




**DDDS Procedure  
Annual Behavior Support Plan Submission  
BA PRO 210**

Revision Date	Sections Revised	Description of Revision
6/1/2020	All	Origination date
Community Services Director's Signature/Date: <i>Cory Ellen Howie</i> MSS, MLSA 6/1/2020		<b><i>Live signature is located in the Office of the Director</i></b> Effective: 06/01/2020

	<h2 style="margin: 0;">DDDS Procedure</h2> <h3 style="margin: 0;">Annual Behavior Support Plan Submission</h3> <h3 style="margin: 0;">BA PRO 210</h3>
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## 1. Purpose

- 1.1 This procedure outlines the process for Consultative Behavior Analysts (BA) to submit Behavior Support Plans (BSPs) to the Division of Developmental Disabilities Services (DDDS) for review, annually at a minimum, and how DDDS will conduct the review of those BSPs.

See also:

- Behavior Analyst Manual

Attachments:

- Due Dates for BSP Submission
- PROBIS Checklist
- BSP Acknowledgement Note

## 2. Procedure

**Action by:**

**Action:**

**DDDS BA Unit**

1. No later than the fifth business day of each month, DDDS reviews the coming month’s BSPs due and **sends** each Consultative BA provider a list of BSPs assigned for review in the coming month.

**Consultative BA Provider**

2. By the 15<sup>th</sup> calendar day of the same month, the Consultative BA provider **submits** to the assigned DDDS Senior BA, through the Behavior Support resource mailbox, their review intentions for those BSPs identified on the DDDS list of upcoming reviews. The Consultative BA provider may indicate that they intend for a BSP to be reviewed either by the PROBIS committee or by DDDS Desk Review.
  - 2.1. The resource mailbox address is:  
**dhss\_ddds\_behaviorsupport@delaware.gov**
  - 2.2. PROBIS will review:
    - 2.2.1. “Initial” BSPs-BSPs for service recipients who have not had a BSP within the last 10 years.

- 2.2.2. BSPs that contain rights restrictions, Lithium use, or PRN medication use to manage problematic behavior.
- 2.2.3. BSP Addendums
- 2.2.4. Emergency Medication Behavior Intervention Strategies (EMBIS) reviews
- 2.2.5. BSPs for service recipients who the Consultative BA has determined have had significant changes in their lives and/or support needs which has led to significant changes or revisions to the BSP which impact the way a Direct Support Professional or other support staff will implement the BSP.

2.3. PROBIS Checklists are completed by the Consultative BA and BA Supervisor and submitted with BSPs for PROBIS review.

2.4. DDDS Senior BAs will review via Desk Review:

- 2.4.1. BSPs for service recipients that do not have any rights restrictions, Lithium use, or PRN medications to manage problematic behaviors; and that the Consultative BA has determined have been behaviorally stable and have had no significant changes in their lives, support needs, or the BSP that impact the way a Direct Support Professional or other support staff will implement the BSP.

2.5. BSP Acknowledgement Notes are completed by the Consultative BA and BA Supervisor and submitted with BSPs for DDDS Desk Review.

3. The Consultative BA provider **submits** to the assigned DDDS Senior BA, through the Behavior Support resource mailbox, a list of any other BSPs they intend to submit the upcoming month for either review type.

**DDDS BA Unit**

4. Within 5 business days of the 15<sup>th</sup> of the same month, DDDS **sends** the Consultative BA provider a PROBIS schedule for the upcoming month with day and time for presentations of the BSPs the provider identified as needing PROBIS review.

**Consultative BA Provider**

5. The Consultative BA provider **submits** to the Behavior Support resource mailbox any completed BSPs, or BSPs that are complete except for required signatures, intended for PROBIS review up until 4:30pm the Tuesday 1 week before the scheduled PROBIS review.

5.1. The Consultative BA provider **brings** the completed BSP, with all required signatures, to PROBIS at the scheduled review time. For PROBIS meeting held remotely over telephone or video-conferencing, the BA may **submit** the completed BSP with all required signatures to

the resource mailbox during their scheduled PROBIS presentation so the committee can access the plan.

6. The Consultative BA provider **submits** any BSPs intended for a DDDS Desk Review to the assigned DDDS Senior BA, through the Behavior Support resource mailbox, no later than the 15<sup>th</sup> calendar day of the month the review is due. If the BSP is not ready for review by the 15<sup>th</sup>, the Consultative BA **notifies** the DDDS Senior BA and they collectively agree on a submission date.

**PROBIS**

7. PROBIS **reviews** BSPs as scheduled based on the Consultative BA provider's submitted PROBIS intentions. PROBIS will be prepared to review any BSPs that are due for review but were not identified with a review type by the Consultative BA provider.

**DDDS Senior BA**

8. The DDDS Senior BA **reviews** BSPs submitted for a Desk Review within 10 business days of receipt and **completes** the State portion of the BSP Acknowledgement Note.
9. The DDDS Senior BA **scans and saves** a copy of the BSP and signed BSP Acknowledgement Note in the PROBIS folder on the R: drive on the State network.
10. The DDDS Senior BA **sends** a copy of the scanned BSP and signed BSP Acknowledgement Note to the Consultative BA and the Consultative BA Supervisor, and the procedure resumes at #15 below OR
11. If the DDDS Senior BA has concerns that the BSP should actually be reviewed by PROBIS, the DDDS Senior BA:
  - 11.1.1. **Checks** the appropriate box on the BSP Acknowledgement Note and signs.
  - 11.1.2. **Documents** the specific reason(s) for the needed PROBIS review based on #2.2 and #2.4 above.
  - 11.1.3. **Sends** the BSP and the signed BSP Acknowledgement Note to the DDDS BA Supervisor for review.

**DDDS BA Supervisor**

12. The DDDS BA Supervisor **reviews** the BSP and the signed BSP Acknowledgement Note with the DDDS Senior BA's specific comments within 10 business days of receipt.
13. If the DDDS BA Supervisor determines that the BSP does meet the criteria in #2.4 above and does not need a full PROBIS review, the DDDS BA Supervisor **signs** the BSP Acknowledgement Note and **checks** "no further review needed." The DDDS BA Supervisor **sends** the BSP and signed BSP Acknowledgement Note back to the DDDS Senior BA and the procedure then resumes at #9 above.

14. If the DDDS BA Supervisor agrees with the DDDS Senior BA's determination that the BSP does not meet the Desk Review criteria in #2.4 above, and therefore may need a full PROBIS review, the DDDS BA Supervisor **contacts** the Consultative BA and Consultative BA Supervisor to discuss further.

14.1. If after clarifying conversation, it is decided that no PROBIS review is needed the DDDS BA Supervisor **documents** a summary of the discussion and decision on the BSP Acknowledgement Note and **signs** the BSP Acknowledgement Note. The DDDS BA Supervisor **sends** the BSP and signed BSP Acknowledgement Note back to the DDDS Senior BA and the procedure then resumes at #9 above.

14.2. If after clarifying conversation, it is decided that a PROBIS review is needed, the DDDS BA Supervisor, in consultation with the PROBIS Administrative Assistant, **schedules** the BSP for PROBIS review on the first PROBIS review date of the upcoming month and **notifies** the Consultative BA provider of the PROBIS review date and time.

**Consultative BA Agency**

15. **Attaches** the reviewed BSP, with either the PROBIS Review Status Note or the BSP Acknowledgement Note, to the service recipient's Person-Centered Plan in Therap within 10 business days of receipt.

## Due Dates for Behavior Support Plan Submissions to DDDS and PROBIS

Date	Action
5 <sup>th</sup> business day of each month	DDDS will send Consultative BA provider a list of all BSPs due in the upcoming month <ul style="list-style-type: none"> <li>• Example: April 5 DDDS will send provider list of plans due in May</li> </ul>
15 <sup>th</sup> calendar day of the month preceding the BSP Review month	<p>Consultative BA provider submits to DDDS resource mailbox which plans are to be reviewed by the PROBIS committee and which plans are to be reviewed by DDDS Senior BA in a Desk Review</p> <p><b>DDDS Senior BA Desk Review</b></p> <ul style="list-style-type: none"> <li>• No major changes to plan</li> <li>• No restrictions, lithium, or PRN medications used for management of challenging behaviors</li> <li>• Behaviorally stable</li> </ul> <p><b>Full Review with PROBIS</b></p> <ul style="list-style-type: none"> <li>• “Initial” BSPs-BSPs for service recipients who have not had a BSP within the last 10 years.</li> <li>• Rights restrictions</li> <li>• Lithium Reviews</li> <li>• PRN medication used for management of challenging behaviors</li> <li>• Significant changes in the individual’s circumstances that require changes to previously approved plan</li> </ul> <p><b>IF PROVIDER DOES NOT INDICATE REVIEW TYPE IT WILL BE SCHEDULED AS NEEDING FULL PROBIS COMMITTEE REVIEW</b></p>
Within 5 business days after the 15 <sup>th</sup> of the month	DDDS sends Consultative BA provider the PROBIS schedule for upcoming month including the date and time of the reviews
By 4:30pm the Tuesday one week before PROBIS review	Consultative BA Provider submits BSP electronically to PROBIS with or without required signatures. If missing signatures, BA brings/sends signed BSP to scheduled PROBIS meeting
15 <sup>th</sup> of the review month	BA Provider submits BSP to DDDS Senior BA for Desk review - If not ready by the submission date notify DDDS Senior BA and then collectively agree on a submission date
After the 15 <sup>th</sup> of the review month-  Desk Review Process begins for nonscheduled presentations	<p>DDDS Senior BA will:</p> <ul style="list-style-type: none"> <li>• Review Plan within 10 business days</li> <li>• Complete State portion of the BSP Acknowledgement Note</li> <li>• Scan and save copy of BSP and signed BSP Acknowledgement Note</li> <li>• Send copy of BSP and signed BSP Acknowledgement Note to BA provider <u>OR</u></li> <li>• Send copy of BSP and signed Acknowledgement Note to DDDS BA Supervisor if DDDS Senior BA has specific concerns that the BSP should have a full PROBIS review</li> <li>• DDDS BA Supervisor reviews DDDS Senior BA’s notes and BSP within 10 business days               <ul style="list-style-type: none"> <li>○ If note that <u>full review is not needed</u> then will sign and send back to DDDS Senior BA to return to BA provider</li> <li>○ If note that <u>full PROBIS review is needed</u> DDDS BA Supervisor will contact Consultative BA provider and discuss plan to determine if plan needs to be scheduled for full PROBIS review</li> </ul> </li> </ul>
Scheduled PROBIS date	PROBIS will be prepared to review scheduled plans or plans that were not specified as to what review was needed
When Consultative BA provider receives signed packet from State	Attach the reviewed BSP, with either the PROBIS Review Status Note or the BSP Acknowledgement Note, to the individual’s Person-Centered Plan in Therap within 10 business days.

 <p>DELAWARE HEALTH AND SOCIAL SERVICES Division of Developmental Disabilities Services</p>	<p><b>PROBIS CHECKLIST</b></p>
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SERVICE RECIPIENT'S LEGAL NAME:		MCI NUMBER:	
ASSIGNED CONSULTATIVE BA AGENCY:		ASSIGNED CONSULTATIVE BA:	
BASE PROBIS MONTH:		PROBIS REVIEW TYPE:	Choose an item.
SUPPORT COORDINATOR'S REGIONAL OFFICE:		DATE OF REVIEW:	
DATE AND TIME STATE BA RECEIVED SUBMISSION FROM CONSULTATIVE BEHAVIOR ANALYST:	(For State BA Use Only)		

VERIFICATIONS			
#	YES	N/A	Item
1.	<input type="checkbox"/>	<input type="checkbox"/>	BA & Reviewer have verified the BASE PROBIS MONTH for this person
2.	<input type="checkbox"/>	<input type="checkbox"/>	Information in the demographic section of the plan is filled in and correct (day program, base month, etc.)
3.	<input type="checkbox"/>	<input type="checkbox"/>	BA used the most current BSP template (required)
<b>COMMENTS: (For State BA Use Only)</b>			

BEHAVIOR SUPPORT DETAILS			
#	YES	N/A	Item
4.	<input type="checkbox"/>	<input type="checkbox"/>	<b><i>Diagnoses listed match those listed on the PAIR/MAIR/Physical</i></b>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health History is included
6.	<input type="checkbox"/>	<input type="checkbox"/>	Detailed Background information is included
7.	<input type="checkbox"/>	<input type="checkbox"/>	Communication Abilities are <b>detailed</b> including any assistive technology utilized for communication, receptive and expressive language skills, processing time, ability to follow multiple-step instructions, and how the person best receives and communicates want/needs.
8.	<input type="checkbox"/>	<input type="checkbox"/>	Target Behaviors are listed with abbreviations and defined in observable terms
9.	<input type="checkbox"/>	<input type="checkbox"/>	<b><i>Functional Behavior Assessment Summary is included and addresses the function of each behavior, triggers/antecedents and variables predictive of occurrence or non-occurrence of target behaviors.</i></b>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Goals must be related to target behavior and expected changes in behavior through implementation of the plan
11.	<input type="checkbox"/>	<input type="checkbox"/>	Proactive Supports are detailed, person-centered and directly correlate to the function
12.	<input type="checkbox"/>	<input type="checkbox"/>	<b><i>Responsive Supports are detailed for each behavior and person-centered</i></b>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<b><i>If blocking pads are used, Responsive Supports outlines DDDS approved procedure, assigned BA provider is trained in Ukeru, and support staff are trained in Ukeru</i></b>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Any Environmental Modifications are listed or N/A is written in section if not applicable
15.	<input type="checkbox"/>	<input type="checkbox"/>	<b><i>If Lithium or PRNs are used, a policy/procedure compliant protocol is included</i></b>
<b>COMMENTS: (For State BA Use Only)</b>			

BEHAVIOR SUPPORT DETAILS			
#	YES	N/A	Item

MEDICATION BEHAVIOR HISTORY & RISK BENEFIT ANALYSIS			
#	YES	N/A	Item
16.	<input type="checkbox"/>	<input type="checkbox"/>	All Medication changes are clearly identified in the Medication Behavior History and the last month matches the latest PAIR/MAIR
17.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Medication Behavior History includes frequency, duration, or intensity of all behaviors listed in the plan for home and day program</i>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Medication Behavior History details:</b> *psych/mental health appointments    *staff training    *medication training    *medical concerns *hospitalizations    *BA involvement    *EMBIS *discussion/evaluation of significant changes in behaviors *discussions/meetings related to Plans to Fade for Meds and Restrictions *staff training on the plan (at least annually or when changes are made) and Lithium toxicity (every 6 mo)
19.	<input type="checkbox"/>	<input type="checkbox"/>	Risk Benefit Analysis lists each medication on the most recent PAIR/MAIR/Physical
20.	<input type="checkbox"/>	<input type="checkbox"/>	Risk Benefit Analysis lists corresponding doses ranges, and side effects for all medications
21.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Risks &amp; Benefits for each medication are listed and individualized, correlated to the purpose for the medication noted on the PAIR/MAIR/Physical and related target behaviors/symptoms, and identify how that will impact the individual's life</i>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Plan to Fade is outlined for each medication – Should be having discussion with provider at least annually.

**COMMENTS: (For State BA Use Only)**

MONITORING EFFECTIVENESS & STAFF TRAINING			
#	YES	N/A	Item
23.	<input type="checkbox"/>	<input type="checkbox"/>	Plan contains a clear description of how staff are to document incidents and how BA will track effectiveness of the plan.
24.	<input type="checkbox"/>	<input type="checkbox"/>	Plan contains an individualized description of the frequency, method, and procedure for training staff on the BSP *Reminder: it is not the DDDS Support Coordinator's responsibility to train on the BSP

**COMMENTS: (For State BA Use Only)**



MONITORING EFFECTIVENESS & STAFF TRAINING			
#	YES	N/A	Item

HUMAN RIGHTS/RESTRICTIONS			
#	YES	N/A	Item
25.	<input type="checkbox"/>	<input type="checkbox"/>	<i>All Rights Restrictions are listed and descriptions are specific and person-centered</i>
26.	<input type="checkbox"/>	<input type="checkbox"/>	All restrictions are related to target behaviors or psychiatric symptoms
27.	<input type="checkbox"/>	<input type="checkbox"/>	Reasons that justify/necessitate each restriction are detailed and include description of behavior/situation that led to restriction and current relevance/need for continuation
28.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Previous Strategies Tried section indicates that less restrictive supports were ineffective/inappropriate</i>
29.	<input type="checkbox"/>	<input type="checkbox"/>	<i>A Plan to Fade including timeline and how progress is tracked is outlined for each restriction. At a minimum, the team should be discussing annually.</i>
30.	<input type="checkbox"/>	<input type="checkbox"/>	Rights Restrictions do not violate DDDS policy
31.	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledgement that consideration of how restrictions may impact others is noted
32.	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledgement that BA has notified all applicable persons of Restrictions and possible impact on others; and date of discussion/notification is noted

**COMMENTS: (For State BA Use Only)**

SUPPORTING DOCUMENTS			
#	YES	N/A	Item
33.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Current Lab Test Results are attached or documentation of attempts to get labs are noted</i>
34.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Most recent PAIR/MAIR/Physical listing current psychotropic medications included in packet</i>
35.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Most recent PAIR/MAIR/Physical listing current diagnosis included in packet</i>
36.	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate persons have signed consent section, or BA has evidence of due diligence to obtain signatures
37.	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Lithium is used, all required documents (training log, labs, Lithium Review form) are included in packet</i>

**COMMENTS: (For State BA Use Only)**

NEED FOR EMERGENCY INTERVENTIONS			
#	YES	NO	Item
38.	<input type="checkbox"/>	<input type="checkbox"/>	Since the last Annual PROBIS review, has this person been admitted to an inpatient psychiatric facility? If Yes, please give dates and name of the facility for each admittance.
39.	<input type="checkbox"/>	<input type="checkbox"/>	Since the last Annual PROBIS review, have there been any ER visits for psychiatric reasons that did not result in admittance? If so, how many?
40.	<input type="checkbox"/>	<input type="checkbox"/>	Since the last Annual PROBIS review, have any EMBIS'been used? If so, how many?
41.	<input type="checkbox"/>	<input type="checkbox"/>	Since the last Annual PROBIS review, has there been any police involvement due to behavioral issues?
<b>COMMENTS: (For State BA Use Only)</b>			

LEVEL OF NEED	
#	Item
42.	What is this person's Current Funding Level?
43.	How many Annual Units does this person receive?
44.	How many units has the Consultative BA used year to date (YTD)?
<b>COMMENTS: (For State BA Use Only)</b>	

**By signing below, I acknowledge that I have reviewed the Behavior Support Plan and it meets all of the items noted above.**

<b>Clinical Director/Consultative BA Supervisor or Designee</b>	<b>DATE:</b>



## BSP ACKNOWLEDGEMENT NOTE

SERVICE RECIPIENT'S NAME: \_\_\_\_\_ MCI NUMBER: \_\_\_\_\_

PROBIS DUE DATE: \_\_\_\_\_ BA AGENCY: \_\_\_\_\_

### PROBIS Board Review Check

#	YES	NO	Item
1.	<input type="checkbox"/>	<input type="checkbox"/>	"Initial" BSPs-BSPs for service recipients who have not had a BSP within the last 10 years.
2.	<input type="checkbox"/>	<input type="checkbox"/>	Lithium Review
3.	<input type="checkbox"/>	<input type="checkbox"/>	PRN medication used for management of challenging behaviors
4.	<input type="checkbox"/>	<input type="checkbox"/>	Rights Restriction

**\*\*\* If any boxes are checked "YES", STOP-full PROBIS Review is required. \*\*\***

### DDDS Desk Review Check

#	YES	NO	Item
1.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Have Changes*</i> been made to <i>Target Behaviors</i> from previous year?  Comment: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Have Changes*</i> been made to <i>Responsive Supports</i> from previous year?  Comment: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

**\*\*\* If any boxes are checked "YES", STOP-full PROBIS Review is required. \*\*\***

*JUSTIFICATION for Desk Review (required):*



_____	_____	_____
<b>DDDS BA Supervisor Name</b>	<b>DDDS BA Supervisor Signature</b>	<b>Date</b>
<hr/>		