

SERVICE GUIDELINES - Specialty Services
Reference: DBHDD Provider Manual July 1, 2019
NOW/COMP July 1, 2019

Nursing Services

	Indicator	Score Guide	If N/A, reason marked not applicable	If No, reason marked not present	Rationale for Indicator
1	Progress notes/learning log entries indicate the date, location, and the beginning and ending time when the service was provided.	<ul style="list-style-type: none"> Documentation should clearly indicate the date the service was provided (which may not match the date the documentation was created), where the service was provided (home, community, etc.), and list the time the service began and ended. Review progress notes or learning logs. 		<input type="checkbox"/> Progress notes/learning log entries are missing the date <input type="checkbox"/> Progress notes/learning log entries are missing the location <input type="checkbox"/> Progress notes/learning log entries are missing the beginning and ending time when the service was provided.	Part II, Section I; III. Documentation, p. 39
2	Progress notes or Learning Logs describe the individual's progress toward goals.	<ul style="list-style-type: none"> Documentation needs to specify how progress was made by addressing each task the individual works on showing improvement, or lack thereof. The documentation should be reflective of the level of independence the individual has gained, to include what's working or not working related to achieving the goal. Review progress notes/learning logs. 		<input type="checkbox"/> Progress notes/learning logs only state progress did or did not occur and no reflection of how progress was made on goals.	Part II, Section I; III. Documentation, p. 39
3	Progress notes or Learning Logs describe staff implementation of interventions specified in the plan.	<ul style="list-style-type: none"> Look for documented evidence that staff are implementing the ISP as required. This includes strategies and methods used to support the person. Review progress notes/learning logs. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the implementation of interventions specified in the plan.	Part II, Section I; III. Documentation, p. 39

4	Progress notes or Learning Logs describe individual's response to the intervention or activity.	<ul style="list-style-type: none"> Look for documented evidence of the person's response to supports and services being provided or the activity the person is participating in. Evidence should demonstrate the intervention or activity offered and the way in which the person responded, to include verbal responses, behavioral cues, lack of response, etc. Review progress notes or learning logs. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the individual's response to the intervention or activity.	Part II, Section I; III. Documentation, p. 39
5	DDP oversight of the services and supports is evident in the documentation.	<ul style="list-style-type: none"> Provider has a DDP or the provider agency's designee reviewing the services and supports. Documentation indicates face-to-face visits, other contact or communication with or on behalf of the individual is in the record. Documentation includes assessment or evaluation of the individual's supports and services. It includes any plans for intervention based upon the assessment and changes in services. (when applicable) Review DDP documentation. 		<input type="checkbox"/> Provider has no DDP or provider designee providing oversight of individual's services and supports. <input type="checkbox"/> Documentation does not include the review of services and supports by DDP or provider designee. <input type="checkbox"/> Missing documentation of all necessary face-to-face visits, other contact or communication on behalf of the individual. <input type="checkbox"/> Documentation does not reflect the purpose of the visit or contact. <input type="checkbox"/> Documentation does not include an assessment/evaluation of the individual's supports and services. <input type="checkbox"/> Documentation does not include any interventions needed based upon results of the assessment/evaluation of or needed changes in services and supports.	Part II, section 1; E. ADEQUATE AND COMPETENT STAFF (CRITICAL); 4-f, p. 24
6	Healthcare plans are current and include all essential elements such as;	<ul style="list-style-type: none"> Documentation demonstrates that healthcare plans have been created, or reviewed and updated within the past 12 months. 		<input type="checkbox"/> Healthcare plan missing current healthcare plan <input type="checkbox"/> Healthcare plan missing demographic information	Nursing Services Part III, COMP, 2800

	demographic information, diagnosis, nursing diagnosis, goals and objectives (standards of care), nursing interventions, documented requirements, evaluation of progress, signature of approving RN.	<ul style="list-style-type: none"> Healthcare plans are individual specific to relevant diagnoses and/or risks, and free from generic creation of plans. Review healthcare plans. 		<input type="checkbox"/> Healthcare plan missing diagnosis <input type="checkbox"/> Healthcare plan missing nursing diagnosis <input type="checkbox"/> Healthcare plan missing goals and objectives (standards of care) <input type="checkbox"/> Healthcare plan missing nursing interventions <input type="checkbox"/> Healthcare plan missing documented requirements <input type="checkbox"/> Healthcare plan missing evaluation of progress <input type="checkbox"/> Healthcare plan missing signature of approving RN	
7	Health information is maintained in the individual's record for quality staff training concerning current healthcare plan, current clinical assessments, hospital discharge notes (as applicable), detailed teaching plan and skills checklist.	<ul style="list-style-type: none"> Evidence demonstrates staff have been trained on health information. Evidence of training indicates specific information of which staff received training. Evidence can be found in individual record, training records, progress notes, summaries, medical information, etc. 		<input type="checkbox"/> Missing detailed teaching plan and skills checklist for staff training. <input type="checkbox"/> Teaching plan and skills checklist is missing current healthcare plan information. <input type="checkbox"/> Teaching plan and skills checklist is missing current clinical assessment information. <input type="checkbox"/> Teaching plan and skills checklist is missing hospital discharge information.	Nursing Services Part III, COMP, 2800
8	All logs (i.e. seizure/bowel/intake & output) reflect description of assessed activity, duration, intervention/s, date and time including	<ul style="list-style-type: none"> N/A for tracking log only... if no tracking logs are in place per the healthcare plan. Medical record would contain healthcare plan. Review medical record, medical documentation, tracking forms, etc. 		<input type="checkbox"/> Logs (i.e. seizure/bowel/intake & output) are missing the Individual's response to intervention/s provided if identified due to the tracking log results. <input type="checkbox"/> Logs (i.e. seizure/bowel/intake & output) are missing dates and/or times or intervention or assessment.	<p>Nursing Services Part III, COMP, 2800</p> <p>Policy - Bowel Management for Individuals Diagnosed with</p>

	the individual's response.			<input type="checkbox"/> Logs (i.e. seizure/bowel/intake & output) are missing description of any assessment due to tracking log results.	Developmental Disabilities Living in Community Settings, 02-802 Policy - Seizure Management, 03-514 Attachments A – G
9	Documented Summary Reports include individual's condition, changes or progress, new problems identified, vital signs, complaints, description of wounds, etc.	<ul style="list-style-type: none"> • Summary reports should show evidence of the physician instructions for implementation. • Review medical record, medical documentation, tracking forms, etc. 		<input type="checkbox"/> Summary reports were missing the individual's condition <input type="checkbox"/> Summary reports were missing the changes or progress <input type="checkbox"/> Summary reports were missing the new problems identified <input type="checkbox"/> Summary reports were missing the vital signs <input type="checkbox"/> Summary reports were missing the complaints about health <input type="checkbox"/> Summary reports were missing the description of wounds <input type="checkbox"/> Summary reports were missing the physician instructions as necessary based upon physician visit.	Nursing Services Part III, COMP, 2800
Quality Indicator (not included in the score)					
10	Nursing services are provided by an RN for clinical oversight and monitoring of the individual's healthcare needs.	<input type="checkbox"/> EXCEEDS: RN oversight documentation reflects the level of clinical supervision per healthcare plan/ISP. Documentation reflects the individual being assessed to determine healthcare needs and any additional services and/or referrals. Documentation reflects staff receiving competency based and demonstrates skills training specific to the individual healthcare plan. Documentation shows evidence of communication with the individual, the family when applicable, and staff. <input type="checkbox"/> MEETS: RN oversight documentation reflects the level of clinical supervision per the healthcare plan/ISP. RN ensures staff is trained on the specific to the individual healthcare plan. RN ensures communication of all revisions to staff.			Nursing Services Part III, COMP, 2800

		<input type="checkbox"/> NEEDS IMPROVEMENT: RN oversight documentation reflects the monitoring of the healthcare plan/ISP. Documentation does not reflect staff is trained on the individual healthcare plan. Documentation does not ensure communication of changes to the healthcare plan is ongoing with staff.			
		<input type="checkbox"/> UNSATISFACTORY: Documentation does not demonstrate RN clinical oversight per healthcare plan/ISP.			
Crisis Services					
	Indicator	Score Guide	If N/A, reason marked not applicable	If No, reason marked not present	Rationale for Indicator
1	Progress notes/learning log entries indicate the date, location, and the beginning and ending time when the service was provided.	<ul style="list-style-type: none"> Documentation should clearly indicate the date the service was provided (which may not match the date the documentation was created), where the service was provided (home, community, etc.), and list the time the service began and ended. Review progress notes or learning logs. 		<input type="checkbox"/> Progress notes/learning log entries are missing the date. <input type="checkbox"/> Progress notes/learning log entries are missing the location. <input type="checkbox"/> Progress notes/learning log entries are missing the beginning and ending time when the service was provided.	Part II, Section I; III. Documentation, p. 39
2	Progress notes or Learning Logs describe the individual's progress toward goals.	<ul style="list-style-type: none"> Documentation needs to specify how progress was made by addressing each task the individual works on showing improvement. The documentation should be reflective of the level of independence the individual has gained working on this goal. Description of outcome specific to each target behavior intervention to include but not limited to behavioral changes, acquisition of new replacement skills, ability to increase community integration and other positive life outcomes. Review progress notes or learning logs. 		<input type="checkbox"/> Progress notes/learning logs only state progress did or did not occur and no reflection of how progress was made on goals.	Part II, Section I; III. Documentation, p. 39

