DD Waiver Case Manager Monthly Site Visit Form

Individual's Name: ☐ Jackson Class Member **Date:** *DDSD JUNE 2010*

Name and Title of Staff Person Interviewed:	Location:	Time In:
Case Manager:	Agency:	Time Out:

#	NA	Items Reviewed:	Frequency	Based on available information, description of concerns/ barriers and/or of successes	Follow-up Action needed
1		Is clothing, food, and structural state of site, adequate & safe?	At each visit		
2		Is **staff interaction** with the individual appropriate (e.g. supportive rather than coercive, offering choice, respectful)	At each visit		
3		Is individual protected from abuse, exploitation, neglect, injury, physical harm, emotional distress? *As reported by staff or based on observations during visit.*	At each visit		*If concern, report to IMB & relevant protective services agency*
4		**Change in health status?** *(e.g. changes in seizure or aspiration frequency, sleep patterns, bowel/bladder function, activity level, mood, or other typical behavior/routines that may indicate a health concern, significant weight gain or loss, wounds, signs of pain, including dental pain).*	At each visit	☐Staff interview ☐Data tracking sheets, progress notes, ☐MARS ☐Doctors Orders Other:_____	
5.		If change of health status, was the person evaluated to assess for underlying reasons (health, environment, relationships, etc.) for the changes? By whom? What was the outcome?	As indicated	☐Staff interview ☐Data tracking sheets, progress notes, ☐MARS ☐Doctors Orders ☐ Other: _____	*If no, contact agency nurse*

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6.		Has the person been in the hospital or ER since the last visit? If yes, was Post – Hospitalization planning completed? □ Yes □No	At each visit	□Staff interview □Data tracking sheets, progress notes	
7.		Has **health screening** been completed (as per Health & Safety Plan)?	Quarterly	□Staff interview □ Lab results □Data tracking sheets, progress notes, □Doctors Orders □Other:_____	
8.		Have there been any medical **appointments**? Have any appointments been missed?	At each visit	□Staff interview □Data tracking sheets, progress notes, □Doctors Orders □Other:_____	
9.		If aspiration risk, are dietary instructions, mealtime and/or feeding tube protocols, oral care plans, positioning plans, etc. present?	At each visit, if applies		
10		Are behavioral crisis intervention and/or medical emergency response plans readily available to the direct support personnel (DSP) at the service delivery site and are DSP familiar with what they are to do?	Quarterly if applies		
11		**MARs**: Review current MAR; note frequency of use of PRN medications & medication errors.	At each visit		*Follow up with agency nurse if either seems unusually frequent.*
12		Please describe any health-related needs or issues that need attention at this time.	At each visit		

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13		**Specialty Services:** Does the individual have timely* access to: ❑ Therapies (as per ISP) ❑ Durable Medical Equipment – in good repair with proper fit ❑ Medical supplies ❑ Specialty medical services (e.g. Neurology, Psychiatry, Cardiology) ❑ Assistive Technology, Augmentative Communication devices present, in good repair, and being used?	Monthly	** For DME "timely" is defined as receipt of new equipment within 150 days of request and repairs of DME within 60 days of request.*	*If there are concerns regarding access to any of these services that remain unresolved 2 months in a row, a RORI must be filed with the Specialty Services Section completed.*
14		**ISP Progress toward Desired Outcomes:** Is progress being made towards goals? *Review outcomes and data collection sheets and talk with individual and the staff.*	Monthly		*What follow-up to lack of progress is being taken?*
15		Is there evidence that services noted in the ISP are being delivered as written in the ISP?	Monthly	☐Staff interview ☐Data tracking sheets, progress notes, Other_____	*If lack of implementation identified, follow up with request for provider action or IDT mtg and if lack of resolution submission of RORI,*
16		**Individual Satisfaction:** Extent of the individual's interest in & satisfaction with current environments, services, choices, relationships, privacy & supports?	Monthly		
17		Have there been any significant **life changes** for the individual since last visit?	Monthly		

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Individual/Staff/Family Concerns:
Additional Notes:
Status of Issues Identified at Previous Visits, IDT Meetings, etc.: *(If a concern or barrier remains unresolved 2 months in a row, identify the barrier, efforts to resolve & submit a "Request for Intervention" form to the local Region Office.)*
Follow-up Actions Required by CM:
Case Manager Signature Date: