



Documentation Training April 22, 2022



Department of Medical Assistance Service
and
Department of Behavioral Health and Developmental Services

Housekeeping

- Due to the size of this training all microphones are muted.
- Please enter all questions into the Q&A
- We will be sending out a Q&A document after this call. Any questions we are unable to answer today will be included in that document.
- This training is being recorded.

Purpose

The purpose of this training is to review what documentation includes and why it is important; especially during an HCBS Audit.

Today's Objectives

- To discuss why keeping accurate documentation is important.
- To review the requirements of documentation under the DD Waiver.
- To learn how to document in a way that is reflective of the support provided to individuals, meets regulatory guidelines and the HCBS requirements.

If you didn't
document
you didn't
do it.

What is Documentation?

Why is it Important?

- Documentation which is also referred to as progress notes are a tool which conveys information and reflects an individual's movement towards their desired outcomes as identified in their ISP.
- Documentation is used to ensure continuity of care, improve accountability and for oversight (Office of Licensing, Human Rights, Independent Reviewer etc.).
- Documentation should be clear, legible, concise, accurate and inclusive of the individual's response.

Today's Objective

- To learn the do's and don't in documentation
- To learn appropriate language when documenting
- How important is the Part V and the Support Instructions
- How the documentation all ties into the Person Centered Review
- Where to document modifications (safety restrictions)

What does documentation have to do with HCBS?

- HCBS compliance should be evident in the individual's progress notes and quarterly reviews indicating what the individual did, where they went and how they responded to the activity.

What does documentation have to do with HCBS?

- When documenting, staff should be knowledgeable of the HCBS rights as well as the Individual's Support Plan.
- Documentation should be related to individual's desired outcomes and include:
 - Start and end times, the full date of activity or contact, names and titles of person contacted or people who were part of the activity.
 - What options were given, choices made by the individual, where did they go, what went well or what did not go well, type of support given, response of the individual to the support given, participation of the individual and any follow-up needed.

DD Waiver Regulations – Documentation Requirements

Providers shall prepare and maintain unique person-centered written documentation in the form of progress notes or supports checklist as defined by the service. These shall be in each individual's record about the individual's responses to supports and specific circumstances that prevented provision of the scheduled service, should that occur.

DD Waiver Regulations – Documentation Requirements

- Unacceptable person-centered progress notes include:
 - (1) Standardized or formulaic notes;
 - (2) Notes copied from previous service dates and simply re-dated;
 - (3) Notes that are not signed and dated by staff who deliver the service, with the date services were rendered; and
 - (4) Person-centered progress notes that do not document the individual's unique opinions or observed responses to supports.

HCBS Regulations in Documentation

General Home and Community Based Settings Requirements 42 CFR 441.301(c)(4):

1. Integrated Setting supports full access to the Community
 - PC ISP, Progress Notes, Quarterly Reviews, Data Sheets
 - Calendars, Outing Log, Transport log, Job description
 - Information on public transit and transportation options
2. Individual Choice of Settings
 - PC ISP, Quarterly Reviews, Surveys
 - Informed Choice Form, Lease Agreement
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
 - PC ISP, Progress Notes, Quarterly Reviews
 - Provider Policies, lease agreement, key form

HCBS Regulations in Documentation

General Home and Community Based Settings Requirements 42 CFR 441.301(c)(4):

4. Autonomy (optimizes but does not regiment individual initiative, autonomy and independence)
 - PC ISP, Daily Notes, calendars, house or program meeting minutes
 - preferences sheet, house or program rules, visitor log
5. Choice regarding services and providers
 - PC ISP, Quarterly Reviews, Surveys
 - Personalized Calendar, Preferences sheet

HCBS Regulations in Documentation

Residential Home and Community Based Settings Requirements 42 CFR 441.301(c)(4):

- a. Individual's living unit can be owned or rented via a lease or lease-like agreement.
 - Lease agreement, VA Landlord Tenant Act Disclosure form
- b. Individual has privacy in their sleeping or living units:
 - PC ISP-document if individual requires overnight support
- i. Units have lockable entrances with keys.
 - Lease agreement, key form, PC ISP
- ii. Individual has choice of roommates.
 - Lease agreement, roommate agreement
- iii. Individual has freedom to furnish and decorate unit.
 - Lease agreement, HCBS disclosure form

HCBS Regulations in Documentation

Residential Home and Community Based Settings Requirements 42 CFR 441.301(c)(4):

- c. Individual has freedom/support to control own schedules and activities (including access to food 24/7).
- Daily notes, calendars, menus
 - House meeting minutes, preferences form
- d. Individual may have visitors of their choosing at any time.
- Lease agreement, house rules, daily notes, visitor log
- e. Setting is physically accessible to the individual.
- PC ISP, Daily Notes

HCBS Regulations Person Centered Planning

42 CFR 441.301(c)(1) – PC ISP Process

- Driven by the individual to the maximum extent possible
- Individual invites who they wish to attend
- Occurs at a time and location chosen by the individual
- Offers informed choice for services and supports
- Method for individual to request plan updates
- Documents alternative HCBS settings that were considered by the individual
- Reflect cultural considerations and use plain language

HCBS Regulations Person Centered Planning

42 CFR 441.301(c)(1) – PC ISP Process

- “The individual will lead the person-centered planning process where possible. The individual's representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision-making authority to the legal representative. All references to individuals include the role of the individual's representative.”

HCBS Regulations Person Centered Planning

42 CFR 441.301(c)(2) – PC ISP Plan Requirements

- “The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.”

HCBS Regulations Person Centered Planning

42 CFR 441.301(c)(2) – PC Plan Requirements

- Reflect the setting the individual resides is chosen by the individual
- Reflect individual's strengths and preferences
- Reflect clinical and support needs as identified through an assessment of functional need.
- Include individual's chosen goals and desired outcomes.
- Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals
- Reflect risk factors and measures in place to minimize them

HCBS Regulations Person Centered Planning

42 CFR 441.301(c)(2)(xii) – HCBS Modification

Document that any modification of the additional conditions, under paragraph (c)(4)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:

- (A) Identify a specific and individualized assessed need.
- (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- (C) Document less intrusive methods of meeting the need that have been tried but did not work.
- (D) Include a clear description of the condition that is directly proportionate to the specific assessed need.
- (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
- (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- (G) Include informed consent of the individual.
- (H) Include an assurance that interventions and supports will cause no harm to the individual.

