

Date:

To:

From:

CLIENT NAME	DATE OF BIRTH
See attached Individual Support Plan	
ADDITIONAL INFORMATION/SPECIAL INSTRUCTIONS (Provide any additional information not already indicated in the ISP)	
<p>REQUESTED PROVIDER ACTIONS</p> <p><u>Behavior Support:</u></p> <p><input type="checkbox"/> Conduct and write Functional Assessment</p> <p><input type="checkbox"/> Develop written Positive Behavior Support Plan</p> <p><input type="checkbox"/> Implement and train staff/family/caregiver on Positive Behavior Support Plan</p> <p><input type="checkbox"/> Analyze data, review and revise current Positive Behavior Support Plan</p> <p><input type="checkbox"/> Create data collection tools/review of tools/revision</p> <p><input type="checkbox"/> Observation of client</p> <p><u>Counseling:</u></p> <p><input type="checkbox"/> Conduct assessment and written evaluation of client (counseling related)</p> <p><input type="checkbox"/> Counseling - Individual</p> <p><input type="checkbox"/> Counseling - Group</p> <p><input type="checkbox"/> Counseling – Family</p> <p><u>Consultation/Training:</u></p> <p><input type="checkbox"/> Consult with Case Resource Manager before contacting client/caregiver</p> <p><input type="checkbox"/> Request visit with caregiver</p> <p><input type="checkbox"/> Consultation with <input type="checkbox"/> Family <input type="checkbox"/> Staff <input type="checkbox"/> Other Caregiver (specify):</p> <p><input type="checkbox"/> Staff/family training</p> <p><input type="checkbox"/> Other:</p>	
<p>The Behavior Support, Counseling, and Consultation Services contract requires submission of certain assessments, plans, and reports. Plans and progress reports must conform to the contract specifications and are due as described in the contract or otherwise directed by DDA. Payment will not be authorized without receipt of these reports.</p> <p>Please submit: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:</p>	
APPROVED BY:	CASE RESOURCE MANAGER
DATE	

Supporting Documents Attached
Copy to File

Instructions for Memo to Provider for Behavior Support, Counseling, and Consultation Services

When do I use this form?

After you have received approval to authorize one of these services complete this memo. Attach this memo to the ISP and send it to the identified service provider.

Why do I need to use this form?

You are responsible for the oversight of planned services. It is important to communicate what services you expect from the service provider and their reporting requirements.