

THERAPY/BSC CONSIDERATIONS CHECKLIST

Background:

Consistent with DD Waiver standards, therapy and Behavioral Support Consultation (BSC) services are to be delivered in a consultative model. Briefly, this means therapists/BSCs are more intensely involved with individuals when 1) assessing (including trials), 2) developing written direct support instructions/support plans /strategies to be used within the context of individuals' routines to support achievement of desired ISP outcomes/visions and /or to support increased participation/independence in daily routines, 3) training direct support professionals and/or natural supports to carry out strategies on a regular basis. Once these first 3 activities are complete the therapists/BSCs "fade" to less frequent interaction to monitor progress and retrain if necessary. Therapists may use the Direct Treatment model to treat a specific clinical condition in addition to the Collaborative-Consultative model when clinically appropriate.

These questions are intended to help teams think about and budget therapy/BSC services in the context of the consultation model. Please answer these questions separately for each discipline:

1. What is the therapist/BSC working on with this individual?
2. How does this relate to the individuals Vision and/or Desired Outcomes and/or recent significant life changes?
3. Is the therapist/BSC addressing health & safety related issues? Yes No
 - If yes, what issues and how are they addressing them? (Include any recent change of condition)
4. What daily routines are the therapy strategies imbedded into? How is that working?
5. Is the person using assistive technology? Yes No
 - If yes, what is the role of the therapist versus direct support personnel (DSP) with regard to maintaining the device(s) and supporting use?
 - If no, would introduction of assistive technology increase the individual's participation/independence?
6. Are DSP ready to carry out the therapy/BSC strategies within daily routines on a regular basis? Yes No
 - If yes, how will the therapy/BSC supports change or be faded?
 - If no, what is needed for DSP to become competent to provide those supports?
7. Has the therapist/BSC designated someone competent to train others in the strategies? Yes No
 - If yes, who:
 - If no, could this be achieved? If so, how?
8. Describe the plan for fading therapy/BSC supports for this individual?

THERAPY/BSC CONSIDERATIONS CHECKLIST

Type of Therapy/BSC Activity	Activity completed for this ISP cycle? Yes/No
Evaluation/Assessment	
Trial of various strategies	
Development of Written Direct Support Instructions	
Active training of DSP &/or natural supports*	
Monitoring, observing/assessing progress	
Focused Direct Treatment if clinically indicated	
IDT meeting participation	
Discharge Planning	

*consider number of people needing training and how many different locations