

Behavior Analysis Services Quick Answer Sheet

From the office of the Chief Behavior Analyst, Division of Developmental Disabilities

10 Questions and Answers to Help You Understand Behavioral Services

1. What applied behavior analysis services, behavioral services or behavior therapy services are available?

The Following are the Behavior Analysis Services in the various Medicaid Waivers- all behavior analysis services must be provided by licensed professionals

Functional Behavior Assessment (FBA) - H0002 (HI, U1 or HX waiver modifiers) unit = 1
completed FBA and report

This is the only way to fund a behavioral assessment. Assessments should not be funded through the other behavioral service categories.

- A FBA is necessary for other services to be used.
- FBA valid for at least 2 years unless there has been some significant change in the situation or behaviors, or there is reason to believe the prior FBA is invalid. So, if there has been a change of service providers it is not necessary to have new FBA, in most cases.
- Must result in a written document that evaluates if behavioral services are necessary or appropriate, explains the probable functions of the behavior with identification of situations that make it worse and/or have kept the behavior happening, what needs to occur to change the behavior, recommendations for likely effective strategies (not specifically described for implementation as in a behavior support plan) and likely duration and intensity of the service

Behavior Intervention Specialist - H2019 (HI, U1 waiver modifiers) max units 48 per day

- Bachelor's level licensed professional- Licensed assistant Behavior Analyst (LaBA)
- Must practice with a minimal level of supervision of licensed behavior analyst (if not part of individual served cost plan, this professional must arrange his/her supervision privately, we do not have to have supervision on cost plan unless the individual served needs the additional level of expertise)
- There are fewer than 30 of these professionals in the state, and not many are DD providers

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- Might be authorized in conjunction with the Senior Behavior Consultant or Person Centered Strategies Consultation services
- Includes developing a behavior support plan (in collaboration with the ISP team) written by the behavioral services professional for complete inclusion as an addendum or section of the ISP)- may be co-authored with the Senior consultant if both services have been secured for an individual

Senior Behavior Consultant – H2019 HO (HI, U1, HW, HX waiver modifiers) min unit; max units 32 per day

- Master's or Doctorate level licensed professional – Licensed Behavior Analyst (LBA)
 - May include licensed social worker, psychologist or licensed professional counselor if they have training and experience in applied behavior analysis as considered appropriate and satisfactory to their license standards
- Appropriate for complex situations, long standing problem behaviors, significantly challenging behaviors, for specialized behavior problems like PICA, Praeder Willi Syndrome, self injury, etc.
- Professional should have training and experience or seek supervision to provide behavior analysis for the problem type
- Includes developing a behavior support plan (in collaboration with the ISP team) written by the behavioral services professional for complete inclusion as an addendum or section of the ISP)
- Might be authorized in conjunction with the Behavior Intervention Specialist or Person Centered Strategies Consultation services

Behavior Therapy- THERE is NO category of Behavior Therapy in any waiver other than the Lopez Waiver and this will be discontinued next year when the Lopez waiver is renewed. Behavior Therapy providers must meet the requirements of the other behavioral service providers see above.

Behavioral/Medical PCA – must have behavioral services in place and a Behavior Support Plan implemented by PCAs.

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2. Why might an individual need behavioral services?

The following are some situations that can be indicators that behavioral services should be considered:

An intensive level of support (e.g., 1:1 or 2:1 supervision for extensive periods of the day, behavioral group home, behavioral ISL rate) has been in place for behavioral problems for more than 6 months, and seem to continue to be necessary, and no behavioral services have been provided.

- Intensive support has been provided and behavioral services were provided previously but were discontinued for 1 or more years, and the intensive level of support continues to be requested/seem necessary for behavioral problems.
- The individual is experiencing a worsening/escalation of behavior and the ISP strategies do not seem to be helping to reduce the intensity or severity of the problem and have been utilized for at least 3 months.
- The individual has had behavior problems for some time (more than a year) and more intensive or restrictive supports are requested and or required.
- The individual has experienced at least one placement change due to behavioral problems.
- Restrictive support strategies (rights restrictions) have been requested to maintain the individual's or other's safety.
- Restrictive support strategies have been in place for more than a year and are considered to continue to be necessary or requested.
- The individual has been hospitalized in a psychiatric or crisis unit (more than three days in a year) for out of control behavior or behavior that might result in danger to self or others.
- The individual has been prescribed behavior control medications (e.g. Benadryl for calming/sleep, sleep aides, ativan or zanax, seizure medications for behavior, mood altering medications or PRNs) or psychotropic medications for overt behavior symptoms (e.g., agitation, aggression, property destruction). ***Note three or more medications for behavior control is considered excessive and need for less intrusive and dangerous interventions for the problem should be strongly considered.***
- The individual has met criteria for the physical altercation threshold report or restraint threshold report one or more time this year.
- The individual has had one or more situations involving law enforcement in the past year.

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3. When should a Senior Behavior Consultant be considered instead of a Behavior Intervention Specialist?

