

# Chapter Eight

## Enhancing Quality

### What You Will Find:

Quality is not an Option

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Getting Organized

Annual Quality Reviews

Monitoring Protocol

Tips For Preparing for the Annual Review

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## Chapter Eight: Enhancing Quality

Supported living is about individual choice, control, respect, personalized supports, and valued relationships. Procedurally, approaches to planning and organization differ dramatically from a traditional service delivery system.

**"Quality is not an option."**

Courtesy of Ann Millan

Excellence is frequently synonymous with 'quality.' When working with people and supporting them through life changes, anything less than excellence might be considered mediocrity or even failure.

Individualization, flexibility and fine tuning of services in response to life circumstances, distinguishes supported living apart from many other service options. One of the greatest challenges for a supported living provider is to remain focused on one person at a time. Maintaining quality over time, both at the individual and procedural levels, requires continual self-examination and improvement practices.

Because people utilizing various supported living services live in their own homes and not in licensed state or provider owned housing, they experience increased opportunities to exercise personal control. It is challenging to monitor service provision without intruding or interfering in the person's life. The supported living coach must find ways to balance the right to privacy with the obligation to ensure services are delivered in a manner that provides for the health, safety and security of the individual.

Supported living represents a significant departure from the way residential services and supports have been provided in congregate settings such as institutions or group homes. Quality enhancement activities for these licensed facilities have typically meant structured reviews by people who may be strangers to the person receiving services. Unfortunately, the most intimate details of someone's life have sometimes been examined in ways that did not recognize his right to dignity and privacy. In supported living, quality enhancement activities involve not only the coach and the individual receiving

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services, but also her circle of support, including family, other providers, friends, neighbors, and anyone else the person chooses.

### **In the past:**

Quality enhancement (assurance) meant preparation and involvement in annual surveys by the funding agency.

Quality assurance has traditionally consisted of a review of services provided during the previous year. By then, quality services either have or have not occurred. Enhancement means thinking about the effectiveness of services on a daily basis. The word 'enhancement' is used to describe the process of movement toward quality. Assurance, as in 'quality assurance,' by definition promotes an intent or a pledge toward improvement.

Enhancement activities are those daily interactions which occur in the person's home or associated community setting, including neighborhoods, businesses, employment, etc. They may include learning new things, opportunities for growth, establishing daily routines, spending time with friends and acquaintances, maintaining health and wellness, etc.

### **Support Coordinator's Responsibilities Regarding Quality: Partnering with the Supported Living Coach**

As mentioned, a variety of individuals are involved to assure the individual is receiving quality supports and services. The support coordinator is responsible for reviewing all supports and services received, including supported living services. The support coordinator can be a valuable asset in the quality enhancement process.

*“Regulations and oversight cannot take the place of common sense and good judgment.”*

The Support Coordination Guidebook, Florida Developmental Services Program Office, July 2002.

The support coordinator, along with the supported living coach, has specific responsibilities for monitoring the health and safety of individuals utilizing supported living services. These include:

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### **Review of Housing Survey:**

After the supported living coach has assisted the individual in locating a home, as discussed, the support coordinator will review the housing survey forwarded by the supported living provider to determine if the proposed home meets eligibility guidelines. If repairs or other corrections are required, the support coordinator may give conditional approval of the residence; however, all unacceptable conditions must be corrected before the individual takes up residence. The housing survey is updated annually or any time there is a change in residence or a significant change to the existing home, by the provider and individual, with a copy of the update provided to the support coordinator. A sample format was provided previously in this 'Guide'.

### **Monthly Contact:**

The support coordinator should have monthly face-to-face contact with the individual in supported living. This monthly contact may be initiated by either the support coordinator or the individual, and may occur within a variety of settings (e.g., day program, restaurant, etc.). Should any issues arise as a result of this contact, the support coordinator should contact the coach and initiate appropriate follow-up. After a specified period of time, the support coordinator should contact the coach to verify the issue has been resolved.

### **Quarterly Home Visits:**

Quarterly, at least one of the monthly face-to-face contacts should be conducted in the person's home. The support coordinator should make quarterly home visits, at mutually agreed upon and pre-arranged times. The purpose of these visits is to review the housing survey updates to ensure that the residence continues to meet basic health and safety standards, to interview the supported living provider and individual to determine if the supported living services identified on the support plan are being implemented as authorized, and to review the overall support network to determine if any changes are needed.

A review of the individual's need for a subsidy to meet living expenses should also be evaluated. In addition, if the supported living coach serves as the individual's fiscal agent, appropriate financial documents should be examined. Results will be shared with the supported living provider and the designated District/Region Developmental Disabilities Program staff person responsible for supported living. If issues are identified that require follow-up by the coach, the support coordinator should contact the coach to verify the appropriate actions have been taken.

### **Follow-up on Unresolved Issues:**

The support coordinator must notify the coach's supervisor and/or the District/Region Developmental Disabilities Program if the coach does not respond to issues identified through monthly contacts or quarterly home visits, if subsequent monitoring reveals a repetition of the same issues, or if it appears that issues are not being addressed effectively by the coach.

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Examples of quarterly formats are provided in the pages that follow. These forms are neither required nor prescribed, but are offered as examples for documenting quarterly requirements conducted with the support coordinator.

- A "Quarterly Home, Safety, and Health Review" is provided courtesy of Community Circles, Inc., to address the quarterly review of the person's home.
- A "Supported Living Quarterly Meeting Worksheet" is provided courtesy of Habilitative Services, Inc., of North Florida which addresses documentation of the quarterly meeting requirements with the WSC.

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## QUARTERLY HOME, SAFETY, AND HEALTH REVIEW

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Support Coordinator:		
Agency:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Date of Review:		

1. The neighborhood is free of disturbing noises, reverberations, and health hazards such as adverse environmental conditions, dangerous walks and steps, instability, flooding, poor drainage, septic tank back ups, sewage hazards or mudslides, abnormal air pollution, smoke or dust, excessive accumulation of trash, vermin or rodent infestation, or fire hazards. **Y N N/A**

2. No danger of tripping in stairways, halls, porches, or walkways. **Y N N/A**

3. Residence is free of vermin, rodents, or insect infestations. **Y N N/A**

4. Residence is free of maintenance issue such as leaky roof, loose doorknobs, torn screens, etc. No major defects in walls, ceiling, or floors (floors do not move when walking) **Y N N/A**

5. Residence is free of unpleasant odors such as urine, sewage, or molds. **Y N N/A**

6. There are no visible safety hazards such as empty light sockets, frayed electric cords, discoloration or exposed wires at electrical outlets, or excessive use of extension cords. **Y N N/A**

7. If dwelling was built before 1978 and houses children 7 years or younger, there has been an inspection for lead-based paints. **Y N N/A**

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**QUARTERLY HOME SAFETY, AND HEALTH REVIEW, Page Two**

Consumer Name:

Date of Review:

8. Doors open, latch, and lock properly. Exterior doors have deadbolts. Locks that are present can be easily manipulated by the consumer. **Y N N/A**

9. There is at least one window in each living and sleeping area. Windows have screens and locks that are easily manipulated by the consumer. Windows have adequate coverings to provide privacy when needed. **Y N N/A**

10. Bathroom has at least one opening window or exhaust fan. **Y N N/A**

11. Floor coverings are appropriate, acceptable, and safe (there is no danger of tripping). **Y N N/A**

12. There are at least two electrical outlets (one can be overhead) in the living area, kitchen, and each bedroom. **Y N N/A**

13. There is a ceiling or wall mounted light fixture in the kitchen and bathroom. **Y N N/A**

14. There is adequate lighting throughout the residence to carry out normal activities. **Y N N/A**

15. There is adequate and functional heating and cooling with adequate ventilation (unvented room heaters that burn gas, oil, or kerosene are not acceptable). **Y N N/A**

16. The residence is free of dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, etc. **Y N N/A**

17. Plumbing is in good working order with a flush toilet in a private bathroom with a fixed basin and tub or shower, both with hot (not over 120 degrees F) and cold water. Kitchen sink is present with both hot (not over 120 degrees F) and cold water. **Y N N/A**

18. Water supply is free of contaminates. **Y N N/A**

19. Non skid surfaces are present in all bath tubs and showers stall floors. If tub/shower does not have a non-skid surface, removable rubber mats or adhesive strips are acceptable. **Y N N/A**

20. If appropriate, grab bars are mounted in appropriate locations. **Y N N/A**

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**QUARTERLY HOME SAFETY, AND HEALTH REVIEW, Page Three**

Consumer Name:

Date of Review:

21. Kitchen has suitable space to store, prepare, and serve food in a sanitary manner. Stove and refrigerator are present and in working condition (all burners on gas stove function, pilot lights are lit, and no gas odor is present). **Y N N/A**

22. Garbage can/bin is present. **Y N N/A**

23. First aid kit is complete and available. **Y N N/A**

24. At least one smoke detector is mounted in an appropriate place and functions. **Y N N/A**

25. A portable fire extinguisher is located in the kitchen and consumer can demonstrate knowledge and ability to use it. **Y N N/A**

26. Consumer can identify closest fire exit and alternative exit and can identify procedures to follow in case of a fire. **Y N N/A**

27. Consumer has a plan in place to deal with hurricanes and other natural disasters. **Y N N/A**

28. Consumer has emergency numbers readily accessible. **Y N N/A**

29. Review with consumer "Notice of On Call System" form. **Y N N/A**

30. Consumer has emergency numbers readily accessible. **Y N N/A**

31. Review with consumer "Grievance Procedure" form. **Y N N/A**

32. Consumer expresses satisfaction with service as currently provided. **Y N N/A**

Provide and explanation of an "N/A" responses:



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**QUARTERLY HOME SAFETY, AND HEALTH REVIEW, Page Four**

Consumer Name:

Date of Review:

Provide an explanation of "No" responses. Include specific plan to address with target completion date:

**CURRENT MEDICAL PROVIDERS:**

(Provide address and contact information for new providers only.)

Physician:

Specialty:

Address:

City:

State:

Zip Code:

Phone:

Fax:

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**QUARTERLY HOME SAFETY, AND HEALTH REVIEW, Page Five**  
Consumer Name:

Date of Review:

**CURRENT MEDICAL PROVIDERS (CONTINUED):**  
(Provide address and contact information for new providers only.)

Physician:		
Specialty:		
Address:		
City:	State:	Zip:
Phone:	FAX:	

Physician:		
Specialty:		
Address:		
City:	State:	Zip:
Phone:	FAX:	

Physician:		
Specialty:		
Address:		
City:	State:	Zip:
Phone:	FAX:	

**CURRENT MEDICATIONS:**

Name:	Dosage:	Frequency:
Prescribing Physician:		
Reason for medication:		

Name:	Dosage:	Frequency:
Prescribing Physician:		
Reason for medication:		

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**QUARTERLY HOME SAFETY, AND HEALTH REVIEW, Page Six**

Consumer Name:

Date of Review:

Name:

Dosage:

Frequency:

Prescribing Physician:

Reason for medication:

Name:

Dosage:

Frequency:

Prescribing Physician:

Reason for medication:

Name:

Dosage:

Frequency:

Prescribing Physician:

Reason for medication:

**(Provide address and contact information for pharmacist only if new provider.)**

Pharmacist:

Pharmacy:

Address:

City

State:

Zip:

Phone:

FAX:

**MEDICAL VISITS:**

Examinations:	Recommended Frequency	Last Appointment	Next Appointment
Physical:	Annual		
Dental:	Semi-Annual		
Eye Exam:	Annual <b>(Bi-annual if no glasses)</b>		
Tetanus:	Every 10 years		
Prostrate (Male):	Annual		
Pap Test (Female)	Annual		
Mamogram (Female):	Annual		

**QUARTERLY HOME SAFETY, AND HEALTH REVIEW, Page Seven**  
Consumer Name:

Date of Review:

**MEDICAL VISITS (Continued):**

Other Examinations:	Date	Reason for Visit:

**RELATIONSHIP MAP (USE OF NATURAL AND GENERIC SUPPORTS):**

Name:	Relationship:
Address:	Phone:
Type of Support:	

Name:	Relationship:
Address:	Phone:
Type of Support:	

Name:	Relationship:
Address:	
Type of Support:	

Name:	Relationship:
Address:	Phone:
Type of Support:	

Name:	Relationship:
Address:	Phone:
Type of Support:	

SL Coach Signature/Date:  
Consumer Signature/Date:

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## SUPPORTED LIVING QUARTERLY MEETING WORKSHEET

INDIVIDUAL'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PRESENT AT REVIEW: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **REVIEW OF SERVICES** (Support Coordinator initial)

\_\_\_\_\_ Supported Living Coaching Services are being carried out as identified on the Support Plan.

\_\_\_\_\_ Services and supports relate directly and positively to the goals the individual wishes to achieve and the individual's identified needs.

\_\_\_\_\_ Services are being carried out as specified on the implementation plan.

\_\_\_\_\_ The current level of supports appear to be adequate to meet the individual's needs.

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **REVIEW OF IMPLEMENTATION PLAN** (Supported Living Specialist initial)

\_\_\_\_\_ Strategy for addressing home, health and community safety needs has been followed.

\_\_\_\_\_ Supports are being provided as specified on the implementation plan.

\_\_\_\_\_ Training is being provided as specified on the implementation plan.

\_\_\_\_\_ Progress (or lack thereof) toward achieving success in training goals has been noted (and dated) on the implementation plan.

\_\_\_\_\_ Personal goals are being pursued as specified on the implementation plan.

\_\_\_\_\_ Progress (or lack thereof) toward achieving personal goals has been noted (and dated) on the implementation plan.

\_\_\_\_\_ The implementation plan has been reviewed with the individual and/or family/guardian to determine if changes in program direction and/or the implementation plan are needed.

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, note the date of the changes on the implementation plan.)

\_\_\_\_\_ Strategy for use of natural and generic supports is current.

\_\_\_\_\_ Financial profile has been updated and subsidy agreement reviewed.

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **HOUSING SURVEY UPDATE ( )**

- \_\_\_\_\_ Lease in individual's file is current and individual's name is on the lease/mortgage.
- \_\_\_\_\_ The dwelling remains located in an area in which persons with disabilities account for no more than 10 percent of the houses or 10 percent of the units in an apartment complex.
- \_\_\_\_\_ Flush toilet in separate bathroom, in working condition
- \_\_\_\_\_ Fixed basin with hot & cold water, in working condition
- \_\_\_\_\_ Shower or tub with hot & cold water, in working condition
- \_\_\_\_\_ Bathroom has at least one opening window or exhaust ventilation
- \_\_\_\_\_ Water from hot water heater not more than 120°F
- \_\_\_\_\_ Non-skid surfaces are present in all bath tubs and shower stall floors. (Removable rubber mats or adhesive strips are acceptable.)
- \_\_\_\_\_ Suitable place to store, prepare, & serve food in sanitary manner
- \_\_\_\_\_ Garbage can / bin
- \_\_\_\_\_ Stove or range of appropriate size, in operating condition
- \_\_\_\_\_ Refrigerator of appropriate size, in operating condition
- \_\_\_\_\_ Kitchen sink with hot & cold water
- \_\_\_\_\_ A portable fire extinguisher is located in kitchen
- \_\_\_\_\_ Sink drains into approved public or private system
- \_\_\_\_\_ Separate living room & at least one bedroom
- \_\_\_\_\_ Safe heating & cooling that reaches all rooms (unvented room heaters that burn gas, oil, kerosene not acceptable)
- \_\_\_\_\_ One operative window in each living & sleeping room
- \_\_\_\_\_ Window dressings are adequate to maintain privacy
- \_\_\_\_\_ Doors & windows functional & lockable
- \_\_\_\_\_ Locks can be easily manipulated by the individual
- \_\_\_\_\_ A ceiling or wall light fixture in bathroom & kitchen
- \_\_\_\_\_ Adequate lighting to carry out normal activities
- \_\_\_\_\_ At least two electric outlets in the living area, kitchen, & each bedroom
- \_\_\_\_\_ At least one smoke detector is mounted in an appropriate location and functions (fresh batteries!)
- \_\_\_\_\_ No serious defects in interior / exterior walls, ceiling, or floor; floor should not move when walking
  
- \_\_\_\_\_ No visible safety hazards are apparent, including empty light sockets, frayed cords or wires, or discoloration around electrical sockets

- \_\_\_\_\_ Roof structure is firm
- \_\_\_\_\_ No danger of tripping in stairways, halls, porches, walkways
- \_\_\_\_\_ Free of dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, etc.
- \_\_\_\_\_ Air circulation adequate throughout
- \_\_\_\_\_ Water supply free of contamination
- \_\_\_\_\_ Alternate means (doorway for individuals using a wheelchair) of escape available in case of fire
- \_\_\_\_\_ Handicap facilities are available and accessible for individuals using a wheelchair
- \_\_\_\_\_ If required, grab bars are mounted in appropriate locations
- \_\_\_\_\_ Free of lead base paint
- \_\_\_\_\_ Elevator in safe, operating condition (if applicable)
- \_\_\_\_\_ Free of vermin and rodent infestation
- \_\_\_\_\_ Neighborhood free of health hazards such as dangerous walks & steps, poor drainage, sewage hazards, abnormal air pollution, excessive accumulation of trash, vermin or rodent infestation, or fire hazards
- \_\_\_\_\_ Unit able to be used freely & maintained without unauthorized use by other individuals
- \_\_\_\_\_ Dryer lint filter is clean & individual reminded to check after every use

NOTES: \_\_\_\_\_

**HEALTH AND SAFETY REVIEW (☒)**

- \_\_\_\_\_ 24- Hour Pager Use Reviewed / Verified
- \_\_\_\_\_ Fire evacuation reviewed
- \_\_\_\_\_ Use of fire extinguisher reviewed
- \_\_\_\_\_ First aid and hurricane/disaster kits complete
- \_\_\_\_\_ Disaster evacuation procedures reviewed
- \_\_\_\_\_ Seasonal weather precautions reviewed
- \_\_\_\_\_ Pedestrian safety reviewed
- \_\_\_\_\_ Bicycle safety reviewed
- \_\_\_\_\_ Medication interaction precautions reviewed

NOTES: \_\_\_\_\_

\_\_\_\_\_



**FISCAL AGENT REVIEW** (Support Coordinator initial)

\_\_\_\_\_ Checkbook/passbook reviewed and initialed by Support Coordinator

\_\_\_\_\_ Bank statements reviewed by Support Coordinator

\_\_\_\_\_ Cash bag, receipts, and journal reviewed and journal initialed by Support Coordinator

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS REVIEWS/UPDATES** (Supported Living Coach Initial)

\_\_\_\_\_ All information on consumer profile is current

\_\_\_\_\_ Individual reminded of Due Process Rights, grievance procedures, right to select services providers, right to be present for all staffings and meetings concerning them, right of informed choices, right to confidentiality, and right to be treated according to Bill of Rights for Adults with Developmental Disabilities.

\_\_\_\_\_ Individual reminded of abuse reporting procedures (1-800-96-ABUSE).

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES:**

Support Coordinator \_\_\_\_\_

SL Coach \_\_\_\_\_

Individual or Guardian \_\_\_\_\_

Courtesy of Habilitative Service of North Florida, Inc.

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**“If you’re not getting it done or making progress,  
let someone else try.”**

Ryan Krampitz

Supported living coaches are responsible for organizing supports and services around a series of individualized quality enhancement activities. Quality assurance and enhancement must be personalized to address the person’s overall wellness, safety, happiness, training, opportunities, and satisfaction with supports and services. Thus, quality assurance of supported living services must include at least two basic components:

- The review and analysis of the projected service outcomes, enhancement services, and supports being delivered (as identified in the DS Waiver handbook); and
- The development, implementation, and oversight of basic health and safety measures.

### Continuous Quality Improvement

#### **Culture of Excellence:**

##### **•Ongoing Quality Enhancement**

- ◆ Plan
- ◆ Implement
- ◆ Assess
- ◆ Modify/Train

##### **•Mutual Support**

##### **•Celebrate Success!**

- ◆ Agency
- ◆ Staff
- ◆ Individual

Any quality business regularly reviews its business plan and provides a self-assessment of the services provided. As discussed, self-assessment is a requirement of supported living coaching providers. Developing a climate of ongoing self-assessment, in which agency and individual staff successes are celebrated, staff are mutually supportive, and problems are identified and readily corrected, can result in a culture of excellence.

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In addition, ongoing meetings and individual evaluations in which success, as well as concerns, are discussed can be beneficial. This information assists in identifying procedural strengths, areas for improvement, and unmet training and instructional needs.

Effective supported living providers meet challenges posed by the ever-changing reality of people's lives, through flexibility and perseverance. At the same time, they meet the requirements of system processes. In other words, they work like a winning team, applying skills in timely ways while following the rules.

When utilized effectively, system processes can provide a framework through which supports can be individually identified, effectively provided, fully analyzed, modified for improvement, and monitored appropriately. In doing so, people's lives are greatly enhanced - not just those who achieve personal dignity and rights via supported living arrangements, but also those who may, for the first time, gain the opportunity to meet the "newcomer," and benefit from his or her participation in the community.

### Self-Assessment

By establishing systems that consistently involve ongoing oversight and analysis, individuals are more likely to receive services as envisioned on the support plan and thus experience increased satisfaction. Systems for ensuring quality must contribute to improved services and supports. The method for determining this level of quality is self-assessment.

#### **Self-assessment, required annually, reviews:**

- organizational capabilities required to meet the person's outcomes or goals;
- service requirements identified in the DS Waiver handbook; and
- the provider's policies and procedures by identifying the extent to which they are consistent with daily practice.

All providers are required to conduct self-assessments. This annual assessment, according to the Core Assurances for Providers (found on the Delmarva Web Site at <http://www.dfmc-florida.org>, select: Public Site; select: Provider Resources, select: Review Tools Download) will assist in determining the extent to which the provider is developing and maintaining person-centered processes. Maintaining these processes will assist the individual in achieving personal outcomes or goals, choice, social inclusion, relationships, rights, dignity, respect, health, security and satisfaction.

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**Self-assessment surveys include an annual review of:**

- individual records;
- interviews to determine if provider actions support achievement of personal goals; and
- annual satisfaction surveys.

Based on the results of a review of records, interviews, and satisfaction surveys, the supported living provider develops a Quality Improvement Plan, addressing those areas identified as needing improvement. The Quality Improvement Plan and the Self-Assessment are reviewed during the annual survey conducted by the provider, as identified in the statewide quality assurance program. A sample "Self Assessment Records Review" form is provided on the following page.

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# A Guide to Supported Living in Florida

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## SELF-ASSESSMENT RECORDS REVIEW

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

SERVICE: \_\_\_\_\_ WSC: \_\_\_\_\_

RECORDS REVIEWED BY: \_\_\_\_\_

**Directions:** Score a plus (+) when the requirement is present. Score a minus (-) when the requirement is not present. All minuses should be corrected in order to be in compliance with the requirements for audit and billing of the Medicaid Waiver Services Agreement.

- An individual record is maintained for the customer
- There is a current support plan on file (at a minimum, the page of the support plan related to the service being provided.)
- There is current service authorization in the file
- There is a current release of information which is specific to whom the information is being provided, and is time limited
- Demographic information is complete and current
- Emergency contact information is complete and current
- All activity is clearly documented in the daily progress notes which contain all required elements
- There is an annual report which includes:
  - objective, fact based information on the individual's progress toward meeting previous years outcomes
  - subjective information and opinions
  - recommendations for the coming year
  - there is documentation that the annual report was given to the support coordinator and to the individual/guardian within 30 calendar days before the end of each support plan year.
- There is a current implementation plan which contains:
  - name, address and contact information of individual served
  - goal from the support plan that the service will address
  - strategies employed to help the person in meeting support plan goals
  - system to be used for data collection and assessing the individual's progress
  - the frequency of supported living coaching services
  - how home, health and community safety needs will be addressed and the supports needed to meet these needs
  - the method for accessing the provider 24 hours per day, seven days a week for emergency assistance
  - a description of how natural/generic supports will be used
  - strategies for helping the person in money management
- There is evidence that the implementation plan was submitted with the first full month of billing or within 30 calendar days of the effective date of the service authorization
  - The supporting documents are submitted to the waiver support coordinator prior to billing
  - All documentation has been filed prior to billing
  - There is a completed functional assessment with annual updates

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- The service provider meets the definition as described in the Medicaid coverage and limitations handbook
- There is a housing survey in each file, which was forwarded to the WSC within 10 days of selection of housing
- Updates to the housing survey have been conducted quarterly
- Copy of initial financial profile is in the file, which was submitted to the support coordinator within 10 days of selection of housing
- Copy of individual financial profile was submitted to the support coordinator prior to the lease being signed if the person needed a subsidy
- Copy of lease/mortgage is in the file as proof that individual rents/owns his/her own home
- Copy of the annual satisfaction survey is in file
- Proof that the copy of the annual satisfaction survey was sent to WSC
- Copy of signed grievance procedure is in file
- Documentation of the quarterly meeting is in the file

## Getting Organized

When it comes to quality services, there are really two things the supported living provider should remember:

**Quality Services Come from Two Places:**

- ❑ **Implementation of personal goals identified on the SP, and**
- ❑ **Assurance that all requirements, as identified, are met.**

Completion of the required documentation will not, by itself, constitute a quality enhancement review. An *analysis* of the information gathered for documentation; along with input from others, including other service providers involved with the individual; observations of the person across a variety of settings; reviews of progress toward personal goals, record reviews including health summaries; medication administration records, incident reports, etc.; meetings with the circle of support when necessary; the results of satisfaction surveys; and interviews with the individual involving satisfaction and the attainment of personal outcomes and/or goals, will support an effective system of quality review for enhancement activities.

Using the information obtained with and for the individual and the required documentation throughout the year, the resulting products should be the required Self-Assessment and the Quality Improvement Plan. These two documents validate the provider's efforts at quality enhancement and self improvement.

Being organized not only helps to assure quality services are being provided, but also assures that a mechanism is in place, through which the coach may periodically assess the effectiveness of his quality review system. For example, the coach may explore the effectiveness of the established communication system to determine whether the information is accurate and getting to all who need to know; he may evaluate his methods for assessing the consumer's satisfaction with supported living services if observations of the individual's behavior are not consistent with satisfaction survey results, etc.

A simple quote to remember relates to organizing and maintaining systems:



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**“It doesn’t matter so much how you get organized, just that you stay organized.”**

Author Unknown

An effective supported living coach works hard at meeting the requirements as outlined by the State and Federal Government, while supporting persons in moving toward their desires as outlined by the support plan. All quality enhancement systems should reflect both aspects.

### **Timetable for Keeping Up with Documentation**

Self-assessment activities (i.e., record reviews, interviews and satisfaction surveys) are most effective when incorporated into the coach’s routines associated with service delivery. Although the components of self-assessment are required annually, it is recommended that they be completed on an ongoing basis, as part of routine responsibilities.

