

Person's Name:

Month & Year:

VISIT DETAILS:

Date of Visit:	Time of Visit:	Location:	Location Type: <input type="checkbox"/> Home. <input type="checkbox"/> Other.	Provider:
Scheduling of Visit Was: (check one) <input checked="" type="checkbox"/> Announced. <input type="checkbox"/> Unannounced.		ISC Agency:	ISC Conducting Visit:	
Others Consulted / Present During Visit:				

Note: At least one face-to-face contact must be made using this form. If any ADDITIONAL face-to-face contact is made during the month, record the date & location type below, AND use the Additional Monthly Activity / Contact Sheet to record other information about EACH additional face-to-face contact.

ADDITIONAL FACE-TO-FACE CONTACT:

☒ No additional face-to-face contacts this month, if checked.

Date of 2 nd F:F Contact:	Location Type: <input type="checkbox"/> Home. <input type="checkbox"/> Other.	Date of 3 rd F:F Contact:	Location Type: <input type="checkbox"/> Home. <input type="checkbox"/> Other.	Date of 4 th F:F Contact:	Location Type: <input type="checkbox"/> Home. <input type="checkbox"/> Other.
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(The purpose and outcome of any additional f:f contact listed above MUST be recorded on the "Additional Activity / Contact Sheet.")

MONITORING CHECKLIST:

Note: All findings indicated below are based on direct observations, discussions with the person & others present, and/or a review of any records available at the time, date & location of this face-to-face monitoring visit only.

Also, the items on the "Monthly ISP Status Review" form should be considered during the face-to-face visit.

If an item is marked "No", the reason should be described on an "ISC Reporting & Tracking Form" and a copy sent to the Provider and DMRS.

Items marked "No" that indicate abuse, neglect or mistreatment must be reported according to DMRS policy & immediate action taken or initiated by the ISC to protect the person from jeopardy, if abuse, neglect or mistreatment is observed or discovered.

INDIVIDUAL PLANNING & IMPLEMENTATION

		YES	NO	N/A
F-1	During the visit, if activity is occurring purportedly related to the ISP Action Plan (i.e., related to personal outcomes, goals, and risks) <u>the activity is being carried out according to the ISP.</u> (Yes, if the activity is consistent with the plan. No, if the activity is inconsistent with the plan. N/A, if an activity related to the ISP was not observed during the visit.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-2	<u>All methods, actions & strategies related to the supports & services that should be occurring at this location are being carried out, including those related to individual risks identified in the ISP.</u> (N/A, only if location of visit does not require the provision of a paid service or the implementation of the ISP, e.g. meeting with person and mom in a coffee shop.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-3	The person reports / indicates <u>he/she is satisfied with current supports & services.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Note: Any item marked "NO", must be explained on an "ISC Reporting & Tracking Form".)

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F-4	During the visit, staff was observed to be including, supporting, encouraging, etc. the person's active participation or other appropriate level of involvement in the activities and events that are routine and natural to the environment or location of the visit, such as involvement in household routines and chores, providing and including the person in work or other activities in day settings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
F-5	During visit, any materials, supplies, equipment or devices necessary for carrying out the ISP at the time and location of the visit are available, adequate and being used by staff as needed and appropriate. (N/A, if not observed as necessary for the time and location of the visit.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY & SECURITY

YES NO N/A

F-6	Since prior visit, all "Reportable Incidents", including abuse, neglect & mistreatment have been reported as required by the DMRS. (N/A, if no evidence of incidents since last visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-7	Since last visit, appropriate interventions resulting from any reported incidents have been employed to protect the person from further or potential harm. (e.g., investigative or high risk review recommendations) (N/A, if no incidents since last visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-8	Safety & security issues identified in the ISP are being actively addressed. (N/A, only if location of visit does not require the provision of a paid service or the implementation of the ISP, e.g. meeting with person and mom in a coffee shop.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-9	The physical environment appears safe and secure for this person. (e.g., safe neighborhood; general condition of home; observed staff conduct; reports from person or others; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
F-10	The person reports / indicates she/he feels safe and secure in this environment.	<input type="checkbox"/>	<input type="checkbox"/>	

RIGHTS, RESPECT & DIGNITY

YES NO N/A

F-11	Interactions & conversations appear positive, affirming, respectful, inclusive, etc. toward the person. (e.g., respectful tone; positive recognition; include person in conversations; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
F-12	If observed, any activity related to behavior supports is being implemented as described in the BSP. (N/A, if there is no BSP needed or required per the ISP, or an activity related to a BSP was not observed.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-13	During visit, the person is free from restrictive interventions (e.g., restraints, restrictions to movement or activities, etc.) unless otherwise a part of an approved BSP.	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH

YES NO N/A

F-14	The person appears healthy. (Not a medical opinion. Based on discussions & observations about appearance, weight, appetite, physical marks, no signs of illness or injury, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
F-15	Support staff appears knowledgeable about healthcare issues and supports for this person as identified in the ISP. (N/A, if paid staff not present during visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-16	Since last visit, the person has been free of side effects / adverse reactions to any medications. (N/A, if no medications taken/administered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-17	Environment is clean, free of hazards and odors, etc. at time of visit.	<input type="checkbox"/>	<input type="checkbox"/>	

(Note: Any item marked "NO", must be explained on an "ISC Reporting & Tracking Form".)

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F-18	<u>Adaptive equipment & medical supplies are available</u> & being used appropriately as needed. (N/A, if none used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-19	As appropriate to this location, <u>adequate food is available</u> for meeting the person's dietary needs, as identified in the ISP and personal preferences.	<input type="checkbox"/>	<input type="checkbox"/>	
F-20	Person is <u>well groomed</u> with consideration to his/her personal preferences & abilities.	<input type="checkbox"/>	<input type="checkbox"/>	
F-21	<u>Medications are available and administered</u> according to the MAR. (N/A, if medications not taken or not at this location, or family declines to answer, as noted in comments section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHOICE & DECISION-MAKING

YES NO N/A

F-22	Routine choice making around <u>daily activities is being supported</u> (e.g., meals, sleep time, activities, clothing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
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RELATIONSHIPS & COMMUNITY MEMBERSHIP

YES NO N/A

F-23	Person is being <u>supported to maintain contact & relationships</u> with family, friends, & others according to personal preferences.	<input type="checkbox"/>	<input type="checkbox"/>	
F-24	The person is <u>participating / being supported in community activities</u> according to personal preferences.	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES / COMMENTS:

Note: If desired, the following space may be used to make notes or record comments from the Face-to-Face Monitoring Visit. However, items marked "No" during the visit MUST be explained on the "ISC Issue Reporting & Tracking Form", which must be sent to the Provider & the DMRS Regional Office.

(Note: Any item marked "NO", must be explained on an "ISC Reporting & Tracking Form".)

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(Notes / Comments from Face-to-Face Visit Cont'd)

[illegible]

Signature of ISC Conducting This Visit: _____ Date: _____

Person's Name:

Month & Year:

Note: The status of ISP is to be determined monthly based on the face-to-face visit with the person and/or interviews with family members, the legal representative, provider staff & others; and the review of any documentation available to the ISC. In addition to a monthly review, other specific reviews or surveys are done at certain points during the year.

CHECK TO SEE IF ADDITIONAL REVIEWS, and/or SATISFACTION SURVEY ARE NEEDED THIS MONTH:

* If any of the reviews below are also to be done this month, complete & attach the appropriate forms: (CHECK ALL THAT APPLY)

☐ PERIODIC REVIEW. ☐ ACTION PLAN REVIEW. ☐ SEMI-ANNUAL SATISFACTION SURVEY ⁽¹⁾ ☐ ANNUAL REVIEW. ☐ NONE THIS MONTH.

⁽¹⁾ ☐ Check if Semi-Annual Survey is not applicable, and check reason below: (Check One)

☐ The person is a legally competent adult, and the person does not have involved family members; or

☐ The person is a legally competent adult who has involved family members, but the person has declined consent for the family members to be contacted.

MONTHLY ISP STATUS REVIEW CHECKLIST:

Note: For some persons, it will be possible to determine some or all of the following items during the monthly face-to-face visit. For others, additional activity may be needed during the month to make these determinations.

If an item is marked, "No", the reason should be described on the "ISC Reporting & Tracking Form" and a copy sent to the Provider and DMRS.

Items marked "No" that indicate abuse, neglect or mistreatment must be reported according to DMRS policy & immediate action taken or initiated by the ISC to protect the person from jeopardy, if abuse, neglect or mistreatment is observed or discovered.

INDIVIDUAL PLANNING & IMPLEMENTATION

		YES	NO	
M-1	Authorized services in the ISP are being provided in accordance with the ISP.	<input type="checkbox"/>	<input type="checkbox"/>	
M-2	In general, outcomes, goals, and risks, identified in the ISP (i.e., the ISP Action Plan) are being addressed as needed & expected.	<input type="checkbox"/>	<input type="checkbox"/>	
M-3	The ISP is current, reflects the person's needs & preferences, and has been updated to reflect any recent changes, assessments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
M-4	Providers of DMRS services have submitted required Monthly Review reports to the ISC agency.	<input type="checkbox"/>	<input type="checkbox"/>	

RIGHTS, RESPECT & DIGNITY

		YES	NO	N/A
M-5	Behavior supports are being implemented as written in the ISP/BSP. (N/A, if there is no BSP or need for BSP identified in the ISP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH

		YES	NO	N/A
M-6	Healthcare services are being delivered in accordance with the ISP.	<input type="checkbox"/>	<input type="checkbox"/>	
M-7	Provider <u>staff takes appropriate action to address emerging health problems</u> or an issue, including the completion of any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Note: Any item marked "NO", must be explained on an "ISC Reporting & Tracking Form".)

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needed assessments, consults, medical appointments, etc. (N/A, if there are no emerging healthcare issues at time of review)

OPPORTUNITIES FOR WORK

YES NO N/A

M-8	The person is working in accordance with his/her preferences as identified in the ISP. (N/A, if the person chooses not to work, or the person is a child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-9	If the <u>person does not have a job</u> , he/she is <u>supported in engaging in age appropriate activities</u> for socialization, recreation, and learning in accordance with preferences / outcomes identified in the ISP. (N/A, if the person has a job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-10	The <u>person has opportunities to perform volunteer community activities</u> in accordance with his/her preferences as identified in the ISP (N/A, if the person does not choose to volunteer in community activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES / COMMENTS:

Note: If desired, the space below may be used to enter notes or comments from the monthly ISP review activities. However, items marked "No" during the review, **MUST** be explained on the "ISC Issue Reporting & Tracking Form", which must be sent to the Provider & the DMRS Regional Office.

DATE	ENTRY
	(NOTES / COMMENTS FROM MONTHLY ISP STATUS REVIEW CONT'D.)

(Note: Any item marked "NO", must be explained on an "ISC Reporting & Tracking Form".)

Person's Name:

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Signature of ISC Conducting This Review: _____ Date: _____

(Note: Any item marked "NO", must be explained on an "ISC Reporting & Tracking Form".)

Monthly ISC Documentation Form: **ADDITIONAL ACTIVITY / CONTACT SHEET**

Person's Name:

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Note: This sheet is used to record other contacts or activities during the month, if any. Each dated entry should be signed or initialed.

DATE	CODE*	ACTIVITY / CONTACT SUMMARY	SIGN / INITIAL

(Note: Any item marked "NO", must be explained on an "ISC Reporting & Tracking Form".)