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| ***Individual’s full name (and any nicknames)*** | Click here to enter text. |
| ***Individual’s DOB*** | Click here to enter text. |
| ***Gender identification*** | Click here to enter text. |
| ***Medical /behavioral health diagnostic information*** | Click here to enter text. |
| ***Medications (if known)*** | Click here to enter text. |
| ***Current living situation & location(s) where BSP is being implemented*** | Click here to enter text. |
| ***Medicaid ID*** | Click here to enter text. |
| ***Legal status***  | Click here to enter text. |
| ***Date of initial plan*** | Click here to enter text. |
| ***Dates and nature of all revisions to this plan*** | Click here to enter text. |
| ***Clinician’s name, credentials, and contact information*** | Click here to enter text. |

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| ***History and rationale*** *See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| *Current and/or relevant historical information about the individual and their life:*Click here to enter text.*Reason/rationale that the BSP is being implemented/necessity for formalized intervention for challenging behaviors:*Click here to enter text.*Any known history of previous services and the impact of these services on both challenging and desired behaviors*Click here to enter text.*Describe any dangerous behavior to include topographies, intensities, and associated risks and/or negative outcomes*Click here to enter text.*Risk and benefit information related to prescribed behavioral programming; this includes potential risks of physical and psychological harm or other potential negative outcomes as well as the benefits of prescribed interventions*Click here to enter text.*Any known trauma history*Click here to enter text. |

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| ***Person centered information*** *See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| *Communication modality and repertoires:* Click here to enter text.*Routines and current schedule:* Click here to enter text.*Individual and guardian’s participation in assessment/plan development:* Click here to enter text.*Activities enjoyed and sought out by the person:* Click here to enter text.*Preference assessment information and results:* Click here to enter text.*Strengths and positive contributions* Click here to enter text.*Aversions and dislikes:* Click here to enter text.*People in the person’s life that are preferred:* Click here to enter text.*Other cultural and heritage considerations (if known):* Click here to enter text. |
| ***Functional Behavior Assessment*** *See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| *Describe the FBA methods used (e.g. interviews, ABC recording techniques, behavior checklists/rating scales, functional analysis, etc.)*Click here to enter text.*Date of most recent FBA and location where the current was the FBA conducted:* Click here to enter text.*If applicable, provide information on annual review of the validity of the most recent FBA:* Click here to enter text.*Setting events/motivating operations to challenging behavior(s):* Click here to enter text.*Antecedents to challenging behavior(s):* Click here to enter text.*Consequences to challenging behavior(s):* Click here to enter text.*Other FBA results (data/graphs and analysis):* Click here to enter text.*If applicable, any non-operant conditions that influence behavior (e.g. genetic, psychiatric):* Click here to enter text.*Hypothesized functions of challenging behavior(s) (include function(s) for each challenging behavior):*Click here to enter text. |
| ***Behaviors targeted for decrease****: Include 1) each behavior that is targeted for decrease, 2) an objective operational definition for each behavior including examples and non-examples, and 3) the method(s) of measurement that will be used to track each behavior. See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| Click here to enter text. |

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| ***Replacement behaviors/behaviors targeted for increase****This section must include 1) each functionally equivalent replacement behavior(s) that will be targeted for acquisition, 2) an objective operational definition for each replacement behavior/behavior targeted for increase including examples and non-examples, and 3) the method(s) of measurement that will be used to track each. See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| Click here to enter text. |

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| ***Antecedent interventions*** *This section must be inclusive of individualized, evidence-based procedures and tactics that minimize the likelihood that challenging behavior occurs and promotes an environment in which the acquisition of the functionally equivalent replacement behaviors is more likely to occur. For example, tactics that modify or minimize setting events or motivating operations that are correlated with behavior, as well as tactics or procedures that directly addresses immediate antecedents or precursors. Include preventative strategies that describe environmental stimuli that should or should not be present and any de-escalation strategies that address pre-cursor behaviors. See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| *Tactics that promote an environment in which functionally equivalent replacement behaviors will occur:*Click here to enter text.*Tactics or procedures that modify or minimize setting events/MOs:*Click here to enter text.*Tactics or procedures that address antecedents and precursors, precursor de-escalation strategies:*Click here to enter text.*If not included above, environmental stimuli that should or not be present:*Click here to enter text. |
| ***Consequence interventions****: This area must be inclusive of individualized, detailed information as to how those that are implementing this plan will respond to behaviors targeted for decrease and behaviors targeted for increase when they occur. This area contains procedures and tactics that are 1) evidence-based and clinically indicated in regard to the hypothesized function(s) of behavior(s) to minimize reinforcement of challenging behavior(s), 2) emphasize the least restrictive, most effective treatment model based on the person’s needs, learning history, and level of severity/intensity of behaviors targeted for decrease and 3) promote the acquisition of replacement behaviors and behaviors targeted for increase via appropriate provision of reinforcement (e.g. consideration of the matching law, schedule of reinforcement, inclusion of preferences/known reinforcers to increase desired behavior(s), and expectations of learning environment and associated learning materials or teaching conditions). See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| *Tactics or procedures that promote the acquisition of replacement or desirable behaviors and minimize reinforcement of challenging behaviors:*Click here to enter text.*If not included above, specific information of inclusion of reinforcers, schedule of reinforcement, and/or expectations for the learning environment/materials/teaching conditions:*Click here to enter text. |

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| ***Safety/Crisis Guidelines (if applicable):*** *This section is required only if severe or dangerous behavior requires the prescription of the use of restrictive components as denoted in the relevant* [*Human Rights Regulations*](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section50/)*, or if there is specialized safety equipment needed for an individual receiving or persons providing services (e.g. armguards to prevent injury from biting). See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of description and notes and entirety of minimum elements.*  |
| *Safety gear or equipment and indications for use:* Click here to enter text.*Specific crisis protocol(s) or where to find the protocol:* Click here to enter text.*If not included above, describe supports needed to ensure safety of person and others:* Click here to enter text.*If restraint or time out is included, specific criteria and debriefing procedures:* Click here to enter text. |

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| ***Plan for training:*** *The BSP must include the proposed plan to train staff or others that will be implementing the BSP. See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| *Plan for how often data will be obtained and reviewed by the behaviorist:*Click here to enter text.*Plan for how training will be provided to key stakeholders to include behavioral skills training approach:*Click here to enter text. |

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| ***Appropriate signatures:*** *Informed consent must be obtained prior to the initiation of behavioral services, assessment and launch of the behavior plan, and when significant treatment updates occur. Consent must include individual and/or guardian’s signature and contact information (guardian or Authorized Representative, where applicable). Signatures and associated dates are to be included on the behavior plan when it is initiated. Consent must be obtained prior to treatment procedures/protocols changes that involve the addition of a restrictive component. See* [*DBHDS/DMAS Practice Guidelines for BSPs*](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf) *for entirety of minimum elements.* |
| *By signing below, the individual (or his/her guardian/authorized representative) indicates consent for the plan to be implemented as described above.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Individual (or guardian/AR) Signature and date Contact information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authoring clinician and credentials Signature and date Contact information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: Signature and date Contact information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: Signature and date Contact information |