



# DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

# Group Home Bulletin

DIVISION OF DEVELOPMENTAL DISABILITIES

PROGRAM MONITORING

ISSUE 6  
FALL 2009

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### Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability.

The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance, if at all possible.

To request this document in alternative format, or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

## What are "Special Instructions"?

Often times, prescription bottles from the pharmacy come with little stickers or printed statements such as "do not operate heavy machinery" or "take with food". There are so many different things that the pharmacy places on the bottle, it can be hard to determine what needs to be written on the Medication Administration Record, or medication log, as a special instruction.

So here's a little help!

The special instructions that are required to be noted on the Medication Administration Record are those that specifically pertain to the administration of the medication.

Examples include the following:



**TAKE WITH FOOD**



**DO NOT CRUSH**



**DO NOT LIE DOWN FOR 30 MINUTES AFTER TAKING**



**DO NOT TAKE WITH OTHER MEDICATIONS**

Precautionary statements that may be included on the label are not required if they do not pertain to the administration of the medication. If in doubt of the instructions' applicability to the administration of the medication, it would be best to list it on the Medication Administration Record.



## Questions & Answers ???

**Q: Is it acceptable to gather baseline data on an outcome in a Behavior Treatment Plan that has not been approved by PRC?**

A: Obtaining baseline data for behavioral objectives prior to PRC approval is appropriate and should be completed to obtain and determine the parameters for the objective. However, objectives should not restrict the rights of the consumers. All restrictions must first be approved by the PRC and the HRC committees. Baseline data will also help identify whether the medication is effectively working and assist in identifying the individual's behaviors and intervention/redirection that are effective.

**Q: What staff training courses would be transferable from agency to agency?**

A: The trainings transferable from agency to agency are CPR and First Aid instructed by certified trainers, Article IX and Client Intervention Techniques (CIT) instructed by a Division-certified trainer, and Minimum Orientation Requirements ONLY when the training curriculum is attached to the training documentation, signed by the trainer, and the curriculum is approved by the Division.

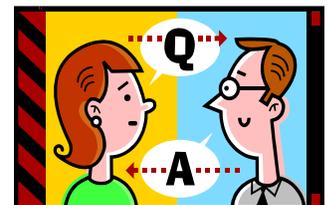
**Q: Is it acceptable to use a medical appointment form to list medications and supplements as the physician's authorization for over-the-counter (OTC) medications (not PRNs)?**

A: A medical appointment form is one (1) method of satisfying the requirements of A.A.C.R6-6-806.F. The provider agency will determine which method will be used and is best for use within their agency.

The physician's authorization must minimally contain the following:

- Name of the Medication;
- Dosage;
- Frequency of Administration; and
- Doctor's Signature on the form.

The physician's authorization must be updated annually.



## Behavior Treatment Plans

All Behavior Treatment Plans (BTP) have a deadline for when they must be submitted to the Program Review Committee (PRC). A.A.C.R6-6-902.C states that a BTP must be submitted within ninety (90) days of the onset of a need for a plan. The onset of a need for a plan includes:

- using techniques that use force,
- programs involving response cost,
- the use of behavior modifying medications,
- using protective devices as a result of self-injurious behavior, and
- anything that may infringe upon the rights of an individual, including A.R.S. 36-551.01.

So what happens to this timeline when an individual leaves a home for a short period and then returns?

When a consumer leaves a residential setting for more than thirty (30) days and then returns to the setting, this becomes a new onset and a BTP must be submitted within ninety (90) days of the new onset.

If a consumer is absent for less than thirty (30) days from the program, then this is not a new onset and the previous timeframe must continue.

## Behavioral Objectives

The Program Monitoring Unit has received several questions about Behavioral Treatment Plans (BTP) and behavioral objectives.

Specifically, when a Behavior Treatment Plan expires and the next Program Review Committee (PRC) meeting is months away, should the agency continue the objectives on the old plan or begin the new, unapproved BTP?

When there is a lapse in the PRC approval of a consumer's BTP, the most recently approved BTP should continue to be implemented until a new plan can be approved by the PRC process.

The provider agency will not be cited for an expired plan if the new plan is submitted in a timely manner and prior to the expiration of the previous plan.

The provider agency should document the current status of the plan until PRC approval is obtained. Documentation may be made available in the monthly monitoring of the BTP and/or the monthly progress notes.

The agency should also document any barriers that are interfering with the drafting and/or approval process of the BTP. For the BTP, it is best practice that documentation be included in the section regarding phase changes that the plan will continue until another BTP is approved or discontinued. The agency may have to complete a Change in the ISP document to indicate that the most recently approved BTP will continue to be implemented until a new plan can be approved by the PRC.



## FINGERPRINT CLEARANCE

Due to U.S. Senate Bill 1049 — also known as the “Adam Walsh” Bill — which passed the legislature on June 29, 2009, the Background Check and Clearance Card (DES 1-01-17) policy has changed. Fingerprint clearance requirements have been updated and are effective immediately. Here are some important highlights that everyone should know:

All employees and volunteers must now have a LEVEL ONE CLEARANCE CARD. Anyone fingerprinted beginning July 1, 2009, onward must now have a card that includes the designation “Level One Fingerprint Clearance Card”. If the card does not have this requirement, that person may not provide services for consumers within the Division of Developmental Disabilities (DDD).



If the employee/volunteer has a Fingerprint Clearance Card issued prior to July 1, 2009, it will be accepted, and that individual may continue to provide services to consumers of the Division.

Additionally, new offenses have been added to the Fingerprint Bill, and some existing appealable offenses have been moved to non-appealable.

The legislature did include a *grandfather clause* for current employees fingerprinted prior to July 1, 2009. This includes the following:



If there is a history of one (1) of the new offenses, and providing no new offenses have been committed, the renewal of their current card will not be prevented.



If the clearance card expires, and the individual applies for a new card, they will be considered a non-clearance card holder, and the application will be reviewed for all current and past offenses.

As a result of the above changes, it is very important to make certain your Fingerprint Clearance Card remains valid should any past offenses be an issue for renewal upon expiration.

To familiarize yourself with the policy, please visit the website:

<http://deswebpro.azdes.gov/cms400min/appFiles/Policies/pdf/DES 1-01-17.pdf>

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### **EDITORS**

**Central Office Quality Assurance Staff:  
Vincent Benjamin & Nicole Morong**

**PLEASE SEND FEEDBACK/COMMENTS TO**  
**dddmonitoring@azdes.gov**