

GUIDANCE FOR THE PROVISION OF THERAPEUTIC BEHAVIORAL SERVICES 01/2017

Service Item Code: H2019 - Therapeutic Behavioral Services

I. Policy

Challenging behaviors may adversely affect an individual's ability to gain and/or maintain employment. It is the policy of the Virginia Department for Aging and Rehabilitative Services (DARS) to provide Therapeutic Behavioral Services (TBS) to individuals with challenging behaviors who require these services to establish eligibility, assess rehabilitation and career needs, or achieve an employment goal. Services are provided by Field Rehabilitation Services staff through approved community-based providers, depending upon the person's needs and desires as well as upon the availability of qualified providers in a consumer's home community. Therapeutic Behavioral Services may also be purchased by other DARS staff through the Community Rehabilitation Case Management Services (CRCMS) Program, or through the DARS Brain Injury Direct Services (BIDS) Fund.

II. Definitions

Therapeutic Behavioral Services are defined as comprehensive, specialized supports provided in community settings to address challenging behaviors that affect an individual's ability to gain or maintain employment, and to live independently and successfully in their community of choice. Services are provided by agency-approved vendors of **Positive Behavior Support (PBS)** or **Applied Behavior Analysis (ABA)**, both of which are clinically validated approaches to reducing or eliminating behaviors that interfere with employment and independent living. The overall goal of Therapeutic Behavioral Services (TBS) is to improve an individual's quality of life and ability to function successfully in the workplace and other community settings.

A. *Positive Behavior Support (PBS)* is a comprehensive, research-based approach to behavior change that combines principles and practices from Applied Behavior Analysis (ABA) and the inclusion and self-determination

movements. PBS places a heavy emphasis on incorporating person-centered planning and values. The PBS approach can be used as an individualized intervention, as well as a systems-change intervention (e.g., within a school system). PBS interventions are empirically documented and can be used by a wide range of support providers. PBS provides structured support to an individual in order to reduce behavioral challenges, increase independence, and ensure the development of constructive positive behaviors to meet life goals in the areas of social relationships, employment, academic achievement, functional life-skills, self-determination, health, and safety. Use of PBS decreases the need for more intrusive or aversive interventions (i.e., punishment or suspension) and can lead to both systemic as well as individualized change. The competent and skilled use of PBS (i.e., focusing on strategies that are compassionate, constructive, and educationally oriented) can help individuals make meaningful progress toward their goals. The overall purpose of PBS is to improve an individual's quality of life. [For more information, visit The Association for Positive Behavior Support (APBS) at <http://www.apbs.org>.]

- B. *Applied Behavioral Analysis (ABA)*** is a well-established and respected discipline among the helping professions, with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, recognized experience and educational requirements for practice, and identified sources of requisite education in universities. The field of Behavior Analysis grew out of the scientific study of principles of learning and behavior. It has two main branches: experimental and applied behavior analysis. Literature from the field of experimental analysis of behavior (EAB) provides the scientific foundation for applied behavior analysis (ABA), which is both an applied science that develops methods of changing behavior *and* a profession that provides services to meet diverse behavioral needs. Professionals in Applied Behavior Analysis engage in the specific and comprehensive use of principles of learning, including operant and respondent learning, in order to address behavioral needs of widely varying individuals in diverse settings. Examples of these applications include: building the skills and achievements of children in school settings; enhancing the development, abilities, and choices of children and adults with different kinds of disabilities; and augmenting the performance and satisfaction of employees in organizations and businesses. (Behavior Analyst Certification Board®, Inc. (BACB®) <http://www.bacb.com>.)

III. Qualified Providers

- A. The ***Board Certified Behavior Analyst (BCBA)*** is an independent practitioner who also may work as an employee or independent contractor for an

organization. The BCBA conducts descriptive and systematic (e.g., analogue) behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises behavior analytic interventions. The BCBA is able to effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases. The BCBA seeks the consultation of more experienced practitioners when necessary. The BCBA teaches others to carry out ethical and effective behavior analytic interventions based on published research and designs and delivers instruction in behavior analysis. BCBAs supervise the work of Board Certified Assistant Behavior Analysts and others who implement behavior analytic interventions. Individuals who hold the BCBA credential should be considered as having met and exceeded standards for the BCaBA and RBT credentials.

- B.** The *Board Certified Assistant Behavior Analysis (BCaBA)* conducts descriptive behavioral assessments and is able to interpret the results and design ethical and effective behavior analytic interventions for clients. The BCaBA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA. Governmental entities, third-party insurance plans, and others utilizing BCaBAs must require this. Individuals who hold the BCaBA credential should be considered as having met and exceeded standards for the RBT credential.
- C.** The *Registered Behavior Technician (RBT®)* is a paraprofessional who practices under the close, ongoing supervision of a BCBA, BCaBA, or FL-CBA. The RBT is primarily responsible for the direct implementation of behavior-analytic services. The RBT does not design intervention or assessment plans. It is the responsibility of the RBT supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The BACB certificand supervising the RBT is responsible for the work performed by the RBT on the cases they are overseeing.
- D.** The *Positive Behavior Support (PBS) Facilitator* is an independent practitioner who may also work as an employee or independent contractor for an organization. The PBS Facilitator develops a support team and works the individual receiving services and the team members to teach new skills that promote successful living in community settings. Using a person-centered planning process, the PBS Facilitator works with support teams how to complete a Functional Behavior Assessment and develop a Positive Behavior Support Plan. This also includes learning how to analyze

behavioral data and implement positive behavior interventions. The PBS Facilitator also provides leadership in reviewing, evaluating, and revising PBS Plans. In Virginia, endorsement of PBS Facilitators is done through The Partnership for People with Disabilities located at Virginia Commonwealth University.

IV. Service Provision

- A. *Service Eligibility*: The provision of Therapeutic Behavioral Services (TBS) is not limited to any specific disability group. Individuals are considered eligible for TBS if they meet the following criteria: medically stable; services are needed to establish eligibility for Vocational Rehabilitation Services, assess rehabilitation and career needs, or achieve and maintain employment; and behaviors are of such intensity, frequency, or complexity that they cannot be successfully managed otherwise.
- B. *Crisis Intervention*: Therapeutic Behavior Services (TBS) are not designed to replace crisis or other critically needed mental health services. If an individual expresses thoughts of harming self or others, the individual should be guided to seek help from the nearest hospital emergency services department. If a person is in immediate crisis (presents a clear risk of harm to self or others), the vendor should determine whether it is appropriate to call Adult Protective Services (APS) or “911” or both. The vendor and the Support Team (see IV.C. below) should assist the individual to contact the treating psychologist/psychiatrist (if there is one) and should work with local crisis and hospital professionals to meet the person’s immediate safety needs.
- C. *Support Team*: A Support Team is crucial to ensuring consistent and sustainable behavior support across environments. The vendor of Therapeutic Behavior Services (TBS) is responsible for facilitating the Support Team which assists in developing and implementing the Behavior Support Plan. The Support Team consists of the individual and the vendor of Therapeutic Behavior Services (TBS), and may include any of the following: vocational rehabilitation counselor, Community Services Board case manager, job coach, coworkers, family members, legal guardian or authorized representative, friends, etc. The TBS vendor serves as the leader of the Support Team and regularly convenes the team for the ongoing work of supporting the individual and assuring that the Behavior Support Plan (see IV.D. below) is implemented.
- D. *Behavior Support Plan*: A Positive Behavior Support (PBS) Facilitator or a Board Certified Behavior Analyst (BCBA) is responsible for completing a *Functional Behavior Assessment* and developing a *Behavior Support Plan*.

The Assessment and the Plan are completed by conducting the following activities:

- Interviewing the individual, Support Team members, as well as any agency or system that provide relevant services and supports;
- Observing the individual in a variety of environments and settings (e.g., home, work, and community);
- Assessing the need for modification/adjustment across various environments;
- Developing mechanisms for collecting baseline and ongoing data to measure progress toward goals;
- Training Support Team members and relevant service providers (e.g., job coach, coworkers, family members, friends) about general behavioral intervention services, and specific goals / objectives in the individuals Behavior Support Plan; and
- Reviewing, evaluating, and revising Behavior Support Plan as needed.

The *Behavior Support Plan* should include:

- Statement of the proposed function(s) of an individual’s challenging behavior (s);
- Statement that lists environmental influences on the challenging behavior;
- Identification of the most effective support techniques and methodologies;
- “Reactive Strategies” to use when challenging behavior is displayed, as well as identification of replacement skills and behaviors, and strategies to teach them to the individual; and
- Review of the applicability of the Plan across all environments, including school, home, and community settings.

E. *Quality Characteristics*: DARS expects vendors of Therapeutic Behavioral Services (TBS) to provide the services using the following quality characteristics: services and supports are person-centered and person-directed (i.e., the goals and objectives in the Plan are identified and/or agreed upon by the individual); are provided in community-based settings where the person works, lives, and spends time; and are natural, non-intrusive, and non-stigmatizing.

V. Role of the Vocational Rehabilitation Counselor (or Purchaser of Service).

A. To review a list of agency-approved providers of TBS, VR Counselors can search the DARS AWARE system using **Service Item Code H2019**. Vendors who have requested approval with a specialty designation for serving

persons with autism spectrum disorder (ASD) or brain injury (BI) will be noted in AWARE.

- B. The Vocational Rehabilitation Counselor (or other “purchaser”) should initially authorize up to thirty (30) hours for a *Functional Behavior Assessment* and development of a *Behavior Support Plan*. The vendor should conduct an intake assessment to determine, prior to instituting a *Functional Behavior Assessment*, the service needs of an individual and the feasibility of using Therapeutic Behavioral Services. The vendor must submit the results of the *Functional Behavior Assessment*, along with the written *Behavior Support Plan*, when submitting the initial invoice for payment. The *Behavior Support Plan* should include the number of hours requested for authorization of services as well as a schedule of service delivery (i.e., frequency and duration of intervention hours). Authorization of hours of Therapeutic Behavioral **Services** (beyond the initial 30 hours) will be provided based on approval of the *Behavior Support Plan*, not to exceed 100 hours. Requests for more than 100 units of service should be approved by a DARS Supervisor.
- C. The vendor must submit the results of the *Functional Behavior Assessment*, along with the written *Behavior Support Plan*, when submitting the initial invoice for payment. The *Behavior Support Plan* should include the goals/objectives to be addressed, outcome measurements, the number of hours requested for authorization of services, as well as a schedule of service delivery (i.e., frequency and duration of intervention hours). Subsequent invoices should be submitted using the *TBS Monthly Invoice / Reporting Form* provided by DARS.

VI. Termination of Services

The services of the PBS Facilitator or the BCBA are terminated if the goals contained in the individual service plan have been met; the Vocational Rehabilitation Counselor or the service provider determine that the individual is unable to meet the intermediate and long-term goals in the Plan and this is documented fully; or, health and safety issues contraindicate the individual’s continued participation.

VII. Payment

The agency has established that vendors of Therapeutic Behavioral Services (H2019) will be reimbursed at the rate of **\$73 per unit (H2019)**, and a Northern Virginia rate of **\$86 per unit (H2019N)** for the City of Alexandria and the counties of Arlington and Fairfax *only*.

Vendors are required to submit a request for reimbursement for payment on a monthly basis, using the *DARS Monthly Invoice / Report Form*. Vendors must

provide a written progress / summary report, including the number of hours expended, services rendered, and hours requested for the following month (total number of hours not to exceed 130 without DARS supervisory approval).

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