***Introduction to the Behavioral Services Program (BSP)***

The Department of Developmental Services (DDS) is committed to serving individuals with intellectual disability in their own home or family home. This allows individuals to participate fully in their communities. As part of this commitment to providing services in the home and community, DDS’ Behavioral Services Program (BSP) was created to serve children and adolescents with intellectual disability and who have emotional, behavioral, or mental health needs that substantially interfere with the child’s ability to fully and actively participate in his or her family and the community. By working with a child and his or her family in their home, DDS BSP is designed to strengthen the capacity of the child’s family to meet the behavioral health needs of their child.

DDS BSP uses behavioral and therapeutic approaches that support a child to develop positive behaviors. This gives parents a better understanding of their child’s behavior and teaches them skills to work with their child to address his or her challenging behaviors. The program’s success relies on parent participation.

Parents know their child best and therefore, it is important for a parent to share information with DDS BSP about the child’s strengths and behavioral challenges that need to be addressed. BSP is designed so that the family can learn the skills necessary utilizing their child’s strengths to decrease the child’s challenging behaviors replacing them with additional positive behaviors and functional skill development. The DDS Behavioral Services Program provides supports during a child’s most challenging times and provides training for the parent so that interventions can be used consistently with the child throughout the day. The child’s case manager will work closely with the family to help identify the supports both the child and the family need and the times during the family’s daily routine when BSP services will be most beneficial.

This DDS BSP Handbook will give parents and family members an idea of how supports and services are identified and will explain how the DDS Behavioral Services Program can work for both a child and his or her family.

***Is my child eligible for the Behavioral Services Program?***

A child or adolescent may be found eligible for the Behavioral Services Program (BSP) if he or she is at least 8 years of age and has not reached the age of 18 by the date of application. The child must have intellectual disability, and also have been diagnosed with a serious and persistent mental disorder as defined in the most recent edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders and as evidenced by a current psychological or psychiatric assessment. The disorder must result in the child having an impairment that substantially interferes with, or limits, his or her functioning in family or community activities. DDS BSP funding and services end when a child turns 21.

If a parent or guardian applies for the DDS Behavioral Services Program, he or she will be asked to sign an agreement that outlines the purpose and expectations of the program. DDS BSP expects that a child’s parent or guardian to fully participate in all of the child’s therapeutic and behavioral services. BSP supports and services take place in the family’s home and in the community during the family’s daily routine.

***How do I apply for the Behavioral Services Program?***

To apply for the Department of Developmental Services’ Behavioral Services Program, a parent or guardian should either call the child’s DDS case manager, if the child currently has one, or call one of the DDS Regional Helplines. Each DDS region has established a Helpline to assist families who do not have a case manager. The Regional Helpline phone numbers are: North Region Helpline: 1-877-437-4577 | South Region Helpline: 1-877-437-4567 | West Region Helpline: 1-877-491-2720.

A parent or guardian will need to complete the DDS BSP application and attach the following information:

1. a copy of the child’s most recent Individualized Education Program (IEP);
2. results of the child’s psychological or psychiatric testing and evaluations completed within the last three years; and
3. any behavior plan currently in place, including any plan that the child’s school has implemented.

A DDS Regional Helpline case manager or a child’s DDS case manager, if assigned, will help a parent or guardian to complete the BSP application process. Copies of the application and the additional required information should be sent to the DDS case manager, or the DDS Regional Helpline case manager that has helped with the application.

For the purposes of processing the BSP application and for program and treatment planning, if a family applying for BSP has been involved with the Department of Children and Families (DCF), DDS asks for and receives any DCF investigation summaries involving the family that have been completed. These investigation summaries (i.e., records) may be provided to DDS by DCF without the consent of the parent or guardian.

A child’s BSP eligibility status will not affect his or her DDS eligibility. A parent or guardian will be notified of the child’s BSP eligibility by mail. If a child is eligible and funding is available a case manager will be assigned and will contact the child’s family to begin the process of planning and arranging services for the child. If BSP funding is not available at the time of determination, the child’s name is placed on the DDS BSP waiting list.

