

# Monitoring and Support Form

## #1 - Monitoring for Medical and Behavioral Health Risk

**1a: The member has been exposed to, tested and awaiting results, tested positive for or is under quarantine by local health department for COVID-19.**

Check all that apply

- ☐ Member tested positive for COVID-19
- ☐ Member tested and awaiting result
- ☐ Member exposed
- ☐ Member is under quarantine (by order of the local health department)
- ☐ Member is hospitalized
- ☐ Member lives in certified residence
- ☐ None of the above

Follow CCO COVID-19 Exposure reporting protocols

**1b: The care giver, natural support or person living in the Household has been exposed to, tested and awaiting results, tested positive or is under quarantine by local health department.**

Person living in the Household includes housemates if the member lives in a certified residential setting.

Check all that apply

- ☐ Person living in the Household tested positive
- ☐ Person living in the Household exposed
- ☐ Caregiver/Person living in the Household under quarantine (by order of local health department)
- ☐ Natural support, not in household with Member, tested positive or exposed
- ☐ Caregiver/Person living in the Household is hospitalized
- ☐ Member lives in certified setting
- ☐ None of the above

Follow CCO COVID-19 Exposure reporting protocols

**1c: Monitor member for medical health, behavioral health, medication, medical supplies or health related risk areas.**

Do you have enough medication, ability to obtain medication, if they are taking medications as directed? Do you have enough medical supplies that you need for your health and safety? Do you have a new diagnosis? Do you have transportation to critical health/medical appointments? Do you have a medical diagnosis that places you at higher risk of serious illness from COVID-19?

If the member is exhibiting any of the following “nearly every day” for the last week or two weeks, there is an emergent/urgent behavioral health risk.

- Eating or Sleeping significantly different than normal? (Examples: Eating too much or too little. Trouble falling asleep or staying asleep. Excessive sleeping that is new or unusual)
- Feeling down, depressed or hopeless
- Feeling or behaving more aggressively than normal
- Engaging in more self-injurious behavior than normal

- For those who have never self-injured prior to current crisis, engaged in any self-injurious activity
- Engaged in more elopement behavior than normal or begun to display an elopement behavior
- Engaged in more substance use than normal

- ☐ Yes, risk identified
- ☐ No, individual has no identified risk

**1d: Medical or Behavioral Health Risks Identified:**

Check all that apply

- ☐ Insufficient Medication
- ☐ Insufficient Medical Equipment and/or Supplies (oxygen, attends)
- ☐ Inability to obtain medication or medical supplies
- ☐ Unable to access critical medical appointments
- ☐ Unmet emergent/urgent behavioral health risk
- ☐ Not Applicable
- ☐ Other (describe in comments)

Comments

**#2 - Monitoring for Home Environment and Service/Support Risk****2a: Monitor member for risk(s) in their home environment or services that affect their health and safety.**

Discuss the following:

Are you able to engage in prevention activities? Is your home environment safe? Do you have a safe place to stay? Have any supports that you rely on for health and safety been canceled or reduced? Are your natural supports still able to assist you in meeting your health and safety needs? Do you still have a backup plan?

- ☐ Yes, risk identified
- ☐ No, individual has no identified risk

**2b: Members Home/Living environment is unsafe or presents an imminent risk to their health or safety.**

“May need temporary emergency residential placement” means that they are likely in the near future to need emergency residential placement.

- ☐ May need temporary emergency residential placement
- ☐ Needs immediate temporary emergency residential placement
- ☐ Needs immediate Long-term residential placement
- ☐ Not Applicable, home/living environment is safe
- ☐ Not Applicable, resides in certified setting

**2c: Other home environment or support/service risks identified:**

Check all that apply

- ☐ Unable to engage in preventive activities to maintain health and safety (social distancing, hand washing, etc.)
- ☐ Canceled or reduction in services that create a risk to Members health and safety (waiver or non-waiver)
- ☐ Natural Supports no longer available or has limited availability/No Back up Plan

- ☐ Not Applicable  
☐ Other (describe in comments)

Comments

### #3 - Monitoring for Resource and Supplies Risk

#### 3a: Monitor member for risk(s) regarding obtaining enough food and supplies.

Discuss the following:

Do you still have enough food, water, soap, hand sanitizer, disinfectant wipes, gloves, paper goods, toilet paper, and paper towels to avoid frequent visits to the store? Are you still able to get items if you run out? Do you still have transportation necessary to support your health and safety?

- ☐ Yes, risk identified  
☐ No, individual has no identified risk

#### 3b: Resource or Supply Risks identified

Check all that apply

- ☐ Insufficient Food  
☐ Insufficient Supplies (water, soap, toilet paper, etc.)  
☐ Inability to obtain food/supplies  
☐ Not Applicable  
☐ Other (describe in comments)

Comments

### #4 – Discuss Follow-up Next Steps

#### 4a: Member/Family Requested change in frequency of monitoring:

Review when you will make follow-up contact with Member/family. If no immediate follow-up needed, review expectation of follow-up (1x per calendar week for high risk; 2x per calendar month for non-high risk).

- ☐ No change from recommended frequency  
☐ Once per month  
☐ Twice per month  
☐ Once per week  
☐ Multiple times per week  
☐ Member resides in certified setting  
☐ Other (Indicate below)

CM follow-up with Member or family