


Developmental Services
Residential Habilitation
 Monitoring Protocol

Residential habilitation provides supervision and specific training activities that assist the individual to acquire, maintain, or improve skills related to activities of daily living. The service focuses on personal hygiene skills such as bathing and oral hygiene; homemaking skills such as food preparation, vacuuming and laundry; and on social and adaptive skills that enable the individual to reside in the community. This training is provided in accordance with a formal implementation plan, developed with direction from the individual and reflects the individual’s goal(s) from the current support plan.

Individuals with challenging behavioral disorders may require more intense levels of residential habilitation services described as behavioral residential habilitation, or intensive behavioral residential habilitation. The necessity for these services is determined by specific individual behavioral characteristics that impact the immediate safety, health, progress and quality of life for the individual, and the determination that the less intensive services have not been sufficient to alter these behaviors. The need for intensive levels of residential habilitation, behavioral residential or intensive behavioral residential habilitation will be verified by the Developmental Disabilities Program Office.

Cite	Probes
<p>Explanation of Monitoring Tool Symbols/Codes</p> <p> 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.</p> <p>“W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that <i>have a greater impact on the monitoring score.</i></p> <p>“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.”</p>	

Cite	Probes	
<p>Standard: The provider successfully supports individuals to achieve desired goals and needed services through individualized training services and community integration.</p> <p><i>For the following cites associated with this standard: Review results of the person-centered reviews, information available from individuals receiving the service and available documentation. The purpose of this section is to determine provider performance and the quality of supports in this area. Do not score an element as met solely based on the presence of the documentation.</i></p>		
<p>1 W2.0</p>	<p>The provider develops an individualized implementation plan (IP) for all consumers.</p>	<p>Interactively, with the provider, review a sample of implementation plans to determine they contain, at a minimum:</p> <ul style="list-style-type: none"> • Name, address and contact information of the individual served; • Goal(s) from the support plan that the service will address. • Strategies employed to assist the individual in meeting the support plan goal(s). • Strategies to reduce the reliance on paid supports, to include the transfer of the support to a more cost effective service or unpaid supports, The strategies to reduce the reliance on paid supports should be measurable. • System to be used for data collection and assessing the individual’s progress in achieving the support plan goal(s). <p>Additionally, the implementation plan <u>may</u> include training objectives appropriate to the individual’s programs and services.</p> <p>If a BASP is the basis for the service the written behavior analysis services plan includes:</p> <ul style="list-style-type: none"> • A description of the specific behaviors to be changed • Intervention procedures to be used • Data to be collected • Training for caregivers, and • A monitoring schedule to be followed by the behavior analysis services provider. <p>Ask the provider to describe the implementation planning process, including:</p> <ul style="list-style-type: none"> • Who is typically involved? • When does it usually take place? • What happens with the IP once it is developed? <p>Note: If a BASP is present, also review the behavioral services elements at the end of this tool.</p>



Cite		Probes
2 W2.0	An individualized implementation plan (IP) is developed under the direction of the consumer.	<ul style="list-style-type: none"> • Ask the provider how a consumer is involved in the development of their implementation plan. • Talk with individuals to determine their level of participation in the IP process. Do services reflect interest and goals that they have? • Interactively, with the provider, review a sample of implementation plans. During review, <ul style="list-style-type: none"> ➤ Explore with the provider what other sources of information about an individual influence the implementation plan. ➤ Determine if there is consumer sign-off on the plan or any changes to the plan to indicate acceptance. ➤ Review monthly summaries to determine if updates are being made to the IP and that progress is being made. • Talk to consumers, family or guardians about the progress that is being made in achieving goals.
3	The IP identifies goal(s) and needs from the individual's support plan and other pertinent sources appropriate to the individual.	<ul style="list-style-type: none"> • Ask the provider about their process for ensuring their implementation plan is effective and contains information related to these standards. (The IP may contain information from other sources, but at a minimum must contain goals from the support plan.) • The IP identifies training programs and activities to accomplish desired goals and identified needs. • Ask individuals about training and activities in which they are involved. Do they feel these are beneficial? Are they interested in the training and activities?
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.	<ul style="list-style-type: none"> • Look for evidence of provider-developed implementation plan forms or other structures put in place to ensure that data is captured consistently and in such a way that it can be analyzed over time. • Determine if the provider evaluates the strategies or methods for effectiveness and how frequently. • Ask the provider how they determine strategies and methods that will assist individuals in meeting goals.

Cite		Probes
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.	<ul style="list-style-type: none"> • Ask the provider to describe how they monitor the progress of the individuals that they serve • Look for evidence that the provider is actively monitoring the progress of individuals. • Look for evidence of IP updates being made based on an individual achieving goals or not. • Review IP and provider's policies, as applicable to determine if plans are reviewed at stated time frames, and changes documented per stated procedures. • Behavior Plans will include LRC review dates and recommendations made specific to the plan and review schedules for the plan as indicated in Chapter 65B-4.030 (9) (10).

