STANDARD 4

SERVICE PLANNING & MONITORING
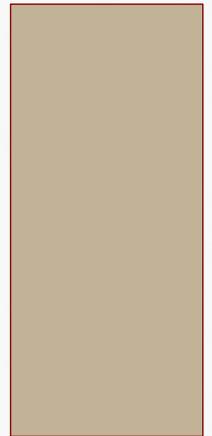
POLICY VS. PROCEDURE

Policy	Procedure
Broad application	Narrow application
General guiding principle	Describes in detail specific processes or protocols
Statements of "what" and/or "why"	Statements of "how," "when" and/or sometimes "who"
Rarely changes	Prone to change
Approved by the Board	Does not need Board approval

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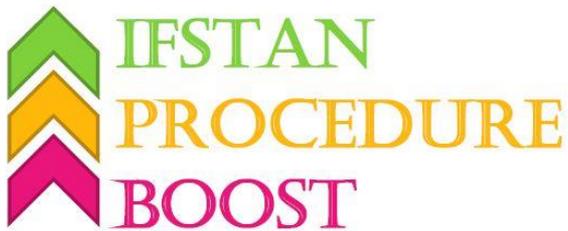
Look for this graphic on slides designed to help programs further define procedure beyond policy. This will help peer reviewers know what specifics to look for, especially if the program's policy is essentially the standard.

REVISION DATES ON POLICIES AND PROCEDURES

✅ Tracking policy and procedure changes is a requirement to be eligible for the expedited renewal policy effective July 1, 2018.

✅ Programs must track these changes on a POLICY AND/OR PROCEDURE level to be eligible.

Procedure Name:	Memorandum of Understanding
Applicable to:	Programs, Program Specialists
Effective Date:	March 2008
Date(s) of revision:	May 2011; March 2014; May 2014; December 2015
Other References:	MOU, SEQIP; Involuntary Withdrawal Form

Policy Name	Effective Date	Revised Date 1:	Revised Date 2:
Assessments and Frequency	January 1, 2011	March 4, 2013	November 6, 2016
Family Goal Planning	January 1, 2011	April 11, 2012	July 21, 2012
Frequency of Visits	January 1, 2011	April 3, 2016	

FAMILIES AND PROVIDERS WORK TOGETHER TO DEVELOP AND REVIEW SERVICE PLANS THAT ARE THE BASIS FOR DELIVERY OF APPROPRIATE SERVICES AND SUPPORT.

NA THE ORGANIZATION PROVIDES ONLY PARENT EDUCATION GROUPS OR SHORT TERM IN-HOME FAMILY SUPPORT SERVICES.

STANDARD 4

IFSC DEFINITIONS FOR STANDARD 4

Reference	Word/Phrase and Definition
throughout standards	Supervisor = program decides who supervisor is if, for example, one supervisor hires/fires and another supervises day to day activities for program
4	Service plan refers to goal setting
4.01	Appropriate timeframe is defined by program but no farther out than 6 months
4.01	Family members means that participant(s) determine who to include
4.02	Goals should be SMART Specific, Measurable, Attainable, Realistic, and Timely (within an identified time frame)
4.02	Regularly means defined by the program, be specific on how program defines regularly
4.02	Timeframes for achieving [goals] must be definite and measurable, not "on-going"

STANDARD 4.01

A family-centered service plan is developed within an appropriate timeframe with the full participation of family members as appropriate, and expedited service planning is available when crisis or urgent need is identified.

Interpretation: Service planning is to be conducted so that family members retain as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices can receive help with making or learning to make decisions.

UNDERSTANDING 4.01

A family-centered service plan is developed within an **appropriate timeframe** with the **full participation of family members as appropriate**, and **expedited service planning is available** when crisis or urgent need is identified.

