

**Self-Determination
Individual Plan of Service (IPOS) Training/Verification**

Name of Person Served: _____

- **My employees will be required to understand my goals and provide support for me to achieve those goals by assisting with goal objectives I have chosen.**
- **Service Progress Notes should clearly state the date, time, duration of service activity and service code (CLS or Respite)**
- **Service Progress Notes shall contain statement(s) regarding services provided that reflects the goals from the IPOS.**
- **Service Progress Notes must reasonably describe all activities/events that occurred during each shift.**
- **Service Progress Notes must reasonably account for all time billed.**
- **Service Progress Notes shall be written in a non-judgmental style, which does not reflect the employee's personal opinions, feelings or attitudes.**
- **All Service Notes shall be completed using blue or black ink. Writing must be neat and legible.**

By signing this document, I, _____ (employee) **have reviewed a copy of the IPOS**, understand Medicaid documentation requirements, have had all my questions and concerns addressed, and have been trained on how to implement the IPOS for the person served.

IPOS Date: _____

Employee Signature

Date

(Managing) Employer Signature

Date

Fiscal Intermediary Name

Trainer's Name (If Primary Case Holder answer question below)

Date

Primary Case Holder was authorized to train staff on behalf of the participant

Yes

No

Send original to Fiscal Intermediary for filing