



Regional Behavioral Health Authority (RBHA)
Instructions for Completing the
Adult Level II and III Residential Services Review Tool

The *Adult Level II and III Residential Services Review Tool* is designed to review the quality of services in Level II and III Residential Facilities as they are defined in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Covered Behavioral Health Services Guide.

Reviews of each Adult Level II or III residential service provider should be conducted at a minimum of once annually. Each RBHA should have a minimum of one Quality Management and one Clinical Operations representative conduct these reviews.

The review tool is comprised of two parts, a chart review and an interview of the program's clinical lead. Only one interview with a clinical lead needs to be conducted for each residential service provider. The number of chart reviews to be completed is based on the number of adults currently being served by the Level II or III residential service provider:

- 5 or less residents = 2 reviews
- 5-10 residents = 4 reviews
- 10-15 residents = 6 reviews
- 15-20 residents = 8 reviews
- Over 20 residents = 10 reviews

At the beginning of the *Adult Level II and III Residential Services Review Tool* is a demographic section the reviewer must complete.

Part 1 of the *Adult Level II and III Residential Services Review Tool* is a chart review which evaluates six components related to providing quality care for adults receiving Level II or III residential services:

- Assessment and Evaluation
- Active Treatment
- Individual Involvement
- Community Involvement and Supports
- Cultural Competence
- Discharge Planning

Most questions in this section can be answered with a Yes or No response; Not Applicable (N/A) is available for some questions. Most of the questions also provide an opportunity for the reviewer to add comments to their answers. The comment section can be used to clarify answers or note any unusual factors or circumstances associated with the questions.

Part 2 of the *Adult Level II and III Residential Services Review Tool* involves an interview with the program’s clinical lead. This interview consists of two Yes/No questions and seven open-ended questions which provides an opportunity for a more detailed response.

Completing the RBHA Quarterly Protocol Monitoring Report

Results from each Level II or III program reviewed during a quarter must be compiled using the *RBHA Quarterly Monitoring Report: Adult Level II and III Residential Services Review Tool* and submitted to ADHS/DBHS on a quarterly basis.

Each Level II or III program reviewed should be listed along with the date of the review and the number of clinical files reviewed. Quantitative results are tabulated as the percentage of total “yes” responses for all of the questions under each of the seven components. For example, under the third component *Individual Involvement*, there is a potential of 3 total “yes” responses. Therefore, the percentage of total “yes” responses under this component would be calculated as:

$$\frac{\text{Total number of “yes” responses on all clinical files reviewed} \times 100}{\text{Total number of charts reviewed} \times 3}$$

Qualitative results should be listed as strengths and areas identified for improvement for each Level II and III program.

Finally, RBHA-level trends, barriers, and improvement efforts for Level II and III programs should be documented in the table provided.

Completed monitoring reports should be submitted by the 15th day after the end of the quarter to the following:

ADHS/DBHS
Attn. Karla Schaff
150 N 18th Avenue, Suite 220
Phoenix AZ 85007-3228
(or electronically to: SCHAFFK@azdhs.gov)

Please attach copies of the review tools completed during the quarter. This information will be provided to the ADHS/DBHS Utilization Management Department.

**Adult
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Provider: _____

Review Date: _____

Reviewers: _____

CIS Number: _____

Date of Admission: _____

PART 1: Chart Review (complete one form for each adult)

I. Assessment and Evaluation	Yes	No	N/A	Comments:
1. The clinical record contains a current Assessment completed within the last year by the intake agency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
II. Active Treatment	Yes	No	N/A	Comments:
1. The clinical record contains the service plan from the placing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Date placing agency's service plan was developed: _____				
3. The individual's clinical record contains a current residential facility service plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Date facility service plan was developed: _____				
5. There is evidence that programming supports the following skill areas:				
<i>a) Independent Living Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>b) Personal Hygiene</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>c) Self-administration of Medication</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>d) Meal Planning and Preparation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>e) Budgeting and Shopping</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>f) Public Transportation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>g) Housekeeping Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>h) Substance Abuse Programming</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>i) Physical Wellness</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>j) Illness Management and Recovery Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>k) Vocational/Rehabilitation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>l) Other, please describe</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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6. The service plan appears to be appropriate to the acuity of the person's condition				
7. If the individual was involved in an Emergency Safety Response (ESR), there is evidence that:				
<i>a) The residential treatment provider staff debriefed with the individual after the episode</i>				
<i>b) The treatment plan was updated to reflect any necessary changes to prevent further ESRs</i>				
8. There is documentation related to the individual's progress in achieving treatment goals				
9. There is documentation of family/natural support involvement in the treatment process				
10. Documentation supports regular ongoing coordination of care with the clinical team, Behavioral Health Medical Practitioner (BHMP), Primary Care Provider (PCP) and other agencies/providers				
11. The Level II or III facility engages in active treatment planning with the clinical team preparing the individual for transition to a community-based setting				
III. Individual Involvement	Yes	No	N/A	Comments:
1. There is evidence that the individual was actively engaged to participate and involved in decisions in the following aspects of his or her care:				
<i>a) Service Plan Development</i>				
<i>b) Treatment Service Provision</i>				
<i>c) Discharge or Step-down Planning</i>				
IV. Community Involvement and Supports	Yes	No	N/A	Comments:
1. Documentation supports that the residential treatment provider staff provide information regarding community resources and encourages involvement in community-based activities				
2. Documentation supports that the residential treatment provider staff encourages involvement in programs desired by consumer (i.e., vocational programs, clubhouses, volunteer programs)				

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3. There is evidence that the clinical team coordinates and encourages social involvement with family, friends and or social support group				
4. There is documentation that the individual is provided with assistance in problem solving conflictual relationships and engaged in skill building activities that promote pro-social relationships with others (i.e., peers, neighbors)				
V. Cultural Competence	Yes	No	N/A	Comments:
1. Services appear to be culturally responsive to the needs of the individual				
2. Discharge and step-down plans reflect identified community services and supports that are aligned with the individual's strengths, needs and cultural preferences				
VI. Discharge Planning	Yes	No	N/A	Comments:
1. The chart includes discharge or step-down planning				
2. The discharge plan includes:				
<i>a) Specific skills and supports that the individual needs to be successful upon his/her return to the community</i>				
<i>b) Beginning discussion about the types and frequency of professional and support services needed upon step-down or discharge</i>				
<i>c) Realistic/quantifiable/measurable goals and objectives to inform when the individual is step-down or discharge ready</i>				
<i>d) Evidence that the team is actively reviewing progress and discharge options</i>				
<i>e) Identification of strengths and barriers to successful community integration and evidence of planning or services that address the identified barriers</i>				
<i>f) There is documentation that the individual's family/natural supports were involved in discharge planning</i>				

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PART 2: Interview with Program Staff (conduct one interview for each program)

Program Review	Yes	No	N/A	If yes, please describe:
1. Staff directly involved with residents' care receive regularly scheduled clinical supervision as well as event-driven supervision when necessary to ensure the provision of sound clinical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Staff have had training in motivational interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Describe how you ensure that staff develop and implement Crisis Stabilization Plans?				
4. How does the facility ensure that staff have access to a list of the most current medication regimens prescribed for each resident?				
5. What types of behavioral health services does the facility provide?				
6. Describe how you ensure that residents have access to behavioral health services that are not provided within the facility?				
7. Describe how the program culture ensures recovery-based services that embrace the following values: self-determination, empowering relationships, meaningful roles in society, and elimination of stigma and discrimination:				
8. Describe areas of strength within the program:				

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9. Describe any barriers within the program:

RBHA Quarterly Monitoring Report: Adult Level II and III Residential Services Review Tool

GSA _____ Network (if applicable) _____ Fiscal Year: _____ Quarter: _____ # of Charts Reviewed During Quarter: _____

Name of Program Reviewed	Program Type: Level II or III	Date of Review	# of Charts Reviewed
1.			
2.			
3.			
4.			
5.			
6.			

QUANTITATIVE RESULTS							
Name of Program	Assessment & Evaluation	Active Treatment	Individual Involvement	Community Involvement & Supports	Cultural Competence	Discharge Planning	Program Review

QUALITATIVE RESULTS		
Name of Program	Areas of Strength	Areas Identified for Improvement

RBHA Quarterly Monitoring Report: Adult Level II and III Residential Services Review Tool

RBHA Performance Improvement Actions:

What trends were identified for the Adult Level IIs and IIIs reviewed?

What barriers were identified for the Adult Level IIs and IIIs reviewed?

What has the RBHA implemented to target areas that were identified for improvement for the Adult Level IIs and IIIs?