

**SERVICE GUIDELINES FOR SUPPORT COORDINATION AND INTENSIVE SUPPORT COORDINATION**

<b>Support Coordination</b>					
	<b>Indicator</b>	<b>Score Guide</b>	<b>Yes/No or NA</b>	<b>If No, reason marked not present</b>	<b>Rationale for Indicator</b>
<b>1</b>	Support notes indicate the date, time, location, and are in compliance with the frequency based on policy.	<ul style="list-style-type: none"> <li>Review progress notes to ensure it includes the date, time and location (if necessary).</li> <li>Review progress notes and the Individual Quality Outcome Measure Review to determine if face-to-face contacts and ancillary contacts are being made as required.</li> <li>Minimum of monthly ancillary contact. If face-to-face visits occur more often than required for that month, one of these visits can take the place of the ancillary contact.</li> <li>Minimum of quarterly face-to-face visit and an Individual Quality Outcome Measure Review is completed.</li> <li>If the person is receiving CRA services, CLS services (with no onsite natural supports), overnight Respite (if seven calendar days or more), a comprehensive support note for a face-to-face visit at the residence is completed monthly.</li> </ul>		<input type="checkbox"/> Support notes are missing the date. <input type="checkbox"/> Support notes are missing the time. <input type="checkbox"/> Support notes are missing the location. <input type="checkbox"/> Support notes are not in compliance with the frequency based on policy. <input type="checkbox"/> Support notes do not reflect correct frequency of ancillary contacts. <input type="checkbox"/> Individual Quality Outcome Measure Review is not completed quarterly.	Policy 02-433, Procedures, B
<b>2</b>	Documentation indicates evaluation of provider services to ensure they are being provided according to assessed needs, the Individual Service Plan (ISP) and additional information in IDD Connects	<ul style="list-style-type: none"> <li>Look for documented evidence of the Support Coordinator's review of provider's documentation and results of the review that captures whether services are provided according to assessed needs, ISP, and waiver and service guidelines.</li> </ul>		<input type="checkbox"/> Documentation does not describe results of review of the provider's documentation. <input type="checkbox"/> Documentation does not describe whether the provider's services are being provided	Policy 02-434, Procedures A

	<p>that addresses support needs and oversight, the current NOW/COMP policy manuals and the current DD Provider Manual.</p>	<ul style="list-style-type: none"> <li>• This information can be included in the support notes or the Individual Quality Outcome Measure Review.</li> </ul>		<p>according to assessed need and according to information in IDD Connects that addresses support needs and oversight.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation does not describe whether the provider’s services are being provided according to the ISP.</li> <li><input type="checkbox"/> Documentation does not describe whether the provider’s services are being provided according to the waiver/State’s service guidelines.</li> </ul>	
<p><b>3</b></p>	<p>Based upon the evaluation of quality and outcome of services, any of the person’s unmet needs result in a Coaching and Referral or a Request for Clinical Review.</p>	<ul style="list-style-type: none"> <li>• Review Support Notes and the Individual Outcome Quality Reviews to determine if the SC identifies any unmet needs that require coaching or additional waiver services. If so, look for a Coaching and Referral or a request for an assessment, the Request for Clinical Review (RCR).</li> <li>• Look for documentation of a change in condition or circumstances and why the needs cannot be met by current supports/services in place.</li> <li>• Look for the RCR in the Support Notes or Outcomes Review and Request for Clinical Review (RCR) sections of the IDD Connect system.</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> When there are changes in services and/or support needs, the service plan is not amended to ensure it aligns with the person's most current support and service needs.</li> <li><input type="checkbox"/> When an unmet need is identified, documentation does not demonstrate a request for an RCR or Coaching and Referral.</li> <li><input type="checkbox"/> Documentation does not demonstrate follow up when an RCR is completed.</li> </ul>	<p>Policy 02-443, Section C</p>

				<input type="checkbox"/> Documentation does not demonstrate follow up when a Coaching and Referral is completed.	
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**Quality Outcome Section**

<b>4</b>	Support Coordinator evaluates the quality and outcome of services provided, such that services are delivered in a manner based upon the person's preferences, protect the health and safety of the and promote improved quality of life.	<input type="checkbox"/> <b>EXCEEDS:</b> Support Coordinator evaluates the quality of services through interviewing the person, provider, family and other natural supports. The Support Coordinator has developed an effective process to continuously learn what is important to and for the person and when needed, advocates to ensure the person's preferences, goals, dreams, and health and safety needs are met. Through the Support Coordinator's efforts, the person's quality of life has improved.	Policy 02-430, Purpose
		<input type="checkbox"/> <b>MEETS:</b> Support Coordinator discusses the needs (health and safety) and goals of the person during face-to-face visits with the person, provider and family. If changes are needed, the Support Coordinator will make the necessary referrals or follow up with the responsible party to ensure changes are implemented and needs are met. There is need for the person's quality of life to improve and efforts are being made.	
		<input type="checkbox"/> <b>NEEDS IMPROVEMENT:</b> Support Coordinator is monitoring progress and providing oversight of supports and services. Documentation does not reflect meaningful communication with the person, provider or family regarding what is important to and for the person, barriers to goals, preferences or needs that still exist.	
		<input type="checkbox"/> <b>UNSATISFACTORY:</b> Support Coordinator is monitoring progress and providing oversight supports and services but any needed changes or barriers are not being address or preferences of the person are not being pursued.	

Intensive Support Coordination (ISC)					
	Indicator	Score Guide	Yes/No or NA	If No, reason marked not present	Rationale for Indicator
1	Support notes indicate the date, time, location, and are in compliance with the frequency based on policy.	<ul style="list-style-type: none"> <li>Review progress notes to ensure it includes the date, time and location (if necessary).</li> <li>Review progress notes to determine if the required contacts were made.</li> <li>Minimum of monthly ancillary contact. If face-to-face visits occur more often than required for that month, one of these visits can take the place of the ancillary contact.</li> <li>For ISC participants receiving any combination of services, a minimum of one face-to-face visit to the residence is required monthly. On a quarterly basis, a face-to-face visit to the participant at another site of service can occur in lieu of a visit to the residence.</li> </ul>		<input type="checkbox"/> Support notes are missing the date. <input type="checkbox"/> Support notes are missing the time. <input type="checkbox"/> Support notes are missing the location. <input type="checkbox"/> Support notes are not in compliance with the frequency based on policy. <input type="checkbox"/> Support notes do not reflect the correct frequency of ancillary contacts. <input type="checkbox"/> Individual Quality Outcome Measure Review is not completed quarterly.	Policy 02-434, Section B
2	Support notes indicated ISC is providing focused oversight to participants admitted to Crisis Support Homes, for supporting stabilization efforts while the participant is in the Crisis Support Home, identifying potential providers, and coordinating discharge to a community residence.	<ul style="list-style-type: none"> <li>Review notes for evidence the ISC is continuing with the provision of monitoring and oversight (i.e. review person's progress while in the home, discussion of interventions used to help stabilize the person, ensure all identified behavior support, health and safety needs are being addressed, etc.) upon person's admission into a Crisis Support Home.</li> <li>Notes provide evidence of how stabilization activity occurred.</li> </ul>		<input type="checkbox"/> Support notes defining oversight and monitoring are not present while receiving crisis services. <input type="checkbox"/> Support notes do not include coordination of potential providers. <input type="checkbox"/> Support notes do not include coordination of discharge planning.	Policy 02-439

		<ul style="list-style-type: none"> <li>Notes provide evidence of discharge planning to community residence, how aftercare and stabilization will be addressed.</li> <li>NOTE: Score N/A if person was not admitted to a Crisis Support Home during the period in review.</li> </ul>			
<b>3</b>	For people admitted to Crisis Support Homes, support notes indicated ISC is providing aftercare to promote continued stabilization in the community.	<ul style="list-style-type: none"> <li>Review notes for evidence the ISC is continuing with the provision of monitoring and oversight to ensure coordination of discharge plans and ensure they are followed. Look for evidence of evaluation of the person’s stabilization in the community.</li> <li>NOTE: Score N/A if person was not admitted to a Crisis Support Home during the period in review or if the person is still in the Crisis Home and has not been discharged.</li> </ul>		<input type="checkbox"/> Support notes do not include coordination of aftercare. <input type="checkbox"/> Support notes do not include follow up on discharge plans to ensure they are implemented. <input type="checkbox"/> Support notes do not indicate the ISC is evaluating the person’s stabilization in the community.	
<b>3</b>	Based upon the evaluation of quality and outcome of services, any of the person’s unmet needs result in a Coaching and Referral or a Request for Clinical Review (RCR).	<ul style="list-style-type: none"> <li>Review Support Notes and the Individual Outcome Quality Reviews to determine if the SC identifies any unmet needs that require coaching or additional waiver services. If so, look for a Coaching and Referral or a request for an assessment, the Request for Clinical Review (RCR).</li> <li>Look for documentation of a change in condition or circumstances and why the needs cannot be met by current supports/services in place.</li> </ul>		<input type="checkbox"/> Individual Quality Outcome Measure Review is not completed quarterly. <input type="checkbox"/> When there are changes in services or support needs, the service plan is not amended to ensure it aligns with the person's most current support and service needs. <input type="checkbox"/> When an unmet need is identified, documentation does not demonstrate a request for	Policy 02-443, Section C

		<ul style="list-style-type: none"> <li>Look for the Request for Clinical Review (RCR) in the Outcomes and Support Notes section of the IDD Connect system.</li> </ul>		<p>an RCR or Coaching and Referral.</p> <p><input type="checkbox"/> Documentation does not demonstrate follow up when an RCR is completed.</p> <p><input type="checkbox"/> Documentation does not demonstrate follow up when a Coaching and Referral is completed.</p>	
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**Quality Indicator Section**

<b>4</b>	Intensive Support Coordinator evaluates the quality and outcome of services provided, such that services are delivered in a manner based upon the person’s preferences. Protects the health and safety of the person and promotes improved quality of life.	<input type="checkbox"/> <b>EXCEEDS:</b> Intensive Support Coordinator evaluates the quality of services through interviewing the person, provider, family and other natural supports. The Support Coordinator has developed an effective process to continuously learn what is important to and for the person and when needed, advocates to ensure the person’s preferences, goals, dreams, and health and safety needs are met. Through the Support Coordinator’s efforts, the person’s quality of life has improved.	Policy 02-430, Purpose
		<input type="checkbox"/> <b>MEETS:</b> Intensive Support Coordinator discusses the needs (health and safety) and goals of the person during face-to-face visits with the person, provider and family. If changes are needed, the Support Coordinator will make the necessary referrals or follow up with the responsible party to ensure changes are implemented and needs are met. There is need for the person’s quality of life to improve and efforts are being made.	
		<input type="checkbox"/> <b>NEEDS IMPROVEMENT:</b> Intensive Support Coordinator is monitoring progress and providing oversight of supports and services. Documentation does not reflect meaningful communication with the person, provider or family regarding what is important to and for the person, barriers to goals, preferences or needs that still exist.	
		<input type="checkbox"/> <b>UNSATISFACTORY:</b> Intensive Support Coordinator is monitoring progress and providing oversight of supports and services but any needed changes or barriers are not being addressed or preferences of the person are not being pursued.	

