QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

ACTIVITY DESCRIPTION:

Resource coordinators are responsible for monitoring the implementation of Individual Plans (IPs) for the people they serve in Waiting List Coordination Services, Community Coordination Services, and Transition Coordination Services.

The intent of monitoring activities is to ensure people are receiving quality services and supports needed as outlined in their IP to achieve defined outcomes and support the person's health and safety. The intent of follow-up activities is to check on the status and/or initiate referrals, request for service change, transitions (i.e. into new services, between providers, or to the community), and actions needed to maintain eligibility for Medical Assistance, waiver services, and other applicable resources.

In accordance with COMAR 10.09.48.06D, Monitoring and Follow-Up Activities include:

A. Assessment of:
    1. Services being rendered as specified in the individual plan;
    2. The individual's current circumstances;
    3. Progress toward goals and intended outcomes;
    4. The individual's referral status; and
    5. The individual's needs and supports to maintain eligibility for Medicaid, waivers, DDA services, and any other relevant benefits or services.
B. Identification of new medical, health services, or other needs;
C. Recommendation of new DDA priority category as the conditions or circumstances of the participant changes, or as requested by the DDA;
D. Requests for service change and modifications to meet health and safety needs, preferences, and goals;
E. Identification of new support or resource options;
F. Review and, if necessary, revision of the plan for emergencies;
G. Monitoring of any and all reportable incidents as defined in DDA's reportable incident policy; and
H. Application/re-application for necessary programs or services to prevent or remedy a gap in eligibility.

Monitoring and follow-up activities can be classified as either a ***Comprehensive or Focused* Review** of the person's current circumstances, implementation of the Individual Plan (IP), and health and welfare status. The required frequency of **Comprehensive Reviews** is outlined in COMAR 10.09.48 and detailed throughout this guide.

In addition to the required Comprehensive Reviews, resource coordinators may be informed of changes in circumstances, needs, or provision of services that would indicate a need for a **Focused Review** and follow-up by the resource coordinator. Focused Reviews can occur at any time related to one or several of the areas noted.

QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

PROTOCOLS AND BUSINESS RULES:

All monitoring and follow-up activities should be reported on the **RC Monitoring Form** and the **IP Outcome and Goals Progress Report** (*as applicable*) within the PCIS2 Resource Coordination and Individual Plan Modules.

RC Monitoring Form

The RC Monitoring Form (Appendix A) is composed of eight (8) sections: Current Circumstances, IP, General, Health and Welfare, Emergency Plan, Eligibility, Incidents, and Services and Referrals. Anytime a resource coordinator enters duration for a monitoring and follow-up activity, the Monitoring Form is required.

A. As part of logging a monitoring and follow-up activity in the system, resource coordinators are required to update and save a Monitoring Form.

B. **In all instances when a Monitoring Form is required, the resource coordinator shall complete the first section titled "Current Circumstances."** The four (4) required questions within the "Current Circumstances" section of the RC Monitoring Form are:

1. Change in caregiver or caregiver's age?
   - In instances where there is a change in caregiver or caregiver age, the resource coordinator shall check "yes", enter the change or new information into the "comments" box, and should also notify the Regional Office directly of the change.
   - A "yes" answer indicates a change in caregiver or caregiver age. For example, if the current primary caregiver's information (the actual person) and/or the caregiver's date of birth differs from the information in PCIS2 in the contacts page a "yes" shall be indicated and new information noted in the comments box.
   - A "yes" answer should not be used simply because the caregiver is a year older.

   NOTE: The current primary caregiver and age of the caregiver is important as it is an eligibility factor associated with the Waiting List Equity Funds. In some situations, individuals who have been on the Waiting List for some time may have information in PCIS2 from the original application and CNLR which was completed several years ago.

2. Change in demographics?
   - In instances where there is a change in demographics, the resource coordinator shall check "yes", enter the change or new information into the "comments" box, and should also notify the Regional Office directly of the change.
   - A "yes" answer should also be used when there is an error in PCIS2 on the demographics page.

NOTE: It is important to ensure information in PCIS2 in the demographics page is current and accurate as the DDA will send formal notices to the address within PCIS2. In some situation, individual's information may be from their original application and has not been updated. In other situations, individuals may move from one address to another at a high frequency due to personal circumstances.

3. Change in service(s)?
   - In instances where there is a change in services, the resource coordinator shall check "yes", enter the information into the "comments" box, and must update the IP.

NOTE: It is important to ensure information in the IP within PCIS2 is current and accurate. The DDA, Medicaid, and OHCQ will review the IP for information to address inquiries, request for new services, concern, complaints, and incidents.

4. Change in priority category and/or eligibility?
   - In instances where there is new information that may result in a change in priority category and/or eligibility, the resource coordinator shall check "yes" , enter information into the "comments" box, and must also complete a Critical Need List Recommendation (CNLR) form or waiver form as applicable and submit to DDA.

NOTE: New information may become available and/or situations and circumstances may change requiring a new assessment of the person current eligibility status. As DDA funding is based on eligibility and priority status, it is important for information to be shared with the DDA for consideration and possible changes to the person's eligibility or priority category.

C. **For Comprehensive Reviews, the entire form (all 8 sections) must be completed in accordance with the timing guidelines.**

D. For **Focused Reviews** (i.e. monitoring and follow-up activities conducted between the regulatory required visits), **the resource coordinator must complete the "Current Circumstances" section and update the other relevant section(s) of the Monitoring Form**.

E. For each question, the resource coordinator should include a comment providing details as to why they responded with a "Yes" or a "No." Exceptions to this rule are noted in Appendix B.

F. Sections 1, 5, and 7 of the RC Monitoring Form include questions with the option to select "Yes" or "No".

G. Sections 2, 3, 4, and 6 of the RC Monitoring Form include questions with the option to select "Yes," "No," or "N/A."

H. Prior to selecting an answer, the resource coordinator must carefully review the questions within each section.

QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

I. If a question does not apply, then select "N/A." A comment is required for each "N/A". For example, "N/A" is an appropriate response for people on the waiting list to the Level of Care question in the Eligibility section of the RC Monitoring Form. The comment should note "Mr. Doe is on the DDA Waiting List."

J. Comments and responses to each question may trigger new activities and/or possible referrals. See examples A-C in the box below:

EXAMPLE A: EMERGENCY PLAN

If the answer is "No" to the question "Does the individual have an emergency plan?", then the comment should indicate what action the resource coordinator has or will do to establish an appropriate emergency plan within the individual plan.

Development of an appropriate emergency plan may require the resource coordinator to update the IP to include a goal and strategy to meet the need, and/or to complete a referral form for the needed services. The form is found under the Services and Referrals section of the Monitoring Form.

Note: The individual plan, as documented within the PCIS2 IP Module, is not considered complete until an appropriate response has been entered for all relevant questions within the Emergency Plan section of the IP module.

EXAMPLE B: INDIVIDUAL PLAN

The ***"Individual Plan Section"*** of the Monitoring Form asks if "there has been any progress towards goals?" In this question "**progress**" is defined as any movement or advancement in meeting the goal.

*If the individual has made improvements with regards to the goal, the resource coordinator should select "Yes" and provide a note in the "Comments" area.

* If the individual has made no progress or regressed with regards to the goal, the resource coordinator should select "No" and provide notes within the "Comments" area.

In either instance, the resource coordinator will also need to complete the ***Individual Plan Outcomes and Goals Progress Report*** as well. Dependent on whether the person has made improvements, no progress, or regressed, it may be necessary for the IP to be reviewed in more detail and revised to ensure the strategies are well-matched to the goal. The strategy ought to be appropriate to support the efforts to meet the person's needs.

EXAMPLE C: REPORTABLE INCIDENT

The DDA incident reporting module sends an automatic email to the resource coordinator assigned to support the person. Upon receipt of the email, the resource coordinator shall perform and document their monitoring and follow-up activities.

The ***"Incidents Section"*** of the Monitoring Form asks "Were any incidents reported since your last contact?"

*The resource coordinator shall check "Yes" during a comprehensive review if any incidents occurred during the review period.

*The resource coordinator shall check "Yes" for a focused review when they either directly report an incident or receive an email that an incident was reported.

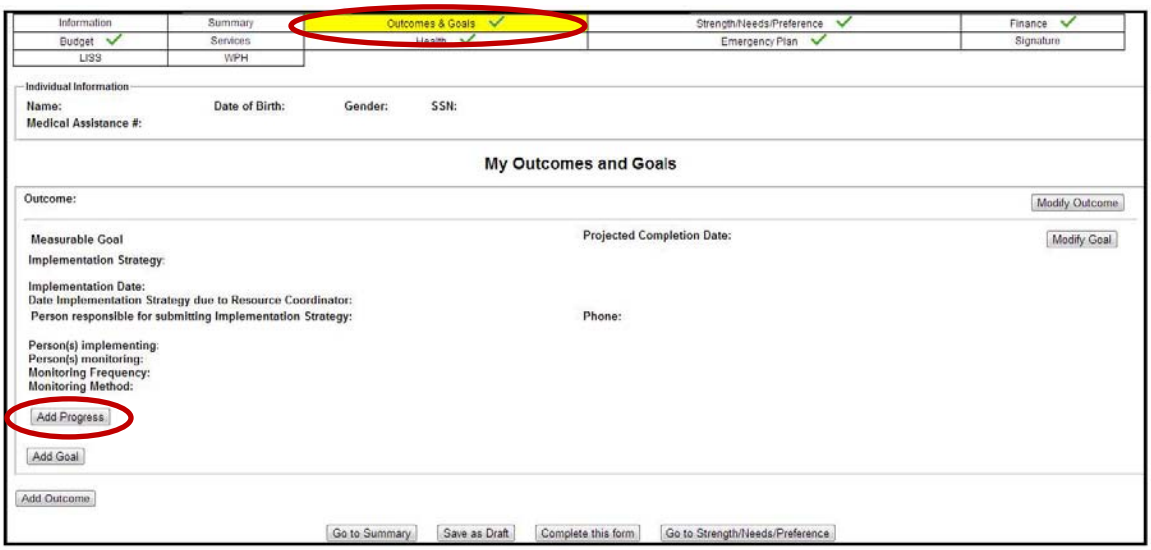
The resource coordinator's response to the question may trigger the need for additional follow-up and referral and related activities.

Note: Resource coordinators should review and be knowledgeable of their role and responsibilities in accordance with the Policy on Reportable Incidents and Investigations (PORII) as revised January 15, 2013 and thereafter.

PORII defines reportable incidents as "significant events or situations that, because of the severity or the sensitivity of the situation, shall be reported electronically within prescribed timeframes to OHCQ, the DDA regional office, and the involved Resource Coordinator/Resource Coordination office (RC)…"

Individual Plan Outcome and Goals Progress Report

A. As part of documenting monitoring and follow-up activities related to a particular IP goal in the IP section of the Monitoring Form, resource coordinators are also required to enter the information within the PCIS2 IP module in the Outcome and Goals Section.



B. The resource coordinator may receive updates from a service provider on a person's progress specific to a goal in relation to completing either a Focused or Comprehensive Review. The resource coordinator is responsible for documenting the progress within the PCIS2 IP module.

QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

Frequency of Monitoring and Follow-Up

A. Waiting List Coordination Services:

1. Crisis Resolution Priority:
   - *Minimum monthly face-to-face* contacts shall be made *for the first 90 calendar days*, after which face-to-face contact will be made *quarterly*; and
   - On a quarterly basis, a Comprehensive Review for the individual shall be done by the resource coordinator and documented by completing a RC Monitoring Form within the system.
2. Crisis Prevention Priority:
   - *Minimum quarterly face-to-face contacts*; and
   - On a quarterly basis, a Comprehensive Review for the individual shall be done by the resource coordinator and documented by completing a RC Monitoring Form within the system.
3. Current Request Priority:
   - *Minimum annual face-to-face contact*; and
   - On an annual basis, a Comprehensive Review for the individual shall be done by the resource coordinator and documented by completing a RC Monitoring Form within the system.

B. Community Coordination Services:

1. *Within thirty (30) business days of service initiation*, the resource coordinator shall review the IP and update or modify as needed;
2. *Minimum of quarterly face-to-face* contacts with the individual;
3. Quarterly face-to-face contacts shall be conducted in the *different settings where DDA services are being rendered* (i.e. own home, day program, group home, etc.) and at least one time in each service delivery setting during the course of the fiscal year; and
4. On a quarterly basis, a Comprehensive Review for the individual shall be done by the resource coordinator and documented by completing a RC Monitoring Form within the system.

C. Transition Coordination Services:

1. *Within thirty (30) business days of service initiation*, the resource coordinator shall review the IP and update or modify as needed;
2. *Minimum monthly face-to-face* contacts shall be made *for the first 90 calendar days*, after which face-to-face contact will be made *quarterly*; and
3. On a quarterly basis, a Comprehensive Review for the individual shall be done by the resource coordinator and documented by completing a RC Monitoring Form within the system.

QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

EXAMPLES OF APPROPRIATE MONITORING AND FOLLOW-UP NOTES:

The following are examples of documenting activities within the RC Monitoring Form and IP Progress Report.

A. In the example below, a coordinator met with an individual between required visits to discuss changes to his caregiver and address. The section of the form they completed is **ACCEPTABLE.**

Resource Coordination | Individual Plan | Management | Payment

MONITORING

Status: In draft
Name: A 5C393
Date of Contact: 10/07/2013
Contact type:
* Monitoring Completed by: D TEST

The coordinator provided answers to each question and gave detailed notes explaining the changes to the individual's circumstances.

Current circumstances (Complete as applicable, and notify DDA for any changes.)	YES	NO	N/A	Comments
Change in caregiver/caregiver age?	●	○		John Doe's mother is elderly and is no longer able to be his primary caregiver. John's sister Mary will take over as primary caregiver.
Change in demographics?	●	○		John moved in with his sister and her family. His new address is 123 Main Street.
Change in service(s)?	○	●		There are no changes to John's services.
Change in priority category/eligibility?	○	●		There is no change to John's priority category. He remains on the Waiting List with Current Request priority.

B. In the example below, a coordinator met with an individual between required face-to-face visits and reviewed the person's Individual Plan. In this example, the coordinator **<u>did not sufficiently complete</u>** the related section of the Monitoring Form.

IP (Complete as applicable)	Yes	No	N/A	
Individual has received all services identified in the IP that are due at the time of this contact (including medical appointments)?	●	○	○	John Doe is receiving all services identified in his IP.
Goals have been implemented as identified in the plan?	●	○	○	
There has been progress toward goals?	●	○	○	John made progress on goals.
Individual receives staff ratio as indicated in the IP?	○	●	○	

Does not specify which goals have been implemented (all goals, some goals-which ones, etc).

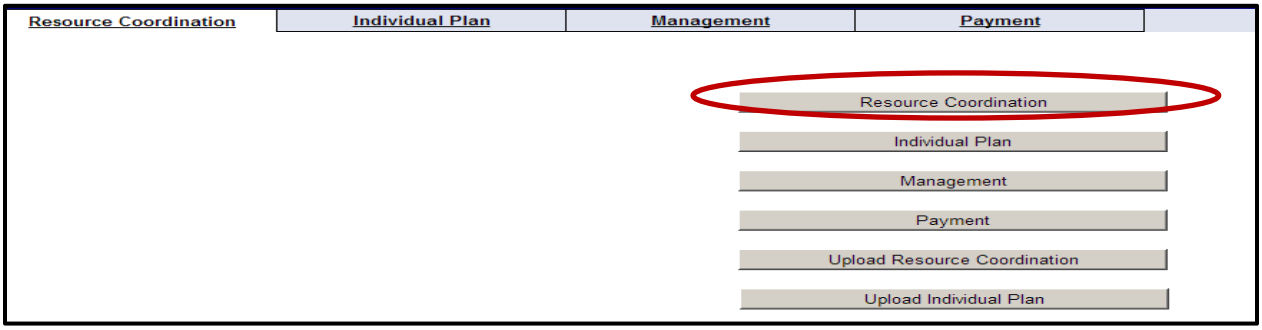
The coordinator indicated that the individual does not receive the staff ratio in the IP but does not explain in the notes.

(a) Does not explain on which goals progress was made.

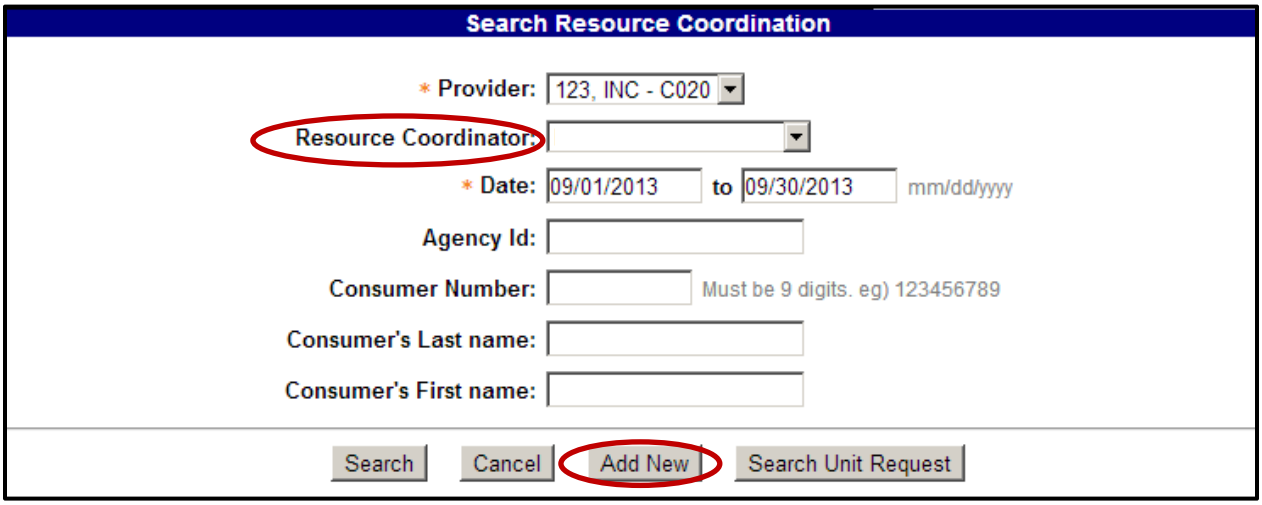
(b) Does not elaborate type of progress or what was working well.

LOGGING ACTIVITIES IN PCIS2: RC MODULE MONITORING FORM

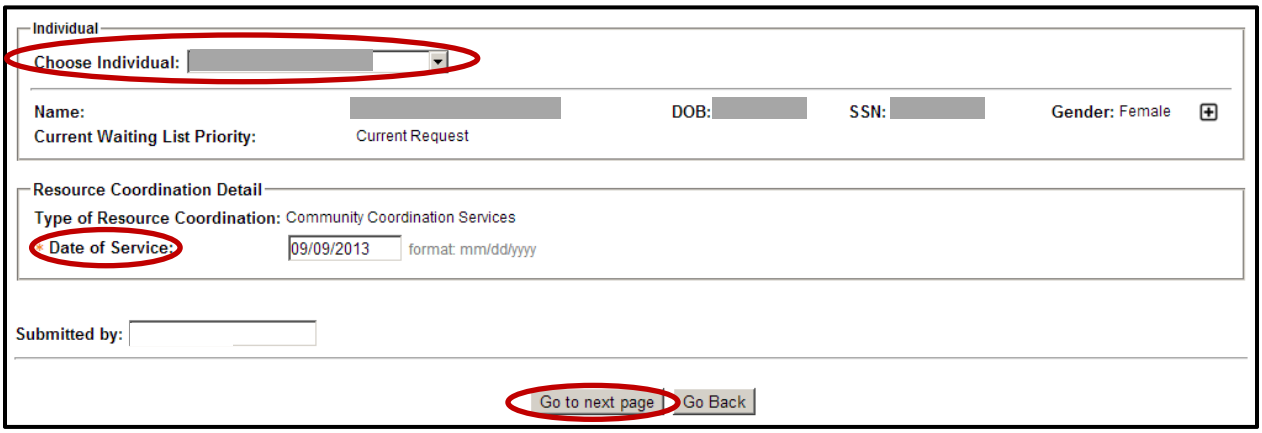
STEP 1: Once in the "Resource Coordination" tab, click on **"Resource Coordination."**



STEP 2: Select your name from the **"Resource Coordinator"** drop-down menu and click on **"Add New."**

