

Support Coordination Contact Documentation (SCD) Instructions

The Support Coordination Contact Documentation (SCD) form is to be used for Monthly, Quarterly, Annual and Interim contacts/monitoring by support coordinators (SCs). SCs will follow all instructions identified on the SCD form.

Section A: Contact Information

This section identifies contact information for the participant as well as applicable service codes based on the type of contact/monitoring (i.e. Monthly, Quarterly, Annual and Interim).

For Monthly, Quarterly and Interim contacts, the SC will complete the following:

- Contact type with the participant;
- Waiver type;
- Participant's name;
- Service log #;
- SC ID;
- Date;
- Begin time*;
- End time*;

*** NOTE: If the contact type occurs face-to-face, the SC must use EVV. DO NOT enter a begin and end time. Instead, enter "see EVV record".**

- Use the appropriate designated service code for:
 - Place of Service;
 - Type of Contact;
 - Service Activity (Maximum of 4 codes); and
 - Service Participants (Maximum of 4 codes)

For Annual contacts/monitoring, the SC will complete the following:

- Contact type with the participant:
- Annual;
- Waiver type;
- Participant's name;
- SC ID; and
- Date

For Monthly and/or Quarterly contacts, the SC will complete the Monthly Monitoring and if applicable, Monthly Remediation.

Monthly Monitoring & Monthly Remediation Service Types:

- PAS – Personal Care Services (all types);
- LT-PCS – Long Term-Personal Care Services; and/or

- ADHC – Adult Day Health Care
- MIHC – Monitored In-Home Caregiving

Monthly Monitoring (Service Activity Code 41): SC must complete the monthly monitoring section for PAS (all types), ADHC, LT-PCS, and MIHC services **to ensure these services were delivered in the amount, frequency and duration specified in the current Plan of Care (POC)**. SC must indicate the service being monitored and appropriate service code (e.g. ADHC-11, PAS-22, LT-PCS-02, etc.).

Example: Participant had PAS scheduled in his current POC; however the scheduled worker was not needed because the daughter was able to provide care. SC will code PAS-03 under Monthly Monitoring and no further remediation is needed.

Monthly Remediation (Service Activity Code 41): Any monitoring code with an asterisk (*), requires remediation to further explain why the service(s) was not delivered. The SC must complete monthly remediation section by indicating the service needing remediation and appropriate service code (e.g. PAS-01, ADHC-21, etc.). Check appropriate actions in Section C and provide comments in Section D (if applicable).

Example: Participant had PAS scheduled in her current POC and did not receive this service for several days due to the worker quitting and the provider was not able to locate a dependable worker. The provider did not provide a back-up worker as identified in the participant’s Back-Up Staffing Plan. The SC contacted the provider and the Back-Up Staffing Plan was revised. SC will code PAS-23 under Monthly Monitoring and code PAS-11; check “Revise Back-Up Staffing Plan” in Section C; and may include additional comments in Section D, if applicable.

For Annual Monitoring, the SC will complete the Annual Monitoring and if applicable, Annual Remediation.

Annual Monitoring & Annual Remediation Service Types:

- PAS – Personal Care Services (all types);
- LT-PCS – Long Term-Personal Care Services;
- ADHC – Adult Day Health Care;
- MIHC – Monitored In-Home Caregiving
- CTSS – Caregiver Temporary Support Services;
- EAA – Environmental Accessibility Adaptation;
- HDM – Home Delivered Meals;
- NRSG – Nursing Services;
- SMT – Skilled Maintenance Therapies;

- TS – Transition Services; and/or
- PERS – Personal Emergency Response System or Telecare
- ADMS - Assistive Devices and Medical Supplies Procurement

Annual Monitoring

The SC will:

- Complete the annual monitoring in the last calendar month of the POC year by reviewing the current POC and/or previous SCDs to ensure that the services identified in the participant's **current POC** were received **at least once for that POC year**. The annual monitoring may be performed at the same time as the monthly monitoring or at another time during the last month of the POC year.
- Complete the annual monitoring section for all services identified in the current POC by indicating the service being monitored and the appropriate service code(s) (e.g. PAS-01, NRSG-04, etc.).
- In LaSRS, the “Annual Monitoring Date” is the date during the last month of the POC year when the SC reviewed annual service delivery.

Example: Participant had Home Delivered Meals (HDM) scheduled in his current POC but due to a recent stroke, he is currently being fed via tube and nothing by mouth. SC will code HDM-01 under Annual Monitoring, but nothing under Annual Remediation. SC will ensure a POC/POC Revision and possible MDS-HC (if applicable) are completed to reflect this change. SC will check appropriate box(es) in Section C. and may include additional comments in Section D, if applicable.

NOTE: If the service was received in the POC year, LaSRS will automatically code as such and the SC will NOT be required to indicate annual monitoring codes.

Example: Participant had ADHC service in his POC for the entire POC year but did not receive ADHC for 2 weeks in the POC year due to a hospitalization. LaSRS will automatically code this service as “Met” because this service was delivered at least once in the POC year.

Annual Remediation: Any monitoring codes with an asterisk, requires remediation. The SC must complete the annual remediation section by indicating the service needing remediation and appropriate service code (e.g. NRSG-01, SMT-03, etc.). Check appropriate actions in section C and provide comments in Section D, if applicable.

