

Contract Code: 1733 Behavior Support and Counseling Services

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COUNSELING SERVICES

I. Services. The Contractor shall provide counseling services to DDD and/or to family members of the client as Staff/Family Training and Consultation, as approved by DDD. Counseling services may include individual, family, and group counseling/therapy, specialized cognitive counseling, cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), social skills training, and staff/caregiver training and consultation as identified in the client's Individual Support Plan (ISP). The Contractor shall provide one or more of the following services as required by DSHS:

a. **Assessment and Evaluation:** Assess and evaluate individuals for treatment. Submit a written assessment and evaluation to the client's DDD Case Resource Manager (CRM) within sixty (60) calendar days of the referral request, or sooner if deemed necessary by DSHS. Such report shall include at least the following:

- (1) The assessment and evaluation process used, including a list of any psychometric tests administered and a summary of the results of the testing;
- (2) A summary of the client's presenting issues;
- (3) Recommendations for treatment or therapy if indicated or as requested; and
- (4) Other information as requested by the DDD CRM.

b. **Conduct Counseling Sessions:** Counseling sessions may address a variety of topics, based upon the client's issues and the assessment and evaluation performed by the Contractor. Counseling may be individual, group or family, depending upon the needs of the client.

c. **Develop Client Treatment Plans:** For clients receiving counseling services beyond Assessment and Evaluation, the Contractor shall develop and implement a written individualized Treatment Plan for each client that includes the following, at a minimum:

- (1) Specific time-limited measurable goals and objectives based upon assessment/evaluation data;
- (2) Specific therapeutic services proposed, including frequency and duration of services and treatment methods to be used;
- (3) Recommendations for supervision and any other restrictions and/or restrictive procedures, if requested, as long as such procedures are within the scope of acceptable practice as defined by the published policies of DDD (see Exhibit C – DDD Policies);
- (4) A description of how client progress will be assessed; and
- (5) Treatment discharge criteria.
- (6) Submit a typed Treatment Plan to the client's DDD CRM within thirty days (30) of initiating counseling services.

d. Update the Treatment Plan and submit it to the DDD CRM whenever:

- (1) There is a significant change in the client's overall functioning and/or behavior;
- (2) Treatment goals and/or services are changed; and/or
- (3) As requested by the DDD CRM.

e. Conduct Follow-up Evaluations, as requested by DSHS, for clients previously evaluated, including rendering any additional DSM diagnostic hypotheses and related treatment recommendations.

f. Submit Quarterly Progress Reports that summarize client progress and services (see section x, Reports, for specific requirements).

g. Staff/Family Consultation and Training: Professional assistance to families or direct service providers to help them meet the needs of the client as outlined in the Individual Support Plan, including:

- (1) Health and medication monitoring;
- (2) Basic and advanced instructional techniques;
- (3) Positive Behavior Support;
- (4) Disability information and education;
- (5) Strategies for effectively and therapeutically interacting with the client;
- (6) Environmental consultation;
- (7) Consultation with potential referral resources as needed; and
- (8) Therapeutic techniques to assist a client, family, or a contracted service provider who is providing services to the client, in the amelioration or adjustment of client mental, emotional, or behavioral problems.

h. The Contractor may also do the following as requested by DDD:

- (1) Telephone consultation regarding emergency situations, such as significant incidents or suicide risks;
- (2) Case consultation with DSHS staff; and
- (3) Attend and participate in the client's team meetings, if requested by the DDD CRM.

II. Reports

a. Submit a typed Assessment and Evaluation to the client's DDD CRM within sixty (60) days calendar days of the referral request, or sooner if deemed necessary by DDD.

b. Submit a typed Treatment Plan to the client's DDD CRM within thirty (30) days of initiating individual, group, or family counseling services.

c. Progress Report Requirements:

(1) The Contractor shall provide a written report regarding client progress and services to the DDD CRM at least quarterly or more frequently if deemed necessary by DDD.

(2) Progress Reports shall include the following information, at a minimum:

(a) Identified treatment goals and objectives;

(b) Current treatment/behavioral strategies;

(c) Any new issues (e.g., problems and/or incidents since the previous quarter);

(d) Summary of the client's progress towards achieving the treatment/behavioral goals and objectives in measurable terms;

(e) Description of the types of service provided;

(f) Specific service dates and times during the previous ninety (90) days;

(g) Total number of hours services provided; and

(h) Changes or recommended changes in the Treatment Plan, as applicable. If the Treatment Plan has been revised since the previous quarter, it must be attached to the quarterly progress report.

d. Provide a copy of the Contractor's client therapy notes to the DDD CRM as requested by DDD.

III. Termination of Services

Upon notice to terminate services, the Contractor shall submit to the DDD CRM within thirty (30) days a typed Treatment Summary Report for each client receiving services from the Contractor. The Treatment Summary Report shall describe the following, at a minimum:

a. The client's current status;

b. Client progress towards achieving treatment goals; and

c. Reason(s) for termination.

IV. Payment Schedule (Example)

SERVICE TYPE	COUNSELOR Licensed	COUNSELOR Agency Affiliated or Certified
Client Team meeting attendance & participation	\$ /hour	\$ /hour
Special consultation and/or training with DDD staff, family, contracted service providers (see SOW). <u>Note:</u> Telephone consultation must be pre- approved.	\$ /hour	\$ /hour
Assessment/evaluation (see SOW)	\$ /hour	\$ /hour
Individual therapy session (45-60 minutes)	\$ /hour	\$ /hour
Group therapy session (45-60 minutes)	\$ /hour	\$ /hour
Couples/family therapy session (45-60 minutes)	\$ /hour	\$ /hour

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Statement of Work

BEHAVIOR SPECIALIST AND BEHAVIOR TECHNICIAN SERVICES

I. Services.

The Contractor shall provide one or more of the following intensive behavior support services to DDD clients:

a. Behavior Support Services

(1) Behavior support services include the development of individualized strategies for effectively relating to caregivers and other people in the client's life and direct interventions with the client to decrease aggressive, destructive, and other challenging behaviors that interfere with a client's ability to have positive life experiences and form and maintain relationships.

(2) The Contractor shall provide one or more of the following positive behavior support services as required by DSHS:

(a) Conduct and write a Functional Assessment (FA) of the person's challenging behavior(s) in order to determine the antecedents, predictors, and functions (purpose) of the behavior(s) (see Exhibit C for sample form); and

(b) Develop and write a Positive Behavior Support Plan (PBSP) based upon the findings of the Functional Assessment (see Exhibit C for sample form);

(c) Submit the typed FA and PBSP to the DDD Case Resource Manager (CRM) within 60 days of the referral request, or sooner if requested by DDD;

(d) Train staff and/or caregivers in implementation of the PBSP;

(e) Amend the FA and/or PBSP as required based upon data collection and analysis;

(f) Conduct Quarterly Progress Reports that summarize client progress and services (see section 3, Reports, for specific requirements).

(3) The FA and PBSP must follow the requirements described in DDD Policy 5.14, Positive Behavior Support; Policy 5.15, Use of Restrictive Procedures; Policy 5.17, Physical Intervention Techniques; Policy 5.19, Positive Behavior Support for Children and Youth; Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth; and other applicable DDD policies (see Exhibit C for policies). Providers are expected to support families to use nonrestrictive alternative methods and track the reduction or elimination of restrictive procedures used by family members over time.

(a) Treatment modalities/behavioral strategies must be evidence-based and driven by individual outcome data. The following components must be addressed, at a minimum:

i. The FA must address the overall quality of the person's life; factors that increase the likelihood of both challenging and positive alternative behaviors;

underlying physical and/or mental health conditions; and hypotheses regarding the function or purpose of the challenging behaviors.

ii. The PBSP must be based upon the FA and include:

(A) Recommendations for improving the person's overall quality of life;

(B) Recommendations to include therapeutically appropriate activities in the person's day and specific prevention strategies intended to reduce or eliminate the occurrence of the challenging behaviors;

(C) Teaching methods and environmental changes designed to decrease the effectiveness of the challenging behavior and increase the effectiveness of positive alternative behavior in achieving desired outcomes;

(D) Recommendations for treating mental or physical health symptoms; and

(E) Specific instructions for staff and caregivers in how to respond to the person when the challenging behaviors occur.

(b) Behavioral support strategies must be individualized and should be coordinated across all environments (e.g., home, school, work) to promote a consistent approach among all involved persons, unless otherwise requested by DDD.

(4) Treatment goals must be objective and measurable. The goals must relate to an increase in skill development and a resulting decrease in challenging behaviors that impede quality of life for the client and their family.

(5) Telephone consultations shall be limited and may be of two types:

(a) Regarding emergency situations such as suicide risks or other crisis situations; or

(b) As preapproved by DDD, telephone consultation with client and family members in order to meet the needs of clients living in rural areas of the state or as a part of a plan to reduce services.

(6) Case consultation with DSHS staff and discussion of mental health issues, as necessary within the limits of confidentiality, with the client's relatives, legal representative, or caregivers.

(7) Attendance at the client's team meetings, as requested by DDD.

b. Staff/Family Consultation and Training.

Professional assistance to families or direct service providers to help them meet the needs of the client as outlined in the Individual Support Plan, including:

(1) Health and medication monitoring;

(2) Basic and advanced instructional techniques;

- (3) Positive behavior support;
- (4) Disability information and education;
- (5) Strategies for effectively and therapeutically interacting with the client;
- (6) Environmental consultation;
- (7) Consultation with potential referral resources as needed; and
- (8) Therapeutic techniques to assist a client, family, or a contracted service provider who is providing services to the client, in the amelioration or adjustment of client mental, emotional, or behavioral problems.

II. Reports.

a. Functional Behavioral Assessment (FA).

- (1) The Contractor shall conduct a Functional Behavioral Assessment (FA) of challenging behaviors that interfere with a client's ability to have positive life experiences and form and maintain relationships. Sufficient data shall be collected to develop an initial Positive Behavior Support Plan, with particular consideration of any immediate interventions that may be needed to ensure the client's safety, and the health and safety of others in the home.
- (2) A written FA must be conducted and submitted to DDD for review and/or approval within sixty (60) days of referral to Contractor.
- (3) The Contractor will follow the guidelines for conducting FAs outlined in DDD Policy 5.14. The Contractor may choose to use the sample form (see Exhibit C, DDD Policies and Forms) or write a narrative report, as long as all components are covered.

b. Positive Behavior Support Plan (PBSP).

- (1) The Contractor shall develop an individualized Positive Behavior Support Plan, with particular consideration of any immediate interventions that may be needed to ensure the client's safety, and the health and safety of others in the home. The PBSP shall include an emphasis on strategies to increase positive behavior and to develop or enhance skills, following the guidelines outlined in DDD Policy 5.14.
- (2) A written PBSP must be conducted and submitted to DDD for review and/or approval within sixty (60) days of referral to Contractor.
- (3) The Contractor will follow the guidelines for writing PBSPs in DDD Policy 5.14. The Contractor may choose to use the sample form (see Exhibit C, DDD Policies and Forms) or write a narrative report, as long as all components are covered.
- (4) An Incident Report per DDD Policy 12.01, Incident Management, is required if the use of restraint and/or restrictive procedure occurs in an emergency situation (see Exhibit C, DDD Policies and Forms).

(5) PBSPs should be implemented immediately upon review and/or approval by DDD.

(6) PBSP data must be collected at least weekly, and reviewed at least monthly. Data must be collected, reviewed, and reported as specified in the PBSP.

(7) The Contractor shall update the PBSP and submit it to the DDD CRM whenever:

(a) The data indicates the challenging behavior has not decreased within a period of three (3) not to exceed six (6) months following implementation;

(b) There is a significant change in the client's medical or mental health status, overall functioning, and/or challenging behavior;

(c) Treatment goals, services, or recommendations for supervision are changed; and/or

(d) Requested by DDD.

c. Progress Report Requirements:

(1) The Contractor shall provide a written report regarding client progress and services to the DDD CRM at least quarterly or more frequently if deemed necessary by DDD.

(2) Progress Reports shall include the following information, at a minimum:

(a) Identified treatment goals and objectives;

(b) Current treatment/behavioral strategies;

(c) Any new issues (e.g., problems and/or incidents since the previous quarter);

(d) Summary of the client's progress towards achieving the treatment/behavioral goals and objectives in measurable terms;

(e) Description of the types of service provided;

(f) Specific service dates and times during the previous ninety (90) days;

(g) Total number of hours services provided; and

(h) Changes or recommended changes in the FA and/or PBSP, as applicable. If the FA or PBSP has been revised since the previous quarter, it must be attached to the quarterly progress report.

(i) Maintain an ongoing, updated professional record of a client's treatment progress.

d. Data Collection and Analysis.

Analysis of the PBSP and outcomes will include data tracking sheets and/or graphs showing increase or decrease in targeted and replacement behaviors. Tracking should include data collected on at least a weekly basis.

e. Collaboration.

(1) The Contractor is considered part of the client’s team and as such will be expected to contribute to all team meetings as requested by the DDD CRM. This may include support team meetings, as scheduled by the client’s team and/or Individual Education Plan (IEP) team meetings.

(2) The Contractor is expected to collaborate with other support people involved in the client’s life, including but not limited to family, caregivers, school, mental health, physicians and therapists.

III. Payment Schedule (Example)

SERVICE TYPE	BEHAVIOR SPECIALIST Doctoral Level	BEHAVIOR SPECIALIST Master’s Level	BEHAVIOR TECHNICIAN Master’s Level	BEHAVIOR TECHNICIAN Bachelor’s Level	BEHAVIOR TECHNICIAN HS Diploma or GED
Conduct Functional Assessment (FA), develop Positive Behavior Support Plan (PBSP), conduct implementation training, amend FA/PBSP (see SOW) Data analysis and progress reports (maximum = 2 hours per quarter)	\$ /hour	\$ /hour	n/a	n/a	n/a
Implement PBSP; model techniques to family, in-home providers, school, and other providers as directed by Behavior Specialist	n/a	n/a	\$45/hour	\$35/hour	\$25/hour
Client Team meeting attendance & participation	\$ /hour	\$ /hour	\$45/hour	\$35/hour	\$25/hour
Special consultation and/or training with DDD staff, family, contracted service providers (see SOW). <u>Note:</u> Telephone consultation must be pre-approved.	\$ /hour	\$ /hour	n/a	n/a	n/a