

Self-Directed Supports Service Monitoring Guide

Self-Directed Supports are required to be monitored face-to-face quarterly at a MINIMUM. The descriptors for the 5 areas (domains) and interpretive guidelines are *not* an all-inclusive list, as other issues or areas of concern should be documented if they are present. This is ONLY a monitoring guide and does not take the place of the service monitoring case note or form needed for entry into APTS.

Individual Name:

Designated Representative Name:

Date/Time of Visit:

Place of Visit:

Support Coordinator:

Service(s) Monitored:

| Outcome/ Domain: | | General Notes: Follow Up/Correction Needed? |
|---------------------------------|---|--|
| ENVIRONMENT & SAFETY | Does the environment create any health/safety concerns? Is the individual's home modified to meet their support needs? | |
| INDIVIDUAL RIGHTS | Are the individual's rights respected and protected? Are the employees supporting the individual in exercising their self-advocacy skills? Is the designated representative serving in the best interest of the individual? How does the individual's life reflect the principles of self-determination? | |
| STAFF & SERVICES | Is the current ISP present and implemented as written? Is documentation of progress present and meaningful? Are monthly summaries completed? Has the SC and Individual/DR been receiving monthly summary from Support Broker and Community Specialist if receiving these services? Are the ISP outcomes addressed in the monthly summaries? If family members are providing services, are they doing so in the best interest of the individual? Is there a current back-up plan in place? <i>Are all forms present and complete as specified on the <u>SDS EMPLOYER DOCUMENT CHECKLIST- Individual/DR File</u> - Individual Service Plan including budget information (budget information does not need to be available for staff to review)</i> Information available for Employees – Individual Service Plan, The Emergency Back-up Plan (to ensure adequate coverage in case of emergency) <i>Service Documentation-Starting February 7th, 2016 the FMS (PPL) maintains service documentation. All prior service documentation must be maintained by the employer/designated representative for a period of six years (Even if self-directing supports has discontinued); (For those using paper timesheets <u>MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM</u> is used (archives must go back 6 years) Time recorded on this document must be consistent with what is submitted on the FMS (Missouri Consumer Direct) timesheets)</i> Monthly Summary – report documenting progress for all SDS services and budget tracking.) | |
| MONEY | Having checked utilization on the Fiscal Management Service (FMS) website, is over- or under-utilization a concern? Does the individual have unmet service needs which could be provided via other SDS services (i.e. support broker/community specialist)? Are all funding options being explored to help address the individual's support needs? | |
| HEALTH | Have there been reports of unusual events as documented on an EMT? Has the team followed up? Has the individual experienced any major changes that may impact his/her support needs? | |

Instructions: The form on page two is to be used to notify the individual/designated representative, and the assigned the Regional Office Quality Assurance Specialist of any concerns found during service monitoring and how the issue is being resolved. Please use the information from the checklist to complete this form. Be brief, as this information must also go into a database.

Results from Monitoring/Quality Management Referral Form

Date: Click here to enter a date.

Service Coordinator: Click here to enter text.

Team: Click here to enter text.

Individual Name: Click here to enter text.

ID #: Click here to enter text.

Provider Name: Click here to enter text.

Provider Issue – Number of Consumers Affected: Click here to enter text.

Address of Location visited: Click here to enter text.

Service Monitoring Complete and No Issues Found to Report (Circle if using paper form): Yes No

Description of Issue: Click here to enter text.

Action Taken: Click here to enter text.

Domain/Category/Type (include all three): Choose an item.

Discovery Date: Click here to enter a date.

Timeline Given: Click here to enter text.

Resolution Verified Date: Click here to enter a date.

New Entry

Follow-Up on Unresolved Entry

Comment/Remediation: Click here to enter text.

QE Follow –up Needed (Circle if using paper form): Yes No

Description of Issue: Click here to enter text.

Action Taken: Click here to enter text.

Domain/Category/Type (include all three): Choose an item.

Discovery Date: Click here to enter a date.

Timeline Given: Click here to enter text.

Resolution Verified Date: Click here to enter a date.

New Entry

Follow-Up on Unresolved Entry

Comment/Remediation: Click here to enter text.

QE Follow –up Needed (Circle if using paper form): Yes No

POSITIVE QUALITY OUTCOMES IDENTIFIED (Check all that apply but also provide explanation for each box checked)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Community Membership | <input type="checkbox"/> Positive Behavioral Supports | <input type="checkbox"/> Plan reflects lives and supports | <input type="checkbox"/> Managing their home |
| <input type="checkbox"/> Personal Relationships | <input type="checkbox"/> Positive Image | <input type="checkbox"/> Live and die with dignity | <input type="checkbox"/> Shared mission in agency |
| <input type="checkbox"/> Valued Roles | <input type="checkbox"/> Personal Identity | <input type="checkbox"/> Feel safe, emotional well being | <input type="checkbox"/> Agency relationships with other agencies |
| <input type="checkbox"/> Connected with past | <input type="checkbox"/> Control of daily lives | <input type="checkbox"/> Physical Wellness | <input type="checkbox"/> Staff Empowerment |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Opportunity to Advocate | <input type="checkbox"/> Support through lifestyle changes | <input type="checkbox"/> Agency Self Evaluation |

Comments / Explanation of Positive Quality Outcomes: (Can also be used for positive comments not meeting Positive Quality Outcomes).

Click here to enter text.