

BRS Contracted Provider Review – Child Record Review

Name of Program:	
Date of On-Site Record Review:	
Reviewer:	
Period Under Review:	

1. Personnel:/Program Requirements OAR 410-170-0030						
Standard: Program staff members meet BRS position requirements for education and experience.						
Standard: Position Descriptions describe the duties and qualifications for each BRS position.						
	File 1	File 2	File 3	File 4	File 5	File 6
Hire Date						
1.1 Program Coordinator credentials						
1.2 Program Coordinator job description						
1.3 Social Service Staff credentials						
1.4 Social Service Job description						
1.5 Direct Care Staff credentials						
1.6 Direct Care Staff position						
1.7 Criminal History Checks						
1.8 All staff who work directly with youth receive 28 hours of training within 30 days of hire that includes:						
BRS Service Documentation						
Mandatory Reporting of Child Abuse						
Program Policies and Expectations						
Gender- and cultural-specific services						
Behavior and crisis management						
Medication administration						
Discipline and restraint policies						
Suicide prevention						
1.9 Receive 16 hours of training annually which must include:						
Skills-training curriculum supporting evidence-based or promising practices						
Other relevant subjects related to the delivery of BRS services						
1.10 Comply with the provider enrollment requirement in OAR 410-120-1260						
1.11 Maintains a system for immediate and on-going communication amongst program staff regarding the whereabouts, status and condition of the youth						
1.12 Direct Care Staff, Social Service Staff and Program Coordinator have and/or maintain a CPR certification						
1.13 Direct Care Staff, Social Service Staff and Program Coordinator have and/or maintain first aid certification						
1.14 BRS Contractor’s Supervision of the Approved Provider Parent must include:						
Visits to the Provider Parent home a minimum of one time each month						
Provides 24 hour back up services I.E. on call services,						

consultation and direct crisis counseling						
Provides an opportunity for 48 hours of respite per month						

Review Notes

2. MINIMUM DIRECT CARE STAFFING LEVELS (0030)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's Initials						
Standard: Program provides supervision consistent with the OAR 410-170-0030 for their specific level of care. (0030-b = TFC), (0030-c = Residential),						
Meets and maintains the adult to child ratios in the therapeutic foster care homes.						
Meets and maintains the adult to child ratios in its residential facilities						

Review Notes

3. INTAKE PROCEDURES (0040-0050)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's Initials						

Intake Date						
3.1 Admissions: Prior Authorization (0040-2)						
3.2 Admission decision is made within 5 days of receiving the referral packet. (0050-7)						
3.3 On the day that the BRS Client is physically admitted to the program, the provider will provide to the client and applicable parent, guardian or legal custodian copies of the following and maintain signed documentation that they have done so in each client's file. If the parent or guardian cannot be present provider may show documentation of forward of the policy by facsimile or mail within 48 hours. (0050-8-a)						
Behavior management system policy						
Grievance Policy						
Client and family rights						
Discharge policies						
Seclusion policy						
Suicide prevention policy and procedures						
Medication management policy						

Review Notes

4. INITIAL SERVICE PLANNING (0070-1)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client initials						
Intake Date						
4.1 ISP Completed by Social Service staff within 2 business days						
4.2 Maintain the signatures of all participants or documentation that the client, family, caseworker, social						

service staff and other significant persons participated in or were invited to participate in the development of the ISP						
4.3 Written approval of the ISP prior to implementation from the Caseworker and Client and as applicable the parent, guardian, or legal custodian						
4.4 ISP is individualized and developmentally appropriate						
4.5 ISP is based on a thorough assessment of the client's referral information						
4.6 ISP specifies services for first 45 days						
4.7 Plan to address specific behaviors including intervention to be used						
4.8 Plan for any overnight visits						
4.9 Anticipated discharge date						
4.10 Anticipated type of discharge placement						
4.11 A plan to address any needs identified in the referral information.						
4.12 Existing orders medications/treatments						
4.13 Any type of behavior management system that will be used as an intervention						
4.14 Specific behavior management needs						

Review Notes

5. ASSESSMENT AND EVALUATION REPORT AER (0070-2)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client initials						
Intake Date						
5.1 Submit the complete written Assessment to the Caseworker within 45 days						
5.2 Ensure that a Social Service Staff Member conducts a comprehensive assessment of the BRS Client and completes a written AER						
5.3 The AER must include information with regard to the following domains:						
• Legal custody and basis for custody/Offense specific						
• Medical (including medications & dosages)						
• Family including specific cultural factors						

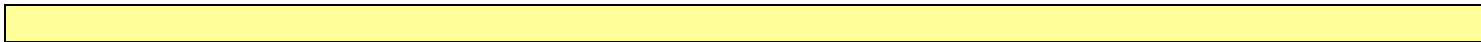
• Mental Health						
• Alcohol and Drug						
• Education						
• Vocational (if age appropriate)						
• Social Living Skills						
• Placement planning including home visits, anticipated discharge, and placement resources.						
Also includes:						
5.4 Reason for referral/placement (including identified problems and historical information)						
5.5 Behaviors/response to current services, strengths and assets						
5.6 Significant incidents and/or interventions since admission						
5.7 Behavior management level needed, specifically any behavior management needs greater than usual for the program.						
5.8 Identification of any service goals						
5.9 Identified needs by assessment and history						

Review Notes

6. Master Service Plan (0070-3)						
Process: Review 4 current and 2 closed files of children that have been in the program at least 45 days. If these are not consistent, review more files. If there are problems, note whether the problem is seen in older files or more recent files.						
	File 1	File 2	File 3	File 4	File 5	File 6
Client initials						
Intake Date						
6.1 Master Service Plan completed by Social Service staff within 45 days						
6.2 MSP is individualized and developmentally appropriate						
6.3 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the MSP						
6.4 Written approval or the updated MSP prior to implementation from the Caseworker, client and as applicable the parent, guardian, or legal custodian						
6.5 Domains with indicated need are addressed.						

(Refer to 5.3)						
6.6 Placement plans including home visits, anticipated discharge date and placement resources.						
6.7 Other needs identified in the AER that do not fall in one of the identified domains.						
6.8 Completion criteria individualized for each client.						
6.9 Specifically stated and prioritized service goal(s). (Describe youth's desired accomplishment in the domain upon completion of program.)						
6.10 Interventions and services program will provide to address each goal, including the use of a behavior management system specific group, counseling and skill-building curriculums.						
6.11 Staff responsible for providing the identified services						
6.12 Specifically stated behavioral criteria for evaluating the achievement of goals.						
6.13 A time frame for completion of goals						
6.14 The method used to monitor progress towards completing goals and the person responsible for monitoring progress.						
6.15 Aftercare/transition goals and planning						
6.16 Description of services by other providers including needs to be addressed						
Also includes, where applicable:						
6.17 Behavior management level needed, specifically any behavior management needs greater than usual for the program.						
6.18 Planning for when overnight visits are to occur, identifying frequency, and describing how the visits relate to the BRS goals identified in the MSP. The program must make every attempt to schedule visits so that they do not conflict with services.						

Review Notes



7. Master Service Plan Update/Review (0070-4)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
7.1 Formal service plan review meetings occur at least every 90 days						
7.2 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the MSP update						
7.3 Written approval or the updated MSP prior to implementation from the Caseworker, client and as applicable the parent, guardian, or legal custodian						
7.4 Review documents include:						
Progress toward achievement of service goals						
Performance on the behavior management system						
Performance on any individualized plans developed to address specific behavior						
Modifications to services based on new behaviors or identified needs						
Changes in recommendations, discharge date, or transition/discharge plan						
A summary of incidents involving the Client that occurred over the last 90 days						

Review Notes
.

