

Behavioral Action Plan

Use this form to document a Behavioral Action Plan as defined by MassHealth Managed Care Entities' performance specifications.

Data Field	
Person's Name	Record the first name, last name, and middle initial of the person. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Person's DOB	Record the person's date of birth.
Organization Name	Record the name of the organization.
Data Field	
Date of Behavioral Assessment	Record the date of the Behavioral Assessment that the goals and objectives are based on.
Data Field	Behavior
Date Plan Initiated	Record the date the Behavioral Action Plan is implemented.
Plan Completed By	Record the name of the person creating the plan with the person served.
Linked to Target Behavior Number and Behavior	Record the Target Behavior # and Behavior from the Behavioral Assessment, that this plan links to.
Desired Outcome in Person's own words	<p>Document in the words of the person served his or her desired outcomes for the assessed need. Include statements from the parents/guardians/teachers, etc. as is age and clinically appropriate. This statement will be utilized in formulating the goal statement described below and can be used as a benchmark by the person served and provider for determining success in achieving the goal as treatment progresses.</p> <p>Examples:</p> <ul style="list-style-type: none"> • I want to stop losing my cool all the time! • I want to go back to school • I want my mom and I to stop fighting • I want to stop drinking
Goal # and Goal	<p>To identify goals, number sequentially and indicate the goal.</p> <p>Example: Goal # 1 Person served will achieve improved control over angry outbursts.</p>
Objective # and Objective	<p>Number each objective sequentially and link to the appropriate goal, and state the objective. Describe in measurable terms an objective that will assist the person served in reaching the identified goal.</p> <p>Examples:</p> <p>Objective #1: Average number of anger episodes will decrease from 10 to 5 per week.</p>
Start Date	The date the work on this objective will start.
Target Completion Date:	Record the date by which the person served would like to accomplish the objective or the date by which the person served and provider(s) believe the objective can be completed.
Person Served Will	<p>Indicate the specific actions the person served will take to support achievement of the stated objective.</p> <p>Examples:</p>

	<ul style="list-style-type: none"> • Person will ask mother to assist in monitoring number of angry outbursts per week. • Person served will talk with guidance counselor about available after-school programs. • Person served will attend weekly group on using public transportation. • Person will ask guardian for permission to explore self-management of an allowance. • Person served will get a psychiatric assessment to determine if he has ADD.
Parent/Guardian/ Community/Other Will	<p>Indicate the actions/support the parent/guardian/community/ others will provide to assist the person served in accomplishing the objective. If family or other involvement is not clinically indicated, check box.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Mother will record number of angry outbursts of the person served per week on calendar. • Father will contact local YMCA for a catalog of available programs. • Guardian will accompany person on trip to the store via public bus. • Father will sign necessary permission forms for stepmother to be able to bring person served to medication appointments.
Intervention(s)/Method(s):	<p>Describe the actual behavioral interventions/methods the clinician/trained other staff will provide to support/facilitate the person served in achieving the stated objective. <i>This is not the type or modality of the service (i.e. do not write "CBT" or "Individual Therapy" alone. The statement should be descriptive of the actual methods).</i></p> <p>Examples:</p> <ul style="list-style-type: none"> • Teach/build anger management skills. • Help person identify strengths and interests. • Use CBT to assist person served in identifying negative/automatic thought patterns regarding use of public transportation. • Connect person served to available community resources. • Work with person and guardian to identify how they will know person served is ready to manage his own money. • Complete referral for medication evaluation.
Service Description/ Modality:	<p>Indicate the types of services the person will receive. Because this is a comprehensive plan this may not necessarily be a behavioral health service.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Family Therapy • Individual therapy • Couples therapy • Group therapy • Psychopharmacology • Case management
Frequency:	<p>Indicate how often this service/activity will occur. For some services, the total number of hours ordered may need to be included. Please refer to agency-specific guidelines.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Daily • .5 hours Weekly • Bimonthly • 4 hours per week
Responsible: (Type of Provider)	<p>Indicate the credential or title of the program staff, not the specific individuals, that are responsible for providing the services listed. If the types of providers listed are not eligible to provide the service according to regulation or payer rules, the service may not be billable. If services are provided in a team format, the primary provider type should be listed.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Psychiatrist

	<ul style="list-style-type: none"> • Nurse • Therapist • Community Support Staff • Case Manager
Data Field	Signature Instructions
Provider Name	Legibly print the provider's name.
Provider Signature/ Credentials	Legibly record provider's signature, credentials and date.
Supervisor Name	If required, legibly print name of supervisor.
Supervisor Signature/Credentials	If required, legibly record supervisor's signature, credentials and date.
Person's Signature and date	The person is given the option to sign the Progress Note. If completing the note after the session and/or if using electronic notes, person can sign at next session.
Next Appointment	Indicate the date and time of the next scheduled appointment.