



D·B·H·D·D

Georgia Department
of Behavioral Health
& Developmental
Disabilities

BE D·B·H·D·D

BE COMPASSIONATE

BE PREPARED

BE RESPECTFUL

BE PROFESSIONAL

BE CARING

BE EXCEPTIONAL

BE INSPIRED

BE ENGAGED

BE ACCOUNTABLE

BE INFORMED

BE FLEXIBLE

BE HOPEFUL

BE CONNECTED

BE D·B·H·D·D

Support Coordination Documentation and Incident Reporting

Robert Bell

Director of Community Supports

LaRue Hasty

Outcome Resolution Coordinator
Regions 2, 3 and 5

Sasha Schallock

Outcome Resolution Coordinator
Regions 1, 4 and 6



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Georgia
Department of
Behavioral Health
& Developmental
Disabilities

A close-up photograph of a hand holding a blue ballpoint pen, poised to write on a spiral-bound notebook. The notebook's black metal spiral binding is visible on the left side. The background is a soft, out-of-focus brown surface. Overlaid on the notebook page is the text "BE INFORMED" in a bold, sans-serif font. The word "BE" is colored orange, while "INFORMED" is white with a thin black outline.

BE INFORMED

Support Coordination Documentation

“Support Coordination documentation is required to capture efforts related to all efforts holistically necessary in the support of individuals in services with DBHDD to include, but not limited to assessment and evaluation of services and supports in place aimed at improving participants' health status, environment, community participation, and quality of life.”

The Division of Developmental Disabilities requires Support Coordination Providers to document and maintain accurate records in accordance with this policy:

[Support Coordination Documentation, 02-434 \(policystat.com\)](https://www.policystat.com/policies/02-434-support-coordination-documentation)

From PolicyStat

Key Documentation Issues to review (Monthly)

- **Demographic Information in IDD Connects:**
Individual's Basic Demographic Information, Current Physical and Mailing Address, Legal Guardian Information (Name or DHS), Contacts (emails and phone numbers)
Resources (Medicaid, SSI, SSDI, Medicare)
- **Individual 360" Health and Wellness Section:**
Medical Conditions, Medications, Allergies, Physician/Specialist Info, Information in Medical Alerts/Healthcare Plans, Communication and Hearing and Vision, Specialty Learning Needs, Adaptive Supplies and Adaptive Equipment
- **Review of Provider Documentation**
- **Individual Quality Outcome Measures Review (IQOMR)**
- **Support Notes**
- **Any Open Coaching/Referral/Incident Report** (provide a follow up note each month)

Review of Provider Agency Documentation

Support Coordinators review provider agency documentation to determine if services are being provided according to the:

- Participant's Individual Service Plan
- Current NOW/COMP policy manuals
- Current DD Provider Manual
- Policies from PolicyStat

Provider Documents to Review Monthly

- HRST (Is it current? Accurate?)
- MAR (All medication listed? Current prescriptions?)
- Staffing Level in the home (How many staff are in the home during the visit? Is there a current schedule available for review?)
- Individual Specific Tracking (ISP Goals, BM, Intake, BP, Blood Sugar Level, Oxygen, Behaviors, etc.)
- Personal Spending (Are receipts present? Are the items for the individual and meet requirements of Policy?)
- SMS and SME available in the home
- Are all services being delivered as guided by Policy and as documented in the ISP?

Medication Administration Record Review

Question: Do Support Coordinators (SCs) monitor psychotropic medications?

Answer: Yes.

SCs utilize the Individual Quality Outcome Measures Review User's Guide (IQOMR) to document and answer specific questions at each visit. (Outcome Evaluation: Recognize, Refer and Act Model 02-435)

IQOMR Question #29:

- All prescribed medications are being administered as ordered and documented accurately.
- SCs are to review all of the individual's medications and the Medication Administration Record (MAR) to determine if prescribed medications are being administered accurately.




In addition, SC are to confirm that:

- the provider is taking the person to required appointments; (Q.#27)
- the individual receiving the required AIMS testing; (Q.#26)
- lab work being done as ordered; (Q.#26)
- if lab work exposes potential problems, follow up occurs as ordered; and physician referrals are followed up on as ordered. (Q.#28)

Support Notes

- A support note is entered into the online case management system for all contacts.
- All correspondence with individual, natural support persons, provider agencies DBHDD Regional Field Office or Central Office staff to include face-to-face visits, phone calls, emails and any other formats. *(Copying and pasting entire emails is not a preferred method of documentation.)*
- All correspondence sent and received to follow up on referrals or coaching, identified in Recognize, Refer and Act. *(Remember to document in the Coaching and Referral area.)*
- Research conducted to seek resources for the participant

Support Note

	Support Note Date/Time	Entered By	Note Category	Note Subcategory	Contact Type
	07/01/2023  10:30 	Sasha Schallock	Support Coordination ▼	Outcome Review ▼	Successful Face to Face



Support Note:

Please make sure the Date and Time indicate when the activity was completed.

Example:

If you complete a site visit on 7/1/23 at 10:30 am, and write the support note that night

*Document the time of the visit.

*Not the time you enter the note.

Coaching/Referral/Incident Report Follow-Up Notes

Target Close Date:

03/31/2023

Comments:

testing

Attested By: Robert Bell



Attested Date: 02/24/2023

 [Follow-Ups](#)

Cancel

Save

Follow-Ups

Entered Date/ Time	Entered By	Follow-Up Date	Status	Reason for Closure	Reason for Closure - Other	Target Close Date	Comments
07/03/2023 11:01 AM	Robert Bell	02/24/2023	In Progress	Choose		06/22/2023	Follow Up #3
02/24/2023 12:27 PM	Robert Bell	02/24/2023	Open	Choose		04/28/2023 	Follow Up #2
02/24/2023 12:26 PM	Robert Bell	02/24/2023	Closed	Medical concerns addressed		04/21/2023	#1 Follow UP
02/24/2023 12:29 PM	Robert Bell	02/24/2023	Open	Choose			Follow Up #4

 [Add New Follow-ups](#)

Please close all Follow-up notes before closing the overall C/R/IR.

Guidelines for Writing Support Notes

- All documentation in the online case management system is part of the individual's official record and is treated accordingly.
- Enter the correct date and time for each entry.
- Capture content under the appropriate support note category.
- Statements made by the Support Coordinator must be objective. Avoid use of opinions or assumptions that have not been validated.
- Be specific and descriptive in the most succinct way possible.
- Avoid use of vague terms.
- Include in the record only relevant and useful facts.

Guidelines for Writing Support Notes

- Well-written statements reflect professionalism.
- Be mindful of use of correct grammar and punctuation.
- Use acronyms correctly and only when necessary. Bear in mind any close similarities between acronyms used in the system.
- If inaccurate or incorrect information is entered in a support note, use another support note to indicate what needs to be edited.
- Do not copy and paste the content of a support note from another day into the content of the support note for the current entry.

Individual Quality Outcome Measures Review (IQOMR)

- Quarterly IQOMR [55 Questions in 7 ISP Focus Areas \(Revised tool 1/1/18\)](#) (Minimum Requirement)
- The review is completed based on a face-to-face visit with the individual, observation of the environment, and discussions with key informants. Guidelines for completion and use of the review are provided in *Outcome Evaluation: "Recognize, Refer and Act" Policy 02-435*.
- If the completion of the Individual Quality Outcome Measures Review results in identification of changes in the participant's support needs or service needs, the *Support Coordinator must take the necessary steps to revise the ISP*.

All Support Coordinators are expected to utilize the IQOMR tool to:

GATHER INFORMATION

- Observe and interact with the individual
- Observe the setting for evidence
- Review documentation
- Engage in discussion with staff members or natural supports
- Observe staff/natural supports' interaction with the individual

EVALUATE OPTIONS

- ✓ **Acceptable**
All essential elements of the item have been met
- **Coaching**
Acceptable with Non-Critical Deficiencies
- **Non-Clinical Referral**
Unacceptable with Critical Deficiencies
-or-
Unacceptable with Immediate Interventions
- **Clinical Referral**
Unacceptable with Critical Deficiencies
-or-
Unacceptable with Immediate Interventions

IQOMR

- Individual Quality Outcome Measures Review
- Referral and Coaching
- Clinical Recommendations
- Request for Clinical Review
- Support Notes

Individual Quality Outcome Reviews

Filter

Date of Visit From

From



Date of Visit To

To



Reset

Filter

[View Older Outcome Reviews](#)

<input type="checkbox"/>	Date of Visit	CompletedBy	Acceptable Areas	Areas Requiring Coaching	Areas Requiring Referral
<input type="checkbox"/>	03/07/2023		0	0	0
<input type="checkbox"/>	11/22/2022		0	0	0
<input type="checkbox"/>	11/08/2022		0	0	0
<input type="checkbox"/>	08/12/2020		0	0	0
<input type="checkbox"/>	01/28/2020	Gretchen Hudson	55	0	0
<input type="checkbox"/>	12/10/2019		22	1	0

Download

+ Add New Outcome Review



IQOMR

Make sure there are clear notes in the comment's box. If you choose acceptable, please document why it's acceptable.

Quality Outcome Review

Individual Information
⌵

Individual's Name <input style="width: 95%;" type="text" value="MICKEY MOUSE"/>	CID <input style="width: 95%;" type="text" value="400093518"/>	Physical Address <input style="width: 95%;" type="text" value="569 Sherwood Grn,Stone Mountain,C"/>
Location of Visit * <input style="width: 95%;" type="text" value="Select"/>	Date & Time of Visit * <input style="width: 95%;" type="text" value="07/03/2023 00:00"/>	
ADA Population <input style="width: 95%;" type="text"/>	Funding Source <input style="width: 95%;" type="text" value="State Funds"/>	HRST Date <input style="width: 95%;" type="text" value="12/21/2021"/>
HRST Score <input style="width: 95%;" type="text" value="7"/>	Frequency of Outcomes Review <input style="width: 95%;" type="text" value="Quarterly"/>	

