

<b>Topic:</b> Agency-wide service delivery standards	<b>Department:</b> All programs
<b>Original effective date:</b> 4/7/11	<b>Last revision date:</b> 10/18/19
<b>Owner:</b> VP for Quality and Compliance	<b>Frequency of reviews:</b> Annual
<b>Internal/Regulatory Reference(s) (all that apply):</b> The following OPWDD ADMs: 2018-09R, 2019-07, 2019-06, 20174-02R, 2017-01, 2016-01, 2015-05, 2015-01, 2014-01, 2006-01	
<b>Related documents/Links:</b>	

**Policy:** It is the policy of The Arc that business, administrative and support functions promote personal and organizational outcomes. It is the policy of The Arc that people’s support plans lead to person-centered and person-directed services and supports.

**Additional Information:** Services and supports need to be done in a certain way. This will make sure that the people we support get the best support they can. It will also make sure that we are following the rules to get paid by the government.

<b>Procedure</b>	
<b>Task:</b>	<b>Responsible party:</b>
1. Staff will ensure that service/staff action plans are reviewed twice within 12 months.	Staff responsible for writing plans; Their supervisors
2. Service/staff action plans will be signed by people who need to sign them.	Staff responsible
3. Staff are expected document services they provide by the end of their shift unless there are extenuating services. At the very latest, services must be documented within 5 calendar days of when the service was provided.	Staff
4. Service documentation needs to be signed the right way for the service to make sure we can use it to get paid.	Staff
5. Service documentation must match the service plan.	Staff
6. There has to be something that proves that the person still needs the service.	Staff
7. Service document must talk about how the person responded to the service	Staff
8. Service documentation needs to include everything we need to get paid by the government. Depending on the program, this might include: *The number of services *The type of service *The duration of services – how long you spent providing the service *The code for the type of service you provided	Staff
9. Staff cannot document service that did not happen.	Staff
10. Staff cannot document services that say something happened when something different actually happened.	Staff
11. HCBS waiver services have other requirements. Waiver services include: *Res hab *Day hab	Staff; Program management

<p>*Prevoc – site-based and community          *SEMP          *Community hab          *Respite</p> <p>Staff will ensure these other requirements are met:          *There is an Individual Service Plans (ISP) or Life Plan. There should be no more ISPs after 3/31/20.          *The ISP/Life Plan gives permission for the person to get the service and for us to bill.          *The ISP/Life Plan has to list:          -The type of service          -The Arc as the provider          -How often the service will be provided (the frequency). Staff need to know the frequency for their service          -How long the service is expected to continue (the duration). This is most often, “Ongoing” but staff need to know the duration for their service.          -The date the service became effective for that person. This will be different from one person to another.          *The staff action plan is the program’s service plan. It is created from the Life Plan. It has to list at least 1 valued outcome that is also listed in the ISP/Life Plan. A valued outcome is what the person hopes to get from having the service.          *There is a Level of Care Eligibility Determination (LCED) that was signed within the past 365. These are completed by the care coordinator, but staff need to ask for copies if they don’t get them.</p>	
<p>12. Programs will set up their own systems to make sure all of this is happening. If they realize that they systems aren’t working, they will make changes to the systems to make sure they do.</p>	<p>Program Management</p>
<p>13. Managers will understand the rules they need to follow to get paid by Medicaid or other payers.</p>	<p>Program management</p>
<p>14. Checks will be done every so often to see how well their programs are following the rules. This is also a good way to see if their systems are working well.</p>	<p>Program management or designee</p>
<p>15. If managers find things that shouldn’t be happening, they need to take steps to keep it from happening again.</p>	<p>Program management</p>
<p>16. Other checks or audits will be done to see how well programs are following the rules. Part of this will be looking at documentation. Part of this will be looking at the systems (policies and procedures) and how the program does things.</p>	<p>Quality Coordinators or comparable positions</p>
<p>17. Quality coordinators will also help programs understand what the rules are and identify key risks.</p>	<p>Quality Coordinators or comparable positions</p>

**Document revision record:**

<b>Revision Date</b>	<b>Release Date</b>	<b>Reason for change</b>	<b>Approver</b>
5/25/12	5/25/12	Reasons for changes are not documented	P Dancer
10/24/14	10/24/14	Added formal policy at the top of the document	P Dancer
4/28/17	4/28/17	Revised to reflect structure around centralized QI department	P Dancer
11/89/18	11/89/18	Reasons for changes are not documented	P Dancer
10/18/19	10/18/19	Transitioned to the new procedural format	P Dancer