Quality reviews of services should occur on an as-needed, daily, weekly, monthly, quarterly, and annual basis implementing the requirements outlined by the DS Waiver handbook.

As a summary of all required documentation, the following "Timetable for Documentation Requirements" provides a chronological perspective for all requirements. This timetable may be helpful as a reminder to the coach as she assures her paperwork is in place. The following is adapted from the "Time Table for Supported Living Documentation," courtesy of Habilitative Services of North Florida, Inc.

## Timetable for Documentation Requirements

### Annual Documents:

- **Support Plan (SP)**- Completed by the support coordinator. Current copies must be kept in the individual's record maintained by the supported living provider.
- **Service Authorization**- Form received from the support coordinator providing legal authorization for funding. A copy must be kept in the coach's file on the individual. Services should not begin until the service authorization is received.
- **Functional Community Assessment**- An assessment of the individual's skills and capabilities with regard to living in a community setting. It identifies instruction and assistance that will be needed. The FCA must be completed within 30 days of service provision and updated annually.
- **Implementation Plan**- Developed within 30 days of service authorization and annually thereafter. It's reviewed quarterly and updated as changes are needed/requested. Used to assess the individual's progress toward goals outlined within the support plan. Developed by the coach, it also identifies strategies and approaches for implementation of services.
- **Annual Report**- A written report documenting progress toward support plan goals. Sent to the support coordinator 30 days prior to the support plan end date.
- **Individual Financial Profile (IFP)**- Analysis of the household costs and revenue needed to assure a balanced monthly budget. This profile is needed quarterly if the individual receives a stipend. The IFP is initially developed and sent to the WSC within 10 days of housing selection and before signing a lease.
- **Release of Confidential Information**- Release format to be signed by the person receiving services that allows the coach to share information with others. The form should be specific as to which information can be shared and with whom. This form is usually valid for one year, and can be signed at the time of the annual support plan meeting. The form should be developed by the coach, and may be updated as needed throughout the year and consistent with HIPAA Privacy Rule.
- **Grievance Procedure**- Evidence, usually by signature on a designated form, that the provider's grievance policies and procedures related to what the individual can do if he is not satisfied with services has been explained to the individual. These must be updated annually.
- **Satisfaction Survey**- A survey designed to evaluate the person's satisfaction with supported living services. The survey is developed by the supported living provider and disseminated to persons for whom supported living services are being provided. Copies are maintained in the individual's record and a copy forwarded to the support coordinator for review.

- **Consent to Hold Checkbook/Passbook** (for coaches who provide **fiscal agent services** only)- Evidence the individual or his guardian has given the coach permission to maintain his checkbook. The form is usually signed at the beginning of the support plan year. The need to hold a checkbook or passbook should be reviewed quarterly.
- **Performance Data on District/Regional Projected Service Outcomes** – Goals used to determine, through monitoring and review, the effectiveness of service provision. Outcomes should be measured considering individual skills and circumstances. Topics include evidence the individual:
  - is the lessee or owner of his home;
  - lives with no more than two others with developmental disabilities;
  - demonstrates an increase in abilities, self-sufficiency, and changes in his life consistent with support plan goals;
  - achieves an increased level of community inclusion; and
  - maximizes freedom of choice in all areas of his life, as evidenced by setting personal goals, being informed about service options and making all possible decisions with regard to the conduct of his life.
- **Copy of Lease** – A current copy of the person’s lease should be maintained in the record. If the person is purchasing his own home, verification should also be maintained.

### **Quarterly Documents:**

- **Quarterly Meeting Notes**-The supported living coach maintains the results of required **quarterly meetings** with the support coordinator in the individual’s record.
- **Housing Survey**-Completed by the coach and made available to the support coordinator at or prior to the quarterly meeting. The housing survey is completed quarterly to update the individual’s health and safety status.
- **Checkbook/Passbook/Cash Ledgers**- Reviewed and initialed by supported living coach (if fiscal agent) and WSC.

### **Monthly Documents:**

- **Notation in Checkbooks and in Progress Notes Indicating** that consumer **checkbooks were reconciled with bank statement** (for any consumer who has **bank reconciliation listed on implementation plan**).

- **Copy of Reconciled Bank Statement** (if coach is serving as fiscal agent).
- **Time Intervention/Service Log-** Written documentation of dates, times, and summary of supports provided.

<b>As Needed:</b>
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- **Update Demographic, Health, Medical, and Emergency Contact Information-** To be consistent with current situation.
- **Progress Notes** – Completed daily and as needed to document interactions both with the individual and on her behalf (e.g. with other providers, family, etc.). Ongoing progress notes assist in documenting services are being provided as outlined in the implementation plan.
- **Consent Release Forms-** Used for specialized consents not covered by the annual consents or releases.
- **Initial Housing Survey** – Completed during the transition process before the individual moves into his home. It is updated quarterly by the coach and reviewed with the support coordinator. (See ‘Quarterly’.)
- **Transition Plan** – A guide to support the individual’s move into her new home. Copies must be maintained in the record.

## Chapter Eight: Enhancing Quality

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### Satisfaction Surveys

How can person-directed services be emphasized? In order to accomplish this outcome, a system for evaluating the effectiveness of supports received by each individual is required.

Consistent with requirements established in the DS Waiver handbook, at least annually, each individual will be asked by the coach to complete a survey to examine his satisfaction with the supported living services received. The purpose of the survey is to assist the individual in looking at the quality of his own life. This survey also provides feedback to the provider regarding service delivery. Satisfaction is very individualized, and the survey should reflect those things that are important to the individual and to the fulfillment of choices and desires.

If he needs or wants assistance in completing the survey, friends, family, or neighbors may be asked to provide it. Assistance should be provided based solely on the person's choice and his willingness to participate. Paid staff providing supported living services may not be part of survey activities.

Once the information is obtained from all persons supported by the provider, it's a good idea to analyze the information for patterns and trends. Satisfaction tools are one of the most effective ways for adjusting services to assure they met the needs and desires of the individual – to assure supports are always person-centered and directed.

A number of District/Region offices have developed operating protocols to assist supported living coaches in the development of satisfaction surveys. These protocols complement the requirements and offer providers guidance.

The following sample format, courtesy of Community Circles, Inc., includes the Suncoast Region's Operating Protocol and sample format which highlights some areas for consideration when developing satisfaction surveys:

## Chapter Eight: Enhancing Quality

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SUNCOAST REGION  
Developmental Disabilities Program  
Operating Protocol

SUBJECT: Annual Satisfaction Surveys                      DATE ISSUED: \_\_\_\_\_  
NUMBER: Section IV-05    REVISED: \_\_\_\_\_  
DEVELOPED BY: \_\_\_\_\_

TOPIC:            Requirements of Supported Living Coaching vendors for annual satisfaction surveys.

PURPOSE:    To ensure a standard procedure by which satisfaction surveys are completed annually by supported living customers and reviewed by support coordinators.

PROCEDURE:

- All supported living customers will be asked to complete a satisfaction survey annually.
- The coaching vendor is free to design their own survey form as long as:
  - It is written in indirect and simple language
  - It addresses key areas of satisfaction such as choice, safety, privacy, respect, and supports. A sample survey form is attached.
- While it is the coaching vendors responsibility to assure the individual has the opportunity to complete the survey, direct care staff providing supported living services may not assist in the survey activity for that individual. Direct care staff include coaches, companions, in-home support and personal care assistance providers employed by the vendor company.
- Customers who need assistance in completing the survey should be instructed to request help from family members, friends, neighbors, co-workers, staff employed by other vendors, or their support coordinator.
- Coaching vendors will maintain the results of the survey in the individual's record and a copy will be forwarded to the support coordinator for review.



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VENDOR NAME  
CUSTOMER SATISFACTION SURVEY

Customer Name: \_\_\_\_\_

1. Do you feel safe at home and when you are out in the community?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

2. Do you get to make choices about how you spend your money?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

3. With the money you have, do you get to go places and do things you like to do?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

4. Is your coach teaching you things that you want to learn? (Examples: cooking, grocery shopping, paying bills, taking the bus)

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

5. Do you get help when you need it from your supported living staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

6. Does the staff listen to you and treat you with respect?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

7. Did you get a say in picking the place where you live and who you live with?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

8. Do you feel you can make a complaint if you are unhappy about something?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

9. Do you feel your privacy is respected?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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10. In general, are you satisfied with your supported living services?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Form Completed by:

\_\_\_\_\_  
Date Survey Completed

\_\_\_\_\_  
Relationship to Customer

## **Dissatisfaction**

As discussed earlier in this chapter, observations and discussions with the individual are a powerful tool in determining satisfaction. Supported living coaches should consider that most people are dissatisfied when:

- They are angry or “in trouble” on an ongoing basis;
- Services and supports are not individualized or purposeful;
- No one ‘hears’ or heeds their preferences or concerns;
- Supports and services do not adjust or change as they do; and
- Others attempt to control their lives.

Coaches should consider any sign of dissatisfaction and explore with the individual and his circle of support. Using information regarding satisfaction, including the results of satisfaction surveys and ongoing reviews, assists the supported living provider with building a system of supports that are responsive to the needs and desires of the individual. This process promotes provider creativity and assures that staff are motivated by a person-centered approach to service delivery.

## **Annual Quality Reviews**

**“It’s hard to play the game, if you don’t know what the rules are...”**

Author Unknown.

Understanding what’s expected from the funding source is a key element for success for any provider. Although the adage above was designed for persons engaged in organized games, it applies to the supported living provider as well. It simply is not possible to be good at something, if you are unaware of the rules and applicable expectations. Think about any winning sports team. Although skills are valuable, if they aren't applied at the right place and the right time during a game, they're of little value. If they are applied successfully, but without regard to rules and regulations, the game may still be lost.

The following format provides concise information regarding the ‘rules’ that guide supported living services and the quality enhancement/improvement process.

**Who:** The Department of Children and Families, Developmental Disabilities Program is obligated through Florida Statute to review the status of all service providers. The Department and the Agency for Health Care Administration (AHCA) have initiated a contract with an independent organization to provide a statewide quality assurance program. Seventy-five percent (75%) of the contract costs are federal funds, and the balance is paid from state funds.

**What and When:** The statewide quality assurance program provider will review Supported Living Coaching Services and the Core Assurances, as a Medicaid Waiver provider, at least annually. Notification of the impending review will be provided prior to the survey or review dates.

**Where:** The review will take place at the address listed by the provider of supported living services. Copies of records will need to be available on the day of the review.

**How:** In order to complete this process, the independent contractor utilizes a Developmental Disabilities Supported Living Coaching Services Monitoring Checklist. This 'Checklist' identifies the standards used to evaluate the provider and identifies critical cites relating to health, safety, and rights; weighted elements that have greater impact on scoring than other cites; and cites which contain 'recoupment of funds' components if it is scored as "not met." The State has the authority to obtain reimbursement for certain funded services, if the requirements are not met. Recoupment means the provider must pay back money already obtained for services, if these items are not validated. These funded services are identified under the cites marked as 'recoupment of funds.'

In addition to the 'Checklist,' the contractor, to guide the determination of performance by the supported living provider, uses a Developmental Services Supported Living Coaching Services Monitoring Protocol. The 'Protocol' includes "probes" associated with each cite. The probes provide guidance to the quality assurance program reviewer in determining whether the cites and standards are met.

The tools used by the statewide quality assurance program are implemented based on a review of records and interviews. A selected sample of records is used to conduct the review. Interviews may be conducted with individuals and families and other service providers.

**'Tips for Supporting the Coach in Preparing for an Annual Review' begin on page 8-37 .**

**In preparing for the annual review, it will be helpful for the supported living coach to understand exactly what is expected.** A copy of the 'Monitoring Protocol' for 'Supported Living Coaching Service' and the 'Core Assurances' are available on the Internet. To find these go to <http://www.dfmc-florida.org> (select: Public Site, select: Provider Resources, select: Review Tools Download). In addition to service specificity, the provider is also responsible for elements contained in the Core Assurances. This tool may also be downloaded from the same address.

## Tips for Preparing for the Annual Review

The following are intended to support the provider as he prepares for the annual review. The list is not intended to be all-inclusive and does not necessarily address variations in interpretation from district to district. This information is excerpted from a training package provided courtesy of the Suncoast Region.

Supported living providers are required to have a mechanism for immediately addressing any concerns, preferences, or issues raised by the individual during the survey process.

### 1. Written Policies and Procedures

- Develop a book of policies and procedures as indicated in Section 3-0 in the Core Assurances.
- Keep policies current.
- Provide evidence policies are being implemented as described.
- Review applicable policies with individuals annually and maintain copies of reviews in person's file.

### 2. Grievance Logs

- Develop grievance logs containing all elements as indicated in the Core Assurances.
- Enter all complaints and grievances.
- Provide verification of how provider responds to complaints and how they were resolved.
- Do periodic analysis of log - look for trends.
- Document reviews of grievance procedures with the individual annually.

### 3. Quarterly Home Visits by Support Coordinators and Coaches

- Not optional - required by Florida law.
- Support Coordinator completes a review of the housing survey and provides a signature as acknowledgement review occurred.
- Must be conducted in the person's home.
- Make sure these visits happen. If the support coordinator doesn't initiate them, the coach needs to. Be prepared to show documentation of attempts to get the support coordinator to the home.

#### 4. Consents for Release

- No open-ended consents. Must be time-limited and specific both to whom and what information will be given. Consents must be updated throughout the year as needed and annually.

#### 5. Fiscal Agent

You (or your company) are the fiscal agent for a customer if you control the customer's money in any way. For example:

- You give out spending money.
- You keep the checkbook.
- You are the representative payee for benefits.
- Try not to be a fiscal agent whenever possible. For example:
  - Customer can become their own payee.
  - Checkbook is maintained in the person's home.
- If you are fiscal agent, there must be quarterly reviews of bank statements and checkbooks. Proof should be found in the review of housing survey conducted with the support coordinator, as well as WSC's initials in checkbook register verifying that review occurred.

#### 6. Implementation Plans

- Developed based on the support plan and information from the Functional Community Assessment.
- With permission from the individual, you must have a current support plan or the pages of the support plan related to supported living.
- You must give a copy of the implementation plan to the support coordinator and the individual.
- Attend support plan meetings and assist the person to speak up regarding recommendations for goals. Make sure goals are:
  - Based on what the individual desires
  - Based on what the individual needs
  - Assure the person is comfortable with the plan
- Periodic reviews of progress towards the goals are required. Documentation can be:
  - Charts and graphs (objective) must be clear and easy to understand.
  - Narrative format: Should be both subjective and objective with specific details regarding accomplishments or lack of progress, and recommendations for continuation.
- Includes the supports that are in place to provide for the maintenance of learned skills.

- If customer receives in-home supports and coaching, make sure the implementation plan addresses specific responsibilities to avoid billing duplications.
- Tailor the plan to the individual. Never use the same plan and strategies for everyone.
- Documentation needs to show you are consistently checking progress and making adjustments to training activities accordingly. Evidence of this may be found in:
  - Daily progress notes
  - Data tracking charts/narrative reviews
  - Quarterly home visit documentation (checklists)
  - As the plan changes, document adjustments directly to plan.

## 7. Quarterly Housing Surveys

- 65B-11 F.A.C. requires the housing survey include a "review of the individual's overall status of health, safety, and well-being." You can document this by:
  - Adding these items to the housing survey form you are using.
  - Include references to all HUD basic housing requirements.

## 8. Financial Profile

- Make sure it includes current information.
- Double check your math.
- Justifies requests for subsidies or start-up money.
- Must be completed within 10 days of housing selection.

## 9. Ongoing In-Service Training

- 8 hours per year required for all coaches. Training must be relevant to supported living coaching.
- OK to count "in-house" training (agencies only) time as long as it is:
  - Relevant to supported living coaching and the individuals being supported.
  - Documented as to:
    - # of hours
    - topic - write a brief summary
    - time spent in training
    - who provided the training

## 10. Annual Reports

- Must give an overall picture - not just a report on instructional methods and goals. Must include progress toward goals identified in the implementation plan. Progress should include objective (fact-based) and subjective information and be submitted to the WSC 30 days prior to the end of the support plan year.