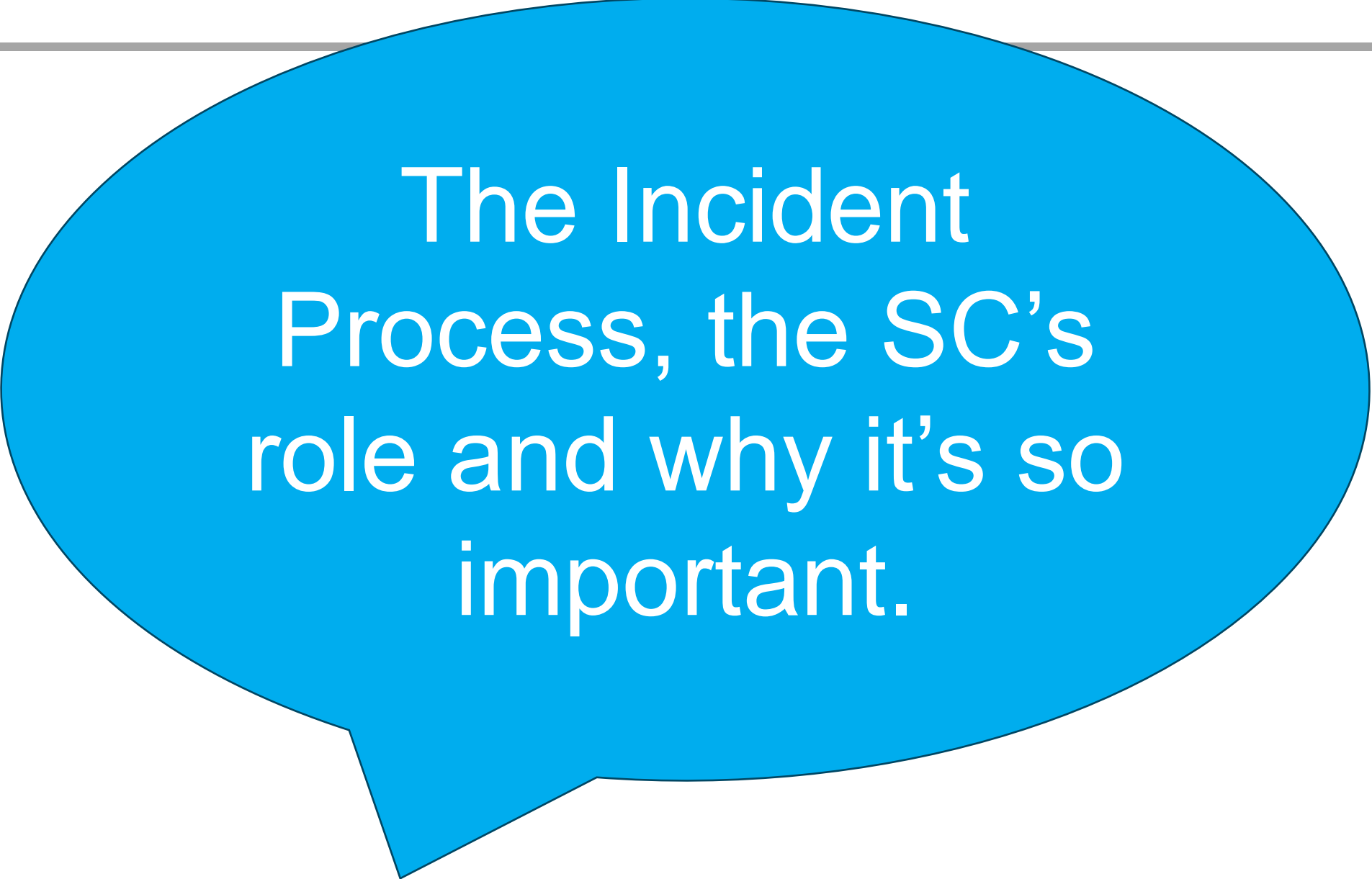
Environment			
1	The home/site is accessible to the individual.	<input style="width: 95%;" type="text" value="Acceptable"/>	There are no areas of the home that are not accessible for the individual. ✎
2	The individual has access to privacy for personal care.	<input style="width: 95%;" type="text" value="Select"/>	
3	The individual has a private place in the home to visit with friends or family.	<input style="width: 95%;" type="text" value="Select"/>	
4	The individual has access to privacy for phone discussions with friends or family.	<input style="width: 95%;" type="text" value="Select"/>	
5	The individual has access to receive and view their mail/email privately.	<input style="width: 95%;" type="text" value="Select"/>	
6	The individual is able to have private communications with family and friends through other means.	<input style="width: 95%;" type="text" value="Coaching"/>	Service:Not Associated With Service Provider:Not Associated With Provider Target Close Date:10/11/2023 The individual does not have private access to a phone for contacting their family. ✎

Supports and Services			
33	The individual's paid staff appear to treat his/her with respect and dignity.	<input style="width: 95%;" type="text" value="Select"/>	
34	The individual's natural supports appear to treat this/her with respect and dignity.	<input style="width: 95%;" type="text" value="Select"/>	
35	Supports and services are being delivered to the individual as identified in the current ISP.	<input style="width: 95%;" type="text" value="Clinical Referral-C"/>	Service:Not Associated With Service Provider:Not Associated With Provider Target Close Date:10/01/2023 The individual's 1:1 staffing is not in place. ✎
36	The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the individual's progress toward achieving established goals.	<input style="width: 95%;" type="text" value="Select"/>	



BE ACCOUNTABLE

Incident Reporting and Follow-up



The Incident
Process, the SC's
role and why it's so
important.

DOJ Settlement Agreement Deliverable

- *“No later than June 30, 2017, the State shall provide support coordinators with access to **incident reports, investigation reports, and corrective action plans** regarding any individual to whom they are assigned.*
 - *Support coordinators shall be responsible for **reviewing this documentation and addressing any findings of gaps in services or supports** to minimize the health and safety risks to the individual.*
- (Support coordinators are not responsible for regulatory oversight of providers or enforcing providers’ compliance with corrective action plans.)”*

Support Coordination and the Incident Process, 02-440

DBHDD provides access to all reportable incident reports (IR), final investigation report summaries (IRS), and corrective action plans (CAP) to each Support Coordination Agency (SCA) with regard to any reported incident, as defined in Reporting Deaths and Other Incidents in Community Services, 04-106, involving any waiver individual on the agency's caseload. The SCA is responsible, through its internal channels, to inform the individual's assigned Support Coordinator (SC) or Intensive Support Coordinator (ISC) of the incident, the IRS, and the CAP.

The assigned SC/ISC is responsible for responding to the incident and for reviewing retrospectively the IR, the IRS, and the CAP as well as addressing any findings of gaps in services or supports in order to minimize the health and safety risks according to Outcome Evaluation: "Recognize, Refer, and Act" Model, 02-435.

What is an Incident?

- Any event that involves an immediate threat to the care, health or safety of any individual who, at the time of the event, is in community residential services; in community crisis home services; on site or in the care of a provider; in the company of a provider staff or contractor; or enrolled in participant-directed services.
- Incidents that must be reported to DBHDD are listed in Definition of Incidents (Attachment A), including the additional reporting requirements for deaths.

Definitions

Investigation Report Summary (IRS)

A written summary of an investigation conducted regarding an incident.

Corrective Action Plan (CAP)

A document which identifies and analyzes problems within the provider organization and prescribes corrective action steps which, when implemented, are likely to prevent the recurrence of similar problems and improve the quality of services. A corrective action plan identifies the person(s) responsible for verifying that action steps are completed and reviewed for efficacy and establishes a schedule for completion and follow-up of all action steps.

Image

A web-based application for documenting and classifying incidents and transmitting incident reports to DBHDD's Office of Incident Management (OIM) according to this policy.

Support Coordination Review of the Individual Service Plan in Response to Reported Incidents

Each SCA is responsible for developing and revising, as necessary, an internal protocol that outlines the receipt and distribution to the assigned SC of the IR, as well as access to the investigation and CAP.



The protocol specifies the timeline of receipt, distribution, and follow up. The protocol describes the agency's internal controls to verify that the distribution or access to these documents are in compliance with HIPAA regulations. This protocol is subject to review and approval annually by DBHDD to ensure each SCA Providers' internal protocol meets, at a minimum, the requirements outlined within this policy.

Examples of Reportable Incidents

[Definitions of Incidents – Attachment A](#)

100 – Death-Expected
101 – Death-Unexpected

200 - Alleged Abuse -
Physical - Staff/Ind

201- Alleged Abuse –
Sexual
Staff/Individual

202 – Alleged Abuse
– Psychological –
Staff/Individual

210 – Alleged
Neglect –
Staff/Individual

220- Alleged
Exploitation –
Staff/Individual

221- Alleged
Financial
Exploitation –
Staff/Individual

450 - Elopement

500 – Intervention of
Law Enforcement
Required

Support Coordination Follow Up Activities

The SCA provides follow-up for any incident report provided to the SCA for any individual assigned to that agency.

The SCA provides the assigned SC the IR, IRS and any CAP.

Upon receipt of the IR, IRS, and CAP, the SC opens a Critical Incident F/U, indicating receipt of the notification by the agency and a brief summary of the contents.

SC follows up on reported incidents using the following:

- Interviews with the participant and staff to identify if the participant is observed to be safe and comfortable in their environment.
- Identify how the SCA responded to the incident.

All follow-up to incidents is documented by either the SC within the open Critical Incident Follow-Up, per Outcome Evaluation: "Recognize, Refer, and Act" Model, 02-435.

The SC continues communication with the individual, provider, family, until the investigation has concluded, and any needed CAP requirements have been met by the provider.

- ❑ Addressing medical or behavioral follow-up occurring after the incident, including any referrals for additional medical or behavioral services.
- ❑ If any staff or participants have been removed from the setting as a result of the incident.
- ❑ If any additional staff training occurred.

Document the IR and all related Follow-up in this area of IDD-C.

Add Referral/Coaching

Type *

Critical Incident

Area *

Environment

Detailed Focus Area: *

Select

Service *

Not Associated with Service

Provider *

Not Associated with Provider

Target Close Date *

mm/dd/yy



Investigating Deaths and Other Incidents in Community Services, 04-118

- It is the policy of DBHDD that incidents involving alleged criminal acts, abuse or neglect, negligent or deficient conduct by a community provider, or serious injuries to an individual are investigated or addressed.
- A Clinical Mortality Review is conducted for unexpected deaths and suicides of individuals who are receiving services from community providers.
- Community providers are required to take corrective action to address any finding(s) or deficient practices.
- Failure by a provider or its staff or contractor to report an incident of suspected abuse, neglect or exploitation, failure to cooperate in an investigation of an incident or failure to intervene, when reasonably possible, to prevent abuse, neglect or exploitation may be grounds for corrective action as outlined in Internal and External Reviews and Corrective Action Plans, 13-101.
- For information about reporting an incident, see Reporting Deaths and Other Incidents in Community Services, 04-106.

Mandatory Reporting

Mandated Reporting – Two Tracks

Title 30: Private home/community



Adult Protective Services

[Adult Protective Services \(APS\) Georgia DHS](#)

Title 31: Long-term Care Facilities



Healthcare Facility Regulation Division

[Facility Incident Report Form | Georgia DCH](#)

Law Enforcement

Closing a Coaching, Referral or Incident Report

A fully Closed C/R/IR should have a black flag not a red flag.

Referral and Coaching								
	ID	Type	Area	Provider	Date Identified	Status	Last Follow-Up Date	Follow Up
+	1	Clinical Referral-Immediate	Supports and Services	Not Associated with Provider	02/24/2023	Open	02/24/2023	Red Flag
+	2	Clinical Referral-Critical	Financial	Not Associated with Provider	02/24/2023	Closed	02/24/2023	Red Flag
+	3	Coaching	Environment	Not Associated with Provider	01/28/2020	Closed	11/21/2022	Black Flag
+	4	Coaching	Environment	Not Associated with Provider	12/10/2019	Open	N/A	

Red Flag for a Closed Coaching/Referral

If there is an open Follow-Up within a CLOSED Coaching/Referral/Incident Report, then there will be a Red Flag to the right.

	2	Clinical Referral-Critical	Financial	Not Associated with Provider	02/24/2023	Closed	02/24/2023	
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Follow-Ups

Follow-Ups

Entered Date/ Time	Entered By	Follow-Up Date	Status	Reason for Closure	Reason for Closure - Other	Target Close Date	Comments
02/24/2023 10:52 AM	Sasha Schallock	02/24/2023	Closed	Documentation added or revised to be consistent with standards			Test
02/24/2023 10:51 AM	Sasha Schallock	02/24/2023	Open	Choose		04/03/2023	Test
02/24/2023 10:52 AM	Sasha Schallock	02/24/2023	Closed	Documentation added or revised to be consistent with standards			Test

Closing Follow-Ups **within** a Coaching/Referral

3 Coaching Environment Not Associated with Provider 01/28/2020 Closed 11/

Entered By: Gretchen Hudson Detailed Focus Area: The home/site is accessible to the individual.

