



# ODP Announcement

## Guidance for Supports Coordinators and Administrative Entities for the Transition of Behavioral Supports for People Who Receive Residential Services in the Consolidated Waiver

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### ODP Communication Number 111-17

*The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.*

**AUDIENCE:** Supports Coordinators (SCs), Administrative Entities (AEs), and other interested parties.

**PURPOSE:** To provide additional guidance related to the transition of Behavioral Supports as a discrete service to an integrated component of residential services in the Consolidated Waiver.

**BACKGROUND:**

The new Consolidated waiver includes changes to the manner in which individuals are supported in residential services. Residential services include Residential Habilitation, Life Sharing, and Supported Living. Beginning January 1, 2018, residential services will be expanded to encompass any clinical supports like behavioral support and nursing that an individual requires. This change is intended to ensure that behavioral support is an integrated component of residential services. Behavioral Support services will no longer be offered as a discrete service for people who receive residential services except when authorized to support a participant to access Community Participation Support or when provided at the participant's place of employment. Individuals that do not receive residential services will still be eligible to access Behavioral Support as a discrete service. Attached you will find the previously disseminated "**Behavior Support Transition: Frequently Asked Questions**" (Attachment B) document, which provides some basic information regarding this change including provider responsibilities.

Residential service providers will be required to have behavior specialists available (direct, contracted or in a consulting capacity) who, as part of the residential service, complete assessments, develop and update Behavioral Support /Crisis Intervention Plans, and train agency staff.

## **DISCUSSION:**

To ensure that ODP supports providers in preparation for this transition, ODP is supplying data to Administrative Entities (AEs) regarding individuals currently receiving residential services who also receive Behavioral Support services. Data being supplied falls into two categories: (1) residential providers that also provide Behavioral Support as a discrete service and (2) residential providers who do not currently offer Behavioral Supports, or who only provide Behavioral Supports to a small number of people.

Residential providers that currently offer Behavioral Support services as well as residential services should have an existing system to manage the upcoming waiver changes. They will need to review their capacity and ensure continuity of behavioral support to the people they support.

ODP's has identified, as the first target for contact, residential providers who do not currently offer Behavioral Support services, or who only provide Behavioral Supports services to a small number of people, to ensure that AEs, SCOs, providers, and teams are prioritizing planning for transitions for individuals supported by these providers.

### ***Qualification Standards for Behavioral Specialists***

ODP included qualification standards for behavioral specialists in the July 1, 2017 renewal of the Consolidated Waiver. The qualification requirements for behavioral specialists who provide behavioral support to participants who receive residential services are now included in each residential service definition.

Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements:

- Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.
- A Pennsylvania Behavior Specialist License.
- Bachelor's Degree and work under the supervision of a professional who has a Master's Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (Master's level or higher) or who has a Pennsylvania Behavioral specialist License.

In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards:

- Complete training in conducting and using a Functional Behavioral Assessment.
- Complete training in positive behavioral support.

### **Administrative Entity Role in Supporting the Transition:**

Administrative Entities will receive data from their Regional Clinical Director for residential service providers for whom they are the lead/qualifying AE. AEs should do the following with the data:

- AEs are encouraged to review current authorization data for those providers for additional details, keeping in mind that providers may provide service in more than one AE. AEs should use the data to plan for targeted support for providers and specific individuals.
- AEs should reach out to providers who are impacted by this change, to provide information and resources and offer support. AEs will be encouraged to focus especially on residential providers who offer no behavioral support services; and those who support high-risk individuals. The primary goals are to determine how agencies will meet the new requirements, ensure plans are being developed to maintain continuity of care, and offer technical assistance during transition.

### **Supports Coordinator Role in the Transition:**

For all individuals who currently receive Behavioral Support services and residential services, the Supports Coordinator, if the SC has not already, should facilitate an ISP team meeting before November 30, 2017 to plan for the transition of behavioral supports. ODP will be sending data files to each SCO within the next two weeks. These data files will include authorization information for individuals who receive both Behavioral Support and residential services. The data file should be helpful to the SCO for planning purposes.

It is critical that behavioral supports be maintained throughout the transition of providers, as many people depend on this support to maintain healthy lifestyles.

At a minimum, ISP teams should cover the following topics:

- Who will be providing the behavioral support? Will the residential provider be working with the existing/external behavioral specialist? Or does the residential provider have a behavioral specialist in-house already identified?
- If a new behavioral specialist will be working with the individual, has the individual met the new behavioral specialist? What is the plan for the individual to meet him or her?

- What is the plan for all pertinent records and information to be shared? In light of the transition, is there a need for meeting with and/or training staff responsible for implementing the current behavioral support plan?
- If the individual currently receives Behavioral Support services in both the residential setting and at either the employment setting or during Community Participation Supports, who will provide the Behavioral Support service in the employment or CPS settings? What is the plan for continuity between these settings for the individual?
- If during these transition meetings, the individual currently receives Behavioral Support services and the residential services provider indicates they believe the individual's goals and objectives are met and a Behavioral Support Plan (BSP) is no longer needed, the team should review the BSP and come to consensus about whether a BSP is still needed. If the team cannot come to consensus, the residential provider should continue to implement the plan as written and the team should request support from the Administrative Entity for resolving the issue.

If the ISP team is struggling with these questions and planning for this transition, Administrative Entity staff, the ODP Regional Clinical Director and the Health Care Quality Units will also be available for assistance with this transition. Attached you will find a list of resources (Appendix A) that can be used, should AEs or SCOs have additional questions.

ODP appreciates your efforts in partnering with us to further strengthen our system, ensuring we continue to provide the best possible supports to all Pennsylvania service recipients.



**Transition of Behavioral Support in Residential Settings**

**FREQUENTLY ASKED QUESTIONS**

**BACKGROUND:**

The Office of Developmental Programs has made two significant changes to residential services provided in the waiver. First, the definition of residential services which includes Residential Habilitation, Life Sharing and Supported Living, has been broadened to encompass a full range of supports and services necessary to meet each individual's needs. The second change is in the method for reimbursing providers - changing from paying providers for the cost of the residential services with payment for nursing, behavioral support and supplemental support outside the rate, to a standardized fee schedule which includes the full range of services in one payment. The fee schedule rates correspond to the need level of each person. For waiver participants receiving Residential Habilitation and Life Sharing, the costs of behavior support will be incorporated into the residential rate - along with nursing and a range of therapies - starting January 1, 2018. Supported Living is a new service in the waiver, and as such, will have a fee schedule rate that includes behavioral support, nursing and a range of therapies starting July 1, 2017.

The service definition expansion is broad to support the full range of activities that occur in a person's home such as personal care, cooking, interaction with house mates, developing relationships, participating in the ISP, budgeting and banking, activities in the community, etc. The expansion of the definition enables providers to provide nursing, behavioral support, a full range of therapies, and the level of trained direct support staff needed based on each person's needs.

***New Requirements for Behavioral Support in Residential Services***

The service definitions for residential services include requirements for behavioral support. When serving participants with behavioral support needs, the residential provider must have behavioral specialists available (direct, contracted or in a consulting capacity) who, as part of the residential service, complete assessments, develop and update Behavioral Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavioral support provided to the participant includes positive practices and least restrictive interventions and does not include chemical or mechanical restraints, and that physical restraints are used only in emergencies and not as planned support strategies.

In residential services, behavioral specialists must also meet the professional education or licensure criteria enumerated in the waiver. They must meet criteria in one of the following three sets of requirements:

1. Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.
2. A Pennsylvania Behavior Specialist License.

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3. Must have a Bachelor's Degree and work under the supervision of a professional who has a Master's Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.

In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards:

1. Complete training in conducting and using a Functional Behavioral Assessment (FBA).
2. Complete training in positive behavioral support.

### ***Changes to the Behavioral Support Service Waiver Definition***

Some changes have been made to free standing Behavioral Support services. Behavioral Support services will continue to be available to people living with their family or in their own home and may be authorized as a discrete service for individuals who are authorized to receive Residential Habilitation, Life Sharing or Supported Living when it is used to support a participant to access Community Participation Support or his or her place of employment.

ODP has added a level 2 behavioral support in an effort to better meet the complex needs of the people we serve. People who have demonstrated complex needs, including regression or lack of adequate progress with Level 1 support, or have been deemed at high risk for decreased stability in the absence of Level 2 support, can get this more intensive level of support.

Another change is that Behavioral Support services can only be provided to adult participants. All necessary behavioral health services for children under age 21 are covered in Medical Assistance through the EPSDT benefit. Behavioral Support as a discrete service will no longer be available to people under 21 years of age. Providers of residential services for participants under 21 may work with the ISP team to determine whether to provide needed behavioral health services as part of the residential service or to access behavioral health services through EPSDT.

### ***Approved Waiver Service Definition for Behavioral Support***

Behavioral Support services includes both the development of (1) an initial behavioral support plan by the Behavioral Specialist and (2) ongoing behavioral support:

1. During initial behavioral support plan development the Behavioral Specialist must:
  - a. Conduct a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavioral support plan may be designed;

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- b. Collaborate with the participant, his or her family, and his or her service plan team for the purpose of developing a behavioral support plan that must include positive practices and least restrictive interventions. The behavioral support plan may not include physical, chemical or mechanical restraints as support strategies;
  - c. Develop an individualized, comprehensive behavioral support plan consistent with the outcomes identified in the participant's service plan, within 60 days of the authorization start date of the Behavioral Support service in the service plan.
  - d. Develop a crisis intervention plan that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator and other appropriate waiver service providers will be kept informed of the precursors of the participant's challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors.
  - e. Upon completion of initial plan development, meet with the participant, the Supports Coordinator, others as appropriate, including family members, providers, and employers to explain the behavioral support plan and the crisis intervention plan to ensure all parties understand the plans.
2. Ongoing Behavioral Support: Ongoing support can occur both before and after the completion of the behavioral support plan. If the participant needs Behavioral Support before the behavioral support plan and crisis intervention plan are developed, the Supports Coordinator must document the need for support. Upon completion of the initial behavioral support plan, the Behavioral Specialist provides direct and consultative supports.
- a. Ongoing Behavioral Support includes the following:
    - b. Collection and evaluation of data;
    - c. Conducting comprehensive functional assessments of presenting issues (e.g. aggression, self-injurious behavior, law offending behavior [sexual or otherwise]);
    - d. Updating and maintenance of behavioral support plans, which utilize positive strategies to support the participant, based on functional behavioral assessments;
    - e. Development of a fading plan for restrictive interventions;
    - f. Conducting training and support related to the implementation of behavioral support plans for the participant, family members, staff and caregivers;
    - g. Implementation of activities and strategies identified in the participant's behavioral support plan, which may include providing direct behavioral support, educating the participant and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions;
    - h. Monitoring implementation of the behavioral support plan, and revising as needed; and
    - i. Completion of required paperwork related to data collection, progress reporting and development of annual planning material.

Behavioral Support services do not include the provision of therapy or counseling.



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Services may be provided in the office of the Behavioral Specialist, the participant's home, or in local public community environments necessary for the provision of the Behavioral Support Services. Direct services must be provided on a one-on-one basis.

Behavioral Support may be provided at the same time as Advanced Supported Employment, Supported Employment or Small Group Employment if the participant needs the service at his or her place of employment to maintain employment as documented in the service plan.

### ***Stakeholder Engagement***

ODP received numerous comments on all sections of the proposed waiver applications prior to submission of the applications to the Centers for Medicare and Medicaid Services including on the inclusion of behavioral support in the residential service. All comments were carefully considered and the final waiver application reflects changes that resulted from consideration of the comments.

This document is meant to address the questions ODP has received regarding changes to the provision of behavioral support within a residential setting.

### **FREQUENTLY ASKED QUESTIONS**

#### **1. Why has ODP changed the way behavioral specialists will work with participants who receive residential services?**

Behavioral support must be an integral part of the residential service. Individuals generally live with one or more other persons. Each person is affected by the environment in the home, the rhythms and routines of the home, and the interactions among the residents. Behavioral support intervention must be developed in the context of the entire home and all of the residents living in the home. Behavioral specialists must be members of the entire team serving the home providing training, clinical supervision, and/or mentoring to direct support professionals, individually or in groups, with or without the individuals they support being present.

As an internal resource, behavioral specialists can be available immediately without the need to request a service plan modification, predict the number of units needed and obtain authorization. This allows the residential provider to take a more proactive approach to teach skills and strategies to staff, individuals, and groups of individuals to address behavioral concerns before they become crises.

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Behavioral specialists will be able to attend psychiatry appointments, team meetings, or other consultations or professional meetings as needed. They will also be able to interface more naturally with the individual's various service systems.

The inclusion of behavioral support within the residential services eliminates the need to account for direct time and indirect time with individuals. The responsibilities can be resident specific or agency wide.

The inclusion of behavioral specialists in the provider agency organization strengthens the provider's ability to build internal capacity by including behavioral specialists in the development of policies and practices, agency training programs, data analysis and quality management.

This change is expected to result in better quality services for all individuals served in residential settings.

### **2. When does a person need behavioral supports?**

When the person is exhibiting behavior that is problematic for them and those they live with and the residential team does not have an effective strategy to support the person through environmental adaptation or the regular activities of direct support professionals. Challenging behavior can arise as a new concern, or can be a change from the person's usual baseline, or can be a reflection of the person's changing needs. Another example of an appropriate use of behavioral support services is when a person has a mental health diagnosis and needs support to monitor and address the symptoms, to differentiate those symptoms from other causes of problematic behavior, and to communicate with treating clinicians.

### **3. Who determines if behavioral supports are needed?**

The team in the residential agency and/or the person's support team or ISP team can determine that those supports are needed and the residential provider can begin providing them at any time, since it will no longer be necessary to revisit the ISP or request the service from the support coordinator. If, at the time of the ISP, an unresolved behavioral issue is raised, then the ISP team should discuss the need for behavioral support within the residential agency.

### **4. Is my residential agency required to have a behavioral specialist on staff?**

ODP fully expects that residential agencies will either employ qualified behavioral specialists or contract with individual behavioral specialists or agencies to provide that service should any participant receiving services from the residential agency require behavioral support services. The residential provider must determine how behavioral support will be provided as part of the residential service and discuss this with the participants they serve and their ISP teams.

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### **5. How will it work from the residential provider's perspective when the behavioral support service is incorporated into the residential service rate?**

Residential providers will be required to use qualified behavioral specialists when offering behavioral support. Provider qualifications required for behavioral support are now included within the residential service, and will be monitored/assured by Administrative Entities as part of the qualifications for residential providers. The proposed residential rates include assumptions for behavioral specialists and nursing. ODP and Administrative Entities will ensure that the behavioral support needs of individuals in residential settings are met through the Quality Assurance and Improvement (QA&I) process, which will include onsite reviews and interviews with individuals and families.

ODP fully expects that residential agencies will either employ qualified behavioral specialists or contract with individual behavioral specialists or agencies to provide that service. Regarding the transition process, the residential provider must determine how behavioral support will be provided as part of the residential service and discuss this with the individuals they serve and their ISP teams. The ISP team remains the core entity responsible for identifying the needs of the supported individual and ensuring that adequate services are provided to meet those identified needs. An individual who is dissatisfied with the provider's plan to address the behavioral support needs can raise the issue with the Supports Coordinator and ISP team, negotiate a different arrangement with the provider, use the provider's grievance process to try to resolve the issue and, if still dissatisfied with the outcome, request a change of providers.

### **6. Can my agency contract with a behavioral specialist to use on an as-needed basis?**

It is the expectation of ODP that, should the need for behavioral support be identified, residential providers will have the ability to access these services in a timely manner. As long as an individual's identified needs are being met in the eyes of the individual and his or her ISP team, the residential provider's obligation has been fulfilled. If this can be done with a qualified behavioral specialist who is contracted by the residential provider on an "as-needed" basis, then the residential provider has met its obligation to the individual. Behavioral support can be provided as a short-term service to address a transitional issue, a discrete problem or an increase in challenging behavior that may be temporary; or it can be a support that a person needs for a longer period of time. Residential providers will be expected to offer a range of services to address the changing needs of the people they support, and they can offer those services by means of full-time staff, part-time staff, or contracts with independent behavioral specialists, depending on what works best to optimize services and outcomes.

### **7. What if the residential provider cannot afford high-caliber behavioral supports?**

The new rate structure is designed to prevent this from occurring. Through the SIS assessment, individuals are classified in one of several tiers according to the intensity of their need for support. Providers serving those with greater needs will receive higher rates for those individuals so that those increased needs can be met. This ensures that individuals with more complex or challenging needs have access to higher caliber or more specialized supports.

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- Provider qualifications help ensure that behavioral support is provided to ODP's standards; and
- Rates will now be inclusive of behavioral support, so there should be no financial obstacle.

### **8. Will the behavioral specialist still need to track individual units and billing for the behavioral support component of the residential service?**

The behavioral support service within residential services will not be billed to ODP. The service is wrapped within the residential rate. When behavioral support is offered as part of the residential service, the residential provider will be responsible for ensuring that all aspects of the residential service are being provided to individuals as specified by their ISPs, including behavioral support. Depending on whether the behavioral specialist is an employee or contractor, and based on the residential provider's requirements regarding contracts and payment, the behavioral specialist may still need to track his or her hours and document that the service has been provided as needed.

### **9. How do we find qualified behavioral specialists?**

Moving forward the residential provider will be responsible for identifying and engaging with qualified behavioral specialists. Please note the changes in Provider Qualifications (see Question 10 below). The services and supports directory (SSD) in HCSIS is a resource, and can be found at: <https://www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/prhom.asp>

Other resources include:

- Local provider associations can be a resource for connecting and networking for providers who are interested in working together to create effective behavioral support services within residential programs.
- Supports coordination organizations, Administrative Entities, and ODP's Regional Offices can also provide support for residential providers in collaborating with behavioral support providers.
- The PA Department of State offers a website for verifying professional licenses. The user should select "Medicine" for the profession type and "Behavioral Specialist" for the license type. (Please note that licensure is not a requirement for the provision of the behavioral support service under the waivers)  
<https://www.pals.pa.gov/#/page/search>
- The national Behavior Analyst Certification Board offers a "find/contact" feature for locating certified Behavioral specialists.  
<https://bacb.com/>

### **10. Have the provider qualification requirements for behavioral support changed?**

The qualification requirements for behavioral specialists who provide behavioral support to participants who receive residential services are now included in each residential service definition.

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Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements:

- Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.
- A Pennsylvania Behavior Specialist License.
- Must have a Bachelor's Degree and work under the supervision of a professional who has a Master's Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (Master's level or higher) or who has a Pennsylvania Behavioral specialist License.

In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards:

- Complete training in conducting and using a Functional Behavioral Assessment.
- Complete training in positive behavioral support.

### **11. Will there be specific qualifications and/or service definitions for working with people who have Autism?**

No. There are no specific qualifications or service definitions related to providing residential services to individuals with specific diagnoses. Any agency that engages in provision of services within the ODP system is expected to ensure that those who provide services have expertise and qualifications commensurate with the needs and diagnoses of the individual receiving services.

### **12. Do direct support professionals who implement plans need to meet the same qualifications as behavioral specialists who develop the plans?**

No. The qualifications requirements for direct support professionals have not changed.

### **13. Will direct support professionals be expected to collect data to inform the development and implementation of a Behavioral Support Plan?**

Yes. As has always been the case, one crucial part of the role of the direct support professional in the behavioral support process is accurate and timely data collection during both the assessment and plan implementation phases. ODP will continue to expect that direct support professionals collect data consistently, accurately, and completely, and provide that data to the behavioral specialist as requested for analysis, interpretation, planning.

### **14. How will participants have the freedom to choose a behavioral specialist?**

Behavioral specialists are similar to nurses and direct support professionals. In all cases they work for the residential provider. Should the ISP team identify that a participant receiving residential services requires the assistance of a behavioral specialist, the residential provider will be responsible for providing behavioral support. ODP encourages providers to take individuals' needs and preferences into account when assigning any staff to work with them. If at any point the person's needs or requirements change such that the

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assigned behavioral specialist is unable to meet his or her needs, the residential provider would need to consider alternatives. For example, if an individual reports to the rest of the ISP team that he or she does not like their behavioral specialist and is not making progress, then the residential provider should follow whatever procedure they have in place for when an individual is not working well with one of their other staff members. The provider may be able to respect the individual's wishes to work with someone else, or they may be able to assist the individual to work through the conflict and maintain the current relationship. It is always best practice, and consistent with Everyday Lives values, to respect people's stated needs and desires and determine the course of action that will best meet their needs while involving them in the decision to the extent possible.

Participant requests for changes to supports should never be outright denied except in extraordinary circumstances. There may be logistics such as availability of providers, housemates, living situations, etc., which may cause requested changes to take more time than the participant would prefer. In such cases, the team is expected to make as many short-term changes as possible to ensure that the participant receives services he or she finds to be satisfactory until the requested overall change can be made.

If an individual is dissatisfied with the service they are receiving or the provider's responsiveness, there are and will continue to be processes available for people to express their choices, grievances, or dissatisfaction through the ISP/team process. People will continue to have choice when it comes to selecting a residential provider. As always, should an individual require a change that makes their current willing and qualified residential provider no longer willing or qualified, the ISP team would work to find a new residential provider that is both willing and qualified.

### **15. What will happen if an individual receiving residential services currently has a behavioral specialist that they prefer/work well with, but their residential and behavioral support providers are not willing or able to create a contract to continue that relationship?**

ISP teams will be responsible for making sure the person's needs are met and that services are provided. There may be some situations when the desired behavioral specialist is no longer available. In these cases, the team will need to arrange for that service to continue to be provided by another person/provider.

### **16. How is ODP going to address continuity of care across all systems of care? For example, what will happen when a participant moves from one residential provider to another? Alternatively, what will happen when a person needs behavioral support in both residential and day programs?**

Regarding moving: there are always service disruptions during transitions, and this may happen. It will be the ISP team's responsibility to mitigate this as much as possible.

Regarding two behavioral specialists working with the same person:

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- As has previously been the case, two providers can be authorized through the ISP, so this may continue to occur. Going forward, because behavioral support will be part of the residential service, there will not be a conflict as to whether two behavioral specialists are able to bill for the same service at the same time. If there were two behavioral specialists – one who works for the residential provider and one who works with the employment or Community Participation Support service provider – they could potentially both attend meetings together and/or consult with each other and not have a concern about who can bill for it, so this will be an advantage.
- As always, it will depend on the willingness and flexibility of both providers to coordinate and collaborate. ODP expects that, regardless of the number of providers supporting a person, continuity of care will be maintained through ongoing team communication and collaboration.
- If a person needs behavioral support at work or to access Community Participation Supports, the ISP team could identify a Behavioral Support provider and the residential provider could contract with that same behavioral specialist.
- Any qualified behavioral specialist is expected to assess and provide interventions for all the different environments that the person lives in – and write all plans accordingly. It takes communication with all providers to develop effective plans.
- Ideally, there should be one behavioral support plan for the person that is integrated and comprehensive and incorporates support strategies for all environments. If there is more than one behavioral specialist working with the person, the behavioral support plan document can reflect joint authorship.

### **17. Will there be a set contracted rate for behavioral specialists working in the residential setting?**

No. It will be up to each residential provider to determine how to allocate the rate they receive in order to provide the most effective services for each individual. Residential providers and behavioral support providers will be able to negotiate accordingly. When an individual is identified through the SIS as needing a high level of care, they will receive a higher residential rate which is expected to cover all needed services.

ODP's vision is that this change removes many of the labor-intensive practices unrelated to actually providing behavioral support to individuals and teams, thereby increasing the quality and quantity of support provided. For example, a behavioral specialist who previously billed for the service through PROMISE would have been responsible for administrative or "indirect" service activities that were not billable. Going forward, since the behavioral specialists will not be billing directly, they will no longer have some of those administrative responsibilities and will be able to focus more on direct service to the people they support. So, if the hourly rate proposed by the residential provider is lower, this may be offset by the opportunity to provide a higher proportion of services that are billable. This will all be part of the process of determining how behavioral support is provided as part of the residential service.

### **18. Will the rate for the behavioral support service be the same for the initial assessment and the ongoing service?**

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See the answer to the previous question. Providers will have flexibility within existing fee schedule rates for residential services.

There will be no established “billing” process specific to behavioral support through ODP/HCSIS/PROMISE. This means that it is up to the provider to determine how to handle provision of that service. Should they choose to contract out to an outside entity for behavioral support, they may well establish rates of reimbursement for time spent during assessment or ongoing services or any other aspect of behavioral support.

### **19. What is expected of a good behavioral support plan?**

General expectations regarding behavioral support activities and plans are outlined in the Behavioral Support service definition and are applicable within residential services as best practice:

During initial behavioral support plan development the behavioral specialist must:

- a. Conduct a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavioral support plan may be designed;
- b. Collaborate with the participant, his or her family, and his or her service plan team for the purpose of developing a behavioral support plan that must include positive practices and least restrictive interventions. The behavioral support plan may not include physical, chemical or mechanical restraints as support strategies;
- c. Develop an individualized, comprehensive behavioral support plan consistent with the outcomes identified in the participant's service plan, within 60 days of the start date of the Behavioral Support service.
- d. Develop a crisis intervention plan that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator and other appropriate waiver service providers will be kept informed of the precursors of the participant's challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors.
- e. Upon completion of initial plan development, meet with the participant, the Supports Coordinator, others as appropriate, including family members, providers, and employers to explain the behavioral support plan and the crisis intervention plan to ensure all parties understand the plans.
- f. Development of a fading plan for restrictive interventions;
- g. Conducting training and support related to the implementation of behavior support plans for the participant, family members, staff and caregivers;
- h. Implementation of activities and strategies identified in the participant's behavior support plan, which may include providing direct behavioral support, educating the participant and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions;
- i. Monitoring implementation of the behavior support plan, and revising as needed; and
- j. Completion of required paperwork related to data collection, progress reporting and development of annual planning material.



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There are also regulatory requirements regarding behavioral support plans and restrictive interventions, which will be updated in the proposed 6100 regulations. Current applicable language is in Chapter 6400, section 191, regarding the use of restrictive procedures. Those requirements include a description of what should be in a restrictive procedure plan:

The restrictive procedure plan shall include:

- a. The specific behavior to be addressed and the suspected antecedent or reason for the behavior.
- b. The single behavioral outcome desired stated in measurable terms.
- c. Methods for modifying or eliminating the behavior, such as changes in the individual's physical and social environment, changes in the individual's routine, improving communications, teaching skills and reinforcing appropriate behavior.
- d. Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.
- e. A target date for achieving the outcome.
- f. The amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.
- g. Physical problems that require special attention during the use of restrictive procedures.
- h. The name of the staff person responsible for monitoring and documenting progress with the plan.

### **20. Are sample behavioral support plans available?**

At this time, ODP does not mandate or offer templates or sample plans. However, there are resources available regarding behavior plans and how to write them. Information can be found on the MyODP website: [www.myodp.org](http://www.myodp.org)

- ODP's Bureau of Autism Services provides training and information resources regarding Functional Behavioral Assessment (FBA) and support for development of plans. The Autism Services, Education, Resources and Training (ASERT) centers across the commonwealth offer additional support for families and providers.
- [www.myodp.org](http://www.myodp.org) also contains information on ODP's Health Care Quality Units (HCQUs), which all have their own websites and provide training and technical assistance regarding physical and behavioral health resources.
- When providers are supporting people who already have behavioral support services in place, the plans that have been developed by existing behavioral support providers can be used as examples as well. In addition, Supports Coordinators and Administrative Entities may have suggestions or other guidance available on request.
- Additional outreach and guidance for residential providers regarding the provision of behavioral support services will be offered to providers prior to January 1, 2018.

### **21. Are resources being developed for residential and behavioral support specialists to assist with the transition?**

## **Appendix B: Transition of Behavioral Support in Residential Settings FAQ (ODP Announcement #083-17)**

Yes. ODP is committed to assisting residential and behavioral support providers will to ensure continuity of services and supports for individuals receiving both services. To encourage collaboration, outreach and policy guidance will be offered to residential providers who do not currently offer behavioral support services as well as to independent behavioral support providers who are not part of a residential program. Our goal is to minimize service disruption by helping individuals, Supports Coordinators and AEs, as well as residential and behavioral support providers, to understand and successfully implement this change.

Resources such as sample behavioral support plans, trainings, and other materials are being developed and/or compiled for providers to assist in this transition. For example, the Health Care Quality Units (HCQUs) can provide training and technical assistance; and providers can also access materials produced by the Bureau of Autism Services' clinical team such as training in conducting a Functional Behavioral Assessment. The Autism Services Education Resources and Training (ASERT) collaborative also has training and resources available. Additional resources will be shared with all providers statewide as needs are identified.

Links to all of these resources can be found on the MyODP Website: [www.myodp.org](http://www.myodp.org)

### **22. How will participants be supported when they do family visits outside of their residential setting?**

From the perspective of residential providers, visits with family members should not be treated differently than any other community outing. If a person requires behavioral support in a home setting during visits, the family should have access to team discussions and training with the residential staff on the behavioral support plan. The family should be given a copy of the behavioral support plan as well. In this situation, family members should have access to the exact same support and training as any direct support professional who works with the individual.

### **23. Will integrating the behavioral support service into the residential rate cause an increase in the use of restrictive procedures?**

There is no evidence to suggest that this change in the delivery of behavioral support services will result in an increase in the use of restrictive procedures. ODP closely monitors the use of restrictive procedures and will address any areas of concern that may arise.

***It is incumbent upon all people and agencies providing services to Pennsylvanians with intellectual or developmental disabilities or autism to advocate for and pursue each individual's right to live an Everyday Life, which absolutely includes a life without unnecessary or unwarranted restrictions. The language regarding this in the proposed waiver and regulatory updates has not changed.***

It has been and continues to be ODP's expectation that least restrictive interventions are utilized before the implementation of more restrictive interventions. The language in the waiver specifies that restrictive interventions cannot be used *as support strategies*. This means that they are considered to be a last resort and to be used only in emergencies where people are putting themselves or others in danger.

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**24. Will integrating the behavioral support service into the residential rate cause an increase in the inappropriate use of psychotropic medication to control behavior?**

No. The use of psychotropic medication to control behavior is considered to be a chemical restraint which is prohibited by regulations. If anyone sees this occurring, this needs to be reported as abuse. There will be no change in the prohibition on the use of chemical restraints.

**25. Will the behavioral support levels 1 and 2 that are part of a discrete service apply to individuals in a residential setting?**

No. When behavioral support services are provided as part of residential services, there are no levels of service.

**26. Please clarify the timeframe for the initial behavioral support plan, is there a requirement for it to be completed within 60 days?**

The waiver requires that an initial plan be completed within 60 days of the start date of the service. Since behavioral support will no longer be authorized separately through the ISP, the residential provider will be responsible for ensuring timely plan completion.

**27. How will behavior plan content be monitored?**

Currently, ISP teams, SCs, and/or AEs may review behavioral support plan content. This will continue to be the case. General content guidelines as outlined in the waiver service definition will also be monitored through ODP's Quality Assessment and Improvement process.

**28. Will expectations be consistent across AEs?**

There will be no additional expectations regarding behavioral support plan monitoring in the new waiver. AEs and SCOs will continue to monitor implementation as they do currently.

**29. What is the role of the Behavioral Specialist as part of the participant's team?**

This expectation has not changed. ODP's expectation is that the behavioral specialist is a member of the interdisciplinary team supporting the individual. (See above questions #1-5 for additional details.)

**30. Can Behavioral Specialists provide counseling as part of their role?**

Counseling is a different service from behavioral support. If an individual and his or her ISP team identify that the individual needs counseling or therapy, the team should ensure that this service is located and obtained through the Behavioral Health Managed Care Organization. Behavioral

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supports are included within the residential rate assumptions, but the service definition for behavioral support specifically excludes counseling.

Should a behavioral specialist also meet the qualifications of a counselor or therapist, it is possible that this professional could provide both services to the same individual. However, caution is advised as this may lead to a conflict of interest due to the professional engaging in dual roles with the same individual.

### **31. If a participant needs specialized help, how do we find it? For example, what if a participant engages in problematic sexual behavior or has specific needs associated with an autism spectrum disorder diagnosis?**

Services can be identified and located via the ISP team process as they are now. For individuals who are not receiving residential services, behavioral support and other specialized services will still be authorized as discrete services. Going forward, it will be the residential provider's responsibility to obtain specialized services for participants who need them. However, the Supports Coordinators, AEs, HCQUs and BHMCOs will still be available to assist with identifying specialists or other resources.

### **32. How does the role of the new "communication specialist" interface with the behavioral specialist as part of a participant's support team?**

The communication specialist is a member of the participant's team who completes a communication assessment and makes recommendations to the team. Those recommendations can and should be incorporated into the behavioral support plan by the behavioral specialist. The same is true for any other specialized identified need for intervention and treatment. As noted previously, ODP expects that there will be team collaboration and coordination. The behavioral specialist can provide many specialized supports. However in cases where a specialist is needed there should be a team process to identify that additional provider.

## **CONCLUSION**

The inclusion of behavioral support services and other ancillary services in the residential service definition and the reimbursement rate will enhance the ability of residential providers to support individuals with challenging behaviors. Planned interventions to support individuals can be integrated into the daily rhythms and routines of the home and can factor in the person's relationship to other residents.

Behavioral specialists who are employed or contracted by residential providers will have the opportunity to focus much more intensively on team interaction and staff training. The behavioral specialist will then become a more natural and integral part of the individual's support team.

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With more and more people entering services who have complex and challenging needs, it is crucial for residential providers to have every available clinical resource at their disposal. ODP believes that incorporating behavioral support into residential services will result in those services being more effective, supportive, appropriate, and ultimately successful for the people we serve.