

STEPS TO TAKE TO HAVE YOUR BEHAVIOR PLAN REVIEWED BY THE INTER-AGENCY STANDING COMMITTEE (IASC)

PLAN REVIEW FORM AND PROCESS

**This Service is only for members of the Prince George's
Provider Council**

THE PROCESS

- Plans are submitted no less than 14 days before the date of the IASC meeting
- IASC meetings are held the first day of December, March, June, Sept
- Your documents are to be emailed to margaretp@pgprovidercouncil.org
- Informed consent is mandatory
- Completed Cover Sheet and relevant Sections are required or will be declined Click [Here](#) to Link to IASC Review Form
- One of three decisions will be made:
 - Approved as presented
 - Approved conditionally – pending additional information or clarification
 - Not approved
- A signed Cover Sheet is the record of the decision
- Approval is effective as of the meeting date
- Behavior Plan Checklist is available for guidance

PLAN REVIEW FORM – ATTACHMENT A

RESTRICTIVE TECHNIQUE

- Level of participation in plan development
- List each restrictive technique and the corresponding challenging behavior(s)
- List each behavioral objective with the criteria for fading the restrictive measure
- Explain the adaptive alternative behavior/skills to be introduced
- What is the potential outcome if the restrictive measure(s) is not used/risk to person or others
- What are potential risks incurred by use of technique used/risk to person or others

PLAN REVIEW – ATTACHMENT B

BEHAVIOR MODIFYING DRUGS

- Level of participation in plan development
- List each psychoactive drug prescribed and the corresponding challenging behavior(s)
- List each behavioral objective with the criteria for fading the medication
- Explain the adaptive alternative behavior/skills to be introduced
- What is the potential outcome if the medication(s) is/are not used/risk to person or others
- What are the potential risks for the person as a result of the use of each medication

PLAN REVIEW – ATTACHMENT B (CONT.)

BEHAVIOR MODIFYING DRUGS > PHYSICIAN'S STATEMENT

- Medication/Dose
- Behavior(s) targeted by this medication
- Possible side effects and/or potential risks associated with this medication
- How is the effectiveness of medication determined
- Conditions under which you would consider decreasing this dose
- Conditions under which you would discontinue this medication
- Recommended frequency of medication review
- Special concerns or notes

PLAN REVIEW – ATTACHMENT C

RESTITUTION

- Agency affirms compliance w/COMAR 10.22.02.10A(11)
- Regional Director notification date
- Level of participation in plan development
- Describe the specific nature and history of all challenging behavior(s) that may result in property damage
- How is the person's ability to pay for damages determined, including the cap on amount
- List each behavioral objective with criteria for fading use of this measure
- Explain the adaptive alternative behavior/skills to be introduced
- What is the potential outcome if this measure(s) is not used/risk to person or others
- What are potential risks incurred by use of this measure/risk to person or others