

1  
2 **500 ~~INDIVIDUAL SUPPORT PLAN~~ PLANNING TEAM**  
3 **RESPONSIBILITIES**

4  
5 REVISION DATE: ~~TBD, 1/16/19, 3/2/15, 1/16/19~~

6 REVIEW DATE: 11/29/2023

7 EFFECTIVE DATE: July 31, 2014

8  
9 **Responsibilities**

10  
11 ~~The Individual Service Planning Team (Planning Team) must submit to the~~  
12 ~~Program Review Committee (PRC) and the Independent Oversight~~

13 ~~Committee (IOC) any behavior treatment plan that includes:~~

14 ~~A. Techniques that require the use of force;~~

15 ~~B. Programs involving the use of response cost. This means a procedure~~

16 ~~often associated with token economies, designed to decrease~~

17 ~~inappropriate behaviors, in which reinforcers are taken away as a~~

18 ~~consequence of inappropriate behavior;~~

19 ~~C. Programs that might infringe upon the rights of the individual;~~

20 ~~D. The use of behavior modifying medications; and,~~

21  
22 ~~E. Protective devices used to prevent an individual from self-injurious~~

23 ~~behavior.~~

24 ~~Upon receipt of the PRC's response, and as part of the plan development~~

25 ~~process, the Planning Team must either:~~

- 26  
27 ~~A. Implement the approved behavior treatment plan;~~  
28  
29 ~~B. Accept the PRC recommendation, and incorporate the revised behavior~~  
30 ~~treatment plan into the Individual Service Plan (ISP); or,~~  
31 ~~C. Reject the PRC recommendation and develop a new behavior~~  
32 ~~treatment plan.~~
- 33 ~~All revised behavior treatment plans must be re-submitted to the PRC and~~  
34 ~~the IOC for review and~~  
35 ~~approval. No implementation shall occur prior to approval.~~

36 500

37 **Purpose**

38  
39 To establish the roles and responsibilities of the Planning Team regarding  
40 developing, writing, reviewing targeted behavior data, and submitting  
41 Behavior Plans to the Program Review Committee for review and approval.

42 **Policy**

43 **BEHAVIOR PLAN - PLANNING TEAM ROLES AND RESPONSIBILITIES**

- 44  
45 1. The Member's Support Coordinator shall schedule a Planning  
46 Team meeting to discuss behavior concerns if a Member is  
47 demonstrating behavioral concerns in a program setting

- 48  
49 operated, licensed, certified, supervised or financially supported  
50 by the Division.
- 51 2. If the Planning Team identifies the need for a Behavior Plan, the  
52 Planning Team shall discuss, at a minimum, the following:
- 53 a. Determine if a referral is needed for behavioral health  
54 services.
- 55 b. Determine who is responsible for writing the Behavior Plan.  
56  
57 i. If a Member resides in an intermediate care facility  
58 or nursing care institution, the Planning Team shall  
59 designate the person responsible for writing the  
60 Behavior Plan.
- 61 ii. If a Member resides in a Community Residential  
62 Setting, the residential Service Provider is  
63 responsible for writing the Behavior Plan.
- 64 iii. If a Member does not reside in a Community  
65 Residential Setting but needs a Behavior Plan in a  
66 non-residential setting (e.g., Day Treatment Activity,  
67 Day Treatment Training or Employment Training), the

- 68
- 69 non-residential vendor is responsible for writing the
- 70 Behavior Plan.
- 71 iv. If a Member resides in a private home setting and
- 72 requires a Behavior Plan implemented by paid staff,
- 73 the Planning Team will designate the individual
- 74 responsible for writing the Behavior Plan.
- 75 c. If the severity of behaviors are beyond the scope of the
- 76 Service Provider or if a standard Behavior Plan has had
- 77 limited progress, the Planning Team may make a referral
- 78 to a Behavior Health Professional (BHP) for completion of a
- 79 Functional Behavior Assessment (FBA).
- 80 i. If a BHP is involved, regardless of setting, the BHP
- 81 shall conduct and write the FBA.
- 82 a) The BHP shall integrate the FBA into the DDD
- 83 Standardized Template.
- 84 b) The residential Service Provider is responsible
- 85 for completing all other required
- 86 documentation.

- 87
- 88                   ii.    If an FBA is not available or unable to be completed
- 89                               within the 90-day required timeframe, the Service
- 90                               Provider remains responsible for developing the
- 91                               initial Behavior Plan within 90 Business Days of
- 92                               identifying the need for a Behavior Plan.
- 93                   d.    Identify the focus or Target Behaviors to be addressed in
- 94                               all settings in the Behavior Plan.
- 95                   e.    Determine who will complete and submit required
- 96                               supporting documentation.
- 97                   f.    Identify the due date of the Behavior Plans which are
- 98                               required to be submitted to PRC within 90 Business Days
- 99                               of the Planning Team identifying the need for a Behavior
- 100                              Plan.
- 101                3.    The Support Coordinator shall list on the action plan all items
- 102                               needed to complete the Behavior Plan, who is responsible for
- 103                               each task, and who is responsible for submitting the Behavior
- 104                               Plan to PRC within the required timeframe.

- 105  
106       4.    The PRC Chair or Divison’s behavioral analyst shall provide  
107           technical assistance to the Planning Team upon request from the  
108           Planning Team regarding Behavior Plan development.
- 109       5.    The Behavior Plan Writer shall distribute the Behavior Plan to the  
110           Planning Team upon completion of the Behavior Plan writing.
- 111       6.    The Planning Team shall review and approve the Behavior Plan or  
112           request changes be made to the Behavior Plan.
- 113       7.    The Planning Team may request technical assistance from the  
114           District PRC chair or Division behavior analyst.
- 115       8.    Upon approval of the Behavior Plan by the Planning Team, the  
116           Planning Team shall ensure the Behavior Plan is submitted to the  
117           PRC for review and approval as follows:
- 118           a.   If a Member resides in an intermediate care facility or  
119           nursing care institution, the Planning Team shall designate  
120           the individual responsible for submitting the Behavior Plan.
- 121           b.   If a Member resides in a residential setting, the residential  
122           vendor shall submit the packet.
- 123           c.   If an FBA has been completed by a BHP and is integrated  
124           into the as the Behavior Plan, the residential vendor shall

- 125  
126 submit the packet and complete the other required  
127 documentation required in this policy.
- 128 d. If a Member does not reside in a residential setting but  
129 needs a Behavior Plan in a non-residential setting (e.g.,  
130 Day Treatment Activity Day Treatment Training or  
131 Employment Training), the non-residential vendor shall  
132 submit the packet.
- 133 e. If a Member does not reside in a residential setting and  
134 needs a Behavior Plan implemented by paid staff in the  
135 Member's private home setting, the Planning Team shall  
136 designate the person responsible for submitting the  
137 packet.
- 138 f. The District PRC Chair or Division behavior analyst shall  
139 provide technical assistance on plan submission upon  
140 request.
- 141 9. The individual responsible for submitting the Behavior Plan and  
142 supporting documentation shall submit via email the documents  
143 to the Member's assigned District PRC mailbox and copy to  
144 Support Coordination. The documentation shall include:

- 145  
146 a. Standardized Behavior Plan Template;  
147  
148 b. A copy of the FBA, if applicable;  
149  
150 c. Contact Sheet;  
151  
152 d. Team Agreement;  
153  
154 e. Behavior Plan Checklist;  
155  
156 f. Planning Document, dated within the past 90 days;  
157  
158 g. Medication reviews within the past 90 days, if any;  
159  
160 h. Current prescription or doctor's order for dietary  
161 restrictions or Protective Devices, if any; and  
162 i. Copy of the At-Risk Crisis Plan if one exists.  
163  
164 10. The Planning Team shall coordinate with the Behavior Plan Writer  
165 on any response and revision due to the PRC following a PRC  
166 determination of a plan being either provisionally approved or  
167 denied and ensure these responses are submitted within time  
168 frames required by the PRC.  
169 11. The Member's Support Coordinator shall file Behavior Plans that  
170 have been approved by the PRC and any PRC disposition  
171 communications in the Member's permanent file.



- 172  
173       12. The Member’s Support Coordinator shall ensure the goals and  
174           objectives of the Behavior Plan are incorporated into the  
175           Planning Document.
- 176       13. The Behavior Plan Writer, upon PRC approval, shall provide initial  
177           training to the identified Service Provider’s designee in the  
178           setting the Behavior Plan will be implemented.
- 179       14. The Service Provider’s designee shall, upon being trained by the  
180           Behavior Plan Writer, train all current and any new staff that will  
181           be responsible for implementing the Behavior Plan.
- 182       15. The Service Provider’s designee shall incorporate the Behavior  
183           Plan Progress Report in the monthly reports required in Chapter  
184           35 of the Provider Manual to be submitted to the Division.
- 185           a. The progress report shall include a description of progress  
186           towards goals in the Behavior Plan and Target Behavior  
187           data. If necessary, Target Behavior data may be submitted  
188           on separate sheets.
- 189           b. Day Treatment Agencies or other non-residential Service  
190           Providers may submit progress notes quarterly instead of  
191           monthly.

- 192  
193       16. The Member’s Support Coordinator shall track due dates for the  
194           annual PRC reviews and communicate with the Planning Team  
195           regarding the Behavior Plan as appropriate.
- 196       17. The Member’s Support Coordinator shall review the following in  
197           the Behavior Plan at a minimum every 90 days:
- 198           a.   Target behavior data  
199  
200           b.   Incident Reports  
201  
202           c.   Changes in Behavior indicated by (a) or (b)  
203  
204                i.   If the Member is meeting the Behavior Plan goals,  
205                 the Support Coordinator shall reconvene the Planning  
206                 Team to discuss if changes to the goals are needed  
207                 or if any restrictions continue to be necessary.
- 208                ii. If changes to the Behavior Plan are needed, the  
209                 Behavior Plan author shall submit the revisions to  
210                 the PRC Chair following approval from the Planning  
211                 Team.
- 212       18. The Planning Team shall reconvene as soon as possible but no  
213           later than 30 days after a Member’s challenging behaviors lead

- 214  
215 to two or more Emergency Measures to determine if a revised  
216 Behavior Plan is needed.
- 217 19. To avoid competing clinical strategies, duplication of services ,  
218 and confusion for staff and caregivers, the Planning Team shall  
219 ensure that the Member does not have a Behavior Plan and a  
220 separate FBA active at the same time.
- 221 20. The Planning Team shall ensure the following related to an FBA  
222 for a Member:
- 223 a. If a Member has an FBA, the FBA is integrated into the  
224 Standardized DDDD Template; and
- 225 b. The FBA:
- 226 i. Contains behavior strategies;  
227  
228 ii. Is written in layman’s language that is easily  
229 interpreted by the staff intended to implement the  
230 FBA.
- 231 iii. Specifies the plan for who will be responsible for  
232 training staff and caregivers regarding the FBA;
- 233 iv. Identifies if the Behavioral Health Professional will  
234 remain involved in the implementation of the FBA

- 235  
236 after staff and caregivers are trained and if so, in  
237 what capacity; and
- 238 v. Identifying any elements that are required for a  
239 Behavior Plan that are missing from the FBA and  
240 ensuring these are included as supporting  
241 documentation when submitting the FBA to the  
242 District PRC for review and approval.
- 243 21. The Planning Team shall coordinate changes in the  
244 Planning Document if, following the PRC annual review of  
245 the Behavior Plan, the following are indicated:
- 246 a. For FBA's, if a Behavioral Health Professional's  
247 involvement is no longer medically necessary;
- 248 b. If elements of the Behavior Plan need to be revised;  
249  
250 c. If the Behavior Plan is no longer deemed appropriate  
251 or necessary.