Intensive Behavioral Residential Services (IBRS)
Provider Application Response Requirements

Program Model

The Intensive Behavioral Residential Service is a clinical treatment model designed to meet the specific needs of each person supported by the program. The target population for this program is adults with intellectual disabilities who have exhibited high risk behavior, placing themselves and or others in danger of harm. This program is designed to be flexible enough to respond to the changing levels of need (LON) of the person supported and the level of risk (or lack thereof) presented by the person's current behavior. It is not an indefinite, long term, residential support service. A person with high risk behavior who is involved in this program will have opportunities to develop a lifestyle which includes developing healthy and meaningful relationships with others.

Program leadership is provided by the agency Clinical Director, who is responsible for ensuring service quality and providing clinical oversight of clinical and direct support staff. Administrative functions are performed by designated members of the management team.

Clinical Director Qualifications

The Clinical Director is a knowledgeable, competent, and experienced professional with expertise in working with individuals with intellectual disabilities and intensive behavior support needs. The DIDD Director of Behavioral and Psychological Services and or designee shall verify the Clinical Director's qualifications upon hire and previous to service provision. Qualifications will then be monitored annually during scheduled Quality Assurance surveys.

Qualifications include the following:

1. Board Certified Behavior Analyst or Licensed Psychologist or Senior Psychological Examiner.

2. Minimum of three (3) years of experience, post licensure or certification, delivering services to people with dual diagnosis and high risk behaviors, and a Minimum of three (3) years of experience managing and supervising clinical and direct support professionals.

The Clinical Director's responsibilities include the following:

1. Participates in a statewide network to discuss current issues and best practices.

2. Engages in pre-planning activities with mental health, mobile crisis services, and local law enforcement to prepare for crisis situations.

3. Develops individual treatment plans.

4. Evaluates treatment outcomes.

5. Assists in transitioning persons supported from the program to other services and supports.

6. Supervises clinical staff.

7. Facilitates interdisciplinary treatment planning for all persons supported.

8. Implements program of ongoing staff development and training.

9. Ensures integration of and information sharing about ancillary services under the treatment plan, coordination with care managers representing the Medicaid state plan, and independent support coordinators regarding waiver services.

10. Provides orientation to ancillary service providers, physicians, and psychiatrists.

Direct Support Staff Training and Development

Direct Support Professionals involved in supporting program participants (e.g., assistance with meal preparation, attending appointments, and other activities of daily living) will participate in a rigorous program of staff training and development which is in addition to training currently required for all DSP's (e.g., CPR, fraud and abuse reporting). The training program will include but is not limited to the requirements listed below. Please provide written correspondence addressing how your program will address each of the following:

1. Training Specific to the person supported (e.g., recognition of each person's behavioral phases and appropriate responses and interventions for each phase and each person's unique mental and behavioral health challenges).

    a. Understanding of the complexity of individuals with high risk behavior.
    b. Understanding of the psychological and physical stressors on people supported.
    c. Strategies needed to anticipate and alleviate potential crisis situations.
    d. Use of incidental teaching to help persons served learn alternatives to problem behavior "in the moment." .

2. Professional coping mechanisms to alleviate stress and prevent burnout.

3. Person-centered planning and philosophy of service delivery.

4. Forming and managing relationships with individuals with complex behavioral and emotional issues including maintenance of personal and professional boundaries.

5. Crisis management including how to carry out emergency manual restraint, emergency mechanical restraint, and the use of emergency protective equipment for persons supported. Training may include the following topics:

    a. Crisis prevention and management
    b. Proactive measures to avoid confrontation
    c. De-escalation of a situation
    d. Implementation of a crisis plan
    e. Personal safety during physical confrontations
    f. Use of staff personal protective equipment

6. How to work with other professionals such as psychiatrists and other clinical disciplines.

7. Working with the police and mobile crisis when a high risk situation occurs.

8. Applicable standards of the Occupational Health and Safety Administration (OSHA).

9. How to conduct environmental sweeps for high risk items.

10. Foundations of mental and general health, and how they relate to behavior.

11. Healthy relationships.

Management Staff Training and Development

The applying agency will be responsible to demonstrate competency in several areas of focus. Specific tasks may include development of policies and procedures, evaluating direct support staff, and monitoring compliance with DIDD quality standards. The Clinical Director and/or other Managers will receive the same training as direct support professionals and additional training as listed below. Please provide written correspondence addressing how your program will address each of the following:

1. Conflict management.

2. Supervision of staff.

3. Matching staff to the work requirements.

4. Working across systems and agencies.

5. Recognizing and responding to stress.

6. Measuring quality and continuous improvements.

7. Mentoring.

Provider Qualifications and Requirements

Agency providers seeking to deliver this service should submit expansion application and required materials to the DIDD Director of Behavioral and Psychological Services for review. Upon review, the DIDD Director of Behavioral and Psychological Services will present the expansion application and required materials, with recommendation, to the department's Provider Development Committee. This committee will review the provider's qualifications and performance history to determine eligibility to contract with the department and the Medicaid agency to deliver this service.

Providers are required to submit a program proposal that incorporates the following:

1. Evidence of eligibility for licensure or licensure as a residential habilitation facility.

2. Experience delivering specialized services for people with intellectual disabilities and high risk behaviors.

3. Resumes or vitae for local clinical and administrative leadership (e.g., Clinical Director, management staff).

4. Plan for training direct support professionals and management, including refresher training for maintenance of skills.

5. A description of the treatment milieu and interventions designed to enable persons supported to build social and interpersonal skills, as well as regulate or extinguish problem behaviors. Examples include the following:

   a. Methods for building social and vocational competence.
   b. Measures to promote the safety and well-being of the person supported, staff and the community.
   c. Procedures for contacting law enforcement and/or mobile crisis.
   d. Method for evaluating the need for ongoing intensive behavior services at least every six months.
   e. A system for providing transition services if a person transitions to an alternate setting.