

DDS OPERATIONS INFORMATION FOR CLINICAL-BEHAVIORAL PROVIDERS


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Training Objectives:

- Identify when to use Positive Behavior Supports and Applied Behavior Analysis
 - Better understanding of the steps in the behaviorist qualification process
 - Identify the requirements involved when rendering services
 - Recognize the documentation needs for progress notes
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DDS Clinical-Behavioral Supports

- Individuals with intellectual and developmental disabilities often present with a complex array of needs that are manifested in one's "behavior."
 - A global approach to assessment and intervention that is developed through broad education, diverse training, and a depth of experience in clinical-behavioral services is required.
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Positive Behavior Supports

- PBS blends values about the rights of persons with developmental disabilities with practical science about behavioral change. It incorporates the knowledge and methods from multiple disciplines, such as biology, developmental psychology, behaviorism, systems theory, and trauma-informed care.
- In reflection of its wide applicability, PBS has been espoused by national organizations (e.g., National Association of State Directors of Developmental Disability Services) and driven by federal mandates (e.g., Individuals with Disabilities Education Act) for use in school systems.
- PBS integrates well with other allied supports, such as individual services (e.g., psychotherapy) and a multidisciplinary team process (e.g., nursing, psychology, psychiatry, occupational therapy).
- PBS can be used at an individual and an organizational level, as it looks beyond merely eliminating challenging behaviors towards changing systems, improving environments, emphasizing prevention, and teaching adaptive skills.

Applied Behavioral Analysis

- The strength of ABA is focusing a narrow lens on intervening and modifying a specific behavior through prescriptive techniques that are data-driven. That is, concentrating on what occurs directly before, during, and after a maladaptive behavior in order to form a functional hypothesis as to why the individual is behaving in a certain way.
- ABA is developed by Board Certified Behavioral Analysts. This approach has been demonstrated as particularly effective for individuals diagnosed with an autism spectrum disorder.
- Agencies and families should appreciate the strengths and limitations of ABA, especially the potential for over-applying the model in cases involving more complex behavioral, psychosocial, or psychiatric issues.

For Clinical-Behavioral Qualification:

1. An agency must go through the DDS application process for each behaviorist that the provider is adding to their roster.
2. The provider is responsible for sending DDS a copy of each behaviorist's current clinical license or BCBA certification.
3. When a behaviorist is approved by the DDS Operations Center, then the provider can bill for services through an established authorization.
4. *Any services provided by a behaviorist who is not qualified by DDS will not be reimbursed.*

Initial Documentation to be Submitted in order to become a Clinical Behavioral Consultant

- A curriculum vitae that highlights the education, training, and professional experience to deliver the desired services, particularly two-years of authoring and implementing behavior support plans.
- *Services are only reimbursed for approved Master's, Doctoral, or BCBA level providers. We do not accept Bachelor's level providers.*
- Copies of university diplomas, professional licenses, and certifications.
- Three letters of reference from professors, supervisors, or administrators that specifically relate to the DDS provider application process.
- A letter of intent to provide ABA, PBS, or both.
- For PBS only, two work samples in the form of behavior support plans implemented by the candidate within the last year. *Identifying information should be redacted (i.e., removal of names and date of birth).*

DDS Clinical-Behavioral Qualifying Requirements and Processes

As of December 1, 2018, the qualification and authorization system has been divided into two sub-types:

Service Type	Positive Behavior Supports	Applied Behavioral Analysis
Education	<ul style="list-style-type: none"> ▪ Doctoral degree and current licensure in psychology ▪ Certification as a Board Certified Behavioral Analyst (BCBA) ▪ Licensed as a Clinical Social Worker, Marriage and Family Therapist, or Professional Counselor 	<p><u>Tier 1:</u></p> <ul style="list-style-type: none"> ▪ CT licensure as a BCBA ▪ Doctoral degree and current licensure in psychology ▪ Master’s degree in special education with teacher certification <p><u>Tier 2:</u></p> <ul style="list-style-type: none"> ▪ Licensure in Social Work, School Counselor, Professional Counselor, or Marriage and Family Therapist.
Experience	<ul style="list-style-type: none"> ▪ Two years of experience (i.e., authoring and implementing plans) providing behavioral supports to individuals with intellectual or developmental disabilities. 	<ul style="list-style-type: none"> ▪ Two years of experience (i.e., authoring and implementing plans) providing behavioral supports to individuals with intellectual or developmental disabilities.

DDS Clinical-Behavioral Qualifying Requirements and Process

Service Type	Positive Behavior Supports	Applied Behavioral Analysis
Document Review	<ul style="list-style-type: none"> ▪ Review of two behavioral support plans implemented by the candidate within the last year. 	<ul style="list-style-type: none"> ▪ No work sample review for Tier 1 (already vetted through DPH) ▪ Will be determined on a case-by-case basis for Tier 2
Other Required Reviews	<ul style="list-style-type: none"> • Criminal background check, DDS Abuse/Neglect Registry check, and Sex Offender Registry check. • Interview with DDS Psychology Director and other DDS staff. 	<ul style="list-style-type: none"> • Criminal background check, DDS Abuse/Neglect Registry check, and Sex Offender Registry check for Tier 1 and Tier 2. • Additional review will be determined on a case-by-case basis for Tier 2.
Rates	<ul style="list-style-type: none"> • \$121.20/hour 	<ul style="list-style-type: none"> • \$121.20/hour

Service Definitions:

- **Clinical-Behavioral supports are therapeutic services that are not covered by the Medicare or Medicaid State Plan. These supports are deemed as necessary to improve the individual's independence, especially inclusion in community-based activities.**

- **Services may include the following:**
 - **Assessment and evaluation of the individual's behavioral needs**
 - **Development of a support plan with a functional assessment used to increase adaptive behaviors and to decrease maladaptive behaviors.**
 - **Provision of training for family and support staff to implement a support plan.**
 - **Evaluation and monitoring of the effectiveness of the support plan on at least a monthly basis.**
 - **Availability and responsiveness to the individual's team for questions and consultation.**

Progress Notes:

Content

Progress Notes should contain a concise and readable description of the following items:

1. Observations and assessment of mental status (i.e., signs and symptoms of psychiatric illness, diagnoses, behavioral functioning, safety concerns, response to psychotropic medications, etc.)
2. Treatment interventions (e.g., therapeutic techniques) provided during the encounter
3. Subjective findings (i.e., progress made toward goals and objectives)
4. Plan with recommendations in action steps

Sensitive Material

Although progress notes are read by staff on a regular basis, they are still protected under the HIPAA Privacy Rule. In general, the following information is redactable, as it is protected under HIPAA:

- Any identifiable health information relating to the individual's health (Individual identifiers include information such as name, address, birth date or social security number)
- The type of healthcare provided to the individual and the reasons for the care
- Information regarding the treatment given to the individual

Service Settings:

- Services are to be delivered in the individual's home (own or family) and the community, as described in the Individual Plan.
- Clinical-behavioral services cannot be provided to individuals who receive 24-supports from DDS, or to those located in school settings or facilities.

Service Utilization:

- The intensity of supports provided will vary depending upon the complexity and severity of an individual's needs, as determined by their team.

Service Documentation:

Allowable:

- *All required services should be identified in the person's Individual Plan. All activities must be clearly discussed and agreed upon by the team.*
- Services should be predominantly time spent with the individual-served, as well as consulting and training family members and direct care staff.
- Reasonable time spent on records review and preparing reports is also permissible.
- Other activities cannot comprise more than one-third of the time spent on a case in one month without prior written approval from the DDS region.

Non-Billable:

- Time spent on the following activities is not-billable as it is included into the provider rate: payment, scheduling, collateral calls, travel time, and service documentation.

Documentation Requirements:

- Documentation must include the following elements:
 - ✓ Date of service
 - ✓ Start and end times of contact for each date
 - ✓ Signature of the person providing the service
 - ✓ The reason for services on that date
 - ✓ Findings, interventions, and outcomes
 - ✓ Rationale for current and continued care
 - ✓ Recommendations or plan for follow-up

- ❖ *Documentation must clearly delineate whether the time was spent face-to-face (e.g., in-person, video, teleconferencing) with the service recipient.*

- ❖ *The basis of payment is an hourly unit of direct service time. Billing should be provided to the nearest 15-minute interval.*

- ❖ ***The DDS Audit Unit and the Psychology Division reserve the right to conduct reviews in order to ensure that services and documentation are in compliance with DDS Policy, Procedure, and Waiver requirements.***