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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Comprehensive Regional Review Tool** | | | | | | |
| INDIVIDUAL’S NAME | | | AGE | | REGION | | DATE OF REVIEW |
| RESIDENTIAL PROGRAM NAME | | BHO / BEHAVIORAL HEALTH PROVIDER | | | | EMPLOYMENT/DAY PROGRAM PROVIDER | |
| OTHER CARE PROVIDERS (LIST PROVIDERS THE INDIVIDUAL SEES REGULARLY) | | | | | | | |
| REVIEW TEAM MEMBERS | | | | TITLE | | | |
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| **Imminent Risk** | | | | | | | |
| During the review was the individual’s health and/or safety identified to be at imminent risk?  Yes  No  If yes, follow protocol in Reviewer Guidelines.  Describe issue and action taken: | | | | | | | |

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| **General Summary** |
| Briefly describe the person and their current situation. |

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| **Cross System Crisis Plan (CSCP)** | | |
| REVIEWER(S) | CURRENT PLAN DATE | PREVIOUS PLAN DATE |
| YES NO N/A  Is a CSCP in use?  Is a CSCP required by DDA Policy 5.18?  Was the CSCP discontinued?  If yes, date discontinued:  Reason discontinued:  Was team consulted per policy?  Has the plan been reviewed in the last year as required by DDA Policy 5.18? | | |
| COMPONENTS PRESENT  YES NO INCOMPLETE  Contact information  Diagnoses current  Communication  Preferred language  Challenges  Contact for updated medications  Current medications attached to form  Risk issues  Symptoms / Behaviors description  Response (intervention strategies)  CSCP consistent with PBSP  CSCP reflects team participation  CSCP reviewed/updated following significant events (if no significant events, leave blank) | | |
| GENERAL OBSERVATIONS | | |

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| FINDINGS | CORRECTIVE ACTION REQUIRED |

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| DDA QUALITY COMPLIANCE REVIEW (Specify sources, include completion dates) |

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| **Functional Assessment (FA) / Positive Behavior Support Plan (PBSP)** | | |
| REVIEWER | DATE OF FA | DATE OF PBSP |
| YES NO  Is a FA required by DDA Policy 5.14?  Does a psychosexual evaluation substitute for the FA? Date of evaluation:  Does the individual have challenging behaviors other than those identified in the psychosexual evaluation?  If yes, are there a FA and a PBSP for these behaviors?  Is a PBSP required by DDA Policy 5.14? | | |
| COMPONENTS PRESENT  YES NO NA INCOMPLETE  FA contains description of person and pertinent history  FA includes description of skills  FA contains current psychiatric diagnoses  FA defines challenging behaviors in observable terms  FA includes description of antecedents (setting events and predictors)  FA contains complete Summary Statements (hypotheses)  FA is the basis for development of PBSP  PBSP defines challenging behaviors  PBSP contains prevention strategies  PBSP has suggestions for skill building, replacement behaviors and associated rewards  PBSP contains clear strategies for responding to target behaviors  PBSP data collection adequate to determine plan effectiveness  PBSP interventions are consistent with CSCP  Evidence PBSP is reviewed/updated following significant events/incidents  Evidence PBSP data is reviewed and revised as necessary  Restrictive procedures meet administration policy requirements | | |
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| REVIEWER | DATE OF REVIEW |

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| **Residential Supports** |
| REVIEWER |
| LIVING SITUATION TYPE  AFH  Community Protection  Supported Living (specify hours/month):  Alternative Living  Companion Home  Supported Living 24/7  ARC  Group Home  RHC  Assisted Living  Family Residence  SOLA  Community ICF/IID  Independent Living  Other (specify): |
| YES NO NA  Daily schedule reflects balance of structured and unstructured time  Evidence of weekly activities in the community  Clear strategies exist to promote habilitation and engage individual in meaningful day and evening activities  Positive relationships with housemates  If no, explain:    Number of housemates:  Is there a written plan to resolve housemate issues?  Yes  No  NA  Assigned caregivers are trained in how to implement the current PBSP  Assigned caregivers are trained in how to implement the current CSCP  Caregivers have received training in dual diagnosis |
| GENERAL OBSERVATIONS (Include information gathered during home visit and individual interview) |

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| REVIEWER | DATE OF REVIEW |
| **Residential Site Visit** | |
| REVIEWER(S) | DATE OF VISIT |
| YES NO NA  Presentation and interaction by staff is friendly and appropriate  Home environment is clean and free of debris or odor  Home environment appears to be in good repair  Home environment reflects the interests and choice of the individual  There is adequate supply of food items in the home  Home has access to community transportation  Accommodations to the home meet the needs of the individual | | |
| PRESENTATION OF INDIVIDUAL  YES NO NA  Individual’s appearance was clean  Individual expressed satisfaction with the environment  Individual expressed satisfaction with support staff  Individual expressed satisfaction with the overall support being received. | | |
| RESIDENTIAL PROVIDER RECORDS INCLUDE CURRENT  YES NO NA  CSCP  ISP  FA  PBSP | | |
| GENERAL OBSERVATIONS (Include description of the home environment and presentation of the individual) | |

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| REVIEWER | DATE OF REVIEW |
| **Employment / Day Program** | |
| REVIEWER | |
| SPECIFY TYPE  Community Access  Group Supported Employment  Individual Supported Employment  Person to Person  Prevocational Services  Retired (age 62+)  RHC Adult Program  None (explain in General Observations) | |
| EMPLOYMENT / DAY PROGRAM DESCRIPTION AND SETTING (Indicate if volunteer work)  Description and work site:  Hrs/day:  Days/wk:  Description and work site:  Hrs/day:  Days/wk:  YES NO NA  Is the individual on a pathway to employment?  If no or N/A, explain:    Clear strategies exist to promote employment  Staff have received training in dual diagnosis  Staff have received training in the current CSCP  Staff have received training in the current PBSP | |
| EMPLOYMENT / DAY PROGRAM PROVIDER RECORDS INCLUDE CURRENT  YES NO NA  CSCP  ISP  FA  PBSP | |
| GENERAL OBSERVATIONS | |

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| BHO / MENTAL HEALTH REVIEW (Specify sources, include completion dates) | |

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| REVIEWER | DATE OF REVIEW |
| **Incident Reports (IR) (previous one year)** | |
| **If individual did NOT receive incident reports within the past one year, check this box  and skip to next section.** | |
| REVIEWER | |
| COMPONENTS PRESENT  YES NO NA  IRs include description of services used to facilitate resolution (diversion, crisis services)  IR follow-up section is complete and up to date  DDA IRs were completed on all Central Office reportable incidents as required by DDA Policy 12.01  Evidence that PBSP was implemented, if appropriate  CSCP and other treatment plans (e.g., PBSP) were updated following significant incident  During review, was information discovered that should have triggered an IR?  If yes, specify date and incident type: | |
| IMMINENT RISK  YES NO  During review, was individual identified as having been at imminent risk to his/her health or safety at anytime within the past year?  If yes, please describe circumstances and resolution: | |
| DOCUMENTS REVIEWED  YES NO NA  Provider IRs  DDA Central Office IRs  Service Episode Records | |
| GENERAL OBSERVATIONS (Include number and type of IRs) | |

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| REVIEWER | DATE OF REVIEW |
| **BHO/Medicaid Funded Mental Health Services** | |
| **Are appropriate mental health records available? If no, then check this box  and skip to next section.** | |
| REVIEWER | |
| YES NO  Was the individual referred for RSN services but determined to not meet access to care standards?  Has the individual received any RSN funded mental health services in the past 5 years?  If yes, was the initial mental health intake assessment completed by a Developmental Disability Specialist (MH- DDS) or in consultation with a MH-DDS?  Is the individual currently receiving RSN funded mental health services?  If yes, is the current mental health provider a MH-DDS or are services being provided with MH-DDS consultation? | |
| BREAKOUT BY SERVICE TYPE  Check all that apply. DATE (Most recent) BY (List provider type and/or credential)  Brief intervention treatment  Crisis services  Day support  Evaluation and treatment facility  Group treatment  High Intensity treatment  Individual treatment/case management  Inpatient hospitalization  Intake evaluation (most recent)  Medication management  Medication monitoring  MH services in residential setting  Special population evaluation  Stabilization services  Other (specify): | |
| List only current diagnoses from RSN funded mental health provider. If these diagnoses are inconsistent with other diagnoses documents by other treating clinicians (e.g., psychiatrist / nurse practitioner), comment in General Observations section below. | |
| YES NO NA  Is this diagnostic formulation consistent with the current clinical presentation? If no, explain below.  Rule out diagnoses are actively being addressed  Mental health records reflect appropriate interventions related to diagnosis  Does the mental health record include hospital discharge documents?  Were treatment team recommendations from recent (past two years) hospital admissions consistent with the current treatment recommended actions?  If no, explain:    If a reduction in mental health services has occurred, was the DDA Case Resource Manager notified? | |
| MENTAL HEALTH TREATMENT PLANNING  Participants in development of mental health treatment plan (check all that apply):  Consumer  DDA Case Resource Manager  Family  MH care provider  State Hospital liaison  Other (specify):  YES NO  Does the current mental health treatment plan meet the needs of the participant? If no, explain: | |
| YES NO  Were BHO/Medicaid funded mental health services ever discontinued?  Was the individual referred to another provider when BHO/Medicaid funded mental health services were discontinued?  Was the DDA Case Resource Manager consulted prior to the discontinuation of mental health services? | |
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| REVIEWER | DATE OF REVIEW |

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| **DDA Funded Behavioral Health (BH) Services** |
| If individual did not receive DDA funded BH services within the past one year, check this box  and skip to next section. |
| REVIEWER |
| BREAKOUT BY SERVICE TYPE  Check all that apply. DATE (Most recent) BY (List provider type and/or credential)  Sexual deviancy therapy (SOTP)  Counseling/psychotherapy  Behavior support services  Dialectical behavior therapy (DBT)  Chemical Dependency  Psychoactive medication services  Other (specify): |
| YES NO NA  Records reflect appropriate interventions  Individualized Treatment Plan(s) available for review  Provider Progress Reports available for review |
| GENERAL OBSERVATIONS (Include brief description of services and frequency) |

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| REVIEWER | DATE OF REVIEW |
| **Psychoactive Medication** | |
| If individual is not currently on psychoactive medications, check this box  and skip to next section. | |
| REVIEWER | |
| Type of provider prescribing psychoactive medications (e.g., ARNP, Primary Care Physician, Psychiatrist, etc.):  Date last seen:  YES NO NA  Medication management records available  If no, please record comments on any available records in General Observations  Are current psychoactive medications consistent with prescriber’s current diagnostic impressions?  Is there evidence of intraclass polypharmacy?  If yes, does documentation support current treatment?  Is there a plan to taper or discontinue any psychoactive medications?  If no, does documentation support current treatment?  Does documentation include evidence of **a**ppropriate clinical evaluation and laboratory testing for potential psychoactive medication side effects?  General side effect monitoring used (e.g., Tools: MOSES, AIMS or DISCUS, or documentation in record)  Date last done: Specific tool used:  Medication side effects assessments were done on a routine and regular basis  If side effects were noted, is there a plan to address them in the individual’s record? | |
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| REVIEWER | DATE OF REVIEW |
| **Crisis Stabilization Services (previous one year) (MH or DDA funded)** | |
| **If individual did not access crisis stabilization services in the past one year, check this box  and skip to next section.** | |
| REVIEWER | |
| YES NO NA  Was an emergency meeting convened when the individual exhibited deterioration or increased risk?  Was referral made to a diversion bed, respite bed, or other diversion services prior to hospital admission(s)?  Did the individual use diversion services?  Were the crisis stabilization services effective in averting hospitalization?  Was the individual admitted to an inpatient unit or facility for psychiatric services within the past year?  If yes, state number of times: | |
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| REVIEWER | DATE OF REVIEW |
| **Cross System Collaboration** | |
| REVIEWERS | |
| YES NO NA  Evidence that DDA and MH systems are communicating on treatment approach  Evidence of DDA and community MH participation during hospitalization  After the last state hospital discharge (civil commitment), were discharge summary (and HMH, if available) recommendations followed in the community?  If no, is rationale in the individual record?  Do the records clearly reflect collaboration with others, key community support agencies (e.g., DOC, law enforcement, healthcare providers, etc.)? | |
| GENERAL OBSERVATIONS | |

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| **INSTRUCTIONS**  **Timeframes:** | | | | | | | |
| TASKS | | 1ST QUARTER REVIEW | 2ND QUARTER REVIEW | | 3RD QUARTER REVIEW | 4TH QUARTER REVIEW |
| Identify participant | | December 1 | March 1 | | June 1 | September 1 |
| RRT conducts review | | January | April | | July | October |
| RRT members submit required sections to DDA RRT Lead | | February 15 | May 15 | | August 15 | November 15 |
| RRT Leads send out review tool to appropriate staff for completion of corrective actions | | February 28 | May 31 | | August 15 | November 10 |
| Last day for completion of corrective actions or plan for completion | | March 31 | June 30 | | September 30 | December 31 |
| QCC and BHO / Mental Health compliance review | | April | July | | October | January |
| Last day to send final review to DDA and DBHR Program Managers | | April 30 | July 31 | | October 31 | January 31 |
| **Conducting the review:**   * Each RRT member completes their assigned sections of the review tool and sends it to the RRT leads. **For sections in which more than one reviewer is involved, it is critical that those individuals review and coordinate with each other to summarize observations, findings, and corrective actions. This will eliminate inconsistencies and contradictions in the final report.** * The RRT leads compile the information (i.e., general observations, findings, and corrective actions); review for consistency; correct grammar and spelling; and finalize the report. * The DDA RRT lead sends the completed report to the:   + Assigned Case Resource Manager (CRM) and their supervisor for facilitation of the required corrective actions;   + DDA Quality Compliance Coordinator (QCC);   + DDA Field Services Administrator; and   + DDA Regional Administrator. * The BHO / Mental Health RRT lead sends the completed report to the applicable mental health provider for facilitation of corrective actions. * The compliance review of the required corrective actions will be documented on the review tool in the applicable section and will include the following information:   + Sources of information (e.g., SER notes, verbal report from CRM, specific documents that were reviewed, etc.); be sure to include dates;   + Date corrective action(s) were completed;   + Status of corrective action(s) (i.e., completed, partially completed, incomplete, etc.);   + Date QCC review was completed; and   + Other information as necessary. * The completed review tool will then be submitted to the following individuals:   + For DDA corrective actions:     - DDA Mental Health Program Manger     - DDA Field Services Administrator;     - DDA Regional Administrator   + For Mental Health corrective actions:     - DBHR Program Administrator   **Reviewer assignments:** | | | | | | | | |
| SECTION | | | RRT TEAM MEMBER | | |
| Imminent Risk | | | Full RRT | | |
| Cross System Crisis Plan (CSCP) | | | DDA Quality Assurance (QA) and Regional Support Network (RSN) QA staff | | |
| Functional Assessment (FA) and Positive Behavior Support Plan (PBSP) | | | Psychologist | | |
| Residential Supports | | | DDA QA or BHO / Mental Health QA | | |
| Residential Site Visit | | | DDA QA | | |
| Employment or Day Program | | | DDA QA or BHO / Mental Health QA | | |
| Incident Reports (IR) | | | DDA QA or Psychologist | | |
| BHO/Medicaid Funded MH Services | | | BHO/Mental Health QAand Psychiatrist/ARNP | | |
| DDA Funded Behavioral Health Services | | | Psychologist and Psychiatrist/ARNP | | |
| Psychoactive Medication | | | Psychiatrist/ARNP | | |
| Crisis Stabilization Services | | | DDA QA and BHO/Mental Health QA | | |
| Cross System Collaboration | | | DDA QA and BHO/Mental Health QA | | |