APPLYING A DDDS Standard Day Programming Template
(ISP PROGRAM) IN THERAP
(Effective January 1, 2016)

A. Purpose: Each participant is required to have a "DDDS Standard Template" ISP Program active in Therap. There are **four** different DDDS Standard Template ISP Programs which are available in Therap to choose from, one of which must be applied to each participant according to the service line(s) in which they are funded.

B. Definitions:

1. ***Apply*:** term used in this document to indicate the actions of adding to the electronic record of a person in services.
2. ***DDDS Standard Template***: is the ISP Programs "boiler plates" which the Division of Developmental Disability Services has published in Therap for use by agencies for individuals in services.
3. ***ISP Program:*** the support plan (or goal) which individuals in services need in their electronic record. ISP Programs provide a goal for documenting day to day services provided within various services lines.

C. Preparation

1. A designated staff for the provider agency or each provider location will need to *apply* a *DDDS Standard Template* to each participant in Therap.
2. The designated staff should have a list of participants who they will be applying an ISP Program. This will help to keep track and insure that each participant has the ISP Program assigned.
3. The four DDDS Standard Templates in the Therap include:
   a. **DDDS Standard Template Day Habilitation** dated 9/1/15- should be used for those participants who fall under the Day Habilitation service line.
   b. **DDDS Standard Template 1:3 Group Supported Employ** dated 9/1/15 - should be applied the participants who fall under Group Supported Employment service line.
   c. **DDDS Standard Template Prevocational** dated 9/1/15- should be applied to the participants who fall under the Prevocational (also known as Community Experience) service line.
   d. **DDDS Standard Template Individual Supported Empl** dated 9/1/15**-** should be applied to the participants who fall under the Day Habilitation (Facility) service line.

D. To "apply" the DDDS Standard Template ISP:

1. **Log on** to Therap
2. Go to **Individual** tab on the Dashboard (see Figure 1 below)

Figure 1

3. Click **Published** next to **ISP Program Template Library** (see Figure 2 below)

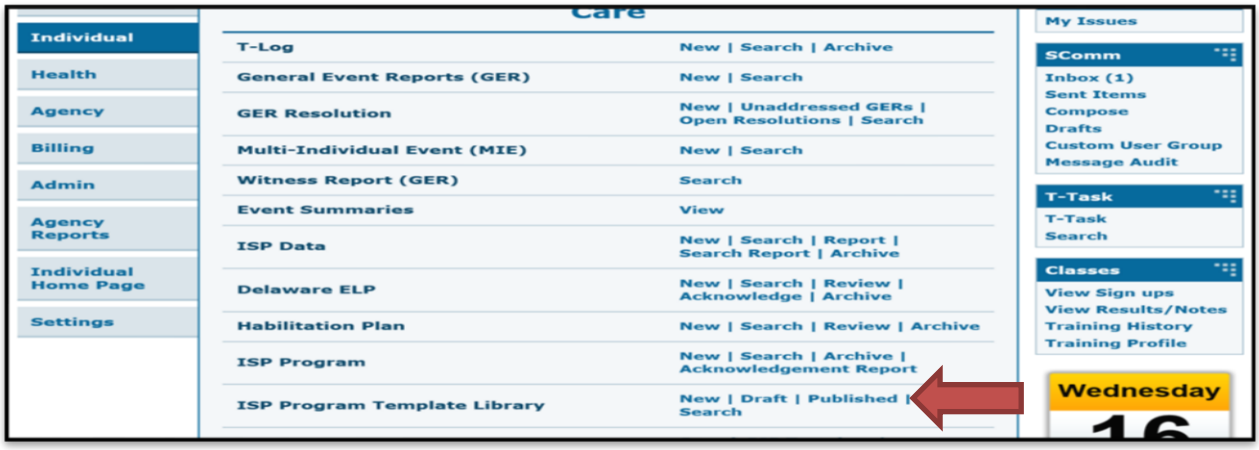

Figure 2

4. Click **Template Name** from the list. Choose a DDDS Standard Template according the service received by the participant for whom the ISP Program is being applied. (see Figure 3 below)

