



Communication Bulletin 002

To: Innovations Waiver Service Providers
From: Rose Burnette, IDD Care Coordination Director
Date: July 17, 2015
Subject: Provider Submission of Treatment Authorization Requests (TARs)
Short Range Goals
Quarterly Progress Summaries

Provider Submission of Treatment Authorization Requests (TARs)

Effective July 1, 2015, for individuals who receive Innovations Waiver funding, the assigned IDD Care Coordinator will be responsible for uploading all supporting documentation into CIE. The IDD Care Coordinator will then email the QP from the provider agency to request that the TAR for service(s) is entered. Upon receipt of this notification, it is requested that the provider agency to enter the TAR within 3 business days in an effort to ensure timely submission and adequate time for review. *Please note; TARs entered prior to notification from the Care Coordinator may not be able to be processed as the review of the TAR is contingent upon supporting documentation being uploaded into the system.*

Short Range Goals

As per the Innovations Waiver, all providers are required to develop Short Range Goals for the individuals they are supporting. **Effective July 1, 2015** providers will no longer submit the Short Range Goals to the UM / Care Coordination department as a part of the annual review. Short Range Goals may be requested by the assigned Care Coordinator for documentation review / monitoring purposes and **MUST** include all required components.

Short Range Goals, strategies and interventions are used to obtain Long Range Outcomes and **MUST** be flexible to meet the ever changing needs of each person. Short Range Goals:

- are steps taken to achieve the long-range outcome.
- are statements describing a proposed behavior, or what the person will do.
- are based on wants/needs of the person.
- should make sense to support the person to live a successful life.
- are based on the person's preference or need, not for staff convenience or preference.
- need to be adjusted by the provider agency as the needs of the person change or develop, in conjunction with all members of the support team.

Quarterly Progress Summaries

Training regarding Quarterly Progress Summaries is located on Trillium's Learning Portal, located under "Network Trainings" and is titled "Quarterly Progress Summaries for Innovations Waiver." This webinar will review the components that are required to be in a Quarterly Progress Summary and how to write clear, concise Quarterly Progress Summaries. In order to access the Learning Portal, users must have a user name and password established.

Progress towards Long Range Outcomes should be reflected in the strategies and interventions documented in Quarterly Progress Summaries and on the progress notes or grid sheets. Provider agencies are required to complete progress summaries for habilitative services to reflect the participant's progress toward the short range goals and long range outcomes that have been implemented in the Individual Support Plan (ISP) for any of the following Innovation Waiver services:

- Community Networking
- Day Supports (Group and Individual)
- In-Home Skill Building
- Residential Supports (Levels 1-4)
- In Home Intensive Supports, and
- Supported Employment (Group and Individual).

At a minimum, the Quarterly Progress Summary must include the following (per Clinical Communication Policy No: 8P, 3/1/14):

- The participant's name
- Date the quarterly review was completed
- The date range that the review covers
- The goals and goal numbers reflected in the current ISP / ISP Update
- Progress toward goals
- Recommendations for continuation, revision, or termination of a goal
- Signature of the individual who completed the review

Quarterly Progress Summaries follow the same schedule as the participant's ISP year. For instance, if a participant's birth month is in May, their plan year runs June 1 - May 31, and the Quarterly Progress Summary schedule would be as follows:

- 1st Quarter: June - August
- 2nd Quarter: September - November
- 3rd Quarter: December - February
- 4th Quarter: March - May

The Quarterly Progress Summary is required to be documented within seven (7) working days of the close of the quarterly progress period. If a quarterly progress summary is not documented within seven (7) working days of the close of the service period, it shall be considered a "late entry." The documentation should reflect that it is a "late entry" and should include the date the review was actually completed and the date when the documentation should have been completed. For example, "Late Entry made on 7/15/15 for 7/9/15."

The progress toward goals should include specific, detailed information outlining the interventions and strategies that are being implemented in order to address the goals, along with the success of those interventions and strategies. Provider agencies should provide feedback on any progress or lack of progress that has been made and a detailed explanation as to the reason for the progress or lack of progress. There should also be recommendation regarding what should occur with each goal; whether the goal should remain the same, whether the goal should be revised (along with a recommendation of how the goal should be revised); or whether the goal should be discontinued (along with justification for discontinuing the goal and whether a different goal should take its place).

Quarterly Progress Summaries are used to support the continuing medical necessity of the services that an individual is receiving; therefore simply stating that an individual still requires assistance does not provide adequate information about what is occurring with the goals, nor justification for continuation of services. The Qualified Professional (QP) or other designated staff (one of whom directly provided the service during the timeframe in which the service was provided) is responsible for gathering all relevant information from all staff on the team, and writing and signing the Quarterly Progress Summary.

Effective July 1, 2015, upon completion of the Quarterly Progress Summaries, the provider agency is required to upload the signed and completed Quarterly Progress summaries into CIE no later than eight (8) working days of the close of the quarter. Providers are no longer required to send the Quarterly Provider Summaries to the individual's assigned IDD Care Coordinator.

Thank you for your attention to these requirements and your partnership with Trillium to ensure individuals receive the highest quality services possible.