

**DIVISION CIRCULAR #34
(N/A)**

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

EFFECTIVE DATE: January 15, 2010

DATE ISSUED: September 1, 2009

(Replaces Division Circular #34, "Behavior Modification Programming" issued May 27, 1999.)

- I. **TITLE:** **BEHAVIOR SUPPORT PLANS**
- II. **PURPOSE:** To provide guidelines by which Division components and service providers will develop, implement, and evaluate behavior support plans (BSP).
- III. **SCOPE:** This circular applies to all components of the Division and agencies and entities under contract with the Division or regulated by the Department, who provide services to Division eligible individuals.
- IV. **POLICIES:**
 - A. The Division recognizes the importance of quality of life to people with developmental disabilities. A person's quality of life is enhanced by having the opportunity to express choice and individuality. Each person has a role and responsibility in achieving his or her own desired quality of life.
 - B. There is a need to minimize potential risk to the individual served, staff members and others in the living environment or the broader community by providing guidelines for the development of BSPs. These guidelines must balance the needs of the individual, staff and the community.
 - C. The short term use of 1:1 staffing for the purpose of stabilizing or managing an individual's behavior may, on occasion, be necessary. However, the ongoing use of 1:1 staffing might be inappropriately utilized as a substitute for more effective and appropriate behavioral supports. Therefore, primary reliance on 1:1 staffing shall not be routinely employed for more than thirty (30) days. Utilization beyond

thirty (30) days is contingent upon IDT and Behavior Support Committee (BSC) review and recommendation.

- D. The needs of the individual receiving services shall take precedence in determining the services to be provided.
- E. The Division recognizes that many individuals have difficulty communicating their critical needs and desires. It should be recognized that behaviors or changes to behavior may be related to medical, dental or mental health issues that the individual is unable to identify or express. Division components and service providers shall make concerted efforts, including the undertaking of a functional analysis of the target behavior, to evaluate, understand and accommodate any communicative functions and underlying causes of behavior.
- F. The Division recognizes that there exist a number of empirically supported practices which address behavior management. Effective BSPs are rooted in a behavioral assessment and a functional analysis of the target behavior that considers relevant environmental and social contexts.
- G. BSPs must be reviewed periodically and shall be revised if they fail to progress towards, achieve or maintain the desired behavioral effect. These reviews of plan effectiveness shall compare current data-based measures with those obtained prior to the plan implementation or its latest revision.
- H. To protect individuals from ineffective or unnecessary interventions, BSPs must be based upon adequate behavioral analysis, including functional analysis of the behavior. Additionally, BSPs shall be designed such that appropriate and relevant data based empirical measures of outcome are collected and used to justify either the redesign or continuance of plans according to the time frames contained in this circular. BSPs for which favorable outcomes are not demonstrable are to be reviewed and revised. "Maintenance" is only considered a favorable outcome if it can be shown that removal of the plan will lead to a loss or deterioration of learned behavior or the behavioral improvement.
- I. The Division recognizes that adaptive behavior is fostered and maintained by meeting certain basic human needs. These needs, in relation to a person's quality of life, shall be considered when employing BSPs.

Basic needs to be considered shall include, but are not limited to having:

1. Availability of a nutritious diet.
 2. An environment, which provides sufficient living area, employs effective sanitary practices and affords the opportunity for personal privacy.
 3. Access to needed services, activities and personal possessions which are individualized and preferred.
 4. Frequent communication and positive interactions with others.
 5. Culturally sensitive treatment which recognizes, through the words and actions of others, that the individual is a valued and respected person.
 6. Opportunity for the development of appropriate social, communication, coping, and other life skills.
- J. BSPs will be designed in accordance with professional ethical standards and currently accepted behavioral practice. BSPs shall be developed with a reasonable expectation of affecting the future behavior of the individual. Maximum respect for the individual's personal dignity shall be reflected.
- K. All approved BSPs shall be incorporated into the Service Plan.
- L. BSPs should be used to help individuals learn new behaviors or to maintain and promote socially acceptable behavior.
- M. The Division requires that BSPs consider the person's race, religion, sexual identity, culture and ethnic norms.
- N. Division components and service providers must insure that BSPs do not employ retaliation or retribution. The plans may contain aversive elements with appropriate controls and approval. The use of electric shock, ammonia, pepper spray and mace is strictly prohibited.
- O. BSPs that include physical restraint of the body shall identify other less restrictive interventions to be attempted when clinically appropriate.
- P. Division components and service providers developing or implementing BSPs shall maintain the on-going capability to do so, including, but not limited to, having adequate resources to develop, implement, and oversee the BSPs. When the facility is unable to

produce the desired behavioral progress, external resources and expertise are to be consulted.

