NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

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To:	Executive Directors of Voluntary Provider Agencies Developmental Disabilities Regional Office (DDRO) Directors Care Coordination Organizations (CCOs)
Issuing OPWDD Office:	OPWDD Division of Service Delivery-Statewide Services
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Subject:	Intensive Behavioral (IB) Services Requirements
Suggested Distribution:	OPWDD Regional Office Front Door Staff & IB Services Liaisons Intensive Behavioral (IB) Services Administrative & Clinical Staff Quality Improvement Staff Executive Directors of Care Coordination Organizations (CCOs) Care Managers and Supervisors FIDA-IDD Care Managers IB Service Providers
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Attachments:	Attachment A: IB Services Application

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
ADM #2017-01	ADM #2013-03	14 NYCRR 633.16; 624	MHL §§ 13.07; 13.09; 13.15	18 NYCRR §504.3(a) 18 NYCRR §517.3 14 NYCRR §635-4.5 New York False Claims Act (State Finance Law §192)

Purpose:

This Administrative Directive Memorandum (ADM) defines the scope of Intensive Behavioral (IB) Services, the required credentials of staff members who deliver and/or supervise the delivery of IB Services, the role of the Service Access, Program Implementation and Stakeholder Support Regional Field Offices (SPS-RO) in the authorization of IB Services, additional requirements to become an IB Services Provider agency, and the billing, documentation and reporting requirements of provider agencies authorized to deliver IB Services. This ADM supersedes ADM #2013-03, and specifically outlines changes to the allocation of authorized billable hours and changes to the assessment criteria for inclusion in IB Services.

Applicability:

This ADM applies to:

- Provider agencies authorized by the Office for People With Developmental Disabilities (OPWDD) to deliver IB Services;
- Care Coordination Organizations (CCOs) and FIDA-IDD Care Managers regarding Life Plan documentation andplanning; and
- Individuals requesting service authorization of IB services.

Discussion:

1. Background and Scope of Intensive Behavioral (IB) Services

Intensive Behavioral (IB) Services is a Home and Community Based Waiver Service (HCBS) that provides focused clinical and behavioral treatment and intervention to prevent an individual's behaviors from reaching a crisis level. IB Services are not a crisis intervention service. Intensive Behavioral Services may be provided to individuals who live in non-certified settings or OPWDD certified Family Care Homes (FCHs)and who present with substantial challenging behaviors that put them at imminent risk of placement into a more restrictive living environment. IB Services cannot be provided to individuals residing in certifiedsettings other than Family Care.

When an individual is authorized to receive IB Services, the service is time-limited and is capped at 12 months (i.e., 365 calendar days) from enrollment into the service. During this time, IB Services Providers deliver behavioral supports to authorized individuals. IB Service Providerswill not be reimbursed for IB Services provided beyond the amount of authorized IB Services per individual.

Intensive Behavioral Services include the completion of a Functional Behavior Assessment (FBA) and development of an individualized Behavior Support Plan (BSP) for individuals authorized to receive IB Services. Completion of the FBA and BSP may include the adaptation or transition of existing FBA or BSPs to a new environment (for example, an FBA or BSP developed for an inpatient or other treatment setting may be adapted, transitioned, and/or updated for a home environment). This service also includes training the family/caregiver on the BSP, evaluating the effectiveness of the BSP, and working with the individual with the goal of maintaining the individual in a less-restrictive setting.

All interventions designed to manage challenging behaviors must conform with the sections of person-centered behavioral intervention regulations (14 NYCRR § 633.16), as well as in conformance with any other applicable laws, regulations and agency specific policies and procedures.

2. Individual Authorization Requirements and Applications for IB Services

A. Individual Authorization Requirements

SPS-RO designated staff will review individuals on a case-by-case basis to determine their appropriateness for IB Services. To be authorized for IB Services, an individual must:

(1) Have a complete application submitted for service authorization;
(2) Be determined OPWDD-eligible;
(3) Be enrolled in the HCBS Waiver;
(4) Reside in a non-certified setting (except for an OPWDD-certified Family Care Homes);
(5) Have documentation substantiating that the individual is at imminent risk of being placed in a more restrictive living environment due to challenging behaviors;
(6) Have a clear need for the type of services provided under the IB Services model, as clinically determined by OPWDD (e.g., not psychiatric);
(7) Likely be able to benefit from the provision of IB Services; and
(8) Not have received IB services in the last three (3) years.

Additionally, the SPS-RO will review the application and information from the Coordinated Assessment System (CAS) or Child and Adolescent Needs and Strengths (CANS-NY) Comprehensive Assessment in making service authorization decisions for IB Services.

B. Applications for IB Services

For authorization of IB Services to be considered, a complete IB Services application (*see* Attachment A) must be submitted by the referring entity to the appropriate SPS-RO for review. A complete application includes:

- The IB Services application form;
- A current Life Plan;
- Additional documentation that supports the individual's need for IB services;
- Documentation requested by the DDRO; and
- Relevant assessments, including:
    - For individuals *under 18 years old*, a recent summary report of the Child and Adolescent Needs and Strengths (CANS)-NY, which must reflect the individual's current functioning and indicate appropriateness for IB Services; or
    - For individuals *18 years and older*, a completed Coordinated Assessment System (CAS).

3. Authorization, Reauthorization, and Discontinuance of IB Services

A. Circumstances Impacting the Authorization or Continuation of IB Services

Authorization for enrollment into IB Services is valid for up to one year from the initial authorization date. After 365 calendar days, the authorization for IB Services will expire. If an individual is authorized and enrolled in IB Services within the one-year window, all IB Services (i.e., the Plan Fee services and Hourly Fee services) must conclude within 365 days from the date of enrollment. Individuals who do not enroll in IB Services within their one year of authorization must be re-reviewed to ensure appropriateness for services continue to apply, and therefore must submit a new application for authorization.

The SPS-RO may initiate a review of an individual's IB services authorization at any time. If an individual no longer meets the authorization criteria for IB Services (e.g., they move to a certified setting), they must be discharged from IB Services immediately.

B. Reauthorization of IB Services

If the implementation of IB Services needs to be extended beyond the initial authorization service limits that includes the Plan Fee services and Hourly Fee services of 50 hours/200 units, a referral can be made to the SPS-RO for additional re-authorized IB Services hours. Re-authorization for the additional IB Service hours is available in limited exceptions for cases where substantial changes in the individual's clinical and behavioral presentation have occurred since the initial authorization for IB Services, and the significant changes are resulting in a need to complete a new FBA and new or substantially modified BSP within the service period (one calendar year from initial authorization). An individual must demonstrate clinical and behavioral changes so significant that the initial FBA and BSP produced under IB Services cannot simply be updated to reflect current issues. This referral must include a rationale explaining why there's a significant need to authorize additional IB service hours. This rationale must explain:

- Why the additional service hours are needed to address the clinical and behavioral needs of the individual;
- Changes in the individual's caregiver supports requiring additional training or changes to the BSP; or
- Any other significant clinical need requiring an authorization of more IB Service hours.

The SPS-RO may re-authorize an individual for up to an additional 25 hours, for a maximum of 75/300 total implementation hours/units in a service period to be used within twelve months from initial enrollment. The additional 25 hours for reauthorization must be used in completing a new FBA and developing a new or substantially modified BSP, which is then implemented in accordance with the Hourly Fee requirements using the remaining hours of the 25 hours allocated during that reauthorization period.

4. Written Agreement Acknowledging Cooperation Regarding Services

Because IB Services require the cooperation of the IB Services Provider, individual, family/caregiver or Family Care Provider, and other service providers, it is important that all

parties understand the purpose of IB Services and the commitment that is required of all parties for the service to be successful. Therefore, the IB Services Provider must develop a Written Agreement between the IB Services Provider, individual, and/or the parent/caregiver or Family Care Provider regarding the nature, time-limited duration, and scope of IB Services to be provided. The agreement must be signed by the provider and individual or parent/caregiver or Family Care Provider and Family Care Sponsoring Agency. IB Services must not begin until this Written Agreement is signed by all parties.

5. Requirements of the Functional Behavior Assessment and Behavior Support Plan

The Functional Behavior Assessment (FBA) and Behavior Support Plan (BSP) must be developed by a Licensed Psychologist, Licensed Clinical Social Worker (LCSW), or a Behavior Intervention Specialist (BIS) as defined in paragraph 633.16(b). For the purposes of delivering IB Services, a staff member who is a BIS must always operate under the clinical supervision of a Licensed Psychologist or an LCSW.

The IB Services clinician must develop the FBA and BSP in consultation with the individual to the greatest extent appropriate, the individual's parent(s) and/or caregiver(s), other service providers or supporting parties, and other clinical experts as needed.

A) Functional Behavior Assessment: The IB Services clinician must develop the FBA in accordance with the requirements of paragraph 633.16(d)(1) except as otherwise noted in this ADM.

B) Behavior Support Plan: The IB Services clinician must develop the BSP in accordance with the requirements of paragraphs 633.16(e)(2) and (e)(3) except as otherwise noted in this ADM.

C) BSPs to be Used in Multiple Service Settings: When a BSP is being utilized in more than one service setting, the IB Services Provider must consult and coordinate with these other service settings in order to develop an appropriately integrated plan and prevent conflicting or inappropriate strategies. Intensive Behavioral Services Providers must ensure the plan can be implemented by caregivers and support staff across settings, without IB Services Provider support, in anticipation of the conclusion of IB Services as atime-limited service.

D) Schedule of Review: For IB Services, the BSP must be reviewed every 60 days or more frequently as needed. This review schedule must start at the BSP's implementation and continue until the last day of the approved service delivery or hourly fee limits have been reached, whichever is sooner.

E) Prohibition of Restrictive Physical Interventions and Exclusionary Time Out: Behavior Support Plans developed through IB Services must not incorporate the use of a restrictive physical intervention (*see* 14 NYCRR 633.16(j)(1)), or time-out rooms (also known as exclusionary time-out; *see* 14 NYCRR 633.16(j)(3)(iv) for description).

Note, some individuals who receive IB Services may require specific interventions prescribed by a physician for their treatment or protection due to self-injurious behavior (SIB), aggression, agitation, hyperactivity, depression, anxiety, and other concerns. These health and safety interventions may include medication(s) and/or mechanical devices (e.g., helmets, arm

sleeves/splints, Posey mitts). Restrictive interventions may be utilized by the family or caregivers if they are prescribed by a physician, but these prescribed interventions are not to be incorporated into the Behavior Support Plan developed under IB Services. In these cases, the use of such interventions by the individual and their caregiver does not prohibit the individual from receiving IB Services. However, these IB Services-prohibited interventions can only be used as directed in a physician's order and must not be incorporated for use into a Behavior Support Plan developed under IB Services.

F) Required Plan Monitoring Post Provision of IB Services: Behavior Support Plans developed through IB Services should be created with an understanding of available resources, natural supports, and the ability of caregivers and service providers to implement any behavior techniques and strategies proposed. Behavior Support Plans should avoid utilizing strategies that cannot be successfully implemented by the individual's primary caregivers or cannot continue to be used after IB Services have concluded.

G) Written Informed Consent: Prior to implementing a BSP, written informed consent must be obtained as specified in subdivision 633.16(g). The requirement for written informed consent is not limited to plans containing restrictive/intrusive interventions. The consent-giver must have the right to revoke approval of the BSP at any time, and request that a revised BSP be developed in accordance with the requirements of this ADM and within the limitations of available hours and/or one-year limited time span per authorization period, whichever is sooner.

H) Review of Restrictive Interventions, Intrusive Interventions, and Rights Limitations: A schedule to review and analyze the frequency, duration and/or intensity of use of the restrictive/intrusive intervention(s) and/or limitation on an individual's rights if included in the Behavior Support Plan is required. The results of this review must be documented and used to determine if and when revisions to the BSP are needed. For the purposes of IB Services, the schedule of reviews conducted by the IB Services Provider must be no less frequently than every 60 days

6. Trainings Related to the Individual's BSP

Parents/caregivers, Community Habilitation staff, and Family Care Providers responsible for thesupport and supervision of an individual who has a BSP must be trained by the IB Services provider in the implementation of the individual's plan to ensure interventions are utilized and implemented as intended and as written. IB Services Providers may only teach parents/caregivers, Community Habilitation staff, and Family Care Providers the specific protective interventions identified in the BSP created for the individual for whom they provide care. Respite staff may only be trained, as clinically necessary, in those positive behavioral approaches, strategies and supports detailed in an individual's BSP that are expected to improve the respite staff's ability to support that individual during delivery of respite services. Depending on the needs of the individual or setting, Intensive Respite for High Behavioral Needs staff may receive training consistent with the requirements of the OPWDD-approved training course on the use of positive behavioral approaches, strategies and/or supports and physical intervention techniques as described in 633.16(i)(3)(i) and (ii).

IB Service Providers must only educate parents/caregivers on the specific interventions identified in the BSP created by the IB Services Provider. This training by the IB Services Provider is not equivalent to the comprehensive OPWDD training curriculum outlined in 633.16(i) and does not result in certification of any kind.

7. Additional FBA & BSP Practices and Considerations

A. Training Documentation

All training of parties responsible for implementation of the plan, and any retraining when a BSP is modified, must be documented by the IB Services Provider (*see* "Documenting Intensive Behavioral Services, page 9).

B. Examination After Physical and/or Emergency Interventions

Immediately after the use of any physical intervention or emergency intervention by Community Habilitation staff, respite staff, or the Family Care Provider, the individual must be visually examined for possible injury, the individual must be asked if they experience pain or discomfort, and any findings from such examinations must be documented. Community Habilitation staff and respite staff must report the results of their examination to their supervisor as soon as reasonably possible and have the parents/caregivers co-sign the documentation completed by staff indicating their agreement with the results of the examination. The Family Care Provider must document the results of the examination and report the occurrence to their agency Family Care Provider liaison as soon as reasonably possible. If an injury is suspected, appropriate medical care must be provided or arranged for by staff or the Family Care Provider. Any injury that meets the criteria in 14 NYCRR Section 624.4 (generally that the injury requires treatment more than first aid) must be reported in accordance with Part 624.

8. Emergency Interventions

Nothing in this ADM shall prevent the use of an emergency intervention by Community Habilitation staff, Respite staff, or Family Care Providers to prevent an individual, who is undergoing acute behavioral or emotional disturbance, from seriously injuring themself or others. Emergency techniques to prevent or minimize injury must only be used for no longer than the duration of the incident, with the least restrictive intervention being utilized. These emergency techniques may constitute a reportable incident under 14 NYCRR Part 624 and if so, are to be reported in accordance with the requirements of that Part.

9. Reimbursable Services

IB Services Providers can bill at either the Plan Fee or Hourly Fee, whichever is appropriate. The Plan Fee is a one-time fee that covers the initial development of the individual's FBA and BSP, whereas the Hourly Fee may only be billed for services provided after the initial FBA and BSP is developed. Providers cannot receive an hourly fee until the plan fee is billed.

If an individual is receiving services through a clinic, clinic services must be separate and distinct from the IB Services being delivered.

A. Plan Fee

IB Services Providers may receive a one-time Plan Fee to develop the individual's Functional Behavior Assessment (FBA) and the individualized Behavior Support Plan (BSP). Services related to the development of the FBA and BSP include:

- Reviewing records and evaluations regarding the individual's challenging behaviors;
- Conducting relevant assessments and collecting data pertinent to the challenging behaviors and replacement behaviors;
- Communicating with other professionals or service providers, including review of written reports, telephone contact, or electronic contact about the individual;
- Communicating with the individual, the family, or others through written reports, telephone contact, electronic contact or face-to-face encounters; and
- Writing the FBA and BSP.

B. Hourly Fee

(i) Allowable Services Generally

Following the completion of the services covered by the Plan Fee, an IB Services Provider may begin providing and billing for implementation services under the Hourly Fee. IB Services face-to-face services generally cannot be billed when the individual is receiving another Medicaid-funded service, except in unique circumstances (*see* subsection (8)(B)(ii) below). Hourly Fee services include:

- Training of the primary caregiver(s) and/or direct support professionals who provide services to the individual, on how to use the behavioral supports, interventions, and strategies that are specified in the BSP;
- Training the individual on using the behavioral supports, interventions and strategies that are specified in the BSP; and
- Monitoring the implementation of the BSP through activities including:
  - Observing the individual, family and/or staff as they utilize the supports, interventions and strategies that are specified in the BSP, and/or
  - Following up with the individual, family and/or staff as to the effectiveness of the supports, interventions, and strategies (either via face-to-face contact, telephone calls, or electronic contacts),
- Updating the BSP after monitoring to remove supports, strategies and interventions that are not effective, to introduce less restrictive interventions (i.e., fading), and/or to include new supports, strategies and interventions,
- Transition planning with the individual, family, collaterals, and other agencies to refer the individual to appropriate services, to maintain continuity of care through longer-term implementation of behavior strategies specified in the BSP, and progress related to the plan,

- Completing a new FBA or updating the FBA when it no longer reflects the individual's current presentation and/or needs and therefore cannot adequately inform the formulation of the BSP, and
- Completing a new BSP when a new FBA has been completed due to the initial BSP no longer reflecting the individual's current presentation and/or needs.

(ii) Allowable Services Simultaneous with Other Medicaid Service Billing

For IB Services implementation hours (i.e., Hourly Fee), delivery of face-to-face services with the individual while the individual is at another/receiving another Medicaid service cannot be billed for the IB Services Hourly Fee, except in certain circumstances. These circumstances include when:

- The individual is receiving Family Care or Community Habilitation services and IB Services are being provided for the purpose of training Family Care and Community Habilitation staff with the implementation and/or monitoring of the BSP created under IB Services, and the BSP indicates that the individual will benefit from the training of these support services staff;
- The individual is receiving respite services and IB Services are being provided for the purposes of training respite staff, and the BSP created under IB Services indicates that the individual will benefit from the training of these support services staff; and
- When Care Managers are conducting face-to-face visits with the individual as long as the IB Services staff person is present, and the coordination of services is promoted.

10. Documenting Intensive Behavioral Services

A. Plan Fee Service Documentation

For the Plan Fee, staff must have completed both a Functional Behavior Assessment (FBA) and a Behavior Support Plan (BSP), both of which should be fully compliant with the criteria described in this ADM. The following documentation must be maintained to support payment of the Plan Fee:

(i) Life Plan Requirements

Individuals must have a Life Plan developed by the Care Coordination Care Manager (CM) that covers the time period of the payment claim for the Plan Fee and Hourly Fee. The Care Manager must include the following elements:

(a) Category of waiver service provided (e.g., Intensive Behavioral Services or IB Services);
(b) Identification of the agency delivering the IB Services as the provider of service;

(c) Specification of the frequency of IB Services as “Plan/Hourly” as there are two components to this service, and it is important to list components accurately;
(d) Specification of the duration as “time limited”; and
(e) Effective date for IB Services (the date the individual was enrolled in IB Services); this date must be on or before the first date of service that the provider bills for completion of the FBA and BSP.

(ii) Functional Behavior Assessment Requirements

The IB Services Provider must develop an FBA for every individual they serve. Atminimum, the following elements must also be included in the FBA:

(a) The individual’s name;
(b) The individual’s Medicaid Client Identification Number (CIN);
(c) The category of waiver service provided (e.g., Intensive Behavioral Services or IB Services);
(d) Identification of the agency providing IB Services as the provider of the service;
(e) Date on which the assessment was completed;
(f) Name, signature, and title of the IB Services clinician completing the FBA, and the date the FBA was completed (i.e., the date of signature); and
(g) Co-signature of the licensed supervisor (if applicable) and corresponding date of signature.

(iii) Behavior Support Plan Requirements

The IB Services Provider must complete and maintain the individual’s Behavior SupportPlan developed under IB Services. The billing date of service for the Plan Fee must be the date that the BSP is signed by the Licensed Psychologist or LCSW responsible for oversight of the BSP. In addition, the BSP must be in effect for the period of time the IBServices claim is submitted. The following elements must be included in the BSP:

(a) The individual’s name;
(b) The individual’s Medicaid Client Identification Number (CIN);
(c) The category of waiver service provided (e.g., Intensive Behavioral Services or IB Services);
(d) Identification of the agency providing IB Services as the provider of the service;
(e) Name, signature, and title of the IB Services clinical staff person writing the BSP and the date the BSP was completed (i.e., the date of signature);
(f) Co-signature of the licensed supervisor (if applicable) and corresponding date of signature; and
(g) Evidence (e.g., documentation) of when the BSP was last reviewed, which must occur at minimum every 60 days following implementation. If a re-authorization of IB Services is requested and authorized for an additional 25 hours to be used with the calendar year, it is required that a review will occur immediately, and then subsequent reviews will occur again no less frequently than every 60 days.

All reviews must be documented by the provider clinician with the name, signature, and title of the IB Services clinical staff person who conducted the review, the date of the review, and a summary of any changes made to the BSP.

B. Hourly Fee Service Documentation

(iv) Life Plan Requirements

Individuals must have a Life Plan developed by the Care Coordination Care Manager (CM) that covers the time period of the payment claim for the Plan Fee and Hourly Fee. The Care Manager must include the following elements:

(f) Category of waiver service provided (e.g., Intensive Behavioral Services or IB Services);
(g) Identification of the agency delivering the IB Services as the provider of service;
(h) Specification of the frequency of IB Services as "Plan/Hourly" as there are two components to this service, and it is important to list components accurately;
(i) Specification of the duration as "time limited"; and
(j) Effective date for IB Services (the date the individual was enrolled in IB Services); this date must be on or before the first date of service that the provider bills for completion of the FBA and BSP.

(v) Behavior Support Plan

The IB Services Provider must maintain a current, signed version of the individual's IB Services-developed BSP to support all hourly-fee services billed.

(vi) Daily Narrative Notes

For the implementation hours (Hourly Fee), staff must complete a narrative note for each day of service that the hourly fee is billed. The Daily Narrative Note must include:

(a) The individual's name;
(b) Identification of category of waiver service provided (e.g., Intensive Behavioral Services or IB Services);
(c) A daily description of the IB Services provided for the day, allowable services are described in the "Reimbursable Services" section described above; services are individualized based on the individual's BSP, (e.g., the staff person documents that they "taught the individual to use a relaxation technique");
(d) Documentation of start and stop times for each "session". As this is an hourly service, the provider must document the service start time and service stop time for each continuous period of Intensive Behavioral service provision or "session";

(e) The individual's response to the service (e.g., the staff person documents that "the individual was able to use the relaxation technique twice");
(f) The date the service was provided;
(g) The primary service location (e.g., the individual's residence);
(h) The name, signature, and title of the IB Services staff person providing the service;
(i) The date the service was documented (Note: date the note was written must be contemporaneous to the date the IB Services was provided; "contemporaneous" is defined as "at the time the service was delivered or shortly after").

11. Provider Requirements

In order to be authorized by OPWDD to deliver IB Services, a provider must demonstrate that they are authorized to provide HCBS waiver services to individuals with developmental disabilities and must demonstrate that they employ or have access to the necessary clinical staff to deliver, and, as necessary, supervise the delivery of IB Services. An agency that does not have clinical staff that meets the educational, experiential, and/or licensure criteria referenced in this ADM will not be authorized to become a provider of IB Services.

A. Educational, Licensure and Supervision Requirements

At a minimum, staff delivering IB Services must meet at least one of the following requirements:

- NYS Licensed Psychologist;
- NYS Licensed Clinical Social Worker (LCSW);
- NYS Licensed Behavior Analyst (LBA);
- Board Certified-Behavior Analyst (BC-BA); or
- Behavior Intervention Specialist (BIS) meeting the criteria in 14 NYCRR 633.16(b)

If the staff delivering IB Services is a BIS or Board Certified-Behavior Analyst (though not an LBA) they must also be clinically supervised by a NYS licensed psychologist or an LCSW that meet criteria as outlined in 14 NYCRR 633.16.

With respect to claim submissions to Medicaid, the National Provider Identification (NPI) of either the NYS licensed psychologist, LBA, or the LCSW is a required claim element and must be included in both the Attending NPI and Referring/Ordering NPI field whether theservice is provided directly by these licensed staff or by BIS staff under their supervision.

B. Clinician Enrollment

Federal regulations at 42 CFR 455.410 specify that the state Medicaid agency require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan be enrolled as participating providers. As a result, Licensed Psychologists and LCSWs either providing or supervising provision of IB Services must enroll. Licensed Behavior Analysts providing IB Services must enroll. Additionally, New York State Medicaid requires that LCSWs first enroll in Medicare

before Medicaid enrollment is allowable.

C. Oversight and Supervision

Provider agencies must have an adequate plan of oversight and supervision for delivery of IB Services. The oversight and supervision plan must effectively demonstrate the systems and controls in place that address the following:

- The number of supervisees assigned to each clinical supervisor (Licensed Psychologist and/or LCSW); the type of supervision to be provided (in-person individual or group);
- The required frequency of supervision;
- The provision of a contingent emergency supervisor if the assigned supervisor is not immediately available (the emergency supervisor must still meet the qualifications of a regular supervisor);
- Requirements for the supervisor's record or log of supervision including:
  - Name and title of the supervisee;
  - Date, length and location of supervision;
  - Type of supervision; and
  - Signature and title of the supervisor in supervision notes;
- The nature of supervision (e.g., review of treatment/interventions, observations, in-service training); and
- A method for evaluating the effectiveness of supervision.

12. Payment Standards

A. Billing Units

Once an individual is authorized and enrolled, the IB Services Provider will be reimbursed a one-time Plan Fee at the completion of the Functional Behavior Assessment (FBA) and Behavior Support Plan (BSP). Thereafter, time spent implementing the BSP, as described in this ADM, will be reimbursed with an hourly regional fee (i.e., Hourly Fee), which is billed in quarter hour units.

The Hourly Fee is billed in quarter hour countable service units. For each 15 minutes of service, the agency may bill one quarter-hour unit. There is no "rounding-up," i.e., a full 15 minutes of service must be provided to bill one unit. An agency may only be paid a maximum of 8 hours a day per individual for the Hourly Fee. This is an intensive service and **all** implementation hours (Hourly Fee), including the re-authorization of an additional 25 hours/100 units when it occurs, must be utilized within one calendar year from date of enrollment.

B. Caps on Implementation Service Billing Hours (Hourly Fees)

Per initial authorization, providers may only be reimbursed up to 50 hours for implementation services provided over the course of 12 months. Implementation hours (i.e., Hourly Fee) may only be billed after the FBA and BSP have been completed, and the Plan Fee has been billed and paid by Medicaid.

For individuals who have been re-authorized for IB Services, the IB Service Provider may onlybe reimbursed up to 25 hours for implementation services.

C. When Allowable IB Services Can Be Billed

For each continuous period of service delivery (or “session”), the provider must document the delivery of at least one service described in the “Reimbursable Services” section of this ADM for each continuous period of IB Services provision. Countable service time is the time that “counts” toward billing. This includes direct face-to-face service time and other indirect time when IB Services staff is delivering the IB Services, but the individual is not present (e.g., training caregivers). Staff members do not need to perform a face-to-face service during every service delivery session but must provide at least one of the services as described in the “Reimbursable Services” section and appropriately document the delivery of service(s).

13. Documentation Retention

All documentation specified above, including the Life Plan and service documentation, must be retained for a period of at least ten (10) years from the date the service was completed to protect against potential false or fraudulent Medicaid claims under the New York False Claims Act. The date of issuance of the final payment through the State Financial System (SFS) to the provider/agency is the date used to establish the start of the ten (10) year retention period.