### **BDDS Portal Provider Training 8:**

# Viewing the Monitoring Checklist

### September 25, 2018



### The Basics

Monitoring checklists:

- are for a specific a point-in-time
- are required every 90 days
- are based on the Service Plan year
- include the following sections: ۲
  - General

- **Risk Plans**
- Service Plan
- PCISP
- **Behavior**
- Psychotropic Meds

- Nutritional/Dining Needs
- Medical
- **Medications**
- Seizures

- Staffing
- **Fiscal**
- Employment
- HCBS Settings
- Choice & Rights
- include governing questions that determine what sections are required



	PCISP	C Profile	Q Case Notes	Contract Documents	■ M	onitoring Chec	klist	Transitions	
			Desial	- f					
			Basic I	niormation					
Basic Information	Personal Informatio	n							
Living Arrangements	First Name TOBY		Middle Name		Last Name KEITH				
Relationships	Preferred Name/N	ickname	<b>RID</b> 100433738099		<b>SSN</b> ***-**-7850	$\bigcirc$	<b>D</b> 7	Ю <b>В</b> 7/8/1961	
Diagnosis									
Waiver	Addresses								
Authorized Provider	ADDRESS TYPE	ADDR	ESS	CITY, STATE ZIP		COUNTY	DISTRICT	EFFECTIVE DATE	END DATE
Manage	Individual Residenc	e 2015	BLUE MOON AVE	EVANSVILLE, IN	47713	Daviess	7	2/7/2018	

To view a monitoring checklist, first go to the individual's record. The link to his or her checklist page is found on the individual specific navigation bar just under the header. Clicking this link will open the Monitoring Checklist / Checklist Listing page.



Here all finalized checklists and checklists in process are listed in reverse chronological order.

Checklist <b>T</b>	Status T	Date Submitted	CAP Status	
Year End	Finalized	9/14/18	Open	
Quarterly	Finalized	3/23/18	Not Required	
Mid-Year	Finalized	12/17/17	Not Required	
Quarterly	Finalized	9/15/17	Not Required	
Year End	Finalized	6/15/17	Not Required	
Quarterly	Finalized	3/27/17	Not Required	
Mid-Year	Finalized	12/18/16	Not Required	
Quarterly	Finalized	11/2/16	Not Required	
Imported	Finalized	6/24/16	Not Required	
	▼ items per page		1 - 9 of 9 items	

### Status:

Finalized: Checklist is complete Active: Checklist is in development

### **CAP Status:**

Not required: No corrective action plans Open: Unresolved corrective action plans Completed: Resolved corrective action plans



**Checklist Listing** Next Checklist Type: Mid-Year Next Checklist Due Date: 5/31/2018 PCISP C Profile **On** Documents Monitoring Checklist Case Notes Transi Checklist Status Date Submitted CAP Status Quarterly Finalized 3/2/18 Not Required Year End 12/13/17 Finalized Not Required Finalized 8/24/17 Not Required Quarterly 5/23/17 Mid-Year Finalized Not Required 3/3/17 Not Required Quarterly Finalized Year End Finalized 12/1/16 Not Required 9/15/16 Quarterly Finalized Completed Imported Finalized 6/6/16 Not Required items per page 10

Above the navigation bar, the Next Checklist Due Date and Type are identified. Checklist types describe the budget year period for which the checklist was created but include identical sections and questions.



### Checklist Listing

			Nex	t Checklist	Type: Mid	-Year	Next Checklist Due Date: 5/31/20		
	PCIS	P (	2 Profile	Q Cas	e Notes	PD Documents	Monitoring Check	dist <b>I</b> Transitions	
Checklist	Ţ	Status		Ŧ	Date Subm	itted	Ŧ	CAP Status	
Quarterly		Finalized			3/2/18			Not Required	
Y Ad		Finalized			12/13/17			Not Required	
Quarterly		Finalized			8/24/17			Not Required	
Mid-Year		Finalized			5/23/17			Not Required	
Quarterly		Finalized			3/3/17			Not Required	
Year End		Finalized			12/1/16		Not Required		
Quarterly		Finalized			9/15/16			Completed	
Imported		Finalized			6/6/16			Not Required	

To access a checklist, simply click anywhere on the line of the desired checklist.



#### General

General	~		Current Previous CAP
Service Plan	~	Is this an In-Home visit?	Yes v No
PCISP	~	If this is not an In-Home visit, where?	~
Behavior	~		
Psychotropic Meds	~	Is this visit un-announced?	No 🔻 No
Risk Plans	~	Individual receives Behavioral Support Services?	Yes v Yes
Medical	~	al has or requires risk plans?	Yes 🔻 Yes
Vedications	~	Individual is prescribed psychotropic medications?	Yes Ves
Seizures	~	Individual has nutritional / dining needs?	No 💌 No
Staffing	~	Individual requires seizure management?	Yes Ves
iscal	~	Individual is 16 years of age or older?	Yes Ves
		Completed Date	08/16/2018
Invironment		Individual lives in provider owned or controlled setting?	Yes v Yes
Employment	× 1		
HCBS Settings	~	Unlock View Cap Delete	
Choice & Rights	~		

On the left side of each page is a section navigation menu. Clicking the links on the menu will direct the user to any given section within the checklist.



0			Current Previous CAD
General		Is this an In-Home visit?	Current Previous CAP
Service Plan	~		Tes V NO
PCISP	~	If this is not an In-Home visit, where?	^
Behavior	~		· · · · · · · · · · · · · · · · · · ·
Psychotropic Meds	~	Is this visit un-announced?	No 🔻 No
Risk Plans	~	Individual receives Behavioral Support Services?	Yes Ves
Medical	~	Individual has or requires risk plans?	Yes v Yes
Medications	~	Individual is prescribed psychotropic medications?	Yes Ves
Seizures	~	Individual has nutritional / dining needs?	No 🔻 No
Staffing	~	Individual requires seizure management?	Yes v Yes
5		Individual is 16 years of age or older?	Yes v Yes
FISCAL		Completed Date	08/16/2018
Environment	~	Individual lives in provider owned or controlled setting?	Yes v Yes
Employment	~		
HCBS Settings	~	Unlock View Cap Delete	
Choice & Diabte			

Governing questions appear on the General page of checklist. When the response to any of the governing questions is No, the section and all related questions are removed from the checklist.



General				
General	~	Is this an In-Home visit?	Current Previous	CAP
Service Plan	~			·
PCISP	~	in this is not an in-mome visit, where?		^
Behavior	~			$\sim$
Psychotropic Meds	~	Is this visit un-announced?	No 🔻 No	
Risk Plans	~	Individual receives Behavioral Support Services?	Yes 🔻 Yes	
Medical	~	Individual has or requires risk plans?	Yes v Yes	
Medications	~	Individual is prescribed psychotropic medications?	Yes v Yes	
Seizures	~	Individual has nutritional / dining needs?	No 🔻 No	
Staffing	~	Individual requires seizure management?	Yes v Yes	
Fiscal		Individual is 16 years of age or older?	Yes v Yes	
TISCAL		Completed Date	08/16/2018	
Environment	×	Individual lives in provider owned or controlled setting?	Yes Ves	
Employment	~			
HCBS Settings	~	Unlock View Cap Delete		
Choice & Rights	- <b>-</b>			

In addition to the response to questions for the current checklist, the responses to questions on the previous checklist are also displayed.



#### General

General	<ul> <li></li> </ul>		Current Previous CAP
Service Plan	~	Is this an In-Home visit?	Yes v No
Delen		If this is not an In-Home visit, where?	
PCISP			
Behavior	1		
Psychotropic Meds	~	Is this visit un-announced?	No 🔻 No
Risk Plans	~	Individual receives Behavioral Support Services?	Yes 🔻 Yes
Medical	~	Individual has or requires risk plans?	Yes 🔻 Yes
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Seizures	~	Individual has nutritional / dining needs?	No 🔻 No
Staffing		Individual requires seizure management?	Yes 🔻 Yes
		Individual is 16 years of age or older?	Yes 🔻 Yes
FISCAL		Completed Date	08/16/2018
Environment	Y	Individual lives in provider owned or controlled setting?	Yes 🔻 Yes
Employment	~		
HCBS Settings	~	Unlock View Cap Delete	
Choice & Rights	~		

The Completed Date represents the date of the team meeting or face to face visit that corresponds to the viewed checklist.



### Viewing the Monitoring Checklist Corrective Action Plan (CAP)

Does the PCISP contain the current nutritional and dining needs and are those needs addressed in a written plan that has been updated in the last year and is available to staff?



When the response to a question triggers the creation of a corrective action plan, a link will appear in the CAP column. Clicking the link will open the screen on the next slide.



Corrective Action Plan

Issue	Answered (No) to Question: Does the PCISP contain the current nutritional and dining needs and are those needs
	addressed in a written plan that has been updated in the last year and is available to staff?

Action Plan	The dining risk plan is expired an needs to be updated.
Responsible Entity	RHS provider
Target Date for Completion	09/01/2018
Resolution	
Date Resolved	

Clicking the CAP link will open the CAP and allow it to be viewed. Please keep in mind, providers' access to the Monitoring Checklist allows information to be viewed, but checklists, including CAPs cannot be edited in any way.

×

Submit

Cancel





Additionally, viewers may use the View CAP link at the bottom of each page to display a list of corrective action plans.



QUESTION	TARGET DATE	ACTION PLAN	RESOLUTION	RESPONSIBLE ENTITY	RESOLVED DATE	RESOLUTION VERIFIED BY	VIEW CAP
Is Human Rights Committee (HRC) approval and informed consent present for all restrictive interventions used with the individual?	8/3/2018	Requested HRC approval with informed consent from John Smith, BC	CM will upload the HRC once it is received from	John Smith, BC and HRC			
Is there informed consent and Human Rights Committee (HRC) approval for administration of the psychotropic medication to the individual?	8/3/2018	Requested HRC approval with informed consent from John Smith, BC	CM will upload the approved HRC once received into the CM portal.	John Smith, BC and HRC			0

The list will open and all corrective action plans, regardless of status, will display.



HOME > WAIVER PARTICIPANT LISTING > CHECKLIST LISTING > CHECKLIST

- Home: BDDS Portal Home Dashboard
- Waiver Participant Listing: Monitoring Checklist
   Homepage
- Checklist Listing: List of checklists completed for the individual currently viewed

To exit the monitoring checklist from any page, click on the desired link at the top of the page. Home will exit the monitoring checklist section and direct the user to their BDDS Portal home page; Waiver Participant Listing will direct the user to the home page of the monitoring checklist; and Checklist Listing will return the user to the list of checklists completed for the same individual.



### **BDDS Portal Trainings**

### https://www.in.gov/fssa/ddrs/5437.htm

- BDDS Portal Provider Training 1: Accessing the BDDS Portal
- BDDS Portal Provider Training 2: User Management (for System Administrators)
- BDDS Portal Provider Training 3: My Cases / Caseload Assignment
- BDDS Portal Provider Training 4: Navigating the Portal
- BDDS Portal Provider Training 5: Individual Profile
- BDDS Portal Provider Training 6: Document Library
- BDDS Portal Provider Training 7: PCISP
- BDDS Portal Provider Training 8: Viewing the Monitoring Checklist
- BDDS Portal Provider Training 9: Viewing Transitions

