

## **Provider Status Review Instructions** **\*\*This Form Must Be Typed\*\***

**Provider Status Review rule (16.03.10.513.06.-Enhanced plan): Provider Status Reviews.** Service providers, with exceptions identified in Subsection 513.09 of these rules, must report the participant's progress toward goals to the plan monitor on the provider status review when the plan has been in effect for six (6) months and at the annual person-centered planning meeting. The semi-annual and annual reviews must include: (3-19-07) **a.** The status of supports and services to identify progress; (3-19-07) **b.** Maintenance; or (3-19-07) **c.** Delay or prevention of regression. (3-19-07)

**Status Review rule (16.03.21.601.02.- DDA): Status Review.** Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)

**Provider Status Review rule (16.04.17.302.05.- RH): Provider Status Review.** Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)

The Plan Monitor will receive a Provider Status Review from the following service providers:

- Residential Habilitation - Supported Living or Certified Family Home
- Community Supported Employment (CSE)
- Developmental Disabilities Agency (DDA) providing individual or group developmental therapy
- Adult Day Care
- Behavior Consultation/Crisis Management
- DD Waiver Nursing

Each of these service providers must submit a Provider Status Review to the Plan Monitor two times per year. The first Provider Status Review is due six months after the plan start date. Individual providers should be prepared to discuss the six month reviews and any additional changes at the Person Centered Planning Meeting. The second Provider Status Review (annual) is due at the end of the plan year to the Plan Monitor for filing in the participant file.

**Participant:** Type the name of the participant exactly as written on their Idaho Medicaid card.

**Medicaid ID #:** Type the participant's Medicaid identification number as it appears on their Idaho Medicaid card.

**Plan Start Date:** Include the month, day, and year the service was approved to start from the ISP Supports and Services Authorization page.

**Provider Agency:** Include the name of the provider agency responsible for providing the service.

**Type of Service:** Identify which service is being delivered by the provider agency.

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**Type of Review:** Indicate whether the review is being completed at the six month or annual time frame by checking the appropriate box.

**Date of Review:** Enter the month and year the review is being completed.

**Professional:** Include the name of the professional completing the review.

**Provider Goal Information (ADH, BC/CM, DD waiver nursing):** Include in this section the services listed on the ISP that do not have quantitative data. Give a narrative around the progress associated with these supports, following the guidance in rule 16.03.10.513.06.

**Participant Goal Information (RH-CFH, RH-SL, DDA, CSE):** Include in this section the following information for each service, using the guidance given in rules 16.03.10.513.06, 16.03.21.601.02., and 16.04.17.302.05.):

**Program Objective (16.03.10.654.05.c.):** Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-11)

\*An objective is written in measurable terms that specify a target date for completion, no longer than one year in duration, and include criteria for successful attainment of the objective.

Enter the program objective as it is written on the agency's program implementation plan.

**Baseline – Definition (16.03.10.521.02.):** A participant's skill level prior to intervention written in measurable, behaviorally-stated terms.

**Baseline Statement- Definition (16.03.10.654.05.b.):** A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned.

Write in the baseline statement for each objective. When a new objective is started, a new baseline should be identified prior to intervention techniques on the Implementation Plan.

**Note:** The methodology used to determine a baseline statement can vary. Depending on the preference of the service provider, the baseline statement may be identified by percentages or ratios, (e.g. 50 percent of the time, or three out of four trials, etc.). Not all participants will perform a baseline at a level of independence. Be prepared to move through the prompt hierarchy to determine skill level and ability with a prompt other than independence and indicate it in the baseline.

**Baseline date of assessment:** Write in the original date that the baseline was measured or assessed, prior to any instruction. If you do not know what the date was or if you do not have an original or accurate baseline, a Probe Assessment can be done to determine the current level of functioning and start at that point

- **Probe Assessment:** The level of a skill or behavior after training is started, but with no assistance (prompts or cues) or positive reinforcement that were part of an instruction.

**Blank columns for results of monthly data collection:** Be sure to indicate at the top of each column the month and year for which the data is being reported-these dates should correlate with the plan year. Beginning with the month of the start date of the service (if you do not have data for the first month please indicate why), enter monthly data compiled from the referenced program objective in the first blank column. Continue this

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reporting process for the remainder of the plan year by entering the results of monthly data collection into each of the blank columns that follow.

**Note:** The methodology used to report data collection can vary. Depending on the preference of the service provider, data collection may be reported by percentages or ratios, (e.g. 50 percent of the time, or three out of four trials, etc.). **Make sure the data collection is consistent with the baseline** (e.g. data for each month is given in percentages if the baseline is in percentages, etc.)

**Six Month Review:** The professional completing the review must report the overall progress achieved by the participant for the first six months of service delivery by entering this information into the comments section below the monthly data reported for that month. The six month Provider Status Review will be submitted to the Plan Monitor fifteen days from the due date of the six month review.

**REMINDER:** If a six month provider status review is not received from a particular provider, **the service should be removed from the plan as it will not be authorized.** The service(s) may be re-added using an addendum, as needed.

**One Year Review:** Continue to report on data collected for the next six months by entering the results of monthly data collection into each of the remaining six columns. The professional completing the review must report the overall progress achieved by the participant for the plan year by entering this information into the comments section. The annual status review will be submitted to the Plan Monitor 30 working days from the end date of the plan.

**Comment on each objective:** Each month it is needed, enter written information relative to the participant's progress toward the objective, decline in progress or below baseline, or discontinuation of an objective. For objectives that may have multiple steps, an agency should complete a skill assessment to determine which step is the barrier to total task achievement. The agency should train on the whole task, however, the data reflected in the status review should be for the barrier step as the objective.