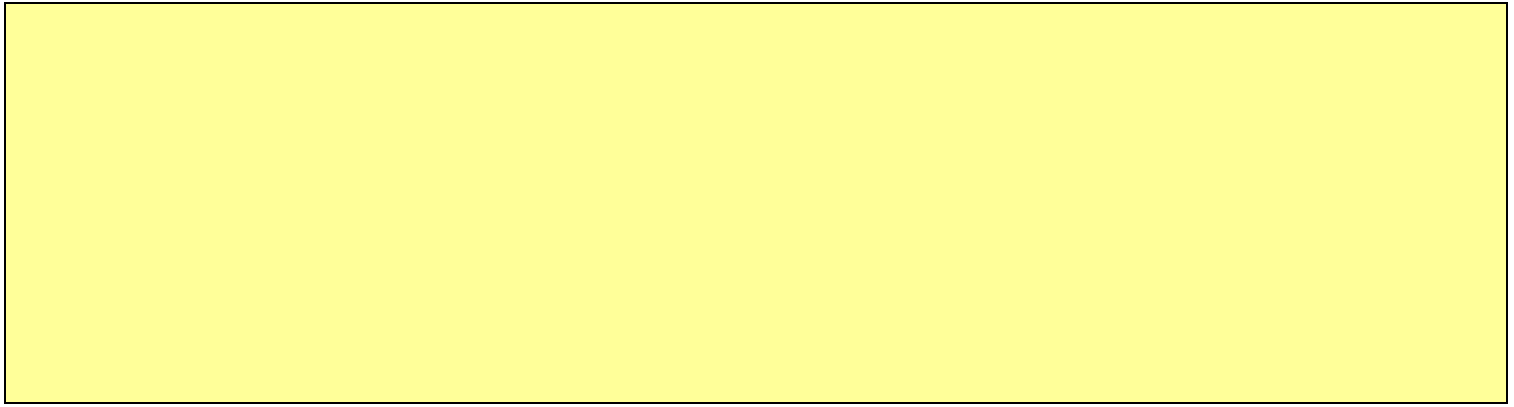
8. AFTERCARE/TRANSITION PLAN (0070-5)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
8.1 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in						

or were invited to participate in the development of the ATP update						
8.2 Social Service staff completes a written ATP at least 30 days prior to or as close as possible to the client's planned discharge						
8.3 Written approval or the initial and final ATP prior to implementation from the Caseworker, client and as applicable the parent, guardian, or legal custodian						
8.4 Plans describe how the client will successfully transition from the program to the community, specifically addressing the period of 90 days after discharge.						
8.5 Plan supports youth efforts to return home or transition to other setting						
8.6 Plan identifies needs and unmet goals						
8.7 Identification of services and supports outside of the program that will be available for the 90-day period.						
8.8 Plan identifies person or entity responsible for providing the aftercare services.						
8.10 Schedule for regular telephone contact with the client and as applicable the family, caseworker, or other identified significant persons.						

Review Notes

9. DISCHARGE SUMMARY (0070-6)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
9.1 Discharge summary completed and provided to the Caseworker within 15 days following the planned or actual discharge.						
9.2 Discharge summary discusses progress toward service plan goals						

Review Notes



10. AFTERCARE SUMMARY (0070-7)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
10.1 Aftercare summary completed and provided to the Caseworker no later than 120 days following the client's discharge from the program.						
10.2 Summarizes the status and progress on the ATP for the 90 days following discharge from the program.						
10.3 Aftercare summary describes the clients adjustment in community						
10.4 Aftercare summary includes any further recommendations						

Review Notes

11. SERVICE DOCUMENTATION (0090)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
11.1 Provide a combination of services necessary to comply with the client's ISP or MSP.						
11.2 Documentation included						
• Name of Client						
• Date of service						
• Name and position of the staff member providing the service						
• Length of time staff spent providing the service						

to the client						
• Description of the service being provided						
• Description of the client's participation in the service						
11.3 Written weekly record in each client's file with a total number of service hours provided each day to the client and a breakdown of the number of hours spent providing each particular type of service (i.e., Crisis counseling, individual and group counseling, parent training, skills training)						
11.4 Social service staff review the documentation each week for quality, content and appropriateness with the client's ISP or MSP.						
11.5 BRS Basic Residential - 11 hours of services are available to each client each week. To include: Crisis Counseling, Individual Counseling, Group Counseling, Milieu Therapy, Parent Training, Skills Training						
11.6 1 hour individual counseling/skill training per week provided by Social Service staff.						
11.7 1 additional hour individual counseling/skill training per week all (except Shelter, ICC, ILS, Community Step Down)						

Review Notes

12. INCIDENT REPORTS (0030-11-B)					In Compliance <input checked="" type="checkbox"/>	
Maintain a record of all incidents and crisis interventions including but not limited to communication outages, use of seclusion and physical restraint, a risk to the status or custody of the client or other incidents likely to cause complaints, generate safety, programmatic or other serious concerns, or come to the attention of the media, or law enforcement. All reports will contain the following						
	File 1	File 2	File 3	File 4	File 5	File 6
Client initials						
Intake Date						
12.1 Name of the client						
12.2 The date, location and type of incident or crisis intervention.						

12.3 The duration of any seclusions or physical restraints employed in the context of the incident.						
12.4 Name of staff involved in the incident or crisis intervention, including the names of any witnesses.						
12.5 Description of the incident or crisis intervention, including precipitating factors, preventative efforts employed, and description of circumstances during the incident.						
12.6 Physical injuries to the client or others resulting from the incident or crisis intervention, including information regarding any follow-up medical care or treatment.						
12.7 Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and as applicable the clients parent guardian or legal custodian.						
12.8 Documentation indication the date that a copy of the incident report was sent to the caseworker.						
12.9 Actions or interventions taken by program staff.						
12.10 Any follow-up recommendations for the client or the staff.						
12.11 Any follow-up or investigation conducted by the provider supervisory staff, DHS, OYA or other entities.						
12.12 The providers review of the incident or crisis intervention.						

Review Notes

13. Home Visits (0100-4)						
In order to qualify as an authorized home visit the provider must:						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
13.1 Ensure that the home visit is tied to the client's ISP or MSP						
13.2 Work with the family on goals for the visit and receive regular reports from the family on the client's progress while on the home visit.						
13.3. Have staff available to answer calls from the client or						

the client's family and to provide services to the client during the time planned for the home visit if the need arises						
13.4 Document communication with the client's family.						
13.5 Document client's progress on goals set for the home visit.						

Review Notes

14 POLICIES (0030-10)						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
14.1 Admission criteria and standards to accept a BRS client into the program.						
14.2 Staff training, including child abuse reporting.						
14.3 Reviewing referrals to the program and notification of admission decisions.						
14.4 Behavior management system policy designed to consistently encourage and positively reinforce appropriate behaviors exhibited by the clients in a non-punitive manner.						
14.5 A behavioral rehabilitation program model that uses evidence-based or promising practices whenever possible and the curriculum, policies, and procedures which implements that model.						
14.6 Client and family rights, including but not limited to the search and seizure of the clients person, property and mail; visitation and communication; and discharges initiated by the client.						
14.7 Grievance policy describing the process through which the client and if applicable the parent, guardian or legal custodian may present grievances to the provider about its operation and resolve issues.						
14.8 Voluntary nature of BRS with a process that allows the						

client to leave the program with no more than 3 business days advanced notice. (0060-1-a)						
14.9 Suicide prevention policy and procedure that includes how the provider will respond in the event a youth exhibits self-injurious/self-harm or suicidal behavior. This policy must include warning signs of suicide, emergency protocol and contacts, and training requirements for staff.						
14.10 Seclusion and Physical restraint policy that describes when such interventions may be used in compliance with applicable federal and state laws and regulations. It must be clear in the policy that if the restraint or seclusion are to be used as a intervention of last resort, it must describe how and by whom staff are trained and monitored in approved techniques.						
14.11 Medication management policy that describes how and where medications are stored, how a client will be notified of their right to refuse medication, and that the provider will notify the JPPO/ Caseworker if the client refuses prescribed medications for more than 7 days or refuses a medication that has been identified by any LPHA as requiring an immediate report for health care reasons.						
14.12 Quality Improvement policy and procedures that monitor the operation of the program to ensure compliance with all applicable laws and regulations, including but not limited to tracking of service hours, monitoring the timeliness or reporting requirements, and monitoring the quality of service delivery.						

Review Notes

15. PHYSICAL FACILITY (0030-9)

	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
15.1 The environment is suitable for treatment of BRS clients						
15.2 Meets all applicable safety, health, and general environmental standards required for a community residential or home setting.						
15.3 Provide separate bedrooms for clients 18 and older from those 18 and younger unless there is written approval from Licensing and Agency.						
15.4 Provide separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan from BRS Clients who do not have those behaviors.						
15.5 Provide BRS clients that have inappropriate sexual behaviors identified in their service plan bedroom either individually or in a group of 3.						
15.6 Provide separate bedrooms for clients and other members of the household.						
15.7 Provide separate bedrooms for male and female clients						
15.8 Provide physical separation of clients served in BRS program from person housed in detention facility or youth correction facility.						

Review Notes

16. PLACEMENT RELATED ACTIVITIES 0100						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
16.1 Transportation: A system in place for the following Placement Related Activities i.e. attend school, medical, dental and therapeutic appointments, recreational and community activities, places of employment and shopping for incidental items						
16.2 Educational and vocational activities: Provider must have a system in place to meet the educational and						

vocational needs of the BRS client.						
16.3 Recreational, Social and Cultural activities: Provider must have a system in place to provide recreation time on a daily basis to include community opportunities 2 to 3 times per week.						
16.4 Documentation included:						
Type of activity						
Date activity occurred						
At least 1 activity per week in the community						
16.5 Academic Assistance						
16.6 Documentation of physical exam completed within 30 days of placement, if applicable.						

Review Notes

DHS Review Measures

17. CLIENT FILES 413-090-0070						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
17.1 Face Sheets were in client files						
17.2 Client's medical insurance information was maintained in client files						
17.3 School enrollment, attendance, progress, and discipline information was maintained in client files						
17.4 Prior approval from the Department was obtained for recreational activities that presented a higher level of risk						

and or moderate to high level of technical expertise to preform safely (i.e. whitewater rafting, rock climbing, ropes courses, activities in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding) 413-090-0080						
--	--	--	--	--	--	--

Review Notes

18 Absent Days 413-090-0085						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						
18.1 Prior approval for absent days from client's caseworker and contract administrator						
18.2 Prior approval from caseworkers for home visits over eight days, with no more than 14 calendar days of home visits in a month						
Invoices:						
18.3 Invoices specified the number of billable care days and absent days for each client in a month						

Review Notes

19. EXTRA SUPERVISION						
Standard: The contractor will provide the client with extra supervision that exceeds the Oregon Administrative Rule 410-170-0000 through 0120 requirements.						
Purpose: The goal of extra supervision is to provide additional supervision based on the specific needs of the client to ensure safety of the client and other residents in the Contractor's program.						
	File 1	File 2	File 3	File 4	File 5	File 6
Client's initials						

Documentation:						
19.1 Case file includes documentation of the staff providing the 1:1 service and the date and time the service was provided						
19.2 Maintains a log of the activities the child participated in during the supervision period.						
19.3 Staffing was above and beyond the contractually required staffing ratio (per staff schedule) or log notes show that TFC Foster Parents are not the people providing extra supervision.						
Invoices:						
19.4 Contractor records include a staff log providing the client's name, date(s) time(s), and staff person paid to provide the extra supervision						
19.5 Invoices verify billing only occurred for days in program for clients						

Review Notes