





**4. The mentee attended meetings hosted by APD that occurred while the mentee participated in the mentoring program.**

*List the date of the meeting(s) and the topic addressed.*

| Date of Meeting | Topic of Meeting |
|-----------------|------------------|
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**5. The mentee shadowed or observed the mentor in discussions to educate clients and families regarding identifying and preventing abuse, neglect, and exploitation.**

*Provide the client's iConnect ID and the date of each meeting.*

| Client iConnect ID | Date of Meeting |
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**6. The mentee shadowed or observed the mentor instruct clients and families on mandatory reporting requirements for abuse, neglect, and exploitation.**

*Reflect the Client's iConnect ID as well as the date of meeting.*

| Client iConnect ID | Date of Meeting |
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| <p><b>7. The mentee shadowed or observed the mentor in the usage of iConnect for case management activities.</b></p> <p><i>Provide the client's iConnect ID and the type of activity performed.</i></p> <table border="1" data-bbox="277 386 1174 835"> <thead> <tr> <th data-bbox="277 386 500 464">Client iConnect ID</th> <th data-bbox="500 386 1174 464">Type of Activity</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>   | Client iConnect ID   | Type of Activity                           |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Client iConnect ID   | Type of Activity   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>8. The mentee shadowed or observed the mentor in the Supported Living Quarterly Meeting.</b></p> <p><i>Provide the client's iConnect ID and date of quarterly supported living meeting with a minimum of one meeting.</i></p> <table border="1" data-bbox="277 1031 1174 1371"> <thead> <tr> <th data-bbox="277 1031 612 1108">Client iConnect ID</th> <th data-bbox="612 1031 1174 1108">Date of Supported Living Quarterly Meeting</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Client iConnect ID   | Date of Supported Living Quarterly Meeting |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Client iConnect ID   | Date of Supported Living Quarterly Meeting   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>9. Check Yes for activities that occurred or check N/A if no opportunities occurred during the mentoring period.</b></p>   | <table border="1"> <tr> <td data-bbox="1187 1371 1300 1444">Yes</td> <td data-bbox="1300 1371 1403 1444">N/A</td> </tr> </table>   | Yes  | N/A                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes  | N/A  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>a. Submission of a significant additional needs request.</b></p>   | <table border="1"> <tr> <td data-bbox="1187 1444 1300 1486"><input type="checkbox"/></td> <td data-bbox="1300 1444 1403 1486"><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/>                   | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>b. Medicaid eligibility redetermination process.</b></p>   | <table border="1"> <tr> <td data-bbox="1187 1486 1300 1528"><input type="checkbox"/></td> <td data-bbox="1300 1486 1403 1528"><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/>                   | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>c. Discussion with the assessor regarding the completion of the comprehensive needs assessment.</b></p>  | <table border="1"> <tr> <td data-bbox="1187 1528 1300 1602"><input type="checkbox"/></td> <td data-bbox="1300 1528 1403 1602"><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/>                   | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>d. Submission of a minimum of five (5) client cost plans and service authorizations.</b></p>   | <table border="1"> <tr> <td data-bbox="1187 1602 1300 1675"><input type="checkbox"/></td> <td data-bbox="1300 1602 1403 1675"><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/>                   | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>10. If any of the activities described in number 9.a., b., c., and d. did not occur, the mentor reviewed those processes, including documentation in a client's central record, with the mentee.</b></p>   |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*If the Qualified Organization has been approved by the Agency to provide consultation services under the CDC+ program, please complete the following in addition to the requirements stated above if the mentee will provide consultation services. If the Qualified Organization or mentee will not provide consultation services, skip this section.*

| Required Mentoring Activity for the CDC+ Program  |                    | Mentor's Initials Indicating Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p><b>1. The mentee shadowed or observed the mentor review draft, denied, or updated purchasing plans, if applicable, or review the current purchasing plans.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Client iConnect ID</th> <th style="width: 50%;">Date of Meeting</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Client iConnect ID | Date of Meeting                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Client iConnect ID  | Date of Meeting    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>2. The mentee shadowed or observed the mentor submit a SAN request, if applicable, or review the most recent SAN request that was submitted.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Client iConnect ID</th> <th style="width: 50%;">Date of Meeting</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>            | Client iConnect ID | Date of Meeting                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Client iConnect ID  | Date of Meeting    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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I attest that the mentee identified on page one successfully completed the items described herein.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

I attest that I completed the activities identified on this form.

\_\_\_\_\_  
Mentee Signature

\_\_\_\_\_  
Date