What?	Descriptive Words	Procedure Definition	Where is it Documented?
Appropriate Timeframe	When	Define when the service plan is completed in procedure	Date on goal plan form
Full Participation of Family Members	Who	Define who in included from family is included in procedure. This includes how staff should know who to include	Place to document family members involved in discussion on goal plan form
Expedited Service Planning Available	How	Define "how" it is determined that this is needed in procedure. Define how it looks different and how "who, what, when, where" looks different in procedure.	Is there a different form for expedited service planning?

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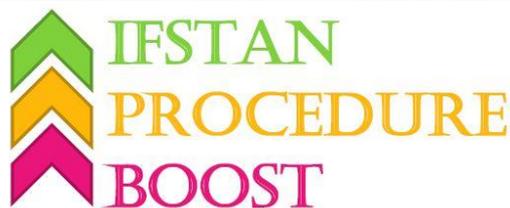
PEER REVIEW DOCUMENTS FOR 4.01

BOX

- Program policies and procedures on <u>service plan/goal setting and monitoring</u>
- Program policies and procedures that the <u>service plan/goal sheet is developed within an appropriate timeframe</u>
- Program policies and procedures <u>describing the full participation of family members as appropriate</u>
- Program policies and procedures on <u>expedited service planning when crisis or urgent need is identified</u>
- Blank service plan/goal sheet which includes:
  - Documentation of date the service plan/goal sheet is developed
  - Documentation of who participated in service planning/goal setting process

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- Completed service plans/goal sheets that contain all of standard (may be part of the participant file)

STANDARD 4.02

The service plan is based on the assessment, is tailored to the family's unique needs and priorities, is measurable, and includes:

a) agreed-upon goals, desired outcomes, and timeframes for achieving them;

b) services and supports to be provided that build on the families strengths and addresses the family's risks, and by whom;

c) includes a parent's or legal guardian's signature;

d) provider and family's regular review of progress toward achievement of goals and;

e) signed revisions to service goals and plans.

Interpretation: A family's unique background, experiences, skills, race, culture, ethnicity, language, religion, and socioeconomic status are to be taken into consideration when developing a service plan. Providers should be fully informed about issues and preferences that may impact service delivery with various groups in the service population.

UNDERSTANDING 4.02

The service plan is **based on the assessment**, is **tailored to the family's unique needs and priorities**, is **measurable**, and includes:

What	Descriptive Words	Procedure Definition	Where it is documented?
Based on Assessment	"which" or more specifically "how" and "what"	Define which assessments are used	Remember this is family-driven so it might not always be applicable but where is it documented?
Family Needs & Priorities	"how", "who" and "what needs"	Define how family needs / priorities are determined. Define who is involved in this.	Is there a place for this on the goal plan form? Where would this be captured?
Measurable	"how" and "who"	Define how the service plan is measured and who measures it.	This might be by individual goals but where is this captured?

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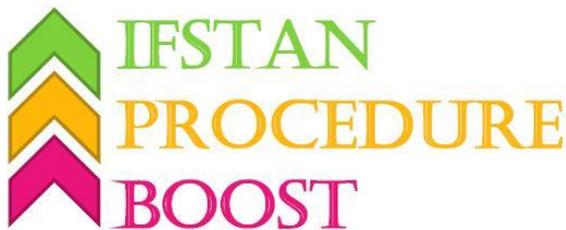
GOAL VS. OUTCOMES

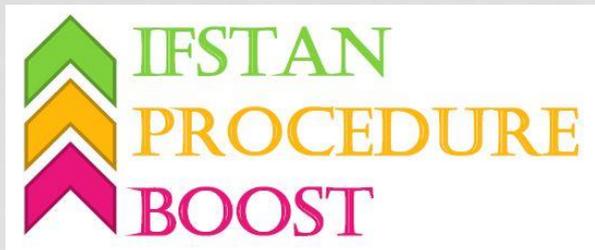| Goal	Outcome
Broad statement	More specific statement tied to goals
What does the family want to do? (this is the piece that is tied to assessments)	Who does it? What will that look like?
Example:	
<<Child>> will have their health and development needs met.	<<Caregiver>> will take <<child>> to pediatrician to get <<gender>> current on vaccinations. <<Child>> will learn to walk.

