of sleeplessness in March. He saw his PCP on 3/30/12 and was referred for a sleep study. That appointment is scheduled for May 5th.*   Do **not** include information about routine medical appointments, issues that don’t require specific follow up or a change in supports. For example:   * *Jon saw the podiatrist on 3/12/12 and had his toenails trimmed.* * *Jon had an eye exam on 3/15/12. His prescription hasn’t changed.* * *Jon went to his PCP on 3/30/12 for a flu vaccination.* * *Jon saw his psychiatrist in March for a quarterly medication review.* |
| 1. *Can I see an example of a completed Provider review?* | Yes, an example of a completed review is available as a supplement to this guidance. |