

INDIVIDUAL SUPPORT PLAN MONITORING TOOL

Supports Coordination Guidance Document

Supports Coordinators (SCs) Individual Support Plan (ISP) monitoring is designed to provide support to individuals and their families, allows for frequent communication to address current needs and to ensure individuals health and safety. In addition, monitoring allows for increased support to plan for services throughout the lifespan.

SC monitoring verifies that the individual is receiving the appropriate type, amount, scope, duration, and frequency of services to address the individual's assessed needs and desired outcome statements as documented in the approved and authorized Individual Support Plan (ISP). It also ensures that the participant has access to services, has a current back-up plan and exercises free choice of providers.

This tool is designed to provide guidance to SCs when conducting monitoring visits with individuals, families and/or team members.

Individual's Name:	
Supports Coordinator's Name:	
Date:	

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SC: INDIVIDUAL MONITORING: INSTRUCTIONS

SCs must answer all questions on the monitoring tool by selecting a Yes, No, or N/A response from the applicable drop-down box. Each question that is answered with a Yes or No response is required to have detailed documentation describing the observation/conversation held with the individual, family/caregiver and/or staff person in the “Observation/Conversation” text box. Documentation is not required for questions answered N/A. The Observation/Conversation text boxes are mandatory fields when a Yes/No response is selected.

If issues are identified during the monitoring, the SC must document the issue in the Issues text box for the applicable question and follow their SCO protocol regarding notification of monitoring issues for it to be addressed accordingly (i.e. elevated to the County/AE). Follow-up actions should be documented in service notes and/or upcoming monitoring’s to ensure that the issue was resolved. Since Observation/Conversation text boxes are mandatory, SC should enter “see Issue below” in Observation/Conversation text box and document clearly the issue/concern in the Issues text box.

Monitoring tool documentation should not continue to read the same across multiple monitoring’s. For example, if an individual does not have something that is needed or has requested assistance with something, the monitoring should reflect progress towards (or lack of) in future monitoring’s. Also, if follow up is needed with something and SC intends on or has initiated contact with someone, SC is to specify their intention or action that has already been taken.

Please note: For all waiver participants who receive services on a less than monthly basis, ODP requires monthly monitoring conducted by the SC with at least one face-to-face occurring every three months.

A deviation of monitoring frequency and location is only permitted when an individual goes on vacation or on a trip as per ODP’s Waiver Travel Policy related to Service Definitions. During the time that the individual is out of the state of PA, the SC must conduct monthly monitoring’s with at least one face-to-face monitoring occurring every three months. The face-to face monitoring can occur by a telecommunication application software product such as Skype. The use of such software is only permitted for monitoring’s of individuals who are on vacation or on a trip out of the state of PA. The monthly monitoring can be conducted by telephone.

For individuals in the Consolidated and Community Living Waivers, this requirement would only apply when the individual is out of the state more than two consecutive months.

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For individuals in the PFDS Waiver, this requirement would only apply when the individual is out of the state more than three consecutive months.

Targeted Support Management and Base-Funded Case Management Individual Monitoring must take place at least annually and on a separate day from the ISP meeting. Monitoring's can occur at a greater frequency to ensure the health and welfare of the individual. Deviations of monitoring frequency are not permitted for these circumstances.

Type of Contact: Select the appropriate contact type based on the setting/location that the monitoring took place. The contact type dictates which version of the monitoring tool will appear for the SC to complete.

Community: - A face-to-face monitoring activity that takes place in a social or recreational environment such as a restaurant, sporting event, or any other location of the consumer's choice other than the home or the day supports location.

Community with Medication: A face-to-face monitoring activity that takes place in a social or recreational environment such as a restaurant, sporting event, or any other location of the consumer's choice other than the home or the day supports location. This is selected if the individual takes medication.

Day Support: A face-to-face monitoring that takes place wherever funded facility-based day supports are provided such as Community Participation Support services. Monitoring in a non-traditional day program setting, such as a community setting, should be conducted in an unobtrusive manner. SCs should use discretion if monitoring an individual in at their place of employment, volunteering opportunity and/or educational setting.

Day Support with Medication: A face-to-face monitoring that takes place wherever funded facility-based day supports are provided such as Community Participation Support services. Monitoring in a non-traditional day program setting, such as a community setting, should be conducted in an unobtrusive manner. SCs should use discretion if monitoring an individual in at their place of employment, volunteering opportunity and/or educational setting. This is selected if the individual takes medication.

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	Home: A face-to-face monitoring activity that takes place at the individual's residence.				
	Home with Medication: A face-to-face monitoring activity that takes place at the individual's residence. This is selected if the individual takes medication.				
	Phone: A monitoring activity that takes place through a phone contact.				
	Phone with Medication: A monitoring activity that takes place through a phone contact. This is selected if the individual takes medication.				
Contact Date		Enter the date that the SC met with individual to complete the monitoring. If the date entered is more than 90 days in the past, the following prompt displays to confirm the contact date is correct: <i>"The contact date you entered is more than 90 days in the past. Please confirm that you have entered the correct contact date."</i>			
Announced		Yes		No	Select Yes if the monitoring was scheduled in advance of meeting with individual. Select No if the monitoring was not scheduled in advance.
Time of Contact		Enter the start time of the monitoring.			
Provider		<p>The SC should select from the drop down list the name of the Provider that was rendering services at the time of the monitoring. If no services were being rendered other than SC, select N/A.</p> <p>This field is pre-populated from the individual's authorized services in his or her ISP.</p>			
Person Performing Monitoring		This is prepopulated based on who the assigned SC is in HCSIS for the individual selected to complete the monitoring.			

