**Initiating a Client Referral to COMPANY NAME for Intake:**

When clients are identified to COMPANY NAME (COMPANY ABBREVIATION from hereon), for ABA service referral, an email should be sent to COMPANY NAME’s designated HIPAA secure email address. emailhandle@yourcompanyname.com will serve as the designated email location for all intakes from the GRANT unit. This email address has been established and set up strictly for this purpose. All diagnosis, client information and appropriate HIPPA release forms will be forwarded via this email to COMPANY NAME along with names and contact information of clients and client’s family/caregiver. COMPANY NAME will acknowledge receipt of this email and proceed to contact the parents/caregiver to set up the first appointment to begin the Functional Behavior Assessment process.

Clients who have relevant diagnoses (ASD only) will be processed entirely by COMPANY NAME through our administrative Intake and Billing department. COMPANY NAME Intake coordinators will seek approval with the client’s Private Insurance Providers (Defined as any Third Party Insurance Provider - other than Medicaid or CMS, or a derivative thereof that operates according to Medicaid’s reimbursement rates). Once approval is attained from the Insurance Provider, COMPANY NAME will begin services and invoice the insurance company at COMPANY NAME’s Usual and Customary rates for ABA services. COMPANY NAME will notify the Grant Coordinator for the GRANT’S GRANT Unit of any expected costs remaining for anticipated reimbursement.

Parents will be provided all contact information for the COMPANY NAME administrative team, the COMPANY NAME Behavior Analysts, and for the BCBA-D’s responsible for their case.

**Beginning services:**

Once a referral is received by COMPANY NAME, it will be assigned to one of our BCBA-D’s to begin the Functional Behavior Assessment (FBA from hereon) process and this BCBA-D will obtain all consents from the client’s parent/caregiver to be able to provide services. Once the FBA is completed, COMPANY NAME will communicate in writing to the GRANT Unit Grant Coordinator our recommendation for services, along with all intakes and consents. If approved, the GRANT Unit Grant Coordinator will respond via email to the designated address emailhandle@yourcompanyname.com that COMPANY NAME is to start providing ABA services to the client. During the period COMPANY NAME is awaiting approval, the BCBA-D will assign a BCBA and if needed a BCaBA or RBT to be prepared to start the case.

Once the approval is received by COMPANY NAME, the BCBA-D will schedule a meeting with the family and Behavioral team to familiarize everyone with the plan and establish services. If additional BCBA-D training of the team is required for a very complex case, it must first be recommended and approved in the FBA sent to the GRANT Unit Grant Coordinator. The “initial treatment phase” will consist of the time when the initial BASP is being developed. During that time the PhD’s will work more direct hours with cases to ensure quality treatment protocols are developed. After the initial treatment phase, any alterations to requested hours will be noted and any BCBA hours that can be filled by technicians at lower rates without decreasing treatment efficacy, if not then these technicians will be replaced.

The BCBA-D is the primary person responsible for maintaining oversight of the case, and will conduct a team meeting once every 4-6 weeks with the families and any members of the behavioral team. This oversight will ensure top-quality care is maintained and improvements in client deficits are made as quickly and efficiently as possible.

**Deadlines for COMPANY NAME to meet –**

1. All clients will be contacted within 5 business days of referral from the grant. Any clients whom COMPANY NAME cannot reach within 5 business days will be referred back to GRANT with notations of number of attempts to contact.
2. All FBAs (Functional Behavior Assessments) will be completed within 14 business days of the initial FBA meeting with the families by the BCBA-D.
3. Monthly reports will be produced for all months in which a single date of direct service is provided (except for FBAs). The monthly report will be due on the 5th day of the following month.
4. All BASPs (Behavior Analysis Service Plans) will be completed in their initial draft state by the time the second monthly report is turned in to GRANT. This period of time will comprise the “initial treatment phase”, when PhD’s will be more involved in direct service provision to ensure a strong start to treatment.
5. Quarterly Reports will be provided in lieu of the 3rd, 6th, and 9th monthly reports for clients. They will have the same due dates as the monthly reports, the 5th of the following month.

