

MONITORING ACTIVITIES CHECKLIST FOR: Provider Review: Face to Face /or Provider Review Non-Face /Face		
PROVIDER:	INDIVIDUAL:	DATE:
Provider Review		Check/Comments
<p>Short Range Goals (Present, Include All Required Elements, Target Dates Current): Provider must have short range goals that link back to long range outcomes in the ISP and a copy of these goals must be accessible to the direct support staff member on-site. Check to make sure that dates on goals have not expired. Provider may not bill for running expired or achieved goals. Short Range Goal (s) must be in place BEFORE the service (ANY service) is delivered. Short range goal elements include measurable goal statement; strategies, interventions or task analysis to meet the goal; target date including month/day/year; signature of LRP. Review completed during the first monitoring visit and for any subsequent plan updates.</p>		
<p>Positive Behavior Support Plan (as applicable): Copy of current PBSP is accessible to direct care staff and documentation supports that PBSP is being followed. There should be behavioral data documented.</p>		
<p>Service Notes/Service Grid Match the Short Range Goals and Documented Interventions/Task Analysis/Strategies: Review on-site service documentation/data to see if service note/service grid reflect data being properly documented. Service Grids should have a Key that reflects type of criteria/data to be documented. Crosswalk goals to Service Grids and Task Analysis/Strategy to see if they match.</p>		
Claims Review	<p>Claims Review: Reviewing claims submitted by the provider helps you monitor to ensure that the individual is receiving services as outlined in the plan and/or to identify potential service deviations. Remember that absence of billing does not necessarily indicate that the service was not provided. Any potential service deviations identified via review of claims require follow-up/further research to identify if a service deviation occurred and, if so, the reason for the deviation. Based on reasons for deviation, additional follow-up may be indicated (e.g. updating plan if individual's needs have changed). This review should occur at least bi-annually.</p>	
	<p>Services Delivered As Outlined in Plan: Review service documentation available on-site (i.e. notes or grid) to determine if documentation supports that services are being delivered as outlined in plan. Is the person receiving services in the type, scope, amount, and frequency as specified. If service deviations have occurred, ensure that the reason for deviation is documented. If no, please provide description</p>	
<p>People Have the Best Possible Health: Medication Administration Records (required for Residential and Day Programs if meds are administered/not required in private homes) Documentation includes medication, times dispensed, refusals and errors, etc.. How were med. errors and refusals handled for health and safety of the individual? It is clear why the individual is taking all of the medications prescribed. If not for the usual diagnosis, inquire as to what other medical reason is medication taken? Were all appts attended/rescheduled? Were Dr's orders followed? Are all team members aware of the new orders, symptoms, side</p>		

<p>Other Documentation (as applicable): Review other applicable service documentation such as seizure logs, sleep logs, etc. Some providers (particularly facility-based services such as Residential, Day Supports) keep seizure logs, sleep data or other documentation specific to the individual.</p>	
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<p>Always be alert for client rights, facility requirements, etc. See</p>	
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Service Observation with Individual and Provider		Check/Comments
Service Observation with Individual and Provider	<p>Observe Goals Delivery: Observe the individual with their staff to verify service delivery and to see if short range goal was implemented according to the Task Analysis/Intervention/Strategy and if short range goal relates to a long range outcome in the ISP. Back-Up employees should be able to follow the steps in the goals easily. Look for consistency.</p>	
	<p>Staff Demonstrate Skill to Support Individual per ISP: Observe Direct Care staff to see if it appears they have been trained on the specific needs of the individual per ISP and on the TAs/Strategies to implement goals. Does staff have supplies necessary to provide teaching/interventions specific to the goals. If you have questions, ask the QP about direct support professional's qualifications and discuss need for training or retraining.</p>	
	<p>People Exercise rights: Observe Direct Care staff to see if they encourage person to exercise their rights or if there is a violation of rights. Is the individual free from coercion (i.e. Can the individual file an anonymous complaint? Is information about how to file a complaint posted in a conspicuous area)? Does the individual have access to make private telephone calls/text/email at the individual's preference and convenience? Do people know their rights? Are people being supported to learn their rights? Are people supported to exercise their rights?</p>	
	<p>People are Respected: Staff Demonstrate Respect & Ensure Privacy: Watch to see that individual has the right to privacy or if their privacy is being violated. (i.e. Is health information about the individual kept private?)</p>	
	<p>Equipment Use and Care: Verify that approved equipment has been delivered, that individual and staff have been trained on use and care of equipment; equipment is being used in all environments; equipment is in good working order and there is a schedule for cleaning and maintenance as necessary. Equipment may include but is not limited to: wheelchairs/other mobility items, leg braces, communication devices, positioning devices, aids for daily living, home or vehicle modifications. Assess whether additional equipment is needed.</p>	
Provider QP Contact	<p>Provider QP- Review w/ QP: Review and discuss individual's progress/status with provider QP (e.g. progress on goals, service deviations if applicable, changes in medical status, concerns, needed changes to plan, incidents that have occurred, etc). Indicate services utilized during</p>	
	<p>Medical Appointments/Follow-Up: All appts attended as indicated in the ISP? Were Dr's orders followed? All team members are aware of the new orders, symptoms, side effects, etc...? Age appropriate health checks/exam/tests performed? Are new consents needed to obtain medical records?</p>	
	<p>Discuss w/ QP Recommendations & Follow-up Plan for Concerns: Provide appropriate positive feedback and address any questions, concerns, changes needed in service delivery including but not limited to service documentation, record keeping, medical/health issues, facility issues, Client Rights, staff training needs, etc... Follow procedure on Monitoring of Provider Service re: time lines and reporting issues to QM.</p>	
	<p>Progress Summary - During contact with QP, progress should be discussed.</p>	

MONITORING ACTIVITIES CHECKLIST FOR: CONTACT WITH INDIVIDUAL/LEGALLY RESPONSIBLE PERSON			
INDIVIDUAL:		LRP:	
		DATE:	
Review Items		Check/Comments	
Services / Outcomes and Supports	<p>Satisfaction with services and progress: Ask each separately. Offer to help resolve issues. Does the individual/family/LRP have any feedback for the Care Coordinator related to how they support the person/Care Coordination? CC would ask-Do you have any feedback for how I am doing as your Care Coordinator? Is there anything you would like for me to do differently? Is there is evidence that the individual's requests for services and supports are accommodated as opposed to ignored or denied?</p>		
	<p>People choose services: Are services being delivered as outlined in ISP? Are any changes to plan needed? Discuss with individual/family to ensure that services are being delivered as per plan and to identify any needed changes. If services deviations are occurring by individual/family choice (e.g. picking individual up early on regular basis, telling IHSB worker not to come, etc), educate them about importance of following plan. If the service being observed is supposed to be Individual, make sure that this is what is occurring. A person can receive individualized assistance (e.g. toileting, ambulation, eating, etc...) even if the service authorized is for group. A person authorized to receive individual service should not be receiving services in a group setting (including care of other family members, etc...). The individual service worker should have responsibility for only the one individual.</p>		
	<p>Verify Supplies and Equipment Receipt and Use: Inquire if ongoing supplies are being delivered regularly. Verify if approved equipment has been delivered, that individual or family has been trained on use and care of equipment, equipment is being used in all environments i.e.. community, home and school/work/day program and equipment is in good working order?</p>		
	<p>Medical Appointments/Follow-Up: All appts attended as indicated in the ISP? Were Dr's orders followed? All team members are aware of the new orders, symptoms, side effects, etc...? Age appropriate health checks/exam/tests performed? Are new consents needed to obtain medical records?</p>		

MONITORING ACTIVITIES CHECKLIST FOR: INNOVATIONS - SELF-DIRECTION - AGENCY WITH CHOICE (AWC)		
INDIVIDUAL:	MANAGING EMPLOYER:	AWC PROVIDER:
Review Items w/ Managing Employer in Addition to Elements with **atrophic in the General Monitoring Section		Check/Comments
<p>Managing Employer was involved with the selection of current staff? Managing Employer was part of the interview process and approved all employees prior to working. Does Managing Employer participate in providing informal and formal feedback to employees regarding their work performance? Is the Managing Employer satisfied with support provided by employees?</p>		
<p>Monthly Review w/ Managing Employer & AWC Required: CC to monitor self-directed services monthly. Check to see if each service is being utilized as authorized. Review documentation of training/supervision completed by Managing Employer, if applicable. Managing Employer has all necessary employment supplies to support the individual as needed.</p>		
<p>Satisfaction with Services and Progress. Is the individual/family satisfied with AWC provider? Are the services delivered appropriately? Is progress being made? Are the self-direction processes in place? Is training provided timely and accurately? Do you have any feedback for the MCO and AWC? Any concerns or suggestions? Offer to help resolve issues.</p>		
<p>Quarterly Financial Report Reviewed by CC, Managing Employer and AWC: Care Coordination reviews quarterly financial report produced by the Agency w/ Choice with Managing Employer. Follow up with AWC provider on any questions about the report that are not clear.</p>		
<p>Medically Necessary Services Meet Needs, Health & Safety. Issues to consider: identified needs of the individual are being addressed, schedule of services is flexible, individual is involved w/ community, individual budget is sufficient for needs.</p>		
<p>Monitoring AWC and/or Managing Employer: Back-Up Staffing Plans in Place, Being Tested & Problems Noted: Back-up staffing plan is reviewed/practiced quarterly. Are all natural supports identified in the plan available? Is contact information still current? Issues to consider: frequency of employees failing to report to work, use of back-up employees, need for different employees. In some instances, this is a joint responsibility between the AWC provider and the Managing Employers. Some instances, this is the sole responsibility of the AWC provider.</p>		
<p>Monitoring AWC and/or Managing Employer: Service Documentation and Timesheets for AWC: Managing Employer is reviewing and signing off on documentation and timesheets of direct care staff from AWC if applicable. In some instances, this is a joint responsibility between the AWC provider and the Managing Employers. Some instances, this is the sole responsibility of the AWC provider.</p>		

Note: Monthly face-to face monitoring is required. Every month, for the 1st six (6), at least one of the self-directed services must be observed as the service is being delivered. Monthly contact must be maintained with the Managing Employer and/or Representative.

****THIS CHECKLIST IS TO BE COMPLETED IN ADDITION TO SPECIFIC ELEMENTS IN THE GENERAL MONITORING CHECKLIST.**

GENERAL MONITORING CHECK SHEET		
PROVIDER:	INDIVIDUAL:	DATE:
Minimum responsibility for general monitoring is to be alert for these items, discuss with provider QP as applicable to confirm that all requirements are met, follow-up further as indicated.		
		Check/Comments
Client Rights	Approved/Planned Restrictive Intervention (if applicable): Provider/EOR ** must have signed consent from individual/LRP to conduct an approved intervention unless unplanned. The need for the approved intervention must be written into the Individual's ISP and Positive Behavior Support Plan. If restrictive interventions are included in the PBSP, it must be signed/approved by a licensed psychologist. Provider's Client Rights Committee (MCO CRC for EOR**) must review and approve/disapprove use of planned restrictive intervention (APSM 95-2, NCAC 10A)	
	Protective Devices (if applicable): Provider/EOR** must have signed consent from individual/LRP to use Protective Devices for support. Use of Protective Devices must also be approved by the provider's Client Rights Committee. Protective Devices include but are not limited to seizure helmets, wheelchairs, AFOS, standers, etc. (APSM 45-2, NCAC 10A) NCAC addresses protective devices for behavioral control, not medical devices.	
	Devices to Modify Behaviors are Prescribed and in ISP: If individual requires devices to modify behaviors, there is a physician's order to support it filed in record and the use of device is included in ISP and PBSP as outlined above for Restrictive Intervention.	
	Rights Restrictions: If the individual's rights are restricted, Provider QP must assess need and reason for restriction and place written statement in record detailing need for restriction. Effective date cannot exceed 30 days - the right must be restored or the restriction renewed each 30 days, with restoration or renewal documented in provider record. Provider QP must assess restriction every 7 days, documenting this review in record. Individual/LRP must be notified when rights restriction is implemented and at each renewal (NC G.S. 122C - 62)	
	Incidents - Be alert in discussions with providers and/or individuals/families - consider how issues were resolved, if treatment was provided if needed, if patterns are identified, etc. Check CIE for incidents and have a conversation during monitoring visit by asking has there been any recent incidents. If so, provide TA regarding requirements of entering incidents	
	Health & Safety Checklist/Justification for Personal Care/Respite Provided in the Direct Service Employee's Home: Confirm with QP that Health/Safety Checklist requirements have been addressed if the individual receives personal care component of Community Living and Support or Respite in the home of the worker. Confirm with QP that no other service is being delivered in worker's home. CC will verify if Appendix Q-is completed if services are being provided in worker's home.	
	Adequate Supplies on Hand? If there is indication that required supplies are not available(e.g. materials needed to provide services/teaching as outlined in goals, etc), follow-up on this with provider and report to QM as indicated. Is the food supply assessable? CC's role is to observe and identify concerns. Again this will be a judgment call. Depending on findings/may need to report to DSS/consult supervisor.	

** Elements completed for services directed through the EOR and AWC models. Applicable only if model has been implemented within MCO.

MONITORING ACTIVITIES CHECKLIST FOR: INNOVATIONS - SELF-DIRECTION - EMPLOYER OF RECORD (EOR)		
INDIVIDUAL:	EMPLOYER OF RECORD:	
Review Items w/ Employer in Addition to Elements with **atrophic in the General Monitoring Section		Check/Comments
<p>Employer Related Responsibilities. Employer selected current staff, ensuring background/health registry checks completed? Review documentation of training/supervision completed by Employer if applicable. Employer Documentation is maintained in confidential manner. Employer is recruiting and scheduling as needed to provide supports.</p>		
<p>Monthly Review w/ Employer: Care Coordinators to monitor self-directed services monthly to determine if each service is being utilized as authorized. Employer has all necessary employment supplies if applicable. Employer is aware of any upcoming Service Re-Authorizations and has a plan to address. First Aid Supplies are Available to staff.</p>		
<p>Satisfaction with Services and Progress. Is individual / family satisfied with services, progress, self-direction processes, training, and Trillium. Any concerns or suggestions? Offer to help resolve issues.</p>		
<p>Monthly Financial Report Reviewed by CC, Employer of Record: Care Coordinator reviews monthly financial report produced by the Financial Support Services Agency with Employer. Follow up with FSS agency on any questions about the report that are not clear.</p>		
<p>Medically Necessary Services Meet Needs, Health & Safety. Identified support needs of the individual are being addressed, schedule of services is flexible, individual is involved w/ community, individual budget is sufficient for needs.</p>		
<p>Emergency Plans in Place, Being Tested & Problems Noted: Back-up staffing plan in place and reviewed quarterly. Issues to consider: frequency of employees failing to report to work, staff turnover, use of back-up employees, need for different employees. Emergency Medical, and Weather and Environmental plans are in place and practiced/reviewed quarterly. Written Evacuation Plan available so employees know how best egress route in case of fire (needs to be accessible not posted). Emergency numbers such as poison control are assessable to staff.</p>		
<p>Incident Reporting: Level 1 Incident- Reports are documented to include needed follow up and maintained in person's home. Level 2 & 3 Incidents are reported per Guidelines and follow up was completed and recommendations implemented (includes corrective actions as part of a Plan of Correction) Incident reporting guidelines for Back-Up Staffing are followed. Plan of Correction written when required and implemented as approved.</p>		
<p>Service Documentation and Timesheets: Employer is reviewing and signing off on service documentation and time/ billing sheets of direct care staff.</p>		

Note: Monthly face-to face monitoring is required. Every month, for the 1st six (6), at least one of the self-directed services must be observed as the

****THIS CHECKLIST IS TO BE DONE IN ADDITION TO THE CHECKLIST FOR PROVIDER REVIEW.**

****THIS CHECKLIST IS TO BE COMPLETED ** IN ADDITION TO SPECIFIC ELEMENTS IN THE GENERAL MONITORING CHECKLIST.**

HCBS MONITORING CHECK SHEET

PROVIDER:	INDIVIDUAL:	DATE:
<p>Minimum responsibility for general monitoring is to be alert for these items, ask individual about items, discuss with provider QP as applicable to confirm that all requirements are met, follow-up further as indicated.</p>		<p>Check/Comments</p>
<p>Does the individual live/receive services in the same areas of setting as an individual not receiving Medicaid HCBS (Individual receiving waiver services is not separated from other individuals in the setting or unable to interact with others in the setting.)</p>		
<p>Does the setting fit in to the surrounding neighborhood? (no permanent parking spaces; no signs in yard indicating the home is a group home; another group home or day program is not on the same property or immediately adjacent.)</p>	Residential Only	
<p>Is the home in location that supports full access to the greater community or is transportation available to access the community?</p>	Residential Only	
<p>Observation indicates that staff communicate with individuals in a respectful manner with individuals in the setting while providing assistance and during the regular course of daily activities.</p>		
<p>Observation/report indicates individuals are not required to sit at an assigned seat in the dining area and may choose with whom to eat; individuals are not required to wear bibs, clothing protectors, or use disposable cutlery, plates and cups (in their home).</p>		
<p>There is no evidence/report that visitors are restricted to specified visiting hours or restricted to a specific 'visitors' area'.</p>		
<p>Observation/report that individual has privacy in his/her living space.</p>	Residential Only	
<p>Do staff or other residents always knock and receive permission prior to entering an individual's living space?</p>	Residential Only	

Observation that the individual has a key to the home and his/her room.	Residential Only	
Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?	Residential Only	
Observation at site indicates that schedules of individuals for physical therapy (PT), occupational therapy (OT), medications, restricted diet, etc., are not posted in a general area for all to view.		
Observation/report that furniture arrange as individual prefers in his/her living space and they are allowed to decorate?	Residential Only	
Observation indicates that the individual has unrestricted access in the setting. (there are no gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting (excluding staff office/staff living quarters; individual has unscheduled access to food, phone, internet, etc.)		
Observation/report indicates that tables and chairs are at a convenient height and location so that individuals can access and use the furniture; that appliances are accessible to individuals (e.g., the microwave at the day program or the home washer/dryer are front loading for individuals in wheelchairs).		
Does the individual have telephone or other technology in their own room or in a location that has space around it to ensure privacy?	Residential Only	