



**Verification for Intense Review
(Respond only to the questions that pertain to this individual)**

Participant Name:		Date Questionnaire Submitted:	
Name/Relationship of Respondent:		Phone/Email of Respondent:	
Intense for Medical			
What Chronic or acute medical condition(s) does the individual have that requires 1:1 staffing?			
What are the symptoms/risks that require a need for a 1:1 staffing ratio to provide frequent interventions and consistent monitoring, which without would require placement in a Nursing Facility, hospital, or ICF/IID with 24-hour on-site nursing (for example: Fall risks, seizures, choking/aspiration, etc.)?			
What interventions are provided, or are recommended, for each of these symptoms? How often throughout the day are interventions provided?			
Have there been any hospitalizations over the last year related to these medical conditions? If so, please give the date of admission, length of stay, reason, and outcome.			
Attach medical documentation that supports the need for Extraordinary Medical Level of Support (For Example: Relevant Provider Logs, ER Reports, Diagnostic Reports, Hospital Discharge Summary)			



Intense for Behavior

Have Pending Felony Charges

What is the pending felony charge(s), not yet adjudicated, related to the serious injury or harm of another person?

What are the triggers that precipitate the behaviors?

What interventions are provided, or are recommended, to prevent re-offending?
How often throughout the day are interventions provided?

Attach legal documentation that supports the pending felony charges

On Probation for a Recent Felony Conviction

What is the felony conviction related to the serious injury or harm of another person the individual received? When were they placed on probation (must be in the last 3 years)?

What are the triggers that precipitate the behaviors?

What interventions are provided, or are recommended, to prevent re-offending?
How often throughout the day are interventions provided?

Attach legal documentation that supports the individual being on probation for a felony conviction



On Parole from Incarceration for a Felony Conviction	
What felony was the individual convicted of that related to the serious injury or harm of another person? When were they placed on parole after being incarcerated (must be within the last 3 years)?	
What are the triggers that precipitate the behaviors?	
What interventions are provided, or are recommended, to prevent re-offending? How often throughout the day are interventions provided?	
Attach legal documentation that supports the individual being on parole from incarceration for a felony conviction	
Released for Time-Served from Incarceration for a Felony Conviction	
What felony was the individual convicted of that related to the serious injury or harm of another person? When were they released from incarceration with time-served (must be within the last 3 years)?	
What are the triggers that precipitate the behaviors?	
What interventions are provided, or are recommended, to prevent re-offending? How often throughout the day are interventions provided?	



Attach legal documentation that supports the individual's felony conviction and time-served

Have a History of Predatory Sexual Activity

What pending misdemeanor or felony charge (not yet adjudicated), or misdemeanor or felony conviction related to a predatory sexual offense does the participant have?

What are the triggers that precipitate the behaviors?

What interventions are provided, or are recommended, to prevent re-offending?
How often throughout the day are interventions provided?

Attach Legal Documentation that Supports the Individual's Pending Charges or Convictions Related to a Predatory Sexual Offense.

Attach a Psychosexual Assessment, completed in the last 3 years by an appropriate professional, that demonstrates the participant is at high risk to re-offend.

Have a History of Serious Aggressive Behaviors

Does the individual have a sustained history of serious aggressive behavior that causes harm to self or others?

List the documented, serious aggressive behaviors, including the effect on the health and safety of self, others and/or property.



If applicable, list incidents of serious aggressive behavior that caused harm to self or others within the last 12 months, include dates and the outcome of each incident.	
What are the triggers that precipitate serious aggressive behaviors?	
What interventions are provided, or are recommended, to decrease the aggressive behavior(s)? How often throughout the day are interventions provided?	
If you have any questions regarding the Verification Questionnaire or Supporting Documentation, please call: 208-258-7980	
Send Supporting Documentation to: IdahoIAS@libertyhealth.com	
Supporting documentation due (within 5 days of submission of the questionnaire):	