

**CSHCN FAMILY SUPPORTS AND COMMUNITY RESOURCES TOOL – MONITORING INSTRUCTIONS AND STANDARD STATEMENTS**

**Note: CSHCN-funded Family Supports and Community Resources programs/contractors vary widely, therefore, not all standards will apply to every program/contractor. Standards are based on Title V values and CSHCN Performance Measures related to Family/Professional partnership and Family Satisfaction, Medical Home, Access to Adequate Health Insurance/Financing, Organization of Community Services for Easy Use by Families, Transition to Adult Health Care, Work, and Independence, and Family/Community Support, and CSHCN RFP requirements.**

REVIEW CRITERIA	ADDITIONAL CLARIFICATION AND <i>Method of Verification</i>
<b>I. Eligibility</b>	
1. Services are provided to CSHCN or adults with Cystic Fibrosis or the specific subset of this population as described in the contractor's proposal.	<i>Client records – intake documentation, contact notes, medical records. Program procedures. Staff interviews.</i>
<b>II. Services and Supports</b>	
1. Contractor provides access to family supports and community resources that support families in their care giving roles and facilitate and promote the inclusion of CSHCN and their families in their community.	Family supports and community resources may include a wide range of services, resources, and supports, including, but not limited to, classes, books/periodicals/tapes or other library materials, computer/internet access, respite, equipment, supplies, wellness and recreation activities, support groups, and specialized child care.  <i>Client records – intake documentation, contact notes, referrals. Program procedures. Staff interviews. Observation of staff/family/child interaction.</i>
a. Family supports and community resources provided are above and beyond the scope of usual needs (i.e., basic clothing, food, shelter, medical care, and education).	<i>Client records – intake documentation, contact notes, referrals. Program procedures. Staff interviews. Observation of staff/family/child interaction.</i>
b. Family supports and community resources provided are necessitated by the child's physical, developmental, behavioral or emotional condition.	<i>Client records – intake documentation, contact notes, referrals. Program procedures. Staff interviews. Observation of staff/family/child interaction.</i>
c. Family supports and community resources provided directly support the child living in his/her natural home and participating in family life and community activities.	<i>Client records – intake documentation, contact notes, referrals. Program procedures. Staff interviews. Observation of staff/family/child interaction.</i>

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2. Contractor provides family supports or community resources in a location that is easily accessed by the target population and ensures the comfort, safety, and privacy of the client and family.	Program procedures. Facility review/observation. Staff interviews. Family satisfaction surveys.
<b>III. Cultural Competence</b>	
1. Contractor delivers culturally competent services in such a way as to enhance existing community resources and natural supports and respect the values of the individual families.	The contractor's program policies and procedures should demonstrate the importance of acknowledging and respecting the cultural values of families and children. Inherent in this respect is the incorporation of family routines and other natural supports with the provision of services.  <i>Client records – intake documentation, contact notes.</i> <i>Program policies and procedures.</i> <i>Array of services provided.</i> <i>Staff interviews.</i>
2. Contractor demonstrates the ability to provide services to culturally diverse populations (e.g., language translation, compliance with ADA requirements, and other means of assuring accessibility for the targeted population.)	Contractor policies and procedures should reference resources for obtaining language or sign language interpretation when needed, as well as providing other accommodations when needed. Service locations must be in compliance with ADA requirements.  <i>Program policies and procedures.</i> <i>Client records – intake documentation regarding family/child's preferred language, contact notes (documentation of provision of language translation or sign interpretation if needed).</i> <i>Staff interviews.</i> <i>Observation of staff/family/child interaction.</i> <i>Facility review/observation.</i>
<b>IV. Staff/Personnel</b>	
1. Staff are qualified, trained, and supervised for the duties outlined in the proposal.	<i>Personnel policies.</i> <i>Job descriptions.</i> <i>Personnel files.</i>
2. Volunteers are qualified, trained, and supervised for the duties outlined in the proposal.	<i>Personnel policies.</i> <i>Job descriptions.</i> <i>Personnel files.</i>
<b>V. Policies and Procedures</b>	
1. Contractor's program and personnel policies and procedures are accessible and available to all staff.	<i>Polices and procedures.</i> <i>Staff interviews.</i>

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<b>VI. Coordination with DSHS Regional Staff</b>	
1. Contractor has established a process of coordinating activities with the Regional Director of Social Work Services and other DSHS regional staff, and other CSHCN funded projects (if applicable).	<i>Policies and procedures.</i> <i>Staff interviews.</i> <i>Meeting records.</i>
2. Contractor meets quarterly with the Regional Director of Social Work Services or his/her designee to exchange information on project activities.	The purpose of the quarterly meeting with the DSHS Regional Director of Social Work Services is to assure regional input in the implementation of contractor services and coordination with other services. Additionally, the DSHS Regional Director of Social Work Services and other DSHS staff may provide technical assistance to contractor as needed. Meeting may be in person or by phone contact.  <i>Quarterly performance reports.</i> <i>Meeting records.</i>
<b>VII. Payment for Services/Use of Funds</b>	
1. Contractor has established and implemented a co-pay system for the family support services provided.	<i>Program procedures.</i> <i>Client records (if applicable).</i>
a. No co-payment is charged to families at or below 100% of poverty.	<i>Program procedures.</i> <i>Client records (if applicable).</i>
b. No one is denied services on the basis of inability to pay.	<i>Program procedures.</i> <i>Client records (if applicable)</i>
2. Project funds are not used for family supports or community resources that duplicate those currently available to a child with special health care needs or his/her family in the community, e.g., services covered through Medicaid waivers, the Medically Dependent Children Program, etc.	<i>Program procedures.</i> <i>Client records (if applicable).</i>
3. Project funds are not used to supplant local or state funds.	<i>Program procedures.</i> <i>Client records (if applicable).</i>

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<b>VIII. Communication/Outreach</b>	
1. Within the first three months of funding, Contractor has informed local health care providers, area schools, other community service providers, and the general public of project activities and available services.	Outreach letters, promotional materials, evidence of providers and schools receiving the information.
<b>IX. Safety</b>	
1. If Contractor includes the provision of facility-based respite services or specialized child care, services are provided in a safe environment that allows for maximum inclusion of children with additional needs or who are medically fragile or complex.	Policies and procedures Facility review/observation.
a. If needed, this includes nursing support and individual nursing care plans that outline the necessary interventions to be provided. An assessment of the individual safety needs of each child is addressed in the nursing care plan.	Policies and procedures. Facility review/observation. Client records.
b. Contractor has emergency or safety procedures including specialized procedures for CSHCN who have additional needs or are medically fragile or complex.	<i>Policy and procedures.</i> <i>Staff training plan/log.</i>
2. Contractor has established and implemented appropriate staff training to address safety issues.	<i>Policy and procedures.</i> <i>Staff training plan/log.</i>
<b>X. Program Evaluation/Quality Assurance</b>	
1. Contractor has established and implemented an evaluation plan that includes:	The contractor has written and implemented an evaluation plan that is used to evaluate all services, processes and operations within the agency.  <i>Policies and procedures.</i>

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a. A process for monitoring staff/family/child interactions.	<i>Client record reviews documentation.</i> <i>Staff/family/child interaction observation records.</i> <i>Training records.</i> <i>Family satisfaction surveys.</i>
b. Mechanisms for external feedback from families, children, providers, organizations, etc. served, including measures of satisfaction and suggestions for program improvement.	
2. Contractor maintains documented evidence of activities in accordance with the evaluation plan, which may include the following:	<i>Policies and procedures.</i> <i>Client record reviews documentation.</i> <i>Staff/family/child interaction observation records.</i> <i>Training records.</i> <i>Family satisfaction surveys.</i>
a. Log of activities such as presentations, training, or educational programs, if applicable.	
b. Sign-in sheets of participants for activities, meetings, and presentations or summaries of these, if applicable.	
c. Additional plans, memoranda of understanding, promotional materials, or other documents that assist with project implementation, if applicable.	
d. Evidence of availability of publications, books, resource materials, resource space/room, crisis supplies to families, if applicable.	
<b>XI. Reporting</b>	
1. Contractor submits quarterly performance reports in the format determined by DSHS and in a timely manner (no later than 30 calendar days following the close of the reporting period).	<i>Quarterly Performance Reports.</i>
2. Performance reports detail actions taken by the	<i>Quarterly Performance Reports.</i>

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Contractor to achieve project objectives, and/or progress made toward objectives.	
3. Performance reports include documentation of any barriers, challenges, and/or successes encountered.	<i>Quarterly Performance Reports.</i>
4. Performance reports include data on the DSHS-required contract performance measures. (Family Supports and Community Resources FY06 Quarterly Report - Part V – Evaluation Data)	<i>Quarterly Performance Reports.</i>
5. Performance reports include information regarding services and supports provided that address one or more of the Title V CSCHN Performance Measures. ((Family Supports and Community Resources FY06 Quarterly Report – Part IV – Narrative Progress Report)	<i>Quarterly Performance Reports.</i>