**Best Practice Checklist**

**SAMPLE ONLY**

Assignment of Duties and Responsibilities for Serving Clients in Supported Living

June 2017

Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Coordinator/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supported Living Coach/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Support Provider/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Support Team Member/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Support Team Member/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Support Team Member/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Coordinators are responsible for helping the client identify services and supports necessary to ensure health and safety as well as coordinating supports and services identified by the client and the support team. This tool can be used to help ensure that the details of supports and services are carefully considered and that each support team member acknowledges and accepts responsibility in ensuring the client’s health and safety needs are met.

Meetings to review these duties and responsibilities should be held prior to the client moving into SL and at least annually, but as often as quarterly, thereafter. All support team members should initial/date acknowledgement of assigned duties and be furnished a copy of the completed form.

When completing the assignments the support coordinator will indicate with a “1” the person with primary responsibility and indicate with a “2” the person who has back-up responsibility for each task.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PLANNING and ARRANGING MOVE TO SUPPORTED LIVING | SC | SLC | PS | OTHER -SPECIFY |
| Identify supports/services needed to live in supported living. |  |  |  |  |
| Identify natural and community supports. |  |  |  |  |
| Assist consumer to apply for food stamps, housing subsidies, etc. |  |  |  |  |
| Assist consumer to choose paid providers. |  |  |  |  |
| Ensure funding is in place for paid services. |  |  |  |  |
| Complete Functional Assessment. |  |  |  |  |
| Assist consumer to locate safe, affordable housing |  |  |  |  |
| Complete Housing Survey. |  |  |  |  |
| Review Housing Survey prior to move. |  |  |  |  |
| Assist consumer to sign lease agreement. |  |  |  |  |
| Maintain copy of lease agreement. |  |  |  |  |
| Arrange for PS, EAA, DME, CMS, nursing, behavioral services, meaningful day activity etc. to be in place the day of the move. |  |  |  |  |
| Ensure electric, gas, water, phone deposits are paid and services connected prior to move date. |  |  |  |  |
| Assist consumer to select/obtain furnishings, household items and food. |  |  |  |  |
| Assist consumer to open bank account. |  |  |  |  |
| Assist consumer to secure ID card. |  |  |  |  |
| Assist client to report change of address to SSA, ACCESS, post office, etc. |  |  |  |  |
| Arrange medical providers if move to new community. |  |  |  |  |
| Obtain copies of medical records if move to new community. |  |  |  |  |
| Ensure supply of meds and new prescription if move to new community |  |  |  |  |
| Make arrangements for actual move. |  |  |  |  |
| Assist consumer to pack belongings. |  |  |  |  |
| Move belongings. |  |  |  |  |
| Assist client to unpack/arrange belongings and furnishings. |  |  |  |  |
| Ensure all belongings are made readily accessible to consumer. |  |  |  |  |
| Program phone, provide emergency numbers, train consumer how to access in case of emergency |  |  |  |  |
| Test and train in use of smoke detectors/fire extinguishers. |  |  |  |  |
| Obtain/maintain extra keys. |  |  |  |  |
| Show client around new neighborhood. |  |  |  |  |
| Assist client to meet new neighbors. |  |  |  |  |
| Review community safety precautions. |  |  |  |  |
| Update data base with change of address/program component. |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
|  | | | | |
| DISASTER PREPAREDNESS | SC | SLC | PS | OTHER -SPECIFY |
| Complete Disaster Plan for Persons in Supported Living. |  |  |  |  |
| Provide copies of Disaster Plan to consumer, support team members, APD. |  |  |  |  |
| Register for Special Needs Shelter, if appropriate. |  |  |  |  |
| Complete Emergency Communicator and ensure it is kept current. |  |  |  |  |
| Ensure that specified shelter in place supplies are kept stocked in the home. |  |  |  |  |
| Build specified disaster drive-away kit and ensure it is kept stocked. |  |  |  |  |
| Ensure Emergency Communicator is stored in disaster drive-away kit. |  |  |  |  |
| Provide training in these specific areas of disaster preparedness: |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Other: |  |  |  |  |
|  | | | | |
| FINANCIAL | SC | SLC | PS | OTHER -SPECIFY |
| Assist client to ensure all applicable public benefits are in place. |  |  |  |  |
| Identify rep payee if applicable. |  |  |  |  |
| Serve as fiscal agent if applicable. |  |  |  |  |
| Assist client to open/review and sort mail and bills. |  |  |  |  |
| Assist client to budget money for payment of bills. |  |  |  |  |
| Assist client with banking. |  |  |  |  |
| Assist client to pay bills. |  |  |  |  |