- If the individual has had episodes of behavior problems that might be considered significantly challenging:
 - Two or more placement changes for behavioral challenges in past two years
 - Two or more police involvements or hospitalizations in past year
 - Injury to self or others that has required medical treatment beyond first aid in past year
 - Highly restrictive interventions have been required in past year such as physical restraint, locked doors, loss of access to community or typical locations in home or community
 - Property damage in excess of \$1000 for a single episode in the past year
 - Highly specialized problems such as PICA, self injury, Prader Willi syndrome, eating disorders, unusual sexual behaviors, significant effects of autism

4. What is the typical amount of services required and for how long?

- There is no typical or recommended amount of behavior analysis service. Every situation must be evaluated individually, there is no set number of service hours other than the Medicaid waiver limitations for maximum units and total cost plan cap
- The FBA is a discrete service meaning not ongoing, and the senior consultant or behavior intervention specialist behavioral services should be short term, (not considered a forever need), more intensive in the initial months and fading to a limited time of lesser intensity (maintenance period)
- **Some very general examples are:** *(these examples should be used as ideas for what might be necessary, **not** used to establish a standard or model)*
 - A very Intensive level of need (due to dangerousness, complexity, autism early intervention program, etc) might require:
 - Senior Behavior Consultant – 10-12 hours per month for initial 2-3 months, 8-10 hours per month for next 3-5 months, 4-6 hours per month for 2-3 months. Renew services in 8-10 months briefly to update and revise.
 - Behavior Intervention Specialist – for intensive training and modeling of strategies and oversight if strategies are specialized or restrictive, 15-30 hours for 2 months, 10-15 hours per month for 2 – 3 months and 6 hours per month for next 6 -12 months

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- An Intensive level of need for which extended implementation oversight and training not necessary:
 - Senior Behavior Consultant – 10-12 hours per month for initial 2-3 months, 8-10 hours per month for next 3-5 months, 4-6 hours per month for 2-3 months. Renew services in 8-10 months briefly to update and revise.
- Someone with a moderate level of need or intensity of service:
 - Senior Behavior Consultant – initial month 10 hours to develop and provide consultation and supervision of Behavior Intervention Specialist or team, then 6-8 hours per month for 1 month, then 4 hours per month for 3 months
 - Behavior Intervention Specialist- 15 hours first 3 months, 8 hours next 3 months, 4 hours next 6 months
- Mild level of intensity of service might require:
 - Only Behavior Intervention Specialist or Senior Consultant (if Behavior Intervention Specialist not available) 8 hours first 2 months, 6 hours 2 months and 4 hours for 6 months

5. What is the maximum length of time that behavioral services can be utilized?

- Every situation must be evaluated for each individual, there is no set length time limitation.
- The waiver service definition specifies a *maximum initial* service approval of 9 months or 270 days and a process for review and consideration of need if necessary.
- The need for any service is evaluated and must meet “medical necessity” requirements at that time and throughout the year.
- There is a checklist and process for the 270 Day Extension of service request, specific documentation is required. This information is available from the Utilization Review committee in the region.

6. Are Early Individualized Behavioral Interventions (EIBI) or sometimes referred to as an “ABA program” available for children with autism?

- Yes, the EIBI program for a child with autism could be designed utilizing behavior analysis services (Senior Consultant and Behavior Intervention Specialist) and

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including personal assistant services for the daily, direct implementation. This would be a very intensive level of service as illustrated in question 4.

7. Can parent training for a child with autism be provided through behavioral services?

- Yes, in fact training for the support staff or families to implement the behavioral strategies is a required part of the Senior Consultant or Behavior Intervention Specialist services. There should be training for families and support persons to learn to implement the specific strategies and interventions designed for the individual as part of behavioral services (Senior Consultant or Behavior Intervention Specialist). Training for support persons (staff and families) should also be a component of Person Centered Strategies Consultation Services.

8. Are Person Centered Strategies Consultation Services by a private provider or the Regional Behavior Resource Team required prior to or in conjunction with behavioral services?

- **NO**, neither private nor BRT Person Centered Consultation Services or Crisis Services are required prior to authorization of behavior analysis services.
- If the Utilization Review Committee or ISP team are unsure of the level of need, it might be appropriate to request that the BRT or if available, Regional Behavior Analyst, briefly review the situation to assist in determining what services and level of intensity of services might be necessary, or if the BRT would be appropriate to assist in the situation.

9. When would Person Centered Strategies Consultation Services be appropriate?

- If there is reason to believe that developing an ISP with more specific strategies of support aimed at improving the daily quality of life, and assistance to insure implementation of these strategies consistently would be advantageous to the person and likely decrease the behavioral challenges
- If the previously described improvement in quality of life strategies and implementation consistency is evident as a need and establishing these would assist in decreasing the duration or intensity of behavioral services
- If the behavioral challenges are of mild intensity, not resulting in injury to self or others or serious property damage or community restrictions and there is reason to

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believe that there is a need to improve strategies on the ISP to improve the quality of life of the individual

10. When might we prefer to utilize the Behavior Resource Team over a private provider of Person Centered Strategies Consultation Services?

- If a more systemic plan of intervention in developing and utilizing strategies for improved quality of life is necessary (Tiered Supports)
- The person's cost plan is high and BRT services would allow monies to be available for the individual to utilize other types of services
- There is no one doing "true" Person Centered Strategies Consultation that is working to develop improved quality of life strategies for implementation by the ISP team