Monitoring Services/Addressing Health and Safety Needs

Supplemental Resources

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This document contains the forms, tables, lists, and websites that were either displayed or referenced in the Monitoring Services/Addressing Health and Safety Needs training. This document also contains additional resources to help new WSCs gain the necessary skills to effectively coordinate supports and services for individuals on their caseload.

Monitoring Provider Documentation for Waiver Services

Monitoring services involves engaging in specific activities each month to ensure that the individual is receiving quality supports and services based on the individual's identified goals and choices. The WSC also ensures that services are provided in a safe manner and in full consideration of the individual's rights.

While monitoring services, WSCs should consider the following questions:

- Are providers addressing support plan goals?
- Are client needs being met?
- Are providers serving clients in a person-centered way?
- Is the client and/or their family satisfied with their services?
- Is the client's health and safety being maintained?

A key to effective monitoring of client services is reviewing the required documentation by other waiver and non-waiver providers serving clients. Some documentation is consistent for all waiver clients, such as implementation plans, provider annual reports, and service logs. Depending on the individual's unique medical, functional, or behavioral needs, there may be other documentation to review as well.

Provider documentation can be either an electronic or written record confirming that a service has been rendered. The provider must record and file the service documentation at the time services are provided and prior to submitting for billing. All documentation must be dated and identify the person rendering the service.

iBudget Waiver Provider Documentation Requirements:

It is important to become familiar with the *iBudget Documentation Requirements* located in the iBudget Handbook. This is a quick reference that lists out the specific documents for each waiver service and how often they are to be submitted.

The information can be found in the iBudget Handbook at:

https://apd.myflorida.com/ibudget/docs/iBudget%20Waiver%20Handbook%20June%202018.pdf

Medical Documentation and Medication Errors

WSCs should know how to review medical records and documentation and should discuss the health status of the client during visits. The WSC must follow up on any ongoing issues.

Follow the steps below when reviewing medical documentation:

1) Review the Medication Administration Record (MAR) and update the list of medications in the support plan, if needed, noting any changes in medications, dosages, administration times, etc. Note if the individual has taken their medication regularly or has missed any dosages.

2) During the review of the MAR, note any errors in medication administration. If there have been any errors, ensure that Medication Error Reports have been sent to the Regional Office.

3) Check for documentation of occurrences of any medical emergency. This may include prolonged seizure activity, emergency room visits, unexpected hospitalizations, or other health and safety issues. If the individual has a seizure disorder, identify if there has been an increase or decrease in frequency, duration, or intensity of seizure activity.

4) Make sure that orders from the healthcare providers are being followed in a timely manner. Any issues with implementing the orders from the healthcare provider need to be addressed. This may include contacting the healthcare provider or the APD Regional Nurse for assistance.

5) If the individual is medically involved, review medical documentation and ensure that the health care plans and backup plans for continuity of care are current and available to caregivers and providers. Some examples of individuals who are medically involved may include an individual who:
    - is ventilator dependent
    - has a tracheostomy
    - has a G/J tube
    - has a colostomy, ileostomy, or urostomy
    - is insulin dependent with sliding scale
    - has uncontrolled seizures requiring constant medication monitoring and changes in medications/dosages and lab levels
    - requires oxygen, nebulizer treatments, and suctioning

    This is not an all-inclusive list.

6) Verify that caregivers have been trained on how to meet the client's individual needs.

7) If there is an immediate health and safety concern, contact the Regional Office upon becoming aware of the issue. Depending on the circumstances, this may also require a call to the abuse hotline.

8) If the individual is prescribed medications that may cause movement disorders, the WSC should follow up to facilitate regular movement screenings by a nurse, psychiatrist, or medical doctor (in compliance with the frequency determined by the prescribing practitioner). Documentation of completion must be in both the medical file at the residential setting and the client's central record with the WSC. Examples of medications that may cause movement disorders might include:

    Antiemetics, such as Metoclopramide (Reglan)
    Antiepileptics, such as Valproate/valproic acid (Depakote)
    Antidepressant, such as Fluoxetine (Prozac), Sertraline (Zoloft),
    Psychotropics, such as Olanzapine (Zyprexa), Risperidone (Risperdal), Haloperidol (Haldol), Lithium, and Prolixin

Medication Errors

WSCs need to know which medications a client takes and how the medication is administered. Some individuals take their own medication and others live with family members who administer their medications. However, if a service provider is responsible for administering or supervising the administration of medication during service delivery, there are certain rules that must be followed. A Medication Administration Record (MAR) is used to document when medications are administered. The MAR is a valuable source of information for the WSC. All medications that the client receives should be on the MAR. The MAR reflects when the client misses medications, refuses medications, and takes as-needed medications.

Checking for errors in the administration of medication is one way a WSC monitors the health and safety of clients. Medication errors include issues like the client getting the wrong medication, getting the wrong dose of a medication, getting medication at the wrong time or in the wrong way, not receiving medications as prescribed, refusing medications, or other errors. Errors can also include instances of staff members administering medications that they are not qualified to administer or not documenting medications given to clients.

Medication Errors

WSCs can become familiar with the types of medication errors by viewing the Medicaid Error Report at the link below.

https://www.apd.myflorida.com/providers/medication-administration/

WSC Contacts Help Guide

Visiting with the individual in their home or where the individual participates in the community helps to build relationships with the individual and with others who know the individual. This is integral to becoming an advocate for the client. Face-to-face contact is essential for understanding the status of the individual's physical and emotional health. Monthly contacts allow the WSC to observe the individual and to witness interactions with providers, peers, family, or friends. This input could provide valuable information about health and safety concerns or reported dissatisfaction that individuals identify with their services.

Additionally, WSCs can use the face-to-face visit to educate clients on a variety of topics, such as self advocacy, safety, and social inclusion.

APD developed the *Waiver Support Coordinator (WSC) Contacts Help Guide* to assist WSCs with face-to-face visits. This tool is included in the following pages.

While the *WSC Contacts Help Guide* is not a required form, WSCs are encouraged to use the content and structure as a guide for visits. On this form is a set of questions that are answered either directly by the individual and the legal representative or through the WSC's observation.

The sets of questions are divided by topic, such as person-centered services, health, safety, and welfare, and logistics. For each item, the WSC answers in a way that requires a response, the form has a space to record appropriate follow-up actions. The WSC can then use this form to keep track of what was observed at each visit and what must be done to follow up on any concerns.

Please note: This help guide does not replace case note entries. The WSC should use this form to keep track of the information that should be included within the case notes.

Waiver Support Coordinator (WSC) Contacts Help Guide

WSCs can use the checklist below as a guide to monitoring person-centered service delivery, health and safety, and the overall status of the individual during monthly face-to-face contacts.

- This is **NOT** a required form.
- **This checklist does not replace required case notes and documentation of billable contacts as required by the iBudget Waiver Handbook.**
- Please notify the APD Regional Office if there are immediate health and safety concerns or other issues that remain unresolved after a reasonable timeframe. **If in doubt, contact your APD Regional Office.**

Person-Cantered Services	**Y/N**	**If no, identify action steps.**
Is the individual satisfied with where they live and/or the activities that they do?		
Does the individual have choices in their daily activities?		
Are the services the individual is receiving providing the support needed for the individual to meet their personally identified goals?		
Is the individual satisfied with the services they are receiving and the providers who are rendering the services?		
Are waiver services being provided in accordance with the person-cantered support plan and approved cost plan?		
Are the services age appropriate?		
Heath, Safety, and Welfare	**Y/N**	**If no, identify action steps.**
Does the individual have adequate housing, clothing, and food?		
Is the individual clean and well groomed?		
Are medical needs being met?		

Is the individual's residence free from environmental or other health and safety hazards?		
Heath, Safety, and Welfare	**Y/N**	**If no, identify action steps**
Is the individual's health stable? Has the individual experienced a change in their health? Examples might include, but are not limited to: 1. Increased/onset of seizures 2. Change in eating or sleeping patterns 3. Change in mood 4. Increase in functional or physical needs 5. Onset of or increase in maladaptive behaviors 6. Significant weight loss or gain 7. Issues with skin integrity or wounds 8. Pain 9. Dental concerns 10. New medical diagnoses or issues 11. Medication changes		
Is all follow-up currently complete related to doctor visits or health check-ups?		
Are critical services provided for the individual without interruption?		
Does the individual have the durable medical equipment and environmental adaptations that they need?		
Does the individual have the consumable medical supplies that they need? Are consumable medical supplies stockpiling, which may require them to either be permanently or temporarily reduced?		
Are individual's caregivers/providers adequately trained to assist them?		
Is the individual free from signs of potential abuse, neglect, or exploitation?		

Is the individual free from signs of injury, physical harm, or emotional stress?		

Heath, Safety, and Welfare	Y/N	If no, identify action steps
If the individual lives in a licensed residential facility or attends an Adult Day Training Canter, are staffing levels adequate to meet the individual's needs?		
In conjunction with the visit, were medical records reviewed?		
When relevant to residential placement in a licensed facility or supported living, were financial records reviewed?		
Logistics	**Y/N**	**If no, identify action steps**
Is demographic information still correct in the APD data systems?		
Is maintaining Medicaid or Social Security eligibility a concern?		
Have all new/changed medications that the individual is taking been added to their medication list?		

Other Observations/Follow Up:

Abuse, Neglect, or Exploitation

Nationwide, individuals with developmental disabilities have a high incidence rate for abuse, neglect, or exploitation. Since individuals with developmental disabilities maybe non-verbal and/or have significant physical impairments, this population is particularly vulnerable to these types of crimes.

WSCs play an important role in the reporting and following up on suspected cases of abuse, neglect, or exploitation. **Reporting is mandatory!** If a WSC knows or has reasonable cause to suspect that a person with a developmental disability is being abused, neglected, or exploited by a relative, caregiver, or household member or, in the case of self-neglect, by themselves, they are required to report such knowledge or suspicion to the Florida Abuse Hotline at **1-800-96-ABUSE** (or **1-800-962-2873**).

Why are people with developmental disabilities abused or neglected so often?

There are several likely attributes of individuals with developmental disabilities that make them particularly vulnerable or susceptible to abuse, neglect, and exploitation. For example, these individuals:

- May be physically unable to defend themselves or subsequently report abuse, neglect, or exploitation
- May not be considered credible when reporting their victimization
- Are not typically considered good witnesses during criminal trials (which may result in a reluctance by state attorneys to aggressively prosecute such cases)
- May not be able to differentiate between appropriate and inappropriate touching
- Are often taught to be compliant and passive
- May be more easily threatened or coerced by the withholding of needed care or equipment
- May be socially isolated
- May rely upon others for assistance with the most intimate of personal hygiene activities
- May be hesitant to leave abusive situations due to limited availability of accessible transportation and abuse shelters
- May have limited incomes and therefore believe they lack the financial means by which to leave abusive relationships
- May be unaware of maltreatment occurring

Research indicates that individuals with disabilities often share certain characteristics that place them at risk of abuse, neglect, or exploitation. These risk factors include:

- Dependence on others for long-term care
- Lack of economic independence
- Receiving services in segregated settings (which often cluster people with challenging behaviors such as physical and sexual aggression alongside people with more severe

disabilities who function less independently, thereby posing a potential risk factor for abuse)
- Lack of participation in abuse awareness and personal safety programs
- Less education about sexuality and healthy intimate relationships
- Social isolation
- Overprotection
- Communication challenges
- Physical barriers to accessing supports and services (such as lack of transportation or inaccessible domestic violence/sexual assault shelters)[1]

Some people with disabilities (and/or their loved ones) believe that they only need to be wary around strangers to keep themselves safe. However, research shows that most individuals who abuse, neglect, or exploit persons with disabilities are known by the victim are most often family members or care providers. (Abramson, 2005; Carlson, 1998; Hassounen-Phillips & Curry, 2002; Milberger et al., 2003; Oktay and Tompkins, 2004; Powers et al., 2002; Young et al., 1997).

The most common location for abuse, neglect, or exploitation to occur is in the person's home (whether that be their own home/apartment or a licensed residential facility). Research data also indicates that increased risk factors (for abuse, neglect, and exploitation) are present within any settings in which large numbers of people with disabilities are gathered.

"*The degree to which people with disabilities are isolated and have few opportunities to mix with other people outside their own home contribute the vulnerability (Cambridge, 1999; McCarthy & Thompson, 1996). Abuse also takes place in health care, rehabilitation, educational, vocational, and other settings where people receive services (Gilson, Cramer & DePoy, 2001; Sobsey, 1994)."*[2]

Despite years of research and the shocking prevalence statistics yielded by this research, there is a marked lack of awareness (among both the general public and even some professionals in disability-related fields) of the national epidemic of abuse, neglect and exploitation. In fact, many people simply refuse to believe that anyone would even consider abusing, neglecting, or exploiting a person with a developmental disability. This limited awareness presents a number of challenges for those individuals and agencies who are committed to preventing maltreatment of these individuals and securing appropriate services in the aftermath.

The viewpoint lessens the likelihood that someone who encounters the signs and symptoms of abuse, neglect, or exploitation will subsequently report such information to the Florida Abuse Hotline or the police. Failure to report suspicions of abuse, neglect, or exploitation allows such acts to continue or even increase in intensity and frequency.

[1] Fitzsimmons. Combating Violence and Abuse, 29.

[2] Fitzsimmons. Combating Violence and Abuse, 40.

Secondly, when case workers, law enforcement officers, counselors, and advocates in the fields of both sexual/domestic violence and developmental disabilities are either poorly informed about the problem or have little experience working with individuals with developmental disabilities, the provision of timely and appropriate post-incident services is unlikely to occur. Law enforcement officers are often the first responders in the aftermath of crimes committed against persons with developmental disabilities. The adequacy of their training on the needs and characteristics of this population affects their ability to facilitate successful investigations and prosecutions. Staff of sexual/domestic violence agencies need specialized materials and information to render services to individuals with developmental disabilities who have been abused. Those working in disability-related fields also need information and training to effectively deal with individuals with developmental disabilities who have been victimized.

Finally, lack of acknowledgment of the pervasiveness of this societal problem offers little incentive for families, teachers, service providers, advocates, and others to provide information and training to persons with developmental disabilities on self-protection/risk-reduction skills. Extensive research in this area reveals a clear correlation between the provision of such consumer education and decreased vulnerability to abuse, neglect, and exploitation. However, many people are reluctant to initiate such sensitive and potentially awkward conversations with persons with developmental disabilities if they do not believe there is a compelling need to do so. As a result, many people with disabilities live most of their lives without ever receiving information and education about abuse, neglect, and exploitation and, in turn, don't develop personal safety strategies. Instead, they are often taught to be compliant, obedient, and passive to of others and don't understand that they are allowed to establish boundaries or that they have a right to say "no" to painful, inappropriate, illegal, or unwanted interactions with others.

Once abuse, neglect, or exploitation occurs, a person with a developmental disability must navigate a complicated system that is not always equipped to handle their special needs.

- First, an individual must either be trained to recognize and/or report such maltreatment themselves or rely upon a caregiver to recognize the physical or behavioral signs and make a report.
- Next, DCF adult and child protection staff must be trained to effectively investigate allegations involving victims who may have communication difficulties or cognitive impairments.
- Law enforcement officials who respond must be familiar with issues involving capacity to consent, communication difficulties, intellectual disability, guardianship, etc.
- Medical professionals who conduct forensic exams to gather evidence must be comfortable and familiar with methods of assisting individuals as they undergo an emotionally difficult and confusing experience.
- Prosecutors are then faced with victims who are often unable to testify on their own behalf or are not considered credible when they do testify. They are also faced with issues involving competency and capacity to consent.

A breakdown at any step of this process can lead to a failure to prosecute the perpetrator. This often begins the cycle of abuse, neglect, and exploitation anew, as the perpetrator is free to harm others, ever more confident that their crimes will go unpunished.

What can WSCs do?

WSCs must have frequent conversations about abuse, neglect, and exploitation with clients and how to report. Encourage the person to report instances of abuse against themselves OR if they witness abuse, neglect, or exploitation against someone else.

Reporting Suspected Abuse, Neglect, or Exploitation

Phone: DCF Abuse Hotline **1-800-962-2873,**
TTY: 711 or 1-800-955-8771
Online: https://reportabuse.dcf.state.fl.us/

For emergencies, call 911.

Incident Reporting

An incident is an occurrence that could potentially impact the health, safety, and well-being of APD clients. The incident may or may not occur under the care of a provider and can involve APD clients and provider employees. Incidents encompass both the occurrence of abuse, neglect, or exploitation and other types of significant incidents. Incidents are considered either critical or reportable and must be reported within specified timeframes.

Critical Incidents	Reportable Incidents
Unexpected Client Death	Altercation
Life-Threating Injury	Baker Act
Sexual Misconduct	Client Injury
Missing Child or Incompetent Adult	Emergency Room Visit or Hospitalization
Media Involvement	Expected Client Death
Provider Arrest	Missing Competent Adult
Violent Crime Arrest	Suicide Attempt
Verified Abuse, Neglect, or Exploitation	Non-Violent Crime Arrest

Incident Reporting Form:

Providers or WSCs must report critical and reportable incidents on the APD Incident Report form, incorporated by reference in Rule 65G-2.010, F.A.C. A copy of the incident report can be accessed on the APD Website at the following link:

https://apd.myflorida.com/providers/incident-reporting/

Reporting and WSC Responsibilities with Incidents

Reporting responsibility rests with the party that has firsthand knowledge of the incident. The WSC should submit an incident in the absence of a provider or if not submitted by the provider. The reporting party is responsible for informing the legal representative (when one exists). The WSC should confirm that the legal representative is aware of the incident and actions surrounding the incident.

Follow Up

WSCs will need to work collaboratively with APD Regional Office when following up on incidents. Additionally, the WSC will need to determine if the incident requires updates to the support plan or services. Actions must be taken to mitigate the current situation and prevent reoccurrence of a similar incident. This may include coordinating service changes, if needed or requested. This may also include following up with the provider or family to ensure the individual is healthy and safe.

Support Planning

During the annual support planning process, it is important for WSCs to review any incidents that occurred in the past year. This will help the WSC identify potential risks that will need to be addressed within the support plan. Additionally, the WSC should identify any incidents when completing annual report information within the support plan.

Ongoing

WSCs should review any relevant documents before each visit with the client, including Incident Reports to understand the individual's specific risk factors. When meeting with the client, ask the person about any potential incidents since your last contact.

Always communicate significant health and safety concerns to the APD Regional Office.