

Recording information on the Individualized Behavioral Program/Plan of Care Instrument (IBP/POC).

- All paperwork is legible.
- Those items or sections that are not applicable to a particular child may be left blank.
For example, in Section I under Autism Specialist information if the provider is an independent provider, then the Autism Specialist would not need to complete the information pertaining to an agency.
- Each domain may include the following dates:
 - a. Implementation
 - b. Review/Revision every six (6) months
 - c. Completion
- If revision is needed within a domain (whiteout is not acceptable) each domain sheet will include:
 - a. Date of revision
 - b. Can use additional domain sheets as necessary for clarity of case flow.
 - c. Always keep the original in the case file.
- The IBP/POC identifies the level of needs the child has.
- The IBP/POC is completed by the Autism Specialist with direct input from the family and/or others the family have identified.
- The child/family has the right to choose their providers for all waiver services including the Autism Specialist.
- All signatures must be legible.

The IBP/POC is completed at a minimum annually. Post implementation of the POC includes monitoring and follow-up activities and a review of the IBP/POC at a minimum of every six months with documentation of progress toward stated goals. If progress is not demonstrated, documentation must support a reason for pursuing these goals or a change in the goals must be made.

Sources of Information

To accurately complete the IBP/POC the Autism Specialist will need to obtain information from a variety of sources.

Sources of information for accurate completion of the assessment process are listed below:

- Primary sources may include the child/parent/guardian.

- Talk with and observe the child (if applicable). Use appropriate interview techniques based on age of the child and the family situation.
- Other sources may include Teachers, Mental Health Professionals, Day Care personnel, neighbors, and extend family members providing the parent/guardian has identified/ and given the Autism Specialist permission to contact them.

Remember the child and or family are included, consulted and the driving force in the decision-making process in developing the IBP/POC.

Section I – page 1

1. Date of IBP/POC: Document

- The date of IBP/POC is completed
- Indicate whether this is an initial, revision, annual IBP/POC or an exception request for an extension of one year. Exceptions can be requested after the child has completed the third year on the waiver.

2. Child's Information: Document

- The child's full legal name (first name, last name & middle initial).
- Medicaid Number - the eleven (11) digit number found on the child's Medicaid Card
- Social Security Number assigned by SSA to the child.
- The child's home address, including county, state, zip, and phone number. In some areas, a child/family will only have a mailing address, such as a post office box, and not have a residence address. If this is so, put this mailing address in the residence address section.
- The child's date of birth and indicate gender by circling either M or F.

3. Parent/Legal Guardian Information: Document

- The parent/guardian's name and home address, even if it is the same as the child's listed above. Include county, state, zip, and phone number.
- Indicate whether the child is with their natural/adopted parents, foster parents, guardian, or SRS custody.

4. Autism Specialist Information: Document

- Autism Specialist full name per his/her Medicaid Provider enrollment form.
- Autism Specialist needs to provide his/her Medicaid Provider number.
- Autism Specialist provides his/her work number and fax number where they can be reached.
- Autism Specialist's work address (if Autism Specialist is an independent provider, put home and/or office address), City, County, State, and Zip.
- Autism Specialist's will provide an email address.
- Autism Specialist's will indicate whether they are an independent provider or employed by an agency.

5. Agency Information: Document (If applicable)

If the Autism Specialist is employed by an agency this section needs to be completed.

- The agency's name for which the Autism Specialist is employed.
- The agency's business phone & fax number.
- Provide the business address of the agency, city, county, state, and zip.
- Autism Specialist indicates which type of provider best describes your agency.

6. Assessment Score & Diagnosis: Document

- The date on the Vineland II was completed by the Functional Eligibility Specialist.
- Review the scores from the Vineland, and then transfer the scores to the appropriate Adaptive and Maladaptive areas.
- The child's diagnosis as indicated on screening.

Section I – page 2

7. Criterion Reference Skilled Based Assessment: Document

- Name of the type of assessment tool that was utilized to measure behaviors and behavior change based on a defined level of performance.

8. Treatment options: Document

- Which evidence-based method will be use, or planned for use. If “Other” is indicated, it too must be an evidenced-based practice and the name of the treatment must be clearly identified.

9. Classroom or Educational Setting: Document

- Indicate any mandated services the child receives such as Part B or C of IDEA.
- If **yes**, provide name of school/service.
- If **yes**, the child attends school provide the grade level the child is currently at.

10. Behavior Impact Rating Tool: Document

- The interviewer will ask the parents to rate their child’s behavior using a scale rating of 1 to 6 or NA. Parents should base their responses on the child’s worst day. Each question is to be answered with a number 1 through 6 or NA.
- On lines 1 through 5 list what the parents view as the 5 highest priorities they would like addressed.
- On lines 1 through 3 list have parents identify 3 problem behaviors to address.

11. Global Risk Rating Scales: Document

- Considering the previous information the parents and Autism Specialist will answer these questions as a team taking into consideration all they know about the child’s entire behavioral repertoire to answer each question.

Section II – page 1

This section addresses twelve (12) life domains of the child. Each domain must be addressed. Under each domain there are several sub-domains listed; at least one of those listed sub-domains must also be addressed. Additional sub-domains may be documented by using additional sheets if desired.

A documented review of domains should be conducted by the Autism Specialist at least every 6 months.

Domain: Identify which life domains will be addressed		Goal#:
Summary (with family input): A general overview of the child’s performance within this domains; specifically identify who reports and why, must include family input.		
Strengths:	<i>(Based on interview, observation, and assessment results, what skills does the child currently display?)</i>	
Needs (linked to assessment results):	<i>(Based on interview, observation, and assessment results, with which skills does the child currently need assistance?)</i>	
Sub domains (Describe): Identify which sub-domain will be addressed, Autism Specialist must have a minimum one per sub-domain		
	Description	
Sub -Domain:	Linked to Domain – must be specific, identify a specific skill set within the domain	
Current Level of Performance:	Describe in specific observable and measurable terms the child’s behavior/skill level with the sub-domain.	
Objective:	Describe in specifics observable and measurable terms the goal with the sub-domain.	
Child’s Existing Supportive Skills:	Skills that child currently exhibits that are the basic, core or related skills needed in order to address this objective.	
Data Collection and Supportive Documentation:	Method and measures that will be utilized to measure progress toward this objective. Collected data must include a minimum of one of following types: frequency, duration; intensity, or latency. Supportive documentation may include graphs, charts, and figures demonstrating progress.	
Plan for Generalization:	Describe how this skill will be taught and measured across multiple environments/settings and multiple people.	
Date Revised or Reviewed (at minimum each 6 months) and Notes:	mm/dd/yyyy Indicate the date that revision or reviews were made. Document the change to the domain with notes.	
Date Mastered and Next Steps:	Indicate when the child has mastered the skill identified in the sub-domain and identify what the next task /skill is the child will work on.	

Section III - page 1

1. Emergency Contacts: Document

- List two emergency contacts in order of priority; name, give the address, phone & alternative phone number, and relationship to the child.

2. List the members of your household: Document

- Indicate who is living in the household; name, address, phone & Alternative Number, and relationship to child.

3. Non-Waiver Supports: Document

- List the name of the individual providing the service, what is their relationship to the child, address, phone number, what services is performed, frequency (how often) is the services provided, and does the primary care giver pays for services.

Section IV- Plan of Care

1. POC Approval Date: Document

- Date the POC was approved on the MMIS by the Autism Program Manager.

2. Demographics: Document

- Child's full legal name (first, last name & middle initial).
- Social Security Number assigned by SSA to the child.
- Medicaid Number - the eleven (11) digit number found on the child's Medicaid Card
- Date of Birth (DOB)
- Address of child's residence
- City of child's residence
- Zip Code

- County of child's residence
- Identified Autism Specialist
- Autism Specialist provider number
- Autism Specialist phone number
- Date the Vineland II was completed by the Functional Eligibility Specialist.

3. Plan of Care: Document

- Waiver Services - indicate which waiver service will be used; Intensive Individual Supports(IIS), Respite Care (RC), Parent Support and Training (PS), or Family Adjustment Counseling (FAC).
- Procedure Code - List the procedure code associated with the waiver service be used.
- Provider Number – List the provider number of the person providing the service.
- Provider Name – Write the name of the provider.
- Units – Each unit equals fifteen (15) minutes, indicate how many units will be used for a monthly (31 day) plan.
- Frequency – Identify how often will the waiver service: 3x/wk; weekly; monthly; or specify another frequency.
- Total Units Monthly – Indicate how many units will be used per month.
- Services Start Date – The date child start receiving services; mm/dd/yy
- Services End Date – Date services will end,
- Discharge code - Identify discharge code in Section G-5 in the Autism Policy & Procedure Manual when closing the entire POC.
- Cost of Unit – Indicate the rate of pay per unit for waiver service.
- Monthly Cost – The monthly cost will be the service rate amount times frequency. Example; If daily, cost per unit x # of unit per day x31. If service is provided less than daily, adjust the number of days in the month accordingly.
- Total Monthly Waiver Cost – Add the total monthly waiver costs and enter the figure in this space.

4. Client Obligation: Document

- If applicable, record the dollar amount.

5. Assigned Provider: Document

- If applicable, indicate by provider number which service provider will the client obligation be assigned too.
Depending upon the amount of the client obligation, a client obligation maybe divided between two providers.

6. Signatures: Document

- Parent/Guardian Signature must date and sign the Plan of Care, (all signatures must be legible).
- Autism Specialist must date and sign the Plan of Care (all signatures must be legible).

Section V- Participant Signature Page

- Anyone who has participated in the development of the IBP/POC must date and sign this page, and indicate what relationship they have with the child.