

Division Directive 3.020 — Individual Support
 Plan Monitoring and Review
 Technical Assistance and Guidance



Question	Response
<p>Is the Integrated Quality Management Functions Database (APTS) going to be updated to match the categories of the new monitoring? When is the target date for that?</p>	<p>The APTS database has been updated to reflect coding changes for ISP Monitoring and Review as outlined in Appendix A.</p>
<p>Have Providers been made aware of the changes in the directive?</p>	<p>Directive 3.020 has been posted to the DD website. Service Providers were notified of the webinar training. Webinar training is available on the DD website for all providers to access.</p>
<p>Have providers been made aware of the change in information that they will have to provide in their monthly reports to us?</p>	<p>There are no changes to the requirements in the service providers' monthly report.</p>

Question	Response
<p>Are there step-by-step instructions on entering into findings in the Integrated Quality Management Functions Database (APTS) and in obtaining reports of findings entered?</p>	<p>The process of data entry into the Integrated Quality Management Functions Database (APTS) has not changed. The process to pull support monitoring reports has not been impacted by the directive change. If assistance is needed in pulling reports or obtaining data entry instructions you can contact your Regional Office TCM Technical Assistance Coordinator (TAC).</p>
<p>Will the department send out the document (with fill-in capabilities) of Appendix B, to TCM providers?</p>	<p>A word document can be located with the directive on the DMH/DD Website with Division Directives.</p>
<p>Some SCs do not have access to APTS. Is that something that is going to change? It is referenced several times.</p>	<p>The majority of TCM providers enter their own Support Monitoring Findings into APTS and we are expecting that all TCM entities will enter their own support monitoring findings in the future.</p>
<p>May the SC continue to document positive findings in the APTS database or should that be documented elsewhere?</p>	<p>The SC will continue to document positive comments, issues, and concerns.</p>
<p>Where does QE fit into the directive?</p>	<p>Support Monitoring is one of the Integrated Quality Functions. This function is completed by the Support Coordinator. QE is not directly involved in the Support Monitoring process.</p>

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<p>Do we no longer review MARS, check for side effect information, review physician's orders, etc.?</p>	<p>Review of the Individual Support Plan will be a part of the monitoring process. Each month, the Support Coordinator will review and sign the RN monthly summary. The Support Coordinator is responsible to ensure the recommendations from the RN monthly summary are followed. These specific issues are monitored by the Agency RN. The support coordinator should review the nurse's summary for concerns and any needed follow-up. The Support Coordinator has the flexibility to check these documents if there is a concern.</p>
<p>The directive states that individuals living in their natural homes, may receive less than quarterly contacts, as requested by the family, but this must be agreed to by the Support Coordinator and documented in the Individual Support Plan (ISP). Does this apply to all services?</p>	<p>Individuals living in their natural homes receiving case management only may request less than quarterly contacts, but this must be agreed to by the Support Coordinator and documented in the ISP.</p>
<p>Is it required for every monthly summary to be reviewed? For example, if we complete monitoring before the last month's summary is completed?</p>	<p>It continues to be a requirement for the service provider to complete monthly summaries. The Support Coordinator should review the monthly report each month, as submitted by the service provider. The Support Coordinator is reviewing to ensure monthly reports are current as of the time of the monitoring.</p>

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<p>If we have an IHP implementation date of 1/1, service monitoring for the quarter is to be completed January, February, and March. Do SCs note the service monitoring in April for those months?</p>	<p>It continues to be a requirement for the service provider to complete monthly summaries. The Support Coordinator should review the monthly report each month, as submitted by the service provider. The Support Coordinator is reviewing to ensure monthly reports are current as of the time of the monitoring. The face to face or phone contact is completed within the ISP review quarter.</p>
<p>Is the monitoring intended to be completed during our ISP quarterly planning meeting?</p>	<p>A quarterly plan meeting is not a requirement, however meetings with the ISP team are held as requested and as needed.</p>
<p>Now that monthly monitoring is also the team review, do all team members attend each month? (guardian included).</p>	<p>A monthly team review meeting is not a requirement, however meetings with the ISP team are held as requested and as needed. As part of the person centered planning process, this is individualized and will be determined by the individual, based on their needs and preferences.</p>
<p>If someone with residential services also has CI or employment services, etc., would that quarterly monitoring/review need all team members present for all services to make one big comprehensive meeting?</p>	<p>This could be an option for the team. This should be based on the needs of the individual.</p>
<p>Are unannounced visits no longer required for residential services? The Directive notes "May, not required".</p>	<p>Correct. Wording was changed based on feedback.</p>
<p>Specific to the ISP, do all services now need a backup plan for staffing, similar to SDS services? If so, when is this effective or required to be added to plans?</p>	<p>Backup plans apply to all services. This is based on the risk identified for that individual which need to be addressed by a backup plan.</p>

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Will provider summaries require a signature?	The Support Coordinator is required to sign the RN monthly summary indicating their review. Provider monthly reports are signed by the Support Coordinator if there is a signature line for the Support Coordinator to sign.
How do SCs sign RN notes when they are in THERAP system? Who contacts the provider?	Access for the Support Coordinator can be requested by the agency through the service provider.
When the HRST system rolls out, will RN notes be included in that system? Will the notes need to be signed by the SC? How?	Training will be provided to TCM agencies involved with utilizing the HRST system as the process roles out.
What do SCs do when they ask providers for monthly documentation and that documentation is poorly developed?	The Support Coordinator will follow up with the service provider regarding concerns with the monthly documentation.
Will support coordinators need to review daily case notes for ISL's? For Personal Assistance including Self Directed? Or will they also rely on the providers/designated representative monthly summary for the information?	Review of the Individual Support Plan will be a part of the monitoring process. The Support Coordinator has the flexibility to check daily progress notes if there is a concern. Individuals receiving ISL services and Personal Assistant services through Self-Directed will have monthly summaries completed, which the SC is responsible to review.

Question	Response
<p>What is considered a dangerous situation and what are the expectations for SCs in those situations.</p>	<p>A dangerous or harmful situation is defined as a situation where 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. The Support Coordinator will then report to the Regional Office Provider Relations.</p>
<p>Are SCs monitoring face to face contact or are they monitoring the services being delivered?</p>	<p>Monitoring includes both the contact requirement (face to face or by phone), as well as the delivery of the authorized service. Frequency and type of contact is dependent upon the authorized service. Refer to page 4 of Division Directive 3.020 for the Frequency of Visits/Contacts Overview chart.</p>
<p>When do SCs need to notify PR about issues with ISP compliance?</p>	<p>Provider Relations (PR) should be notified in writing per the process outlined in Section IV, page 6, of the Division Directive 3.020. This includes issues which cannot be resolved at the TCM agency management and service provider level, as well as provider compliance issues, such as licensure/certification standards which are out of compliance.</p>
<p>Out of home respite only requires quarterly contact and annual face to face so technically we do not need to go over to respite quarterly to review their notes, etc. Are we understanding that correctly?</p>	<p>The requirement for out of home respite is annual face to face and quarterly contact. Facility Based respite is monthly face to face if the individual is in respite at least 30 consecutive days. There is no additional requirement for quarterly visits to the respite site.</p>
<p>If someone receives res hab. Services and day hab services can the quarterly day hab services review be included on the same form as the monthly SM form so two forms do not have to be completed?</p>	<p>Yes. Multiple services can be documented on the same ISP Monitoring and Review Monthly/Quarterly summary.</p>

Question	Response
<p>Do we need a copy of each agency's back up plan for the services they provide?</p>	<p>The Support Coordinator does not need to obtain a copy of the service providers' policy/back up plan. The Support Coordinator is responsible to ensure individualized back up plans, based on the individuals assessed needs, are identified in the ISP.</p>
<p>The frequency of visits/contacts is under Annual face to face & Quarterly contact. Does that mean the PAC service can be monitored by the Monthly Summaries each Quarter, a face to face visit with the PAC Provider Quarterly or phone contact with PAC Provider Quarterly? Would the SC meet with PAC Provider face to face annually such as at annual ISP meeting?</p>	<p>The frequency of visits/contacts is with the individual/family. The provider is an important piece of the planning and monitoring process as well. It is expected that follow up will occur with the service provider as needed, and to notify the service provider of any findings noted through monitoring. The individual will lead the person-centered planning process where possible. Service providers are part of the annual planning process, which includes the annual ISP meeting.</p>
<p>If consumer is in host home and goes to a day hab program, -Should the SC monitor both services for that quarter? Or Monitor host home quarterly and day hab once annually at day hab (site of support delivery).</p>	<p>The SC is responsible to monitor both host home and day hab services quarterly.</p>
<p>I have been asked if they have to note in the ISP or somewhere they have educated the individual/guardian of the ISP monitoring and review process?</p>	<p>The Support Coordinator is responsible to educate individuals and/or their Supported Decision Making Representative/Guardian, on the Individual Support Plan Monitoring and Review process. It is not a requirement to document this education in the ISP. The individual and/or their Supported Decision Making Representative/Guardian may request for specific information to be added to the ISP regarding how they will be notified of findings.</p>

Question	Response
Do we have to fill out the Appendix B ISP monitoring form every quarter for individuals who receive Autism Project and individuals who only receive Case Management services?	Yes. Individuals receiving support coordination services only receive annual face to face and quarterly contact, which includes review of the ISP.
Does Appendix A have to be filed anywhere in our records, or if it is in fact just a guideline to help us in completing Appendix B? Is Appendix A a required form?	The use of Appendix A is optional, however any finding the SC identifies for entry into the Integrated Quality Management Functions database (APTS database), should follow the coding outlined in Appendix A under the APTS coding column. It is not a requirement for this to be located in the record, unless the document is referenced in the log note.
Does each section/question in Appendix A need to be addressed/asked each visit?	Appendix A is not intended to be utilized as a checklist, where each item is answered during each visit with the individual. While the SC is required to review each of the Missouri Quality Outcome Life Domain Areas, the specific items that the SC will monitor within those domains will depend upon what is applicable for that individual, based on their individualized ISP.
What signatures are required on the Individual Support Plan Monitoring and Review Monthly/Quarterly Summary form (Appendix B)?	The only required signature on the Individual Support Plan Monitoring and Review Monthly/Quarterly Summary form is the Support Coordinator signature. This includes electronic signatures.

Question	Response
<p>Those services that require annual face to face and quarterly contact - Is this just a phone call and the log note (like we have been doing) or is Appendix B needed?</p>	<p>The Individual Support Plan (ISP) Monitoring and Review Monthly/Quarterly Summary incorporates requirements for monitoring documentation. You can utilize Appendix B, or summarize in a log note, however you must utilize the same title "Individual Support Plan Monitoring and Review Monthly/Quarterly Summary". You must also address both the review of the ISP, and any follow up, as well as the contact monitoring requirements of all MO Quality Outcome Life Domain Areas.</p>
<p>Can we combine the current Support Monitoring checklist that they are used to using with Appendix A and B so that all information is in one document and title it the same as Appendix B? Just trying to make it less complicated but still similar to what they have been doing already.</p>	<p>The new Appendix A and Appendix B could be combined into one document as long as requirements are met per Division Directive 3.020. The document must be titled "Individual Support Plan Monitoring and Review Monthly/Quarterly Summary".</p>
<p>So am I understanding it correctly that for residential clients that have monthly Support Monitoring, they will technically have the Quarterly form completed monthly now and attach that months summaries and would not need to do a separate quarterly form each quarter. Each quarter they would just need to do a quarterly meeting with the team to review the ISP correct?</p>	<p>This review and report is completed monthly for the services that require monthly monitoring and is completed quarterly for those services that require quarterly monitoring. An additional quarterly report is not required for a monthly service. It is not a requirement to attach the provider monthly reports/summaries to the Individual Support Plan Monitoring and Review Monthly/Quarterly Summary form. A separate quarterly plan meeting is not a requirement, however meetings with the ISP team are held as requested and as needed.</p>
<p>It says we are to begin using it Aug. 1, so does that mean we complete the July review using that tool or the Aug review?</p>	<p>The directive requirements, including Appendices A and B, will implement for use in the month of August, however agencies may choose to implement earlier.</p>

Question	Response
<p>Does SC answer each question on Appendix A every month? Does the SC summarize the information or does each question need to be listed and addressed for the monthly review? Do we only address changes each month and if so, how does that look so another individual will know what was changed?</p>	<p>Appendix A is not intended to be utilized as a checklist, where each item is answered during each monthly visit with the individual. While the SC is required to review each of the Missouri Quality Outcome Life Domain Areas, the specific items that the SC will monitor within those domains will depend upon what is applicable for that individual, based on their individualized ISP.</p>
<p>What are appropriate comments in section VI of Appendix B? 1. If there are findings 2. If there are no findings.</p>	<p>Appendix B - Section VI. Includes dates the SC had contact with the individual and the type of contact. This would include a summary of the monitoring findings for the individual in each of the Missouri Quality Outcome Life Domain Areas, including any findings identified for follow up, or if there were no findings identified for follow up.</p>
<p>How will the monitoring be coded for billing? Simply as a code 22 altogether? Will we need to submit any log notes with the "code 000023" ?</p>	<p>All components of the Individual Support Plan Monitoring and Review process are billed under the Support Monitoring code 000022.</p>
<p>In a monitoring log note, all the log note has to consist of is a reference to Appendix B form and where to locate it?</p>	<p>Appendix B can be referenced in a log note, but must be available in the record if referenced in the log note. All billing notes must meet documentation requirements per 13 CSR 70-3.030.</p>

Question	Response
<p>With regards to time limited services, such as employment, does the SC need to make a face to face service observation before the service ends? Some services are limited to 6 months.</p>	<p>If the requirement is to make a face to face contact annually at site of delivery for the service, and the service ends in 6 months, then the SC is within compliance if they have not made a face to face observation at the site of service delivery. The SC is still required to have quarterly face to face contact. The SC can increase contacts beyond the minimum requirement, as contact should be based on the assessed needs of the individual.</p>
<p>Appendix A - Page 2, community living - the first 6 questions appear to apply to residential, however they are not located under the residential box. Questions such as: " Is the home clean and free of odors? Is the home in good repair? Furnishings and appliances in good condition? " There are individuals that receive day hab, transportation, PA etc...but I do not see being able to make these observations. If the person is not receiving DMH funded services in their home, I am not sure about answering these questions.</p>	<p>Appendix A is not intended to be utilized as a checklist, where each item/question is answered during each visit with the individual. The specific items that the SC will monitor will depend upon what is applicable for that individual, and those particular services authorized for the individual.</p>
<p>Do SC's review the meds in house? I do not see anywhere on the tool that indicates SC's should continue this process.</p>	<p>The focus is on the individual and the services and supports as outlined in their ISP. Each month, the Support Coordinator will review and sign the RN monthly summary. The Support Coordinator is responsible to ensure the recommendations from the RN monthly summary are followed. The SC is not directly responsible for reviewing meds/MARS, etc. each month in the home.</p>

Question	Response
<p>Appendix A - Page 3 - healthy living - the first four questions - "1. Supports in place to assist with healthy food choices? 2. Do you have support when you are not feeling well? 3. Did you go to the dr when you are supposed to? 4. Individual is clean, clothes/shoes in good condition, dressed in clothing of preference, nails trimmed and cleaned." Again, thinking of our natural home people. We have an individual that attends day hab 5 days per week. Resides in natural home. Frequently attends program with dirty clothing, ill fitting shoes, dirty nails, and poor hygiene. Multiple hotlines have been made. The agency provides opportunities to complete laundry and hygiene tasks while attending services. If we note this on the tool and on the monthly/quarterly report form, who would we APTS?</p>	<p>In this scenario the Support Coordinator would not enter findings under the day hab provider. The specific items that the SC will monitor will depend upon what is applicable for that individual, based on assessed needs as identified in the ISP, and services authorized for the individual in the ISP.</p>