

Community Coordinator Specialist – Monitoring Visit Addendum
(Please print legibly)

Name of Individual: _____ CCS: _____ Date of this Monitoring Visit: __/__/__
 Location of this Monitoring Visit (street address, town/city) _____
 Site visited is: _____ Vocational _____ Residential _____ Name of Provider(s): _____

Addendum to CCS Monitoring Review:	Yes	No	NA
1. Has a Functional Behavior Assessment (FBA) been completed in the last year?			
a. If yes to #1., did the FBA reveal communicative function for the behavior(s) or other purpose of the behavior(s)?			
b. If yes to #1., are there alternative/ replacement behavior(s) for the individual proposed?			
2. For those individuals with one or more identified by the current FBA, does a Behavioral Support Plan (BSP) address the target behavior(s)?			
a. For those individuals with one or more target behaviors identified, have the staff persons who support the individual been trained on the BSP?			
3. For those individuals whose team determined that one or more target behaviors present immediate risk to self or others, does a Safety Plan for the individual identify actions to be taken if the BSP, as outlined in the IPP, is unsuccessful?			
a. For those individuals whose team determined that one or more target behaviors present immediate risk to the individual or others, have the staff persons who support the individual been trained on when and how to implement the Safety Plan?			
4. For those individuals who have identified individual-specific medical, dental, and/or nursing needs, are those needs being addressed by the team and reflected in the individual’s plan for health support?			
a. Medical			
b. Dental (routine and endodontic)			
c. Nursing			
5. If there were recommendations for the individual to visit a specialist, did the visit occur?			
6. Does the individual have medical conditions that could present immediate health risk(s) if not addressed by staff working with the individual?			
If yes is indicated for # 6, respond to the following:			
a. Is there an individualized plan for health support addressing the medical condition(s)?			
b. Have the staff who support the individual received training on the plan for health support?			
c. Does a safety plan for the individual identify actions to be taken if the plan for health support is not successful or the individual experiences a change in condition requiring immediate attention?			

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d. Have the staff persons who support the individual been trained on when and how to implement the safety plan?			
7. For those individuals who have identified individual-specific needs for allied health support, have those needs been addressed by the team and reflected in the individual’s plan for health support related to the following professional allied health areas?			
a. Speech/Language Pathology			
b. Occupational Therapy			
c. Physical Therapy			
d. Dietary/Nutrition			
8. Was a GER completed for any of the following that the individual experienced since the last monitoring visit?			
a. Choking while eating and/or swallowing			
b. Pneumonia which has been diagnosed and required treatment			
c. Skin breakdown (observed as redness, open areas or pressure sores – see attachment for pressure points of body where skin breakdown can occur)			
d. Two or more falls resulting in medical/nursing assessment, treatment or injury			
e. Weight loss/ gain greater than 10% of body weight since last monitoring visit			
f. Urgent care, emergency room visit or admitted to the hospital related to a medical reason such as accident, illness or injury			
g. Emergency room visit or admitted to the hospital related to a behavioral reason			
9. Has there been documented follow up by the provider and team related to an incident(s) identified as reportable by 404 NAC regulations and the General Event Report Guide for Nebraska?			
10. Does the individual’s current habilitation plan address the individual’s outcomes as identified in the Individual Program Plan (IPP)?			
a. Do the outcomes relate to hopes/goals/dreams identified by the individual as identified in the Individual Program Plan (IPP)?			
11. Have individual outcome(s) identified within the IPP, which were met over the last year, been modified or revised within 30 days based on interests and needs of the individual?			

Is Follow-up by Provider Needed? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, by When? _____
Comments: