

ENHANCED BEHAVIORAL GROUP HOME OVERSIGHT MEETING AGENDA

INSTRUCTIONS

Please provide current information in each section below for the member. Email this form and any additional data, graphs or metrics to the Division at DDDBHAdministration@azdes.gov at least two (2) business days prior to the oversight meeting. If additional space is needed, please use and attach additional page(s).

For clinical oversight, Qualified Vendors shall provide a minimum of ten (10) hours each week, with fifty percent (50%) of the hours provided onsite, demonstrating compliance with clinical oversight as outlined in the service specifications. Additional clinical oversight activities as directed by the needs of the member(s) in the home may include, but are not limited to: member observation, weekly oversight meetings, incident review/debrief, program director observation, coordination of care, reviewing documentation, and medical consultation.

MEETING DETAILS

Member's Name (*Last, First, M.I.*): _____

Meeting Date and Time: _____

Meeting Attendees:

AGENDA

<p>Good News, Progress Made, Member Achievements and Milestones</p>	
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AGENDA

Progress towards
Transition to Less
Restrictive Service
Options *(As indicated by
Data-Based Objectives)*

Upcoming Appointments
*(Include type of
appointment, date,
time and any additional
support member may
need)*

Physical Health
*(Medical, Therapies,
Completed Appointments,
Symptoms, Action Item
Updates)*

AGENDA

Medications updates
(Changes to medications, compliance, side effects, etc.)

Behavioral Health Services
(Changes, completed appointments, pending services, barriers to services, etc.)

Employment Services/
Vocational Rehabilitation (VR)/ School/Day Treatment Adult (DTA)
(Changes, action items, pending, update on goals and objectives, etc.)

AGENDA

Community Involvement
(Activities outside of the home, visits with people who are important to the member, etc.)

Activities of Daily Living
(ADL's) (Documented progress and any changes)

Enhanced Ratio
(Changes, progress towards reduction, etc.)

AGENDA

Stakeholder Updates
*(Stakeholder concerns/
feedback)*

Member Updates
*(Member concerns/
feedback)*

Incident Report Review/
Debriefing *(Date of
incident, details and
action items. Please list
any crisis/emergency
responder utilization
occurrences along with
dates)*

AGENDA

Target Behavior Data/
Summary

Staff Fidelity Summary

Clinical Summary

Total Clinical
Oversight Hours

AGENDA

Clinical Oversight Action
Items *(To be completed
during the meeting by
DDD representative)*