**Policy and Procedures Manual**

**Full Spectrum Behavior Analysis LLC**

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*Note: The information contained in this document may be updated or changed at any time. Clinical and regional directors should ensure that the information provided to their staff is current and reflects current policies, procedures, strategies, etc. This document is meant for the use by FSBA leadership and or their contractors/employees. This document is not to be distributed without the consent of FSBA leadership. This document is restricted to current and eligible Providers.*

# **Overview of Full Spectrum Behavior Analysis and Services Provided**

# Mission Statement

Full Spectrum Behavior Analysis LLC is an applied behavior analysis firm that strives to provide innovative, evidence-based treatment to individuals with autism and developmental disabilities across home, school and community settings. Our Providers protect the individual rights, dignity and privacy of our clients and aim to increase prosocial behavior, promoting client independence and integration into modern-day society. We collectively strive to treat the whole child by strong collaboration and training with special educators and other service Providers.

# General Information

The following guidelines are set forth to direct the activities of Regional Directors, Board Certified Behavior Analysts, Board Certified Assistant Behavior Analysts and Registered Behavior Technicians in providing services with Full Spectrum Behavior Analysis (FSBA). Failure to follow the guidelines contained in this document may result in a delay or inability to provide services with FSBA.

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| --- | --- | --- |
| **Full Spectrum Behavior Analysis**  Administration/Human Resources  (813) 926-5454  [admin@fullspectrumaba.com](mailto:admin@fullspectrumaba.com) | **General Manager**  Carroll Streetman  (813) 205-2715  generalmanager@fullspectrumaba.com | **VP of Marketing**  Collin Streetman, MS, BCBA  [cesbcba@fullspectrumaba.com](mailto:cesbcba@fullspectrumaba.com) |
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**Table 1 - FSBA Contact Information**

**Figure 1 - FSBA Organizational Management Structure**



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4 provided by the BACB.

Table 3 located

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## Provider Job Descriptions

Full Spectrum employees Registered Behavior Technicians (RBT) and offers contractor positions to Board Certified Assistant Behavior Analysts (BCaBA) and Board Certified Behavior Analysts (BCBA). The three levels of certification are able to provide behavioral healthcare services in tandem. See below for job responsibilities specific to each position. See current requirements to obtain certification for each credential located on the BACB website.

BCBA: Providers of this credential have obtained an approved Master’s Degree in a Human/Social Science and have completed at a minimum a 6-course graduate sequence pertaining specifically to ABA at the BCBA designation. They have completed the necessary supervision requirements working directly in the field of ABA and have sat for a formal exam designed to test mastery knowledge of content as well as application. The individuals will serve as Lead Analysts on the cases in which they are involved and will be responsible for the treatment plans and overall progress of the client. They are held to a high ethical standard as outlined by the BACB and are responsible developing interventions that are data-driven, evidence-based and in conjunction with the seven-dimensions of ABA (Baer, Wolf & Risley, 1968). They may serve as the responsible point of contact for all questions or concerns from insurance as well as caregivers. They are required to produce any and all documents and/or data required to ensure treatment is not interrupted.

BCaBA: Providers of this credential have obtained an approved Bachelor’s Degree and have completed at a minimum of a 4-course graduate sequence pertaining specifically to ABA at the BCaBA designation. They have completed the necessary supervision requirements working directly in the field of ABA and have sat for a formal exam designed to test mastery knowledge of content as well as application. These analyst may serve as Lead Analysts but must have an assigned BCBA overseeing the case. BCaBAs are held to the same standards as BCBAs, and may perform the same responsibilities. However, they must seek guidance, approval and supervision from the BCBA overseeing the case.

RBT: Providers of this credential are not considered Analysts, but are registered and credentialed through the BACB. They have obtained a high-school diploma as well as completed a 40-hour training course on ABA, passed a competency assessment administered by a BCBA working with FSBA as well as passing an RBT exam. These individuals should demonstrate competency in the tasks outlined on the RBT Task List (See BACB Website). RBTs may not be assigned any tasks on which they have not demonstrated competency. RBTs are not permitted to complete assessments or modify treatment plans or protocols without the direct oversight, guidance and consent of a lead analyst. RBTs are responsible for following treatment plans as written when providing direct service to clients.

# File Storage & Access

All client files are stored in Egnyte, our HIPAA compliant, cloud-based system for secure access and retrieval. Providers are required to share all client files with FSBA corporate administrative staff to be uploaded to Egnyte for proper storage of client files, in addition to being securely stored on the Provider’s personal device (see HIPPA policy on storage of client files). Access to individual client files is limited and will follow the hierarchy as pictured below.

**Figure 2 – Access to Client Files**

In addition, all templates referenced in this manual will be stored on the drive for remote access. Included below is a non-exhaustive list of documents/forms that will be stored electronically in the Sharepoint drive through FSBA’s HIPAA secure Microsoft 365 email account. Provider use of the below documents will be discussed further in the manual.

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| --- | --- | --- |
| *Video Release Form* | *Client Intake Packet* | *Discharge Summary* |
| *Incident Report* | *BASP Initial Assessment* | *Transportation Agreement* |
| *Disciplinary Notice* | *Consents for Treatment* | *Supervision Protocol BCaBA* |
| *Provider Responsibilities* | *Signature Attestation Form* | *Supervision Protocol RBT* |

# Microsoft Office 365

FSBA uses the Microsoft Office 365 Platform for email services, document construction (i.e., Word, Excel, Powerpoint), file storage (i.e., Onedrive, Sharepoint), and HIPAA-secure video conferencing and messaging. Access to the Microsoft Office 365 platform is free to FSBA Providers. Microsoft Office applications can be accessed through the webpage [portal.office.com](file:///Users/sarahdillon/Documents/FSBA/Corporate/Supervision:P&P/portal.office.com), however, they can also be downloaded for use on personal devices.

To access applications through the Microsoft Office 365 webpage, log into [portal.office.com](file:///Users/sarahdillon/Documents/FSBA/Corporate/Supervision:P&P/portal.office.com) with your username and password, and select the small blue box in the upper left corner to access the applications.

Microsoft Office, Excel, and Powerpoint documents can be created through the Microsoft Office 365 webpage, and then saved to the Provider’s “OneDrive,” which is 1 TB of personal cloud space allocated to each employee. Files can also be downloaded from the web browser and opened up on any computer that is running these programs.

Providers have access to Skype for Business, which is a HIPAA-secure video conferencing application that can be used to privately communicate with other FSBA employees for supervision or other purposes. Employees can download Skype for Business for PC or Mac at the following link: [https://products.office.com/en-us/skype-for-business/download-app?tab=tabs-3 - PC](https://products.office.com/en-us/skype-for-business/download-app?tab=tabs-3" \l "PC). Make sure to download a “licensed” copy, and log into the platform using your Microsoft Office 365 username and password. Skype for Business can also be downloaded for tablets and cell phones through the applicable application store (e.g., Google Play, App Store). Skype for Business meetings can be scheduled ahead of time directly through Outlook: <https://support.office.com/en-us/article/Set-up-a-Skype-for-Business-meeting-in-Outlook-b8305620-d16e-4667-989d-4a977aad6556>.

Providers also have access to Teams Messaging services, which allows for instantaneous messaging of client information.

# Daily Operations and Provider Expectations

# All Providers must consult the information listed below to properly serve FSBA clients, cooperate with FSBA staff and client caregivers, as well as render billable services. Providers are expected to have knowledge and understanding of all information listed below prior to initiating services with FSBA clients.

# Provider Responsibilities

Providers must be compliant with the Job Description requirements they signed upon becoming employed with FSBA*).* Please be aware that this information is provided to assist Providers in the delegation and assignment of work. These guidelines are not “concrete” in nature, and can be modified, if necessary, to fit the needs of the clients or the region.

## Maintaining Credentials

It is the responsibility of Providers to maintain their documentation, credentials (see requirements for different Providers below) and insurance. Human resources will support FSBA staff in the maintenance and storage of credentials and certifications, and will remind FSBA staff of impending expiration of credentials and certifications; however, maintaining credentials is primary responsibility of the FSBA staff member. Providers that lose credentialing may not provide services until they have reached “compliance” status. FSBA does not compensate or reimburse Providers for continuing education credits.

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| --- | --- | --- |
| **Board Certified Behavior Analyst (BCBA)** | **Board Certified Assistance Behavior Analyst (BCaBA)** | **Registered Behavior Technician (RBT)** |
| * Master’s degree in ABA or related field * Certificate provided by the Behavior Analyst Certification Board (BACB) within credentialing period * \*CEU’s * CPR & First Aid * HIPPA certificate * Zero Tolerance certificate * NPI # * Medicaid Provider # * Level 2 background check * Medicaid course | * Bachelor’s degree * Certificate provided by the Behavior Analyst Certification Board (BACB) within credentialing period * \*CEU’s * CPR & First Aid * HIPPA certificate * Zero Tolerance certificate * NPI # * Medicaid Provider # * Level 2 background check * Medicaid course | * Registered Behavior Technician certification * CPR & First Aid * HIPPA certificate * Zero Tolerance certificate * NPI # * Medicaid Provider # * Level 2 background check * Medicaid course |

**Table 2 - Certification Requirements**

\* See BACB’s current CEU requirements ([www.bacb.com](http://www.bacb.com))

## Role Specific Liability Insurance

All Providers are required to have liability insurance prior to providing services with FSBA. Liability insurance can be procured through [www.cphins.com](http://www.cphins.com), [www.trustrms.com](http://www.trustrms.com), or any other agent that offers liability insurance. It is the responsibility of each Provider to maintain his or her liability Insurance with adequate coverage limits while working with FSBA. Inability or failure to do so may cause delay in the ability to provide services.



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# Client Safety

Providers should prioritize client safety by attempting to identify and mitigate risks to bodily or mental harm during therapeutic sessions. Providers must take precautions when physically guiding clients, and should never attempt to escort clients by pulling on a client’s arms or other extremities. Providers may use restrictive procedures with clients if their problem behavior poses the risk of harm to the client or others, and if the Provider is certified in the restrictive procedure he or she is implementing (See Crisis Plan and Restrictive Procedures). Providers should **NEVER** use procedures specified against in Rule 65G-8.009 of the Florida Administrative Code. An excerpt of the code is shown below, however, Providers must be familiar with the complete Florida Administrative Code as it pertains to Provider-client interactions. In keeping with ethical guidelines, Providers should use the most effective, least-restrictive procedure for effecting behavior change, and should not advance to more effective procedures unless data indicate that more restrictive procedures are necessary. If more restrictive procedures are warranted, the Provider should attempt to gain approval for the procedure from the funding source and/or relevant Local Review Committee.

**Florida Administrative Code 65G-8.009 Prohibited Procedures**. The following reactive strategies are prohibited: (1) Reactive strategies involving noxious or painful stimuli, as prohibited by Section 393.13(4)(g), F.S.; (2) Untested or experimental procedures; (3) Any physical crisis management technique that might restrict or obstruct an individual’s airway or impair breathing, including techniques whereby staff persons use their hands or body to place pressure on the client’s head, neck, back, chest, abdomen, or joints; (4) Restraint of an individual’s hands, with or without a mechanical device, behind his or her back; (5) Physical holds relying on the inducement of pain for behavioral control; (6) Movement, hyperextension, or twisting of body parts; Page 6 of 7 (7) Any maneuver that causes a loss of balance without physical support (such as tripping or pushing) for the purpose of containment; (8) Any reactive strategy in which a pillow, blanket, or other item is used to cover the individual’s face as part of the restraint process; (9) Any reactive strategy that may exacerbate a known medical or physical condition, or endanger the individual’s life; (10) Use of any containment technique medically contraindicated for an individual; (11) Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria; and (12) Use of any reactive strategy on a “PRN” or “as required” basis.

## Adverse Event/Incident Reporting

Providers must **immediately** report adverse events/incidents that may cause potential harm to clients or others to immediate supervisors, who must report the incident to the Compliance Officer at the FSBA corporate office (813) 926-5454 within 1 hour of receiving the information. When reporting, identify the call as an ADVERSE EVENT to ensure the incident is reported to the Compliance Officer immediately. Depending on the incident, Providers may also be required to report the incident to another agency (e.g., DCF). The person who witnessed the incident must submit an **Adverse/Event** **Incident Report** (*see Sharepoint*) in writing to his/her immediate supervisor within 24 hours.

Events Requiring an Incident Report:

* Missing child
* Elopement
* Unexpected or expected client death
* Life-threatening injury to client
* Violent or non-violent crime arrest
* High-intensity behaviors that lead to marks that will last more than 24 hours on client or inflicted on another person
* Behaviors that included weapons
* Abuse or neglect reports
* Suicide attempt
* Homicide threat
* Baker Act
* Instances where information was required by law enforcement or medical services (i.e. 911)
* Lost or stolen client information (i.e., if files with confidential information were stolen)
* Media involvement

Details to Include in the Report:

* Who was involved
* Location of incident
* Day and Time of Incident
* Antecedent, Behavior, Consequences
* Behavior Intensity
* If caregiver report, state “As stated by the caregiver” or a similar phrase
* Was caregiver notified? If so, provide name of caregiver.
* Were any external agencies notified? If so, please name.
* Was the client’s physician notified? If so, provide name and any doctor orders/recommendations received.
* List all personnel (FSBA contractors/employees), witnesses (non-personnel) or involved parties (non-personnel).

The designated compliance officer will oversee the submission of a preliminary report to ACHA within one business day of the adverse event and a full report within 15 days after the occurrence of the adverse event according to Florida Statutes 429.23.

In compliance with FS 429.23 (Risk Management), if at any time in the reporting or investigation of an adverse event reported to the state, corporate leadership determines that the conduct of the involved FSBA personnel involved in the incident is grounds for disciplinary action, the incident will be immediately reported to the BACB or appropriate regulatory board.

## Abuse Reporting

Providers are required to immediately report any suspicions of child abuse, in accordance with Florida Statute 39.201 ([www.flsenate.gov/Laws/Statutes/2013/39.201](http://www.flsenate.gov/Laws/Statutes/2013/39.201)). Child abuse can take the form of physical, mental and sexual abuse, neglect, or exploitation. There are specific guidelines that mandated reporters must follow, and it is the Provider’s responsibility to follow these guidelines. Reports can be made by phone (1-800-962-2873). There are also fax and online options. See the Florida Department of Children and Families website for more information ([www.myflfamilies.com/service-programs/abuse-hotline/frequently-asked-questions](http://www.myflfamilies.com/service-programs/abuse-hotline/frequently-asked-questions)).

# Attendance & Tardiness Policy

## Providers

Providers who exhibit a pattern of absence and/or tardiness across a period of time (multiple sessions per month) will be required to attend a meeting with their direct supervisor to review FSBA’s absence/tardiness policy. The supervisor will compile the meeting notes, which will reside with the Regional Director and the staff person who committed the infraction(s). If absence/tardiness continues, the staff will be subject to further disciplinary action including, but not limited to, removal from cases, a formal corrective action plan, and/or termination.

**No call/no show**: Providers who no call/no show for multiple consecutive sessions without a note from a physician may be terminated and will not be eligible for rehire.

## Caregivers

Parents/caregivers who exhibit a pattern of absence and/or tardiness across a period of time (multiple sessions in a month) will be required to attend a meeting with the Lead Analyst to review the client’s schedule and to troubleshoot scheduling concerns. The Lead Analyst will compile the meeting notes and send copies to the family and Regional Director. If absence/tardiness continues, the Lead Analyst will meet with the client’s caregiver and the Regional Director to discuss scheduling options including, but not limited to, reduced hours or discharge from services.

**No call/no show:** Parents who no call/no show for three sessions within a one-month period will be required to meet with the Lead Analyst and/or Regional Director to troubleshoot scheduling concerns. The Lead Analyst will compile the meeting notes and send copies to the family and Regional Director. If a desirable solution is not produced during this meeting, the client may be discharged from services.

