Supported Living
Coaching Services
Monitoring Protocol

Developmental Services
Supported Living Coaching Services
Monitoring Protocol

Supported living coaching services provide training and assistance, in a variety of activities, to support individuals who live in their own homes or apartments. These services may include assistance with locating appropriate housing, the acquisition, retention or improvement of skills related to activities of daily living such as personal hygiene and grooming, household chores, meal preparation, shopping, personal finances and the social and adaptive skills necessary to enable individuals to reside on their own.

Supported living services mean the provision of supports necessary for an adult who has a developmental disability to establish, live in and maintain a household of their choosing in the community. This includes supported living coaching and other supports.

Cite		Probes
Explanation of Monitoring Tool Symbols/Codes ☼ Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle. **"W"** Weighted Element: A "W" followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score. **"R"** Recoupment: An "R" in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is "Not Met."		
Standard: The provider successfully supports the individual to live in his or her own home. *For the following elements of performance associated with this standard: **Review results of the Person-Centered Reviews, information available from individuals receiving the service and available documentation.** The purpose of this section is to determine provider performance and the quality of supports in this area. Do not score an element as met solely based on the presence of the documentation.*		
1 W2.0	The provider develops an individualized implementation plan (IP) for all consumers.	Ask the provider to describe the implementation planning process, including: ➢ Who is typically involved? ➢ When does it usually take place? ➢ What happens with the IP once it is developed? ➢ How does the provider monitor that IP's are being completed within state defined timeframes? Review results and recommendations from Person-Centered Reviews for cites 1-9. *Note: The Supported Living Supports Strategy Guide can be used, but it MUST BE supplemented with all the required elements for the Implementation Plan.*

Cite		Probes

2
 	
W2.0
	An individualized implementation plan (IP) is developed under the direction of the consumer. (Was SLC 1)	• Review results and recommendations from Person-Centered Reviews applicable to the provider for cites 2-7
		• Ask the provider how each consumer has been involved in the development of their implementation plan.
		• Talk with individual to determine their level of participation in the IP process. Do services reflect interests and goals that they have?
		• Interactively with the provider, review a sample of implementation plans. During review,
		  ➢ Explore with the provider what other sources of information about an individual influence the implementation plan.
		  ➢ Determine if there is consumer sign-off on the plan or any changes to the plan to indicate acceptance.
		  ➢ Review monthly summaries to determine if updates are being made to the IP.
		• Talk to consumers, family or guardians about the progress that is being made in achieving goals.
		• Ask individual about their participation in the IP process.
		• Are they satisfied with their goals and supports received?
		• Have they talked about changes?

3	The IP identifies goal(s) and needs from the individual's support plan and other pertinent sources appropriate to the individual. (Was SLC 2)	• Ask the provider about their process for ensuring their implementation plan is effective and contains information related to these standards. (The IP may contain information from other sources, but at a minimum must contain goals from the support plan.) • The IP identifies training programs and activities to accomplish desired goals and identified needs. • Ask individuals about training and activities in which they are involved. Do they feel these are beneficial? Are they interested in the training and activities?

Cite		Probes
4	The IP identifies strategies and methods to assist the individual in meeting goal(s) as well as the data collection system to be used to assess success and achievement. (Was SLC 3)	• Look for evidence of provider-developed implementation plan forms or other structures put in place to ensure that data is captured consistently and in such a way that it can be analyzed over time. • Determine if the provider evaluates the strategies or methods for effectiveness and how frequently. • Ask the provider how they determine strategies and methods that will assist individuals in meeting goals.
5 W2.0	The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interest, goals, needs, or strategies to promote meaningful progress. (Was SLC 4)	• Ask the provider to describe how they monitor the progress of the individuals that they serve • Look for evidence that the provider is actively monitoring the progress of individuals. • Look for evidence of IP updates being made based on an individual achieving goals or not. • Review IP and provider's policies, as applicable to determine if plans are reviewed at stated time frames, and changes documented per stated procedures.
6	The provider is tracking and acting on an individual's progress or lack of progress.	Review service log entries and the annual report to determine whether progress is noted. Determine whether: • Activities, supports and contacts are detailed; • Follow-up is performed if indicated; • Progress statements contain objective (data/fact based) as well as subjective information; • Recommendations for changes in approach are made when progress is not being made.

Cite		Probes
7	The provider has taken action on the results reported through the Person-Centered Review process. (NEW 2003)	**Sample size is at least two person-centered reviews in those instances when more than one has been conducted. 100% of the sample equals a designation of 'Met.'** • Determine if any Person-Centered Reviews have been conducted with consumers receiving services and supports from this provider. • Ask the provider if they have received Person-Centered Review results and what action they have taken based on the results. • Interactively, with the provider, review records and documentation for individuals that have taken part in the person-centered review process. Determine if there is any documented evidence that the provider has acted on the recommendations in the report. • Talk with individuals who participated in the person centered review to determine whether changes were discussed with them and have been made. Are they satisfied with the service changes? *Note: If there have been no person-centered reviews conducted with individuals for which this provider renders services and supports, score this cite as 'Not Applicable.'* *Note: The provider may address the recommendations in a manner other than that identified in the report.*
8	The provider assists individuals in completing a functional community assessment prior to his or her move to a supported living arrangement. (Was SLC 5)	*Functional Community Assessment is the basis for identifying the types of training, assistance and the intensity of support rendered by the provider. It is a tool designed to assist the provider in becoming familiar with the individual and his/her capabilities and needs. This assessment addresses all areas of daily life including relationships, medical and health concerns, personal care, household and money management, community mobility, recreation and leisure.*
9	The provider assists individuals in updating the functional community assessment annually. (Was SLC 6)	• Ask the provider to describe their process for completing and updating the functional community assessment, including when this activity typically occurs. • Interactively, with the provider, review a sample of these assessments to determine when they are completed and when they are updated. • Talk with individuals to determine their level of participation in this process.

