BDDS TRANSITION PRE-POST MONITORING CHECKLIST

Consumer Name:		**Date of Transition (move-in date):**		
Name of Monitor:	**Date of Monitor Pre-transition**	**Date of Monitor 7 day**	**Date of Monitor 30 day**	**Date of Monitor Discretionary**

Residential Provider, Name of contact person and telephone #:	BDDS Service Coordinator Name and Telephone #:
Home Address:	If supported living, Case Manager Name & Telephone #:
Home phone #:	Name of SOF or Agency Transitioned from:
Name of Roommate(s):	**Dates of Plans Used for This Check (add revision dates of plans, if applicable, for subsequent Monitoring Visits)**: ISP Date: BSP Date: Health Risk Plan Date: Transition Plan Date:

NOTE: All questions below are to be scored using the current plans for the consumer:
"Yes" = compliance with plan **"NA"** = not a need in plan
"No" items must have a comment describing deficiency and requires a written and submitted action plan. A verification of correction either by document review or by a return on site monitoring visit is at the discretion of the monitoring person.
If the item was marked **"No"** on a previous monitoring please review the action plan and comment on progress made since previous monitoring.
"**Hold" = *!*** If item is marked "No" hold is placed on person's exit until corrected.
"Gray Shaded" Area = not required to make entry but if information is available, write in over the shaded area.

Copy of each completed transition monitoring checklist to be sent to BDDS Service Coordinator who will communicate needed information to sending team/facility, IPMG CM, Provider, & District Manager.

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

Type of transition visit being made:		Pre-transition			7 day post			30 day post			Discretionary		
Item	**Support/Service**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**
1 ***!***	**Home Adaptations in place? List any ISP or Transition Plan mandated adaptations in addition to the following which are required in all homes: Carbon Monoxide Detector, Smoke Detector, Fire Extinguishers, Emergency Phone Numbers and Evacuation Routes Posted** Comments:												
2 ***!***	**Home clean and move-in ready?** Comments:												
3 ***!***	**Safe storage of medications, cleaning supplies, knives and other potential hazards?** Comments:												
4 ***!***	**House, lot, yard, garage, walkways, driveway and area free from environmental hazards such as retention pond, need for fenced in yard, train tracks close (as examples)? "hold" or "not hold" at discretion of reviewer based on safety of client.** Comments:												

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

5 *!*	**Hot water is checked by thermometer and is no warmer than 110º Fahrenheit (or able to determine that safeguards are in place) to ensure that the individual is not at risk for scalding? If client is not independent in safe mixing of water temperature, all faucets must be checked.** Comments:												
Type of transition visit being made:		**Pre-transition**			**7 day post**			**30 day post**			**Discretionary**		
Item	**Support/Service**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**
6	**Home stocked with food and supplies to accommodate the new occupant (including bathing soap, dishwashing soap, toilet paper, paper towels, laundry detergent, cleaning supplies, personal hygiene and grooming supplies, linens, towels)?** Comments:												
7 ***!***	**Transportation available to meet all community access needs? (describe transportation plans)** Comments:												
8	**Personal physician identified and appointment scheduled? (enter name, phone #, and appointment date/time). Not a "hold" at pre-transition but must be in place at 7 day post transition monitor.** Comments:												
9	**Personal dentist identified and appointment scheduled? (enter name, phone #, and appointment date/time). Not a "hold" at pre-transition and not mandated at 7 day post transition monitor but must be in place at 30 day post transition monitor** Comments:												

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

10 ***!***	**Psychiatrist identified? (enter name, phone # and appt date/time)** Comments:												
11	**Neurologist identified? (Enter Name)** Comments:												
Type of transition visit being made:		**Pre-transition**			**7 day post**			**30 day post**			**Discretionary**		
Item	**Support/Service**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**
12	**Other needed medical specialist identified? (Enter Specialty and Name for Each)** Comments:												
13	**OT and/or PT provider identified? (Enter Name and specify which discipline)** Comments:												
14	**Speech/Language Pathologist identified? (Enter Name)** Comments:												
15	**Dietitian identified and a plan in place for meeting nutritional and food and fluid texture modification needs? (Enter Name)** Comments:												
16 ***!***	**Medical and Adaptive equipment present or arrangements made to obtain equipment? (List All Equipment; if equipment is not in place, list provider of equipment, name of device and date it will be delivered or installed)** Comments:												

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

17 ***!***	**Behavior Support provider identified for person going to supported living? (enter name, phone # and appt date/time)** Comments:												
18 ***!***	**Adequate Staff assigned? (Attach a list of all assigned staff's names and a schedule showing names, dates, and times that the listed staff are assigned to work. Service Coordinator or Case Manager must be able to determine that staffing is appropriate for maintaining the health & welfare of the person being served.)** Comments:												

Training criteria as follows must be met to mark staff as "trained":

A training cover sheet that lists topic and learning objectives, date and time of training, length of training in hours/minutes, name of trainer printed legibly with his/her legible signature and date, names and legible signature of attendees and a copy of the actual document that was trained. Person completing checklist is expected to observe staff implementing tasks and question staff during monitor on any given area such as dining, risk plans, ISP, BSP. In order to be considered trained staff should either be modeling or explaining methods to teach a skill or to intervene in a health or behavioral situation.

Type of transition visit being made:		**Pre-transition**			**7 day post**			**30 day post**			**Discretionary**		
Item	**Support/Service**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**
19 ***!***	**Staff are trained to competency in addressing person's medical needs? (Signed documentation of related staff training must be attached to this form.)** Comments:												
20 ***!***	**Staff are trained to competency in addressing person's dietary/nutritional and food or fluid texture modification needs? (Signed documentation of related staff training must be attached to this form.)** Comments:												

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

21 ***!***	**Staff are trained to competency in addressing person's personal hygiene needs? (Signed documentation of related staff training must be attached to this form.)** Comments:												
22 ***!***	**Staff are trained to competency in addressing person's mobility needs? (Signed documentation of related staff training must be attached to this form.)** Comments:												
23 ***!***	**Staff are trained to competency in addressing person's behavioral considerations? (Signed documentation of related staff training must be attached to this form.)** Comments:												
	Type of transition visit being made:	**Pre-transition**			**7 day post**			**30 day post**			**Discretionary**		
Item	**Support/Service**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**
24 ***!***	**High Risk issues have been identified and plans have been developed to address them in the new setting? (List Individual Risk Issues) Staff are trained to competency in addressing person's risk issues and risk plans. (Signed documentation of related staff training must be attached to this form.)** Comments:												
25 ***!***	**Do the Master Treatment Plan, ISP, Risk Plans, Behavior Management Plan and Plan of Care identify and address all necessary services and supports? (Identify Service Coordinator or Case Manager and date discussion held)** Comments:												

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

26 *!*	**Are all other needs that are critical to making the transition happen safely, in place? (please describe):**													
POST TRANSITION MONITORING ADDITIONAL QUESTIONS		**Pre-transition**			**7 day post**			**30 day post**			**Discretionary**			
		Yes	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	
27	**Does the consumer appear to be taking medication as prescribed?** Comments: 7 DAY, 30 DAY, Discretionary													
28	**Is the Consumer free of any behavioral episodes (includes aggression or destruction of the home or personal property)?** Comments: 7 DAY, 30 DAY, Discretionary													
29	**Does the consumer appear to have adjusted to the setting, appearing calm and comfortable?** Comments: 7 DAY, 30 DAY, Discretionary													
	Type of transition visit being made:	**Pre-transition**			**7 day post**			**30 day post**			**Discretionary**			
Item	**Support/Service**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	**Yes**	**No**	**N/A**	
30	**Is the consumer free from any acute medical or dental episodes that require more than routine follow up (includes choking, impaction, skin breakdown, falls, injuries requiring more than first aid)?** Comments: 7 DAY, 30 DAY, Discretionary													
31	**Have all follow up items from previous monitoring been addressed? If no, please describe:** 7 DAY, 30 DAY, Discretionary													

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

32	**Is the consumer free from any change in the consumer's life or environment that warrants change in service/supports for an unmet need? If no, describe and provide next steps.** 7 DAY, 30 DAY, Discretionary												
33	**Are the consumer's progress notes, risk plan data, behavior support plan data, and other ISP training data forms are up to date, containing current data?** 7 DAY, 30 DAY, Discretionary												

List all individuals present and/or participating in monitoring and their relationship to consumer:

Name:	Relationship:

Additional Notes and Comments:

BDDS TRANSITION PRE-POST MONITORING CHECKLIST

PRE/POST MONITORING
DEFICIENCY ACTION ITEMS

Item #	Detailed Explanation of Deficit	Action Plan (includes specific actions planned; names of people contacted and dates/times of contact; targeted date for completion)	Target Date for Action	Entity Responsible for Action	Date resolved	Resolution verified by: