

Functional Behavioral Analysis and Positive Behavior Support Plan



HOME AND
COMMUNITY-
BASED
SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Participant's Name: _____ **Plan Date:** _____

In accordance with Chapter 45, Section 17 of Wyoming Medicaid Rules, a participant with a challenging behavior identified by the plan of care team shall have a current functional analysis conducted within the last year to identify what the participant is trying to communicate through their behavior(s), to identify the function or possible purpose for the behavior(s), to explore antecedents and contributing factors to behaviors, and to review and describe potentially positive behavioral supports and interventions in order to develop a positive behavior support plan. A provider or provider staff knowledgeable of the participant shall complete the functional behavior analysis, which shall include input from the participant, team, and any legally authorized representative(s).

Functional Behavioral Analysis

List the ICAP-targeted behaviors identified in EMWS as moderate or severe OR team-identified behaviors that this plan will address.

Provide a clear description of the challenging behavior. *What does the behavior look or sound like? Does it occur in conjunction with other behaviors? How long does it last? How long has it been occurring?*

Describe the antecedents and contributing factors. *Is there any warning from the person before the behavior starts? Does the behavior occur more in some settings than in others? Are there medical or physical factors that contribute to the behavior?*

Explain the participant's possible motivation. *What is the participant trying to communicate through the behavior? What is the participant getting or getting away from by using the behavior?*

Provide a summary of past interventions. *What interventions have been tried? What has worked and what hasn't worked?*

Provide a summary of the frequency, intensity, and duration of the targeted behavior *prior* to implementation of the PBSP.

Provide a summary of data for the past six months. *After implementation of the PBSP, review data to determine its effectiveness. Summarize the frequency, intensity, and duration of the challenging behavior, based on internal incidents and those reportable to the Division.*

Name of person completing the analysis: _____

Date: _____ Provider Organization: _____

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In accordance with Chapter 45, Section 17 of Wyoming Medicaid Rules, a positive behavior support plan (PBSP), based upon a current functional behavioral analysis, shall be developed for a participant in order for providers working with them to understand and recognize the communication and behaviors exhibited by the participant. The PBSP shall describe agreed-upon supports to assist the participant by using proven support techniques and non-restrictive interventions. At a minimum, a PBSP must include the components outlined in Chapter 45, Section 17 of Wyoming Medicaid Rules.

A participant shall have a PBSP in place if they have restraints written into their individualized plan of care, or if the plan of care team has identified a challenging behavior, such as actions by the participant that constitute a threat to the participant's or other person's immediate health and safety, a persistent pattern of behaviors that inhibit the participant's function in public places and integration within the community, or uncontrolled symptoms of a physical or mental condition.

The plan of care team is responsible for developing the PBSP. This plan shall be person-centered, have the participant involved in its development on a level appropriate for that person, and maintain the dignity and respect of the participant.

Positive Behavior Support Plan

Describe the antecedents and challenging behaviors that need to be replaced or reduced. What positive supports are needed to assist with replacing the challenging behaviors with appropriate replacement behaviors?

Describe how the team will recognize emerging behaviors.

Describe what the team will be expected to do when implementing the intervention strategies. Provide instructions for the provider as to how they will intervene when the behaviors occur.

List replacement behaviors – *What is a more desired behavior that addresses the participant’s motivation?*

List reinforcers – *When behavior changes, what should staff do to recognize the changed behavior?*

Escalation and PRN medications (if applicable) – *Describe how staff will determine that the escalation of the behavior requires a behavioral PRN as recommended by the treating medical professional.*

Review protocol – *Identify who will review the effectiveness of the PBSP, how often (at least every six months), and who will revise it as necessary.*

Documentation – Include a summary of the **dates and times of the occurrence of the targeted behavior**, a description of the antecedents to the behavior, and the positive behavioral interventions used. Additional information such as the frequency, intensity, and duration of the behaviors is highly recommended.

I have had input into the development of the positive behavior support plan. This plan follows the provisions established in Chapter 45, Section 17 of Wyoming Medicaid Rules.

Participant: _____ **Date:** _____

Legally Authorized Representative: _____ **Date:** _____

Case Manager: _____ **Date:** _____

Provider: _____ **Date:** _____