



Division Directive Number
3.020
Effective Date: 09.01.02
Revised 07.21.04; 05.21.09; 08.09.11;
07.11.13
Reviewed 02.01.08; 08.27.10
Bernard Simons

Bernard Simons, Director

Title: Support Monitoring Policy and Implementation

Application: Applies to Regional Offices, Senate Bill 40 Boards (SB40) and Not-for-Profit TCM agencies.

Purpose: To prescribe support monitoring standards.

Definitions:

Action Plan Tracking System (APTS): A database used by the Division to track issues requiring resolution as well as positive practices identified through Integrated Quality Functions. Issues tracked are identified through indicators categorized by health, safety, rights, services/supports, and money, in addition to the Missouri Quality Outcomes.

Behavior Support Plan: A part of the Individual Support Plan that is comprised of behavior analytic procedures developed to systematically address behaviors to be reduced or eliminated, and behaviors and skills to be learned. The techniques included in the plan should be based on a functional assessment of the target behaviors. It must conform to the requirements outlined in the Positive Behavior Support Guidelines developed by the Division of Developmental Disabilities.

Critical Issues: Issues identified that are considered dangerous or harmful and the person and/or staff are at immediate risk.

Face-to-Face Visit: A visit by the Support Coordinator with the person that may or may not include staff.

Foster Homes: A residential facility operated in the owned or leased permanent residence of the licensee, serving no more than three (3) residents who are integrated into the licensee's family unit. The facility does not normally use direct-care staff other than members of the household.

Group Home: Supports include providing care, supervision, and skills training in activities of daily living, home management, and community integration. The supports are provided to groups of recipients in group homes, residential care centers and semi-independent living situations (clustered apartment programs) licensed or certified by DMH (licensure, certification and accreditation all meet the requirements of 45 CFR Part 1397).

Indicator: A key value or quality characteristic used to measure, over time, the performance, processes, and outcomes of an organization or some component of service delivery.

Individualized Supported Living (ISL): ISLs provide individualized supports, delivered in a personalized manner, to individuals who live in homes of their choice; no more than four individuals may share a residence. Supports are designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings; may also include assistance with activities of daily living and assistance with instrumental activities of daily living. The residence (house or apartment) is a private dwelling owned or leased by at least one of the individuals residing in the home and/or by someone designated by one of those individuals such as a family member or legal guardian.

Integrating Quality Functions: A Division of DD systematic process for integrating and synthesizing information from all quality management functions to evaluate the performance of the support delivery system. This process assures the health and welfare of individuals, while meeting their needs and supporting them to achieve personal goals.

Independent Living Skills Development (Day Supports): Supports provided in a non-residential setting to enable individuals to increase their independent functions. Independent living skills developments may be provided to individuals or to groups and may be provided either on-site in a center based setting or off-site in the community. “On-site group” and “off-site individual” are how these supports are typically provided; the other two types of supports are for specific situations. Examples of on-site independent living skills developments would include cognitive skills training, socialization, and functional skills training. Examples of off-site independent living skills developments include house cleaning, money management (budgeting and bill paying), menu development, and cooking, shopping, laundry, first aid, and community inclusion. This category of support is different from personal assistance as specific outcomes in the individual support plan are required.

Interdivisional Agreement (IDA): Agreement between the Department of Mental Health and DSS Children’s Division where the DSS Children’s Division funds the waiver portion the Division typically funds when a child is deemed eligible for a waiver slot.

Issue: A point, matter, concern or question in regards to the health, safety and/or rights of an individual. A critical issue is when the health, safety, and/or rights of an individual are in jeopardy.

Log Notes: Routine documentation as defined by the Medicaid Waiver or other authorities that generally includes answers to these questions: Who? What? Where? When? Why?

One-Time Concern: Issue identified during a visit and resolved before the end of the visit; something that has not been a concern before; an isolated incident.

Outcome: The result of action to be taken as outlined in a plan that resolves issues, prevents reoccurrence and increases opportunities for improvement in the TCM delivery system and implementation of the Missouri Quality Outcomes.

Personal Assistance: Personal assistant supports include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Personal assistance may also include general supervision and protective oversight. The personal assistant may directly perform some activities and support the individual in learning how to perform others.

Quality Management Functions: A process to monitor and affect supports being provided, focusing upon health and welfare of individuals, meeting their needs and supporting them to achieve personal goals.

- The primary Regional Office Statewide Quality Management Functions are: Support Monitoring, Incident Response System, Fiscal Review, Health Inventory Planning System (Nursing Review), Mortality Review, Self Advocates and Families for Excellence (SAFE) Review, Individualized Support Plan Review, and Licensure and Certification Survey assessment. In addition to the Regional Office Quality Management Functions, other functions within and outside the Department also provide information.
- The primary State Operated Programs Statewide Quality Management Functions are: Audit Individual Funds, Audit of Staff Notes, Certification Survey, ICF ID Survey, Incident Audit Tool, Individualized Support Plan Review, Meal Observation Tool, Monitoring Tool Observation, and Record Review. In addition to the State Operated Quality Management Functions, other functions within and outside the Department also provide information.

Regional Quality Enhancement Team: Staff designated at each regional office to monitor, track, trend and report data from the quality enhancement functions as well as respond to special requests for data based upon current standards, outcomes and promising practices.

Residential Facility: A facility serving ten (10) or more residents and providing social support, health supervision and habilitation training in skills of daily living. This may include Residential Care Facilities and Assisted Living Facilities licensed by DHSS.

Self-Directed Supports (SDS): An option for supports for individuals who wish to exercise more choice, control, and authority over their supports. Under this self-determination option, individuals have employment and budget authority. Examples of supports reviewed as part of the Support Monitoring process include personal assistance, respite, community specialist and support broker.

Support Monitoring Guidelines: The tool that specifies the five indicators or areas of support to be reviewed, and interpretive guidelines for each area. The five indicators are Health, Environment/ Safety, Money, Rights, and Supports & Staff.

Shared Living: Shared living is an arrangement in which an individual(s) with a disability chooses to live with an individual, couple, or a family in the community to share their life experiences together. A shared living home could be a single person, a college student, single parents, empty nesters or a two-parent family with children, or a person could live with an individual in his/her home, who wants to share his/her life with an individual with a disability. Shared living can be provided in the individual's home (Companion Supports) or in the home of the caregiver (Host Home Supports).

Significant Health Change: A decline in a person's mental or physical health status that results in an increase in supports and monitoring in the life of the person and/or the people around the individual.

I. Frequency of Support Monitoring Visits/Contacts

Residential Supports:

Individuals who receive funding by the Division, including funding through an interdivisional agreement, 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, family living arrangement, and residential centers which may include residential care facilities and assisted living facilities. The outcome of these visits is documented in a log note.

Individuals participating in employment supports, career/job preparation supports and independent living skills development programs have quarterly face-to-face visits. If an individual receives both residential and employment supports, career/job preparation supports, or independent living skills development, support coordinators do not have to visit the residential site during the quarterly independent living skills development or employment support visit. Individuals participating in employment supports, career/job preparation supports, and/or independent living skills development (home skills development or community integration) have quarterly face-to-face visits with at least one annual visit at the location where the support is received. Support monitoring will occur for each type of service funded. For example, if an individual receives independent living skills development - community integration individual and independent living skills development - community integration group services then at a minimum, a quarterly Support Monitoring visit would occur for the community integration individual and community integration group. Annually, the site of service delivery for the community integration individual and community integration group would be visited for Support Monitoring.

Individuals living in nursing homes, private ICF/MR facilities, or residential care facilities not funded by the Division of DD receive quarterly face-to-face visits by their support coordinator to monitor health, welfare, safety, and satisfaction with supports documented in a log note.

Natural Home:

Individuals participating in on-site or off-site independent living skills development programs, personal assistance, career preparation supports, professional assessment and monitoring, shared living (host or companion), or employment supports (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. Employment supports, career preparation supports, professional assessment and monitoring, as well as off-site independent living skills developments 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, people's 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.

