CERTIFICATION OF MENTORING PROGRAM COMPLETION FORM

FOR NEW SUPPORT COORDINATORS

This form must be completed by the Qualified Organization's mentor to document a mentee's completion of all required activities in an approved mentoring program. Once completed, this form must be sent to the mentee and the Agency's Regional Office.

Prospective Support Coordinator Name (Mentee):

Mentor's Name:

Mentor's Provider ID:

<table>
<tr><th colspan="2">Required Mentoring Activity</th><th>Mentor's Initials Indicating Completion</th></tr>
<tr><td>1.</td><td>The mentee shadowed or observed work of the mentor for at least 90 days.

Date mentoring started:
Date mentoring ended:</td><td></td></tr>
<tr><td>2.</td><td>The mentee shadowed or observed support plan meetings involving the mentor or mentee's clients.

List a minimum of five (5) support plan meetings in which the mentee participated during the mentoring period.

<table>
<tr><th>Client iConnect ID</th><th>Date of Support Plan Meeting</th></tr>
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3. The mentee shadowed or observed the mentor in at least nine (9) face-to-face visits in a variety of settings, including meetings with clients in family homes, supported living arrangements, and licensed facilities. At least six (6) of these visits must detail the coordination of providers' supports.

List the face-to-face visits that the mentee participated in during the mentoring period and indicate visits that detail coordination of providers' supports. Include a description of the activities in each client's case notes.

Client iConnect ID	Date of Face-To Face Visit	Brief Description of Meeting's Purpose	Living Setting of Client

4. The mentee attended meetings hosted by APD that occurred while the mentee participated in the mentoring program.

List the date of the meeting(s) and the topic addressed.

Date of Meeting	Topic of Meeting

5. The mentee shadowed or observed the mentor in discussions to educate clients and families regarding identifying and preventing abuse, neglect, and exploitation.

Provide the client's iConnect ID and the date of each meeting.

Client iConnect ID	Date of Meeting

6. The mentee shadowed or observed the mentor instruct clients and families on mandatory reporting requirements for abuse, neglect, and exploitation.

Reflect the Client's iConnect ID as well as the date of meeting.

Client iConnect ID	Date of Meeting

7. The mentee shadowed or observed the mentor in the usage of iConnect for case management activities.

Provide the client's iConnect ID and the type of activity performed.

Client iConnect ID	Type of Activity

8. The mentee shadowed or observed the mentor in the Supported Living Quarterly Meeting.

Provide the client's iConnect ID and date of quarterly supported living meeting with a minimum of one meeting.

Client iConnect ID	Date of Supported Living Quarterly Meeting

9.	**Check Yes for activities that occurred or check N/A if no opportunities occurred during the mentoring period.**		**Yes**	**N/A**
a.	**Submission of a significant additional needs request.**		☐	☐
b.	**Medicaid eligibility redetermination process.**		☐	☐
c.	**Discussion with the assessor regarding the completion of the comprehensive needs assessment.**		☐	☐
d.	**Submission of a minimum of five (5) client cost plans and service authorizations.**		☐	☐
10.	**If any of the activities described in number 9.a., b., c., and d. did not occur, the mentor reviewed those processes, including documentation in a client's central record, with the mentee.**			

If the Qualified Organization has been approved by the Agency to provide consultation services under the CDC+ program, please complete the following in addition to the requirements stated above if the mentee will provide consultation services. If the Qualified Organization or mentee will not provide consultation services, skip this section.

	Required Mentoring Activity for the CDC+ Program	**Mentor's Initials Indicating Completion**
1.	**The mentee shadowed or observed the mentor review draft, denied, or updated purchasing plans, if applicable, or review the current purchasing plans.**	

Client iConnect ID	**Date of Meeting**

2.	**The mentee shadowed or observed the mentor submit a SAN request, if applicable, or review the most recent SAN request that was submitted.**	

Client iConnect ID	Date of Meeting

I attest that the mentee identified on page one successfully completed the items described herein.

_____ _____

Mentor Signature Date

I attest that I completed the activities identified on this form.

_____ _____

Mentee Signature Date