

3. The mentee shadowed or observed the mentor in at least nine (9) face-to-face visits in a variety of settings, including meetings with clients in family homes, supported living arrangements, and licensed facilities. At least six (6) of these visits must detail the coordination of providers' supports.

List the face-to-face visits that the mentee participated in during the mentoring period and indicate visits that detail coordination of providers' supports. Include a description of the activities in each client's case notes.

Client iConnect ID	Date of Face-To Face Visit	Brief Description of Meeting's Purpose	Living Setting of Client

4. The mentee attended meetings hosted by APD that occurred while the mentee participated in the mentoring program.

List the date of the meeting(s) and the topic addressed.

Date of Meeting	Topic of Meeting

5. The mentee shadowed or observed the mentor in discussions to educate clients and families regarding identifying and preventing abuse, neglect, and exploitation.

<p><i>Provide the client's iConnect ID and the date of each meeting.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Client iConnect ID</th> <th style="width: 60%; padding: 5px;">Date of Meeting</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Client iConnect ID	Date of Meeting															
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<p>6. The mentee shadowed or observed the mentor instruct clients and families on mandatory reporting requirements for abuse, neglect, and exploitation.</p> <p><i>Reflect the Client's iConnect ID as well as the date of meeting.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Client iConnect ID</th> <th style="width: 60%; padding: 5px;">Date of Meeting</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Client iConnect ID	Date of Meeting															
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<p>7. The mentee shadowed or observed the mentor in the usage of iConnect for case management activities.</p> <p><i>Provide the client's iConnect ID and the type of activity performed.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Client iConnect ID</th> <th style="width: 60%; padding: 5px;">Type of Activity</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Client iConnect ID	Type of Activity															
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<p>8. The mentee shadowed or observed the mentor in the Supported Living Quarterly Meeting.</p> <p><i>Provide the client's iConnect ID and date of quarterly supported living meeting with a minimum of one meeting.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Client iConnect ID</th> <th style="width: 60%; padding: 5px;">Date of Supported Living Quarterly Meeting</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Client iConnect ID	Date of Supported Living Quarterly Meeting															
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9.	Check Yes for activities that occurred or check N/A if no opportunities occurred during the mentoring period.	Yes	N/A
a.	Submission of a significant additional needs request.	<input type="checkbox"/>	<input type="checkbox"/>
b.	Medicaid eligibility redetermination process.	<input type="checkbox"/>	<input type="checkbox"/>
c.	Discussion with the assessor regarding the completion of the comprehensive needs assessment.	<input type="checkbox"/>	<input type="checkbox"/>
d.	Submission of a minimum of five (5) client cost plans and service authorizations.	<input type="checkbox"/>	<input type="checkbox"/>
10.	If any of the activities described in number 9.a., b., c., and d. did not occur, the mentor reviewed those processes, including documentation in a client's central record, with the mentee.		

If the Qualified Organization has been approved by the Agency to provide consultation services under the CDC+ program, please complete the following in addition to the requirements stated above if the mentee will provide consultation services. If the Qualified Organization or mentee will not provide consultation services, skip this section.

Required Mentoring Activity for the CDC+ Program		Mentor's Initials Indicating Completion																
1.	<p>The mentee shadowed or observed the mentor review draft, denied, or updated purchasing plans, if applicable, or review the current purchasing plans.</p> <table border="1" data-bbox="295 1451 1154 1717"> <thead> <tr> <th>Client iConnect ID</th> <th>Date of Meeting</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Client iConnect ID	Date of Meeting															
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2.	The mentee shadowed or observed the mentor submit a SAN request, if applicable, or review the most recent SAN request that was submitted.																	

Client iConnect ID	Date of Meeting

I attest that the mentee identified on page one successfully completed the items described herein.

Mentor Signature

Date

I attest that I completed the activities identified on this form.

Mentee Signature

Date