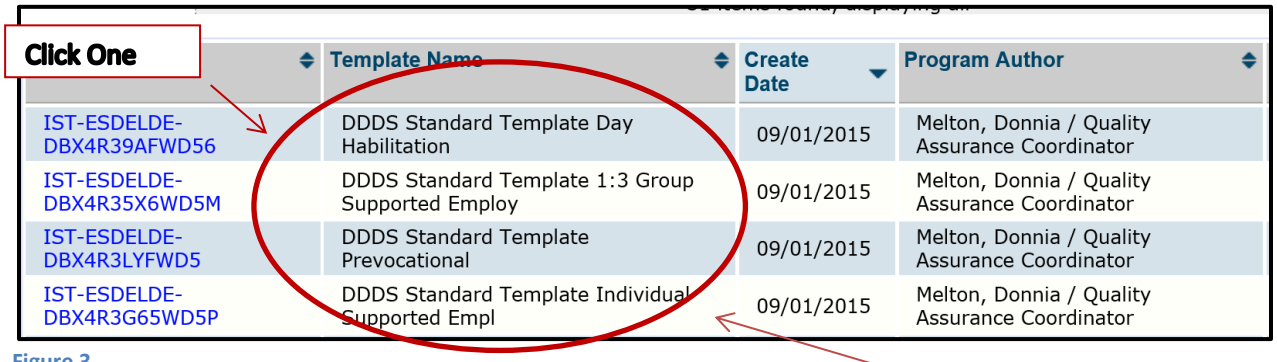

Figure 3

NOTE: for Group Supported Employment, choose the 1:3 Group and the ratio can be changed if necessary in Step 9.

5. **Scroll** to the bottom of the template form which is now open
6. Click **Apply ISP Program** (see Figure 4 below)

Figure 4

7. Click **Program** that the Individual is assigned from the list (See Figure 5 below)

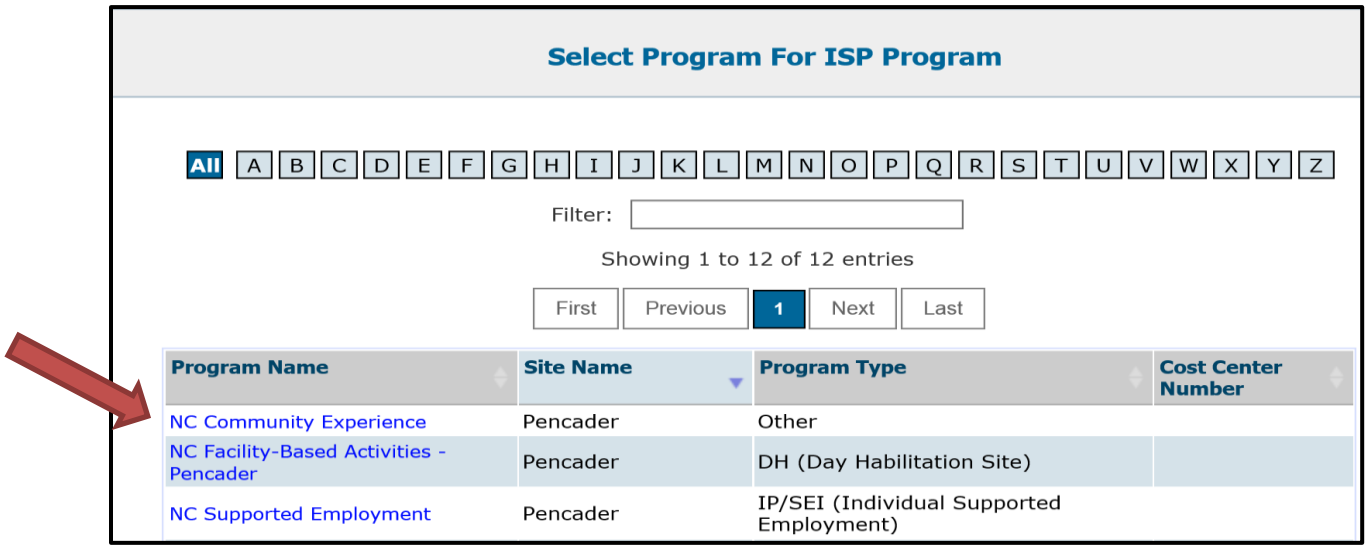

Figure 5

8. Click on the **Last Name** of participant from the **Individual List for ISP Program** (see Figure 6 below)

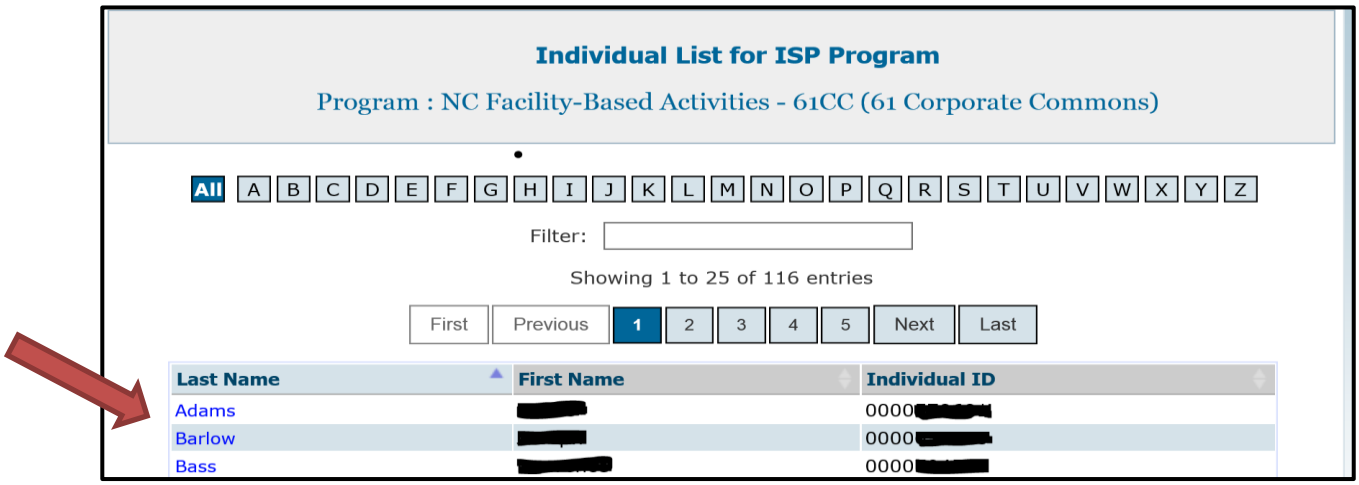

Figure 6

9. **Type** in **Program Name** and **Choose Creation Date** (see Figure 7 below)

