

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).

Electronically completing the SCD allows for use of the drop-down boxes to enter applicable codes. When completing by hand, please refer to the SCD code sheet for applicable codes.

Each SCD should be unique and reflect person-centered planning. Documentation should not be generic, but include new identified information pertinent to the participant's waiver and non-waiver services, including ongoing and follow-up actions regarding delivery, referral, and observation of services, if applicable.

For all contacts, the SC will complete the following fields on the SCD form:

- Participant's name;
- Support Coordinator ID;
- Waiver type; and
- Contact type.

Contact Type is defined as:

- **Monthly** - Contact completed monthly via telephone, virtual, or in-person with the participant/Responsible Representative (RR) for monitoring of services and/or participant updates.
- **Quarterly** – In-person or virtual meeting completed quarterly to review the plan of care (POC), service monitoring, and/or updates.
- **Annual:**
 - Annual Assessment – In-person assessment meeting completed annually.
 - Annual POC – In-person or virtual care plan meeting completed annually.
- **Interim** - Any other activity the SC completes on behalf of the participant (i.e. miscellaneous phone calls with the participant/RR outside of required contacts, making calls for resources, mailing POC packets, CIR Summary etc.). The Interim contact allows the ongoing work of the SC to be captured.

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).

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

- Date of contact;
- Begin time;
- End time;

NOTE: DO NOT enter begin and end times if the contact type is in-person. The SC must use EVV for in-person contacts and enter “See EVV record” here.

- Use the applicable service code for:
 - Place of Service;

- Type of Contact;
- Service Activity (Maximum of 4 codes); and
- Service Participants (Maximum of 4 codes).

NOTE: If more than 4 codes are needed, document additional participants in Section C: Additional Comments.

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

Monthly Monitoring & Monthly Remediation Service Types:

- **ADHC** – Adult Day Health Care Waiver
- **LT-PCS** – Long Term-Personal Care Services;
- **MIHC** – Monitored In-Home Caregiving; and/or
- **PAS** – Personal Assistance Services (all types).

Monthly Monitoring (Service Activity Code 41):

SC must complete the monthly monitoring section for ADHC, LTPCS, MIHC and PAS (all types) services to ensure these services were delivered in the amount, frequency and duration specified in the current Plan of Care (POC).

SC must indicate both the service being monitored (ADHC, LTPCS, MIHC, PAS) **AND** the applicable service code (e.g. 02 Participant temporarily admitted to a nursing facility or hospital, 11 ADHC unscheduled closures, 22 Participant refusing back-up worker, etc.).

EXAMPLE: The participant had PAS scheduled in his current POC; however the scheduled worker was not needed because the daughter was able to provide care. The 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 the monthly remediation section by indicating what service needs remediation (e.g. ADHC, LT-PCS, etc.) **AND** the appropriate service code (e.g. 01 Remediation in progress, 21 Transportation resource located, etc.). Comments must also be provided in Section C (if applicable).

EXAMPLE: The 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. The SC will code PAS-23 under Monthly Monitoring **AND** PAS-11 under Monthly Remediation; Also, the SC will select "Yes" in Section B Question 5, as well as select "Request a Revised Back-Up Staffing Plan" and include additional comments, if applicable.

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

Annual Monitoring & Annual Remediation Service Types:

- **PAS** – Personal Assistance 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;
- **PERS** – Personal Emergency Response System or Telecare; and/or
- **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. In LaSRS®, the “Annual Monitoring Date” is the date during the last month of the POC year when the SC reviewed annual service delivery.

The SC must indicate that both the annual monitoring section for all services identified in the current POC by indicating the service being monitored (PAS, HDM, PERS etc.) **AND** the applicable service code(s) (e.g. 01 Participant’s health declined, 04 Participant declined service, etc.).

EXAMPLE: The participant had Home Delivered Meals (HDM) scheduled in his current POC but due to a recent stroke, he is currently being fed via PEG tube and nothing by mouth. SC will code HDM-01 under Annual Monitoring. No code is required under the Annual Remediation section. SC will ensure a POC/POC Revision and possible interRAI HC (iHC) assessment (if applicable) are completed to reflect this change. SC will check all of the appropriate boxes in Section B: Questions and include additional comments (if applicable).

The SC will **NOT** be required to indicate annual monitoring codes if the service was received in the POC year. LaSRS® will automatically code as such.

EXAMPLE: The participant had ADHC 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” on the LaSRS® Support Coordination Activity Report (SCAR) 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 (PAS, HDM, PERS etc.) **AND** the applicable service code (01 Remediation, 02 POC/POC Revision reflects current situation/needs etc.). Comments must also be provided in Section C (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 all of the appropriate boxes in Section B Questions and include additional comments if applicable.

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

- Participant's Name;
- Responsible Representative's Name (if applicable);
- Legally Responsible Representative (if applicable) and/or
- Other (if applicable).

Section B: Participant Questions

This section obtains information directly from the participant, their responsible representative or their 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.

The SC will review the participant's current POC, including all applicable CAPS, schedule/budget, SCDs, CIRs, etc. before asking the questions below. The SC **MUST** ask all questions for required contacts (i.e. Monthly, Quarterly etc.) and select **Yes** or **No**.

Details for any question(s) answered "Yes" **MUST** be provided in the comments section below each question. Also, the SC will check the appropriate box for what applicable action(s), if any, are needed for resolution (see chart below for details on actions needed).

When asking each question, the SC should:

1. Review the participant's budget from the current POC along with all other POC documents to determine if the participant has had a problem receiving all of their identified services.
2. Review the POC goals within the POC to determine if they are being met.
3. Review the participant's schedule to determine if the provider is providing services accordingly and ask the participant if the provider is respecting their preferences.
4. Review the participant's POC documents to determine what non-waiver health care services are in place. Ask the participant if those services are meeting their needs (e.g. problems accessing primary care physician, home health, eye doctor, dentist, hospital, etc.).
5. Review the participant's back-up plan and ask if there have been any problems with the plan not working when it was needed. If the response is yes, there will be a monthly monitoring code in Section A (23 Unplanned worker absence and DSP did NOT provide care per Back-Up Staffing Plan.* **OR** 31

Unplanned worker absence and Back-Up Staffing Plan NOT followed.*) along with a monthly remediation code (depending on what remediation has taken place).

6. Review the participant's CIR history and determine if the participant had any reported falls, injuries, hospitalizations, instances of being restrained and/or abuse/neglect. If there are no CIRs on record, ask the participant if there have been any unreported incidents. If yes, the SC will ensure that a CIR is completed (if applicable).
7. Ask the participant about the status of their medical condition(s), including decline or improvement. This may include any new disease/diagnoses, pressure ulcers, treatment goals being met, etc. Determine if the participant has had a substantial change. If a substantial change has been reported, probe further by asking additional questions pertaining to the participant's condition/situation. Use professional judgment in determining if a reassessment is needed.
8. Review the current level of assistance being received as outlined in the POC documents to determine if substantial changes have occurred resulting in the need for more/less care or if there has been a decrease/increase in functional needs. This includes the participant who is no longer able to ambulate independently and requires use of wheelchair; or is now able to ambulate independently and no longer uses a wheel chair; or experiencing problems with memory, communication, and/or making daily decisions that were not present before.
9. Determine if the person's budget would allow for an EAA and/or assistive device(s) and explain the process for obtaining those items upon request. If the participant does **NOT** receive the requested item/service by the next month, continue to answer "Yes" to this question and provide follow up details in the comments section until resolved (i.e. was the service received - why or why not).

For participants who have recently obtained a device, equipment, or EAA modification, determine if it has helped them perform more of their ADLs independently **OR** with less assistance. If applicable, refer to question 8 regarding substantial change in the ability to do things for themselves.

