

Questions from chat comments for Behavioral Services Webex October 31, 2016

Questions are in red text – responses in black

Apologies to those unable to join by phone due to lack of sufficient phone lines. Also to those of you who posted question that were not accessible to me during the webinar.

Do all individuals require a safety assessment annually or is this on an "as needed" basis?

This is as needed, it could be updated as frequently as every day or as little as once a year, as the situation and effectiveness of the prevention and reactive strategies dictate

What documentation is required for the meeting after the individual meets the threshold criteria?

Documentation of the meeting and actions taken to prevent/address the situation in the individuals file and on the ISP

What are we supposed to call the plan written by someone other than a Behavior Analyst? Should it be included as a part of the plan or a separate document?

If these are positive, proactive and teaching based they are just part of the ISP. If there are reactive strategies they are part of the safety crisis plan. Beyond that you are probably practicing behavior analysis without a license and should look to having a behavioral service provider involved.

Great job terry!!! medication management!! Thank you choir 😊

Does this include planned ignoring? (I am assuming this refers to tim-out)

The definition of the planned ignoring procedure probably fits the exclusion time out definition – if it is more like seclusion time out then it would be considered seclusion time out

What if the provider will not allow the residential staff to be trained? in CPI

Talk to the guardian and family and try to advocate for the safety of the person and others the support staff should be trained in a consistent and safe set of procedures, enlist the support coordinator to discuss with the provider administration, if this does not result in better cooperation talk to your regional provider relations representative

Is the Safety Crisis Plan required to be written by a BCBA, as there are reactive strategies involved? Is there BCBA capacity for this for all individuals who may be restrained? How are agencies who do not have access to a BCBA meeting this requirement? Is the development of a safety crisis plan covered under a behavioral service?

Safety crisis plans may be developed by the support team themselves, however when behavioral services are being provided the safety crisis plan should be part of the behavioral support plan.

If physical or chemical restraint is a frequent or typical method of support for an individual and behavioral services are not in place the team should carefully consider if the extra services are necessary. Frequent (more than once or twice a year) use of restraints is a serious indication of unmet needs, or problematic supports. The development of a safety crisis plan is a necessary but not sufficient part of behavioral services.

If someone has an FBA and the team does not feel that this FBA is helpful to the individual

The support coordinator should assist the team in discussing with the behavioral service provider to get better information/report. If this is not satisfactorily resolved take it to the regional provider relations representative to advocate and educate the provider and you can consider making a complaint to the licensure board. You can also contact me to assist with the regional provider relation team resolution.

Is Counseling considered a behavior service? NO

Has there been any coordination with DESE to ensure consistency within the home and school environment?

That would be for each team, including the behavioral service provider to undertake to support the individual student

In order to know what codes to put on a budget/waiver request, do Service Coordinators need to consult the Provider to find out what codes to request initially? Or are there specific codes to request from the start?

Contact the provider chosen by the individual or guardian and ask for a preliminary request

Will the RBT bill under them self or the BT supervisor? Only the QHCP can bill

For the Observational Behavioral Follow-up: we can only do a max of 5 of these (of up to 2.5 hrs), and that includes both the observations and report writing...is that correct?

Limitations of the Observation Follow up Assessment: units are the first 30 minute of service and following 30 minutes. The first 30 minute units are limited to 5 per year, 1 per day and a maximum of 5 per week. The additional 30 minute units are limited to 20 per year, 4 per day and 20 per week.

If an RBT or LaBA are implementing the assessment, and the LBA is supervising, can billing for both providers be done for the same time period (with the different modifiers, obviously)?

The services would likely not be occurring at the same time, except for the supervision component for the RBT or LaBA. I believe you would only bill the highest qualified unit for the supervision time.

I understand that a QHCP can write a plan, however what happens when an LPC recommends 0364T and 0365T (RBT) once the assessment is complete? RBTs cannot be overseen by an LPCs.

That is correct. A LBA would have to be secured to have an RBT in place.
That is a BACB (national certification entity) requirement and is not modifiable by us.

At some point, I believe we heard about a template that ABA's would be able to provide a Service Coordinator to assist in justifying certain or all services- is this still in the works?

Under development and anticipate a draft available by January 2017

If an FBA is completed for an individual and the rest of the support team does not feel like the FBA plan is going to be helpful/supportive to the individual's situation, where do Support Coordinator's go from there?

The guardian has final say about the services and provider, however, CMS requires that we assure individual's safety and meet the person's needs. If there continues to be a pattern of unmet needs as evidenced by bad outcomes, the division will need to step in to either discontinue waiver services as they are not medically necessary or provide some education/correction to the service provider denying the need for assistance.

Would you be able to tell Support Coordinators when providers are going to get the behavior codes on their contracts?

This is a question for provider relations as they update contracts. If you have question as to what services a provider can provide you should contact the provider.