Example: Participant was transitioning from the nursing facility into a family member’s home and stated at the initial meeting that they did not need Transition Services (TS). SC had a final discharge meeting with the participant and discovered that there was a need for TS and needed to complete a POC Revision. Annual Monitoring was completed a few days after the need was identified so TS were not yet delivered. SC will code TS-99 under Annual Monitoring and TS-01 under Annual Remediation. SC will check appropriate

box(es) in Section C (if applicable) and include additional comments in Section D.

Section B: Participant Questions

This section obtains information directly from the participant, his/her responsible representative or his/her legally responsible representative at the monthly and/or quarterly contacts to determine if services are being delivered appropriately and if any changes have occurred that the SC should be made aware of. Details for any question(s) with the answer “Yes” will be provided in Section D.

The SC will review the participant’s current POC which includes all issue categories, SCDs, CIRs, etc. before asking the following questions.

1. Did the participant have a problem receiving **all of the identified services** from the budget page of the current POC?
 - If the answer is “Yes”, SC will provide details in Section D and if applicable, complete Section C.
2. Was there a problem with the identified POC goals being met?
 - If the answer is “Yes”, SC will provide details (include possible resolutions to the problem/intervention) in Section D and if applicable, complete Section C.
3. Was there a problem with the provider respecting the preferences of the participant and providing services accordingly?
 - If the answer is “Yes”, SC will provide details (include possible resolutions for the problem) in Section D and if applicable, complete Section C.
4. Did the participant have any problems with their non-waiver health care needs being met (e.g. Problems accessing primary care physician, eye doctor, dentist, hospital, etc.)?
 - If the answer is “Yes”, SC will provide details (include possible resolutions for the problem) in Section D and if applicable, complete Section C.
5. Were there any problems with the participant’s back-up plan working, when it was needed?
 - If the answer is “Yes”, SC will provide details (include possible resolutions for the problem) in Section D and appropriate remediation code will be identified in Section A and if applicable, complete Section C.
6. Did the participant have any potential, or unreported falls, injuries, hospitalizations, instances of abuse or neglect, etc.? Was restraint use identified or reported?
 - If the answer is “Yes”, SC will provide details (include possible resolutions for the problem) in Section D and Section C will be checked with appropriate action and if applicable, ensure that a CIR is completed.

7. Did the participant have any changes in their medical condition, including decline or improvement; such as, any new disease diagnoses, any pressure ulcers, treatment goals met, etc.?
 - If the answer is “Yes”, SC will provide details (include possible resolutions for the problem, e.g. status change assessment) in Section D and if applicable, complete Section C.
8. Did the participant have any changes that occurred resulting in the need for more/less care, or decrease/increase in functional needs(e.g. No longer able to ambulate independently, is now able to ambulate independently, now uses a wheelchair, no longer uses a wheel chair, experiencing any problems with memory, communication, and/or problems making daily decisions, etc.)?
 - If the answer is “Yes”, SC will provide details (include possible resolutions for the problem) in Section D and if applicable, complete Section C.
9. If the participant was able to obtain a certain device, equipment, or modification, would they be able to perform more of their ADLs independently or with less assistance?
 - If the answer is “Yes”, SC will provide details in Section D and if applicable, complete Section C.

NOTE: If response is “Yes” and the participant does NOT receive the requested item/service by the next month, SC will continue to answer “Yes” to this question and provide follow up details in Section D. SC will continue to report in this manner until resolved.

10. Did the participant have a change in the assistance provided by natural support, or move to a new residence, or have a change in his/her living situation?
 - If the answer is “Yes”, SC will provide details in Section D and if applicable, complete Section C.
11. Did the participant have a change in his/her current emergency plan, or have a change with who will provide assistance during an emergency?
 - If the answer is “Yes,” SC will provide details in Section D and if applicable, complete Section C.
12. Did the participant have a change in his/her medications, treatments, or have a change in who is administering them. SC will verify participant’s current medications, who is administering the medications, and if the Medication Delegation form is accurate, if applicable?
 - If the answer is “Yes”, SC will provide details in Section D and if applicable, complete Section C.
13. **For Self-Directed CCW participants only:** Is the Home Book missing any of the following documents: POC/any revisions and the past 3 months of timesheets, service logs, progress notes, and payroll reports (provided by the Fiscal Agent)?

- If yes, list the missing documents and action taken in Section D.

NOTE: If response is “Yes” to ANY of the above questions, the SC should probe further by asking additional questions pertaining to the participant’s situation. The SC will use his/her professional judgment in determining if a reassessment is needed, check appropriate box(es) in Section C and document accordingly in Section D.

The SC will indicate the individual(s) that answered the SCD questions:

- Participant’s Name (if applicable);
- Responsible Representative’s Name (if applicable); and/or
- Legally Responsible Representative

Section C: Support Coordination Actions

This section identifies what action(s) the SC will take as a result of the contact (e.g. scheduling a MDS-HC, completing a POC Revision, making a Referral for Service, etc.) and can be used at any contact type.

The SC will check all action(s) that apply. SC may provide additional comments in Section D, if applicable.

Section D: Comments

This section can be used for any contact type and provides additional comments/notes that are relevant to the contact. All questions with a “Yes” answer **must** have additional comments in this section. For all monitoring codes that require remediation, SCs may provide additional comments in this section, if applicable.

Section E: Signatures

This section captures required signatures.

The SC will:

- Check “See attachment for additional documentation/signatures”, if needed.
- Obtain the participant, responsible representative and/or legally responsible representative signature(s) and date. This is required at quarterly visits **ONLY**.
- Sign and date the SCD every time it is used.