

Section 28 - RCS Implementation and Audit Criteria

For children with developmental disabilities that affect their everyday functioning (Examples: Autism, MR, Retts Syndrome, PDD). Services include skill building in activities of daily living and behavior management.

MCBM Reference	Item:	Documentation
28.02 Eligibility for Service	Are RCS services being delivered to a child under the age of 21?	Y ____ N ____
	Did the recipient receive a multi-axial evaluation?	Y ____ N ____
<p>Team referral based on eligibility requirements of multi-axial evaluation and functional assessment.</p> <p>EDMS recognize that policy has not been updated to reflect current scoring practices. Please ensure you are using an approved tool.</p>	<p>Was the child diagnosed either with an Axis I or Axis II behavioral health diagnosis based on the most recent DSM code OR with an Axis I diagnosis based on most recent DC 0-3 code? *</p> <p><i>*EDMS is aware that KEPRO has updated to the DSM-5 language that removes Multi-axial terminology; however, until DHHS make corresponding updates to policy, we will continue to use the policy's language.</i></p>	Y ____ N ____
<p>Once child is referred for services, school must register for a Prior Authorization number(s) for each child receiving services under Section 28 with KEPRO. Districts may begin billing once the PA number(s) have been issued.</p>	<p>Did the child have a functional assessment within one year prior to the date of the referral documenting functional impairment measured as 2 standard deviations below the mean on the composite score, or have 1.5 standard deviations below the mean on the composite score and two standard deviations below the mean in the communication or social domain sub score of the most current version of the Vineland Adaptive Behavior or Adaptive Behavioral Assessment scales?</p> <p>OR:</p> <p>Similar assessment results using the Battelle, Bayley, or other functionally equivalent tools approved by DHHS and other clinical assessment information obtained from the child and family?</p>	Y ____ N ____
	Is there a diagnosis and functional impairment documented to substantiate medical necessity?	Y ____ N ____
<p>KEPRO requires functional assessments to be completed every 2 years for RCS services.</p>	Was the child re-evaluated for a functional impairment within 2 years of the initial functional assessment date?	Y ____ N ____
<p>Covered Services</p> <p>28.04-1 Treatment Services</p>	Were treatment services designed to retain or improve functional abilities that have been negatively impacted by the effects of cognitive or functional impairment and are focused on behavior modification and management, social development, and acquisition and retention of developmentally appropriate skills?	Y ____ N ____

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Covered Services:

28.04-1 Treatment Services (cont'd)

Services include skill building in activities of daily living and behavioral management.

Item:

Do the services include:

- A. Problem solving activities in order to help the child develop and maintain skills and abilities necessary to manage his/her behavioral health treatment needs? Y ____ N ____
- B. Learning the social skills and behaviors necessary to live with and interact with other community members and independently, and to build or maintain satisfactory relationships with peers or adults? Y ____ N ____
- C. Learning the skills that will improve a child's self-awareness, environmental awareness, social appropriateness and support social integration and learning awareness of appropriate use of community services and resources? Y ____ N ____

Documentation

28.04-2 Specialized Services

Were services **evidence based** treatment services that utilize behavioral interventions designed to improve socially significant behaviors and developmentally appropriate skills to a **measurable degree**? Y ____ N ____

Did services include:

- A. Problem solving activities in order to help the child develop, and maintain, skills and abilities necessary to manage his/her behavioral health treatment needs? Y ____ N ____
- B. Learning the social skills and behaviors necessary to live with and interact with other community members and independently, and to build or maintain satisfactory relationships with peers or adults? Y ____ N ____
- C. Learning the skills that will improve a child's self-awareness, environmental awareness, social appropriateness and support social integration and learning awareness of and appropriate use of community services and resources? Y ____ N ____

These services are for children with significant disabilities and who receive Applied Behavioral Analysis

28.05-1 Written Record

Does the written record include:

- A. Child's name, address, birth date, and Med ID # Y ____ N ____ IEP/Sessions
- B. A written copy of the child's comprehensive assessment? Y ____ N ____ Report
- C. ITP including strengths and needs in planning process? Y ____ N ____ ITP
- D. Written, signed, credentialed, dated progress notes? Y ____ N ____ Sessions

28.05-2 Comprehensive Assessment

Did a supervisor complete a **Comprehensive Assessment within 30 days of the day the child begins services**? Y ____ N ____

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MCBM Reference 28.05-2 Comprehensive Assessment (cont'd)

Item:			Documentation
Is the Comprehensive Assessment included in the child's record?	Y ____	N ____	Report
Did the Comprehensive Assessment process include a direct encounter with child, and family members, parent, friends, guardian as appropriate?	Y ____	N ____	Report
Was the Comprehensive Assessment updated as needed, annually at a minimum?	Y ____	N ____	Update
Does the Comprehensive Assessment contain the following documentation?			
Identifying information/reason for referral?	Y ____	N ____	Report
Family history? (Mental Health, Dev. Dis., Substance Abuse, Domestic Violence & Trauma)	Y ____	N ____	Report
Developmental history?	Y ____	N ____	Report
Educational history and current status?	Y ____	N ____	Report
Transition Planning if age appropriate?	Y ____	N ____	Report
Identification of child's strengths and needs regarding functioning in the areas of behavior, social skills, activities of daily living, communication, cultural issues and need for accommodation; for children 14 or older, independent living skills?	Y ____	N ____	Report
Is the Comprehensive assessment summarized, signed, credentialed, and dated by staff conducting assessment, the parent/guardian and child, if appropriate?	Y ____	N ____	
Is the source and date of the diagnosis included in the record?	Y ____	N ____	Report
Documentation of missing information and why not obtained?	Y ____	N ____	

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28.05-3 Individual Treatment Plan (ITP) (DHHS Audit Checklist)



Item:

Was the ITP developed within 30 days of initiation of services and based on the comprehensive assessment and appropriate to developmental level of the child?

Y ____ N ____

Documentation

Does the ITP contain the following:

A. Diagnosis and reason for receiving services?

Y ____ N ____

IEP/ITP

B. Methods, frequency, and duration of services?

Y ____ N ____

IEP/ITP

C. Designation of who will provide services?

Y ____ N ____

IEP/ITP

D. Objectives with target dates that allow for measurement of progress toward goals?

Y ____ N ____

IEP/ITP

G. Special accommodations to address barriers to service?

Y ____ N ____

IEP/ITP

E. Measurable long term goals with target dates?

Y ____ N ____

IEP/ITP

F. Measurable short term goals with target dates?

Y ____ N ____

IEP/ITP

Did the parent/guardian and child, if applicable, sign and date the ITP?

Y ____ N ____

IEP/ITP

Was the ITP reviewed every 90 days?

Y ____ N ____

ITP

Is there a Discharge Plan which:

A. Identifies discharge criteria related to goals & objectives in ITP?

Y ____ N ____

IEP/ITP

B. Identifies the individuals responsible for implementing the plan?

Y ____ N ____

IEP/ITP

C. Identify natural and other supports necessary for the child and family to maintain the safety and well-being of the child as well as sustain progress made?

Y ____ N ____

IEP/ITP

Is there a Crisis Safety Plan?

Y ____ N ____

Does the Crisis Safety Plan:

A. Identify the potential triggers that may result in a crisis?

Y ____ N ____

IEP/ITP

B. Identify the strategies and techniques that may be utilized to assist the child who is experiencing a crisis and stabilize the situation?

Y ____ N ____

IEP/ITP

C. Identify the individuals responsible for the implementation of the plan?

Y ____ N ____

IEP/ITP

Wording of ITP short-term objectives must use covered services language

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28.05-4 Progress Notes (DHHS Audit Checklist)

Item:

Are progress notes in chronological order?

Y ____ N ____

Documentation

Do all progress note entries include:

1. Description of service provided?

Y ____ N ____

Sessions

2. Provider's signature?

Y ____ N ____

Sessions

3. Date of service?

Y ____ N ____

Sessions

4. Duration of service?

Y ____ N ____

Sessions

5. Progress child is making toward ITP goals or outcomes?

Y ____ N ____

Sessions

6. For in-home services, the note must contain:

a) Time the provider came and left

Y ____ N ____

Sessions

b) Child or responsible adult must sign time slip documenting date, time of arrival and departure.

Y ____ N ____

Sessions

28.06-3 Group Treatment

Was group treatment prior authorized?

Y ____ N ____

Were there 8 or fewer children in a group?

Y ____ N ____

If there were 4 or more children in a group, were there at least 2 qualified staff providing services?

Y ____ N ____

28.08-2 Staff Requirements for Treatment Services

Did the Direct Care staff meet the following requirements:

1. Be at least 18 years old?

Y ____ N ____

2. Have a high school diploma?

Y ____ N ____

3. Obtain BHP certification within 1 year of hire?

Y ____ N ____

Did provisional staff begin receiving the BHP training within 30 days from the date of hire?

Y ____ N ____

Did provisional staff complete the BHP training and obtain certification within one year from the date of hire?

Y ____ N ____

Is there evidence of BHP certification in personnel file?

Y ____ N ____

Certifications

**BHP's delivering Specialized Services have additional requirements concerning supervision and competencies.*

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28.08-2 Staff Requirements for Treatment Services (cont'd)

Item:

Documentation

Is there a written record identifying qualified professional supervisors for each direct care position? Y ____ N ____

Record

Were fulltime, direct-care, staff supervised a minimum of four hours per month? Y ____ N ____

Sessions

Were part-time, direct-care, staff supervised on a prorated basis with a minimum requirement of one hour per month? Y ____ N ____

Sessions

Have the following requirements* for Supervisors of Direct Care Staff been met:

Record

1. Bachelor's Degree in human services, or related field, and two years of experience? Y ____ N ____

2. Have a Master's degree in a human services, or related field, and at least one year of related experience? Y ____ N ____

3. Be one of the following:

LSW with 1 year of related experience or related Master's Degree? Y ____ N ____

LPC Y ____ N ____

LCPC Y ____ N ____

LCPC-CC Y ____ N ____

LCSW Y ____ N ____

LMSW-C Y ____ N ____

BCBA Y ____ N ____

Psychologist Y ____ N ____

Physician Y ____ N ____

Advanced Practice RN Y ____ N ____

RPN with 3 years related experience Y ____ N ____

*Supervisors for specialized treatment services are limited to a BCBA or licensed psychologist.