It is agreed that COMPANY NAME will withhold billing the grant for any hours until files that are out of compliance are provided to the grant for record keeping. At that time, any billing COMPANY NAME was withholding due to being out of compliance with these agreed upon dates, will be submitted.

**BASP Development – Behavior Analysis Service Plan Development:**

The Behavior Analysis Service Plan (BASP from hereon) will be developed by the Lead BCBA and BCBA-D on the case. The only exception here is in those cases where private insurance requires the FBA and the BASP be combined (differences outlined below).

* 1. Behavior Analysis Service Plan (BASP):The Behavior Analyst will create an individualized BASP based on the FBA. The Behavior Analyst will use a systematic, structured, and team-based approach to planning, developing, and implementing behavioral interventions for specific target behaviors of individual clients by including the following in the BASP:
		+ Problem Behaviors: behaviors that are expected to be reduced.
		+ Replacement Behaviors: behaviors that will serve as functional alternative behaviors to the problem behaviors.
		+ Skill Deficits: Areas that need improvement, such as ability to speak, being trained to use the toilet appropriately, or other necessary life skills. Social Skill deficits will be noted here with any appropriate goals needed.
		+ Antecedent Manipulations: preventative strategies that should assist in decreasing the likelihood of the client engaging in problem behaviors based on the function of the problem behaviors.
		+ Skill Building Strategies: detailed description of how to improve skill deficits and reach outlined goals.
		+ Reactive Management Strategies: clear steps that define how to respond and manage problem behaviors.
		+ Procedures for Achieving Generalization: specific strategies to promote replacement behaviors taught explicitly across settings and people.
		+ Data Collection Procedures: methods to objectively measure and document behavior change.
		+ Planned Subsequent Goals once target(s) reached OR Plan for Fading service hours once certain goals are met. Subsequent goals will not have detailed programs written for them until the prerequisite skills are mastered.
		+ BCBA-D, Lead BCBA, BCaBA (if applicable) and RBT contact info.
		+ Due dates of Monthly/Quarterly/Annual reports. An excel spreadsheet will be created for each client containing these dates for reference.
		+ Plan for parent training.
		+ Client availability and schedule for services (can be malleable depending on client’s schedule changes and needs – note known changes in plan).
		+ Must be completed by the due date of the SECOND Monthly report for a client. This means the BASP will be completed 31 to 61 days from date of initial service, depending on when direct services began.

**FOR PRIVATE INSURANCE CASES:**

In order to assist in the cost and ensure the grant doesn’t bear the full burden, Private Insurance agencies will be billed whenever possible in order to recoup any insurance funding and divert cost from the grant.

*FBA/BASP for Private insurance GRANT cases – The BCBA-D will be required to complete both the FBA and BASP in these situations. This is because every private insurance carrier combines the FBA and BASP into one document. There will be no additional charge beyond the singular FBA fee to GRANT in these instances.*

**Requirements for Progress Report Documentation:**

Monthly Reports by LEAD BCBA or BCBA-D

Quarterly Reports by LEAD BCBA or BCBA-D

Annual Reports by LEAD BCBA or BCBA-D

ALL reports must have graphs and summaries of services included in them, with the only exception being the initial monthly report. That must contain at a minimum a summary of services. If enough service provision occurred the initial month, graphical displays will be included.

Monthly reports are due on the 3rd of every month, no exceptions. The first monthly report will be based on the first date of service after approval from GRANT on the FBA’s requested number of hours.

If even one day of services occurs in a month, that counts as the first monthly report and must be completed. If there is no graphical data to display, then simply listing a summary of services so far will be in the first monthly report. *Example: First date of direct service is January 28th, that would mean the first monthly is due February 3rd and should contain information on Jan 28th-31st, even if just a summary of service.*

**NON-ASD Cases**:

For cases where ASD is not a diagnosis, BCBA-D’s can write in additional training time for the first month of services. This should help with training BCBAs on unique, complex, or difficult cases to help establish high quality services. In cases such as this, BCBA-D’s may desire to recommend higher numbers of hours for the initial month or two in order to ensure quality service provision and team preparation. Timeline for fading of these hours must be noted in the FBA.

