Behavior Analysis

Policies & Procedures

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1. Introduction

Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.

I. What is ASD?

ASD is characterized by varying degrees of difficulty in social interaction and verbal and nonverbal communication, and the presence of repetitive behavior and/or restricted interests. Due to the variability and symptom presentation, no two individuals with an ASD diagnosis are the same with respect to how the disorder manifests and its impact on families. Because of the nature of the disorder, people with ASD often will not achieve the ability to function independently without appropriate medically necessary treatment.

II. What is ABA?

ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. These relevant environmental events are usually identified through a variety of specialized assessment methods. ABA is based on the fact that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as their genetic endowment and physiological variables. Thus, when applied to ASD, ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments. The current guidelines are specific to ABA as a behavioral health treatment of ASD. Nevertheless, ABA has also been demonstrated as effective for treating the symptoms of a variety of conditions, including severe destructive behavior, substance abuse, dementia, pediatric feeding disorders, traumatic brain injury, among others.

III. Identifying ABA

a. An objective assessment and analysis of the client's condition by observing how the environment affects the client's behavior, as evidenced through appropriate data collection
b. Importance given to understanding the context of the behavior and the behavior's value to the individual, the family, and the community
c. Utilization of the principles and procedures of behavior analysis such that the client's health, independence, and quality of life are improved
d. Consistent, ongoing, objective assessment and data analysis to inform clinical decision-making

IV. Essential Practice Elements of ABA

a. The four core characteristics listed above should be apparent throughout all phases of assessment and treatment in the form of these essential practice elements:
    - Comprehensive assessment that describes specific levels of behavior at baseline and informs subsequent establishment of treatment goals
    - An emphasis on understanding the current and future value (or social importance) of
    - behavior(s) targeted for treatment
    - A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence
    - Collection, quantification, and analysis of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress toward treatment goals
    - Efforts to design, establish, and manage the social and learning environment(s) to minimize problem behavior(s) and maximize rate of progress toward all goals
    - An approach to the treatment of problem behavior that links the function of (or the reason for) the behavior to the programmed intervention strategies
    - Use of a carefully constructed, individualized and detailed behavior-analytic treatment plan that utilizes reinforcement and other behavioral principles and excludes the use of methods or techniques that lack consensus about their effectiveness based on evidence in peer-reviewed publications
    - Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until discharge criteria are met
    - An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis
    - Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements

- A comprehensive infrastructure for supervision of all assessment and treatment by a Behavior Analyst

V. Treatment Models

a. Focused ABA Treatment

Focused ABA refers to treatment provided directly to the client for a limited number of behavioral targets. It is not restricted by age, cognitive level, or co-occurring conditions.

b. Comprehensive ABA Treatment

Comprehensive ABA refers to treatment of the multiple affected developmental domains, such as cognitive, communicative, social, emotional, and adaptive functioning. Maladaptive behaviors, such as noncompliance, tantrums, and stereotypy are also typically the focus of treatment.

VI. Locations Where Treatment is Delivered

a. Home
b. School & Community
c. Clinic/Outpatient
d. Residential

2. Agency's Operating Schedule

I. Operating Hours

a. Monday-Friday from 9am-5pm

II. Holidays

The following are the Agency's Holidays.

a. New Year's Day – January 1st
b. Independence Day – July 4th
c. Labor Day – The First Monday of September
d. Thanksgiving Day – Fourth Thursday of November
e. Christmas Day – December 25th

NOTE: If there are any changes to the operating hours or days the Analysts and RBTs will receive an email or text message with that information.

3. Agency Compliance

MG Behavior Services is compliance with all the following:

a. HIPAA
b. AHCA
c. APD
d. BACB

4. Health Insurance Portability and Accountability ACT (HIPAA)

Protecting the privacy of our clients', behavior technicians', and behavior analysts' medical information helps to foster long-term relationships built on confidence and trust. In addition, safeguarding Protected Health Information or "PHI" is required by the Health Insurance Portability and Accountability Act (HIPAA). Our Company is considered a covered employer that is required to comply with the HIPAA Privacy Rule. The Privacy Rule basically states that a person's PHI is confidential and that no one associated with our Company (such as colleagues, volunteers, interns or contractors) may use or disclose such information without the patient's written authorization except under limited and specific circumstances. Protected Health Information or "PHI" includes any health information that is individually identifiable. Individually identifiable health information is that which can be linked to a particular person or group of people, usually by the person's name, social security number, address, birth date or other piece of demographic information. For example, a person's medical condition coupled with that person's name would be considered PHI. In addition, simply the fact that an individual is a client at our Company is also considered PHI.

In your role with the company, you are required to safeguard any information, including demographic data that relates to:

a. Our client's past, present or future physical or mental health or conditions,
b. All provisions of health care provided to the client, and
c. All information pertaining to the past, present, or future payment for the provision of health care to the client

During your employment, you may inevitably come into contact with Protected Health Information. This information may be in any medium (i.e. written, electronic, oral, overheard or observed). The policy that we use in our Company is that such information may be disseminated to other colleagues within the Company on a strict "need to know" basis. You are not to discuss any type of PHI with another colleague who does not have a legitimate, work-related need to know such information. In addition, under no circumstances are you permitted to discuss or otherwise disclose PHI with anyone else, including other clients, the client's family or friends, your family or friends, etc., as doing so violates the federal HIPAA law.

A HIPAA covered entity is permitted to use and disclose PHI, without the patient's authorization under the following circumstances:

a. To the client. You never have to be concerned with the HIPAA Privacy Rule when discussing the client's health information with that client.
b. For treatment, payment and health care operations.
c. For informal reasons, as long as the patient has the opportunity to agree or object.
d. For purposes incidental to another permitted PHI disclosure
e. For Public Interest and Benefit Activities, or
f. For the purposes of research, public health or health care operations.

Please keep in mind that HIPAA Privacy Rule covered transactions include, but are not limited to:

a. Healthcare Claims
b. Health Plan Eligibility Communications
c. Health Plan Enrollment and Disenrollment
d. Healthcare Payment and Remittance
e. Health Plan Premium Payments
f. Claim Status Communications
g. Referral Certification and Authorization
h. Coordination of Benefits

You will receive training regarding the Company's Privacy and HIPAA policies. You are required to follow our rules and policies in this regard as a condition of employment. Unauthorized disclosures of PHI or other Privacy or HIPAA violations will result in disciplinary action up to and including termination of employment. HIPAA compliance is complex, and it is an area that the Company takes very seriously. To this end, the Company has designated a HIPAA Compliance Officer (HCO). Should you ever have questions or concerns regarding our HIPAA policy, a specific disclosure, or a disclosure request, please direct such questions to your manager or our HIPAA Compliance Officer. Any violation of this policy will subject the behavior analyst and/or behavior technician to immediate disciplinary action and may include termination. Any behavior analyst and/or behavior technician who may have failed to report a violation of HIPAA or any behavior analyst and/or behavior technician who may have withheld relevant information concerning a violation of HIPAA will be immediately disciplined and may even be terminated.

5. Client and Provider Information

It is the policy of MG Home Care to ensure that the operations of the company and its clients and/or patients, and their families are kept confidential. If behavior analysts and/or behavior technicians learn confidential information relating to the business, or the clients, or the client's families, such information shall remain confidential. All behavior analysts and behavior technicians are expected to uphold the code for ethical standards and must withhold all confidential information learned at any point during employment with MG Home Care (this includes any and all information relating to a client or a client's family learned during service sessions).

6. Compensation and Case Load Confidentiality

The rate of compensation you receive whether that be in the form of pay per visit, pay per hour, the number of patients, or salaries is expected to be kept confidential.

7. Social Media Policy

The Company understands that social media can be a fun and rewarding way to share life and opinions with family, friends, and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist staff in making responsible decisions about their use of social media, we have established these guidelines for appropriate use of social media. MG Home Care Services also protects patient privacy by refraining from posting patient information or photos on social media. This policy applies to all staff of the Company.

I. Guidelines

In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the internet, including to an staff's own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board, or a chat room, if associated or affiliated with the Company, as well as any other form of electronic communication.

The same principles and guidelines found in Company policies apply to staff activities online. Ultimately, staff are solely responsible for what they post online. Before creating online content, staff should consider some of the risks and rewards that are involved. Staff should keep in mind that any conduct that adversely affects an individual's job performance, the performance of fellow colleagues, or otherwise adversely affects members, client and/or patients, suppliers, people who work on behalf of the Company, or the Company's legitimate business interests may result in disciplinary action up to and including termination.

II. Know and Follow the Rules

Carefully read these guidelines, the General Conduct Guidelines, the Sexual and Other Unlawful Harassment and Abusive Conduct policies, and ensure your postings are consistent with these. Inappropriate postings that may

include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated.

III. Be Respectful

Staff should always be fair and courteous to fellow staff, client and/or patients, members, suppliers, or people who work on behalf of the Company. Also, staff should keep in mind that they are more likely to resolve work-related complaints by speaking directly with their co-workers or by utilizing our Complaint Procedure than by posting complaints to a social media outlet. Nevertheless, if any staff member decides to post complaints or criticism, they should avoid using statements, photographs, video, or audio that reasonably could be viewed as malicious, obscene, threatening, or intimidating; that disparage client and/or patients, members, staff, or suppliers; or that might constitute harassment or abusive conduct. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or Company policy.

IV. Be Honest and Accurate

Staff should make sure they are always honest and accurate when posting information or news and if they make a mistake, it should be corrected quickly, and they should be open about any previous posts they have altered. The internet archives almost everything; therefore, even deleted postings can be searched. Staff should never post any information or rumors that they know to be false about the Company, fellow staff, members, client and/or patients, suppliers, and people working on behalf of the Company or competitors.

V. Post Only Appropriate and Respectful Content

a. Staff should maintain the confidentiality of Company trade secrets and private or confidential information. Trades secrets may include information regarding the development of systems, processes, products, know-how and technology. Staff should not post internal reports, policies, procedures or other internal business-related confidential communications.
b. Financial disclosure laws must always be respected. It is illegal to communicate or give a "tip" on inside information to others so that they may buy or sell stocks or securities.
c. Staff should not create a link from their blog, website or other social networking site to a Company website without identifying themselves as a Company staff.
d. Only personal opinions should be expressed. Staff should never represent themselves as a spokesperson for the Company. If the Company is a subject of the content they are creating, they should be clear and open about the fact that they are company staff and make it clear that their views do not represent those of the Company, fellow staff, members, client and/or patients, suppliers or people working on behalf of the Company. If staff does publish a blog or post online related to the work they do or subjects associated with the Company, they should make it clear that they are not speaking on behalf of the Company. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of the Company."

VI. Using Social Media at Work

Staff must refrain from using social media while on work time or on Company equipment, unless it is work-related as authorized by a manager or consistent with the Electronics Assets Usage policy. Staff may not use Company email addresses to register on social networks, blogs, or other online tools utilized for personal use.

VII. Retaliation is Prohibited

The Company prohibits taking negative action against any staff for reporting a possible deviation from this policy or for cooperating in an investigation.

VIII. Media Contacts

Staff should not speak to the media on the Company's behalf without contacting Human Resources. All media inquiries should be directed to them.

IX. For More Information

If the staff has questions or needs further guidance, they should contact their supervisor or Human Resources.

8. Open Door Policy

The Company subscribes to the open-door policy. Employees may bring a particular complaint to their supervisor or manager for resolution. When matters cannot be handled on an informal basis, the Company has established a formal procedure for a fair review of any work-related controversy, dispute or misunderstanding. A complaint may be brought by one or more employees concerning any work-related problem where the complaint has not been satisfactorily resolved in an informal manner. Employees may skip to Step 2 if the complaint is related to their supervisor or manager or if they feel they would not provide an impartial resolution to the problem.

<u>Step 1</u>

The complaint should be submitted in writing to a supervisor, manager or designee within three working days of the incident. A written request for a meeting must be submitted simultaneously. Generally, a meeting will be held within three working days of the employee's request depending upon scheduling

availability. Witnesses will be allowed as necessary. If the problem is not resolved during this meeting the supervisor, manager or designee will give the employee a written resolution within three working days. If the employee is not satisfied, the employee may proceed to Step 2.

Step 2

If the employee is not satisfied after Step 1, the employee may submit a written request for review of the complaint and Step 1 solution to Human Resources or their designee. Such a request should be made within three working days following the receipt of the Step 1 resolution. Human Resources or appointed representative will review the complaint and proposed solution and may call a further meeting to explore the problem. This meeting is to be attended by the employee concerned, the employee's supervisor or manager (if appropriate), and any other employee of the Company whom the aggrieved employee chooses. Human Resources or appointed representative will render the final decision within ten working days after receiving the Step 2 request, assuming scheduling availability. The decision will be given to the employee in writing and will become part of the employee's personnel file.

9. MG Home Care Fraud Prevention Policies & Procedures

MG Home Care is committed to encouraging compliance with all state and federal regulations. Our company strives to maintain an environment in which all administrative employees, behavior analysts, behavior technicians, and contractors are educated and up to date with the latest relevant legislation and professional and ethical standards of our practices.

MG Home Care expects that all employees, and contractors will uphold the highest professional and ethical standards. All employees, and contractors who suspect fraudulent and/or suspicious activity are expected to immediately report to management. Employees, and contractors have an obligation to report any and all questionably fraudulent activity.

10. Whistleblower Policy

A whistleblower as defined by this policy is an employee of MG Home Care Services, LLC who reports an activity that he/she considers to be illegal or dishonest to one or more of the parties specified in this Policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

Examples of illegal or dishonest activities are violations of federal, state, or local laws; billing for services not performed or for goods not delivered; and other fraudulent financial reporting.

If an employee and/or contractor has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee and/or contractor is to contact his/her immediate supervisor or the Human Resources Director. The employee and/or contractor must exercise sound judgment to avoid baseless allegations. An employee and/or contractor who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.

Whistleblower protections are provided in two important areas -- confidentiality and against retaliation. Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. The Company will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who believes he/she is being retaliated against must contact the Human Resources Director immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

Defend Trade Secrets Act (DTSA) Compliance: "Immunity from Liability for Confidential Disclosure of a Trade Secret to the Government or in a Court Filing:

a. Immunity

   An individual shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that—(A) is made—(i) in confidence to a federal, state or local government official, either directly or indirectly, or to an attorney; and (ii) solely for the purpose of reporting or investigating a suspected violation of law; or (B) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal.

b. Use of Trade Secret Information in Anti-Retaliation Lawsuit

   An individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual—(A) files any document containing the trade secret under seal; and (B) does not disclose the trade secret, except pursuant to court order."

All reports of illegal and dishonest activities will be promptly submitted to Chief Compliance Officer who is responsible for investigating and coordinating corrective action. Employees and/or contractors with any questions regarding this policy should contact the Director of Human Resources.

11. **Exercise Your Rights**

Contact us at any time if you have questions about our policies and procedures, individual rights and complaints.
If you have concerns or wish to submit a complaint, please do so in writing by sending it to our address below. You can also file a complaint with one of the following Entities.

Send the complaint to:
MG Home Care Services LLC.
7951 SW 40th ST Suite 200 Miami, FL 33155
Ph: 305-908-2999
You can also submit a complaint to the United States Department of Health and Human Services.
OR
Send your complaint to:
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines-Voices: 1 800-368-1019
This is a brief summary of your rights and protections under the federal health information privacy law. You can learn more about health information privacy and your rights in a fact sheet called "Your Health Information Privacy Rights." You can get this from the website at www.hhs.gov/ocr/hipaa/.
OR
Send your complaint to:
Behavioral Health Center of Excellence
8033 Sunset Blvd #1093
Los Angeles, CA 90046
For faster processing go to the following link to submit your complaint.
https://bhcoe.org/become-a-bhcoe/report-a-compliance-concern/
OR
Send your complaint to:
Behavior Analyst Certification Board
7950 Shaffer Parkway
Littleton, CO 80127
For faster processing go to the following link to submit your complaint.
https://www.bacb.com/ethics-information/reporting-to-ethics-department/

12. **Gift Exchange Policy**

Staff shall not solicit or accept for personal benefit directly or indirectly any gift, loan, discount on any item from any person or company that is seeking to conduct or is currently conducting business with MG Home Care Services, LLC.

13. **MG Home Care Services' Procedures to ensure Ethical Conduct**

All MG Home Care employees, and contractors are expected to report fraud and/or abuse once he or she suspects suspicious activity. It is our policy that any contractor or employee who has knowledge of abuse or a submission of a false claim or statement to any government agency, is as responsible as the individual who committed the actual abuse or fraud. Failure to report is considered a violation of both federal and Florida state laws. who commit abuse or submit a false claim or fail to report abuse or the submission of a false claim, will be personally liable and may be terminated.

All Employees and contractors are expected to adhere to the following standards:

a. *Employees and contractors* should regularly verify parent/guardian signatures.
b. Case conferences with parents/guardians should be performed frequently.
c. Behavior analysts and/or behavior technicians should take notes during case conferences and should always record the date and time of each conference.
d. Accurate documentation of each case conference and each session should be properly recorded.
e. Behavior Analysts and administrators should have constant open communication with each other and with the clients' parents/guardians.
f. Behavior Analysts should regularly submit to management audits to verify parent/guardian signatures and accurate documentation.
g. Behavior analysts and/or behavior technicians should be organized and maintain proper documentation and record of clients/patients.
h. Management/Administration should ensure that parent/guardian signatures are being consistently collected by behavior analysts and/or behavior technicians.

i. All behavior analysts and/or behavior technicians licenses should undergo rigorous screening upon hire or contractual agreement.
j. Management and Behavior Analysts should ensure that Behavior Analysts are up to date with the latest resources and training.
k. Designated Behavior Analysts should regularly review the Behavior technicians' notes and documents in order to ensure everything is consistent, compliant, and ethical.
l. Applicants who do not meet the criteria to work for state or federal agencies should not be hired.
m. The billing/administrative department should have open communication with all Behavior Analysts in order to accurately record billing and services.
n. All reports of potential violations will be taken seriously and investigated.
o. Any inference of fraudulent activity or abuse will be immediately reported to management or the appropriate agency.
p. Any question or concerns should always be addressed to management and/or the clinical supervisor or administration.

14. Abuse Prevention Policy

I. General Policies

a. To protect MG Home Care staff, staff are not to be alone with a single child where he or she cannot be observed by others.
b. In situations where one-on-one interactions are suggested, staff should observe the following policies manage the risk of abuse or false allegations of abuse:
   - When meeting one-on-one with a youth, always do so in a public place where you are in full view of others.
   - Avoid physical affection that can be misinterpreted. Limit affection to pats on the shoulder, high-fives, and handshakes.
   - If meeting in a room or office, leave the door open or move to an area that can be easily observed by others passing by.
   - Document and immediately report any unusual incidents, including disclosures of abuse or maltreatment, behavior problems and how they were handled, injuries, or any interactions that might be misinterpreted.
c. Staff will never leave a child unsupervised.
d. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will monitor the restroom area while it is being occupied by children. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff is assisting younger children, doors to the facility must remain open. The "rule of three" will be followed (i.e. two children and one staff; two staff and one child; or a staff, child, and another adult) at all times.
e. Staff will conduct or supervise private activities in pairs: diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff will be positioned so that they are visible to others. Staff should ensure that participants are not 1:1 with other participants in changing stalls or showers.
f. Staff will take note of any fever, bumps, bruises, burns, and all symptoms or issues that are visible on a child. Questions or comments will be addressed to the parent or child in a non-threatening way. If a child states that the parent caused an injury, staff will follow procedure for reporting immediately. Staff will document any questionable marks or responses.
g. Staff will respond to children in a respectful manner and consideration and treat all children
h. equally, regardless of sex, race, religion, culture, economic level of the family, or disability.
i. Staff may not transport children in their own vehicles.
j. Staff may not be alone with children they meet in MG Home Care programs outside of MG Home Care scope. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes.
k. MG Home Care prohibits the access, display, production, possession, or distribution of pornography on MG Home Care property or equipment or during any MG Home Care associated activity.
l. Staff will not give gifts (e.g., TV, video games, jewelry) to clients.
m. Staff may not date program participants.
n. Under no circumstances will staff release children in child programs (afterschool, camp, drop-in childcare, and preschool) to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the MG Home Care).
o. Staff are to report to a supervisor any observation or suspicion of another staff in violation of these policies.
p. Staff will not abuse children in any way, including:
   - Physical Abuse — striking, spanking, shaking, slapping
   - Verbal Abuse — humiliating, degrading, threatening

- Sexual Abuse — touching or speaking inappropriately
- Mental Abuse — shaming, withholding kindness, being cruel
- Neglect — withholding food, water, or basic care

q. We do not tolerate the mistreatment or abuse of one youth by another youth.
r. Staff are not responsible for arranging personal travel accommodations.
s. Staff shall not withhold any punishment unless it is part of the behavioral program and has been signed by caregivers in the consent to treatment.
t. Staff will immediately notify their appropriate supervisor and Human Resources Director if they are arrested or convicted of a crime involving children while they are employed by MG Home Care.

II. Bullying

We do not tolerate any behavior that is classified under the definition of bullying.
Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

a. Physical Bullying
when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
b. Verbal bullying
when someone uses their words to hurt another, such as by belittling or calling another hurtful names.
c. Nonverbal or relational bullying
when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
d. Cyberbullying
the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:
- Sending mean, vulgar, or threatening messages or images
- Posting sensitive, private information about another person
- Pretending to be someone else in order to make that person look bad
- Intentionally excluding someone from an online group

e. Hazing
an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.
f. Sexualized bullying
when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.

Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying- this policy applies to all staff. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing post incident.

III. Defining Appropriate and Inappropriate Physical Contact

MG Home Care encourages appropriate physical contact with youth and prohibits inappropriate displays of physical contact. Any inappropriate physical contact by staff towards client will result in disciplinary action, up to and including termination of employment/volunteer experience.

a. Staff will respect children's rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
b. Staff will refrain from intimate displays of affection in the presence of children, parents, and staff.
c. MG Home Care's policies for appropriate and inappropriate physical interactions are:

i. <u>Appropriate Physical Interactions</u>

- Side hugs
- Shoulder-to-shoulder hugs
- Pats on the shoulder or back
- Handshakes
- High-fives and hand slapping

- Verbal praise
- Pats on the head when culturally appropriate
- Touching hands, shoulders, and arms
- Arms around shoulders
- Holding hands (with young children in escorting situations)

ii. <u>Inappropriate Physical Interactions</u>

- Full-frontal hugs
- Kisses
- Showing affection in isolated area
- Lap sitting
- Wrestling
- Piggyback/shoulder rides
- Tickling
- Allowing a youth to cling to a staff's or volunteer's leg
- Any type of massage given by or to a youth
- Any form of affection that is unwanted by the youth or the staff or volunteer
- Compliments relating to physique or body development
- Touching bottom, chest, or genital areas

IV. Defining Appropriate and Inappropriate Verbal Interactions

a. Staff are prohibited from speaking to clients in a way that is, or could be construed by any observer, as harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning, harassing or humiliating.

b. Staff must not initiate sexually oriented conversations with youth, parents, staff or volunteers. Staff are not permitted to discuss their own sexual activities, intimate details of one's personal life in the presence of children, parents, volunteers or staff.

c. MG Home Care's policies for appropriate and inappropriate verbal interactions are:

i. <u>Appropriate Verbal Interactions</u>

- Positive reinforcement
- Appropriate jokes
- Encouragement
- Praise

ii. <u>Inappropriate Verbal Interactions</u>

- Name-calling
- Inappropriate jokes
- Discussing sexual encounters or in any way involving youth in the personal problems or issues of staff and volunteers
- Secrets
- Cursing/profanity
- Off-color or sexual jokes
- Shaming
- Belittling
- Derogatory remarks
- Harsh language that may frighten, threaten or humiliate youth
- Derogatory remarks about the youth or his/her family

V. Governing Electronic Communication between Staff and Youth

a. For the protection of MG Home Care staff, any private electronic communication between staff and clients, including the use of social networking websites like - Facebook, Instagram, Snapchat, instant messaging, texting, etc. - is prohibited except when directed to do so by a supervisor to conduct official business on behalf of MG Home Care.

b. All communication between staff and client must be transparent. The following are examples of appropriate and inappropriate electronic communication.

i. Appropriate Electronic Communication

- Sending and replying to emails and text messages from youth ONLY when copying in a supervisor or the youth's parent
- Communicating with youth through "organization group pages" on Facebook or other approved public forums
- "Private" profiles for staff and volunteers which youth cannot access

ii. Inappropriate Electronic Communication

- Harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning or humiliating comments
- Sexually oriented conversations
- Private messages between staff and volunteers with youth
- Posting pictures of organization participants on social media sites
- Posting inappropriate comments on pictures
- "Friending" participants on social networking sites
- Taking pictures of participants

15. Abuse Reporting Policy

a. Abuse is defined as any willful act or threatened act that causes or is likely to cause significant impairment to a vulnerable adult or child's physical/mental or emotional health.

b. Neglect is defined as the failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult, or child including but not limited to: food, clothing, medicine, shelter, supervision and medical services that a prudent person would consider essential for the well- being of a vulnerable adult or child. The term neglect also means the family of a caregiver to make a reasonable effort to protect a vulnerable adult of child from abuse, neglect or exploitation by others. Neglect is repeated conduct or a single incident of carelessness, which produces or could reasonably be expected to result in serious physical or psychological injury or substantial risk of death.

c. Exploitation is defined as but not limited to breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, relating in the unauthorized appropriate, sale or transfer of property, unauthorized taking of personal assets, misappropriate, misuse or transfer of money or belongings to a vulnerable adult from a personal or joint account, or intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities requires for that person's support and maintenance.

MG Home Care Services LLC understands that the Department of Children and Families requires providers to immediately report any cases of alleged abuse/neglect/exploitation to the Abuse Registry as mandated in Chapter 415 of the Florida Statutes. Allegations of abuse, neglect or exploitation must be reported as an incident to the Department of Children and Families Developmental Disabilities Program Office.

MG Home Care Services LLC Will provide training on abuse, neglect and exploitation to individuals receiving services and/or their guardians annually and provide them with the abuse registry number. Any person served by me has the right to report abusive practices.

The Abuse number will be conspicuously located at each phone, and MG Home Care Services LLC will facilitate reporting should a particular wish to place a call to the abuse registry.

The toll-free abuse reporting number is:
1-800-96-ABUSE or 1-800-962-2873

TDD (Telephone Device for the Deaf) number is:
1-800-453-5145
This toll-free number is available 24/7; counselors are waiting to assist you.

I. Phone Reporting & Options

Press 1 to report suspected abuse, neglect or abandonment of a child
Press 2 to report suspected abuse, neglect or exploitation of the elderly or a vulnerable adult
Press 3 to verify the identity of a child protective investigator who recently visited you
Press 4 for information/referrals to other services in your local area.

Be prepared to provide specific descriptions of the incident(s) or the circumstances contributing to the risk of harm, including who was involved, what occurred, when and where it occurred, why it happened, the extent of any injuries sustained, what the victim(s) said happened, and any other pertinent information are very important. Information callers should have ready includes:

a. Name, date of birth (or approximate age), race, and gender, for all adults and children involved.
b. Addresses or another means to locate the subjects of the report, including current location.
c. Information regarding disabilities and/or limitations of the victims (especially for vulnerable adult victims).
d. Relationship of the alleged perpetrator to the child or adult victim(s).
e. Other relevant information that would expedite an investigation, such as directions to the victim (especially in rural areas) and potential risks to the investigator, should be given to the Abuse Hotline Counselor.

II. Fax Reporting

To make a report, via fax, please send a detailed written report with your name and contact telephone or FAX contact information using the Florida Abuse Hotline's fax reporting form to: 1-800-914-0004. This form is available

in PDF Format, (requires that you use Adobe Acrobat to view and print) at http://www.myflfamilies.com/service-programs/abuse-hotline/howtoreport

III. Web Reporting

Web reporting should not be used for situations requiring immediate attention. Please contact the Hotline's toll-free reporting number if you believe a child or vulnerable adult is at imminent risk of harm. To make a report via the Florida Abuse Hotline's web reporting option, please gather all of your information in advance and click the following link at http://www.myflfamilies.com/service-programs/abuse-hotline/howtoreport

IV. Notification of Report

Telephone reporters will always be told prior to concluding your conversation, whether the information provided has been accepted as a report. Fax reporters will only be notified if they request notification in the designated area on the fax reporting form.

16. Clinical Supervision

The clinical supervision is medically necessary to achieve treatment goals. Behavior Analyst's clinical, supervisory, and case management activities are often supported by other staff such as BCBA-D/BCBA or License in related field, Assistant Behavior Analysts working within the scope of their training, practice, and competence.

I. Responsibilities

a. Ensuring high-quality services are delivered in the clinic and to home-based clients through monitoring clinic compliance, addressing systematic deficits and identifying opportunities for continuous compliance improvement;
b. Coaching, mentoring and providing performance assessments of clinical staff (BCBAs, RBT Trainers, and RBTs);
c. Monitoring and assessing the clinical progress of all clients in the service region by ensuring appropriate assessments are used and clinically sound treatment plans are developed and implemented;
d. Serving as the point of contact regarding clinical concerns from parents and RBTs in the service region and resolving concerns within clinic service policies;
e. Partnering with Human Resources to attract, hire and retain clinical candidates to meet company needs;
f. Overseeing and assessing effective service region RBT trainers and the effectiveness of RBT training protocols

The clinical direction activities will be divided direct supervision and indirect supervision. Both direct and indirect case supervision activities are critical to producing good treatment outcomes and should be included in service authorizations. The direct supervision can be described as those that involve contact with the client or caregivers and will occurs concurrently with the delivery of direct treatment to the client. On average, direct supervision time accounts for 50% or more of case supervision.

II. Direct Supervision Activities

a. Directly observe treatment implementation for potential program revision
b. Monitor treatment integrity to ensure satisfactory implementation of treatment protocols
c. Directing staff and/or caregivers in the implementation of new or revised treatment protocols (client present)

III. Indirect Supervision Activities

a. Develop treatment goals, protocols, and data collection systems
b. Summarize and analyze data8
c. Evaluate client progress towards treatment goals
d. Adjust treatment protocols based on data
e. Coordination of care with other professionals
f. Crisis intervention
g. Report progress towards treatment goals
h. Develop and oversee transition/discharge plan

IV. Who can provide Clinical Supervision

a. Lead Behavior Analyst
- *Qualifications*
  - BCBA-D/BCBA or License in related field
  - Competence in supervising and developing ABA treatment programs for clients with ASD
- *Responsibilities*
  - Summarize and analyze data
  - Evaluate client progress towards treatment goals
  - Supervise implementation of treatment
  - Adjust treatment protocols based on data

- Monitor treatment integrity
- Train and consult with caregivers and other professionals
- Evaluate risk management and crisis management
- Ensure satisfactory implementation of treatment protocols
- Report progress towards treatment goals
- Develop and oversee transition/discharge plan

b. Behavior Analyst

- *Qualifications*
  - BCaBA (preferred)
- *Responsibilities*
  - Various supervisory tasks that have been delegated and are overseen by the Lead Behavior Analyst

The amount of supervision for each case must be responsive to individual client needs, 2 hours for every 10 hours of direct treatment is the general standard of care. When direct treatment is 10 hours per week or less, a minimum of 2 hours per week of case supervision is generally required. Case supervision may need to be temporarily increased to meet the needs of individual clients at specific time periods in treatment (for example, initial assessment, significant change in response to treatment).

17. Eligible Recipient

I. General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy. The agency must verify each recipient's eligibility each time a service is rendered.

II. Who Can Receive?

Florida Medicaid recipients under the age of 21 years requiring medically necessary BA services. Some services may be subject to additional coverage criteria.

III. Review Criteria for Behavior Analysis Services

Behavior analysis (BA) services are considered as either the treatment of choice or as an adjunct treatment modality for a variety of conditions and disorders where maladaptive behaviors are part of the recipient's clinical presentation, including behavioral manifestations of diagnoses such as Autism Spectrum Disorder and other behavioral health conditions.

18. Client Admission Requirements

a. Referral from any of the following:
   - Pediatrician
   - Neurologist

b. Evaluation from any of the following:
   - Pediatrician
   - Neurologist
   - Psychiatrist
   - School (IEP)
   - Developmental Pediatrician

c. If the recipient comes from another Agency, they must have a Discharge Letter.

19. Critical Elements Necessary for ANY Type of Behavior Analysis Service

The following critical elements must be satisfied to qualify for BA services:

a. Eligibility – The recipient must meet all criteria for BA services as outlined in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.
b. Medical necessity – The recipient must meet medical necessity criteria as outlined in in Rule 59G-1.010, F.A.C.
c. The recipient currently engages in maladaptive behaviors
d. These maladaptive behaviors interfere with the recipient's daily functioning

I. Criteria for Initial Behavior Analysis Assessment

BOTH of the following MUST be satisfied:

a. ALL critical elements are met
b. Provider submits a valid written physician's order as stipulated in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.

II. Criteria for Behavior Analysis Services and Reassessments

a. ALL of the following MUST be satisfied:
   - ALL critical elements are met
   - An assessment or, if applicable, a reassessment, authored by a lead analyst, is provided. An assessment of the maladaptive behavior(s) is a necessary element of the process of identifying

the frequency and magnitude of the behaviors as well as the variables associated with the occurrence of the maladaptive behavior(s). This helps in defining what are the functional consequences of the problem behavior(s) so that an adequate behavior plan can be implemented.

b. This (re)assessment MUST include, at a minimum, ALL of the following:
   - A clear operational description of the maladaptive behavior(s)
   - Baseline and/or updated treatment data (if reassessment)
   - Progress toward identified goals (if a reassessment)
   - Identification of the events, times, and situations that appear to be associated to the occurrence of the maladaptive behavior(s)
   - Identification of the functional consequences of the maladaptive behavior(s)
   - Development of hypotheses and summary statements that describe the maladaptive behavior(s) and its(their) functions
   - Summary and recommendations

c. A behavior plan authored or updated by a lead analyst. The behavior plan is the cornerstone of the delivery of behavior analysis services and it is based on the information obtained in the assessment. It proposes specific interventions to reduce or eliminate the maladaptive behavior. These interventions take into consideration the variables, both present before the behavior, as well as after the behavior, that influence the occurrence of the maladaptive behavior(s). This plan also includes replacement appropriate behaviors for the recipient to engage in instead of the maladaptive behaviors in order to obtain the same function. The plan must be detailed enough to warrant the requested services and include mechanisms to monitor its effectiveness.

d. This MUST include, at a minimum, ALL of the following:
   - Observable and measurable descriptions of the maladaptive behavior(s)
   - Identified function of the maladaptive behavior(s) behavior as a result of the assessment or reassessment conducted
   - Goals and strategies for changing the maladaptive behavior(s)
   - Written detailed description of when, where, and how often these goals will be addressed and proposed strategies will be implemented
   - System for monitoring and evaluating the effectiveness of the plan
   - Safety and crisis plan, if applicable
   - Summary and recommendations
   - Discharge criteria
   - Transition Plan (if applicable)

NOTE: Although the assessment and behavior plan were addressed separately in section 2, both of them can be submitted as a single document

20. Criteria for Continuation of Treatment at the Present Level and/or Using Current Methods

Providers must ensure that ALL of the following criteria are met to request continuation of treatment at the present level or using the current methods. If criteria for 3a is met, but criteria for 3b and/or 3c are not met, then a reduction of the treatment level and/or change of treatment methods may be warranted.

a. ALL criteria listed in 2a, 2b, and 2c regarding critical elements, assessment or reassessment, and behavior plan, are met.

b. The data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan.

c. The level of functional impairment justifies continuation of BA services. The reviewer utilizes the information provided below as a guide as it relates to the level of functional impairment as expressed through the following behaviors:
   - Safety - aggression, self-injury, property destruction, elopement
   - Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
   - Self-stimulating, abnormal, inflexible, or intense preoccupations
   - Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
   - Other- behaviors not identified above

21. Criteria to Assess the Intensity of Behavior Analysis Services

a. Providers may request up to 40 hours of BA services per week, per recipient, based upon the following:
   - As a rule, higher number of maladaptive behaviors, higher severity and frequency of behaviors, as well as the multiplicity of settings where the behaviors occur, would usually justify a higher number of services hours. The greater the number of goals targeted to reduce

maladaptive behaviors, the more the likelihood that a higher number of services hours could also be warranted.

b. Providers MUST ensure that proper justification for the requested hours of services is adequately documented in the behavior plan.
c. Based on the information provided in the assessment, behavior plan, and any other supporting documentation, the reviewer utilizes the information provided below as a guide as it relates to the level of functional impairment as expressed through the following behaviors:
    - Safety - aggression, self-injury, property destruction, elopement
    - Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
    - Self-stimulating, abnormal, inflexible, or intense preoccupations
    - Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
    - Other- behaviors not identified above

22. Criteria for Discharge from Behavior Analysis Services

I. Parent/Guardian Discharge

The care giver of the recipient can cancel services when ever they want for whatever reason including but not limited to, not wanting the recipient to receive services or transferring the recipient to another Agency. In these cases, MG Behavior Services will issue the caregiver a discharge letter.

II. Provider Discharge

If an Analyst or RBT were to choose to stop providing services to the recipient, they would have to notify MG Behavior Services as well as the parents. After a notice has been given to MG Behavior Services, the agency will transfer the case load to another Analyst and/or RBT. During this time, the current Analyst and RBT must provide services to the recipient until another Analyst and/or RBT can take over the case.

III. Agency Discharge

ONE or MORE of the following MUST be satisfied:

a. The critical elements are no longer met.
b. The data provided shows that the frequency and severity of maladaptive behavior(s) has declined to the point that they no longer pose a barrier to the child's ability to function in his/her environment.
c. The data provided shows the recipient has made no progress toward any goals in the last 12 consecutive months.
d. The level of functional impairment as expressed through behaviors no longer justifies continued BA services.
e. Parent/guardian is constantly interfering with the services hindering the client's progress
f. The client, member of the household, or other significant caregiver is physically abusive or verbally threatening to MG Home Care Services' staff.

The reviewer utilizes the information provided below as a guide as it relates to the level of functional impairment as expressed through the following behaviors:

a. Safety - aggression, self-injury, property destruction, elopement
b. Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
c. Self-stimulating, abnormal, inflexible, or intense preoccupations
d. Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
e. Other- behaviors not identified above

23. Non-Evidence-Based Practices

At MG Home Care we strive to provide the best services possible, which is why we refrain from using Non-Evidence-Based Practices as part of ABA Services. The following are a list provided by the Autism Science Foundation of commonly known treatments that are currently not scientifically validated:

I. Biomedical Non-Evidence-Based Treatments

a. Chelation
b. Lupron Therapy
c. Hyperbaric Oxygen Therapy (HBOT)
d. Gluten Free-Casein Free (GFCF) Diet
e. Stem Cell Therapy
f. Secretin Injections
g. Antifungal Agent Therapy
h. Vitamin Supplements
i. Raw Camel Milk

j. Raw camel milk has been alleged to cure autism-related ills with benefits ranging from improved eye contact and motor skills to decreased inflammation. Although it may be nutritious, there is no scientific research that upholds claims that raw camel milk is an autism "cure-all."
k. Marijuana Therapy
l. Nicotine Patch Therapy
m. Bleach Therapy
n. Transcranial Magnetic Stimulation

II. Psychological and Behavioral Non-Evidence-Based Treatments

a. Therapeutic Horseback Riding
b. Dolphin-Assisted Therapy
c. Prism Glasses
d. Holding Therapy

24. Rights and Prerogatives of Clients

a. The rights of the client are paramount and behavior analysts support clients' legal rights and prerogatives.
b. Clients and supervisees must be provided, on request, an accurate and current set of the behavior analyst's credentials.
c. Permission for electronic recording of interviews and service delivery sessions is secured from clients and relevant staff in all relevant settings. Consent for different uses must be obtained specifically and separately.
d. Clients and supervisees must be informed of their rights and about procedures to lodge complaints about professional practices of behavior analysts with the employer, appropriate authorities, and the BACB.
e. Behavior analysts comply with any requirements for criminal background checks.

25. Parent/Guardian Rights

Parents/Guardians have the following rights over their child's information:

a. Right to Request a Restriction
b. Right to paper copy of HIPAA's Privacy Practices
c. Right to amend the child's health information
d. Right to an accounting of disclosures
e. Right to request alternative means of communication
f. Right of access to protected health information
g. Example of disclosure for treatment, payment, and health care operations.

26. Eligible Provider

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid BA services.

I. Who Can Provide?

Services must be rendered by one of the following:

a. Lead analysts who are one of the following:
   - Board certified behavior analyst (BCBA) credentialed by the Behavior Analyst Certification Board®
   - Florida certified behavior analyst (FL-CBA) credentialed by the Behavior Analyst Certification Board®
   - Practitioner fully licensed in accordance with Chapters 490 or 491, F.S., with training and expertise in the field of behavior analysis (This does not include interns or provisional licensees).
b. Board certified assistant behavior analysts (BCaBA) credentialed by the Behavior Analyst Certification Board®
c. Registered behavior technicians (RBT) credentialed by the Behavior Analyst Certification Board®
d. Behavior assistants working under the supervision of a lead analyst and who meet one of the following:
   - Have a bachelor's degree from an accredited university or college in a related human services field; are employed by or under contract with a group, billing provider, or agency that provides Behavior Analysis; and, agree to become a Registered Behavior Technician credentialed by the Behavior Analyst Certification Board by January 1, 2019.
   - Are 18 years or older with a high school diploma or equivalent; have at least two years of experience providing direct services to recipients with mental health disorders, developmental or intellectual disabilities; and, complete 20 hours of documented in-service trainings in the treatment of mental health, developmental or intellectual disabilities, recipient rights, crisis management strategies and confidentiality.

27. Conflict of Interest Policy

MG Home Care wants to ensure that corporate practices do not create situations such as conflict of interest or favoritism based on employment of relatives. This extends to practices that involve hiring, promotion and transfer.

Close relatives, partners, those in a dating relationship or members of the same household are not permitted to be in positions that have a reporting responsibility to each other. Close relatives are defined as the following: husband, wife, father, mother, father-in-law, mother-in law, grandfather, grandmother, son, son-in-law, daughter, daughter-in law, uncle, aunt, nephew, niece, brother, sister, brother-in-law, sister, sister-in-law, step relatives and cousins.

Individuals will not be hired or promoted into a position that would create a conflict in MG Home Care Services policy. If staff begin a dating relationship or become relatives, partners or members of the same household, and one party is in a supervisory position, that person is required to inform management and human resources of the relationship. The staff will have 10 days to resolve the situation on their own. After 10 days, if the staff have not yet resolved the situation on their own by means acceptable to MG Home Care such as a transfer or employment outside the company, the staff's supervisors will work with human resources (HR) to determine the most appropriate action for the specific situation. This may include transfer or, if necessary, termination of one of the employees.

If there is a situation where an action of MG Home Care, such as reduction in force, results in an involuntary circumstance in which two relatives, partners or members of the same household may be reporting to each other, one of the employees will be reassigned within 10 days. During those 10 days, the supervisory employee will not be involved or direct input in the employment decisions of the other employee.

MG Home Care reserves the right to apply this policy to situations where there is a conflict or the potential for conflict because of the relationship between employees, even if no direct reporting relationship or authority is involved. In these situations, MG Home Care will reassign one of the employees within 10 days.

Any exceptions to this policy must be approved by the Director of HR. Written justification for the exception must be submitted to HR prior to any employment decisions.

28. Provider's Responsibilities

Behavior analysts must maintain knowledge of current scientific and professional information in their areas of practice and undertake ongoing efforts to maintain competence in the skills they use by reading the appropriate literature, attending conferences and conventions, participating in workshops, obtaining additional coursework, and/or obtaining and maintaining appropriate professional credentials. Analysts must comply with everything mentioned in this policy plus the Professional and Ethical Compliance Code of the BACB®.

I. Ethical Responsibility

a. If behavior analysts believe there may be a legal or ethical violation, they first determine whether there is potential for harm, a possible legal violation, a mandatory-reporting condition, or an agency, organization, or regulatory requirement addressing the violation.
b. If a client's legal rights are being violated, or if there is the potential for harm, behavior analysts must take the necessary action to protect the client, including, but not limited to, contacting relevant authorities, following organizational policies, and consulting with appropriate professionals, and documenting their efforts to address the matter.
c. If an informal resolution appears appropriate, and would not violate any confidentiality rights, behavior analysts attempt to resolve the issue by bringing it to the attention of that individual and documenting their efforts to address the matter. If the matter is not resolved, behavior analysts report the matter to the appropriate authority.

II. Documentation/Records/Data

a. Behavior analysts have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with best practices and the law.
b. Analysts must retain records and data for at least seven (7) years and as otherwise required by law.

III. Interrupting or Discontinuing Services

a. Behavior analysts act in the best interests of the client and supervisee to avoid interruption or disruption of service.
b. Behavior analysts make reasonable and timely efforts for facilitating the continuation of behavior analytic services in the event of unplanned interruptions (e.g., due to illness, impairment, unavailability, relocation, disruption of funding, disaster).
c. Discontinuation only occurs after efforts to transition have been made.
d. Behavior analysts do not abandon clients and supervisees. Prior to discontinuation, for whatever reason, behavior analysts: discuss service needs, provide appropriate pre-termination services, suggest alternative service providers as appropriate, and, upon consent, take other reasonable steps to facilitate timely transfer of responsibility to another provider.

IV. Behavior-Analytic Assessment

a. Prior to conducting an assessment, behavior analysts must explain to the caregiver the procedure(s) to be used, who will participate, and how the resulting information will be used.
b. Behavior analysts must obtain the caregiver's written approval of the assessment procedures before implementing them.
c. Behavior analysts conduct current assessments prior to making recommendations or developing behavior-change programs. The type of assessment used is determined by client's needs and consent, environmental parameters, and other contextual variables. When behavior analysts are developing a behavior-reduction program, they must first conduct a functional assessment.
d. Behavior analysts have an obligation to collect and graphically display data, using behavior-analytic conventions, in a manner that allows for decisions and recommendations for behavior-change program development.

V. Behavior-Change Program

a. Behavior analysts must tailor behavior-change programs to the unique behaviors, environmental variables, assessment results, and goals of each client.
b. Behavior analysts must obtain the caregiver's written approval of the behavior-change program before implementation or making significant modifications.
c. Behavior analysts describe, in writing, the objectives of the behavior-change program to the client before attempting to implement the program. To the extent possible, a risk-benefit analysis should be conducted on the procedures to be implemented to reach the objective. The description of program objectives and the means by which they will be accomplished is an ongoing process throughout the duration of the client-practitioner relationship.

VI. Policy on Transporting Clients

MG Home Care Services does not provide transportation services. However, there are times when the service providers will need to provide services within the community that involves transporting the client. Therefore, at no moment should a client be transported inside the private vehicle of any MG Home Care Services employee or independent contractor. All transportation is to be done by the client's parent/guardian or assigned caregiver.

29. Lead Analysts as Supervisors

I. Supervisor's Responsibilities

a. Behavior analysts supervise only within their areas of defined competence.
b. Behavior analysts take on only a volume of supervisory activity that is commensurate with their ability to be effective.
c. Behavior analysts delegate to their supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely.
d. If the supervisee does not have the skills necessary to perform competently, ethically, and safely, behavior analysts provide conditions for the acquisition of those skills.
e. Behavior analysts ensure that supervision and trainings are behavior-analytic in content, effectively and ethically designed, and meet the requirements for licensure, certification, or other defined goals.
f. Behavior analysts provide a clear written description of the purpose, requirements, evaluation criteria, conditions, and terms of supervision prior to the onset of the supervision.
g. Behavior analysts design systems for obtaining ongoing evaluation of their own supervision activities.

II. Providing Feedback to Supervisees

a. Behavior analysts design feedback and reinforcement systems in a way that improves supervisee performance.
b. Behavior analysts provide documented, timely feedback regarding the performance of a supervisee on an ongoing basis.

30. Provider Requirements

All Providers must refer to their job description and job application checklist, which will include all required documents to work and continue working with MG Home Care Services.

31. Data Review

Lead Analysts should turn in the completed month's documentation the month after completion. Example: On December, they should turn in the documentation corresponding to November. Lead Analysts need to make an appointment with their appointed clinical coordinator in order to turn in the documentation of their RBTs as well as their own. During the appointment the clinical coordinator will review the documentation and make sure that there aren't any blank spaces in the forms, that all the dates are filled correctly, and that there aren't any missing signatures. However, the quality of the documents of both the RBT and Lead Analyst, are the Analyst's responsibility. After the Analyst has turned in all the documents, the Service Log and Data Collection will be uploaded to the company's appointed software.

32. Billing

I. Document Submission

In order to bill services, all the documentation must have been reviewed by a clinical coordinator and any errors fixed and submitted again for review by the analysts. After all the documentation is reviewed and approved by the clinical coordinator, then it will be notified to the billing department to be billed.

II. Billing Time Frame

a. If the documentation is received from Monday to Wednesday from 9am- 5pm, or on Thursday from 9am- 12pm, then the hours will be submitted for billing that Friday and will be paid the next Friday.
b. If the documentation is received after 12pm on Thursday or on Friday from 9am-5pm, then the hours will be sent for billing the following Friday and paid the Friday after that.

33. Coverage

Florida Medicaid covers the following BA services in accordance with the applicable Florida Medicaid fee schedule(s), or as specified in this policy:

I. Behavior Assessment

Before the start of treatment an assessment will be completed. There will be one per fiscal year, per recipient.

II. Behavior Analysis

Up to 40 hours per week, per recipient, consisting of services identified on the recipient's behavior plan in order to reduce maladaptive behaviors and to restore the recipient to his or her best possible functional level. Services include:

a. Implementing behavior analysis interventions, and monitoring and assessing the recipient's progress towards goals in the behavior plan
b. Behavior analysis interventions, for example, discrete trial teaching, task analysis training, differential reinforcement, non-contingent reinforcement, conducting task analyses of complex responses, and teaching using chaining, prompting, fading, shaping, response cost, and extinction
c. Training the recipient's family, caregiver(s), and other involved persons on the implementation of the behavior plan and intervention strategies (the recipient must be present when clinically appropriate)

III. Behavior Reassessment

Every six (6) month period a reassessment will be completed. Additional reassessment can also be requested if need. However, there could only be up to three per fiscal year, per recipient.

34. Exclusion

Florida Medicaid does not cover the following as part of this service benefit:

a. Any procedure or physical crisis management technique that involves the use of seclusion or manual, mechanical, or chemical restraint utilized to control behaviors
b. Behavior plans and behavior plan reviews, separately; development of these documents is included in the reimbursement for behavior assessments and reassessments
c. Psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or long-term counseling
d. Services funded under section 110 of the Rehabilitation Act of 1973
e. Services not listed on the fee schedule
f. Services on the same day as therapeutic behavioral on-site services

35. Documentation

Providers must maintain the following documentation in the recipient's file:

a. Behavior assessment, and assessment review that must be reviewed and signed by a lead analyst
b. Behavior plan, and behavior plan review that must be reviewed and signed by a lead analyst
c. Notations when the recipient's family or caregiver is not able to participate in BA services, and instances when it was clinically inappropriate for the recipient to be present during training services
d. Written physician's order

NOTE: For information on general documentation requirements, please refer to Florida Medicaid's General Policies on recordkeeping and documentation.

36. Authorization

Providers must obtain authorization from the quality improvement organization (QIO) prior to the initiation of BA services and at least every 180 days thereafter. Providers may request authorization more frequently upon a change in the recipient's condition requiring an increase or decrease in services.

Note: For more information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

37. Glossary

- ***Agency:*** For the purpose of this policy, the term used to describe MG Behavior Services.
- ***Behavior Analyst:*** Behavior analyst refers to an individual who holds the BCBA or BCaBA credential, an individual authorized by the BACB to provide supervision, or a coordinator of a BACB Verified Course Sequences. Where Code elements are deemed relevant to the practice of an RBT, the term "behavior analyst" includes the behavior technician.
- ***Behavior-Analytic Services:*** Behavior-analytic services are those that are explicitly based on principles and procedures of behavior analysis (i.e., the science of behavior) and are designed to change behavior in socially important ways. These services include, but are not limited to, treatment, assessment, training, consultation, managing and supervising others, teaching, and delivering continuing education.
- ***Behavior-Change Program:*** The behavior-change program is a formal, written document that describes in technological detail every assessment and treatment task necessary to achieve stated goals.
- ***Contractor:*** For the purpose of this document, the term used to describe the Behavior Analysts (BCBA-D,BCBA, and BCaBA) also referred as Ind. Contractor, or Independent contractor.
- ***Claim Reimbursement Policy:*** A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.
- ***Client:*** The term client refers to any recipient or beneficiary of the professional services provided by a behavior analyst. The term includes, but is not limited to:
    - The direct recipient of services;
    - The parent, relative, legal representative or legal guardian of the recipient of services;
    - The employer, agency representative, institutional representative, or third-party contractor for services of the behavior analyst; and/or
    - Any other individual or entity that is a known beneficiary of services or who would normally be construed as a "client" or "client-surrogate".

  NOTE: For purposes of this definition, the term client does not include third-party insurers or payers, unless the behavior analyst is hired directly under contract with the third-party insurer or payer.
- ***Coverage and Limitations Handbook or Coverage Policy:*** A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.
- ***Functional Assessment:*** Functional assessment, also known as functional behavior assessment, refers to a category of procedures used to formally assess the possible environmental causes of problem behavior. These procedures include informant assessments (e.g., interviews, rating scales), direct observation in the natural environment (e.g., ABC assessment), and experimental functional analysis.
- ***General Policies:*** A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.
- ***Lead Analyst:*** Practitioner responsible for the implementation of BA services including: the completion and review of behavior assessments, reassessments, behavior plans, and behavior plan reviews.
- ***Medically Necessary/Medical Necessity:*** As defined in Rule 59G-1.010, F.A.C.
- ***Provider:*** The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.
- ***Recipient:*** For the purpose of this policy, the term used to describe an individual enrolled in Florida Medicaid. Recipients can also be referred to as Client.
- ***Rights and Prerogatives of Clients:*** Rights and prerogatives of clients refers to human rights, legal rights, rights codified within behavior analysis, and organizational and administrative rules and regulations designed to benefit the client.
- ***Risk-Benefit Analysis:*** A risk-benefit analysis is a deliberate evaluation of the potential risks (e.g., limitations, side effects, costs) and benefits (e.g., treatment outcomes, efficiency, savings) associated with a given intervention. A risk-benefit analysis should conclude with a course of action associated with greater benefits than risks.
- ***Supervisee:*** A supervisee is any individual whose behavior-analytic services are overseen by a behavior analyst within the context of a defined, agreed-upon relationship.

38. Sources

- Florida Medicaid Behavior Analysis Services Coverage Policy
- BACB® Professional and Ethical Compliance Code
- Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers

BEHAVIOR ANALYSIS POLICIES AND PROCEDURES ACKNOWLEDGEMENT

By signing below, I acknowledge that I have received a copy of the latest version of MG Home Care Services' Policies and Procedures. In addition to this document, I agree to read and refer to the Employee Manual (not applicable for Ind. Contractors) and/or the Code for Ethical Standards for future reference and will observe present and future company policies and rules. I understand this document is not a contract of employment.

I _____ hereby certify that I understand the abovementioned Policies and Procedures and further understand that these Policies and Procedures may be subject to change at the discretion of MG Home Care Services' Management.

_____
Behavior Analyst's/Technician's Printed Name

_____ _____
Behavior Analyst's/Technician's Signature Date

_____
MG Home Care Manager's Name

_____ _____
MG Home Care Manager's Signature Date