✅ Specific steps can be added as steps to the outcome to help the family feel like the overall goal is manageable and to celebrate frequent successes.

✅ Coaching the family to write smart goals is applicable to this process AND can be used to role model for families how the setting of goals can work in any scenario.

UNDERSTANDING 4.02

✅ All bullets are REQUIRED elements of goal planning
✅ Programs must define "regular" for 4.02 (d)

What	Descriptive Words	Procedure Definition	Where it is documented?
Timeframe for achieving goals and outcomes	When, where, who	Define when the timeline is set. Define where the timeline is written. Define who sets and records the timeline.	Is there a space for "T" of SMART goal on goal plan form? Who fills out that part of the goal plan form?
Services and supports that build on family strengths and address family risks	When, where, who	Define when and where both services and support build on strengths and address risks. Define the family's role in this. Define where this is recorded.	Where are these strengths and risks that are specific to the services and supports for the service plan are documented? Will fills in that part of the goal plan form?

UNDERSTANDING 4.02

✅ All bullets are REQUIRED elements of goal planning
✅ Programs must define "regular" for 4.02 (d)

What	Descriptive Words	Procedure Definition	Where it is documented?
Family and provider's regular review of progress	When, who, where (documented), how	Define regular, how often does that occur, when would a staff or reviewer know when to expect the next review of progress. Define who participates in the review of progress. Define where progress is documented. Define how the family's role in the review of progress is captured.	Is the regular review captured on the goal plan form or a different form? If it is captured in the case notes how do staff make sure they don't miss recording this. Do family's sign off on regular review (not required)?
Signed revisions	When, who, where	Define how staff know a revision is necessary (i.e. address the difference between a revision and new goal). Define who signs the revision. Define where the signatures go.	Consider if changing the due date is a revision. Is there room on the goal plan form to document revisions? Avoid having families and staff signing in margins.

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PEER REVIEW DOCUMENTS FOR 4.02

BOX

- Program policies and procedures on goal setting which include:
  - Measureable/agreed upon goals, desired outcomes, and timeframes for achievement
  - Providing services/supports that build on family strengths
  - Providing services/supports that address family risks
  - Parent/Legal Guardian signature
  - Provider and Families regular review of progress toward achievement
  - Signed revisions to service plan/goal sheet
- Blank assessments used to help develop goals
- Blank service plan/goal sheet which include documentation of:
  - Measureable/agreed upon goals, desired outcomes, and timeframes for achievement
  - Services/supports that build on family strengths
  - Services/supports that address family risks
  - Parent/Legal Guardian signature
  - Provider and Family's regular review of progress toward achievement
  - Signed revisions to service plan/goal sheet

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- Completed assessments used to help develop goals (may be a part of the participant file)
- Completed service plan/goal sheet or other documentation that includes all pieces of standard (may be part of the participant file)

STANDARD 4.03

The provider and a supervisor, or peer team, review the case quarterly to assess:
- service plan implementation;
- the family's progress toward achieving goals and desired outcomes; and
- the continuing appropriateness of the family's goals.

Interpretation: Experienced providers may conduct reviews of their own cases. In such cases, the provider's supervisor reviews a sample of the provider's evaluations as per the requirements of the standard. Timeframes for service plan review should be adjusted depending upon issues and needs of persons receiving services, and the frequency and intensity of services provided.

UNDERSTANDING 4.03

✅ How the program determines if a staff is an experienced provider reviewing services plans for their families should be described in policy. The policy should also include how the supervisor reviews a portion of those evaluations.

✅ Each bullet point needs to be documented that it was discussed.