**Materials for Services:**

Any BCBA who is taking GRANT cases will be required to purchase those materials necessary to provide services according to best practices. This includes assessment books and assessments tools that are needed for the clients. Any BCBAs who take on GRANT cases are expected to bear some personal costs in order to provide top quality treatment. Whether it is materials for an assessment, materials for laminating and creating visual schedules, or materials for token economies, these will be provided by the BCBA on the case.

**Indirect Billable Activities:**

**1.** During the first 30-60 days, the Behavior Analyst will use indirect hours to write the behavior analysis service plan (BASP). The initial copy of the BASP must be completed by the time the second monthly report is due. The BASP will be revised constantly to ensure graphical displays and programs are current. The BASP will be prepared as summarized below:

1. Behavior Analysis Service Plan (BASP):The Behavior Analyst will create an individualized BASP based on the FBA. The Behavior Analyst will use a systematic, structured, and team-based approach to planning, developing, and implementing behavioral interventions for specific target behaviors of individual clients by including the following in the BASP:
	* + Problem Behaviors: behaviors that are expected to be reduced.
		+ Replacement Behaviors: behaviors that will serve as functional alternative behaviors to the problem behaviors.
		+ Skill Deficits: Areas that need improvement, such as ability to speak, being trained to use the toilet appropriately, or other necessary life skills. Social Skill deficits will be noted here with any appropriate goals needed.
		+ Antecedent Manipulations: preventative strategies that should assist in decreasing the likelihood of the client engaging in problem behaviors based on the function of the problem behaviors.
		+ Skill Building Strategies: detailed description of how to improve skill deficits and reach outlined goals.
		+ Reactive Management Strategies: clear steps that define how to respond and manage problem behaviors.
		+ Procedures for Achieving Generalization: specific strategies to promote replacement behaviors taught explicitly across settings and people.
		+ Data Collection Procedures: methods to objectively measure and document behavior change.
		+ Planned Subsequent Goals once target(s) reached OR Plan for Fading service hours once certain goals are met. Subsequent goals will not have detailed programs written for them until the prerequisite skills are mastered.
		+ BCBA-D, Lead BCBA, BCaBA (if applicable) and RBT contact info.
		+ Due dates of BASP/Monthly/Quarterly/Annual reports. An Excel spreadsheet will be created for this.
		+ Plan for parent training.
		+ Client availability and schedule for services (can be malleable depending on client’s schedule changes and needs – note known changes in plan).
		+ Must be completed by the due date of the SECOND Monthly report for a client. This means the BASP will be completed 31 to 61 days from date of initial service, depending on when direct services began.
2. **Behavior Data Collection:** Each client receiving services will have behavior data sheets. Behavior data will be collected as defined in the BASP. The Behavior Analyst will create individual client data sheets based on the client’s behavior protocol. The Behavior Analyst will determine the type of data collection system used to monitor client progress. The goal is to make the collection of data as easy as possible for staff/family members, and to provide the analysts and assistants with consistent systems to collect data themselves. Data sheets are important and are needed to track behavioral progress or lack of progress. They are essential to have for each client who has a BASP so that behavioral goals and objectives can be accurately updated and implemented. Due to the importance of data to this grant, data systems and tracking will be a significant focus of all programming and will be regularly updated or modified to ensure parental fidelity when recording behavior.
3. **Graphing and Analyzing Data:** The Behavior Analyst will be responsible for graphing the data collected by him or herself and/or Parents and anyone else involved in the case. All graphical displays will be completed according to best practices and will be updated weekly and included in monthly, quarterly, and annual reports. Updated graphical displays will also be included in the BASP.
4. **Progress Reports:** The Behavior Analyst will complete monthly and quarterly progress reports and submit them to GRANT administration and families. Monthly reports will contain demographics, data, graphs, and service summaries, as well as graphical displays (except for the first monthly report, which may only contain a summary of service depending on how late in the month services started). Quarterly reports will include: demographic information; a summary of services provided; corresponding graphs with trend lines for target/replacement behaviors; a summary of what the data means (level, trend, variability); and recommendations for the following quarter. An Annual Report will be completed to provide a concise summary and display of the year’s gains and focus for the following quarter pending further approval of ABA therapy.
5. **Physician/Therapist/Staff/Parent Consultation or Training** - **Client Not Present:** The Behavior Analyst can meet with parents of clients or with the treatment team to engage in parent consultation or planning for behavioral strategies. The Behavior Analyst can also provide consultation services as needed. Collaboration with other disciplines is something we are comfortable doing and can assist in the development of treatment goals. We can also aid in receiving OT/SLP/PT or any other medically necessary treatment that is inhibited from occurring by problem behaviors or skill deficits. In addition, the Behavior Analyst can offer support concerning behavioral and instructional strategies to assist in behavioral and/or instructional teaching programs based on peer-reviewed behavior analysis literature (i.e., behavioral strategies). One of these meetings will occur at least once every 4-6 weeks led by the BCBA-D and will include the behavioral team and parent/caregiver. These update meetings ensure that the families are satisfied with the treatment, and assists with guiding the direction of treatment over the upcoming 4-6 weeks of therapy. These meetings also allow the families to maintain regular contact with the BCBA-D and ensure great satisfaction with services. It is billed this way if the client is not present.

**Note on amount of Indirect Billing** – The amount of indirect services available are contingent on the amount of direct services provided by the entire team (BCBA-D, BCBA, BCaBA, BSA/RBT). **The amount of indirect services can never exceed 20% of the total direct hours for services**. This means, if a client receives 20 hours weekly of direct services, then 4 additional hours can be billed for indirect work as long as the indirect work is necessary. If for some reason, the amount of indirect work required exceeds the 20% rule, then that work will be unbillable by the Analyst. BCBA-D’s, BCBAs, and BCaBAs all draw from the same 20% indirect pool of hours. The 20% rule will be calculated semi-annually, as BASPs are written and updated at the beginning of services and at six months, and frequently take the most indirect time due to how comprehensive they are.

**Direct Billable Activities:**

1. **Direct Observation of Clients**: The Behavior Analyst will conduct direct observations in order to:
	1. Observe the antecedents that evoke (bring forth) problem behaviors and the consequences that are maintaining problem behaviors.
	2. Collect data on problem behaviors and replacement behaviors.
	3. Identify and recommend environmental modifications such as: classroom/clinic/house organization, physical environmental factors, and general client management that may positively impact the behavioral and instructional programming for clients.
	4. Monitor client in novel environments to note ways to improve behaviors or see how situations may impact the client.
2. **Probing Behavior and Instructional Procedures:** The Behavior Analyst may find it necessary to probe certain antecedents that might bring forth problem behaviors and/or instructional strategies prior to making an instructional recommendation. Probing behavior and instructional procedures will be directly implemented by the Behavior Analyst. Finally, COMPANY NAME has assessments that they can administer to obtain a client’s present level of performance (PLOP) so that appropriate behavioral and individual goals and objectives (IGO) can be written if not immediately clear.
3. **Direct Training of Client:** The Behavior Analyst will provide direct services to the client. This will be a major component of seeing lasting and effective change. Beyond the parent training on the client’s specific behaviors of concern, a number of individualized interventions that will require implementation by trained behavioral staff will also be utilized for each client. In addition, the Behavior Analyst may provide direct services to a client in a group setting for social skills instruction or another type of ABA group therapy if that is a focus of treatment.
4. **Supervision of Behavioral Team:** The Behavior Analyst will work simultaneously at times with other members of the behavioral treatment team (BCaBA or RBT/Behavior Assistant). This is to ensure programming is followed with fidelity and programs are updated regularly. Supervision will occur throughout the treatment process to ensure service quality is maintained and treatment focus is refined throughout treatment.
5. **GRANT Staff/ Physician/ Therapist/ Parent Consultation or Training:** The Behavior Analyst can meet with parents of clients or with the treatment team to engage in parent consultation or planning of behavior strategies. The Behavior Analyst can also provide consultation services as needed. Collaboration with other disciplines is something we are comfortable doing and can assist in the development of treatment goals. We can also aid in receiving OT/SLP/PT or any other medically necessary treatment that is inhibited from occurring by problem behaviors or skill deficits. In addition, the Behavior Analyst can offer support concerning behavioral and instructional strategies to assist in behavioral and/or instructional teaching programs based on peer-reviewed behavior analysis literature (i.e., behavioral strategies). One of these meetings will occur at least once every 4-6 weeks led by the BCBA-D and will include the behavioral team and parent.

**SOP Flow Chart:**

Client Referral from GRANT 🡪 FBA completed by BCBA-D (Request hours, determine skill assessment, determine targets for Increase and Decrease – Establish Team) 🡪 Approval from GRANT 🡪 BCBA-D meeting with family and team 🡪 Begin services 🡪 Create Data Sheets for targets for increase and decrease 🡪 Begin Skill assessments and creation of reduction protocols 🡪 Determine ongoing schedule with family 🡪 BCBA-D /BCBA train assistants and/or BCaBAs on finalized protocols 🡪 Maintain services, update programs, complete reports on time 🡪 BCBA-D has meeting with family and team every 4-6 weeks to maintain contact with families, ensure top quality services, and facilitate greater improvements.

**Billing in Units**:

COMPANY NAME’s contract utilizes the same unit ratio as private insurance. Meaning that one unit equates to 30 minutes of services. In order to qualify to bill for a unit of service, at least 16 minutes of service are required. Example, BCBA works from 1pm-3:46pm. This would qualify as 6 units of service.

**Progress note completion**:

All GRANT clients will have Daily Progress Notes (DPNs from hereon)which will be completed and sent to GRANT along with invoices. The appropriate DPN templates have been created and are attached for your record.

**Planned Audit**:

Due to the size and scope of this contract, a planned audit was written in to ensure proper record keeping compliance. For our part, COMPANY NAME is requiring that all Analysts keep their files up to date in order to be promptly paid for services rendered. If any files are found to be out of compliance, then COMPANY NAME will require Analysts to complete the items that are lacking or incorrectly completed in order to receive payment for services. COMPANY NAME agrees not to bill the grant for any hours completed while files are not in compliance with the above agreed terms until the requisite files are completed. At that point any hours COMPANY NAME has not submitted due to paperwork found to be out of compliance with these terms will be submitted for billing. This Audit will be completed internally at least once a quarter, and the results will be provided to GRANT to ensure all files are current for GRANT’s records.

For Private Insurance clients for whom COMPANY NAME is billing Private Insurance first, the paperwork audit will be based on the start of service date according to the Private Insurance provider. Any variations in paperwork requirement will be audited according to the standards of the Private Insurance carrier being billed, and not the above stated grant based guidelines. This is necessary because when billing for ABA services through the Private Insurance carriers, it is imperative that COMPANY NAME operate according to their required standards. Failing to do so can result in the interruption or cancellation of ABA services.

**Billing:**

All GRANT billing will occur on the same bi-weekly basis we utilize for all clients. Payment for services billed will be schedule for every 2 weeks. All billing will be by invoice and include spreadsheets containing: all client’s pertinent data; dates of service; number of billable units by date; and provider level (BCBA-D, BCBA, BCaBA, RBT); rates for services; any third party insurance adjustments; and total amount billed by client. Additionally, all DPNs will be sent for services provided.

**Template for DPN:**

|  |  |
| --- | --- |
| Client Name:  | Date of Service:  |
| Time In:  | Time Out:  |
| Type of Provider:  |
| The following ***DIRECT or INDIRECT*** service(s) were conducted on the above date: (please check one) |
| **DIRECT** | **INDIRECT** |
| [ ]  Direct Observation of Client | [ ]  BASP Development/ Revisions |
| [ ]  Direct Training of Client | [ ]  Graphing and Analyzing Data |
| [ ]  Probing Behavior and Instructional Procedures | [ ]  Behavior Data Collection Development or revision |
| [ ]  Supervision/Training of Behavioral Team by Lead BCBA or BCBA-D | [ ]  Physician/Therapist/Staff/Parent Consultation or Training – Client not present |
| [ ]  Physician/Therapist/Staff/Parent Consultation or Training  | [ ]  Progress Report Development |
|  |  |
|  |  |
| [ ]  FBA – Functional Behavioral Assessment |  |

Summary of Service / Progress Towards Goals / Caregiver Proficiency / Staff Monitoring:

Clinician Signature and Credentials: Date: