Client Name: Date:

Level of the plan:

Interventions requiring the plan:

Challenging Behaviors addressed in this plan:

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.**

**Period Under Review** Click here to enter text.

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Documentation of monthly monitoring of the plan by the Qualified Professional 5.05-5 A):  |  |
| 1. Documentation a representative from each agency responsible for the implementation of the approved Plan present during these monthly clinical reviews with the qualified professional (5.05-5 A):
 |  |
| 1. Description of the current and baseline measurements of frequency, duration, intensity and/or severity of each Challenging Behavior, interventions used and the result (5.05-5 A):
 |  |
| 1. Recommendations about the continuation or modification of the Plan elements (5.05-5 A)
 |  |
| 1. Meet and observe the person at least twice annually (5.05-5 A):
 |  |
| Documentation that the qualified professional and the Planning Team review, monitor and document the effectiveness of the Plan at least quarterly (5.05-5 D):  |  |
| Documentation the Case Manager has conducted an in-person review of the implementation of the Plan at least quarterly (5.05-5 G):  |  |
| Data collected of current measurements of frequency, duration, intensity and/or severity of each Challenging Behavior, interventions used and the result (5.05-1 C4f):  |  |
| Summary of Reportable Events (5.03-4 A7): |  |
| Date of last functional assessment (5.05-1 B): |  |
| Date of last psychological assessment (5.05-4 B): |  |

**Training, 1st review and as requested** N/A

|  |  |
| --- | --- |
| Required Elements | Page Number |
| Documentation of training for DSPs (5.05-2 H):  |  |
| Documentation of the offer of training to others such as parents, Guardians and Correspondents who may be involved in supporting the Person (5.05-2H): |  |