White Glove Training Manual for Provider Soft software

We are pleased to introduce the Provider Soft electronic documentation software to our Early Intervention therapy teams. You will find Provider soft to be very user friendly and functional.

- Therapists are mandated to document all session notes via the new system.

- Notes must be posted within 48 hours of visit date- incomplete/late notes may affect your payment.

- Make sure to complete **all** fields as required.

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Provider Soft Login Info

Website-https://web2.providersoftllc.com/WhiteGloveCommunityCareInc/TherapistsLogin/TherapistLoginScreen.aspx

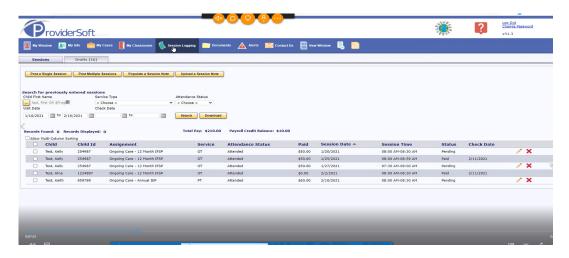*Your login username is _____ Your password is _____ (will be assigned upon activation)*

- **General information about using Provider Soft:**
- It is a web-based system which requires you to be connected to the internet.
- It is recommended to use a device with built-in Wi-Fi or have your device connected to the internet using a hotspot.
- Laptop, iPad/tablet use is recommended for documentation. Smartphone may also be used for daily notes.
- If you use a smartphone to document notes, it is recommended to utilize the mobile app for documentation. See separate Provider Soft User Guide attached.
- **Troubleshoot:**
- In the event you need assistance contact our White Glove Provider soft rep or your service coordinator.
- Software representative: Edelia Lefkowitz
- ☎718-828-2666 Ext. 3235
- 📧 elefkowitz@whiteglovecare.net

Login as illustrated below with username and password provided by your WG rep. (change to picture with cursor and logging in)

Session Logging Tab

This is the tab you will use to document your session notes.

Click on populate a session to complete a session note. The following screen will appear.

Click on <u>Select</u> next to the child's name. The system will generate a session note with selected child's basic info.

How to document a session note

Document the following fields:

-IFSP service location: Choose service location from dropdown menu. If providing telehealth, enter the following under additional information section: ***session conducted via tele secondary to covid 19***. You will also need to complete a session confirmation log for all telehealth sessions. See sample on page 12. You can also find the document in Provider Soft, under Documents/Documents Library tab.

Time: from

Time: to

-Total time for visit must be 30 minutes total or accordance to Service authorization

*-Session date/Date note written/Parent signature and Therapist signature dates**: All 4 date fields must match and must be the actual visit date-change to correct visit date***

-CPT codes: must have a minimum of 2 codes selected- may include 1st code times X2, or 2 different codes X1

-Session participant-child and caregiver must be checked off

-1. Must include parent feedback on progress

2-goals-Select a minimum of 3 goals from the dropdown-will have child's first name indicated in the beginning of the goal

3- each line must be checked off as applicable

4- each line must be checked off as applicable

5-must include parent education

Signature-click on signature to obtain parent and interventionist signature
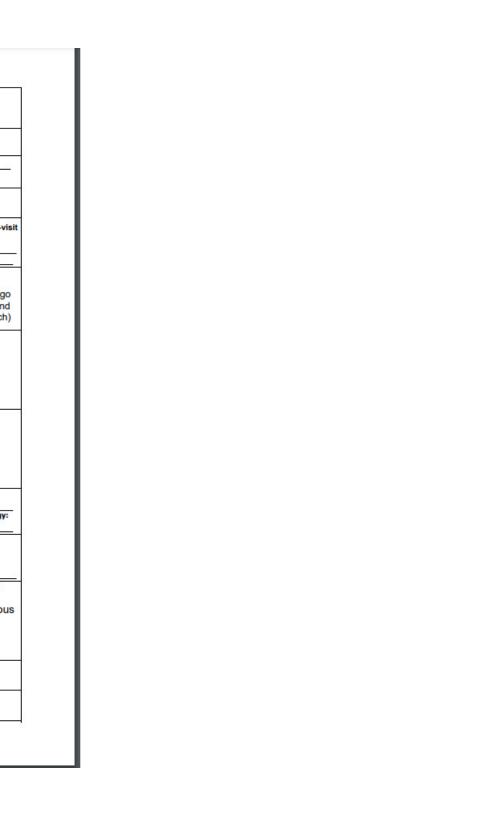
-caregiver signature must have relationship to child filled in.

White Glove Community Care, Inc.

NYC Early Intervention Program Session Note

Child's Name: Beck, Test   **DOB:** 1/2/2020   **SEX:** ☑ Male ☐ Female
EI#: 123123

Interventionist's Name: Dummy Dummavitch	**Credentials:**	OTR/L.
National Provider ID #: 1231232233	**Service Type:**	OT

Session Date: 4/20/2021   **IFSP Service Location:** Home   **Date Note Written:** 4/20/2021
Time: From 8:00 AM   **To:** 8:30 AM

ICD-10 code: F84.5   **HCPCS / CPT Codes (List All Applicable)**
  1st Code: 97530   **X 2**   **2nd Code:** ___ **X**   **3rd Code:** ___ **X**   **4th Code:** ___ **X**

☐ Session cancelled - reason listed in #1. Session must me made up by: _____   **Co-visit**
☐ This is a make-up for a missed session on: _____ . (must be within 2 weeks)
Session Participants: ☑ child: ☑ parent/caregiver ☐ Other: _____
If the parent/caregiver was unavailable, how did you communicate with them about the session? _____

1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.   Cancellation Reason (as applicable):

Mom reports child is now able to grab fork with R hand and scoop up cheerios. Child was able to stack 3 lego pieces with Min A and Mod verbal cues for initiation. Child was able to jump on trampoline 5x with mod A and hand over hand from therapist. Child demon. increased focus after sensory hand warm up (5 squeezes each)

Additional information about the session (as appropriate):

Child continues to make progress towards his goals.

2. IFSP Functional Outcome(s) and Objective(s) addressed during this session:
Test will play with toys
Test will jump
Test will focus

3. Routine Activities worked on during the session:: ☑ Activities of Daily Living (ADL): ☑ Play/Social:
☐ Community/Errand: ☐ Other(s): _____
Strategies used within the Routine Activities: ☑ Modeling: ☑ Cues: ☑ Prompts: ☐ Positioning: ☐ Assistive Technology:
☐ Other: _____

4. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child during routines
☐ Parent/caregiver tried activity, feedback exchanged ☐ Demonstrated activity to parent/caregiver
☐ Reviewed communication tool with parent/caregiver
☐ Other: _____

5. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?

Mom encouraged to work on sensory regulation techniques such as squeezing and feeling various items and helping to carry heavy laundry to assist with proprioceptive input.

Parent/Caregiver Signature: _(signature)_   **Date:** 4/20/2021
Relationship to child: Mom   40.6528762 -73.95949399999999 71120

Interventionist Signature: _(signature)_   **Date:** 4/20/2021
Credentials: OTR/L.   **License/Certification #:** 44242   40.6528762 -73.95949399999999 71120

How to document a Missed Session notes

-*Session date-date visit was missed*

-*IFSP service location-*

-*Time: from and Time To-enter time for original visit schedule*

-HCPCS/CPT code: select 9999

-Session cancelled-check this box

-Session must be made up by: type 2 weeks from missed session date

-1-select cancellation reason from dropdown. Enter cancellation reason note in text box

-2-enter n/a in this field

-Interventionist signature and date

NYC Early Intervention Program Session Note

Child's Name:	Beck, Test		DOB:	1/2/2020	SEX: ☑ Male ☐ Female
EI#:	123123				

Interventionist's Name:	Dummy Dummavitch	Credentials:	OTR/L.
National Provider ID #:	1231232233	Service Type:	OT

Session Date:	4/19/2021	IFSP Service Location: Home	Date Note Written:	4/19/2021
Time: From	8:00 AM	To: 8:30 AM		

ICD-10 code: F84.5   **HCPCS / CPT Codes (List All Applicable)**

1st Code:	99999	X 1	2nd Code:	X	3rd Code:	X	4th Code: _____ X

☑ **Session cancelled** - reason listed in #1. Session must me made up by: __5/4/2021__   Co-visit
☐ This is a make-up for a missed session on: _____ . (must be within 2 weeks)
Session Participants: ☐child: ☐parent/caregiver ☐Other: _____
If the parent/caregiver was unavailable, how did you communicate with them about the session? _____

1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.   Cancellation Reason (as applicable): Family Cancelled

Mom reported child is sick today

Additional information about the session (as appropriate):

2. IFSP Functional Outcome(s) and Objective(s) addressed during this session:
n/a

3. Routine Activities worked on during the session:: ☐Activities of Daily Living (ADL): ☐Play/Social:
☐Community/Errand: ☐Other(s):
Strategies used within the Routine Activities: ☐Modeling: ☐Cues: ☐Prompts: ☐Positioning: ☐Assistive Technology:
☐Other: _____

4. How did you work with the parent/caregiver? ☐Observed parent/caregiver and child during routines
☐Parent/caregiver tried activity, feedback exchanged   ☐Demonstrated activity to parent/caregiver
☐Reviewed communication tool with parent/caregiver
☐Other: _____

5. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?
n/a

Parent/Caregiver Signature:	_____		Date: _____
Relationship to child:	_____		

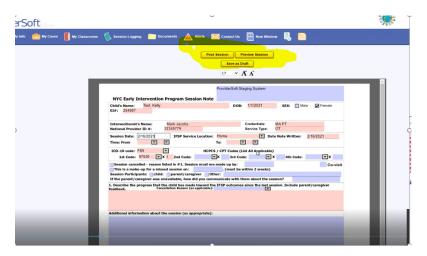|			
Interventionist Signature:	∽		Date: 4/19/2021
Credentials: OTR/L.	License/Certification #: 311424		40.6528762 -73.95949399999999 71120

Session Posting:

Post Session:

Click on post session to submit completed notes to the agency

Draft:

Click on save as draft in the event you need to complete/edit the note. Notes must be posted within 48 hours of visit.

You can view and edit draft notes by selecting session logging and choosing 2nd tab/drafts

Session Notes Log

Search for previously entered sessions

Child First Name	Service Type	Attendance Status
last, first OR $Prog	< Choose >	< Choose >

Visit Date	Check Date
1/16/2021 to 2/16/2021	to

Search   Download

Records Found: 0   Records Displayed: 0   Total Pay: $210.00   Payroll Credit Balance: $10.00

Allow Multi-Column Sorting

	Child	Child Id	Assignment	Service	Attendance Status	Paid	Session Date ▲	Session Time	Status	Check Date		
☐	Test, Kelly	254987	Ongoing Care - 12 Month IFSP	OT	Attended	$50.00	1/20/2021	08:00 AM-08:30 AM	Pending		✏	✕
☐	Test, Kelly	254987	Ongoing Care - 12 Month IFSP	OT	Attended	$50.00	1/25/2021	08:00 AM-08:59 AM	Paid	2/11/2021		
☐	Test, Kelly	254987	Ongoing Care - 12 Month IFSP	OT	Attended	$50.00	1/27/2021	07:30 AM-08:00 AM	Pending		✏	✕
☐	Test, Hina	1234897	Ongoing Care - 12 Month IFSP	OT	Attended	$0.00	2/2/2021	08:00 AM-08:30 AM	Paid	2/11/2021		
☐	Test, Keith	859789	Ongoing Care - Annual IEP	PT	Attended	$60.00	2/10/2021	08:00 AM-08:30 AM	Pending		✏	✕

On the main screen under the session logging tab, you can see all your posted activity and pay status.