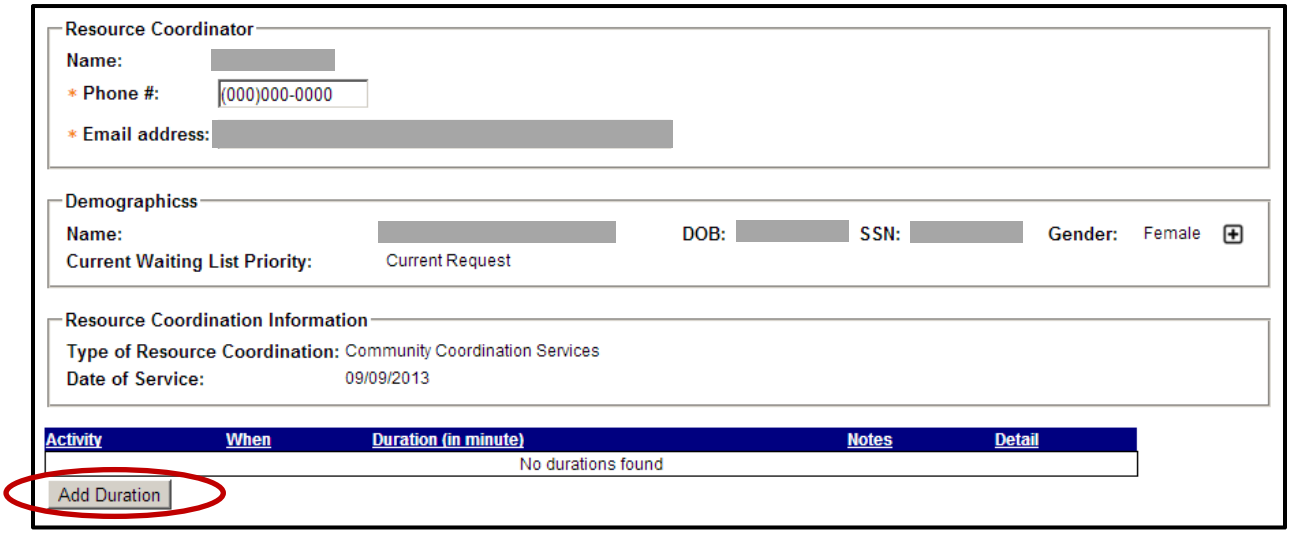


STEP 3: Select the individual from the **"Choose Individual"** drop-down menu; enter the **"Date of Service"** (date the activity was conducted); and then click on **"Go to Next Page."**

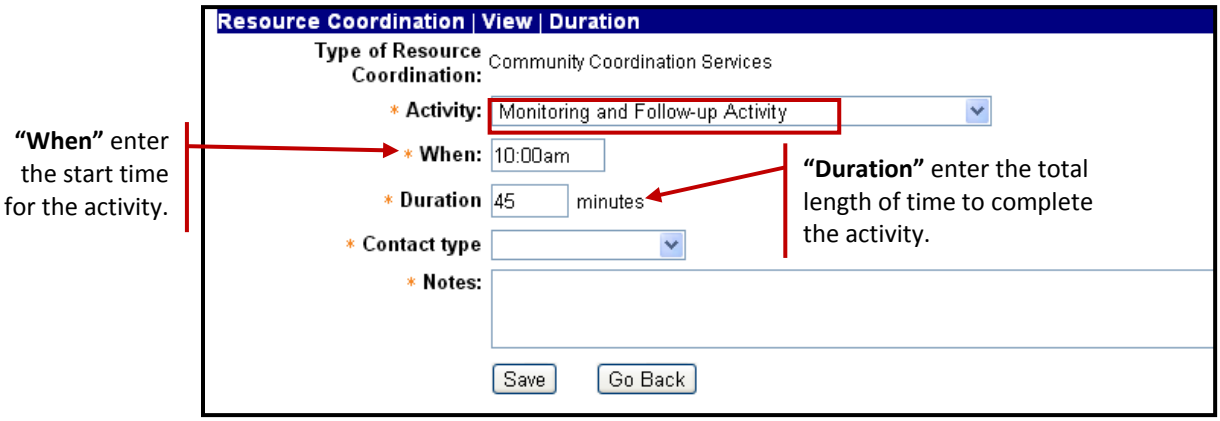


QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

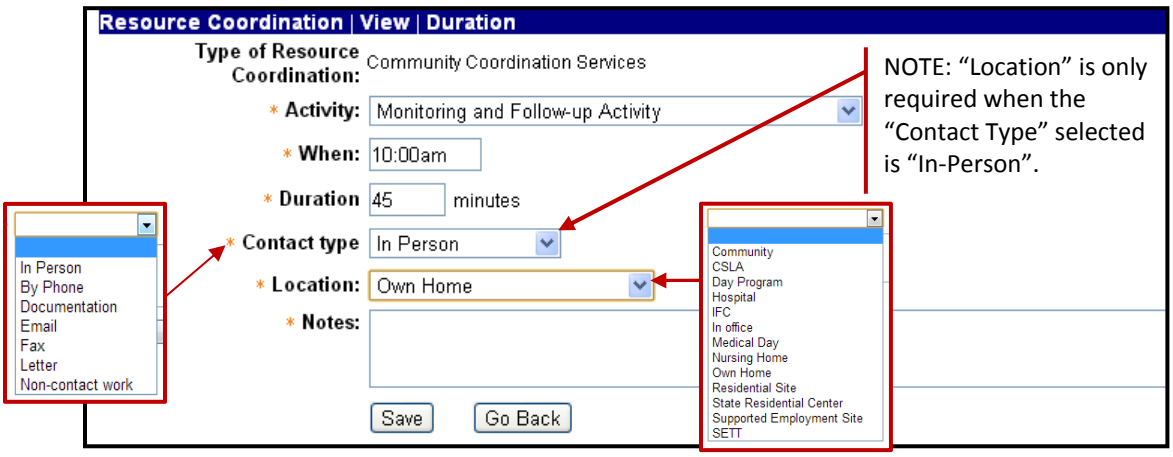
STEP 4: To add activity duration, click on **"Add Duration."**



STEP 5: Select **"Monitoring and Follow-up Activity"** from the "Activity" drop-down menu and then enter **"When,"** and the **"Duration."**

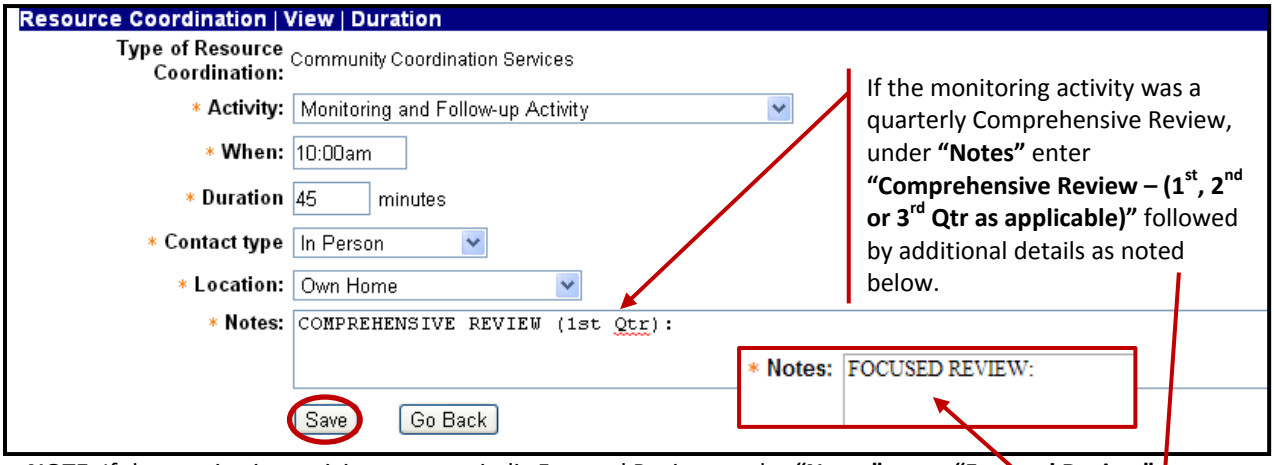


STEP 6: Select the appropriate options from the **"Contact Type"** and enter the appropriate **"Location"** of the monitoring activity from the drop-down menus.



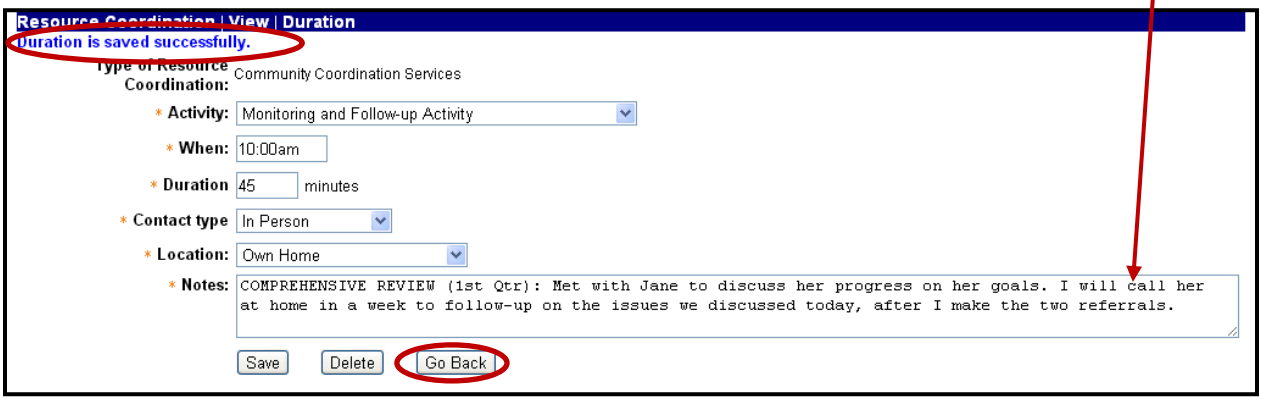
QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

STEP 7: In the "Notes" enter a description of the activity, including the purpose and outcomes of the review, then click on **"Save."** After you saved the changes, then click on **"Go Back."**



NOTE: If the monitoring activity was a periodic Focused Review, under **"Notes"** enter **"Focused Review"** followed by a description of the activity, including purpose and outcomes.

STEP 8: After you saved the changes, then click on **"Go Back."**



CLARIFICATION

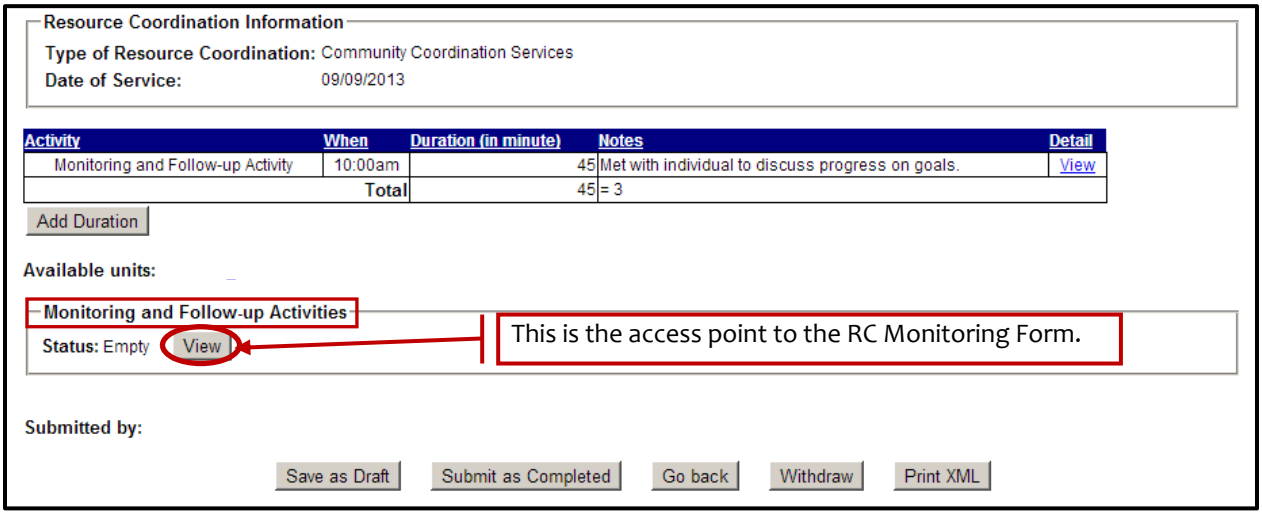
The "Notes" area on the Duration page is different from the "Comments" area on the Monitoring Form:

a) Information provided in the "Notes" should be related to the RC activity being documented.

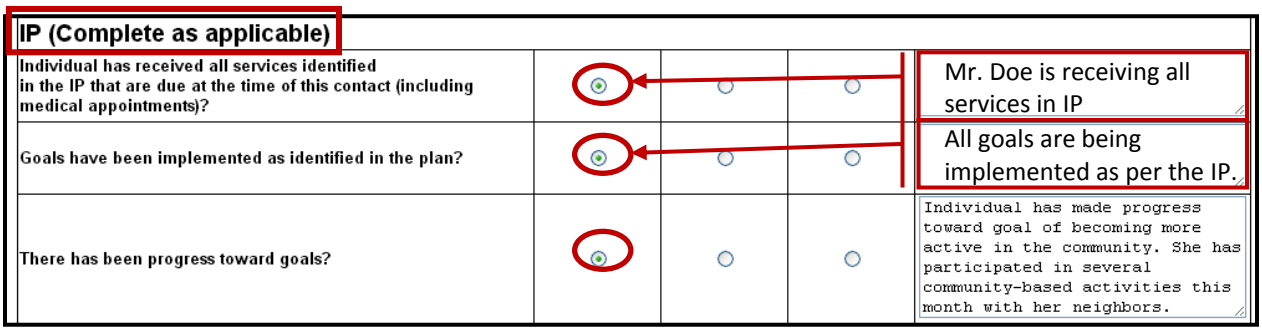
b) "Comments" on the RC Monitoring Form should be related to the actual changes or updates on the individual's condition or circumstances. The coordinator shall provide answers to each question and provide detailed notes explaining the changes to the individual's circumstances.

QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

STEP 9: When the duration for a monitoring and follow-up activity is entered, the resource coordinator is then required to complete and save a Monitoring Form. To do so, in the section "Monitoring and Follow-up Activities" (*just below the "Available Units"*) click on **"View."**



STEP 10: Review and complete all or corresponding sections. Provide answers to each question including detailed notes explaining the changes to the individual's circumstances.



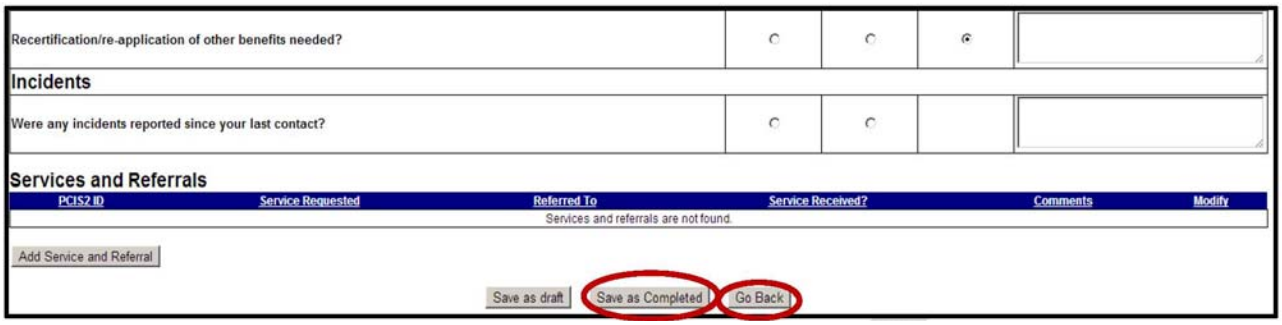
CLARIFICATION

*If the monitoring visit you are documenting is a quarterly ***Comprehensive Review***, complete the entire RC Monitoring Form, meaning all 8 sections.

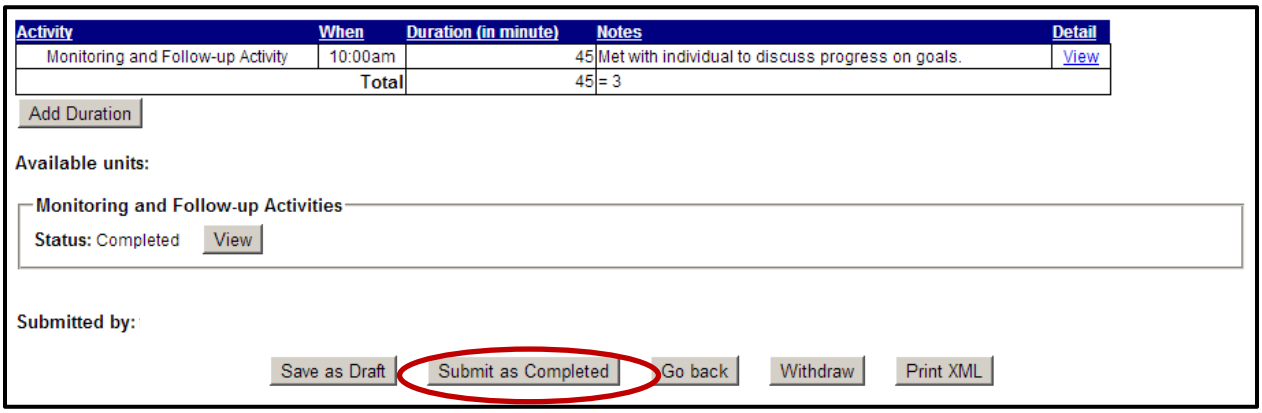
*If you are documenting a ***Focused Review***, a monitoring activity between quarterly visits, complete just Section One and the additional relevant sections. The remaining questions on the form can be answered using "N/A."

Focused Review Example:
A resource coordinator meets with the person they are serving to review the current IP; therefore, the resource coordinator **needs only to complete the Current Circumstances (section one) and Individual Plan sections of the RC Monitoring Form. If during the conversation other pertinent issues were discussed, they could be noted on the form in the corresponding section as applicable.**

STEP 11: Once all changes and updates have been entered into the RC Monitoring Form, click on **"Save as Completed,"** then click on **"Go Back."** This will bring you back to the RESC page.



STEP 12: On the RESC page, after entering all of the RC activities for the individual that took place on that service date, click on **"Submit as Completed."**

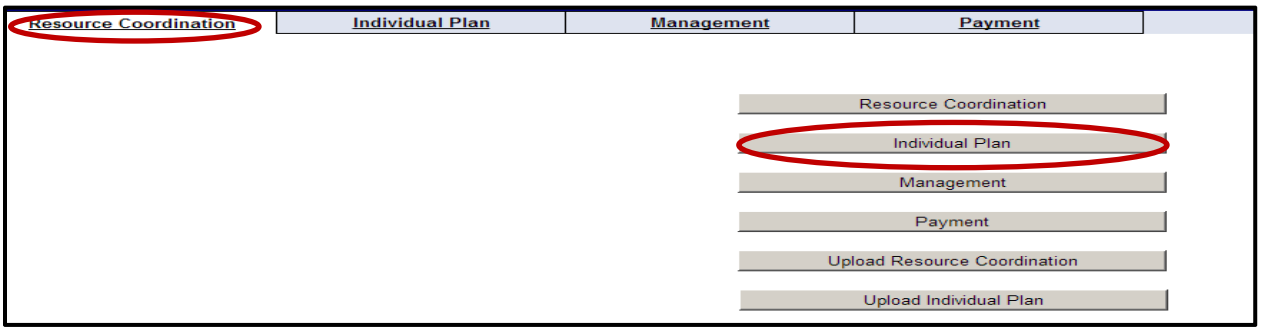


NOTE: If there are more RC activities to be entered, such as additional durations, click on **"Save as Draft."**

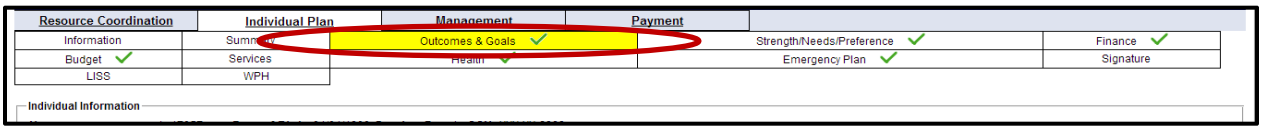
QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

LOGGING ACTIVITIES IN PCIS2: IP MODULE OUTCOME & GOAL PROGRESS REPORT

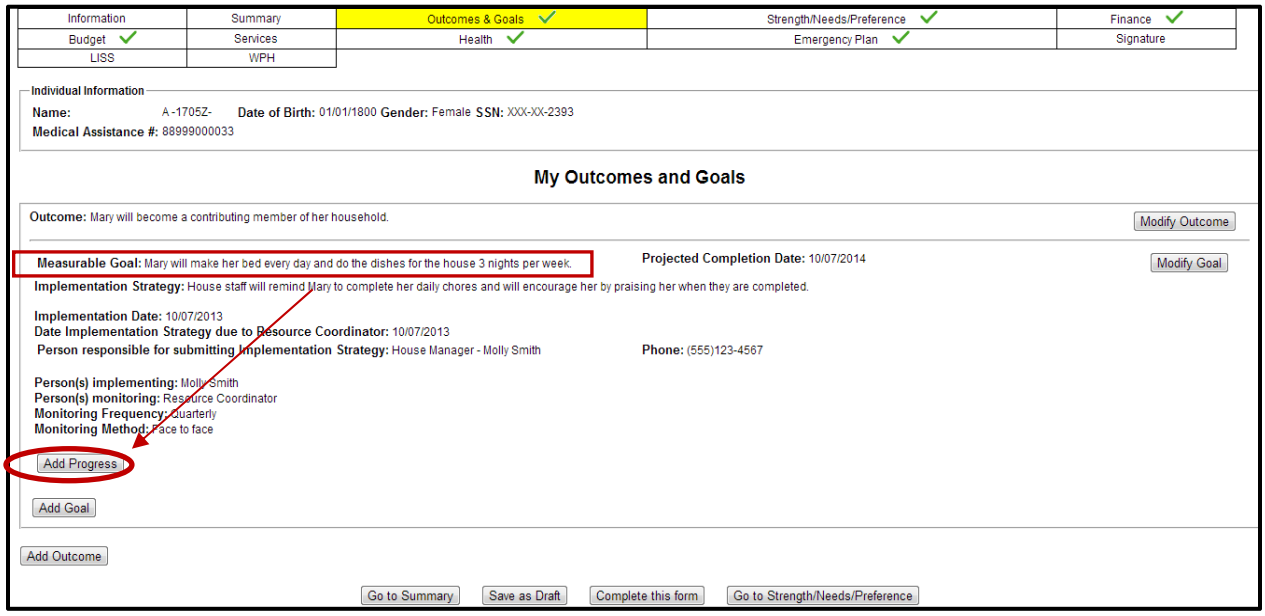
STEP 1: Once in the "Resource Coordination" tab, click on **"Individual Plan."**



STEP 2: Within the Individual Plan Module, click on the **"Outcomes & Goals"** tab.

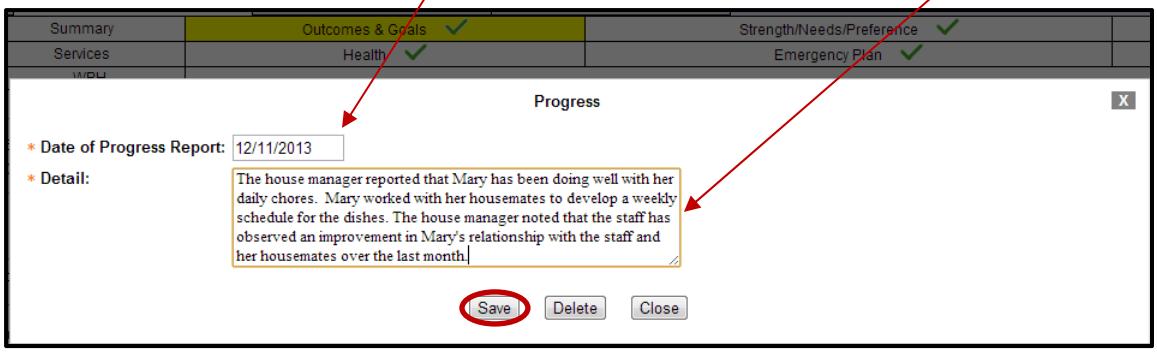


STEP 3: Click on **"Add Progress"** under the appropriate goal or outcome.

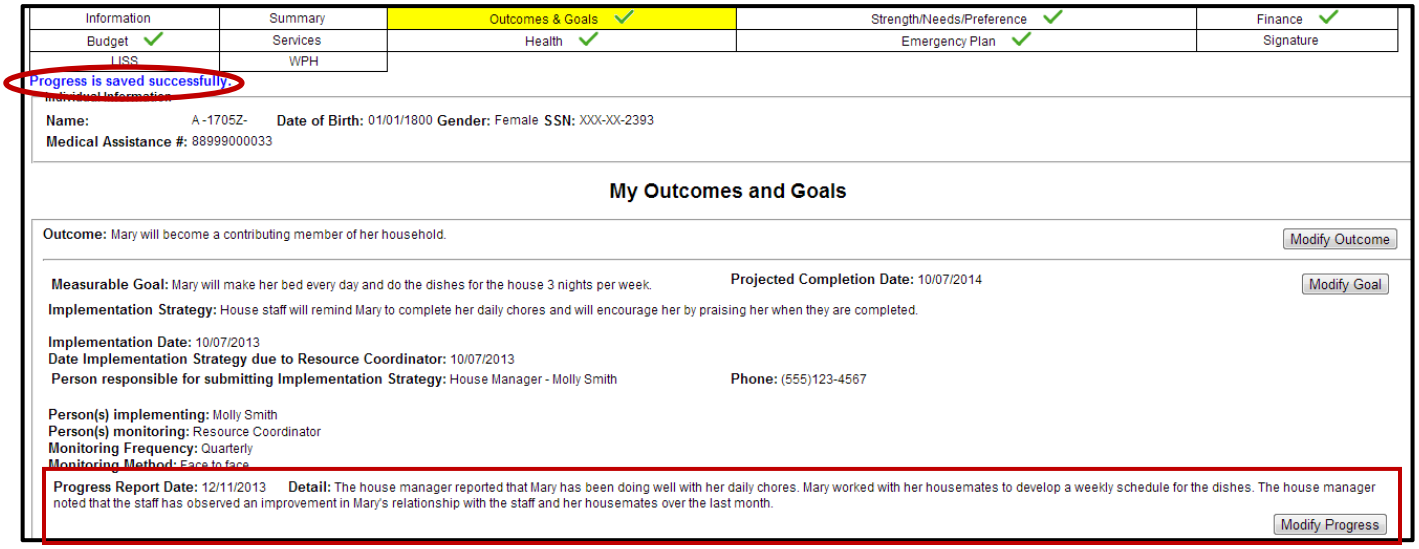


QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

STEP 4: In the pop-up box, enter the **"Date of Progress Report"** and the **"Detail."** Once the details, have been entered click on **"Save"** the resource coordinator must save the changes.



STEP 5: The progress update will then be displayed under the appropriate goal.



APPENDIX A

RESOURCE COORDINATION MONITORING FORM

Indicate if this a Focused Review *(X)* _____ **or a Quarterly Review** *(Circle one)* **: 1st 2nd 3rd 4th**

Date Completed: _____

***Form* Status:** _____ (Empty, In Draft, or Completed)

***Individual's* Name:** _____

Date of Contact: _____

Contact Type: _____ (In Person, By Phone, Documentation, Email, Fax, Letter, Non-Contact Work)

Location: _____ (Community, CSLA, Day Program, Hospital, IFC, In Office, Medical Day, Nursing Home, Own Home, Residential Site, State Residential Center, Supported Employment Site, SETT)

Drop-Down Box Options:

*** Monitoring Completed By:** _____

Section 1: Current Circumstances	*(ALL QUESTIONS IN SECTION ONE ARE REQUIRED.*		
	YES	NO	COMMENTS
Change in caregiver or caregiver's age?			
Change in demographics?			
Change in service(s)?			
Change in priority category and/or eligibility?			

NOTE: Notify DDA directly as well of any changes.

N/A is **not** an option.

Section 2: Individual Plan	*(Complete the IP Outcomes and Goals Progress Report in the IP Module also.)*			
	YES	NO	N/A	COMMENTS
Individual has received all services identified in the individual plan that are due at the time of this contact? *Including medical appointments.*				
Goals have been implemented as identified in the plan?				
There has been progress toward goals?				
Individual receives staff ratio as indicated in the individual plan?				
Individual plan completed within 365 days of previous years individual plan?				

N/A is **not** an option.

Section 3: General				
	YES	NO	N/A	COMMENTS
Staff and/or the caregiver engaged with the individual in a respectful manner?				

Revised 2/5/2014 Page 1 of 3

APPENDIX A

MONITORING FORM

General Continued….	YES	NO	N/A	COMMENTS
Staff and/or caregiver provided adequate attention to safety?				
Individual is satisfied with the service provider(s)? *Residential, Day, and Resource Coordination services as applicable.*				
In general the individual appeared to be well cared for? *For example: hair groomed, dressed in weather appropriate clothing, has clean clothing, personal hygiene is well kept, adequate nutrition is provided.*				
Residence is personalized to the individual's preferences?				

Section 4: Health and Welfare	YES	NO	N/A	COMMENTS
Medical and health services are received as recommended?				
Are new medical or health services recommended?				
Has a seasonal vaccination been offered?				
Medication appears to be properly administered?				
The individual's environment appears to be safe?				
The individual's environment appears to be clean?				

Section 5: Emergency Plan	YES	NO	COMMENTS
Does the individual have an emergency plan?			
Has the emergency plan been reviewed with the individual?			

N/A is **not** an option.

Revised 2/5/2014

Page 2 of 3

APPENDIX A

MONITORING FORM

NOTE: The individual plan, as documented within the PCIS2 IP Module, is not considered complete until a response has been entered for all relevant questions within the Emergency Plan section of the IP module.

Section 6: Eligibility	YES	NO	N/A	COMMENTS
Medicaid eligible? *If no, include date determined not eligible.*				
Eligible for the DD Waiver? *If no, include date determined not eligible.*				
Is the Level of Care, the initial certification or the recertification of need, current?				
Have the financial documents to support initial or ongoing waiver eligibility been submitted?				
Is recertification and/or reapplication of other benefits needed?				

Section 7: Incidents	YES	NO	COMMENTS
Were any incidents reported since your last contact?			

N/A is **not** an option.

NOTE: Reportable incidents are defined as significant events or situations that, because of the severity or the sensitivity of the situation, shall be reported electronically within prescribed timeframes to OHCQ, the DDA regional office, and the involved Resource Coordinator/Resource Coordination office (RC). All reportable incidents are reported to DDA.

Section 8: Services and Referrals

Service Requested? _____

Referred to? _____

Service Received? _____

Comments? _____

Service Requested? _____

Referred to? _____

Service Received? _____

Comments? _____

Revised 2/5/2014 Page 3 of 3

APPENDIX B: Breakdown of Monitoring Form Requirements

SECTION	QUESTION	REQUIREMENT(S)
1: Current Circumstances	All Questions	Comment required if the answer is "Yes." "NA" is not acceptable.
2: Individual Plan	*Individual has received all services identified in the individual plan that are due at the time of this contact?*	Comment required if the answer is "No."
2: Individual Plan	*Goals have been implanted as identified in the plan?*	Comment required if the answer is "No."
2: Individual Plan	*There has been progress toward goals?*	Comment required if the answer is "Yes" or "No." If the answer is "Yes," note that the progress was added to the IP and the date.
2: Individual Plan	*Individual receives staff ratio as indicated in the individual plan?*	Comment required if the answer is "No."
2: Individual Plan	*Individual plan completed within 365 of previous year's individual plan?*	Comment required if the answer is "No." If individual did not have an IP previous year answer "no" and note no previous IP.
3: General	All Questions	Comment required if the answer is "No."
4: Health & Welfare	*Medical and health services are received as recommended?*	Comment required if the answer is "No."
4: Health & Welfare	*Are new medical or health services recommended?*	Comment required if the answer is "Yes." "NA" is not acceptable.
4: Health & Welfare	*Has a seasonal vaccination been offered?*	Comment required if the answer is "No." "NA" is not acceptable.
4: Health & Welfare	*Medication appears to be properly administered?*	Comment required if the answer is "No."
4: Health & Welfare	*The individual's environment appears to be safe?*	Comment required if the answer is "No." "NA" is not acceptable.
4: Health & Welfare	*The individual's environment appears to be clean?*	Comment required if the answer is "No." "NA" is not acceptable.
5: Emergency Plan	Both questions	Comment required if the answer is "No." "NA" is not acceptable.
6: Eligibility	*Medicaid eligible?*	Comment required if the answer is "No" (include date of determination). "NA" is not acceptable. *Note: An application for community Medicaid should be completed for all individuals supported, regardless of DDA eligibility, as it provides access to health services, prescriptions, and specialty services for children based on medical necessity.*
6: Eligibility	*Eligible for the DD Waiver?*	Comment required if the answer is "No" (include date of determination).

QUICK REFERENCE GUIDE: MONITORING AND FOLLOW-UP

SECTION	QUESTION	REQUIREMENT(S)
		Check "N/A" if the person has not been authorized funding from DDA for waiver services or they are not currently transitioning from a facility. *Note: An application for the DDA waiver is required for all individuals, allocated funding for ongoing services, with a developmental disabled or "DD" eligibility status as per regulations. This is important as the federal government covers half of the cost of waiver services which allows DDA to support more people with services.*
6: Eligibility	*Is the Level of Care (LOC), the initial certification or the recertification of need, current?*	Comment required if the answer is "No" (include reason why the LOC was not completed). Check "N/A" if the person has not been authorized funding from DDA for waiver services or they are not currently transitioning from a facility. *Note: The LOC or certificate of need is required initially for all waiver application and annually for continued waiver eligibility. Resource coordinators are responsible for completing these forms as outlined in the Waiver Guide.*
6: Eligibility	*Have the financial documents to support initial or ongoing waiver eligibility been submitted?*	Comment required if the answer is "No" " (include reason why financial documents have not been submitted and action taken by the resource coordinator to support submission.) Check "N/A" if the person has not been authorized funding from DDA for waiver services or they are not currently transitioning from a facility.
6: Eligibility	*Is recertification and/or reapplication of other benefits needed?*	Comment required if the answer is "Yes."
7: Incidents	*Were any incidents reported since your last contact?*	Comment required if the answer is "Yes." "NA" is not acceptable.