

INSTRUCTIONS FOR CCS MONITORING ADDENDUM:

(CCS should advise the provider before leaving the monitoring visit site on any item during the monitoring visit where “No” was indicated, as it needs to be addressed as soon as possible. If an indication of “No” is indicated during a second consecutive monitoring visit, submit a complaint to the applicable DHHS Division (per SC protocol) after allowing the provider up to 30 days to address a non-urgent issue. Note: Urgent issues are those where life or health are at great risk, and they need to be addressed immediately/as soon as possible by the provider.)

1. Has a Functional Behavior Assessment (FBA) been completed in the last year?

Yes indicates – There is a current FBA on file that is not more than 12 months from the last completed FBA.

No indicates the following - The date of the last completed FBA is more than 12 months old and the provider was assigned by the IPP team to complete an annual FBA but failed to do so.

N/A indicates one of the following – the provider was not assigned by the IPP team to complete an FBA because there is a documented person-centered reason why it has not been completed. Person-centered reasons include but are not limited to: the individual does not display behaviors that interfere with his/her ability to participate in the community; the individual is in a hospital; resides in a nursing home; is currently very ill or receiving hospice services.

1.a. If yes to #1., did the FBA reveal communicative function for the behavior(s) or other purpose of the behavior(s)?

Yes indicates – The current FBA on file identifies the communicative function(s) or other purpose of the behavior(s)..

No indicates the following – The current FBA does not identify either the communicative function(s) or other purpose of the behavior(s).

N/A indicates one of the following – the provider was not assigned by the IPP team to complete an FBA because there is a documented person-centered reason why it has not been completed. Person-centered reasons include but are not limited to: the individual does not display behaviors that interfere with his/her ability to participate in the community; the individual is in a hospital; resides in a nursing home; is currently very ill or receiving hospice services.

1.b. If yes to #1., are there alternative/replacement behavior(s) for the individual proposed?

Yes indicates – The current FBA on file identifies there are alternative/replacement behavior(s) proposed for the individual.

No indicates the following – The current FBA does not identify alternative/replacement behavior(s) proposed for the individual.

N/A indicates one of the following – the provider was not assigned by the IPP team to complete an FBA because there is a documented person-centered reason why it has not been completed. Person-centered reasons include but are not limited to: the individual does not display behaviors that interfere with his/her ability to participate in the community; the individual is in a hospital; resides in a nursing home; is currently very ill or receiving hospice services.

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2. For those individuals with one or more target behaviors identified, does a Behavioral Support Plan (BSP) address the target behavior(s)?

Yes indicates – Identified target behaviors and the communicative function for the purpose of the behaviors of each are linked to supports identified within the BSP

No indicates - The Behavior Support Plan does not clearly link to the Functional Behavior Assessment identification of the communicative function of the individual’s behaviors. This indicator should also be used if a BSP should be in place but is not.

N/A indicates one of the following – the provider was not assigned by the IPP team to complete a BSP because there is a documented person-centered reason it has not been completed. Person-centered reasons include but are not limited to: the individual does not display behaviors that interfere with his/her ability to participate in the community; the individual is in a hospital; resides in a nursing home; is currently very ill or receiving hospice services.

2a. For those individuals with one or more target behaviors with a BSP in place, have staff persons who support the individual been trained on the BSP?

Yes indicates – Staff who support this individual have been trained to implement the BSP.

No indicate - Staff who support this individual have not been trained to implement the BSP.

N/A for this item is used only if N/A was the response to item “2” above.

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?

Yes indicates – Identified target behaviors that present immediate risk are addressed in an individualized Safety Plan for situations where full implementation of the existing BSP is unsuccessful.

No indicates – An individualized Safety Plan is not currently in place to address situations where full implementation of the existing BSP is unsuccessful.

N/A for this item is used only if N/A was the response to item “2” above.

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3a. 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?

Yes indicates - Staff who support the individual have been trained on when and how to implement the safety plan.

No indicates - Staff who support the individual have not been trained on when and how to implement the safety plan.

N/A for this item is used only if N/A was the response to item “3” above.

4. For those individuals who have identified individual-specific medical, dental, and/or nursing needs, are those needs being fully addressed by the team and reflected in the individual’s plan for health support?

Note: individualized plans for supporting health minimally include: related medical history diagnosis, assessment/ recommendation, needed interventions (specific actions that needs to be taken by those who support the individual), expected outcomes & criteria for outcome, when are supports/actions to be completed & by whom, date/sign off when completed actions.

Indicate responses for 4. a., b., and c. using one of the following options that applies to this individual/this monitoring visit:

Yes indicates – The individualized plan to support health is in place and addresses each individual-specific medical, dental, and/or nursing need, and was developed based on physician’s orders or recommendations by a licensed medical, dental, or nursing professional.

No indicates – The individualized plan to support health 1) is not in place or 2) does not address each individual-specific medical, dental and/or nursing need, or 3) was not developed based on a licensed professional’s recommendations (as noted above).

N/A indicates – The individual does not have identified/recommended medical, nursing and/or health needs or recommendations that necessitate individualized support for health.

5. If there were recommendations for the individual to visit a specialist, did the visit occur?

Yes indicates – 1) The individual did complete a visit(s) to a specialist as referred, or 2) The visit is pending and an appointment is officially scheduled for the individual to see a specialist within 45 days from the date of the recommendation.

