MONITORING AND EVALUATION

The service plan, status of the medical condition, compliance with keeping appointments, progress toward reaching goals, and appropriateness of services will be reviewed with the participant/family every six (6) months and anytime there is a significant change. A full assessment and review of continued eligibility will be conducted annually. These contacts must be documented in the SHCN Information System.

The following activities/techniques are suggested to assist the Service Coordinator in monitoring and evaluating the participant’s services and goals.

Review the plan of care for comprehensive, continuous, and coordinated care.
- When available, review and discuss medical reports to determine the current health status of the participant.
- If a change in the general health status, diagnosis, or treatment is found, make an appropriate entry in the SHCN Information System.
- Update the service plan as needed to reflect changes.

Assess satisfaction with, compliance to, and accessibility of services.
- Maintain contact with the participant/family through phone calls or face to face contact, utilizing interpreters as needed.
- Discuss components of care: current, coordinated, family-centered, and accessible.
- Assess any barriers to accessing medical care such as transportation. (Service Coordinators should not provide transportation to participants/families.)
- As needed, help the family transition to new providers when insurance plans change.