What	Descriptive Words	Procedure Definition	Where is it documented?
Service plan implementation	Who, when, how often	Define who is involved in review. Define how often it is reviewed. Define where this is documented.	Best practices would include a narrative on discussion.
The family's progress	Who, when, how often	Define who is involved in review. Define how often it is reviewed. Define where this is documented.	Best practices would include a narrative on discussion.
Continuing appropriateness	Who, when, how often	Define who is involved in review. Define how often it is reviewed. Define where this is documented.	Best practices would include narrative on discussion.

IFSTAN PROCEDURE BOOST

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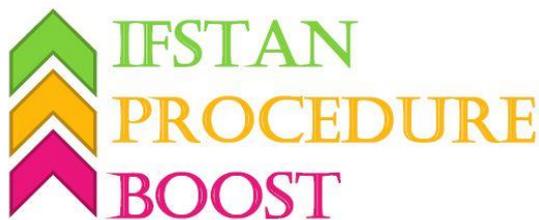
What is "service plan implementation?"

- What tasks or responsibilities does the family support professional or organization have in helping the family complete their goal?
- What referrals (if necessary) has the family support professional made?
- What specific progress has been made on the family's goal?

Example:

[Staff name] conducted the 6 month ASQ3 and [target child] scored in the grey for gross motor development

[Staff name] brought PAT Parent Handout on how to tell if a child is ready for toilet training.

[Staff name] brought release of information for family to sign so that [staff name] can make referral to AEA and provide results of ASQ3.

What is "the family's progress toward achieving goals and desired outcomes?"

- What steps has the family taken towards meeting their goals?
    - Be sure to include the small steps
- Has the family made any phone calls to access a resource?
- Has the family started implementing something learned from the family support professional?

Examples:

[Family] submitted application for SNAP via DHS website

[Family] went to IWD to attend a workshop on creating a resume

[Family] had a family meeting to discuss household rules then wrote the rules on a paper and hung on refrigerator

[Family] bought outlet covers and place them in [child's] bedroom and living room

What is "the continuing appropriateness of the family's goals?"

- Has the family met a goal?
- Does the family want to continue to work on a goal?
- Would the family like to add a goal?
- Does the family need additional support or steps added to their goal?
- Does a goal timeframe need to be extended?

Example:

[Family] no longer wants to learn about how to become a Veterinary Technician. [Family] has decided to explore a career in mortuary science.

[Family] has met their goal to have [child] fully toilet trained. [Child] is consistently using the toilet. [Family] will think about new goal and will have some ideas at the next visit.

[Family] has been working with the Child Support Recovery Unit (CSRU) to establish paternity and start receiving child support. The goal is set to expire 4/30/2021. CSRU has scheduled paternity testing for 6/4/2021. [Family] would like to extend goal until 7/31/2021.

Family name:_____

Strengths/Concerns:_____

_____

Service Plan Implementation:_____

_____

Family's Progress towards goals:_____

_____

Continuing appropriateness of goals:_____

_____

_____

_____   _____
      Family support professional   Date

_____   _____
          Supervisor   Date

Supervisee:
Supervisor:
Family:
Date:

Standard 4.03		Service Plan Implementation	Families progress towards goals & outcomes	Continued appropriateness of goals	

Comments:

_____

_____

Service Plan Implementation:

_____

_____

Progress toward Goal(s):

_____

_____

Continued Appropriateness of Goal(s):

_____

_____

Supervisee Signature: _____

Supervisor Signature: _____

PEER REVIEW DOCUMENTS FOR 4.03

BOX

- Program policies and procedures on service planning/goal setting review
- Program policy on experienced provider review of goals for families they service
  - Include how a program determines an experienced provider
  - Include supervisor review of a portion of these experienced provider reviews
- Blank documentation showing quarterly supervisory review of goals which includes:
  - Implementation
  - Family's progress
  - Continuing appropriateness of goals

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- Completed documentation showing quarterly supervisory review of goals for all families at least quarterly, each bullet of standard should be addressed
- Documentation of how the program ensures each family's goals are reviewed quarterly
- Current caseload reports

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