



## 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 5<sup>th</sup> of every month.

Date: [redacted] Last ISP Date: [redacted] Member Name: [redacted] AHCCCS ID: [redacted]  
 SCH Name: [redacted] SCH Address: [redacted]  
 PNO: [redacted] Clinic: [redacted] Case Manager: [redacted]

**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):** [redacted]

**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?