KEPRO
INTELLIGENT VALUE

For HCQU Office Use Only
Date received: Click here to enter text.
Date opened: Click here to enter text.
CTA#: Click here to enter text.

Complex Technical Assistance Referral Form

I. Referral Section (Completed by individual requesting Complex Technical Assistance)

Provider: Click here to enter text.	**Initials of person being referred:** Click here to enter text.
Provider contact: Click here to enter text.	**Age:** Click here to enter text.
Phone and e-mail: Click here to enter text.	**AE of Oversight:** Click here to enter text.
Supports Coordinator: Click here to enter text.	**County of Residence:** Click here to enter text.
Phone and e-mail: Click here to enter text.	**Does person have a mental health (MH) diagnosis? (Y/N):** Click here to enter text.

KEY ISSUES NECESSITATING THIS REFERRAL: (*Please check all items that apply.*)

☐Changes
- ☐Behavior
- ☐Environment
- ☐Functioning level
- ☐Funding
- ☐Medication
- ☐Physicians/Psychiatrists
- ☐Placement/residence

☐Frequent hospitalizations
☐Frequent Incidents
☐New diagnosis

☐Transition
- ☐Agency to Agency
- ☐Agency/Home to Life Sharing
- ☐Home to Agency
- ☐Hospital to Agency
- ☐ICF/MR to Agency
- ☐Age 18-21 to Agency

☐Restraint use
☐Other: Click here to enter text.

Please provide a brief description of the situation that resulted in this referral:

Click here to enter text.

SUPPORT REQUESTED OF THE HCQU: * (*Please check all items that apply.*)

- ☐Resources to increase team's skills
- ☐Resources to increase individual's skills
- ☐Resources for best practice standards
- ☐Health related suggestions (physical and/or behavioral)
- ☐Training

Please state the desired outcome(s) for this assistance:

Click here to enter text.

* *NOTE:The HCQU will act as a resource to the interprofessional support team, not a member of that team.*

REQUIRED ATTACHMENTS TO INCLUDE WITH REFFERAL:

- ☐Individual Support Plan (ISP)
- ☐Lifetime medical (if no ISP)

OPTIONAL INFORMATION TO INCLUDE, IF RELEVANT:

- ☐Behavior plan(s)
- ☐County service plan
- ☐Incident data/reports
- ☐Psychiatric evaluation
- ☐Recent hospitalization summary
- ☐Social Emotional Environmental Plan (SEEP)
- ☐Signed release of information form
- ☐Other: Click here to enter text.

Completed by: Click here to enter text.	**Date:** Click here to enter text.
Title: Click here to enter text.	**E-mail:** Click here to enter text.

II. AE Section (Completed by AE of Oversight)

Please indicate AE concerns and desired outcomes for this assistance:

Click here to enter text.

AE approval: Click here to enter text.	**Date:** Click here to enter text.
Title: Click here to enter text.	**E-mail:** Click here to enter text.

III. HCQU Section (Completed by HCQU TA Team leader)

HCQU TEAM ASSIGNED:

TA #: Click here to enter text.
Date Received: Click here to enter text.
Date Opened: Click here to enter text.

Name:	Title:
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

HCQU PROCESS/SUGGESTIONS RESULTING FROM TECHNICAL ASSISTANCE

(Please check all items that apply and attach a copy of supporting documentation for all process/suggestions listed)

- ☐Behavioral suggestions
- ☐Communication suggestions
- ☐Environmental suggestions
- ☐Identified additional supports (i.e. wheelchair clinic, OT/PT consult)
- ☐Medical suggestions
- ☐Psychiatric story
- ☐Timeline completion
- ☐Trainings: Provide a listing of suggested trainings and dates scheduled with supporting documentation.
- ☐Other: Click here to enter text.

RESULT OF COMPLEX TECHNICAL ASSISTANCE

Date Closed: Click here to enter text.

- ☐Change in residential or waiver status
- ☐Referred to Positive Practice Resource Team (PPRT)
- ☐HCQU complex TA functions completed
- ☐Withdrawn

Please comment regarding outcomes desired by requester, AE, and CTA team and actual outcomes:

Click here to enter text.

IV. 6-9 Month Follow-up Section (Completed by AE of Oversight)

Please assess how the individual is doing 6-9 months following the closing of the CTA in terms of the outcomes indicated in the previous pages of this form, and rate the findings using the scales below.

Suggestions followed:
- ☐ All suggestions followed
- ☐ Some suggestions followed
- ☐ No suggestions followed
- ☐ Unknown

Outcome results:
- ☐ All outcomes met
- ☐ Some outcomes met
- ☐ No outcomes met
- ☐ Undecided/inconclusive

Impact on individual:
- ☐ Positive impact
- ☐ No impact
- ☐ Negative impact
- ☐ Undecided

Please comment on findings:

Click here to enter text.

AE contact: Click here to enter text.	**Date:** Click here to enter text.
Title: Click here to enter text.	**E-mail:** Click here to enter text.