Georgia Department of Behavioral Health & Developmental Disabilities

Kevin Tanner, Commissioner

D·B·H·D·D

Division of Developmental Disabilities

Behavior Support Plan Review

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: This area contains a critical question

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? Evidence of this could be provided with the preference or reinforcer assessments or verbiage suggesting the person was involved in planning and programming	☐ Yes ☐ No
Were behaviors that could be related to medical need ruled out?* If no, which behaviors were not probed and ruled out as medical issues? N/A only if topographies/descriptions do not suggest medical correlation	☐ Yes ☐ No ☐ N/A
Were the relevant disabilities identified? "Relevant disabilities" are those which are closely connected to and affect the purpose of the BSP.	☐ Yes ☐ No
Was there a brief psychosocial history described?	☐ Yes ☐ No
Were potential psychosocial stressors that influence behavior identified? Consider stressors such as change in residence, housemate incompatibility, change in long term staff, death of someone close to the person, change in behaviors, depression and others.	☐ Yes ☐ No
Were previous interventions - either successful or unsuccessful - described?	☐ Yes ☐ No
Were strengths and interests of the individual listed?	☐ Yes ☐ No
TOTAL ___ N/A	___ Yes ___ No

II. BSP – *Functional Behavior Assessment (FBA): This is a critical area for consideration with approval period

Was there evidence that an FBA was completed?*	☐ Yes ☐ No
Was there evidence that an FBA was current?* Must provide date within 365 days	☐ Yes ☐ No
Were direct methods of assessment utilized when developing the intervention? *	☐ Yes ☐ No

If there is no evidence of in-person, direct methods of assessment, a 30 Day approval MUST BE submitted. Evidence should contain information regarding setting, time, events, presentation of known triggers, presence or absence of target behaviors with ABC analysis	
Were potential psychosocial stressors that influence behavior identified?	☐ Yes ☐ No
Were 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? If not actual setting events, mark "no"	☐ 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?* For example, does the descriptive information suggest that it is one function but the FBA states another; are all behavior simply listed as "multi-functional," are behaviors that are typically tangible or automatic listed as attention, etc.	☐ 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): This is a critical area for consideration with approval period

Were target behavior(s) adequately defined (e.g., objective, measurable, etc.)?*	☐ Yes ☐ No
Were target behavior(s) appropriate to target (socially significant, age appropriate)?* For example, caregivers may not like cursing, but it may not be an appropriate target for an adult. Similarly, if a person has a medical diagnosis of encopresis, addressing "inappropriate toileting" behaviors may not be appropriate.	☐ Yes ☐ No
Was there a method of measurement identified for target behaviors?	☐ Yes ☐ No
Was there baseline data for all target behaviors? In order to answer this "yes" the reviewer must review actual data. Verbal reports are not adequate evidence.	☐ Yes ☐ No
Was there ongoing and adequate data collection for all target? No large time gaps, missing data points, etc.	☐ Yes ☐ No
TOTAL	___ Yes ___ No

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

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
Were the replacement behavior(s) individualized, based on skill, functioning, and/or diagnosis? For example, a person that is legally blind should not be using picture cards and a person that can speak, should be using verbal language (for the most part)	☐ 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? For example, are goals were stated as per opportunity but data presents as frequency.	☐ Yes ☐ No
TOTAL	___ Yes ___ No

V. BSP – Interventions: This is a critical area for consideration with approval period

Were strategies to promote replacement behavior(s) defined?	☐ Yes ☐ No
Were preventative, proactive and/or antecedent-based strategies identified and individualized? Strategies should show no evidence of copy and paste, but individualized based on the function of target behaviors, the individual's environment, and the communication methods that the individual uses.	☐ Yes ☐ No
Were consequence-based strategies identified? Look for strategies that identify appropriately responding to behaviors of concern.	☐ Yes ☐ No
If applicable, consequence-based strategies, was the criterion for termination of intervention identified? Reactive strategies necessitating calm criteria could include planned ignoring or brief hand-holding.	☐ Yes ☐ No ☐ N/A
Was there a detailed schedule(s) of reinforcement based on individual preference? Ideally also based on baseline data to be effective. Must include the how, what, where, and when of a reinforcement schedule.	☐ Yes ☐ No
Do interventions appear to be least intrusive/restrictive and/or most appropriate?	☐ Yes ☐ No
If applicable, is there a current special circumstance review and approval?* Critical	☐ Yes ☐ No ☐ N/A
If applicable, does the use of restrictive devices meet the requirements in the Special Circumstance Review? Critical	☐ Yes ☐ No ☐ N/A
Do interventions align with person-centered planning and individual strengths and preferences?*	☐ Yes ☐ No
TOTAL ___ N/A	___ Yes ___ No

VI. BSP – Treatment Integrity:

Was there a description of prescribed competency-based staff training?	☐ Yes ☐ No
Was there evidence (documentation) that all staff who support the individual had been trained on the current BSP?	☐ Yes ☐ No

Was the documentation of staff training uploaded to IDDC?	☐ Yes ☐ No
TOTAL	___ Yes ___ No

VII. BSP – Program Monitoring:* This is a critical area for consideration with approval period

Were data for target behaviors regularly (at least monthly) summarized?	☐ Yes ☐ No
Were data for target behaviors regularly graphically displayed?*	☐ Yes ☐ No
Did graphs for target behaviors include phase change lines?	☐ Yes ☐ No
Were data for target behaviors regularly analyzed?*	☐ Yes ☐ No
Were data for replacement behaviors regularly (at least monthly) summarized?	☐ Yes ☐ No
Were data for replacement behaviors regularly graphically displayed?*	☐ Yes ☐ No
Did graphs for replacement behaviors include phase change lines?	☐ Yes ☐ No
Were data for replacement behaviors regularly analyzed?*	☐ Yes ☐ No
TOTAL	___ Yes ___ No

VIII. BSP – Goals of Treatment:

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?	☐ Yes ☐ No
Were objective criteria for the above appropriate measures (ex. Verbal aggression may remain above 0 but suicide attempts should be targeted at 0)? Health dangerous behaviors should be targeted to 0, verbal aggression is almost never appropriate at 0, depending on the definition.	☐ 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? In order for this question to be marked "N/A", the clinician must designate reasons (health, guardian or otherwise) why manual restraint or other physical interventions *cannot* be utilized	☐ Yes ☐ No ☐ N/A
TOTAL	___ Yes ___ No

IX. BSP – Risks and Benefits:

Were the potential risks of physical harm identified? Phrases like, "There is no risk" or "risk is minimal" is not acceptable identification of potential risks.	☐ Yes ☐ No
Were the potential risks of psychological harm identified? Phrases like, "There is no risk" or "risk is minimal" is not acceptable identification of potential risks.	☐ 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*: This is a critical area for consideration with approval period

Has the BSP been reviewed and approved by the individual or guardian? If the person has been adjudicated as incompetent, it must be the 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? Critical	☐ Yes ☐ No ☐ N/A
Does the BSP appear to align with the HCBS Settings Rule regarding personal choice and rights of the individual?* Critical	☐ Yes ☐ No
TOTAL	___ Yes ___ No

XI. BSP – Review Outcome:

The BSP met ____/____Criteria *Critical Areas of Need: Any critical area that is marked "no" should be written here
Requirements: **must be met prior to the end of the approval period**
• Any critical need • Counterindications • Data issues- no data, inappropriate measures, no graphs, etc. • No signatures, statements of competency, training logs 1. According to the provisions set forth in the Home and Community Based Settings Rule, individuals receiving waiver services are entitled to the same liberties as any and all other adult citizens. While adherence to a doctor's recommendation is highly encouraged, in the end, all citizens have the right to refuse. In a case such as this, restricting food/strict adherence to a diet is highly likely to increase behavioral challenges. Although encouragement, coaching, training, and suggesting are all helpful strategies to increase compliance with medical recommendations, strict adherence and restriction are not appropriate. Where individuals have refused orders or suggestions, ongoing efforts to educate and train on the benefits of adherence should be documented. Individuals in waiver services ultimately have the right to make their own decisions.
Recommendations: **general recommendations to improve grammar, readability, etc.**
• Copy-paste issues • Wrong name, gender etc. • Poor grammar, spelling • Basically anything not measured with yes/no in the review tool

RBA Signature and Date:
Name and Credentials Date Provided to: Date provided: Delivery Method: Provided "Best Practice Standards" (required for all denials, 30 days, and 3-month approvals) ☐ YES ☐ NO- explain

BSP Review Tool Approval Period Guidelines

12 months	• No requirements • Recommendations are minor and do not include wrong name, gender, etc. • Data is fine but could be improved
9 months	• No requirements • Recommendations not met on a 12-month approval • Data is missing for replacement behaviors, staff training, etc. but everything else is fine and not harmful.
6 months	• Minor requirements that are not listed as critical • Recommendations not met on a 9-month approval • FBA appears incomplete or needing additional, ongoing analysis • Non-individualized schedules of reinforcement, antecedent strategies etc. • Maximum for all Special Circumstance
3 months	• Minor requirements that are not listed as critical • Requirements and/or recommendations not met on a 6-month approval • Data based on "verbal reports" • Target behaviors that are not well-defined, but do not place the individual at undue risk
30-days	• Human Rights restriction with no evidence of review/approval • Protective/Restrictive Equipment with no special circumstance review • Contraindicated interventions, punishment interventions • Target behaviors that place the individual at risk or are not socially acceptable, but are not harmful • No evidence of direct, on-site methods during FBA
Denial *Any denial must be sent to Drs. Ford and Foster Marone immediately	• Any plan that puts the person in jeopardy, based solely on aversive techniques, behaviors are targeted for reduction that are dangerous or in direct violation of the HCBS Settings Rule regarding individual's rights, interventions are blatantly out of line with FBA results, FBA results are invalid, and/or individual is high-priority and experiencing a large number of behaviorally-related critical incidents • Requirements of 30-days not met • No FBA or FBA does not appear to be accurate