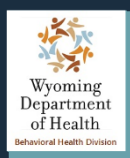

INDIVIDUAL PLAN OF CARE AND THE QUALITY REVIEW PROCESS

WDH BEHAVIORAL HEALTH DIVISION
DEVELOPMENTAL DISABILITIES SECTION
PROVIDER SUPPORT UNIT

Individual Plan of Care (IPC)

Blueprint for the participant and their team

- What they want to accomplish for the year
- How they will accomplish it
- Who will help them
- Supports the team needs

The IPC Team

- Team members should consist of:
  - *The participant*
  - *The case manager*
  - *The legally authorized representative*
  - *Provider's chosen by the participant*
  - *Other advocates as determined by the participant or their legally authorized representative*
  - *Family members*
  - *Friends or other entities chosen by the participant or their legally authorized representative*
- The participant and their legally authorized representative will need to determine who they would like to invite to the meeting.
  - *The case manager is responsible for providing notice to all team members at least 30 days in advance of the plan of care meeting.*

The IPC Meeting

- The team meeting should focus on what is important to and what is important for the participant
- The meeting should occur at times and locations that are convenient for the participant and their legally authorized representative
  - *Providers need to make every effort to attend these meetings, as they are an active participant in the process.*
  - *If a provider is unable to attend they should give a status update to the case manager prior to the meeting. The status update should include progress on goals and objectives.*
- IPC meetings are person centered and should focus on the participant.
  - *Settle differences between providers outside of the meeting*
  - *Come prepared with ideas on how to support the participant with their dreams and desires*
  - *Negativity should be left outside the door*

Provider Input at the IPC Meeting

- Provider's should come prepared to talk about
  - *Objective and goal progress as well as areas needing more work*
  - *Challenges for which the participant will need ongoing support in the plan year*
  - *Unit usage including estimated need for the upcoming year*
    - The services and units needed should be based on the participant's desires and needs
    - This should be seen as an estimate as the budget will need to cover all services for the upcoming plan year
    - Negotiations about money and needed services that are in conflict with what is decided in the meeting should occur outside of the meeting with the case manager and the legally authorized representative
    - The case manager is in charge of monitoring the units and the budget

Provider Input at the IPC Meeting (Continued)

- The provider should be able to describe, for each section of the IPC, what they can do to assist the participant
  - *Challenges should be presented in a positive manner*
  - *Discussion must include the participant and allow them to be part of the solution and brainstorming*
  - *If the provider cannot provide a support or cannot be available at certain times this should be stated at the meeting to allow the team to find solutions.*
  - *Meeting the participant's needs and desires should be the focus at all times*

IPC Components

- The IPC shall include the provision of or a description of the inability to provide the following:
  - *Necessary information and support to the participant to ensure they direct the process to the maximum extent possible.*
  - *The services on the plan are chosen by the participant from all service options available*
  - *The option for the participant to seek employment and work in an integrated setting*
  - *Opportunities for the participant to engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid home and community- based services.*

IPC Components (Continued)

Provider input is also expected for the following areas

- Cultural and religious considerations
- Services based on participant choice
- Services provided in a manner that reflects personal preference while ensuring health and welfare
- Rights or freedoms that are restricted
  - *Must include why the restriction is imposed*
  - *How the restriction is imposed*
  - *The plan to restore the right to the fullest extent possible*
- Clinical and support needs
- Participant's desired outcomes
- Risk factors and plans to minimize them
- Back up plans including strategies
- Circle of supports to include individuals important to the participant
- Learning objectives for habilitation services
- Relevant protocols, including updates
- Informed consent
- Signatures of all providers listed on the IPC, as well as all team members and the participant

Implementation of the IPC

- The provider must receive a copy of the IPC prior to implementation
- Training on the current IPC must occur prior to starting services
  - *Training should be active*
  - *The provider must have signed participant specific training completed by the case manager*
- Goals and objectives must be developed prior to the start date
- Service documentation must meet documentation standards
- All service documentation, including progress on goals and objectives, must be submitted to the case manager by the 10th business day of the month following the month services were delivered.
- If no services were provided during the month, the provider should notify the case manager in writing that no services were provided

Following the IPC

- The Division expects that providers will follow the IPC as written which includes:
  - *Providing the level of staffing and support that is written in the IPC*
  - *Only implementing rights restrictions that are approved in the IPC and have a restoration plan in place*
  - *Completing goals and objectives as agreed upon*
  - *Implementing positive behavior support plans (PBSPs) as written, when applicable*
  - *Calling a team meeting prior to implementing changes to the written plan*

IPC Changes or Updates

- Any team member can request a team meeting at anytime changes or updates are needed.
  - *Changes cannot occur until the IPC is amended*
  - *Changes need to be agreed upon by the team*
  - *Providers should allow time for the case manager to get all team members together in non emergent situations*
- Changes must be submitted through the modification process and should not be implemented until the case manager has acknowledgment from EMWS that the modification has been reviewed.
- Emergency situations that must be discussed immediately are the only time that the entire team may not be given the opportunity to attend a scheduled team meeting.

Wrap Up/Introduction to the Quality Review Process

- The IPC is the document that drives the participant's ability to have the life they choose to have
- It is the blueprint of all that is expected of providers
- It is the entire team's responsibility to create and monitor this blueprint
- In an effort to allow a participant's team to have more autonomy, the Division has created the Quality Review process
- The following slides will give a bit more detail about this process

History and Purpose of Quality Review

- Began in 2017 as an effort to empower plan of care teams and case managers to develop person-centered IPCs for each participant
- Empowers plan of care team members, as the people working most closely with participants, to collaboratively develop person-centered IPCs
- Encourages case managers to seek assistance and ask for technical assistance from the Participant Support Specialist (PSS) before submitting complete and accurate plans of care
- Allows the Division to track errors identified through the Quality Review process to allow for data-driven decisions and targeted training on systemic issues

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Process Flow

1. The IPC or plan modification is randomly selected through the EMWS system for quality review.
2. The PSS conducts a quality review. The PSS will review a modification within 7 days and a full IPC within 14 days.
3. If the PSS finds that the plan is complete and in compliance with rule, no further action is needed.
4. If, during the quality review, the PSS identifies incomplete areas or areas that are out of compliance with rule, he or she emails the case manager requesting corrections. The case manager has **7 days** to correct these errors.
5. The case manager is encouraged to meet with the team to update the IPC and address identified areas of concern.

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Process Flow

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- Once the corrections have been made, the case manager submits the updated IPC as required and notifies the PSS of the corrections/updates via email.

7.
- The PSS reviews the corrections completed via EMWS.

8.
- If determined that the corrections still do not meet criteria, the PSS emails the case manager stating the reasons that the identified areas of concern have not been completed. The case manager has **7 days** to make the corrections.

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- If the case manager complies with the request, no further action is needed.
- If the case manager does not comply, the DD Section will take corrective action in accordance with Chapter 45, Section 29 of Wyoming Medicaid Rules.

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- Corrective action plans (CAPs) will be monitored over specified timeframes by the DD Section.
- Any noncompliance with CAPs may result in further actions as outlined in Chapter 45, and may impact provider certification renewal.

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Wrap up

- The Quality Review process will enable the team to have more power and control over the IPC
- The case manager may be required to reconvene the team or follow up with providers after an IPC has been implemented, based on this process
- Providers are expected to assist the case manager and cooperate in correcting identified deficiencies or corrections to the IPC
- Questions regarding this process can be answered by your assigned Provider Support Staff

Thank you!

Questions?

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