

Developmental Services  
**Behavior Assistant Services**  
 Monitoring Checklist

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_

\_\_\_\_\_


Location: \_\_\_\_\_



Agency Provider

Solo Provider

Onsite Review

Desk

| Cite  | Standard   | Met | Not Met | N/A |
|---|--|-----|---------|-----|
| <b>Explanation of Monitoring Tool Symbols/Codes</b>                               |  |     |         |     |
|  | Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.  |     |         |     |
| <b>“W”</b>  | Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.   |     |         |     |
| <b>“R”</b>  | Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”  |     |         |     |
| <b>B. Provider Qualifications and Requirements</b>                                |  |     |         |     |
| 1   | High school diploma and be at least 18 years of age.<br>Two years experience providing direct services to individuals with developmental disabilities<br>Or<br>At least 120 hours of direct services to individuals with complex behavior problems, as defined in Chapter 65B-4.031(2), F.A.C.,<br>Or<br>90 classroom hours of instruction in applied behavior analysis from non-university/college classes or university courses.   |     |         |     |
| 2   | Staff have twenty (20) contact hours of instruction in the following content areas:<br>a. Introduction to applied behavior analysis—basic principles and functions of behavior;<br>b. Providing positive consequences, planned ignoring, and stop-redirect-reinforce techniques;<br>c. Data collection and charting; and<br>d. Either a certificate of completion or a college or university transcript and a course content description verifying the applicant completed the required instruction. |     |         |     |
| 3   | Proof of current training and certification is available for all independent providers and agency staff in Cardiopulmonary Resuscitation (CPR).  |     |         |     |

| <b>Cite</b>   | <b>Standard</b>  | <b>Met</b> | <b>Not Met</b> | <b>N/A</b> |
|---|--|------------|----------------|------------|
| 4   | Proof of current training is available for all independent providers and agency staff in AIDS and infection control.   |            |                |            |
| 5 <br>W4.0 | Level two background screenings are complete for all direct service employees.   |            |                |            |
| 6 <br>W4.0 | Provider undergoes background re-screening every 5 years.  |            |                |            |
| 7   | The provider attends mandatory meetings and training scheduled by the District and/or Department.  |            |                |            |
| 8<br>W2.0   | Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.  |            |                |            |
| 9   | Independent providers and agency staff receive training on required documentation for service(s) rendered.   |            |                |            |
| 10  | Independent provider and agency staff receive training on responsibilities under the Core Assurances.  |            |                |            |
| 11  | Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.   |            |                |            |
| 12  | Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.   |            |                |            |
| 13<br>W2.0  | Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.                              |            |                |            |
| 14  | Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault, and the required reporting procedures is available for all independent vendors and agency staff. |            |                |            |
| <b>C. Service Limits and Times</b>  |  |            |                |            |
| 15  | Provider is authorized to render behavior assistant services.  |            |                |            |
| 16  | Provider renders services and supports at a frequency and intensity as defined in the service authorization  |            |                |            |
| 17<br>W2.0  | The responsible Behavior Analysis Services Local Review Committee chairperson approves behavioral Assistant services.  |            |                |            |
| 18  | A person certified in behavior analysis monitors Behavioral Assistant services.  |            |                |            |
| 19<br>W2.0  | Training for caregivers is part of the services rendered when these persons are integral to the implementation or monitoring of a behavior analysis services plan.   |            |                |            |

| Cite                    | Standard  | Met | Not Met | N/A |
|-------------------------|---|-----|---------|-----|
| 20                      | Providers of incidental transportation comply with program requirements.        |     |         |     |
| <b>D. Documentation</b> |   |     |         |     |
| 21 R                    | Provider has at a minimum a copy of the behavior analysis service plan.         |     |         |     |
| 22 R                    | Provider has at a minimum a copy of service logs for the period being reviewed. |     |         |     |
| 23 R                    | Provider has at a minimum copies of all monthly summary notes.                  |     |         |     |

Behavioral Assistant Checklist 11-27-05.doc  
 REV 10-26-01; 10-30-01; 11-01-01; 10.21.02; 11.20.02; 02.03.03; 02.04.03; 02-10-03; 11-27-05