

7562 Upton Grey Lane Lincoln, Nebraska 68516 <u>www.abledinc.com</u> 402 904-7433

## **Therap Training Guide**



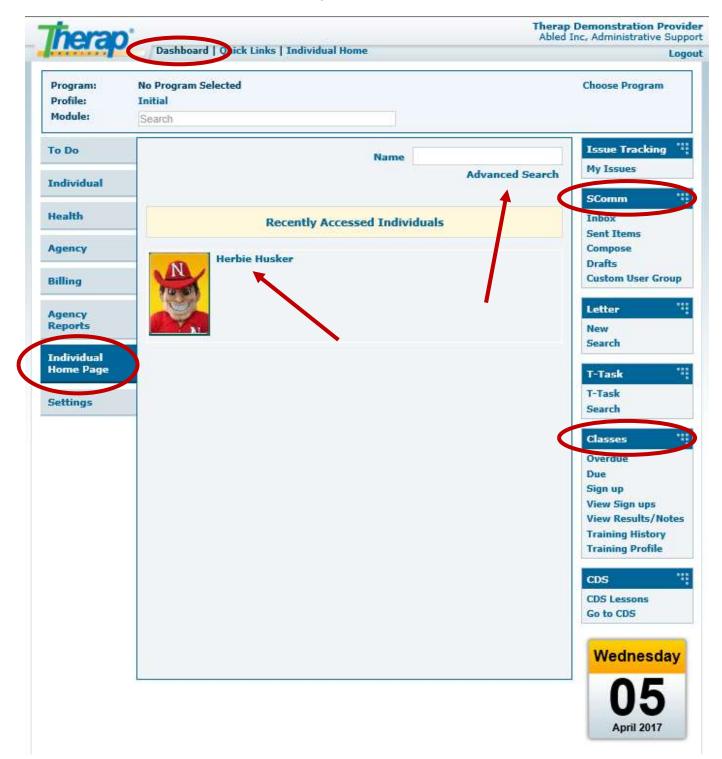
Thank you for pairing with ABLED to serve Lincoln's developmentally disabled community. Habilitation and documentation go hand in hand in this field. This guide contains resources to properly complete your documentation. We highly encourage you to have a computer, a printer and a scanner available to perform your documentation responsibilities well. At ABLED we refer to daily duties as STAMP. Please perform these documentation requirements <u>DAILY</u>:

- SComms
- T-Logs
- Attendance
- MAR's
- Programs

Proper documentation is imperative for your success as well as ABLED's. Failure to complete these items may be considered neglect and a breach of contract. Additionally, we require you to familiarize yourself with ABLED's policies at <u>www.abledinc.com</u>. Don't hesitate to ask for help if you have questions in any of these areas.

- 1. Check your SComm inbox every day, mark them as read & follow up as needed.
- Document three items every time you work. 1) T-Logs 2) Programs 3) Attendance. All three items must contain information that supports each other in order to bill for services. Please use the Search option to verify all of your data is complete prior to the end of the month.
- 3. Consult the MAR for the 5 rights on each medicine and document in Therap each time a medication is administered. If you pass meds at 8:00 am you must log in at 8:00 am.
- 4. ABLED encourages the use of Neighborhood Pharmacy or a pharmacy that uses Therap. Please contact the office any time there is a prescription change or an error on the MAR.
- 5. Appointments for medical, dental, vision, therapy, etc. should be entered on Therap. Please print consultation forms, take them to the appointment, have them completed by the physician, then turn them into the office or upload to Therap AND Scomm a copy to the nurse.
- 6. GER's should be completed for specific events related to the safety/welfare of the participant and/or that require staff intervention or redirection for a specific behavior. Please notify the Nurse in the event of an injury or medication error. Use the link below to access the DHHS GER Instruction Guide. <u>https://www.therapservices.net/resources/nebraska/NewGERinstructionsguide.pdf</u>

## **Therap Dashboard**



### <u>SComm</u>



#### **Read New SComm Message**

From the Dashboard, click on the **Inbox** link under the SComm option under the 'To Do' tab.

After you have read the message, click the check mark and to go to another message.



Click on **Reply** to reply to a previous sender

Click on Forward to send the email to someone else.



SComm "	
Inbox (6)	
Sent Items	
Compose	
Drafts (4)	
Custom User Group	

#### Create New SComm Message

Click to acknowledge each SComm message EVERY time you log in.

Click on Reply All to reply to everyone listed in a previous email

From the Dashboard, click on the **Compose** link under the 'SComm' area on your Dashboard. Select the recipients, add a notification level and provide a subject.

Message Type(s)			
General Message NOT specific to an individual			Choose <b>General</b> to select specific recipients. Choose <b>Individual Care</b>
	State of Nebraska - Division of Developmental Disabil	• •	to share a message with a group of ABLED staff specific to a participant.
	1		To include the Service
a hat that one	- Please Select -		Coordinator, click the box
Message containing individual specific info	State of Nebraska - Division of Developmental  Disabilities (DDD-NE)	1	and choose State of Nebraska
	Neighborhood LTC Pharmacy (LTC-US)		



Select the recipients, the notification level and provide a subject. Click "**Add File**" to add attachments to your Scomm. Click "**Send**" when you are finished composing.

# 1

#### <u>T-Log</u>

#### **Create New T-Log**

• From your Dashboard, click on the "Individual Home Page"



- Click on the Individual's Name or Photo. Use the **Advanced Search** if you do not see their name or photo.
- Click on **T-Log** under "Modules". Click on **New**.
- T-Log's should be recorded every day. Please type the <u>date of service</u> in the Summary using the following format DD/MM/YYYY.

Attenda	ance
Consei	nt and Authorization
Docum	ent Storage
Generation	I Event Reports (GER)
GER R	esolution
Health	Tracking
Individ	ual Care Plan
ISP Dat	ta
ISP Pro	ogram
MAR D	ata
T-Log	
New	
Sear	ch
Time T	racking

*	Summary	
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10/1/2018
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Tlogs are narratives documenting supports, corrections, activities, and observations. Tlogs
provide evidence of meaningful habilitation and enable communication between staff, ISP teams
and provide support for ICAPs, unforeseen crisis situations and proper funding.

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- Tlogs may include:
  - 1. Non-routine activities occurring in the community.
  - 2. Notations of all incidents, including a brief description.
  - 3. Information about visitors.
  - 4. Positive and negative behaviors displayed.
  - 5. Any information or observations needed for evaluation purposes.
  - 6. Any illnesses and any medication changes that have occurred.
  - 7. Any other information relating to participant behaviors, attitudes.
- Do not write about your personal day unless relevant to the participant. Focus on relevant facts and events. Use clear language for example "threw her arms in the air and screamed" instead of "had a fit"
- SLPs and DSPs will need to write separate Tlogs using separate log-ins.
- If writing a High Tlog, also write a GER. If writing a GER, also write at High Tlog.
- Please click on "Search" to look through your work and identify missing logs.



## ISP Data (Programs)

#### **Entering ISP Data**

• From your Dashboard, click on the "Individual Home Page"



- Click on the Individual's Name or Photo. Use the **Advanced Search** if you do not see their name or photo.
- Click on ISP Data under "Modules". Click on New.
- Program data should be recorded every day. Repeat these steps for each program. Contact the team if you have questions on implementing the program.



- Next, select the ISP Program for which you want to enter data from the ISP Program List page.
- The first time you select a program, please read through the program description, scoring methods, tasks and teaching methods. Then click on the **Acknowledge** button at the bottom after carefully going through the data. You are now ready to enter data.
- On the ISP Data Collection page, complete the required fields, name of the service provider and score tasks. Click on the **Save** button at the bottom. A confirmation message will pop up when the data is successfully saved.
- 30 Day and Annual Assessments are completed using the ISP Data Module.

#### Searching ISP Data

- As an employee or contractor for ABLED, it is your responsibility to verify that you do not have missing data.
- Use the **Search** button or <u>**Report (Last 30 Days)**</u> to verify that your data is complete. Your initials will appear when scores have been entered
- This is important in order to be paid on-time and avoid recoupment of funds. If lack of proper documentation leads to recoupment of funds, ABLED will not be held responsible for losses. Please be thorough and accurate. Don't wait to ask questions.





#### **Attendance**

#### **Record New Attendance**

- From your Dashboard, click on the "Individual Home Page"
   Individual Home Page
- Click on the Individual's Name or Photo. Use the Advanced Search if you do not see their name or photo.
- Click on Attendance under "Modules". Click on New.
- Attendance should be recorded every day. Attendance should <u>never</u> overlap with other service codes. Two providers cannot bill for the same block of time.
- Select Date, Attendance Type, Service Description & Program.

			Code	Service Description
* Attendance Type	- Please Select -	-	1472	Shared Living
		-	6845	Habilitative Community Inclusion
Service Description (Code)	Please select an Attendance Type	-	7494	Supported Family Living
			2639	Independent Living
* Program (Site)	Please select a Service Description (Code)	+	9596	Supported Employment

• Select Present, Enter Time In & Time Out, Select Service Provider (Your name), place a check mark in the day you are billing, then Click **Submit New** at the bottom right corner.

New 🕨	* Attendance Options: Present (P) - [Bil		able]	•	Time In:	9:00 am	« Now	
Incomplete	General Comment:					4:00 pm	« Now	
🖲 Soloct all Atte	About 350 characters left				Service Provider:		EVP Compliance	×
Individual Nam		[1-1 of 1]	۲	18 Thu				
2				D				

- Additional entries can be recorded by clicking on the "P. Enter "Not scheduled" on days not worked. Time in/out and service provider not needed. Click "yes" at the pop-up. An "N" will appear instead of a "P".
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Modules

Attendance

New

Search

Document Storage

GER Resolution

Health Tracking
 Individual Care Plan

▶ ISP Data

► ISP Program

Time Tracking

MAR Data

Consent and Authorization

General Event Reports (GER)

- ALL subcontractors should <u>clock out</u> during medical appointments to avoid Medicaid Fraud. Also do not overlap times between service codes.
- Payroll is processed on the last day of the month. Pay day depends on when ABLED receives the deposit from DHHS.

Time In	Time Out
08:15 am	02:30 pm
Time In	Time Out
12:00 am	08:15 am
02:30 pm	12:00 am



Modules

<u>MAR</u>

#### Entering Data in MAR (Med Aides only)

- From your Dashboard, click on the "Individual Home Page" Attendance Individual Consent and Authorization Home Page Document Storage General Event Reports (GER) Click on the Individual's Name or Photo. Use the **Advanced Search** GER Resolution . if you do not see their name or photo. Health Tracking Individual Care Plan ▶ ISP Data Click on MAR Data under "Modules". Click on Record Data. ► ISP Program MAR data should be recorded directly after verifying the 5 MAR Data rights and passing meds. Repeat these steps for each drug. A Record Data delay in documentation is a breach to DHHS Regulation, the Search Med Aide Act & ABLED's policy. It also constitutes neglect and DO I-T 4 may result in additional training with the staff nurse. Timo Tracking MIRTAZAPINE 7.5 MG TABLET - tablet, oral, Scheduled (Medication) Switch to Detail Mode Jump to Strength: 7.5mg Attachment: rh mirt.pdf(38.35 KB) Drug Details Frequency: take 1 tab at bedtime Begin Date & Time: 02/14/2017 8:00 pm Schedule Repeat: Every Day, 1 time(s) a day Schedule Time Slot(s): 8:00 pm 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Time THE SAT SUN MON TUE WED THU FRE SAT SUN MON THE WED THU FRE SAT SUN MON TUE WED THU FRE SAT SUN MON TUE WED THU FRE SAT 8:00 pm
  - A Licensed Med Aide should administer meds 1 hour before to 1 hour after the time listed on the MAR.
- Each medicine listed on the MAR should be administered to the individual as specified. If there is a discrepancy in Medication, Dose, Time, Person or Route (5 Rights) please contact the office ASAP, especially during prescription changes.
- Once a med is documented by a Med Aide, they cannot change it. Contact Coralie about errors.
- **Quick Mode** allows you to record your initials by clicking on the green box. Click on the **Save** button at the bottom. A confirmation message will pop up when the data is successfully saved.
- **Detail Mode** is available by clicking on the blue link in the top right corner. Detail Mode allows a Med Aide to <u>write a comment</u> specific for that dose. It also allows for recording a med as Administered, Missed, Refused, LOA and On Hold. The Mobile App allows for comments too.
- PRNs should only be administered if listed on the MAR. Explain the <u>reason</u> for administering and provide a Follow Up comment describing the <u>effectiveness</u>. This information is shared with the staff nurse. Click the dropdown for Mobile App PRNs.

🗙 Jul 28, 2018 >	Scheduled	$\overline{}$
8:00 AM	PRN ┥	>
8:00 PM	Other	>

• Potential Side Effects should be observed and reported each month on the MAR for all medicated and self-medicated participants. Also, a Med and Mar Check should be completed monthly to reconcile medications listed on packages to the MAR. See page 9.

### **Appointment**

#### **Entering New Appointments (EFH Providers)**

• From your Dashboard, click on the "Individual Home Page"

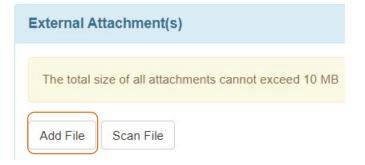


- Click on the Individual's Name or Photo. Use the **Advanced Search** if you do not see their name or photo.
- Click on **Health Tracking** under "Modules". Click on **Appointments**. Click on **New**.
- The staff nurse reviews each medical appointment.
- Annual Physical & Dental Exams require an additional form located at <u>www.abledinc.com</u> under Policies.
- The link for the consultation form is located at the bottom of the Appointment. Please print and take the Consultation Form to the appointment for the doctor to review, make comments and sign.

Open	Consultation	Form
open	oonsultation	1 Unit

- Have the physician complete the following items.
- 1. Review the listed medications.
- 2. Review the purpose for each medication.
- 3. Review the listed diagnoses.
- 4. Notate corrections.
- 5. Provide clinical comments for the nurse (i.e. treatment, diagnosis, orders, med changes, follow up, etc.)
- 6. Provide their signature and the date

Turn in the completed Consultation Form to ABLED. Scan or take a high-quality photo and send it to Coralie or any office person. If you attach the form yourself, please Scomm it to the nurse.



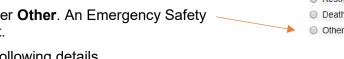


### **General Event Report (GER)**

#### **Create New GER** Modules From your Dashboard, click on the "Individual Home Page" Attendance Case Note Consent and Authorization Individual Document Storage Home Page General Event Reports (GER) New Click on the Individual's Name or Photo. Use the Advanced Search if Last Week you do not see their name or photo. Last Month Click on General Event Reports (GER) under "Modules". Click on New. Search Complete all 4 sections. The GER will not save until you click Submit after section 4. 2 3) 4) Event Information Actions Taken **Basic Information** Preview Injury GERs with Abuse, Neglect or Exploitation suspected must be reported Medication Error to APS and have an internal investigation completed by ABLED. Emergency Safety Intervention Abuse/Neglect 24-hour Hotline: 1-800-652-1999 Restraint Other O Death

Most event types are located under Other. An Emergency Safety 

 Intervention is a physical restraint.



•	You will be asked	d to prov	/ide the	followii	ng details	S.	

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1. Describe What Happened Before the Event	Explain what was going on prior to the behavior. Do NOT include details of the event. Identify whether there was something leading up to the event or whether there were any triggers.
2. Summary	Explain details of the event.
3. Corrective Actions	Explain how you resolved the incident. Provide de-escalation techniques, coping skills, training methods used and how the participant was kept safe.
4. Future Corrective Actions	Explain how repeat incidents will be avoided. Actions should align with the Safety Plan

- High GERs typically involve anything that requires medical treatment, hospitalization, death, allegations of abuse, neglect or exploitation, physical restraint, missing persons, seizures over 5 minutes, law enforcement, psychotropic PRNs, medications errors resulting in serious illness and public property damage. For a complete list, please refer to the GER Instruction guide at <u>https://www.therapservices.net/resources/nebraska/NebraskaGER-Instructions-Guide-Oct2019Update.pdf</u>
- High level GERs must include three notifications (Administrator, Case manager, Family/Guardian). Verbally notify SC immediately after the incident and write a GER within 24 hours.
- Medium level requires an Administrator to be notified. No notification for low.
- GERs are essential to identify supports, behaviors and patterns. GERs provide support for ICAPs, unforeseen crisis situations and proper funding.

Person/Entity

Administrator

Case Manager

Family/Guardian

#### **Staff Documents**

From the Dashboard you may view your Training Profile and see if you have anything overdue. Please send a photo of current documents to Coralie. Below is a list of items required to provide services.

#### **Employee and Contractor Requirements:**

- Complete an application online at <u>www.abledinc.com</u>
- Pass Criminal and APS/CPS Background Checks
- Complete ABLED & Therap Training
- Provide a copy of their Social Security Card
- Provide a copy of their Bank Information
- Provide a copy of their current Driver's License
- Provide a copy of their current Car Insurance
- Provide a copy of their current CPR Certificate
- Provide a copy of their current First Aid Certificate
- Provide a copy of their current Med Aide Certificate
- Sign a Shared Living Provider Contract or Employee Acknowledgment

### Side Effects & MAR Check

**SL Providers:** Document potential side effects associated with medications on the MAR for ABLED's nurse. Staff with self-medicating individuals also need to observe & report potential side effects.

BLED SIDE EFFECT	S PRN (Medication	0		Jump to	Record Type *	Ministered 💌	1	
Begin Date & Time: 0 Schedule Repeat: Oth		: Slot(s): N/A		Record Administration in Detail Mode	Administer Date * Administer Time * Administered By	02/02/2017		
tecord Type	Date	Record Date	User Initial	Details	Recorded By	5ubcc 92/02/2017 66:47 Pl	ntractor	
	side effects that an		ves or skin, unusual bruising r possible side effects. If no	, tremor, twitching, poor side effects noticed during the	Comments	No side effect noticed this mi	ts	

**SL Providers:** Record your initials on the Med & MAR check to acknowledge reconciling the medication name, dose, time to the bubble packs and physical inventory. Including PRNs.

Time	1	2 3	4	5	6	7	1000	153/16	Children and	10100	Contract of	13	14	15	16	17	18	10	20	21	22	73	24	25	26	77	78	20	20	21
Time		TUE W		-	-	7.2					and a second																			
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dication view the st once	e 5 t eve	asks I	elow																											



### **Habilitation Progress Report**

**ALL Providers:** Complete a habilitation progress report once per month for regularly scheduled participants. Answer questions about programs in general or specifically for each program.

Copy and paste this link. <u>https://forms.gle/CeGL3hFR8DK5xZp76</u>

### **Fire and Tornado Drills**

**SL Providers:** Run and log a Fire and Tornado drill once per month. Tornado drills are run from March through October. You should also have an Evacuation plan posted in your home.

Copy and paste this link. https://goo.gl/forms/HOD0gZO7OYhFmEw63

### Home/Vocational Visits

**SL Providers:** Please schedule a home visit every month with Pierre or Maddie

Interior and exterior of the property is in good condition?
Property is free of structural, health, security or safety hazards?
Evacuation plan is posted, exits are clear, tornado shelter is appropriate?
Fire extinguishers, first aid kit, smoke detectors and air filters were checked?
Hot water temp is 120 or below?
Provider is coordinating health appointments & consultation forms?
Medications are stored and locked properly?
MARs are reconciled to bubble packs and/or bottles?
Soiled laundry & garbage is contained?
Personal hygiene needs are being met?
Activities and transportation meet the individual's habilitation needs?
Provider describes programs, safety plan and restrictions as applicable?
Participant is satisfied with their employment status?
Not counting the participant, how many people 13 years and over live in the home?
Are there any travel plans, schedule changes or financial issues?
Participant likes where they live and are free from abuse, neglect and injury?
Participant has their own bed and bedroom a with a locking door?
Participant has access to appropriate quantities of food that is not expired?
Participant has access to control their possessions, money, alone time and bedtime?
Interactions appear to reflect dignity, respect and privacy?
Participant is happy with their services?
Provider is happy with ABLED?

#### **DocuSign**

ABLED uses DocuSign to electronically sign documents. You will receive DocuSign requests in your regular email. If you have problems using DocuSign, contact the office.

### Therap Help & Support

Click on the Green Question Mark at the bottom of the Dashboard page to search for additional Therap resources. Let us know if you are interested in completing a Therap Training Video for any module.

#### **EXECUTIVE TEAM DIRECTORY**

# SComm is our preferred communication method for secure data. Personal phone numbers are available during business hours and for emergencies.

#### ABLED, Inc.

7562 Upton Gray Lane, Lincoln NE 68516 Office 402-904-7433 Fax 402-325-1619

address of the second se		
	Dave Tagart – President, CEO	Attorney at Law, JD, MBA, CPA (inactive)
300		Oversees Office and Operations Administration
	dtagart@gmail.com	Controls Financial Operations Including Payroll
		Reviews All Contracts
	Linds Tesset - DVD Administration	
	Linda Tagart – EVP Administration	Oversees Office Administration and Human Resources
10 mile	402-202-0700	Oversees Therap Documentation & Compliance
	Itagart62@gmail.com	Acts as Rep Payee, SS Contact and Assists with Payroll Therap Expert & Contact for Questions
1 240	0 00	Therap Expert & Contact for Questions
	Pierre Allen – EVP Operations	Oversees Residential & Day Service Providers
00	402-417-2613	Represents ABLED at Individual's Periodic Meetings
8		Conducts Vocational & EFH Home Visits
New York	pierreallensr@gmail.com	Schedules and Recruits Subcontractors & Individuals
-	Coralie Lang – EVP Compliance	Assists EVPs and CEO in All Duties
20	402-310-8907	Monitors Documentation, Compliance & MARs
		Provides Therap Training & Contact for Questions
	coralielang71@gmail.com	Prepares Newsletter, Resolutions & Qtly Incident Rpt
a	Maddie Little – Operations Manager	Writes Programs & Safety Plans & Plans Events
125)-	402-580-5049	Implements Programs, Monitors Progress & Changes
	mslittle715@gmail.com	Provides Orientation, Therap and MANDT Training
Ma		Attends Meetings & Assists Operations as Needed
	Chanyl Little Admin Assistant	
	Cheryl Little – Admin Assistant	Assists with Admin & Payroll Duties as Needed
	402-450-7959	Assists with Human Resources & Staffing Paperwork
124	clittle091@gmail.com	Assists with Monitoring Therap Documentation Takes calls on ABLED's business office line
	Sonya Brous, RN – Staff Nurse	Oversees Medication Administration & Med Aides
	402-429-3541	Monitors Appointments & Medically Related Issues
62		Provides Med Aide Training
	srising1@gmail.com	Conducts EFH Home Visits

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

### **Therap Comprehension Test**

- 1. How often should Therap documentation be completed?
- 2. What acronym is used for Therap daily duties?
- 3. What three items should be document whenever services are provided?
- 4. When should medications be documented on the MAR?
- 5. What report best shows missing ISP data?
- 6. What data should you enter on days off?
- 7. What is the proper reporting procedure for High GERs?
- 8. Who should complete a Habilitation Progress Report?
- 9. How often are Side Effects, Med & Mar Check and Fire/Tornado drills needed?
- 10. Who should be contacted for all staffing or schedule changes?