**Quality Assurance and Performance Management Administration**

**Office of Rights and Advocacy**

**BSP Pre-Review Monitoring Tool**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residential Settings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DDS Status: Waiver Non-Waiver Evans**

**Residential Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day Program Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Documents Review for BSPs:**

|  |  |
| --- | --- |
| **1. Is the BSP on the approved DDS template?** | **Yes No** |
| **2. Do the dates of the BSP reflect the upcoming ISP year (or current ISP year if it is the initial BSP)?** | **Yes No** |
| **3. Is the BSP consent form signed by person and/or substitute decision maker?** | **Yes No**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **4. Is the decision box on the consent form checked to show the signatory’s choice?** | **Yes No** |
| **5. Is the date of signature on the BSP consent less than 1 year old?** | **Yes No** |
| **6. Does the BSP consent correctly indicate that the BSP is restrictive?** | **Yes No** |
| **7. Does the BSP consent list all of the restrictions contained in the BSP?** | **Yes No** |
| **8. Is the Psychotropic medication consent form signed by person and/or substitute decision maker?** | **Yes No**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **9. Is the date of medication consent less than 1 year old?** | **Yes No** |
| **10. Do the psychotropic medications and dosages listed on the BSP match those listed on the medication consent form and the psychiatric assessment?** | **Yes No** |
| **10a. Does the BSP call for PRN psychotropic medications?** | **Yes No** |
| **11. Is there proof of staff training within the past year?** | **Yes No**  **Training Dates:**  **Residential Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Day Program Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **12. Is there proof of HRC approval?** | **Yes No**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **12a. Do the minutes show length of HRC approval (one year or two years)?** | **Yes No** |
| **13. Have the most recent 3 months of behavioral data been uploaded?** | **Yes No**  **Day Residential** |
| **14. Is the psychiatric assessment current (not older than 1 year)?** | **Yes No**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **14a. Do the diagnoses in the BSP match the diagnoses in the psychiatric assessment?** | **Yes No** |
| **15. Are all sections of the psychiatric assessment completed?** | **Yes No** |
| **16. Does the person who is prescribed psychotropic medication also have a mental health diagnosis (Autism and Intellectual Disability are not mental health diagnoses)** | **Yes No** |
| **17. Are all documents uploaded into BSP section of MCIS?** | **Yes No** |
| **18. Is the BSP signed by licensed psychologist or licensed clinical SW?** | **Yes No** |
| **18a. If not, is the BSP co-signed by licensed psychologist or licensed clinical SW?** | **Yes No** |

**Documents Review for Exemptions:**

|  |  |
| --- | --- |
| **1. Is the exemption request on the DDS approved Exemption request form?** | **Yes No** |
| **2. Was the exemption form completed during the current ISP year?** | **Yes No** |
| **3. Is there proof of HRC approval?** | **Yes No** |
| **4. Do the HRC minutes show length of approval (one year)?** | **Yes No** |
| **5. Have the last two psychotropic medication review forms been uploaded?** | **Yes No** |

**Review of BSP document:**

|  |  |
| --- | --- |
| **1. Is all identifying demographic information in BSP correct?** | **Yes No** |
| **2. Are the target behaviors observable and measurable?** | **Yes No** |
| **3. Do the target behaviors pose a danger to self, others, property and warrant intervention?** | **Yes No** |
| **4. For behaviors that are continuous in duration (e.g. pacing), the duration parameters are specified in the definition of the target behavior (e.g. pacing is defined as pacing in excess of 10 minutes).** | **Yes No** |
| **5. For behaviors that are intermittent (e.g. Self-injurious head banging), are the onset and offset criteria specified in the definition of the target behavior (e.g. the parameter for a single occurrence of SIB is defined as the onset of a behavior followed by 5 minutes of the absence of target behavior)?** | **Yes No** |
| **6. If the target behavior of “making false allegations” is included in BSP, does the BSP instruct that all allegations must be investigated in accordance with DDS policy?** | **Yes No** |
| **7. Are 12 months of behavioral data included in BSP for each behavior in the plan?** | **Yes No** |
| **8. For sedation plans, does the data include date/time of appointment, type of appointment, name of sedation medication/dosage used during the appointment and whether appointment was successful?** | **Yes No** |
| **9. Does the functional analysis includes the following for each target behavior:** | **Setting events Yes No**  **Antecedents Yes No**  **Maintaining consequence Yes No**  **Function Yes No** |
| **10. Are the elements of functional analysis logically related to each other and specific to each target behavior?** | **Yes No** |
| **11. Are the behavioral goals realistic and achievable within one ISP year based on the frequency of the behavior?** | **Yes No** |
| **12. Does the BSP have percentages in the behavior goals?** | **Yes No** |
| **13. Are the proactive strategies specific to each target behavior and logically related to the antecedents, setting event and function of each behavior?** | **Yes No** |
| **14. Does the BSP state the type of crisis intervention techniques to be used?** | **Yes No** |
| **15. Are the duties of the behavioral 1:1 clearly delineated?** | **Yes No** |
| **16. Are the parameters of the behavioral 1:1 clearly articulated (e.g. BSP includes guidance on which setting(s) the 1:1 is used and line of sight or arm’s length positioning)?** | **Yes No** |
| **17. Does the rationale for the behavioral 1:1 explain why it is needed for safety?** | **Yes No** |
| **18. If the behavioral 1:1 is being used in a setting where other DSPs are present (Day Hab, Res Hab, Supported Living, ICF), does the BSP explain why dedicated staff is needed?** | **Yes No** |
| **19. If a single occupancy apartment is requested, does the BSP explain why this living arrangement is needed for behavioral reasons?** | **Yes No** |
| **20. Does the fade plan indicate the actual behavioral frequencies at which reduction in each restriction will be considered?** | **Yes No** |
| **21. Is the fade plan is realistic and achievable within one ISP year?** | **Yes No** |
| **22. Does the fade plan include percentages?** | **Yes No** |
| **23. If the BSP behavioral goals have been met, the BSP includes (1) a statement about why the restrictions cannot be reduced OR (2) a statement about the proposed or actual reductions (“titrate or justify”).** | **Yes No** |

**Comments:**

**(Description of issue and documents needed for re-review)**