| Assist client to write checks. |  |  |  |  |
| Assist client to write entries in check register. |  |  |  |  |
| Assist client to reconcile checkbook with monthly bank statement. |  |  |  |  |
| Assist client to obtain spending money. |  |  |  |  |
| Assist client to keep track of how spending money is used. |  |  |  |  |
| Review bills for late payments and/or added charges/fees |  |  |  |  |
| Review mail for unexpected bills. |  |  |  |  |
| Assist client to review checkbook and bank statements for unusual purchases/charges. |  |  |  |  |
| Maintain required receipts for SLS. |  |  |  |  |
| Submit required receipts with SLS invoice. |  |  |  |  |
| Assist client to obtain credit report at least once per year. |  |  |  |  |
| Assist client to save copies of pay stubs for all earned income |  |  |  |  |
| Assist client to report all earned income to SSA. |  |  |  |  |
| Assist client to file tax return. |  |  |  |  |
| Provide training to client in these specific financial-related areas: |  |  |  |  |
| Specify - |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
|  | | | | |
| HEALTH | SC | SLC | PS | OTHER -SPECIFY |
| Serve as health care coordinator if applicable. |  |  |  |  |
| Assist client to fill prescriptions and obtain refills. |  |  |  |  |
| Determine client’s need for assistance with med administration. |  |  |  |  |
| Obtain annual Authorization of Med Administration from client’s physician. |  |  |  |  |
| Identify trained and validated medication administration assistance providers as appropriate. |  |  |  |  |
| Obtain “Informed Consent for Medication Administration” as appropriate. |  |  |  |  |
| Obtain from physician specific instructions for OTC and prescribed PRN meds. |  |  |  |  |
| Set up monthly MAR . |  |  |  |  |
| Maintain copies of all prescription orders. |  |  |  |  |
| Update MAR as med changes occur. |  |  |  |  |
| Correctly complete MAR as meds are administered. |  |  |  |  |
| Review MAR for accuracy and correct/timely administration. |  |  |  |  |
| Count controlled medications at \_\_\_\_\_\_\_\_\_\_\_\_intervals |  |  |  |  |
| Ensure meds are correctly stored. |  |  |  |  |
| Dispose of expired and/or discontinued meds in accordance with approved protocols |  |  |  |  |
| Complete and submit Medication Error Reports. |  |  |  |  |
| Track and report to person responsible for refills at least 5 days prior to running out. |  |  |  |  |
| Track and report to SC whenever there is less than a two day supply of meds on site. |  |  |  |  |
| Set up and maintain system to ensure all prescriptions are timely filled. |  |  |  |  |
| Ensure meds are properly prepared/labelled/transported for dispensing by meaningful day activity provider. |  |  |  |  |
| Assist client to schedule all medical, lab and dental appointments |  |  |  |  |
| Assist client to arrange transportation to medical, lab, therapy and dental appointments. |  |  |  |  |
| Assist client to communicate with health care providers at routine medical, lab, therapy and dental appointments. |  |  |  |  |
| Assist client to communicate with health care providers at non-routine/specialist appointments. |  |  |  |  |
| Obtain reports from all medical/lab/hospital/therapy services. |  |  |  |  |
| Obtain from physician specific instructions regarding recommendations and restrictions for diet and exercise. |  |  |  |  |
| Provide follow-up to ensure client understands and follows physician orders. |  |  |  |  |
| Report results of all medical, lab, dental appointments to SC. |  |  |  |  |
| Provide to SC physician recommendations/restrictions related to diet and exercise |  |  |  |  |
| Ensure results and recommendations from all medical, lab, dental services are effectively communicated with support team members as appropriate. |  |  |  |  |
| Maintain accurate and current record of all medical services – medical, lab, dental, therapy, emergency, hospital, etc. |  |  |  |  |
| Update SP, Implementation plan to reflect changing health care needs |  |  |  |  |
| Ensure support team members are informed and kept current regarding health care needs. |  |  |  |  |
| Arrange for training for responsible staff with regard to carrying out orders and recommendations from physicians, therapists, etc. |  |  |  |  |
| Update Emergency Communicator with current medical information (see Disaster Planning) |  |  |  |  |
| Maintain in the home a current accurate list of all medical, dental and pharmacy providers with contact information |  |  |  |  |
| Identify how the consumer communicates health issues, including subtle signs. |  |  |  |  |
| Observe daily for signs/symptoms of ill health, pain, discomfort, unusual behavior, etc. |  |  |  |  |
| Report to health care coordinator whenever there are signs/symptoms of ill health, pain, discomfort, unusual behavior (note: this does not negate the responsibility for all providers to immediately calling 911 in the event of emergency/acute need). |  |  |  |  |
| Contact Region to request medical case manager consult as appropriate. |  |  |  |  |
| Contact Region to request participation in consumer staffing as appropriate. |  |  |  |  |
| Provide training to consumer in these specific health-related areas: |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
|  | | | | |
| PERSONAL CARE NEEDS | SC | SLC | PS | OTHER -SPECIFY |
| Provide assistance with eating, toileting, hygiene, oral hygiene and bathing as needed. |  |  |  |  |
| Provide assistance with grooming including hair styling, nail care, shaving and make-up as needed. |  |  |  |  |
| Provide assistance with transfers, positioning and ambulation as needed. |  |  |  |  |
| Provide assistance with clothing selection and dressing as needed. |  |  |  |  |
| Assist consumer to engage in physician-recommended exercise routine. |  |  |  |  |
| Assist consumer to follow physician recommended diet. |  |  |  |  |
| Carry out orders from physicians and therapists with regards to positioning, range of motion, exercise, etc. |  |  |  |  |
| Assist consumer to schedule and access barber, beauty salon as needed |  |  |  |  |
| Assist client to utilize durable medical equipment, adaptive equipment and personal technology needed for ambulation, positioning, communication, environmental control, etc. |  |  |  |  |
| Assist client to maintain and clean durable medical equipment, adaptive equipment and personal technology needed for ambulation, positioning, communication, environmental control, etc. |  |  |  |  |
| Provide training to consumer in these specific personal care areas: |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Specify - |  |  |  |  |
| Specify- |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
|  | | | | |
| HOUSEHOLD CARE and MAINTENANCE | SC | SLC | PS | OTHER -SPECIFY |
| Assist with meal planning. |  |  |  |  |
| Assist with meal preparation. |  |  |  |  |
| Assist with cleaning and maintaining all areas of the home including walls, floors, appliances, counters, storage areas, bathroom fixtures, furnishings, etc. |  |  |  |  |
| Assist the client to keep the living areas safe and free from clutter and safety hazards. |  |  |  |  |
| Ensure that outdated and/or spoiled food is discarded from refrigerator, freezer and kitchen cabinets. |  |  |  |  |
| Ensure that garbage is placed in outside receptacles daily. |  |  |  |  |
| Ensure that that discarded/unusable household items are properly disposed of. |  |  |  |  |
| Assist with laundry, clothing care, clothing maintenance and clothing storage |  |  |  |  |
| Assist with changing light bulbs, water filters, A/C filters, etc. |  |  |  |  |
| Arrange for routine pest control. |  |  |  |  |
| Arrange for lawn care as appropriate. |  |  |  |  |
| Identify and report needed home repairs. |  |  |  |  |
| Contact landlord regarding home repair and maintenance needs. |  |  |  |  |
| Provide training to consumer in these specific areas of household care and maintenance: |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
|  | | | | |
| SHOPPING | SC | SLC | PS | OTHER -SPECIFY |
| Assist client to prepare grocery list, including foods to meet special dietary needs. |  |  |  |  |
|  | SC | SLC | PS | OTHER -SPECIFY |
| Assist client to shop for groceries. |  |  |  |  |
| Assist client to put away/properly store food items. |  |  |  |  |
| Assist client to prepare list of needed personal items. |  |  |  |  |
| Assist client to shop for personal items. |  |  |  |  |
| Assist client to put away/store personal items. |  |  |  |  |
| Assist client to prepare list of needed household items. |  |  |  |  |
| Assist client to shop for household items. |  |  |  |  |
| Assist client to put away/store household items. |  |  |  |  |
| Assist client to plan for clothing, non-routine and major purchases. |  |  |  |  |
| Assist client to shop for clothing, non-routine and major purchases. |  |  |  |  |
| Provide training to client in these specific areas related to shopping: |  |  |  |  |
| Specify- |  |  |  |  |
| Specify- |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
|  | | | | |
| MISCELLANEOUS | SC | SLC | PS | OTHER -SPECIFY |
| Assist client to participate in recreational opportunities in the home. |  |  |  |  |
| Assist client to access recreational opportunities in the community. |  |  |  |  |
| Assist client to maintain contact with family. |  |  |  |  |
| Assist client to access church services and activities. |  |  |  |  |
| Assist client to access social functions/opportunities based on interests/preferences. |  |  |  |  |
| Arrange training re: behavior services plan as applicable. |  |  |  |  |
| Implement behavior service plan. |  |  |  |  |
| Collect and report data related to behavior services plan. |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |

I have reviewed and understand my responsibilities/assignments. I have received a copy of the completed/updated document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Support Coordinator Dates/Updates

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Supported Living Coach Dates/Updates

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Personal Support Staff Dates/Updates

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Personal Support Staff Dates/Updates

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Other (specify role) Date/Updates