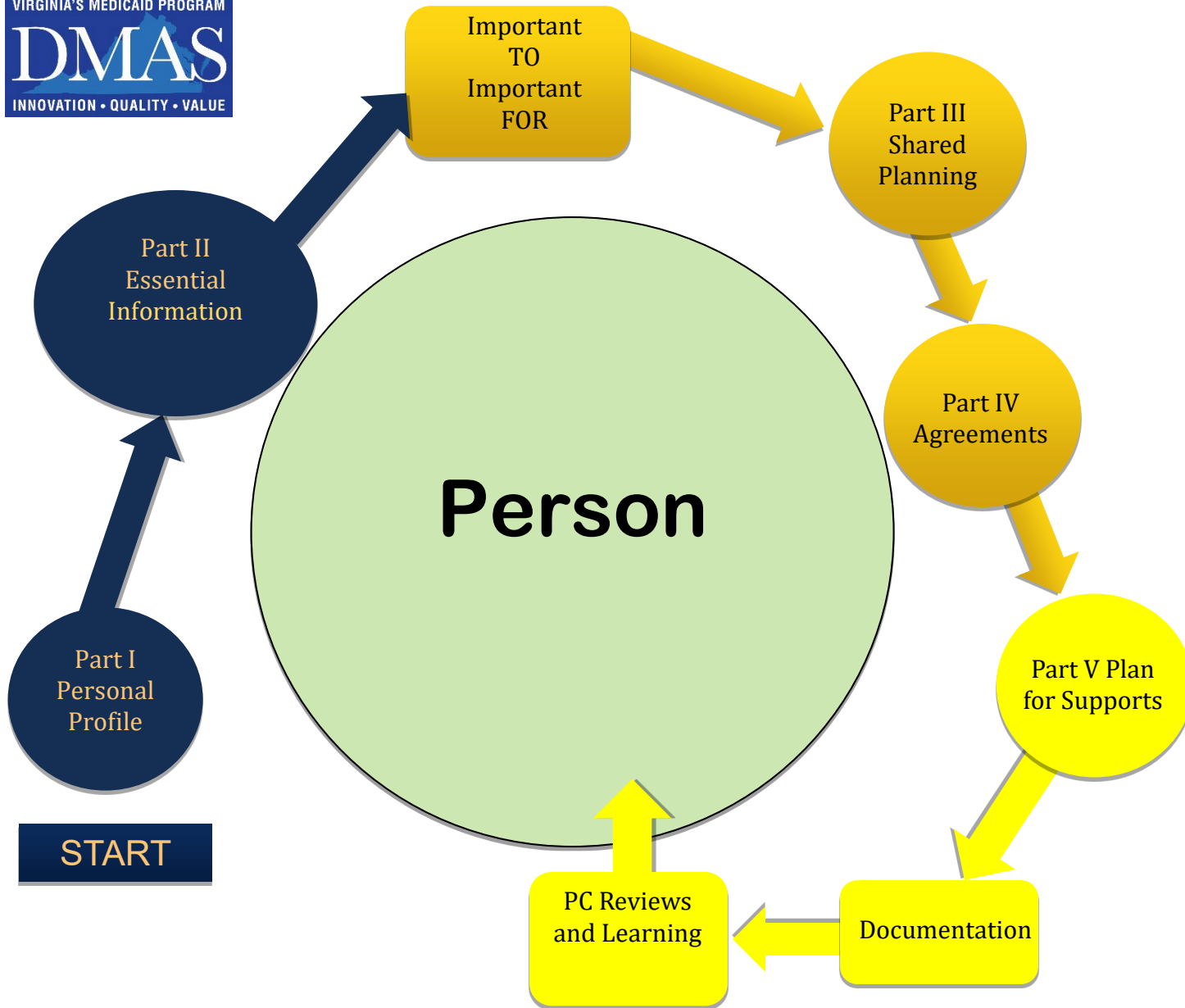
HCBS Regulations Person Centered Planning

42 CFR 441.301(c)(3) – PC Plan Review:

- “Review of the Person-Centered Service Plan. The person-centered service plan must be reviewed, and revised upon reassessment of functional need as required by § 441.365(e), at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.”

Parts of the PC ISP

- Part I – Personal Profile
- Part II – Essential Information
- Part III – Shared Living
- Part IV – Agreements/Planning
Signature Page
- Part V – Plan for Supports



Part V

Part V. Plan for Supports

Provider: _____ Service: _____

Back-up plan (CD companion, In-home supports, Personal Assistance (AD & CD), Respite (AD & CD), Shared Living):
 Click or tap here to enter back-up plans for required services.

Describe support instructions and preferences that occur consistently across activities and settings.
This section should only contain support instructions related to supports that occur consistently throughout the day for a person or personal preferences that do not relate to a support activity. For example – use of a communication device, mobility aid, and/or a preference to carry a backpack with personal items in it.
 Click or tap here to enter support instructions that apply throughout the day.

Outcomes and Activities

DESIRED OUTCOME Copy from Shared Plan. If new outcome after annual, consider this measure formula:
 Person’s name] [activity/event/important FOR]* so that/in order to [important TO achievement]

Life Area Choose one (must match WaMS entry for this outcome):
 Employment
 Integrated Community Involvement
 Community Living
 Safety & Security
 Healthy Living
 Social & Spirituality
 Citizenship & Advocacy

Key steps and services to get there Copy from Shared Plan. If new outcome after annual, enter the key steps that will be taken to achieve the outcome.

Activity Statement	I no longer want/need supports when	What to record	Skill Building (Yes/No)	How Often	By When
Measure formula: name verb what/when/where	Measure formulas: Routine: name verb what/when/where + how often;	Guidance: describe location, type, and frequency of documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe	Guidance: enter planned frequency	Guidance: enter target date to complete this activity

What the PFS includes:

- **Supports Across All Services** – Supports that are constant in a person’s life regardless of the service they are receiving
- **Desired Outcomes** – from the individual and their Shared Plan (or a later PFS revision)
- **Support Activities** - the provider develops these with the individual that will lead to the achievement of the outcome
- **What will be seen or obtained to resolve the support activity** - each activity has guidelines for when we will know that that support activity has been achieved
- **Support Instructions** - detailed steps, specific to the individual, that will be followed to support the individual in completing the activity
- **General schedule of supports** – a daily schedule of when each of the support activities will be provided to the individual during their day and week
- **Safety restrictions** – when applicable documentation of consent for any safety restriction that a provider has put into place.

Support Instructions in the PFS

- What support instructions include...
 - How DSPs will support the person
 - What the individual can or likes to do
 - The type of support needed – should be detailed
 - What is needed for success
 - Where and what learning is recorded

Support Instructions

Why do you need to know what the Support Instructions say????

The importance of effective and accurate documentation

- To ensure that the individual is being supported in achieving their desired outcomes for their life.
- To ensure continuity of care.
- To improve accountability between you and the individual
- To give credit for the quality work you do
- For oversight (OL, HR, QMR, IR etc.)



What are notes:

- Legal documents that must be signed and dated
- Written documentation of supports provided that must relate to the individual's Plan for Supports
- Notes may report on a single significant event or a series of events across a day or shift



Notes should include:

- Full date and time period the note covers
- Summary of the individual's participation throughout the shift
- Where did the individual go and what choices the individual made
- Focus the notes on the individual and not the actions of DSP

Notes should include:

- What went well and what didn't
- What the individual liked about the activity & did not like about the activity
- Any support needed for medical/behavioral issues
- Follow-up
- Signature/electronic signature and date

LANGUAGE TO AVOID

When talking with or about someone with a disability, a good rule of thumb is to use language that you would use if you were talking about yourself. Use everyday language. Avoid jargon.

Avoid	Why?	Use instead
Client/consumer	De-personalizes; implies the person has power to make changes or choices	Use person's name or person who uses supports/services or just 'person.'
My person or my group	Possessive or controlling	Use person's name or the person I support or this group.
Let or allow	Controlling; implies power over	Use assisted or supported.
Transported	Objectifies	Use gave a ride or provided transportation for _____.
I bathed John or I dressed John or did hygiene	Objectifies, John is not a participant	Use I assisted John with taking a bath or I supported John to get dressed.
Labels - high or low functioning, medically fragile, or level/tier (L2T2)	Disrespectful	Use how is John?; John's abilities; John's medical needs or supports; A person assigned a Level 2, Tier 2.
Refused or non-compliant	Disrespectful or controlling	Use chose not to or decided not to.
Toileting or toileted	Not common language; objectifies	Use person used the bathroom/restroom or I supported John to use the restroom.

LANGUAGE TO AVOID

Avoid	Why?	Use instead
Referring to a person as a behavior or a wheelchair (i.e.- I have 2 behaviors and 1 wheelchair in my group today.)	Disrespectful; de-personalizes; objectifies	Use person's name and if needed, what supports he/she needs
Place someone (such as, I placed John at Henderson home.)	Disrespectful; objectifies; not common language	Use John moved to Henderson group home.
Outing, venture, out in the community	Not common language, leaves the person out	Use we went to the park, the movies, etc.
Training	Not common language, de-personalizes	Use assist, support, demonstrated.
I did a plan on somebody	De-personalizes; objectifies	Use I supported _____ with developing his/her plan.
Non-verbal person	Disrespectful; not person first	Use person who doesn't speak with words or who communicates without words.
In-home individuals or OBRA individuals	People are not their services nor their funding stream. Don't create labels for people.	Use person's name.

