

Instructions for Completion of the Healthcare Coordinator Quarterly Summary Form by the Healthcare Coordinator

Please note that the Healthcare Coordinator Quarterly Summary is to be filled out by the Healthcare Coordinator. In the event that the Healthcare Coordinator is the individual, the individual may have assistance in completing the form. If the family living provider or family member is the Healthcare Coordinator, the Service Coordinator/Program Manager may assist in completion of the form.

Prior to completion of the Healthcare Coordinator Quarterly Summary form, gather all relevant information from:

1. The individual
2. The primary caregiver (i.e. direct support personnel, family living provider, family, etc.)
3. Other team members with knowledge of health status (i.e. day provider, service coordinator, family, guardian, etc).
4. Available medical documentation and notes

To complete the Healthcare Coordinator Quarterly Summary Form:

1. Fill in the name of the individual, date of birth, report period and dates of any visits between the Healthcare Coordinator and the individual, if applicable
2. For each question on the form check the box (to the extent of your knowledge) indicating Yes, No or N/A (not applicable) to indicate if there was an event related to the concern or question during the preceding ISP quarter. *Note that N/A may only be used where it is available on the form and all questions must have an answer.*
3. Where there is space for a date, reason or description, please provide a brief explanation of the event, reason for the event or description of the event/condition that was noted or addressed. If the Healthcare Coordinator does not know the reason or description, he/she should indicate such in the space provided.
4. Do NOT document in the column indicating Agency Nurse Comments.
5. Space is provided on the bottom of the second page of the Healthcare Coordinator Quarterly Summary for any additional changes or concerns noted by the Healthcare Coordinator.
6. Indicate if the guardian and nurse has been notified of all changes and/or concerns. Also indicate if, in the opinion of the Healthcare Coordinator, an IDT is needed to address the changes/concerns.
7. Sign and date the Healthcare Coordinator Quarterly Summary and indicate the Healthcare Coordinator's relationship to the individual.

Submit the Healthcare Coordinator Quarterly Summary to the Primary Agency Service Coordinator. If no Primary Agency, submit to the Case Manager.

* Note: The following hierarchy shall be used to determine which provider

agency is the Primary Agency:

- (i) Community living services provider agency;
- (ii) Private duty nursing provider agency;
- (iii) Adult habilitation provider agency;
- (iv) Community access provider agency; and
- (v) Supported employment provider agency.

Agency Nurse Instructions on Healthcare Coordinator Quarterly Summary Form Documentation

Please note that if the designated Healthcare Coordinator is the agency nurse the Healthcare Coordinator Quarterly Summary Form should not be used. The nurse has a separate Quarterly Nursing Report.

1. The Healthcare Coordinator Quarterly Summary Form should not be used as an assessment regarding health concerns.
2. The Agency Nurse will receive a copy of the Healthcare Coordinator Quarterly Summary Form from the primary agency's designated personnel.
3. The Agency Nurse may address concerns or provide further clarification regarding an issue or occurrence in the right hand column titled Agency Nurse Comments of the Healthcare Coordinator Quarterly Summary Form.
4. The Agency Nurse will initial and date each comment.
5. The Agency Nurse will assure follow-up on all items that were not already addressed.