

**DD WAIVER THERAPY DOCUMENTATION FORM**

<b>Name:</b>	<b>SS#</b>	<b>DOB</b>
<b>ISP date From:</b>	<b>To:</b>	<input type="checkbox"/> <b>CARMP Only (use CARMP SECTION only)</b>
<b>Semi-Annual Review Date:</b>	<b>Revision Date:</b>	<input type="checkbox"/> <b>Jackson Class Member</b>

<p align="center"><b>Therapist's Request for Units Based on Therapy Intervention Plan</b> Required for Jackson and Non-Jackson Class Members</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%;">Annual</th> <th style="width:20%;">Revision Requested (+ or -)</th> </tr> </thead> <tbody> <tr> <td><b>Total number of units being requested:</b></td> <td></td> <td></td> </tr> <tr> <td><b>Units requested for Therapist:</b></td> <td></td> <td></td> </tr> <tr> <td><b>Units requested for Therapy Assistant:</b></td> <td></td> <td></td> </tr> </tbody> </table>		Annual	Revision Requested (+ or -)	<b>Total number of units being requested:</b>			<b>Units requested for Therapist:</b>			<b>Units requested for Therapy Assistant:</b>			<p><b>Therapists must complete appropriate sections of the Therapy Documentation Form (TDF) as part of an initial service that is requested by the IDT with units authorized on the budget before completion of the TDF. If this is the case, please check the appropriate box below and enter the number of units that have been approved.</b></p> <p><input type="checkbox"/> New Allocation: _____ units</p> <p><input type="checkbox"/> Initial CARMP Only Service: _____ units</p> <p><input type="checkbox"/> New to this Therapy Service: _____ units</p> <p><input type="checkbox"/> Specialized/Focused/Targeted Eval: _____ units</p>	<p align="center"><b>Symbols</b></p> <p>◊ Indicates a section that is required for both Jackson Class Members (JCM) and Non-Jackson Class Members (NJCM), but not for CARMP-only services</p> <p>↔ Indicates a section that is required for NJCM but not for JCM</p> <p># Indicates a section required for CARMP-only services</p>
	Annual	Revision Requested (+ or -)												
<b>Total number of units being requested:</b>														
<b>Units requested for Therapist:</b>														
<b>Units requested for Therapy Assistant:</b>														

**◊ Therapy Intervention Plan** Brief List of Vision Statement(s) (may be paraphrased)

Individual's ISP Vision(s): 1. Live:                      2. Work/Learn:                      3. Fun/Relationships:                      4. Health/Other:

<p><b>◊ Identify all new ISP outcomes (may be paraphrased)</b></p> <p>List ISP Outcomes:</p> <p>5. Live</p> <p>6. Work/Learn</p> <p>7. Fun/Relationships</p> <p>8. Health/Other</p>	<p><b>◊ Semi-Annual Review</b></p> <p>Brief narrative of therapy activities to support visions/outcomes:</p>
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		◇ Semi-Annual Review	↔ <b>BUDGET DEVELOPMENT WORKSHEET for THERAPISTS</b>		
<b>◇ Therapy Goals and Objectives</b> This section must show support for at least 1 ISP vision/outcome to qualify for therapy. Enter the number of the supported ISP vision(s)/outcome(s) in the far left column below. (refer to Visions and Outcomes numbers in the previous section)		Check status of each <b>objective</b> (comments may be added below)		If at least 1 therapy goal or objective supports an ISP vision/outcome, core or fading units may be claimed. <u>Note: These units support all aspects of therapy.</u>  <b>The following may indicate the need for core units</b> <u>Stage of therapy</u> <input type="checkbox"/> Assessment/Evaluation <input type="checkbox"/> Plan Development and trials <input type="checkbox"/> Active training(WDSI and/or TSS not yet consistently implemented) <u>Life circumstance</u> <input type="checkbox"/> Not stable <input type="checkbox"/> Recent move or new job  <b>The following may indicate the need for fading units</b> <u>Stage of therapy</u> <input type="checkbox"/> Monitoring, observing/assessing progress <input type="checkbox"/> Discharge planning <u>Life circumstance</u> <input type="checkbox"/> Stable	
Supports Vision #(1-4)	All measurable goals/objectives are required to contain baseline info (current level of performance). If baseline is unknown, an additional goal/objective is required stating that it will be obtained. This newly established info must be reported in the Semi-Annual Review Comments at mid-year.	Accomplished	In Process		Discontinue
	Therapy Goal #1:				
	Objective #1:	Baseline:			
	Objective #2:	Baseline:			
	Objective #3:	Baseline:			
	Objective #4:	Baseline:			
	Insert additional rows if there are more than 4 objectives				
Semi-Annual review comments:			If Core-120 units are proposed	If fading-52 units are proposed	

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Copy this form to add as many additional Goals and Objectives as needed. Insert additional rows if more objectives are needed under a goal.

<b>◇ Therapy Intervention Plan</b>		<b>◇ Semi-Annual Review</b>		
<b>Additional Therapy Goals and Objectives (duplicate this table as many times as needed to list all therapy goals and objectives)</b>		Check status of each objective (comments may be added below)		
Supports Vision/ Outcome #	All measurable goals/objectives are required to contain baseline info (current level of performance). If baseline is unknown, an additional goal/objective is required stating that it will be obtained. This newly established info must be reported in the Semi-Annual Review Comments at mid-year.	Accomplished	In Process	Discontinue
	Therapy Goal #2:			
	Objective #1:			
	Objective #2:			
	Objective #3:			
	Objective #4:			
Insert additional rows if there are more than 4 objectives				
Semi-Annual review comments:				

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<p><b>◇ Therapy Intervention Plan</b> The following services are considered Deliverables</p> <p><b>Written Direct Support Instructions (WDSI)</b> List below the WDSIs you have developed or plan to develop during this ISP year</p>	<p><b>◇ Semi-Annual Review</b></p> <p>Check to indicate status of WDSI training/implementation. Therapists must have at least 1 WDSI by the semi-annual review</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Currently trained</th> <th style="width:25%;">More training needed</th> <th style="width:25%;">Not trained</th> <th style="width:25%;">Currently being implemented by DSP/natural support</th> </tr> </thead> <tbody> <tr> <td>Current WDSI(s) to be maintained:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. WDSI #1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. WDSI #2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. WDSI #3 <small>Add additional rows if there are more than 3 current WDSIs</small></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WDSI Planned</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Proposed WDSI #1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Proposed WDSI #2 <small>Add additional rows if there are more than 2 proposed WDSIs</small></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Recipient is functionally verbal <input type="checkbox"/> Yes <input type="checkbox"/> No SLP is required to have the following WDSIs if No is checked</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Communication Dictionary <input type="checkbox"/> developed <input type="checkbox"/> planned</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. 24-Hour Communication System <input type="checkbox"/> developed <input type="checkbox"/> planned</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Currently trained	More training needed	Not trained	Currently being implemented by DSP/natural support	Current WDSI(s) to be maintained:				1. WDSI #1				2. WDSI #2				3. WDSI #3 <small>Add additional rows if there are more than 3 current WDSIs</small>				WDSI Planned				1. Proposed WDSI #1				2. Proposed WDSI #2 <small>Add additional rows if there are more than 2 proposed WDSIs</small>				Recipient is functionally verbal <input type="checkbox"/> Yes <input type="checkbox"/> No SLP is required to have the following WDSIs if No is checked				1. Communication Dictionary <input type="checkbox"/> developed <input type="checkbox"/> planned				2. 24-Hour Communication System <input type="checkbox"/> developed <input type="checkbox"/> planned				<p><b>↔ BUDGET DEVELOPMENT WORKSHEET for THERAPISTS</b></p> <p>20 units are proposed if you currently have at least 1 WDSI or you have listed at least 1 planned WDSI.</p> <p><b>◇ Semi-Annual Review</b> You may comment on any aspect of your WDSIs in the box below. However, if “Currently being implemented by DSP/natural support” is <u>not</u> checked in the Semi-Annual Review section to the left, there must be a comment on barriers to implementation you have encountered.</p>
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<b>Therapy Intervention Plan/Deliverables</b>	<b>Semi-Annual Review</b>	<b>↔Budget Development Worksheet for Therapists</b>
Indicate plans to support <b>Daily Routines</b> that are not addressed by ISP visions/outcomes	Brief narrative of activities in these areas:	If you have plans to support a daily routine not addressed in an ISP vision/outcome, 8 units are proposed
Routines in home:		
Routines outside home:		
Indicate plans for a <b>Focused Evaluation</b> (Might include/but not limited to; sensory evaluations, communication device evaluations, wheelchair evaluations <b>completed as part of ongoing services</b> ):		If you have plans to complete a focused evaluation, and you are providing other therapy services, 16 units are proposed.
Indicate plans for <b>Collaboration with other therapists and IDT members</b> to achieve ISP visions/outcomes (not included training):		If you have plans for collaboration with other therapists/IDT members, 8 units are proposed
List <b>AT/Environmental Mods/Personal Support Technology (PST)</b> monitored or planned:	Date of review/update done at time of Semi-Annual Review: _____	If you monitor or have plans for AT/Environmental Mods/Personal Support technology, 16 units are proposed
1. Indicate monitoring plans:		
2. AT Inventory developed <input type="checkbox"/> yes <input type="checkbox"/> no (AT Inventory is not required for Environmental Mods)		
3. Annual AT Inventory review/update is due by Semi-Annual Review date.		

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**# CARMP SECTION**

This page is used if the individual is identified as being at moderate or high risk for aspiration. If the single service provided by the therapist is support for the CARMP, complete the Header and the Footer information, indicate the number of units being requested by completing the Therapy Units Request section on page #1 and complete this page. No additional information is required for CARMP Only services.

<b>CARMP Activities/Deliverable</b>	<b>Semi-Annual Review</b>	<b>↔ BUDGET DEVELOPMENT WORKSHEET for THERAPISTS</b>	
Indicate activities planned in each area of <b>CARMP</b> support listed below	Brief narrative of activities in this area to include giving status of training. Initial CARMP Only services create Semi-Annual Review in the space below.	Enter up to the units indicated for each activity(development, training, monitoring, review and update)	
1. Initial CARMP will be developed (including collaborative assessment) <input type="checkbox"/> Yes <input type="checkbox"/> No		32 units are proposed	
2. Therapist plans to train appropriate sections of CARMP <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> strategies trained <input type="checkbox"/> more training needed <input type="checkbox"/> strategies not yet trained	40 units are proposed	
3. Therapist plans to monitor appropriate sections of CARMP <input type="checkbox"/> Yes <input type="checkbox"/> No		12 units are proposed	
4. Therapist plans to complete annual review and update of CARMP <input type="checkbox"/> Yes <input type="checkbox"/> No		16 units are proposed	
<b>Total CARMP Units</b>			

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**Note:** Therapist may add pages for additional information on Therapy Intervention Plan and/or Semi-Annual Review.

**Therapist must sign (with credentials) and date the Therapy Intervention Plan and the Semi-Annual Review when each is submitted.**

**TIP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Semi-Annual Review Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist must sign (with credentials) and date below when a revision to the Therapy Intervention Plan is submitted to justify a requested increase in units.**

**Revision Request Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_