- Q. Before developing BSPs, Division components and service providers shall be required to have a Behavior Support Policy and Procedure approved in writing by the Assistant Commissioner.
- R. When the individual requires and receives behavioral support services from more than one Division component or service provider, staff from those entities shall cooperate in the development and implementation of the BSP.
- S. Behavior supports shall not be used for the convenience of staff.
- T. A BSP is required whenever there are Behavioral Risk Elements associated with either the behavior of the individual or with a specific behavior support technique. In cases where Behavioral Risk Elements associated with the behavior of the individual have been identified, and a BSP is medically or clinically contraindicated, written justification of such contraindication shall be noted in the client record. The client record shall further include a detailed inventory of any alternate means being employed to ensure the health and safety of the individual. On at least an annual basis, the IDT shall review the behavior of the individual, consider if the contraindication of a BSP remains valid, and evaluate the efficacy of any alternate means being employed to ensure the health and safety of the individual.
- U. Any practice in variance with the requirements of this circular shall require the prior approval of the Assistant Commissioner.

V. **STANDARDS:**

A. **Definitions**

For the purpose of this circular, the following terms shall have the meanings defined herein:

1. "Assistant Commissioner" means the Assistant Commissioner of the Division of Developmental Disabilities.
2. "Behavioral assessment" means a comprehensive investigation of the target behavior, including the various environmental conditions affecting it, and any other variables that inhibit or reinforce it. Typically, a behavioral assessment takes into account information gleaned through direct, unobtrusive

observation. It also considers germane facts and data acquired from persons and documentary records.

3. “Behavior Policy Review Committee (BPRC)” means a group of professionals having clinical expertise in behavior management who review behavior related issues and recommend a course of action to the Assistant Commissioner. A minimum of two members shall not be employees of the Division.
4. “Behavior Support Committee (BSC)” – refer to Division Circular #18.
5. “Behavior Support Plan (BSP)” means a comprehensive, prescriptive, procedural plan of actions to be taken in advance of or subsequent to the occurrence of a target behavior; the specific purpose of which is to modify the frequency, intensity, and/or duration of the target behavior. In addition to describing the behavior support technique(s) to be utilized, a BSP includes specific components identified in section V. D. 2. a - h. These note significant history, summarize assessments, provide rationale for the proposed intervention and define projected outcomes and timetables.
6. “Behavior support technique” means a specific technique, strategy or procedure utilized in a BSP. Prohibited technique(s) shall not be used.
7. “Behavioral Risk Elements” means:
 - a. Behavioral risk associated with the behavior of an individual:
When determined by the IDT, the behavior of the individual poses a credible, potential risk to the health or safety of the individual, staff or others in the person's community.
 - b. Behavioral risk associated with the proposed behavior support technique:
When determined by the IDT, the proposed behavior support technique poses a credible, potential risk to the health or safety of the individual, staff or others in the person's community; or the proposed behavior support technique includes any of the following:
 - i. Token or point systems utilizing response cost or the loss of tokens, points or privileges. This does

not include plans only utilizing positive reinforcement or extinction.

