
Applied Behavior Analysis Outcomes in a Group Home Setting

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Objectives

- Discuss the evolution of Grafton's ABA program
- Understand the levels of care within Grafton's Community Based Group Homes
- Given the funding rules, discuss how behavior therapy fits in?
- Look at some outcomes
- Discuss some challenges and forward looking ideas



Grafton's Continuum of Care and the Development of ABA Services

- A Brief Story of Ruth Birch and Grafton
- Community Based Group Home Services



Grafton's Continuum of Care and the Development of ABA Services

- Applied Behavior Analysis (ABA) Intentions
 - Legislation and Momentum
 - Insurance Mandate, CMS Mandate, and Medicaid Coverage
 - In-Home Services for Children
- Applied Behavior Analysis (ABA) Interest and Growth
 - Therapeutic Consultation for Adults
 - Third Party Consultation and Classroom Oversight
 - Dedicated ABA Classrooms



Applied Behavior Analysis (ABA) Interest and Growth

- Early Intervention through Part C
- Dementia
- TBI
- Grants and Research
- ABA as a Related Service within Core Grafton Services
 - Educational Services
 - Consultation
 - Group Home Supports



The Past

Grafton's Community Based Group Homes were considered to be a Level C care environment due to the acuity of our population



Residential Treatment Center (RTC) Level C

- A 24-hour-per-day specialized form of:
 - Highly organized,
 - Intensive, and
 - Planned therapeutic interventions
- Utilized to treat severe:
 - Mental,
 - Emotional, and
 - Behavioral disorders.



Residential Treatment Center (RTC) Level C

- A modality designed to deliver specified results for a defined group of problems for children or adolescents under the age of 21 for whom:
 - Outpatient day treatment or other less intrusive levels of care are not appropriate,
 - Child-specific care and treatment planning is required, and
 - A protected, structured milieu is ***medically necessary*** for an extended period of time.



Residential Treatment Center (RTC) Level C

- The services provide are:
 - Highly organized and intensive services;
 - Planned therapeutic interventions;
 - Provided on-site, including academic programming; AND
 - Physician-directed mental health treatment.
- ABA was only authorized as a support service that could be used to transition individuals into lesser restrictive environment



Clarification on How that Works

- Behavior Therapy services through Medicaid under Early and Periodic Screening, and Diagnosis and Treatment (EPSDT) could be used to facilitate treatment after the transition to home from an out-of-home placement when services more intensive than outpatient care was required for the transition to be successful.
 - Behavior Therapy *was* defined to include Applied Behavior Analysis (ABA) and Intensive In-Home (IIH) services
- Time for an ABA detour ...



EPSDT Behavioral Therapy

- This service is covered by DMAS because:
 - Any treatment service which is not otherwise covered under the State's Plan for Medical Assistance can be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by the Department of Medical Assistance Services (DMAS) or its agent as *medically necessary*.
- Board of Medicine Oversight



Board of Medicine Oversight

- EPSDT Behavioral Therapy must be provided by either:
 - An LMHP acting within the scope of their practice
 - An LBA
 - An LABA under the supervision of a LBA or
 - Personnel under the supervision of a LBA or LABA in accordance with 18VAC85-150-10 et seq. of the Virginia Board of Medicine regulations.



ELIGIBILITY CRITERIA

EPSDT Behavioral Therapy

- May be provided to persons with developmental or intellectual delays.
- Children must exhibit intensive behavioral challenges to be authorized for services.
- Under 21 years of age and enrolled in Medicaid
- Have a medical need identified by the child's physician, nurse practitioner, or physician assistant through an inter-periodic/problem-focused visit or an EPSDT screening/well-child visit.



NECESSITY CRITERIA

EPSDT Behavioral Therapy

- The individual must be medically stable to benefit from treatment at this level of care;
- The individual must have a current psychiatric diagnosis as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) that is relevant to the need for behavioral therapy or have a provisional psychiatric diagnosis as developed by an LMHP when no definitive diagnosis has been made;



NECESSITY CRITERIA

EPSDT Behavioral Therapy

- The individual must meet at least two of the following criteria on a continuing or intermittent basis:
 - Non-verbal or limited functional communication and pragmatic language, unintelligible or echolalic speech, impairment in receptive and/or expressive language.
 - Severe impairment in social interaction /social reasoning /social reciprocity/ and interpersonal relatedness.
 - Frequent intense behavioral outbursts that are self-injurious or aggressive towards others.
 - Disruptive obsessive, repetitive, or ritualized behaviors.
 - Difficulty with sensory integration;



ELIGIBILITY CRITERIA - EPSDT Behavioral Therapy

- Treatment that cannot be provided by another program or a lower level of care/service
- Less intensive treatment modalities have been ruled out, or have been unsuccessful in effectively modifying the target behavior
- The individual must be willing to participate
- Family and caregivers lack the skills needed to effectively manage the individual's behaviors in the home environment and training is necessary
- At least one family member or caregiver must be able to participate



EPSDT Behavioral Therapy

So how is ABA defined?

- ABA is the practice of behavior analysis as established by the Virginia Board of Medicine in § 54.1-2900 as:
 - The design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences,
 - To produce socially significant improvement in human behavior,
 - Including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.



EPSDT Behavioral Therapy

- Systematic interventions provided by licensed practitioners within their scope of practice
- Designed to enhance communication skills and decrease maladaptive patterns of behavior which, if left untreated, could lead to more complex problems and the need for a greater or a more restrictive level of care.
- For individuals in the *home*



EPSDT Behavioral Therapy “HOME”

- The service goal is to ensure the individual’s family is trained to effectively manage the individual’s behavior in the home using behavioral modification strategies.
- Home is the *family residence* and includes:
 - A child living with natural parents,
 - A child living with adoptive parents,
 - A child living with relatives,
 - A child living with a guardian,
 - A child living in the family residence of the child’s permanent *foster care* placement
 - A child living in the family residence of the child’s temporary *foster care* placement
 - A child living in the family residence of the child’s permanent *pre-adoption placement*
 - A child living in the family residence of the child’s temporary *pre-adoption placement*



SERVICE DESCRIPTION

EPSDT Behavioral Therapy

- Family involvement in therapy is meant to increase the child's adaptive functioning by training the family in effective methods of behavioral modification strategies.
- Direct family involvement in the treatment program is required but the amount of direct interaction with the treatment provider will vary according to the clinical necessity and progress as documented.



SERVICE DESCRIPTION

EPSDT Behavioral Therapy

- Therapy services are provided within the everyday routines and activities in which families participate, and in places where the family would typically be so that their daily life is supported.
- At times it may be necessary and appropriate to provide therapy services in an “atypical” or “alternative” location.
 - This would apply when the **home** environment is not safe for the therapist, or when helping the individual to manage maladaptive behaviors outside the home in community settings.



SERVICE DESCRIPTION

EPSDT Behavioral Therapy

- Used to increase appropriate social /communicative interactions and pivotal responses within a social framework.
- Increase adaptive functioning and produce beneficial changes in pivotal responses that result in more widespread behavioral change across a number of other non-targeted behaviors.
- Behavioral therapy must be coordinated with other medical services to effectively increase adaptive functioning.
- Services such as speech-language pathology services, occupational therapy or psychiatric care must be coordinated with and integrated with the behavioral therapy plan.



SERVICE DESCRIPTION

EPSDT Behavioral Therapy

- **TRANSITION**

- Behavioral therapy may be used to facilitate the transition home from an *out-of-home* placement when services more intensive than outpatient clinic care are required for the transition to be successful.

- **“Out-Of-Home” Defined:**

- Level A or Level B Group Home
- Regular or Treatment Foster Home
- Level C Residential Facility
- Emergency shelter
- Psychiatric hospitalization
- Juvenile Justice / Incarceration Placement



COVERED SERVICES

- Development of initial and updated ISPs, Assessments, and Treatment Plans
- Supervision and delegation activities by LBA
- Behavioral training to increase the individual's adaptive functioning and communication skills;
- Training of family members to improve the child's adaptive skills in the home and community;
- Documentation and analysis of quantifiable behavioral data related to treatment objectives;
- Behavioral modification services and direct consultation by the LBA or LABA with direct services staff



LIMITATIONS

- Assessments are allowed for up to 5 hours per child and must be done face-to-face
- All treatment service hours require service authorization
- Supportive services in a school setting.
- Children who meet the eligibility requirements to receive Community Mental Health Rehabilitation (CMHRS) are not eligible for EPSDT Behavioral Therapy.



Community Mental Health Rehabilitation (CMHRS) Services

- Therapeutic Day Treatment for Children and Adolescents
- Community-Based Residential Services for Children and Adolescents Under 21(Level A)
- Therapeutic Behavioral Services (Level B)
- Day Treatment/Partial Hospitalization
- Psychosocial Rehabilitation
- Crisis Intervention
- Intensive Community Treatment
- Crisis Stabilization
- And more...



The Almost Present

It was then Deemed that Grafton's Community Based Group Homes were more of a Level B Care Environment, then a Level C Care Environment



Therapeutic Behavioral Services

Level B: Service Definition

- Therapeutic Behavioral Services for Children and Adolescents under 21
- A combination of therapeutic services that provide *structure* to ensure the attainment of therapeutic mental health goals as identified in the ISP:
 - Daily activities,
 - Psycho-education,
 - Therapeutic supervision and treatment, and
 - Mental health care
- The individual must also receive individual and group psychotherapy services, at least weekly, in addition to therapeutic residential services.



Therapeutic Behavioral Services Level B: Eligibility Criteria

- Individuals qualifying for this service must demonstrate *medical necessity* for the service arising from a condition due to:
 - Mental, behavioral, or emotional illness,
 - Which results in significant functional impairments in major life activities in the home, school, at work, or in the community.
- The service must reasonably be expected to improve the individual's condition or prevent regression so that the services will no longer be needed.



Therapeutic Behavioral Services Level B: Eligibility Criteria

- The individual is medically stable, but needs intervention to comply with mental health treatment; AND
- The individual's needs cannot be met with a less intense service; AND
- An assessment demonstrates at least two areas of moderate impairment in major life activities.



Staffing for Level B

- To assist in assuring client *safety*, the agency must provide adequate supervision of individuals at all times, including off campus activities.
 - The staff ratio must be at least 1 staff to 4 children during the day
 - At least 1 staff to 8 children while the children/adolescents are scheduled to be asleep



Continued Stay Criteria for Level B

- Service authorization through Magellan
- A qualified mental health provider (QMHP) must re-assess for medical necessity and a licensed mental health provider (LMHP) must sign off
- Daily documentation of individualized supervision and structure to minimize the occurrence of behavioral issues
- Movement toward stated goals and objectives



Continued Stay Criteria for Level B

- Psycho-educational programming that includes, but is not limited to development or maintenance of:
 - Daily living skills,
 - Anger management,
 - Social skills,
 - Family living skills,
 - Communication skills, and
 - Stress management.
- Psycho-education refers to education on mental health topics to improve the individual's behavioral, mental, or emotional condition.



Continued Stay Criteria for Level B

- The individual must participate in seven (7) psycho-educational activities per week.
- In addition to the residential services, the individual must receive at least weekly, individual psychotherapy that is provided by a LMHP.
- Family psychotherapy may also to be provided if there is continued family involvement.
- Individuals must also receive group psychotherapy that is provided as part of the program.



The Present

It was Decided that Grafton's Community Based Group Homes are to be treated as a Level B Care Environment under a Specialized Contract Agreement Based on the Population Served

- Grafton is working with stakeholders in Medicaid to develop a manual to expand the model



Level B Specialized Contract Agreement

- Meet the requirements listed in the Community Mental Health Rehabilitation Manual specific to Level B Group Homes with the specialized adaptations.
 - Documentation for continuation requests under EPSDT must include an updated comprehensive individual service plan signed by a physician, nurse practitioner or physician assistant as well as a licensed mental health provider.
 - An updated clinical summary must also accompany the request for continuation of coverage that includes updated plans for preparing member for discharge to a lower level of care as appropriate.



Level B

Specialized Contract Agreement

- Psychotherapy (Individual, Group, and Family) is only provided when clinically indicated in the plan of care and the client can actively participate in this level of treatment.
- Clients who are not able to participate in verbal therapy will receive behavior modification treatment sessions as medically indicated in the plan of care.



Included Per Diem Services

- Interdisciplinary treatment including behavioral modification therapies
- Discharge planning
- Nursing
- Behavioral support counselors
- Equipment necessary to implement the treatment program
- Clinical Supervision related to the treatment plan
- Case Management
- Treatment Team Activity



Excluded Per Diem Services

- Any general medical needs not addressed in the per Diem services
- Durable medical equipment or non-routine medical supplies
- Medical consultation and diagnostic testing outside of the treatment facility
- Any other service not specifically noted as included within the Inclusive Per Diem services listed above
- Psychotropic medications, as evaluated and physician ordered
- Professional services



What Grafton Wanted to Do

- Redefine “HOME” to include a community based group home
- Increase the amount of direct individual services provided by EPSDT Behavior Therapy for the ID/DD populations, AND
- Provide and integrated clinical structure based on medical necessity
 - ABA Philosophy vs. Practice



Results to Coverage Inquiry

- Providing ABA Services in a Level B Care Environment is:
 - A locality decision that is child specific and distinctly defined as an add-on service



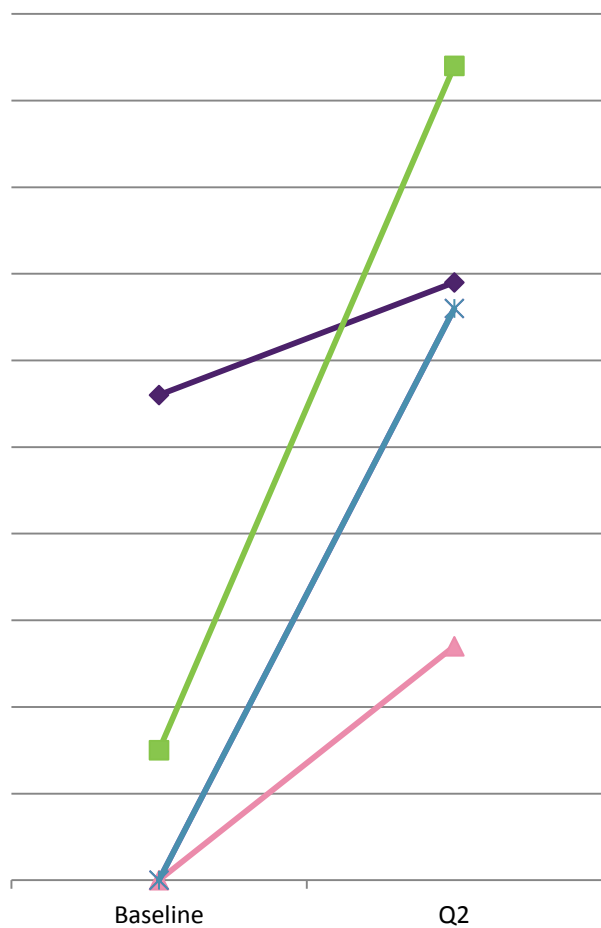
What Grafton Did

- 940 Group Home
 - Concentrated population of clients with approved ABA services
 - QMHP that is a BCBA
 - Integrated Behavior Specialists under the supervision of a BCBA
 - RBT trained residential instructors
- The world of insurance leaves some doors open
- Now let's look at some outcomes



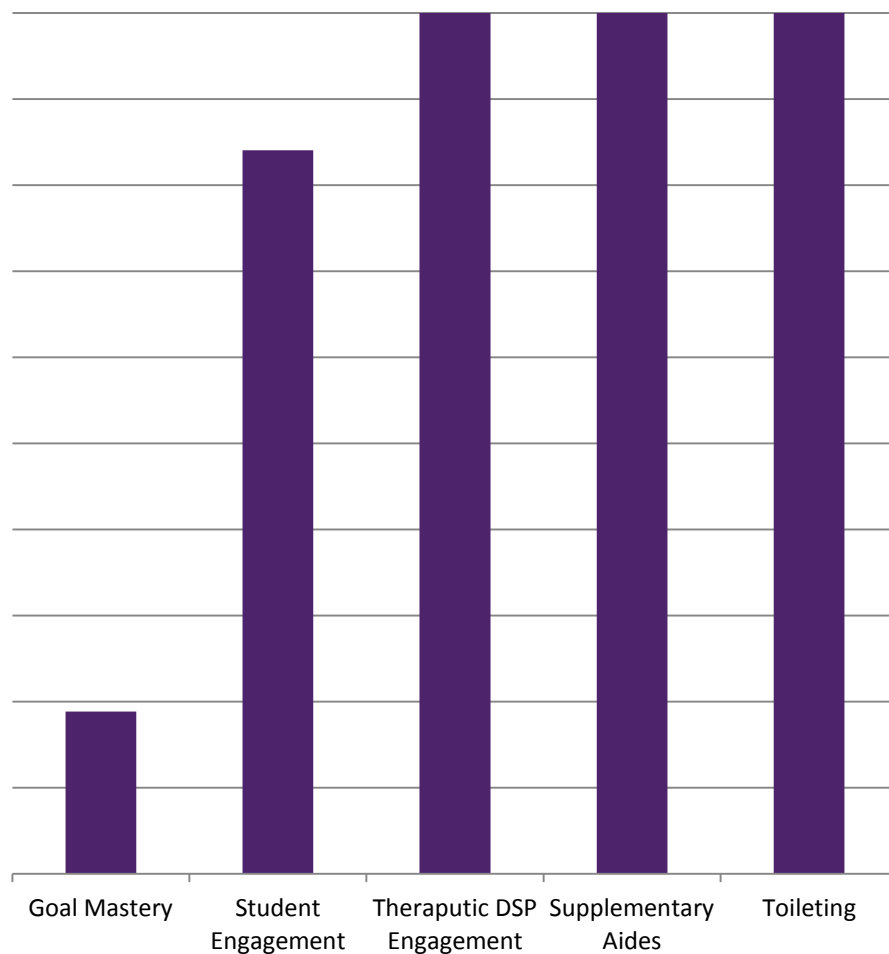
Overall GH Outcomes

Percentages



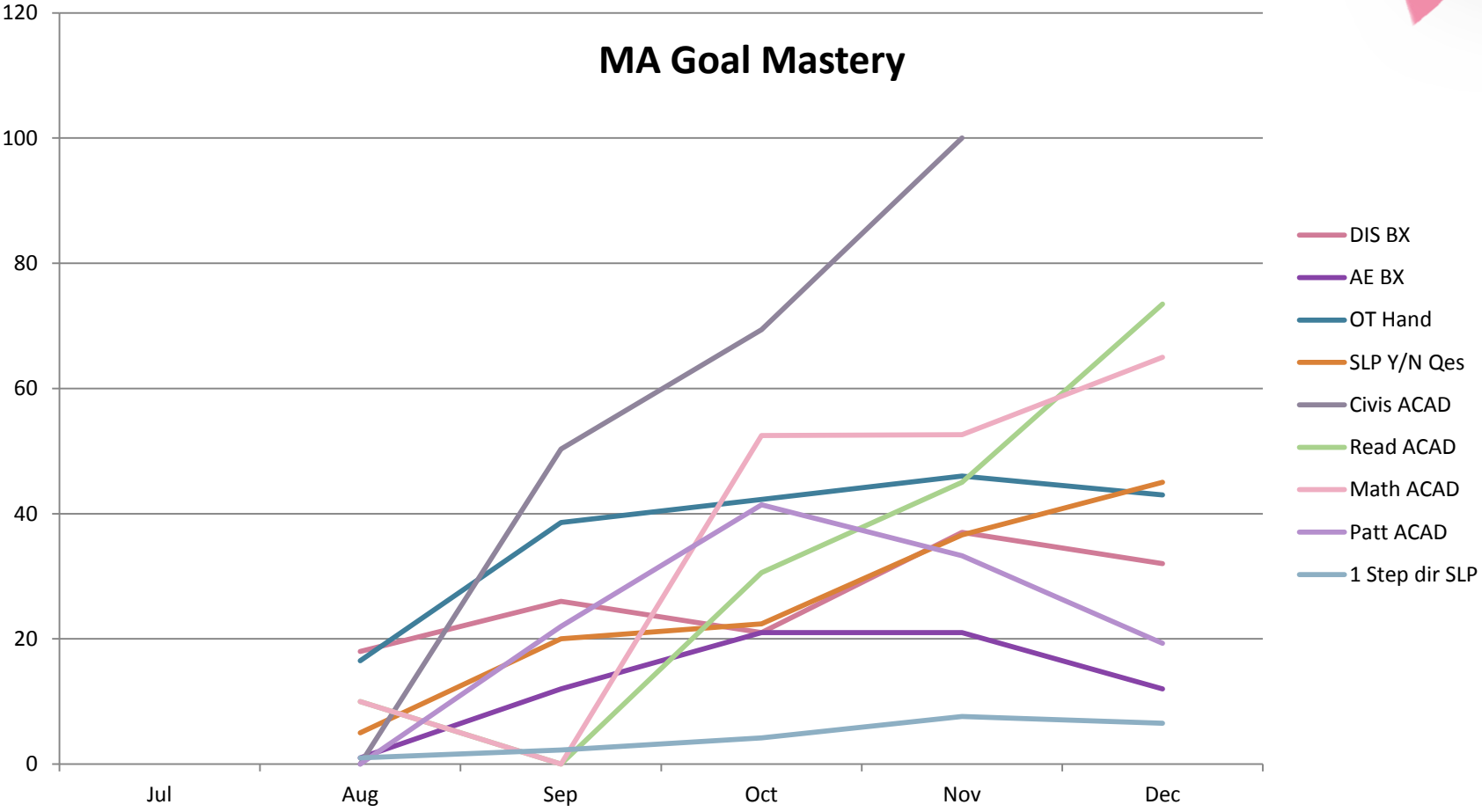
- ◆ Goal Mastery
- Student Engagement
- ▲ Therapeutic DSP Engagement
- ✕ Supplementary Aides
- ✕ Toileting

Percentage Increases



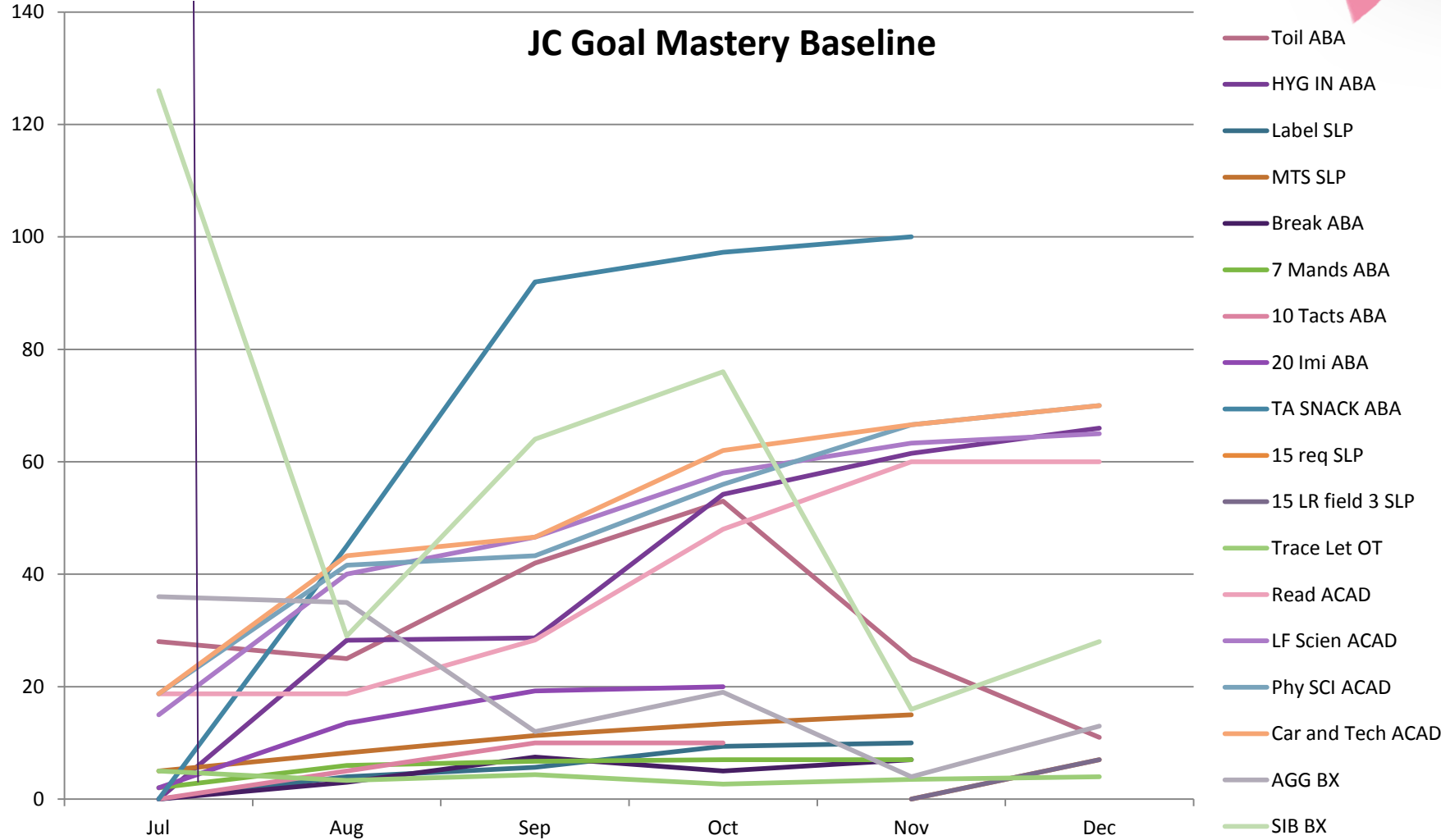


Individual Case Studies



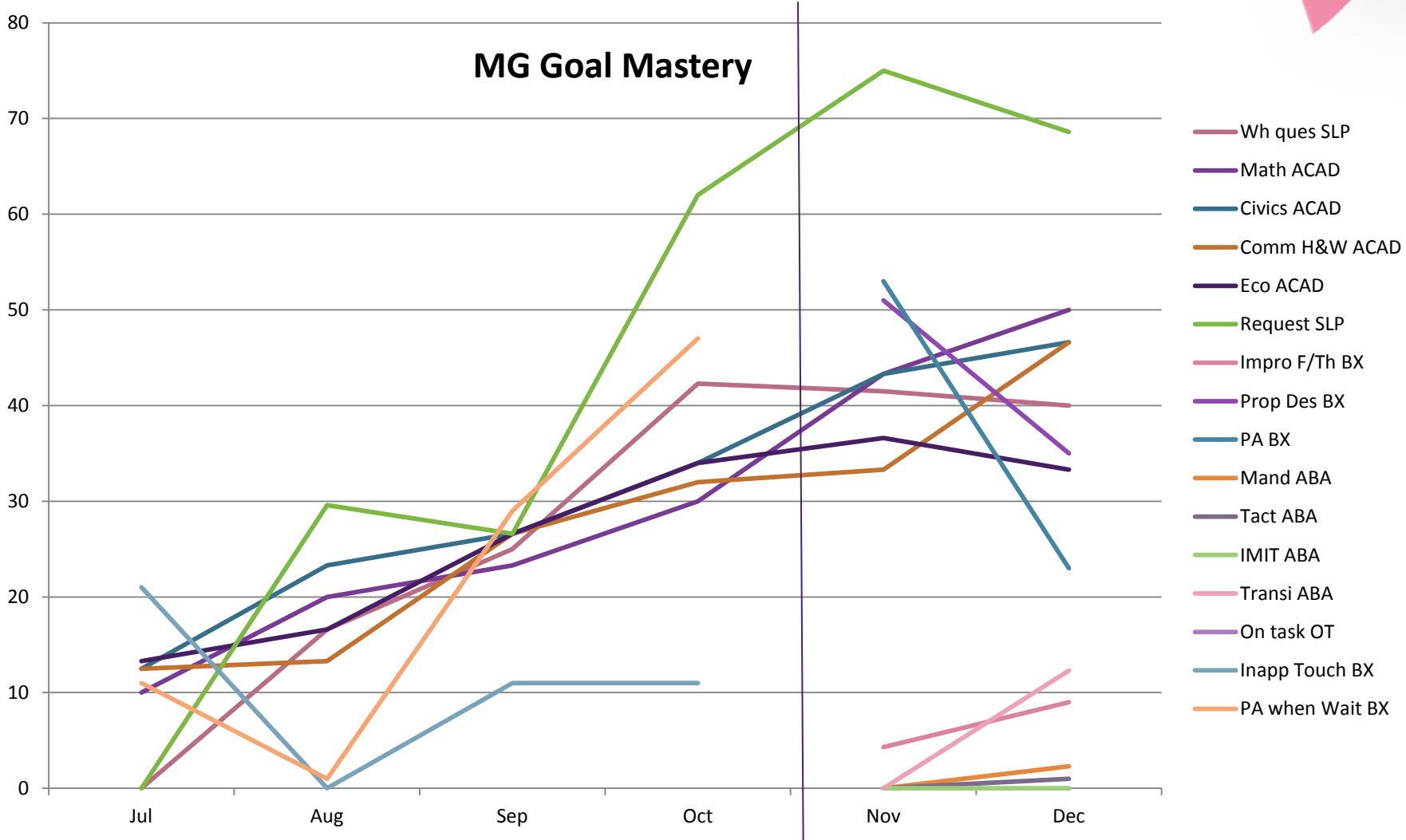


Individual Case Studies



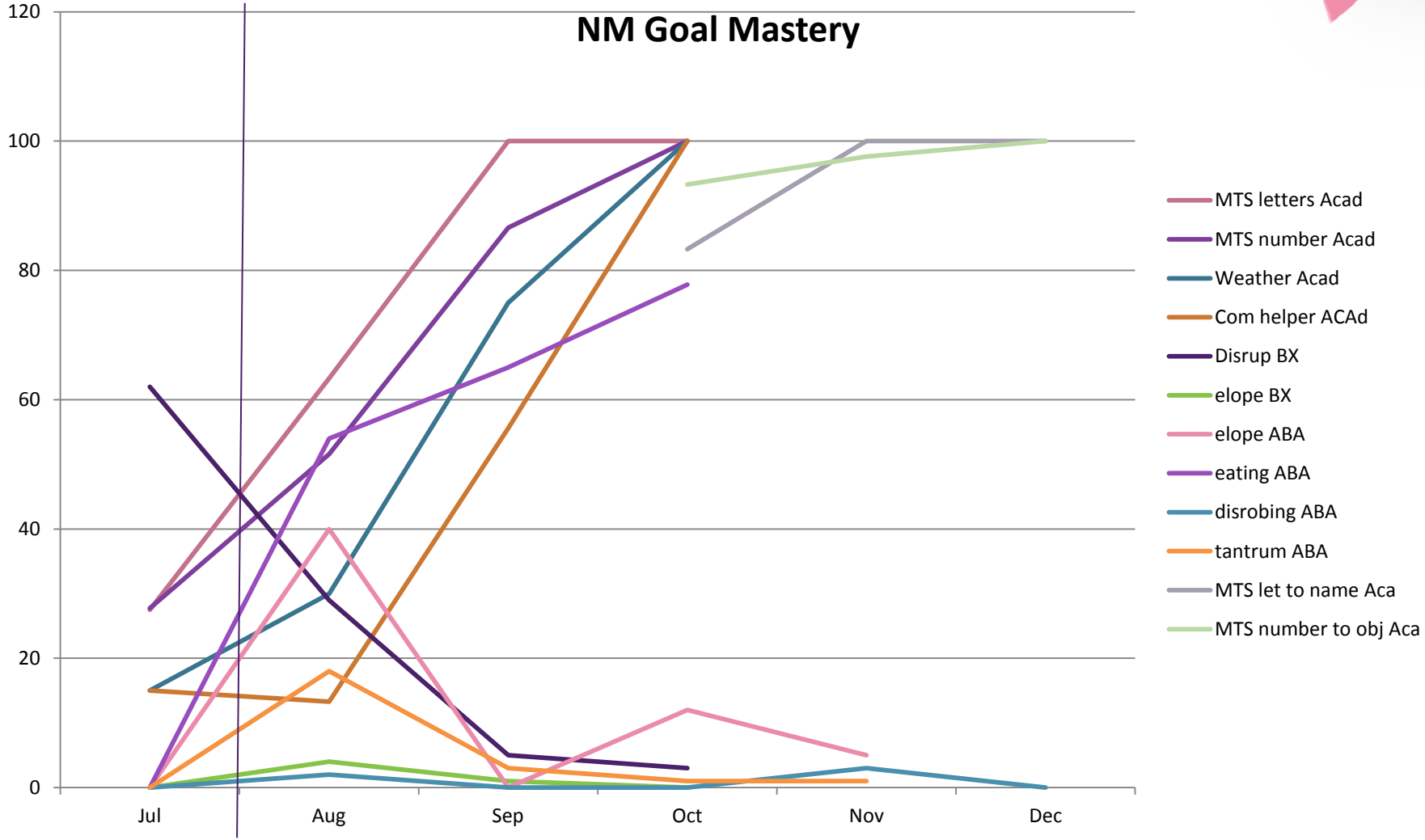


Individual Case Studies





Individual Case Studies



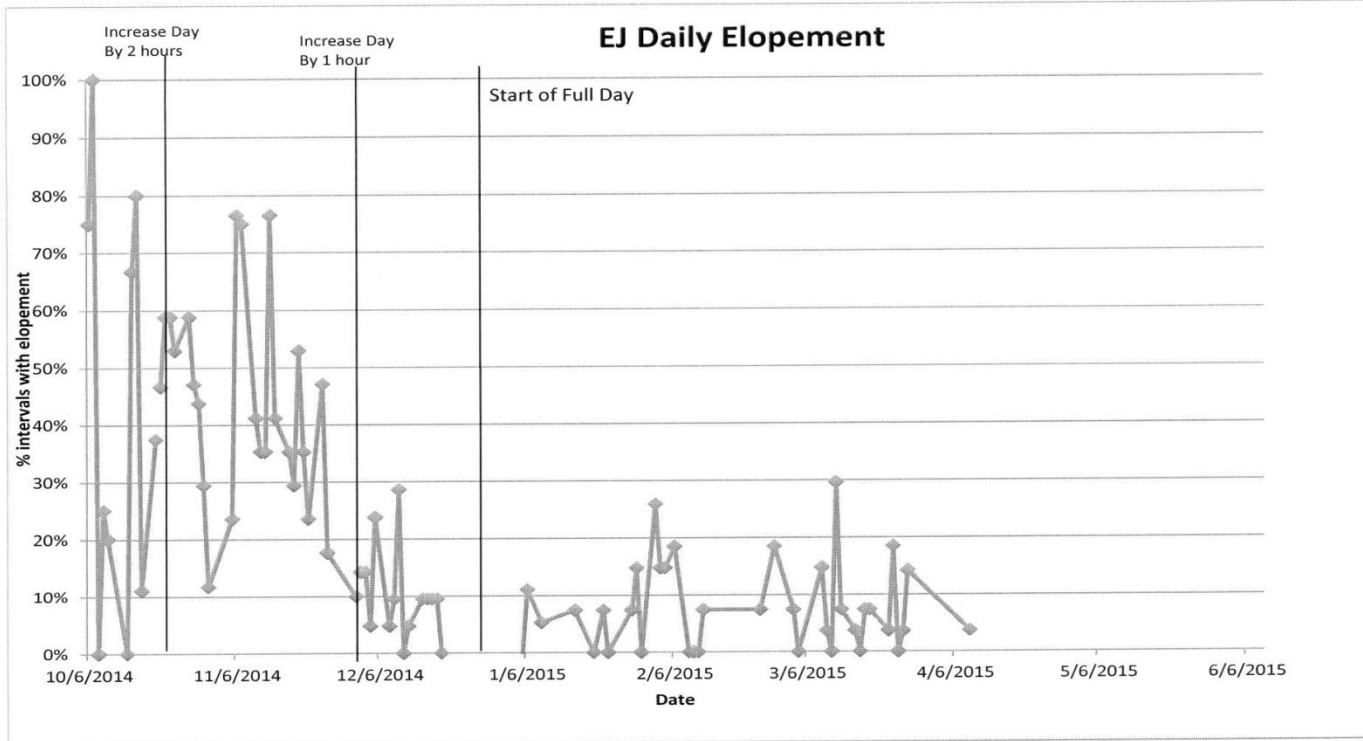


What about the Future?

- Work down from a LRE Continuum
 - Level B with ABA
 - Level B
 - Public School Based Classrooms
 - Public School Based Services with In-Home Supports
 - Consultative Services
- Should we start at the bottom?

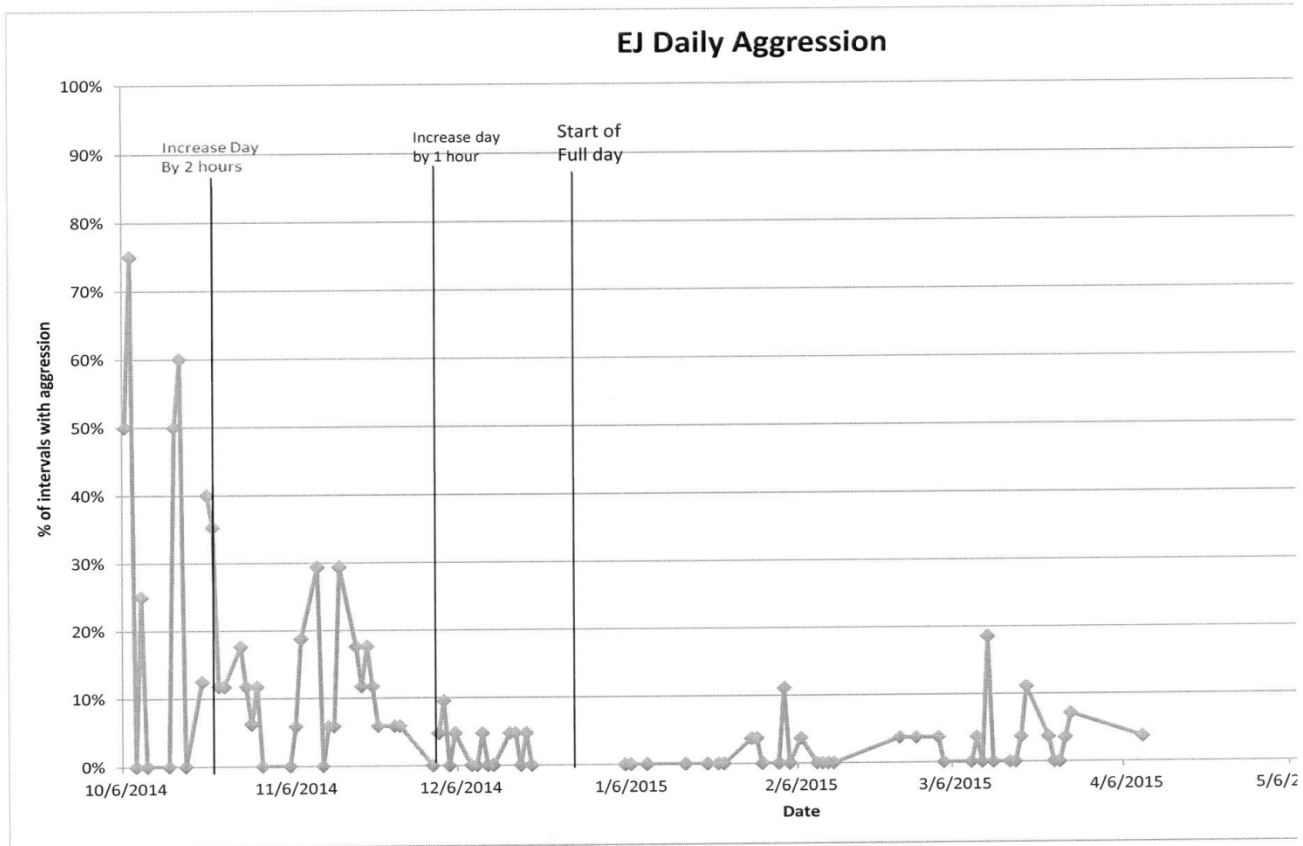


Consultative Outcomes



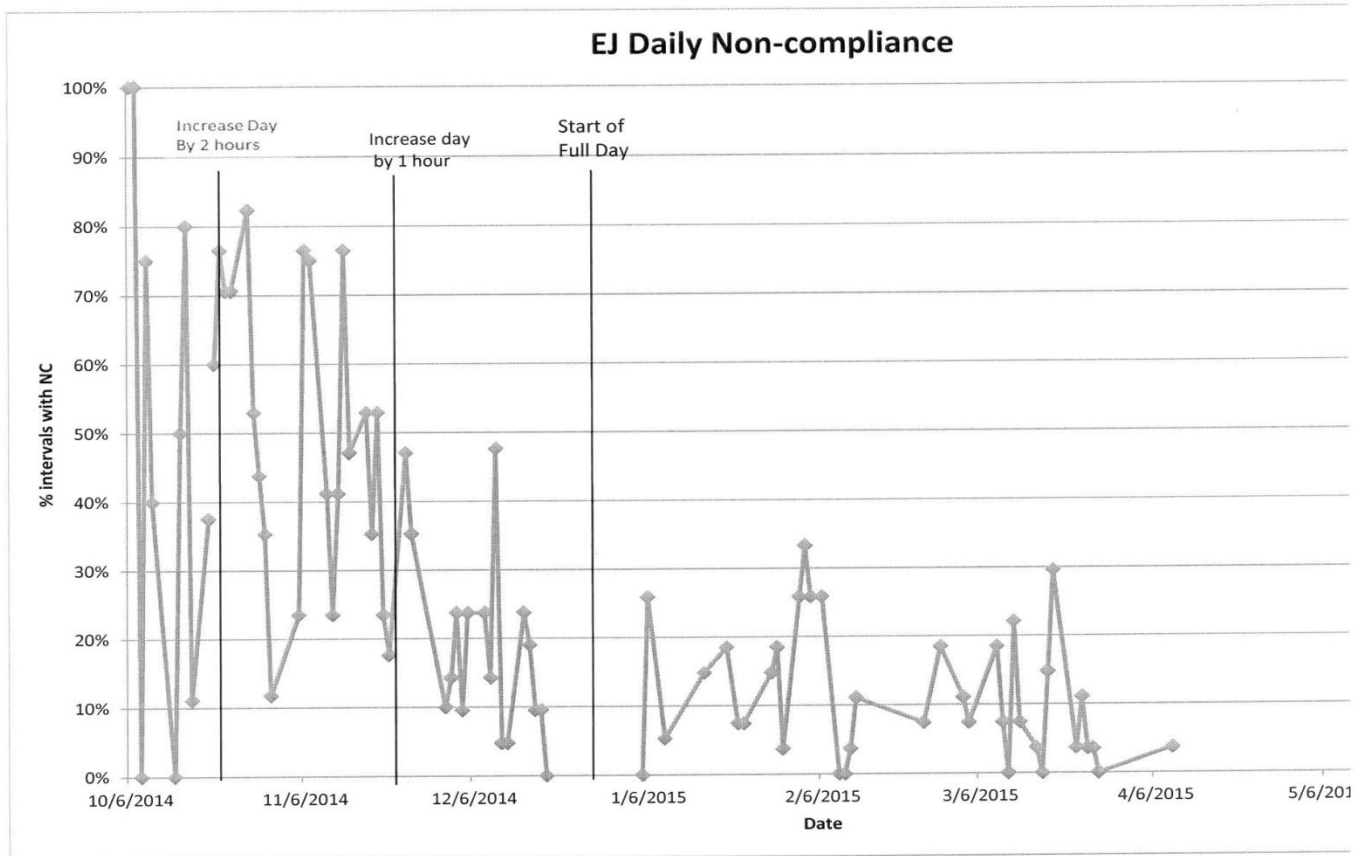


Consultative Outcomes





Consultative Outcomes





Questions?

- What are the outcomes necessary for movement along the continuum?
- What is needed to transition back to a locality?
- What supports are needed to make that transition successful?
- Who owns that decision?
- Would case rate/performance based contracting be an option?



Contact Information

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