

TBI – Waiver Services Supplemental – Behavior Management Service

The waiver includes adult day services, attendant care, case management, homemaker, residential based habilitation, respite care, structured day program, supported employment, behavior management/behavior program and counseling, environmental modifications, healthcare coordination, occupational therapy, personal emergency response system, physical therapy, specialized medical equipment and supplies, speech-language therapy and transportation. These are waiver services options that can be provided and will be services that people are receiving. Not everyone will be receiving the same services, however. Some will receive Physical Therapy or Transportation or Attendant Care, or some other service that reflects their needs.

The **Person Centered Compliance Tool** will be supplemented with the following tool depending on what waiver service the person is currently receiving. A review of the CCB/POC will determine what services the person has. The surveyor will determine by reviewing the CCB/POC and talking with the Case Manager the exact services the person has. By so doing, the surveyor will take the appropriate supplemental Provider Survey Tool to complete the survey. The following is an example of that supplemental Provider Survey Tool for a person who is receiving: **Behavior Management Services**.

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Behavior Management		Discovery Mechanisms		
<p>Waiver Services: Behavior Management</p> <p>Services</p> <p>Waiver Assurances</p> <p>Recommended Probes</p>				
<p>Behavior Management Services:</p> <p>Desired Outcome:</p> <p><i>Behavior Management includes training, supervision, or assistance in appropriate expression of emotions and desires, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.</i></p>	<p>BMS I.A.1 All Behavior Management Plans will be evidenced by the presence of the required elements of appropriate activities for services.</p> <ol style="list-style-type: none"> 1. Was there evidence of an observation of the individual and environment for purposes of development of a plan to determine baseline? 2. For the delivery of behavioral services, was there evidence of the development of a behavioral support plan and subsequent revisions? 3. If determined by identified need, was there evidence of training in assertiveness? 4. If determined by identified need, 	<p>Spending Time With People</p> <p>(Initially during the conversation with the person using the Personal Outcome Measures®, then throughout the survey process.)</p> <p>Examples only: specific situations may change observations.</p>	<p>Conversations With People</p> <p>Selected Examples only: specific situations may change conversations with people.</p>	<p>Review of Documents</p> <p>Examples only: specific situations may change documents needing review.</p>
<p>Service Standards:</p> <p><i>Persons providing Behavior Management/Behavior Program and Counseling who are employed by a qualified agency must be a Master's level behaviorist, a Qualified Mental Retardation Professional (QMRF), or a Certified Social Worker who is supervised by a Licensed Psychologist with review by Health Service Provider in Psychology. An individual practitioner providing this service must be a Master's level behaviorist.</i></p>	<p>Observe the individual in their home or apartment to determine if any behavioral procedures are being used.</p> <p>Ask the individual if they have worked with a behavioral specialist.</p> <p>Ask the direct service staff if the individual receives behavioral services.</p> <p>Ask the direct service staff to describe their role in implementing any behavioral plan for the individual.</p> <p>Ask the Case Manager to describe</p>	<p>Review the Behavioral Support Plan for the information about behavioral services.</p> <p>Review the POC/CCB to determine if behavior management services have been included.</p> <p>Review any documents related to the Provider's consultation with HSPP.</p> <p>Review any documents available that relate to training for the service staff, family members,</p>		

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<p>was there evidence of training in stress reduction techniques? 5. If determined by identified need, was there evidence of training in the acquisition of socially accepted behaviors? 6. If determined by identified need, was there evidence of training staff, family members, roommates, and other appropriate individuals on the implementation of the behavior support plan? 7. Was there evidence of consultation with other provider staff providing services to the individual? 8. Was there evidence that there was a review with Health Service Provider in Psychology (HSPPy)?</p>		<p>the type of behavior management services the Individual receives. Ask the Case Manager to describe the extent of family involvement in defining the Individual's behavioral needs.</p>	<p>roommates or any others providing services to the Individual.</p>
<p>Service Standards: BMS I.B.1 The Individual receives Behavior Management Services in accordance with the Service Standards established by the required Waiver Assurances. 1. Is the Behavior Management/Behavior Program and Counseling reflected in the Plan of Care/Cost Comparison Budget? 2. Did the Behavior Specialist observe the Individual in his/her own milieu and develop a specific plan to address identified issues? 3. Were any behavior supports techniques that limit the Individual's human or civil rights approved by the person centered planning team and the Provider's Human Rights Committee for 24-hour providers? 4. Did the Provider refrain from using any and all aversive techniques? 5. Was the efficacy of the plan reviewed not less than quarterly and</p>	<p>Observe for any signs of restrictiveness in force that might affect the Individual's rights. Determine if the Individual's access to any personal property is prevented.</p>	<p>Ask the Behavior Specialist to describe the methods used to determine the Individual's needs for behavioral management services. Ask the Case Manager and/or the Behavioral Specialist to describe the approval process for a Behavioral Support Plan. Ask the Behavior Specialist to list the persons who receive the quarterly reports.</p>	<p>Review the Behavior Support Plan for all teaching techniques for replacement behaviors and social learning. Review the Behavior Support Plan for any planned rights restrictions. Review any approvals from a human rights committee. Review the BSP for quarterly updates if needed, and all reports completed on a quarterly basis.</p>

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	<p>adjusted as necessary? 6. Did the Behavior Specialist provide a written report to pertinent parties at least quarterly? (Pertinent parties include the Individual, guardian, waiver case manager, all services providers, and other involved entities.)</p>			<p>Review the Individual's POC/CCB for the behavioral needs documentation. Review the document for identification of the appropriate level of clinician. Review the document for the dates and times of service.</p>
<p>Documentation Standards</p>	<p>BMS I.C.1 Behavior Management Services are documented to reflect the Individual's identified needs, the identified level clinician and a behavioral support plan with the information required by Waiver assurances. 1. Have the Individual's needs for behavior management services been documented in the Individual's POC/CCB? 2. Does the Individual's POC/CCB document the identified level clinician? 3. Is there a Behavioral Support Plan present for the Individual? 4. Are the dates and times of the service and the number of units of service delivered with the service type documented?</p>			<p>Review the Individual's POC/CCB for the behavioral needs documentation. Review the document for identification of the appropriate level of clinician. Review the document for the dates and times of service.</p>