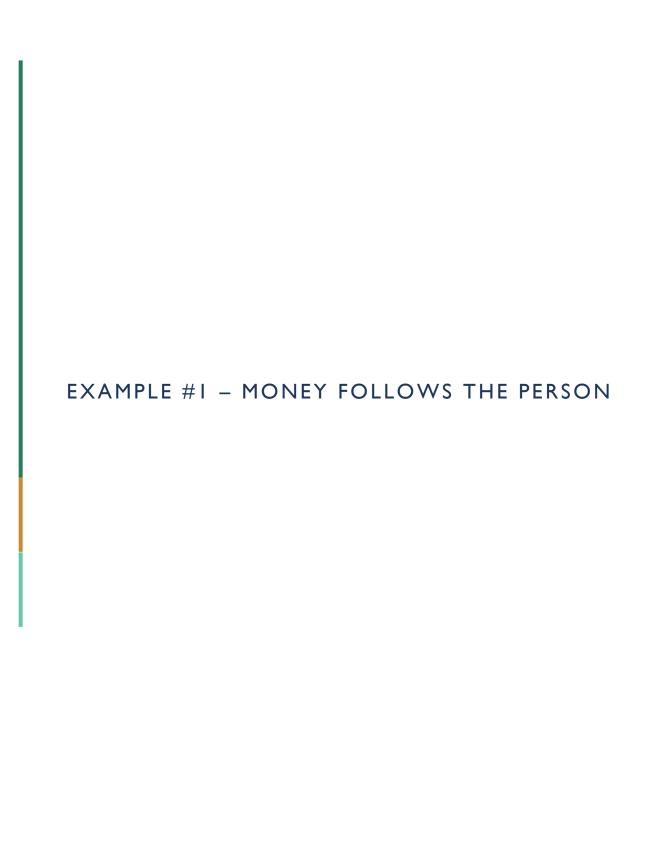![Iowa Medicaid — Iowa HHS]

An Introduction to Behavior Support Plan Development

AUGUST 31, 2022

HANDOUT TO ACCOMPANY THE POWERPOINT PRESENTATION.

The following documents were introduced as a part of discussion in the August 31, 2022 live presentation. Example documents included here are not endorsed or required by Iowa Medicaid but are intended to serve as example documents with their own strengths and possible room for improvement. When implementing a form for a behavioral intervention plan or behavior support plan, please ensure the proper training and support have been obtained before implementation.

EXAMPLE #1 – MONEY FOLLOWS THE PERSON

MONEY FOLLOWS THE PERSON
COVER SHEET - BEHAVIOR SUPPORT PLAN
MFP Behavior Specialist:
Contact Information:
E-mail:
Phone:

Individual's name:
Date of Birth:
Medicaid ID #:
Mental Health Diagnosis:
Psychotropic Medications:
Medical concerns:

<u>Things that upset (Name of Client)</u>

-
-
-
-

<u>What you can do proactively to help (Name of Client) stay calm</u>

-
-
-
-

<u>When (Name of Client) is beginning to show signs of agitation or has moved into dangerous or very dangerous behavior</u>

If this happens:	Then Staff Will:

PRN Protocol

MFP Behavior Specialist:
Contact Information:
E-mail:
Phone:

Individual's name:
Date of Birth:
Medicaid ID #:
Mental Health Diagnosis:
Psychotropic Medications:
Medical concerns:

If this plan contains one or more of the following three elements, it will be reviewed at least quarterly by the Interdisciplinary Team. This plan is intended to be time limited and will end when the person has succeeded in replacing or reducing the identified interfering behaviors as needed to promote health and safety. If this plan does not contain one of the following three elements, the plan will be reviewed annually by the person's interdisciplinary team to reflect the person's current goals and needs.

☐ Stability holds or any other type of physical management techniques.
☐ Chemical restraint, as prescribed by _____
☐ Contingent behavior plans/response cost/rights restrictions

I.   HISTORY AND CURRENT BEHAVIOR

Brief history:

Baseline:

Brief summary of Functional Behavioral Assessment (FBA) and Hypothesis:

Definitions of Behaviors:

Antecedents & Precursors	
Antecedents/Triggers	
Precursors/Signals	

Interfering Behavior	
Disruptive Behaviors	Verbal Aggression: Property Disruption: Personal Safety: Task Refusal:
Dangerous Behaviors	Physical Aggression: Self-Injury: Property Destruction:
Very Dangerous Behaviors	Physical Aggression: Self-Injury:

II.   WHAT TO DO TO ADDRESS THE BEHAVIOR

MONEY FOLLOWS THE PERSON
BEHAVIOR SUPPORT PLAN
MFP Behavior Specialist:
Contact Information:
E-mail:
Phone:

Individual's name:
Date of Birth:
Medicaid ID #:
Mental Health Diagnosis:
Psychotropic Medications:
Medical concerns:

Antecedent Strategies (how to prevent Interfering Behaviors):

Replacement Behavior Strategies (i.e., teaching alternate behaviors)

Consequence Strategies (i.e., what to do immediately following behaviors)	
Replacement Behaviors	
Precursor behaviors	
Interfering behaviors/ Disruptive behaviors	
Interfering behaviors/ Dangerous behaviors	
Interfering behaviors/ Very dangerous behaviors	

Psychotropic PRN (in consultation with the prescriber):
Drug:
Purpose:
Dosage:
Frequency:
Protocol for the use of the above medication(s):

III. *POST-INCIDENT PROCEDURES*
Recovery Procedures:

Debriefing:
IV. **WHERE TO DOCUMENT**
Staff should complete all critical and minor incidents as required by regulation and send to the Behavior Specialist.
Additional Tracking individualized to each case if needed. Send to Behavior Specialist.

V. *OTHER CONSIDERATIONS*
Justification:

MONEY FOLLOWS THE PERSON
BEHAVIOR SUPPORT PLAN
MFP Behavior Specialist:
Contact Information:
E-mail:
Phone:

Individual's name:
Date of Birth:
Medicaid ID #:
Mental Health Diagnosis:
Psychotropic Medications:
Medical concerns:

Risks:

Maintenance and Generalization:

Restriction Reduction Plan:
Written/Updated By:
Date written/Updated:
Reviewed by:
Date(s) reviewed:
CC:

EXAMPLE #2 – I-TABS

Values:

Goals:

Strengths:

Behaviors which interfere with these values/goals:

Functional Assessment Results		
Antecedents (contexts/things have historically proceeded the behavior)	**Behavior(s)**	**Consequences** (What the Person 1) gained, 2) avoided, and/or 3) escaped following the behavior)

Treatment Rationale:

Things staff/family can do to avoid the behaviors from occurring/Routine Antecedent-Based Interventions:

Restrictive Procedures:

New Skills the Person is Learning:

Warning Signs:

What Staff Should Do When Warning Signs Occur:

Data Collection:

EXAMPLE #3 – BEHAVIOR PLAN WITH SECTIONS FOR BEHAVIOR SUMMARY, BEHAVIOR INTERVENTION, AND MONITORING

BEHAVIOR PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

Behavior Summary

Present for writing:
____ Initial Plan / ____ Updated Plan (reason for update: _____)
Date to implement:
Target completion date:

Mental Health Diagnosis:	
Psychotropic Medications:	
Medical concerns:	

Target Behavior (define):

Function of behavior:

Desired behavior:

Previous Interventions: (What has been done? How did it work?)		
Intervention	Duration	Outcome/Results

Interests:

Strengths:

BEHAVIOR PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

<u>Behavior Pathway:</u>

Setting:
Antecedent:

Desired Behavior:	Target Behavior:	Alternate Behavior:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Consequence:

Desired Behavior:	Target Behavior:	Alternate Behavior:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BEHAVIOR PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

Behavior Intervention Plan:

When (trigger conditions):
(NAME) is likely to (Problem Behavior 1):
In order to (function):

Check all functions that apply:	
Obtain/Gain:	Avoid/Escape:
☐Staff Attention	☐Staff Attention
☐Peer attention	☐Peer attention
☐Other attention	☐Other attention
☐Access to something/use something (object/event)	☐Access to something/use something (object/event)
☐Sensory input	☐Sensory input
☐Other: _____	☐Other: _____

Response to Behavior 1:

Proactive intervention:	Reactive intervention:

When (trigger conditions):
(NAME) is likely to (Problem Behavior 2):
In order to (function):

Check all functions that apply:	
Obtain/Gain:	Avoid/Escape:

BEHAVIOR PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

☐Staff Attention ☐Peer attention ☐Other attention ☐Access to something/use something (object/event) ☐Sensory input ☐Other: _____	☐Staff Attention ☐Peer attention ☐Other attention ☐Access to something/use something (object/event) ☐Sensory input ☐Other: _____

Response to Behavior 2:

Proactive intervention:	Reactive intervention:

When (trigger conditions):
(NAME) is likely to (Problem Behavior 3):
In order to (function):

Check all functions that apply:	
Obtain/Gain:	Avoid/Escape:
☐Staff Attention ☐Peer attention ☐Other attention ☐Access to something/use something (object/event) ☐Sensory input ☐Other: _____	☐Staff Attention ☐Peer attention ☐Other attention ☐Access to something/use something (object/event) ☐Sensory input ☐Other: _____

BEHAVIOR PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

Response to Behavior 3:

Proactive intervention:	Reactive intervention:

Monitoring:

Behavior (one, two or three listed above):	Date/time/location:	Intervention used:	Effective:	Outcome:
			☐YES ☐NO ☐N/A	
			☐YES ☐NO ☐N/A	
			☐YES ☐NO ☐N/A	
			☐YES ☐NO ☐N/A	
			☐YES ☐NO	

BEHAVIOR PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

			☐N/A	
			☐YES ☐NO ☐N/A	

Review Comments:

		Written by:	
Summary:		Written by:	
Recommendations:			
DATE:			

Review dates and signatures (at least quarterly):

DATE:					
SIGNATURE:					
PRINTED NAME:					
RELATION/ ROLE:					

EXAMPLE #4 – BEHAVIOR INTERVENTION PLAN WITH STRATEGY OUTLINE AND MONITORING

BEHAVIOR INTERVENTION PLAN

Individual's name:		Date of Birth:		Medicaid ID #:	

Present for writing:

Date to implement:

Review dates and signatures (at least quarterly):

DATE:							
SIGNATURE:							

Projected length of plan:

Target behavior:

Replacement Behavior(s):

STRATEGY OUTLINE:

Setting Event Strategies	Preventative Strategies	Teaching/Skill building Strategies	Consequence strategies	Consequence strategies
What are ways to change the context to make the problem behavior unnecessary?	What are ways to prevent the behavior from occurring?	What can be done to increase the expected or replacement behavior?	What should happen when undesirable behavior occurs?	What should happen when desired replacement behavior occurs?
☐Clarify rules/expectations ☐Use reminder/prompting ☐Allow for self-monitoring ☐ change the schedule	☐reminders (do they trigger or help the individual?) ☐Provide extra assistance ☐Modify tasks to make them more manageable ☐Limit number of people who give	☐Make a checklist ☐ Visual cues/reminders ☐Story board ☐Written directions/note cards ☐Self-check or monitor	☐natural outcomes are highlighted ☐no need to verbalize natural consequences for this individual, as it may be triggering ☐phone call to support person ☐privilege removed	☐reward program ☐verbal praise ☐progress communicated to the individual ☐ Other _____ _____ ____

BEHAVIOR INTERVENTION PLAN

Individual's name:		Date of Birth:		Medicaid ID #:	

| Environmental changes based on individual preferences:
☐ Quiet the space
☐ Limit distraction
☐ limit the audience
☐ Minimize sensory input
☐ keep hands busy
☐ Other
_____
_____
____ | direction at the same time
☐ Limit how many times you repeat the instruction
☐ introduce calming routine
☐ Other
_____
_____
____ | ☐ videos/recordings of staff to demonstrate the instruction the same way
☐ rhyming reminders, slogans, or songs
☐ compliment positive gains
☐ Other
_____
_____
____ | ☐ token economy system
☐ take space/distance
☐ Other
_____
_____
____ | |

Things that upset (Name of Client)

-
-
-
-

What you can do proactively to help (Name of Client) stay calm

-
-
-

BEHAVIOR INTERVENTION PLAN

Individual's name:		Date of Birth:		Medicaid ID #:	

Interests of (Name of Client):

-
-
-
-

When (Name of Client) is beginning to show signs of agitation or has moved into dangerous or very dangerous behavior

