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| **PRECURSORY REVIEW** | |
| **This is acknowledgement that the following have been completed.**  **If any of the items are NOT completed, this review cannot move forward:** | **Recommended hours for Direct and Consult** (including frequency and duration)  **FBA Summary**  **GAS charts** (1 for each DBO)  **Sample BSP HCSIS Screen Template** (if BS doesn’t have access to HCSIS)  **SC included the following in the comments section of “Plan Development”:** (1) name of BS who wrote FBA, BSP, CIP, and GAS charts and (2) if BS had to submit the BSP/ CIP using the *Sample BSP HCSIS Screen Template doc*  **The FBA submitted corresponds with the DBOs in the BSP** |
| **NOTE FOR CLINICAL REP:** | By checking this box, you confirm that the FBA has been uploaded into the Sharepoint drive. |
| **Comments** |  |

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| **Desired Behavioral Outcomes from BSP:** | |
| 1. |  |

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| **FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)** | | | | | |
| **BS is qualified** | The staff who completed the Functional Behavioral Assessment (FBA) is qualified to write FBAs and provide BS services. | | | | **MET**  **NOT MET** |
| **Use of ISP, PRE and other assessments** | The behavior(s) of concern identified in the ISP, PRE, ASAP, W-ADL, Online Readiness Checklist and or other assessments are taken into consideration in the FBA. | | | | **MET**  **NOT MET** |
| **FBA Behavior** | The FBA focuses on behaviors that are appropriate for BS and are either disruptive, destructive, and or disturbing that interfere with the individual’s quality of life. | | | | **MET**  **NOT MET** |
| **Defined Behavior** | Operational definitions of problem behaviors including prioritization | | | | **MET**  **NOT MET** |
| **FBA Behavioral Hypothesis** | The behavioral hypothesis:   * details the condition, behavior (defined in observable, measurable terms), and function * directly aligns with the Desired Behavioral Outcome (DBO) in the BSP * The condition is not clear and doesn’t seem to make sense with the behavior. Meaning, it states that when he is in a preferred or non preferred environment (since it is either or and doesn’t have anything to do with the condition, just delete this part. Only include if it is contributing to the condition.) | | | | **MET**  **NOT MET** |
| **Indirect Data** | Summary of indirect assessment methods (e.g., interviews, FAI, MAS, FAST, other assessments/checklists) that supports the behavioral hypothesis. | | | | **MET**  **NOT MET** |
| **Direct Data** | Summary of direct methods (observations, data collection, graphs, including analysis of data) that supports the behavioral hypothesis. | | | | **MET**  **NOT MET** |
| **Multidisciplinary approach** | There is evidence that a multidisciplinary approach was taken in the FBA process. | | | | **MET**  **NOT MET** |
| **Data-driven conclusions** | The conclusions made in the FBA are supported by the data. | | | | **MET**  **NOT MET** |
| **Recommendations** | Recommendations for ongoing behavioral support are holistic and include considerations for quality of life and the need for additional assessments when applicable (e.g. medical, sexuality, trauma) | | | | **MET**  **NOT MET** |
| **BEHAVIORAL SUPPORT PLAN (BSP)** | | | | | |
| **Hypothesis** | The appropriate information is captured in the corresponding sections (e.g., condition, behavior, function) and are brief and thorough. | | | | **MET**  **NOT MET** |
| The condition statement is specific enough to explain what triggers the problematic behavior to occur. | | | | **MET**  **NOT MET** |
| The behavior is measurable and observable. | | | | **MET**  **NOT MET** |
| The behaviors are listed separately in a separate hypothesis if they do not occur together (e.g., occur at the same time, occur in a predictable chain, or occur in response to the same situation?) | | | | **MET**  **NOT MET** |
| The function of the behavior is clear (to gain attention, escape, access or for sensory)? | | | | **MET**  **NOT MET** |
| **Desired Behavioral Outcome** | The appropriate information is captured in the corresponding sections (e.g., condition, behavior, function) and are brief and thorough. | | | | **MET**  **NOT MET** |
| The condition statement is specific enough to provide a cue for supporters to intervene as a natural prompt to trigger the behavior. | | | | **MET**  **NOT MET** |
| The condition in the DBO matches the condition in the Hypothesis. | | | | **MET**  **NOT MET** |
| The behavior is measurable and observable. | | | | **MET**  **NOT MET** |
| The behaviors are listed separately in a separate hypothesis if they do not occur together (e.g., occur at the same time, occur in a predictable chain, or occur in response to the same situation?). | | | | **MET**  **NOT MET** |
| The criteria states the mastery in detail and in its entirety and make sense for the behavior. | | | | **MET**  **NOT MET** |
| **Antecedent Strategies**  **-------------------------------**  Antecedent Strategies explain how to prepare the person for the environment or context identified as challenging in the FBA. | Antecedent strategies are linked to the condition in the hypothesis. | | | | **MET**  **NOT MET** |
| The strategies listed are proactive and address ways to help prevent the problematic behavior from occurring. | | | | **MET**  **NOT MET** |
| There are sufficient strategies to address the context in which the challenging behavior has historically occurred. (i.e., Are the conditions understood? And do the strategies address what we know about the behavior, historically?) | | | | **MET**  **NOT MET** |
| The strategies are written in a way that provides instruction to supporters in their role in implementing the BSP. | | | | **MET**  **NOT MET** |
| The strategies in this section are appropriate antecedent strategies. | | | | **MET**  **NOT MET** |
| **Replacement/ Alternative Strategies**  **-------------------------------**  Replacement/ Alternative Strategies explain the supporter’s role in how to teach functionally equivalent  replacement behaviors. | Replacement/Alternative strategies are aligned with the hypothesized function of the behavior. | | | | **MET**  **NOT MET** |
| The strategies identify skills that the individual can use to promote self-regulation, build tolerance and delay gratification, in a person-centered way. | | | | **MET**  **NOT MET** |
| There are sufficient skills identified that would be likely to decrease the need for the individual to use the challenging behavior to meet their needs. | | | | **MET**  **NOT MET** |
| The strategies are written in a way that provides instruction to supporters on their role in teaching and prompting these skills. | | | | **MET**  **NOT MET** |
| The strategies in this section are appropriate replacement/ antecedent strategies. | | | | **MET**  **NOT MET** |
| **Consequence Strategies**  **-------------------------------**  Consequence Strategies explain how supporters should respond to both the challenging behavior targeted in the FBA as well as replacement or alternative behaviors targeted in the BSP. | The consequence strategies address both (a) how others are going to respond when the individual engages in the replacement behavior as well as (b) how others are going to respond when the individual engages in the challenging behavior. | | | | **MET**  **NOT MET** |
| The strategies listed for when the individual engages in the replacement behavior, are more then just “provide verbal praise”. | | | | **MET**  **NOT MET** |
| There is information that includes some type of follow up steps or individuation to move to the Crisis Intervention Plan. | | | | **MET**  **NOT MET** |
| There are enough strategies that explain to the supporter what to do to:   * Prompt alternative /replacement behaviors, decrease reinforcement of * challenging behavior, or indicate to move to Crisis Intervention Plan. * Reinforce replacement behaviors by allowing those behaviors to achieve the function identified in the FBA. * Reinforce the alternative behavior. | | | | **MET**  **NOT MET** |
| The strategies are written in a way that provides instruction to supporters on how to respond to different behaviors the individual might use when in the context of the condition statement. | | | | **MET**  **NOT MET** |
| The strategies in this section are appropriate consequence strategies. | | | | **MET**  **NOT MET** |
| **Means of Monitoring** | The behavior in which data is collected on corresponds or matches the Desired Behavioral Outcome | | | | **MET**  **NOT MET** |
| Appropriate measurement is chosen for either the replacement/alternative skill and/or the undesired behavior | | | | **MET**  **NOT MET** |
| **Person Centeredness** | The goals in the plan are expected to be person-centered. *If any of the following are identified, check the box beside them and mark this section as “not met”.*   * The goals in the plan seem to be for the convenience of * staff or natural supporters. * Goals seem to focus solely on compliance | | | | **MET**  **NOT MET** |
| The BSP goals are developed with consideration for the person’s vision for a meaningful, everyday life. | | | | **MET**  **NOT MET** |
| **DOES THIS PLAN INCLUDE RESTRICTIVE INTERVENTIONS?**  **(If yes, complete the rest of the questions in this section)** | | | | **YES**  **NO** |
|  | If the DBO contains restrictive strategies, Is the “restrictive plan indicator” checked? | | | **YES**  **NO** |
|  | If the plan includes restrictive interventions, have they been approved by an HRT? | | | **YES**  **NO** |
|  | Are there concerns that the plan might be implemented in a way that would result in the misuse of the restrictive procedure or rights violation? | | | **YES**  **NO** |
| **CRISIS INTERVENTION PLAN (CIP)** | | | | | |
| ***Before***  **Escalation**  **Behaviors** | Behaviors indicative of potential for escalation are listed and are distinctly different from behaviors addressed within the BSP. | | | | **MET**  **NOT MET** |
| **Strategies** | Strategies to address when escalation behaviors are noted are detailed. | | | | **MET**  **NOT MET** |
| **Indication to**  **move to the next**  **level** | Contains an explanation of what behaviors are looking like when proactive strategies may not work and the situation may be moving into a crisis. | | | | **MET**  **NOT MET** |
| Behaviors listed are written in observable and measurable terms. | | | | **MET**  **NOT MET** |
| Behaviors listed distinctly different then the behaviors listed within the BSP as well as the escalation behaviors. | | | | **MET**  **NOT MET** |
| ***During***    **Strategies** | Strategies directed at ensuring the safety of all persons. | | | | **MET**  **NOT MET** |
| Strategies within this section focus on health and safety rather than reminding and/ or teaching new skills to the individual. | | | | **MET**  **NOT MET** |
| **De-Escalation**  **Behaviors** | Contains a brief explanation of what behaviors are indicative that a crisis is complete. | | | | **MET**  **NOT MET** |
| Behaviors listed are written in observable and measurable terms. | | | | **MET**  **NOT MET** |
| ***After***  **Strategies** | Brief explanation of what actions will be taken to learn from and divert another crisis. | | | | **MET**  **NOT MET** |
| **ISP GOALS AND OBJECTIVES** | | | | | |
|  | |  | | --- | | Desired Behavioral Outcomes in the BSP match the BSS Objectives in HCSIS. | | | | | **MET**  **NOT MET** |
| The “Goal Phrase” match the Goal Phrase in the GAS chart? | | | | **MET**  **NOT MET** |
| The “Concerns” section in the goal includes the baseline information from the GAS chart. | | | | **MET**  **NOT MET** |
| The correct Goal Phrase is linked to the BS Plan Development service. | | | | **MET**  **NOT MET** |
| **GAS CHARTS** | | | | | |
|  | The staff who developed the GAS chart has either passed the SBP training/ submission in MyODP or passed the GAS required training/ submission in MyODP, making them qualified to write GAS charts. | | | | **MET**  **NOT MET** |
|  | The Goal Phrase adequately captures the desired behavior. | | | | **MET**  **NOT MET** |
| The Goal Category is accurate. | | | | **MET**  **NOT MET** |
| The Goal Statement matches the behavior in the objective. | | | | **MET**  **NOT MET** |
| The condition, behavior and criteria match the linked DBO. | | | | **MET**  **NOT MET** |
| The Concerns section contains the baseline in quantitative terms. | | | | **MET**  **NOT MET** |
| The GAS chart appears to be acceptable and follow ODP BSASP GAS expectations. | | | | **MET**  **NOT MET** |
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| **Reviewed by:** | | | **Date Reviewed:** | | |
| **BS Hours**  **(Consult and Direct)**  **Review:** | ***Hours requested:***  Direct:/ week Consult:/ week  **Rejected:**  The requested amount of *SSD/ BS* *Direct* and *Consult* hours are not justified.  *The BS provider must provide additional information to justify this request or reduce the hours requested within 7 business days of this email.*  **Approved: The requested number of hours of *SSD*/*BS Direct* and or *Consult* as listed above, are approved.**  These hours have been approved based off of the frequency of \_\_\_\_\_ (and should not be provided all in one day).  Once *SSD/BS FBA Plan Development* service is authorized, the requested amount of *SSD/BS* *Direct* and *Consult* hours can be added to the plan.  \*SSD/BS Plan Development can be authorized and SSD/ BS Direct and Consult can be added to the ISP WHEN BOTH THE BSP/CIP AND BS HOURS ARE APPROVED. | | **BSP/ CIP**  **Review:** | **Rejected:**  Revisions are necessary before BSP/CIP can be approved.  *Details on revisions can be found in the clinical BSP/CIP review checklist. Revisions must be completed by the BS provider within 7 business days of the date of this email.*  *SSD/BS BSP Plan Development service will not be authorized and SSD/BS Direct and Consult cannot be added to the ISP yet*  **Approved:**  The BSP/CIP are approved. No revisions are needed and the BS has been confirmed to be qualified. Please submit the DBOs in the BSP into HCSIS as the BS’s goals/objectives.  Once the hours are approved, the requested amount of *SSD/BS* *Direct* and *Consult* hours can be added to the plan.  **Although plan is approved,** the  BSP/CIP was submitted on the  *Sample HCSIS Screen Template*.  BS needs to submit the approved  BSP/ CIP into HCSIS.  Please enter these within 7 business days. Then email the SC to confirm. The SC will then follow up with the PM at  [ra-basprovidersupprt@pa.gov](mailto:ra-basprovidersupprt@pa.gov) to confirm completion. The assigned clinical rep with re-check them at that time.  \*SSD/BS Plan Development can be authorized and SSD/ BS Direct and Consult can be added to the ISP WHEN BOTH THE BSP/CIP AND BS HOURS ARE APPROVED. | |
| **GENERAL COMMENTS:** | | | | | |