

Service Delivery Documentation Checklist

For Supported Living Coaches

Supported Living Coaches (SLCs) must meet the following documentation requirements when delivering services to Agency for Persons with Disabilities (APD) clients who reside in supported living settings.

Documentation can be divided into eight types or categories:

1. Planning the Work

A Supported Living Implementation Plan (IP) describes the services and supports that the SLC will provide to the client.

- Implementation Plan/Transition Plan
 - Include the Personal Disaster Plan developed with the Waiver Support Coordinator (WSC), client, and relevant members of the client's circle of supports.

2. Tracking Client Progress/Methods of Documentation

The documentation methods in this category are used to track the client's progress toward support plan goal(s) relevant to supported living and progress on the IP, as well as the SLC's efforts to support the client's health, safety, and wellbeing.

- Daily Progress Notes
- Quarterly (or Monthly) Summaries
- Annual Report

3. Documenting Efforts to Address Essential Topics

SLCs must document their ongoing efforts to provide assistance and training in specific topics that are essential to the client's health, safety, and well-being.

- Ensure the client's behavioral/emotional health needs are addressed
- Ensure the client's health and healthcare needs are addressed
- Ensure the client's safety needs are addressed
- Assist the client with defining abuse, neglect, and exploitation
- Assist the client with knowing when and how to report any incidents of abuse, neglect, and exploitation
- Collect information about the client's history regarding abuse, neglect, and/or exploitation
- Address identified needs, and critical issues related to the client's history of abuse, neglect, and exploitation
- Address the client's choices and preferences

- Assist the client to increase community participation and involvement based on their personal interests
- Assist the client/legal representative to know about their rights

4. Forms for Essential Work Processes

There are four forms used by the SLC to conduct essential supported living services.

- Individual Financial Profile/In-Home Subsidy Request
- Functional Community Assessment
- Initial Housing Survey
- APD Health and Safety Checklist

5. Quarterly Home Visit/Meeting Documentation

The WSC is responsible for conducting quarterly meetings to monitor supported living services. The SLC must also attend the quarterly meeting unless the client declines.

The SLC must conduct the following required activities prior to the meeting:

- Prepare the client's financial records for review (if the SLC assists with managing the client's money)
 - Include the client's bank statements, checkbook, and public benefits information (SSA, Medicaid, etc.)
- Review and update the Individual Financial Profile if the client's financial situation has changed (required if the client receives an in-home subsidy from APD)
- Review Medication Administration Provider (MAP) certifications (if the client receives assistance with medication administration)
 - Ensure each provider/service worker administering medication to the client maintains a current medication administration validation certificate and is validated in the client's primary route of medication administration (e.g., oral, ophthalmic, etc.).
- Complete the APD Health and Safety Checklist
- Document completion of the activities listed above in Daily Progress Notes.

To document attendance at the quarterly meeting, the SLC must:

- Complete a Daily Progress Note summarizing the meeting.

6. Consent Forms

A notice of privacy practices and consent forms help ensure the client understands the services provided by the SLC and consents to the sharing of their personal and/or protected health information when necessary.

- Notice of Privacy Practices
- Consent to Obtain/Release Information
- Informed Consent for Medication Administration (if the SLC administers medication to the client)
- Consent to Manage Personal Funds (if the SLC manages the client's money)

7. Other Documentation Requirements

- A copy of the client's current signed lease or rental agreement
- Evidence of communication and coordination between the SLC and the Personal Supports provider (if the client receives both services)
- A copy of the annual Representative Payee Report to the Social Security Administration (if the SLC is the client's Representative Payee).
- Receipts for single-item purchases of \$25.00 or more (if the SLC manages the client's money)
- Monthly report of the client's account and expenditures (if the client has a legal representative and the SLC manages the client's money)
- Authorization for Medication Administration (completed by the client's physician)¹

8. Other Health/Medical Documentation (Recommended)

Although not mandatory, the documentation in this category may help to fulfill the requirement to address the client's health and health care needs.

- Client information or profile sheet
 - Use to gather up-to-date demographic, health, medical, and emergency information for the client.
 - Include information on the client's legal representative, if applicable, and on the legal representative's decision-making authority.²
- A record of the client's complete health history
 - Keep onsite at the client's home
 - Include immunization record/status, illnesses, hospitalizations, diagnoses, treatments
- A copy of the client's advance directive (i.e., living will or designation of Health Care Surrogate)

¹ The SLC may be assigned the task of collecting authorization from the client's treating physician.

² For more information on types of legal representation and decision-making authority, refer to [page 5](#).

Where to Find SLC Forms and Templates

Documentation	Where to Find It
Implementation Plan/ Transition Plan	APD iConnect > Consumer's Record > Forms tab > File> Add Form
Personal Disaster Plan	A Suggested Personal Disaster Plan template is available on the APD website; however, the SLC should contact the WSC regarding the client's Personal Disaster Plan.
Daily Progress Notes	APD iConnect > Consumer's Record > Provider Documentation tab> File> Add Provider Documentation
Quarterly (or Monthly) Summaries	APD iConnect > Consumer's Record > Provider Documentation tab > File > Add Provider Documentation
Annual Report	APD iConnect > Consumer's Record> Provider Documentation tab > File > Add Provider Documentation
Individual Financial Profile/Subsidy Request	APD website > Customers > Services > Supported Living Coaching > Scroll Down to Forms > Individual Financial Profile
Functional Community Assessment	APD iConnect > Consumer's Record > Forms tab > File > Add Form
Initial Housing Survey	APD iConnect > Consumer's Record > Forms tab > File > Add Form
APD Health and Safety Checklist	APD iConnect > Consumer's Record > Forms tab > File > Add Form
Consent to Obtain/Release Information	Providers must develop their own consent form as described in federal regulation (45 CFR §164.508(c)).
Notice of Privacy Practices	Providers must develop their own notice of privacy practices and include the required elements described in federal regulation (45 CFR § 164.520 (b)).
Authorization for Medication Administration	APD website > Providers > Medication Administration https://apd.myflorida.com/providers/medication-administration/
Informed Consent for Medication Administration	APD Website > Providers > Medication Administration https://apd.myflorida.com/providers/medication-administration/
Consent to Manage Personal Funds	Providers must develop their own method of documenting the client or legal representative's written consent to manage personal funds as described in the iBudget Handbook , 2021. (See page 2-2)
Annual Representative Payee Report to the Social Security Administration	The Social Security Administration provides the report template on an annual basis.
Client information or profile sheet (recommended)	Providers develop their own client intake forms. Examples are available in A Guide to Supported Living in Florida published by the Florida Developmental Disabilities Council. (See chapters 4 & 7)
Client's living will or designation of Health Care Surrogate (recommended)	Planning Ahead 4 th edition published by the Florida Developmental Disabilities Council . (See pages 89 – 90)

Types of Legal Representation³

A legal representative is a person who is authorized to make decisions and act on behalf of another person. If there is no documentation to verify the legal representative's decision-making authority, any individual who is 18 years or older is considered to be their own legal representative.

The SLC must be aware of the legal decision-making authority of anyone who assists a client in making decisions about their life. This is particularly important when decisions involve the client's health or medical care and can have life or death consequences. Below is a listing of the types of legal representatives and their decision-making authority:

Role/Description	Decision-Making Authority
<p>A Power of Attorney (POA) is a written document that authorizes an adult to act on behalf of another person. In Florida, a POA must be notarized to verify the signatures of the individual and two witnesses, as per state law. It is important to note that an individual can revoke a POA at any time and that the POA becomes invalid if the individual becomes incapacitated.</p>	<p>POAs can grant power over specific decisions, including financial, governmental benefits, or medical decisions.</p> <p>The POA MUST specify exactly what powers or authority is granted and to whom.</p>
<p>A Durable Power of Attorney (DPOA) is a type of POA that continues to be valid even if the person who granted it loses capacity in the future.</p>	<p>The DPOA MUST specify exactly what powers or authority is granted and to whom.</p>
<p>Full (plenary) guardianship When a person is appointed a legal guardian, the court may remove some or all of their rights, which will then be carried out by the guardian. The appointed guardian can be a family member or friend who agrees to act on behalf of the individual, or a public guardian may be designated if there is no one available.</p> <p>Under full (plenary) guardianship, the appointed guardian has the authority to exercise all legal rights and powers that can be delegated on behalf of the person with a disability.</p>	<p>A full (plenary) guardian can exercise delegable legal rights and powers. Delegable rights include the right to:</p> <ul style="list-style-type: none"> ✓ Apply for government benefits ✓ Manage money and property ✓ Determine residence ✓ Consent to medical and mental health treatments ✓ Make decisions about social environment ✓ Contract ✓ Sue and defend lawsuits

³ **Reference:** [Lighting the Way to Guardianship and Other Decision-Making Alternatives](#), published by the Florida Developmental Disabilities Council.

Role/Description	Decision-Making Authority
<p>Limited guardianship is a court-appointed arrangement for individuals who are unable to perform some, but not all, of their decision-making tasks due to a lack of capacity. It can also be requested by the individual themselves.</p>	<p>Guardianship requires that a judge decide which rights will be removed, who will make decisions, and when they will do so. Refer to court documents to determine which rights are delegated to the guardian. See full (plenary) guardianship above for the list of delegable rights.</p>
<p>A guardian advocate may be appointed by the court to represent a person who has a developmental disability as defined by section 393.12 of the Florida Statutes. It must be determined that the person lacks the ability to make some, but not all, decisions that are necessary to take care of themselves or their property.</p>	<p>Refer to court documents to determine which rights are delegated to the Guardian Advocate. See full (plenary) guardianship above for the list of delegable rights.</p>
<p>A health care surrogate is delegated through a written advance directive. An advance directive is a document that describes how an individual wants their health care rights handled and defines who will manage medical rights if they are unable to make those decisions. The advance directive will state when the health care surrogate can act on behalf of the individual. Some advance directives may stipulate that the individual must be incapacitated, as determined by an attending or primary physician before the health care surrogate can make decisions on behalf of the individual.⁴</p>	<p>Medical/health decisions can be made, per the instructions of the advance directive.</p> <p>The health care surrogate's scope of authority includes:</p> <ul style="list-style-type: none"> ✓ Applying for public benefits, such as Medicare, Medicaid, and veterans' benefits ✓ Providing informed consent for all medical and mental health treatments, including preventive, diagnostic, therapeutic, rehabilitative, and palliative care ✓ Accessing and releasing medical records and information ✓ Authorizing the admission, transfer, or discharge from health care facilities ✓ Authorizing end-of-life decisions under certain conditions, such as a terminal illness; and donating organs
<p>A medical proxy is someone who can act on behalf of an individual with a disability who needs assistance making medical decisions, when an advance directive or medical POA/DPOA has not been established. A medical proxy can legally represent an individual, and is designated based on a list of priority established by Section 765.401 of the Florida Statutes</p>	<p>A medical proxy has the same authority as a healthcare surrogate and will assist with medical decisions.</p>

⁴ **Reference:** Chapter 765 of the Florida Statutes, [Healthcare Advanced Directives](#)