

Developmental Services
Residential Habilitation
 Monitoring Checklist

Provider Number: _____

Provider Name: _____

Review Date: _____

Provider Address: _____

Reviewer Name: _____

District: _____


Location: _____



Agency Provider

Solo Provider

Onsite Review

Desk

Cite		Met	Not Met	N/A
Explanation of Monitoring Tool Symbols/Codes  Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle. “W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score. “R” Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”				
Standard: The provider successfully supports individuals to achieve desired goals and needed services through individualized training services and community integration.				
1 W2.0	The provider develops an individualized implementation plan (IP) for all consumers.			
2 W2.0	An individualized implementation plan (IP) is developed under the direction of the consumer.			
3	The IP identifies goal(s) and needs from the individual’s support plan and other pertinent sources appropriate to the individual.			
4	The IP identifies strategies and methods to assist the individual in meeting goal(s) as well as the data collection system to be used to assess success and achievement.			
5 W2.0	The IP is reviewed periodically to determine whether progress is made and is updated to reflect new interest, goals, needs, or strategies to promote meaningful progress.			
6	The provider is tracking and acting on an individual’s progress or lack of progress.			

Cite		Met	Not Met	N/A
7	The provider has taken action on the results reported through the person centered review process. <i>[Note: If there have been no person-centered reviews conducted with individuals for which this provider renders services and supports, score this element as "Not Applicable."]</i>			
8 W2.0	As appropriate to the individual's goals, needs and interests, the provider renders specific training activities that assist the individual to acquire, maintain, or improve skills related to activities of daily living.			
9 W2.0	As appropriate to the individual's goals, needs and interests, activities or training needs associated with daily living or socialization generally take place in a setting where they would normally occur (e.g., community, residence).			
Standard: The provider and all employees of the provider are qualified to provide Residential Habilitation services.				
10  W4.0	Level two background screenings are complete for all direct service employees.			
11  W4.0	All employees undergo background re-screening every 5 years.			
12	Provider is a transitional living facility, a licensed residential facility or a qualified independent vendor.			
13	Staff providing this service must be at least 18 years of age, must have a high school diploma or equivalent and at least one year of experience working in a medical, psychiatric, nursing or child care setting or in working with persons who have a developmental disability.			
14	Direct service staff of Behavioral Residential Habilitation and Intensive Behavioral Residential Habilitation shall meet the provider staff qualifications in addition to having at least 20 contact hours of face-to-face instruction			
15 NEW	If providing Intensive Behavioral Residential Habilitation, the program or clinical services director meets the qualifications of a Doctorate level Board Certified Behavior Analysis or Masters Level Board Certified Behavior Analyst or Florida Certified Behavior Analyst with expanded privileges.			
Standard: The provider and the provider's staff meet training requirements for delivery of Residential Habilitation services.				
16	Proof of current training and certification in Cardiopulmonary Resuscitation (CPR) is available for all independent vendors or agency staff.			

Cite		Met	Not Met	N/A
17	Proof of current training in AIDS and infection control is available for all independent vendors and agency staff.			
18 W2.0	Proof of current training on medication administration and supervision of self-administration of medication is available for all independent vendors and agency staff.			
19 W2.0	Independent vendors and agency staff have received training in specific signs and symptoms of adverse drug reactions.			
20 W2.0	Independent vendors and agency staff have received training in specific signs and symptoms of adverse drug interactions if the individual is on more than one medication.			
21	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.			
22 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.			
23 W2.0	Independent vendors and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.			
24	Independent vendors and agency staff receive training on required documentation for service(s) rendered.			
25	Independent vendors and agency staff receive training on responsibilities under the Core Assurances.			
26	Independent vendors and agency staff receive training on responsibilities under the requirements of specific services offered.			
27	Independent vendors and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.			
28 W2.0	Independent vendors and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.			
29	Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault, and the required reporting procedures is available for all independent vendors and agency staff.			
Standard: Services are provided at an intensity and duration necessary for successful support of the individuals served.				
30	Services are limited to individuals 16 years of age and older when they live in their own home or family home or living in a licensed facility.			
31	Services are only provided to children residing in a licensed facility or children with severe behavioral issues living in their family home.			

Cite		Met	Not Met	N/A
32	Children living in their family home have a behavior program approved and supervised by a certified behavior analyst.			
33	There is evidence that the parents of a child receiving residential habilitation services in their family home have been trained in the proper implementation of the behavior analysis services plan.			
34	Services are rendered at a time mutually agreed to by the individual and provider.			
35	Training services do not take the place of a job, day training service, or non-residential support service.			
36	Residential habilitation training is scheduled around an individual's job, day training or non-residential support services.			
37	Providers of incidental transportation comply with program requirements.			
Standard: The provider maintains sufficient reimbursement and monitoring documentation to verify service delivery and to evaluate each individual's services and supports.				
<i>Note: Score based on the presence or absence of the required documentation.</i>				
38 R NEW	Provider has at a minimum, copies of the service logs for the period being reviewed.			
39 R	Provider has at a minimum an individual implementation plan.			
40 R	The IP is developed, at a minimum, within 30 days of new service initiation, or within 30 calendar days of service authorization effective date when services are being continued.			
41	Provider has at a minimum supporting data (notes) to the implementation plan.			
42 R	Provider has at a minimum a monthly summary of an individual's progress and activities toward achieving support plan goal(s) for the period being reviewed.			
43 R	Provider maintains staffing ratios that are consistent with the rate billed.			
44 W2.0	Provider has at a minimum a written annual report.			
45	Provider has at a minimum results of the annual satisfaction survey.			
46	Provider has at a minimum performance data on the Projected Service Outcomes.			

Cite		Met	Not Met	N/A
Standard: Provider bills for services as authorized.				
47 R	Residential Habilitation Services are limited to the amount, duration and scope of the services described on the individual's support plan, current approved cost plan and service authorization.			
48 R	The provider bills for Residential Habilitation as defined and specified in the DS Waiver Services Medicaid Coverage and Limitations handbook.			
Standard: The provider meets Projected Service Outcomes established for service delivery.				
49	The provider has established a systematic method to collect outcome data.			
50	The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved.			
51 W2.0	Individuals receiving residential habilitation services achieve goals on their support plan throughout the year.			
52 W2.0	Individuals served who have responded to an annual satisfaction survey are satisfied with their residential habilitation services based on the results or that the provider has addressed any concerns raised during the survey.			
53 W2.0	Individuals who use the supports and services of the provider are assisted in being healthy and free from injury, abuse or neglect.			
54 W2.0	Individuals using the supports and services of the provider demonstrate an increase in abilities, self-sufficiency, and changes in their lives, consistent with their support plan.			
55 W2.0	Individuals demonstrate freedom of choice, including being informed about rights, service options, and making all possible decisions with regard to the conduct of their lives.			
Standard: Personal funds are appropriately maintained and are accounted for accurately.				
<i>Note: Determine if the provider manages, stores and/or retains funds belonging to an individual. If no, score cites 56-61 'Not Applicable'. If yes, determine if the conditions outlined in cites 56-61 are being met.</i>				
56 W2.0	Separate checking or savings accounts are maintained for individual's personal funds.			
57 W2.0	If a single trust account is maintained for personal funds of all individuals, there is separate accounting for each individual.			

Cite		Met	Not Met	N/A
58 W2.0	Account(s) is reconciled monthly to the account total as noted on the bank statement.			
59	Account statements and reconciliation records are retained for review.			
60 W2.0	Individual and Provider funds are not commingled.			
61 W2.0	The provider maintains on file a written consent to manage an individual's funds that is signed by the individual, if competent, or guardian.			

Cite		Met	Not Met	N/A
	<p>Behavior Residential Habilitation Live-In: This service is provided by a provider or an employee of a provider whose primary residence is the licensed facility. The live-in rate will be determined upon one to three individuals in the home receiving the service and it includes a relief factor for primary staff performing the support. A provider or employee of a provider does not have to live in the individual's home for the live-in rate to be applied for the service.</p> <p>Behavioral Residential Habilitation: This service must have a board certified behavior analyst or associate analyst or a Florida certified behavior analyst with a bachelor's degree or a person licensed under Chapter 490 or Chapter 491, F.S. who provides oversight either as a full or part time employee of the provider or on contract or an adjunct of the service. This service also includes integration of behavioral services throughout residential and community programs, progress in reducing challenging behaviors and in acquiring new skills. This service provides for comprehensive monitoring or staff skills and their implementation of required procedures and provides for the eventual transitioning of behavioral improvement of the individual to a less intense service alternative.</p> <p>If the provider is not rendering services to individuals that have problems with behavior such as those that follow, score the elements in this section Not Applicable.</p> <p>RESIDENTIAL HABILITATION WITH A BEHAVIORAL FOCUS SERVICES</p> <p>Recipients exhibiting one of the following characteristics may need residential habilitation with a behavioral focus services. Recipients receiving the service have behavioral challenges that fit one or both of the following two categories of behavioral problems, labeled A and B:</p> <p>A. The person does not engage in an adaptive behavior that, if not performed by the person or taught by a caregiver, would result in a real and present threat of substantial harm to the person's health or safety. This includes not engaging in adaptive behaviors such as following safety rules, responding in acceptable ways to conflict, performing daily living activities safely and maintaining basic health.</p> <p>B. The person has exhibited a problem with behavior during the past year or currently exhibits a problem with behavior that meets one of the criteria below:</p> <ul style="list-style-type: none"> • Requires visual supervision during all waking hours and intervention as determined by a certified behavior analyst or licensed behavior analysis professional. • Is being addressed through the use of behavior analysis services and reviewed by the Local Review Committee (LRC). • Has lead to the use of restraint or emergency medications within the past year • Has resulted in one or more of the following: <ol style="list-style-type: none"> 1. Self-inflicted, detectable, external or internal damage requiring medical attention or the behavior is expected to increase in frequency, duration, or intensity resulting in self-inflicted, external or internal damage requiring medical attention. These types of behaviors include head banging, hand biting, and regurgitation. 2. External or internal damage to other persons that requires medical attention or the behavior is expected to increase in frequency, duration or intensity resulting in external or internal damage to other persons that requires medical attention. These types of behavior include hitting others, biting others and throwing dangerous objects at others. 3. Arrest and confinement by law enforcement personnel. 4. Major property damage or destruction in excess of \$500 for any one intentional incident. 5. A life-threatening situation. These types of behaviors include but are not limited to excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, swallowing excessive amounts of air, or severe insomnia. <p>INTENSIVE BEHAVIORAL RESIDENTIAL HABILITATION</p> <p>This service is for persons who present problems with behavior that are exceptional in intensity, duration, or frequency and that meet one or more of the following conditions.</p> <p>Within the past 6-months the recipient:</p> <ol style="list-style-type: none"> 1. Engaged in behavior that caused injury requiring emergency room or other inpatient care from a physician or other health care professional to self or others. 2. Engaged in a behavior that creates a life-threatening situation. These types of behavior include but are not limited to excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, swallowing excessive amounts of air, and severe insomnia. 3. Set a fire in or about a residence or other facility in an unauthorized receptacle or other inappropriate location. 4. Attempted suicide. 5. Intentionally caused damage to property in excess of \$1,000 in value for one incident. 6. Engaged in behavior that was unable to be controlled via less restrictive means and necessitated the use of restraints, mechanically, manually or by commitment to a crisis stabilization unit, three or more times in a month or six times across the applicable six-month period. 7. Engaged in behavior that resulted in arrest and confinement. 8. Requires visual supervision during all waking hours and intervention as determined by a certified behavior analyst or licensed behavior analysis professional to prevent behaviors previously described above that were likely, given past behavior in similar situations, without such supervision. 9. Engaged in sexual behavior with any person who did not consent or is considered unable to consent to such behavior, or engaged in public displays of sexual behavior (e.g. masturbation, exposure, peeping Tom, etc.) 10. If the supervision and environment is such that the person lacks opportunity for engaging in the serious behaviors the behavior analyst providing oversight must determine that the behavior would be likely to occur at least every six months if the person is without the supervision or environment provided and document in the recipient's records. 			

Cite		Met	Not Met	N/A
Standard: Behavioral Services result in objective and measurable improvements in behavior that are consistent with the individual's outcomes.				
62	When rendering services and supports to individuals identified as having problems with behavior, the provider is assisted by a qualified professional or professionals who meet the requirements in the Medicaid Handbook for the type of service the professional is providing.			
63	Behavior Service goal(s) are consistent with and relate directly to the individual's personal outcomes/goals.			
64	The individual has a written, individual plan developed by a certified or licensed professional that clearly identifies what will change as a result of intervention, the intervention(s) to be used and how progress will be measured.			
65 W2.0	Written consent to use the plan was obtained from the individual or guardian.			
66	Implementers (provider staff) of the plan are able to carry out the plan as written.			
67 W2.0	A system is in place to assure that procedures are carried out as designed.			
68 W2.0	There is evidence of progress or lack thereof in reducing the problem with behavior.			
69	Emergency procedures (e.g., reactive strategies, crisis management procedures) used by the provider for problems with behavior are developed and implemented under the guidance of certified or licensed behavioral services professionals.			
70	Staff are able to use the procedure when and as designed			
71	Records are kept on the use of the emergency procedure and occurrences of the problem behavior.			

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REV 10-30-01; 10-31-01; 11-13-01; 09.13.02; 09.16.02; 01.03; 02.04.03; 02-10-03; 11-27-05