## Extended Absence

Providers must notify their immediate supervisor of leaves of absence due to family or medical events in writing at their earliest convenience. If the Provider anticipates that he or she will not provide services to a client for a period longer than 10 business days, he or she must submit a supervisor-acknowledged written notification of the absence to FSBA. In your response, indicate the reason for the leave, length of leave time requested, and plan for client service coverage during the leave, if any. In cases of emergency leave (e.g., Medical), the Provider’s immediate supervisor may submit the document for the Provider. Leave notices for longer that 30-days must be submitted to FSBA administration within 48 hours of the leave request at [admin@fullspectrumaba.com](mailto:admin@fullspectrumaba.com) to ensure provider accounts remain active.

# Provider Resignation

Due to the complexity of service provider to our clients, FSBA requests that all providers give a 30-day notice prior to transitioning off of FSBA clients. The requested timeline will allow our corporate staff, directors and analyst to prepare for the transition with minimal disruption to services. FSBA understands that turnover is an expected occurrence; however, we need to maintain high-quality standards of care for our clients.

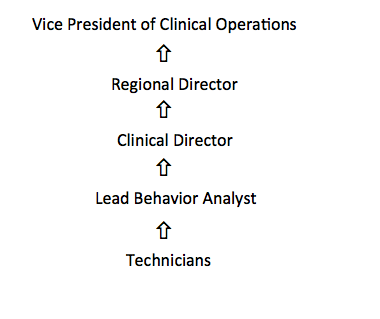
# Disciplinary Procedures

Infractions that go against FSBA policies and procedures must be documented using the **Disciplinary Notice Form** (*see Sharepoint*). A separate form will be used for each incident and will be placed in the Provider’s human resources file. Documentation will include an objective description of the event described in the third person as well as any necessary corrective action. Providers will be required to acknowledge and sign any accrued Disciplinary Notices. These should be emailed to [admin@fullspectrumaba.com](mailto:admin@fullspectrumaba.com) and drdillonbcbad@fullspectrumaba.com. The severity of the infraction and number of infractions accrued will determine the course of corrective action.

# Provider Reporting Hierarchy

In all matters relevant to FSBA, whether employee- or client-related, Providers should report to their immediate supervisor according to the hierarchy described below. If a satisfactory response is not produced in a timely manner, the Provider may report the issue to the supervisor’s supervisor, and if still no resolution, may progress up the supervisory hierarchy, until a satisfactory response to the situation is achieved.

**Figure 3 - Reporting Hierarchy**





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## Starting Client Services

The following process is used to initiate services for clients funded by Medicaid (whose servicing agent is eQHealth Solutions); however, most insurances work in a similar fashion.

1. Client caregiver completes four documents: (1) *FSBA Client Questionnaire*, (2) *FSBA Release of Information form*, (3) EQ Pre-Authorization Questionnaire (if Medicaid) and (4) Consent for Treatment, which can be obtained from the FSBA website([www.fullspectrumaba.com](http://www.fullspectrumaba.com)). The documents may be completed electronically from a personal device or printed and scanned to our corporate office.
2. Once the forms are received, FSBA Administration works with caregivers to obtain a doctor’s script recommending, “ABA Therapy Evaluation and Treatment.” The script must have the child’s name and diagnosis, be dated from within the last year, and be signed by an MD. FSBA Administration will also obtain a front and back copy of the client’s insurance card, and the client’s Comprehensive Diagnostic Report also referred to as Proof of Diagnosis (POD). The POD is an evaluation of the child’s cognitive and developmental functioning resulting in the child’s diagnosis, and is often performed by a neurologist, psychiatric, neuropsychologist, or medical doctor. Caregivers often have a copy of this report in their child’s records, although they may have to obtain a copy from the diagnosing professional. Depending on the child’s diagnosis, the report may involve information about the child’s history, parent or teacher interviews, behavioral observations, speech or language assessments, medical evaluations, genetic testing, or standardized cognitive assessments. If Providers are familiar with incoming clients, they may alert caregivers of the need for these documents to expedite processing.
3. Once eQHealth Solutions approves services for the client, ABA Billing will alert the Regional Director that the client is “Ready to Be Assigned” via a spreadsheet that is distributed on a weekly basis:
   1. If a Lead Analyst\* ***is not*** available to take the case, the client will be placed on the “Ready to Be Assigned Waitlist.”
   2. If a Lead Analyst **is** available to take the case, ABA Billing will request an authorization for an Initial Assessment from eQHealth Solutions, which will result in a 30-day window to create a Behavior Analysis Service Plan (BASP). The analyst should not move forward with the assessment/plan development until notified by ABA Billing that the Initial Assessment request has been approved by eQHealth Solutions. If the client was placed on the Waitlist, the Regional Director should alert ABA Billing as soon as an analyst is available to take the case so that the Initial Assessment authorization may be requested.

\*A Lead Analyst is the assigned, BCBA-credentialed Provider that is responsible for the execution and outcomes the case.

1. The **Behavior Analysis Service Plan Initial Assessment** *(see details below)* **must be completed and dated within the 30-day** Initial Assessment window approved by eQHealth Solutions. Its approval will authorize ongoing services hours for the client for a period up to 6-months (initial authorization period), at the end of which, the analyst must complete a BASP Reassessment to continue services (see Maintaining Client Services). The analyst may start ongoing services with the client once notified by ABA Billing that the BASP Initial Assessment has been submitted and is **“approved.”** The Provider must submit a *Clinical Information Form* (see Appendix F), marking “Continuation of Services,” for Request Type, when submitting the BASP Initial Assessment (and with each subsequent BASP Reassessment). Providers should complete the entire form, do not have to indicate the PA# or sign the form, and should complete the questions on the form to the best of their ability.

## Maintaining Client Services

1. Providers must submit a **BASP Reassessment** (*see details below*) for services to continue beyond the initial authorization period. **Providers must complete the reassessment at least three weeks before the reassessment deadline** to allow adequate time for processing. If the reassessment is not completed by the deadline, the Provider needs to immediately discontinue services. Once the BASP Reassessment is approved, the new authorization period is considered a “Continued Stay” by eQHealth Services. The analyst may resume ongoing services with the client once notified by ABA Billing that the BASP Reassessment has been submitted and is “**approved**.” Again, the Provider must submit a *Clinical Information Form* (see Appendix F), marking “Continuation of Services,” for Request Type, when submitting the BASP Initial Assessment (and with each subsequent BASP Reassessment). Providers should complete the entire form, do not have to indicate the PA# or sign the form, and should complete the questions on the form to the best of their ability.

# Behavior Analysis Service Plan (BASP) Development

A Behavior Analysis Service Plan (BASP) is a formal document that includes (1) an assessment or reassessment of the client’s behavior/skill excesses and deficits, and (2) a treatment plan with associated goals and requested service hours. Medicaid pays for a BASP Initial Assessment and each BASP Reassessment. BASPs are paid in one lump-sum distributions to the Lead Analyst on a case for all activities related to the plan construction. Given the low rates paid for the development of these plans, it is in the Providers interest to construct the plans as efficiently as possible. Providers are required to use the most recent FSBA BASP template. Providers may include additional components not included in the template, but must meet standard expectations.

## Client Intake Packet

The **Client Intake Packet** (see Sharepoint) is a tool that guides Providers in collecting the information necessary for the BASP Initial Assessment. The questions may be completed via interview format or responded to directly by a client’s caregivers. The sections of the Client Intake Packet parallel the sections of the BASP Initial Assessment to make transfer of information to the plan efficient. The Client Intake Packet uses the Functional Analysis Screening Tool (FAST) to collect functional information about client target behaviors, but the Provider may substitute another indirect assessment if desired. The Client Intake Packet uses the Basic Language Assessment Form (BLAF) ® to screen for skill strength and deficits, but the Provider may substitute another screening tool if desired. The Intake Packet is aligned with the BASP template.

## Initial Assessment

The **BASP Initial Assessment** template should be systematically used for all initial assessments (*see Sharepoint*). The template includes the following components:

1. *Background Information*
   1. Describe biopsychosocial history, including current living situation and family composition, relevant family history, birth history, applicable legal or social service issues
   2. Provide information about the client’s school (location, classroom type, grade level, use of an aide, therapies provided, such as SLP) and therapies outside of school (e.g., aquatic)
   3. General statement of functioning in terms of communication, ambulation, personal care, and socialization
   4. Provide general description of behaviors of concern and notable skill deficits
   5. Treatment history including past services and their effectiveness
   6. Current treatments and progress (include supplements and dietary modifications)
   7. Describe client/caregiver goals
   8. Describe community resources accessed by the family (for example, support groups, social services, school-based services
   9. Describe client/caregiver goals
2. *Documents Reviewed*: brief summary of IEP, OT, PT, SLP reports to ensure non-overlapping goals in behavior plan
3. *Medical Information*:
   1. Describe medical history including diagnosis, comorbid conditions (e.g., seizures)
   2. Describe recurrent illnesses and conditions (gastrointestinal problems, chronic constipation/diarrhea, recurrent abdominal pain)
   3. Describe sleep problems
   4. Describe allergies
   5. Describe current medications (name and prescribing doctor) using a table. If no medications, write a sentence stating that there is no medication currently being taken.
4. *Functional Behavior Assessment (FBA):* to include:
   1. Target behavior definitions
   2. Target behavior baseline levels of occurrence and severity (can be identified through parent interview or direct observation, but indicate method used)
   3. Methods for assessing behavior function; to include:
      1. Indirect/interview [e.g., MAS, FAST, QBAF, CARD Indirect Functional Assessment (CIFA)
      2. Direct/observation of problem behavior; nonexperimental or experimental (e.g., ABC recording, structured descriptive assessment; SDA): Medicaid requires at least two observations of client (can be across two locations or two times)
5. *Skill Assessment*: a screening of client skill strengths and weaknesses. The Provider may request to target skill acquisition (e.g., learner readiness, adaptive behavior) if the skill target is deemed medical necessary to ameliorate. Most often, this is justified if the skill deficit is related to problem behavior including noncompliance or more severe problem behavior. The BASP template suggests a screening tool to use for early learners (e.g., Basic Language Assessment Form); however, any screening tool can be used. It is possible to do a more extended skill assessment (e.g., VB-MAPP, ABLLS-R, AFLS, Autism Social Skills Profile) once ongoing hours are approved. The Provider should plan to include enough skill goals to justify ongoing hours approved. In general, the more skills goals requested, the more ongoing service hours will be approved.
6. *Preference Assessment*: identify client edible, leisure, social, and activity preferences through caregiver report or systematic preference assessment
7. *Behaviors Targeted for Decrease*: this section should identify the behaviors targeted for reduction and the strategies that will be used to decrease them. It should also include the related including baseline level, strategy for data collection, in addition to reduction and generalization criteria.
8. *Crisis plan:* a crisis plan should be included if warranted by problem behavior severity or frequency. Otherwise, Provider should indicate that no crisis plan indicated at this time.
9. *Functionally Equivalent Replacement Behaviors Targeted for Increase*: this section should identify replacement behaviors targeted for increase, with specified goals and relevant behavior-change strategies. It should also include the related problem behavior (for treatment justification), baseline level, strategy for data collection, mastery and generalization criteria.
10. *Additional Skills Targeted for Increase:* this section should identify additional skills targeted for increase, with specified goals and relevant behavior-change strategies. It should also include the related problem behavior (for treatment justification), baseline level, strategy for data collection, mastery and generalization criteria.
11. *Risk Assessment*: an analysis of risks and benefits of the proposed intervention.
12. *Caregiver involvement*: describe plan for caregiver participation in plan, including how the caregiver will be trained and how the caregiver’s implementation of the plan will be evaluated.
13. *Communication with Other Providers*: indicate communication that has occurred with other relevant professionals (e.g., doctor, psychologist, SLP.
14. *Discharge & Fading Criteria:* criteria for reducing number therapy hours based on patterns in client behavior (see Discharging & Fading Cases section below).
15. *Summary & Recommendations:* summary of recommended services for subsequent authorization period. This summary should be presented in combination with a request for service hours distributed across Provider type. See BASP Allocation of Hours section below for specific details.

Once completed, the BASP Initial Assessment should be saved with file name: first initial first name, period, first initial last name, period, “initial assessment”, period, date of intake (no spaces), for Jane Doe, for example, *J.D.initial assessment.3.24.18*. This file should be emailed to the provider’s regional director first for review. The regional director will forward the plan to [intake@ababilling.net](mailto:intake@ababilling.net) and [admin@fullspectrumaba.com](mailto:admin@fullspectrumaba.com)).

## Crisis Plan & Restrictive Procedures

If data indicate that more restrictive procedures are required for target behavior reduction (for the safety of the client and or others in the nearby environment), create a “Crisis Plan” in the client’s BASP, with criteria for implementing crisis procedures (e.g., 3 occurrences of SIB within 1 minute), procedures to follow (e.g., use one-arm hold), and criteria for terminating procedures (e.g., one minute of calm involving no resistance). In addition, ensure that all Providers working with the client are certified in the appropriate restrictive procedure to use with the client (e.g., PCM, Safety Care). Prior to the use of restrictive procedures, the Provider should obtain the approval of the caregiver and the Regional Director. The Regional Director should ensure that all records of certificates of Provider trainings are maintained for liability purposes.

## BASP Allocation of Hours

In the Summary & Recommendations section of a BASP (Initial or Reassessment), the Lead Analyst should request a total number of service hours for the client, distributed across Provider type (e.g. BCBA, BCaBA, RBT). Analysts may request up to 40 hours/week without special review by Medicaid, and may request more than 40 hours/week for special circumstances, following special review by Medicaid. The number of hours requested should reflect the needs of the client, and should be based on the number/severity of targeted problem behaviors and skill deficits. In general, a higher number of problem behaviors and greater skill deficits warrant a higher number of service hours requested. The requested number should also be based on resources available; for example, if a client is only available during afterschool hours, the total number requested should reflect the client availability.

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| **Comprehensive ABA** | **Focused ABA** | |
| **Purpose:** When the goal of treatment is to bring the client’s functioning to levels typical for that chronological age by teaching skills across multiple, developmental domains (e.g., cognitive, social, adaptive) | **Purpose:** When the goal is to address a limited number of areas such as decreasing dangerous behavior or improving social skills. | |
| **Suggested Hours:**  Children older than 3 years: **30-40 hours/week**  Children younger than 3 years: **26-30 hours/week**, depending on individual client needs (# of goals & targets) and response to treatment | **Suggested Hours:**  **12-20 hours/week**, depending on individual client needs (# of goals & targets) and response to treatment | |
| Suggested Breakdown of hours:  BCBA: 6 to 8 hours/week  BCaBA: 4 to 6 hours/week  RBT: #= the remainder of hours up to the total amount requested (e.g., if 30 total hours requested, and 6 BCBA and 4 BCaBA, RBT should receive 20) | Suggested Breakdown of hours:  BCBA: 2 to 4 hours/week  BCaBA: 2 hours/week  RBT: #= the remainder of hours up to the total amount requested (e.g., if 20 total hours requested, and 4 BCBA and 2 BCaBA, RBT should receive 14) | |
| **Note**: requests should include all Provider-levels, however, specific breakdown of hours should reflect specific case requirements. Always provide justification for BCBA to RBT ratios that are greater than 2 BCBA to 10 RBT. | | |
| Supervision Guidelines:   * Should be **5% - 20%** of direct treatment * Approximately **50% of supervision should involve “direct supervision activities”** (e.g., observation of intervention implementation) See BACB graphic below * Amount of supervision required may increase based on complexity of client characteristics and behavioral interventions, lack of progress, barriers, changes in treatment protocol, client’s health and safety, family dynamics, client transitions, and skill level of supervisee * Supervision **must be** allotted across all cases they are assigned * Supervision must be documented as per FSBA Supervision Protocols * Supervisors must collect ongoing integrity data on supervisee’s implementation of BASP procedures, and these data must be included in BASP reassessments | | Supervision Guidelines:   * Same as Comprehensive ABA |
| Caregiver Training:   * A portion of direct treatment hours should involve caregiver training. This percentage may increase as the case progresses and intervention effects are ascertained * Parent training procedures **must be** documented in writing * Analysts should collect ongoing integrity data (on caregiver implementation of BASP procedures, and these data must be included in BASP reassessments | | Caregiver Training:   * Same as Comprehensive ABA |

**Table 4 - Summary of ABA Guidelines for ASD (Adapted from the BACB)**







## Informed Consent

FSBA mandatory **Consents for Treatment** (*see Sharepoint*), must be completed during or soon after the Provider’s first meeting with the client. The documents include: *(a) Behavior Analyst Service Expectations, (b) Behavior Assistant Service Expectations, (c) Informed Consent for Treatment, (d) Release of Information form, (e) Abuse/Neglect Policy, (f) First Aid Release, (g) Client Bill of Rights, (h) Title VI letter, (i) Title VI Receipt Signature form, (j) Steps for Submitting Grievance form, (k) Grievance Report form*. All forms should be signed by the caregiver and Lead Analyst on the case, with the exception of the *Behavior Assistant Service Expectations*. This form should be signed by the caregiver and technician assigned to the client’s case, with one copy reserved for each technician.

Once signed, the consent forms should be scanned in the order listed above into a single PDF file, with file name: first initial first name, period, first initial last name, period, “consents”, period, date of intake (no spaces), for Jane Doe, for example, “J.D.consents.3.24.18”. This file should be emailed to [admin@fullspectrumaba.com](mailto:admin@fullspectrumaba.com).

## BASP Reassessment

All reassessments should preserve the format of the BASP Initial Assessment, and should provide an evaluation of the client’s progress on goals (and caregivers’ progress on intervention implementation) with accompanying graphed data, from the previous authorization period. Graphs should be presented with baseline data and a brief text summary, and should be displayed after each goal box, with updated status toggled (e.g., Improved). In addition, new targets and goals may be added in the reassessment, with status toggled “New”. The analyst may request a different number or allocation of ongoing services hours in the BASP Reassessment. See BASP Allocation of Hours section below for specific details.

Once completed, the BASP Reassessment should be saved with file name: first initial first name, period, first initial last name, period, “reassessment”, period, date of intake (no spaces), for Jane Doe, for example, *J.D.reassessment.3.24.18*. This file should be emailed to [intake@ababilling.net](mailto:intake@ababilling.net) (and cc’d to [admin@fullspectrumaba.com](mailto:admin@fullspectrumaba.com)).

# Direct Service Sessions

## Scheduling

It is the responsibility of the Regional or Clinical Director to ensure that all clients receive or are notified of their eligibility of services. Once a Lead Analyst is appointed to the case; it is the responsibility of the Lead Analyst to collaborate and coordinate the days and hours of services. Technicians may coordinate services with the caregivers on days of no supervision (i.e. late arrival, cancellations, rescheduling, etc.).

Additionally, it is the responsibility each Provider to communicate with their supervisor about service scheduling conflicts.

## General Session Layout

Sessions should conform to a general format. During the first 10 to 15 minutes of a session, greet the family and interview the family about events that have occurred since the last session. Review the Team Communication notes (if multiple therapists serve the client), and prepare session materials, which may include readying the client’s book/datasheets, visual schedules, timers, and reinforcers. Conduct the therapy session as outlined by the BCBA/BCaBA. During the last 10-15 minutes of a session, return the client to the care of the client’s on-site caregiver. Calculate and write the target totals for each challenging behavior, acquisition, and adaptive behavior target on the appropriate datasheets. Graph the client’s data, and present the data to the client’s caregivers (if specified by the BCBA/BCaBA). Provide recommendations for intervention with the client for the immediate supervisor.

## Materials & Supplies

It is the responsibility of the Lead Analyst to create or obtain specific materials needed for the implementation of effective services, which includes data collection systems, assessments (e.g., VB-MAPP), and therapy materials (e.g., prompts, token boards). These materials must be obtained at the Lead Analyst’s expense. The creation of materials for sessions may be delegated to technicians, particularly those that are seeking or undergoing supervision and must complete indirect hours toward certification.

It is the responsibility of the client’s caregiver to provide edibles and/ or tangible reinforcers for use during sessions with their children. Providers may obtain reinforcers, but must pay for the items out of their earnings. To the greatest extent possible, a box of session supplies should be kept at the home/school of the client for ease of access.

## Daily Progress Notes

Most funding sources require the Provider to write a daily progress notes for each session conducted, which will be uploaded for each session through the WebABA billing platform. Daily progress notes should provide a synopsis of behavioral service provided during the session including (1) a brief description of client & the therapeutic setting (2) the specific programs trained and behavior-change observed (client progress & caregiver treatment integrity) with directions for follow up sessions (as applicable), and (3) caregiver reported concerns/significant events impacting treatment. If the session was supervised, both supervisor and supervisee should complete a daily progress note of the session.

See the examples for each section below:

1. Brief description of client & therapeutic setting.

*The BA/RBT conducted session with Billy at his residence in Sebring, Florida, with his mother present, at a previously agreed upon time. Billy appeared healthy and happy, as evidenced by his frequent smiling and playful interactions with the BA/RBT****.*** *No medical or safety issues arose during the session.*

* Must always include observable behavior that led to client’s hypothesized emotional state
* Must always document if safety/medical concerns present

1. Brief description of specific programs trained (client & caregiver) and behavior-change observed.

*Billy’s functional replacement and skill acquisition programs involved prompting and reinforcement. Billy’s “vocal manding (requesting) program” was conducted. He engaged in 80% unprompted requests for iPad, 50% unprompted mands for book, and 30% unprompted mands for his mother’s attention. Billy’s “gross motor imitation” and “one-step instruction” programs were conducted. On the first cold probe of the day, he engaged in correct responding for 60% of the 5 imitation targets and 80% of the five one-step instruction targets. One of the imitation targets was mastered.*

*Billy’s dressing program was conducted. He correctly completed 80% of a 10-step task analysis. Billy’s toileting program was conducted, which involved a sit schedule, and placing Billy in underwear during the day. He engaged in appropriate voiding (urination) on 2 of 5 opportunities, and had one accident. We will continue programming functional replacement, skill acquisition, and adaptive behaviors until mastery.*

*The BA/RBT followed protocols for problem behavior outlined in Billy’s BASP, which included Functional Communication Training (FCT) and extinction. Billy engaged in 5 occurrences of high-intensity aggression, 10 occurrences of tantrum (average duration: 10 seconds), and 20 occurrences of property destruction. We will continue implementing this protocol.*

*Billy’s mother, Marilyn, was trained to implement the interventions for Billy’s problem behavior using verbal instruction, modeling, rehearsal, and feedback. She correctly executed 85% of the intervention components. Fidelity checks on her implementation will be conducted in upcoming sessions.*

* Document other notable events, such as preference assessment or skill assessment updates performed, the development of a task analysis, etc.
* If a new behavior arises that warrants data collection, try to document the antecedents/consequences for the behavior that you observed.

1. Caregiver reported concerns/Significant events impacting treatment.

*Billy’s mother reported that Billy’s behavior escalated over the previous week, and that his aggression resulted in minor injury (e.g., bruise on arm) to his younger sister on August 1, 2017. In addition, his mother reported that Billy has only been sleeping approximately 3 hours each night. He is scheduled to undergo a tonsillectomy on August 9, 2017, and will be unavailable for therapy for at least one week.*

* Potential documentation may include caregiver’s positive or negative appraisals of therapeutic targets/outcomes
* Potential documentation may include changes in medication or diet, hospital stays, changes to routine, the introduction of a new therapy (e.g., speech & language therapy), etc.

**Additional Tips:**

* Always refer to yourself in the third-person (The RBT met with; engaged in….)
* Report only objective (factual) information in progress notes; **do** **not** include subjective appraisals of client, caregivers, or their environment (e.g., she doesn’t spend enough time with her son; she should not have given him caffeinated soda).
* If there is a serious event, such as a Baker Act or an injury, the RBT must fill out an incident report in compliance with the FSBA Policies & Procedures Manual (see P & P Manual for more information).
* Always stick to the target behavior/goals outlines in the BASP. If you have any suggestions or thoughts on making changes, please discuss those changes with the Lead Analyst on the case.
* When in doubt, consult your Lead Analyst

## Caregiver Signatures

FSBA requires all Providers to obtain a parent or caregiver signature at the conclusion of each billable session. Providers may use the WebABA application on their cell phone or other electronic device for this purpose (*see task-analyst located in Billing & Payment, p.28*). Sessions without applicable signature are subject to payment withhold per company policy. Signature may be obtained through the WebABA software platform at a later date within the current billing cycle should the Provider be unable to obtain a signature at the conclusion of the session. All Providers are required to sign the **Signature Attestation Form** to acknowledge this policy (*see Sharepoint*).

## Discharging & Fading Cases

The Provider or caregiver may request discharge of a case based on one or more of the following circumstances:

* Client has met reduction goals for target problem behaviors, and acquisition goals for equivalent replacement behaviors and skills (and no additional goals have been identified), and caregivers demonstrate maintenance in correct implementation of plan interventions
* Client does not demonstrate progress towards goals for successive authorization periods
* The family is interested in discontinuing services
* The family and Provider are not able to reconcile important issues in treatment planning and delivery
* Client requires a higher level or different type of care than that than provided by the behavior analyst (e.g., for safety reasons)
* The entity funding the client’s services has ceased, and no additional funding has been arranged for continued services
* The Provider or client is no longer able to participate in services in the original treatment area

To the greatest extent possible, therapeutic services should be reduced gradually over time to facilitate a successful transition for the client. Client discharge that results from culmination of the therapeutic process should involve fading that is based on objective criteria for problem behavior, skill acquisition, and parent training outcomes, such as those listed in the table below. In all cases, fading should occur over a period of time that allows the client and his family to prepare for the end of therapy, **and should occur over a period of time no shorter than 30 days.**

During this time, the Provider should systematically fade intervention while providing follow up treatment recommendations to the client and his caregivers. In addition, the Provider should attempt to inform the client and his caregivers of community resources and other services that may benefit the client following discharge.

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| **Phase** | **Criteria** | **Service Reductions** |
| 1 | * Problem behaviors are reduced by 25% from baseline, for 3 consecutive months * Skill acquisition goals are increased by 25% from baseline, for 3 consecutive months | Services are reduced by 25% of the original authorization request |
| 2 | * Problem behaviors are reduced by an additional 50% (75% reductions from baseline), for 3 consecutive months * Skill acquisition goals are increased by an additional 25% (50% increases from baseline), for 3 consecutive months | Services are reduced by an additional 50% of the original authorization request |
| 3 | * Problem behaviors reductions (by 90% from baseline) are sustained for an additional 3 consecutive months (6 months total) * Skill acquisition goals increases (by 90%) are sustained for an additional 3 consecutive months (6 months total) | Services are terminated |

Table 7 - Sample Plan for Service Fading

## Discharge Summary

Once a client is discharged from services, the Lead Analyst should complete a **Discharge Summary** (see Appendix). The discharge summary should indicate the reason for discharge and the agencies to which the client was referred. If the client was referred to a higher level of care for safety reasons, the summary should briefly describe the type and date of consultation that occurred between the Lead Analyst and new agency. Finally, the summary should include a brief description of the rationale for treatment, summary of goals met, and follow-up recommendations for aftercare. Once completed, the discharge summary should be saved with file name: first initial first name, period, first initial last name, period, “dischargesummary”, period, date of intake (no spaces), for example, “A.S.dischargesummary.3.24.18”. This file should be emailed to [intake@ababilling.net](mailto:intake@ababilling.net) (and cc’d to [admin@fullspectrumaba.com](mailto:admin@fullspectrumaba.com)).

**Note:** Providers may request to transfer off a case at any time; however, the Provider may only do so if he or she arranges coverage of the case by another Provider, or, if the request to transfer off the case is granted by the Provider’s immediate supervisor. In this case, the Provider still must fade services for the client over a period no shorter than 30 days.

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# Services in Schools

Providers are permitted to provide services within educational establishments upon agreement between the school administration and FSBA.

## FSBA in Schools

* Currently, most of the clientele is referred by private schools, as they have the most lenience with outside services. However, services may be provided to any school that provides FSBA and the intervention Provider permission to enter and provide services on the premises.
* Most of our clients are referral base; however, due to online marketing and exposure, some clients will contact FSBA through online methods.

## How FSBA starts in schools

* FSBA receives information from the school, or a specific client within the school

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| **If information is obtained by client** | **If information is obtained by the school** |
| * We obtain information packet and consent from families * We contact the school’s principal directly to schedule a meeting to discuss services and obtain permission to provide services on the premises | * We provide the school with information packets to distribute to the client * The school distributes the packets or information to the students who may be eligible for services |

## School hours

The school hours that are available vary between the schools. Therefore, it is important for the Clinical Director, and the school administration to discuss this prior to the start or end of the school year. This information will then be relayed by the Clinical Director to the Providers in the area. Some insurances will not approve of ABA services being provided during instructional opportunities. Lead analysts will need to review the specific payor requirements for treatment prior to developing a treatment plan and subsequent therapy schedule.

FSBA staff are required to follow the staff rules and expectations as set forth by the institution. At all times when therapy is being provided within the confines of a school or care facility, the facility personnel have said guardianship over the client. Providers are not permitted to take a client off campus or remove a client from a designated environment without the permission of the care personnel. Concerns regarding treatment effectiveness within specific confines should be discussed directly with the provider’s supervisor.

## Education & Applied Behavior Analysis

It is the responsibility of the educational instructor to focus on academic learning during the school hours; however, applied behavior analysis intervention services may focus on behaviors such as task avoidance during math; however, services Providers cannot teach specific math related information. Service Providers can recommend task analysis to the instructors and complete instructor fidelity for this. If a client is having difficulty with a specific academic subject due to lack of knowledge, please direct the teacher to potential strategies to assist this client.

* Although we work inside the school system, it is the responsibility of the educational instructors or the school administration to maintain attendance of their students. Therefore, the following parameters have been placed:
  + (1) analysts and clients must have a school staff present at all times of services (unless completing “pull out” sessions for short durations);
  + (2) it is the responsibility of the educational instructors to focus on the academic learning of each of their students; behavior intervention services may focus on the target behaviors and/or skill acquisition associated with specific tasks, areas, or individuals

## Distribution of Marketing Materials in FSBA Schools

* It is the responsibility of the Clinical or Regional Director to maintain current marketing materials in locations of services. Materials include business cards, or information / intake packets. Please ensure these packets have the current information for FSBA and Human Resources, as these may change at any time.
* If the school requires additional materials, contact the Clinical or Regional Director.

## FSBA- School Relationship & Services

* Schools may contact FSBA to assist clients with/ without developmental disabilities enrolled in their educational programs. (The client must have a Doctor Script requesting ABA services)
* Schools may fund FSBA services for specific clients through educational scholarships such as McKay Scholarship, PSI, etc.
* Most of our clients are funded through Medicaid, and may receive services across all settings. Therefore, as Behavior Analysts, it is our responsibility to provide the most efficient services tailored to the specific needs of the client within reasonable parameters of behavior analysis.
* To increase maintenance of skills, please ensure reinforcers that can be easily obtained in the environment;
  + it is the responsibility of the educational instructors, caregivers, or administration to provide or explain such reinforcers.

## ABA Materials and Reinforcers

Full Spectrum is not responsible for providing materials necessary for completing assessments, providing instructional programs or reinforcement. It is the responsibility of the lead analyst and subsequent members of the treatment team to supply the materials necessary for effective treatment. It is appropriate for therapists to discuss reinforcers and request that caregivers supply these items. Caregivers are required to be an active member of the treatment team.

## School & ABA Materials

It is the responsibility of the FSBA staff member to provide materials related to Applied Behavior Analysis to the school staff, administration, or other supporting individuals in the environment. This includes: behavior contracts, token economies, visual schedules, etc.

## School Field Trips

It is at the discretion of the school, the caregiver(s), and the Lead Behavior Analyst or Clinical Director the attendance of Providers on school field trips. FSBA staff are permitted to attend school field trips with the following guidelines

* The client is to be transported by the school (as it is during school hours, and the client’s attendance is the responsibility of the school)
* The FSBA staff member may either (1) join the client on the school’s transportation system, or (2) ride behind the school’s transportation system in their personal vehicle.

## Schools & Modification of service Providers

It is at the discretion of FSBA leadership, Lead Analysts, and the caregivers the change of service Providers. School staff may request a modification of service Providers; however, this information is required to be approved through the caregiver(s); please review with school administrators for scholarship based clients.

## School Limitations

Please review the following. Please note, for specific skills such as using the restroom; it is the responsibility of the school staff or administration to transport the client to and from the restroom and classroom. The FSBA staff member may assist in the restroom only when target behaviors are occurring. During such situations, fidelity training and target behavior reduction proactive and re-active strategies are appropriate.

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| **Services approved for School settings** | **Services not approved for school settings** |
| * Target behavior reduction during academic or life skill tasks * Target behavior reduction during social engagements * Skill acquisition within Fidelity training of school staff/ administration * Functional communication training with instructors, staff or administration | * Bathing * Showering * Brushing teeth * Washing hands * Academics (writing words, counting, etc.) * Getting dressed * Urination or bowel movement in toilet |

**\*Note:** Based on the structure of the educational establishment; Providers may be able to complete skill acquisition goals such as “washing hands”, “brushing teeth”, “toileting”, etc. Please ensure to tailor each program for maintenance in the natural environment

## Caregiver Involvement

Caregivers are required to be an active member of each client’s treatment team per FSBA expectation as well as several insurance providers. Designated caregivers can by teachers or guardians responsible for the client’s well-being who are present during the therapy sessions (a caregiver over the age of 18 must always be present unless in a pre-determined and approved community setting).

In order to establish caregiver involvement, Lead Analysts are required to maintain communication with the caregiver(s) or legal guardian(s) on the status of target behavior reduction, and skill acquisition or maintenance. This can be completed in person or via email. In addition, Lead Analysts will need to establish a schedule for Caregiver Training, which is a separate billing code for some insurances. FSBA recommendation is for caregivers to be actively involved in 20% of session (See Caregiver Guidelines document attached to the Client Intake Packet).

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Full Spectrum requires providers to follow BACB developed best practices for supervision, as well as to comply with any minimum monthly standards provided by individual insurances. All RBTs and BCaBAs must be linked in the BACB portal to an active BCBA affiliated with FSBA. This BCBA is responsible for ensuring that the RBT is receiving proper supervision according to BACB requirements. It is recommended that all individuals requiring supervision be linked on the portal to a BCBA who functions as a clinical or regional director. In summary, FSBA requires all RBTs and BCaBAs to receive a minimum of 5% of the total monthly hours worked on each specific case to be supervised. In addition, non-BCBA providers will need to be observed at a minimum of twice per month. FSBA supports and encourages increased supervision of RBTs up to 20% of the total monthly billable hours per case, per BACB best standards for ASD case management.

RBTs and BCaBAs are all required to receive monthly direct observations, in vivo training opportunities as well as to attend a monthly supervision meeting lasting 2-3 hours, which will be coordinated by their Regional Director. Attendance at the supervision meeting serves as a professional development opportunity to the provider and will cover an item in the BACB Task-List or is an additional relevant topic to practice. Individuals receiving formal supervision through the BACB towards certification may either count these supervision sessions as “Group Supervision” should they meet eligibility criteria or as “Unrestricted” hours. See FSBA’s Supervision Manual for further information.

# Billing & Payment

Billing is submitted by all Providers through the WebABA platform <https://app.webaba.com/account/login.aspx>.

Billing **must** be submitted **each week** of each billing cycle by **Sunday at midnight** to allow ABA Billing to correct any errors that may arise in billing. If billing is not submitted by Sunday at midnight, the billing from that week in the pay period **will not** be paid in the upcoming pay date. Instead, payment for billing will occur on the following pay date, provided that the billing has been submitted correctly. Please obtain your login credentials for the ABA system from [fsba@fullspectrumaba.com](mailto:fsba@ababilling.net) if they were not sent to you.

Submissions after the second Sunday in each pay period are considered late. If a submission is late, the Provider must notify ABA Billing that the submission in WebABA is late, using the information below. It is impossible for ABA Billing to detect late submissions unless notified by the Provider.

Once a session is “Rendered,” in WebABA, it cannot be changed by the Provider. Please check your submission thoroughly before Rendering. If an error is made, and cannot be corrected by the Provider, notify ABA Billing of the error to gain assistance in resolving it, using the information below.

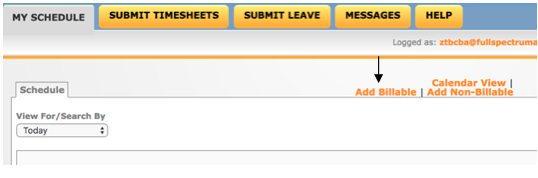
## Entering Billing through WebABA

Step 1: Add Session Information*:*

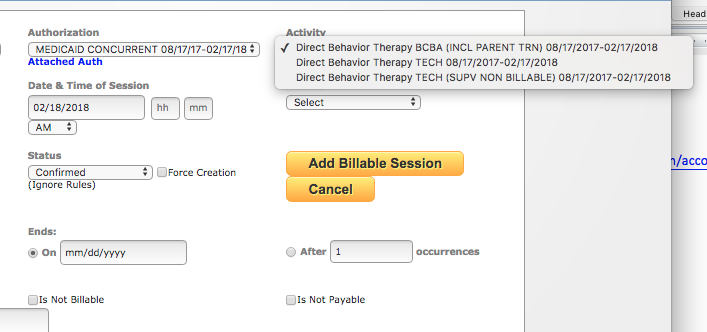
1. Log in to the WebABA app from any browser at: [https://ap.webaba.com/account/login.aspx](https://app.webaba.com/account/login.aspx).
2. Once logged in go to “My Schedule”



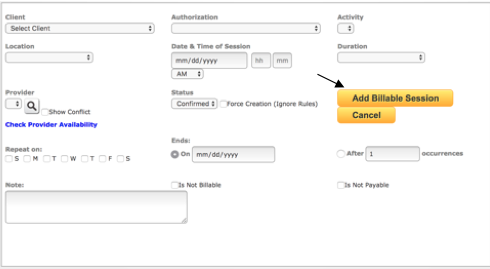
1. To enter scheduled session, click “Add Billable”



1. In the Add Billable Screen
   1. Scroll down and select client
   2. Click on current authorization for direct services. **Use concurrent authorization that ends soonest**, even if a new concurrent authorization has been added (e.g., Reassessment is approved)
   3. Add date, time, and duration (e.g., from 10 a.m. to 11 a.m. would be 1 hour).
   4. Select the activity depending on your Provider Level: BCBA, BCaBA, or Tech, and if Tech, whether you were supervised during the visit (see “How do I enter a supervisory visit,” below)
      1. Direct Behavior Therapy BCBA: used by BCBA regardless of whether Tech present or not
      2. Direct Behavior Therapy BCaBA: used by BCBA regardless of whether Tech present or not
      3. Direct Behavior Therapy Tech: used by Tech if no supervisor present
      4. Direct Behavior Therapy Tech (SUPV NONBILLABLE): used by Tech if supervisor present



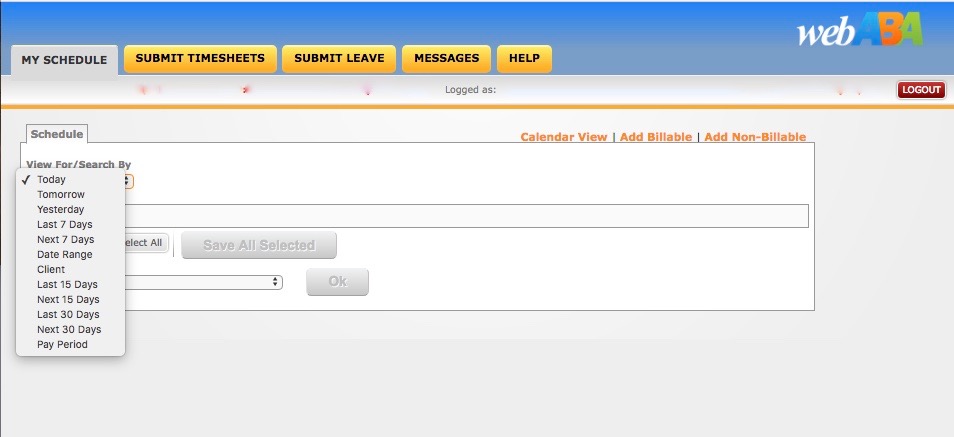
* 1. Status – leave as Confirmed until ready to submit timesheets to allow for additional time to check submission for errors
  2. Select “Add Billable Session”



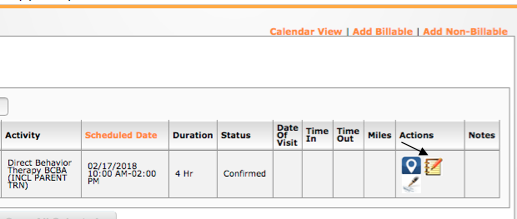
*Please note: The notes section on this screen* ***is not*** *for session notes.*

Step 2: Rendering

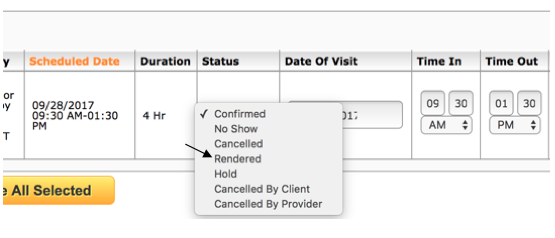
1. Return to the “My Schedule” screen, and pull up sessions that have been inputted by selecting the appropriate time period (e.g., last 7 days)



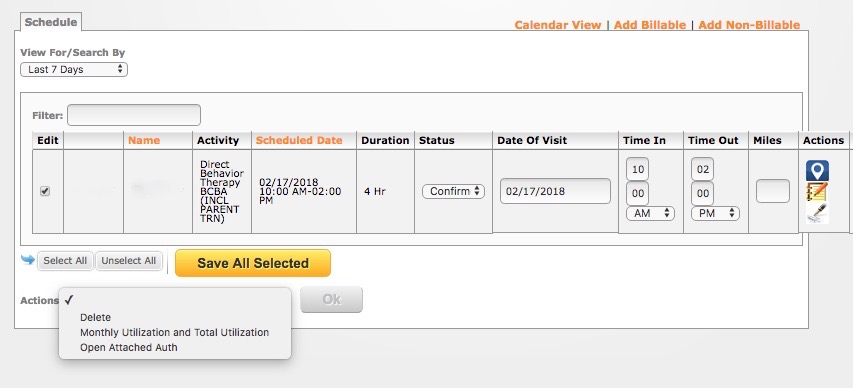
1. Add daily progress note by clicking on tan square icon under “Actions.” You can type notes in directly or copy and paste from a Word document



1. Render session by checking box under “Edit” on left side of screen, which will allow modification of the session information. Check information in window for accuracy, and then change status from “Confirmed” to “Rendered”. Finally, click on “Save All Selected” at bottom of screen. Note: sessions **must** be rendered before submitting timesheets in next step



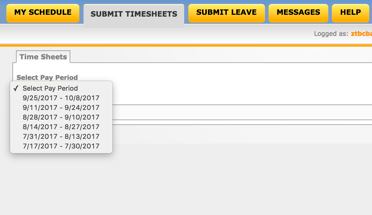
Note: it is also possible to delete your inputted session here, by clicking “Edit,” then selecting “Delete” from the drop down file menu at the bottom of the screen



1. Signatures: request information from ABA Billing

Step 3: Submitting Timesheets

* + - 1. Once ALL sessions are verified and “rendered”, select the “Submit Timesheets” window and select the current pay period. Recall that you will submit billing for each week.



1. Choose the “Submit Timesheet” button, and then “Approve and Submit”

**How do I enter a supervisory visit?**

Supervisory sessions will be entered into WebABA differently depending on the payor. Providers will need to confirm with their directors on how to long supervision session. For Medicaid, RBTs are not able to bill insurance when being supervised. Per Medicaid requirements, BCBAs are able to be reimbursed for direct service when providing supervision for up to 8-hours per month. When rendering these sessions, BCBAs will need to specify the supervision activities that occurred. RBTs are not eligible to bill Medicad, but will submit their time to Full Spectrum who will provide reimbursement directly. If only a portion of an RBTs visit was supervised, the RBT will be required to create separate session renderings. The portion of the visit that was direct service will need to be rendered as such, and the portion that was supervised will need to be rendered as “Non-Billable.”

Example: Samantha is working with a client from 12pm to 3pm. She provides direct service from 12pm to 1pm, receives supervision from 1pm to 2pm and continues with direct service from 2pm to 3pm. Samantha will be required to submit three separate renderings. A direct service session will need to be rendered from 12pm to 1pm, a Non-Billable Supervision session will need to be rendered from 1pm to 2pm and an additional direct service session will need to be rendered from 2pm to 3pm.

## Payments

Pay periods are bi-weekly ending every other Sunday. Paychecks are distributed in the form of Direct Deposit to the bank of the FSBA staff member’s choosing. Qualifying bank accounts can include personal accounts or business accounts. FSBA providers and staff are required to keep personal bank information updated with FSBA’s administrative office. When submitting resignation, employees and providers will receive a physical check for the hours worked during their last week that will be delivered directly to their physical address.

# Data Collection Software – Catalyst by DataFinch Technologies

FSBA provides digital data collection accounts for all providers as well as clients as no charge to staff. Catalyst is an electronic data collection tool that allows users to create profiles for individual clients as well as input specific treatment goals and target behaviors. All BCBAs and BCaBAs have full access to the range of capabilities (website software and IOS application) and will be created a login and password ([www.datafinch.com](http://www.datafinch.com)) RBTs will have restricted access and will be able to use the IOS device application only. Providers experiencing trouble will access to Catalyst software or application should contact [FSBA@fullspectrumaba.com](mailto:FSBA@fullspectrumaba.com) for resolution.

Lead analysts are required to use Catalyst for all data collection. This program will automatically graph student progress, which can be downloaded and inserted directly into treatment plans. In addition, when using the Catalyst App, providers can obtain summative data to include in WebABA progress notes (i.e. total durations, percentages, rates, etc.). See the following three possibilities:

1. Soap Notes (Preferred) – This method provides the best/easy method and will eventually be able to be imported DIRECTLY into WebABA, thus creating your session note for you! This feature allows users to log the start/end times of their session in the app. This will sync into the portal where they can view/verify their SOAP Notes. The SOAP note document would give them a summary of their session (targets and behaviors and percentages and data).
   1. https://dftcatalyst.zendesk.com/hc/en-us/articles/360001085443
2. Trial Sheet tab – Shows every target and the data that was collected.
   1. <https://dftcatalyst.zendesk.com/hc/en-us/articles/360001156743-Trial-Sheet-Tab>
3. Analysis and Reporting>Reports – Can create daily reports per user. Will be able to access all DTT data scored by the user that day.
   1. <http://wiki.datafinch.com/display/DOC/Reports>

Staying Informed

Providers are required to remain up-to-date with all policy procedures and practices. Updates will be provided via email through formal group FSBA Company Updates or through individual calls and emails from leadership and corporate staff. ALL FSBA staff are required to read emails and respond to requests within 24-hours. Not doing so could result in a disciplinary infraction at email is the primary form of communication. FSBA Company Updates are emailed through a specific server that will identify who has opened and read communication. Those who have not will be subject to disciplinary measures as it is essential that updates are received within a timely manner. Any concerns regarding communication may be sent directly to Dr. Dillon, drdillonbcbad@fullspectrumaba.com