

Waiver Service Provider Forms Guide

| Form Name | Form # | Purpose | Time Frame |
|---|--------|--|---|
| Forms needed in Service Provision | | | |
| Individual Service Plan Service Objective | FCT-1 | <ul style="list-style-type: none"> ✦ Documents the specific training focus and how it relates to the overall service plan ✦ Describes the specific desired changes in measurable/behavioral terms ✦ Identifies specific activities and services that will be provided and how they will impact the objective ✦ Frequency and duration of services ✦ Documents review of training information by youth/family and Family Care Team members | Within 5 days of ISP start date |
| Individual Service Plan Behavior Support Plan | FCT-6 | <ul style="list-style-type: none"> ✦ Documents the components of the behavior support plan ✦ Documents review of training information by youth/family and Family Care Team members | Within 5 days of ISP start date |
| Data Collection form | N/A | Designed by the Waiver Service Providers specific to the service objective and/or behavior support plan and the desired outcomes. | <p>Within 5 days of ISP start date.</p> <p>Documentation should be completed as soon as possible following completion of service provision.</p> |
| Waiver Provider Progress Notes | FCT-3 | <i>OPTIONAL</i> – can be used to document work done with or on behalf of youth and family (following the service definition and guidelines for billable waiver functions). | As soon as possible following completion of task/activity. |
| Forms completed Monthly/Following Work with or on behalf of Youth/Family | | | |
| Family Care Team Monthly Service Plan Review | FCC-1 | Review of monthly progress completed through a meeting of the Family Care Team or through submission of status reports from service providers or a combination of either or both – driven by current issues and the needs for involvement and/or discussions by the youth/family and Team. | By last day of month for months when no quarterly ISP is developed. |