- ii. Substantive alteration to the usual environment, for the specific purpose of behavioral control. This includes the utilization of clothing or physical barriers to restrict access or impede movement, and the use of indirect monitoring designed to track movement or activity.
 - iii. Substantive alteration to the usual routine, for the specific purpose of behavioral control. This includes meal times or occasions for social contact.
 - iv. Restricted rights, including limited access to the typical environment or personal property.
 - v. The use of physical prompting and/or manual guidance to overcome significant resistance.
 - vi. Contingent presentation of non-preferred sensory or physical stimuli; intended to alter the frequency, intensity or duration of a behavior.
 - vii. Physical restraint of the body, by any means, as part of a BSP.
 - viii. Overcorrection or contingently required physical activity; intended to alter the frequency, intensity or duration of a behavior.
 - ix. Any exclusionary time out procedure over five (5) minutes in duration, or the use of a time out room when specifically approved by the Assistant Commissioner.
8. "Chief Executive Officer (CEO)" means the person with administrative authority over a developmental center, a service provider agency or a private licensed facility for persons with Developmental Disabilities, in accordance with N.J.A.C. 10:47.
 9. "Department" means the Department of Human Services.
 10. "Division" means the Division of Developmental Disabilities.

11. “Functional Analysis of the Target Behavior” means a focused, detailed and specific examination of the purpose or function of the target behavior for the individual. This function may be hypothesized by analyzing the behavioral outcomes for the individual that result from the exhibition of the target behavior.
12. “Generalization” means the expansion of an achieved behavioral response across a variety of settings.
13. “Human Rights Committee (HRC)” – refer to Division Circular #5 (N.J.A.C. 10:41A).
14. “Informed Consent” – refer to Division Circular #41.
15. “Interdisciplinary Team (IDT)” means a group that shall minimally consist of the individual receiving services, the plan coordinator, the legal guardian, and/or the Division case manager. The IDT may include the parents or family member(s) at the preference of the person served or legal guardian. In addition, members may include: advocates and friends, those persons who work most directly with the individual served, and professionals and representatives of service areas who are relevant to the identification of the individual's needs and preferences and the design and evaluation of programs to meet them.
16. “Maintenance” means the continuation of an intervention over time. In certain situations, a plan that has attained the specified outcome will continue to be required, in order to maintain the behavioral performance level achieved.
17. “Medical professional” means a physician, physician’s assistant or advanced practice nurse.
18. “Prohibited Technique” means a specific technique, strategy or procedure whose use in a BSP is prohibited by law, rule or directive. The use of electric shock, ammonia, pepper spray and mace is prohibited.
19. “Regional Administrator (RA)” means the person with administrative authority over a Regional Office of Community Services.
20. “Service Plan”– refer to Division Circular #35

21. "Service provider" means all agencies and entities under contract with the Division, or regulated by the Department, including agencies providing residential or day services, operators of Community Care Residences and consultation agencies.
22. "Target behavior" means any operationally defined behavior that is the focus of a BSP.

B. Behavior Support Policy and Procedure

1. Every Division component or service provider that may find it necessary to develop or implement a BSP shall have Behavior Support Policy and Procedures which must be reviewed and approved by the Assistant Commissioner. A service provider's Behavior Support Policy and Procedure must also be reviewed by the Division's Community Services Regional Office(s). BSPs in Community Care Residences shall be developed through the Regional Office.
2. Behavior Support Policy and Procedure shall include:
 - a. An identification of the specific behavioral support techniques or categories of techniques that may be used within BSPs.
 - b. A plan to obtain consultation or training in alternate or additional behavioral supports, in the event that the identified behavioral supports prove ineffective; or to augment staff professionalism and skill.
 - c. A description of the Division component or service provider's internal processes to furnish behavior support services. Any reliance upon external resources is to be noted.
 - d. A description of the Division component or service provider's procedures to ensure that any 1:1 staffing, for the purpose of stabilizing or managing an individual's behavior and continuing beyond thirty (30) days, is subject to the review and recommendation of the IDT and the Behavior Support Committee (BSC).
 - e. A description of the behavioral assessment and functional analysis of the target behavior processes, including responsible parties and timeframes.

- f. A description of the plan development and approval processes, including responsible parties, documentation requirements and timeframes. The HRC and BSC that would be utilized must be specified.
 - g. An outline of the staff training curriculum designed to provide both an overview of behavioral supports and training on specific BSP(s). Responsibility for staff training and internal procedures to assure staff competence and the retention of skills must be described.
 - h. A designation of responsibility for the implementation, monitoring and documentation of BSPs. Monitoring of BSPs shall include direct observation of staff implementation, including the timely and accurate collection and recording of plan related data.
 - i. An overview of the quality oversight system, based upon the administrative auditing of individual BSPs, as required at V.G.1. and G.2. below.
 - j. An identified location where a central file of all BSPs will be maintained and available for review.
3. Additionally, for community service providers, Behavior Support Policy and Procedure shall specify and delineate the responsibilities of the service provider from those of the Regional Office, if any. The process of communication between the service provider and the Regional Office shall be described and timeframes for action are to be identified. Parties responsible for the identification of target behavior, behavioral assessment, plan development and approval activities, garnering consent, staff training, plan monitoring and required documentation shall be described.
4. The Behavior Support Policy and Procedure shall be submitted for review to the Behavior Policy Review Committee (BPRC) appointed by the Assistant Commissioner.
- a. The Committee may request clarification or suggest changes.
 - b. All changes shall be reviewed by the Committee.

- c. Based upon its review, the Committee shall make a recommendation to the Assistant Commissioner.
 - d. The Assistant Commissioner may fully approve the Behavior Support Policy and Procedure, issue an approval contingent upon specified changes or require further development.
5. For community service providers, Behavior Support Policy and Procedure shall be reviewed and approved by the respective Community Services Regional Office(s) prior to review by the BPRC.

C. **Staff Credentials**

1. **Plan Development**

- a. Consistent with the Division component or service provider approved Behavior Support Policy and Procedure, a BSP may be developed by staff with at least a Bachelor's degree in psychology, special education, guidance and counseling, social work, or in a related field along with at least one year of supervised experience in developing and implementing BSPs for individuals who have developmental disabilities.
- b. If Behavioral Risk Elements are identified, the BSP shall be reviewed, approved and operate under the supervision of an individual with at least a Master's degree in one of the fields specified in V. C.1.a., along with at least one year of experience in the development and implementation of BSPs for individuals who have developmental disabilities.

2. **Plan Implementation**

Prior to the implementation of a BSP, it shall be documented that staff directly implementing the plan shall have completed the following trainings:

- a. Orientation to behavioral supports, using the curriculum described in the approved Behavior Support Policy and Procedure.

- b. Orientation to the service provider's Abuse and Neglect policies.
- c. Training on the specific BSP. This training shall insure that, at a minimum, staff responsible for the direct implementation of the BSP can identify target behaviors, implement all behavior support techniques and properly collect and record data.

D. **Clinical Guidelines for BSPs**

1. **General Requirements:**

- a. BSPs shall not be developed unless identified medical, dental or mental health causes for the target behavior have been addressed or ruled out.
- b. To the extent possible, BSPs shall consider the religious, racial, social and cultural norms of the people and environments on which they have an impact, both in terms of the procedures used and the behaviors addressed.
- c. BSPs designed to reduce problem behaviors shall include or reference provisions for teaching and positively reinforcing alternate, adaptive behavior(s).
- d. Unless there are documented clinical reasons not to, plans shall include procedures to maintain and generalize behavioral improvement.
- e. BSPs employing any form of physical restraint shall include other, less restrictive interventions to be attempted prior to the use of the restraint unless specifically contraindicated by the behavioral assessment and functional analysis of the target behavior. Contraindications are to be documented in the Rationale for the Proposed Intervention section of the BSP (see section 2.g., below).
- f. BSPs shall provide clear instructions for the people who implement the plans. Plans should include descriptions and examples of what the implementer might say and the demeanor to adopt.

- g. BSPs shall specifically identify any health or safety concerns associated with the behavior or the intervention. The plan shall provide clear instructions on how these concerns will be addressed.
2. BSP components shall include:
- a. **Relevant Background Information:**
A brief description of the individual and any pertinent background information, such as age, sex, level of functioning, medical history and on-going medical problems, medication history, physical disabilities, communication capabilities, and other significant information. The individual's background shall be considered when the Plan is developed.
 - b. **Description of the presenting problem:**
A clear description of the presenting problem, including:
 - i. A discussion of the historical development of the problem in its current form and whether similar problems have been experienced previously;
 - ii. The identification of any antecedents, listed in the sequence in which they occur;
 - iii. The conditions and consequences that appear to maintain the behavior; and
 - iv. Any functional relationships inherent in existing behavioral contingencies.
 - c. **Effect(s) of the Presenting Problem:**
An identification of how the presenting problem impacts the individual or others.
 - d. **Description of Previous Intervention Approaches:**
A short summary of previous intervention approaches, how long they were used, and their outcomes.
 - e. **Behavioral Assessment and Functional Analysis of the Target Behavior:**
Documentation that a behavioral assessment and functional analysis of the target behavior was conducted, including, but not limited to the following:

- i. Data on the target behavior (e.g., frequency, intensity, duration); typically referred to as “baseline” data.
- ii. Data showing the specific circumstances in which the behavior occurs and does not occur using clinically acceptable behavioral data collection methods.
- iii. Assessment of the antecedents and consequences of the behavior.
- iv. Assessment of the individual’s communication skills, and the role communicative deficits, if any, play in relationship to the function of the target behavior.
- v. To the extent possible, analysis of the function that the behavior has for the person (e.g., attention-seeking, avoidance, communication).
- vi. An analysis of the person’s environment(s) including the availability of reinforcement, appropriate activities, social interaction and physical characteristics.
- vii. Identification of current and potential reinforcers especially as they relate to the person’s likes and dislikes, interests, and other personal characteristics.
- viii. Consideration of the behavior’s onset, history and topography to identify potential environmental or health related causes for the behavior.
- ix. In cases where a potential medical cause for the target behavior has been identified, there shall be a documented review by a medical professional. The documentation shall indicate that medical causes for the behavior have been evaluated and ruled out or are being further explored and addressed.
- x. Current medications which are relevant to the target behavior, reasons for taking the medications and any side effects.

- xi. Information from additional evaluations, if indicated.

f. **Description of the Proposed Intervention**

This shall include no less than the following:

- i. A description of any proposed behavior support techniques and their incorporation into the overall BSP.
- ii. For BSPs designed to reduce problem behaviors, the inclusion or reference to provisions that teach and positively reinforce alternate, adaptive behavior(s).
- iii. A discussion of the anticipated effect, side-effects, risks, and benefits of the intervention, including a statement of the impact of the BSP on the quality of life of the individual, the person's staff or caretakers and affected members of the community.
- iv. An estimate should be provided of how long it may take to achieve the desired behavioral change.
- v. A description of any procedures designed to ensure maintenance and generalization.
- vi. Specification of appropriate, empirical, outcome measures that are objective, based upon behavioral data, and related to enhancing the individual's quality of life.
- vii. A description of any data collection and documentation associated with the implementation of the BSP.

g. **Rationale for the Proposed Intervention:**

This should include an explanation of how the proposed intervention addresses the target behavior, with specific regard to the findings of the behavioral assessment.

h. **Desired Outcomes and Estimated Timelines:**

BSPs shall identify desired behavioral outcomes and estimated timelines for achieving them. BSPs shall also

identify desired outcomes related to the quality of life of the individual for whom the plan is being developed.

E. **Behavior Support Plan Approval Requirements**

Prior to its implementation, a BSP must attain the required approvals. Approvals are valid for a period not to exceed twelve (12) months following the date of implementation. Plans continuing beyond twelve (12) months must be updated and revised as appropriate and submitted to the IDT for consideration of re-approval.

Re-approval of a BSP is predicated upon there having been a clinically significant reduction of the target behavior. To re-approve a BSP that did not result in a clinically significant reduction of the target behavior, the IDT and BSC shall document specific reasons justifying continuance of the plan.

1. **Basic Approval Requirements – All BSPs**

Prior to its initial implementation or at the time of its re-approval, all BSPs shall require:

- a. Approval of the IDT. The IDT must include a member whose behavioral expertise meets or exceeds the credentials cited under V.C.1.a. of this circular.
 - i. The IDT is responsible to identify any Behavioral Risk Elements associated with the individual's behavior or the proposed behavior support technique(s).
 - ii. The plan must be consistent with and become a part of the individual's Service Plan.
- b. A medical review of the behavior support technique, if required by the IDT.
 - i. The IDT shall review the client record and the proposed BSP. Medical review is required, if the IDT has concerns that there may be a risk to the physical health of the individual as a result of any behavior support technique incorporated into the plan.

- ii. Medical review shall include documentation that a medical professional has considered the behavior support technique in question and whether its utilization is contraindicated by the individual's physical or medical condition.

2. Additional Approval Requirements - Behavioral Risk Elements

BSPs with identified Behavioral Risk Elements require additional approvals beyond the Basic Approval Requirements (see section V. E. 1.). These approvals must be attained prior to the initial implementation of the plan and again at the time of its re-approval.

a. Behavioral Risk(s) associated with the behavior of an individual

These BSPs have the following additional requirements:

- i. BSC review, in accordance with Division Circular #18. A review must be conducted at least every thirty (30) days for the first ninety (90) days and at least every ninety (90) days thereafter. Re-approved BSPs must be reviewed every ninety (90) days.
- ii. Informed Consent, in accordance with Division Circular #41.
- iii. Approval by the CEO or Regional Administrator (RA) having administrative authority over the Division component or service provider responsible to implement the BSP.

b. Behavioral Risk(s) associated with the proposed behavior support technique

These BSPs have the following additional requirements:

- i. BSC review, in accordance with Division Circular #18. A review must be conducted at least every thirty (30) days for the first ninety (90) days and at least every ninety (90) days thereafter. Re-approved BSPs must be reviewed every ninety (90) days.
- ii. HRC review, in accordance with Division Circular #5.

In such cases where an expedited review and recommendation is needed, this may be done by the chairperson of the HRC, contingent upon a subsequent review by the full committee.

- iii. Informed Consent, in accordance with Division Circular #41.
 - iv. Approval of the CEO or RA having administrative authority over the Division component or service provider responsible to implement the BSP.
3. Prior to the initial implementation, or at the time of its re-approval, a copy of any BSP that was reviewed and approved by a service provider's BSC or HRC must be mailed to the Division's Community Services Regional Office. The copy shall include documentation of all required reviews and approvals.

In Developmental Centers, a copy of the plan and related documentation does not have to be mailed to the Community Services Regional Office.

4. BSPs that utilize physical restraint of the body require a documented review by the IDT no less than every six (6) months. This documentation is to be maintained in the client record.

F. Plan Implementation, Monitoring and Documentation

1. If there are no identified Behavioral Risk Elements, a BSP requires:
- a. Documentation substantiating that any person responsible to implement the BSP has been adequately trained by the plan author or their designee.
 - b. On at least a quarterly basis, documentation shall be entered into the client record reflecting the progress of the BSP and identifying significant events related to the training or implementation of the plan. This documentation of progress shall be based upon a comparison of current data-based measures with those obtained prior to the plan implementation or its latest revision.
 - c. If the quarterly documentation does not reflect measurable progression towards or achievement of the

desired behavioral effect, then this documentation shall further note any potential reasons that have been identified.

2. If Behavioral Risk Elements are identified, the requirements for a BSP are as follows:
 - a. Documentation substantiating that any person responsible to implement the BSP has been adequately trained by the plan author or the author's designee.
 - b. On at least a monthly basis, documentation shall be entered into the client record reflecting the progress of the BSP and identifying significant events related to the training or implementation of the plan. This documentation of progress shall be based upon a comparison of current data-based measures with those obtained prior to the plan implementation or its latest revision.
 - c. If the monthly documentation does not reflect measurable progression towards or achievement of the desired behavioral effect, then this documentation shall further note any potential reasons that have been identified.
 - d. At least once per quarter, documentation shall be entered into the client record reviewing some of the identified quality of life outcome measures. Two successive quarters of poor outcomes shall require an IDT review of the BSP and the identified quality of life outcome measures.

G. **Quality: Oversight and Outcomes**

1. To evaluate the overall implementation and efficacy of behavioral interventions, each Division component or service provider shall establish a program of administrative quality assessment based upon the review of a representative sample of their BSPs. These are in addition to any other reviews required of the IDT or the BSC.
2. The Division component or service provider shall have internal procedures identifying who is responsible to conduct these reviews of individual BSPs, compile them into an overall quality assessment, and describe how the findings will be documented.

- a. Division components and service providers shall review at least twenty (20) percent of the existing BSPs every twelve (12) months. Service providers with fewer than ten (10) plans shall review at least three (3) plans every twelve (12) months, if at least three (3) plans exist.
 - b. The BSPs selected for these reviews shall be representative of the types of plans and the settings within which they operate at the Division component or service provider's facility.
 - c. Each BSP review shall verify that:
 - i. Training requirements for staff implementing BSPs have been met;
 - ii. Required data collection is being done in a timely and accurate manner. Requisite documentation is entered in the client file, including data-based comparisons between pre-treatment baseline measures and post-intervention measures;
 - iii. There is a documented review of outcomes related to the quality of life of the individual for whom the BSP has been implemented;
 - iv. Required initial reviews and approvals by the IDT, HRC and BSC are documented in the client record; and
 - v. There is documentation of any required on-going reviews by the IDT or BSC.
3. BSPs, as a component of the Service Plan, shall be subject to audit by the Division, an authorized Department representative or by the designated licensing entity. Upon request, the licensing entity shall provide a summary of findings to the Assistant Commissioner's BPRC.

Kenneth W. Ritchey
Assistant Commissioner

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)**

BEHAVIOR SUPPORT POLICY & PROCEDURE FORMAT

INSTRUCTIONS: Use this format.

Follow the **BOLD** directions in each section below and submit the information on your Provider / Division Component letterhead to:
DDD Office of Quality Management & Planning

SECTION I. SCOPE / LIMITATIONS –

Identify which of your programmatic services (i.e. Day Service, Residential, etc.) this submission applies to.

SECTION II. RESPONSIBILITIES AND ASSURANCES -

1. Behavior Support Plan Development Responsibilities
 - a. **Describe the processes and staff titles responsible for:** •identifying target behavior •conducting Behavioral Assessment and Functional Analysis •plan development •garnering approvals / consent •staff training •plan monitoring and documentation.
 - b. **Provide a written assurance that parties responsible for behavioral support development will be credentialed consistent with Division Circular #34 at V. C.1.a.**
 - c. **Indicate which Human Rights Committee (HRC) and Behavior Support Committee (BSC) would be utilized. Note the committee meeting locations.**
 - d. **Identify any external parties, including the Division / Regional Office that agree to be responsible to routinely perform any key behavior support functions as a part of your process. Delineate responsibilities by organization and title.**
2. **Describe how you will ensure that any 1:1 staffing, for the purpose of stabilizing or managing an individual's behavior and continuing beyond thirty (30) days, is subject to the review and recommendation of the IDT and the BSC.**
3. **Identify the location where you will maintain a central file of all behavior support plans.**

SECTION III. BEHAVIOR SUPPORT PLAN TECHNIQUES –

List the specific behavioral support techniques / categories of techniques, specifically including those categories of techniques from Division Circular #34 at V. A. 7. b. i – ix, that may be used within behavior support plans.

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)**

BEHAVIOR SUPPORT POLICY & PROCEDURE FORMAT

SECTION IV. STAFF TRAINING, SKILL ENHANCEMENT AND PROFESSIONALISM –

1. **Describe your staff training process and curricula relative to: •providing an overview of behavioral supports •providing specific training on individual behavior support plans •assuring mastery and retention of skills.**
2. **Identify additional, potential sources of consultation or training in behavioral supports if needed; or to augment staff professionalism and skill.**

SECTION V. SUPERVISION AND ADMINISTRATIVE OVERSIGHT –

1. **Identify staff titles responsible for the direct supervision of behavior support plans, including: •observing plan implementation •monitoring data collection / accuracy.**
2. **Describe the quality oversight system, based upon the administrative auditing of individual behavior support plans, as required by Division Circular #34 at V.G.1. and G.2.**

SECTION VI. AUTHORIZATION -

Include the name, *signature and date* of the CEO / Executive Director authorizing the policy and procedure.