Date Closed: 11/22/2022 Service: Not Associated with Service

Target Close Date: 02/05/2020 Method Identified: Support Note

Comments: Testing adding comments to referral/coaching Attested By: Gretchen Hudson

[Follow-Ups](#)



Please document within the Follow-Up of an open Coaching/Referral each month until the identified issue is resolved. Prior to closing the overall Coaching/Referral, please ensure all F/Us have been closed.

Follow-Ups						
Entered Date/ Time	Entered By	Follow-Up Date	Status	Reason for Closure	Reason for Closure - Other	Target
11/22/2022 08:48 AM	Sasha Schallock	11/01/2022	Closed	Documentation added or revised to be consistent with standards		
11/21/2022 09:44 AM	Sasha Schallock	11/07/2022	Closed	Documentation added or revised to be consistent with standards		
11/21/2022 09:43 AM	Sasha Schallock	11/21/2022	Closed	Documentation added or revised to be consistent with standards		12/3
11/22/2022 08:48 AM	Sasha Schallock	11/01/2022	Closed	Documentation added or revised to be consistent with standards		



The SC is *NOT* the investigator of allegations that have not yet been confirmed!

However, the SC is to play a role in identifying if there are any deficits that could have prevented the incident and evaluate if, as a result of the incident there are:

1. Concerns around ISP implementation, or
2. A need for ISP revision

Areas of Potential Deficits

Service Deficits

Additional CLS hours needed, Behavioral Supports or Nursing needed and not in place, etc

Support Deficits

Needed supervision not being provided, misunderstanding of a participant's support needs following change in condition

Training Deficits

Inadequate training on HOW to support the person

Support Coordination Review of the Individual Service Plan in Response to Reported Incidents

1. The SC reviews the current Individual Service Plan (ISP) regarding the facts surrounding the reported incident.

2. The SC considers if any updates are needed to current needs.

3. The SC considers whether an updated DBHDD Regional Field Office clinical assessment is indicated.

If TA or additional services are needed to address any H & S risks identified as a result of the incident. The SC is to complete a Request for Clinical Review (RCR) with DBHDD Case management system.

4. The SC collaborates with the individual's support team to discuss any needs for revision to the ISP. Refer to Service Planning Process and Individual Service Plan Development, 02-438.

Addressing ISP Implementation Concerns

Are the services that are in place working for the participant or are service changes needed?

Are staff implementing the ISP services and supports, as described?

Has the provider trained staff for proper service delivery to meet the support needs identified in the ISP?

Related Policies

Operating Principles for Support Coordination & Intensive Support Coordination Providers, 02-430

Support Coordination Documentation, 02-434

Outcome Evaluation: “Recognize, Refer, and Act” Model, 02-435

Reporting Deaths and Other Incidents in Community Services, 04-106

Support Coordination and the Incident Process, 02-440

Corrective Action Plan Management, 13-101

Support Coordinator Responsibility for Assessments, Evaluations, and Healthcare Plans, or Behavioral Plans, and Risk Mitigation Documents 02-436

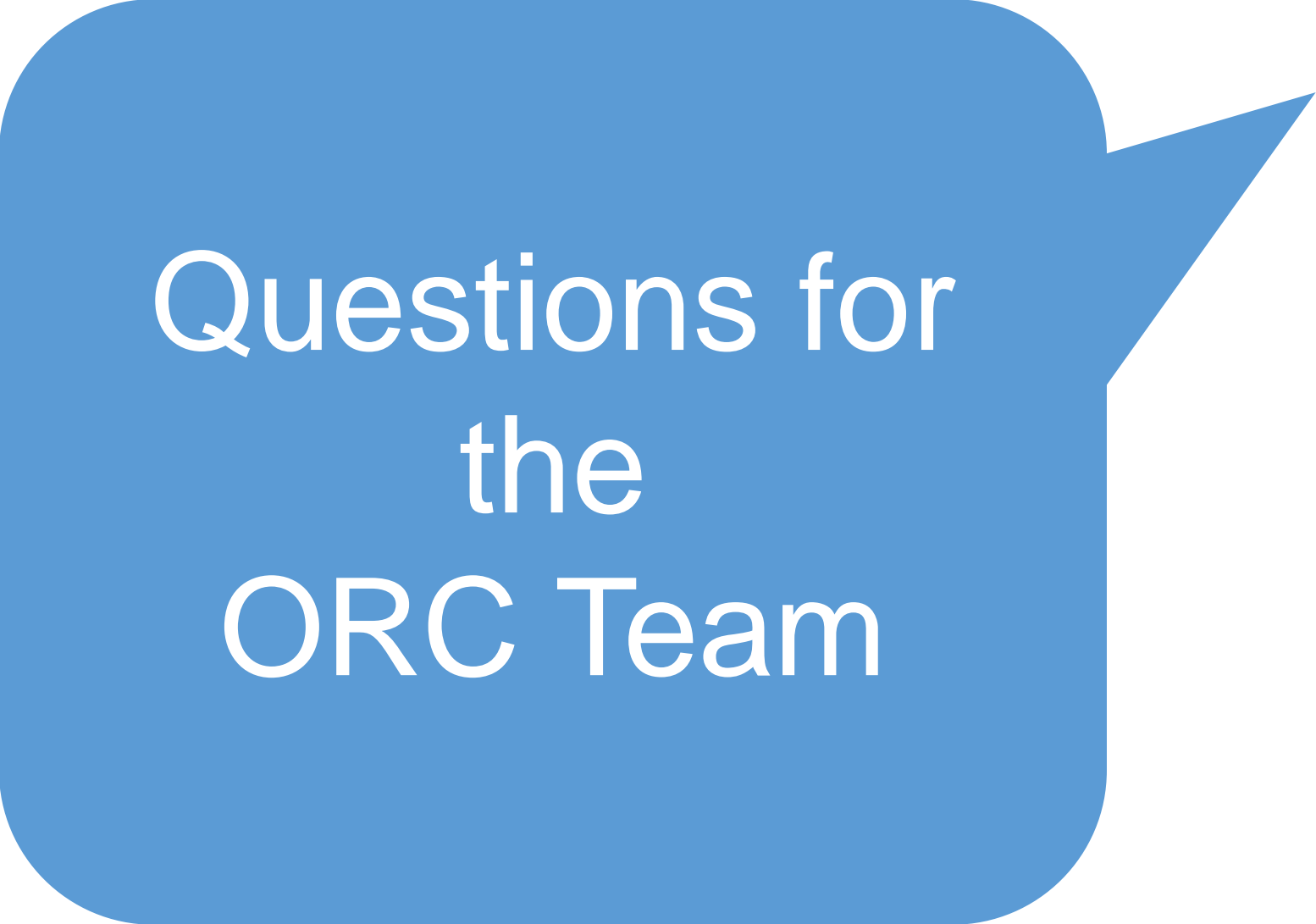
Supervision and Protection of Personal Funds and Belongings in Intellectual and Developmental Disability Residential Services, 02-702

Resource Links

- [Support Coordination Training | GA DBHDD](#)
- [Provider Manuals \(georgia.gov\)](#)
- [Provider Toolkit | Georgia Department of Behavioral Health and Developmental Disabilities](#)
- [PolicyStat Home Page](#)
- [GADD HRST \(hrstapp.com\)](#) - support@hrstonline.com (technical assistance)
GAclinassist@ReplacingRisk.com (Submit questions about medications, scoring, rating to HRST nurse)
- [Gainwell Technologies - Georgia Medicaid - Contact Page](#) Phone #: 770-325-9600 or 1-800-766-4456
- [DBHDD Homepage](#)
- [The Georgia Collaborative ASO Website](#)
- [Abuse, Neglect and Exploitation of At-Risk Adults in Georgia](#)

DHS - Public Guardianship New Address: 47 Trinity Ave. S.W. ATLANTA, GA 30334

We appreciate your efforts in Ensuring Quality Outcomes for Waiver Individuals.
Thank you for attending this presentation!



Questions for
the
ORC Team

BE CONNECTED

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