Cite		Probes
10	The provider forwards a copy of the completed initial Housing Survey to the individual's support coordinator within 10 working days of the selection. (Was SLC 7)	*The Housing Survey is the basis for surveying a prospective home to ensure that it is safe.* *Note: The quarterly update to the Housing survey should be presented in a face-to-face meeting between the supported living coach, the individual and the support coordinator. The individual may invite others to attend. The meeting should cover the individual's financial status, supported living services and the individual's health, safety and well-being.*
11 W2.0	The provider updates the Housing Survey quarterly and has it available for review by the waiver support coordinator at the time of the coordinator's quarterly home visit. (Was SLC 8)	
12 W2.0	The provider's quarterly updates to the support coordinator include a review of the individual's overall status of health, safety and well-being. (Was SLC 9)	• Ask the provider to describe the process for completing and updating the Housing Survey for individuals. • Determine when this activity occurs, what is included in the completion and updating process in terms of review. • Determine if and when the provider submits the initial, and reviews and submits the revised Housing Survey to an individual's support coordinator. • Interactively, with the provider, review a sample of records of individuals that have a completed Housing Survey, and look for dates of completion and submission to support coordinators. • Determine whether surveys appear to appropriately reflect the individual's living situation. • Look for evidence of updates to the Housing survey • Look for documentation (date, reviewer signature, etc.) that the quarterly reviews took place, the survey was reviewed, and who was in attendance. • Discuss with individuals their level of participation in this process.

Cite		Probes
13	The provider assists individuals in completing the Financial Profile and submitting it to the waiver support coordinator no more than 10 days following the selection of housing by the individual. (Was SLC 10)	*The Financial Profile is an analysis of the household costs and revenue sources associated with maintaining a balanced monthly budget for the individual. The analysis will substantiate the need for a monthly subsidy or initial start-up costs, and should be a source of information for determining strategies for assisting the person in money management.* *Note: The quarterly update to the financial profile should be presented in a face-to-face meeting between the supported living coach, the individual and the support coordinator. The individual may invite others to attend. The meeting should cover the individual's financial status, supported living services and the individual's health, safety and well-being.* • *Ask the provider to describe the process for completing a financial profile for an individual, including when this activity usually takes place.* • *Interactively, with the provider, review a sample of records to determine that the financial profile is included as part of the individual's Implementation Plan.* • *Determine whether surveys appear to have been updated and whether they appropriately reflect the individual's financial situation.* • *Look for evidence of updates to the Financial Profile.* • *Look for documentation (date, reviewer signature, etc.) that the quarterly reviews took place, the financial profile was reviewed, and who attended.* • *Discuss with individuals their level of participation in this process.* *Note: If the financial profile indicates a need for a one time or recurring subsidy, the profile must be submitted to the waiver support coordinator and approved by the District before the individual signs a lease.*

Cite		Probes
14	Providers acting as fiscal agents for the individual must provide bank statements and other financial to the support coordinator for review at the time of the quarterly meeting. (NEW 2003)	Look for documentation that a review of the bank statements takes place at the time of the quarterly review with the support coordinator. • Discuss with the provider what other financial documents are reviewed. (e.g. mortgage or rent payments, utilities, etc.) • Determine whether the provider has signed written consent to act as the fiscal agent. • Talk with individuals to determine their satisfaction with this support. • Review results and recommendations from person-centered reviews. *Note: If the provider is not acting as fiscal agent, score this cite as 'Not Applicable.'*
15 W2.0	Provider assists individuals to be fiscally responsible in their decision making and to assure that affordable choices are made. (Was SLC 11)	• Ask the provider to describe, using specific examples, how they assist individuals in being fiscally responsible. • Individuals with resource limitations are counseled by the coach on the benefits of sharing cost with a roommate and other cost saving means • Check provider documentation to determine that this assistance is being noted. • Talk with individuals to determine the level of support in this area. • Review results and recommendations from Person-Centered Reviews.
16	As appropriate to the individual's goals, needs, and interests, services are provided in the individual's place of residence or in the community. (Was SLC 12)	Review results and recommendations from Person-Centered Reviews to assist in scoring cites 16-17. • Ask the provider where they typically provide supported living coaching services. • Determine whether the services and activities are based on the individual's interest, choice or related goal or need, and not the convenience of the provider. • Talk with individuals to determine where services are provided and whether they have input into service location.

Cite		Probes
17 W2.0	As appropriate to the individuals' goals, needs, and interests, the supported living coach works with other providers and an individual's waiver support coordinator to avoid activity duplication. (Was SLC 13)	• Ask the provider to describe, using specific examples, how they coordinate coaching services and supports with other providers. • Review claims and other documentation to determine if services unnecessarily duplicate or overlap. (e.g. supported living coach and in-home support staff should not perform same functions.) • Determine if the provider has routine contact individuals' support coordinators and other providers. • Check provider documentation to determine that this contact is being noted. • Talk with individuals receiving the service to determine how supports are delivered.

Standard: The provider and all employees of the provider are qualified to provide Supported Living services.