3	Progress notes or Learning Logs describe staff implementation of interventions specified in the plan.	<ul style="list-style-type: none"> Look for documented evidence that staff are implementing the ISP as required. This includes strategies and methods used to support the person. Review progress notes or learning logs. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the implementation of interventions specified in the plan.	Part II, Section I; III. Documentation, p. 39
4	Progress notes or Learning Logs describe individual's response to the intervention or activity.	<ul style="list-style-type: none"> Look for documented evidence of the person's response to supports and services being provided or the activity the person is participating in. Review progress notes or learning logs. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the individual's response to the intervention or activity.	Part II, Section I; III. Documentation, p. 39
5	DDP oversight of the services and supports is evident in the documentation.	<ul style="list-style-type: none"> Provider has a DDP or the provider agency's designee Documentation indicates face-to-face visits, other contact or communication with or on behalf of the individual is in the record. Documentation includes assessment or evaluation of the individual's supports and services. It includes any plans for intervention based upon the assessment and changes in services. (when applicable) DDPs documentation should reflect ongoing review of any participant receiving clinical services (behavioral services) and any participant with changes in functional, medical, behavioral or social status. 	NA for Crisis Services	<input type="checkbox"/> Provider has no DDP or provider designee providing oversight of individual's services and supports. <input type="checkbox"/> Documentation does not include the review of services and supports by DDP or provider designee. <input type="checkbox"/> Missing documentation of all necessary face-to-face visits, other contact or communication on behalf of the individual. <input type="checkbox"/> Documentation does not reflect the purpose of the visit or contact. <input type="checkbox"/> Documentation does not include an assessment/evaluation of the individual's supports and services. <input type="checkbox"/> Documentation does not include any interventions needed based upon results of the assessment/evaluation of or needed changes in services and supports.	Part II, section 1; E. ADEQUATE AND COMPETENT STAFF (CRITICAL); 4-f, p. 24

6	The community based crisis services are provided on a time-limited basis to ameliorate the presenting crisis.	<ul style="list-style-type: none"> DD Mobile Crisis Team respond and arrive on site within 1 ½ hours of the SPOE dispatch. 		<input type="checkbox"/> DD Mobile Crisis Team did not arrive on site within 1 ½ hours of the SPOE dispatch. <input type="checkbox"/>	Part II, Section II: Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD), p.54
7	The community based crisis services consist of at a minimum the Licensed Clinical Social Worker (LCSW), Behavior Specialist, and Direct Support Staff.	<ul style="list-style-type: none"> Crisis services are to have a Licensed Clinical Social Worker (LCSW), Behavior Specialist, and Direct Support Staff. Other possible team staff included RN, an additional social worker (MSW), safety officer, or additional direct support staff; may include a physician if needed. Evidence would be located in staff files or provider records. 		<input type="checkbox"/> Documentation does not indicate at a minimum that community based crisis services include a Licensed Clinical Social Worker (LCSW), Behavior Specialist, and Direct Support Staff.	Part II, Section II: Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD), p.54
8	Crisis Response System staff coordinate with the individual's current provider(s) to assess and recommend any needed changes in services.	<ul style="list-style-type: none"> Assessments should show evidence of Interviews with the individual, care providers and/or family members; Observation of the current environment; and Review of behavior and individual support plans. Individuals with dual diagnosis, a developmental disability and a co-existing mental health condition, both co-existing disorders must be addressed, documented and coordinated service delivery accessed if applicable. 		<input type="checkbox"/> Missing evidence of interviews with the individual, care providers and/or family members <input type="checkbox"/> Missing evidence of observation of the current environment <input type="checkbox"/> Missing evidence of a review of behavior and individual support plans <input type="checkbox"/> Missing evidence of co-existing disorders addressed, documented, and coordination of services <input type="checkbox"/> Clinical intervention decisions are assessed to ensure the least restrictive environment and placement.	Part II, Section II: Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD), p.53
9	Discharge plan is completed for community based crisis services.	Discharge plan should include a summary of precipitating events such as:		<input type="checkbox"/> Missing summary of precipitating events. <input type="checkbox"/> Missing clinical interventions. <input type="checkbox"/> Missing response to clinical interventions.	Part II, Section II: Operational and Clinical Standards for Georgia Crisis

		<ul style="list-style-type: none"> • Documentation of implemented clinical interventions, including the individual’s response to the interventions; • Recommendations for continued integrated supports including early intervention strategies and, if applicable, suggested modifications of the individual’s current BSP and/or Safety Plan; • Recommended plans for hands on training of all personnel that provide supports in the various programs that the individual participates in, and • Referral, linkages, resource directories and contact information for additional supports (if applicable) to include community services. • The plan uploaded to CIS within a 24-hour period after discharge from the GCRS-DD. 		<ul style="list-style-type: none"> <input type="checkbox"/> Missing recommendations for continued interventions <input type="checkbox"/> Missing referral for additional supports (if applicable). <input type="checkbox"/> Discharge is not uploaded to CIS with 24 hour period from the GCRS-DD 	Response System (GCRS-DD), p.53
10	The Crisis provider has protocols that describe processes for the provision of both In-Home and Out-of-Home Intensive Crisis Supports.	<p>At a minimum, the description must include the following processes:</p> <ul style="list-style-type: none"> • Accessing Intensive Crisis Supports; • Types of Intensive Crisis Supports it plans to provide; • Procedures for utilizing Intensive Crisis Supports both in and out of the individual’s home. • Follow-up recommendations for on-going individual care that includes Family and/or Provider supports, linkages and training. • 		<ul style="list-style-type: none"> <input type="checkbox"/> Documentation does not describe the type of intensive crisis supports it plans to provide. <input type="checkbox"/> Documentation does not describe the procedures for utilizing Intensive Crisis Supports both in and out of the individual’s home. <input type="checkbox"/> Documentation does not indicate follow up recommendations for on-going individual care that includes Family and/or Provider supports, linkages and training. 	Part II, Section II: Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD), p.55
11	Intensive Crisis Support Services provide specific prevention	<p>The criteria to receive Intensive Out-Of-Home Supports include:</p> <ul style="list-style-type: none"> • All of the intensive in-home supports criteria AND 		<ul style="list-style-type: none"> <input type="checkbox"/> Documentation does not demonstrate all of the intensive in-home supports needed. 	Part II, Section II: Operational and Clinical Standards for Georgia Crisis

	<p>intervention and case management strategies directed towards identifying immediate and on-going services and supports required to enable the individual to remain in the community.</p>	<ul style="list-style-type: none"> • The safety of others living in the home with the individual or others living in the community cannot be maintained through the use of Intensive In-Home Supports with written justification based on clinical observation and/or assessment OR • Extensive physical environmental modifications are needed because of the crisis and the individual cannot safely reside in the home with Intensive In-Home Supports while modifications are completed. • Intensive Case Management connects the individual in crisis to the necessary services and supports • 		<ul style="list-style-type: none"> <input type="checkbox"/> Documentation does not demonstrate the safety of others living in the home with the individual or others living in the community cannot be maintained through the use of Intensive In-Home Supports with written justification based on clinical observation and/or assessment OR extensive physical environmental modifications are needed as a result of the crisis and the individual cannot safely. <input type="checkbox"/> Documentation does not demonstrate coordination with other providers, support coordinator/PLA and Regional Office to determine service options 	<p>Response System (GCRS-DD), p.55</p>
<p>12</p>	<p>As a time-limited response, Intensive In-Home Supports are not to exceed 7 calendar days.</p>	<p>Extensions beyond 7 calendar days are the exception and are not typical. However, clinical follow-up by the behavior specialist or social worker is allowed for up to 14 days when the need is justified and documented appropriately.</p> <p>a. Exceptions to this timeframe are to be based on extraordinary circumstances assessed daily by the crisis service provider, and the support coordinator or planning list administrator if applicable.</p> <p>b. Extensions beyond the 7 calendar days are to be approved by the Regional Operations Director for Developmental Disabilities (ROD) for the applicable region. Extensions are only approved when discharge criteria noted in Section D 4a-4d have not been met as evident by observations, with assessment of outcomes related to clinical interventions documented on a daily basis.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Evidence that In-Home Supports exceeded the seven calendar days without an extension. <input type="checkbox"/> Missing documentation the provider requested extensions from the Region as needed. 	<p>Part II, Section II: Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD), p.56</p>

		<p>Note: There may be circumstances when the need for crisis stabilization stays to exceed the thirty (30) days stay. When</p> <ul style="list-style-type: none"> Clinically recommended by the mobile crisis team, extensions must be approved and granted by Regional Field Office and Division of DD. The procedure for requesting an extension of the thirty (30) day rule follows: On or before the 25th day of stay, the RSA-DD will submit a request to the Division of DD Director or designee. 			
Quality Indicator (not included in the score)					
13	Crisis services are provided for an individual undergoing an acute crisis.	<input type="checkbox"/> EXCEEDS: Individual receiving crisis supports received clinical oversight that was comprehensive providing a holistic approach to supports and services. Crisis services were coordinated with the region, support coordinator, providers, mental health professionals, and family when applicable at the onset of the crisis services. Individual received resources and contact information for additional supports (if applicable) to include community services.	Part II, Section II: Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)		
		<input type="checkbox"/> MEETS: Individual receiving crisis supports received clinical oversight that was comprehensive ensuring all medical and/or behavioral needs are met. Crisis services were coordinated with the region, support coordinator, providers, mental health professionals, and family when applicable at the onset of the crisis services.			
		<input type="checkbox"/> NEEDS IMPROVEMENT: Individual receiving crisis supports received clinical oversight that only focused on the behavior support needs. Crisis services were not coordinated with the region, support coordinator, providers, mental health professionals, and family when applicable at the onset of the crisis services.			
		<input type="checkbox"/> UNSATISFACTORY: Individual receiving crisis supports received limited clinical oversight to support the behaviors crisis identified.			
Behavior Support Services					
	Indicator	Score Guide	If N/A, reason marked not applicable	If No, reason marked not present	Rationale for Indicator

1	Progress notes/learning log entries indicate the date, location, and the beginning and ending time when the service was provided.	Documentation should clearly indicate the date the service was provided (which may not match the date the documentation was created), where the service was provided (home, community, etc.), and list the time the service began and ended.		<input type="checkbox"/> Progress notes/learning log entries are missing the date. <input type="checkbox"/> Progress notes/learning log entries are missing the location. <input type="checkbox"/> Progress notes/learning log entries are missing the beginning and ending time when the service was provided.	Part II, Section I; III. Documentation, p. 39
2	Progress notes or Learning Logs describe the individual's progress toward goals.	<ul style="list-style-type: none"> • Documentation needs to specify how progress was made by addressing each task the individual works on showing improvement. • The documentation should be reflective of the level of independence the individual has gained working on this goal. • Description of outcome specific to each target behavior intervention to include but not limited to behavioral changes, acquisition of new replacement skills, ability to increase community integration and other positive life outcomes. 		<input type="checkbox"/> Progress notes/learning logs only state progress did or did not occur and no reflection of how progress was made on goals.	Part II, Section I; III. Documentation, p. 39
3	Progress notes or Learning Logs describe staff implementation of interventions specified in the plan.	<ul style="list-style-type: none"> • Look for documented evidence that staff are implementing the ISP as required. This includes strategies and methods used to support the person. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the implementation of interventions specified in the plan.	Part II, Section I; III. Documentation, p. 39
4	Progress notes or Learning Logs describe individual's response to the intervention or activity.	<ul style="list-style-type: none"> • Look for documented evidence of the person's response to supports and services being provided or the activity the person is participating in. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the individual's response to the intervention or activity.	Part II, Section I; III. Documentation, p. 39

5	DDP oversight of the services and supports is evident in the documentation.	<ul style="list-style-type: none"> • Provider has a DDP or the provider agency’s designee reviewing the services and supports. • Documentation indicates face-to-face visits, other contact or communication with or on behalf of the individual is in the record. • Documentation includes assessment or evaluation of the individual’s supports and services. It includes any plans for intervention based upon the assessment and changes in services. (when applicable) • DDPs documentation should reflect ongoing review of any participant receiving clinical services (behavioral services) and any participant with changes in functional, medical, behavioral or social status. • There should be evidence of DDP documentation addressing any concerns, progress, and modifications to behavior support plans. 		<ul style="list-style-type: none"> <input type="checkbox"/> Provider has no DDP or provider designee providing oversight of individual’s services and supports. <input type="checkbox"/> Documentation does not include the review of services and supports by DDP or provider designee. <input type="checkbox"/> Missing documentation of all necessary face-to-face visits, other contact or communication on behalf of the individual. <input type="checkbox"/> Documentation does not reflect the purpose of the visit or contact. <input type="checkbox"/> Documentation does not include an assessment/evaluation of the individual’s supports and services. <input type="checkbox"/> Documentation does not include any interventions needed based upon results of the assessment/evaluation of or needed changes in services and supports. 	Part II, section 1; E. ADEQUATE AND COMPETENT STAFF (CRITICAL); 4-f, p. 24
6	Documentation reflects the individual’s positive behavior support plan (PBSP) and Safety plan is implemented across all providers supporting the individual.	<ul style="list-style-type: none"> • Documentation provides evidence that PBSP and Safety plan are available at all provider sites. • Evidence indicates that providers have received training to be able to implement plans. 		<ul style="list-style-type: none"> <input type="checkbox"/> Documentation does not reflect the individual’s (PBSP) and Safety plan are implemented across all providers supporting the individual. 	Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL) p. 29
7	The positive behavior support plan (PBSP) is developed by a	<ul style="list-style-type: none"> • Positive Behavior Support Plan (PBSP) and Safety plan is developed and overseen by a qualified professional (Refer to the Outcomes for Persons Served Section G for Professional 		<ul style="list-style-type: none"> <input type="checkbox"/> The positive behavior support plan is not developed and overseen by a qualified professional 	Part II, Section B BEHAVIORAL SUPPORT

	qualified professional.	Designations Categories of Psychologist, Behavior Specialists and Board Certified Behavior Analyst)			PRACTICES (CRITICAL) p. 29
8	The individual or guardian is given a choice to select the qualified person to develop the PBSP and Safety plan.	<ul style="list-style-type: none"> Documentation provides evidence that the individual or guardian was afforded choice in the person who developed their plan. 		<input type="checkbox"/> Documentation does not reflect the person was given choices of behavior support provider.	Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL) p. 29
9	There is documented evidence of a clinical assessment and validation of behavior support needs.	The clinical assessment is based on HRST & SIS eligibility criteria. E.g., HRST score of 4 on Item Q for 1:1 staffing; SIS score of seven (7) or higher for behavior support.		<input type="checkbox"/> No documented evidence of a clinical assessment and validation of behavior support needs	Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL) p. 29
10	The positive behavior support plan (PBSP) is individualized to meet the individual's challenging behaviors.	<p>The positive behavior support plan developed addresses the following in the plan:</p> <ul style="list-style-type: none"> Individualized (Person Centered Planning); Based on a functional assessment; One that has addressed potential medical causes; PBSP utilizes non-punitive, non-restrictive procedures & interventions; Inclusive of methods outlined to teach alternative appropriate behaviors that will achieve the same results as the challenging behavior(s); Inclusive of rationale for the following: Use of identified approaches such as the time of their use; how the approach will impact personal choice of the individual; identifies the 		<input type="checkbox"/> The PBSP is not individualized <input type="checkbox"/> The PBSP is not based on a functional assessment <input type="checkbox"/> The PBSP does not address potential medical causes <input type="checkbox"/> The PBSP does not utilize non-punitive, non-restrictive procedures & interventions <input type="checkbox"/> The PBSP does not include methods outlined to teach alternative appropriate behaviors that will achieve the same results as the challenging behavior(s) <input type="checkbox"/> The PBSP does not include the time for the plan, an assessment of the impact on personal choice of the individual, the targeted behavior, and how the targeted behavior will be recognized for success.	Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL) p. 29

		targeted behavior; and how the targeted behavior will be recognized for success.			
11	The positive behavior support plan (PBSP) and Safety is implemented by trained and competent staff.	Staff are to be training on an individual's the positive behavior support plan (PBSP). Staff training is conducted by the individual who developed the PBSP and Safety plan.		<input type="checkbox"/> No documented evidence that staff have been trained on the PBSP and Safety plan by the behavior support specialist/analyses.	Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL) p. 29
12	Any rights restriction in place includes consent from the person or legal guardian and a documented behavior plan and/or doctor's order (for adaptive supportive devices or medical protection)	<ul style="list-style-type: none"> Documentation provides evidence that the person or legal guardian has agreed to any rights restrictions. Documentation demonstrates evidence of a documented behavior plan (no more than 12 months old) and/or doctor's order (within the last 12 months) for the restriction. 		<input type="checkbox"/> No current consent from the person or legal guardian (annually). <input type="checkbox"/> No current documented behavior plan (annually). <input type="checkbox"/> No current (every 12 months) doctor's order (for adaptive supportive devices or medical protection).	Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL), p. 29
13	Intrusive or restrictive procedures in the positive behavior support plan (PBSP) and Safety are documented to justify less restrictive procedures ineffectiveness and/or the need for	When intrusive or restrictive procedures are incorporated in the PBSP and Safety plan, the procedures are authorized and approved by: <ul style="list-style-type: none"> ISP interdisciplinary team, Reviewed by organization's Rights Committee and Supervised by qualified professional(s) and may not be in conflict with Federal or State Laws, Rules and Regulations, Clients Rights or Department standards to include but not limited to the document <u>Guidelines for</u> 		<input type="checkbox"/> Documentation does not include a clear justification of intrusive or restrictive procedures in the PBSP and Safety plan. <input type="checkbox"/> Documentation does not reflect the intrusive or restrictive procedures are approved by the ISP interdisciplinary team. <input type="checkbox"/> Documentation does not reflect the intrusive or restrictive procedures are reviewed by organization's Rights Committee and supervised by qualified professional(s) and may not be in	Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL) p. 29

<p>more intrusive procedures due to the safety or health risks presented by the targeted behaviors.</p>	<p><u>Supporting Adults with Challenging Behaviors in Community Settings and the Best Practice Standards for Behavioral Support</u> when developing a positive behavior support/safety plan.</p>		<p>conflict with Federal or State Laws, Rules and Regulations, Clients Rights or Department standards.</p>	
Quality Indicator (not included in the score)				
<p>14</p>	<p>Behavior Support services uses a person-centered approach for an individual with challenging behaviors. NEW QUESTION</p>	<ul style="list-style-type: none"> • Documentation follows the <u>Guidelines for Supporting Adults with Challenging Behaviors in Community Settings and the Best Practice Standards for Behavioral Support</u> • Documentation (i.e. notes, learning logs, PBSP, and Safety plan) promotes: <ul style="list-style-type: none"> • A person-centered approach in the development of the behavior support plan (PBSP) and Safety. • Documentation identifies the supports the individual will need in different settings and circumstances (e.g., community, home, families, supported living, etc.). • Individual’s rights are protected the development of services and supports. • Strategies promote the highest quality of life possible as determined by the individual. 	<ul style="list-style-type: none"> <input type="checkbox"/> EXCEEDS: Behavior support services interventions and supports are designed based on the individual’s strengths, preferences, and interests. Interventions and supports are reducing the challenging behaviors and increasing the individual’s level of independence in all settings. Behavior support services are developed with the individual’ ISP team, family, and etc. and the plan is implemented across all identified settings. <input type="checkbox"/> MEETS: Behavior support services interventions and supports are designed based on the individual’s strengths, preferences, and interests. Interventions and supports are reducing the challenging behaviors and increasing the individual’s level of independence. <input type="checkbox"/> NEEDS IMPROVEMENT: Behavior support services interventions and supports are not designed based on the individual’s strengths, preferences, and interests. Interventions and supports have not reduced the challenged behaviors and the individual’s level of independence has not improved. <input type="checkbox"/> UNSATISFACTORY: Behavior support services include punitive interventions and supports. Interventions and supports are not designed according to the <u>Guidelines for Supporting Adults with Challenging Behaviors in Community Settings and the Best Practice Standards for Behavioral Support</u>. 	<p>Part II, Section B BEHAVIORAL SUPPORT PRACTICES (CRITICAL) p. 29</p>

Therapy Services (Occupational Therapy, Physical Therapy, Speech Therapy)

	Indicator	<ul style="list-style-type: none"> Score Guide 	If N/A, reason marked not applicable	<input type="checkbox"/> If No, reason marked not present	Rationale for Indicator
1	Progress notes/learning log entries indicate the date, location, and the beginning and ending time when the service was provided.	<ul style="list-style-type: none"> Documentation should clearly indicate the date the service was provided (which may not match the date the documentation was created), where the service was provided (home, community, etc.), and list the time the service began and ended. 		<input type="checkbox"/> Progress notes/learning log entries are missing the date. <input type="checkbox"/> Progress notes/learning log entries are missing the location. <input type="checkbox"/> Progress notes/learning log entries are missing the beginning and ending time when the service was provided.	Part II, Section I; III. Documentation, p. 39
2	Progress notes or Learning Logs describe the individual's progress toward goals.	<ul style="list-style-type: none"> Documentation needs to specify how progress was made by addressing each task the individual works on showing improvement. The documentation should be reflective of the level of independence the individual has gained working on this goal. Description of outcome specific to each target behavior intervention to include but not limited to behavioral changes, acquisition of new replacement skills, ability to increase community integration and other positive life outcomes. 		<input type="checkbox"/> Progress notes/learning logs only state progress did or did not occur and no reflection of how progress was made on goals.	Part II, Section I; III. Documentation, p. 39
3	Progress notes or Learning Logs describe staff implementation of interventions specified in the plan.	<ul style="list-style-type: none"> Look for documented evidence that staff are implementing the ISP as required. This includes strategies and methods used to support the person. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the implementation of interventions specified in the plan.	Part II, Section I; III. Documentation, p. 39

4	Progress notes or Learning Logs describe individual's response to the intervention or activity.	<ul style="list-style-type: none"> Look for documented evidence of the person's response to supports and services being provided or the activity the person is participating in. 		<input type="checkbox"/> Progress notes/learning log entries do not describe the individual's response to the intervention or activity.	Part II, Section I; III. Documentation, p. 39
5	DDP oversight of the services and supports is evident in the documentation.	<ul style="list-style-type: none"> Provider has a DDP or the provider agency's designee reviewing the services and supports. Documentation indicates face-to-face visits, other contact or communication with or on behalf of the individual is in the record. Documentation includes assessment or evaluation of the individual's supports and services. It includes any plans for intervention based upon the assessment and changes in services. (when applicable) DDPs documentation should reflect ongoing review of any participant receiving clinical services (behavioral services) and any participant with changes in functional, medical, behavioral or social status. There should be evidence of DDP documentation addressing any concerns, progress, and modifications to behavior support plans. 		<input type="checkbox"/> Provider has no DDP or provider designee providing oversight of individual's services and supports. <input type="checkbox"/> Documentation does not include the review of services and supports by DDP or provider designee. <input type="checkbox"/> Missing documentation of all necessary face-to-face visits, other contact or communication on behalf of the individual. <input type="checkbox"/> Documentation does not reflect the purpose of the visit or contact. <input type="checkbox"/> Documentation does not include an assessment/evaluation of the individual's supports and services. <input type="checkbox"/> Documentation does not include any interventions needed based upon results of the assessment/evaluation of or needed changes in services and supports.	Part II, section 1; E. ADEQUATE AND COMPETENT STAFF (CRITICAL); 4-f, p. 24
6	Therapy services are provided by a Georgia licensed therapist and by order of a physician.	<ul style="list-style-type: none"> Look for evidence therapy services were physician ordered by prescription including the frequency and indicated evaluation need Orders were specific as follows: <ul style="list-style-type: none"> Physician letterhead Frequency of therapy services Indicated evaluation of therapy services 		<input type="checkbox"/> Services are not provided by a Georgia licensed Physical Therapist (PT). <input type="checkbox"/> No evidence of a physician order for Physical Therapy (PT) including the frequency of the service. <input type="checkbox"/> Services are not provided by a Georgia licensed Occupational Therapist (OT).	COMP: Adult Occupational Therapy Services (PART III – 1300) Adult Physical Therapy Services (PART III - 1400) Adult Speech and

				<input type="checkbox"/> No evidence of a physician order for Occupational Therapy (OT) including the frequency of the service. <input type="checkbox"/> Services are not provided by a Georgia licensed Speech & Language Therapist (S<). <input type="checkbox"/> No evidence of a physician order for Speech & Language Therapy (S<) including the frequency of the service.	Language Therapy Services (PART III - 1500)
7	Documentation supports specific Physical Therapy, Occupational Therapy, and/or Speech & Language evaluation, training and therapeutic assistance provided.	<ul style="list-style-type: none"> Documentation must provide specific therapy evaluation, training and assistance. 		<input type="checkbox"/> Documentation does not support the specific Physical Therapy evaluation, training, and therapeutic assistance provided. <input type="checkbox"/> Documentation does not support the specific Occupational Therapy evaluation, training, and therapeutic assistance provided. <input type="checkbox"/> Documentation does not support the specific Speech & Language evaluation, training, and therapeutic assistance provided.	COMP: Adult Occupational Therapy Services (PART III – 1300) Adult Physical Therapy Services (PART III - 1400) Adult Speech and Language Therapy Services (PART III - 1500)
8	Therapy services maintain documentation that supports the need of therapies, frequency and duration of therapy, interventions to be provided, and goals addressing therapies.	<ul style="list-style-type: none"> Documentation needs to show evidence of the types of supports needs according to the ISP. Documentation needs to include the frequency and duration of the therapy services. Documentation should reflect goals that support the therapy services being rendered. 		<input type="checkbox"/> Documentation does not show evidence of the type of therapy services according to the ISP. <input type="checkbox"/> Documentation does not include the frequency and duration of the therapy services. <input type="checkbox"/> Documentation does not reflect goals based on the therapy services being rendered.	COMP: Adult Occupational Therapy Services (PART III – 1300) Adult Physical Therapy Services (PART III - 1400) Adult Speech and Language Therapy Services (PART III - 1500)

Quality Indicator (not included in the score)

<p>9</p>	<p>Therapy services are rendered according to the individual's specific needs to increase, support, and maintain the individual's level of independence.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> EXCEEDS: Therapy services are individualized and comprehensive identifying the specific techniques, training, and goals to increase, support, and maintain the individual's level of independence. <input type="checkbox"/> MEETS: Therapy services are periodically evaluated to determine progress made towards maintaining the individual's current level of independence. <input type="checkbox"/> NEEDS IMPROVEMENT: Therapy services implemented do not show progress made using the recommended techniques to maintain the individual's current level of independence. Services are not reevaluated and modified to improve services <input type="checkbox"/> UNSATISFACTORY: Therapy services are not tracked and evaluated to determine progress being made with the techniques used to maintain the individual's current level of independence. 	<p>COMP: Adult Occupational Therapy Services (PART III – 1300) Adult Physical Therapy Services (PART III - 1400) Adult Speech and Language Therapy Services (PART III - 1500)</p>
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