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SC: INDIVIDUAL MONITORING: HEALTH/SAFETY/WELLNESS INFORMATION	
Complete every item using either a "Yes", "No" or "N/A"	
1.	<p>Have there been changes observed in the individual's overall health functioning and health status since the last monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff. Document changes in weight, sleep habits, appetite, appearance and changes in behavior via SC observation, review of available medical records. Have you seen changes? Are they eating? Are they sleeping? Any illnesses, colds, seizure activity, etc.?</p> <p>Have there been any hospitalizations for illness? Have there been any injuries requiring treatment beyond first aid that required a visit to an urgent care, Primary Care Physician (PCP), Emergency Room (ER)? If there have been any injuries requiring treatment beyond first aid or hospitalizations for illness, is there evidence that an incident report has been filed as required?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Issues:</p> </div>
2.	<p>Is there evidence the individual's health care needs are being addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Document findings by asking the individual, family/caregiver and/or staff about health status or barriers accessing needed health supports. Are there health care goals or health promotion activities; if so, was there any progress? Any changes identified? Are protocols written and staff trained on specific health-related conditions or diagnoses? Have all appointments been scheduled and kept? Are supports being offered to find local resources and consultation with special needs units at insurance providers?</p> <p>Barriers related to having healthcare needs addressed may include: A failure to support an individual to communicate about their healthcare needs to caregivers, staff, healthcare professionals etc. This includes a failure to obtain needed communication evaluations, assistive devices and/or services; provide communication support; or maintain communication devices in working order.</p>

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	<p>Communication includes, but is not limited to:</p> <ul style="list-style-type: none">• Display of text in fonts and sizes that meet communication needs• Access to sign language interpreters• Access to translation into preferred languages• Access to persons that can facilitate an individual's unique communication style• Access to braille materials and other tactile communication assistance• Access to plain-language materials
	<p>Consider if a rights violation exists related to having healthcare needs addressed. Incidents related to a failure to address healthcare needs are required to be filed by the provider rendering service at the time of the incident or by the SCO (as required by the ODP IM bulletin).</p>
	<div><p>Observation/ Conversation:</p><div></div></div> <div><p>Issues:</p><div></div></div>

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3.	<p>Medication log is correct, a diagnosis/symptom is present for each medication and the log is reflective of timely medication changes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Ask individual and staff to describe how and when medications are given. Is there evidence that the individual is taking medications as prescribed? Are all medications present in the home and have an accurate count or amount? Was there a delay in implementation of a medication change? Is there sufficient documentation to support the delay was out of the control of the staff/caregiver?</p> <p>For medications that are not in pill form, does it appear that they are being given as prescribed? For example: If an individual is prescribed eye drops to be given three times daily, and they receive a 30-day supply; check the label to see when it was last filled by the pharmacy. There should be evidence that the drops have been filled within a timeframe for which supports a need for a refill about every 30 days. In addition, check to see if the amount of drops in the bottle supports that they are being given as prescribed.</p> <p>Compare the label on the medication to the medication log. The label must match the medication log and be reflective of any medication changes.</p> <p>Does the individual take a Pro Re Nata (PRN) medication for the treatment of symptoms of a mental health diagnosis? If yes, is it being administered correctly?</p> <p>In this context, PRN means, "as needed" and includes a drug, which is ordered on an "as needed" basis for controlling acute, episodic behavior that restricts the movement or function of an individual. A PRN medication is permitted to treat a specific mental health diagnosis, but not for behavior control that is absent such a diagnosis. A PRN used without a mental health diagnosis is considered a chemical restraint and must be reported as abuse.</p> <p><u>Chemical Restraint</u>- use of a drug for the specific and exclusive purpose of controlling acute or episodic aggressive behavior.</p> <p>If a PRN is being used to treat an episode of a known mental health diagnosis (which is allowable) and not as a chemical restraint, the SC should find documentation of the following in the individuals record:</p> <ul style="list-style-type: none"> • mental health diagnosis(es) that relate to the use of a PRN • Written instructions by a physician or medical practitioner listing the individual's <u>specific mental health diagnosis symptoms</u> that would warrant the use of a PRN medication. • The pharmacy label on the medication shall include frequency (dose and allowable rate of recurrence of dosage) for the PRN. • Authorization by the CEO or CEO's designee for each instance of administration of the PRN. • Evidence of monitoring of the individual's response to the PRN, as instructed by a physician or medical professional and as directed on the pharmacy label of the PRN
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	<p>○ Effectiveness of the PRN must be communicated to the prescribing physical/medical professional</p> <p>Review EIM incident reports for medication errors or other incidents involving medication errors or issues (such as neglect).</p> <div data-bbox="317 264 1887 443"> <p>Observation/ Conversation:</p> </div> <div data-bbox="317 443 1887 621"> <p>Issues:</p> </div>
4.	<p>Have there been any medication changes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Document results via medical records, interviews with individual, family/caregiver and/or staff, particularly those involved in helping with medication administration.</p> <div data-bbox="317 808 1887 987"> <p>Observation/ Conversation:</p> </div> <div data-bbox="317 987 1887 1166"> <p>Issues:</p> </div>

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5.	<p>If there are, has the individual experienced any side effects and/or adverse drug reactions to any medication since the last monitoring?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Document results via medical records, interviews with individual, family/caregiver and/or staff. Document any observable changes in physical appearance, notes from any medication records that refer to drug interactions, information shared by individual or primary caregivers about side effects of meds, follow up activities and actions taken. Review progress notes and drug information sheets from pharmacy. Is the individual taking medications as prescribed/frequency?</p> <p>Has the individual experienced any of the following (common medication side effects, not an exhaustive list)?</p> <ul style="list-style-type: none"> • Sudden or unusual skin color (Bluish, red, yellow or pallor) or temperature; • Rash or other unusual markings; • Feels hot or cold to the touch; • Sudden or unusual bowel change (Diarrhea or constipation); • Frequent or infrequent urination; • Urination difficult, delayed or painful; Bedwetting; • Sudden or unusual walking or gait changes (Falling; Slow or shuffling walk, Stumbling, poor balance, unsure of footing); • Sudden or unusual change in movement level or in muscles: Seems slow, moves in slow motion, trouble getting started; Jittery, antsy, pacing, can't sit still, constantly jiggling or pumping legs, must get out of chair after short period of time; Muscle rigidity or stiffness; • Nausea, vomiting or gas; • Sudden or unusual change in sleep: Sleeps longer or shorter; Trouble getting to sleep; Nightmares or bad dreams • Sudden or unexpected change in eating or drinking: Eating more or less; Drinking more or less • Sudden or unexpected change in speech; • Drooling or dry mouth; • Seems to be slurring speech; • Doesn't seem to be talking much any more • Sudden or unexpected fatigue: Suddenly doesn't want to get up in the morning; Tired, day-time sleeping; Sedation, lethargy, malaise; Grogginess; • Sudden or unexpected mood changes: Grouchy, irritable, hard to get along with; Explosive behavior out of character; Crying, tearful, sad, withdrawn; • Personality change; • Sudden or unexpected trouble concentrating: Trouble paying attention and remembering things; Trouble performing activity, work, or play
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	<p>Observation/ Conversation:</p> <p>Issues:</p>
6.	<p>Does the direct care staff/caregiver know where to find the information related to side effects of medication? Does the direct care staff/caregiver know how to report observed side effects? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview family/caregiver and/or staff; request to see medication side effects documentation. Document findings by asking direct care staff: What would you do if a side effect was occurring or reported?</p> <ul style="list-style-type: none"> • Are side effects included as part of med log? • Is staff trained on potential side effects? • Is side effect information available to caregiver? • Any past side effects the caregivers should be aware of? • What actions were taken to add address side effects? • Is specialized training needed for side effects? • Are prescriptions filled at the same pharmacy? <p>If no action was taken or reported, the SC should document in the issue section and elevate to SC Supervisor.</p> <p>Observation/ Conversation:</p> <p>Issues:</p>

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7.	<p>Are there blood levels completed and results shared for each medication requiring blood levels?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview the individual, family/caregiver and/or staff. Information may be found in medication logs when blood levels are ordered by the prescribing physician, physical/specialty exam summaries, monthly medical reviews, lab slips or results of actual test, Have the results been shared with the team? Document out-of-range lab work and follow-up required.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Issues:</p> </div>
8.	<p>Are there health and safety concerns in the home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Consider the overall environment of the home/site and whether or not the environment poses a risk to the individual.</p> <p>Does the environment cause:</p> <ul style="list-style-type: none"> • Exposure to extreme temperatures or temperatures that are not aligned with recommendations based on medical conditions; • Exposure to pollutants (mold, lead or asbestos), Exposure to violence (domestic, sexual etc.); • Inability to access to clean running hot and cold water; • Inability to maintain personal hygiene (lack of bathing facilities, lack of working toilets etc.) • Exposure to sanitary issues (excessive garbage in the home, human and/or animal waste etc.); • Exposure to a pest infestation (rodents, bed bugs, cockroaches, fleas etc.), <p>Does the home/site have basic utilities such as electricity, heat, running hot/cold water, trash removal on a regular basis?</p>

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	<p>Has something about the environment caused injury or illness and if so, has it been remedied?</p> <p>Do incident reports need to be filed due to an environmental health/safety concern?</p> <p>Incidents related to environmental health and safety are required to be filed by the provider rendering service at the time of the incident or by the SCO (as required by the ODP IM bulletin).</p> <p>Preparation Review EIM incident reports for incidents related to the home environment.</p> <div data-bbox="310 539 1885 719"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 719 1885 899"> <p>Issues:</p> </div>
9.	<p>Is the home/setting/community fully accessible as it relates to the individual's needs, mobility, vision, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview the individual, family/caregiver and/or staff about ease/challenges of getting around in the home/setting/community safely. Document observations about accessibility for the individual and actions taken such as adaptations recommended by therapists. Have there been any changes in the individual's needs in regard to mobility, vision, etc.? Are there new issues or on-going issues? Indicate barriers to changes in persons home. If physical accommodations are needed to the home, assure the fire department is aware of specific evacuation needs.</p> <div data-bbox="310 1190 1885 1370"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 1370 1885 1404"> <p>Issues:</p> </div>

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10.	<p>Are the house, site, household furnishings and appliances in good condition and is this individual's room decorated to their preference?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Focusing on health & safety, document overall condition of furniture, appliances, electrical cords, railings, steps, sidewalks, etc. Consider if the room is individualized, related to the individual's interests, personal values, etc.</p> <p>N/A should be selected if the person does not grant you permission to go into their bedroom</p> <p>Licensed Settings: Reference Regulations (i.e. PA Code 6400, PA Code 6500, PA Code 2380 and PA Code 2390).</p> <p>NOTE: This question should be reviewed for all individual's regardless living situation.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Issues:</p> </div>
11.	<p>Is necessary adaptive equipment and/or assistive technology available, in good condition and being used in all settings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Observe and ask the individual, family/caregiver and/or staff if needed equipment is available, being used and in good repair.</p> <ul style="list-style-type: none"> • Does individual have access to adaptive equipment (ex. Communication device) when needed? • Does the individual, family/caregiver and/or staff know how to use the equipment correctly?

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	<ul style="list-style-type: none"> • Is training/assistance needed to use the equipment? • If the equipment is not in good condition, does the individual, family/caregiver and/or staff know how to get it repaired, who to contact? <div data-bbox="317 318 1885 496"> <p>Observation/ Conversation:</p> </div> <div data-bbox="317 496 1885 675"> <p>Issues:</p> </div>
<p>12.</p>	<p>Are there adequate amounts of food present that meets individual preference and is food handled and stored in a safe and sanitary manner?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>Observe overall appearance of individual. Look for availability of food. Ask the individual, family/caregiver and/or staff if there is adequate amount of money available for food. Ask if individual and family/caregiver are aware of community resources such as food banks if there is not an adequate amount of food in the home. Discuss individual's food preferences and ask if their preferences are available to them. What foods does the individual tend to favor? Are new or different foods offered? Do the options presented to the individual support cultural preferences? Is the individual regularly involved in food shopping/ordering activities? If not, why not?</p> <p>Residential: What is the schedule for shopping or food delivery? Are there any Issues? Is the entity that provides room and board following requirements related to food/meals?</p> <p>Is there evidence that the residential service location that holds the room and board contract has done any of the following? If the individual has a room and board contract, the following applies, and the SC would find evidence during monitoring:</p> <ul style="list-style-type: none"> • Food choices of the individual, with consideration of the food cost and nutrition, including the individual's preference, culture, religion and beliefs, and an individual's prescribed diet, if the prescribed diet is not covered by the individual's health care plan or another funding source.

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	<ul style="list-style-type: none"> • Special dietary supplements necessary for individuals' basic health and nutrition (such as Thick-It to thicken liquids/foods, Phenylketonuria (PKU) diet foods and diabetic diet foods) are included as part of an individual's prescribed diet. • Meals provided away from the residential service location that are arranged by a staff person in lieu of meals provided in the residential service location are paid for by the residential service location. <p>Consider if an incident may exist related to meals, eating or food. Incidents related to these issues are required to be filed by the provider rendering service at the time of the incident or the provider that holds the room and board contract/agreement with the individual or by the SCO (as required by the ODP IM bulletin).</p> <p>Individual/Family home: Do not go through cabinets.</p> <p>N/A: This option should not be chosen.</p> <div data-bbox="310 610 1885 789"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 789 1885 967"> <p>Issues:</p> </div>
13.	<p>If the individual is prescribed a special diet, is it being followed as written?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Review documentation of any orders or recommendations from physician/nutritionist. Ask individual, family/caregivers and/or staff if special diet is being followed. Look for availability of appropriate foods (low fat, etc.) and appropriate consistency of food. Does what is available match with what is recommended? Has the staff been appropriately trained to implement the diet? Does the individual, family/caregiver and/or staff understand the special diet? Are they able to assist the individual in making healthy choices based on the dietary limitations? Are items needed to prepare food to proper consistency available (i.e. thick-it, food processor, blender etc.)? Is there evidence that an individual has been educated/trained about their specific dietary/meal needs? If there has been a change in diet/meals etc., since last monitoring is there evidence that staff/caregivers have been trained on these changes?</p>