Cite		Probes
18 🔔 W4.0	Level two background screenings are complete for all direct service employees. (Was SLC 14)	Review available personnel files or records to ascertain compliance. Check for: • Notarized affidavit of good moral character; • Proof of local background check • Documentation of finger prints submitted to FDLE for screening and screening reports on file; • Criminal records that include possible disqualifiers have been resolved through court disposition.
19 🔔 W4.0	All employees undergo background re-screening every 5 years. (Was SLC 14)	• Review available personnel files or records to very that employees undergo background re-screening at least every 5 years. • Look for evidence of completion and submission of an FDLE Form, identified as either attachment 3 or 4. *Note: Fingerprint cards are not required on resubmission.*

Cite		Probes
20	Independent providers and employees of agencies who render services have a bachelor's degree from an accredited college or university with a major in nursing, education, or social, behavioral or rehabilitative science. (Was SLC 15)	*In lieu of a bachelor's degree, a person rendering these services has an associate's degree from and accredited college or university with a major in nursing, education or social, behavioral or rehabilitative science and two years of experience. Experience in one of the previously mentioned fields can substitute on a year-for-year basis for the required college education.* • Ask the independent vendor about their qualifications and experience. • Ask to see a copy of the provider's resume and personnel file. Review file for documentation of qualifications. • If possible, query the district before the visit, to check the enrollment file references. • Determine if the provider participates in at least one monitoring review per year and has been certified by the district. (Certification usually occurs at the time of enrollment.) Review a sample of agency staff personnel files. • Check job descriptions, to determine that the provider is requiring these qualifications. • Check job applications completed by the employee and/or resumes of employees for required experience. • Determine if the provider participates in at least one monitoring review per year and has been certified by the district. (Certification usually occurs at the time of enrollment.)

Standard: The provider and the provider's staff meet training requirements for delivery of Supported Living services.
For all the following elements of performance associated with this standard: Review district requirements for mandatory meetings and training documentation.. Review provider's training records to determine if documentation is maintained and at a minimum includes: The topic of the training; length of the training session; Training dates; Participants' signature; Instructor's name; Objectives and/or a syllabus.

NOTE: The District is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff, or providers and their staff may attend a program offered through another provider.

Cite		Probes
21	Agency employees and independent providers are required to attend at least 12 hours of pre-service training prior to assuming job responsibilities. (Was SLC 16)	• Ask the provider to describe the type of training that is required for Supported Living Coaching and how they arrange for this training for themselves or employees. • Review personnel files and other provider training records for evidence that required training has taken place or is scheduled. • Determine that services are not being rendered to individuals before the provider or providers' staffs have had the required training. • Ask agency employees to describe the training they have received and when the training occurred, or when it will occur in the case of retraining.
22 W2.0	Agency employees and independent providers have eight (8) hours of annual in-service training. (Was SLC 17)	• Ask the provider to describe the type of training that is required for Supported Living Coaching and how they arrange for this training for themselves or employees. • Review personnel files and other provider training records for evidence that required training has taken place or is scheduled. • Determine that services are not being rendered to individuals before the provider or providers' staffs have had the required training. • Ask agency employees to describe the training they have received and when the training occurred, or when it will occur in the case of retraining.
23	Agency employee and independent provider training consists of, at a minimum, a detailed review of the most current (now using the 1997 publication), *A Guide to Supported Living in Florida*, an overview of affordable housing options and home modifications, and Rule 65B-11, Florida Administrative Code. (Was SLC 18)	• Ask the provider to describe the type of training that is required for Supported Living Coaching and how they arrange for this training for themselves or employees. • Review personnel files and other provider training records for evidence that required training has taken place or is scheduled. • Determine that services are not being rendered to individuals before the provider or providers' staffs have had the required training. • Ask agency employees to describe the training they have received and when the training occurred, or when it will occur in the case of retraining.

Cite		Probes
24	Proof of current training and certification in Cardiopulmonary Resuscitation (CPR) is available for all independent providers or agency staff. (NEW 2003)	• Independent vendors and agency staff complete this training within 30 days of initially providing services. • Review provider, or a sample of agency staff personnel files and/or training records for evidence of required training. Training documentation must be maintained on file. • Determine if the provider or agency staff receive retraining according to the CPR requirements established by the sponsoring organization or requirement. • Review CPR certificates or CPR training documentation to determine expiration date and need for updated training. *Note: A certified trainer must provide CPR training.*
25	Proof of current training in AIDS and infection control is available for all independent providers and agency staff. (Was SLC 19)	• Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the independent vendor and agency staff receives retraining according to the requirements established by the sponsoring organization or regulation. • Review personnel files and other provider training records for evidence of required training. • Infection control may be a separate training or included and documented as part of the AIDS training as "universal precautions". *Note: American Red Cross First Aid Training does not meet the requirements for HIV/AIDS training.*

Cite		Probes
26	The provider attends mandatory meetings and training scheduled by the District and/or Department. (Was SLC 21)	• Ask the provider if they are aware of District and Department mandatory meeting and training schedules. Ask the provider if they can produce any notices, announcements or agendas received about meetings or training. • Ask the provider what District and Department meetings or training they have attended during the review period. • Ask the provider for any evidence they have to verify attending the meeting or training. • Look for evidence in documents supplied by the provider of attendance at District and Department meetings, such as notes in personnel files or other records. *Note: If the District has not sponsored any mandatory meetings, score this cite as 'Not Applicable.'*
27 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served. (Was SLC 24)	Ask the provider and/or their staff about what types of training programs they have and continue to attend. Training on health, safety and well-being of individuals <u>could include</u> such topics as: • Fire safety for the environment; • Evacuation procedures in the event of natural or other disasters; • Training on what to do in the event of personal health emergencies involving consumers; • Traffic/transportation safety; • Basic infection control training, e.g., hand washing before and after all contact with consumers.

Cite		Probes
28 W2.0	Independent providers and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication. (Was SLC 25)	Determine if: • The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication. • The provider and/or staff receive training on medication administration or supervision of self-administration of medications, when applicable to their job responsibilities and the needs of individuals in the program. • Determine if medication administration training includes evidence of a return demonstration by an RN of the training by the provider and staff. • Determine if the training includes recognizing adverse drug reactions, drug-to-drug interactions or food and drug interactions. • Determine if training is provided by a qualified trainer (physician, registered nurse); the curriculum used is developed or approved by an RN or other appropriate entity (e.g. district). *Note: A provider's policy on medication administration may be that their program does not administer or supervise self-administration of medications and all staff are made aware of this position and trained on this policy.*
29	Independent providers and agency staff receive training on required documentation for service(s) rendered.	Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render. Examples of this training could include: • The proper format and content of a progress note, • Recording data related to an individual's progress towards achieving goals, • Documenting the activities that individuals participate in during their time with the provider. • Instruction on documentation that is required for reimbursement and monitoring purposes. • Development of an Individual Implementation Plan and supporting documentation requirements.

Cite		Probes
30	Independent providers and agency staff receive training on responsibilities under the Core Assurances. (Was SLC 27)	Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook. Examples of this training could include instruction on: • The rights of individuals in the program and how the provider respects these rights; • Maintaining confidentiality of consumer information; • Offering individual's choice of services and supports; • Recognizing and reporting of suspected abuse, neglect or exploitation; • Assisting individuals in achieving personal goals and desired outcomes; • Rendering services in an ethical manner.

Cite		Probes
31	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered. (Was SLC 27)	Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook.

Examples of this training could include instruction on:
• Implementation plan development and monitoring;
• Specifics of rendering services and supports;
• Service limitations;
• Service documentation requirements
• Billing for services; and
• Outcomes established for service delivery. |

Cite		Probes
32	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery. (Was SLC 28)	Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports. Examples of this training could include instruction on: • Designing training programs that address the consumers goals from the Support Plan; • Involving the consumer and/or family in the development of the implementation plan; • Designing services and supports from the standpoint of the outcome that is desired by the individual and/or family. • Training in Personal Outcome Measures or another person centered planning approach. • Individualizing service delivery methods. Refer also to the providers policy in this area to determine training specified. *Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable.*

Cite		Probes
33 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports. (Was SLC 29)	Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs. The family or guardian, a physician or nurse, other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation. Examples of this training could include instruction on: • Communicating with the individual; • Repositioning requirements for the individual; • Instruction on a behavior program, if applicable to the individual; • Specific training to implement a training program tailored to an individual's goals. This training may be one-on-one in nature, and therefore documentation may not take the form of an agenda, or curriculum with handouts and outline. Look for evidence in the consumers record, such as in progress notes or other provider documentation for this evidence.
34	Proof of required training in recognition of abuse and neglect and the required reporting procedures is available for all independent vendors and agency staff. (New 2003)	• Review personnel files and other provider training records for evidence of required training. • If applicable, ask staff about the in-service training that they have received. • Training should include prevention, detection and reporting requirements.

Cite		Probes
Standard: Services are provided at an intensity and duration necessary for successful support of the individuals served.		
35	Services are rendered at a time and place mutually agreed to by the individual and the provider. (Was SLC 31)	• Ask the provider to supply evidence that they work with the individual to identify service times. • Review the provider's satisfaction survey to determine if this is an area that is covered and if the provider has any results. • If the provider collects complaint data, ask to see the data and determine if any complaints have been reported relative to service times. • Ask the individual if the time and location of the service is consistent with their needs and expectations. • Determine from discussions with the provider and with individuals that alternative times for supported living coaching are being offered • Review results and recommendations of person centered reviews applicable to the provider to determine whether choices are optimized.
36 W2.0	Providers have an on-call system that allows individuals' access to services for emergency assistance 24 hours-per-day, 7 days a week. (Was SLC 32)	• Ask the provider to describe their on-call and back-up systems. • Determine that telephone access to the provider or the backup provider is available without toll charges to the individual.
37	Independent providers must specify a backup person to provide supports in the event he or she is unavailable. (Was SLC 33)	• Determine if independent provider's backup providers are certified and enrolled Medicaid providers and certified as a supported living provider pursuant to rule 65B-11, Florida Administrative Code. • Determine through discussion with individuals that provider accessibility meets their expectations. Do they have difficulty reaching the provider? Are they satisfied with the amount of access? • Review results and recommendations of person centered reviews. *NOTE: Score Cite 37 as 'Not Applicable' when evaluating an Agency.*

Cite		Probes
38	Supported living coaching services are provided only to adults (age 18 or over) who rent or own their own homes or apartments in the community. (Was SLC 34)	• Check demographic data in the provider's files for age, and a copy of the individual's lease. • Review individual's lease if available in the provider's files. *The individual receiving supported living services must appear on the lease either singularly, with a roommate or a guarantor.* • Look for evidence or ask individuals whom they pay monthly for rent. • Providers, or their immediate family are not the individual's landlord, nor do they have any interest in the ownership of the housing unit.
39 W2.0	Individuals receiving supported living coaching services live where and with whom they choose. (Was SLC 36)	• Interactively, with the provider, review progress note documentation to determine how the individual made living arrangement decisions. • Speak with any individual(s) about their living arrangements and if they were involved in the decision and if the arrangements are desirable. • Review results and recommendations from person centered reviews to examine choice, living options/decisions and satisfaction with community integration. • Review results of the annual satisfaction survey.
40 W2.0	Individuals receiving supported living services have control over the household and its daily routines. (Was SLC 38)	
41	Services are made available to individuals within 90 days prior to moving or to individuals who are in the process of looking for a place of their own. (Was SLC 39)	• Ask the provider to describe, using specific examples, when supported living coaching services are typically made available to individuals. • Interactively, with the provider, review records and documentation to determine when services are made available to individuals that are moving or looking for alternative living arrangements. • Determine that these services are only rendered 90 days prior to an individual's move from residential habilitation. • Talk with individuals about services and review person centered reviews applicable to the provider.
42	Supported living coaching services are not provided to individuals who live in family homes, foster homes, or group homes, except for the 90 days prior to the individual moving into their own homes or apartments. (Was SLC 40)	

Cite		Probes

43	Waiver program providers and employees of waiver providers who provide incidental transportation comply with all program requirements. (Was SLC 41)	*Note: Incidental transportation is considered that which is outside of the transportation for disadvantaged program.*
		
		• Determine if the provider transports individuals.
		  ➢ If transportation is provided in personal cars and/or agency vehicles check for current vehicle registration and proof of insurance coverage.
		  ➢ Check for provider and employee valid and current driver's license as applicable.
		  ➢ Ask the provider about their system to assure vehicle safety.
		  ➢ The district should be notified of any traffic violations immediately, with the exception of parking tickets.

Cite		Probes
Standard: The provider maintains sufficient reimbursement and monitoring documentation to verify service delivery and to evaluate each individual's services and supports. *Note: Score based on the presence or absence of required documentation.*		

44 R	Provider has at a minimum, a copy of the service log for the period being reviewed. (Was SLC 42)	Review a sample of provider records to determine that
		• Copies of service logs are available and contain times and dates that service was rendered with a detailed list of the activities performed on each visit.
		   ➢ Progress notes including documentation of activities, supports and contacts with the individual, other providers and agencies with dates and times,
		   ➢ A summary of support provided during the contact,
		   ➢ Any follow-up needed, and
		   ➢ Progress toward achieving Support Plan goals.
		
		Cite 44 is subject to recoupment as reimbursement documentation if not available.

Produced for the Florida Developmental Disabilities Council
By Program Design, Inc. 5/03

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Cite		Probes
45 R	Provider has at a minimum, an individual implementation plan, and/or transition plan (if applicable). (Was SLC 43)	Interactively, with the provider, review a sample of implementation plans to determine they contain, at a minimum: • Name, address and contact information of the individual served; • Goal(s) from the support plan that the service will address. • Strategies employed to assist the individual in meeting the support plan goal(s). • System to be used for data collection and assessing the individual's progress in achieving the support plan goal(s). • For SLC, include the frequency of the supported living service. • How home, health and community safety needs will be addressed and the supports required to meet these needs. • The method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance. • A description of how natural and generic supports will be used to assist in supporting the individual. • A financial profile that includes strategies for assisting the person in money management, when requested by the individual or guardian, and the amount approved for the supported living subsidy (the financial profile is critical in determining whether or not the housing selected by the individual is within their financial means and will identify the need for monthly subsidy which must be approved by the District). Additionally, the implementation plan may include training objectives appropriate to the individual's programs and services. **Cite 45 is subject to recoupment as monitoring documentation if not available.**

Cite		Probes
46 R	The IP is developed, at a minimum, within 30 days of new service initiation (implementation plan complete and copy sent to support coordinator at time of first billing), or within 30 calendar days of service authorization effective date when services are being continued. (NEW 2003)	• Review records to compare service authorization data with IP development time frames. • How does the provider monitor that IP are being completed within stated time frames? • Review records to determine that support coordinator supplied with a copy of the plan at the time of initiation and when significant updates are made to the plan. **Cite 46 is subject to recoupment as reimbursement documentation if not available within 30 days of the effective date of the authorization.**
47 W2.0	Provider has at a minimum, an annual written report summarizing the individual's progress toward achieving the goal(s) from the support plan. (Was SLC 44)	• Interactively, with the provider, review a sample of records to determine if they contain an annual, written report that indicates the individual's progress toward their support plan goal(s) for the year. • The annual report should reflect progress statements made in the service log and other supporting documentation. Reports should include ➢ Objective (fact-based) information reflecting the results of training and supports provided to the individual over the course of the year, ➢ Subjective information (opinions), and ➢ Recommendations. • Look for evidence that the Annual Report was sent to the support coordinator and provided to the individual/family 30 days prior to the end of the support plan year.
48	Provider has at a minimum a copy of the annual satisfaction survey maintained in the individual's record. (Was SLC 45)	Interactively, with the provider, review a sample of records or other files and reports to determine if they contain a copy of the completed satisfaction survey and resulting quality improvement measures that have been put in place as a result of the survey. *Note: Staff providing direct supported living services to the individual may not assist in the survey activity for that individual. A family member, guardian, support coordinator or another person should be enlisted to assist the individual.*

Cite		Probes
49	The provider forwards a copy of the annual satisfaction survey to the waiver support coordinator. (Was SLC 45)	Look for evidence that the provider has forwarded satisfaction survey results to the waiver support coordinator. This could be a note and date on the copy of the survey that is maintained in the individual's file or a sentence in the progress notes.
50 W2.0	Provider has at a minimum, documentation of a quarterly meeting in which the individual, the waiver support coordinator and the supported living coach review supported living services. (Was SLC 46)	Interactively, with the provider, review records of individuals for evidence of quarterly meetings with the support coordinator. Quarterly meetings with the individual and support coordinator should cover at least the following topics: • Financial statement and bank record review, when applicable • Housing survey and any updates • Updates to demographic, health, medical, and emergency information. *Note: It is the responsibility of the support coordinator to set up the quarterly meeting at a time convenient for all participants. If no meeting was set, look for evidence that the supported living provider attempted to satisfy this requirement. They are an active, not passive partner in this.*
51	When the provider is acting as fiscal agent for the individual, provider has at a minimum, progress notes in the service log indicating that the supported living coach and waiver support coordinator review bank statements and financial records quarterly. (Was SLC 47)	Interactively, with the provider, review records of individuals for evidence of quarterly meetings with the support coordinator. Quarterly meetings with the individual and support coordinator should cover at least the following topics: • Financial statement and bank record review, when applicable • Housing survey and any updates • Updates to demographic, health, medical, and emergency information. *Note: It is the responsibility of the support coordinator to set up the quarterly meeting at a time convenient for all participants. If no meeting was set, look for evidence that the supported living provider attempted to satisfy this requirement. They are an active, not passive partner in this.*

Cite		Probes
52 R	Provider has at a minimum, an initial Housing Survey containing quarterly updates of the individual's health and safety status. (Was SLC 48)	Interactively, with the provider, review records of individuals for evidence of an initial Housing Survey and quarterly updates. **Cite 52 is subject to recoupment as monitoring documentation if not available.**
53	Provider makes available an initial Housing Survey with quarterly updates to the waiver support coordinator. (Was SLC 49)	*Note: The Housing Survey and updates can be provided at the quarterly meetings between the SLC and WSC or it can be provided to the WSC prior to the quarterly meeting.* Interactively, with the provider, review a sample of individual records to determine there is evidence of a meeting or transmission of the Housing survey and updates to the WSC contained in the service log/progress notes.
54	Provider has at a minimum, up-to-date information regarding the demographic, health, medical and emergency information, and a complete copy of the current support plan, if approved by the individual/guardian, for each individual served. (Was SLC 50)	Interactively, with the provider, review a sample of individual records to determine they contain ➢ Current demographic, health, medical and emergency information, and ➢ A complete copy of the current support plan (if permitted by the individual/guardian). Determine from provider how often information is updated. Is there evidence that the provider shares the individual's updated information with their waiver support coordinator?

Cite		Probes
Standard: Provider bills for services as authorized.		
55 R	Supported living coaching services are limited to the amount, duration and scope of the services described in the individual's support plan and current approved cost plan. (Was SLC 30)	• Interactively, with the provider, review daily service logs and monthly progress notes. • Compare services provided against the service authorization for the sample under review. • Verify that service authorizations are on file for each individual. • Review claims information and compare against authorization and billing. **Cite 55 is subject to recoupment if the provider is rendering the service without an authorization, or is billing for more than the authorized service levels.**
56 R	Provider does not bill separately for transportation that is required during a supported living activity. (Was SLC 52)	• Interactively, with the provider, review a sample of claims submitted for payment. • Compare the sampled claims with service records for individuals and claims information. • Ask the provider to describe and discuss billing policies and procedures. • Ask the provider if they have had any difficulty with denied claims. **Cite 56 is subject to recoupment for any amount billed separately for transportation that was included in the supported living rate.**
57 R	The provider bills for supported living coaching as defined and specified in the DS Waiver Services Medicaid Coverage handbook. (NEW 2003)	Supported Living Coaching services are training services expected to enhance skills and achieve individual outcomes. **Cite 58 is subject to recoupment for any individual when there is evidence that the individual is not receiving this service as defined. (e.g. No evidence of training services or meaningful support for the individual, and services were billed.)**

Cite		Probes
Standard: The provider meets Projected Service Outcomes established for service delivery.		
58	The provider has established a systematic method of data collection for outcome data. (Was SLC 54)	• Ask the provider to discuss the goals and projected outcomes that they are monitoring. • Ask the provider what data they are collecting and how they collect the data (e.g, record review, specially developed forms completed by employees, consumer satisfaction surveys, etc.) • Ask for samples of the tools or other evidence that confirms data is being collected and monitored. • Ask the provider to describe how it is determined they are meeting the goals and projected outcomes. • If the provider has any data or reports that they produce and maintain related to the goals and projected outcomes, ask to see these reports and identify how long the provider has been tracking this data.
59	There is evidence that the data is reviewed periodically and that corrective measures are put in place if the data indicators that the goal is not being achieved. (Was SLC 55)	• Ask the provider how it is determined they are achieving projected outcomes. • Ask the provider how frequently they perform this monitoring. • Ask the provider if they have identified any areas in need of improvement and what corrective actions they have taken. • Look for evidence that the provider is collecting and monitoring data according to the time frames they have defined.

Cite		Probes
60 W2.0	Individuals in supported living are the lessee or owner of the home in which they reside. (NEW 2003)	**For elements 60-65, document findings in comments as # met/total sample. 100% of the sample equals a designation of 'Met.'** Outcomes should be measured considering individual skills and circumstances. Determine achievement of projected service outcomes at the time of the review using the following: ➢ Results and recommendations from person centered review applicable to the provider. ➢ Information from sample records and documentation reviewed. ➢ Results gathered from other review information ➢ Discussion with individual's receiving services ➢ Review the provider's data or reports on the service outcomes. ➢ Ask the provider if they have calculated a rate of achievement for this outcome. ➢ Check leases for individual's signatures or the provider's data on lease and mortgage information. ➢ Ask the provider what they are doing with the information when it reveals a need for improvement.
61 W2.0	The provider achieves a satisfactory or better rating, based upon the results of annual individual satisfaction surveys. (NEW 2003)	• Review the provider's data or reports on the service outcomes. • Ask the provider if they have calculated a rate of achievement for this outcome. • Ask the provider what they are doing with the information when it reveals a need for improvement.
62 W2.0	Individuals in supported living live in homes occupied by no more than two other beneficiaries with developmental disabilities and in areas in which persons with disabilities account for no more than 10% of the houses or 10% of the units in an apartment complex, unless otherwise waived by the Department. (NEW 2003)	• Review the provider's data or reports on the service outcomes. • Ask the provider if they have calculated a rate of achievement for this outcome. • Ask the provider what they are doing with the information when it reveals a need for improvement.

Cite		Probes
63 W2.0	Individuals who use the supports and services of the provider demonstrate an increase in abilities, self-sufficiency, and changes in their lives consistent with their Support Plan goal(s). (NEW 2003)	Indicators may include achievement of goals on the Support Plan and Implementation Plan, results of Satisfaction Surveys and Personal Outcome Assessments. • Review service logs and annual reports. • Review the provider's data or reports on the service outcomes. • Ask the provider if they have calculated a rate of achievement for this outcome. • Ask the provider what they are doing with the information when it reveals a need for improvement.
64 W2.0	Individuals who use the services of the provider achieve an increased level of community inclusion or community involvement. (NEW 2003)	Indicators may be: ➢ Evidence of building and/or maintaining natural support systems, ➢ Establishing or increasing community connections, and/or ➢ Exercising rights and privileges as fully participating members of the community. • Review service logs and annual reports. • Review the provider's data or reports on the service outcomes. • Ask the provider if they have calculated a rate of achievement for this outcome. • Ask the provider what they are doing with the information when it reveals a need for improvement.
65 W2.0	Individuals who use the services of the provider maximize freedom of choice in all areas of their lives as evidenced by setting personal goals, being fully informed about service options and making all possible decisions with regard to the conduct of their lives. (NEW 2003)	• Review the provider's data or reports on the service outcomes. • Ask the provider if they have calculated a rate of achievement for this outcome. • Ask the provider what they are doing with the information when it reveals a need for improvement.
Standard: Personal funds are appropriately maintained and are accounted for accurately.		
66 W2.0	Separate checking or savings accounts are maintained for individual's personal funds. (Was SLC 56)	Determine if the provider acts as a fiscal agent, manages, stores and/or retains funds belonging to an individual. If yes, determine if the conditions outlined in cites 69-76 are

Cite		Probes
67

W2.0 | If a single trust account is maintained for personal funds of all individuals, there is separate accounting for each individual. (Was SLC 57) | being met.

Talk with individuals concerning their fund management and satisfaction with this support. |
| 68

W2.0 | Account(s) is reconciled monthly to the account total as noted on the bank statement. (Was SLC 58) | Review results and recommendations from person centered reviews applicable to the provider. |
| 69 | Account statements and reconciliation records are retained for review. (Was SLC 59) | • Review provider policies and procedures on managing, storing or retaining funds belonging to an individual. |
| 70

W2.0 | Individual and provider funds are not commingled. (Was SLC 60) | • Interactively, with the provider, review records of individuals for which the provider is managing, storing or retaining personal funds. Look for written permission from the individual or guardian.
• Determine if any complaints or grievances have been filed against the provider relative to the handling of an individual's personal funds.
• When available, analyze results of person-centered reviews to identify if providers are consistently following the process outlined in the standard and sub-standards when managing, storing or retaining an individual's personal funds. |
| 71

W2.0 | The provider has written consent to manage funds or act as fiscal agent. (NEW 2003) | Determine from records that the provider maintains on file a written consent to manage funds signed by the individual, if competent, or their guardian. |

Cite		Probes

Standard: Behavioral Services result in objective and measurable improvements in behavior that are consistent with the individual's outcomes.

Cite		Probes
72	When rendering services and supports to individuals identified as having problems with behavior, the provider is assisted by a qualified professional or professionals who meet the requirements in the Medicaid Handbook for the type of service the professional is providing.	If individuals in the program experience problems with behaviors, determine from the provider what qualified behavioral professional assists them with services for this individual. Determine if the behavioral professional is • An employee of the provider, review personnel files. • On contract or an adjunct to the service under review, request that qualifications be available during the time of the review. Ask to speak with the certified or licensed professional(s) responsible for developing interventions or supports for the individual(s). If psychotropic medications are used, then a licensed physician must be involved. For other services (e.g., counseling) refer to the Medicaid Waiver Handbook for provider qualifications. Look for evidence that the prescribing professional is monitoring the individual
73	Behavior Service goal(s) are consistent with and relate directly to the individual's personal outcomes/goals.	Review the person's support plan, if available, service authorization information, the implementation plan and the individual's behavioral plan (intervention/treatment/therapy plan) to determine if a clear connection exists between behavioral supports and services and the persons stated personal outcomes/goals.

Cite		Probes
74	The individual has a written, individual plan developed by a certified or licensed professional that clearly identifies what will change as a result of intervention, the intervention(s) to be used and how progress will be measured.	Review record(s) of individuals that the provider or staff has identified as having problems with behaviors. Is a behavior plan present, and who developed the plan? Review the individual's records and the behavior services plan to determine: • The problem with behavior is described in writing and in objective measurable terms. • There is evidence that interventions, treatments and therapies were based on the results of an assessment of the problem with behavior by the behavior service professional. • There is documentation that interventions account for medical problems, significant life changes, or other factors that might worsen the problem with the behavior. • If the individual was evaluated by a physician or other medical professional to rule out potential medical problems that might account for the problem with behavior. *Note: The plan may be written by someone other than the behavior service professional, but must be approved by the professional.*
75 W2.0	Written consent to use the plan was obtained from the individual or guardian.	• Review records and other documentation to determine that signed consent is on file. If consent was not obtained, look for documentation of the reason. • Talk with individuals receiving the service. Are they aware of the plan and interventions? Are they in agreement with the need for intervention and approaches used?
76	Implementers (provider staff) of the plan are able to carry out the plan as written.	• Ask staff to describe the procedures and the circumstances under which they are used • Observe the actual use of the procedure or intervention if possible. • Interview the individual for their understanding of implementation of the plan. • Review personnel and training records to verify staff training on the program.

Cite		Probes
77 W2.0	A system is in place to assure that procedures are carried out as designed.	• Review behavior service plan to determine if a plan to monitor implementation is available. • Review provider or behavioral professional documentation to determine if monitoring occurs as planned. • If there are problems with implementation, are these addressed and corrected?
78 W2.0	There is evidence of progress or lack thereof in reducing the problem with behavior.	Review available and required documentation to determine whether progress in being made, or if lack of progress, that there is a plan for the continuation, modification or termination of services. Documentation available for review to determine whether progress is being made should include: • Data collected on plan implementation. Are the data collected as required in the plan? • Data displays (graphed). Review to determine progress and currency of graphing. • Progress should be verified in writing as a progress note or summary. *Note: Some measurable progress must be demonstrated or predicted or the current array of services must be seriously questioned.*

79	Emergency procedures (e.g., reactive strategies, crisis management procedures) used by the provider for problems with behavior are developed and implemented under the guidance of certified or licensed behavioral services professionals.	• Determine if a written procedure is available. Is the procedure individualized?
		• Review any procedures that the provider has for emergency or crisis management. *(Note: The provider may have general procedures, as well as individualized. Reviewers should look at both.)*
		• Determine who developed the emergency or crisis management procedure, and if it is approved by the LRC or the District.
		• Determine if the procedure identifies:
		  ➢ How staff will be trained;
		  ➢ What documentation must be kept and submitted upon use of the emergency procedure.

Cite		Probes
80	Staff are able to use the procedure when and as designed	• Review personnel and training records to determine whether staff has been trained in the use of these procedures. (Certain procedures such as ACT or TEAM require periodic retraining or certification.) • Determine whether only trained staff is allowed to use these procedures. • Talk with individuals and staff to determine their awareness of, and familiarity with these procedures.
81	Records are kept on the use of the emergency procedure and occurrences of the problem behavior.	Request to see reports on use of emergency procedures. Verify the following: • Daily reports on the employment of physical, chemical, or mechanical restraints by those specialist authorized in the use of such restraints are made to the chief administrator of the program. • A monthly summary including the type of restraint, the duration of usage and the reasons therefore will be submitted to the district administrator and the district local advocacy committee. *(Note: Reports may be sent to the District Developmental Disabilities Program Office for routing to District Administrator.)* • Review the agency procedure for reporting the use of emergence interventions. • Determine if the use of emergency interventions was properly reported. Review documented number of restraints reported to the Local Review Committee. *Note to reviewer: If emergency or crisis procedures have not been used, score this element Not Applicable.*

Personal Outcome Measures (POMs)

Outcome-based person-centered performance measures are a successful tool in program evaluation. The Council on Quality and Leadership redefined quality as responsiveness to people rather than compliance with organizational processes. The use of Personal Outcome Measures is helpful in both supporting and assessing the individual's success during her experience in supported living.

Training on the use of 'Personal Outcome Measures,' designed by the Council, is required by the statewide quality assurance program for all support coordinators. Training on person-centered planning, which may include a discussion on outcomes, is required for supported living coaches. This process includes twenty-five individualized outcome statements, which provide the WSC, as well as the individual receiving services, a method for addressing organizational performance within the context of individual outcomes.

The WSC uses the outcomes, based upon a solid relationship with the individual, for understanding the effectiveness of service delivery; and the individual can use the outcomes to assess her satisfaction with the same. The WSC reviews POMs with each individual on an annual basis.

Personal Outcomes Measures assist the supported living coaching provider in becoming person-centered, focusing on what matters most to each individual. Interviews related to POM are conducted with a sampling of consumers during the annual quality reviews by the statewide quality assurance program. The results of these reviews are shared with the WSC for follow-up. The WSC is responsible for discussing any issues related to the delivery of supported living coaching with the coach.

As a proactive measure the coach may consider using POM as a method for gathering information and assessing progress.

Effective Use of Personal Outcome Measures:

As a component to…
- ❑ Assessing satisfaction with services and supports.
- ❑ Information gathering for the support plan and annual report.
- ❑ Measuring gaps in service delivery.
- ❑ Identifying patterns and trends.
- ❑ Understanding how well the processes facilitated personal goals.
- ❑ Identifying the issues that matter most to people, determining personal priorities.

Chapter Eight: Enhancing Quality

The Council developed personal outcomes over a ten year period, using data collection and interviews with over 2,000 individuals with developmental disabilities. Personal outcomes are organized by categories of people's expectations of the services and supports they receive. These categories and outcome measures refer to the major expectations that people have in their lives. Within each category, individuals have opportunities to identify their own meaning for a particular outcome.

The Personal Outcome Measures are as follows:

IDENTITY
1. People choose personal goals.
2. People choose where and with whom they live.
3. People choose where they work.
4. People have intimate relationships.
5. People are satisfied with services.
6. People are satisfied with their personal life situations.

AUTONOMY
7. People choose their daily routine.
8. People have time, space, and opportunity for privacy.
9. People decide when to share personal information.
10. People use their environments.

AFFILIATION
11. People live in integrated environments.
12. People participate in the life of the community.
13. People interact with other members of the community.
14. People perform different social roles.
15. People have friends.
16. People are respected.

ATTAINMENT
17. People choose services.
18. People realize personal goals.

SAFEGUARDS
19. People are connected to natural support networks.
20. People are safe.

RIGHTS
21. People exercise rights.
22. People are treated fairly.

HEALTH AND WELLNESS

23. People have the best possible health.
24. People are free from abuse and neglect.
25. People experience continuity and security.

Chapter Summary

In supported living, quality must occur on several levels: The person's goals for supported living, as envisioned and described in the support plan, must be met to his satisfaction; the supported living coach must continuously assess her own degree of success and effectiveness, as well as that of any services and supports; and finally, the supported living agency must commit to a culture of excellence.

When all three levels are met with quality, people's lives are forever changed. For the individual, the coach, staff, and agency owners, continued success becomes as infinite a possibility as the capacity to dream, and each dream can be fully realized. "The sky's the limit!"

The 'Supported Living Process' graphic that follows illustrates the continuous flow of supported living services. Supported living involves on-going persistence in planning, documenting, and enhancing quality service. When each aspect of the process is carefully implemented, and pursued with dedication and diligence, a cycle of continuing success can be achieved.

The Supported Living Process:

1. Defining Supported Living

8. Enhancing Quality

2. Exploring Supported Living

Achieving Supported Living

7. Supporting Success

3. Understanding Coaching Services and Requirements

6. Documenting Progress

4. Getting Started

5. Planning Supports