Hawai‘i Provider Forms

Individual Plan / Quality Report

Provider Form Training for provider organizations

Purpose | Process | Quality expectations

Instructional focus: help teams complete the provider forms accurately, so staff know what to do, data is easy to review, and participants receive consistent supports.

Individual Plan

Provider implementation plan that includes staff instructions and objective criteria.

INDIVIDUAL PLAN

STATE OF HAWAI‘I

Provider agency:

Participant:

Staff member:

Plan year: Service:

Submitted: Revised: Approved:

Signature date: Signed:

IMPLEMENTATION PLAN DETAILS

Field area	Provider entry
Supervision / Telehealth	Frequency, format, and telehealth permission
DSP training on IP	Training date or other confirmation
Outcome continuity	How/continuing outcome and changes
Outcome	Imported from ISP Action Plan
Risk mitigation	Supports linked to risk/support plans

ACTION STEP / METHOD / MEASUREMENT

Action step	Staff instructions / method	Objective criteria
1.		
2.		
3.		

Page 1 of 1 Confidential

Quality Report

Evidence report to assess progress, update plan as needed, and document outcomes.

QUALITY REPORT

Review period: to

Review date:

Progress toward goals

Goal	Progress summary	Status
		☐ On track ☐ Some progress ☐ Limited progress ☐ Not met
		☐ On track ☐ Some progress ☐ Limited progress ☐ Not met

Updates to plan

Revisions to goals, supports, or services:

Barriers and solutions:

Next steps

Planned actions:

Responsible party: Target date:

Reviewer: Date:

Page 1 of 1

PURPOSE

Why these provider forms matter

The forms connect the ISP Action Plan/GOARs, day-to-day staff action, QR evidence, and better participant outcomes.

Translate the ISP

Turn goals, outcomes, action steps, and risks into staff-ready supports.

Protect safety

Name risks and staff actions while preserving reasonable risk and independence.

Provider forms

IP + QR

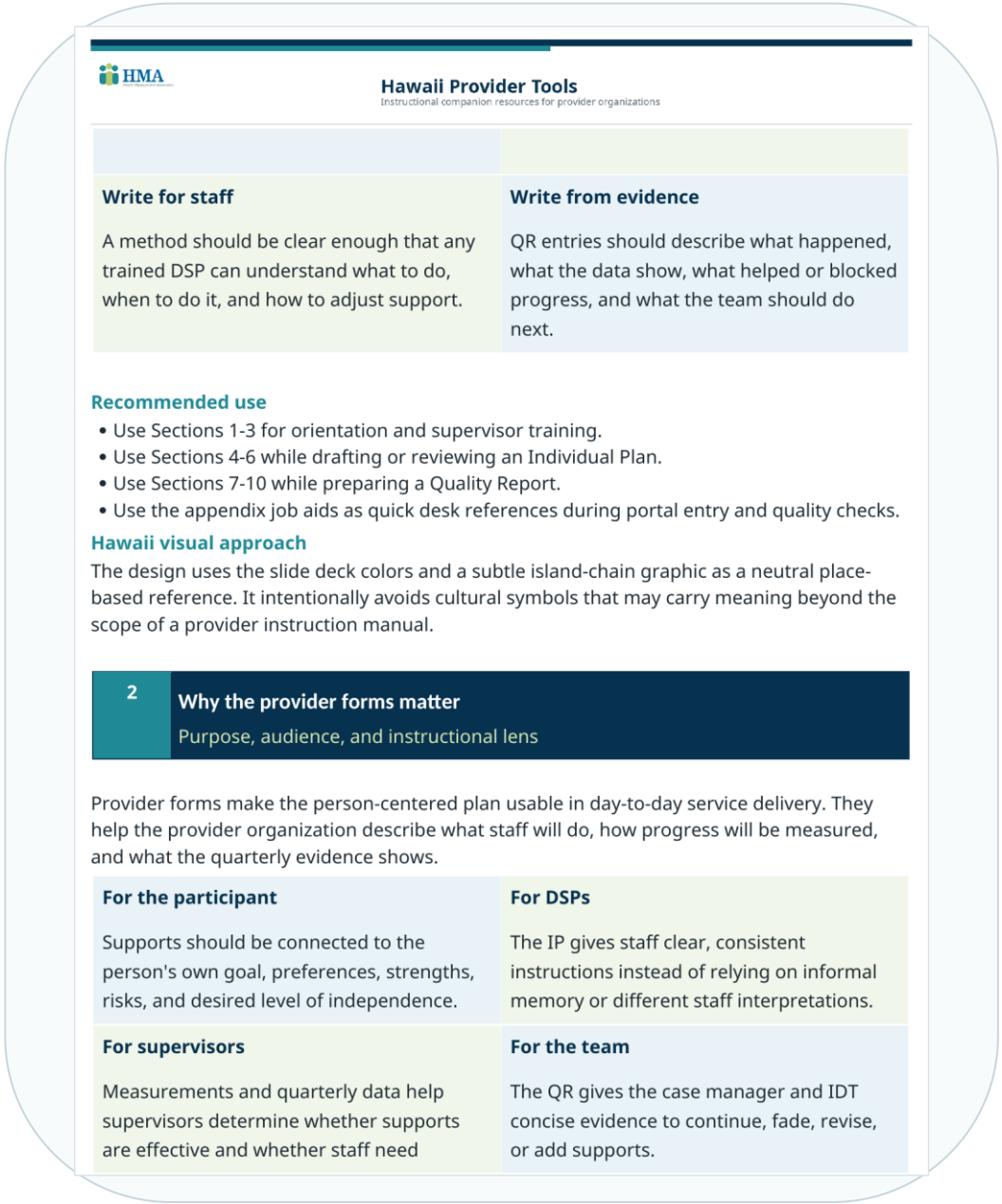
Create consistency

Give DSPs repeatable instructions across staff, shifts, and settings.

Show progress

Use quarterly evidence to decide what to continue, fade, or adjust.

Bottom line: The IP is the staff playbook. The QR is the evidence-based progress report.



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Write for staff	**Write from evidence**
A method should be clear enough that any trained DSP can understand what to do, when to do it, and how to adjust support.	QR entries should describe what happened, what the data show, what helped or blocked progress, and what the team should do next.

Recommended use

- Use Sections 1-3 for orientation and supervisor training.
- Use Sections 4-6 while drafting or reviewing an Individual Plan.
- Use Sections 7-10 while preparing a Quality Report.
- Use the appendix job aids as quick desk references during portal entry and quality checks.

Hawaii visual approach

The design uses the slide deck colors and a subtle island-chain graphic as a neutral place-based reference. It intentionally avoids cultural symbols that may carry meaning beyond the scope of a provider instruction manual.

2

Why the provider forms matter

Purpose, audience, and instructional lens

Provider forms make the person-centered plan usable in day-to-day service delivery. They help the provider organization describe what staff will do, how progress will be measured, and what the quarterly evidence shows.

For the participant	**For DSPs**
Supports should be connected to the person's own goal, preferences, strengths, risks, and desired level of independence.	The IP gives staff clear, consistent instructions instead of relying on informal memory or different staff interpretations.
For supervisors	**For the team**
Measurements and quarterly data help supervisors determine whether supports are effective and whether staff need	The QR gives the case manager and IDT concise evidence to continue, fade, revise, or add supports.

MANUAL REFERENCE

2A | Why these provider forms matter

Manual p. 3 | Why the provider forms matter

Key points

- Provider forms connect participant outcomes to staff action, measurable progress, and team decisions.
- A strong IP supports consistency; a strong QR compares progress to the plan.

The IP is the staff playbook. The QR is the evidence-based progress report.

PURPOSE

The provider forms cycle

Each tool has a different job, but together they create one continuous implementation-and-review process.

ISP Action Plan/GOARs

Goals, Outcomes, Action Steps and Risks (GOARs)

Individual Plan

Methods, measurements, risk supports

Train + implement

DSPs carry out supports

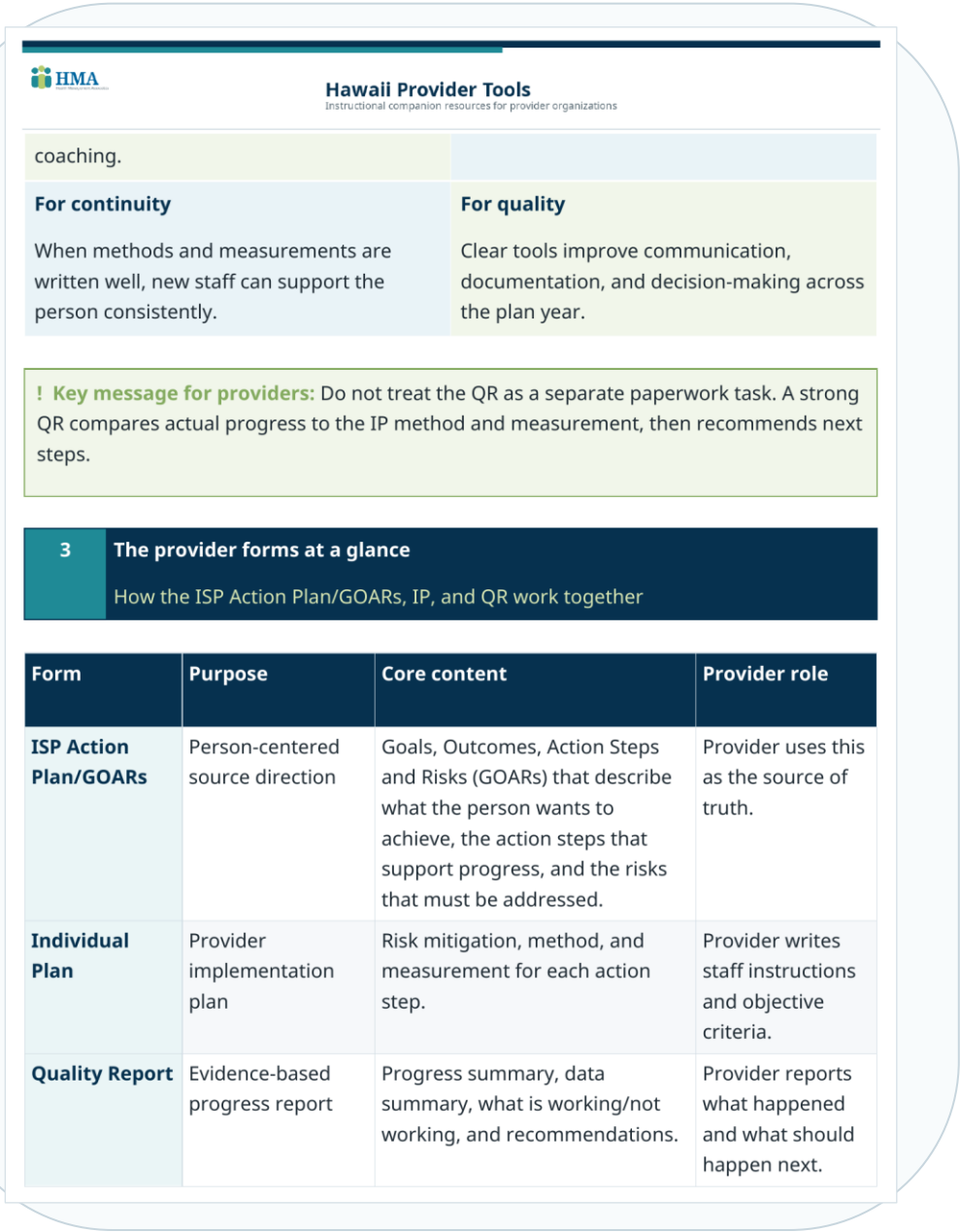
Quarterly Report

Progress, data, barriers

Adjust supports

Continue, fade, or modify

Instructional takeaway: Do not treat the QR as a separate paperwork task. It should test whether IP methods and measurements are producing progress.



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coaching.

For continuity	For quality
When methods and measurements are written well, new staff can support the person consistently.	Clear tools improve communication, documentation, and decision-making across the plan year.

! **Key message for providers:** Do not treat the QR as a separate paperwork task. A strong QR compares actual progress to the IP method and measurement, then recommends next steps.

3 The provider forms at a glance

How the ISP Action Plan/GOARs, IP, and QR work together

Form	Purpose	Core content	Provider role
ISP Action Plan/GOARs	Person-centered source direction	Goals, Outcomes, Action Steps and Risks (GOARs) that describe what the person wants to achieve, the action steps that support progress, and the risks that must be addressed.	Provider uses this as the source of truth.
Individual Plan	Provider implementation plan	Risk mitigation, method, and measurement for each action step.	Provider writes staff instructions and objective criteria.
Quality Report	Evidence-based progress report	Progress summary, data summary, what is working/not working, and recommendations.	Provider reports what happened and what should happen next.

MANUAL REFERENCE

3A | The provider forms cycle

Manual p. 4 | Provider forms at a glance

Key points

- ISP Action Plan/GOARs is the source direction.
- The IP gives staff instructions and objective criteria.
- The QR reports what happened and what should happen next.

Each form has a distinct job, but the forms work as one continuous cycle.

PURPOSE

What flows into the forms - and what providers add

Know which fields are imported and where the provider must add implementation detail or quarterly evidence.

Imported / carried forward

Use imported text as the source of truth.

- Plan year from ISP beginning/end dates
- Goals, outcomes, action steps, and risks from ISP Action Plan/GOARs
- Action steps carry into the IP
- Risk mitigation, method, and measurement from IP into QR
- Each repeated action step needs its own fields

Translate

Provider-entered content

Add the implementation detail and quarterly evidence.

- Titles, dates, staff/supervisor, service, frequency/duration, and approvals
- Outcome continuity and changes from prior year
- Risk mitigation, methods, and measurements in the IP
- Progress summary, data summary, working/not working
- Recommendations for next quarter or team follow-up

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Implementation details	Who will support the action step, how often, where, with what techniques, tools, adaptations, and fading plan.
Risk information	Known health, behavioral, emotional, environmental, personal safety, and community safety risks.
Quarterly data	Session counts, opportunities, prompt levels, participation frequency, duration of engagement, independence level, safety events, observable comfort indicators, and barriers.
Team input	Participant/guardian preferences, DSP observations, supervisor review, and case manager revision requests when applicable.

✓ **Source-of-truth rule:** Imported fields should match the ISP Action Plan/GOARs or approved IP. Provider-entered fields should add implementation detail and evidence; they should not contradict the source fields.

7 **ISP Action Plan/GOARs: source direction**

What carries forward into the provider forms

The ISP Action Plan/GOARs provides the person-centered goal, outcome, action steps, and risks. The provider forms should preserve this direction and then add provider implementation detail.

Element	What it does	Example
Goal	Names the broader life area or desired change.	I want to build friendships and be involved in clubs and activities in my community.
Outcome	States the result the person is working toward.	I will participate in a local club or activity that matches my interests and build a new friendship through shared activities.
Action steps	Break the outcome into concrete objectives that can be supported and measured.	Choose hobbies, identify local clubs, attend an activity, identify comfort level, have a social interaction, invite someone to share an activity, exchange contact information

MANUAL REFERENCE

4A | What flows into the forms - and what providers add

Manual p. 8 | Source-of-truth rule and ISP direction

Key points

- Imported fields should match the ISP Action Plan/GOARs or approved IP.
- Provider-entered fields add implementation detail and evidence without contradiction.

Preserve source language; add provider-specific detail where the portal asks for it.

Provider instructions manual and job aids

Introduce the manual and Appendices A–F before walking through IP and QR fields, including service frequency/duration and comfort indicators

Provider Instructions Manual

The primary reference for completing provider forms in the Portal.

- **Field guidance**
  Step-by-step instructions, required entries, and workflow sequence.
- **Source of truth**
  Confirm imported ISP/IP content and where providers must add details.
- **Revision support**
  Keep open when entering IPs and QRs or responding to requested changes.

Use together

Job aids: Appendices A–F

Quick-reference support for common tasks, examples, and submission checks.

- A — Appendix A — IP Field Job Aid
- B — Appendix B — QR Field Job Aid
- C — Appendix C — Method + Measurement
- D — Appendix D — QR Evidence Guide
- E — Appendix E — Workflow + Submission
- F — Appendix F — Sample Language

Training cue: Start with the manual for the "how," then use the Appendix A–F job aid that matches the task learners are practicing.

CM Roles & Responsibilities

Goals, Outcomes, Action Steps & Risks

CMs will:

Help identify person-centered **Goals** and **Outcomes** based on what the participants wants for their good life and what's important to them.

CMs will:

Help identify **Action Steps** to help the participant move towards those goals & outcomes.

CMs will:

Help identify and list the **Risks**, **Strategies** to mitigate those risks, and **Supports** who will help to implement those risk mitigation strategies.

CM Roles & Responsibilities

Why is it important to document risks in the ISP?

To promote dignity of risk

By documenting the risks and specific strategies in place to manage those risks, teams can support people to be independent without being overly restrictive.

To Foster Person-Centered Planning

Ensures that mitigation strategies are tailored to the individual's specific needs and preferences, rather than just having "blanket" strategies, or generic strategies.

To Ensure Health & Safety

Creates clear, actionable guidelines for caregivers, family members and DSWs/DSPs. Everyone knows how to respond to certain situations and prevent predictable hazards

Maintains Legal & Regulatory Compliance for CMs and Providers

Our state agency, as many, require formalized risk assessments and mitigation strategies to ensure we are meeting all funding and regulatory standards.

Case Management Timelines: IP

CM:

7 days to enter goals, outcomes, action steps & risks in INSPIRE

Provider:

30 days from receipt of the goals, outcomes, action steps, and risks developed at the ISP meeting to complete their IP

CM:

Reviews and approves IP (will check all info, ensuring risks and strategies are included!)

Provider:

If CM does not approve IP, Provider has 7 days to correct

CM:

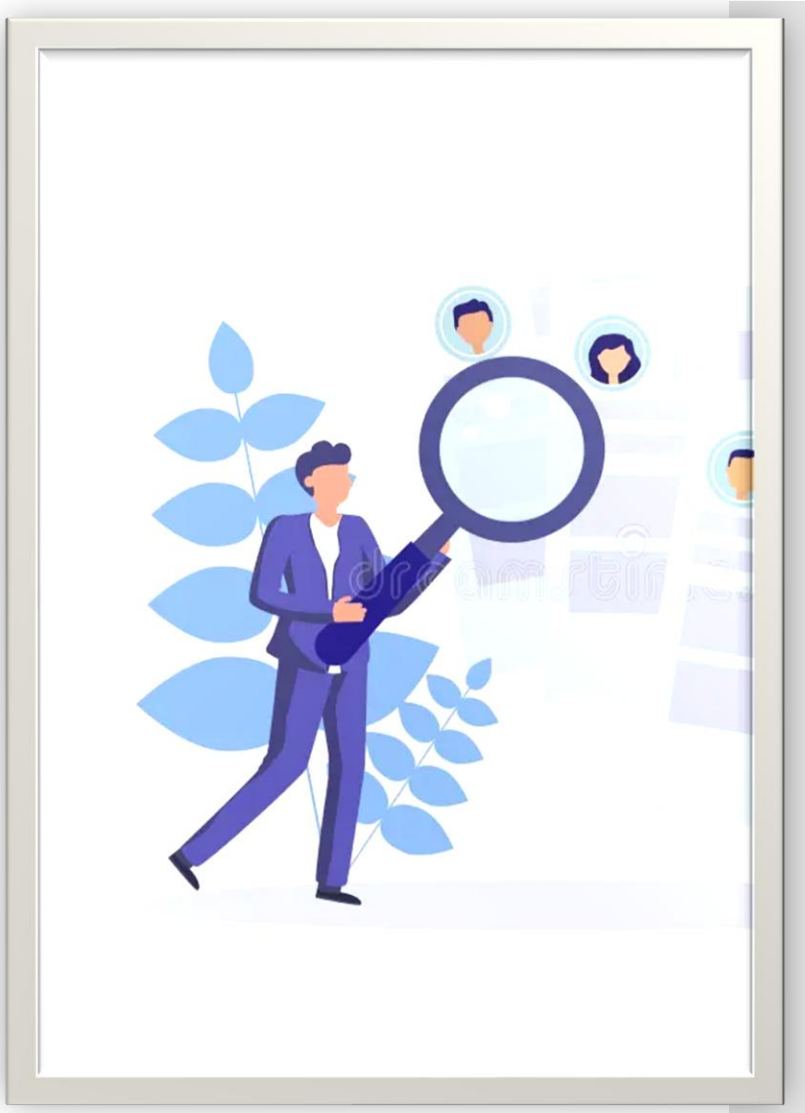
30 days to enter the entire ISP into INSPIRE

CM:

Will send completed ISP to participant & legal decision maker, and provider

What CMs will look for in the IP:

Aligned with the ISP?	• Does the IP reflect the ISP, and the persons needs, preferences, goals and abilities? • Is the service frequency correctly stated?
Are the goals being supported?	• Does the IP include the strategies for each applicable action step? • Do the strategies outline how the provider will advance the participant's progress for each outcome? • Are the strategies measurable? (when applicable)
Includes Risks and Strategies?	• Are all the risks and strategies from the ISP included in the IP? • Is the provider including protocols & supports to address the risk without being too restrictive?



Case Management Timelines: QR

CM:
Receives the Quarterly Report within 30 days of the end of the quarter

CM:
Reviews the Report

CM:
If approved, then done!

CM:
Feedback needed: Will mark QR as needs revisions and provide feedback.

Provider:
7 days to make requested revisions & resubmit

CM:
Will re-review the QR and talk with the circle if anything needs to be addressed

What CMs will look for in the QR:

Progress Towards Achieving Outcomes

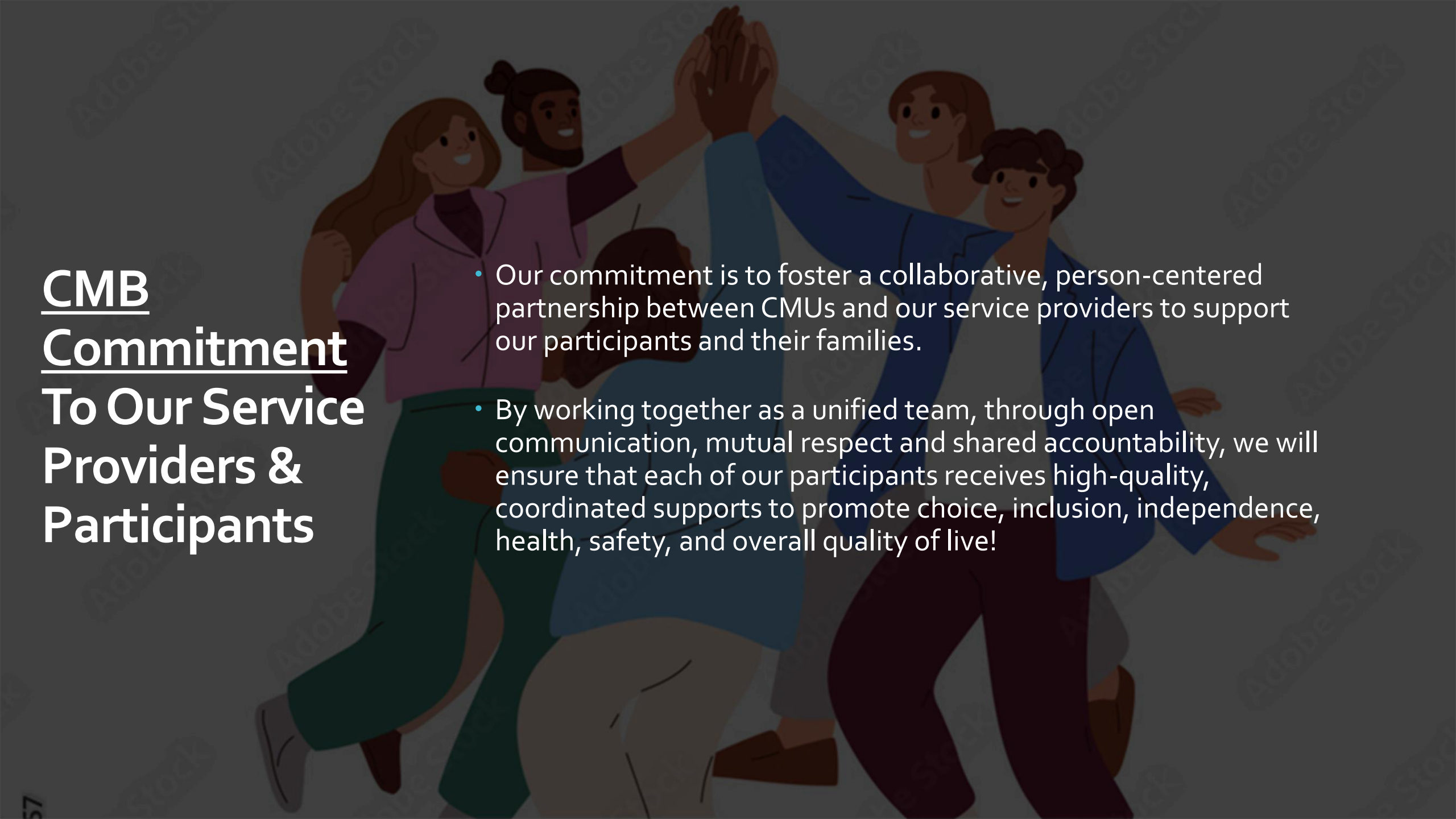
- Are the methods effective and appropriate?
- Are there measurements being tracked?

Barriers and Solutions

- **Do we have a clear picture of what is working and not working?**
- **Are there strategies and next steps identified to address the barriers?**

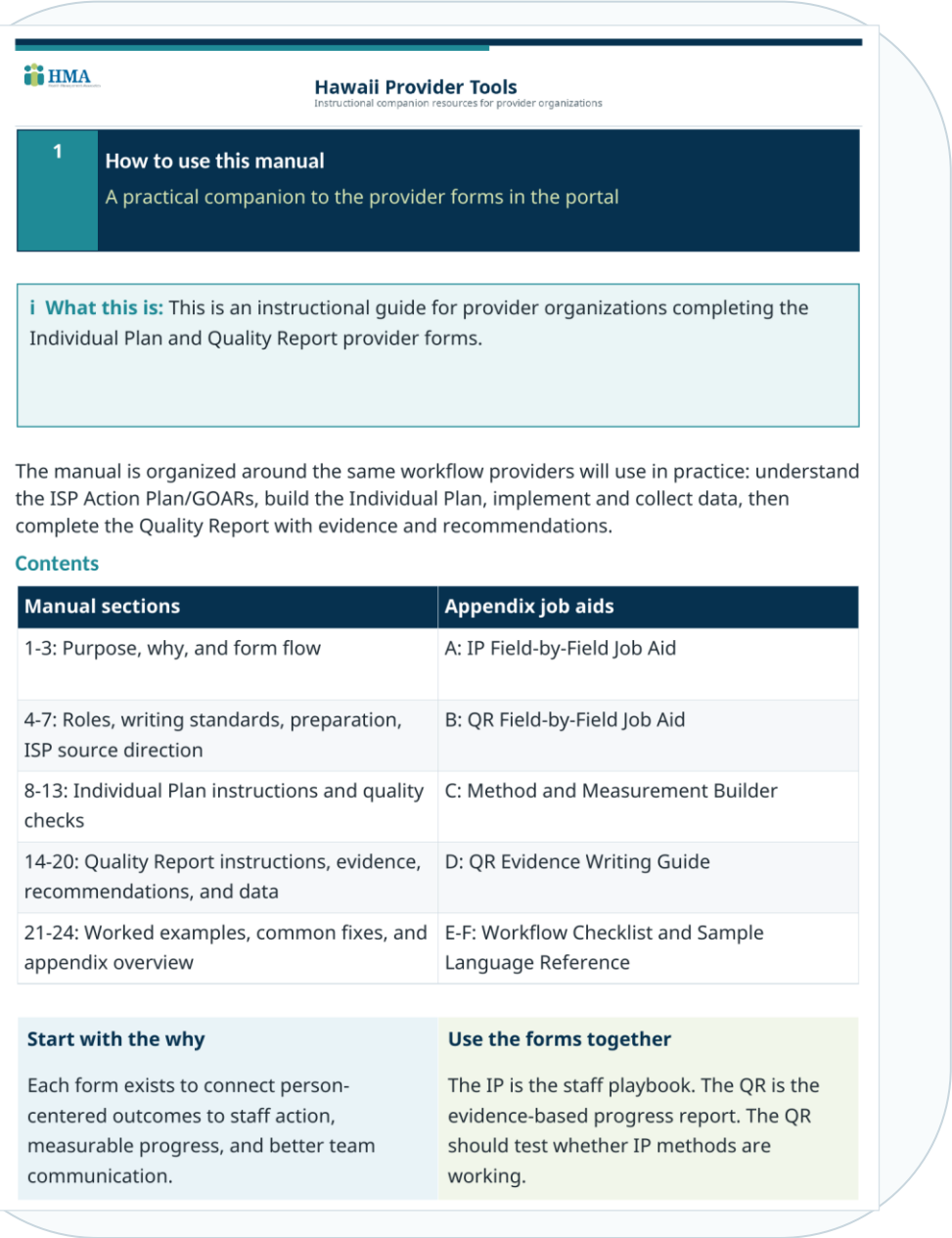
Behavior and Medical Support Needs

- **If there are behaviors, can we see how they present during services? Can we see what interventions are used?**
- **If there is a BSP, can we see how is it being utilized during services?**
- **If there are nursing supports provided during services, can we see what that looks like? Can we see how medical needs impact the person's functioning and goal progress?**



CMB Commitment To Our Service Providers & Participants

- Our commitment is to foster a collaborative, person-centered partnership between CMUs and our service providers to support our participants and their families.
- By working together as a unified team, through open communication, mutual respect and shared accountability, we will ensure that each of our participants receives high-quality, coordinated supports to promote choice, inclusion, independence, health, safety, and overall quality of live!



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Instructional companion resources for provider organizations

1

How to use this manual

A practical companion to the provider forms in the portal

i What this is: This is an instructional guide for provider organizations completing the Individual Plan and Quality Report provider forms.

The manual is organized around the same workflow providers will use in practice: understand the ISP Action Plan/GOARs, build the Individual Plan, implement and collect data, then complete the Quality Report with evidence and recommendations.

Contents

Manual sections	Appendix job aids
1-3: Purpose, why, and form flow	A: IP Field-by-Field Job Aid
4-7: Roles, writing standards, preparation, ISP source direction	B: QR Field-by-Field Job Aid
8-13: Individual Plan instructions and quality checks	C: Method and Measurement Builder
14-20: Quality Report instructions, evidence, recommendations, and data	D: QR Evidence Writing Guide
21-24: Worked examples, common fixes, and appendix overview	E-F: Workflow Checklist and Sample Language Reference

Start with the why

Each form exists to connect person-centered outcomes to staff action, measurable progress, and better team communication.

Use the forms together

The IP is the staff playbook. The QR is the evidence-based progress report. The QR should test whether IP methods are working.

MANUAL REFERENCE

5A | Provider instructions manual and job aids

Manual p. 2 | How to use this manual and appendix map

Key points

- The manual is organized around the provider workflow.
- Appendices A-F are quick desk references for IP, QR, writing, evidence, workflow, and examples.

Use the right appendix for the task you are completing.

Part 1

Individual Plan (IP)

Turn the ISP outcome into a staff-ready implementation plan.

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		safely.
Risks	Identify health, behavioral, emotional, environmental, personal safety, or community risks that must be supported while the person works toward the outcome.	Plan for gradual introductions, safe transportation, social boundaries, coping strategies, health protocols, or other supports that reduce risk without unnecessarily limiting independence.

Provider translation task

For each action step, the provider describes risk mitigation, method, and measurement in the IP. The provider later uses the QR to report whether the participant made progress on that same action step and whether supports are still appropriate.

8	**Individual Plan overview** The IP is the provider staff playbook

The Individual Plan translates the ISP Action Plan/GOARs into provider-specific instructions. A complete IP answers four questions: what outcome is being supported, what risks must be addressed, how staff will support each action step, and how progress will be measured.

When After the ISP Action Plan/GOARs is available and before implementation begins. Capture submission, revision if applicable, approval, and signature dates.	**Who** A staff member or supervisor with enough knowledge of the participant, service, plan, and implementation expectations.
What **Provider details, plan year/service, frequency/duration of the service, outcome continuity, outcome, risk mitigation, action steps, methods, and measurements.**	**Why** To ensure DSPs are trained on one approved version and can support the participant consistently.

MANUAL REFERENCE

6A | Individual Plan orientation

Manual p. 9 | Individual Plan overview

Key points

- The IP is the provider staff playbook.
- A complete IP answers: outcome, risk supports, staff method, and measurement.

The IP should be clear enough for trained staff to implement consistently.

IP purpose and timing

The IP translates the approved ISP into a clear service implementation plan before supports begin.

Purpose

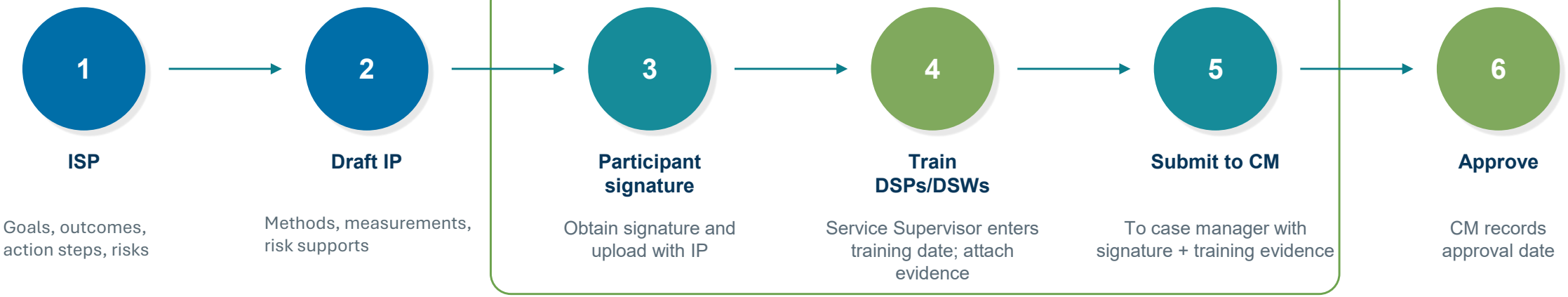
what risks must be addressed, what frequency/duration applies, and how success will be measured.

Timing checkpoints

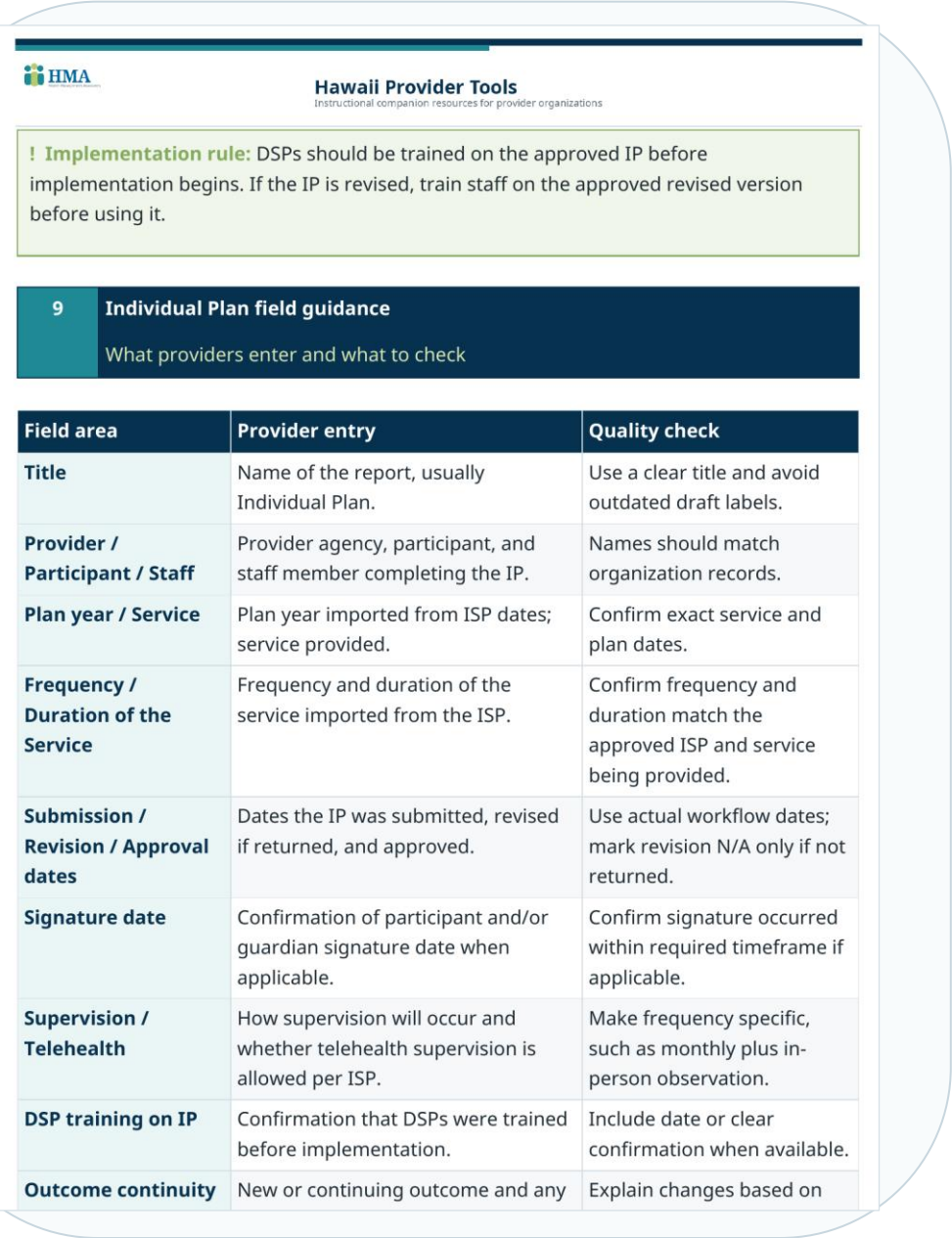
By submission to CM, the IP must include:

- Participant signature uploaded with submission
- DSP/DSW training date entered by the Service Supervisor
- Training evidence submitted with the IP
- Approval is the final step after CM review.

COMPLETED / INCLUDED BY TIME OF SUBMISSION TO CM



Instructional tip: Train DSP/DSW staff on the completed IP before submitting to the CM. Enter the training date in the IP and submit evidence with the participant signature. CM approval follows review.



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! **Implementation rule:** DSPs should be trained on the approved IP before implementation begins. If the IP is revised, train staff on the approved revised version before using it.

9 **Individual Plan field guidance**

What providers enter and what to check

Field area	Provider entry	Quality check
Title	Name of the report, usually Individual Plan.	Use a clear title and avoid outdated draft labels.
Provider / Participant / Staff	Provider agency, participant, and staff member completing the IP.	Names should match organization records.
Plan year / Service	Plan year imported from ISP dates; service provided.	Confirm exact service and plan dates.
Frequency / Duration of the Service	Frequency and duration of the service imported from the ISP.	Confirm frequency and duration match the approved ISP and service being provided.
Submission / Revision / Approval dates	Dates the IP was submitted, revised if returned, and approved.	Use actual workflow dates; mark revision N/A only if not returned.
Signature date	Confirmation of participant and/or guardian signature date when applicable.	Confirm signature occurred within required timeframe if applicable.
Supervision / Telehealth	How supervision will occur and whether telehealth supervision is allowed per ISP.	Make frequency specific, such as monthly plus in-person observation.
DSP training on IP	Confirmation that DSPs were trained before implementation.	Include date or clear confirmation when available.
Outcome continuity	New or continuing outcome and any	Explain changes based on

MANUAL REFERENCE

7A | IP purpose and timing

Manual p. 10 | IP field guidance and implementation rule

Key points

- DSPs should be trained on the approved IP before implementation begins.
- Front-page fields document readiness, approval, signatures, supervision, and DSP training.

Implementation should start from one approved, staff-trained version of the IP.

IP front-page fields: capture accountability

Complete the fields that show who owns the plan, when it was approved, and how staff are prepared.

1 Identity

Title, provider, participant, staff name, plan year, service, frequency/duration.

2 IP dates

Submission date, revision date if returned, and case manager approval date.

3 Implementation assurances

Signature date, supervision frequency, telehealth allowed, and DSP training.

Portal prompt: Use the exact service, frequency/duration, and plan year, and make dates match the actual workflow status.

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Appendix A - IP Field-by-Field Job Aid

Quick desk reference for Individual Plan fields and quality checks

Purpose: Use this appendix as a quick reference for completing or reviewing Individual Plan fields.

Field	Source	What to enter	Quality check
Title	Provider enters	Name of the report.	Use a clear title such as Individual Plan.
Provider / Participant / Staff	Provider enters	Agency, participant, and staff completing the IP.	Names match organization records.
Plan Year / Service	Imported or provider confirms	Plan year from ISP dates and service provided.	Service and dates match the approved plan.
Frequency / Duration of the Service	Imported from ISP	Frequency and duration of the service.	Matches the approved ISP and service.
IP Submission / Revision / Approval Dates	Provider enters	Track submitted date, revised date if returned, and approval date.	Use actual workflow dates; N/A only when accurate.
Signature Date	Provider enters	Confirm participant/guardian signature date when applicable.	Date meets applicable requirements and internal workflow.
Supervision / Telehealth	Provider enters per ISP	Supervision frequency and whether telehealth supervision is allowed.	Frequency is specific; telehealth Y/N is consistent with ISP.
DSP Training on IP	Provider enters	Confirm DSPs trained before implementation.	Include date or clear confirmation.
Outcome Continuity	Provider enters	New or continuing outcome; if continuing, summarize changes from last year.	Explains what changed and why.
Outcome	Imported from ISP Action Plan/GOARs	Outcome the provider is supporting.	Do not change meaning.
Risk Mitigation	Provider enters	Health, behavioral, emotional, environmental, safety supports.	Balanced: safety + independence + support plan alignment.
Action Step / Method / Measurement	Imported + provider enters. Repeat for each action step. Every action step has a method and matching measurement.		

IP bottom line: Write the IP so a trained DSP can implement the action step consistently without needing a separate verbal explanation.

MANUAL REFERENCE

8A | IP front-page fields

Appendix A | IP Field-by-Field Job Aid

Key points

- Verify provider, participant, service, frequency/duration, dates, signatures, supervision, and DSP training.
- Use the field-by-field job aid as a pre-submission review tool.

Front-page fields are accountability fields, not filler.

IP content architecture

Build each outcome in the same order so the plan can be followed and reviewed.

Rule of thumb

Every action step needs a matching method and measurement. In the QR, that same action step carries forward the method and measurement for progress reporting.

Outcome Continuity	New or continuing; if continuing, describe changes from last year.
Outcome	Imported from the ISP Action Plan/GOARs.
Frequency / Duration of the Service	Imported from the ISP; applies to the overall service.
Risk Mitigation	Outcome-focused safety supports and reasonable-risk strategies.
Action Step	Imported from ISP Action Plan/GOARs; add more only when the portal process permits.
Method	Broad support approach plus staff-by-staff instructions.
Measurement	Objective criteria that match the method.

Repeat the Action Step + Method + Measurement set for each action step.

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		safely.
Risks	Identify health, behavioral, emotional, environmental, personal safety, or community risks that must be supported while the person works toward the outcome.	Plan for gradual introductions, safe transportation, social boundaries, coping strategies, health protocols, or other supports that reduce risk without unnecessarily limiting independence.

Provider translation task

For each action step, the provider describes risk mitigation, method, and measurement in the IP. The provider later uses the QR to report whether the participant made progress on that same action step and whether supports are still appropriate.

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What **Provider details, plan year/service, frequency/duration of the service, outcome continuity, outcome, risk mitigation, action steps, methods, and measurements.**	**Why** To ensure DSPs are trained on one approved version and can support the participant consistently.

MANUAL REFERENCE

9A | IP content architecture

Manual p. 9 | Individual Plan overview

Key points

- Outcome continuity and service details set the context.
- Each action step needs its own method and measurement.

The action step, method, and measurement are the backbone of the IP.

Risk mitigation: preserve safety without limiting growth

Strong risk mitigation is specific, coordinated, and still supports independence.

1

1. Identify risks

Consider emotional distress, health concerns, behavior, environmental hazards, accessibility, and community safety.

2

2. Plan staff actions

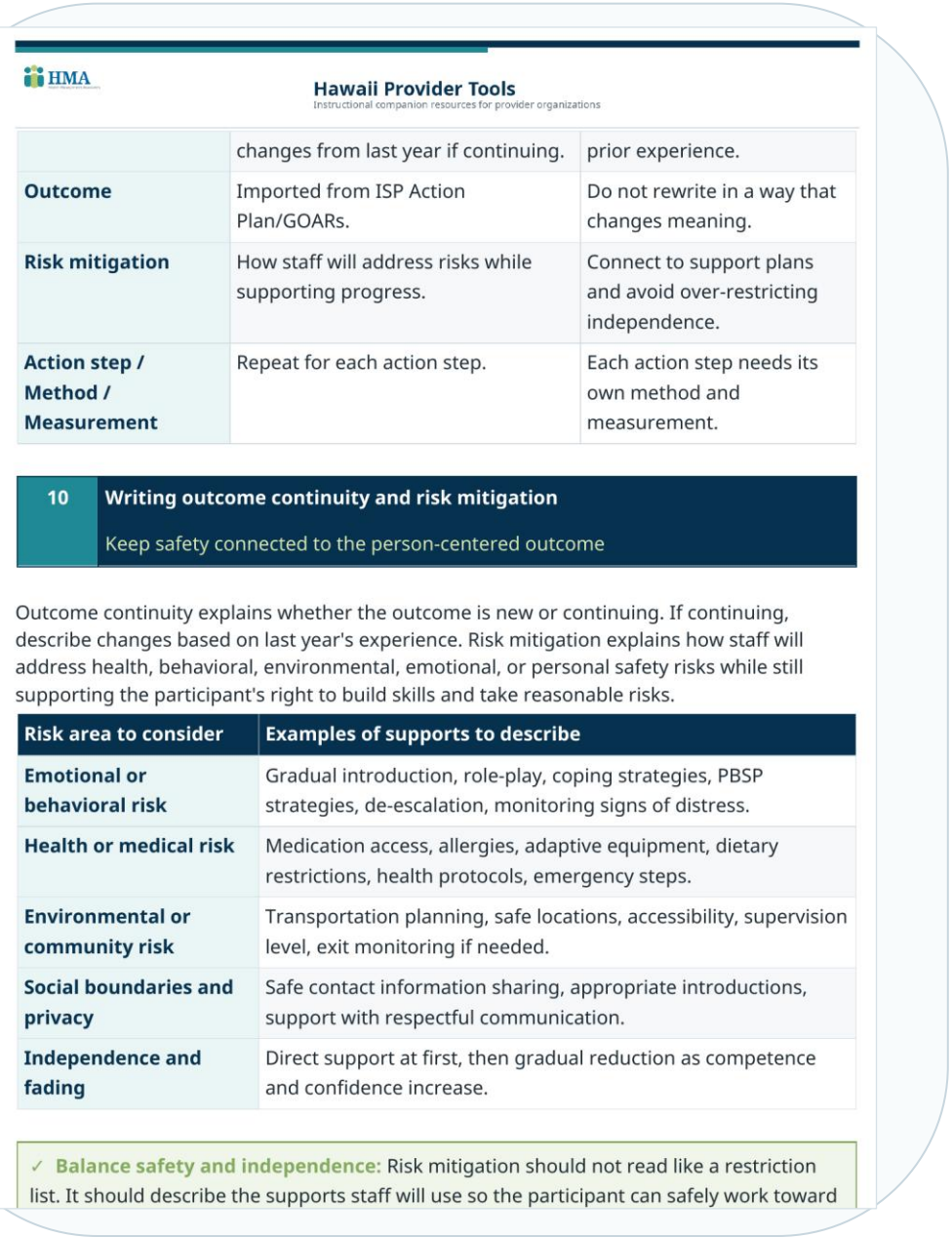
Describe exact supports: supervision, safety protocols, environmental adjustments, coping practice, prompts, or coaching.

3

3. Coordinate + fade

Reference PBSP, health protocols, emergency procedures, and reduce supports as competence and confidence increase.

Core principle: Balance safety with the participant's right to take reasonable risks and develop independence.



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	changes from last year if continuing.	prior experience.
Outcome	Imported from ISP Action Plan/GOARs.	Do not rewrite in a way that changes meaning.
Risk mitigation	How staff will address risks while supporting progress.	Connect to support plans and avoid over-restricting independence.
Action step / Method / Measurement	Repeat for each action step.	Each action step needs its own method and measurement.

10 Writing outcome continuity and risk mitigation

Keep safety connected to the person-centered outcome

Outcome continuity explains whether the outcome is new or continuing. If continuing, describe changes based on last year's experience. Risk mitigation explains how staff will address health, behavioral, environmental, emotional, or personal safety risks while still supporting the participant's right to build skills and take reasonable risks.

Risk area to consider	Examples of supports to describe
Emotional or behavioral risk	Gradual introduction, role-play, coping strategies, PBSP strategies, de-escalation, monitoring signs of distress.
Health or medical risk	Medication access, allergies, adaptive equipment, dietary restrictions, health protocols, emergency steps.
Environmental or community risk	Transportation planning, safe locations, accessibility, supervision level, exit monitoring if needed.
Social boundaries and privacy	Safe contact information sharing, appropriate introductions, support with respectful communication.
Independence and fading	Direct support at first, then gradual reduction as competence and confidence increase.

✓ **Balance safety and independence:** Risk mitigation should not read like a restriction list. It should describe the supports staff will use so the participant can safely work toward

MANUAL REFERENCE

10A | Risk mitigation

Manual p. 11 | Risk mitigation guidance

Key points

- Risk mitigation describes specific staff supports.
- Balance safety with independence and reasonable risk.

Risk language should describe support, not only restriction.

Writing a strong method

A method combines the provider game plan with staff instructions any DSP can follow.

1 Broad approach

skill-building, routines, motivation, visual supports

+

2 Who + what

staff role and participant role

+

3 When + where

frequency, timing, location or context

+

4 How

prompts, adaptations, tools, communication supports

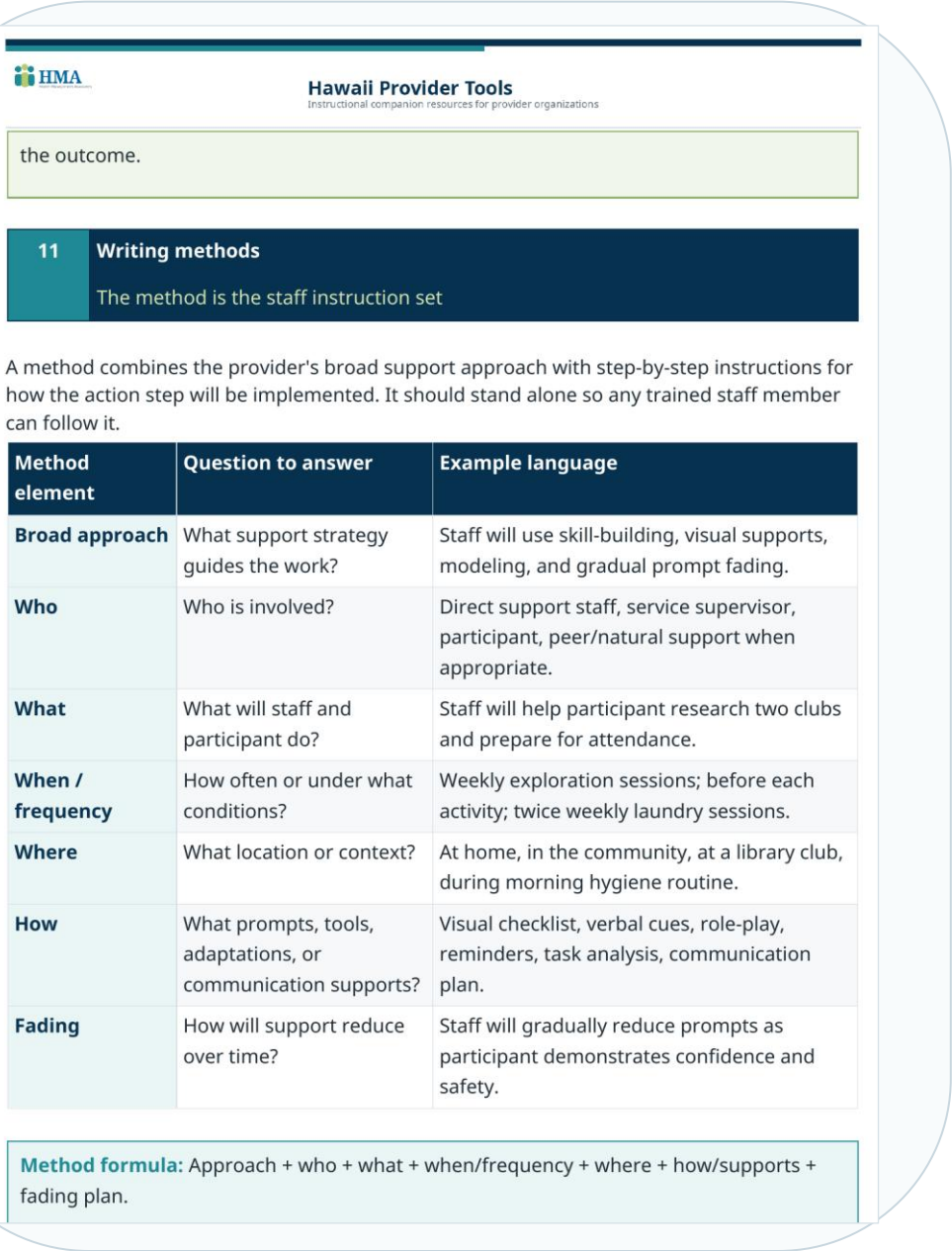
=

Repeatable implementation

Enough detail that a new staff member could carry out the action step consistently and safely.

Example pattern

Staff use weekly sessions, visual examples, guided discussion, and gradual prompt fading to help the participant narrow options and practice the skill.



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the outcome.

11 Writing methods

The method is the staff instruction set

A method combines the provider's broad support approach with step-by-step instructions for how the action step will be implemented. It should stand alone so any trained staff member can follow it.

Method element	Question to answer	Example language
Broad approach	What support strategy guides the work?	Staff will use skill-building, visual supports, modeling, and gradual prompt fading.
Who	Who is involved?	Direct support staff, service supervisor, participant, peer/natural support when appropriate.
What	What will staff and participant do?	Staff will help participant research two clubs and prepare for attendance.
When / frequency	How often or under what conditions?	Weekly exploration sessions; before each activity; twice weekly laundry sessions.
Where	What location or context?	At home, in the community, at a library club, during morning hygiene routine.
How	What prompts, tools, adaptations, or communication supports?	Visual checklist, verbal cues, role-play, reminders, task analysis, communication plan.
Fading	How will support reduce over time?	Staff will gradually reduce prompts as participant demonstrates confidence and safety.

Method formula: Approach + who + what + when/frequency + where + how/supports + fading plan.

MANUAL REFERENCE

11A | Writing a strong method

Manual p. 12 | Writing methods

Key points

- Method formula: approach + who + what + when/frequency + where + how/supports + fading.
- A method should stand alone so trained staff can follow it.

Strong methods make implementation repeatable across staff and settings.

Writing a strong measurement

Measurements must align directly with the method and make success observable.

Action

What the participant is expected to do

Support level

Prompting or staff support allowed

Frequency

How often or how many opportunities

Threshold

Success criteria, such as percent or count

Trend

Independence, confidence, safety, or prompt fading

Example measurements

Keoni will complete laundry activities with no more than 2 prompts in 80% of opportunities over the review period.

80% target

Comfort example: remain engaged for at least 15 minutes with no more than 2 prompts and no observable distress in 80% of opportunities.

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12 **Writing measurements**

Measurement defines success and progress evidence

Each action step needs objective criteria that directly match the method. If the method includes prompt levels, frequency, support, safety expectations, or gradual fading, the measurement should reflect those same elements.

Measurement element	Include
Participant action	What the participant is expected to do, such as complete laundry, attend an activity, greet a community member, or identify comfort level.
Criterion	How much, how often, how accurately, or how independently. Example: no more than 2 prompts in 80% of opportunities.
Support level	Allowed prompts, staff support, visual supports, or minimal prompting.
Time period	Within 3 calendar months, during the review period, weekly, after each attended activity, or during the plan year.
Data source	Tracked opportunities, session counts, prompt levels, activity attendance, duration of participation, observable comfort indicators, safety indicators, or documented reflections.

Action step	Measurement example
Complete laundry with no more than 2 prompts	Leilani will complete laundry activities with no more than 2 prompts in 80% of opportunities over the review period.
Identify 1-2 hobbies	Participant will identify 1 or 2 preferred hobbies within 3 calendar months during weekly exploration sessions using visual examples and guided discussion.
Have 1 small social interaction	Participant will greet 1 community member during each attended activity using an appropriate greeting with no

MANUAL REFERENCE

12A | Writing a strong measurement

Manual p. 13 | Writing measurements

Key points

- Measurement formula: participant action + objective criterion + support level + time period + data source.
- Use observable criteria such as prompts, counts, duration, participation, and comfort indicators.

Strong measurements make progress observable and reviewable.

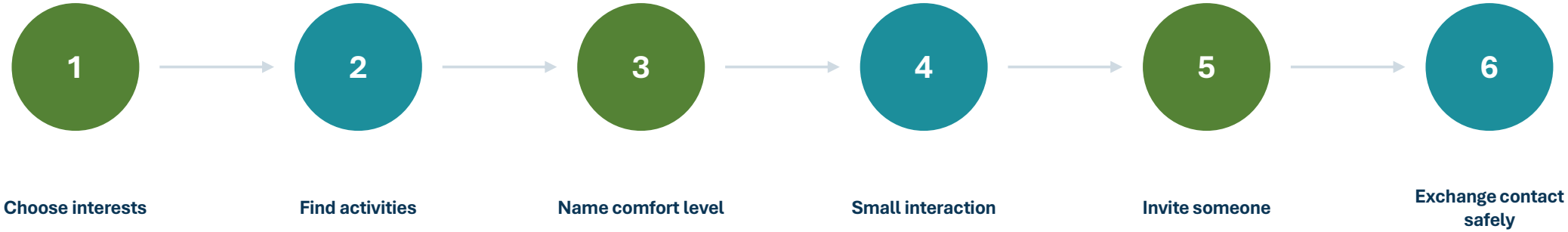
IP example: community friendship outcome

The sample outcome becomes a sequence of measurable, supportable action steps.

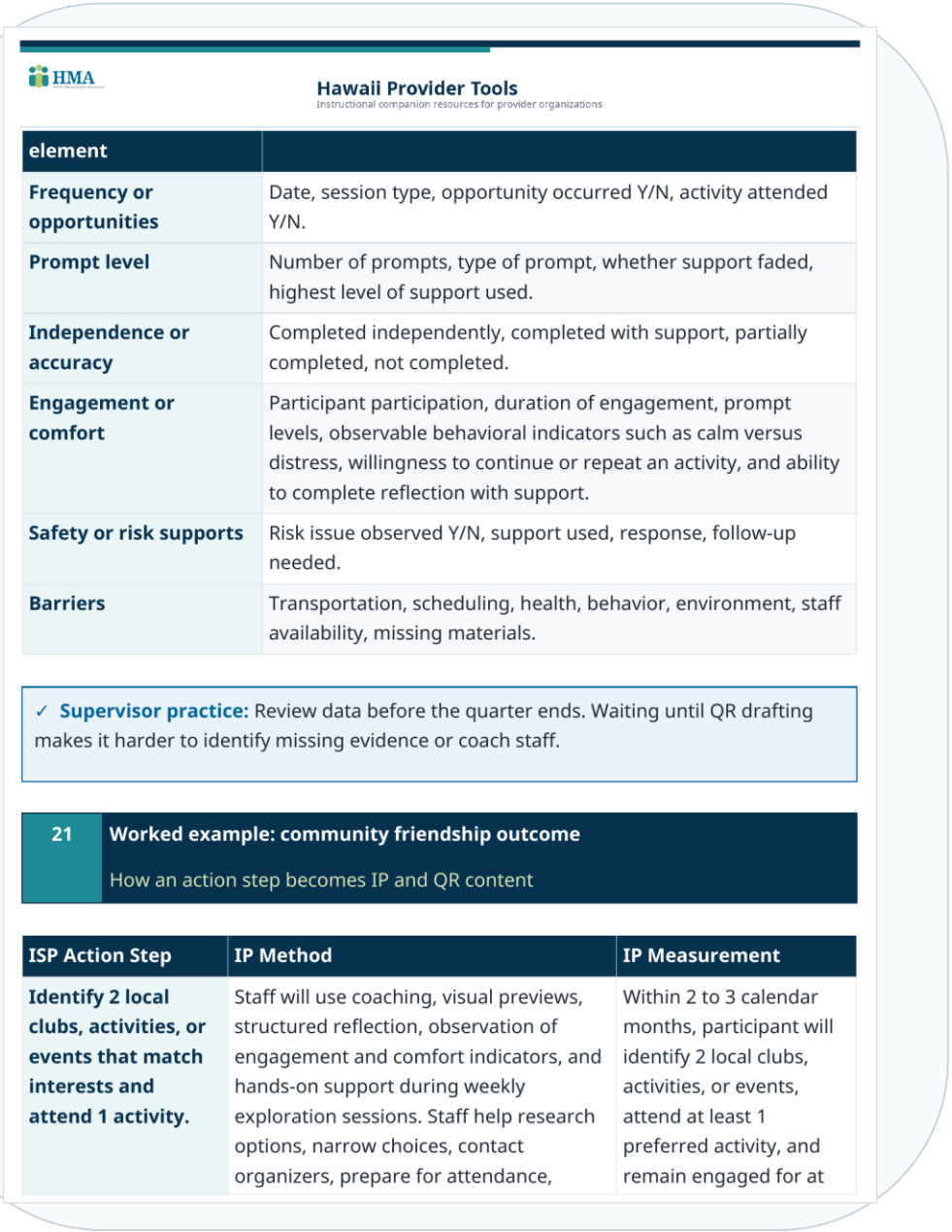
Goal
Build friendships and be involved in clubs and activities in my community.

Outcome
Participate in a local club or activity and build a new friendship through shared activities.

Action step: Identify 2 local clubs, activities, or events that match interests and attend 1 activity.



Teaching point: define comfort with observable indicators — engagement, prompt level, absence of distress, and willingness to continue or repeat.



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element	
Frequency or opportunities	Date, session type, opportunity occurred Y/N, activity attended Y/N.
Prompt level	Number of prompts, type of prompt, whether support faded, highest level of support used.
Independence or accuracy	Completed independently, completed with support, partially completed, not completed.
Engagement or comfort	Participant participation, duration of engagement, prompt levels, observable behavioral indicators such as calm versus distress, willingness to continue or repeat an activity, and ability to complete reflection with support.
Safety or risk supports	Risk issue observed Y/N, support used, response, follow-up needed.
Barriers	Transportation, scheduling, health, behavior, environment, staff availability, missing materials.

✓ **Supervisor practice:** Review data before the quarter ends. Waiting until QR drafting makes it harder to identify missing evidence or coach staff.

21 **Worked example: community friendship outcome**

How an action step becomes IP and QR content

ISP Action Step	IP Method	IP Measurement
Identify 2 local clubs, activities, or events that match interests and attend 1 activity.	Staff will use coaching, visual previews, structured reflection, observation of engagement and comfort indicators, and hands-on support during weekly exploration sessions. Staff help research options, narrow choices, contact organizers, prepare for attendance,	Within 2 to 3 calendar months, participant will identify 2 local clubs, activities, or events, attend at least 1 preferred activity, and remain engaged for at

MANUAL REFERENCE

13A | IP example: community friendship outcome

Manual p. 21 | Worked example: community friendship outcome

Key points

- The worked example shows how an ISP action step becomes an IP method and measurement.
- The same action step later drives QR progress, data, and recommendations.

Good IP writing sets up good QR evidence.

PRACTICE

Activity 1: Method + measurement breakout

Build staff-ready language using Appendix C, then compare it to quality criteria.

Activity 1

Breakout rooms

10–12 min

Open

Activity Packet 1
Appendix C: Method + Measurement Builder

Groups of 6-8.
Use packet/shared notes.

1

Draft independently (3 min)

Choose one action step. Write a method and an aligned measurement.

2

Compare in your room (4 min)

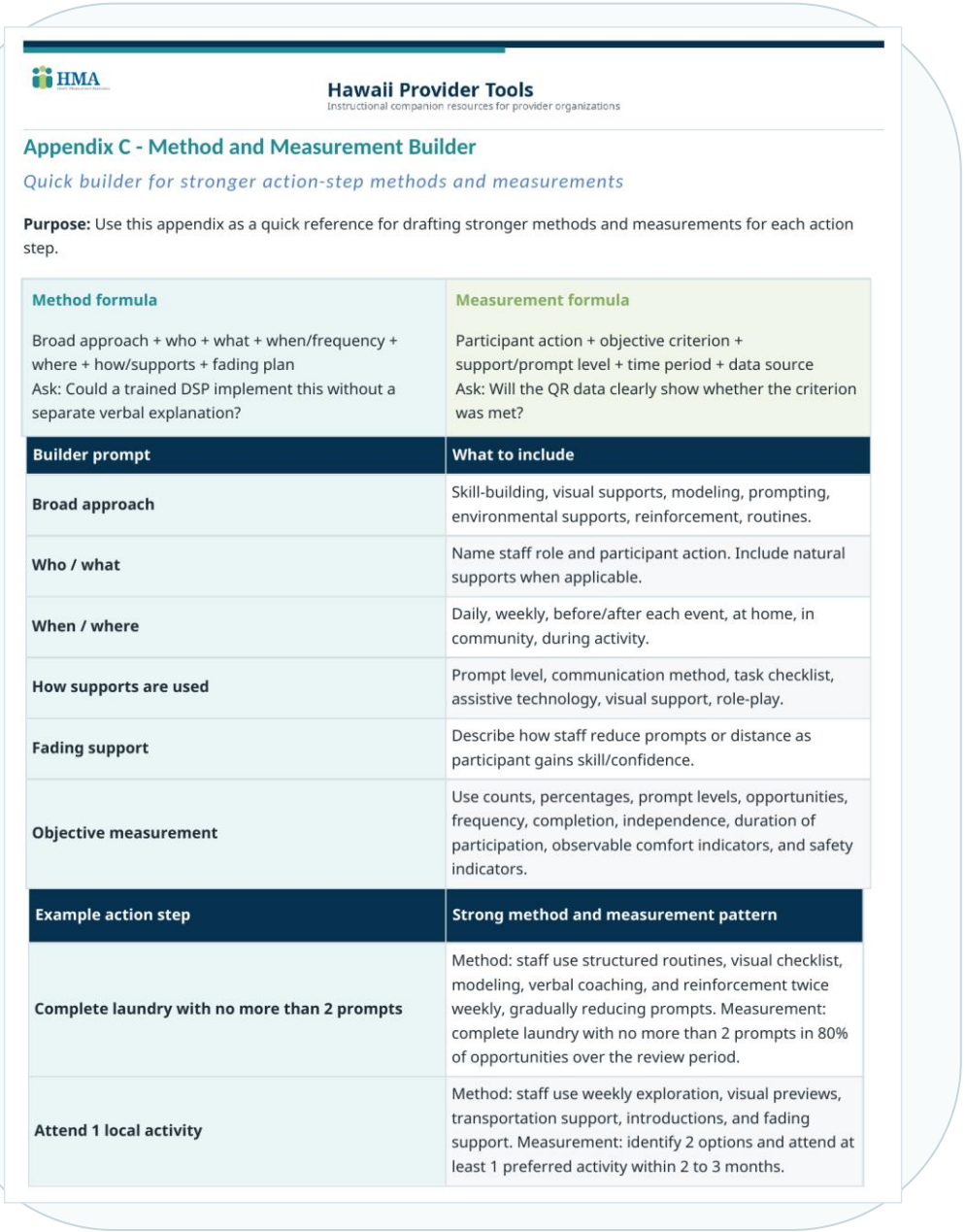
Underline who, what, when/frequency, how staff support, threshold and timeframe.

3

Prepare to debrief (3–5 min)

Identify one detail that made the method staff-ready and the data easier to collect.

When we return: share one revision that made the language clearer or more measurable.



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Appendix C - Method and Measurement Builder

Quick builder for stronger action-step methods and measurements

Purpose: Use this appendix as a quick reference for drafting stronger methods and measurements for each action step.

Method formula	Measurement formula
Broad approach + who + what + when/frequency + where + how/supports + fading plan Ask: Could a trained DSP implement this without a separate verbal explanation?	Participant action + objective criterion + support/prompt level + time period + data source Ask: Will the QR data clearly show whether the criterion was met?

Builder prompt	What to include
Broad approach	Skill-building, visual supports, modeling, prompting, environmental supports, reinforcement, routines.
Who / what	Name staff role and participant action. Include natural supports when applicable.
When / where	Daily, weekly, before/after each event, at home, in community, during activity.
How supports are used	Prompt level, communication method, task checklist, assistive technology, visual support, role-play.
Fading support	Describe how staff reduce prompts or distance as participant gains skill/confidence.
Objective measurement	Use counts, percentages, prompt levels, opportunities, frequency, completion, independence, duration of participation, observable comfort indicators, and safety indicators.

Example action step	Strong method and measurement pattern
Complete laundry with no more than 2 prompts	Method: staff use structured routines, visual checklist, modeling, verbal coaching, and reinforcement twice weekly, gradually reducing prompts. Measurement: complete laundry with no more than 2 prompts in 80% of opportunities over the review period.
Attend 1 local activity	Method: staff use weekly exploration, visual previews, transportation support, introductions, and fading support. Measurement: identify 2 options and attend at least 1 preferred activity within 2 to 3 months.

MANUAL REFERENCE

14A | Activity 1: method + measurement builder

Appendix C | Method and Measurement Builder

Key points

- Use the builder prompts to draft staff-ready methods.
- Use objective criteria to draft measurements that staff can track.

Draft the method and measurement as a matched pair.

Activity 1 instructions: Method + measurement breakout

SCREENSHOT THIS SLIDE

Use this as your breakout-room task card.

Scenario / action step

Community friendship outcome

Identify 2 local clubs, activities, or events that match interests and attend 1 activity.

Reference: Appendix C / slide 14A method + measurement builder.

Timing

3 min draft | 4 min compare | 3-5 min debrief prep

Groups of 6-8. Use packet/shared notes.

Breakout task

1. Draft a method that tells staff who does what, when/frequency, where, how supports are used, and how supports may fade.
2. Draft a measurement with participant action, objective criterion, support/prompt level, time period, and data source.
3. Underline the alignment: who/what/when/how + threshold/timeframe.

When we return

Share one revision that made the language clearer, more staff-ready, or more measurable.

Part 2

Quarterly Report (QR)

Report what happened, what the data shows, and what should change next.

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13 Individual Plan quality checklist

Use before submitting or approving internally

Required alignment checks

✓	Goal, outcome, and action steps align with the ISP Action Plan/GOARs and do not change the intended meaning.
✓	Each action step has its own method and measurement.
✓	Methods include who, what, when/frequency, where if relevant, how supports will be used, and how supports may fade.
✓	Measurements directly match the method and are observable, objective, and trackable.
✓	Risk mitigation addresses known risks and references support plans when applicable.
✓	Service frequency/duration, supervision frequency, telehealth allowance, approval dates, signatures, and DSP training are complete.
✓	Language is clear enough for staff who were not involved in writing the plan.

! **Common IP revision triggers:** Vague methods, missing measurements, unsupported risk language, action steps without repeated method/measurement fields, dates that do not match workflow, or entries that conflict with the ISP Action Plan/GOARs.

14 Quality Report overview

The QR is the evidence-based progress report

The Quality Report summarizes what happened during the review period for each action step. It should not restate the full IP. It should describe the participant's progress, objective data, what helped or limited progress, and recommended next steps.

Imported from ISP/IP	Provider enters for QR
Goal, outcome, risk mitigation, action step, method, measurement, plan year,	**Progress summary, data summary, what is working/not working,**

MANUAL REFERENCE

15A | Quarterly Report orientation

Manual p. 15 | Quarterly Report overview

Key points

- The QR is the evidence-based progress report.
- It should describe what happened, what data show, what helped or blocked progress, and next steps.

The QR should not restate the full IP; it should review implementation evidence.

QR purpose: close the loop each quarter

Use the QR to compare actual implementation and data against the IP.

Imported from ISP/GOARs + IP

- Goal + outcome
- Risk mitigation
- Action step
- Method + measurement
- Plan year + service details

Compare against the plan

Provider enters each quarter

- Progress summary
- Data summary
- What is working / not working
- Recommendations
- Report date + review period

Avoid: copying the IP method into the progress summary. Instead, describe what happened during the review period.

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13 Individual Plan quality checklist

Use before submitting or approving internally

Required alignment checks

✓	Goal, outcome, and action steps align with the ISP Action Plan/GOARs and do not change the intended meaning.
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✓	Measurements directly match the method and are observable, objective, and trackable.
✓	Risk mitigation addresses known risks and references support plans when applicable.
✓	Service frequency/duration, supervision frequency, telehealth allowance, approval dates, signatures, and DSP training are complete.
✓	Language is clear enough for staff who were not involved in writing the plan.

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Imported from ISP/IP	Provider enters for QR
Goal, outcome, risk mitigation, action step, method, measurement, plan year,	**Progress summary, data summary, what is working/not working,**

MANUAL REFERENCE

16A | QR purpose: close the loop each quarter

Manual p. 15 | QR overview and imported/provider-entered content

Key points

- Goal, outcome, risk mitigation, action step, method, and measurement carry forward.
- The provider adds progress, data, what is working/not working, and recommendations each quarter.

Every QR entry should be traceable back to the IP.

Progress summary vs. data summary

Both are required, but they answer different questions.

P Progress Summary

Answer: What did the participant do, and how did they respond to the supports?

Observable changes in behavior, skill, comfort, or safety

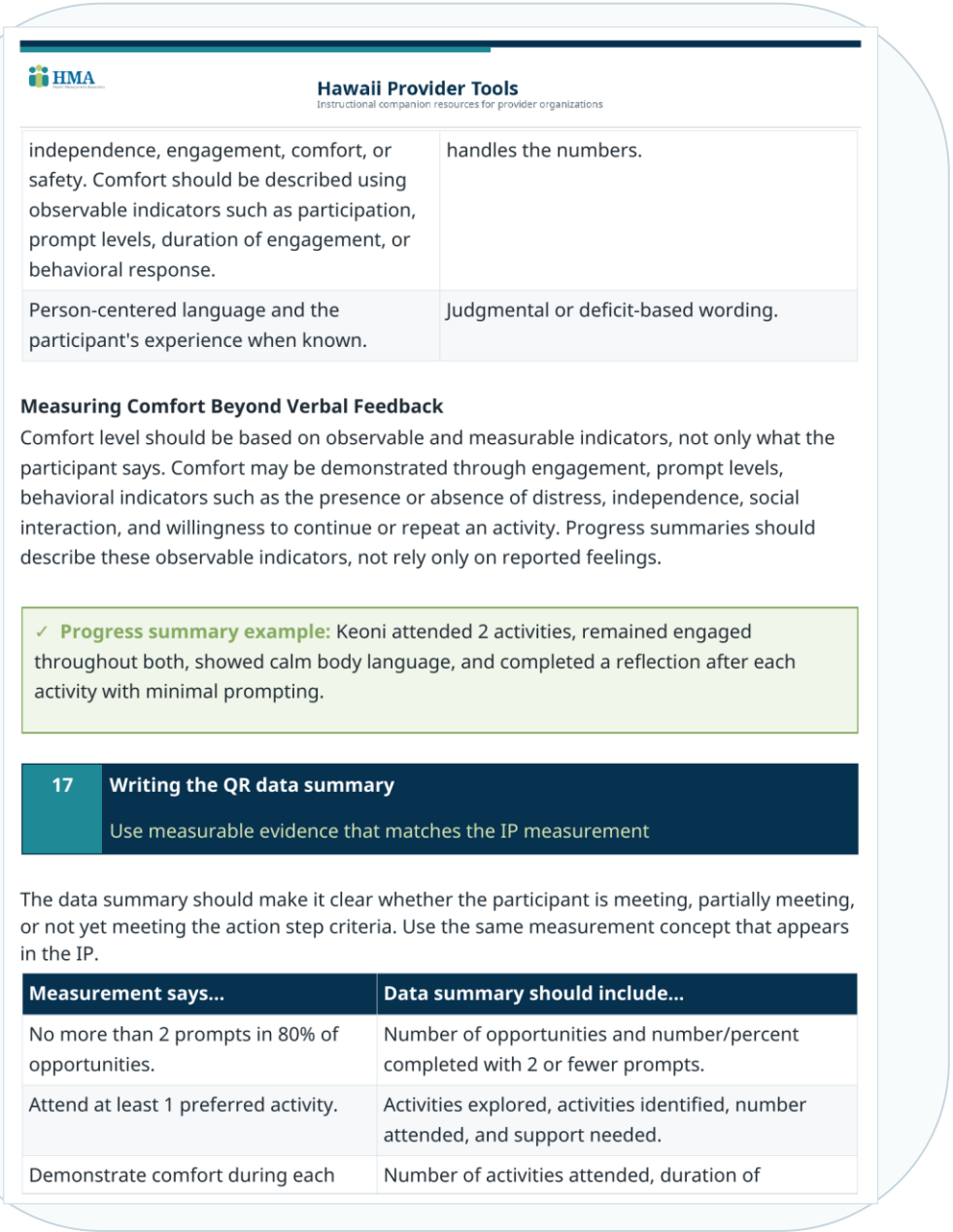
Example: Keoni remained engaged, calm, and willing to repeat the activity.

D Data Summary

Answer: What measurable evidence supports the progress summary?

Safety indicators, participation frequency, and comfort indicators

Example: 2 activities attended; no distress observed; reflections completed with minimal prompts.



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independence, engagement, comfort, or safety. Comfort should be described using observable indicators such as participation, prompt levels, duration of engagement, or behavioral response.	handles the numbers.
Person-centered language and the participant's experience when known.	Judgmental or deficit-based wording.

Measuring Comfort Beyond Verbal Feedback

Comfort level should be based on observable and measurable indicators, not only what the participant says. Comfort may be demonstrated through engagement, prompt levels, behavioral indicators such as the presence or absence of distress, independence, social interaction, and willingness to continue or repeat an activity. Progress summaries should describe these observable indicators, not rely only on reported feelings.

✓ **Progress summary example:** Keoni attended 2 activities, remained engaged throughout both, showed calm body language, and completed a reflection after each activity with minimal prompting.

17 Writing the QR data summary

Use measurable evidence that matches the IP measurement

The data summary should make it clear whether the participant is meeting, partially meeting, or not yet meeting the action step criteria. Use the same measurement concept that appears in the IP.

Measurement says...	Data summary should include...
No more than 2 prompts in 80% of opportunities.	Number of opportunities and number/percent completed with 2 or fewer prompts.
Attend at least 1 preferred activity.	Activities explored, activities identified, number attended, and support needed.
Demonstrate comfort during each	Number of activities attended, duration of

MANUAL REFERENCE

17A | Progress summary vs. data summary

Manual p. 18 | Progress and data summary guidance

Key points

- Progress summary tells what happened and how the participant responded.
- Data summary gives measurable evidence that matches the IP measurement.

Narrative and numbers should reinforce each other.

What is working, not working, and recommendations

Use this section to explain strengths, barriers, and practical next steps.

What is working

Effective supports, adaptations, positive behavior change, participation, confidence, or increased independence.

What is not working

Behavioral, medical, environmental, logistical, scheduling, or support barriers that affected progress.

Recommendations

Next steps that directly respond to the progress, data, and barriers: continue, modify, add tools, or request team discussion.

Recommendations should be practical: continue, modify supports, add tools, change timing, or schedule a team discussion.

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attended activity using observable indicators.	participation, reflections completed, prompt level, observable behavioral indicators, social interaction, and willingness to continue or repeat the activity.
Greet 1 community member during each attended activity with no more than 3 prompts.	Number of activities, greetings attempted/completed, prompt levels, and whether prompts decreased.

 # Data example: 20 laundry sessions completed; 16 completed with 2 or fewer prompts. This equals 80% of opportunities and meets the stated criterion for the review period.

18 Writing what is working and not working

Identify supports, barriers, and adjustments

This section should give the team a balanced picture of strengths and barriers. Include effective strategies, participant preferences, environmental issues, scheduling problems, health or behavioral concerns, and changes made during the quarter.

What is working	What is not working / barriers
Visual supports improved engagement.	Evening sessions created more distractions than morning sessions.
Role-play before community activities increased observable comfort, including longer participation and fewer prompts.	Verbal-only reflection was difficult; staff needed a visual scale and observation notes to capture comfort level.
Transportation reminders helped participant attend the first activity.	Scheduling conflicts limited attendance at the second activity.
Staff introductions reduced anxiety during first visit.	Participant still needs logistical support to attend independently.

↔ **Balanced language:** Name both strengths and barriers. If something is not working, identify what was tried and what adjustment is recommended.

MANUAL REFERENCE

18A | Working/not working and recommendations

Manual p. 19 | Working/not working examples

Key points

- Name both strengths and barriers in objective language.
- Recommendations should follow from the progress, data, and barriers described.

A useful recommendation is practical and evidence-based.

QR example: Keoni Q1 laundry data

The Quality Report should make the data easy to interpret against the measurement.

Action step

Complete laundry with no more than 2 prompts.

Measurement

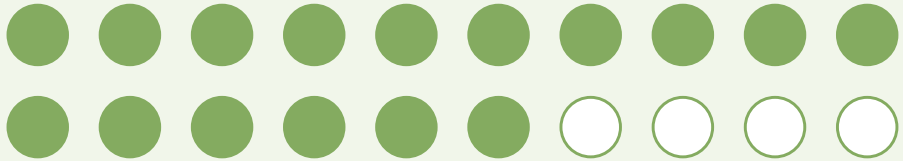
No more than 2 prompts in 80% of opportunities over the review period.

Progress summary

Keoni completed scheduled laundry and responded positively to visual supports.

Data summary

20 sessions completed; 16 completed with 2 or fewer prompts.



16 / 20 = 80%

Target met for this action step

Recommendation example: continue visual supports, use morning routines when possible, and fade prompts after two successful sessions.

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QR Progress Summary	QR Data Summary	What is Working / Not Working	Recommendation
Kaleo consistently completed scheduled laundry activities and responded positively to visual supports.	20 laundry sessions completed; 16 completed with 2 or fewer prompts.	Morning sessions improved engagement; distractions sometimes reduced focus during evening routines.	Continue visual supports and reinforcement while continuing to fade prompts.

How to read the data: 16 of 20 sessions equals 80%, so the QR can clearly state whether the participant met the measurement criterion for the review period.

23 **Common errors and fixes**

Fast troubleshooting before submission

Issue	Why it matters	Fix
Using monitoring-tool language	These are provider planning and reporting forms, not monitoring forms.	Use Individual Plan, Quality Report, provider forms, staff instructions, and progress evidence.
Method is too vague	DSPs may not know what to do consistently.	Add who, what, when, where, how, supports, and fading plan.
Measurement does not match method	QR data cannot prove progress.	Use the same prompt levels, frequency, supports, and criteria in both.
Progress summary repeats the method	It does not explain what happened.	Describe participant engagement, response, observed change, and progress.

MANUAL REFERENCE

19A | QR example: Q1 laundry data

Manual p. 23 | ADL/IADL QR example and data calculation

Key points

- Use data to determine whether the measurement threshold was met.
- 16 of 20 opportunities equals 80%, so the result can be compared to the criterion.

The data should make the status decision easy to understand.

PRACTICE

Activity 2: QR evidence breakout

Use the Malia laundry example to separate the progress story, data, and recommendation.

Activity 2

Breakout rooms

15–18 min

Open

Activity Packet 2
Appendix D: QR Evidence Writing Guide

Groups of 6-8.
Use packet/shared notes.

1

Calculate (3 min)

Decide whether the measurement threshold was met for the review period.

2

Draft QR language (5 min)

Write progress summary, data summary, working/not working, and recommendation language.

3

Review in your room (5 min)

Check that the recommendation follows the evidence rather than repeating the plan.

When we return: be ready to explain the status decision and one recommendation.

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Appendix D - QR Evidence Writing Guide

Quick guide for writing evidence-based Quality Report entries

Purpose: Use this appendix as a quick reference for writing evidence-based Quality Report entries that stay aligned with the IP.

QR section	Purpose	Example language	Quality reminder
Progress Summary	What participant did and how they responded to supports.	Participant attended 1 community activity, remained engaged for 30 minutes, showed calm body language, and expressed interest in returning.	Do not copy the full method or use vague statements such as doing fine.
Data Summary	Measurable evidence that matches the IP measurement.	8 exploration sessions completed; participant identified 2 options, attended 1 activity, remained engaged for 30 minutes, and completed a reflection with minimal prompting.	Do not provide narrative only; include numbers or objective indicators.
What is Working	Supports, routines, adaptations, or conditions helping progress.	Visual previews and staff support with introductions increased observable comfort, including fewer prompts and calm participation.	Name specific strategies.
What is Not Working	Barriers or challenges limiting progress.	Scheduling conflicts limited attendance at another activity.	Use objective language; avoid blame.
Recommendations	Practical next steps for the next quarter.	Continue attending the second option; confirm transportation and track prompt levels, engagement, and comfort indicators.	Base recommendations on the progress and barriers described.

Fast test: After writing the QR, ask: Can the team tell what happened, whether the measurement was met, what helped or blocked progress, and what should happen next?

Data type	Examples
Participation	Sessions completed, activities attended, opportunities attempted, reflection sessions completed.
Support level	Prompt count, prompt type, staff proximity, independence level, support fading.
Outcome evidence	Hobbies identified, contact exchanged safely, task completed, greeting initiated, schedule created.
Risk/safety	Signs of distress, de-escalation used, environmental change made, safety boundary followed.
Comfort indicators	Duration of participation, prompt levels, calm or distress indicators, willingness to repeat or continue, social interaction, and reflection completed with support.

MANUAL REFERENCE

20A | Activity 2: QR evidence guide

Appendix D | QR Evidence Writing Guide

Key points

- Appendix D maps each QR section to its purpose and quality reminder.
- Use numbers and observable indicators to support the progress story.

QR evidence should answer what happened, what helped, and what should happen next.

PRACTICE PACKET

Activity 2 instructions: QR evidence breakout

SCREENSHOT THIS SLIDE

Use this as your breakout-room task card.

Scenario data: Malia laundry example

Action step

Complete laundry with no more than 2 prompts.

Measurement

No more than 2 prompts in 80% of opportunities over the review period.

Quarterly data

- 20 sessions completed; 16 completed with 2 or fewer prompts.
- Visual supports helped; morning routines increased engagement.
- Evening distractions sometimes reduced focus.

Breakout task

1. Calculate whether the measurement threshold was met.
2. Draft QR language: progress summary, data summary, what is working/not working, and recommendation.
3. Check that the recommendation follows the evidence rather than repeating the plan.

Reference: Appendix D / slide 20A QR evidence writing guide.

Timing: 3 min calculate | 5 min draft | 5 min review | 2-5 min debrief

When we return: be ready to explain the status decision and one recommendation.

How to determine status and next steps

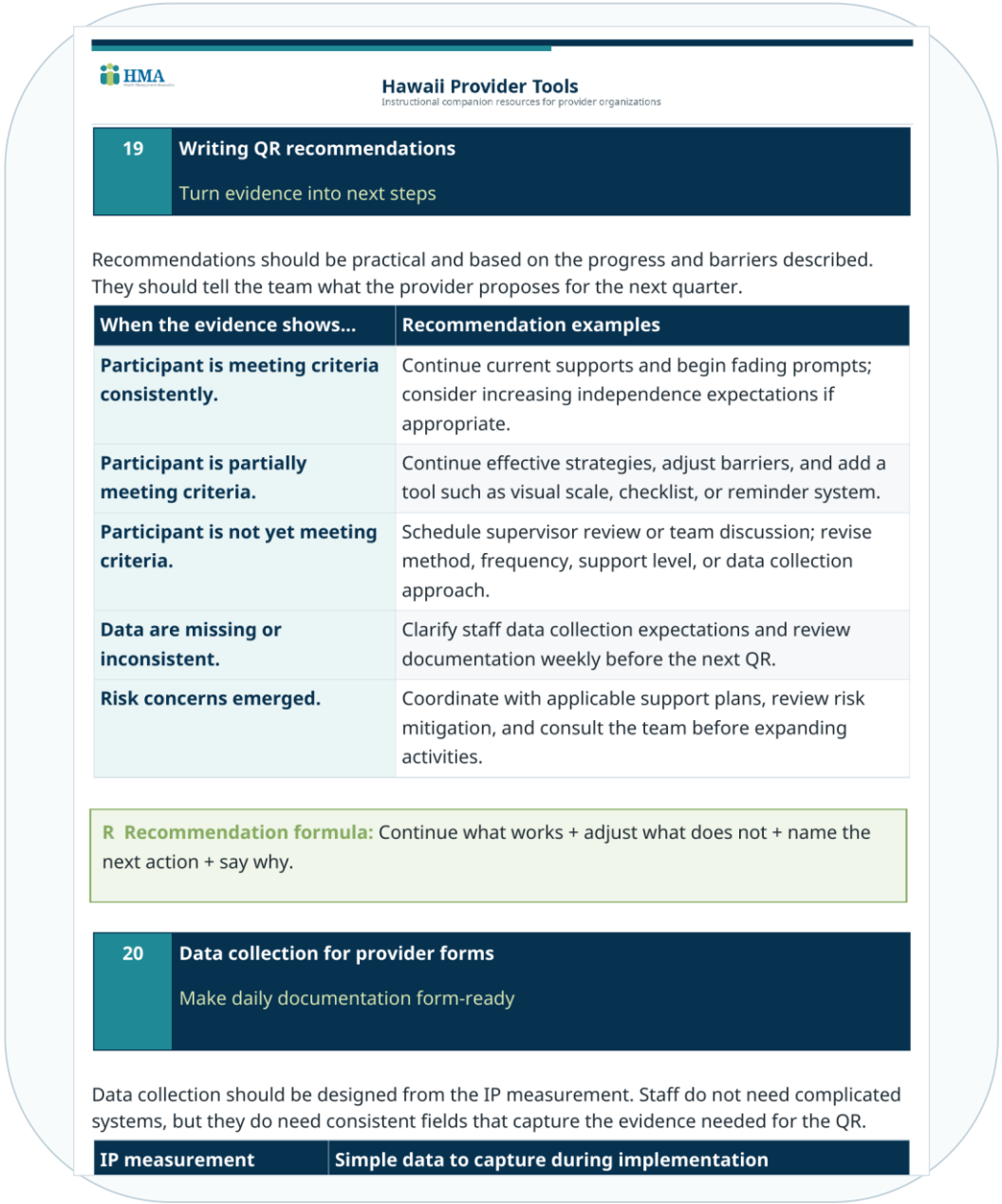
Use the data and observations to decide whether to continue, adjust, or escalate.

✓ **Meeting criteria** — Continue current method, fade supports when appropriate and maintain data collection.

~ **Partially meeting** — Adjust timing, prompts, tools, or environmental supports. Look for patterns in barriers.

! **Not yet meeting** — Analyze barriers, consider team discussion, and revise strategy if progress is limited.

Recommendations should always answer: What should staff do next quarter because of what we learned?



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19 **Writing QR recommendations**

Turn evidence into next steps

Recommendations should be practical and based on the progress and barriers described. They should tell the team what the provider proposes for the next quarter.

When the evidence shows...	Recommendation examples
Participant is meeting criteria consistently.	Continue current supports and begin fading prompts; consider increasing independence expectations if appropriate.
Participant is partially meeting criteria.	Continue effective strategies, adjust barriers, and add a tool such as visual scale, checklist, or reminder system.
Participant is not yet meeting criteria.	Schedule supervisor review or team discussion; revise method, frequency, support level, or data collection approach.
Data are missing or inconsistent.	Clarify staff data collection expectations and review documentation weekly before the next QR.
Risk concerns emerged.	Coordinate with applicable support plans, review risk mitigation, and consult the team before expanding activities.

R **Recommendation formula:** Continue what works + adjust what does not + name the next action + say why.

20 **Data collection for provider forms**

Make daily documentation form-ready

Data collection should be designed from the IP measurement. Staff do not need complicated systems, but they do need consistent fields that capture the evidence needed for the QR.

IP measurement	Simple data to capture during implementation

MANUAL REFERENCE

21A | Status and next steps

Manual p. 20 | QR recommendations and next steps

Key points

- Recommendations continue what works, adjust what does not, name the next action, and say why.
- Different data patterns lead to different next steps: continue, adjust, fade, or request team discussion.

Status should point to a next-quarter action.

Quality check before submission

Use this checklist to catch issues that can delay approval or weaken the support record.

- Person-centered language is used throughout.
- Goals, outcomes, action steps, and risks match ISP Action Plan/GOARs.
- Each action step has its own method and measurement.
- Risk mitigation names specific risks and staff actions.
- Method answers who, what, when/how often, where, and how.
- Measurement includes prompt level, frequency, threshold, independence, or observable comfort criteria.
- QR progress summary describes what happened in the review period.
- QR data summary includes objective counts, opportunities, or prompt levels.
- Working/not working includes both strengths and barriers.
- Recommendations are practical and tied to the data.

Before submitting: verify dates, signatures, supervision, DSP training, and service frequency/duration.

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13 Individual Plan quality checklist

Use before submitting or approving internally

Required alignment checks

✓	Goal, outcome, and action steps align with the ISP Action Plan/GOARs and do not change the intended meaning.
✓	Each action step has its own method and measurement.
✓	Methods include who, what, when/frequency, where if relevant, how supports will be used, and how supports may fade.
✓	Measurements directly match the method and are observable, objective, and trackable.
✓	Risk mitigation addresses known risks and references support plans when applicable.
✓	Service frequency/duration, supervision frequency, telehealth allowance, approval dates, signatures, and DSP training are complete.
✓	Language is clear enough for staff who were not involved in writing the plan.

! **Common IP revision triggers:** Vague methods, missing measurements, unsupported risk language, action steps without repeated method/measurement fields, dates that do not match workflow, or entries that conflict with the ISP Action Plan/GOARs.

14 Quality Report overview

The QR is the evidence-based progress report

The Quality Report summarizes what happened during the review period for each action step. It should not restate the full IP. It should describe the participant's progress, objective data, what helped or limited progress, and recommended next steps.

Imported from ISP/IP	Provider enters for QR
Goal, outcome, risk mitigation, action step, method, measurement, plan year,	**Progress summary, data summary, what is working/not working,**

MANUAL REFERENCE

22A | Quality check before submission

Manual p. 15 | Individual Plan quality checklist

Key points

- Check alignment, methods, measurements, risk mitigation, and completeness before submission.
- Use quality checks to prevent rework and strengthen the support record.

A short review routine can catch the most common submission issues.

Common pitfalls to avoid

These issues make plans harder to implement and reports harder to validate.

Vague method

Example: "Staff will help" without frequency, setting, or support steps.

Weak Measurement

Example: "will improve" or "seemed comfortable" without observable criteria.

QR repeats the IP

Progress summary should describe actual participation and response.

Data does not match

Data must align with measurement criteria, including prompt level, frequency, or comfort indicators.

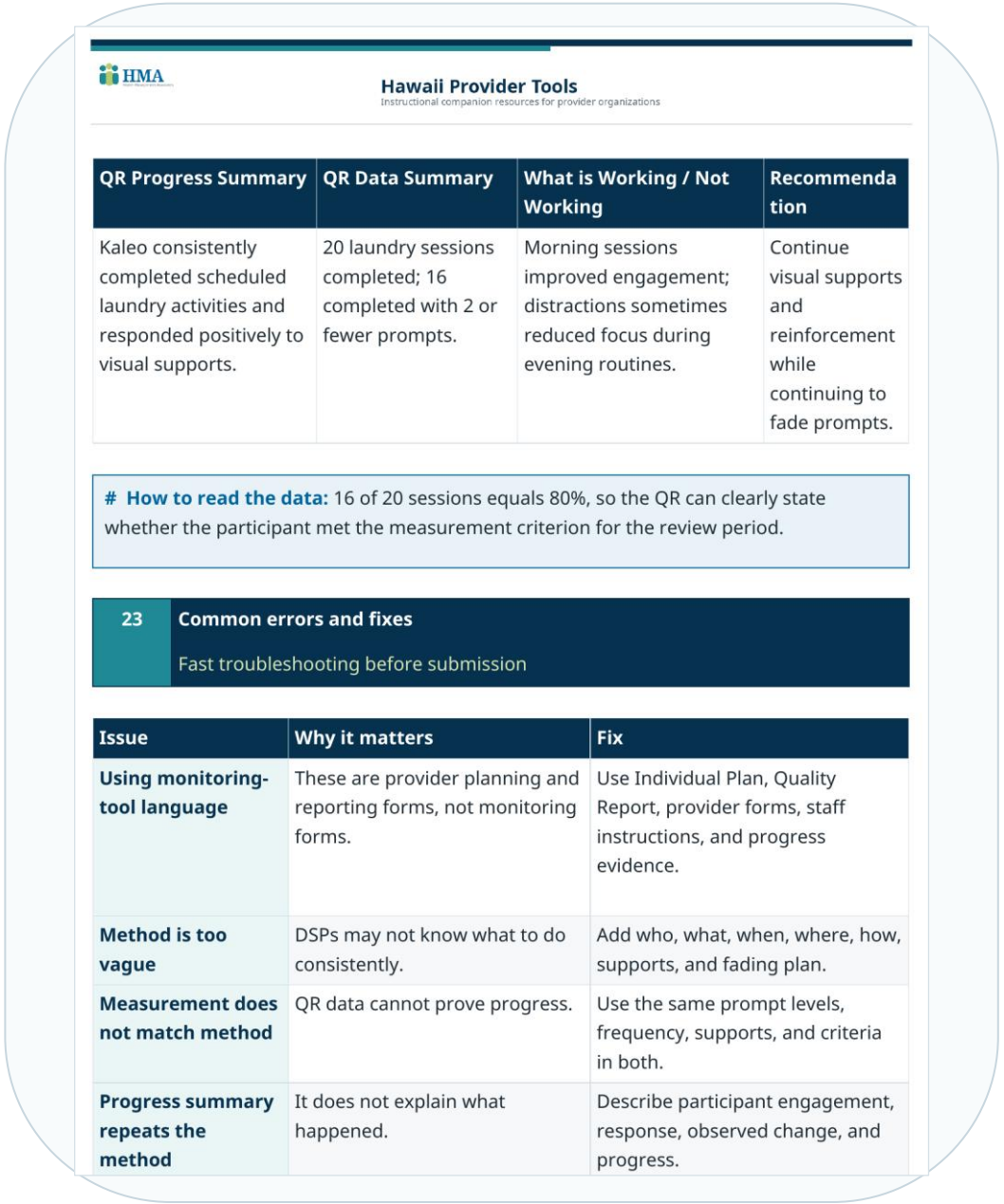
Barriers without next steps

If something is not working, recommendations should address it.

Risk section is generic

Known risks should connect to specific mitigation strategies.

Fix by asking: Would a new staff member know exactly what to do and what data to record?



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Instructional companion resources for provider organizations

QR Progress Summary	QR Data Summary	What is Working / Not Working	Recommendation
Kaleo consistently completed scheduled laundry activities and responded positively to visual supports.	20 laundry sessions completed; 16 completed with 2 or fewer prompts.	Morning sessions improved engagement; distractions sometimes reduced focus during evening routines.	Continue visual supports and reinforcement while continuing to fade prompts.

How to read the data: 16 of 20 sessions equals 80%, so the QR can clearly state whether the participant met the measurement criterion for the review period.

23 **Common errors and fixes**

Fast troubleshooting before submission

Issue	Why it matters	Fix
Using monitoring-tool language	These are provider planning and reporting forms, not monitoring forms.	Use Individual Plan, Quality Report, provider forms, staff instructions, and progress evidence.
Method is too vague	DSPs may not know what to do consistently.	Add who, what, when, where, how, supports, and fading plan.
Measurement does not match method	QR data cannot prove progress.	Use the same prompt levels, frequency, supports, and criteria in both.
Progress summary repeats the method	It does not explain what happened.	Describe participant engagement, response, observed change, and progress.

MANUAL REFERENCE

23A | Common pitfalls to avoid

Manual p. 23 | Common errors and fixes

Key points

- Fix vague methods by adding who, what, when, where, how, supports, and fading.
- Fix weak QR entries by describing actual progress, adding numbers, and naming evidence-based next steps.

Most weak patterns are fixable with specificity and alignment.

PRACTICE

Activity 3: Quality check breakout

Spot a weak pattern, use the checklist, and rewrite it into stronger language.

Activity 3

Breakout rooms

7–10 min

Open

Activity Packet 3
Appendix E: Workflow + Submission Checklist

Groups of 6-8.
Use packet/shared notes.

1

Choose one weak example

Mark the issue: vague, not measurable, repetitive, or not tied to evidence.

2

Revise

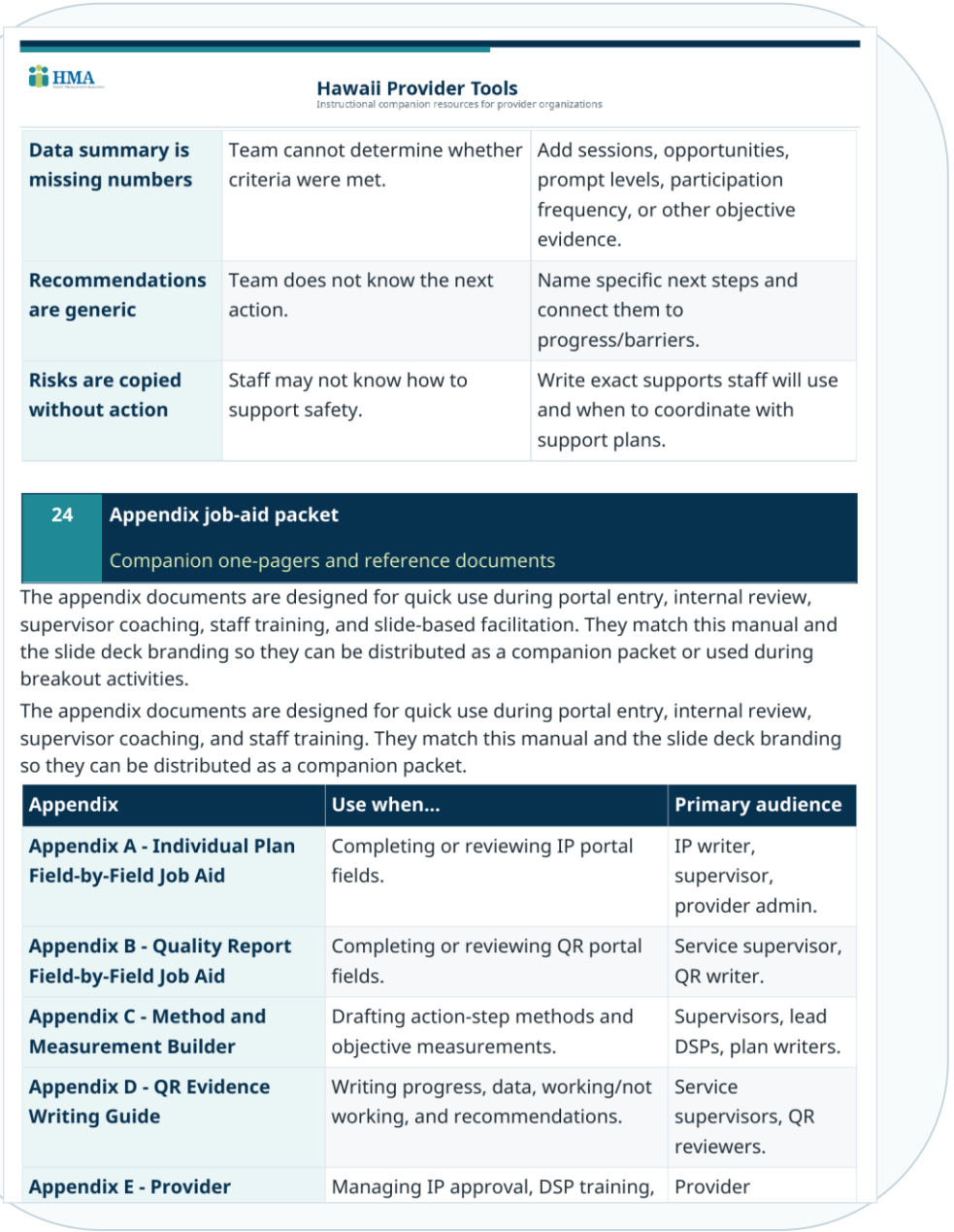
Add the missing details so a reviewer and staff member know what to do or what happened.

3

Connect to the checklist

Identify which checklist item would catch the issue before submission.

When we return: share the issue, your stronger wording, and the checklist item.



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Data summary is missing numbers	Team cannot determine whether criteria were met.	Add sessions, opportunities, prompt levels, participation frequency, or other objective evidence.
Recommendations are generic	Team does not know the next action.	Name specific next steps and connect them to progress/barriers.
Risks are copied without action	Staff may not know how to support safety.	Write exact supports staff will use and when to coordinate with support plans.

24 Appendix job-aid packet

Companion one-pagers and reference documents

The appendix documents are designed for quick use during portal entry, internal review, supervisor coaching, staff training, and slide-based facilitation. They match this manual and the slide deck branding so they can be distributed as a companion packet or used during breakout activities.

The appendix documents are designed for quick use during portal entry, internal review, supervisor coaching, and staff training. They match this manual and the slide deck branding so they can be distributed as a companion packet.

Appendix	Use when...	Primary audience
Appendix A - Individual Plan Field-by-Field Job Aid	Completing or reviewing IP portal fields.	IP writer, supervisor, provider admin.
Appendix B - Quality Report Field-by-Field Job Aid	Completing or reviewing QR portal fields.	Service supervisor, QR writer.
Appendix C - Method and Measurement Builder	Drafting action-step methods and objective measurements.	Supervisors, lead DSPs, plan writers.
Appendix D - QR Evidence Writing Guide	Writing progress, data, working/not working, and recommendations.	Service supervisors, QR reviewers.
Appendix E - Provider	Managing IP approval, DSP training,	Provider

MANUAL REFERENCE

24A | Activity 3: quality check practice

Manual p. 24 | Common errors and appendix overview

Key points

- Use the issue-fix pattern to strengthen weak examples.
- Connect each revision to the checklist item that would catch it before submission.

Quality review turns vague language into implementable, measurable language.

Activity 3 instructions: Quality check breakout

SCREENSHOT THIS SLIDE

Use this as your breakout-room task card.

Choose one weak pattern to revise

- •Staff will help Koa with laundry.”
- •Participant will improve hygiene.”
- QR progress summary restates the IP method.
- Recommendation says only: “continue services.”
- Comfort level is based only on “said they liked it.”
- Frequency/duration is missing or differs from the ISP.

Breakout task

1. Mark the issue: vague, not measurable, repetitive, not tied to evidence, or alignment problem.
2. Revise the example so a reviewer and staff member know what to do or what happened.
3. Name the checklist item that would catch the issue before submission.

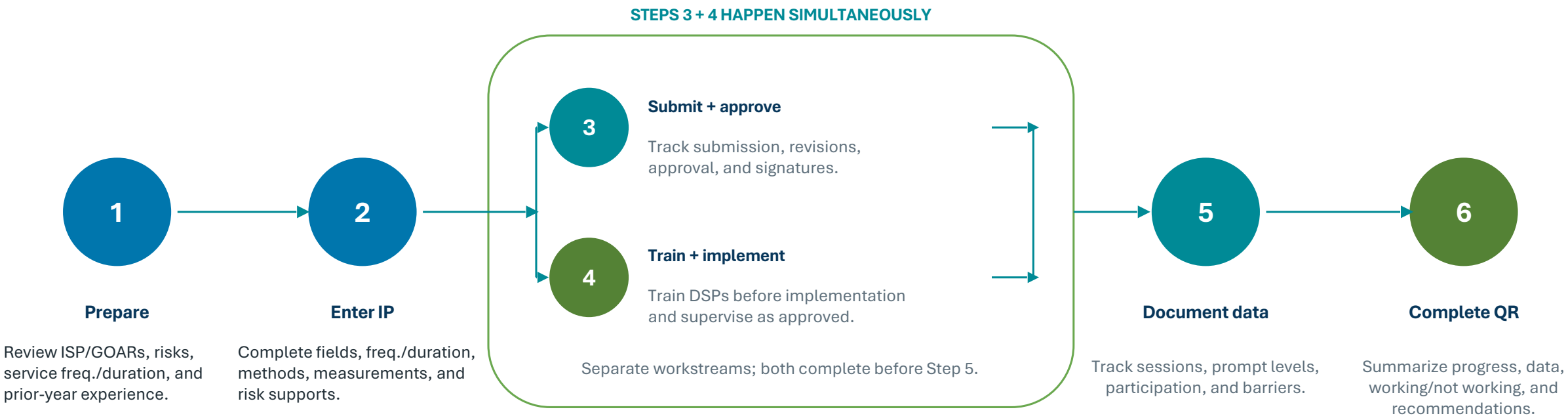
Reference: Appendix E / slide 24A workflow + submission checklist.

Timing: 2 min choose | 4 min revise | 2-4 min prepare to share

When we return: share the issue, stronger wording, and checklist item.

Provider forms workflow

A simple workflow helps teams stay consistent from plan entry to QR submission.



i Operational habit: keep implementation data current so the QR is not reconstructed at quarter end.

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Instructional companion resources for provider organizations

Appendix E - Provider Workflow and Submission Checklist

Quick workflow checklist for drafting, reviewing, and submitting provider tools

Purpose: Use this appendix as a quick reference for managing the provider workflow from ISP Action Plan/GOARs review through QR submission.

Workflow step	Provider checklist	Timing
1. Prepare	Confirm current ISP Action Plan/GOARs, service, frequency/duration of the service, plan year, risks, support plans, supervision, and participant/guardian input.	Before IP drafting
2. Draft IP	Enter provider details, plan year/service, frequency/duration of the service, outcome continuity, risk mitigation, and each action step with method and measurement.	After ISP Action Plan/GOARs available
3. Internal review	Check alignment, dates, service frequency/duration, risk supports, methods, measurements, and readability for DSPs.	Before submission
4. Submit / revise / approval	Submit to case manager, revise if requested, record approval date and revision date if applicable.	Before implementation
5. Train DSPs	Train DSPs on approved IP, including risk mitigation, methods, measurements, and data collection expectations.	Before implementation begins
6. Implement and collect data	Use approved methods, track opportunities, prompts, participation, independence, risks, and barriers.	Throughout quarter
7. Draft QR	For each action step, summarize progress, data, what is working/not working, and recommendations.	At quarter close
8. Quality check and submit QR	Confirm QR entries answer the IP measurement and include practical next steps.	Before QR submission

Supervisor checkpoint: Do not wait until the QR due date to review data. Check documentation during the quarter so missing evidence can be corrected early.

MANUAL REFERENCE

25A | Provider forms workflow

Appendix E | Provider Workflow and Submission Checklist

Key points

- Prepare, draft, review, submit, train, implement, collect data, and complete the QR using a repeatable process.
- Data review should happen during the quarter, not only at QR drafting.

Keep implementation data current so the QR is a real review, not a reconstruction.

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Key takeaways

1. **The IP is the staff playbook.**
   It turns the ISP Action Plan/GOARs into repeatable supports, risk mitigation, methods, and measurements.

2. The QR is the Quarterly Report.
   It documents what happened, what data shows, what worked, and what should change.

3. **Quality provider forms strengthen services**.
   They promote safety, independence, continuity, and measurable progress.

Questions / discussion