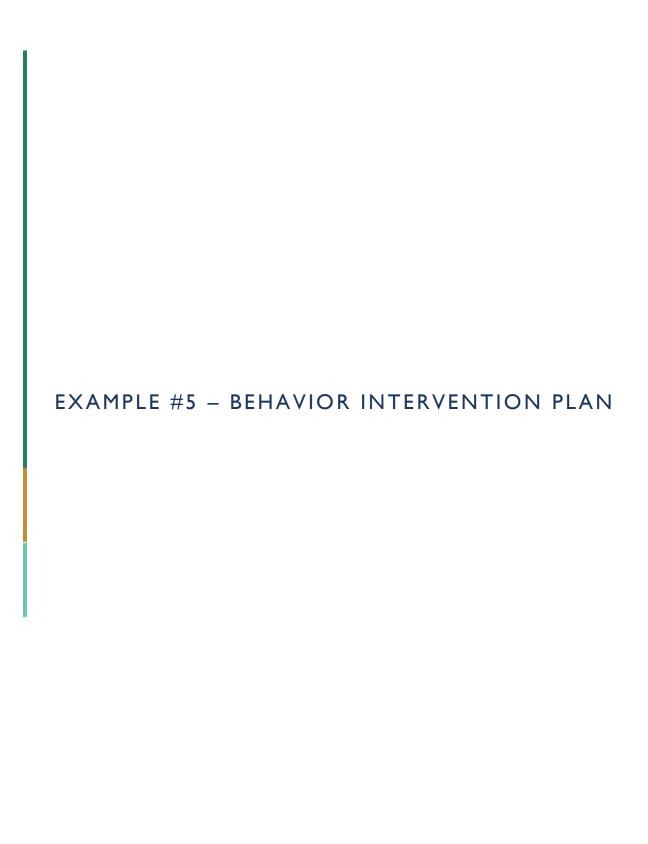| If this happens:	Then Staff Will:
	- First - Second - Third
	- First - Second - Third

BEHAVIOR INTERVENTION PLAN

Individual's name:		Date of Birth:		Medicaid ID #:	

Monitoring: describe target behavior to monitor

Date/Time/Location	Antecedent	Behavior Either desired behavior or undesired	Consequence	Function		Intervention
8/1/22 at 1:30pm Kitchen	Staff (CA) was noting the grocery list in the kitchen on the list pad. Client was not getting staff attention because they were distracted with list making.	☐desired ☒undesired Explain behavior here. EX: Client took the list pad from staff and threw it across the room.	Client was able to get negative attention. List notepad broke	attention	☒ YES ☐ NO	Notes here of which intervention used or indicate if it was not needed. Staff sat client down and used **active listening** and **changed the day's schedule** so that the grocery list was made later. Went back with client later in the day to make the grocery list together and **included her in this process** for additional attention.
					☐ YES ☐ NO	
					☐ YES	

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BEHAVIOR INTERVENTION PLAN

Individual's name:		Date of Birth:		Medicaid ID #:	

					☐ NO	
					☐ YES ☐ NO	
					☐ YES ☐ NO	
					☐ YES ☐ NO	
					☐ YES ☐ NO	

The BIP should be implemented with fidelity for a minimum of 2 consecutive weeks.

EXAMPLE #5 – BEHAVIOR INTERVENTION PLAN

BEHAVIOR INTERVENTION PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

Present for writing:
Date to implement: _____ ☐Initial plan / ☐update

Specific Goal:	Proposed intervention:	Monitoring/ Measuring tools:	Evaluation				
			Date/Time/Location Antecedent	Intervention used (from BIP below or other):	Goal(s) addressed:	Effective:	Outcome:
1. Increase the use of safe and prosocial language	1. BIP	• Incident reports • Behavior chart			☐ 1 ☐ 2 ☐ 3	☐YES ☐NO	
2. Increase positive interactions with others	1. BIP	• Daily service logs have check box • Incident reports • Behavior chart			☐ 1 ☐ 2 ☐ 3	☐YES ☐NO	
2. Eliminate hitting, biting, and scratching others	1. BIP	• Incident reports • Behavior chart			☐ 1 ☐ 2 ☐ 3	☐YES ☐NO	

Behavior Intervention Plan (BIP):

Current Mental Health Diagnosis:	
Current Psychotropic Medications:	
Current Medical concerns:	

BEHAVIOR INTERVENTION PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

Target Behavior Definition (use specific measurable items including antecedents and rate of behavior (baseline):

Function:

Replacement/Desired Behavior:

Strengths that assist with desired behavior:

Interests:

Proactive Interventions:

Reactive Interventions:

Preferred Reinforcement:

Evaluation (to be summarized every two weeks):

DATE:	Summary from data above with recommendations:	written by:

Review dates and signatures (Biweekly):

DATE:								
SIGNATURE:								

Evaluation (to be summarized every two weeks):

BEHAVIOR INTERVENTION PLAN

Individual's name:
Date of Birth:
Medicaid ID #:

DATE:	Summary from data above with recommendations:	written by:

Review dates and signatures (Biweekly):
DATE:
SIGNATURE: