

 **Putting People First**  
NYS Office For People With Developmental Disabilities

## Intensive Behavioral (IB) Services

Presentation to Providers  
October 2013

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Intensive Behavioral Services

## BACKGROUND

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## IB Services

Designed for individuals who live in non-certified settings or Family Care Homes, and who are presenting highly challenging behaviors that put them at imminent risk for placement into a more restrictive residential setting.

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### IB Services

- Is not a crisis intervention program
- Is time-limited (180 calendar days)
- Is designed to serve individuals with severe behavioral issues
- Is provided by clinical staff that has training and experience in conducting functional behavioral assessments, developing behavior support plans, and working with people with developmental disabilities

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### Goals of IB Services

- To help individuals who have a need for intensive behavioral services and have the family/caregiver strength and support necessary to implement behavior plans at home
- To effect positive change for those individuals, i.e.: a reduction in at-risk behaviors so that the individual may remain in his/her home and avoid residential placement

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### What an individual can expect

- Staff develop an individualized Behavior Support Plan with the individual and family which provides direction on “what to do”, “how to do”, and “when to do” the specific approaches, strategies and supports described in the plan
- Staff then work with the individual and family to implement the positive behavioral approaches, strategies and supports to establish or increase adaptive behaviors and decrease the frequency and/or intensity of challenging behaviors that are described in the plan

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### What an individual can expect

- At the conclusion of the services, families and individuals are asked to complete a satisfaction survey and the needs of the individual are reassessed
- These tools are designed to help OPWDD and the provider ensure that IB Services are meeting program goals

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### Types of Services

- Conduct relevant assessments and collect data pertinent to the challenging behaviors so that the IB Services staff can write the Behavior Support Plan (BSP)
- Train the primary caregiver(s) and/or direct support professionals who provide services to the individual on how to use the behavioral supports, interventions and strategies that are specified in the BSP
- Train the individual on using the behavioral supports, interventions and strategies that are specified in the BSP

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### Types of Services

- Follow up with the individual, family and/or staff as to the effectiveness of the supports, interventions and strategies
- Update the BSP to remove supports, strategies and interventions that are not effective and/or to include new supports, strategies and interventions
- Transition plan with the individual, family, collaterals and other agencies to refer the individual to appropriate services to maintain on a long term basis the behavior strategies specified in the BSP

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**IB Services ADM**

- Defines staff qualifications
- Describes individual authorization
- Identifies and describes necessary programmatic elements (FBA and BSP)
- Describes coordination and training components
- Defines service delivery and documentation requirements
- Describes billing and enrollment components

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**STAFF QUALIFICATIONS**

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**Staff must be a**

- Licensed Psychologist,
- Licensed Clinical Social Worker (LCSW), or
- Meet 14 NYCRR 633.16 criteria for a Behavior Intervention Specialist (BIS)

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### BIS-1 QUALIFICATIONS

**EDUCATION:**

- Master's degree in
  - Clinical/treatment field of Psychology, Social Work, School Psychology, Applied Psychology (related to human development/clinical interventions)
  - Documented Training – assessment techniques & BSP development

**OR**

- BCBA + Master's in:
  - Behavior Analysis **OR**
  - A field closely related to Clinical/Community Psychology **OR**
  - Active license: NYS LMHC

**EXPERIENCE:**

- FIVE years:
  - Working directly with people with developmental disabilities

**OR**

- Supervision & training of others in implementation of BSPs

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### BIS-2 QUALIFICATIONS

**EDUCATION**

- BCBA + Master's degree in:
  - Behavior Analysis **OR**
  - A field closely related to Clinical/Community Psychology
- Master's in a Clinical/treatment field of Psychology, Social Work, School Psychology, Applied Psychology (related to human development/clinical interventions)

**OR**

- Active license: NYS LMHC

**TRAINING**

- Have or obtain specialized training in or experience with FBA techniques and BSP development

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### BIS-2 QUALIFICATIONS (continued)

**OR**

- Has a Bachelor's degree related to a human services field **AND**
- Has been employed by agency in OPWDD system in the role of providing behavioral services continuously since 12/31/12

**AND EITHER**

- Is actively working toward an M.A./M.S. in an applied area of Psychology, Social Work or Special Education

**OR**

- Completes at least one graduate-level course in an applied health service area of Applied Psychology, Social Work or Special Education

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**Supervisors**

- The supervising NYS licensed psychologist or LCSW must have at least two years of post-licensure experience in clinical supervision and at least one year of post-licensure experience in working with persons with developmental disabilities who present with challenging behaviors (the post-licensure requirements may be obtained concurrently)
- If the clinicians delivering IB Services are themselves a NYS licensed psychologist or LCSW the post licensure supervisory and experiential requirements are waived

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**Oversight and Supervision Plan**

- the number of supervisees assigned to each clinical supervisor
- the type of supervision to be provided
- the required frequency of supervision
- the provision of a contingent emergency supervisor
- requirements for the supervisor's record or log of supervision
- the nature of supervision
- a method for evaluating the effectiveness of supervision

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**INDIVIDUAL AUTHORIZATION**

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### To Be Authorized for IB Services

An individual must:

- be enrolled in the OPWDD HCBS waiver
- live in a non-certified residential setting or Family Care Home
- have documentation that substantiates that the individual is at imminent risk of being placed in a more restrictive living environment due to challenging behavioral episodes (documentation may be from a variety of sources, e.g. MSC notes, letter indicating possible expulsion from school, notice indicating possible disenrollment from a day habilitation program, etc.)
- have a clear need for the type of services provided under the Intensive Behavioral Services model
- be able to benefit from the provision of IB Services

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### To determine if an individual meets the clinical criteria:

1. The individual or a person helping the individual must complete the Individual Application
2. The individual must have a DDP2 on file that is less than 6 months old
3. The DDRO may complete a CAANS-DD (Child, Adolescent, and Adults Needs and Strengths – Developmental Disabilities Tool) to determine the service needs of an individual

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## PROGRAMMATIC & QUALITY REQUIREMENTS

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### Basic Assumptions

- Positive behavioral approaches, strategies and supports are the cornerstone
- Establishing or increasing adaptive behaviors (a.k.a. replacement behaviors) as well as decreasing frequency/intensity of challenging behaviors is primary goal of intervention

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### Positive Behavioral Approaches, Strategies and Supports Cover a Range of Possibilities:

- Need to be individually determined
- Based on results of Functional Behavioral Assessment
- Progress from least restrictive or intrusive strategies to those that are more restrictive or intrusive only as warranted based on level of risk behavior presents to self or others
- Behavior Support Plan provides direction on “what to do”, “how to do” and “when to do” the specific approaches, strategies, and supports described in the plan

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## FUNCTIONAL BEHAVIORAL ASSESSMENT

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### Functional Behavior Assessment

- A process for identifying clear, predictive relationships between events in a person's environment and the occurrence of a target behavior. This process involves:
  - gathering information about the behavior through direct and indirect methods
  - synthesizing information and developing hypotheses regarding the variables that precipitate and maintain behavior
  - establishing a foundation for the development and implementation of comprehensive behavior support plans (BSPs)

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### Why complete a Functional Behavioral Assessment (FBA)?

- Determine what, if any, *environmental variables* maintain problem behavior
- Identify the type and source of reinforcement for challenging behaviors as the basis for intervention
- An FBA is an analysis of the *contingencies* responsible for a particular behavior
  - Behavior problems are best addressed when the *cause* of the behavior is known (i.e., function-based treatments)
  - Cause (function) can be determined via Functional Assessment (Iwata et al., 1994)

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### Why do we care about the function of problem behaviors?

- Failure to base interventions on the specific cause (function) often results in ineffective and unnecessarily restrictive procedures
  - For example, consider the individual who has learned that screaming is an effective way of *avoiding* or *escaping* unpleasant tasks
  - Using *timeout* in this situation would provide the individual with exactly what he wants (escaping the task) and is likely to make the problem worse, not better

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**Completing a FBA involves:**

- Reviewing written records, including risk assessments
- Using structured and unstructured interviews
- Using rating scales, checklists and environmental assessment tools
- Conducting direct observations of behavior, events and their social context
- Recording observations using narrative recordings, recording forms and direct measurement

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**Completing a FBA involves:**

- A-B-C recording and analysis (e.g., antecedents, behavior, consequences)
- Gathering data on patterns of behavior (e.g., when and where a response occurs)
- Displaying data graphically to analyze function of behavior

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**Hypothesis Development**

- FBA process is completed with the development of a hypothesis about the function of behavior
- A hypothesis statement is an informed, assessment-based explanation of the target behavior
- It is an informed guess about the relationship between environmental events or conditions and the target behavior

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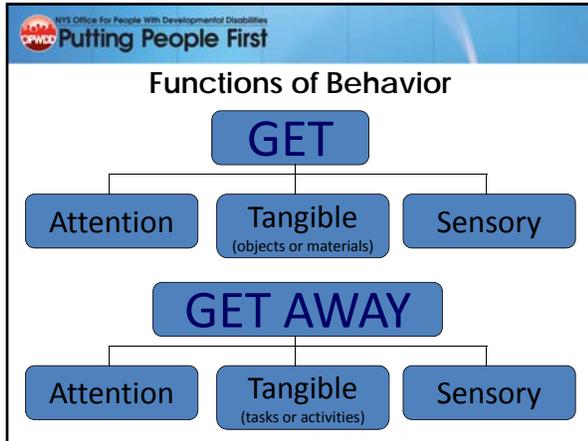
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- ### Hypothesis of the Functions for Each Target Behavior
- Attention
  - Power
  - Control
  - Revenge
  - Physical/Sensory stimulation\*\*
  - Sexual/Emotional stimulation
  - Avoidance/escape
  - Pain or discomfort
  - Impulse, urge or anxiety
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- ### Consideration of Other Potential Variables Connected to Behavior
- Cognitive Deficits
  - Emotional/Coping Skills Deficits
  - Communication Deficits
  - Organicity/Impulsivity/Disinhibition
  - Obsessions/Compulsions
  - Particular signs/symptoms of psychiatric condition(s)
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**An FBA must:**

- identify/describe the challenging behavior in observable and measurable terms
- include identification and consideration of the antecedents for the behavior(s)
- identify the contextual factors including cognitive, environmental, social, physical, medical and/or psychiatric conditions that create or may contribute to the behavior

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**An FBA must:**

- identify the likely reason or purpose for the challenging behavior
- include an evaluation of whether environmental or social alterations, or further assessments to rule out a contextual factor, would serve to reduce or eliminate the behavior(s)
- include an evaluation of preferred reinforcers

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**An FBA must:**

- consider multiple sources of data including, but not limited to:
  - information gathered through direct observations of the individual
  - information gathered from interview and/or discussion with the individual, parent/caregiver and other relevant service providers
  - a review of available clinical, medical, behavioral or other data from the individual's record and other sources

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**An FBA must:**

- identify the general conditions or probable consequences that may maintain the behavior
- not be based solely on an individual's documented history of challenging behaviors
- provide a baseline of the challenging behaviors including frequency, duration, intensity and/or latency across settings, activities, people and times of day

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**How do we utilize the results of our assessment?** 

- Development of individualized BSP represents culmination of the assessment process
- Treatment relates back directly to what we learned through completion of the **Functional Behavioral Assessment**

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**BEHAVIOR SUPPORT PLAN**

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### BSP Development

- A BSP identifies strategies for preventing problem behaviors through environmental and instructional accommodations and adaptations
- A BSP specifies skills to teach that will replace problem behaviors
- A BSP describes procedures to be followed when the problem behaviors do occur, including reduced or increased reinforcement depending on treatment goal

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### BSP must

- be developed by a Behavior Intervention Specialist (BIS), a licensed psychologist or a licensed clinical social worker with training in behavioral intervention techniques
- be developed in consultation, as clinically appropriate, with the person receiving services and/or other parties who are or will be involved with implementation of the plan

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### BSP must

- be developed on the basis of a functional behavioral assessment
- include a concrete, specific description of the challenging behavior(s) targeted for intervention

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**BSP must**

- include a hierarchy of evidence-based behavioral approaches, strategies and supports to address the target behavior(s) requiring intervention, with the preferred methods being positive approaches, strategies and supports

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**BSP must**

- include a personalized plan for actively reinforcing and teaching the person alternative skills and adaptive (replacement) behaviors
- include the least restrictive or least intrusive methods possible
- provide a method for collection of positive and negative behavioral data with which treatment progress may be evaluated

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**Prevention Strategies**

- If specific antecedents are known to increase the frequency or intensity of the behavior, the BSP should outline what should be done when antecedents occur to avoid occurrence of the problem behavior
- Some antecedents cannot be removed, they are integral to daily routines
- In such cases, accommodations or the same contingencies designed for other occurrences of the behavior should be used

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### Prevention Strategies Cont.

- Prevention strategies often require extraordinary effort on the part of support providers
- They can only be maintained faithfully for a relatively short term
- As a result, prevention strategies alone may not constitute a sufficient intervention because antecedents to the behavior will still occur at some base rate

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### Examples of Prevention Strategies

- Increase the ambient level of reinforcement
- Increase reminders for expected behavior
- Provide extra assistance during transitions
- Change tasks to match consumer skills
- Alternate easy with difficult tasks

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### Examples of Prevention Strategies

- Change interaction style
- Avoid problem activity or location when possible
- Modify environment to reduce/eliminate provocative triggers when possible

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### Setting Event Strategies

(a.k.a. Establishing Operations)

- Setting events are not as closely-linked in time as antecedents to the occurrence of the behavior
- Although they are more distant than antecedents in time from the behavior, they are often necessary for the behavior to occur
- When identified, the plan should describe interventions for establishing operations

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### When physiological factors are identified as setting events *they must be addressed!*

- Treating physical conditions (e.g., allergies, chronic earache)
- Treating sleep disorders
- Monitoring bio-behavioral states, such as alertness
- Teaching relaxation skills when anxiety is a setting event



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### Proactive Strategies

(Antecedent and Setting Event Manipulators)

- Remove a problem event
- Modify a problem event
- Intersperse difficult events with easy and pleasant events
- Block or neutralize impact of negative events
- Add events that promote desired behaviors

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### Teaching Alternative (Replacement) Behaviors

- The alternative behavior should be functionally equivalent to the problem behavior whenever possible, i.e. allow the individual to reach the same desired outcome as the problem behavior
- The alternative behavior does not have to be physically similar to the problem behavior
- When an alternative behavior that serves the same function cannot be used, a different replacement skill should be taught

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### Teaching Alternative (Replacement) Behaviors

- Alternative behaviors should reflect the individual's cultural heritage when possible
- Over time, the individual learns (through teaching, consistent reinforcement, etc.) that the alternative behavior is a much easier and efficient way to get (or get away from) what he or she wants

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### The Importance of Teaching *Functional Skills*

- Useful skills that help a person function in the places where they live, work and play are *functional*, and:
  - Promote dignity
  - Help people learn skills more quickly and apply skills to new situations
  - Prevent problem behavior

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**Examples of Alternative (Replacement) Behavior Interventions:**

- Communication strategies to request the reinforcer, express preference, express emotion, etc. (a.k.a. functional communication)
- Social skills (e.g., learn skills to recruit attention from others appropriately)

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**Examples of Alternative (Replacement) Behavior Interventions:**

- Coping and tolerance skills (e.g., anger management, old me/new me model, self-regulation model)
- General and Leisure activities (sensory reinforcement)

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**Functional Communication Training**

- Teach the individual to communicate appropriately
- Identify new skill to obtain same outcome
- Identify problem times

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### Functional Communication Training

- Prompt communication
  - Verbal Response
  - Vocal Response
  - Gestural Response
  - Picture Exchange Communication System (PECS)/Voice Output Communication Device
- Reinforce use of appropriate communication



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### Social Skills

- The goal of Social Skills Training is to train specific pro-social behaviors and to create situations that allow the individual to generalize these skills to real-world applications
- Cultural factors that may influence social skill development need to be considered on an individual basis

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### Social Skills

- Through Social Skills Training, individuals develop healthy relationship patterns, appropriate ways of managing emotions and an understanding of the connections between thoughts, feelings and behavior
- Effective feedback loops are created as skills that are the focus of Social Skills Training are worked into the BMP as Alternative (Replacement) Behaviors, providing reinforcement for the attainment of social competence

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### Coping and Tolerance Skills

- Goal of Coping and Tolerance Skills Training is to train specific socially accepted coping behaviors and/or to tolerate difficult situations, and to create situations that allow the individual to practice and generalize these skills to real-world applications
- Coping and tolerance/self-control skills (which include anger and impulse control skills and self-regulation skills) decrease the likelihood of the individual displaying dangerous and/or anti-social behavior

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### General and Leisure Skills

- The goal of teaching general and leisure skills is to provide knowledge of broad skills that alter problem situations and prevent the need for problem behaviors
- Leisure skills should be those an individual can engage in or complete independently after learning whenever possible

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### General and Leisure Skills

- Teach organizational skills to prevent frustration when handling multiple tasks
- Expand social play skills or social interaction skills to foster more friendships
- Teach self-initiation of activities using a schedule to prevent boredom
- For those with sensory function, teach access to materials that provide visual or other sensory stimulation they crave (gears, spinning tops, tight articles of clothing, etc.)

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### Consequence Interventions

- Reduce outcomes of problem behavior
- Reinforce appropriate behavior

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### Behavior Decrease Methods

- Stimulus Avoidance
  - Physical response-blocking or response interruption
- Time-out from positive reinforcement
  - Only *non-exclusionary* time-out
- Response cost
  - Token fines as part of token economy

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### BSP must

- include a schedule to review the effectiveness of the interventions included in the plan no less frequently than **every 60 days**, including examination of the frequency, duration and intensity of the challenging behavior(s) as well as the replacement behaviors

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### Monitoring Outcomes

- *Broad Outcomes*
  - Increases in new replacement skills plus decreases in problem behaviors with:
    - Planned maintenance
    - Broadening quality of life goals
  - Increase positive relationships with others

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### Monitoring Outcomes

- *Broad Outcomes*
  - Participation in school and community activities
  - General health and well-being improved
  - Individuals' and families' increased level of satisfaction regarding personal growth and development

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### Monitoring Outcomes

- *Specific Outcomes*
  - Skills enable the individual to meet needs in a socially acceptable manner
  - Reductions in the individual's problem behavior
  - Revised plan to address acquisition of unachieved skills

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### Monitoring Outcomes

- *Specific Outcomes*
  - Revised plan to enable individual to decrease problem behavior/increase new behaviors
  - Support plan has been implemented in a consistent manner
  - Support plan hypotheses and support strategies have been reevaluated

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### Restrictive/Intrusive Interventions

A behavior support plan which incorporates a restrictive/intrusive intervention and/or a limitation on a person's rights must follow 14 NYCRR 633.16(c)(9)

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### Restrictive/Intrusive Physical Interventions

A BSP incorporating the use of a *restrictive physical intervention*, or *exclusionary time-out* **is prohibited** in IB Services

However, a BSP incorporating restrictive physical interventions to be implemented by **CH staff** may be permitted if specifically authorized by OPWDD

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### Health and Safety Interventions

- Health and safety interventions prescribed by a physician for their treatment or protection can only be used as directed in a physician's order and therefore should not be incorporated into a BSP developed through IB Services
- Rather, these health and safety interventions or treatments should be referenced in their ISP and/or habilitation plan

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### Emergency Interventions

- Nothing in the ADM shall prevent the use of an emergency intervention by Community Habilitation (CH) staff and Family Care providers to prevent a person who is undergoing acute behavioral or emotional disturbance from seriously injuring him/herself or others
- These events may constitute a reportable incident per 624 and if so should be reported accordingly

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### Coordination of BSP

- Written informed consent must be obtained from the individual, parent/legal guardian or other authorized consent-giver
- IB Services provider should consult and coordinate with these other service settings in order to develop an appropriately integrated plan

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### Coordination Training of BSP

- Parents/Caregivers, CH staff, and Family Care providers responsible for the support of a person should be trained in all aspects of that person's BSP
- Respite Staff can be trained in proactive tools
- Parents/Caregivers and Family Care providers will not be trained in restrictive physical interventions or use of *exclusionary* time-out as IB Services BSPs will not incorporate these interventions

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 NYS Office For People With Developmental Disabilities  
**Putting People First**

Intensive Behavioral Services

### SERVICE DELIVERY AND DOCUMENTATION RULES

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### Time Limited

- Funding is available for up to six months (180 calendar days)
- Authorization is for six months (180 calendar days)
- Reauthorization may occur with clinical justification for another six months

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### Plan Fee

- Completion of the FBA & BSP
- May be billed only once every 3 years

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### Plan Fee

- One-time Fee for the completion of the Functional Behavioral Assessment (FBA) and Behavioral Support Plan (BSP)
- An agency may bill again after three years for an individual if that individual has been re-authorized for IB Services and it is clinically necessary and appropriate for a new FBA & BSP

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### Reimbursable Services

- Plan Fee
  - Reviewing records and evaluations
  - Conducting relevant assessments
  - Collecting data
  - Communicating with other professionals
  - Communicating with the individual, family or others
  - Writing the FBA and BSP

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### Hourly Fee

- Will only be paid after Medicaid has paid for the Plan Fee
- Maximum of 25 hours of service can be reimbursed for initial authorization
- Maximum of 8 hours billed in a single day
- DDRO continues to determine need for reauthorization
- DDRO may authorize either 25 or 50\* hours on a reauthorization based on an individual's demonstrated clinical needs

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### Hourly Fee

- For time spent implementing the BSP
- Can only be paid after the agency has been reimbursed for the Plan Fee
- An agency will only be reimbursed up to 25 hours in a six month period or for 50 hours, if authorized by DDRO, in a reauthorization

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### Hourly Fee

- Unit of service is an hour
- Billed in quarter hour units (15 minutes)
- No "rounding up"

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### Hourly Fee

- Time at another service cannot count toward billing when the services are being delivered face-to-face with the individual
- Exceptions:
  - When the individual is receiving CH or respite or Family Care
  - When the MSC is conducting a face-to-face visit

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### Reimbursable Services

- Hourly Fee
  - Training of the primary caregiver, respite or CH staff on behavioral supports and interventions
  - Training the individual on behavioral supports and strategies

\*Must be specified in the BSP

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### Reimbursable Services

- Hourly Fee
  - Monitoring the implementation of the BSP:
    - Observing the individual, family or CH staff
    - Following up as to effectiveness of the supports and interventions
  - Updating the BSP and/or FBA
  - Transition planning

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### Billing Standard

- Plan Fee
  - Completion of the FBA
  - Completion of the BSP

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### Billing Standard

- Hourly Fee
  - Documentation of the service start and stop time(s)
  - Description of all services delivered in the day

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### Billing Standard

- Hourly Fee Example:
  - 1) IB Services are delivered from 9:00AM to 10:00AM (1 hour) and later from 1:00PM to 3:00PM (2 hours).
  - 2) Staff document and deliver the provision of services during each session.
  - 3) The provider submits one claim for the day for three hours.

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### Service Documentation Requirements

- Plan Fee
  - ISP
  - Functional Behavioral Assessment (FBA)
  - Behavior Support Plan (BSP)

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### Service Documentation Requirements

- ISP
  - Category of Waiver Service:  
Intensive Behavioral Services
  - Identification of your agency
  - Frequency: Plan/Hourly
  - Duration: Time Limited
  - Effective Date: the date the individual was  
enrolled in IB Services

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### Service Documentation Requirements

- Functional Behavioral Assessment
  - Individual's name
  - CIN
  - Category of Waiver Service:  
Intensive Behavioral Services
  - Identification of your agency
  - Date on which FBA was completed (mth/dy/yr)
  - Date Assessment was written (mth/dy/yr)
  - Name, signature and title of staff

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### Service Documentation Requirements

- Behavior Support Plan
  - Individual's name
  - CIN
  - Category of Waiver Service:  
Intensive Behavioral Services
  - Valued Outcomes
  - Identification of your agency
  - Date on which BSP was written (mth/dy/yr)
  - Name, signature and title of staff completing the BSP

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### Service Documentation Requirements

- Behavior Support Plan
  - Evidence of a review
  - Include name, signature and title of staff, date of the review and any changes to the BSP
  - A review is required every 60 days from the completion of the BSP
  - A review (i.e. an update) is also necessary if the individual is reauthorized to receive another six months (180 days) of IB Services or is reauthorized at a later date.

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### Service Documentation Requirements

- Hourly Fee
  - ISP
  - BSP
  - Narrative Note

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### Service Documentation Requirements

- Narrative Note
  - Individual's Name
  - Category of Waiver Services: Intensive Behavioral Services
  - Date the service was provided
  - Primary Service Location

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### Service Documentation Requirements

- Narrative Note
  - Daily description of all of the services provided for the day drawn from the individual's BSP
  - Documentation of start and stop times for each "session"
  - Individual's response to the service
  - Name, signature and title of staff documenting service
  - Date the service was documented

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### Narrative Note Sample

Intensive Behavioral Services  
 Daily Service Documentation Form

Agency Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
 Individual's Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_  
 Service Location: \_\_\_\_\_  
 Enter Service Start Time: \_\_\_\_\_ Enter Service Stop Time: \_\_\_\_\_  
 Enter Service Start Time: \_\_\_\_\_ Enter Service Stop Time: \_\_\_\_\_  
 Enter Service Start Time: \_\_\_\_\_ Enter Service Stop Time: \_\_\_\_\_  
 Total Duration: \_\_\_\_\_  
 Waiver Code: \_\_\_\_\_ (Available Codes: 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000)

\_\_\_\_\_  
 (Signature of Service Staff providing services provided based on the individual's Behavior Management Plan)

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name and title of undersigned staff who is debriefing the service or supervising the service:  
 Name of Staff: \_\_\_\_\_ Title: \_\_\_\_\_

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### Documentation Retention, etc.

- All documentation must be retained for a period of six years from the date the service was delivered or from the date of the service billing, whichever is later
- Service Documentation must be completed contemporaneously

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### Reviews and Audits

- OPWDD expects its Division of Quality Improvement (DQI) to do surveys
- Other entities (e.g. OMIG, CMS, Attorney General, OSC) have the right to conduct reviews and audits of Medicaid waiver claims

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### Resources

- [www.opwdd.ny.gov](http://www.opwdd.ny.gov)
- Administrative Memorandum #2013-??
- Narrative Note Sample
- Individual Application

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 NYS Office For People With Developmental Disabilities  
**Putting People First**

Intensive Behavioral Services

**BILLING AND ENROLLMENT**

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**Provider Authorization**

- HCBS Waiver Service Authorization – requires update to agency HCBS Waiver Agreement to include IB Services
- Specific Service Criteria Met
- District Review
- Division of Quality Improvement (DQI) Review

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**Program Code**

- Once an agency has authorization to provide IB Services, OPWDD District staff will establish a TABS program code (DDSO specific)

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### Enrollment/Authorization

- Individual needs to be added to authorized provider's IB Services program code in TABS
- TABS program code enrollment will result in authorization in eMedNY via input of Restriction/Exception (R/E) code 45
- Automatic REMOVE from program 180 calendar days after program add date

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### Billing eMedNY

- IB Services providers will utilize their existing Medicaid provider ID number currently utilized for day services (Day Habilitation, Prevocational Services, Phase 1 Community Habilitation) to bill eMedNY
- If your agency does not have an existing provider ID, OPWDD Central Operations will send you a Medicaid Provider enrollment application when your IB Services TABS program code is established
- The Medicaid Provider enrollment application should be completed promptly and submitted to Computer Sciences Corporation (CSC), the fiscal agent responsible for operating the NYS Medicaid program

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### Billing eMedNY

- Once the provider ID is issued, IB Services Fees will be loaded to the provider ID
- IB Services providers will receive notification from Department of Health (DOH) when fees are loaded
- Providers will then be required to link the provider ID to their Medicaid ETIN (Electronic Transmitter Identification Number)
- Adjudicated claims will be included on the day services provider ID remittance statement

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### Rate Codes

- 4720 – IBS; Vol; IBP/FBA Plan Development; Flat Fee (referred to as the Plan Fee)
- Utilized to bill one time payment for completing both the Functional Behavioral Assessment (FBA) and the Behavior Support Plan (BSP)
- Billing for the FBA and BSP development is limited to once every three years
- Billing Date of Service is the date the BSP is completed – the FBA must be completed prior to the development of the BSP

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### Rate Codes

- 4721 – IBS; Vol; Plan Implementation; ¼ Hr
- Utilized to bill the ongoing, implementation services in ¼ hour billing units
- Implementation services are limited to 25 hours (100 units) within a 180 day period
- A maximum of 8 hours (32 units) is permitted for billing on a single date of service
- Implementation services CANNOT be billed until the Plan Fee has been adjudicated for payment by eMedNY!

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### Locator Codes

- Locator code = 012 (Fee Region 1 – New York City)
- Locator code = 013 (Fee Region 2 – Westchester, Putnam, Rockland, Ulster, Dutchess, Greene, Columbia, Sullivan, Orange, Suffolk and Nassau Counties)
- Locator code = 014 (Fee Region 3 – Rest of State)
- Fee regions correspond to both billing of the Plan Fee (4720) and the implementation services (4721)
- Fee Regions should correspond to where the individual served resides

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### Primary Billing Fields

- Medicaid CIN
- eMedNY Provider ID
- Attending Provider NPI (Licensed Psychologist/LCSW)
- Ordering/Referring NPI (Licensed Psychologist/LCSW - more info on this to come)
- Rate Code
- Locator Code
- Date of Service
- Unit

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### IB Services and NPI (National Provider Identification Number)

- Licensed Psychologist or LCSW providing or supervising service provision must have a NPI – this will be required on claim submissions to Medicaid
- Staff responsible for maintaining license requirements – claim submissions may not pay if license is not up to date!

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### Obtaining an NPI

- If an NPI is needed, staff can apply for one at the following link:  
<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

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### Referring/Ordering

- New requirements from the Affordable Care Act mandate that certain providers be enrolled in state Medicaid programs if they order or refer services reimbursed by Medicaid
- OPWDD (in concert with DOH) has determined that IB Services qualifies as a service that is “ordered” by the LCSW or Licensed Psychologist – based on the requirement that the FBA and BSP are developed by or under their direct supervision

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### Referring/Ordering

- NYS Medicaid requires that clinicians who order or refer services must enroll in Medicaid before claims can be submitted with identifying staff information (i.e., NPI)
- NYS DOH has established a streamlined enrollment process specifically for providers who order or refer services

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### Referring/Ordering

- In addition to Medicaid enrollment, DOH requires that LCSWs enroll in Medicare prior to enrolling in Medicaid (only LCSWs)
- LCSWs will be required to submit a copy of their Medicare Award/Participation Letter when they submit their Medicaid enrollment application
- Medicare also has a streamlined enrollment process for providers who order or refer

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### Links to Enrollment Forms

- <https://www.emedny.org/info/ProviderEnrollment/csw/Option2.aspx> (link for LCSW Medicaid enrollment)
- [https://www.emedny.org/info/ProviderEnrollment/clin\\_psych/Option2.aspx](https://www.emedny.org/info/ProviderEnrollment/clin_psych/Option2.aspx) (link for Licensed Psychologist Medicaid enrollment)
- <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf> (link for LCSW Medicare enrollment)

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### NPI on Claim Submissions

- Attending NPI – Loop 2310A, Segment NM109
- Referring/Ordering NPI – Loop 2310F, Segment NM109
- Specifies where this information is included with the HIPAA 837I (Institutional) transaction

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### Medicaid Timely Billing

- Provider must comply with DOH timely billing rules (claim submission within 90 days from date of service)
- If claims submitted beyond 90 days, provider must determine appropriate delay reason code and retain documentation to support the delayed claim submission

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### Reauthorization

- DDRO review to determine if service should be reauthorized (either 25 or 50 hours on a reauthorization based on an individual's demonstrated need may be authorized by DDRO)
- Agency must retain documentation authorizing additional hours
- DDP-1 must be completed for reauthorization and submitted promptly to DDRO for processing
- Reauthorization earliest date – day AFTER remove from program (no overlap)
- Automatic REMOVE from program 180 calendar days after program ADD date in effect again
- Reauthorization does not authorize for additional billing of Plan Fee (limited to once every 3 years)

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**Putting People First**

Intensive Behavioral Services  
Billing and Enrollment

### QUESTIONS AND ANSWERS

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### Questions about IB Services Authorizations, Qualifications, Service Delivery, Documentation, etc.?

- Jill Pettinger – (518) 474-3558  
[jill.pettinger@opwdd.ny.gov](mailto:jill.pettinger@opwdd.ny.gov)
- Anne Swartwout – (518) 474-2954  
[anne.swartwout@opwdd.ny.gov](mailto:anne.swartwout@opwdd.ny.gov)

### Questions about Billing and Enrollment?

- Earl Jefferson – (518) 402-4333  
[earl.jefferson@opwdd.ny.gov](mailto:earl.jefferson@opwdd.ny.gov)

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