Paid status indicates payment has been processed for the visit. The session note is available for viewing and download.
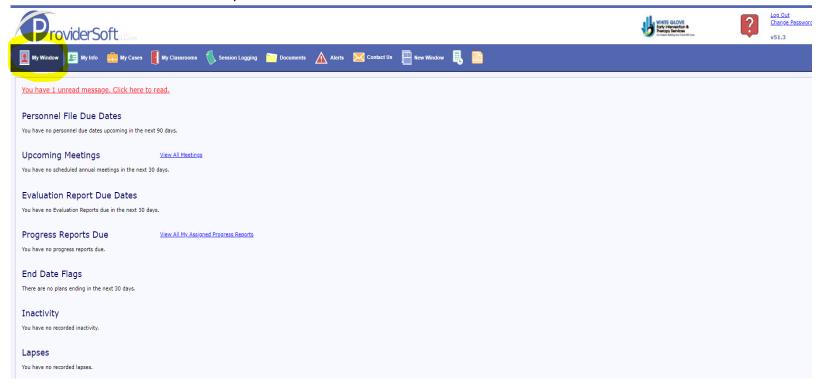
Pending status indicates the session note is pending approval/payment. The session note can be edited by using the ✏ icon.

My Window tab

Each time you log in to provider soft, click on the My Window tab to review reminders on documents due and/or service authorization changes.

-Progress Reports must be submitted by the due date indicated in provider soft. (see instruction on Progress report completion in Provider soft Document library titled, Progress Report with instruction

-End Date Flags-only provide services until end date. Contact your coordinator to obtain updated auth

-Inactivity/Lapse-contact your coordinator for specific guidance. For 3 consecutively missed session, you need to fill out the Gap in Service delay form. Find the form in Provider soft Document library

Documents

Document Library

You can download or view all agency forms and documents.

Forms

Complete and post the following documents:

-Progress Report

-Session confirmation log for telehealth visits

Select the form you need to complete. Then select the applicable child info. The system will prepopulate the child info on the form.

 Click on edit or download, Edit will enable you to revise the form in the system.

Once done editing you can save as *draft* or click on *send to admin* to submit the form.

Form Draft

You can find Draft forms in this tab. Edit or delete forms when using the pencil or X icon.

Documents upload

If a form was downloaded, you will have to upload on the document upload tab to send to admin.
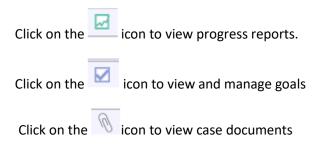
You can upload completed external forms. When uploaded to system, it will submit to the agency automatically.

-On the bottom, you can view all documents you have sent to admin-use side icons to download, delete, or edit.

My Cases

Navigate this tab to view all information on your assigned cases. You can review Authorization dates and details, IFSP mandates and goals, progress reports, and general case info.

Click on the [icon] icon to view progress reports.

Click on the [icon] icon to view and manage goals

Click on the [icon] icon to view case documents

Weekly session confirmation log for telehealth sessions

NYC Health

NYC Bureau of Early Intervention Sample Weekly Confirmation of Telehealth Services for COVID-19 (3/25/2020)

Instructions: This sample form must be completed by the teacher/therapist to ensure the continuation of services during the Declared State of Emergency for COVID-19. All fields are required; providers may add more fields if needed. All information must be completed and must match the appropriate fields on accompanying session notes. Typed signatures are not acceptable. This form, along with the corresponding session notes, must be kept in the child's file. Please see the New York State Department of Health Bureau of Early Intervention's "Frequently Asked Questions Related to Virtual Early Intervention Visits During COVID-19 Declared State of Emergency, March 19, 2020" for further guidance.

Child's Name:		DOB:	NYEIS/EI#:
Service Type Delivered (One SA # Per Sheet):		NYEIS Service Authorization #:	
Teacher/Therapist Name:	Teacher/Therapist Discipline:		NPI#:
Agency Name:		Frequency:	Intensity:

Date of Service	Start Time	End Time	CPT Code	Signature of Parent/Guardian Verifying That Service Was Delivered	Date Signed

Handwritten

Remember

The accuracy, quality, and integrity of your documentation is very important and should be taken seriously

- A student's treatment record is also an official record
- Each time you complete and submit a student record you are legally binding yourself to the truth and accuracy of the statements made in the document
- NYCDOE relies on your representations/certifications to submit claims to Medicaid
- Licensed clinicians have professional responsibilities above and beyond the NYCDOE requirements
- Pay close attention to what you are documenting: Always protect and preserve the integrity of your students' records
- Pay close attention to what you are documenting: Always protect your license and your job