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	<p>Residential:</p> <p>Is there documentation of the diet that supports it is being implemented as written? Documentation for some diets may be found as general statements in daily logs/notes. Diets that are considered essential to maintain health and safety (due to medical conditions that may cause significant harm in relation to a failure to follow a specific diet, i.e. fluid restrictions, diabetic diets, diets to support an individual during dialysis/kidney treatments etc.) may require more extensive documentation. Documentation may include; charts with daily fluid intake that are updated consistently during the day; menus that reflect calorie, sugar, salt, carbohydrate etc. intake amounts for the individual, etc.</p> <p>SCs should periodically witness person eating if they are on a special diet or have eating protocols by scheduling monitoring during meal times.</p> <p>SC should periodically witness meal preparation by staff/caregiver.</p> <div data-bbox="310 583 1885 763"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 763 1885 943"> <p>Issues:</p> </div>
14.	<p>Is the individual dress appropriately and well groomed? Is clothing available that is appropriate to weather conditions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Observe if clothing is in good repair, appropriate for the occasion/ weather/ situation, chosen by the individual, coordinated and fits properly. SC should consider individual's fashion preferences. Individual appearance includes overall cleanliness, evidence of brushing teeth, nail and hair care, body odor, clothes washed, etc.</p> <p>Is there evidence that the individual's choices/preferences related to fashion, hygiene products etc. have been recognized and honored (when possible)?</p> <p>For example, when considering dental care needs:</p> <p>Do you ever have pain in your mouth? Does it hurt when you eat?</p> <p>Do you often have bad breath?</p>

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	<p>Do your gums ever bleed when you brush your teeth or when you eat hard food?</p> <p>Have you noticed any spaces developing between your teeth?</p> <p>Do your gums ever feel swollen or tender?</p> <p>Have you noticed that your gums are receding (pulling back from your teeth)?</p> <p>Have you noticed pus between your teeth and gums?</p> <p>Have you noticed any change in the way your teeth fit together when you bite?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>
15.	<p>Was the individual/surrogate advised of the right to be free from abuse, neglect and exploitation in a location where she or he feels comfortable disclosing concerns AND information was provided as to whom and how to report abuse, neglect and exploitation?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>Interview individual, family/caregiver and/or staff (if appropriate), to determine if the individual knows:</p> <ul style="list-style-type: none"> Basic definitions and ways to recognize abuse, neglect, exploitation and other incident types how to report abuse, neglect, exploitation or other incident types. <p>Interview individual, family/caregiver and/or staff (if appropriate) to determine if they have access to printed and other resource materials provided about the right to be free from abuse.</p> <p>Interview the individual to determine if they have a contact(s) they trust and could report abuse, neglect, exploitation or other abuse. Support the individual to identify a variety of contacts (i.e. paid and unpaid persons, entities, protective service agencies, crisis help-lines etc.).</p>

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	<p>Did the individual, family and/or designee receive information about what the SC must do when an individual reports abuse, neglect, exploitation etc.?</p> <ul style="list-style-type: none"> • Tell him/her what you must do • To whom you must report • What you are going to report <p>Did the individual, family and/or designee receive specific information about what may happen as a result of their disclosure?</p> <ul style="list-style-type: none"> • Medical exam • Meeting with law enforcement • Interviews with investigators • Meeting with victim's assistance advocates • Change in living arrangement (if they desire or due to overwhelmingly unsafe conditions) • Change in support staff • Change in routines, familiar places/people <p>Document the conversation and the contact information, including names and phone numbers. Documentation must clearly indicate that the conversation took place in a location that affords privacy.</p> <p>As part of the monitoring process, SCs should revisit the discussion with the individual to ensure that they continue to feel safe, remember the handout, and have access to it.</p> <p>If an individual discloses any allegation, the SC must be prepared to take all necessary actions to ensure that the individual's immediate health and safety needs are being addressed per ODP policy and according to law.</p> <table border="1" data-bbox="310 1060 1885 1422"> <tr> <td data-bbox="310 1060 1885 1239"> <p>Observation/ Conversation:</p> </td> </tr> <tr> <td data-bbox="310 1239 1885 1422"> <p>Issues:</p> </td> </tr> </table>	<p>Observation/ Conversation:</p>	<p>Issues:</p>
<p>Observation/ Conversation:</p>			
<p>Issues:</p>			

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16.	<p>Date box for when Abuse/Neglect/Exploitation info was discussed/provided. (MM/DD/YYYY) Record date when A/N/E info was discussed provided to the individual.</p> <p>Date _____</p> <table border="1"><tr><td>Observation/ Conversation:</td></tr><tr><td>Issues:</td></tr></table>	Observation/ Conversation:	Issues:
Observation/ Conversation:			
Issues:			

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17.	<p>Are there any additional safety issues or barriers affecting the individual's wellbeing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
	<p>Document observations such as anything in the setting that would lead you to believe the person is in danger, mistreatment by staff/others, incidents related to individual or site not noted previously, anything that didn't fall into previous categories, ask the individual if he/she feels safe.</p>	
	<p>Licensed Program: In addition to the review of the overall question, SCs should additionally review last fire drill. Note date of last fire drill, time look to leave (2 minutes and 30 seconds is the standard evacuation time), did person evacuate without issue, frequency of occurrence of drills. Evidence that the individual received training in the last year about fire safety must be present.</p>	
	<p>Imminent risk must be brought to the attention of your supervisor immediately!</p> <table border="1" data-bbox="310 586 1885 911"> <tr> <td data-bbox="310 586 1885 764"> <p>Observation/ Conversation:</p> </td> </tr> <tr> <td data-bbox="310 764 1885 911"> <p>Issues:</p> </td> </tr> </table>	<p>Observation/ Conversation:</p>
<p>Observation/ Conversation:</p>		
<p>Issues:</p>		

SC: INDIVIDUAL –MONITORING: MEDICAL/BEHAVIORAL SUPPORTS INFORMATION Complete every item using either a "Yes", "No" or "N/A"	
18.	<p>Are there any barriers towards accessing medical/behavioral supports?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff.</p> <p>Medical services/supports: Discuss potential barriers with the individual, family/caregiver and/or staff which include: refusal, obtaining a new physician/specialist, scheduling appointments, following doctor recommendations, accessing durable medical equipment, co-pay or financial hardship, insurance limitations or transportation issues. Is the individual taking medication as prescribed? Are the caregivers trained to the individual's diagnosis, including supports needs? Does the individual refuse medical</p>

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	<p>treatment or recommended follow-up? Does the family/caregiver and/or staff r know how to recognize non-verbal cues for discomfort or distress?</p> <p>Behavioral services/supports: Are there barriers related to the presence of behavioral health diagnosis? Does the individual have fear/phobia prior/during appointments? Is there a desensitization plan for any need? If there is a plan, document frequency that is being worked on and level of effectiveness. How is information collected by providers being communicated to psychiatrist?</p> <p>Residential: Is the designated Health Care Proxy able to coordinate/facilitate the individual's health care needs? Is there coordination between residential & day providers when there are changes in status (i.e. diet).</p>
	<p>Observation/ Conversation:</p>
	<p>Issues:</p>

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19.	<p>If specialists are involved, is there appropriate and timely communication between the team and specialists? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff.</p> <p>Review documentation of each specialist's recommendations to determine if there is timely communication across health care providers and team members. How is information shared among specialists? For Example: If psychiatrist increases Depakote for Bipolar disorder, this information is communicated to the neurologist who treats seizures.</p> <p>Residential: Review and document medical summary recommendations.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>
20.	<p>Are specialists' recommendations being followed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff.</p> <p>Review documentation of each specialist's recommendations to determine if the recommendations are being followed, time frame between referral and follow-through (beyond 30 days should be reviewed/followed-up)</p> <p>Is the team satisfied with recommendations and progress? Are recommendations functional for the individual? Based on observation by the team? Document progress with recommendations.</p> <p>Residential: Review and document medical summary recommendations.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div>

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	<p>Issues:</p>
21.	<p>Is the individual's annual physical, medical record on site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Review annual physical in individual/family home and licensed setting. Documents should be current and present in individuals file in each location in residential, day program, or SCO if the person lives in their own home/family home.</p> <p>Observation/ Conversation:</p>
	<p>Issues:</p>

SC: INDIVIDUAL MONITORING: COMMUNITY PARTICIPATION SERVICES Complete every item using either a "Yes", "No" or "N/A"	
22.	<p>Does the individual participate in community activities that are connected to the interests and preferences indicated in the ISP, outside of the facility during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff. Do the activities that the individual engages in during the time outside the facility align with their interests and preferences? If no, has the facility completed an interest assessment with the individual? Are the activities they are engaged in consistent with that assessment? If yes, does the ISP need to be updated to include a more expanded interest/preference list? These activities should also help the individual develop relationships with other members of their</p>

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	<p>community. Is the individual experiencing meaningful community participation, based on his/her interest and preferences that includes inclusion in activities that involve persons without disabilities who are not paid or unpaid caregivers? Do the community activities promote community membership and contribution?</p> <p>Review ISP for community activities and how they will help the individual achieve goals related to community inclusion. As part of this service, opportunities should be offered to the individual that link with their interests and preferences. The ISP should reflect the interests and preferences of the individual.</p> <div data-bbox="310 446 1885 626"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 626 1885 807"> <p>Issues:</p> </div>
<p>23.</p>	<p>Is the individual engaged in activities that promote purpose or build potential for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff. Does the individual participate in activities to build skills or to explore employment possibilities? Are these activities based in the facility, in the community or both? If these activities are taking place in the community, is the individual making connections to others in the community, and are these connections helping them reach their employment goals?</p> <p>Does staff describe the activity as related to building skills or exploration of interest in job areas? If staff can describe how the activity relates to potential employment, then answer Yes.</p> <p>Review ISP for goals for employment and how programming can help individual achieve those goals. Check ISP to see if the individual has an employment goal.</p> <div data-bbox="310 1274 1885 1417"> <p>Observation/ Conversation:</p> </div>

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	<div data-bbox="321 232 411 259" data-label="Text"> <p>Issues:</p> </div>
<div data-bbox="216 862 266 891" data-label="Text"> <p>24.</p> </div>	<div data-bbox="302 448 1808 511" data-label="Text"> <p>Does the individual have a variance? If yes, has the team discussed it and planned to offer community opportunities for the individual in the future?</p> </div> <div data-bbox="308 516 690 548" data-label="Text"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> </div> <div data-bbox="302 557 911 589" data-label="Text"> <p>Interview individual, family/caregiver and/or staff.</p> </div> <div data-bbox="302 597 1879 805" data-label="Text"> <p>Has there been discussions with the individual to promote and increase community opportunities? Individuals must be provided opportunities to spend time in the community that are consistent with each individual's preferences, choices and interests. Providers must be facilitating these conversations on a consistent and ongoing basis, and these conversations must be documented. Is the agency making consistent and ongoing efforts to provide community opportunities to the individual? Does the agency have documentations of those conversations? Can the agency provide examples of community opportunities it has explored with the individual?</p> </div> <div data-bbox="302 847 1799 912" data-label="Text"> <p>Review ISP and individual and provider's records for documentation that the individual has a variance and the reasons for the variance.</p> </div> <div data-bbox="317 920 1887 1099" data-label="Form"> <div data-bbox="321 924 497 987" data-label="Text"> <p>Observation/ Conversation:</p> </div> </div> <div data-bbox="321 1104 411 1130" data-label="Text"> <p>Issues:</p> </div>

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SC: INDIVIDUAL MONITORING: EMPLOYMENT INFORMATION	
Complete every item using either a "Yes", "No" or "N/A"	
25.	<p>Is the individual working in a competitive integrated job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff to determine if the individual is engaged in competitive integrated employment.</p> <p>Competitive Integrated employment is defined as earning minimum wage or better, working in a setting where a majority of workers don't have a disability, and having the same benefits and access to advancement opportunities as co-workers without disabilities. The individual is paid directly by the employer and not by the service provider. Employment through the Community Participation Support service or Small Group Employment service is not considered competitive integrated employment. Self-employment is considered competitive integrated employment when the individual's net earnings from self-employment meet the Internal Revenue Service (IRS) requirements for filing taxes. In 2025 this amount is \$400 or more. Individuals who earn less than this amount would not be considered to be working in a competitive integrated job.</p> <div> <div>Observation/ Conversation:</div> <div>Issues:</div> </div>
26.	<p>Is the individual self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff to determine if the individual is self-employed.</p> <p>Self-employed is defined as earning income directly from one's own business, trade or profession rather than as a specified salary or wages from an employer. This question should be answered yes regardless of the amount of income earned through self-employment. The earnings requirement in Question 25 only applies in determining whether self-employment meets the standard of competitive integrated employment.</p>

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	Observation/ Conversation:
	Issues:

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27.	<p>How many jobs is the individual working that meets the definition of competitive integrated employment?</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Interview individual, family/caregiver and/or staff to determine if individual has more than one job. If the individual is working more than one job, please verify that all jobs meet the definition of competitive integrated employment.</p> <p>Competitive Integrated employment is defined as earning minimum wage or better, working in a setting where a majority of workers don't have a disability, and having the same benefits and access to advancement opportunities as co-workers without disabilities. The individual is paid directly by the employer and not by the service provider. Employment through the Community Participation Support service or Small Group Employment service is not considered competitive integrated employment. Self-employment is considered competitive integrated employment when the individual's net earnings from self-employment meet the Internal Revenue Service (IRS) requirements for filing taxes. In 2025 this amount is \$400 or more. Individuals who earn less than this amount would not be considered to be working in a competitive integrated job.</p> <p>Example: If an individual is working 5 hours per week at Giant Food Stores as a stock clerk and 5 hours per week as a window washer in a mobile work crew, the answer would be one (1) because small group employment in a mobile work crew is not competitive integrated employment.</p> <table border="1" data-bbox="327 794 1873 1122"><tr><td data-bbox="327 794 1873 956">Observation/ Conversation:</td></tr><tr><td data-bbox="327 956 1873 1122">Issues:</td></tr></table>	Observation/ Conversation:	Issues:
Observation/ Conversation:			
Issues:			

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28.	<p>Estimated average hours worked in the competitive integrated employment per work week</p> <p> <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-35 <input type="checkbox"/> Over 35 <input type="checkbox"/> Unknown </p> <p>Interview individual, family/caregiver and/or staff to determine the number of hours worked. Document the average weekly hours worked in competitive integrated employment.</p> <p>Questions you can ask to help answer this question:</p> <ul style="list-style-type: none"> • Are the hours usually consistent? • Is there a situation where there would be a significant change in the number of hours worked? <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>				
29.	<p>Job type: (If the individual is working more than one job, select the job type for the job with the most hours worked.)</p> <p>Interview individual, family/caregiver and/or staff to determine what type of job the individual works. Select the job type that most closely matches the options below.</p> <p>From the dropdown list, only select a job type for the individual's job that meets the definition of competitive integrated employment. If needed, please use this link for ONET job descriptions for guidance in selecting the most appropriate job type: https://www.onetonline.org/find/family</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Architecture and Engineering</td> <td style="width: 50%; padding: 5px;">Installation, Maintenance, and Repair</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Arts, Design, Entertainment, Sports, and Media</td> <td style="width: 50%; padding: 5px;">Legal</td> </tr> </table>	Architecture and Engineering	Installation, Maintenance, and Repair	Arts, Design, Entertainment, Sports, and Media	Legal
Architecture and Engineering	Installation, Maintenance, and Repair				
Arts, Design, Entertainment, Sports, and Media	Legal				

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	Building and Grounds Cleaning and Maintenance	Life, Physical, and Social Science	
	Business and Financial Operations	Management	
	Community and Social Service	Military Specific	
	Computer and Mathematical	Office and Administration Support	
	Construction and Extraction	Personal Care and Services	
	Education, Training, and Library	Production	
	Farming, Fishing, and Forestry	Protective Services	
	Food Preparation and Serving Related	Sales and Related	
	Healthcare Practitioners and Technical	Transportation and Material Moving	
	Healthcare Support		
	<p>Observation/ Conversation:</p>		
<p>Issues:</p>			
30.	<p>Does the individual receive paid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff to determine if the individual receives at least one or any combination of paid sick time, paid vacation time, paid health/life insurance, or other paid benefits by the employer.</p> <ul style="list-style-type: none"> Does the individual get time off that is paid? Does the individual have health or life insurance for which they do not pay? <p>Select yes if the individual receives paid employer benefits. Select no if the individual receives pay for time worked but no employer paid benefits.</p>		

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	<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 100px;"></div>
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SC: INDIVIDUAL MONITORING: INDIVIDUAL SUPPORT PLAN STATUS Complete every item using either a "Yes", "No" or "N/A"	
31.	<p>Is the current Individual Support Plan (ISP) present on site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Document that the current (most recently approved and authorized) ISP is at licensed day program and/or licensed residential site where authorized services are being provided. Individual/Family Home: SC should document that the approved ISP was sent to individual/family home.</p> <div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 100px;"></div>

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32.	<p>Were all services in the individual's approved ISP received? If not, what are the barriers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Review approved ISP and authorized services. Interview individual, family/caregiver and/or staff to determine if services are being received at the frequency and duration described in the ISP.</p> <p>If an individual has an authorized service in the ISP that is not being rendered (i.e. due to lack of staff) the answer should be "No" and an explanation of barriers should be provided in the Observation/Conversation or Issues section depending on the barrier.</p> <div data-bbox="310 410 1885 589"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 589 1885 768"> <p>Issues:</p> </div>
33.	<p>Have there been any changes in services since the last monitoring?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff to ask if there have been any changes in services since the last monitoring. Has the individual had a change in provider, frequency or duration changes, starting or ending services, a setting change, change in residence/supports? Is the ISP in conflict of what services the individual is receiving? Was the individual's ISP updated to document changes?</p> <div data-bbox="310 1047 1885 1226"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 1226 1885 1372"> <p>Issues:</p> </div>

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34.	<p>If the previous question is “YES”, was the individual notified of their right to appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff. Was the Service Preference Bulletin and Due Process and Fair Hearing Procedures for Individual with ID followed? Does the individual’s ISP Signature Form (DP 1032) document appeal rights were reviewed and individual signed the DP 458? Did the individual and/or family/caregiver request assistance to complete a Fair Hearing? (N/A: No change in services.)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>
35.	<p>Does the overall level of support reflect what is called for in the approved ISP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview the individual, family/caregiver and/or staff. Review the individual’s ISP, service notes, progress notes, observe and document the type of supervision the individual is receiving. Are supervision needs being met? Is the support provided helping the individual achieve the outcomes in the plan? Have there been any changes that would result in a need to change supervision needs? Only select N/A if the individual does NOT live in a residential setting.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>

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36.	<p>Is there evidence that reflects progress is being made toward the desired outcomes as reflected in the individual's ISP?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>Interview individual, family/caregiver and/or staff. Review progress notes and quarterly reports etc. to determine progress. Specify evidence present that reflects progress is or is not being made. Evidence can be in the form of documentation, family reporting, demonstration, etc. Review authorized service(s) and document detailed information related to the Outcome and what progress is occurring. If noted progress is not occurring to meet the individual's outcomes, appropriate follow-up should occur and should be noted in the Issues section.</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <p>Observation/ Conversation:</p>
	<p>Issues:</p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>
37.	<p>If the individual has more than one service provider, is there evidence of coordination between them?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>Interview individual, family/caregiver and/or staff. Are the authorized ODP providers communicating with one another? If an individual has providers in other service systems, are the providers within ODP communicating with other providers in another service systems such as: Office of Children, Youth & Families (OCYF), Office of Vocational Rehabilitation (OVR), Office of Long-Term Living (OLTL), Office of Mental Health and Substance Abuse Services (OMHSAS).</p> <p>Only select N/A if the individual only has one provider and service.</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <p>Observation/ Conversation:</p>
	<p>Issues:</p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>

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38.	<p>Is there mutual respect observed or evidenced through discussion between staff and individual?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Observe staff and individual interaction. Interview individual, family/caregiver and/or staff. Is the individual being treated with dignity and respect?</p> <p>If the answer is no to this question, SC should document the observation or evidence in the issue section and elevate to SC Supervisor.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>

SC: INDIVIDUAL MONITORING: INCIDENT REPORTS Complete every item using either a "Yes", "No" or "N/A"	
39.	<p>Have there been any reportable incidents that were not entered into EIM?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Incidents include suspicions, allegations, and actual occurrences of harm. Incidents are reported regardless of the actual or perceived harm to the individual.</p> <p>Alleged and suspected incidents may be detected via a variety of methods beyond verbal reports. These include, but are not limited to:</p> <ul style="list-style-type: none"> Observation of physical, behavioral, or emotional indicators of abuse, neglect, or another incident type. Trend analysis reveals patterns of injury, illness, or other incidents that could be indicators of abuse, neglect, or another incident type.

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	<p>If through discussions with individual, family/caregiver and/or staff and review of documentation, it is determined that an incident occurred but was not reported, SC should indicate description of incident in “ISSUES” section and detail the timeframe for entering the report into EIM. Reporting timeframes may not exceed 24 hours for most incident categories with the exception of medication errors and restraints must be reported within 72 hours.</p> <p>Incidents are required to be filed by the provider rendering service at the time of the incident or by the SCO (as required by the ODP IM bulletin).</p> <p>The appropriate party shall enter the incident in HCSIS the statewide incident reporting system based on the Incident Management bulletin and reporting matrix.</p> <div data-bbox="317 516 1885 691" style="border: 1px solid black; padding: 5px;"> <p>Observation/ Conversation:</p> </div> <div data-bbox="317 691 1885 873" style="border: 1px solid black; padding: 5px;"> <p>Issues:</p> </div>
40.	<p>During this monitoring, was there evidence reflective of implementation of corrective action as outlined in the incident reports? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview staff, review progress notes and other relevant documentation to verify if preventative and additional corrective actions have been implemented as written in the submitted final section of all incident reports. Monitoring of corrective actions does not need to wait until an incident receives a status of closed.</p> <p>Is there documentation of a delay or change in a corrective action?</p> <p>In the event an incident receives a status of not approved and changes are made to corrective actions, additional monitoring may be necessary to ensure implementation of corrective actions.</p> <p>As a result of an incident:</p> <ul style="list-style-type: none"> Has the individual, family/caregiver and/or staff received education and training about new medical diagnoses, equipment, procedures, wound care, dietary needs, treatments, therapies etc.?

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	<p>Education must be provided to an individual even if the individual is not going to be the person directly using the new equipment etc. This is frequently seen with things like blood pressure cuffs, blood sugar monitors and lifts. Individuals have the right to receive education about all medical conditions etc. and related equipment to help manage those conditions, even if it is not anticipated that they will directly use the equipment or implement plans required for care.</p> <ul style="list-style-type: none"> Has the individual, family/caregiver and/or staff received education and training about what to do for new signs and symptoms of an illness, disease or injury? <p>Is there evidence that any new policies, procedures etc. (developed as a result of the incident) have been implemented as written, individuals, staff, caregivers have been trained and the provider is monitoring as appropriate?</p> <p>Is there evidence that new paid services (introduced as a result of an incident) have been authorized and implemented?</p> <p>Review incident reports in EIM that have a final section submitted. The review can include the use of the Incident Corrective Actions Report. Review all aspects of the incidents and make updates to the ISP accordingly.</p> <p>N/A: No corrective actions to monitor.</p> <div data-bbox="315 727 1885 906"> <p>Observation/ Conversation:</p> </div> <div data-bbox="315 906 1885 1084"> <p>Issues:</p> </div>
41.	<p>If there was evidence reflective of implementation of corrective action, was it effective?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Consider the risk mitigation cycle when monitoring for effectiveness of corrective actions.</p> <p>This evaluation should be able to answer the following questions:</p> <ul style="list-style-type: none"> Did the plan work to reduce or minimize the severity of the risk? <ul style="list-style-type: none"> Yes – Then the risk was reduced. No – Then the risk continues and once this is recognized we can reassess the risk and develop new mitigation plan.

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- Were there any additional risk factors the team failed to recognize or are there new risks that have been identified as a result of the risk mitigation plan?
 - If yes, how do the risk mitigation strategies need to change?
- Did the person(s) responsible for taking action do so and by the time that was agreed upon?
 - If no, how do the risk mitigation strategies need to change?

If risk was not reduced or the strategies were not effective and might need to change, the team should go back to assess and implement a new strategy including what has been learned.

**Observation/
Conversation:**

Issues:

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SC: INDIVIDUAL MONITORING: FINANCIAL INFORMATION Complete every item using either a "Yes", "No" or "N/A"	
42.	<p>Is all appropriate financial documentation of expenses and personal funds available at the individual's residence?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>Interview individual, family/caregiver and/or staff. Are funds available in the home? Review financial records if available. There must be a separate record of financial resources including the date and amount of deposits and withdrawals. What efforts are being made to acquire the documentation to ensure funds are properly spent and appropriate fund balances are maintained?</p> <p>Residential: Ensure that the individual is not paying for items covered as part of room and board charges or being charged for a service or support that is included in a rate for which a provider is/will be reimbursed. This includes any situation in which the individual is required to pay for the same item/service twice.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Observation/ Conversation: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Issues: </div>
43.	<p>Does the individual have access to spend their personal funds as they choose?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>Interview individual, family/caregiver and/or staff to determine if the individual has access to spend their money as they choose. Review receipts and documentation of spending. Is bank accessible to the individual? What format and how often does the individual receive wages/earnings?</p> <p>Is the representative payee providing the appropriate amount of money per month to the individual? Does the individual have a choice about how to spend their money? FAQs for Representative Payees Resources Link: https://www.ssa.gov/payee/faqrep.htm</p> <p>Residential: What is the means of obtaining funds – Passbook, ATM card, etc.? Is the individual paying for items that would otherwise be covered under room and board costs?</p>

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	<p>Observation/ Conversation:</p> <p>Issues:</p>
44.	<p>Are individual's assets below the established limit? (\$2,000 if receiving SSI or \$8,000 if only receiving SSD)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff to ensure individual's assets are below the established limit. Review limit with waiver, SSI and Medicaid recipients. Review the importance of maintaining assets below limit. For example, checking and savings accounts, an agency held account, insurance policy value, etc.</p> <p>For non-MA recipients, indicate "No". If individual is not enrolled in MA, SC should provide information to individuals on MA eligibility requirements. Continue to note the steps they are taking to apply for MA in the Observation/Conversation section .</p> <p>Medical Assistance General Eligibility Requirements Link: http://dhs.pa.gov/citizens/healthcaremedicalassistance/medicalassistancegeneraleligibilityrequirements/</p> <p>Observation/ Conversation:</p> <p>Issues:</p>

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45.	<p>Are the Representative Payee arrangements meeting their obligation to the individual?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>Interview individual, family/caregiver and/or staff to determine if rep payee obligations are being met. Review with Rep Payee reporting requirements (wages to SS Office/CAO, changes in address, change in employment status, annual documentation) as well as requirement to complete recertification.</p> <p>Residential: If family is payee, how are funds given to the individual?</p> <p>FAQs for Representative Payees Resource Link: http://www.ssa.gov/payee/faqrep.htm</p> <p>OIG Report Fraud, Waster, or Abuse Resource Link: https://www.ssa.gov/fraudreport/oig/public_fraud_reporting/form.htm</p> <p>N/A: No representative payee involved.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>
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SC: INDIVIDUAL MONITORING: INDIVIDUAL SATISFACTION & RIGHTS	
Complete every item using either a "Yes", "No" or "N/A"	
46.	<p>Does the individual feel that the services/supports they receive are all that they need?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview individual, family/caregiver and/or staff. If there are unmet needs, document the need(s) and a PUNS should be completed. Explore natural supports and non-waiver supports. Review IM4Q satisfaction surveys or other external monitoring's such as PA Statewide Needs Assessment, Physical Health Reviews and/or Behavior Health Review (HCQU).</p> <div> <p>Observation/ Conversation:</p> </div> <div> <p>Issues:</p> </div>
47.	<p>Does the individual feel that they have the needed support from others in decision-making, planning and other activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview the individual, family/caregiver and/or staff with an emphasis on whether the individual is supported in planning and decision-making. For example, if an individual likes bowling, the SC could ask whether the individual gets to choose when they go bowling, what bowling alley they prefer, and who they go bowling with.</p> <div> <p>Observation/ Conversation:</p> </div> <div> <p>Issues:</p> </div>

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48.	<p>Does the individual receive support to engage in meaningful relationships with friends and family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview the individual, family/caregiver and/or staff beginning with questions about whether they would like to see friends and family more frequently. The individual's response will dictate follow-up questions. For example, if an individual says he would like to see his sister more often, the SC may ask "what happens when you tell staff that you would like to see your sister more often?".</p> <div data-bbox="310 375 1887 553"> <p>Observation/ Conversation:</p> </div> <div data-bbox="310 553 1887 732"> <p>Issues:</p> </div>
49.	<p>Are the individual's communication needs being met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview the individual, family/caregiver and/or staff to determine how the individual communicates expressively. Nonverbal is not an acceptable response. Is the individual's expressive communication her/his preferred mode of communication? Do others communicate with the individual in her/his preferred mode of communication? Do team members understand what she/he is expressing?</p> <p>Describe how others communicate with the individual. Does the individual understand when others communicate with her/him and if it is meaningful?</p> <p>Describe the supports (such as pictures, objects and simple written words) that are being utilized to ensure her/his communication needs are being met.</p> <div data-bbox="310 1203 1887 1416"> <p>Observation/ Conversation:</p> </div>

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	<p>Issues:</p>
<p>50.</p>	<p>Does the individual know how to report a concern or complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Interview the individual, family/caregiver, and/or staff to determine if the individual knows how to report a complaint, grievance or dissatisfaction. Does the individual want or need an advocate? Is the individual and/or family/caregiver aware of the SCOs and/or Provider's grievance policy and procedures? Is there someone who looks out for the best interest of the individual?</p> <p>Is the individual, family/caregiver or staff aware of how to bring forth a complaint or grievance about a service? Do they need support to bring forth a complaint/grievance? Has a complaint/grievance been submitted since the last monitoring that has not been resolved?</p> <ul style="list-style-type: none"> • If yes, what support does the individual, family/caregiver and/or staff need for follow-up? • If no, was the resolution satisfactory to the individual, family/caregiver and/or staff? What support does the individual, family/caregiver and/or staff need for follow-up? <p>Providers, SCO's and County ID programs/AEs must have policy and procedure in order to be able to receive, document and manage complaints/grievances</p> <p>Observation/ Conversation:</p> <p>Issues:</p>

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51.	<p>Does the individual have a vision for a good life and is support occurring to assist?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p>As the SC, have you assisted the individual and/or family/caregiver develop a vision for a good life? Or, are you aware this has occurred already? Answer yes and document the activities occurring to help the individual obtain his/her good life as well as any obstacle he/she has encountered. Include the supports the individual currently has as well as any supports that are still needed to achieve his/her good life. If you have not assisted or the individual does not have a vision for a good life answer this question no and document what makes sense in terms of the steps being taken to assist the individual in developing his/her vision for a good life.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Observation/ Conversation:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Issues:</p> </div>
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