

**Eligibility Assessment for the Behavior Rate Add-On
for Routine HPC & Community Respite Services**

Individual's Name: _____

The purpose of the behavior support rate modification is to provide funding for the implementation of behavior support plans by staff who have the level of training necessary to implement the plans and who are working under the direction of licensed or certified personnel or other professionals who have specialized training or experience implementing behavior support plans.

1. Does the individual have four or more 'yes' responses to the list of items in Question 32 of the ODDP **OR** Does the individual require a structured environment that, if removed, will result in the individual's engagement in behavior destructive to themselves or others?

Yes _____

No _____

If NO is answered, STOP HERE- the individual does not meet the criteria for the add-on

2. Does the individual routinely receive on-going behavior support services from a person experienced with the individual and the design, development and implementation of the BSP, and/or any other licensed, certified, or other specially trained professional to address the identified behavior?

Yes _____

No _____

Name and Title(s) of the person who is providing the on-going support

If NO is answered, STOP HERE- the individual does not meet the criteria for the add-on

3. Does the individual have a behavior support plan that is a component of the ISP in accordance with OAC 5123:2-1-02(J)?

Yes _____

No _____

If NO is answered, STOP HERE- the individual does not meet the criteria for the add-on

4. Has the individual been assessed within the last 12 months to present a danger to self or others and/or have the potential to present a danger to self or others?

Yes _____

No _____

Name and Date of the person who completed the assessment

If NO is answered, STOP HERE- the individual does not meet the criteria for the add-on

If all items, 1-4, have been answered “yes” then the person will qualify for the Behavior Support Modification (Behavior Add-on). Some discretion and ongoing consultation may be required when interpretation of the more judgment-based items is particularly difficult.

Qualifies for Behavior Support Modification to HPC Rate: YES ____ NO ____

Assessment completed by: _____

Date completed: _____

Confirmed by: _____, Supervisor

Clarification of Questions

Question 1: This question is pretty straight forward and links the behavioral need to the responses to the behavior domain, question 32, of the ODDP for those on the IO waiver. Note that the ODDP instructions for item 32 calls for the answers that currently apply.

If the individual meets the criteria for being in need of a structure environment in order to avoid behaviors that are destructive to self or others, there needs to be a clear indication provided in the plan of how the individual's environment must be structured in order to prevent destructive behaviors from occurring.

Question 2: The ISP needs to identify the person responsible for the on-going support of the behavior plan. By identifying the person or qualifications of the position responsible for behavioral supports in the ISP, it establishes the expectation that monitoring will take place and assures that the individual's response to the plan will be documented. This question should be checked “yes” if the plan identifies that the individual needs and receives on-going behavioral supports and that there is an identified person or position that will provide them. To select “no” it is presumed that the team does not believe these supports are needed by the individual. Additionally, the listing of the name of the person providing on-going monitoring is here for clarity. A blank does not impact the need for the behavior add-on.

Question 3:

(a)—An individual must have a behavior support plan as part of the ISP. In order to meet the criteria, the plan/guidelines must meet the definition of a behavior support plan as outlined in Ohio Administrative Code 5123:2-1-02(J).

Note: The ISP team needs to identify the frequency of monitoring and the person(s) responsible for monitoring the plan.

Question 4:

The Behavior Add-on is limited to those individuals who currently have high-risk behaviors or require a well-coordinated effort based on difficult behaviors and present a clear danger to the health and safety of themselves or others.