

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



PROCEDURE	
Subject: Service Coordination Monitoring	Procedure No.: 2012-DDA-SPCD-PR011
Responsible Program or Office: Developmental Disabilities Administration	Effective Date: January 11, 2013
	Number of Pages: 6
Cross References, Related Policies and Procedures, and Related Documents: Service Coordination Monitoring Policy; Individual Support Plan Policy and Procedures; Protocol for Residential Transfers and Moves; Most Integrated Setting Policy; and MCIS Utilization Policy and Procedures.	

1. PURPOSE

The purpose of this procedure is to establish the guidelines by which the Department on Disability Services (“DDS”), Developmental Disabilities Administration (“DDA”), will monitor the supports and services delivered to people in the DDA service delivery system. In addition, the monitoring will ensure the health and welfare of the people served through the DDA service delivery system, provide a means for identification of unmet needs, assess the satisfaction of persons receiving services and/or supports and that of his/her circle of support, and will provide the foundation to establish an on-going relationship with each person receiving services and/or supports from DDA.

2. APPLICABILITY

This policy applies to all DDA employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and/or supports to people with intellectual disabilities receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (“DHCF”).

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code§ 7-761.01 *et seq.*); and D.C. Law 2-

137, the " Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code§ 7-1301.01 *et seq.*).

4. **ROLES AND RESPONSIBILITIES**

A. Service Coordinators shall:

1. Complete all monitoring reviews and visits according to the standards outlined in the Service Coordination Monitoring Policy.
2. Act as an advocate for the people they have on their caseload in all aspects of services and supports.
3. Identify issues or unmet needs during the monitoring visits and/or phone contacts and document them in the Issue Resolution System (“IRS”).
4. Provide technical assistance to providers in collaboration with the DDA Provider Resource Management Unit (“PRMU”) and Quality Management Division (“QMD”), in an effort to resolve issues/concerns.
5. Identify systemic issues affecting the person being monitored (and/or other people in the vicinity).
6. Notify his/her immediate supervisor of the identified issues that are unable to be resolved or appear to be systemic and/or repeat issues and concerns for additional administrative support.
7. Provide feedback for Annual Provider Performance Reviews with regards to satisfaction of services and supports being received.
8. Identify trends or concerns within DDA and other District agencies affecting quality of supports and services being received.

B. Lead Service Coordinators shall:

The Lead Service Coordinator shall carry out all the duties of the Service Coordinator as identified above. In addition, the Lead Service Coordinator will provide mentoring in properly completing monitoring reviews and visits, writing case notes, identifying issues and inputting into the IRS, and solving identified issues/ problems with provider staff.

C. Supervisory Service Coordinators shall:

1. Oversee the monitoring schedule of service coordinators and lead service coordinators to ensure that each service coordinator plans to visit and monitor each

individual according to his/her program participation, *Evans* class status, and health risk.

2. Verify service coordinators' and lead service coordinators' monitoring visits through review of monthly monitoring review status reports and a 10% sample of face-to-face visit notes in MCIS for accurate and complete documentation.
3. Provide guidance and support for service coordinators and lead service coordinators in developing a plan of action to address outstanding issues or concerns.
4. Communicate with supervisory staff of service providers to address outstanding issues or concerns.
5. Monitor Issue Resolution System for continued follow-up action on outstanding issues or concerns.
6. Review issues or concerns and make recommendations for resolution or correction as appropriate.
7. Notify immediate supervisor of the identified issues that are unable to be resolved or appear to be systemic and/or repeat issues and concerns.

D. Program Managers shall:

1. Provide consistent follow-up through monthly meetings with supervisory service coordinators to ensure the monitoring and face-to-face visits are being completed according to the individual's his/her program participation, *Evans* class status and health risk and documentation meets accepted standards of practice.
2. Provide consistent follow-up with supervisory service coordinators to ensure issues or concerns are addressed in a timely manner.
3. Communicate with program managers of service providers to address outstanding issues or concerns.
4. Identify systemic concerns regarding service providers as documented in the IRS and communicate them to the PRMU for follow-up.
5. Notify immediate supervisor of the identified issues that are unable to be resolved or appear to be systemic and/or repeat issues and concerns.
6. Manage caseload ratios and assignments within the Service Planning and Coordination Unit.

7. Analyze performance data, prepare and implement corrective actions to meet performance targets for the unit on a monthly basis
8. Identify barriers to the delivery of optimal service coordination services and recommend solutions to the Deputy Director.

E. Providers shall:

1. Provide access to DDA Service Coordination Staff to visit the person and review his/her records.
2. On a daily basis review monitoring reports and issues in DDA's information management system, MCIS, for people supported.
3. Implement and report on resolution of identified issues and concerns.
4. Provide comprehensive quarterly progress reports of the full implementation of the Individual Support Plan ("ISP") to the Service Coordinator via email, fax, or US Mail within seven (7) business days of the quarterly review date per the Home and Community-Based Services ("HCBS") waiver or Intermediate Care Facility for Persons with Intellectual and Developmental Disabilities ("ICF/IDD") rules and regulations.
5. Coordinate with the Service Coordinator to ensure that telephone contacts are completed in a timely manner on a monthly or quarterly basis per this policy and procedure.

5. PROCEDURES

A. Prior to the Monitoring Visits

1. Service coordinators are required to monitor the services of everyone receiving services regardless of funding source.
2. Advanced notification may be given for visits. However, notification is not required. (Note: unannounced visits are not conducted at competitive and supported work locations.)
3. All monitoring visits should include direct contact with involved family. Efforts should be made to meet with involved family in person. Where appropriate, the family member should be encouraged to attend the monitoring visit with the service coordinator.

4. Before each visit the service coordinator will review the goals and strategies from the ISP, any relevant document in the record (e.g., assessments), and issues identified from the previous visit.
5. Services monitored include, but are not limited to:
 - a. Residential Supports: ICF/IDDs, group homes, supported living settings, out-of-state residential services, host homes, natural homes, nursing facilities, and other places where people receive residential support.
 - b. Work/Day Supports: day habilitation, day treatment, vocational services, including but not limited to employment readiness and supported employment, and senior centers.
 - c. Ancillary Supports: personal care, home health services, nutrition, in-home supports, transportation, respite, skilled nursing, clinical therapies, family training, behavior support services, community support services, implementation and follow-up of medical and dental services.

B. Monitoring Visit

1. During the visit, service coordinators will gather information by performing document reviews, conducting observations, and interviewing the person receiving services, family members, staff providing supports, and anyone else who may have information regarding the provision of supports and services.
 - a. Interviews: During the visit, service coordinators will interview the person receiving services whenever possible and appropriate. Face-to-face interviews with him or her are required. If there are extenuating circumstances preventing face-to-face interviews, service coordinators should contact their supervisor to discuss alternative arrangements. Service coordinators will also interview direct support professionals and other important people in the person's life including, but not limited to, host home providers, direct support professionals, personal care attendants, respite providers, and program managers. Relevant clinicians may be interviewed when needed.
 - b. Observations: Service coordinators will observe the person in his/her residence or work/day support environment. Observation should occur at mealtimes, when services and supports are being provided, during work, and/or morning routines. (Note: unannounced visits are not conducted at competitive and supported work locations.)

- c. Documentation Review: In general, service coordinators will review the person's record prior to the monitoring visit and complete some of the questions making the process more efficient. During the visit, service coordinators will review the person's record (e.g., ISP, Behavior Support Plan (BSP), health and medication records) and other relevant documentation about services received at the location (e.g., staff training records, communication logs).
2. The service coordinator will verify that the services and supports provided correspond to the prescribed frequency and duration noted in the ISP.
3. Visits should be as least disruptive as possible. Announced visits should be arranged so that the person is not canceling planned activities.

C. Post Monitoring Visit

1. Upon completion of the monitoring visit, the service coordinator will complete the monitoring review report and case notes in MCIS within one (1) business day following the monitoring visit.
2. If amendments to the ISP are required, the service coordinator will follow the procedures associated with the ISP policy.
3. If there are any issues, the service coordinator will enter the issues into the IRS and notify their supervisor of any significant issues or concerns.
4. In addition, the service coordinate will notify any family member, guardian and/or advocate of any significant issues or concerns.