

APD Standardized Forms  
and  
Client Central Records

2009 –

Responding to concerns from the Agency for Persons with Disabilities (APD) Area Offices and constituents, a work group consisting of three Area Administrators was developed to evaluate and identify redundant, inefficient or unnecessary paperwork, processes, policies, and procedures around the administration of APD Medicaid waivers.

- One conclusion of this review included a determination that the paperwork associated with the APD provider business model was antiquated, overwhelming, inconsistent, and above all not under the control of APD or in a form or fashion that was useful in any manner for data analysis.
- Under the existing model, no less than 250,000 unique pieces of paper each year are generated and transmitted in a non HIPPA compliant manner.
- Each provider (7000+ in number) has been allowed to produce their unique forms and none of the data contained in any of these forms is accessible for the purposes of data collection and analysis.

- In addition, the review team noted that the records were not accessible in case of legal, medical or other emergency.
- There exists a wide variance among support coordinators in how accurately and securely that records are maintained and that statewide support coordination organizations reported that the information coming into their office was overwhelming and not useful in the form received.
- The organization suggested that the data was rarely submitted within timelines, the data was frequently illegible and that due to the volume of submissions rarely even filed.

## The Director then implemented a plan of change:

- APD would develop standardized forms to allow for consistent communication and analysis throughout the entire service system. These will become official forms and cannot be changed or added to by Area offices or the QA provider. These forms will reside online in a template format.
- Unnecessary forms or redundant forms would be eliminated.
- APD would require that all providers have a personal computer system with secure and encrypted email.

## Other Changes

- The forms and reports used by Providers, Support Coordinators and Agency internal staff will all be the same, where everyone will be reviewing the same documentation.
- The quality assurance vendor who reviews APD providers files will have one set of universal forms for a more streamlined audit.

Dr. Dave Robinson requested and received approval to create a system to create standardized forms and store them in an automated customer central record under APD control. Listed are some of the benefits of this system.

- Electronically store and transfer the forms and reports used by Providers, Support Coordinators and Agency internal staff .
- Reduce the use of paper within the agency utilizing the computer infrastructure to manage multiple forms
- Reduce excessive mailing costs
- Improve security of client records
- Provide on-line access to support coordinators, providers and agency internal staff
- Reduce storage space required for large paper files
- Allow the data creation, update and transfers electronically over the web
- Storage of data in a central location and easy manageability
- Elimination of redundancy
- Forms can be revised by APD IT to ensure they are up-to-date as needed – ex: policy change, rule change, management requests, etc.



# Routine Service Log

Area: \_\_\_\_\_ Date: \_\_\_\_\_

Service: \_\_\_\_\_ Procedure Code: \_\_\_\_\_

Client Last Name: \_\_\_\_\_ Client First Name: \_\_\_\_\_

Client Medicaid Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City: \_\_\_\_\_ Provider State: \_\_\_\_\_ Provider Zip: \_\_\_\_\_

Provider Medicaid Waiver Number: \_\_\_\_\_

Unit Type: \_\_\_\_\_

Date: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Duration: \_\_\_\_\_

Total Number Of Units: \_\_\_\_\_

List of specific activities rendered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Changes Observed/Concerns Noted: Yes or No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_



## Implementation Plan

**All providers must base their services and plans on the goals identified by the Client on the Support Plan.**

Annual

Modified

Date:

Area:

Support Plan Effective Date:

Client Last Name: \_\_\_\_\_ Client First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Medicaid Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City: \_\_\_\_\_ Provider State: \_\_\_\_\_ Provider Zip: \_\_\_\_\_

Provider Medicaid Waiver Number: \_\_\_\_\_

Service: Residential Habilitation or Adult Day Training

List Goal(s) from Support Plan:


System used for data collection and assessing Support Plan Goals: Quarterly Summary, Graphs, Daily Progress Notes, Monthly Summary, Data Collection Sheet

## Training Strategies

Training Do's and Don'ts:

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What motivates the Client:

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Training Goal - \_\_\_\_\_  
\_\_\_\_\_

Frequency:

Daily, 1 x week, 2 x week, 3 x week, 4 x week, etc

Methods used to assist the Client to achieve this goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plans to reduce paid supports:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Goal - \_\_\_\_\_  
\_\_\_\_\_

Frequency:

Daily, 1 x week, 2 x week, 3 x week, 4 x week, etc

Methods used to assist the Client to achieve this goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plans to reduce paid supports:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_