

**Behavioral Analysis Services
BEHAVIOR PLAN CHECKLIST**

I. GENERAL INFORMATION			
Recipient Number	Last Name	First Name	Date of Birth
<p>Summary: The checklist is an inventory tool of the information that should be presented in a behavior plan, as well as the location of the information within the plan.</p> <p>If you have questions, contact eQHealth Solutions at 855-444-3747</p>			
Information			Location in Plan/Page #
<input type="checkbox"/>	Identification of the referring physician		
<input type="checkbox"/>	A complete background and medical history of the recipient of services with information on medication status and any other therapy the recipient is currently participating		
<input type="checkbox"/>	Observable and measurable descriptions of maladaptive behavior(s) without overlapping topographical definitions and that are free of reference to internal or intentional states		
<input type="checkbox"/>	Identified function of the maladaptive behavior(s) as a result of the assessment or reassessment conducted using indirect and direct observation methods or functional analysis		
<input type="checkbox"/>	Baseline and/or updated treatment data in graphs that conform to standards of care within the field of applied behavior analysis		
<input type="checkbox"/>	For continued services, summary or progress and/or barriers to progress with a detailed explanation of how the provider intends to address the barriers		
<input type="checkbox"/>	Procedures for changing the maladaptive behavior(s) that are based on the conceptual system of behavior analysis and conform to standards of care within the field of applied behavior analysis. The procedures must be specific to a target behavior and not a general listing of procedures		
<input type="checkbox"/>	System for monitoring and evaluating the effectiveness of the plan		
<input type="checkbox"/>	Written detailed justification and description of when, where, and how often these goals will be addressed, and proposed strategies will be implemented that conforms to standards of care within the field of applied behavior analysis and is related to the intensity/frequency/duration of maladaptive behaviors		
<input type="checkbox"/>	Discharge criteria		
<input type="checkbox"/>	Transition plan, if applicable		
<input type="checkbox"/>	Safety and crisis plan, if applicable		
<input type="checkbox"/>	signed by the lead analyst and parent/guardian		