



PURCHASE OF SERVICE GUIDELINE

10- 24-2016	BEHAVIORAL INTERVENTION SERVICES	FINAL
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I. DEFINITION

Behavioral intervention services are provided by a qualified behavior specialist and utilize principles of Applied Behavioral Analysis to ameliorate or eliminate behaviors exhibited by a consumer that prevent social development; jeopardize his/her current living situation; are a threat to his/her health or safety or the health or safety of others; or impede social inclusion and increasing independence.

II. CRITERIA

ELARC will consider the purchase of behavioral intervention services only when no other source of payment is available. "Regional center funds shall not be used to supplant the budget of any agency which has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services," WIC section 4648, subd. (a)(8). Therefore, consumers/families are expected to use available generic resources (such as Medi-Cal, California Children Services, CHAMPUS, EPSDT, private insurance and public schools/agencies) to provide services [WIC, 4659(c)] and to pursue denials from generic resources through their respective appeal processes. [WIC, 4659(d)]

If ELARC identifies the behavioral intervention service as a need in the IPP, then it may also consider funding the copayment, coinsurance or deductible associated with the private or generic health plan which accepts responsibility for coverage of the service and for which the parent, guardian or caregiver is responsible for; if all of the following conditions are met: (1) The consumer is covered by his or her parent's, guardian's, or caregiver's health care service plan or health insurance policy. (2) The family has an Annual Gross Income (AGI) that does not exceed 400 percent of the Federal Poverty Level (FPL). The Family Cost Participation Program Schedule shall be used to determine AGI not exceeding 400% FPL for the family. (3) There is no other third party having liability for the cost of the service.

ELARC may make an exception to fund for co-payment, coinsurance and deductible for a consumer whose family income exceeds 400 percent of the federal poverty level, when the service is necessary to successfully maintain the child at home or the adult

consumer in the least- restrictive setting, and the parents or consumer demonstrate one or more of the following: (1) The existence of an extraordinary event that impacts the ability of the parent, guardian, or caregiver to meet the care and supervision needs of the child or impacts the ability of the parent, guardian, or caregiver, or adult consumer with a health care service plan or health insurance policy, to pay the copayment, coinsurance or deductible (2) The existence of catastrophic loss that temporarily limits the ability to pay. (3) Significant unreimbursed medical costs associated with the care of the consumer or another child who is also a regional center consumer.

III. TYPES OF SERVICE

Services vary in focus and intensity and are provided on a continuum. Parent or primary care giver direct participation is required throughout the period during which services are being considered, assessed, developed and implemented.

A. The following are mandatory requirements [(WIC, 4686.2(d)(4)(A)] and Government Code section 95021 (d)(5)(A) prerequisite to consideration of individual, in-home behavior intervention services:

1. Parent Group Orientation to Behavior Intervention Services: This one-session orientation for parents or primary care givers is an introduction to behavioral services provided through the Regional Center. How these services are used to address behavioral challenges and promote adaptive functioning in the home and community are discussed and Regional Center's expectations for parent/care giver involvement in the implementation of and ultimate responsibility to independently continue the intervention principles and techniques are explained. **This Orientation must be successfully completed in order for the parent/care giver to proceed to:**

2. Parent Group Behavioral Strategies Workshops: This workshop series provides the parent/care giver with the basic principles of behavior and assists them to develop skills needed to promote positive social behaviors and ameliorate behaviors that interfere with learning and social interaction. **These workshops are provided in a multiple, sequential session format and all must be successfully completed and are prerequisites to consideration for individual in-home behavioral intervention services.** However please note that for Early Intervention (0-3), the IFSP must include –(1) The projected date for the initiation of each early intervention service which must be soon as possible after the parent consents to the services [34 C.F.R. §303.344(f)] (Emphasis added)

After completion of the Parent Group Orientation and the Behavioral Strategies Workshops, # 1 and 2 above, it is expected that many parents/care givers will be able to

Changes per DDS Recommendation presented to Board on 10/13/2015

implement the techniques at home and in the community, to successfully manage the consumer's behavioral challenges.

B. Individual In-Home Behavior Intervention Services:

1. Behavior Management Program: an individualized behavioral intervention program designed by a qualified behavior clinician to teach parents/care givers to implement intervention strategies independently.

a. Assessment is provided by a qualified clinician vendored by the Regional Center and requires up to 8 hours.

b. In-home behavior management treatment is provided by a qualified interventionist and may be authorized for up to 8 to 12 hours per month, for a period of 6 to 9 months.

A Regional Center Psychology Consultant reviews all requests for assessments, treatment and progress reports and provides a clinical opinion regarding necessity for the service, effectiveness of the program and the need for continuation of services. Evaluation of progress toward stated goals and objectives occurs no less than every 3 months and continued funding is based upon documented progress in the achievement of specified objectives and the successful and continued participation of the parents/care givers in implementing the program.

2. Intensive Behavior Intervention Program: Severe behavioral deficits in children with a diagnosis of autism, may be addressed by intensive ABA programs, which are designed to implement and evaluate one to one instruction intended to produce significant improvements in social behavior and skill acquisition.

a. Assessment is provided by a qualified clinician vendored by the Regional Center and requires up to 15 hours.

b. Intensive behavioral services may be, typically authorized up to 5 to 20 hours per week, for a period of 2 years.

A Regional Center Psychology Consultant reviews all requests for assessment, treatment and progress reports and provides a clinical opinion regarding the necessity of the service, effectiveness of the program and the need for continuation of services. Evaluation of progress toward stated goals and objectives occurs no less than every 4 months and continued funding is based upon documented progress in the achievement of the objectives and the successful and continued participation of the parents/care givers in implementing the program.

For children over 3 years of age, the local school district has primary responsibility for providing intensive behavior services as part of the educational program. The combined total number of hours for all services being provided to the consumer from all sources should not exceed 40 hours per week.

IV. PROCESS FOR REFERRAL/PURCHASE OF SERVICE

1. For the Parent Group Orientation to Behavioral Services Workshop (III)(A)(1) and the Parent Group Behavioral Strategies Workshops (III)(A)(2), please refer to attached protocols. For the funding process for interpretation for these workshops, please refer to the Information and Training Unit, Protocol for Payment for Interpretation Services, on the Intranet.

2. For Individual In-Home Behavior Intervention Services (III)(B)(1 & 2):

A. After discussion with the consumer, parent or legally authorized representative regarding a service request as part of the planning team process, the Service Coordinator completes a R1-11 with as much detail as possible, signs it, obtains his/her supervisor's signature and submits it with a data packet and copy of the Certificate of Completion for the Parent Group Behavioral Strategies Workshops, to the Special Services Office Assistant. Written denials/documentation that all other resources for payment have been exhausted are required.

B. Psychology consultant will review the packet and request, will provide clinical comments on the R1-11 as needed, will sign and route it to the A&SSD Supervisor Assistant.

C. A&SSD Supervisor Assistant will contact the assigned vendor to obtain a starting date or service period as applicable, will fill in the appropriate sections and route it back to the Special Services Office Assistant.

D. The Special Services Secretary will process the requests for Service Codes 048, 612, 615 and 620, will submit the R1-11 to Accounts Payable, send the white copy with the packet to the vendor and send the goldenrod copy of the R1-11 to the Service Coordinator. Payment will be at the rate approved by Community Services and specified in the Vendor Rate Agreement.

E. If the Service Code is other than those indicated above, the R1-11 will be returned to the service coordinator for scheduling of appointments with

the vendor and processing by the respective Unit Support Staff.

V. TERMINATION OF SERVICE

1. Behavioral services will be terminated when:
 - A. The objectives identified in the treatment plan agreed upon by the regional center, are accomplished.
 - B. In the judgment of the planning team and Psychology Consultant, progress toward behavioral objectives is not being made.
 - C. There is documentation of a lack of appropriate parent/care giver participation in implementing the program.