

Hints: Monthly Site Visit Form Questionnaire in Therap

1. Hint: Briefly summarize information gained from you preparatory activity that should be considered and/or addressed during this site visit. Preparation may include contact with providers as well as the review of GER, Medicaid portal, ANE reporting, status of IQR Findings/Recommendations, assessments/pans, MARS, health tracking, budget status, HRC approvals, and important annual deadlines (e.g., pre-ISP, ISP, LOC, ISD recertification, etc.). Daily contact notes should contain details of preparation.
2. Hint: Respond based on interview and observations as well as your awareness of what constitutes rights restrictions and HRC review requirements. Refer to DD Waiver Standards Chapter 2 and 3.
3. Hint: Respond based on observations and interviews with those present and awareness of "HCBS Consumer Rights and Freedoms".
4. Hint: Use this text box to provide details of positive observations as well as details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.
5. Hint: Respond based on observation, document review and interview with the person and other supports present.
6. Hint: Respond based on the site visit. Consider information such as significant documented refusals, interview with the person and DSP, observations of attempts to implement TSS and/or WDSI.
7. Hint: Supported employment activities are a planning priority for all working age adults. Respond based on information you gather at the site visit regarding the person's informed choice about employment. See DD Waiver Service Standards Ch. 4.5 regarding informed choice. If the person is working and does not like the job, be sure to capture this in question 5 above.
8. Hint: This response is the case manager's overall judgement based on the site visit.
9. Hint: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.
10. Hint: You do not need to be a technical expert in these areas. Base your response on an overall sense of safety and what you notice that causes concern. When in doubt, document and explore further.
11. Hint: Use this text box to provide positive observations and details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.
12. Hint: Respond based on observation of use. Consider functioning to mean that the equipment is accessible, is working, and DSP understand how to support the person with use of the equipment.
13. Hint: Use this text box to provide details supporting your responses in this section. Be sure to include necessary follow up actions, e.g. request for provider action, request for budget based AT, referral to MCO care coordinator for DME. If more space is needed, use overall notes section

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of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.

14. Hint: Check all that apply based on your observations. These observations should be made known to the agency nurse, HCC and/or person responsible for follow up.
15. Hint: Check all that apply based on interviews and review health tracking as applicable on site. Observations should be made known to the agency nurse, HCC, and/or person responsible for follow up. If no information is available at the site visit, monitoring should still be conducted and documented outside of this site visit throughout the month.
16. Hint: Be sure to come to the site visit with a knowledge of the plans and dates of plans that must be present, accessible, and current, as well as health tracking requirements for the individual based on any healthcare plans. A plan can only be checked if it is applicable, i.e. each person does not require each of the listed plans. If health tracking cannot be conducted at this site visit, the case manager must be sure to monitor health care related needs and follow up during other monthly activities.
17. Hint: Respond with a number or leave blank if unable to determine at this site visit. The number should include routine assessments; age and gender appropriate screenings/immunizations; lab work and medical tests as recommended by the PCP or other health care professionals. If unable to determine during this site visit, leave this blank and explain in the Health Summary question below, e.g., "Unable to determine appointments completed, visit conducted at a local restaurant".
18. Hint: Respond with a number or leave blank if above question blank. Determine the total number of recommended appointments for the individual through your review of the of the health tracker, physician consultation forms, the current ISP assessment checklist, and an interview of person, guardian and/or natural or paid supports at the site visit. Appointments can include routine assessments; age and gender appropriate screenings/immunizations; lab work and medical tests as recommended.
19. Hint: This list should prompt confirmation from agency nurse, HCC, or person responsible for scheduling and other follow up activity needed on or before the next site visit.
20. Hint: Respond based on general knowledge of aspiration risk, communication issues, mobility issues, sensory issues, or other related issues that may prompt consideration for a waiver based therapy.
21. Hint: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other", of missed appointments, and of necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.
22. Hint: Respond based on whether DSP are aware of plans and can demonstrate knowledge of how to implement the plan by describing their role and key components of the plan as applicable. The BSC trains and monitors exact implementation of behavior plans, so your response is a general observation, not a check for competency of the DSP.
23. Hint: Be sure to come to the site visit with a knowledge of the plans and dates of plans that must be present or accessible. Note, presence of ISP - action steps, TSS, and WDSIs are captured elsewhere.

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24. Hint: Respond based on knowledge of the person's routine behaviors, whether a medical assessment has been made for non-routine behaviors and whether DSP appear to adequately support the person to prevent to any behaviors of concern.
25. Hint: Use this text box to provide details of positive observations and detail supporting your responses in this section. Be sure to include explanation of necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.
26. Hint: Respond based on observations and interviews of DSP and the person. Look for signs that DSP are engaged in person centered practices and communication that allows the person to learn, gain independence, make choices, and self-direct.
27. Hint: Respond based on observation, interview, and document review. Consider whether there is sufficient support from DSP to implement the ISP and other applicable plans for the person. Consider staffing ratio as applicable to the person e.g., meal times, work on desired outcomes, personal care, transfers and transportation, and transition periods. Note that AT and PST may be present to provide support that reduces staff time.
28. Hint: Respond yes only if the person receives CCS AND either (1) the person can describe community activities completed during CCS in non-disability specific settings and/or (2) the agency has documentation of community activities in non-disability specific settings.
29. Hint: Use this text box to provide details of positive observations as well as detail supporting your responses in this section. Be sure to include explanation of necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.
30. Hint: Answer yes if documents are physically present or DSP can describe or demonstrate how to access them electronically. If some documents are missing answer "partial" and explain in ISP Summary below.
31. Hint: Respond based on DSP being able to describe essential elements of the ISP for the person such as Vision, Desired Outcomes, Health and Safety concerns and Meaningful Day description. If no DSP are present, check "Unable to determine".
32. Hint: Respond based on DSP awareness of and ability to describe his/her role in implementing the ISP-TSS and WDSI's. Also, use information gathered from documentation and interview of DSP as applicable. If no DSP are present, indicate unable to determine.
33. Hint: Answer based on document review and interview of person, family and/or guardian as applicable to the setting of the visit. If a document review cannot be conducted at this site visit, the case manager must be sure to review documents demonstrating frequency during other monitoring activities. The service provider is responsible for documenting during service delivery and demonstrating progress in daily notes and the semi-annual report.
34. Hint: Respond "Yes" based on this site visit and based on responses to previous four questions (#30-33), i.e., Respond "yes", if all "yes" responses to #30-33; "no", if all "no" responses to #30-33; "partial" if at least one "partial" or "yes" response to #30-33; and otherwise respond "unable to determine".
35. Hint: Consider changes detailed in DD Waiver Services Standards Chapter 6.5.2 ISP revisions and responses gathered during the Individual Satisfaction section of this Questionnaire.

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36. Hint: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If more space is needed, use overall notes section of this case note (located outside of this Questionnaire popup). If no further explanation is needed, please indicate "NA" for not applicable.
37. Hint: Respond based on your observations, document review and interviews during the site visit. When in doubt, document, and report.
38. Hint: Respond based on checking with DSP present and their awareness of their agency policy and DHI hotline.
39. Hint: "Yes" or "No" answers are only applicable if an IASP is in place. Otherwise, mark "NA".
40. Hint: The case manager is not responsible for late letters from DHI but should reach out to DHI-IMB if aware of an investigation and no letter has been received according to established timelines.
41. Hint: The case manager is not responsible for late DHI letters but should reach out to DHI-IMB if aware of an investigation and no letter received according to established timelines.
42. Hint: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire popup. If no further explanation is needed, please indicate "NA" for not applicable.
43. Hint: This list should flag for you the essential items needing follow up before or during the next site visit. Detail of your follow up activity should be further documented in monthly contact notes when that follow up is complete.
44. Hint: Use this text box to provide details supporting your responses in this section. Be sure to include explanation of all responses marked "Other" and necessary follow up actions. If more space is needed, use overall notes section of the case note located outside of this Questionnaire. If no further explanation is needed, please indicate "NA" for not applicable.
45. Hint: This may be left blank. However, if your agency samples site visit forms for Quality Assurance (QA), consider using this question to document the QA. Consider including date of review of this form, name of person completing the QA as well as any suggestions being made.