Additional Language Changes

- Verbal prompts → Remind or ask
- Gestural prompts → Point or demonstrate
- Hand over hand → Physically assisted
- Total care → Needs significant supports

Documenting in the DD Waivers:

1. Keep accurate documentation. Never "fudge."
2. Be sure to sign and date all entries in staff notes, logs, etc.
3. Learn to write objectively – what you see and hear.
4. Know the Plan for Supports(Part V) for individuals you support.
5. If you don't understand, ask your supervisor.

Documenting in the DD Waivers:

6. Contribute ideas based on knowing the person.
7. Remember that what you write can be reviewed by licensing, Human Rights, DMAS or even in a court.
8. Record information where it belongs and include the individual's input.
9. Use common language and avoid disability speak when documenting.
10. Note the individual's satisfaction with supports.

How to determine if a modification is needed

1. Are any of the residential specific protections causing a health and safety concern for the individual receiving services?
2. Have less intrusive interventions been used? This could include specific staff supports, natural supports, specific services (AT, TC, etc.).
3. Will the proposed modification do no harm to the individual?
4. Does the individual consent to a modification?

Modification location in WaMS

Safety Restrictions

Safety Restrictions

As your provider, we have identified something you want to do that might create a risk. We need your input to develop a plan that supports you to have what you want in a safe way. We have determined that this restriction is necessary to achieve a therapeutic benefit, maintain a safe and orderly environment or to intervene in an emergency and that all possible less restrictive options have been tried. [12VAC35- 115-100].

I understand that I will not

This is necessary because

The outcomes in my plan related to this restriction include

The following is to be completed by a qualified professional.

Describe your assessment, to include all possible alternatives to the proposed restriction that take into account the individual's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently

Describe other less restrictive, positive approaches that have been attempted to meet safety needs based on the person's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently

Modification location in WaMS

Is this proposed restriction necessary for effective treatment of the individual or to protect him or others from personal harm, injury, or death Yes No

Describe how progress toward resolving the restriction(s) will be measured

Describe how often restriction(s) will be reviewed

Describe conditions for removal of restriction(s)

Safety Restrictions Signatures

I understand that taking the actions listed can create a safety risk. I understand the reason for the restriction, the criteria for removal, and my right to a fair review of whether the restriction is permissible. When utilized, I understand that the proposed restriction will not cause harm and give my consent to participate.

Signer Type	Signature Type	Signature:	Print Name	Relationship / Service:	Date Signed:	Organization Unit Name
No data available						

Informed Consent for HCBS Modifications

The individual must have informed consent regarding the HCBS modification.

Informed consent should occur at least yearly. Providers will need to maintain the signed consent form in their records.

The modification should be reviewed at a minimum each year to see if the modification is still needed. Best practice is review monthly or quarterly.

Don't assume the modification is permanent

Person Centered Review

Outcome Status DESIRED OUTCOMES	Status of outcome Achieved = accomplished, removing from plan On track = progressing as expected, no gaps/barriers Limited or no progress = experiencing gaps/barriers or regress	Plan updates	
Start date: End date: [Enter Outcome Statement]	Achieved On track Limited or no progress Status description: Comment based on status selected.	Plan change needed? Yes No If yes, describe:	
Start date: End date: [Enter Outcome Statement]	Achieved On track Limited or no progress Status description: Comment based on status selected.	Plan change needed? Yes No If yes, describe:	
1.	For the reporting period have there been any safety risks (health or behavioral) identified?	Yes No	If yes, describe risks and how they were/will be addressed and documented in the plan:
2.	Does the person or substitute decision-maker desire and/or need any changes to the plan or services and supports?	Yes No	If yes, describe plans to address:
3.	Is the person and substitute decision-maker satisfied with all services and supports?	Yes No	Describe how you know the response indicated and any plans to address dissatisfaction:
4.	Were all Medicaid services in the plan implemented?	Yes No	If no, describe plans to address:
5.	Were there any significant events (health or otherwise) not reported above?	Yes No	If yes, describe:

Sample Note

- When staff arrived, Tyson was lying in his bed listening to the radio and humming to the music. Staff entered his room, turned the radio down and opened his blinds. Tyson asked for 10 more minutes, but staff reminded him that the day support van would be there in 15 minutes and that his breakfast was already ready and on the table. Tyson got up and he put on his clothes that staff had pulled out for him last night. Tyson ate only a little bit of his food then he took his meds. Tyson was a little slow moving, but he got on the van to go to day support.

HCBS Compliant Sample Note

- Staff knocked on Tyson's door and asked if they could enter. Tyson told staff yes and as staff entered, they noticed Tyson lying in his bed listening to his radio and humming to the music. Staff asked Tyson how he was feeling and if he would like to get up now. Staff also asked if he wanted his blinds opened. Tyson said he felt fine and that "no" he wasn't ready to get up, he wanted 10 more minutes. Staff said ok and asked what he wanted for breakfast. Tyson said just coffee. Staff told Tyson that she would be back in 10 minutes and if he missed the day support van that she could drop him off or he could call for an uber.

What's NOT Required for Documentation

- Food/Fluid intake-Percentages without assessed need
- Clothes worn that day
- AM/PM hygiene completed
- Healthy and safe- Note only mentions keeping Individual safe throughout shift.
- No problems/concerns or incidents on this shift
- Upon staff arrival.
- Overnight checks without cause (must be a documented reason-behavioral or Medical)
- Bowel Movements.
- Good/Bad Day
- Staff Opinions
- Acronyms (LOL, LR, TBH, BR)

Beware of...

Documentation Drift!



Reoccurring Remediation Areas

- 📖 HCBS rights not being understood or distinguished from Human Rights
- 📖 Documentation not showing community participation, choice, autonomy and independence
- 📖 Staff not understanding the definition of coercion, seclusion and/or restraints
- 📖 Individuals not having keys to bedroom doors or fronts door of home
- 📖 Modifications to HCBS rights not being documented in Part V
- 📖 Provider lease agreements/residential agreements not addressing reason for eviction
- 📖 Individual inability to access or spend own money
- 📖 Providers not understanding TRUE Community engagement
- 📖 Activities not individualized, supports happening in large groups
- 📖 Providers not supporting/encouraging family involvement
- 📖 Excessive signage in the person's home

Full Compliance

- Once a setting has achieved full compliance, a letter will be sent to the provider.
- **Reaching HCBS compliance is not a one-time achievement.** A provider must maintain their compliance status which will be monitored on an ongoing basis through:
 - The DBHDS Office of Licensing
 - The Office of Human Rights
 - DMAS QMR
 - Support Coordination and other quality monitoring reviews.
- **If a setting can't reach full compliance, the provider participation agreement will be reviewed.** Possible consequences include
 - suspension of billing, and
 - removal of the agreement.

HCBS Resources

Statewide Waiver Transition Plan for
review:

http://www.dmas.virginia.gov/Content_pages/HCBS.aspx

HCBS Resources



The Toolkit can be located on the DMAS Website:

<https://www.dmas.virginia.gov/providers/long-term-care/waivers/home-and-community-based-services-toolkit/>

HCBS Resource

Additional questions can be sent to your regional CRC

Region 1 - Todd Cramer

todd.cramer@dbhds.Virginia.gov

Region 2 – Nedria Ames

nedria.ames@dbhds.virginia.gov

Region 3 - Todd Cramer

todd.cramer@dbhds.virginia.gov

Region 4 – Ronnitta Clements

ronnitta.clements@dbhds.virginia.gov

Region 5 – Michelle Guziewicz

michelle.guziewicz@dbhds.virginia.gov

HCBS Resource

You may also reach out directly to DMAS
hcbscomments@dmass.virginia.gov

Questions

