

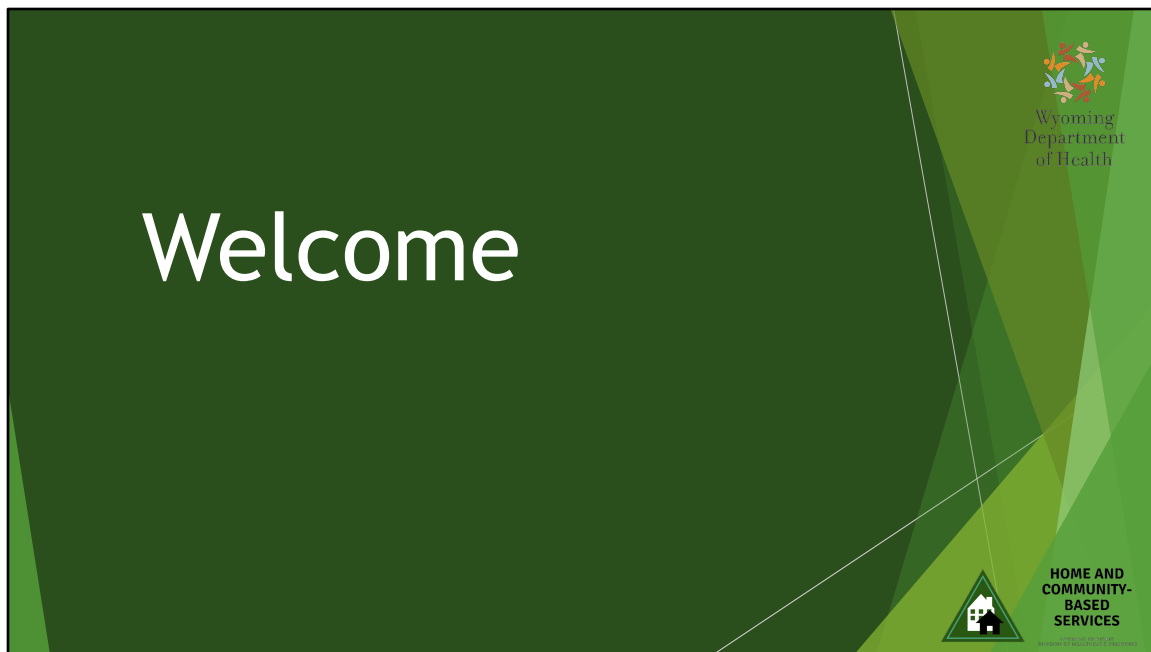
The Positive Behavior Support Plan (PBSP) Development Process for Providers

August 25, 2025



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WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING



Thank you for joining us for this month's training presentation on developing effective Positive Behavior Support Plans. My name is Andrea Highland, and I am a Credentialing Specialist with the Home and Community-Based Services Section, Division of HealthCare Financing within the State of Wyoming's Department of Health.

Purpose

- ▶ Know the primary goals of positive behavior support and the fundamentals of the planning process.
- ▶ Understand your role in the process.
- ▶ Develop more effective positive behavior support plans.



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Although similar to the training we previously did for Case Managers, this training will focus on the role **providers** play in the positive behavior support planning process. Its purpose is to equip providers with an overall understanding of the PBSP process and assist them in contributing to the development of effective positive behavior support plans.

Today's training will cover the goals of positive behavior support and the fundamentals of the planning process. We'll highlight the crucial role providers and their staff play throughout the process. Ultimately, well-developed positive behavior support plans benefit both providers, and most importantly, participants. Effective plans work by decreasing interfering behaviors, supporting the acquisition of new skills and replacement behaviors, and by increasing the quality of life for the people we serve.

Acronyms

- ▶ **HCBS** - Home and Community-Based Services
- ▶ **LAR** - Legally Authorized Representative
- ▶ **DSP** - Direct Support Professional
- ▶ **IPC** - Individualized Plan of Care
- ▶ **PBSP** - Positive Behavior Support Plan Document
- ▶ **FBA** - Functional Behavioral Analysis



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To get started, let's review the acronyms and abbreviations you'll see in today's training. The Medicaid system uses a lot of acronyms and although you may already know these, we want to avoid any confusion for those that may not.

- HCBS stands for Home and Community-Based Services
- LAR means Legally Authorized Representative (this may include guardians and/or custodians)
- DSP stands for Direct Support Professional
- IPC is short for Individualized Plan of Care
- PBSP will be used often throughout this training and refers to the Positive Behavior Support Plan document. You'll also hear about positive behavior support interventions which are included in the plan and based on the research-based, person-centered approach of the same name - "Positive Behavior Support". Note that the plan document, interventions and overall approach are distinct, but have similar names.
- You'll also hear about the FBA which stands for Functional Behavioral Analysis.

Choice



- ▶ Choice is paramount to human dignity.
- ▶ The participant must be consulted and their wishes/choices considered every step of the way.
- ▶ When rights are restricted on *any* level, some aspect of choice is taken away.
- ▶ Alternative solutions focused on choice and positive interventions must be explored.



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Before we go any further, we want to take a moment to remind you about the importance of choice. You hear us say it often on these calls because we want it to be in the forefront of your mind. Having choice is paramount to human dignity. Choice is a basic tenet of Home and Community-Based Services – including positive behavior support plans. Participant's need to be given choice throughout the PBSP process and in all other aspects of their lives.

The participant must be consulted during the PBSP process, and their wishes and choices in how to address the situation must be taken into consideration. While a participant's behavior may cause a situation that could become a threat to their health and safety, or the health and safety of others, automatically presuming that they need more supervision or support may not be the best answer. Restricting a participant's rights is a really big deal, and should never be taken lightly. When a participant's rights are restricted on any level, some aspect of their choice has been taken from them. Alternative solutions must be explored, and restrictions should be the *last* consideration when responding to a challenging situation. This is especially important when thinking about developing positive behavior support plans where participant choice and positive interventions are core concepts.

Goals of Positive Behavior Support



1. **Increase Quality of Life**
 - Enhance the participant's overall well-being
2. **Decrease Interfering Behavior**
 - For the participant's benefit, not for the convenience of a provider or LAR
3. **Teach Adaptive Skills**
 - More acceptable, replacement behavior



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To begin, let's first examine the three primary goals of Positive Behavior Support. It may seem simple, but meeting these goals is truly what's at the core of effective positive behavior support plans.

- First, positive behavior support is intended to increase the participant's **quality of life** by enhancing their overall well-being and general satisfaction in their day-to-day activities.
- Secondly, positive behavior support helps the participant **decrease behaviors that interfere** with their ability to live and participate in the community, or that hinder their interpersonal relationships. Plans to decrease an interfering behavior must be for the participant's benefit, not for the convenience of the provider or the participant's LAR.
- The third goal of positive behavior support is to teach the participant **adaptive skills or replacement behaviors** that enable them to communicate their feelings, wants, needs or desires in a more acceptable way.

Fundamentals of the PBSP Planning Process

- ▶ Person-Centered
- ▶ Positive
- ▶ Data Driven
- ▶ Proactive



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Along with the three primary goals of positive behavior support, the participant's team should keep these four fundamentals in mind throughout the entire planning process. The positive behavior support planning process must be person-centered, positive, data driven and proactive.

- First, maintaining a **person-centered** approach that focuses on the uniquenesses of the individual participant will result in a more effective plan.
- Secondly, a **positive** approach is key. While the process involves addressing interfering behaviors that team members may perceive negatively, it is critical for teams to focus on the participant's strengths, needs and desires.
- The planning process must also be **data driven**. The data collected during the Functional Behavioral Analysis phase enables a better understanding of the behavior and ultimately informs what interventions will be most effective.
- Finally, the process is inherently **proactive**. When there is a comprehensive FBA, the positive behavior support plan can be compiled in a way that deters behaviors from occurring in the first place. Through the FBA and PBSP planning process, the team can better understand the reason for the behavior, teach replacement behaviors and alternative ways to communicate, and proactively avoid known triggers.

5 Steps of the Positive Behavior Support Planning Process



1. Engage as a member of the Behavioral Support Team
2. Complete a data-driven FBA
3. Develop a PBSP with positive interventions
4. Monitor outcomes
5. Review regularly and suggest revisions if needed



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Now that we've considered the primary goals and fundamentals of the PBSP planning process, let's shift our focus to the day-to-day actionable steps you, as a provider, can expect to participate in. These essential steps of the PBSP planning process include:

1. Engaging as a member of the behavioral support team
2. Completing a data-driven Functional Behavioral Analysis
3. Assisting with the development of a positive behavior support plan with unique *positive* interventions
4. Monitoring outcomes and plan effectiveness
5. Regularly reviewing the plan and suggesting revising if needed

Let's talk a bit more about each of these steps.

Step 1: Engage as Behavioral Support Team Member

- ▶ Case Manager
- ▶ Providers
 - ▶ Especially Direct Support Professionals
- ▶ Legally Authorized Representative (LAR)
- ▶ Family, friends, and others in the circle of support
- ▶ Health professionals
- ▶ Therapists
- ▶ **The Participant**



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The case manager's role is to coordinate and facilitate team meetings. While they are responsible for inviting key members in the participant's circle of supports, **providers** play a crucial role in suggesting team members who have day-to-day experience and direct interactions with the participant.

Direct support professionals who work closely with the participant often provide a great deal of insight into the participant's interfering behaviors. They have first-hand knowledge and a thorough understanding of what works and doesn't work when redirecting a participant's behavior. Furthermore, these team members will ultimately be directly responsible for implementing the PBSP. As such, they may have the most to offer **and** the most to gain as their buy-in is critical for the plan's success.

Other team members might also include the participant's Legally Authorized Representative (LAR), family members, friends and others in their circle of support, such as health professionals, and therapists. While each team member offers unique insights and collaborates towards the shared goal of creating an effective PBSP, the single most important team member is **the participant** themselves.

Include the Participant



- ▶ Use participant input to design a plan that works for the **individual**.
- ▶ Ask questions of the participant!
 - ▶ What are they trying to communicate?
 - ▶ What do *they* want?
- ▶ Buy-in matters.
 - ▶ How would **you** feel?



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It cannot be stressed enough that the most important team member is the participant themselves. It is critical for the team to seek the participant's input in order to design a plan that works for them. The more vested a participant is in the PBSP, the more successful it will be.

Plans often fail when participants aren't involved or have no buy-in. If the participant doesn't buy-into a proposed intervention strategy, it could cause frustration and escalate (rather than deescalate) interfering behaviors. Team members must remember that PBSP intervention strategies are not something done **TO** a participant, but instead must be done **WITH** them.

Ask questions of the participant to help discover:

- What are they trying to communicate? What do *they* want? What motivates them?
- Be sure to meet individuals where they are, and not where you, their LAR, or other team members *want* them to be or think they *should* be.

It's helpful to consider how **you** might feel if an FBA and PBSP were written about you and your behaviors. What would you want to be asked? What would you like said about you? Wouldn't you want the opportunity to give *your* input?

Ensure a Person-Centered Process

Promote choice, encourage self-expression and facilitate meaningful participation.



- ▶ Person-Centered = inclusivity, positivity, and growth
- ▶ Person-Centered = considering not only the participant, but what makes them an **individual**
- ▶ Person-Centered = maintaining universal practices of dignity, choice & respect



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Focusing on the participant as the team's VIP helps to ensure the process is (and remains) person-centered. Person-centered planning and positive behavior supports go together in that both represent a system of **inclusivity, positivity, and growth**. If a person-centered approach is taken, the participant's needs, wants, hopes, and dreams are at the center of both.

This meaning can get lost if plans become focused solely on what needs to be "*fixed*" rather than focusing on opportunities for enhancement, coaching and growth. A person-centered approach considers not just the individual participant, but what **makes them an individual**. Their age, culture, gender, beliefs, strengths, desires, dislikes – as well as their diagnosis or disability – are all unique attributes that should be considered.

Finally, a person-centered approach maintains the universal practices of dignity, choice, and respect. The planning process should enhance dignity, promote positive well-being, honor choice, and support independence. As crucial members of the participant's team, providers can promote all of these elements by focusing on the participant's needs and desires rather than on what individual team members or the LAR think the participant needs or wants.

You can encourage self-expression and autonomy by involving participants in the conversations and decisions about the plan and asking direct questions to facilitate meaningful participation. This type of empowered environment will help keep the process person-centered and focused on the participant's preferences.



Step 2: Complete a **data-driven** Functional Behavior Analysis (FBA)

- ▶ The FBA is a systematic process used to understand the reason behind the interfering behavior(s)
- ▶ The FBA is foundational to the PBSP
- ▶ The FBA is the DATA that informs the plan
- ▶ The FBA identifies the **antecedent(s)**



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After the members of the behavior support team have been chosen, the next step in the process of creating an effective PBSP is to complete a data-driven Functional Behavioral Analysis (FBA). A Functional Behavioral Analysis is a systematic process that is used to identify and better understand the reason behind the interfering behaviors.

It cannot be understated how foundational the Functional Behavioral Analysis is to a Positive Behavior Support Plan. If the team focuses on completing a comprehensive FBA, the plan development often falls into place. The FBA is composed of assessments, documented observations, and interviews with team members like yourself and other identified in the person-centered planning process. You, as a provider, may be asked to complete these observations, assessments and data collection and it is crucial that it is thorough, data-driven and person-centered. Your organization's internal policies and procedures on behavior documentation play a key role in the data collection process.

Ultimately the FBA **data** informs the positive behavior support plan. It seeks to answer the questions:

- “What is the purpose (or function) of the behavior?”

- “What is being communicated?” , and
- “What is a more *appropriate* substitute behavior?” - In order to be truly person-centered during this phase, what is deemed “*appropriate*” should look different from one participant to another – and one plan to another.

Through the FBA process, **antecedents** are also identified. Antecedent are the events, circumstances, or actions that happen before a specific behavior occurs. The antecedent is essentially the trigger or cue that makes the behavior more likely to happen. Identifying the antecedent can shed light on what the participant is communicating and what the purpose of the behavior really is. By taking time to identify antecedents, the team can be proactive and anticipate when a participant might struggle, need support or how providers can help the participant avoid the trigger altogether.

FBA: Dive Deeper

- ▶ Consider other possible contributing factors
- ▶ Dive deeper into questioning & data collection
- ▶ Examine the various aspects surrounding the behavior



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During the Functional Behavioral Analysis, the team must go beyond the obvious antecedents and consider other possible contributing factors in the settings, events, persons and circumstances surrounding the behavior. This is especially important for direct support professionals and other team members that know the participant well. Team members should dive deeper in their questioning, observations and data collection around any other factors that may contribute to the behavior. For example,

- When, where and with whom is the interfering behavior occurring?
- Does the behavior occur at a certain time of day?
- Before or after meals?
- Who is working?
- Are other participants around?
- What is the environment like?
- Are physical factors contributing?
- What is the motivation or purpose?
- What is being communicated and why?
- If the behavior typically occurs before a meal, could they be hungry?
- If the behavior occurs every time a specific staff member works, maybe there is a relational issue.

- Could it be that they just don't like their roommate, or doing a specific activity.

Systematically examining the various aspects surrounding a behavior, collecting data about the circumstances and occurrences, and defining possible motivations for the behavior during a Functional Behavioral Analysis will go a long way in determining what interventions will likely be most effective for the individual participant.

Step 3: Create a Positive Behavior Support Plan



The plan should outline the supports and strategies to be used by ALL providers and ultimately:

1. Increase the Participant's Quality of Life
2. Decrease their Interfering Behavior
3. Teach Adaptive Skills & Replacement Behaviors



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The Positive Behavior Support Plan (PBSP) document is the end-goal of the planning process and the cornerstone of fostering behavioral change. It provides a uniform framework to equip providers with proactive, positive interventions and strategies. It allows them to assist the participant with implementing replacement behaviors in a structured and supportive environment. This, in turn, contributes significantly to the overall well-being of the participant.

The document serves as a vital blueprint, detailing the specific supports and strategies that providers can use when assisting a specific participant. It gives all providers concrete, practical tools designed with the individual participant in mind. It enables providers to teach the positive, constructive skills needed to decrease or replace undesirable, interfering behaviors.

The success of the PBSP hinges on its clarity and precision. A meticulously written plan, complete with easy-to-follow intervention steps, is crucial. This clarity ensures that every member of the support team can maintain consistency in their approach when working with a participant. Consistency is a fundamental element of any effective behavior plan.

While case managers hold the primary responsibility for the creation of a successful PBSP, providers play an important role in the development of the PBSP. For an example of an effective PBSP, please review the case manager training from May 2025 on the *Case Manager Support Calls* tab of our DD Providers and Case Managers page.

Effective PBSPs



1. Start with the FBA
 - ▶ Helps answer **WHY** the interfering behavior is used
2. List **POSITIVE**, participant-specific supports and reinforcers
 - ▶ To assist the participant with reducing or replacing the interfering behavior(s)
3. Use person-centered, specific language
 - ▶ Consistently use this same language across all providers
4. Provide clear, concise directions for staff
 - ▶ Written legibly and easily understood
5. Utilize input from all team members
 - ▶ May need different plans for different providers



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Recall that an effective PBSP begins with a **thorough FBA** that describes the behavior, antecedents and contributing factors in great detail after questioning, observing, discussing and documenting the data. The FBA helps answer **WHY** the interfering behavior is being expressed, what the motivations are, and what the participant is trying to communicate.

A well-written PBSP must also include a list of **POSITIVE support interventions and reinforcement techniques (or reinforcers)** that will assist the participant in replacing interfering behaviors with more desirable ones. Regarding interventions and reinforcers, it may be helpful to think of the word “positive” from an applied science standpoint where it refers to “**adding**” something to a situation – maybe more attention, a tangible item, etc., to increase or decrease a behavior. Focusing on *positive* behaviors frequently leads to a reduction in interfering behaviors *naturally*.

Additionally, the support strategies in effective PBSPs must be person-centered and focus on *how the provider can accommodate the participant* rather than how the participant is making life hard on the provider and what can be done to ease the provider’s difficulties. In fact, a good PBSP is a tool that should ultimately make the provider’s job **easier** if it’s consistently followed and utilized.

Effective PBSPs also use **specific, person-centered language** consistently across all providers to make it easier for the participant to know what to expect. As mentioned, plans must be **written legibly, with clear, concise directions** for staff. They must be accessible, specific and easily understood, so staff can implement them appropriately and consistently. As you well know, providers often have a lot going on – sometimes supporting far more than one participant at a time. The more clear and concise a PBSP can be, the better.

Finally, effective plans utilize **input from all team members** on the participant's team (including the participant) with the understanding that different plans may need to be developed for providers. What works for the participant with one provider, may not work with another.

Effective PBSPs



1. ARE NOT a regurgitation of the FBA
 - ▶ Please don't copy and paste.
2. ARE NOT a documented set of consequences for non-compliance
3. ARE NOT designed for others' convenience
 - ▶ Please recognize the differences and limits of provider and LAR roles
4. DO NOT use the same interventions for many different participants
5. ARE NOT *approved for use* by the Division



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Please remember that a PBSP is **not** a regurgitation of the FBA. We often see copying and pasting between the two documents which indicates the process is not being followed as intended.

Effective plans are NOT a documented set of consequences for the participant's non-compliance or a list of privileges to lose. If receiving or not receiving something in the plan escalates behavior, it is NOT a good plan.

PBSPs are also **not** written for the convenience of legally authorized representatives or providers. Rights restriction rules for providers and LARs are very different and providers and LARs occupy very different roles.

Effective PBSPs also do **not** utilize the exact same interventions for several **different** participants. If they do, they are not person-centered.

All team members should also understand that PBSPs are not **approved for use**, but rather *reviewed*, by the Division. The Division only gets involved if the plan results in issues that require technical assistance or corrective action.



Step 4: Monitor Outcomes

If you are proactive, you focus on preparing. If you're reactive, you end up focusing on repairing.

Consider Critical & Internal Incidents

- ▶ Ask: Is it working?
- ▶ Ask: Is it still relevant?
- ▶ Ask: Is it effective?
- ▶ Ask: Is it consistently implemented by all, in all settings?
- ▶ Plans often fail if:
 - ▶ The plan is not implemented **at all**.
 - ▶ The plan is not implemented **by all** team members.
 - ▶ The plan is not implemented **in all** environments.
 - ▶ The plan is not person-centered.



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We've covered the first 3 steps in the Positive Behavioral Analysis Planning process. Now, we'll shift our time frame to look at what teams are responsible for **after** a PBSP is implemented and in use - more specifically, continuous monitoring. *"If you are proactive, you focus on preparing. If you're reactive, you end up focusing on repairing."*

This quote summarizes why continuous monitoring of PBSPs is so important. Teams must be proactive and monitor the effectiveness of all positive behavior support plans. Providers can regularly review incident reports with the PBSP in mind and consider the following questions:

- Is it working?
 - When monitoring a PBSP, pay attention to when the behavior occurs, who's around and if behavior modifying drugs are being used. Is there an increase in incidents? Has there been an increase in the usage of the behavior-modifying PRNs? Is there a common thread between incident reports?
- Ask: Is the plan still relevant?
 - Gain input and feedback from direct support professionals and those responsible for implementing the plan to ensure that what is written is

- still feasible and attainable.
- Ask: Is the plan still effective and is it being used consistently by **all**, in **all** settings?
 - Plans often fail because
 - The plan is not implemented **at all**
 - The plan is not implemented **by all** team members
 - The plan is not implemented **in all** environments in which the participant interacts.
 - The plan is not person-centered and is therefore ineffective for the unique individual.

Monitoring the plan is an essential step and must be considered part of the ongoing PBSP process for each participant.



Step 5: Review Regularly & Revise if Needed

- ▶ Keep the plan in mind!!
- ▶ Documented reviews are required by case managers every 6 months
 - ▶ Chapter 45, Section 17 of Wyoming Medicaid Rule
 - ▶ Reviewed annually at participant's IPC meeting
 - ▶ Discuss during case manager quarterly visits
- ▶ Suggest revisions if the plan is ineffective:
 - ▶ Increase in critical incidents?
 - ▶ Increase in calls to law enforcement?
 - ▶ Use of any restraints?



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Chapter 45, Section 17 of Wyoming Medicaid Rule **requires** case managers to review PBSPs (and other protocols) with providers at least every six (6) months to assess the plan's effectiveness. The rules also state the review must be documented and should occur "more frequently" if needed.

At the very least, PBSPs must be reviewed formally with the team at the participant's annual IPC meeting and sixth-month review meeting. The team should reflect on any changes that have occurred with the participant since the last review. Direct Support Professionals and those responsible for implementing the plan should be included and are strongly encouraged to attend.

Another opportunity for reviewing the PBSP is during monthly home and/or quarterly visits by the participant's case manager. It is important that during these visits, conversations about the PBSP occur with BOTH the participant and the DSPs that work with them.

Providers should be collaborative with case managers along the way and suggest updates and revisions to the plan when plans are ineffective. Please remember that an increase in critical incidents, calls to law enforcement for behavioral emergencies,

or the need for restraints of *any kind* may point to the ineffectiveness of the PBSP. A formal, documented review to modify the PBSP may be required.

3...4...5...A Recap for Providers

3 Goals of Positive Behavior Support

1. Increase the Participant's Quality of Life
2. Decrease their Interfering Behavior
3. Teach Adaptive Skills & Replacement Behaviors

4 Fundamentals of the Planning Process

1. Person-Centered
2. Positive
3. Data Driven
4. Proactive

5 Steps to an Effective PBSP



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To recap, recall that we started by looking at the **three primary goals** of positive behavior support - to increase quality of life, decrease an interfering behavior, and teach more acceptable, replacement behaviors. Providers can follow the **four** fundamentals throughout the process to ensure the positive behavior support plan document **and** the process itself remains person-centered, positive, data-driven and proactive. They can do this by following the 5 steps to create an effective PBSP.

5 Steps to an Effective PBSP



1. Engage as a member of the Behavioral Support Team
2. Complete a data-driven FBA
3. Develop a PBSP with positive interventions
4. Monitor outcomes
5. Review regularly and suggest revisions if needed



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1. Engage as a member of the participant's support team; keeping the focus on the participant and committing to a positive, inclusive environment that values input from *all* team members.
2. Complete a Functional Behavioral Analysis that uses data and thorough questioning to dive deeper to identify antecedents and possible reasons for **why** the behavior is occurring or **what** the participant is communicating.
3. Collaborate on the creation of a Positive Behavior Support Plan document that utilizes **detailed, participant-specific, positive interventions and easy to follow strategies**.
4. Monitor and document plan outcomes.
5. And finally number five, work with the case manager to review plans regularly and suggest revisions or updates to the plan if circumstances change and adjustments are needed.

Resources



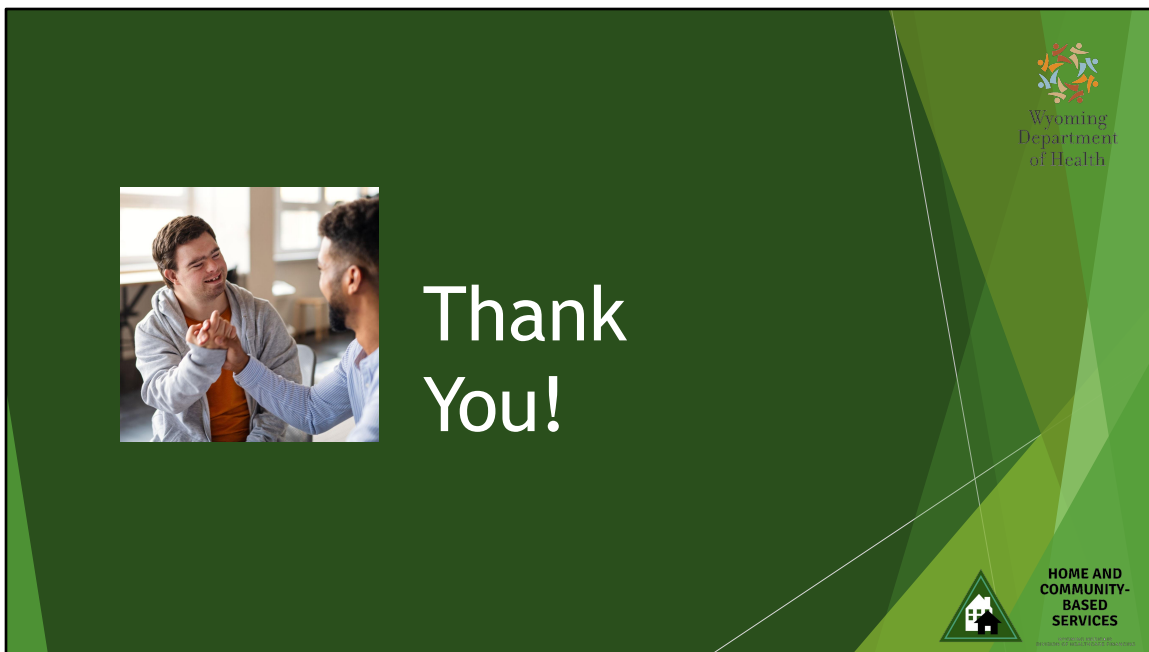
HCBS Website Resources

- ▶ [PBSP Manual](#)
- ▶ [FBA/PBSP Forms](#)
- ▶ [Chapter 45, Section 17](#)
- ▶ Initial Provider Training Module #14
[Recording \(41:50\)](#)
[Slide deck](#)
- ▶ Positive Behavior Support Planning
Process for Case Managers- 5/2025
[Recording \(41:16\)](#)
[Slide deck](#)



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You may find some of the resources we have available helpful. Additional information can be found on the Home and Community-Based Services Section's website – including the Section's PBSP Manual, FBA and PBSP forms, training recordings and slide decks.



We thank you again for joining us today and encourage you to post any question you may have in the chat. We will provide a written response to your questions when we send out today's support call notes which are typically emailed and made available on our website within a week of these calls. We're glad you could be here, appreciate your time and **all** the work you do for the participants you serve across our state.