Behavior Services Answers to Frequently Asked Questions regarding Workbook Templates and Provider Manual – Chapter 12 Requirements

March 17, 2014

1. Should I modify the workbook templates?

Yes, you may resize rows to meet your needs. You may also add rows by selecting the entire row below the one you want to add and clicking the add button (select the entire row by clicking the row number in the left margin). DO NOT resize columns. Resizing columns will create problems in other cells.

2. What if I do not want to use these templates?

You do not have to use the provided templates. If you choose not to use them, it is your responsibility to develop your own system that meets the Work Product Review requirements. If you decide to do this, you should ensure that you keep the basic structure of the template documents to provide for ease in conducting QA reviews. There are several advantages to the templates:

a. They have all required elements in one document.
b. Once you are accustomed to them, they will require less time to complete than comparable word documents (auto-population of cells is one feature that aids with this).
c. The action step tracking system helps you keep up with planned action and show their completion for ISCs or other reviewers.
d. Documents are organized in a way that will help QA reviewers easily find required information.
e. Multiple attachments are not necessary. Documents are relatively small and can easily be shared with others on an identified list.
f. Your documents will form the basis for a database that will provide information for meta-analyses of behavioral data.

3. How do I know which month to initiate Clinical Service Monthly and Quarterly reviews?

The progression is like this:

New Assessment and Plan (Initial): BSAR in Month 1, BSP in Month 2, CSMR in Month 3, CSMR in Month 4, CSQR in Month 5, and so on throughout the remainder of the year placing your last CSQR for the year in Month 11 (replacing the annual update).

Continuing Plan (Continuation): The templates are set up to do a quarterly in month 1 to facilitate this system (i.e., first month after annual BSP date). This results in doing the last quarterly in Month 10 (2 months before the annual BSP date).

For BAs who synchronize their BSPs with the ISP date (recommended) these configurations allow for less time between the last quarterly and the ISP date so that recommendations remain more fresh.

With the assumption that most BAs have variable annual BSP dates, the system allows for staggering so that all quarterlies don't end up in the same month. Let's consider the following caseload of continuing cases:

Person Served # 1: Annual BSP date January 1
Person Served # 2: Annual BSP date February 1
Person Served # 3: Annual BSP date March 1
Person Served # 4: Annual BSP date April 1
Person Served # 5: Annual BSP date May 1

Using the templates for continuing services, you will complete reviews as follows for this group.

CSQR for PS 1 due by Feb 20.
CSQR for PS 2, and CSMR for PS 1 due by March 20
CSQR for PS 3, CSMR for PS 1 and PS 2 due by May 20
CSQR for PS 1 and PS 4, and CSMR for PS 2 and PS 3, due by June 20
CSQR for PS 2 and PS 5, and CSMR for PS 1, PS 3, and PS 4 by July 20

On the templates, you replace the tab labels with the month of service (e.g., January 2014). I suggest changing the tab labels as you go, so that you know which type of review is needed next. Essentially, the templates become their own tracking system for each person.

4. **Under the new provider manual, what do we do with restrictions: locked windows, no glass or small objects in the house, staff within arms reach, etc? They aren't really behavioral interventions under any of the categories described.**

   These are handled the same as in the old provider manual. They should be included in an ISP and be approved by an HRC.

5. **Safety Delay: Does this include any time that a person does not go out to do a scheduled activity because he/she is upset or emitting challenging behaviors?**

   Yes.

6. **Does this include when a person refuses to go out or chooses to stay home when the person is upset or emitting challenging behaviors?**

   Not a safety delay when a person chooses to stay home, but it is a safety delay if the person is upset or emitting challenging behaviors that represent an imminent risk of harm.

7. **For protective equipment, it does state ...unless the protective equipment is considered treatment? Do you know when this could be considered treatment?**

The limited circumstance where PE is treatment is when it is used for sensory or social extinction (I.e., blocks sensory consequences or allows for the minimization of attention respectively). It may also be treatment if it allows for exposure to a classically conditioned stimulus for the purpose of decreasing the negative response to that stimulus. These uses are rare.

8. I can't figure out how to get the graphs from the new template into the BSAR or CSMR. When I am in the template I click on the graph link and it takes me to the link but I can't figure out how to move the graph to the document.

The design is that you just leave the graph on the "graphs" page. If someone is reviewing your document and wants to see the graph' they would just click the link.

9. When I enter information into some of the boxes on the quarterly review they are shaded green or red. What does the shading mean?

Red shading in these boxes indicates a problem (data or implementation reliability below 80% or ineffective or moderately effective procedure). Boxes are shaded green when there are no problems (reliability 80% or above, or strategies are identified as effective).

10. I notice there are worksheet tabs. What are these for?

These are tables provided to help you with your work. You have two tables to calculate data reliability, one for implementation reliability, one for conducting data analysis (same as the one in the BSAR) and one for conducting Benefit-Risk Analysis (for comparison of a restricted procedure to a less restricted procedure). These are optional tools for your use.

11. Why are there two forms for assessing data reliability?

The preferred method for data reliability is inter-rater reliability. However, sometimes it may be difficult to obtain these data or the low frequency of behavior may invalidate this method (because the second observer may never have the opportunity to witness some target behaviors). In these circumstances, reliability via use of permanent products (incident reports or daily notes) may be used.

12. Why are there two forms for assessing data reliability?

The preferred method for data reliability is inter-rater reliability. However, sometimes it may be difficult to obtain these data or the low frequency of behavior may invalidate this method (because the second observer may never have the opportunity to witness some target behaviors). In these circumstances, reliability via use of permanent products (incident reports or daily notes) may be used.

13. How is the Benefit-Risk Analysis table used?

Instructions for completing the table are provided under the table. Completion of the analysis results in a Benefit-Risk ratio. Ratios of 1 or greater indicate benefits that are greater than risks, and scores of less than 1 indicate risks that outweigh benefits. Benefit risk calculations should be individualized based on individual risk factors.

14. What if I want to use tools that are not in the templates?

You are welcome to create new tools that meet the needs of the persons you are serving. Where possible, I hope you will share your tools so that I can add them to the templates.