DDP Guiding Checklist for Approving Behavior Support Services

This checklist is intended to help Regional Mangers make decisions about requests for Behavior Support Services. The information on this checklist is taken from rule and waiver requirements and put into a checklist format. Regional Managers can and should request documentation/evidence of below items to help them make a decision about the need for this service.

1) ☐Evidence of qualified person providing service (ARM 37.34.1422 #2) (Just need one)
   ☐BCBA (Board Certified Behavior Analyst)
   ☐FSS with an Autism Endorsement
   ☐IABA Certification (Institute of Applied Behavior Analysis)
   ☐Degree plus documentation of training (Must be approved by DDP Bureau Chief)

2) Has a Functional Behavior Assessment been completed? ☐Yes ☐No

3) Has a Positive Behavior Support Plan been completed? ☐Yes ☐No

3a) If "NO" to *either or both* questions
   ☐Plan for doing FBA
   ☐Plan for creating PBS Plan
   ☐Anticipated time frame to complete: Click here to enter text.
   Is there a clear, measurable, defined behavior? ☐Yes ☐No
   Does data support the frequency, duration, intensity and severity of the behavior?
   ☐Yes ☐No
   Are the service hours requested appropriate for the plan to create FBA and PBS plan?
   ☐Yes ☐No

3b) If "YES" to *both* questions
   ☐Functional Behavioral Assessment—Does it contain the below elements?
      ☐Evidence of info gathered from multiple sources (record review, observation, interview w/ person, provider, others ☐Clear, measurable description of behavior
      ☐Clear description of need to alter behavior
      ☐Clear description of medical, psychological, psychiatric, physiological, environmental conditions that may affect the behavior
      ☐The events, times, and situations that predict both the occurrence and the nonoccurrence of the challenging behavior
      ☐Description of the events immediately preceding and following the behavior;
      ☐Summary statement(s) regarding the function(s) that may be maintaining the challenging behavior
      ☐Data confirming the function of the challenging behavior and the strategies for reducing or eliminating the challenging behavior

☐Functional alternative behavior that serves to meet the same function as the challenging behavior

☐Clear and measurable procedure that will be used to alter the challenging behavior

☐Positive Behavior Support Plan—Does it contain the below elements?

- ☐Evidence based approaches
- ☐Positive reinforcement, positive behavior intervention
- ☐Understanding what the person is communicating
- ☐Supporting them in communication their choices/wishes
- ☐Allowing decision-making over day to day routines
- ☐ Understanding how other's presence, voice, tone, words, actions, and gestures impact the person and modifying these as necessary;
- ☐Supporting staff to change their behavior when it has a detrimental impact
- ☐Temporarily avoiding situations that are too difficult or uncomfortable for the person, unless the health or safety of the person or the established treatment plan is compromised;
- ☐Assisting the person to increase control over life activities and their environment
- ☐Teaching the person coping, communication, and emotional self-regulation skills
- ☐Anticipating situations that will be challenging and assisting the person to cope or to respond in a calm way
- ☐Providing opportunities for the person such as valued work, enjoyable physical exercise, and preferred recreational activities
- ☐Modifying the environment to remove stressors for the person; and ☐Ensuring all medical needs and conditions are identified and addressed.
- ☐Practical and appropriate for the setting
- ☐Timely review of specific data on the progress and effectiveness of the challenging behavior
- ☐Written consent from the member or their guardian
- ☐Plan for training and monitoring staff performance

4) ☐Supporting data—Is there sufficient data to support the need for the service?

5) ☐Description of intended to use this service—Is the use of the service appropriate and does it meet the service definition?

6) ☐Hours Requested—Is the anticipated amount of service hours need appropriate to the description of how they intend to use the service?