

Agency Name
BSC Name, Credentials
Address, Phone, Email

POSITIVE BEHAVIOR SUPPORTS ASSESSMENT

I. Identifying Information:

INDIVIDUAL'S NAME:		REGION OF RESIDENCE:	
DATE OF BIRTH:		RESIDENTIAL AGENCY:	
LAST 4 OF SSN:		TYPE OF RESIDENTIAL SUPPORTS:	
HOUSEHOLD ADDRESS:		SUPPORTED LIVING CATEGORY OR N/A:	
HOUSEHOLD PHONE:		CCS AGENCY:	
CASE MANAGER/AGENCY:			
CASE MANAGER PHONE:		ANNUAL ISP DATE:	
GUARDIAN:		DATE OF THIS REPORT:	
GUARDIAN PHONE:			

II. DIAGNOSES

- a. Current Psychiatric Diagnoses:
- b. Diagnostic Impressions:
- c. Previous Diagnoses:
- d. Current Relevant Medical or Other Physiologic Issues:

III. CURRENT MEDICATIONS (ATTACH MARS)

IV. REFERRAL INFORMATION

- a. Reason for Referral
- b. Referral Source
- c. Individuals Contributing Information
- d. Record Review

V. RELEVANT FACTOR: INDIVIDUAL ATTRIBUTES

- a. Biological or Physiological Factors
- b. Problem Solving Capacity and Means
- c. Intellectual Status
- e. Cultural Issues
- f. Spiritual Beliefs

VI. RELEVANT FACTOR: RELATIONSHIPS AND ASSOCIATED SKILLS

- a. Communication
- b. Social Competence
- c. Self-Regulation
- d. Emotional Status

VII. RELEVANT FACTOR: ENVIRONMENTAL

- a. Settings

- b. Social Density
- c. Lighting and Noise
- d. Movement
- e. Opportunities to Exercise Independence
- f. Opportunities to Engage in Participatory Activities
- g. Perceived Level of Satisfaction

VIII. RELEVANT FACTOR: TRAUMA-INFORMED CONSIDERATIONS *(Address all that are relevant)*

- a. Safety
- b. Trustworthiness/Transparency
- c. Peer Support/Relationships
- d. Collaboration/Mutuality
- e. Empowerment, Voice, Choice
- f. Cultural, Historical, and/or Gender Issues

IX. EFFECTIVENESS INDICATOR: COMMUNITY INTEGRATION/QUALITY OF LIFE

- a. Discussion/List of Opportunities to Participate in a Range of Experiences, Events, Settings
- b. Discussion of individual's overall satisfaction

X. EFFECTIVENESS INDICATOR: SKILL DEVELOPMENT

- a. Discussion of Current Skills
- b. Focus on Communication and Social Skills
- c. Relationship to Challenging Behavior (i.e., Possible Replacement Behaviors)

XI. EFFECTIVENESS INDICATOR: CHALLENGING BEHAVIOR *(There may be more than one addressed here – just add more sections)*

- a. Description of Behavior(s)
- b. Frequency
- c. Severity
- d. Antecedents
- e. Precursors
- f. Function(s)

XII. EFFECTIVENESS INDICATOR: TEAM FACTORS

- a. Current Understanding: person-centered, individual rights/dignity, protection from ANE, understanding ecological context of behavior
- b. Areas of Potential Improvement

XIII. DETERMINATION OF NEEDED BSC UNITS FOR ISP YEAR XXXX-XXXX

- a. Clinical Impressions
- b. Clinical Necessity for BSC Services *(delete non-applicable items)*
 - i. Behavior of concern impacts individual's ability to retain a baseline level of independence, or, for children, the baseline level of independence is also related to the developmental period that the child has obtained. And/or
 - ii. Behavior of concern interferes with quality of life. And/or
 - iii. Behavior of concern involves a health and safety risk needing professional behavioral recommendations to establish a safety net. And/or
 - iv. Recommended replacement behavior or skills require BSC to initiate and monitor implementation. And/or
 - v. The Interdisciplinary Team (IDT), Direct Support Personnel (DSP), family and/or natural supports need specific training in at least one area related to the above. Or

- vi. Based upon the information I received or observed, there is no assessed current clinical necessity for BSC services at this time. See below for explanation:
- c. **Exclusion Criteria** (*delete non-applicable items*)
Based upon the information I received and observed, it is my determination that the set of sought after changes to the person's skills, behavioral communication, or environment can be addressed exclusively through:
 - i. Participation in the Socialization and Sexuality Education course. And/or,
 - ii. Basic changes to routines, environment, or safe and better supported access to choices. And/or,
 - iii. Participation in individual or group therapy; or any other mental health or behavioral health services that are typically provided through the general behavioral health system (e.g., individual, group, or family therapy, or psychiatric assessment and medication management). And or,
 - iv. EPSDT or school-based programs (e.g., behavioral intervention plans, strategies and supports provided through the local education authority) are available and seen as capable to support the person. Or
 - v. Exclusion Criteria for BSC services do not apply at the current time.
- d. **Clinical Complexity Considerations** (*delete non-applicable items*)
 - i. There is the presence of a mental health diagnosis or severe behavioral or psychiatric condition that is not currently well-managed or severe (*SPECIFY*) and puts person at risk for reduced access to community, loss of affiliation, and/or increased likelihood of psychiatric hospitalization, criminal justice involvement, or exploitation and abuse. And/or
Note: In a situation where you believe PRSC is indicated but is not being utilized, this consideration may apply. See PRSC section below for more explanation.
 - ii. The individual is experiencing psychiatric and/or psychotropic medication evaluation(s) requiring specialized data collection and analysis. And/or
 - iii. BSC services must be used to initiate and/or manage behavioral strategies requiring Human Rights Committee approval (*SPECIFY*). And/or
 - iv. Ongoing BSC support and associated DSP training is needed for specialized and essential instructions supporting focused skill building needs (*SPECIFY*). And/or
 - v. There has been a significant change in psychiatric or medical condition requiring BSC re-assessment, Positive Behavioral Support Plan (PBSP) development or revision, with associated DSP and/or family training and monitoring (*SPECIFY*). And/or
Note: Aspiration risk management is one type of situation that should be included in this category to address Comprehensive Aspiration Risk Management Plan (CARMP) requirements.
 - vi. There have been new safety issues identified (Specify) which will require BSC re-assessment, Positive Behavioral Support Plan (PBSP) development or revision, as well as additional DSP and or family training, and monitoring. OR
 - vii. Based upon the information received and observed, there are no Clinical Complexity Considerations that have been identified.
- e. **Supported Living Category**
- f. **Preliminary Risk Screening**
- g. **Crisis Supports**

XIV. SERVICE RECOMMENDATIONS AND UNITS REQUEST

- a. Based upon the combined clinical considerations above. Exclusion Criteria have been met and BSC services are not clinically indicated. The following other services should be sought:
 - i. Trainings (*specify*)
 - ii. Community Supports (*specify*)
 - iii. Counseling Services (*specify*)
 - iv. Relationship Classes

b. Based upon the combined clinical considerations above, I respectfully request a budget of XXX units for
ISP year XXXX-XXXX

BSC SIGNATURE
WITH TITLE AND CREDENTIALS

DATE

BSC SUPERVISOR SIGNATURE (If BSC is not independently licensed)
WITH TITLE AND CREDENTIALS