



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**DEPARTMENT ON DISABILITY SERVICES**

**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do the dates of the BSP reflect the upcoming ISP year (or current ISP year if it is the initial BSP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the BSP consent form signed by person and/or substitute decision maker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date: _____	
4. Is the decision box on the consent form checked to show the signatory's choice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the date of signature on the BSP consent less than 1 year old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the BSP consent correctly indicate that the BSP is restrictive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the BSP consent list all of the restrictions contained in the BSP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No







17. Are all documents uploaded into BSP section of MCIS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Is the BSP signed by licensed psychologist or licensed clinical SW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18a. If not, is the BSP co-signed by licensed psychologist or licensed clinical SW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Documents Review for Exemptions:**

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

**Review of BSP document:**

1. Is all identifying demographic information in BSP correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are the target behaviors observable and measurable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do the target behaviors pose a danger to self, others, property and warrant intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No





<p><b>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)?</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>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?</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>7. Are 12 months of behavioral data included in BSP for each behavior in the plan?</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>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?</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>9. Does the functional analysis includes the following for each target behavior:</b></p>	<p>Setting events                      <input type="checkbox"/> Yes      <input type="checkbox"/> No          Antecedents                        <input type="checkbox"/> Yes      <input type="checkbox"/> No          Maintaining consequence      <input type="checkbox"/> Yes      <input type="checkbox"/> No          Function                              <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>10. Are the elements of functional analysis logically related to each other and specific to each target behavior?</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>11. Are the behavioral goals realistic and achievable within one ISP year based on the frequency of the behavior?</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>





<b>12. Does the BSP have percentages in the behavior goals?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13. Are the proactive strategies specific to each target behavior and logically related to the antecedents, setting event and function of each behavior?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>14. Does the BSP state the type of crisis intervention techniques to be used?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>15. Are the duties of the behavioral 1:1 clearly delineated?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>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)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>17. Does the rationale for the behavioral 1:1 explain why it is needed for safety?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>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?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>19. If a single occupancy apartment is requested, does the BSP explain why this living arrangement is needed for behavioral reasons?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>20. Does the fade plan indicate the actual behavioral frequencies at which reduction in each restriction will be considered?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No





<b>21. Is the fade plan is realistic and achievable within one ISP year?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>22. Does the fade plan include percentages?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>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”).</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

