

## IRRCS WEST CLIENT PURCHASE PLANNING AND REVIEW TEMPLATE

### Introduction to the Template

This template should be used as progressive document for each IRRCS West client. It should be stored as part of the client primary file. Each section requires nominated IRRCS West members to sign off on inclusions. The 8 parts of the template mirror the IRRCS West process including transition to community, IRRCS West purchased services in the community and transition to mainstream services over a period of up to two years. The Purchasing Template complements but does not substitute in any way for Recovery Plans.

### Inclusions and Responsibilities

	Inclusions	Responsibilities
Part 1	PURCHASING PROPOSAL Year 1	CARE COORDINATOR
Part 2	SELECTION PANEL APPROVED PRICE CEILING YEAR 1/REVIEW DATE	SELECTION PANEL
Part 3	SELECTION PANEL APPROVED PRICE CEILING YEAR 1/REVIEW DATE	CARE COORDINATOR/PRACTICE GROUP
Part 4	IRRCS WEST YEAR 1 PURCHASING PLAN REVIEW SUMMARIES AND PLAN VARIATIONS	CARE COORDINATOR/PRACTICE GROUP
Part 5	IRRCS WEST YEAR 2 PURCHASING PROPOSAL and PLAN	CARE COORDINATOR/PRACTICE GROUP
Part 6	APPROVED PRICE CEILING YEAR 2/ REVIEW DATES	PRACTICE GROUP/GOVERNANCE GROUP
Part 7	IRRCS WEST YEAR 2 PURCHASING PLAN, REVIEW SUMMARIES AND PLAN VARIATIONS	CARE COORDINATOR/PRACTICE GROUP
Part 8	IRRCS WEST EXIT SUMMARY	CARE COORDINATOR/PRACTICE GROUP

### Template Review

Review of the Purchase Planning and Review Template will be undertaken by the IRRCS West Practice Group in consultation with Care Coordinators and endorsed by the IRRCS West Governance Group by March 2010

## IRRCS WEST CLIENT PURCHASE PLANNING AND REVIEW TEMPLATE

### Identification Information

**Client Name:**

**UR #:**

**Care Coordinator:**

**Agency:**

### Contact Information

- Phone
- Email

**Part 1: PURCHASING PROPOSAL Year 1**

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**Completion Responsibility:** Care Coordinator  
**Completion Time:** Date: \_\_\_\_\_  
 (within 4 weeks of the appointment to the role of Care Coordinator or by date agreed by Client Selection Panel)

**Relevant Documents:** Initial Assessment Form  
 SECU Client File  
 Client Selection Panel Reason for Decision

**Responsibility for setting Price Ceiling:** Client Selection Panel

**1.1 Transitional Service Needs Summary and Cost Estimate**

**Planned Transition Period<sup>1</sup> (number of weeks/dates):**

Service Type	Roles and Specific Deliverables	Hours incorporated into existing roles	IRRCS Service Hours Per week	Estimated IRRCS West \$ Cost per Hour	Estimated \$ Cost for the Transition Period
SECU					
Care Coordination					
Clinical In-reach					
PDRS In-reach					
Brokerage					
Other					
<b>Totals</b>					

**Commentary on rationale for proposed hour/cost allocations:**

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<sup>1</sup> The first year of service will commence on approval of the price ceiling by the Selection Panel. Care Coordination tasks and time involved in the initial Purchase Planning process will occur prior to the commencement of Year 1 and will be funded at a fixed price determined by the IRRCS West Governance Group.

**1.2 Year 1 Community Service Needs Summary and Cost Estimate  
Period in Community in Year 1 (number of weeks/dates):**

<b>Service Type</b>	<b>Roles and Specific Deliverables</b>	<b>Hours incorporated into existing roles</b>	<b>IRRCS West service hours per week</b>	<b>Estimated IRRCS West \$ cost per hour</b>	<b>Estimated \$ cost for the period</b>
SECU					
Care Coordination					
Clinical In-reach					
PDRS In-reach					
Brokerage					
Other					
<b>Totals</b>					

**Commentary on rationale for proposed cost allocations:**

**Recommended Year 1 Price Ceiling: \$** \_\_\_\_\_

**Care Coordinator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Part 2: SELECTION PANEL APPROVED PRICE CEILING YEAR 1**

