



**NV Instruction**

Make Life Better by Doing What Matters

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**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Primary Diagnosis:** \_\_\_\_\_ **Other Diagnosis 1** \_\_\_\_\_

**Additional Diagnoses** \_\_\_\_\_ **Medicaid Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt./Unit #:** \_\_\_\_\_

**Start Date of This Plan:** \_\_\_\_\_ **End Date of This Plan:** \_\_\_\_\_

**Outcomes**

Activities	Tasks	Hours	Completion Date:
<p>Assessment Activities:</p> <p>Complete an assessment of the individual's current skills and areas of need in relevant environments to meet the identified CSB outcomes.</p>	<p>1a. Interview the individual, their family, caregivers, and other support providers to identify current skills and areas of need to meet the identified outcomes.</p> <p>1b. Complete relevant assessment tools (e.g., Functional Assessment Screening Tool, Functional Assessment Interview, DBHDS Skills Assessment Checklist, Preference Assessment).</p> <p>1c. Review current and past documentation of current and previous interventions, support services, and assistive devices.</p> <p>1d. Observe and assess current interventions, support services, and assistive devices.</p> <p>1e. Assess the need for assistive devices, environmental modifications, or additional services.</p>	<p>16</p>	

<p>Behavior Plan Design and Development:</p> <p>Collaborate with the individual, their family, caregivers, and other support providers to develop a written support plan that details the specific tasks to be conducted by the therapeutic consult provider and other team members to work towards meeting the identified CSB outcomes.</p>	<p>2a. Analyze, synthesize, and summarize information gathered from the assessment procedures.</p> <p>2b. Identify specific interventions to be implemented by the therapeutic consult provider, family, and other service providers.</p> <p>2c. Design and develop a written support plan.</p> <p>2d. Meet with the individual, their family, caregivers, and other service providers to confirm that the plan is sufficient to meet policies, obtain agreement, sign the plan, distribute copies to relevant individuals, and maintain a copy in the therapeutic consult provider's files.</p> <p>2e. Develop data collection mechanisms and system for use to make data based decisions regarding the efficacy of interventions.</p> <p>2f. Design and develop assistive technology related to the support plan</p>	20	
<p>Behavior Plan Training and Implementation:</p> <p>Train the individual's family, caregivers, and other service providers to implement the interventions identified in the support plan.</p>	<p>3a. Identify specific times and locations for trainings.</p> <p>3b. Assist the individual's family, caregivers, and other service providers in making the identified environmental or service adjustments to increase progress towards CSB outcome.</p> <p>3c. Train the individual's family, caregivers, and other service providers to implement interventions, observe and record data, and analyze the data to determine the efficacy of the interventions.</p>	27	
<p>Ongoing Evaluation and Modifications:</p> <p>Evaluate the effectiveness of the support plan and make changes, as necessary.</p>	<p>4a. Observe and interview the individual, their family, caregivers, and other service providers to identify the success or needs for change in the current support plan.</p> <p>4b. Review and analyze data collected to determine the efficacy of the interventions and make changes to increase efficacy, generalization, or maintenance.</p> <p>4c. Discuss recommended changes with the individual, their family, caregivers, and other support providers, make agreed upon changes, and confirm approval before implementing changes.</p>	16	

<p>CSB Coordination:</p> <p>Communicate and coordinate all aspects of Therapeutic Consultation with the supervisory staff of the receiving agency.</p>	<p>5a. Coordinate consultation activity schedule with supervisory staff.</p> <p>5b. Communicate with supervisory staff via verbal conversations and written documentation.</p> <p>5c. Document Therapeutic Consultation activities via contact notes and a monthly summary.</p> <p>A. Contact notes include:          -Date, location, and time of each contact          -Persons to whom activities were directed          -ISP objectives addressed          -Specific activities conducted</p> <p>B. Monthly summary includes:          -Date, location, and times of service delivery          -ISP objectives addressed          -Specific details of the activities          -Services delivered as planned or modified          -Effectiveness of the strategies and the individual's satisfaction with the services.</p> <p>C. Quarterly Reviews will include:          -Activities related to the supporting documentation          -Individual statuses and satisfaction with services          -Consultation outcomes and effectiveness of the Plan of Care</p>	<p>Not billable.</p>	
<p>Continuation or Discharge:</p> <p>Determine the need for continuation or termination of services.</p>	<p>6a. Collaborate with the individual, their family, other service providers, and the Support Coordinator to integrate the behavior intervention plan into the Plan of Care.</p> <p>6b. Make recommendations to the Case Manager to continue or terminate Therapeutic Consultation services.</p> <p>6c. Complete a Final Disposition Summary and forward to Case Manager within 30 days following the end of services. The summary will include:          -Strategies utilized          -Objectives met          -Unresolved issues          -Consultant recommendations</p>	<p>1</p>	

**Total Hours: 80**

Consultant Signature

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Signature

\_\_\_\_\_

Date