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| **Behavior Support Plan Review** |

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| Individual Served: | Behavior Analyst: |
| Date of Review: | Date of BSP: |
| Purpose of Review: Enhanced Supports CABS  BAPRC consult Other (note below) | |
| Description of purpose *if other*: | |
| Approval Length: Denial  30 days 3 months  6 months  9 months  12 months  Expiration of Plan | |

**I. BSP Identifying information:**

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| --- | --- |
| Was the author’s name identified? | Yes  No |
| Were the author’s credentials identified? | Yes  No |
| Was the author’s contact information available? | Yes  No |
| Was the individual’s date-of-birth available? | Yes  No |
| Was there a statement on competency/guardianship? | Yes  No |
| Was the individual/guardian involved in the development of the plan?  Individual  Guardian | Yes  No |
| Were behaviors that could be related to medical need ruled out? | Yes  No   N/A |
| Were the relevant disabilities identified? | Yes  No |
| Was there a brief psychosocial history described? | Yes  No |
| Were potential psychosocial stressors that influence behavior identified? | Yes  No |
| Were previous interventions - either successful or unsuccessful - described? | Yes  No |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**II. BSP – \*Functional Behavior Assessment (FBA):**

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| --- | --- |
| Was there evidence that an FBA was completed? | Yes  No |
| Was there evidence that an FBA was current? | Yes  No |
| Were direct methods of assessment utilized when developing the intervention? | Yes  No |
| Were organic, medical and/or psychiatric conditions that influence behavior identified? | Yes  No |
| If applicable, were psychotropic medications listed? | Yes  No  N/A |
| Was the person’s ability to communicate identified? | Yes  No |
| Were potential setting events identified? | Yes  No |
| Were potential antecedents identified? | Yes  No |
| Were potential consequences identified? | Yes  No |
| Was the proposed hypothesis of function(s) of behavior identified? | Yes  No |
| Did the proposed hypothesis of function(s) of behavior appear valid? | Yes  No |
| Was there evidence that less restrictive or intrusive interventions had been tried (including results)? | Yes  No |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**III. BSP – Behaviors for Decrease (i.e., Target Behaviors):**

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| --- | --- |
| Were target behavior(s) adequately defined (e.g., objective, measurable, etc.)? | Yes  No |
| Were target behavior(s) appropriate to target? | Yes  No |
| Was there a method of measurement identified for target behaviors? | Yes  No |
| Was there baseline data for all target behaviors? | Yes  No |
| Was there ongoing and adequate data collection for all target behaviors including graphic display with phase change lines when applicable? | Yes  No |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**IV. BSP – Behaviors for Increase (i.e., Replacement Behaviors/Alternative Behaviors):**

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| --- | --- |
| Were replacement behavior(s) based upon the FBA (i.e., functionally equivalent)? | Yes  No |
| Were replacement behavior(s) adequately defined (e.g., objective, measurable, etc.)? | Yes  No |
| Was there a method of measurement identified for replacement behaviors? | Yes  No |
| Was there baseline data for all replacement behaviors? | Yes  No |
| Are the behaviors for increase individualized, based on skill, functioning, and/or diagnosis? | Yes  No |
| Was there ongoing and adequate data collection for all replacement behaviors including graphic display with phase change lines when applicable? | Yes  No |
| Was the presented data type consistent with the stated goals’ data type? | Yes  No |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**V. BSP – Interventions:**

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| --- | --- |
| Were strategies to promote replacement behavior(s) defined? | Yes  No |
| Were preventative, proactive and/or antecedent-based strategies identified and individualized? | Yes  No |
| Were reactive strategies for target behaviors identified? | Yes  No |
| If applicable, for reactive strategies for target behaviors, was the criterion for termination of intervention identified? | Yes  No  N/A |
| Was there a detailed schedule(s) of reinforcement based on individual preference? | Yes  No |
| Do interventions appear to be least intrusive/restrictive and/or most appropriate? | Yes  No |
| Did interventions include the use of restrictive devices (helmet, mitts, etc.)? | Yes  No |
| \*If applicable, is there current special circumstance review and does the use of restrictive devices meet the requirements therein? | Yes  No  N/A |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**VI. BSP – Treatment Integrity:**

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| --- | --- |
| Was there a description of prescribed competency-based staff training? | Yes  No |
| Was there evidence (documentation) uploaded in IDDC that all staff who support the individual had been trained on the current BSP? | Yes  No |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**VII. BSP – Program Monitoring:**

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| Were data collection procedures, including regular data summary, graphic display and analysis by the clinician identified and based on Best Practice Standards? | Yes  No |
| Was there evidence (documentation) that target and replacement behavior data had been collected, graphed, and analyzed by the clinician? | Yes  No |
| Was the above referenced data collected, graphed, and analyzed at least monthly? | Yes  No |
| If applicable, was there evidence (documentation) that data (frequency & duration) on the use of intrusive or restrictive interventions had been collected, graphed, and analyzed (at least monthly) by the clinician? | Yes  No  N/A |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**VIII. BSP – Goals of Treatment:**

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| --- | --- |
| Were objective criteria identified for success (i.e., for target and replacement behaviors)? | Yes  No |
| Were objective criteria identified for revision (i.e., for target and replacement behaviors)? | Yes  No |
| Were objective criteria identified for termination of plan? | Yes  No |
| Were objective criteria for the above based on baseline data and an appropriate measure? | Yes  No |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**IX. BSP – Risks and Benefits:**

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| --- | --- |
| Were the potential risks of physical and psychological harm identified? | Yes  No |
| Were there adequate descriptions of intrusiveness and/or restrictiveness of prescribed interventions? | Yes  No |
| Were the potential benefits of interventions identified? | Yes  No |
| TOTAL | \_\_\_ Yes \_\_\_\_ No |

**X. BSP – Review and Approvals:**

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| --- | --- |
| Has the BSP been reviewed and approved by the individual or guardian? | Yes  No |
| Has the BSP been reviewed and approved by the clinician designated by the program? | Yes  No |
| \*If necessary or required, has the BSP been reviewed and approved by a human rights committee? | Yes  No  N/A |
| TOTAL | \_\_\_ Yes \_\_\_ No |

**XI. BSP – Review Outcome:**

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| The BSP met \_\_\_\_/\_\_\_\_Criteria  \*Critical Areas of Need: |
| Requirements: **must be met prior to the end of the approval period** |
|  |
| Recommendations: **general recommendations to improve grammar, readability, etc.** |
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| RBA Signature and Date: |
| Provided to:  Date provided:  Delivery Method:  Provided “Best Practice Standards” (required for all denials, 30 days, and 3-month approvals)  YES  NO- explain  Uploaded Document to IDDC?  YES  NO- explain |