Policy and Procedures for ISP Programs in Therap (Behavior Plan)

Unless otherwise noted, the sections (1-6) provided in the Therap template should be completed according to the prompts provided within the Therap system. As such, the sections itemized below will only be explicated when Agency-specific, and/or department-specific practices need to be explained. As this document provides guidance for all divisions within the Agency, users should complete the information using the prompts provided within the Therap template and the instructions below, unless provided with department-specific guidance. In this case, follow the department-specific guidance. The Residential Behaviorist will be responsible for creating/updating the ISP program for individuals living in Saratoga Bridges residences, while all other individuals will be the responsibility of the Day Services Behaviorist.

To create a new ISP Program, or search for an existing one do the following:

1. Left click the “Individual” tab on the left side of the Therap dashboard.
2. Scroll down to the “ISP Program” module and left-click “New” to create a new program, or “Search” to locate an existing program. The screen will refresh and “Select Program for ISP Program” will appear in the upper region of the screen. Left-click the program with which the individual is affiliated. The screen will refresh and show “Individual List for ISP Program” and show the name of the program you selected underneath.
3. Proceed to complete Sections 1-4 in the dynamic form using the guidance provided below:
4. PROGRAM DESCRIPTION
	1. The item “Program Name” will have “Behavior Plan [Month]-[Year]”, (where the items within the brackets are to be replaced with the date as appropriate) inserted into the text box.
	2. The “Program Creation Date” will be completed using the date the plan was written.
	3. The following items will be left blank.
		1. “Long term objective”
		2. “Goal/Service”
		3. “Reason for Program”
		4. “Schedule and Frequency”
		5. “Frequency of Documentation”
		6. “Criteria for Completion”
		7. “Materials required”
	4. The item “Maximum Number of Times a Day” will be completed with “50”.
	5. The item “Location” will be completed with the “Residence and/or Day Program”.
	6. The item “Target completion date” will be understood to mean “1 year from the date of the written behavior plan.”
5. SCORING DETAILS- A scoring method must be identified when entering each behavioral element identified for the individual. This section is populated using the “Select Scoring Method” button located on the bottom left region of the screen. Left-clicking this text, the screen will refresh showing “ISP Program Scoring Method” in the top region of the screen, and a list of scoring methods will be available. Select the appropriate method, left-click “Continue”, the screen will refresh, return to the ISP Program screen, and the scoring method will now populate the previously blank region used for Scoring Details. Note: DO NOT complete the fields for baseline dates.
	1. Use “Yes” or “No” options under “Select Scoring Method.”
	2. Once a scoring method has been identified for the individual’s behavior plan, scroll to the bottom of the screen and click the “Add Task” button to the right of the “Change Scoring Method” button. Task name is defined as the target behavior, replacement behavior and interventions that warrant tracking, e.g., agitation, calm discussion, PRN usage. These may need to be abreviated.
	3. “Task description” is a description of the target/replacement behavior. Include the task name.
	4. The screen will refresh and “Add New Task” will be shown in the upper region of the screen.
		1. Insert baseline scores as needed.
		2. The “Face-to-Face” box is **ALWAYS** checked. Do not check ”Non Face-to-Face”.
		3. The "Program Type” box is **ALWAYS** checked. Do **NOT** check the “Non-Program Type”.
			1. Click the “Continue” button on the bottom right side of the screen when done adding the task(s). The screen will refresh and return to the ISP Program page, and you will see that an additional section for task(s) has been added to the module. The task(s) you have just defined show up in this section. Additional tasks can be added by clicking the “Add Task” button near the bottom of the page.
6. OTHER DETAILS
	1. The item “Type of Service Provider” will be completed with "Day Hab Staff and or Residential Staff.”
	2. The item “Input method” will **always** be checked “Non-grid.”
	3. The item “Time Duration Format” is to be completed with “Begin Time and End Time”.
	4. The item “Are Begin Time and End Time or Time Duration Required for Data Collection” will **always** be checked “Yes”.
	5. The item “Are comments required for data collection?” will be checked “Yes, if there is at least one reportable score”.
	6. The item “Are location required for data collection” will be checked “Yes.”
	7. The item “Use Scoring Comments” will be checked “Yes”.
	8. The item “Default Score” will remain “Select Score” in the drop down.
	9. The item “Editable service provider for data collection?” will be checked “No”.
	10. The item “Enable Group Count for data collection” will be checked “No”.
	11. “Billable ISP Program”, will be completed with “Default No”.
	12. For the item “Allow collection of multiple task scores for a single day” select “Yes”.
	13. For the item “Allow data collection with a time overlap”, select “Yes”.
	14. Clicking the “Save” button will allow you to edit the form in the future, but not make the data available to others with the individual on their caseload. DO NOT click the “Approve” button until you are ready for others to acknowledge the plan(s).
7. FILES & IMAGES-Before pressing the “Approve” button, the following documents must be attached (as applicable): The behavior plan with all required signatures; this may include, but not be limited to, the behavior specialist, consulting psychologist, consent provider/guardian, nurse, and HRC Committee.Other documents may include but not be limited to: Interim Approval form, Verbal Consent form, Medication Consent form.

Submission and approval process:

The only party who may edit a behavior plan is its author and consulting psychologist.

1. A hard-copy of the behavior plan will be printed and signed by all necessary parties, e.g., behavior specialist, consulting psychologist, consenting party, nurse, and human rights committee. A scan of this document will be scanned to the \_Behavior\_Plan\_Medication\_Consent folder and attached to the plan by the Day behavior specialist/Residential program coordinator.
	1. For non-HRC plans, and interim approval plans, the QIDP will transfer custody of the signed hard-copy of the form to qualified staff that will scan the page to the ^\_Behavior\_Plan\_Medication\_Consent folder in the secure documents folder.
	2. For HRC plans that have been approved, HRC Chair person will transfer custody of the signed hard copy to executive secretary, qualified staff for scanning to the ^\_Behavior\_Plan\_Medication\_Consent folder in the secure documents folder.
2. Once the scan is attached to the plan, the Day Behavior Specialist/Residential program coordinator, or designee, of the plan will click “Approve”.

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