



*ABA Day by Day*

# **Clinical Protocols**

**Behavior Therapists  
Program Coordinators  
Clinical Supervisors**



# ABA Day by Day

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## *Welcome to ABA Day by Day*

1. [ABA Team Members and Job Responsibilities](#)
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As a member of the ABA DBD team, you have the important task of setting a learner on the correct path for optimal learning and success. To that end, we want to be sure that procedures and protocols surrounding the provision of services are clear.

This brief manual is designed to assist staff in understanding specific clinical protocols at ABA DBD. Please use this guide to assist with providing quality services and staff responsibilities. If anything in this guide is unclear or you have a question, please be sure to speak with the director.

### History

ABA Day by Day was established to meet the needs of individuals with behavioral concerns by utilizing the best practices of Applied Behavior Analysis (ABA). While Applied Behavior Analysis (ABA) is primarily used with children on the autism spectrum, ABA Day by Day seeks to deliver ABA based interventions to those on the spectrum and individuals with other developmental needs. ABA Day by Day will address these behavioral concerns collaboratively with Speech Language Pathologists, Occupational & Physical therapist. Our intended demographic are children ranging from toddler (2-3 yrs.) to young adults (18-21 yrs.). ABA Day by Day is also deeply devoted to Parent Training to ensure consistency in interventions.



# ABA Day by Day

## Mission Statement

At ABA Day by Day, our passion is ignited by our unwavering dedication to empowering individuals with cognitive differences to flourish in their environments. Through compassionate and evidence-based Applied Behavior Analysis (ABA) services, we strive to ignite a spark of hope and possibility in every individual we serve.

We are fervently committed to tailoring personalized interventions that honor the unique needs and strengths of each person. By forging collaborative partnerships with families, schools, and communities, we aim to create a ripple effect of positive change that reverberates throughout society.

Our relentless pursuit is to cultivate independence, foster social inclusion, and unleash the full potential of every individual. With hearts ablaze, we create a nurturing environment where individuals embark on a transformative journey of learning, growth, and goal achievement, one step at a time.

## Vision

ABA Day by Day, LLC aspires to alleviate the behavioral and academic challenges sustained by developmentally disabled and their families. To that end, we support evidence-based treatment methods based on the principles and procedures of Applied Behavior Analysis.

## ABA Team Members and Job Responsibilities

<b>Behavior Therapist</b>	<ul style="list-style-type: none"><li>• provides direct ABA therapy to client and collects data during each session according to <a href="#">ABA DBD teaching procedures</a></li><li>• communicates with parents, and BCBA regarding program progress, behaviors, etc.</li><li>• completes session notes at the end of each session</li><li>• communicates with BCBA regarding programming and behaviors</li></ul>
<b>BCBA</b>	<ul style="list-style-type: none"><li>• completes <a href="#">initial intake</a></li><li>• creates and monitors goals and objectives via Client Binder/Drive Folder/Rethink</li><li>• collects <a href="#">IOA data</a></li><li>• provides ongoing <a href="#">direct and indirect supervision</a> of programming</li><li>• completes <a href="#">SOAP note</a> for all rendered appointments</li><li>• creates program materials and saves to student's file in Google Drive</li><li>• creates <a href="#">behavior intervention plans</a></li><li>• completes <a href="#">reauthorization paperwork</a></li><li>• completes <a href="#">therapist checklists</a> once per quarter via RethinkBH</li><li>• completes <a href="#">program coordinator</a> checklists twice per year</li><li>• <a href="#">communicates</a> with all team members (parents, therapist, PC)</li></ul>



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## ABA DBD Use of Technology

Technology	RethinkBH	Client Binder/Drive Folder	Google Drive
How to access	<a href="https://RethinkBH.com">RethinkBH.com</a>	App: Client Binder/Drive Folder	Student-specific BCBA Shared Files
<i>All Staff</i>	<ul style="list-style-type: none"><li>• Communicate with all ABA DBD staff through email or Spruce App.</li><li>• Choose cases using Current/Pending Case List</li><li>• Enter and render appointments completed</li><li>• View important documents <i>(These will be sent to you upon initiation of the case)</i></li><li>• View therapist checklists</li></ul>	<ul style="list-style-type: none"><li>• Collect data</li><li>• Enter Direct Therapy Session Note</li></ul>	N/A
<i>BCBAs Only</i>	<ul style="list-style-type: none"><li>• Reach out to other ABA DBD BCBAs for support via the BCBA Forum</li><li>• View and download ABA DBD templates for intake, reauthorization, etc.</li><li>• Conduct therapist checklists</li></ul>	<ul style="list-style-type: none"><li>• Upload supervisor Session Notes</li><li>• Monitor student program progress</li><li>• Add and edit student goals</li></ul>	<ul style="list-style-type: none"><li>• Add documents and materials to student's BCBA file</li></ul>



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## Communication (ALL STAFF)

### Using Technology to Communicate

All communication through ABA DBD is done through our HIPAA Compliant Phone App when possible to ensure secure messaging. It is important that no student personal health information is communicated over text, personal email, etc. Please do NOT use your personal email to communicate with anyone at ABA DBD.

<b>Sending Messages</b>	<ul style="list-style-type: none"><li>• Log in to SPRUCE</li><li>• In the upper left hand corner, select "Arrow"</li><li>• Choose the type of message</li><li>• Type the recipient's name/phone number</li><li>• Add a subject</li><li>• Add a message</li><li>• Choose a file to attach (if applicable)</li><li>• Select "Send Message" button</li></ul>
<b>Receiving Messages</b>	<p>You will receive a message to your phone stating you have a secure message waiting in <a href="#">SPRUCE</a></p> <ul style="list-style-type: none"><li>• Open the message to view</li><li>• Respond Accordingly</li></ul>

### Team Communication

	Family	Supervisor
<b>Behavior Technician</b>	<ul style="list-style-type: none"><li>• Share information about the progress the client is making on the Goals &amp; Objectives</li><li>• Explain and model teaching strategies to family</li><li>• Upon canceling a session with a family, provide dates for potential make-up sessions if possible and render canceled sessions in RethinkBH</li><li>• Communicates primarily via phone, if text, use Spruce</li></ul>	<p>Contact Supervisor regarding the following:</p> <ul style="list-style-type: none"><li>• Limited or no progress with goals and objectives</li><li>• New maladaptive behaviors occurring</li><li>• Increase in maladaptive behaviors</li><li>• Family concerns or requests</li><li>• Schedule changes in the time or day of sessions due to holidays, vacations, sickness, etc.</li><li>• Frequently canceled sessions by the family</li></ul> <p>Communicates primarily via messaging or phone</p>
<b>Program Coordinator</b>	<ul style="list-style-type: none"><li>• Share information about the progress the client is making in the Goals &amp; Objectives</li></ul>	<ul style="list-style-type: none"><li>• Discuss monthly supervision schedule</li><li>• Report to BCBA within 2 days of supervision of a session regarding:<ul style="list-style-type: none"><li>◦ review of graphs</li><li>◦ therapist training</li></ul></li></ul>



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	<ul style="list-style-type: none"> <li>• Explain and model teaching strategies to family</li> <li>• Communicates primarily via phone</li> </ul>	<ul style="list-style-type: none"> <li>◦ suggestions for program changes or modifications</li> <li>◦ therapist concerns</li> <li>◦ family concerns</li> <li>• Communicates primarily via MAP messaging and phone</li> </ul>
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## ABA DBD Support Available (ALL STAFF)

	Behavior Therapists	Program Coordinators	BCBAs
<b>Clinical Support</b>	<ul style="list-style-type: none"> <li>• Direct program supervisor/s (program coordinator, BCBA)</li> <li>• Clinical staff trainer</li> <li>• Clinical Directors</li> </ul>	<ul style="list-style-type: none"> <li>• Direct program supervisor (BCBA)</li> <li>• Clinical Directors</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Directors</li> <li>• BCBA Forum on RethinkBH</li> </ul>
<b>Client Binder/Drive Folder Support</b>	<ul style="list-style-type: none"> <li>• Operations Manager: admin@abadaybyday.com</li> </ul>		<ul style="list-style-type: none"> <li>• Operations Manager: admin@abadaybyday.com</li> <li>• Client Binder/Drive Folder support chat box</li> <li>• Client Binder/Drive Folder support site</li> <li>• Drive</li> <li>• BCBA forum</li> <li>• Clinical Directors</li> </ul>
<b>Admin Support</b>	<ul style="list-style-type: none"> <li>• Operations Manager: admin@abadaybyday.com</li> </ul>		
<b>Staffing &amp; Case Pairing Support</b>	<ul style="list-style-type: none"> <li>• Clinical Directors: R. Walcott, BCBA</li> <li>• Family Services Coordinator: TBD</li> </ul>		





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## Understanding the Insurance Authorization Process

<b>Step 1:</b>	Staff <a href="#">request a case</a> from the open cases list
<b>Step 2:</b>	Office requests for initial authorization for that case
<b>Step 3:</b>	Upon initial authorization, office pairs a BCBA to the case to complete intake
<b>Step 4:</b>	BCBA <a href="#">completes intake</a> with client and family, and submits necessary paperwork to the authorizations team
<b>Step 5:</b>	Authorizations team submits paperwork to insurance for ongoing authorization
<b>Step 6:</b>	All parties wait for insurance to provide ongoing authorization (this can take up to 14 business days)
<b>Step 7:</b>	Office sends pairing message to BCBA and therapist upon receiving authorization that services are ready to begin
<b>Step 8:</b>	BCBA and therapist coordinate a start date and <a href="#">begin therapy</a> with client
<b>Step 9:</b>	BCBA provides <a href="#">ongoing supervision</a> of the case
<b>Step 10:</b>	BCBA conducts <a href="#">reassessment</a> 3 weeks before the prior authorization expires and submits necessary paperwork to authorizations team at the time of reauthorization (typically every 6 months)



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## Rendering Appointments

All appointments are rendered in ABA DBD's practice management system, "RethinkBH. **Please note that appointments entered should NEVER be signed by yourself. Appointments must be verified by another party (e.g., parent, ABA DBD Staff).**

Billable Appointments		
Appointment Types	Rendering Instructions	Signature Verification
<ul style="list-style-type: none"> <li>direct therapy</li> <li>trainer direct</li> <li>direct supervision</li> <li>indirect supervision</li> <li>reassessment</li> <li>parent training</li> <li>school consultation</li> </ul> <a href="#">see descriptions as needed</a>	<ul style="list-style-type: none"> <li>Log in to RethinkBH .com</li> <li>Select "Calendar"</li> <li>Select staff name</li> <li>Select client name</li> <li>Under "insurance contracts" or "non-insurance contracts," select appropriate service</li> <li>Select appropriate CPT Code/s</li> <li>Enter start and end time of services</li> <li>Under "status," select appropriate option</li> <li>Select "Save"</li> <li>Select "Save and Close" if you will have the appointment signed at a later date/time</li> </ul>	<p><i>Home Services:</i> Parent/Guardian</p> <p><i>Center Services:</i> ABA DBD Staff (TBD)</p> <p><i>School/Other:</i> Location specific staff</p>

Training Appointments		
Appointment Types	Rendering Instructions	Signature Verification
<ul style="list-style-type: none"> <li>ongoing training</li> <li>1:1 training with BCBA</li> <li>shadow program</li> <li>accelerated training</li> <li>RBT Materials Training</li> <li>BCBA Clinical Meeting</li> </ul> <a href="#">see descriptions as needed</a>	<ul style="list-style-type: none"> <li>Log in to RethinkBH .com</li> <li>Select "New Appointment"</li> <li>Select staff name</li> <li>Select "Attend a Training" button</li> <li>Choose appropriate training type based on <a href="#">descriptions</a></li> <li>Enter training service notes for the appointment               <ul style="list-style-type: none"> <li>include information on what was completed during the training                   <ul style="list-style-type: none"> <li>if it was an ABA DBD ongoing training, please list the name of the training</li> <li>if it was a meeting with a supervisor, describe the nature of the training</li> </ul> </li> </ul> </li> <li>Enter the start and end time of the training</li> </ul>	ABA DBD Staff will verify and sign all training appointments.



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	<ul style="list-style-type: none"> <li>• Select completed</li> <li>• Check the box for Session Notes, but please keep in mind a Session Notes is NOT needed in Client Binder/Drive Folder for training appointments. Only the training service notes are required.</li> <li>• Select "Submit training session"</li> </ul>	
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## Appointment Type Descriptions

### ABA Billable Appointment Types

<b>Direct Therapy</b>	<p>to be used by the therapist for 1:1 therapy with client present *Please note, there is no code for therapists to bill without the client present.</p> <p>These appointments are to be signed by the family at the time of your visit.</p>
<b>Trainer Direct</b>	<p>to be used by staff trainers with therapist and client are present, for staff training</p> <p>These appointments are to be signed by the family at the time of your visit.</p>
<b>Direct Supervision</b>	<p>to be used by BCBA when therapist and client are present Supervision activities may include modifying teaching procedures, staff training, and problem-solving programs.</p> <p>These appointments are to be signed by the family at the time of your visit.</p>
<b>Indirect Supervision</b>	<p>to be used by BCBA when client is not present. May include writing reports, writing new goals, collaborating with other providers, and treatment planning. May be used for reassessment paperwork if the reassessment code is not available for that insurer.</p> <p>These appointments are to be signed by the family for time spent completing indirect work.</p>
<b>Parent Training: Client present</b>	<p>to be used by BCBA with client and parent present for training parents *Please note that the client must be present for parent training.</p> <p>These appointments are to be signed by the family at the time of your visit.</p>
<b>Parent Training: Client not present</b>	<p>to be used by BCBA with parent present for training parents. This code is only given when specifically requested, for when parent training with client present is not appropriate</p>



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	These appointments are to be signed by the family at the time of your visit.
<b>Reassessment</b>	<p>to be used by BCBA for face-to-face direct assessment of learner and non-face to face writing/updating G&amp;O and Treatment Plan for reauthorization.</p> <p>These appointments are to be signed by the family for time spent completing reassessment.</p>

For more information, please read the [2019 CPT code guide](#) from the BACB.

## ABA DBD Training Appointment Types

<b>Ongoing Training</b>	<p>To be used by staff for any ABA DBD-specific trainings</p> <ul style="list-style-type: none"><li>• Ongoing behavior tech trainings</li><li>• HIPAA training</li></ul> <p>These appointments are to be signed by ABA DBD Administrative Staff.</p>
<b>BCBA Clinical Meeting</b>	<p>To be used to meet with your regional Clinical Director regarding processes, training, or clinical problem solving.</p> <p>These appointments are to be approved and signed by a Executive Director</p>
<b>1 to 1 Training with a BCBA</b>	<p>To be used by behavior techs to meet with a supervisor for client-specific training purposes (without the client present).</p> <p>These appointments are to be signed by the supervisor at the completion of the training session.</p>
<b>Shadow Program</b>	<p>To be used by behavior techs when participating in a shadow training program.</p> <p>These appointments are to be signed by the trainer at the completion of each session.</p>
<b>Accelerated Training</b>	<p>To be used by behavior techs when participating in an accelerated training program.</p> <p>These appointments are to be signed by the trainer at the completion of each session.</p>



# ABA Day by Day

## How to Start a Case

- [Choosing a Case using the Open Cases List](#)
- [Starting on a New Case](#)

### Choosing a Case using the Open Cases List

Upon completing the onboarding process, the staff member can access the Open Cases List by logging in to RethinkBH and clicking the purple “Available Open Cases” button on your dashboard. The open cases list contains the following information:

You will need to access the Current RBT/Bx Tech Case List if you haven't been added to the Rethink system.

<b>Intake</b>	If a case is available, begin therapy services immediately
<b>Learner Information</b>	Learner's initials, city, age, gender and total hours you can complete on each case
<b>Facility</b>	The office location that manages staffing the program
<b>Hours Needed</b>	The number of hours needing to be filled: <ul style="list-style-type: none"><li>• Please remember, therapists must be able to provide at least 4 hours per week for at least 9-12 months.</li><li>• If “Hours Needed” says TBD, the number of hours will be determined after an intake has been conducted by a BCBA.</li></ul>
<b>Availability</b>	Days/times the family is available for therapy sessions can be discussed between you and the family upon initiation of the case.
<b>Additional Info</b>	Facilitate a meeting with your BCBA or Clinical Director



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## Starting on a New Case

	New Case	Joining an Existing Case	Co-treat Case
<i>All</i>	Family Services Coordinator confirms case assignments and sends out pairing email to team		
<i>BCBA</i>	<ul style="list-style-type: none"> <li>• Completes initial intake</li> <li>• Family Services Coordinator sends out pairing email to team</li> <li>• Contacts the behavior therapist and family to discuss the client and schedule first session</li> <li>• Sets up client in Client Binder/Drive Folder</li> <li>• Enters programs and targets into Client Binder/Drive Folder</li> <li>• Creates materials and saves to student's BCBA files on Google Drive</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses client with current or previous BCBA, if possible</li> <li>• Reviews previous paperwork on client on Google Drive</li> <li>• Reviews programs and targets in Client Binder/Drive Folder</li> <li>• Review Documents uploaded into Client Binder/Drive Folder, including Consent to Confer</li> <li>• Attends a supervision session with current or previous BCBA, if possible</li> <li>• Contacts family to confirm first date of supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Completes initial intake</li> <li>• Contacts behavior therapist, PC, and family to discuss client and schedule first session</li> <li>• Reviews therapist progress with PC</li> <li>• Attends final co-treat session to evaluate trainee using the Training Therapist Checklist.</li> <li>• If passed, mails/emails training materials to Office Manager</li> </ul>
<i>Program Coordinator</i>	<ul style="list-style-type: none"> <li>• Communicates with BCBA and therapist to schedule session</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses client with BCBA</li> <li>• Attends a supervision session with BCBA</li> </ul>	<ul style="list-style-type: none"> <li>• Reviews training program protocols on Google Drive</li> <li>• Schedules sessions with therapist and family</li> </ul>
<i>Behavior Therapist</i>	<ul style="list-style-type: none"> <li>• Communicates with BCBA to discuss details about the student</li> </ul>		
	<ul style="list-style-type: none"> <li>• Communicates with BCBA to schedule first session</li> </ul>	<ul style="list-style-type: none"> <li>• Contacts current therapists to arrange 2-4 shadow sessions, if recommended by BCBA</li> </ul>	<ul style="list-style-type: none"> <li>• Communicates with BCBA and PC to schedule first co-treat session with PC</li> </ul>
	<ul style="list-style-type: none"> <li>• Contacts family to introduce self and confirm first date of session (home cases)</li> <li>• Responds to pairing email to confirm first date of session.</li> </ul>		



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## *Lifespan of a Case*

<a href="#"><u>Initial Intake</u></a>	<ul style="list-style-type: none"><li>• Conducted by a BCBA</li><li>• Occurs over at least 2 visits for a total of 4-6 hours of direct observation</li><li>• Completes intake form with parents</li><li>• Submits Goals &amp; Objectives, Treatment Plan, and Assessments to authorizations</li></ul>
<a href="#"><u>Pairing</u></a>	<ul style="list-style-type: none"><li>• BCBA/PC attends first pairing session with therapist</li><li>• Behavior Tech pairs for 4-8 sessions</li></ul>
<a href="#"><u>Introducing programming</u></a>	<ul style="list-style-type: none"><li>• BCBA sets up student's Client Binder/Drive Folder and adds programs</li><li>• BCBA creates materials for the program</li><li>• BCBA/PC begin training therapist on skill acquisition programs</li><li>• Behavior Tech begins to collect skill acquisition and behavior data</li></ul>
<a href="#"><u>Maintaining programming</u></a>	<ul style="list-style-type: none"><li>• BCBA provides ongoing direct and indirect supervision and parent training</li><li>• BCBA adds, removes, or edits targets and programs</li><li>• BCBA and PC enter Session Notes for each service rendered via Client Binder/Drive Folder</li><li>• PC provides support to therapist and communicates with BCBA regarding problem solving programs, behavior management, staff training, etc.</li><li>• Therapist collects skill acquisition, maintenance, and behavior data each session</li></ul>
<a href="#"><u>Reauthorization Paperwork</u></a>	<ul style="list-style-type: none"><li>• Conducted by a BCBA</li><li>• Conducts a reassessment of the client's skills</li><li>• Completes Reauth Meeting Form with the parents</li><li>• Submits updated progress on Goals &amp; Objectives, Treatment Plan, and Assessments to authorizations to submit to insurance for ongoing authorization of services</li></ul>



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## Initial Intake Process (for BCBAs)

- [Review Client Information](#)
- [Schedule Intake](#)
- [Intake Appointment 1](#)
- [Intake Appointment 2](#)
- [Complete Intake Paperwork](#)
- [Submit Paperwork](#)
- [Render Intake Appointment](#)

<b>Review Client Information</b>	<ul style="list-style-type: none"> <li>Office will give access to client contact information via <a href="#">RethinkBH</a> and Google Drive</li> <li>Review client diagnostic report if available via Google Drive</li> </ul>
<b>Schedule Intake</b>	<ul style="list-style-type: none"> <li>Office will send out intake email to BCBA regarding the number of hours authorized for the intake and steps to render appointments. <ul style="list-style-type: none"> <li>If longer than 5 hours, schedule 2 meetings at 2-3 hours in duration</li> <li>If 5 or fewer hours, schedule 1 meeting 2 hours in duration</li> </ul> </li> <li>BCBA will contact family to introduce themselves, briefly describe the intake process, and schedule the first intake appointment to visit the parent/s and client. The client must be present for a portion of these visits.</li> </ul>
<b>Intake Appointment 1</b>	<ul style="list-style-type: none"> <li>During the first intake appointment (about 2 hours in duration), complete the appropriate Initial Meeting Form during the visit.</li> <li>Conduct a parent interview using the meeting form to guide the discussion</li> <li>Conduct clinical observations of the client during the visit and record notes and baseline data on the form, if time allows.</li> <li>Determine an appropriate assessment to implement for the client</li> </ul>
<b>Intake Appointment 2</b>	<ul style="list-style-type: none"> <li>The second intake appointment is only required for intakes longer than 5 hours</li> <li>Continue parent interview, conduct clinical observations of the client, and collect baseline data on target skills and behaviors (about 2 hours in duration). Baseline data is required by insurance companies. <ul style="list-style-type: none"> <li>It is a good idea to come to this appointment with a list of potential goals to probe based on the conversation from the first intake appointment.</li> </ul> </li> <li>Conduct assessment/s appropriate for the client (e.g., ATEC, ABAS-3, VBMAPP, ABLLS) <ul style="list-style-type: none"> <li>Assessment consent is required before implementing any assessment. The consent form is located in the intake paperwork or can be accessed in Google Drive → Clinical Documents → ABA Assessments → <a href="#">“*Assessment Consent Forms”</a></li> </ul> </li> </ul>
<b>Complete Intake Paperwork</b>	<p>Allow 2-4 hours of paperwork and report writing (including edits)</p> <ol style="list-style-type: none"> <li>Complete Treatment Plan via RethinkBH. <ul style="list-style-type: none"> <li>To start a new Treatment Plan, please select the intended client in your client list, select insurance contracts, and then select the folder icon. You will see folder/template that allows you to create a new treatment plan.</li> </ul> </li> </ol>





# ABA Day by Day

	<ul style="list-style-type: none"><li>• Next to each section, there is a (?) icon which provides additional information to help you complete the report.</li><li>• There is a comments box under each section. You may use the comments box to communicate with the Authorizations Department, just as those used in Word documents. We will also provide our feedback via the comments. Please remember, this information will not be included in the final report.</li><li>• Please review your reports carefully, or use your browser's native spelling/grammar check, to ensure there are no errors/typos in the submitted report.</li><li>• If you need to stop work mid-report, please select the save button at the bottom of the page. You can access saved reports in the Client Documents section of the client profile.</li><li>• After the Treatment Plan has been created, you can access drafts and final copies in the Client Documents section of the client profile.<ul style="list-style-type: none"><li>○ Recommend the appropriate frequency and duration of therapy sessions based on the age, skill level, and behaviors of the student. Recommendations are in the Treatment Plan template.<ul style="list-style-type: none"><li>■ If the sum of school and therapy hours exceed 40 hours per week, contact Clinical Director for approval.</li></ul></li></ul></li></ul> <p>2. Complete <a href="#">Goals and Objectives</a></p> <ul style="list-style-type: none"><li>• Copy and paste appropriate goals and objectives from the <a href="#">ABA DBD Custom Library</a> on the Google Drive. Submit a goal request via the <a href="#">New Program Request Form</a> if a program does not exist in our ABA DBD curriculum.</li></ul>
<b>Submit Paperwork</b>	<p>Submit completed paperwork to the Clinical Director/Authorizations Department within 1 week of the intake meeting for review and submission to insurance.</p> <ul style="list-style-type: none"><li>• When your Treatment Plan is ready to submit,<ul style="list-style-type: none"><li>○ please attach all other necessary documents at the end of the treatment plan document<ul style="list-style-type: none"><li>■ completed Initial Meeting Form from parent interview</li><li>■ ATEC/ABAS-3 completed by the BCBA</li><li>■ Goals and Objectives</li><li>■ any other assessments completed</li></ul></li><li>○ Upload documents into the RethinkBH client portal. Send an email to the BCBA and/or Clinical Director to inform on submission.</li></ul></li><li>• The CD/Authorizations team will then review all documents and comment on any sections that require revisions within the treatment plan. When authorizations sends the document back to you for edits, you will receive a notification that the document is ready for review, accessed in the Client Documents section of the client profile. You will also receive a notification when the document is approved.</li><li>• Reports will only be reviewed when all required documents have been received. Please note, you will not have access to your treatment plan while it is pending review.</li></ul>



# ABA Day by Day

	Authorization staff will submit to insurance and will notify BCBA upon receiving approval to begin services. Upon a full team, a pairing email will be sent to the team when ready to begin a case.
<b>Rendering Intake Appointments</b>	<ul style="list-style-type: none"><li>• Render all face-to-face appointments via the <a href="#">Renderer Signature Form</a> and have the family sign at the end of the session. This applies to both home and center-based intakes.</li><li>• After intake paperwork is complete (including edits made for authorizations), email the office manager the total time spent on paperwork, which will be entered and signed for by the office.</li></ul>

## Pairing (ALL STAFF)

Pairing with clients before programming begins is required.

<b>Behavior Technician</b>	<p>All behavior technicians must conduct pairing sessions with clients for the first 4-8 sessions. Pairing is an important piece of providing successful intervention. During pairing:</p> <ul style="list-style-type: none"><li>• refrain from providing demands, keeping safety in mind</li><li>• let the client lead the session</li><li>• pair yourself with reinforcing items and activities</li></ul>
<b>Clinical Supervisor</b>	<p>At the first session, the BCBA should:</p> <ol style="list-style-type: none"><li>1. Introduce the behavior tech to family and client</li><li>2. Show the behavior tech where any materials are located</li><li>3. Ask family for WIFI password for any devices (e.g., phones, tablets, laptops)</li><li>4. Review with parents and behavior tech the pairing process and approximately when therapy will begin (i.e., following successful pairing)</li><li>5. Review AND model pairing/rapport building with the behavior tech and client.</li><li>6. Communicate pairing behaviors while modeling.</li><li>7. Review with the behavior tech how to render appointments &amp; appointment protocols (e.g., rendering training vs direct therapy, signing own appointments, cancelled sessions/signatures)</li><li>8. Pick a mutually agreeable date/time to discuss with the behavior tech if pairing is successful or they require additional sessions before programming begins.</li></ol>



# ABA Day by Day

## Introducing Programming (for BCBAs)

### Set up Client Programs in via the Google Drive or RethinkBH

Prior to starting programming, complete the following in Client Management System using the CMS for additional assistance.

<i>Enter programs in</i>	Follow instructions to add: Completed Programs, Discontinued Programs, Programs on Hold, Future Programs, as well as individualized programming chosen by the BCBA
<i>Enter targets in</i>	Choose targets from the ABA DBD Curriculum in Client Binder/Drive Folder, or enter them individually under each program.
<i>Enter behavior target/s</i>	All students must have at least one behavior target.

### Model Programs for the Behavior Tech

- After the pairing process is complete, the Supervisor will attend the first day of programming, provide materials, and model program implementation.
- The BCBA will provide 1 additional supervision session at least 2 weeks after programming begins to ensure that programs are being conducted correctly.

## Maintaining Programming (ALL STAFF)

1. [Session Components](#)
2. [Data Collection \(ALL Staff\)](#)
3. [Teaching Procedures](#)
4. [Ongoing Clinical Supervision \(for BCBAs\)](#)
5. [Create and submit new programs/goals](#)
6. [Behavior Tech Direct Therapy Notes](#)
7. [BCBA Session Notes](#)

### Session Components

<b>Session Prep</b>	Session begins with 10-15 minutes of set up including: <ul style="list-style-type: none"><li>• Set up of materials</li><li>• Review current targets in Binder</li><li>• Review behavior tech notes<ul style="list-style-type: none"><li>○ These notes can be located in binder</li><li>○ Select the note you'd like to view</li></ul></li><li>• Review Supervisor Note for any program changes</li></ul>
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	<ul style="list-style-type: none"> <li>○ These notes can also be located in binder under Supervisor Notes</li> <li>○ Select the note you'd like to view</li> </ul>
<b>Pairing</b>	Following set up, begin the session with 5-10 minutes of pairing and informal preference assessment.
<b>Conduct Programming</b>	<p>After pairing, conduct and collect data using ABA modalities, such as:</p> <ul style="list-style-type: none"> <li>● Discrete Trial Teaching (DTT)</li> <li>● Natural Environment Teaching (NET)</li> <li>● Pivotal Response Training (PRT)</li> </ul>
<b>Pairing</b>	End the session with 5 minutes of pairing
<b>Write Session Note</b>	<i>Behavior Technicians/Direct Therapy Session Note</i>
	<p>Complete a Session Note at the end of each session. These should consist of:</p> <ul style="list-style-type: none"> <li>● Skill acquisition information: targets mastered that session, difficulty with particular targets</li> <li>● Behavior information: discuss any new behaviors observed, rate and severity of target behavior/s that session</li> <li>● Reinforcer information: discuss what was a successful reinforcer during your session, especially if it was something novel</li> </ul> <p><a href="#">Sample Direct Therapy Note</a></p>
	<i>Clinical Supervision Session Note (BCBA, BCaBA)</i>
	<p>Complete Session Notes at the end of each session rendered (i.e., direct supervision, indirect supervision, parent training, reassessment).</p> <p><b>**Please note:</b> if multiple services occur on the same date, a single Session note can contain information on all services. For example, if Direct Supervision is conducted from 3-5 and Parent Training is done from 5-6, both can be entered on the Session note for that date of service.</p> <p><a href="#">Sample BCBA Session Note</a></p>

## Data Collection (ALL Staff)

**Data are collected, graphed, and stored via Binder in client's home.**

<b>Collected via:</b>	<ul style="list-style-type: none"> <li>● Ensure to utilize the correct <a href="#">Data Collection Page/s</a></li> <li>● Contact your BCBA or Clinical Supervisor should you require</li> </ul>
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# ABA Day by Day

	assistance/clarity.
<b>ABA DBD Trial Count Criteria</b>	<ul style="list-style-type: none"> <li>• A minimum of 5 trials per target must be run at each session (unless otherwise informed by the BCBA)</li> <li>• Trial by trial data collection is taken unless otherwise noted</li> <li>• Every target should be run every session, regardless of data collection</li> </ul>
<b>ABA DBD Mastery Criteria</b>	<ul style="list-style-type: none"> <li>• Standard ABA DBD mastery criteria is 80% over 3 consecutive sessions unless otherwise informed by the BCBA</li> <li>• The mastery criteria may be overridden for individualized programs and/or students</li> </ul>
<b>ABA DBD Problem Solving Criteria</b>	<ul style="list-style-type: none"> <li>• If a student does not make progress on a target in 5 sessions, it is time to problem solve the teaching procedures/target.</li> </ul>
<b>Collecting Skill Acquisition Data</b>	<ul style="list-style-type: none"> <li>• Select discrete trials, maintenance, or other program type</li> <li>• Discrete trial data will be scored as +/- or current prompt level and graphed</li> <li>• Task analysis data will need to be scored as +/- or current prompt level and saved so it can be graphed</li> <li>• Probe data will need to be scored as +/- or current prompt level and saved so it can be graphed</li> </ul>
<b>Collecting Maintenance Data</b>	<ul style="list-style-type: none"> <li>• Mastered targets will be maintained once per month for three months, once semi-annually, and once annually.</li> <li>• Maintenance criteria can be set by the BCBA at the start of the program.</li> <li>• Maintenance data should be collected throughout each session through interspersals.</li> </ul>
<b>Collecting Behavior Data</b>	<ul style="list-style-type: none"> <li>• Consider if Behavior data is: <ul style="list-style-type: none"> <li>○ Frequency</li> <li>○ Duration</li> <li>○ Interval recording</li> </ul> </li> <li>• ABC data is also a viable data collection method; consult with your BCBA or Clinical Director</li> </ul>
<b>Collecting IOA Data</b>	<ul style="list-style-type: none"> <li>• Supervisors will collect IOA data on at least one program each supervised session and enter the IOA data into Client Binder/Drive Folder.</li> </ul>
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# ABA Day by Day

## Sequence of a Skill Acquisition Program

<b>Baseline Procedures</b>	<ul style="list-style-type: none"><li>• Baseline data should be collected by the BCBA, program coordinator, or assigned therapist prior to beginning teaching on each program introduced.</li><li>• Baseline data is based on the objective of the entire program to assess the strength of the response prior to intervention.</li><li>• Complete "Baseline (Program name)" for each program you begin with client.</li></ul>
	<p>Data Collection Procedures:</p> <ul style="list-style-type: none"><li>• Data should be collected before any teaching occurs on a new program. Collect 1 trial for each target/step or 6 opportunities for occurrence with opportunity-based behaviors. Ensure you:<ul style="list-style-type: none"><li>○ Present the S<sup>D</sup></li><li>○ Wait for a response</li><li>○ Refrain from providing any prompts or error correction</li><li>○ Score correct (+) and/or incorrect (-) responses</li><li>○ Refrain from providing reinforcement for the target response<ul style="list-style-type: none"><li>■ Reinforcement may be provided for a different response (e.g., sitting quietly, responding to a different S<sup>D</sup>)</li></ul></li></ul></li></ul>
	<ul style="list-style-type: none"><li>• If the program is Expressive Identification of Numbers, baseline all numbers indicated in the objective (e.g., 1-20).<ul style="list-style-type: none"><li>○ Score 1 trial for each individual number.</li></ul></li><li>• If the program is Tying Shoes, baseline the total task using a task analysis.<ul style="list-style-type: none"><li>○ Score each step as correct (+) or incorrect (-).</li><li>○ Terminate the baseline session if there is no response for 0-10s at any point during the chain.</li></ul></li><li>• If the program contains an objective with up to 30 targets, collect baseline data on each target.</li><li>• If the program contains an objective with more than 30 targets, collect baseline data on a random sample (e.g., 20).<ul style="list-style-type: none"><li>○ If the student scores correctly on the entire sample, expand the sample (e.g., 40).</li><li>○ If the student does not score correctly on the entire sample, begin teaching.</li></ul></li><li>• If the program contains TBD targets<ul style="list-style-type: none"><li>○ Select a stimulus that is consistent with the objective</li><li>○ It does not need to match the stimulus you will eventually use<ul style="list-style-type: none"><li>■ e.g., Within 3s of the presentation of the SD, "What is this/that?" the learner will label up to 20 objects that are</li></ul></li></ul></li></ul>



# ABA Day by Day

	<p>commonly found in their environment across 3 different people.</p> <ul style="list-style-type: none"> <li>You have targets for 5 tacts and 15 TBD targets</li> <li>Run probe trials using the 5 tacts identified in targets</li> <li>Run probe trials for 15 more tacts for items found in the environment as a substitute for the TBD items</li> </ul> <ul style="list-style-type: none"> <li>Master out targets the student performed at mastery during baseline.</li> <li>Complete remaining individual targets to meet the program objective.</li> </ul>
<b>Conduct Pretest on Targets</b>	<ul style="list-style-type: none"> <li>Pretest data are collected by the BCBA, program coordinator, or trained therapist on each new target response or set of target responses prior to teaching.</li> <li>Follow baseline procedures for collecting data but collect at least 3 data points. Collect 3 trials for each step of a task analysis or provide 6 opportunities for a target that is opportunity based</li> </ul>
	<ul style="list-style-type: none"> <li>If the student scores at or above criterion during the pretest: <ul style="list-style-type: none"> <li>Master out the target</li> <li>Move on to the next target</li> </ul> </li> <li>If the student scores below criterion during the Pretest: <ul style="list-style-type: none"> <li>Begin teaching the new target</li> </ul> </li> </ul>
<b>Generalization Procedures</b>	<ul style="list-style-type: none"> <li>Generalization should be programmed for throughout the skill acquisition program</li> <li>Generalization should be probed for after meeting mastery on each set of targets and/or after meeting mastery on all targets using novel generalization materials, settings, people, etc.</li> </ul>
<b>Maintenance Data</b>	<ul style="list-style-type: none"> <li>Maintenance data will be collected: <ul style="list-style-type: none"> <li>Monthly for 3 months</li> <li>Semi-annually</li> <li>Annually</li> </ul> </li> <li>If data falls below criteria, the target will move to the prior maintenance level.</li> </ul>

## Teaching Procedures

DISCRETE TRIAL TEACHING	
<b>Discrete Trial</b>	<ol style="list-style-type: none"> <li>Provide the SD, as needed. Take data on learner's response. <ol style="list-style-type: none"> <li>Wait 2-3 seconds for a response</li> </ol> </li> </ol>





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<b>Teaching (DTT) Procedure:</b>	<ol style="list-style-type: none"> <li>b. If correct independent response is given, provide behavior specific praise</li> <li>c. If response is incorrect, or no response is given, move to step 2.</li> <li>2. Clean and Clear (no data)               <ol style="list-style-type: none"> <li>a. Provide the SD accompanied by a more intrusive prompt with no delay between the SD and prompt.</li> <li>b. Provide behavior specific feedback for successful response.</li> </ol> </li> <li>3. Provide the SD again with no/a lesser prompt (no data)               <ol style="list-style-type: none"> <li>a. If correct independent response is given, provide behavior specific praise</li> <li>b. If incorrect response is given, repeat step 2a.</li> </ol> </li> </ol>
<b>DTT Tips:</b>	<ul style="list-style-type: none"> <li>• Provide the initial 3-second pause to allow student to respond.</li> <li>• Follow prompted trial with less prompted trial</li> <li>• Fade prompts across subsequent trials.</li> <li>• Differentially reinforce responses demonstrated correctly with the greatest level of independence.</li> <li>• Generalize skill to novel people, materials, and locations</li> </ul>
<b>DTT Data Collection:</b>	Record +/-NR for each trial. Graph independent, correct responses over total opportunities.

TASK ANALYSIS		
<b>Task Analysis Teaching Procedure:</b>	Program is taught as a backwards or forward chain. <ol style="list-style-type: none"> <li>1. Teach/collect data on one step at a time.</li> <li>2. Follow prompt hierarchy below. Fade prompts as rapidly as possible.</li> <li>3. Reinforce responses demonstrated with least amount of prompting.</li> <li>4. Use only manual guidance to teach; do not use verbal prompts or reinforcement.</li> </ol>	
<b>Prompt Hierarchy:</b>	In order from most to least intrusive: HH=hand over hand WR=wrist FA=forearm EL=elbow UA=upper arm S=shoulder SH=shadow SBxx=step back (x number of steps)	+ = independent - = incorrect or no response
<b>TA Data Collection:</b>	Record +/- or individualized prompt level for each step on the task analysis.	

FLUENCY
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# ABA Day by Day

<b>Fluency Teaching Procedure:</b>	<ol style="list-style-type: none"> <li>1. Set up materials</li> <li>2. Set a timer for designated amount of time</li> <li>3. Present SD and start timer. Take data on learner's response.               <ol style="list-style-type: none"> <li>a. Wait 2-3 seconds for a response.</li> <li>b. If the daily goal is met, provide behavior specific praise. No further trials are required for that session.</li> <li>c. If the daily goal is not met, continue to step 4.</li> </ol> </li> <li>4. Timed Practice               <ol style="list-style-type: none"> <li>a. Provide the SD accompanied by a prompt with no delay between the SD and prompt.</li> <li>b. Provide verbal praise during timed practice.</li> <li>c. Provide behavior specific feedback for successful response.</li> <li>d. Do not exceed 10 trials of timed practice in a session.</li> </ol> </li> </ol>
<b>Fluency Tips:</b>	<ul style="list-style-type: none"> <li>• Provide the initial 3-second pause to allow student to respond.</li> <li>• Follow prompted trial with less prompted trial</li> <li>• Fade prompts across subsequent trials.</li> <li>• Differentially reinforce responses demonstrated correctly with the greatest level of independence.</li> </ul>
<b>Fluency Data Collection:</b>	Record the number of times practiced, timing, and rate of each trial (e.g., 20 movements in 1min).

## Ongoing Clinical Supervision (for BCBAs)

BCBAs will provide ongoing supervision of the program through direct and indirect means. Direct supervision hours require the presence of the student and therapist. Indirect supervision and reassessment hours will be conducted by the BCBA only. PLEASE NOTE: A SOAP NOTE IS REQUIRED FOR ALL RENDERED SERVICES.

<b>Direct Supervision</b>	<ul style="list-style-type: none"> <li>• Observe the therapist working with the learner</li> <li>• Provide training to the therapist on the specific program or on general behavior analytic skills as needed</li> <li>• Discuss family concerns/needs/changes</li> <li>• Direct supervision hours should only be rendered in RethinkBH .com by BCBAs. Program Coordinators (PCs) should render their supervision as "Trainer Direct Hours"</li> <li>• A session note should be entered into Client Binder/Drive Folder for each direct supervision appointment rendered.</li> <li>• Direct supervision should be provided on a minimum 1 in 10 supervision to direct therapy ratio and maximum 1 in 5 supervision to direct therapy ratio.</li> </ul>
<b>Indirect</b>	<ul style="list-style-type: none"> <li>• Review the graphs remotely and/or on site</li> </ul>



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<b>Supervision/ Treatment Planning/ Reassessment</b>	<ul style="list-style-type: none"><li>• Add program modifications to programs as necessary</li><li>• Add program targets as necessary</li><li>• Create new programs/goals<ul style="list-style-type: none"><li>◦ If a new program is needed for a learner that does not already exist in the <a href="#">ABA DBD curriculum</a>, BCBA's should fill out the <a href="#">New Goal Request Form</a>. Components necessary to be added to the library include:<ul style="list-style-type: none"><li>■ Does the goal name accurately describe the objective?</li><li>■ Is the objective behavior specific?</li><li>■ Does the objective define student behavior clearly?</li><li>■ Does it include generalization?</li><li>■ Is there a measurable termination point to the goal?</li></ul></li><li>◦ Example format: When presented with the SD, (<i>example SDs</i>), the student will (<i>Student behavior</i>), for (<i>measurable termination point</i>) across (<i>generalization component</i>).</li><li>◦ Once you submit the form, the authorizations team will review the goal and email you with any questions/revisions. When the goal is finalized, it will be uploaded to Client Binder/Drive Folder for everyone to use, and a confirmation email will be sent to you.</li><li>◦ If any changes are made to the student's programming in between authorization periods, please discuss changes with the caregiver</li></ul></li><li>• <a href="#">Reauthorization paperwork</a></li><li>• Create program materials<ul style="list-style-type: none"><li>◦ Save to the clients BCBA files in Google Drive. If materials are purchased by ABA Day by Day, they will become property of ABA Day by Day upon termination of the home program. If materials are purchased by the family, they will remain the property of the family. BCBAs may be reimbursed for materials they purchase, only if the purchase is approved.<ul style="list-style-type: none"><li>■ To request approval for a purchase, BCBAs will complete the <a href="#">Reimbursement Form (please request)</a> and submit it to the Operations Manager. Upon approval, it will be determined whether ABA DBD will purchase the item or will request that the BCBA purchase and submit receipts.</li></ul></li></ul></li><li>• Writing/Revising Behavior Intervention Plans</li></ul>
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## BCBA Session Notes

<b>Enter Session Note for:</b>	<p>All BCBA rendered services, including:</p> <ul style="list-style-type: none"><li>• direct supervision<ul style="list-style-type: none"><li>◦ include therapist and student skills targeted</li></ul></li><li>• indirect supervision</li></ul>
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	<ul style="list-style-type: none"> <li>○ include the type of indirect supervision completed (e.g., treatment planning, adding goals)</li> <li>○ include a description of the indirect service completed (e.g., list new goals added)</li> <li>● parent training <ul style="list-style-type: none"> <li>○ include parent training goals worked on</li> <li>○ include parent progress</li> <li>○ include parent concerns</li> </ul> </li> <li>● reassessment</li> <li>● include any assessment completed</li> </ul>
	<ul style="list-style-type: none"> <li>●</li> </ul>
	<ul style="list-style-type: none"> <li>○</li> </ul>

## Reauthorization paperwork (for BCBA's)

<ol style="list-style-type: none"> <li>1. <a href="#">Due date</a></li> <li>2. <a href="#">Paperwork Location</a></li> <li>3. <a href="#">Required Paperwork</a></li> <li>4. <a href="#">Paperwork Submission</a></li> </ol>
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<b>Due date</b>	<p>Paperwork is due at least three weeks (but no more than four weeks) before the authorization expiration date. The Clinical Director/authorization staff may remind the BCBA of upcoming reauthorizations, but it is the BCBA's responsibility to keep track of when authorizations are due for renewal and submit paperwork on time.</p> <p>Clinical Supervisors can view a list of upcoming authorization expiration dates for assigned clients in the google drive platform.</p>
<b>Paperwork Location</b>	<ul style="list-style-type: none"> <li>● Templates: Google Drive → Insurance Documents → ABA Intake and Reauthorization Templates</li> <li>● BCBA should save all student documents directly to the student's BCBA Files Folder, to ensure HIPAA compliance.</li> </ul>
<b>Required Paperwork</b>	<p><b>1. Reauthorization Meeting Form</b> BCBA completes the <a href="#">Reauthorization Meeting Form</a> via parent interview *MAKE SURE TO UPDATE ASSESSMENT CONSENT (if applicable)</p> <ul style="list-style-type: none"> <li>● If the same assessment is being completed within a 1-year period, a new consent is not required.</li> <li>● If a different assessment is being completed within a 1-year period, a new consent with relevant assessment information is required.</li> </ul>
	<b>2. Goals and Objectives</b>



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	<p>Update <a href="#">Goals and Objectives</a> to report on progress of each goal. School district cases should use the <a href="#">School District G&amp;O</a>.</p> <ul style="list-style-type: none"><li>• Progress should be reported for each goal in percentages.</li><li>• Report progress on the entire objective, not current target.</li></ul> <p>If a new program is needed that is not already in our <a href="#">curriculum</a>, fill out the <a href="#">New Goal Request Form</a>. Once you submit the form, the authorizations team will review the goal and email you with any questions/revisions. When the goal is finalized, it will be uploaded to Client Binder/Drive Folder for everyone to use, and a confirmation email will be sent to you.</p>
	<p><b>3. Treatment Plan</b></p> <p>Update Treatment Plan via Google Drive A sample report can be found in the templates available on drive under Insurance Documents → ABA Intake and Reauthorization templates. You will need to use the information from the completed Reauthorization Meeting Form, Goals and Objectives, and Assessments to update the treatment plan areas.</p> <ul style="list-style-type: none"><li>• To start a new Treatment Plan, please select the intended client in your client list, select insurance contracts, and then select the folder icon. Make a copy of the template and create a new treatment plan.</li><li>• Next to each section, there is a (?) icon which provides additional information to help you complete the report.</li><li>• There is a comments box under each section. You may use the comments box to communicate with the Authorizations Department, just as those used in Word documents. We will also provide our feedback via the comments. Please remember, this information will not be included in the final report.</li><li>• Please review your reports carefully, or use your browser's native spelling/grammar check, to ensure there are no errors/typos in the submitted report.</li><li>• If you need to stop work mid-report, the google platform saves all changes in real time.</li><li>• After the Treatment Plan has been created, please move document to Client Documents section of the client profile.</li></ul>
	<p><b>4. Behavior Plans</b></p> <p>Update and submit all behavior plans with reauthorization paperwork, following the behavior plan <a href="#">template</a>.</p> <ul style="list-style-type: none"><li>• If a behavior plan is created/revised mid-authorization, the BCBA should share that behavior plan with head office</li></ul>
	<p><b>5. Assessments</b></p> <p>BCBA to complete an updated <a href="#">ATEC</a> or <a href="#">ABAS-3</a> and any additional assessments, as determined to be appropriate by the BCBA (e.g., VBMAPP, ABLLS, AFLS). Assessment Consent is required prior to implementation of an assessment. The assessment consent form is "<a href="#">*Assessment Consent Forms</a>."</p>



# ABA Day by Day

<p><b>Paperwork Submission</b></p>	<p>Submit completed paperwork to the Clinical Director/Authorizations Department by the prompted due date for review and submission to insurance for ongoing approval of services.</p> <ul style="list-style-type: none"> <li>• When your Treatment Plan is ready to submit, <ul style="list-style-type: none"> <li>◦ please attach all other necessary documents at the end of the treatment plan document <ul style="list-style-type: none"> <li>■ completed Initial Meeting Form from parent interview</li> <li>■ ATEC/ABAS-3 completed by the BCBA</li> <li>■ Goals and Objectives</li> <li>■ any other assessments completed</li> </ul> </li> <li>◦ select the submit for review button at the bottom of the page. This will alert your CD/authorizations that there is a report to review.</li> </ul> </li> <li>• The Authorizations team will then review all documents and comment on any sections that require revisions within the treatment plan. When authorizations sends the document back to you for edits, you will receive a notification that the document is ready for review. You will also receive a notification when the document is approved.</li> <li>• Reports will only be reviewed when all required documents have been received. Please note, you will not have access to your treatment plan while it is pending authorizations review.</li> </ul> <p>Clinical Director/Authorizations will review paperwork and notify the BCBA of any revisions necessary, which are to be completed within a 2-day timeframe</p>
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## Case Changes

### Transitioning Off a Case/Reducing Hours on a Case

Behavior Therapists & Program Coordinators	BCBAs
<ul style="list-style-type: none"> <li>• Notify BCBA, Family Services Coordinator, and family upon leaving or reducing hours on a case with as much advance notice as possible, preferably at least 2 weeks notice</li> <li>• Ensure that data, progress notes, and any important details are noted in client file before transitioning off a case</li> </ul>	<ul style="list-style-type: none"> <li>• Notify Family Services Coordinator and family upon leaving a case with as much advance notice as possible, preferably at least 2 weeks notice</li> <li>• If any paperwork is due to be revised within the next month, the current BCBA will update all paperwork before exiting the case</li> <li>• Attend any final meetings and conferences</li> <li>• Upload any materials and paperwork created for the client to their file in Google Drive</li> </ul>



# ABA Day by Day

## Suspending Services

<b>Suspended Services</b>	<ul style="list-style-type: none"><li>• The Family Services Coordinator will notify the therapists and supervisors if a program needs to be suspended or on hold.</li><li>• If the family informs the program staff of needing to suspend services, staff should notify the Family Services Coordinator on RethinkBH as soon as possible.</li><li>• Assigned staff are free to seek other cases if a program is on hold for more than two weeks.</li></ul>
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## Discharging Services

<b>Initiating Discharge</b>	<ol style="list-style-type: none"><li>1. School districts and families may initiate a discharge in services at any time and for any reason.</li><li>2. ABA DBD will discharge a student if:<ol style="list-style-type: none"><li>a. The family's desired or preferred interventions are not in accordance with evidence-based intervention (e.g., the family may want to use a program such as auditory integration, which has little efficacious support).</li><li>b. Accommodations being provided are deemed unsafe to the therapist and/or child.<ol style="list-style-type: none"><li>i. The family will be notified and given time to correct the issue. While correction is taking place, services will not be provided. In the event that the environment does not change, services will be terminated.</li></ol></li><li>c. The student presents with a medical need that interferes with appropriate delivery of services.</li><li>d. We are unable to staff a case due to location, skill level, etc. so the family may seek another provider.</li><li>e. The parents/guardians show continuous noncompliance in scheduling parent training services and implementing necessary treatment plan components.<ol style="list-style-type: none"><li>i. The family will be notified and offered additional parent training services. In the event there is no behavior change, services will be terminated.</li></ol></li><li>f. The student and parents/guardians master, maintain, and meet all discharge criteria as outlined in the Treatment Plan.</li></ol></li></ol> <p><a href="#">Suggestions for Ethically Fading ABA Services</a></p>
<b>Discharge Documentation</b>	<p>The clinical supervisor will complete the following documents to provide a progress summary for the student that will be sent to the family and/or insurance company as needed:</p> <ul style="list-style-type: none"><li>• update <b>Goals &amp; Objectives</b> doc with current levels of performance using most recent data</li><li>• edit <b>Treatment Plan</b> to be a Discharge Plan with a summary of:</li></ul>





# ABA Day by Day

	<ul style="list-style-type: none"> <li>○ reason for discharge</li> <li>○ suggestions for future programming and/or services</li> <li>○ suggestions for community based supports the family may utilize</li> <li>○ description of how ABA DBD can facilitate any transitions between our services and another provider (see <a href="#">Discharge examples</a> for assistance)</li> </ul>	
<b>Due Date</b>	<i>with advanced notice</i>	<i>without advance notice</i>
	The Clinical Supervisor will complete all necessary documents within 1 week of the last planned day of service and submit to the authorizations department via RethinkBH.	The Clinical Supervisor will complete all necessary documents within 1 week of the discharge notification submit to the authorizations department via RethinkBH. This will be updated with the last known data and progress.

## Parent Training (BCBAs)

Parent training is required as part of insurance-based services and can only be conducted by a BCBA, unless otherwise informed.

<b>Scheduling Sessions</b>	<ul style="list-style-type: none"> <li>• Sessions may be scheduled with the family as an extension of their already scheduled session (e.g., immediately before or after therapy)</li> <li>• Sessions may be scheduled at a different day and time than regularly scheduled therapy sessions</li> </ul>
<b>Parent Goals</b>	<ul style="list-style-type: none"> <li>• Parent training goals can be found in the <a href="#">ABA DBD Parent Goals Folder</a>.</li> <li>• Additional goals can be found in the <a href="#">Auxiliary library</a> for cases that are Parent Training only or school district funded.</li> <li>• Goals should be included in the Goals and Objectives document</li> <li>• Parent progress and participation should be summarized in the Treatment Plan</li> </ul>
<b>Curriculums</b>	<p>Please use the evidence-based Parent Training Curriculum Guide by The RUBI Autism Network to help guide your parent training goals.</p> <ul style="list-style-type: none"> <li>• It is available on Drive: Clinical Documents -&gt; Supplemental Materials -&gt; Curriculums -&gt; Parent Training for Disruptive Behavior (RUBI Curriculum)</li> </ul> <p>Core RUBI Goals:</p> <ol style="list-style-type: none"> <li>1. Behavioral Principles (ABCs) <ol style="list-style-type: none"> <li>a. Introduce concepts of functions of behavior, antecedents, and consequences of behavior</li> </ol> </li> <li>2. Prevention Strategies</li> </ol>



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	<ul style="list-style-type: none"> <li>a. Discuss antecedents to behavior problems and develop preventative strategies</li> <li>3. Daily Schedules               <ul style="list-style-type: none"> <li>a. Develop a daily schedule and identify points of intervention (including use of visual schedules) to decrease behavior problems</li> </ul> </li> <li>4. Reinforcement               <ul style="list-style-type: none"> <li>a. Introduce concept of reinforcers to promote compliance, strengthen desired behaviors and teach new behaviors</li> <li>b. Introduce “catching being good”</li> </ul> </li> <li>5. Planned Ignoring               <ul style="list-style-type: none"> <li>a. Introduce to extinction via planned ignoring to reduce behavior problems</li> </ul> </li> <li>6. Compliance Training               <ul style="list-style-type: none"> <li>a. Introduce effective parental requests and the use of guided compliance to enhance compliance and manage noncompliant behaviors</li> </ul> </li> <li>7. Functional Communication Skills               <ul style="list-style-type: none"> <li>a. Teach alternative communicative skills to replace problematic behaviors</li> </ul> </li> <li>8. Teaching Skills               <ul style="list-style-type: none"> <li>a. Teach to implement task analysis and chaining</li> <li>b. Teach to implement prompting procedures</li> </ul> </li> <li>9. Generalization &amp; Maintenance               <ul style="list-style-type: none"> <li>a. Generalize newly learned skills to parents</li> </ul> </li> </ul> <p>Optional Goals:</p> <ul style="list-style-type: none"> <li>1. Toileting</li> <li>2. Feeding</li> <li>3. Sleep</li> <li>4. Crisis Management</li> <li>5. Contingency Contracting</li> </ul>
<b>Rendering</b>	Enter parent training appointments into RethinkBH and have the parent sign off on them at the end of the session.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A Session note must be included for each parent training session completed.</li> <li>• Parent training goals are required to be entered into and data should be collected consistently and reported on in the G&amp;O and TP during reauthorization.</li> <li>• Parent participation is documented in the Treatment Plan during reauthorization for insurance.               <ul style="list-style-type: none"> <li>○ If there are issues with parent participation with parent training, please document the attempts made and reasons for challenges in the treatment plan</li> </ul> </li> </ul>





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## Support

If there is ever difficulty with any component of parent training, please reach out to the Clinical Director for support.

## Behavior Concerns

### Behavior Intervention Plans (BCBAs)

<b>Target Behaviors</b>	Enter target behaviors and operational definitions into Client Binder/Drive Folder for data collection
<b>Functional Behavior Assessment</b>	Collect baseline data with correct documentation Conduct functional behavior assessment (e.g., enter ABC data in Client Binder/Drive Folder, collect FA data in Client Binder/Drive Folder)
<b>Implementing a BIP</b>	Any behavioral intervention put into practice with the intent of reducing behavior warrants a formal written BIP so that any behavior change observed can be said to be due to the interventions put in place. The following are some examples of interventions that warrant a BIP: <ul style="list-style-type: none"> <li>• Motivational systems (e.g., token economy)</li> <li>• Differential Reinforcement procedures (e.g., DRO, DRA)</li> <li>• Exclusionary Time Out</li> <li>• RIRD</li> </ul>
<b>Required Paperwork</b>	<ul style="list-style-type: none"> <li>• Create BIP and Treatment Integrity form using <a href="#">BIP Template</a></li> <li>• Submit to clinical director for review</li> <li>• Review final draft with staff and parents and retrieve signatures from all parties. <ul style="list-style-type: none"> <li>○ Save the signed copy to the student's folder in Google Drive</li> <li>○ Upload a copy to the Documents section in Client Binder/Drive Folder</li> </ul> </li> </ul>

### Treatment Integrity

<b>Frequency</b>	<ul style="list-style-type: none"><li>BCBA will collect treatment integrity with therapists and families once per quarter to ensure consistency and efficacy.</li></ul> <table><tr><td>Quarter 1: Jan-Mar</td><td>Quarter 2: April-June</td><td>Quarter 3: July-Sept</td><td>Quarter 4: Oct-Dec</td></tr></table>	Quarter 1: Jan-Mar	Quarter 2: April-June	Quarter 3: July-Sept	Quarter 4: Oct-Dec
Quarter 1: Jan-Mar	Quarter 2: April-June	Quarter 3: July-Sept	Quarter 4: Oct-Dec		
<b>Direct Measures</b>	<ul style="list-style-type: none"><li>Directly observe therapist/s and parent/s and collect data ideally once per month, but at least once per quarter using a <a href="#">treatment integrity checklist</a></li><li>Fill in the treatment components and define each in specific, behavioral terms so that each component can adequately be assessed</li></ul>				



# ABA Day by Day

	<ul style="list-style-type: none"> <li>Rate a (+) for correct and independent implementation of the treatment component or (-) for incorrect or no implementation of the treatment component</li> </ul>
<b>Indirect Measures</b>	<ul style="list-style-type: none"> <li>If more data are needed, but you are unable to schedule additional visits, use indirect measures <ul style="list-style-type: none"> <li>Self-report: requires the implementer to rate the extent to which he or she implemented each treatment component and may also serve as a prompt to implement forgotten steps in subsequent sessions <ul style="list-style-type: none"> <li>Self-report data should be reviewed and analyzed at the following visit with the implementer</li> </ul> </li> </ul> </li> </ul>
<b>Criteria</b>	<ul style="list-style-type: none"> <li>Therapists and parents should implement the BIP at 100% accuracy <ul style="list-style-type: none"> <li>If performance falls below 100%, provide performance feedback immediately, and collect data again on the next implementation of the procedure</li> <li>If performance is still below criteria after the follow-up checklist, it is time to problem solve</li> </ul> </li> </ul>
<b>Problem Solving</b>	<ul style="list-style-type: none"> <li>If therapists or parents do not maintain implementation at criterion: <ul style="list-style-type: none"> <li>Conduct <a href="#">treatment monitoring interview (TMI)</a> to determine if there are any barriers to implementation, and how to solve them</li> <li>Retrain using Behavior Skills Training: <ul style="list-style-type: none"> <li>Instruction</li> <li>Modeling</li> <li>Rehearsal</li> <li>Verbal performance feedback</li> </ul> </li> </ul> </li> </ul>

## Incident Reports (ALL STAFF)

If any student incidents occur during session wherein a student or staff member is injured:

<b>If the incident occurs in the home</b>	<ul style="list-style-type: none"> <li>The staff member should notify the parents immediately.</li> <li>In the last 30 minutes of the session (or immediately if either party is not safe to continue session), the therapist should notify their supervising BCBA, complete an <a href="#">Incident Report</a>, and email the incident report to the program BCBA</li> <li>The program BCBA should schedule their next supervision session as soon as possible, discuss the incident with the therapist and family, obtain signatures from all parties, and submit to Clinical Director. <ul style="list-style-type: none"> <li>The BCBA may adjust behavior plans, if necessary</li> </ul> </li> </ul>
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# ABA Day by Day

<b>If the incident occurs in an ABA DBD center</b>	<ul style="list-style-type: none"> <li>• The staff member should notify the center BCBA immediately.</li> <li>• The center BCBA will notify the parents immediately.</li> <li>• The therapist and center BCBA should complete an Incident Report. The center BCBA should add their signature.</li> <li>• The center BCBA should obtain the parent's signature, send to the Lead Clinical Director to save to the student's file on Google Drive.</li> </ul>
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## Staff Evaluation Checklists (ALL STAFF)

### Behavior Technician/Program Coordinator Checklists

	Behavior Technician Checklists	Program Coordinator Checklists			
Conducted by	All BCBAs must evaluate the BT and/or program coordinators on their clients' teams as follows: <ul style="list-style-type: none"><li>• evaluate the skill level of behavior therapists and program coordinators</li><li>• monitor staff job performance on an ongoing basis</li><li>• identify areas of strength and areas for improvement</li><li>• please note, staff evaluations contribute to raise eligibility for therapists</li></ul>				
Conducted via	In person visit				
Evaluation Frequency	Once per quarter for <i>each therapist</i>				Twice per year for <i>each program coordinator</i>
	Jan - March	April - June	July - Sept	Oct - Dec	
Checklists	<ul style="list-style-type: none"><li>• Therapist Checklist I: evaluates essential ABA skills</li><li>• Therapist Checklist II: evaluates higher order skill levels</li><li>• Therapist Checklist III: evaluates maintenance of higher order skills</li></ul>				PC Checklist: evaluates quality of program coordinator skill set and job duties according to ABA DBD standards
Passing Criterion	A score of at least 3.6 over two consecutive opportunities and/or across two different clients				A score of at least 3.6
Progression	If passing criterion is met, move to the next checklist				If PC Checklist is passed, continue to conduct PC checklist twice per year
Maintenance	If all checklists are passed, continue to conduct Checklist III once per quarter				continue to conduct PC checklist twice per year



# ABA Day by Day

<b>Below Criterion</b>	<ul style="list-style-type: none"><li>• If the therapist scores below 3.6 on a checklist:<ul style="list-style-type: none"><li>○ Immediate feedback should be given to the therapist by the evaluator</li><li>○ Utilize the following documents to support staff feedback:<ul style="list-style-type: none"><li>■ ABA DBD Clinical Protocols</li><li>■ <a href="#">ABA DBD's Guide to ABA</a></li><li>■ Components of the Therapist/PC Checklist conducted</li></ul></li><li>○ The checklist should be scored again within the next 30 days</li></ul></li><li>• If the checklist criteria is not met a second time or there is no significant improvement after feedback has been provided:<ul style="list-style-type: none"><li>○ Please contact your Clinical Director</li><li>○ ABA DBD will provide support with in-person hands on and/or web-based trainings</li><li>○ The checklist should be scored a third time within the next 30 days (pending completion of the above-mentioned trainings)</li></ul></li><li>• If the criterion is not met a third time or there is no significant improvement after additional training has been provided:<ul style="list-style-type: none"><li>○ Contact the Clinical Director to determine the next course of action</li></ul></li></ul>
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# ABA Day by Day

## Conducting Therapist/Program Coordinator Checklists

### Viewing Completed Checklists

1. Log into Google Platform
2. Select Employee Name
3. Select "Assessments" folder
4. Open files as needed (completed checklist)

### BCBA Clinical Supervisor Checklists

The Clinical Director will conduct checklists throughout the year on BCBA performance to ensure client progress and maintenance of following ABA DBD Clinical Protocols/Clinical Supervisor Responsibilities.

	<a href="#">Program Review Checklist</a>	<b>School Consultation Checklist</b>	<b>Session Note Checklist</b>
<b>Evaluation Frequency</b>	Once per year for each BCBA (for insurance-funded and private pay students)	Once per year for each BCBA (for school district students)	Three times per year for each BCBA
<b>Checklist</b>	<ul style="list-style-type: none"><li>• Evaluates BCBA clinical performance and job performance outlined by the Clinical Protocols</li><li>• Evaluates student progress</li></ul>	Evaluates BCBA job performance outlined by the Clinical Protocols and School Services SOP	Evaluates BCBAs on entering Session Notes into Client Binder/Drive Folder to match all rendered services in MAP

### Program Review Checklist Items

#### *Behavior Reduction Programs*

1. At least 1 target behavior is present and active.
2. Operational definition is present for each target behavior
3. Operational definition is clear and concise
4. Behavior data are present and consistent
5. Behavior measurement procedures is appropriate
6. Intervention implemented at an appropriate time (e.g., not following decreasing trend)
7. Behavior reduction procedure is listed on the graph
8. BIP in place (if warranted)

#### *Skill Acquisition Programs*



# ABA Day by Day

1. Contains the following skill areas:
  - a. Completed programs
  - b. Discontinued programs
  - c. Programs on hold
  - d. Future programs
2. All programs with 100% targets mastered are moved to completed programs skill area
3. Programs are appropriate for insurance approval (e.g., medically necessary goals, self-care skills are under parent training for optum/oxford/united)
4. There are an appropriate number of active programs to match the skill deficit areas and number of therapy hours for the client

## *Targets*

1. Targets are listed clearly (e.g., describe student behavior so that anyone could understand)
2. The number of targets matches the program objective
3. Completed targets are in maintenance and not "closed" unless they have completed annual maintenance
4. Random program targets #1, #2, #3:
  - a. Current target is on an increasing trend
  - b. Current target has been problem solved (if necessary) (e.g., phase change lines are present)
    - i. For example, is there evidence of a procedure change after max 5 data points of no progress?
  - c. Current target is not at mastery for more than predetermined criteria (e.g., 2 consecutive days)
  - d. Maintenance data are present within the past 6 months according to relevant maintenance level

## *Parent Training*

1. Parent training goals are present and active (e.g., contain data)

## *Client Binder/Drive Folder Documentation*

1. BIP has been uploaded to Client Binder/Drive Folder (if applicable)
2. Therapist session notes are present, are objective, and contain:
  - a. Skill acquisition information
  - b. Behavior information
  - c. Reinforcer information
3. BCBA Session Notes present in Client Binder/Drive Folder are descriptive, objective, and complete

## *General Feedback*

1. General performance feedback (if applicable)

## *Documentation*

1. Communicates effective and efficiently across all team members regarding family, scheduling, clinical and admin related issues
2. Consistently scores an average of at least 3.5 on SOAP Note reviews
3. Student related documents and materials are saved to the student's file in google drive (e.g., BIP, Intake and Reauth paperwork drafts, assessments)
4. Intake and reauthorization paperwork is submitted on time



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5. At least 1 therapist checklist has been completed per quarter

## *Supervision*

1. Conducts all appropriate services available for student
2. Maintains between a 1:5 and 1:10 supervision ratio for the last 30 days



# ABA Day by Day

## School Services

### School Collaboration

BCBAs may collaborate with school personnel regarding home/center clients as long as parents have given written consent. The preferred method of collaboration is via phone call and/or sharing of Goals & Objectives, Treatment Plans, and BIPs.

If clinically necessary to collaborate for in person meetings, the following guidelines must be followed:

	School Observations	IEP Meetings
<i>Who can attend?</i>	Clinical Supervisor	Clinical Supervisor
<i>What can you do?</i>	The supervisor must have clearly defined goals for completing a school observation (e.g., collecting ABC data on a behavior)	<ul style="list-style-type: none"><li>• The supervisor will only report on goals and progress for skill acquisition and target behaviors in the ABA DBD ABA program</li><li>• It is most helpful to provide a progress report or updated G&amp;O</li></ul>
<i>What can't you do?</i>	Supervisors cannot recommend strategies to school personnel or observe without clinical necessity	Supervisors cannot recommend strategies to school personnel or advocate for ABA services in school
<i>How do I attend?</i>	<ol style="list-style-type: none"><li>1. Contact authorizations to provide a rationale for conducting a school observation</li><li>2. Define clear goal for attending school observation</li><li>3. Write up a summary of the school observation assessment and report it on the next reauthorization paperwork</li></ol>	<ol style="list-style-type: none"><li>1. Update any paperwork (e.g., G&amp;O) prior to the meeting and submit to authorizations for review or use the most recent finalized reauth paperwork from authorizations</li><li>2. Write up a summary of the IEP meeting to include in the next Treatment Plan on collaboration with service providers.</li></ol>

### School Collaboration FAQs:

*Q: Can I make materials for the client to be used during the school day (e.g., visual schedule, token board)?*

A: No. However, you can share with the school teacher or school BCBA (if there is consent) what has been successful in your current environment with the client (e.g., home, center). For example, "A visual schedule has been helpful at home for decreasing problem behavior during transitions. We use 1 picture on a single page in a book style schedule." It is up to the school to prepare any materials to be used during the school day.

*Q: Can I conduct assessments or write BIPs to be used during the school day for an insurance-funded home client?*





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A: No, an ABA DBD BCBA cannot conduct assessments or write BIPs for school staff to be used during the school day for insurance-funded home services, as this is the responsibility of the school district. However, an ABA DBD BCBA or parent can share relevant client docs and data (if there is consent) with the school district for their reference (e.g., G&O, Treatment Plan). If the school requests an assessment or BIP, ABA DBD staff should reach out to the Clinical Director who can gain more information and possibly set up a school district contract for these services.

## School District Funded Services

Please see [School District Services SOP](#) for detailed job responsibilities for school consultation, completing school FBAs, and providing direct therapy or parent training through a school funded case.

## *RBT and BCBA Supervision*

### RBT Information

#### RBT Credential

<b>About the RBT Credential</b>	The RBT credential is a paraprofessional certification in behavior analysis. RBTs assist in delivering behavior analysis services under the direction and supervision of a BCBA. Staff are not required to pursue the RBT credential.
<b>BACB Requirements</b>	Should you wish to pursue the RBT credential, please first visit the <a href="#">BACB website</a> and view the RBT Handbook for instructions on applying for and maintaining the credential.
<b>ABA DBD Requirements</b>	<p>The following steps should be completed with ABA DBD (separate from the <a href="#">BACB RBT requirements</a>):</p> <ol style="list-style-type: none"><li>1. The RBT candidate must be actively providing ABA Therapy services on an ABA DBD program</li><li>2. The RBT candidate must identify a supervising BCBA that actively supervises a program the RBT candidate is on</li><li>3. The following items should be sent via email to Rashamella Walcott, Clinical Director.<ol style="list-style-type: none"><li>a. The supervising BCBA and RBT candidate will sign and submit the RBT Supervision Contract for RBT Candidates</li><li>b. Upon successful attainment of the RBT credential, the RBT should submit a copy of their approval letter and/or certificate</li></ol></li></ol>

#### RBT Coursework

**We highly encourage all therapists to consider completing the web-based 40 hour Registered Behavior Technician (RBT) Coursework to further their knowledge and**



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understanding of ABA principles available free of charge at [Autism Partnership Foundation](#).

<b>Free RBT Coursework</b>	<ol style="list-style-type: none"> <li>The coursework can be freely accessed through the Autism Partnership Foundation <a href="#">here</a> <ol style="list-style-type: none"> <li>Select "Login to enroll"</li> <li>Select "Register an account"</li> <li>Register using an email and password</li> </ol> </li> <li>If you have any technical issues with the coursework, please reach out directly to the Autism Partnership Foundation.</li> <li>This coursework was designed based on the task list from the Behavior Analyst Certification Board (BACB) and is just one component of obtaining the RBT credential. Please note, you do not need to pursue the RBT credential in order to take and benefit from the coursework!</li> </ol>
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## RBT Supervision

PURSUING RBT	
<b>RBT Trainees</b>	<ul style="list-style-type: none"> <li>Please see <a href="http://www.bacb.com/rbt">www.bacb.com/rbt</a> for detailed information on obtaining, maintaining, and renewing RBT certification.</li> <li>View <a href="#">RBT Handbook</a> for detailed information</li> </ul>
<b>RBT Supervisors</b>	<ul style="list-style-type: none"> <li>Please follow the BACB supervision guidelines for obtaining, maintaining, and renewing RBT certification at <a href="http://www.bacb.com/rbt">www.bacb.com/rbt</a>.</li> <li>Upon agreeing to supervise an RBT candidate: <ul style="list-style-type: none"> <li>Please request the RBT contract</li> <li>Once completed review and sign the RBT contract along with the candidate</li> <li>Send a copy of the signed contract to the office manager</li> </ul> </li> </ul>

## BCBA Fieldwork Supervision

PURSUING BCBA	
<b>BCBA Trainees</b>	<ul style="list-style-type: none"> <li>Please visit <a href="http://www.bacb.com/bcba">www.bacb.com/bcba</a> for detailed information on obtaining BCBA supervision</li> </ul>
<b>BCBA Supervisors</b>	<ul style="list-style-type: none"> <li>All BCBA's supervising fieldwork hours must have completed the 8-hour Supervision Training. If you have not, you can complete this for free at <a href="#">Autism Partnership Foundation</a></li> <li>Please follow the BACB guidelines for BCBA supervision experience at <a href="http://www.bacb.com/bcba">www.bacb.com/bcba</a>.</li> </ul>



# ABA Day by Day

	<ul style="list-style-type: none"><li>• Please see <a href="#">BCBA Fieldwork SOP</a> for more detailed information on ensuring the highest standard of supervision experience for our candidates here at ABA DBD.</li><li>• All fieldwork forms and training materials can be found in Drive -&gt; RBT &amp; BCBA Candidate Supervision -&gt; BCBA Fieldwork Supervision.</li><li>• A BCBA Fieldwork contract must be reviewed and signed by the trainee and supervising BCBA(s) before beginning supervision hours. A copy must be given to the Operations Manager as well.</li><li>• Please reach out to your Clinical Director to send out an e-contract if necessary</li></ul>
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## Ongoing Training

### Ongoing BT Trainings

<b>Frequency</b>	Quarterly
<b>Topics</b>	Beginner and Advanced topics in ABA
<b>Format</b>	Trainings are provided virtually via the Google Meet platform. Training info and reminders are sent out ahead of time so staff can rearrange therapy sessions if needed.
<b>Rendering</b>	Staff are paid for trainings and can render their appointments via <a href="#">staff training form</a> . Staff should ensure they complete the <a href="#">Reflection</a> at the end of the training session. The rate of pay for attending a training session is \$15.00 an hour, irrespective of your rate of pay when with clients.

### Continuing Education Trainings

<b>Frequency</b>	Every other month
<b>Topics</b>	BCBA-level topics in ABA that go beyond the BACB's current task list
<b>Format</b>	<b>Under Review</b>
<b>Earning Learning CEs</b>	