If a child is under the age of eight or has not yet been re-determined eligible for DDS then he or she may be eligible for services from the Department of Children and Families’ Voluntary Services Program. A child will not be accepted by DDS BSP if there is (1) a pending DCF petition alleging neglect or abuse; (2) an open Child Protective Services (CPS) case that is the subject of a pending investigation with DCF; (3) an open DCF Family Assessment Response (FAR); or (4) an open case with DCF’s Juvenile Justice Office. BSP services and supports will be discontinued if, at any time, the child requires on-going protective services from the Department of Children and Families. The disposition of juvenile or criminal justice proceedings involving the child also may be cause for termination of BSP services.

***What assistance can I expect from my child’s case manager?***

Once a child has been made eligible for BSP and if he or she is not on the BSP waiting list, the child will be assigned to a DDS case manager. The DDS case manager will work with a parent or guardian to identify the needs of the child and to develop an Individual Plan (IP). The child’s IP identifies the goals and outcomes the child and his or her family have along with the child’s skills that need to be developed. The child’s IP is reviewed by the child’s parent or guardian, family, DDS case manager and other BSP team members every six months to reassess the child’s needs and the need for continued BSP funding and services.

While the development of the child’s IP is a family-centered process, the DDS case manager is there to help guide the family in planning the child’s supports, getting funding for them, and arranging for the services for the child and the family. If other family needs are identified that are not covered by BSP funding, such as heating assistance or family counseling, the child’s case manager can provide information on alternative funding and resources and can make referrals.

***What type of services and supports can my child expect?***

Services that are provided by the DDS Behavioral Services Program are DDS Home and Community Based Services (HCBS) Waiver services. These services may be provided by a DDS qualified provider or by a person hired by the child’s family. The services most often accessed through the Behavioral Services Program are:

1. **Behavior Management Services:** Services available to a child who has intellectual disability and demonstrates emotional, behavioral or mental health issues that result in the child’s functional impairment and substantially interfere with or limits his or her functioning at home or in the community. Clinical services include: (1) assessment and evaluation of the child’s behavioral and clinical needs;  (2) development of a behavioral support plan that includes intervention techniques and teaching strategies for increasing new adaptive positive behaviors while decreasing challenging behaviors in the child’s natural environments; (3) providing training to the child’s family and support providers on the appropriate implementation of the child’s behavioral support plan; and, (4) evaluation of the effectiveness of the child’s behavioral support plan by on-going monitoring of the plan.

A child in DDS BSP is required to have a Behavioral Consultant, Behaviorist or Psychologist funded through private insurance, the Local Education Agency (LEA) (i.e., school system), Medicaid (HUSKY, Title XIX), or DDS BSP to develop necessary supports and services for the child, including a Behavior Support Plan. The Department of Developmental Services (DDS) is the payer of last resort.

**Note:** If a child has a diagnosis of autism spectrum disorder (ASD), the parent or guardian is required to pursue coverage for services, including behavioral consultation, from private insurance. If a child is on Medicaid (a.k.a. HUSKY, Title XIX) and has a diagnosis of ASD, the parent or guardian is required to contact Beacon Health Options at 1-877-552-8247 to obtain information and accept the services deemed appropriate for the child.

1. **Personal Support:** Assistance necessary to meet a child’s day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to achieve the child’s personal outcomes. These services may not be used in place of Medicaid State Plan services for which the child is eligible.
2. **Individualized Home Supports:** Services that provide assistance with the acquisition, improvement, and retention of skills and which provide necessary support to achieve personal outcomes that enhance the child’s ability to live in the community as specified in his or her individual plan. These services include a combination of habilitative and personal support activities as they would naturally occur during the course of the day.
3. **Respite:** Services provided to a child on a short-term basis because of the absence or need for relief of persons normally providing the child’s care. Respite services may be provided in: the child’s home; a DDS-certified respite care facility or a DDS-certified residential camp program. Respite services also provide a child’s family with time for other ongoing family responsibilities.

DDS BSP services and supports are built around a family’s daily routine focusing on times that can be most difficult for their child (e.g., getting a child up and ready for school, taking a child out to grocery shop or to visit relatives, or transitioning from school to home.) BSP services are designed to teach the family how to interact more effectively with their child during daily routines and activities. The goal is to increase the capacity of the family, through skill-building, to effectively handle their child’s most challenging behaviors while creating and reinforcing positive behaviors. Achieving this goal will decrease the need for BSP services, over time.

***What services and supports cannot be funded by BSP?***

DDS BSP does not provide child care, babysitting or after-school programs. Generally, it is the responsibility of the parent or guardian to pay for these types of programs or services. If a child’s behaviors impact his or her ability to participate in these programs or services, BSP may fund additional supports in these settings such as extra staff or behavioral services.

Other services not funded through BSP include:

1. Hospitalization;
2. Certain treatment interventions that are not supported by empirically-based evidence;
3. Therapeutic services such as physical therapy, occupational therapy, or speech therapy, which are typically covered by insurance programs, including under the Medicaid State Plan;
4. Medications and co-pays, which are typically covered by insurance;
5. Support services that are the responsibility of the child’s school system under the Individuals with Disabilities Education Act (IDEA) or the Americans with Disabilities Act (ADA);
6. Clothing, diapers, or personal hygiene products; and
7. Clinical or medical services that are provided under the Medicaid State Plan or through private insurance.

***How are BSP supports and services funded?***

The DDS Behavioral Services Program is not an entitlement program. Funding for the program is appropriated in the state’s annual budget. This means that BSP services and supports may only be provided within the current state budget allocation for DDS BSP.

***What is a DDS Home and Community Based Services (HCBS) Waiver and why does my child need to be enrolled in the Waiver?***

The DDS Home and Community Based Services (HCBS) Waivers provide federal Medicaid reimbursement to the state for a portion of the cost of DDS supports and services, including BSP services. If a child is found eligible for the Behavioral Services Program the child’s parent is required to apply for the DDS HCBS Waiver for their child in order to participate in the program. The child’s case manager will assist the parent in completing all the paper work required to enroll in the DDS HCBS Waiver.

***Will I be required to pay for any of the BSP services?***

Section 4-66d of the Connecticut General Statutes requires the Department of Developmental Services to notify individuals who receive care or support from the department that they or their legally liable relative may be liable for reimbursement of any amount paid by the state for the individual’s care and support. The legally liable relative for a child under 18 is the child’s parent. A parent may be liable for a portion of the cost of care for a child under age 18 receiving services from DDS BSP. Section 4a-12 of the Connecticut General Statutes sets out the method to determine this reimbursement. A parent or guardian should contact the child’s case manager if there are additional questions on the responsibility of the legally liable relative for reimbursement or to ask for a copy of DSS’s Notice of Liability to Applicant or Recipient of Care or Support or Legally Liable Relative form.

***What are my responsibilities as a Parent or Guardian?***

The most important responsibility of a parent or guardian and a child’s family is to be an active participant in their child’s support and skill development. This means the parent or guardian shall share information about their child, actively take part in developing their child’s individual plan, be involved when their child’s supports and services take place, and practice the skills learned when support services are not being given. Full participation by the child’s parent or guardian in all of the child’s therapeutic and behavioral services is expected.

When staff provides BSP supports and services to a child, they also are providing coaching sessions for a parent or a guardian and family members on new ways of interacting with and teaching the child. Active participation is easier if supports and services are provided during the child’s daily routine. This makes it easier to carry over the skills the parent and the family has learned to times when the staff is not in the home.

BSP supports and services are flexible and can be adjusted so that, if a child and his or her family has mastered one set of skills and another set of skills needs further development, the focus of the BSP supports and services can be shifted.

If a parent or guardian cannot be available when a child is scheduled to receive BSP supports and services, the parent or guardian should call the service provider 24 hours in advance of the scheduled appointment to cancel the visit. Rescheduling the appointment to a more convenient time for the parent or guardian may be possible.

The parent or guardian is responsible for informing the child’s case manager and the provider about new skills the child has acquired or any other positive or negative developments so that the parent, case manager and provider can plan for any changes needed in the child’s supports.

***How do I get the most out of my child’s time with the provider?***

When making an appointment with the provider, a parent or guardian should make sure that he or she is available to be at the child’s appointment. The parent or guardian should let the provider know the top priorities for the visit. The parent or guardian should decide how the child’s siblings may be involved in the visit or, if the siblings are not involved in the visit, have other activities for them to do. The parent or guardian should discuss with the provider what their family has been working on with the child since the last provider visit and how well these interventions have worked.

A parent or guardian needs to understand what is being said and done in a visit. If the parent or guardian is not sure why or how something is being done, then it is important that the parent or guardian ask questions. A parent or guardian should practice strategies and interventions together with provider staff who should offer direct instruction during the visit. Practicing what is learned during an appointment in between visits reinforces the skills learned and makes the use of the strategies and interventions a part of everyday family activities.

A parent or guardian should use the interventions during various activities that their child participates in and make notes of what works and what does not during each activity. A child needs regular reinforcement of the skills he or she is learning and does better if there is consistency throughout his or her daily routine.

Cooperation between a child’s family and provider staff helps improve the success of behavioral services for the child. Routine contact with the child’s case manager can help the parent or guardian in working with the provider and allows for adjustments in the child’s IP or budget, if appropriate.

***Frequently Asked Questions***

**Q. When does a child get a case manager?**

**A.** A child is assigned a DDS case manager once the child is made eligible for DDS BSP and if funding has been made available.

**Q. What if a parent or guardian only wants an out-of-home placement for the child?**

**A.**  The DDS Behavioral Services Program is an in-home behavioral health program. The need for out-of-home placement is not an appropriate referral to the Behavioral Services Program.

**Q. If after a child starts receiving BSP services, the child’s school or another entity places him or her in a residential school, is the child’s BSP funding allowed to be used to help support the cost of the residential school placement or for the child’s supports during school vacations?**

**A.** No, if a child is placed by his or her school system or other entity in an out-of-home facility, the school system or other entity is responsible for paying the full cost of the educational and residential programs, and the child would no longer be eligible for any DDS BSP funding or services.

**Q. What if a parent or guardian is unhappy with the provider of the child’s behavioral services?**

**A.** If the services are from a DDS qualified provider, the parent or guardian may ask for a new staff person from the same agency to be assigned or may request a new provider from the Behavioral Services Program. Changing staff or providers may take time and should be planned with the help of the child’s case manager.

**Q. If a parent or guardian wants BSP services to take place in the community and not in the family home, is that allowed?**

**A.** Some BSP services, though not all BSP services, may take place in the community as long as the parent or guardian is going out into the community with the child and the provider staff and the supports and services are part of the child’s IP and Behavior Support Plan. It is expected that the child’s parent or guardian fully participates in all of the individual’s therapeutic and behavioral services. The DDS Behavioral Services Program only succeeds if the parent or guardian is learning along with the child.

**Q. If a parent or guardian is not able to get nursing services for which the child has been approved under the Medicaid State Plan or through other insurance, would the child be eligible for these services through DDS BSP?**

**A.** DDS BSP is not able to provide any service, such as nursing, that have been approved through or covered by Medicaid or private insurance. A child needing nursing services would not be an appropriate BSP referral.

**Q. When is DDS BSP able to get family information from the Department of Children and Families (DCF)?**

**A.** If a family has had involvement with the Department of Children and Families (DCF), DDS may receive investigation summaries from DCF, without the consent of the parent or guardian, for purposes of processing a DDS BSP application and for program and treatment planning. Statutory reference

***When is it time for my child to leave the Behavioral Services Program?***

The Behavioral Services Program is designed to be a short-term support program. A child’s Individual Plan (IP) is reviewed every six months by a team consisting of the parent or guardian, the child’s case manager, the providers that support the child and other BSP team members. The IP review is to assess progress made towards the goals and objectives that have been outlined for the child. The child’s supports and services that are in place also are reviewed to see if any changes need to be made. As a child makes behavioral progress, services will be adjusted and replaced by natural supports that are available to the child’s family.

A child’s need for DDS BSP services or a parent’s or guardian’s participation in a child’s BSP services may be evaluated at any time. DDS BSP services may be discontinued for the child if, upon an evaluation, it is found that (1) the child no longer needs BSP services; (2) the parent or guardian is not participating in the child’s BSP services; or (3) the parent or guardian is not in compliance with the requirements of the DDS BSP Parent or Guardian Agreement.

The DDS Behavioral Services Program is a voluntary program and a parent or guardian may decline or end services for their child at any time. The parent or guardian needs to contact the child’s case manager to arrange for behavioral services to be stopped. Leaving DDS BSP and ending behavioral services does not affect a child’s eligibility for DDS funding or services.

The DDS Behavioral Services Program’s services end when a child turns 21. At that time, any of the child’s ongoing needs for service or support may be provided through “age-out” funding, if such funding has been allocated to DDS in its current budget appropriation.

***DDS Behavioral Services Program’s Goal***

The goal of the DDS Behavioral Services Program is to identify and support children eligible for the program to receive the supports they need to remain at home with their families. Early identification of children, who have intellectual disability and who also have emotional, behavioral, or mental health needs, allows for early intervention resulting in better outcomes for both the child and his or her family.