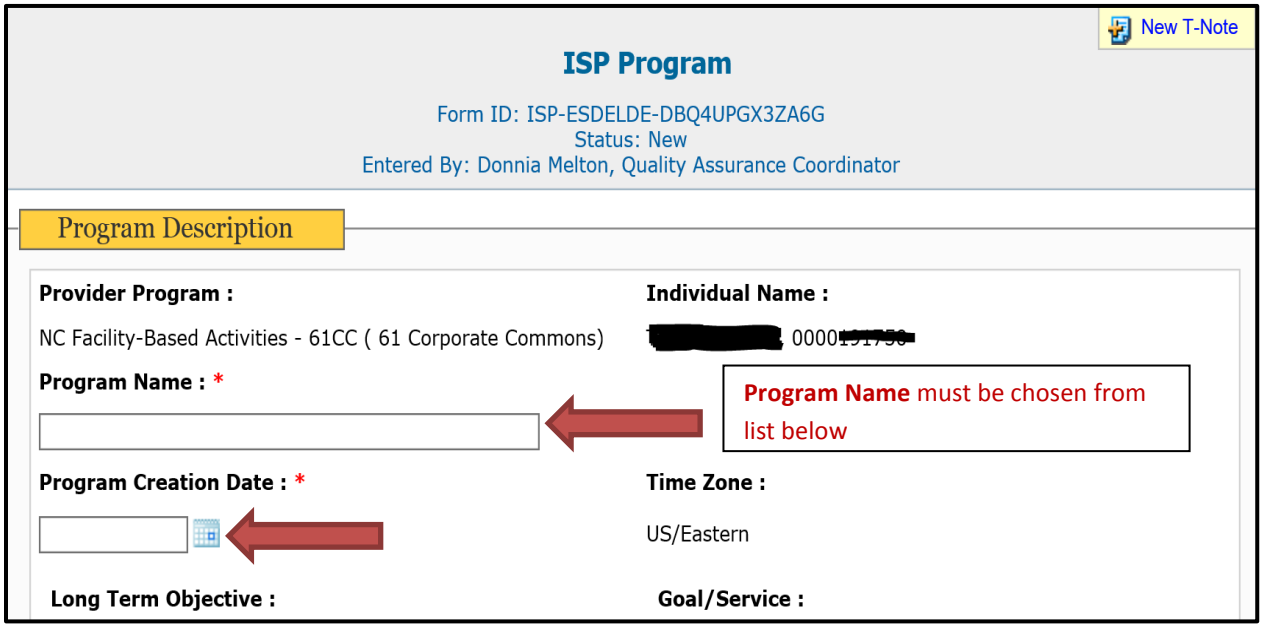

Figure 7

a. **Program Name**
   1. Type **Day Habilitation Supports** for DDDS Standard Template Day Habilitation
   2. Type **1:3 Group Supported Employment** (or another ratios 1:4, 1:5 1:6, 1:7 or 1:8 depending on the support provided to the participant) for DDDS Standard Template 1:3 Group Supported Employ
   3. Type **Prevocational Supports** for DDDS Template Prevocational
   4. Type **Individual Supported Employment** for DDDS Standard Template Individual Supported Empl

b. **Creation Date** should be the date that data for this ISP Program will start

c. **All other fields** in this area remain the same

10. **Task(s)** section should not be altered-
    a. all Task Name and Description in this section **must remain** as they are pre-filled for each template (see Figure 8 below)
    b. Additional Task Name(s) and Description(s) may be added to encompass additional/specialized supports that an individual needs

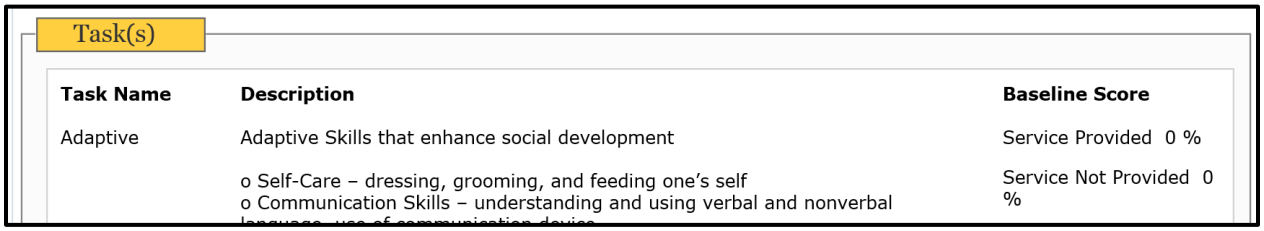

Figure 8

11. **Other Details** should reflect the below options (Type of Service Provider is prefilled according to the service line)

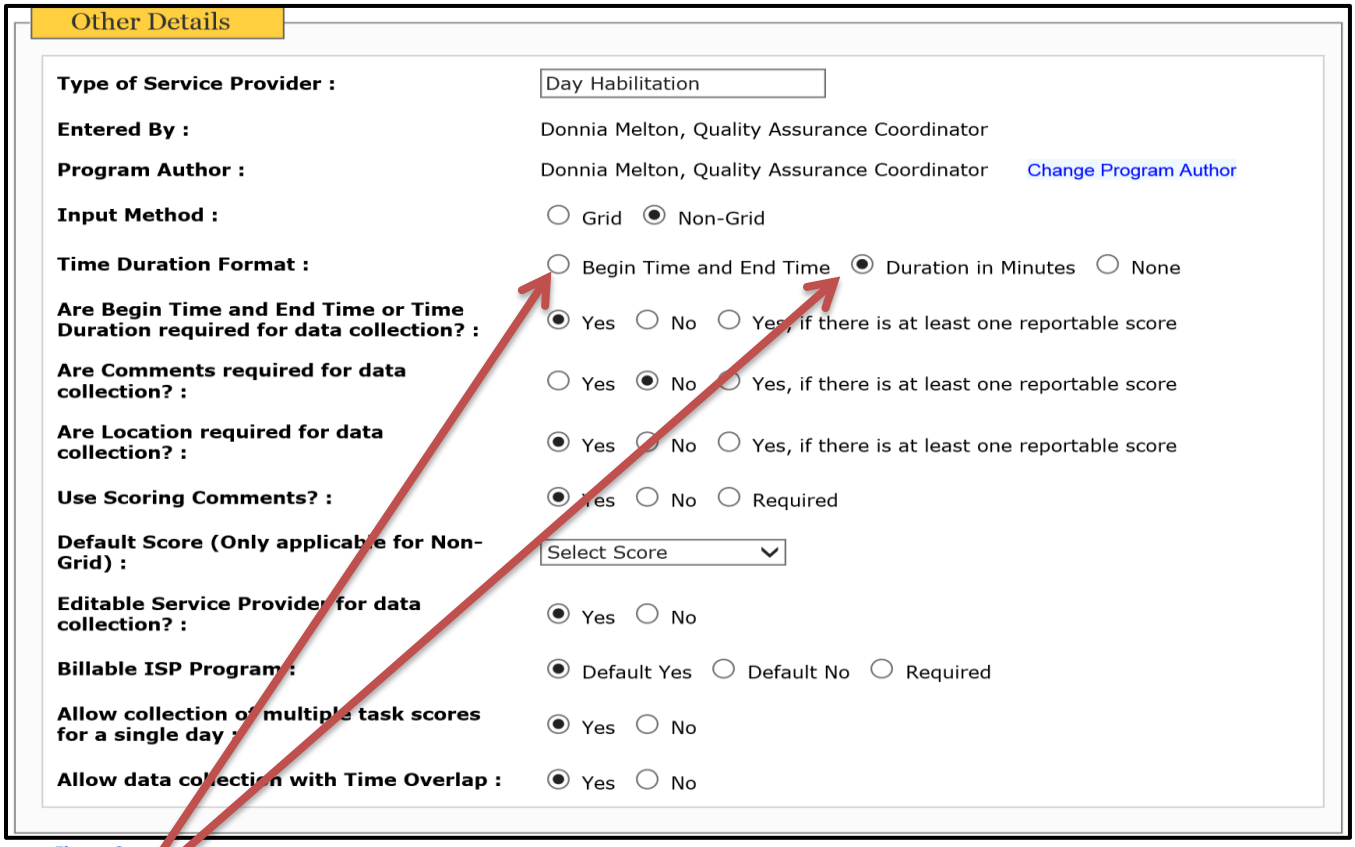

Figure 9

One of these two options should be selected; however, which option is an individual agency choice. It may make sense for a provider billing in 15 min units to select "Duration in minutes" BUT "Begin Time and End Time" could also be a reasonable option. A provider billing as a per diem would likely opt for "Begin Time and End Time" and enter the time the person started services and ended services within that date

12. Click **Save** (to work on later), **Submit** (to submit for approval) or **Approve** (to Approve)

ISP Data Collection Guide for Day Habilitation Supports

Once logged into Therap go to: **Individual** Tab> ISP Data **"New"**> Select **Program** (Site) > **Select** Participant **Name** > Select **appropriate** ISP program > select **acknowledge**

Date: 10/02/2015
Begin Time: : am pm
End Time: : am pm
Location:

ISP Data Collection

Form ID: ISD-ESDELDE-DC44TS9Z3D28L
Status: New
Entered By: Donnia Melton, Quality Assurance Coordinator

ISP Data Collection

ISP Program Detail

Individual's Name: [redacted] 0000191750
Provider Program: NC Facility-Based Activities - 61C Commons)
Program Name: Day Habilitation Supports
Time Zone: US/Eastern

Data Collection Detail

Date: 10/02/2015
Time Duration: Minute(s) 1
Location:
Entered By: Donnia Melton, Quality Assurance Coordinator
Service Provider: 2 Donnia Melton, Quality Assurance Coordinator 3 Change Service Provider

1. Enter **Time Duration** in Minutes or **Begin Time and End Time** as above (for SE)
2. Enter **Location**
3. Select **Change Service Provider** only if entering data on behalf of another staff and click on that staff's name

Task Scores

Description	Scores/Comments
Adaptive Skills that enhance social development o Self-Care – dressing, grooming, and feeding one's self o Communication Skills – understanding and using verbal and nonverbal language, use of communication device o Self-Direction – problem solving, exercising choice, initiating and planning activities o Social Skills – maintaining interpersonal relationships, understanding emotions and social cues, understanding fairness and honesty, obeying rules and laws o Leisure Skills – taking responsibility for one's own activities, having the ability to participate in the community o Transition to Independent Living– using public transportation, using community resources, housekeeping, cooking, doing laundry, maintaining living space, shopping o Functional Academics – using reading, writing, and math skills in everyday life o Work – ability to maintain part-time or full-time employment, ability to work under supervision, cooperate with coworkers, be reliable and punctual, and meet work standards o Health and Safety – ability to protect one's self, responding to health problems.	Select Score 4 3000 characters left
Socialization o Providing an individual with the skills and opportunities necessary for participating within his or her own society	Select Score 4 3000 characters left

4. Click drop down arrow next to Select Score to choose **Service provided** or **Service Not Provided**

5. In this section add notes related to **<u>enhancing adaptive development/skills</u>** in self-care, communication, self-directions, leisure skills, transition to independent living, functional academics, work or health (maintenance) and safety (response to harm or danger). **Document participant's response or reaction**

6. In this section, include skills and opportunities for participating in society. This will include <u>community activities.</u>

Activities of Community Living

o Taking medications as prescribed
o Managing money
o Shopping for groceries or clothing
o Use of telephone or other form of communication
o Using technology (as applica
o Transportation within the co
o Communication managemen
o Community orientation
o Health management and ma
o Meal preparation and cleanup
o Safety procedures and emergency responses

Select Score 4

3000 characters left

7. In this section document information related to medication, money management, shopping, phone use, other technology use (functional computer skills), transportation training, communication, community orientation, health management, meal prep/clean up and safety procedures (fire & emergency drills). **Document participant's response or reaction**

Activities of Daily Living

o Bowel and bladder management (recognizing the need to relieve oneself)
o Dressing
o Eating (including chewing and swallowing)
o Feeding (setting up food and bri the mouth)
o Functional mobility (moving fron to another while performing activit
o Personal device care (maintenan adaptive equipment)
o Personal hygiene and grooming brushing/combing/styling hair)
o Toilet hygiene

Select Score 4

3000 characters left

8. In this section, document activities related to bowel and bladder self-management, dressing, eating, feeding, purposeful mobility, adaptive equipment cleaning & maintenance, personal hygiene, and bathroom hygiene. **Document participant's response or reaction**

Contact

Communication by phone, email, face to face, meeting, etc with family, residential provider, DDDS personnel or others in regard to or on behalf of [redacted]

Select Score 4

3000 characters left

9. In this section, document any type of communication to an entity in regard to or on behalf of or the participant.

Other

Billable: 10 Yes No

Comment :

3000 characters left

10. Leave **Billable** selection as **Yes**. Additional comments may be captured in the comment box as needed. 11. Click Save!

<< Back Cancel 11 Save

Remember!

1. Be objective in your writing. Write you observed, not your opinion. For example, "Becky was shaking and sobbing," instead of "Becky was angry."
2. T-logs will still be used to communicate issues or concerns which are not typical for the participant. For example, "John complained of a headache and was assisted with Tylenol" should be noted in T-logs as to alert others that John had a medical concern,
3. GERs will continue to be used to document significant events.