Supervisory Care Home (SCH) Monthly Progress Report

This report is to be completed on each member residing in a SCH and submitted to **SFTP File Format: Housing_SCHMonthly_YYYYMMDD_AgencyID** by the 5th of every month.

Date: _____ Last ISP Date: _____ Member Name: _____ AHCCCS ID: _____
SCH Name: _____ SCH Address: _____
PNO: _____ Clinic: _____ Case Manager: _____

Physical Environment:

Question	Yes	No
Room Temperatures fall between 68 and 85 degrees	☐	☐
Medications are properly stored (locked area and or inaccessible to residents)	☐	☐
A current physical and psychiatric medication sheet are on file for member (updated every 90 days or if any change to behavioral or physical health medications)	☐	☐
The facility is in good repair (clean, safe, free of odor, hazardous materials, insects and rodents	☐	☐
Member has access to hot and cold water to sufficiently meeting their personal hygiene needs	☐	☐
Member has access to adequate food and water	☐	☐
Bathroom provides for privacy and includes a working toilet, sink and bath/tub shower	☐	☐

If any of the above are No – Please explain:

_____
_____
_____
_____

Date of Registered Nurse (or qualified staff) visit/medication reconciliation: _____
Name Registered Nurse (or qualified staff): _____

Quality of Care

Question	Yes	No
Member is free from verbal/physical/sexual abuse or neglect (If no – Incident report is required to be completed and submitted to risk management – enter date here:	☐	☐
The facility administers medications as prescribed (If no – Incident report is required to be completed and submitted to risk management – enter date here:	☐	☐
The facility does not have alcohol or drugs on property	☐	☐
Member remains free from exploitations (working for minimal pay)	☐	☐
Any concerns observed or reported are documented	☐	☐

If any of the above are No – Please explain:

Meaningful Daily Activity Involvement:

Is the Resident involved in any activities outside of the SCH? Yes☐ No☐

If Yes: list all activities involved in at least weekly:

If No: Explain why not participating and outline the plan to engage the member in meaningful activities outside of the SCH.

Risk Factors

Are the risk factors identified for the member (*examples include: Guardian, increased symptoms, medical concerns, substance abuse, illegal activities, criminal justice, COT*) Yes/No

If yes: What is the plan to address identified issues:

Readiness to Move Assessment

☐ Engagement: Not ready, Clinical team will develop and engage member

☐ Exploring: Ready to consider alternative housing options, Clinical Team will discuss and show options

☐ Planning: Ready to move out, Clinical team will develop an appropriate community placement plan and complete referral

Explain barriers which may hinder the potential for independent living and or skills needed:

What options/alternatives have been offered to member as an alternative to SCH?