THERAP Individual Data Section Procedures (IDS)

Purpose:

The IDS is a comprehensive assemblage of the information necessary for interacting with the various components of the support system Saratoga Bridges provides for individuals with developmental disabilities. The IDS summarizes biographical and logistical information on a person, including contact information as well as details such as current and past places of residence, education, social and/or community activities. The purpose of the IDS is to give a brief snapshot of who the person is and their origin. As such, it must contain information used for initiating and maintaining the services provided by this support system.

Update:

Given its core role in forming the support system the Agency provides, the IDS must be updated as soon as possible upon notification of a change in any element of the information being collected and at every ISP review.

Instructions Detail: Unless otherwise noted, all sections are to be completed by the Qualified Intellectual Disabilities Professional (QIDP) /Supportive Employment Specialist or their designated representatives. In the case that the individual receives Residential services, the Residential QIDP will take primary responsibility. For those individuals receiving only Day Program, the Day Program will take primary responsibility. For those individual receiving both Saratoga Bridges’ Residential services and Day Program, the Residential QIDP will take primary responsibility. In the case of individuals receiving only FSS or SEMP, these programs will share responsibility for updating the information in this section.

NOTE: The numbered items below show the sequence of sections as they appear in view mode, i.e., what you see in the default view. Clicking the “Edit” button on the bottom right side of the screen hides sections which cannot be edited in this module. The sequence remains unchanged.

1. Identification Data
   1. Name fields are completed upon admission to Saratoga Bridges services and are derived from the individual’s birth certificate. In cases where a birth certificate is not available, a party having a legally recognized relationship with the individual may provide this information. In the even the information is provided by such a person, a note shall be placed in the attached files section of the IDS.
   2. SSN is the number issued by the Social Security Administration
   3. Birth Date is the date listed on the birth certificate filed with the government office with jurisdiction over the region in which the individual was born.
   4. Photo fields are where dated photos are placed for identification purposes. This field is optional.
   5. Gender is derived from the individual’s birth certificate, if available.
   6. Goes by is what the name/nickname preferred by the individual and/or the person’s advocate/representative.
   7. Medicaid Number is the number assigned by the DHHS
   8. ID Type should be completed with the following: NY, Capital District, DDSO, OPWDD
   9. ID Number is the TABS ID number assigned by OPWDD
   10. Additional ID Type- **DO NOT USE** this field
   11. Additional ID Number- **DO NOT USE** this field
   12. Admission Date- The first date the individual started receiving services from the Agency
   13. Race the categorization provided on the individual’s birth certificate
   14. Ethnicity/Hispanic Origin- **DO NOT USE** this field
   15. Height- Do not use this field
   16. Weight range- **DO NOT USE** this field
   17. BMI (Body Mass Index)- **DO NOT USE** this field
   18. Hair Color- **DO NOT USE** this field
   19. Eye Color- **DO NOT USE** this field
   20. Characteristics- **DO NOT USE** this field
   21. Primary Oral Language- that used by individual when speaking with staff.
   22. Primary Written Language- When applicable, same as previous item.
   23. Interpreter Needed- Yes/No
   24. Religion
   25. Individual’s Time Zone- **DO NOT USE** this field
   26. Living Arrangement- Categorization of where the individual lives
   27. Class Membership- Willowbrook
   28. Citizenship
   29. Marital Status
   30. Marital Status Date- Date recorded on marriage certificate filed with county government in which the marriage ceremony took place.
2. Active Program and Site Information **DO NOT EDIT**
   1. In the event information is incorrect, user will contact the QA Department.
3. Discharged Program and Site Information **DO NOT EDIT**
   1. In the event information is incorrect, user will contact the QA Department.
   2. Residential Address- Address in which the individual resides.
   3. Mailing Address- Address at which the individual receives their mail.
   4. Email- Individual’s email address
4. Birth Place- Country, City, State identified on the individual’s birth certificate. Completing this field is optional.
5. Medical Information
   1. For the item “Emergency Orders” if an individual has an Advanced Directive, this must be stated here. In addition, if the individual has vital medical interventions (e.g., Epi-Pen, VNS, pacemaker, Diastat, etc.) include this information here.
   2. If the Active Diagnosis field needs to be edited, click the Edit Diagnosis List hypertext, then the Add New Diagnosis button, and then complete the ICD-10 box. All other fields on the page are to be left blank.
   3. The Other Medical Information text box is to be completed using additional diagnoses from nursing reports, physician documentation, or other resources. This section will also include the date of the last Tetanus immunization, last two PPD results, and Hepatitis B status.
6. Allergies- This field is populated with information supplied when the individual was enrolled in the system. To add allergies, left-click the “Edit Allergies” text shown in the bottom of the box. The screen will refresh and show “Allergy Profile of [name of individual]”. The profile shows entries for active, inactive, and those deleted from active status.
   1. An allergy may be added to the case record using the “Add Allergy Information” button. Left-clicking the button refreshes the page to the “Allergy Detail Information of [Individual’s name]” page.
   2. Attend to the Allergy Lookup region first. There is a text entry box next to the word “Allergy” where you should type in the name of the allergy. Click the search button once you have supplied the allergy’s name/descriptor. Check the spelling if the search results yield unexpected results. Once you manage to locate the appropriate entry from the list of candidates, clicking the entry will result in a box with a scroll bar and “Add” buttons. Click the appropriate “add” button.
   3. Note that the Allergy box within the “Allergy Detail” region had been populated with the entry corresponding to the item just added.
   4. The box for “Code” is NOT to be completed.
   5. The drop-down for “Coding System” is skipped. Leave the default entry as “Please select”.
   6. Complete the text box for “Description”
   7. Select from among the available entries within the drop down for “Type”.
   8. “Severity” is NOT to be used .
   9. “Identification Date” is NOT to be used.
   10. Complete the text box for the “Reaction” exhibited as a result of exposure to the allergen. If an Epipen is required/ordered this must be entered here.
7. Advance Directives- Instructions provided by the individual and/or legally recognized representative regarding care to be provided/withheld.
   1. If the checkbox for Advance Directive is checked “Yes”, there must be a comment to specify the specific Advance Directive, even if this re-iterates information.
   2. If the individual has a DNR, Health Care Proxy, MOLST form, DNI, reference to these documents must be included in the comments section.
   3. Any items checked “Yes” must be accompanied by a comment.
8. Guidelines
   1. The items “Dietary Guidelines” and “Eating Guideline” will have “Refer to Dining Fact Sheet” inserted into the comments box.
      1. For FSS, insert “Refer to FSS Information Form” in the comments box.
   2. For the item “Communication Modality” select the appropriate item from the dropdown. If “other”, you must provide a comment in the comments box.
   3. Communication Comments will be used to clarify Communication Modality.
   4. For the item “Mobility” select the appropriate item from the dropdown. If “other”, you must provide a comment in the comments box.
      1. Where “Other” is selected, **DO NOT** fill in the box to the right.
   5. Even if “Other” is selected from the Mobility dropdown, comments will be used to clarify individual’s specific needs. In addition, inset the following text “Refer to Transfer Guidelines” in the comments box when appropriate. For FSS, refer to the FSS Information form for this information. **DO NOT USE** the items “Supervision” “Other”. Instead, insert the following text into the comments box, “Refer to iPOP”. **DO NOT USE** the dropdown items for “Food Texture” or “Liquid Consistency.
   6. For the item “Referral Source”, insert the following text when appropriate, “Refer to Dining Fact sheet.” For FSS, refer to the FSS Information form for this information.
   7. For the items Toileting, Bathing, and Mealtime Status, **DO NOT** select items from the dropdown. Leave the default entry “-Please Select-“ in place.
   8. For the item “Guardian of Self”, check the appropriate box.
   9. **DO NOT** Use the checkbox appearing below this item concerning notification.
9. Insurance- Medicare Number, Medicare Effective Date, Medicare Section
   1. Medicare- complete as applicable
   2. Other Insurance- complete as applicable
10. Contacts
    1. Individual Contacts- Legally recognized representatives who are authorized to intervene and/or provide information regarding the individual. Some may be authorized to handle PHI.
       1. The comments section must be completed with the following information when applicable: Legal Guardianship, Jonathan’s Law, consent provider for medical treatment, consent provider for behavior plans, consent provider for psychotropic medications. \*CAB reps would be listed here\*
    2. Shared Contacts- Parties who provide services to the individual and whom are authorized to handle PHI. \*See attached list of required shared contacts\*
       1. NOTE: Review the list of shared contacts prior to adding another one. This will avoid duplicates.
11. Behavior
    1. Insert summary of individual’s disposition.
12. Assessment Score-**DO NOT USE**
13. Team Members- **DO NOT USE**
14. Attached Files- Supplemental items used to explain items identified in previous sections of this module.
    1. Day Service Program coordinators (QIDP) will create and/or update the Transportation Information Sheet (TIS) and upload the new version as an attachment. The PC will then navigate to the Individual tab within the Therap dashboard, create a new T-Log, select Transportation as the program, select the option to “Create a T-Log without an Individual”, fill in the blank for “Give Your T-Log a Summary” with “Transportation” and then list the names of individuals for whom the TIS has been updated.
       1. NOTE: If only one individual’s transportation guidelines have changed, attach a T-Log to the individual’s case. If the guidelines pertain to more than one individual, create a T-Log listing the individuals whose guidelines have changed, and submit a T-Log without linking to a specific individual (see guidelines above).
15. Emergency Data Form This section cannot be edited. This form will be used per the “grab and go” procedure.
16. Pending Admission Notes This information has been edited by the Intake/Admission Coordinator. This field cannot be edited.

\*\*In order to time stamp any changes being made, you have to click the “edit individual data” button on the bottom of page. The screen will refresh, Click “Save” on the bottom of the page. This would have to be done when editing the Diagnosis, Allergies, or Contacts. \*\*

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