Client Name: Level of the plan:

Interventions requiring the plan:

Challenging Behaviors addressed in this plan:

Initial Plan [ ]  Modification of Existing Plan [ ]

Transition Plan from SIP to Behavior Management Plan Choose an item.

Date transition to be completed: Click here to enter a date.

Case Manager: Phone Number:

Email: Fax:

Agency Contact Name: Phone Number:

Email: Fax:

**Directions: If the plan does not require a particular document, select N/A.**

**List page numbers where required elements are located.**

**All citations refer to 14-197 CMR Chapter 5.**

**Updated Functional Assessment (5.05-1B)** Yes

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Completed by (5.05-1B) |  |
| Sources of Data (5.05-1B 3) |  |
| “Planning Team” (Person, family members significant others, care givers and other team members) observations and interviews (5.05-1B 1&2):  |  |
| Define the Challenging Behavior(Applicability):  |  |
| Factors which increase the likelihood of the Challenging Behavior (Appx 1 C 4): |  |
| When does the behavior occur (Appx 1 C 5): |  |
| Where does the behavior occur (Appx 1 C 5):  |  |
| With whom does the behavior occur (Appx 1 C 5):  |  |
| Frequency, Duration & Intensity of the behavior (Appx 1C):  |  |
| Factors or events which increase the likelihood of the desirable behavior (Appx 1C6): |  |
| Communication (Appx 1C1a):  |  |
| Relationships (Appx 1C1b): |  |
| Environmental Conditions/Sensory Factors (Appx 1C1c): |  |
| Daily Activities (Appx 1 C1d):  |  |
| Communicative Intent of the Behavior (Appx1 C1e):  |  |
| Unmet needs (Appx1 C1f):  |  |
| Diagnosed conditions and symptoms of those conditions (Appx1 C2a): |  |
| Recommended Treatment (Appx1 C2b):  |  |
| Medications and potential side effects (Appx1 C2c&d): |  |
| Hypothesis (Appx1 C7):  |  |
| Recommendations:  |  |
| Professional Over sight |  |

**Positive Support Plan** Yes

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Description of Challenging Behavior (Applicability): |  |
| Documentation of the consideration of physical health and psychosocial issues that may be contributing to the Challenging Behavior (5.04-2A): |  |
| Documentation of how it incorporates factors related to trauma. Consideration must be given to the emotional and physical impact of the use of Restraint or other interventions (5.04-2 B&C): |  |
| Recommendations for improving the general quality of a Person’s life (Appx 2 A1): |  |
| Recommendations for more meaningful activities (Appx 2 A2): |  |
| Events and environmental factors that are likely to provoke Challenging Behaviors and steps to reduce them (Appx 2 A3): |  |
| Strategies for teaching the Person skills to meet their own needs without resorting to Challenging Behavior (Appx 2 A4): |  |
| Strategies and training for the staff to interact with the Person when they are exhibiting Challenging behavior (Appx 2 A5): |  |
| Evaluation and treatment for medical, psychiatric and neurological issues (Appx 2 A7): |  |
| Support for self-direction and building relationships (Appx 2 A8) |  |
| Modifications to the physical and interpersonal environment (Appx 2 A9) |  |
| Strategies to address communication barriers and a plan to enhance the Person’s ability to communicate (Appx 2 A10): |  |
| Implementation of naturally occurring Reinforcers, as a basis for sustained, desired behavior change (Appx 2 B1):  |  |
| When a Positive Support Plan includes the use of artificial Reinforcers, the Planning Team must include a written transition plan to move toward more natural Reinforcers and personal control (Appx 2 B3):  |  |
| Review of strategies annually or as needed (Appx 1 B):  |  |

**Behavior Management Plan** Choose an item.

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Documentation of Qualified Professional (5.05-1C): |  |
| Definition of each Challenging Behavior (5.05-1 C2): |  |
| Baseline of each Challenging Behavior- frequency, intensity and duration (5.05-1 C3): |  |
| Description of Interventions to be utilized (5.05-1 C4): |  |
| Precursors or predictive behavior prior to Challenging Behavior (5.05-1 C4a):  |  |
| Staff response to precursors to reduce likelihood of Challenging Behavior (5.05-1 C4b): |  |
| Instructions to implement behavior management technique(s)(5.05-1 C4c):  |  |
| Indicators when the techniques should cease (5.05-1 C4d): |  |
| Description of strategies for the overseeing professional to assure consistent implementation (5.05-1 C4e):  |  |
| Plan for documentation of training and supervision of staff (5.05-1C4e):  |  |
| Documentation method of frequency, intensity and duration of the Challenging Behavior and the effectiveness of the intervention(s) (5.05-1 C4f):  |  |
| Identification of a method for quarterly evaluation and documentation of the effectiveness of the BMP including input from DSPs and others implementing the plan (5.05-1C4g): |  |
| Criteria for discontinuation of the BMP (5.05-1C4h): |  |
| Description of the methodology used to reduce the intrusiveness of the interventions used to fade out the use of the BMP (5.05-1 C4i): |  |
| Rationale for the use of Behavior Management in addition to less intrusive interventions is documented in the Personal Plan (5.05-2 D): |  |
| Documentation and substantiation for the use of Restraint longer than fifteen minutes (5.05-3 C): Choose an item. |  |
| Personal Plan documentation of physical prompts, physical assistance and physical supports to intervene in a Challenging Behavior (5.05-3 E): Choose an item. |  |
| Restraint Component Documentation (5.05-4): If yes, answer the following questions:  | Choose an item. |
| **Page Number** |
| Strategies for continuous monitoring and assessment of (5.05-4 A): |  |
| Person’s physical condition, breathing, circulation or pain (5.05-4 A1): |  |
| Criteria for attempting release and reengaging in the restraint (5.05-4 A2):  |  |
| Indicators that identify when the restriction of Rights for the use of the restraint should cease (5.05-4 A3): |  |
| How the person is supported to resume normal activities (5.05-4A4):  |  |
| Specialized Restraint If yes, answer the following questions: | Choose an item. |
| **Page number** |
| Medical condition of the person (5.05-4D):  |  |
| History of physical or sexual trauma (5.05-4D):  |  |
| Other factors that necessitate the use of a specialized restraint (5.05-4D): |  |
| Description of the specialized restraint (5.05-4D):  |  |

**In-Home Stabilization** Choose an item.

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Date of Updated Functional Assessment (Appx 3):  |  |
| Documentation that updated Functional Assessment addresses the need for In-Home Stabilization (Appx 3):  |  |
| Documentation of the specific Challenging Behavior which initiates a period of In-Home Stabilization is appropriate (Appx 3 A1):  |  |
| Maximum amount of time In-Home Stabilization will last (Appx 3 B, C, and D):  |  |
| Criteria used for assessment of discontinuation of the In-Home Stabilization (Appx 3 A 2):  |  |
| Criteria used for assessment of continuing the In-Home Stabilization (Appx  |  |
| Who will conduct the assessment of risk (Appx 3 A4):  |  |
| Describe when assessments will occur (Appx 3 A4):  |  |
| Discontinuation Plan specific to the overall In-Home Stabilization Plan (5.05-1h):  |  |

**Physician’s Evaluation** Choose an item.

|  |  |
| --- | --- |
| Required Elements  | Page number |
| Date (5.05-4C): |  |
| Completed by an MD or PA (5.02-4 C2): |  |
| Documentation Behavior cannot be better treated medically (5.05-4 C2): |  |
| Interventions are safe given the person’s physical and emotional condition (5.05-4 C1):  |  |

**Psychiatric Medication Support Plan** Choose an item.

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Prescribing Physician (5.04 D): |  |
| A list of medications, target symptoms, diagnosis and prescribing physician(s) (5.05-3 C1):  |  |
| The parameters for use of medications prescribed as Psychiatric Medication PRN or “as needed” (5.05-3 C2): |  |
| The behavioral criteria to determine whether the medication is effective, such as changes in behavior, mood, thought or functioning (5.04-3 C3): |  |
| Identification of side effects or adverse reactions that must be reported to the prescribing physician when they occur (5.04-3 C4): |  |
| The potential risks of long term use (5.04-3 C5):  |  |
| Other supports which may help alleviate the Person’s symptoms (may be included in the Positive Support Plan) (5.05-3 C6): |  |
| A plan for data collection, review and monitoring of medication effectiveness, side effects and dosage (5.05-3 C7):  |  |
| The doctor’s order attached for Psychiatric PRN Medication (5.04-3 C8) |  |

**Psychological Assessment** Choose an item.

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Review, consideration and clarification of current historic diagnosis (5.05-4 B1) |  |
| Conceptualization of the Challenging Behavior and recommendations regarding the necessity and anticipated impact of: |
| 1. Positive Supports (5.05-4 B2a):
 |  |
| 1. Environmental modifications (5.05-4 B2b):
 |  |
| 1. Restrictions of Rights (5.05-4 B2c):
 |  |
| 1. Use of restraint (5.05-4 B2d):
 |  |

**Second Clinical Opinion**  Choose an item.

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Licensed Psychiatrist or Psychologist (5.07-2 C1): |  |
| Meet with the Persons and the Person’s support staff and confer with the Person’s family, if involved, Guardian, if there is one and Correspondent, if one has been appointed (5.07-2 C1a): |  |
| The clinician must provide a written opinion of the potential risks and benefits of the proposed program (5.07-2 C1b): |  |

**Additional Required Documentation**

|  |  |
| --- | --- |
| Required Elements | Page Number |
| The Personal Plan (5.03-4 A1)  |  |
| A history of positive support interventions (5.03-4 A4)  |  |
| A summary of reportable events for the past year (5.03-4 A7)  |  |