

Post-Move **Guidelines for DBHDS Training Center Post-Move Monitoring**

- Post-Move Monitoring Process**
- The goal of the post-move monitoring process is for training center staff to work collaboratively with the Community Service Board (CSB), Provider, and Community Integration Manager (CIM) to:
- Ensure essential and non-essential supports agreed upon in the discharge plan are being provided.
 - Monitor the individual's adjustment to his/her new home and employment or day program.
 - Offer additional support services to the Individual, Authorized Representative (AR)/Substitute Decision Maker (SDM), Provider, and CSB as needed.
 - Provide necessary recommendations to the community provider to resolve identified concerns and document steps on the post-move monitoring action plan; and recruit others who may assist such as, the Community Resource Consultant (CRC), Office of Human Rights (OHR), Office of Licensing (OLS), and/or the DBHDS Office of Integrated Health (OIH).
 - Share post-move monitoring reports with the Community Integration Manager (CIM), TC Discharge Coordinator/Designee, CSB Support Coordinator, and the provider. In addition, the reports are posted for review by the Office of Licensing (OLS), Office of Human Rights (OHR), and Community Resource Consultants.

The Post-Move Monitor (PMM) or designated staff responsible for completing PMM visits, is a **required** participant in the final Pre- Move planning meeting. The PMM shall, in collaboration with the Personal Support Team (PST), identify all essential supports to be implemented in the individual's discharge plan.

The PMM is to validate the provision of essential supports and compliance by the community provider.

Scheduling Visits

The training center post-move monitoring process begins on the date of discharge and continues for a minimum of 60 days post discharge. The PMM shall conduct post-move monitoring visits a minimum of three times within the first 17 days and then an additional visit between 45 and 60 days. The first three visit dates will be scheduled during the Final Pre-Move meeting in coordination with the community providers. The dates are then documented in the Final Discharge Plan and Discussion Record (DPDR).

<p>Sharing Reports</p>	<p>The Post Move Monitoring Report (PMMR) shall be sent to the CIM/designee within two business days following the monitoring visit for review. The finalized report is then sent to the CSB SC and Provider via fax, encrypted email or by mail within seven business days of the visit. The PMMR will be shared with the CRC, OLS, and OHR by posting to the shared drive.</p> <p>Ideally, the community provider should receive a copy of the completed PMMR prior to the next scheduled visit.</p>
<p>Visit Specifications & Timeframes</p>	<p>Post Move monitoring visits will be conducted within a minimum of four intervals and must include face to face visits with the individual unless specifically prohibited due to health or safety reasons:</p> <ul style="list-style-type: none"> • 1 to 3 days in the home to include meal observation • 4 to 10 days in the home or day/employment program • 11 to 17 days in the home or day/employment program • 30 to 60 days in the home or day/employment program <p>If an individual is attending a day/employment program, at least one visit must occur at that location and include meal observation.</p> <p>Meal observations for enteral feedings will include a TC Nurse or RN serving as a PMM.</p> <p>If a visit is unable to be scheduled during a meal, face to face, or within the requires timeframe, consultation with the TC CIM is required.</p> <p>If participation in an employment/day option is included in the discharge plan and services have not begun by the conclusion of the fourth PMM visit, it will be included in the PMMR as an action item and added to the Outstanding Appointments Chart for future follow up.</p>
<p>Communication with AR/SDM</p>	<p>All monitoring shall include a phone or face-to-face contact by the PMM/designee with the individual's AR/SDM to document any issues or concerns.</p> <p>Documentation of the monitoring visit and AR/SDM contacts shall be included in the Post-Move Monitoring Report.</p>
	<p>At the conclusion of the fourth post move monitoring visit, the Post Move Monitor, with input from the Training Center CIM, will determine if additional monitoring by the training center is needed and document that decision on the fourth PMMR.</p> <p>Include the following in the "Additional comments" section on last PMMR:</p> <ul style="list-style-type: none"> • This report has been posted for review by the Office of Human Rights and the Office of Licensing, and shared with the individual's CSB Support Coordinator. The Provider is aware that they may contact _____, Discharge Coordinator/PMM at _____, or _____, CIM, at _____

_____ for additional support at any time. The Provider should also contact _____, Community Integration Support Specialist (CISS)/designated staff, at _____, if the individual moves or changes employment/day option provider and if there are any illnesses, injuries, or hospitalizations requiring the completion of a CHRIS report.

- The contacts provided in the above statement may be altered based upon staffing and the corresponding responsibilities at the Training Center.

Resolution of Areas of Concern	<p>During the term of the post monitoring, if the TC PMM and/or CIM determine that:</p> <ol style="list-style-type: none"> 1. An essential support has not been implemented by the community provider or 2. some other concern related to the protection of the individual has been identified, 3. and the individual is in an unsafe environment, they shall immediately notify the appropriate parties which include: <ul style="list-style-type: none"> • Community Integration Manager • Community Services Board • DBHDS Director of Human Rights, or designee; • DBHDS Director of Licensing, or designee; • Adult Protective Services; and • Individual's AR/SDM <p>Additional notification is to be sent using the "Shared Drive Update" email protocol for PMM Incident Follow Up. Include "Special Notification" in the subject line of the email.</p> <p>For areas of concern that do not put the individual in immediate risk of harm, such as the cleanliness of home, kitchen not properly stocked, locked refrigerator etc., the PMM shall:</p> <ul style="list-style-type: none"> • Make necessary recommendations to the community provider to address the identified concerns; • Communicate identified concerns to the CIM, CSB SC, Licensing Specialist (OLS) and OHR Advocate. (For OLS and OHR notification, use the "Shared Drive Update" email protocol.) • Document the concern(s), recommendation(s) and action(s) on the PMM Report.
Concerns Not Affecting Health and Safety	<p>If the PMM determines during a monitoring review that an agreed upon support, not affecting health or safety, is not in place by the community provider or identifies some other concern related to the individual, the PMM shall:</p> <ul style="list-style-type: none"> • Document those concerns on the PMMR, along with the provider's response to the recommendation(s). • Forward the findings to the CIM who may send this information to the CSB SC, OHR advocate, CRC, and OLS (as applicable) for additional follow up.

-
- Have the CIM coordinate with the CSB to convene a meeting, if appropriate, to address any concerns noted during the visit.

Action Items

When action plans are required, the PMM shall coordinate with the community provider and CSB SC to ensure that all required action plans are completed.

If changes or revisions are made to the identified supports and services outlined in the discharge plan, the PMM shall note this in the PMMR Section D under observation of the essential support impacted, and collect supporting documentation to verify the change, such as a physician's order and/or a clinical assessment.

**Post Move
Monitoring
Report
(PMMR)**

In preparation for the PMM visit, the PMM will initiate the Post Move Monitoring Report by completing the following:

- Section A - include the name of the individual and monitor, appropriate time frame and contact information for home and day support address/phone number.
- Section D- list of 'Essential Supports' identified in the individual's Final Pre-Move Discussion Record and Discharge Plan.

Completion of PMMR

Section A – confirm information and update as needed.

Section B – document face-to-face and phone contacts made with the community provider, CSB SC and AR/SDM. Others Involved include training center support staff accompanying the PMM on the visit and should include their title. Contact Notes can be used to include information reviewed with AR/SDM and CSB Support Coordinator and/or initial observations upon entering the home or day service location.

Section C – Update status of employment, day support or community engagement activities. This should be updated during each visit to include start date, service type, daily schedule and any identified barriers to securing the service.

Section D – Essential Supports includes observations of essential supports in place. If not observed directly, the PMM should request supporting documentation to verify the essential support is being provided.

Section E - Action Plan for Areas of Continued Monitoring or Follow Up, should include essential supports not yet in place, pending medical appointments, pending day activities etc. Be sure to identify target date and responsible person. This section of the PMMR includes information from previous visits. The Additional Comments section is for information not included previously in the PMMR.

PMM GUIDELINES FOR TC to TC/ DBHDS Facility TRANSFERS	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> Requires one face to face visit by the 17th day after transfer to accepting DBHDS TC/facility. Complete PMMR DBHDS Facility/Training Center Transfer report as indicated. Supporting documentation is not required for completion of the PMM Report. Consult with CIM as needed.
PMM GUIDELINES FOR OUT OF STATE DISCHARGES	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> Requires one phone call to the provider and AR/SDM by the 17th day after discharge. Complete PMM Report as indicated. Consult with CIM as needed.
PMM GUIDELINES FOR COMMUNITY NF FACILITY DISCHARGES	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> Requires phone calls to the provider and AR/SDM by the 17th, 30th, and 60th day after discharge. Complete PMM Report as indicated. Consult with CIM as needed.
Ongoing Monitoring	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> Incident/Readmission/Occurrence Report Follow Up and Updates and Death reviews as required per established SOPs. PMM Look Behind per protocol. Outstanding Appointments Tracking completed by CISS/designee