

Developmental Services
Behavior Analysis Services
 Monitoring Checklist

Provider Number: _____

Provider Name: _____

Review Date: _____




Provider Address: _____

Reviewer Name: _____

District: _____

Location: _____

- Agency Provider Solo Provider Onsite Review Desk

Cite	Standard	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.”				
B. Provider Qualifications and Requirements				
1	Provider is certified as a behavior analyst or licensed as a psychologist, school psychologist, clinical social worker, marriage and family therapist, or mental health counselor with the required experience and/or education.			
2  W4.0	Level two background screenings are complete for all direct service employees.			
3  W4.0	Provider undergoes background re-screening every 5 years.			
4	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.			
5 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.			
6	Independent providers and agency staff receive training on required documentation for service(s) rendered.			

Cite	Standard	Met	Not Met	N/A
7	Independent providers and agency staff receive training on responsibilities under the Core Assurances.			
8	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.			
9	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.			
10 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.			
11	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.			
C. Service Limits and Times				
12	Provider is authorized to render behavior analysis services.			
13	Provider renders services and supports at a frequency and intensity as defined in the service authorization.			
14	Services are limited to no more than 16 units per day.			
15	Assessments are limited to one per year.			
16 W2.0	Training for parents, caregivers and staff is part of the services rendered (when these persons are integral to the implementation or monitoring of a behavior analysis services plan.)			
17	Providers of incidental transportation comply with program requirements.			
D. Documentation				
18	Provider has at a minimum a copy of an assessment used to evaluate the problems with behavior.			
19 R	Provider has at a minimum a copy of the behavior analysis service plan.			
20 W2.0	Provider has obtained approval from Local Review Committee for restrictive behavioral programs.			
21 R	Provider has at a minimum copies of data displays.			
22 R	Provider has at a minimum a copy of the service logs for the period being reviewed.			

Cite	Standard	Met	Not Met	N/A
23 R	Provider has at a minimum a copy of the monthly summary notes.			
24 R	Provider has at a minimum a copy of the assessment report, if the provider was specifically reimbursed for an assessment.			
25 R NEW	Provider has at a minimum an annual report.			

Behavior Analysis Checklist 11-23-05.doc
 REV 10-26-01; 10-29-01; 10-30-01; 11-01-01; 10.02.02; 11.20.02; 01.28.03; 02-10-03; 11-23-05