10. Review the POC documents including the informal support sections to determine if the participant has had a change in the assistance provided by natural support **OR** if there has been a change in their living situation (i.e. move to a new residence, or have someone move in/out of their home). If yes, make the necessary changes where applicable throughout the POC and/or systems with demographic information (i.e. LaSRS®, OPTS, etc.).
11. Review the participant's current emergency plan on file to determine if there has been a change in their emergency plan or if there is a new person who will provide assistance during an emergency. If changes are reported, revise the emergency plan and update this information in LaSRS®.
12. Review the participant's current medications, who is administering the medications, and the RN Delegation form (if applicable) to determine if there has been a change. Report any changes needed for the RN delegation form to the provider and request an updated copy.
13. Send required record information to the Fiscal Employer Agent (FEA) if the participant reports that the home book is missing any of the following documents:
 - The current POC and any POC revisions; and
 - The past 3 months of service logs/progress notes, payroll reports (as provided by the FEA).
14. Describe the assistance given with Medicaid Eligibility (i.e. assistance completing application or renewal forms etc.) when applicable.

The chart below explains the **Type of Action** (if applicable) and **Action Required** by SC if that type of action is selected.

Type of Action:	Action Required:
POC Revision	Update POC, Schedule/Budget and/or CAPS
Resolution of Accessing POC Services	Conducting team meeting to address any of the following: <ul style="list-style-type: none"> • Problems/concerns/issues; • Providing mediation between the participant, RR, legal representative and/or provider; • Contacting the provider to get an update on a service(s) not being received or completed (i.e. PAS, EAA, PERS, etc.).
Request a Revised Back-Up Staffing Plan	The SC will request an updated back-up staffing plan from the provider.
Offer Freedom of Choice (FOC)	The SC offers the appropriate FOC depending on the service type.
Critical Incident Report (CIR) Entered	The SC will enter or verify that the provider has entered a CIR in the Critical Incident Reporting System.
Status Change Assessment Needed/Scheduled	The SC will review the criteria to determine if a status change assessment is needed. The SC will schedule an in-person status change assessment.
Schedule Team Meeting	The SC will schedule a team meeting with the appropriate team members.
Schedule an iHC Assessment	The SC will schedule an in-person iHC assessment.
Report to Protective Services	The SC will report to one of the following: <ul style="list-style-type: none"> • Adult Protective Services (APS); • Elderly Protective Services (EPS); • Health Standards Section (HSS); and/or • Law Enforcement.
Update LaSRS® and/or OPTS	The SC will update LaSRS® and/or OPTS with any changes to the participant's demographic information, living situation, emergency plan, etc.
Enter 148	The SC will enter a 148 for a change in demographics, admission to a rehabilitation or nursing facility.
Referral for Service	The SC will make a referral to a community resource or other service the participant may need.

Continue to Monitor Services	The SC may need to follow-up more than monthly to ensure that a reported issue is resolved.
RN Delegation Needed/Updated	The SC will request updated RN Delegation forms from the provider and will obtain all required documentation.
Other	When choosing "Other", you must also include the specific action that is needed/taken in the comments.
Type of Action: (for Self-Directed CCW Participants ONLY)	Action Required: (for Self-Directed CCW Participants ONLY)
Need to Review POC/Budget with Employer	The SC determines that the employer needs a review of the POC/Budget to understand the assigned hours and utilization of services.
Send POC/Budget to FEA	If there has been an Annual or Revision completed, the SC will send the new POC/Budget to the FEA.
Send Closure Decision Notice to FEA	If there is a Closure Decision Notice, the SC will send the notice to the FEA.

Section C: Additional Comments

This section is to provide any additional information that may not have been captured in questions above. This section can also be used if you need more space than what is provided in the comment sections in Section B.

Section D: Signatures

The following individuals will sign and date the SCD in this section:

- Participant, responsible representative or legally responsible representative; and
- Support Coordinator (the SC **MUST** sign and date the SCD **every time** it is used).

NOTE: The participant, RR and/or legally responsible representative must sign the SCD for in-person quarterly visits ONLY.