

FORMAT FOR SERVICE DESCRIPTION FOR PROVIDER ENTITIES THAT USE BEHAVIORAL SPECIALIST CONSULTANT-AUTISM SPECTRUM DISORDERS (BSC-ASD) SERVICES AND THERAPEUTIC STAFF SUPPORT (TSS) SERVICES TO PROVIDE APPLIED BEHAVIORAL ANALYSIS (ABA) TO CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) AND DO NOT HAVE A LICENSE SPECIFIED IN MA BULLETIN 01-94-01

A provider must have a service description (SD) approved by the Office of Mental Health and Substance Abuse Services Children's Bureau and be enrolled in the Medical Assistance (MA) program to bill the MA program to use BSC-ASD services and TSS services to provide ABA. To enroll in the MA program to bill the MA program for BSC-ASD services and TSS services used to provide ABA a provider must complete the enrollment application for Provider Type 11 and enter Specialty Types 561 (Entity BSC-ASD (ABA)) and 562 (Entity TSS (ABA)) on the enrollment application.

A provider may either submit a SD and enrollment application at the same time or wait for approval of the provider's SD before submitting an enrollment application. If the provider receives approval of the provider's SD before the provider submits its enrollment application, the provider should include in its enrollment application packet a copy of the SD and the notice of approval of the SD. If the provider has not received approval of its SD before it submit its enrollment application, it should include a note with the enrollment application packet that states that it has submitted a SD to the Children's Bureau for review. Once the SD has been approved, the Children's Bureau will send a copy of the approved SD to the enrollment unit.

If a provider submits an incomplete SD to the Children's Bureau, the Children's Bureau will notify the provider of the outstanding items that need to be submitted in order to proceed with a review of the SD.

I. PROVIDER CONTACT INFORMATION AND TYPE:

- A. Name of Provider:
- B. Address:
- C. Phone:
- D. Fax:
- E. Contact Person:
- F. Email:
- G. Website:
- H. Provider Type: 11
- I. Specialty Types: 561 (Entity BSC-ASD (ABA)) and 562 (Entity TSS (ABA)) (if also providing TSS services)

- J. MA Provider ID:
(If the provider has not completed its enrollment in the MA program and been issued an MA provider number, state that the provider does not yet have an MA provider number.)

II. SERVICE

Identify the service(s) the provider will use to provide ABA

BSC-ASD services
TSS services

III. QUALIFICATIONS AND LICENSES AND CERTIFICATIONS

As stated in OMHSAS Bulletin 14-02, individuals who provide BSC services to children with ASD must have a behavior specialist license or other professional license whose scope of practice includes the diagnostic assessment or treatment of ASD to receive payment through the MA program for providing BSC-ASD services. List the educational level, degrees, training, certification, licensing and any other relevant qualifications of the staff that will be using BSC-ASD services to provide ABA. Include that staff will be required to confirm that they have knowledge and skills to provide ABA.

If the provider will also be providing TSS services, list the educational level, degrees, training, certification, licensing and any other relevant qualifications of the staff that will be using TSS services to provide ABA. Include how the provider has ensured that staff understand the basic principles of ABA and have received training to enable them to carry out the specific procedures and techniques used in the treatment plans they are implementing.

State whether the provider has ongoing training expectations for staff, and, if so, describe what they are.

Submit a copy of all licenses and any certifications held by the staff that will be using BSC-ASD and TSS services to provide ABA. Because the provider is being enrolled based on the licenses held by the individuals that will be using BSC-ASD services to provide ABA, submit copies of any licenses or certifications of any newly hired duals within 60 days of their hire.

Submit a copy of any licenses or certifications held by the provider

IV. COUNTY(IES) SERVED

Identify the county(ies) where the provider will be providing services. List all counties where children will be receiving the services, not just the county where the provider is located. Do not include counties that the service(s) *may* expand to in the future.

Provide information about any communications the provider has had with the staff from the county or counties where services will be provided. For example, often providers submit letters of support from county MH/ID staff or the CASSP coordinator to show they have had discussions with county staff regarding the services the provider wishes to offer. If the provider has not received documentation of support from county staff, please describe the efforts the provider has made to communicate with county staff about the services the provider intends to provide. Please identify the county staff members that may have been involved in developing this service and what their feedback has been.

If the provider wishes to expand services into additional counties, the provider should request approval from the Children's Bureau and include in the request information about any communications the provider has had with the staff from the county or counties where the provider wished to expand services.

V. TARGET POPULATION

Please describe the following if applicable:

- Specific age range of children to be served.
- Any specialized areas of clinical focus related to the ASD diagnosis (e.g. non-verbal, behaviorally aggressive, etc.).

If the provider will specialize in the treatment of specific age ranges or clinical populations, or limit treatment to certain treatment settings, please provide a brief description of these specializations or limitations.

VI. SERVICE DESIGN

Describe the goals of the services the provider intends to provide and how these goals will be achieved. Treatment activities, interventions, and goals are different aspects of a service and each should be clearly described. Include the following:

- The non-aversive techniques that will be used to achieve the goals of the services.

- How a child’s progress towards goals will be measured and how a child’s need for a lesser level of care will be assessed.
- If children with comorbid diagnoses will be served, how their needs will be addressed.
- Location of treatment (home, community, school, office).
- Maximum caseload staff providing services will have at any one time.

Describe any restrictive procedures that will be used by staff using BSC-ASD or TSS services to deliver ABA. If no restrictive procedures will be used, please state that staff using BSC-ASD or TSS services to provide ABA will not be utilizing restrictive procedures.

If staff using BSC-ASD or TSS services to provide ABA will be using restrictive procedures, please state under what circumstances restrictive procedures will be used and describe the training staff have received in the use of restrictive procedures, including the date, source, content, and the length of the most recent training. The response must be consistent with MA Bulletin OMHSAS-02-01, “The Use of Seclusion and Restraint in Mental Health Facilities and Programs.”

VII. TREATMENT PLANNING AND CROSS-SYSTEM COLLABORATION

Describe how the services will be individualized to each child and family.

- Describe how individualized treatment plans or other behavior plans are developed, including if behavioral assessment (e.g., Functional Behavior Assessment) will be used.
- Explain when interagency planning will occur and who will participate in this planning.
- Explain how a multi-system approach to service delivery will be achieved.

It is preferable that this response includes activities in addition to the Interagency Service Planning Team (ISPT) meetings.

VIII. CULTURAL COMPETENCE

Describe how cultural and ethnic values of the child and family will be considered as part of development and delivery of services. Include the following:

- How the child’s and family’s cultural values and concerns will be assessed, and how once assessed, this information will be used in treatment.
- How activities and interventions incorporate cultural traditions or values.
- The training staff has received related to cultural competency, including who provided the training.

IX. COMMUNITY INTEGRATION

Describe how services will support the child's integration into the neighborhood or community where he or she lives, attends school, etc. Describe the following:

- How the service facilitates the child's involvement in prosocial activities in the community or at school.
- How the service promotes the ongoing cultivation of new resources and opportunities within the community.

X. SUPERVISION AND CLINICAL OVERSIGHT

Each provider must have a clinical supervisor who is a licensed mental health professional, who confirms that he or she has knowledge and skills to provide ABA. The duties of the clinical supervisor include direction, administration, and supervision of the services, development of policies and procedures relating to the provision of the services, administrative supervision of the personnel, and supervision of staff training and development.

Provide the qualification and professional title of the individual responsible for supervision, and clinical oversight of the services.

Describe the nature of the supervision and oversight (e.g., clinical or administrative), the amount and frequency of supervision or oversight (e.g. number of hours on a weekly or monthly basis), and the format of supervision, oversight, or monitoring (group vs. individual).

Minimum supervision requirements for the TSS service can be found in MA Bulletin 01-01-05, "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavior Specialist Consultant and Therapeutic Staff Support Services," and OMHSAS-16-02, "Training and Supervision Requirements for Therapeutic Staff Support Workers that Implement Treatment Plans that Include Applied Behavioral Analysis."

If the provider will also be using TSS services to provide ABA include the following:

- Identify the supervisors of TSS workers. Include the supervisor's qualifications and the number of TSS workers the individual will supervise. If not described above, also provide the number of hours, frequency (e.g., weekly or monthly) and format of supervision (e.g. group vs. individual).
- Identify the individuals responsible for monitoring and assessing the delivery of TSS services and describe the monitoring and assessment.

You may also provide an organizational chart.

XI. RATE

The rates for providing BSC-ASD and TSS services are listed on the MA Fee Schedule.

Additional guidance for submitting service descriptions:

- To avoid confusion, please be sure to use consistent language throughout the SD.
- Please number the pages of the SD for easier reference.
- Each SD is reviewed regarding clinical integrity of the service and for consistency with MA program regulations and requirements.
- Electronic submissions are preferred. While copies of staff licenses and documentation of county support can be submitted as a PDF, the SD needs to be submitted in WORD format.
- If there is a substantial change in a service that the Office of Mental Health and Substance Abuse Services Children's Bureau has approved, the provider must submit a new SD in accordance with Medical Assistance Bulletin 01-96-11, "Procedures for Service Descriptions."
- Submit the SD and all supporting materials using the following addresses:

*****electronic submission preferred******

Ra-ServDescriptions@pa.gov

or

Department of Human Services
PO Box 2675
OMHSAS-CT-11th Floor
Harrisburg, PA 17105