**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)**