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. 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.

Frequency of Visits/Contacts Overview

Monthly Face to Face <i>(Individuals, except for those residing in Nursing Homes, who receive funding by the Division for residential supports)</i>	Quarterly Face to Face	Annual Face to Face & Quarterly Contact
<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 in Residential Care Facilities (RCF) ▪ Individuals with a DSS Children’s Division interdivisional agreement 	<ul style="list-style-type: none"> ▪ On-site Independent living skills development (Day Service) ▪ Shared Living <ul style="list-style-type: none"> ○ Host Home ○ Companion Home ▪ Individuals living in Natural Home receiving personal assistance ▪ Individuals living in Nursing Homes, private ICF/MR facilities, Assisted Living Facilities and Residential Care Facilities not funded by DMH ▪ Once annually at site of support delivery: <ul style="list-style-type: none"> ○ Employment Supports ○ Career/Job Preparation Supports (on-site individual & group, off-site individual & group) ○ Independent living skills development (Home Skills Dev.; Community Integration) ○ Professional Assessment & Monitoring 	<ul style="list-style-type: none"> ▪ Individuals living in a Natural Home 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 ○ Personal Electronic Safety Device ▪ Individuals receiving support coordination only; may be receiving <u>non</u> DMH funded supports (i.e., DHSS, V.R., DSS Children’s Division, etc.)

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

Areas to Be Reviewed:

Service monitoring includes interaction with individuals in services, evaluating whether the services outlined in the individual service plan (ISP) are being provided, as well as the other areas identified.

During face-to-face visits with individuals and quarterly phone contacts, support coordinators review the areas listed in the Support Monitoring Guidelines (located at the end of this Directive) 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 natural home 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. Support monitoring documentation of the visit/phone contact may be summarized in the log note or by referring to the completed Support Monitoring Tool in the log note. The log note is entitled "Support Monitoring".
- **SB40 and Not-for-Profit Process for Data Entry of Positive Outcomes, Issues, and Concerns:** Following each visit, the TCM provider must document positive outcomes, issues, and concerns and submit the documentation to their respective Regional Office for centralized data tracking and trending purposes.

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 5 working days. The log note documents the time and travel for the visit, staff present, and areas reviewed and any positive outcomes identified. The log note or the Support Monitoring tool documents the positive outcomes identified during the visit.
- 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 and to regional office staff to enter into the DMH DDD Centralized Database. If the issue was not resolved, the support coordinator will indicate the follow-up action on the information sent to the Regional Office. The support coordinator will notify the Regional Office of the date that they verified issues had been resolved. Whether the issue is resolved or unresolved, information is to be included in a log note. If the issue involves individuals placed by DSS Children's Division then this is noted on the communication to the regional office staff.
- 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 a designated Regional Office staff.
- If any of the following are true, the Regional Office must ensure follow-up and resolution of identified issues.
 - Issues/concerns that are **not** quickly resolved;

- Multiple issues occurring at one time;
 - 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 DMH DDD Centralized 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 provides the Regional Office the dates issues were verified as being resolved.
 - Within 5 working days of the visit, support coordinators forward the documentation to the provider's responsible Developmental Disability Professional / Facility Administrator, and Regional Office designated staff for entry into DMH DDD Centralized Database.

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.

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 include the minimum standard for monitoring services/supports funded by the Division and *may* be used during any monitoring. Appendix B is the previous guide and remains sorted by the domain, category, and type that are related to entry into the DMH DDD Centralized Database. Appendix C is a guide organized by support type.

Authority:

9 CSR 10-5.200 [Chapter 5](#)

Certification Survey <http://dmh.mo.gov/docs/dd/forms/QA/certificationsurvey.pdf>

[Home and Community Based Waiver Manual](#)

Inter-Governmental Agreement to Provide Case Management Services between Providers and Division of DD

<http://dmh.mo.gov/docs/dd/partnermanual.pdf>

[Technical Assistance Manual for Regional Offices, County Senate Bill 40 Boards, and Other Not-For-Profit Agencies](#)