

Developmental Services
Companion
 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	Providers may be licensed home health or hospice agencies. OR Independent providers that have one year of experience in medical, psychiatric, nursing or child care settings, or working with individuals with developmental disabilities.			
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	Proof of current training and certification is available for all independent providers and agency staff in Cardiopulmonary Resuscitation (CPR).			
5	Proof of current training is available for all independent providers and agency staff in AIDS and infection control.			
6	The provider attends mandatory meetings and training scheduled by the District and/or Department. <i>[Note: If the District has not sponsored any mandatory meetings or training, score this element Not Applicable]</i>			
7 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.			

Cite	Standard	Met	Not Met	N/A
8	Independent providers and agency staff receive training on required documentation for service(s) rendered.			
9	Independent providers and agency staff receive training on responsibilities under the Core Assurances.			
10	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.			
11	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.			
12 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.			
13 W2.0	Proof of required training in recognition of abuse and neglect and the required reporting procedures is available for all independent vendors and agency staff.			
C. Service Limits and Times				
14	The provider renders no more than 40 units of these services per day to an individual.			
15	The provider is authorized to render companion services.			
16 R	The provider renders services and supports at a frequency and intensity as defined in the service authorization.			
17	The provider renders services to adults 18 years and older.			
18 W2.0	The provider renders services and supports on a one-on-one basis.			
19	The provider does not render services to individuals living in licensed residential settings (excluding foster homes).			
20	The provider renders companion services in the individual's own home, foster home or family home, or while the individual who lives in one of those settings is engaged in a community activity.			
21	If the provider is transporting the individual in his or her private vehicle, the provider has a valid driver's license, vehicle registration, and insurance.			

Cite	Standard	Met	Not Met	N/A
22	The provider notifies the District Developmental Disabilities Program Office of any changes in driver's license, vehicle registration, insurance status, or of traffic violations.			
D. Documentation				
23 R	The provider has at a minimum copies of service logs for the period being reviewed.			
24 W2.0	Companion services are being provided in accordance with an outcome on the individual's support plan and are not merely a diversion.			
E. Payment and Billing				
25 R	The provider does not bill for services to two individuals for the same period of time.			
26 R	The provider does not bill separately for transportation and travel costs.			
<p>Note: Score the following elements of performance ONLY when providers of this service are being reviewed as part of an onsite quality assurance review. If conducting a Desk Review, score these elements of performance Not Applicable.</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><u>Types of Problems with Behavior:</u></p> <p>Actions of the individual which, without behavioral, physical, or chemical intervention</p> <ol style="list-style-type: none"> 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.				
27	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.			

Cite	Standard	Met	Not Met	N/A
28	Behavior Service goal(s) are consistent with and relate directly to the individual's personal outcomes/goals.			
29	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.			
30 W2.0	Written consent to use the plan was obtained from the individual or guardian.			
31	Implementers (provider staff) of the plan are able to carry out the plan as written.			
32 W2.0	A system is in place to assure that procedures are carried out as designed.			
33 W2.0	There is evidence of progress or lack thereof in reducing the problem with behavior.			
34	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.			
35	Staff is able to use the procedure when and as designed.			
36	Records are kept on the use of the emergency procedure and occurrences of the problem behavior. <i>[Note: If emergency or crisis procedures have not been used, score this element Not Applicable]</i>			

Companion Checklist 1-22-06.doc
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