Cite		Probes
6	The provider is tracking and acting on an individual's progress or lack of progress.	<p>Review monthly summaries and the annual report to determine whether progress is noted. Determine whether:</p> <ul style="list-style-type: none"> • Activities, supports, tasks accomplished and training provided are detailed; • Follow-up is performed if indicated; • Progress statements contain objective (data/fact based) as well as subjective information; • The annual report should address progress made on each goal and recommendations for next year's services. <p>Look for evidence that recommendations for changes in approach are made when progress is not being made.</p> <p>Look for evidence that individuals are making progress and that the provider is actively monitoring the progress of individuals.</p> <ul style="list-style-type: none"> • Talk to consumers, family or guardians about the progress that is being made in achieving goals. Are they learning new skills? Do they have suggested improvements or changes to the service system? • Review also recommendations and results from the Person-Centered Reviews applicable to the provider to assist in determining whether progress is being made and the individual is included in the service delivery decisions.

Cite		Probes
7	The provider has taken action on the results reported through the person centered review process.	<p>Sample size is at least two person-centered reviews in those instances when more than one has been conducted. 100% of the sample equals a designation of ‘Met.’</p> <ul style="list-style-type: none"> • Determine if any person-centered reviews have been conducted with consumers receiving services and supports from this provider. • Ask the provider if they have received person-centered review results and what action they have taken based on the results. • Interactively, with the provider, review records and documentation for individuals that have taken part in the person-centered review process. Determine if there is any documented evidence that the provider has acted on the recommendations in the report. • Talk with individuals who participated in the person centered review to determine whether changes were discussed with them and have been made. Are they satisfied with the service changes? <p><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></p> <p><i>Note: The provider may address the recommendations in a manner other than that identified in the report.</i></p>

Cite		Probes
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.	<p>Review results and recommendations from Person-Centered Reviews to assist in determining compliance with cites 9 – 10.</p> <ul style="list-style-type: none"> • Ask the provider/staff to describe the specific types of training activities they provide. • Ask the provider/staff how they determine that an activity is appropriate to an individual. • Interactively with the provider, review a sample of individuals' records to determine if the provider is <ul style="list-style-type: none"> ➤ Basing services and supports on the Support Plan ➤ Individualizing training programs ➤ Evaluating the effectiveness of the training activities. • Services may focus on personal hygiene, homemaking skills, or community-based social and adaptive skills. • Talk with consumers to determine if: <ul style="list-style-type: none"> ➤ They feel they are benefiting from activity. ➤ Services and training activities are meaningful to them.
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).	<ul style="list-style-type: none"> • Ask the provider/staff where they typically render services and supports. • Look for evidence in record documentation to identify that the location where services and training occur is documented. • Determine through discussion with the individual and other means whether the activities are based on the individual's interest, choice or related goal or need, not the convenience of the provider. • Discuss with the individual whether skills training, activities and the settings for services match with the individual's expectations. <p><i>Note: This service is provided primarily at the individual's place of residence, which must be in the individual's own home, family home, a foster home, or a licensed residential facility. However, some activities associated with daily living that generally take place in the community such as grocery shopping, banking or working on social and adaptive skills, may also be authorized within the scope of this service.</i></p>

Cite		Probes
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.	Review available personnel files or records to ascertain compliance. Check for: <ul style="list-style-type: none"> • Notarized affidavit of good moral character; • Proof of local background check • Documentation of finger prints submitted to FDLE for screening and screening reports on file; • Criminal records that include possible disqualifiers have been resolved through court dispositions.
11  W4.0	All employees undergo background re-screening every 5 years.	<ul style="list-style-type: none"> • Review available personnel files or records to verify that employees undergo background re-screening at least every 5 years. • Look for evidence of completion and submission of an FDLE Form, Identified as either attachment 3 or 4. <p><i>Note: Fingerprint cards are not required on resubmission.</i></p>
12	Provider is a transitional living facility, a licensed residential facility or a qualified independent vendor.	<p><i>Note: Licensure or registration is not required for independent vendors.</i></p> <p>Check for current license from Department of Children and Families for group and foster homes or the Agency for Health Care Administration for assisted living, transitional living and homes for special services.</p> <p><i>Note: Score this cite 'Not Applicable' if reviewing an independent vendor.</i></p>
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.	<p><i>College or vocational/technical training equal to 30 semester hours, 45 quarter hours, or 720 classroom hours can substitute for the required experience.</i></p> <p>Review the personnel records for evidence of their credentials to determine if they meet the noted education and experience (volunteer experience is accepted) requirements.</p> <p><i>Note: This includes staff of licensed facilities, independent vendors and staff independent of a licensed facility.</i></p>
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	<p><i>NOTE: The staff 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.</i></p> <p>Review a sample of agency staff personnel files to determine they meet the noted education and experience requirements.</p>

Cite		Probes
		<p>Check job descriptions for education and experience requirements for staff positions.</p> <p>Yearly 20 hours of face-to face instruction must include the following content areas:</p> <ul style="list-style-type: none"> • Introduction to applied behavior analysis-basic principles and functions of behavior; • Providing positive consequences, planned ignoring, and stop-redirect-reinforce techniques; and • Data collection and charting • At least 75% of the provider’s direct service staff must meet the above training requirements <p>Training may be obtained by completing an in-service training program offered privately or through a college or university.</p> <p>Other staff training can and should be provided in addition to the minimum hours and content areas described in the above training as appropriate for the setting or services provided.</p>
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.	<p>Review the Program Director or Clinical Services Director’s record for verification of qualifications.</p> <p><i>Note: This director must be in place at the time of designation of the organization as an intensive behavioral residential habilitation program.</i></p>
<p>Standard: The provider and the provider’s staff meet training requirements for delivery of Residential Habilitation services.</p> <p><i>For all the following cites associated with this standard: Review Area Office requirements for mandatory meetings and training documentation, if available. Review provider's training records to determine if documentation is maintained and at a minimum includes: The topic of the training; Length of the training session; Training dates; Participants’ signature; Instructor’s name; Objectives and/or a syllabus.</i></p> <p>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff, or providers and their staff may attend a program offered through another provider.</p>		
16	Proof of current training and certification in Cardiopulmonary Resuscitation (CPR) is available for all independent vendors or agency staff.	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Review provider, or a sample of agency staff personnel files and/or training records for evidence of required CPR training. • Determine if the provider or agency staff receives retraining according to the requirements established by the sponsoring organization or regulation. • Review CPR certificates or CPR training

Cite		Probes
		<p>documentation to determine expiration date and need for updated training.</p> <p><i>Note: A certified trainer must provide CPR training.</i></p>
17	Proof of current training in AIDS and infection control is available for all independent vendors and agency staff.	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the independent vendor and agency staff receives retraining according to the requirements established by the sponsoring organization or regulation. • Review personnel files and other provider training records for evidence of required training. • Infection control may be a separate training or included as part of the AIDS training as “universal precautions”. <p><i>Note: American Red Cross First Aid Training does not meet the requirements for HIV/AIDS training.</i></p>
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.	<p>Determine if:</p> <ul style="list-style-type: none"> • The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication. • Ask the independent vendor if they have received training, who provided the training and when/where it took place and what it covered. Ask to see the curriculum or some other proof of attendance.
19 W2.0	Independent vendors and agency staff have received training in specific signs and symptoms of adverse drug reactions.	<p>Determine if:</p> <ul style="list-style-type: none"> • The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication. • Ask the independent vendor if they have received training, who provided the training and when/where it took place and what it covered. Ask to see the curriculum or some other proof of attendance.

Cite		Probes
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.	<ul style="list-style-type: none"> • Ask the provider to describe the training that is offered to staff responsible for administering medication. • Ask the provider for the curriculum and to identify who prepared this material • Determine if the training covers routes of administration and that it is competency-based training, with validation and return-demonstration by an RN. • Determine if training is provided by a qualified trainer (Physician, Registered Nurse); the curriculum used is developed or approved by an RN or other appropriate entity (e.g. Area Office). • Ask the provider to describe the training that is offered to all staff who interact with individuals in the program relative to medications. • Ask the staff encountered during the course of the visit to describe the training they have received relative to medication administration and monitoring. • Review provider personnel files and/or training records for evidence that staff have received the training described by the provider.

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21	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.	<ul style="list-style-type: none"> • Ask the provider if they are aware of Area Office and Agency mandatory meeting and training schedules. Ask the provider if they can produce any notices, announcements or agendas received about meetings or training. • Ask the provider what Area Office and Agency meetings or training they have attended during the review period. • Ask the provider for any evidence they have to verify attending the meeting or training. • Look for evidence in documents supplied by the provider of attendance at Area Office and Agency meetings, such as notes in personnel files or other records. <p><i>Note: If the Area Office has not sponsored any mandatory meetings, score this cite as 'Not Applicable.'</i></p>
22 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.	<p>Look for documented evidence that direct service staff have received this training or an equivalent which has been approved by the Agency.</p> <p>Training was received within the required timeframes as developed by the Agency.</p> <p>This training may be completed using the Agency's web-based instruction, self-paced instruction or classroom-led instruction. Self-paced instruction must be approved by the Area Office prior to use.</p>

Cite		Probes
23 W2.0	Independent vendors and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.	<ul style="list-style-type: none"> • Ask the provider and/or their staff about what types of training programs they have and continue to attend. <p>Training on health, safety and well-being of individuals <u>could include</u> such topics as:</p> <ul style="list-style-type: none"> • Fire safety for the environment; • Evacuation procedures in the event of natural or other disasters; • Training on what to do in the event of personal health emergencies involving consumers; • Transportation safety; • Basic infection control training, e.g., hand washing before and after all contact with consumers. • Proper positioning • Mealtime intervention
24	Independent vendors and agency staff receive training on required documentation for service(s) rendered.	<p>Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render.</p> <p>Examples of this training <u>could include</u>:</p> <ul style="list-style-type: none"> • The proper format and content of a progress note, • Recording data related to an individual's progress towards achieving goals, • Documenting the activities that individuals participate in during their time with the provider. • Instruction on documentation that is required for reimbursement and monitoring purposes. • Development of the IP and supporting data.

Cite		Probes
25	Independent vendors and agency staff receive training on responsibilities under the Core Assurances.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement.</p> <p>Examples of this training <u>could include</u> instruction on:</p> <ul style="list-style-type: none"> • The rights of individuals in the program and how the provider respects these rights; • Maintaining confidentiality of consumer information; • Offering individual’s choice of services and supports; • Recognizing and reporting of suspected abuse, neglect or exploitation; • Assisting individuals in achieving personal goals and desired outcomes; • Rendering services in an ethical manner.
26	Independent vendors and agency staff receive training on responsibilities under the requirements of specific services offered.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations Handbook.</p> <p>Examples of this training <u>could include</u> instruction on:</p> <ul style="list-style-type: none"> • Implementation plan development and monitoring; • Specifics of rendering services and supports; • Service limitations; • Service documentation requirements • Billing for services; and • Outcomes established for service delivery.

Cite		Probes
27	Independent vendors and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.	<p>Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports.</p> <p>Examples of this training <u>could include</u> instruction on:</p> <ul style="list-style-type: none"> • Designing training programs that address the consumers goals from the Support Plan; • Involving the consumer and/or family in the development of the implementation plan; • Designing services and supports from the standpoint of the outcome that is desired by the individual and/or family. • Training in Personal Outcome Measures or other person-centered planning approaches. • Refer also the provider’s policies, as applicable, to determine training specified. <p><i>Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable.</i></p>

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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.	<p>Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs.</p> <p>The family or guardian, a physician or nurse, other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation.</p> <p>Examples of this training <u>could include</u> instruction on:</p> <ul style="list-style-type: none"> • Communicating with the individual; • Repositioning requirements for the individual; • Instruction on proper implementation of an individual’s behavior program, if applicable to the individual; • Specific training to implement a training program tailored to the individual. • Appropriate mealtime interventions, appropriate positioning <p><i>This training may be one-on-one in nature, and therefore documentation may not take the form of an agenda, or curriculum with handouts and outline. Look also for evidence in the consumer’s record, such as in progress notes or other provider documentation for this evidence.</i></p>

Cite		Probes
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.	<ul style="list-style-type: none"> • Review personnel files and other provider training records for evidence of required training. • If applicable, ask staff about the in-service training that they have received. • Training should include prevention, detection and reporting requirements.
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.	<ul style="list-style-type: none"> • Ask the provider to describe the characteristics of the individuals residing in their facilities. Specifically ask about the age of the individuals and the location where they reside. • Look for exceptions based on court order or Area Office approval. • When this service is provided in an individual's own or family home, the service must directly relate to training goals on the support plan and cannot be used for supervision. • Residential habilitation can be provided to adults for up to 90 days prior to the supported living coach assuming responsibilities or 90 days prior to moving into supported living if the individual has a supported living goal on their support plan. • Children ages 16-18 may receive these services in the family home with a focus on developing independent living skills.
31	Services are only provided to children residing in a licensed facility or children with severe behavioral issues living in their family home.	<ul style="list-style-type: none"> • For children living in their family home, also complete a Behavioral Supplement.

Cite		Probes
32	Children living in their family home have a behavior program approved and supervised by a certified behavior analyst.	<ul style="list-style-type: none"> • When this service is provided in an individual’s own or family home, the service must directly relate to training goals on the support plan and cannot be used for supervision. • Interactively, with the provider, review a sample of records of children to determine that this required documentation is present.
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.	<ul style="list-style-type: none"> • Look for documentation that parents have been trained to implement the behavior program or attempts have been made to train the parents on the behavior program. • Review provider records for documentation that training of appropriate individuals has occurred as required to correctly implement the plan. • Review records to determine if the provider monitors the implementation of these interventions to assure they are performed correctly.
34	Services are rendered at a time mutually agreed to by the individual and provider.	<ul style="list-style-type: none"> • Ask the provider to supply evidence that they work with the individual to identify service times. • Review the provider’s satisfaction survey to determine if this is an area that is covered and if the provider has any results. • If the provider collects complaint data, ask to see the data and determine if any complaints have been reported relative to service times. • Determine through discussion with the individual that the time of the service is consistent with their needs and expectations. • Review results and recommendations from Person-Centered Reviews applicable to the provider to determine whether choice options are made available.
35	Training services do not take the place of a job, day training service, or non-residential support service.	<ul style="list-style-type: none"> • Ask the provider to describe some of the other services and supports that individuals are receiving in addition to residential habilitation services.

Cite		Probes
36	Residential habilitation training is scheduled around an individual's job, day training or non-residential support services.	<ul style="list-style-type: none"> • Ask the provider how residential habilitation services fit into the individual's overall plan for services and supports. • Inactively, with the provider, review a sample of records of individuals receiving multiple supports and services to verify that residential habilitation services are not replacing other services. • Talk with individual to determine whether services meet expectations. • Review results and recommendations from Person-Centered Reviews applicable to the provider to determine whether choice options are made available.
37	Providers of incidental transportation comply with program requirements.	<p>Determine if the provider transports individuals.</p> <ul style="list-style-type: none"> ➤ If transportation is provided in personal cars and/or agency vehicles, check personnel files to verify that valid licenses, vehicle registration and proof of insurance coverage are current on file. ➤ Ask the provider about their system to assure vehicle safety. ➤ Ask to see any written procedures if they are available. <p><i>Note: Incidental transportation is considered that which is outside of the transportation for disadvantaged program.</i></p> <p><i>Note: Incidental transportation and transportation provided as part of residential habilitation service is included in the rate for the service. The provider may not bill separately for this transportation.</i></p>

Cite	Probes	
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.	<ul style="list-style-type: none"> • Interactively, with the provider, review the service logs for the period being reviewed. • Determine that service log is consistent with other supporting data, information and claims. <p>Service logs are to be submitted to the waiver support coordinator on a monthly basis.</p> <p><i>Note: A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>
39 R	Provider has at a minimum an individual implementation plan.	<p>Interactively, with the provider, review a sample of implementation plans to determine they contain, at a minimum:</p> <ul style="list-style-type: none"> • Name, address and contact information of the individual served; • Goal(s) from the support plan that the service will address. • Strategies employed to assist the individual in meeting the support plan goal(s). • System to be used for data collection and assessing the individual's progress in achieving the support plan goal(s). <i>Note: This does not require a task analysis, etc. Can be in the form of a progress note.</i> <p>Additionally, the implementation plan <u>may</u> include training objectives appropriate to the individual's programs and services.</p> <p>This element covers both the lack of an implementation plan or a deficiency in the content of the implementation plan.</p> <p>The implementation plan is completed at time of first billing and copy submitted to the individual's waiver support coordinator.</p> <p>This Cite is subject to recoupment as monitoring documentation if not available.</p>

Cite		Probes
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.	<ul style="list-style-type: none"> • Review records to compare service authorization date with IP development timeframes. • How does the provider monitor that IP's are being completed within state defined timeframes? <p>The implementation plan is submitted to the waiver support coordinator at the time of the first claim submission, and at least annually thereafter at the time of the support plan update and, any time major or significant updates and changes are made before they are implemented.</p> <p>This Cite is subject to recoupment as reimbursement documentation if not available within 30 days of the effective date of the authorization.</p>
41	Provider has at a minimum supporting data (notes) to the implementation plan.	<p>Interactively, with the provider, review a sample of records to determine if they contain supporting data that:</p> <ul style="list-style-type: none"> • Identifies the individual's progress toward achieving the goal(s) identified in the implementation plan; and • Look for evidence that the supporting data is adjusted to the individual and the environment (e.g., the type and intensity of services and supports required by the individual). <p>Supporting data may include:</p> <ul style="list-style-type: none"> • Progress notes relevant to training and activity sessions. (May include information from monthly summaries and annual reports.) • Any assessments used to identify additional needs/desires of the individual. • Data or data displays from training sessions. • Other information gathered and used to determine strategies, meaningful activities or approaches. <p>Supporting data is used to create the monthly summary of progress for the individual.</p> <p>Review also the provider's policies/procedures and strategies on the IP to determine what supporting data is to be collected and how.</p>

Cite		Probes
42 R	<p>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.</p>	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records to determine if they contain a monthly summary note indicating an individual's progress, or lack thereof, toward achieving the goal(s) identified on the implementation plan for the month billed. • Progress statements should be consistent with available supporting data, daily attendance logs and other information. <p><i>Note: It is not required that medical/dental issues, medications, medication errors, incidents, consumer contacts, etc. be included in the monthly summary. If the provider is including this in the monthly summary, providers should be encouraged to continue this practice.</i></p> <ul style="list-style-type: none"> • Progress statements in the Monthly summary should contain objective (data/fact based) as well as subjective information. • This should not be just a collection of progress notes. The provider should draw some conclusions in a sentence or statement. <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>
43 R	<p>Provider maintains staffing ratios that are consistent with the rate billed.</p>	<ul style="list-style-type: none"> • Review the provider's documentation related to these areas. Compare to service authorizations and claims data. • Staffing documentation such as direct care staffing schedules, payroll records indicating identified direct care support staff and hours worked, and any other supplemental support staffing schedules which document staffing ratios should be reviewed. • If providing Intensive Behavioral Residential Habilitation, the ratio of behavior analysts to recipients is no more than 1 full-time behavior analyst to 20 recipients. • 75% of the provider's direct service staff working with individuals for whom the behavior residential habilitation rate applies, have completed the required training (see element15). <p>This Cite is subject to recoupment if any discrepancy between the staffing ratios and the rate billed are identified.</p>

Cite		Probes
44 W2.0	Provider has at a minimum a written annual report.	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records to determine if they contain an annual, written report that indicates the individual's progress toward their support plan goal(s) for the year. • Ideally, the annual report should address each goal and the progress that has been made, as well as recommendations for the next year which are incorporated into the support plan update. • The annual report should be consistent with monthly progress statements, supporting data and other information. • Progress statements in the annual report should contain objective (data/fact based) as well as subjective information. <p>The report is to be submitted to the waiver support coordinator prior to the annual support plan update.</p> <p><i>Note: It is not required that medical/dental issues, medications, medication errors, incidents, consumer contacts, etc. be included in the monthly summary. If the provider is including this in the monthly summary, providers should be encouraged to continue this practice.</i></p>
45	Provider has at a minimum results of the annual satisfaction survey.	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records or other files and reports to determine if they contain satisfaction survey results and resulting quality improvement measures that have been put in place as a result of the survey. • Look for evidence that the provider takes steps to have someone outside of agency staff assist individuals in completing satisfaction surveys (e.g., family members, friends, guardians, support coordinators).
46	Provider has at a minimum performance data on the Projected Service Outcomes.	Interactively, with the provider, review any performance improvement data that is available related to projected service outcomes.

Cite	Probes	
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.	<ul style="list-style-type: none"> • Interactively, with the provider, review documentation and billing procedures. Compare information against claims information. • Determine if the provider has current authorizations for services and supports. • Determine if the provider is rendering services and supports in accordance with the service authorization. • Verify that the provider has on file a service authorization for the services provided to each individual in the sample. • Provider billing reflects the actual days training was rendered, the approved units and rate. • Determine if the provider has a process to ensure documentation is on file before an invoice is generated. • Determine if the provider has a process for verifying that billing is performed in accordance with program requirements. • If the service is provided in the individual’s own or family home, this service is considered a one-on-one service, however, up to 3 individuals total may receive the service during the same time period if approved by the Area Office. • If the service is provided in the individual’s own or family home, the provider cannot be the landlord or have any ownership of the housing unit. If renting, the individual receiving the service must have their name on the lease. • The individual may not receive a combination of ADT, NRSS or residential habilitation services that exceeds 35 hours a week. An individual may not receive more than 35 hours a week of paid support, or a combination of paid supports and a meaningful day activity. <p>This Cite is subject to recoupment if the provider is providing the service without an authorization, or is billing for more than the authorized service levels.</p>
48 R	The provider bills for Residential Habilitation as defined and specified in the DS Waiver Services Medicaid Coverage and Limitations handbook.	<p><i>Note: Residential Habilitation is a training service expected to enhance skills and achieve individual goals and outcomes.</i></p> <p><i>Note: Incidental transportation and transportation provided as part of residential habilitation service is included in the rate for the service. The provider may not bill separately for this transportation except when the provider is a waiver transportation</i></p>

Cite	Probes	
		<p><i>provider and when transportation is provided between the individual's place of residence and another waiver service training site.</i></p> <p>If the service is provided in the individual's own or family home, providers will bill services by the quarter hour.</p> <p>Services billed by the quarter hour is limited to no more than 8 hours or 32 quarter hour units per day. If the service is used for meaningful day activities, the limit is 35 hours per week.</p> <p>Services provided in a licensed facility shall be billed only when the recipient is present and up to 350 days a year, using a daily rate.</p> <p>This Cite is subject to recoupment for any individual when there is evidence that the individual is not receiving this service as defined. (e.g., No evidence of training services or meaningful activities for the individual and services were billed.)</p>
Standard: The provider meets Projected Service Outcomes established for service delivery.		
49	The provider has established a systematic method to collect outcome data.	<ul style="list-style-type: none"> • Ask the provider to discuss the goals and Projected Service Outcomes that they are monitoring. • Ask the provider what data they are collecting and how they collect the data (e.g., record review, specially developed forms completed by employees, consumer satisfaction surveys, etc.) • Ask for samples of the tools or other evidence that confirms data is being collected and monitored. • Ask the provider to describe how it is determined they are meeting \ Projected Service Outcomes. • If the provider has any data or reports that they produce and maintain related to the goals and projected outcomes, ask to see these reports and identify how long the provider has been tracking this 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.	<ul style="list-style-type: none"> • Ask the provider how it is determined they are achieving Projected Service Outcomes. • Ask the provider how frequently they perform this monitoring. • Ask the provider if they have identified any areas in need of improvement and what corrective actions they have taken. • Look for evidence that the provider is collecting and monitoring data according to the time frames they have defined.

Cite		Probes
		<p>For elements 51-55, document findings in comments as #met/total sample. 100% of the sample must meet criteria in order for the elements to be designated 'Met'. Outcomes should be measured considering individual skills and circumstances. Reviewers will determine achievement of projected service outcomes at the time of the review. Reviewers will also use the results and status of recommendations from the Person-centered Reviews applicable to the provider, information from the sample records and documentation reviewed, and discussions with the individuals receiving the services.</p>
51 W2.0	Individuals receiving residential habilitation services achieve goals on their support plan throughout the year.	<p>Review provider documentation to determine whether the individual has achieved a current or previous support plan goal.</p> <p>Provider must demonstrate evidence that 85% of the individuals sampled achieved at least one goal on their current or previous support plan within the last twelve months.</p> <p>Interview individual and guardian, if necessary.</p>
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.	<p>Review annual satisfaction survey for results.</p> <p>Discuss satisfaction with individuals receiving services.</p> <p>Provider should track the results of the satisfaction surveys and address aggregate concerns.</p> <p>Review steps/actions that the provider took to respond to individual's concerns. Provider should ensure the effectiveness of any corrective measures put in place by monitoring the status of quality improvement initiatives as needed and makes adjustments as necessary to ensure improvement in their service delivery system.</p> <p>Look for documentation that the provider has distributed satisfaction surveys to each individual receiving the service.</p>

Cite		Probes
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.	<p>Reviewers will evaluate the effectiveness of the systems put in place by the provider to ensure the well being of the individual.</p> <p>Review incident and accident reports, complaints, approach to potential abuse and neglect incidents and implementation of other health routines, i.e. medication administration and medication errors.</p> <ul style="list-style-type: none"> • Look for evidence that the provider assists individuals in: attending all regular, necessary and follow-up medical appointments, maintaining safe administration and supervision of medications, and also maintaining a healthy diet and a safe environment. • Look for evidence that the provider has developed and implemented preventive procedures/practices, which address unusual incidents. • Within the review period, any confirmed incidents of abuse, neglect or exploitation by the provider/staff for the individuals reviewed will result in a not met score. • Look for tracking information on the incident reports and analysis of the data, as well as for evidence that corrective measures have been put in place.

Cite		Probes
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.	<ul style="list-style-type: none"> ▪ Look for evidence in supporting data that the individuals are making progress towards achieving their personal goals. <p>Ask the provider/individual how the individuals have demonstrated an increase in self-sufficiency or changes in their lives. Are they able to complete tasks related to the support plan goal with less assistance than at the time of initiation?</p> <p>Note: Based on the age, level of functioning, interest and health condition, the individual is assisted with the acquisition, retention or maintenance of skills related to activities of daily living reflective of their interests. The activities must be meaningful to the individual. For example, an individual with Alzheimer's, the provider tailors interventions based on the needs of the individual which may include skill maintenance.</p> <p>Interview individual and guardian if necessary.</p>
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.	<p>Look for evidence that the provider offers the individual choices at every given opportunity. This includes examining every aspect of the individual's life.</p> <p>Individual choices are respected by provider/staff.</p> <p>Providers are educating and/or, informing and/or exposing individuals to alternative choices and options.</p> <p>Interview individual(s) to determine if they are provided with the opportunity to experience choice.</p>
Standard: Personal funds are appropriately maintained and are accounted for accurately.		
56 W2.0	Separate checking or savings accounts are maintained for individual's personal funds.	Determine if the provider manages, stores and/or retains funds belonging to an individual. If so, determine if the conditions outlined in cites 56-61 are being met.
57 W2.0	If a single trust account is maintained for personal funds of all individuals, there is separate accounting for each individual.	<ul style="list-style-type: none"> • Review provider policies and procedures on managing, storing or retaining funds belonging to an individual. • Interactively, with the provider, review records of individuals for which the provider is managing, storing or retaining personal funds. Look for receipts that
58 W2.0	Account(s) is reconciled monthly to the account total as noted on the bank statement.	

Cite		Probes
59	Account statements and reconciliation records are retained for review.	indicate how funds were spent. <i>Note: A receipt should be available for "goods" or for expenditures \$25.00 and over. This is a target amount, not in rule).</i> Expenditures for allowances given directly to the individual do not usually require a receipt.
60 W2.0	Individual and Provider funds are not commingled.	<ul style="list-style-type: none"> • Talk with individuals to determine how funds are handled and how they access their funds. Are they satisfied with this arrangement? • Determine if any complaints or grievances have been filed against the provider relative to the handling of an individual's personal funds. • Analyze results of person-centered reviews to identify if providers are consistently following the process outlined in the standard and sub-standards when managing, storing or retaining an individual's personal funds. • If the provider is an agency, ask the provider how they ensure that employees are informed of the policy and how they are monitored for compliance. • Ensure that the provider maintains on file receipts for individual purchases of \$25.00 or more.
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.	Verify that written permission is obtained and on file for each individual reviewed.

Cite	Probes
	<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	Probes	
Standard: Behavioral Services result in objective and measurable improvements in behavior that are consistent with the individual's outcomes.		
62	<p>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.</p>	<p>If individuals in the program experience problems with behaviors, determine from the provider what qualified behavioral professional assists them with services for this individual.</p> <p>Determine if the behavioral professional is</p> <ul style="list-style-type: none"> • An employee of the provider, review personnel files. • On contract or an adjunct to the service under review, request that qualifications be available during the time of the review. <p>Ask to speak with the certified or licensed professional(s) responsible for developing interventions or supports for the individual(s). If psychotropic medications are used, then a licensed physician must be involved. For other services (e.g., counseling) refer to the Medicaid Waiver Handbook for provider qualifications.</p> <p>Look for evidence that the prescribing professional is monitoring the individual</p> <p>If providing on-site oversight for intensive behavioral and/or behavioral residential habilitation, the staff will meet at a minimum the requirements for a Florida Certified Behavior Analyst with a bachelor's degree or Board Certified Behavior Analyst or Associate Analyst or a person licensed under Chapter 490 or 491, F.S..</p> <p>The program or clinical director must be in place at the time of designation or the organization as an intensive behavioral residential habilitation program. This director must have a Doctoral or Master's level board certified behavior analysis or Florida certified behavior analysis with expanded privileges.</p>

Cite		Probes
63	Behavior Service goal(s) are consistent with and relate directly to the individual's personal outcomes/goals.	Review the person's support plan, if available, service authorization information, the implementation plan and the individual's behavioral plan (intervention/treatment/therapy plan) to determine if a clear connection exists between behavioral supports and services and the persons stated 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.	<p>Review record(s) of individuals that the provider or staff has identified as having problems with behaviors. Is a behavior plan present, and who developed the plan?</p> <p>Review the individual's records and the behavior services plan to determine:</p> <ul style="list-style-type: none"> • The problem with behavior is described in writing and in objective measurable terms. • There is evidence that interventions, treatments and therapies were based on the results of an assessment of the problem with behavior by the behavior service professional. • There is documentation that interventions account for medical problems, significant life changes, or other factors that might worsen the problem with the behavior. • If the individual was evaluated by a physician or other medical professional to rule out potential medical problems that might account for the problem with behavior. <p><i>Note: The plan may be written by someone other than the behavior service professional, but must be approved by the professional.</i></p>

Cite		Probes
65 W2.0	Written consent to use the plan was obtained from the individual or guardian.	<ul style="list-style-type: none"> • Review records and other documentation to determine that signed consent is on file. If consent was not obtained, look for documentation of the reason. • Talk with individuals receiving the service. Are they aware of the plan and interventions? Are they in agreement with the need for intervention and approaches used?
66	Implementers (provider staff) of the plan are able to carry out the plan as written.	<ul style="list-style-type: none"> • Ask staff to describe the procedures and the circumstances under which they are used • Observe the actual use of the procedure or intervention if possible. • Interview the individual for their understanding of implementation of the plan. • Review personnel and training records to verify staff training on the program.
67 W2.0	A system is in place to assure that procedures are carried out as designed.	<ul style="list-style-type: none"> • Review behavior service plan to determine if a plan to monitor implementation is available. • Review provider or behavioral professional documentation to determine if monitoring occurs as planned. • If there are problems with implementation, are these addressed and corrected? <p>For Behavioral Residential Habilitation and Intensive Behavioral Residential Habilitation, monitoring system must be implemented to verify that staff continue to be competent in the use of the techniques listed in the training requirement above. Monitoring and performance-based validation for competence must occur once monthly for 50% of the direct service staff that have completed the training.</p>

Cite		Probes
68 W2.0	There is evidence of progress or lack thereof in reducing the problem with behavior.	<p>Review available and required documentation to determine whether progress is being made, or if lack of progress, that there is a plan for the continuation, modification or termination of services.</p> <p>Documentation available for review to determine whether progress is being made should include:</p> <ul style="list-style-type: none"> • Data collected on plan implementation. Are the data collected as required in the plan? • Data displays (graphed). Review to determine progress and currency of graphing. • Progress should be verified in writing as a progress note or summary. <p><i>Note: Some measurable progress must be demonstrated or predicted or the current array of services must be seriously questioned.</i></p>
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.	<ul style="list-style-type: none"> • Determine if a written procedure is available. Is the procedure individualized? • Review any procedures that the provider has for emergency or crisis management. <i>(Note: The provider may have general procedures, as well as individualized. Reviewers should look at both.)</i> • Determine who developed the emergency or crisis management procedure, and if it is approved by the LRC or the Area Office. • Determine if the procedure identifies: <ul style="list-style-type: none"> ➤ How staff will be trained; ➤ What documentation must be kept and submitted upon use of the emergency procedure.
70	Staff are able to use the procedure when and as designed	<ul style="list-style-type: none"> • Review personnel and training records to determine whether staff has been trained in the use of these procedures. (Certain procedures such as ACT or TEAM require periodic retraining or certification.) • Determine whether only trained staff is allowed to use these procedures. • Talk with individuals and staff to determine their awareness of, and familiarity with these procedures.

Cite		Probes
71	Records are kept on the use of the emergency procedure and occurrences of the problem behavior.	<p>Request to see reports on use of emergency procedures. Verify the following:</p> <ul style="list-style-type: none"> • Daily reports on the employment of physical, chemical, or mechanical restraints by those specialist authorized in the use of such restraints are made to the chief administrator of the program. • A monthly summary including the type of restraint, the duration of usage and the reasons therefore will be submitted to the Area Office administrator and the local advocacy committee. <i>(Note: Reports may be sent to the Area Office Developmental Disabilities Program Office for routing to Area Office Administrator.)</i> • Review the agency procedure for reporting the use of emergence interventions. • Determine if the use of emergency interventions was properly reported. Review documented number of restraints reported to the Local Review Committee. <p><i>Note to reviewer: If emergency or crisis procedures have not been used, score this element Not Applicable.</i></p>

Residential Habilitation 11-22-05.doc

REV 10-30-01; 10-31-01; 11-13-01; 09.13.02; 09.16.02; 01.03; 02.04.03; 10-25-05; 11-22-05