

Health Service Coordination and Care (CRS) Policy



Organization Name: Key 360 Support Services, LLC

I. Policy

It is the policy of this DHS licensed provider, Key 360 Support Services, to meet the health service needs of each person being served as defined and assigned in each person's Support Plan or Support Plan Addendum.

II. Procedures

- A. When discovered, the program will promptly notify the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the program in the person's Support Plan or Support Plan Addendum.
- B. If the program has reason to know that the change has already been reported, it is not necessary to report.
- C. The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager, on the Health Needs Change Notice. (A copy of the Health Needs Change Notice to be used is attached to this policy).
- D. When assigned the responsibility for meeting the person's health service needs in the person's Support Plan or Support Plan Addendum, the program will maintain documentation on how the person's health needs will be met, including a description of the procedures to follow in order to:
 - a. Provide medication assistance or medication administration according to the safe medication assistance and administration policy;
 - b. Monitor health conditions according to written instructions from a licensed health professional;
 - c. Assist with or coordinate medical, dental and other health service appointments; or
 - d. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

Policy reviewed and authorized by:

Name: Cedric Key, Owner & CEO	Date of last policy review: 6/23/2023
Signature: <i>Cedric L. Key</i>	Date of last policy revision: 6/23/2023

Legal Authority: MS § § 245D.11, subd. 2 (2) and 245D.05, subd 1

Health Needs Change Notice

Organization Name: Key 360 Support Services, LLC

Unless directed otherwise in the Support Plan or the Support Plan Addendum, the program must report any change in a person's physical and mental health needs when assigned in the Support Plan or the Support Plan Addendum.

Service Recipient:	
Date a change in physical and/or mental health needs was discovered:	
Completed by:	Date of this report:
Date of notification to: <ul style="list-style-type: none">• Legal Representative - _____• Case Manager - _____	
Describe in detail the change in the person's physical and/or mental health needs:	
Was the Health Needs Record form updated as a result of this notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have questions you can contact the Designated Coordinator: Name: _____ Phone Number: _____ Email: _____	