No indicates – A referral was made for the individual to visit a specialist, however, the visit has not been completed nor scheduled as recommended.

N/A indicates – 1) No referrals have been made for a specialist, or 2) There is a documented person-centered reason it has not been completed. Person-centered reasons include but are not limited to: the individual is in the hospital; is currently very ill or receiving hospice services.

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6. Does the individual have medical conditions that could present immediate health risk if not addressed by staff working with the individual?

Yes indicates – Identified medical conditions exist that present immediate risk for the individual. *(If yes, proceed to 6a through d.)*

No indicates – individual does not have medical conditions that present immediate risk for the individual. *(If no, proceed to #7).*

N/A is not an available response choice for this question.

a. Is there an individualized health support plan addressing the medical condition(s)?

Yes indicates – Identified medical conditions that present immediate risk are addressed in an individualized Health Support Plan

No indicates – An individualized Health Support Plan is not currently in place.

N/A is not an available response choice for this question.

b. Have the staff who support the individual received training on the health support plan?

Yes indicates – staff who support the individual have received training on their role in carrying out the individualized health support plan for Identified medical conditions that present immediate risk for the individual.

No indicates – staff who support the individual have received training on their role in carrying out the individualized health support plan for Identified medical conditions that present immediate risk for the individual

N/A is not an available response choice for this question.

c. Does a Safety Plan for the individual identify actions to be taken if the health support plan is not successful or the individual experiences a change in condition requiring immediate attention?

Yes indicates – Identified medical conditions that present immediate risk are addressed in an individualized Safety Plan for situations where full implementation of the existing health support plan is unsuccessful.

No indicates – An individualized Safety Plan is not currently in place to address situations where full implementation of the existing health support plan is unsuccessful.

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N/A for this item is used only if N/A was the response to item “4” above.

d. Have the staff persons who support the individual been trained on when and how to implement the Safety Plan?

Yes indicates – staff who support the individual have received training on their role in implementing the individualized Safety Plan for Identified medical conditions

No indicates – staff who support the individual have not received training on their role in implementing the individualized safety plan for Identified medical conditions that present immediate risk for the individual

N/A is not an available response choice for this question.

7. For those individuals who have identified individual-specific needs for allied health support, are those needs being fully addressed by the team and reflected in the individual’s plan for health support related to the following licensed professional allied health areas? *(For each individual, be sure to mark a Yes, No, or N/A for every profession listed.)*

Indicate responses for 4. a., b., c. and d. using one of the following options that applies to this individual/this monitoring visit:

Yes indicates – The individualized plan to support health is in place and addresses each individual-specific allied health need with referral based on physician’s orders or recommendations. (Allied health professions include those listed: Speech and Language Pathology, Occupational and Physical Therapy, and Dietary/Nutrition.)

No indicates – The individualized plan to support allied health assessment/recommendations 1) is not in place, or 2) does not address the licensed professional’s recommendations.

N/A indicates – 1) The individual does not have identified needs or recommendations by a licensed allied health professional, or 2) There is a documented person-centered reason it has not been completed. Person-centered reasons include but are not limited to: the individual is currently very ill or receiving hospice services.

8. Was a GER completed for any of the following that the individual has experienced since the last monitoring visit :

Indicate responses for 8. a., b., c., d., e., f., and g. using one of the following options that applies to this individual/this monitoring visit:

Yes indicates – One or more of these occurred and were recorded in a GER.

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No indicates – One or more of these occurred and were not recorded in a GER.

N/A indicates - None of these were experienced by the individual since the last monitoring visit

9. Has there been documented follow up by the Provider related to incident(s) identified as reportable by 404 NAC regulations and the General Event Report Guide for Nebraska?

Yes indicates – Documented follow-up on reportable incidents since the last monitoring visit is recorded in Therap and as applicable other documents and available for review by the CCS during this visit.

No indicates – Documented follow-up on reportable incidents since the last monitoring visit is 1) not recorded in Therap and as applicable other documents and/or 2) not available for the CCS to review during or prior to this visit.

N/A indicates – No reportable GERS have occurred for this individual since the last monitoring visit by the CCS.

10. Does the individual’s current Habilitation Plan address the individual’s outcomes as identified in the Individual Program Plan (IPP)?

Yes indicates – The Habilitation Plan is in place, current, and addresses the individual’s outcomes identified in the IPP.

No indicates – The Habilitation Plan is either 1) not in place, or 2) not current, or 3) not fully addressing the individual’s outcomes as identified in the IPP, or 4) written but no record of progress.

N/A is not an option for this item.

10.a. Do the outcomes relate to the individual’s hopes/goals/dreams as identified in the Individual’s Program Plan (IPP)?

Yes indicates – The outcomes relate to the individual’s hopes/goals/dreams as identified in the IPP.

No indicates – The outcomes do not relate to the individual’s hopes/goals/dreams as identified in the IPP.

N/A is not an option for this item.

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?

Yes indicates – Outcomes have been replaced as they have been met or modified based on interests and needs of the individual.

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No indicates – Outcomes that have been met have not been replaced with new outcomes or no revision or modification has occurred to remain consistent with the individual’s needs and interests.

N/A is not an option for this item.