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**Annual Price Ceiling Year 1: \$**

Including:

- |   |    |
|---|----|
| a) Care Coordination Costs to prepare Purchase Plan (fixed price) | \$ |
| b) Other Care Coordination Costs in Year 1                        | \$ |
| c) Other Purchased Services Costs in Year 1                       | \$ |
| d) Allowance for brokered services in Year 1                      | \$ |

**Notes on variations to Purchasing Proposal:**

**Date approved by Client Selection Panel:**

**Date for initial review of transition progress/ outcomes:**

**Signed Convenor of Client Selection Panel:**

**Part 3: IRRCS WEST YEAR 1 PURCHASING PLAN, OUTCOMES AND REVIEW SCHEDULE**

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**Completion Responsibility:** Care Coordinator

**Completion Time: Date:** \_\_\_\_\_

(within 4 weeks of price ceiling approval or as negotiated with Lead Agency)

**Relevant Documents:** Initial Assessment Form  
 SECU Client File

**Responsibility for endorsement:** Practice Group

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**3.1 Transitional services and costs**

**Transition Period (dates and number of weeks):**

Service Type	Name of Provider	Roles and Specific Deliverables	Hours incorporated into existing funded roles	IRRCS West service hours per week	\$ Rate per hour	\$ Cost for the Transition Period
SECU						
Care Coordination						
Clinical In-reach						
PDRS In-reach						
Brokerage						
Other						
<b>Totals</b>						

- **Explanatory Notes:**
- **Summary of Intended Outcomes** to be achieved to be through service transitional purchasing arrangements
- **Date for review** of transition outcomes and costs (required by Selection Panel and conducted by Practice Group):

**3.2 Year 1 Services to be provided in community and associated costs**

**Period in community Year 1 (dates and number of weeks):**

<b>Service Type</b>	<b>Name of Provider</b>	<b>Roles and Specific Deliverables</b>	<b>Hours incorporated into existing funded roles</b>	<b>IRRCS West service hours per week</b>	<b>\$ Rate per hour</b>	<b>\$ Cost in the community – Year 1</b>
Care Coordination						
Clinical services						
PDRS services						
Brokerage						
Other						
<b>Totals</b>						

- **Explanatory Notes:**
- **Summary of Intended Outcomes** to be achieved to be through community provided services in Year 1:
- **Listing of any early strategies in place to support transition to main steam services (by the end of Year 2):**

**Signed Care Coordinator:**

**Date:**

**Endorsed Practice Group (date):**

**Date(s) for review** of Year 1 community outcomes and service costs (as set by Practice Group):

**Part 4: IRRCS WEST YEAR 1 PURCHASING PLAN REVIEW SUMMARIES AND PLAN VARIATIONS**

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**Completion Responsibility:** Care Coordinator

**Completion Time:** as scheduled by Practice Group (usually quarterly but more frequently if required)

**Relevant Documents:** Parts 1 – 3 this document

Care Plan

IRRCS West Primary File

Purchased service sub-contracts

**Responsibility for review:** Practice Group

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**4.1 Transition Plan Report Format**

**Subcontract Summary**

Provider subcontracts in place	Yes	No

- Were there subcontract changes of substance? Please describe:
- Were there any contract management issues that emerged? Please describe:

**Financial Summary:**

**Dates: from:**                      **to:**

	Approved Allocation		Payments Made		Payments Outstanding		Surplus/ Deficit Funds
	Hours	\$	Hours	\$	Hours	\$	\$
<b>Providers</b>							
<b>Total</b>							

- Please explain any variations from agreed purchase rates and hours – both under and overspends (surplus/deficit):
- Please describe achievements and under-achievements in respect to the nominated outcomes:

**Summary of Care Coordinator Hours Worked** (in relation to this client)

**Dates: from:**                      **to:**

	# Hours
Average hours per week	
Maximum hours in one week	
Minimum hours in one week	
Total hours for the period	

Hours should include all direct and indirect client related work

- Please provide any other relevant comment:

**Signed Care Coordinator:**

**Date:**

**Endorsed Practice Group** (noting any required variations)

**Date of next Review:**

**Signed Practice Group Convenor:**

**Date:**

#### 4.2 Year 1: 'Community' Reviews

For each review scheduled by the Practice Group, the Care Coordinator is expected to provide a review report that includes:

- Description of any emerging subcontract issues
- Financial summary (see table 4.1)
- Care Coordinator Hours Summary (see table 4.1)
- Variations to the Purchase Plan – using table 3.2 above - with proposed variations to the original highlighted
- Rationale for proposed changes and summary of financial implications
- Outcome achievements and under-achievements
- List of (any) strategies in place to support transition to mainstream services at end of Year 2

The report should be signed and dated by the Care Coordinator

Review outcomes must be noted, dated and signed off by the Convenor of the Practice Group and include the date of the next review

The date by which the Year 2 Purchasing Proposal is due for completion must be set at the first 'community' review

*Insert review reports here*

**Part 5: IRRCS WEST YEAR 2 PURCHASING PROPOSAL and PLAN (including exit strategies)**

**Completion Responsibility:** Care Coordinator  
**Completion Time:** as scheduled by Practice Group  
**Relevant Documents:** Parts 1 – 4 this document  
 IRRCS West Primary File / Recovery Plan  
 Purchased service sub-contracts  
**Responsibility for endorsement/review:** Practice Group

**5.1 Year 2 Purchase Proposal and Plan (to be completed at least one month prior to the commencement of Year 2)**

Service Type	Name of Provider	Roles and Specific Deliverables	Hours incorporated into existing role	Proposed IRRCS West Service hours per week	\$ Rate per hour	Expected \$ Cost for Yr 2
Care Coordination						
Clinical services						
PDRS Services						
Brokerage						
Other						
<b>Totals</b>						

- **Explanatory Notes:**
- **Listing of strategies in place to support transition to main steam services (by the end of Year 2):**
- **Summary of Intended Outcomes** including progress to transition to mainstream services

**Part 6: APPROVED PRICE CEILING YEAR 2/ REVIEW DATES**

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**Annual Price Ceiling Year 2: \$**

Including

- a) Care Coordination Costs Year 2 \$
- b) Other Purchased Services Costs in Year 2 \$
- c) Allowance for brokered services in Year 1 \$

**Notes on variations to Year 2 Purchasing Proposal:**

**Date recommended by Practice Group:**

**Dates for Year 2 reviews:**

**Signed Convenor Practice Group:**

**Date endorsed by Governance Group:**

## **Part 7: IRRCS WEST YEAR 2 PURCHASING PLAN REVIEW SUMMARIES AND PLAN VARIATIONS**

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### **Year 2: 'Community' Reviews**

For each review scheduled by the Practice Group, the Care Coordinator is expected to provide a review report that includes:

- Description of any emerging subcontract issues
- Financial summary (see table 4.1)
- Care Coordinator Hours Summary (see table 4.1)
- Variations to the Purchase Plan – using table 5.1 above - with proposed variations to the original highlighted
- Rationale for proposed changes and summary of financial implications
- Outcome achievements and under-achievements
- List of strategies in place to support transition and summary of progress toward transition to mainstream services by end of Year 2

The report should be signed and dated by the Care Coordinator

Review outcomes must be noted, dated and signed off by the Convenor of the Practice Group and include the date of the next review

The date by which the Year 2 Purchasing Proposal is due for completion must be set at the first 'community' review

*Insert review reports here*

## Part 8: IRRCS WEST EXIT SUMMARY

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**Completion Responsibility:** Care Coordinator

**Completion Time:** within 2 weeks of client exit from IRRCS West

**Relevant Documents:** Parts 1 – 7 this document  
IRRCS West Primary File / Recovery Plan  
Purchased service sub-contracts

**Responsibility for sign off:** Care Coordinator /Practice Group

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The Exit Summary must be presented to the Practice Group and include:

- Summary of IRRCS West costs (Years 1 and 2)
- Financial result compared to price ceilings (Years 1 and 2)
- Summary of mainstream service arrangements in place
- Date of exit
- Any other relevant information

*Insert Exit Summary here*

Sign off by:

Care Coordinator

Date:

Convenor Practice Group

Date: