Developmental Services

Non-Residential Support Services Monitoring Checklist

Provide	er Number:			
Provide	er Name:	Review Date:		
Provide	er Address:	Reviewer Name:		
		Distri	ict:	
		Locat	tion:	
□ Ageno	cy Provider	□ Des	k	
Cite		Met	Not Met	N/A
"W" V 1 "R" I	Alert: Denotes a critical standard or cite relating to health, safety and a more intense corrective action and follow-up cycle. Veighted Element: A "W" followed by 2.0 or 4.0 in the Cite column have a greater impact on the monitoring score. Recoupment: An "R" in the Cite column denotes an element that is stands by the State if the element is "Not Met." Ard: The provider successfully supports individuals' parts.	denotes el subject to r	lements that	
	inity life.	ат истрас	1011 111	
1 W2.0	The provider develops an individualized implementation plan (IP) and/or a Behavior Analysis Service Plan (BASP) for all consumers.			
2	An individualized implementation plan (IP) is developed under the direction of the consumer.			
W2.0	developed under the direction of the consumer.			
3	The IP identifies goals 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	The IP is reviewed periodically to determine whether			
W2.0	progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.			
6	Progress or the lack there of, is noted in the daily progress notes, monthly summary and annual report			

Cite		Met	Not Met	N/A
7	The provider has taken action on the results reported			
	through the person centered review process.			
	[Note: If there have been no person-centered reviews conducted			
	with individuals for which this provider renders services and			
A	supports, score this element as "Not Applicable."]			
As appr	ropriate to individuals' goals, needs and interests:			
8	Training activities are provided in integrated, non-			
11/2 0	residential settings.			
W2.0	Ti.i			
9	Training activities are meaningful to the individual and			
W2 O	consistent with support plan goals and the approved			
W2.0	cost plan.			
10	Services support the development of individuals' communication and social skills.			
11				
12	Services are age and culturally appropriate.			
12	Services support the development of skills needed to increase independent living in the community setting.			
13	Services encourage the development of friendships			
13	with people who reside in the community.			
14	Services support the development of skills to assist the			
14	individual in maintaining a living environment, use of			
W2.0	community resources, and conduct activities of daily			
W 2.0	living.			
	nving.			
Standa	rd: The provider and all employees of the provider are	analifi	ied to provi	ide
	services.	quann	icu to provi	iuc
15	Independent vendors have at least a high school			
10	diploma or equivalent, are 18 years of age and one year			
	experience in medical, psychiatric, nursing, or child-			
	care setting, or working with individuals with			
	developmental disabilities.			
16	Agency employees who perform services meet the			
	independent vendor qualifications.			
17205	Level two background screenings are complete for all			
	direct service employees.			
W4.0	1 2			
18:0%	All employees undergo background re-screening every			
	5 years.			
W4.0				
	rd: The provider and the provider's staff meet training	g requii	rements for	r
	y of Non-Residential Support services.			
19	Proof of current training and certification services is			
	available for all independent vendors or agency staff in			
20	Cardiopulmonary Resuscitation (CPR).			
20	Proof of current training is available for all independent			
	vendors and agency staff in AIDS and infection			
	control.			

Cite		Met	Not Met	N/A
21	The provider attends mandatory meetings and training			
	scheduled by the Area Office and/or Agency.			
22	Direct carries staff has received training in the			
NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.			
23	Independent providers and agency staff receive training			
23	on responsibilities and procedures for maintaining			
W2.0	health, safety and well-being of individuals served.			
24	Independent providers and agency staff receive training			
	on medication administration and supervision of self-			
	administration.			
25	Independent providers and agency staff receive training			
	on required documentation for service(s) rendered.			
26	Independent provider and agency staff receive training			
	on responsibilities under the Core Assurances.			
27	Independent providers and agency staff receive training			
	on responsibilities under the requirements of specific			
	services offered.			
28	Independent providers and agency staff receive training			
	on use of personal outcomes to establish a person-			
20	centered approach to service delivery.			
29	Independent providers and agency staff receive other			
11/2 0	training specific to the needs or characteristics of the			
W2.0	individual as required to successfully provide services			
30	and supports. Proof of required training in recognition of abuse and			
30	neglect, to include domestic violence and sexual			
	assault, and the required reporting procedures is			
	available for all independent vendors and agency staff.			
	available for all independent vendors and agency start.			
Standa	rd: Services are provided at an intensity and duration	necessa	rv for	
	ful support of the individuals served.		j 101	
31	Services are rendered at a time mutually agreed to by			
	the individual and provider.			
W2.0				
32	Services are not provided in the individual's or			
	provider's place of residence.			
33	Individuals are not allowed to pay for any provider			
	costs.			
34	If a provider is transporting individuals in his or her			
	private vehicle, the provider has a valid driver's			
	license, car registration and insurance.			
35	Provider immediately notifies the Area Office of any			
	changes in driver license, car registration or insurance			
	status, or of all traffic violations, excluding parking			
	tickets.			

Cite		Met	Not Met	N/A
36	Training activities provided in groups do not exceed	1,100	110011100	1 1/12
	three (3) individuals.			
W2.0				
	ard: The provider maintains sufficient reimbursement a			
	entation to verify service delivery and to evaluate each	individ	lual's servi	ces
and su	pports.			
37 R	core based on the presence or absence of the required documentation. Provider has at a minimum an individual	1	1	
3 / K				
	implementation plan and or behavior analysis services			
	plan.			
38 R	The IP is developed, at a minimum, within 30 days of			
30 K	new service initiation, or within 30 calendar days of			
	service authorization effective date when services are			
	being continued.			
39	Provider has at a minimum supporting data (notes) to			
37	the implementation plan.			
40	Provider has at a minimum daily progress notes for			
	each day services were provided.			
41 R	Provider has at a minimum a monthly summary,			
	including the training location, for the days services			
	were provided of individual's progress and activities			
	toward achieving support plan goal(s) for the period			
	being reviewed.			
42	Provider has at a minimum an annual report.			
43	Provider has at a minimum results of the annual			
	satisfaction survey.			
44 R	Provider has at a minimum copies of service logs for			
NEW	each month services were rendered.			
45	Provider has at a minimum performance data on the			
	Projected Service Outcomes.			
	ard: Provider bills for services as authorized.	T	T	П
46 R	Services are limited to the amount, duration and scope			
	of the services described on the individual's support			
45.5	plan and current approved cost plan.			
47 R	Provider does not bill separately for transportation and			
40	travel cost that are inclusive of the service.	1		
48	Providers that bill by the unit prepare bills that reflect			
40. B	actual dates of service.	1		
49 R	The provider bills for NRSS as defined and specified in			
	the DS Waiver Services Medicaid Coverage and			
i	Limitations handbook.	1		

Cite		Met	Not Met	N/A
C4 1		4 1 11 1	1.0	•
Standa deliver	ard: The provider meets Projected Service Outcomes es	stabiish	ea ior serv	ice
50	The provider has established a systematic method of	<u> </u>	1	
30	1 2			
<i>T</i> 1	data collection for projected service outcome data.			
51	There is evidence that the data are reviewed			
	periodically and that corrective measures are put in			
	place if the data indicates that the goal is not being			
	achieved.			
52	Individuals achieve goals on their support plan during			
	the year.			
W2.0				
53	All individuals served, who have responded to their			
	annual satisfaction survey are satisfied with the			
W2.0	services based on the results or that the provider has			
	addressed any concerns raised during the survey.			
54	Individuals who use the supports and services of the			
	provider demonstrate an increase in abilities, consistent			
W2.0	with their support plan.			
55	Individuals who use the supports and services of the			
	provider are supported in integrated community			
W2.0	sessions of their choice to increase their level of			
	participation or independence.			
	ovider is not rendering services to individuals that have problems	with bel	havior such a	ıs
	at follow, score the elements in this section Not Applicable.			
	f Problems with Behavior:			
	of the individual which, without behavioral, physical, or chemical inte		1: 1	, -

- 1. Have resulted in self-inflicted, detectable, external or internal damage requiring medical attention or are expected to increase in frequency, duration, or intensity resulting in self-inflicted, external or internal damage requiring medical attention.
- 2. Have occurred or are expected to occur with sufficient frequency, duration or magnitude that a life-threatening situation might result, including excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, holding one's breath, or swallowing excessive amounts of air.
- 3. Have resulted in external or internal damage to other people that require medical attention or are expected to increase in frequency, duration or intensity resulting in external or internal damage to other persons that requires medical attention.
- 4. Have resulted or are expected to result in major property damage or destruction.
- 5. Have resulted or are expected to result in arrest and confinement by law enforcement personnel

Standard: Behavioral Services result in objective and measurable improvements in behavior that are consistent with the individual's outcomes. 56 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. 57 Behavior Service goal(s) are consistent with and relate directly to the individual's personal outcomes/goals.

Cite		Met	Not Met	N/A
58	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.			
59	Written consent to use the plan was obtained from the			
	individual or guardian.			
W2.0				
60	Implementers (provider staff) of the plan are able to			
	carry out the plan as written.			
61	A system is in place to assure that procedures are			
	carried out as designed.			
W2.0				
62	There is evidence of progress or lack thereof in			
	reducing the problem with behavior.			
W2.0				
63	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.			
64	Staff are able to use the procedure when and as			
	designed			
65	Records are kept on the use of the emergency			
	procedure and occurrences of the problem behavior.			

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