

***Service Delivery Guide —
Employment and Community First CHOICES Behavior Services***

Employment and Community First CHOICES (ECF CHOICES) service definition for specialized consultation and training:

Expertise, training and technical assistance in one or more specialty areas (behavior services, occupational therapy, physical therapy, speech language pathology, nutrition, orientation and mobility, or nurse education, training and delegation) to assist paid or natural or co-worker supports in supporting individuals who have long-term intervention needs, consistent with the person-centered support plan (PCSP), therefore increasing the effectiveness of the specialized therapy or service. This service also is used to allow the specialists listed above to be an integral part of the person-centered planning team, as needed, to participate in team meetings and provide additional intensive consultation for individuals whose functional, medical or behavioral needs are determined to be complex. The consultation staff and the paid support staff are able to bill for their service time concurrently. Activities that are covered include:

- Observing the individual to determine and assess functional, medical or behavioral needs;
- Assessing any current interventions for effectiveness;
- Developing a written, easy-to-understand intervention plan, which may include recommendations for assistive technology/equipment, workplace and community integration site modifications; the Intervention plan will clearly define the interventions, activities and expected timeline for completion of activities;
- Identification of activities and outcomes to be carried out by paid and natural supports and co-workers;
- Training of family caregivers or paid support personnel on how to implement the specific interventions/supports detailed in the intervention plan; in the case of nurse education, training and delegation, shall include specific training, assessment of competency, and delegation of skilled nursing tasks to be performed as permitted under state law;
- Development of and training on how to observe, record data and monitor implementation of therapeutic interventions/support strategies;
- Monitoring the individual, family caregivers and/or the supports personnel during the implementation of the plan;
- Reviewing documentation and evaluating the activities conducted by relevant persons as detailed in the intervention plan with revision of that plan as needed to assure progress toward achievement of outcomes or revision of the plan as needed;
- Participating in team meetings; and/or,

- Tele-Consulting, as permitted under state law, through the use of two-way, real time-interactive audio and video between places of greater and lesser clinical expertise to provide clinical consultation services when distance separates the clinical expert from the individual.

Specialized consultation services are provided by a certified, licensed, and/or registered professional or qualified assistive technology professional appropriate to carry out the relevant therapeutic interventions.

Specialized consultation services are limited to \$5,000 per person per calendar year, except for adults in the Comprehensive Supports for Employment and Community Living benefit group determined to have exceptional medical and/or behavioral support needs.

For adults in the Comprehensive Supports for Employment and Community Living benefit group determined to have exceptional medical and/or behavioral support needs, specialized consultation services shall be limited to \$10,000 per person per calendar year.

An MCO may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered benefits.

This document seeks to provide guidance to providers regarding the provision of ECF CHOICES specialized consultation and training (SC&T) behavior services benefits.

Behavior provider qualifications

Specialized consultation services are provided by a certified, licensed, and/or registered professional. Accepted professional expertise and credentials are:

- Board Certified Behavior Analyst (BCBA), licensed in the state of TN.
- Board Certified Behavior Analyst — Doctoral (BCBA-D), licensed in the state of TN.
- Licensed in the state of TN for independent practice of psychology — The psychologist must have the requisite education, training and supervised experience to provide behavior analysis.
- Qualified Mental Health Professional licensed in the state of TN with scope of practice to include behavior analysis - the clinician must have the requisite education, training and supervised experience to provide behavior analysis.
- Board Certified Assistant Behavior Analyst (BCaBA), licensed in the state of TN — The BCaBA must work under the supervision of a licensed BCBA.
- Registered Behavior Technician (RBT) — The RBT must work under the supervision of a licensed BCBA.
- Qualified by Department of Intellectual and Developmental Disabilities (DIDD) to provide Behavior Analysis prior to July 12, 2012, licensed in the state of TN – approval to deliver ECF CHOICES services is contingent upon DIDD continuing this qualification. If DIDD revokes this qualification, the clinician will no longer be able to provide ECF CHOICES SC&T behavior services.

Behavior service provider responsibilities

All ECF CHOICES supports are person-centered. The behavior service provider is to provide expertise, training and technical assistance to assist paid, natural or co-worker supports in supporting individuals who have long-term intervention needs, consistent with the person-centered support plan. Therefore increasing the effectiveness of the specialized therapy or service. This service also is used to allow the behavior service provider to be an integral part of the person-centered planning team, as needed, to participate in team meetings and provide additional intensive consultation for individuals whose functional, medical or behavioral needs are determined to be complex.

Once it is determined that an individual is in need of this service, the Support Coordinator will first authorize an Assessment and Planning session. **A physician's order is not required to authorize this service.**

There are two phases:

1. Planning — Max of three hours to be authorized for assessment and plan development
 - Authorize first to determine the amount of hours of consultation and training that will be needed to support the member/natural support and paid staff
 - Once the planning session has occurred — contact the provider to obtain a copy of the treatment plan
 - Review treatment plan with member and determine the amount of consultation and training hours to be authorized

2. Consultation/Training — Max of 90 minutes to be authorized for each session
 - Update the PCSP — The member's signature is required-to authorize SC&T.

<i>Behavior Services Assessment Report</i>	<p><i>The Behavior Services Assessment Report</i> shall include all information relevant to the reason for referral and recommended behavior interventions, as applicable. The Behavior Services Assessment Report is completed by the behavior analyst.</p> <p>BCaBAs are authorized to perform this clinical function under the supervision of a licensed BCBA. The Behavior Services Assessment Report must be countersigned by the supervising clinician.</p> <p>RBTs are not authorized to perform this clinical function.</p>
<i>Behavior Support Plans</i>	<p><i>Behavior Support Plans (BSPs)</i> are written and monitored by behavior analysts to address health and safety risks to the person served or other behaviors that significantly interfere with home or community activities.</p> <p>BCaBAs are authorized to perform this clinical function under the supervision of a licensed BCBA. The Behavior Support Plan must be countersigned by the supervising clinician.</p> <p>RBTs are not authorized to perform this clinical function.</p>

<p>Behavior support recommendations</p>	<p>In circumstances where the behavior analyst determines that a BSP is not required, he or she may provide written behavior support recommendations to be included in the person’s PCSP.</p> <p>BCaBAs are authorized to perform this clinical function under the supervision of a licensed BCBA. Behavior Support Recommendations must be countersigned by the supervising clinician.</p> <p>RBTs are not authorized to perform this clinical function.</p>
<p>Monthly Progress Reports</p>	<p><i>Monthly Progress Reports</i> providing an assessment of progress toward implementing the clinical service plan of care should be submitted via email to the person’s Support Coordinator by the 15th day of the following month.</p> <p>The supervising clinician reviews the data and completes the clinical progress report.</p> <p>BCaBAs are authorized to perform this clinical function; under the supervision of a licensed BCBA. Monthly Progress Reports must be countersigned by the supervising clinician.</p> <p>RBTs are not authorized to perform this clinical function.</p>
<p>Contact notes</p>	<p>Contact notes shall be completed for all behavior services. Name of service, in/start time, out/stop time, and number of units provided shall be provided for all contact notes. Contact notes will contain sufficient and relevant information.</p> <p>Behavior service providers shall also have the individual or caregiver or other witness sign their contact note as verification of the service. If the service is not provided face-to-face, the contact note shall detail with whom the provider interacted.</p> <p>Behavior assessment and plan development must be supported by contact notes, but do not require a witness signature since these services are not required to be completed face-to-face with the person supported.</p> <p>Supervising clinicians will review and countersign contact notes for BCaBAs and RBTs.</p>

<p>Discharge</p>	<p>Discharge notes shall include date of discontinuation of behavior services; and description of progress across the course of treatment; and reason for discharge.</p> <p>BCaBAs are authorized to perform this clinical function under the supervision of a licensed BCBA. Discharge notes must be countersigned by the supervising clinician.</p> <p>RBTs are not authorized to perform this clinical function.</p>
<p>Behavior analyst collaboration with other service providers</p>	<p>Behavior analysts shall work cooperatively with all other service providers and shall coordinate their treatments with other clinicians who support the person. To the extent possible, behavior analysts should make an effort to attend psychiatric appointments to provide reports of the person’s response to psychiatric interventions and provide alternatives to adding more medication.</p>
<p>Requirements for face-to-face service delivery</p>	<p>Behavior services shall be provided face-to-face with the person supported except in limited situations, such as parts of the assessment process and writing of the plan. Also assessing current interventions for effectiveness could potentially be accomplished via phone conference with the individual’s caregivers.</p> <p>The ECF CHOICES service definition allows for tele-consulting: “Tele-Consulting, as permitted under state law, through the use of two-way, real time-interactive audio and video between places of greater and lesser clinical expertise to provide clinical consultation services when distance separates the clinical expert from the individual.” * Utilizing a Healthcare Insurance Portability and Accountability Act (HIPAA)-compliant, tele-consulting platform.</p> <p>The individual should be present during training of caregivers, except when the individual’s presence would not be clinically appropriate.</p> <p>Plans necessitating a departure from the above guidelines for face-to-face service delivery must be approved in advance.</p> <p>If the Behavior Analyst seeks to provide services without the individual present, the BA must seek prior approval in order to receive payment. The request, including clinical justification, must be made to the Support Coordinator in advance to be included in the PCSP.</p>

Non reimbursable activities	ECF CHOICES SC&T Behavior Services are not intended to replace services that would normally be provided by direct care staff or to replace services available through the Medicaid State Plan/TennCare Program, including psychological evaluations and psychiatric diagnostic interview examinations. ECF CHOICES SC&T Behavior Services shall not be covered for children under age 21 years (doing so would duplicate TennCare/EPSTDT benefits).
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Classification of interventions and approval process

All ECF CHOICES supports are person centered. Proposed interventions must be reviewed with the person and those who assist the person with decision making. Definitions of intervention types follow.

Behavior Support Plan approval process	<p>The <i>Behavior Support Plan</i> is reviewed during a meeting with the individual, family, conservator (if applicable) and the Support Coordinator.</p> <p>If the BSP contains restrictions, the Support Coordinator follows the processes of the ECF CHOICES and TennCare CHOICES (CHOICES) Settings Compliance Committee – TN LTC.</p> <p><i>*Note that proposed restrictions are reviewed, but not the BSP in totality.</i></p>
Unrestricted interventions	<p>Unrestricted interventions are used to teach, train, increase behavior, or maintain desired behaviors and design environments to support the person. In some cases, the procedures involve mild forms of negative feedback, such as social disapproval.</p>
Restricted interventions	<p>Restricted interventions involve the use of a consequence that has the objective of decreasing the frequency, intensity, or duration of challenging behavior.</p> <p>Restricted procedures require a BSP developed by a behavior analyst in conjunction with the person’s planning team, and in accordance with BACB guidelines.</p> <p>If the BSP contains restricted interventions, the Support Coordinator follows the processes of the ECF CHOICES, and CHOICES Settings Compliance Committee – TN LTC.</p> <p><i>*Note that proposed restrictions are reviewed, but not the BSP in totality.</i></p>

<p>Special individualized interventions</p>	<p>Special individualized interventions are interventions that involve the delivery of an aversive stimulus or are not defined in the classification system.</p> <p>If the BSP contains special individualized interventions, the Support Coordinator follows the processes of the ECF CHOICES, and CHOICES Settings Compliance Committee – TN LTC.</p> <p><i>*Note that proposed restrictions are reviewed, but not the BSP in totality.</i></p>
<p>Behavioral safety interventions</p>	<p>Behavioral safety interventions (e.g., supported recovery, safety delay, or manual restraint) are procedures that prevent harm to the person or others and shall only be used when alternative strategies are ineffective and a person’s behavior poses an imminent risk of harm to self or others.</p>
<p>Specialized behavioral safety interventions</p>	<p>Specialized behavioral safety interventions (e.g., supported recovery-separation, mechanical restraint, or protective equipment) are only used in emergency circumstances, but go beyond what is required to resolve the immediate crisis. Specialized behavior safety interventions are only used when there is a persistent and ongoing risk of harm to self or others.</p> <p>If the BSP contains specialized behavioral safety interventions, the Support Coordinator follows the processes of the ECF CHOICES, and CHOICES Settings Compliance Committee – TN LTC.</p> <p><i>*Note that proposed restrictions are reviewed, but not the BSP in totality.</i></p>
<p>Prohibited procedures</p>	<ul style="list-style-type: none"> ● Chemical restraint ● Prone and supine restraints ● Take downs ● Seclusion ● Noxious or painful stimuli