

## Support Coordinator (SC) Documentation Submission Checklist

### Documentation Submission Checklist

This checklist identifies the documents **recommended** for submission to ensure a successful Person-Centered Review (PCR) desk review but is not an exhaustive list. Depending on the setting, some documentation may not be applicable. There may be documents that encompass more than one element; multiple copies of the same document do not need to be submitted. Quality Service Review (QSR) reviewers may request additional information from CSBs/providers, as needed.

Each row below lists a document, policy, or procedure reviewers are evaluating as part of the QSR review. Description of the document, policy, or procedure is in *italics*. Providers may use the file naming guide offered below but are not required to do so.

#### *File Naming Guide:*

- Files names cannot contain any of the following special characters: ~ " , # % & \* : < > ? / \ { } |
- Files without PHI should be the name of the policy/procedure/document with date if applicable, i.e., *QIPlan\_2021.doc*, *RMPlan\_2021.doc*, *RMDocumentation\_MeetingMinutes.doc*
- Files for employees/staff should be name of staff with suffix of type of document, i.e., *KateORourke\_backgroundcheck.doc*, *StaffName\_ISPtraining.doc*
- Files for individuals in PCR sample should use initials **only** with suffix of type of document, i.e., *KO\_PartV.doc.*, *KO\_FallProtocol.doc*
- Files for individuals in the PCR sample that are large or contain many pages of scanned records (i.e., MAR or progress notes) should be separated by month if possible, and file named with date suffix, i.e., *KO\_MARJuly2021.doc*

For each document/policy/procedure requested, please upload one copy, and note the name of the file in the second column. Reviewers will use this column to locate the document/policy/procedure for that element. Please also note the date of file upload, and the contact person if reviewer requires assistance locating or opening a document.

**SC Documentation: Copies of documentation must be provided for the period of July1, 2021-April 30, 2022 unless otherwise specified in the checklist or by the QSR reviewer.**

*Documentation must be provided for **each individual** identified in the CSB's sample. CSBs are not required to list file names for all PCR individuals in the checklist below if using naming guidelines; the file name template used can be noted in Name of File column.*

*The following information must be submitted **only** if it has not been submitted or entered in WaMS. If a requested document is in WaMS, notation of such may be included in the column Name of File/Location. CSBs must provide documentation for their provider sample as well as the individuals in the QSR project for whom the CSB provided support coordination during lookback period.*

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Document Requested	Name of File/Location	Date	Responsible Party (Designated to upload documents/reports)
Copy of assessments used to inform most recent ISP development. <i>Only assessments that were used in ISP development/planning that are NOT present in WaMS should be uploaded. This may include but is not limited to: SIS, RAT, CRAT, VIDES, or FBA (Functional Behavioral Assessment).</i>			
Copy of assessments completed AFTER ISP start date that may have been used to inform changes to the ISP. <i>This may include but is not limited to SIS, CRAT, VIDES, FBA, OSVT, Communication Assessment, Technology Assessment, PT/OT, or ST assessments, or ECM/TCM criteria evaluation.</i>			
Evidence of service provision by case manager/support coordinator who developed the individual's most recent ISP. <i>This should include progress notes for contact with individual during the lookback period. Notes related to the individual are not required to be separate from notes related to coordination of care.</i>			
Evidence of coordination of care as appropriate during the lookback period. <i>This should include progress notes for contact with collaterals or service providers, notes about the coordination of referrals, or activities related to the individual that are relevant to coordination of care not otherwise documented in individual's progress notes. Notes related to coordination of care are not required to be separate from notes</i>			

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<i>related to the individual and may be subsumed in document requested above.</i>			
Copy of SC quarterly reports for the lookback period. <i>Quarterly reports due from 7/1/21-4/30/22.</i>			
Copy of most recent signed Virginia Informed Choice form (DMAS-460).			
Evidence of support planning team meetings. <i>CSBs should upload documentation of team meetings or other planning events not otherwise included in progress notes. Please note the meetings might be outside of the lookback period.</i>			
Copy of the ISP planning meeting signature page. <i>This document should have a signature and date for all relevant parties—individual, representative if applicable, case manager, service providers.</i>			
Copy of Risk Awareness Tool (RAT). <i>This assessment does not need to be uploaded more than once. If RAT is uploaded to WaMS, providers may note that in Name of File column.</i>			
Copy of On-site Visit Tool (OSVT). <i>This assessment does not need to be uploaded more than once. If OSVTs are uploaded to WaMS, providers may note that in Name of File column.</i>			
Copy of Crisis Risk Assessment Tool (CRAT). <i>This assessment does not need to be uploaded more than once. If CRATs for lookback are uploaded to WaMS, providers may note that in Name of File column.</i>			
Copy of most recent Support Integrity Scale (SIS) completed. <i>This assessment <b>does not</b> need to be uploaded more than once.</i>			

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<i>If most recent SIS is uploaded to WaMS or has been uploaded as one of the assessments used to develop the ISP, CSBs may indicate that in Name of File/Location column.</i>			
<i>Evidence of Dental Exam or documentation of follow up to access dental care. Appropriate follow up to dental care must include evidence in the progress note indicating status of referral to dental care, or plan to address barriers preventing obtaining dental care.</i>			
<i>Evidence of Physical Exam or documentation of follow up to access one. Appropriate follow up to physical exam must include evidence, in the progress note, indicating the status of referral to physical exam, or plan to address barriers preventing obtaining a physical exam.</i>			
Copy of Medication list, if applicable.			
Copy of Medication side effects documentation, if applicable.			