

LEARNING THE BASICS

SUPPORT MONITORING POLICY AND IMPLEMENTATION

Overview

Support monitoring is a vital part of support coordination. Monitoring involves review of current services and supports to ensure those services and supports are meeting the needs of individuals, assessing the current amount of supports, including the quality, timeliness, and effectiveness of them. Following the act of support monitoring, support coordinators will document and notify the provider of the service of the findings. Support coordinators may use the support monitoring guidelines to use as a guide to know what to look for during their visit.

Below are links to the Support Monitoring Policy and Implementation Directive 3.020, as well as the Appendices:

[Support Monitoring Policy and Implementation](#)

[Appendix A - Support Monitoring Guidelines](#)

[Appendix B - Optional Support Monitoring Guidelines](#)

[Appendix C - Optional Support Monitoring Guidelines](#)

Purpose: To prescribe support monitoring standards.

NOTE: Effective July 1, 2016, Independent Living Skills Development is three separate services for the

Comprehensive and Community Support Waivers;

- Day Habilitation (formerly Day Services)
- Community Integration
- Individualized Skill Development (formerly Home Skills Development)

I. Frequency of Support Monitoring Visits/Contacts

Monthly Face-to-Face:

Individuals who receive funding by the Division, including funding through an interdivisional agreement with DSS Children's Division, for residential supports have monthly face-to-face visits by their Support Coordinator to monitor health, environment/safety, exercising of rights, supports and staff, money and satisfaction with supports/services. Residential supports monitoring is completed at the delivery site, which includes group homes, ISLs, foster homes, and family living arrangements. The outcome of these visits is documented in a log note or support monitoring tool. The log note may reference the support monitoring tool, including location of the tool.

Individuals participating in employment services, day habilitation, and community integration, have quarterly face-to-face visits. If an individual receives both residential and employment services, day habilitation, or community integration, support coordinators do not have to visit the residential site during the quarterly employment services, day habilitation, and community integration service visit. Support monitoring will occur for each type of service funded.

Quarterly Face-to-Face visits:

Individuals participating in day habilitation, community integration, individualized skill development, personal assistant, professional assessment and monitoring, shared living (host or companion), or employment services (funded by Division of DD) have quarterly face-to-face visits to monitor health, environment/safety, exercising rights, staff and supports, money and satisfaction with supports/services documented in a log note or support monitoring tool. The log note may reference the support monitoring tool, including location of the tool. Employment services, professional assessment and monitoring, day habilitation, community integration, and individualized skill development have quarterly face-to-face visits with at least one annual visit at site of support delivery. *Note: Areas monitored are dependent on the supports received.*

All other individuals receiving purchased services/supports (transportation, counseling, therapies, adaptive equipment, respite, facility based out-of-home respite, temporary residential, dental, personal electronic safety device, etc.) receive at least an annual face-to-face visit and quarterly phone contacts to monitor health, environment/safety, rights, supports and staff, money and satisfaction with supports with documentation in a log note. *Note: Facility based respite and temporary residential receive a monthly face-to-face visit if either support has been ongoing for at least 30 consecutive days.*

Individuals whose only support is support coordination receive at least an annual face-to-face visit and quarterly phone contacts to assess needs for services/supports and resources. This would include individuals placed by DSS Children's Division without a waiver slot. Individuals who are not eligible for Medicaid and who do not receive supports funded by the Division of Developmental Disabilities other than Support Coordination, receive at least annual contact.

The above "frequency of visits/contacts" guideline is a **minimum standard**. It is expected that support coordinators exercise **professional judgment** and increase visits according to the individual needs of people. Unannounced visits may occur due to specific circumstances. For individuals living in their natural homes, less than quarterly contacts, as outlined above, may be requested by the family but must be agreed to by the support coordinator and documented in the Individual Support Plan.

Self-Directed Supports:

Individuals choosing the option of self-directing services must live in their own private residence or that of a family member. Individuals may be receiving self-directed Personal Assistant Community Specialist, and agency based Support Broker services. Individuals must have quarterly face-to-face visits to monitor health, environment/safety, exercising rights, staff and supports, money and satisfaction with supports/services documented in a log note or support monitoring tool.

Frequency of Visits/Contacts Overview

Monitoring includes review of the written record, and observation and communication with the individual and staff.

Areas monitored are dependent on the supports received.

<p>Monthly Face to Face (Individuals, who receive funding by the Division for residential supports)</p>	<p>Quarterly Face to Face</p>	<p>Annual Face to Face & Quarterly Contact</p>
<ul style="list-style-type: none"> ▪ Individuals in Group Homes ▪ Individuals in ISLs / In-home ISLs ▪ Individuals in Foster Homes ▪ Family Living Arrangement (FLA) ▪ Individuals with a DSS Children’s Division interdivisional agreement 	<ul style="list-style-type: none"> ▪ Shared Living <ul style="list-style-type: none"> ○ Host Home ○ Companion Home ▪ Individuals living in Private Residence receiving Personal Assistant, Community Specialist, and Support Brokerage ▪ Once annually at site of support delivery: <ul style="list-style-type: none"> ○ Employment Services ○ Day Habilitation ○ Community Integration ○ Individualized Skill Development ○ Professional Assessment & Monitoring 	<ul style="list-style-type: none"> ▪ Individuals living in a Private Residence receiving a funded service/support not listed in other categories* <ul style="list-style-type: none"> ○ Transportation ○ Counseling ○ Therapy ○ Adaptive Equipment ○ Supplies ○ Respite* ○ Facility based respite (monthly face to face if in respite at least 30 consecutive days) ○ Temporary Residential (monthly face to face if in residential at least 30 consecutive days) ○ Dental ○ Assistive Technology ○ Behavioral Services ▪ Individuals receiving support coordination only; may be receiving <u>non</u> DDD funded supports (i.e., DHSS, VR, DSS Children’s Division, etc.) ▪ <i>Individuals who are not eligible for Medicaid and who do not receive supports funded by the Division of Developmental Disabilities other than Support Coordination, receive at least annual contact.</i>

*Services/Supports may be funded through various means including Choices for Families or POS.

Areas to Be Reviewed:

Support monitoring includes interaction with individuals in services, and evaluating whether the services outlined in the individual support plan (ISP) are being provided.

During face-to-face visits with individuals and quarterly phone contacts, support coordinators review the areas listed in the Support Monitoring Guidelines (located in Appendix A) which include health, environment/safety, people's rights, supports and staff, and money. *Note: In some situations, not all items in the Support Monitoring Guidelines will apply to private residence or quarterly monitoring.*

II. Documentation

- Findings of the support monitoring visit/phone contact and other pertinent information occurs by completing a log note for the support monitoring under the TCM Code 000022 titled "Support Monitoring." Support monitoring documentation of the visit/phone contact may be summarized in the log note or by referring to the completed Support Monitoring Tool. Documentation will include resolved or unresolved issues, travel time and identification of persons seen/spoken to during the visit.
- **Data Entry of Issues, Concerns, and Positive Comments:** Following each visit, the TCM provider must document positive comments, issues, and concerns. Findings are entered into the Integrated Quality Management Functions Database (APTS Database).

III. Process for Identification, Communication, and Resolution of Issues

- If a support coordinator does not find any issues during a visit, this is documented and copied to the provider within five (5) working days.
- If the support coordinator identifies an issue(s) that can be resolved during the visit or the issue is a one-time concern, the support coordinator, after resolving the issue, documents the issue (Support Monitoring Results form is optional) and resolution with a copy to the provider within 5 working days of the visit. Findings will be entered into the Integrated Quality Management Functions Database (APTS Database). If the issue was not resolved, the support coordinator will indicate the follow-up action they have completed. The support coordinator will verify that issues have been resolved and the resolution date will be entered into the Integrated Quality Management Functions Database (APTS Database).
- If a support coordinator identifies or learns of incidents of abuse and/or neglect during a visit, he/she reports the incident according to [Department Operating Regulation 2.210](#). Support coordinators who work for Senate Bill 40 Boards or Not-for-Profit TCM agencies follow Department Regulation [9 CSR 10-5.200](#).
- If a situation is identified during a visit that the support coordinator deems critical, i.e., dangerous or harmful and the person or staff are at immediate risk, the support coordinator remains on site until adequate safeguards are in place and/or a support coordinator supervisor or the Regional Director / TCM Executive Director approves their leaving.

- Issues involving individuals placed by DSS Children's Division, regardless of the funding source, will be communicated to the DSS Children's Division by the designated staff of the entity making the finding, whether Regional Office or TCM agency.
- If any of the following are true, the Regional Office must ensure follow-up and resolution of identified issues. The Support Coordinator remains responsible for verification of issue resolution.
 - Issues/concerns that are **not** quickly resolved;
 - Multiple issues occurring at one time, which in their totality indicate to the person performing support monitoring, that the health and/or safety of the individual(s) receiving services will be jeopardized if the noted issues continue.
 - Issues occurring over an extended period of time (more than two months);
 - Non-life threatening issue(s) that recur after correction or do not appear to be consistently resolved over time;
 - Significant health changes in the person they are supporting; or
 - Evidence of violation of individual's rights.
- All issues/concerns will be entered in the Integrated Quality Management Functions Database (APTS Database) for tracking and trending. The support coordinator continues to monitor the issue(s) during routine visits, or more frequently if indicated by the Regional Office. The support coordinator then ensures the dates issues were verified as being resolved.
- The issue/concern is entered initially one time in the Integrated Quality Management Functions Database (APTS Database) and is resolved when the SC verifies and enters the resolution in the Integrated Quality Management Functions Database.
- Within five (5) working days of the visit, support coordinators forward the documentation to the provider's responsible Developmental Disability Professional / Facility Administrator. The findings are then entered into the Integrated Quality Management Functions Database (APTS Database).
- Individuals and/or their Supported Decision Making Representative/Guardian, are educated on the Support Monitoring process and will be notified of findings from the visit as requested.

Support Monitoring Guidelines:

During face-to-face visits with the individual, the support coordinator reviews, according to the Support Monitoring Guidelines (Appendix A), the areas of Environment/Safety, Health, Supports and Staff, Money and Rights each time they visit a person receiving a Division funded service/support. The Guidelines provide a framework to promote effective and efficient provisions of services and supports in enabling the individual to achieve his or her personal goals.

Note: In some situations not all items in the Support Monitoring Guidelines will apply to private residence or quarterly monitoring. The descriptors for the five areas (indicators) and interpretive guidelines are not an all-inclusive list, as other issues or areas of concern should be documented if they are present. Use professional judgment as to which areas apply for the service/support being monitored.

Appendices B and C are comprised of two different *optional* Support Monitoring guides. Both data entry forms are optional and are only needed if the Support Coordinator does not have access to the Integrated Quality Management Functions Database (APTS Database). Both include the minimum standard for monitoring services/supports funded by the Division and *may* be used during any monitoring. Appendix B is sorted by the domain, category, and type that are related to entry into the Integrated Quality Management Functions Database (APTS Database). Appendix C is a guide organized by support type.

Authority:

9 CSR 10-5.200 - <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c10-5.pdf>

Certification Survey - <http://dmh.mo.gov/dd/provider/docs/certificationsurvey.pdf>

Home and Community Based Waiver Manual – <http://dmh.mo.gov/dd/manuals/waivermanuals.html>

TCM Contract

Technical Assistance Manual for Regional Offices, County Senate Bill 40 Boards and other Not-for-Profit Agencies - <http://dmh.mo.gov/docs/dd/tcmtamanual.pdf>

CMS Federal Rule 441.301 - www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf