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Welcome

BHPN Connections Meeting

February 2021

Thank you for attending

enhancing your IMPACT

the BHPN annual conference 2021

If you need assistance in receiving your credit, please reach out to Continuing_Education@theBHPN.org

Announcements & Reminders

Continuing Education Event – Early Child Development and ABA Treatment

- **Monday, February 22** | 12:00-1:30pm
- **Wednesday, February 24** | 9-10:30am

Reminders:

- Parent-Led ABA Consultation Zoom: **Wednesdays** | 1:00-2:00pm
- Parent-Led ABA Monthly Trainings: **2nd Friday of every month** | 10-11:30

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COVID Vaccination Update

- Kaiser Permanente is offering a special program to the BHPN to vaccinate healthcare providers in the network, regardless of insurance provider.
- Vaccination is a personal decision and is not currently mandated by the BHPN; however, all local and CDC guidelines and regulations must continue to be followed.
- To schedule a vaccination, please call 1-866-454-8855.
  - **Not a Kaiser Permanente member?** When the menu asks for a medical record number (MRN), say "I do not have it" to be connected to a staff member where you can identify yourself as a non-Kaiser Permanente healthcare worker. Share that you provide behavioral healthcare in patient homes; no employment documentation is required.
- Refer back to the BHPN's email on COVID-19 Vaccinations or reach out to the Quality team with any questions or concerns.
- If you receive a vaccine, please keep a record of your vaccination card.

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COVID Reminders

- You still **must use PPE**, even if vaccinated.
- New direct exposure form - Call Customer Service within 2 hours of known **direct exposure** and send in completed form within 24 hours.
- Don’t forget about the “**Covid-19 & the BHPN informational guide**” for Caregivers.
- Encourage families and clients to **follow CDC guidelines**, including mask toleration.

Stay diligent!

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BHPN Clinical Report Templates

Frequently Asked Questions

General Updates to Clinical Report Templates

- Reduced count of templates from 16 to 4
- Relocated “Recommendations” section from end of report to beginning
- Mastery, generalization and maintenance criteria consolidated into one standard section
- Simplification of informational tables across templates
- General clean-up of sections for clinical relevancy and best practices
- Dangerous Behavior section

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Administrative FAQs

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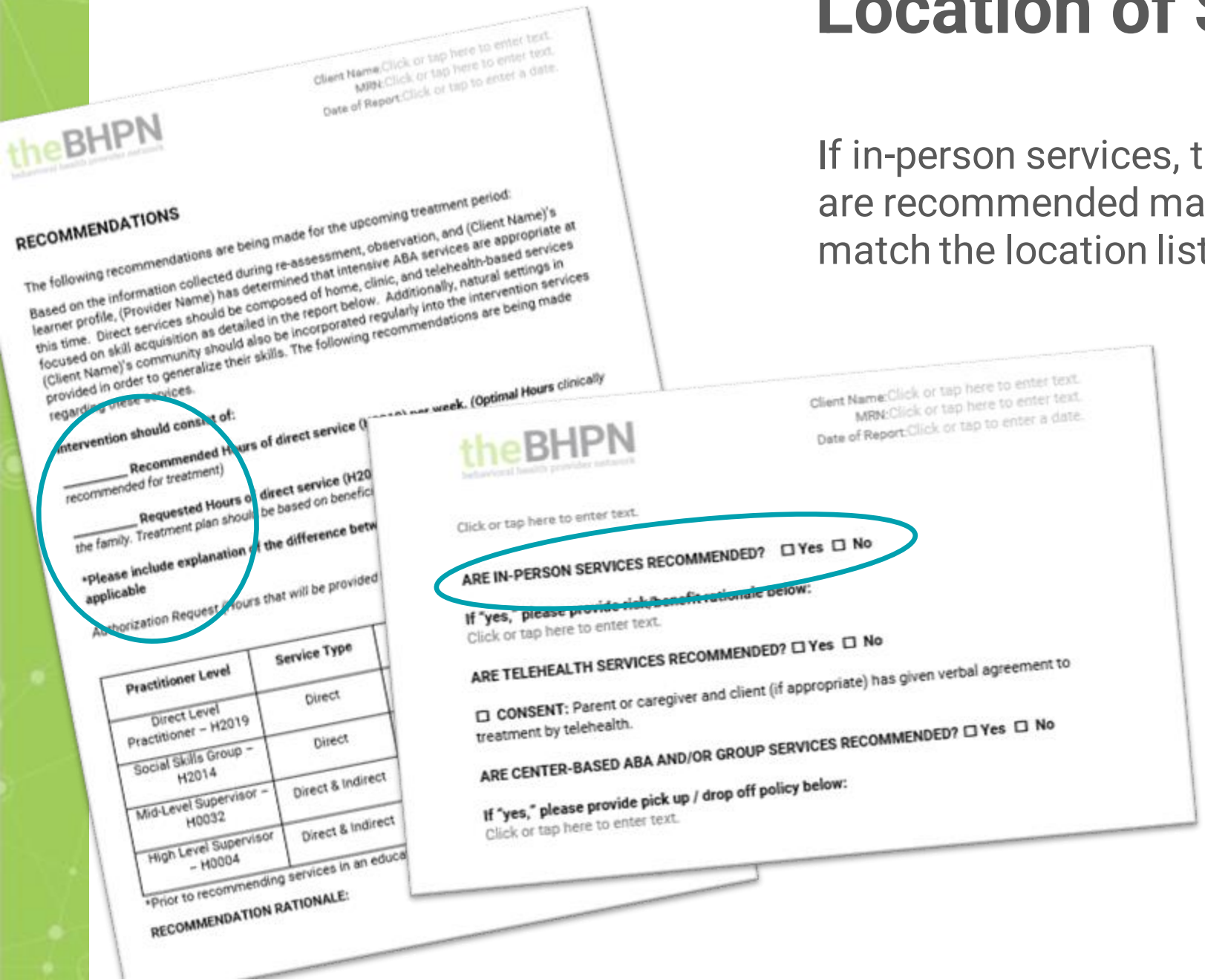
Location of Services

If in-person services, telehealth and clinic-based services are recommended make sure the appropriate boxes match the location listed in Authorization Request table.



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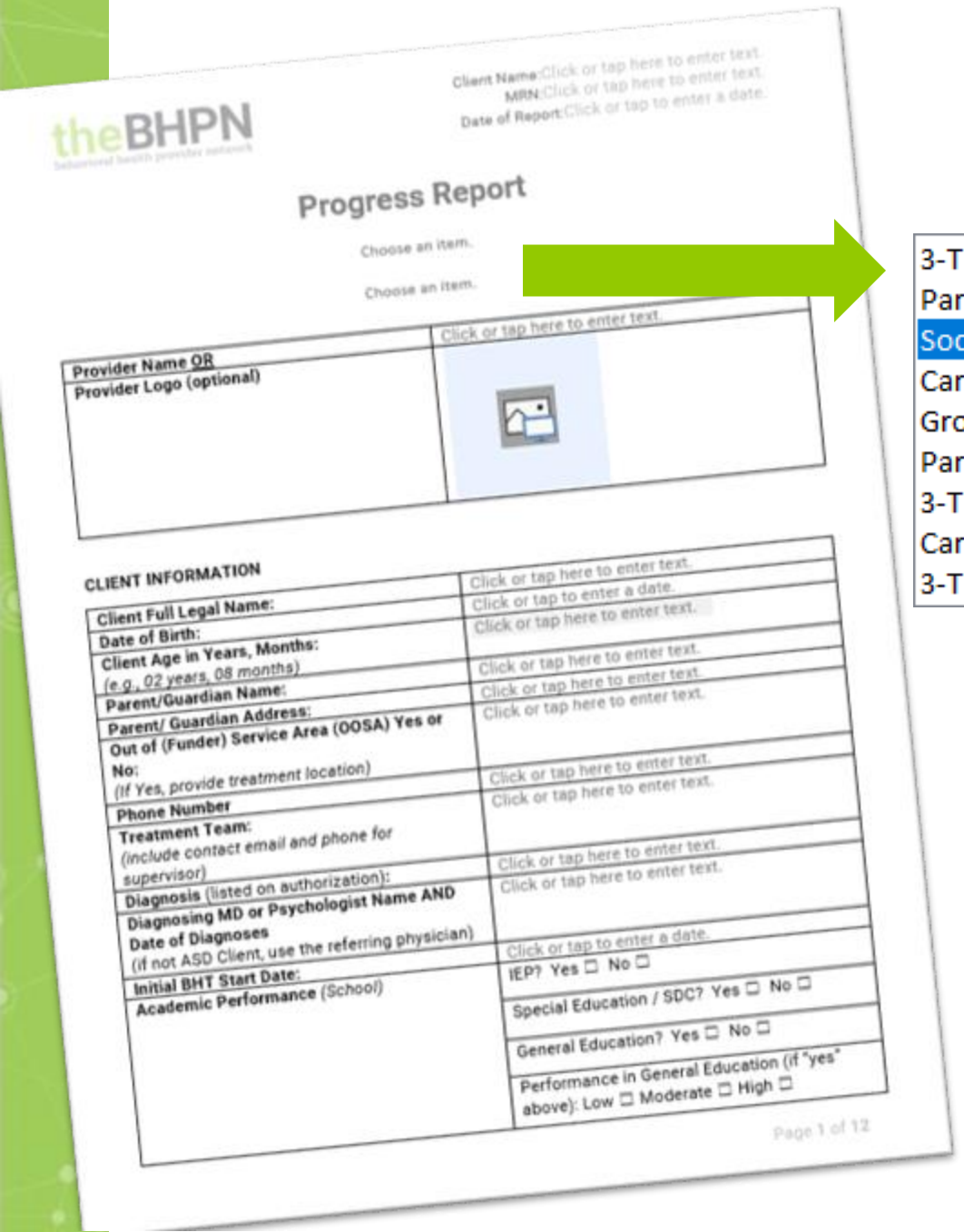
Service Type & Service Delivery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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Progress Report

Choose an item.

Choose an item.

Provider Name OR Provider Logo (optional)	Click or tap here to enter text.

CLIENT INFORMATION

Client Full Legal Name:	Click or tap here to enter text.
Date of Birth:	Click or tap to enter a date.
Client Age in Years, Months: (e.g., 02 years, 08 months)	Click or tap here to enter text.
Parent/Guardian Name:	Click or tap here to enter text.
Parent/ Guardian Address:	Click or tap here to enter text.
Out of (Funder) Service Area (OOSA) Yes or No: (If Yes, provide treatment location)	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Treatment Team: (include contact email and phone for supervisor)	Click or tap here to enter text.
Diagnosis (listed on authorization):	Click or tap here to enter text.
Diagnosing MD or Psychologist Name AND Date of Diagnoses (if not ASD Client, use the referring physician)	Click or tap here to enter text.
Initial BHT Start Date:	Click or tap to enter a date.
Academic Performance (School)	IEP? Yes ☐ No ☐
	Special Education / SDC? Yes ☐ No ☐
	General Education? Yes ☐ No ☐
	Performance in General Education (if "yes" above): Low ☐ Moderate ☐ High ☐

Page 1 of 12

- 3-Tier ABA
- Parent-Led ABA
- **Social Skills Group**
- Caregiver Training
- Group ABA
- Parent-Led ABA & Group ABA
- 3-Tier ABA & Social Skills Group
- Caregiver Training & Social Skills Group
- 3-Tier ABA and Group ABA

The service type and service delivery in drop down below report title should reflect the **CURRENT** authorization period, not the upcoming authorization period.

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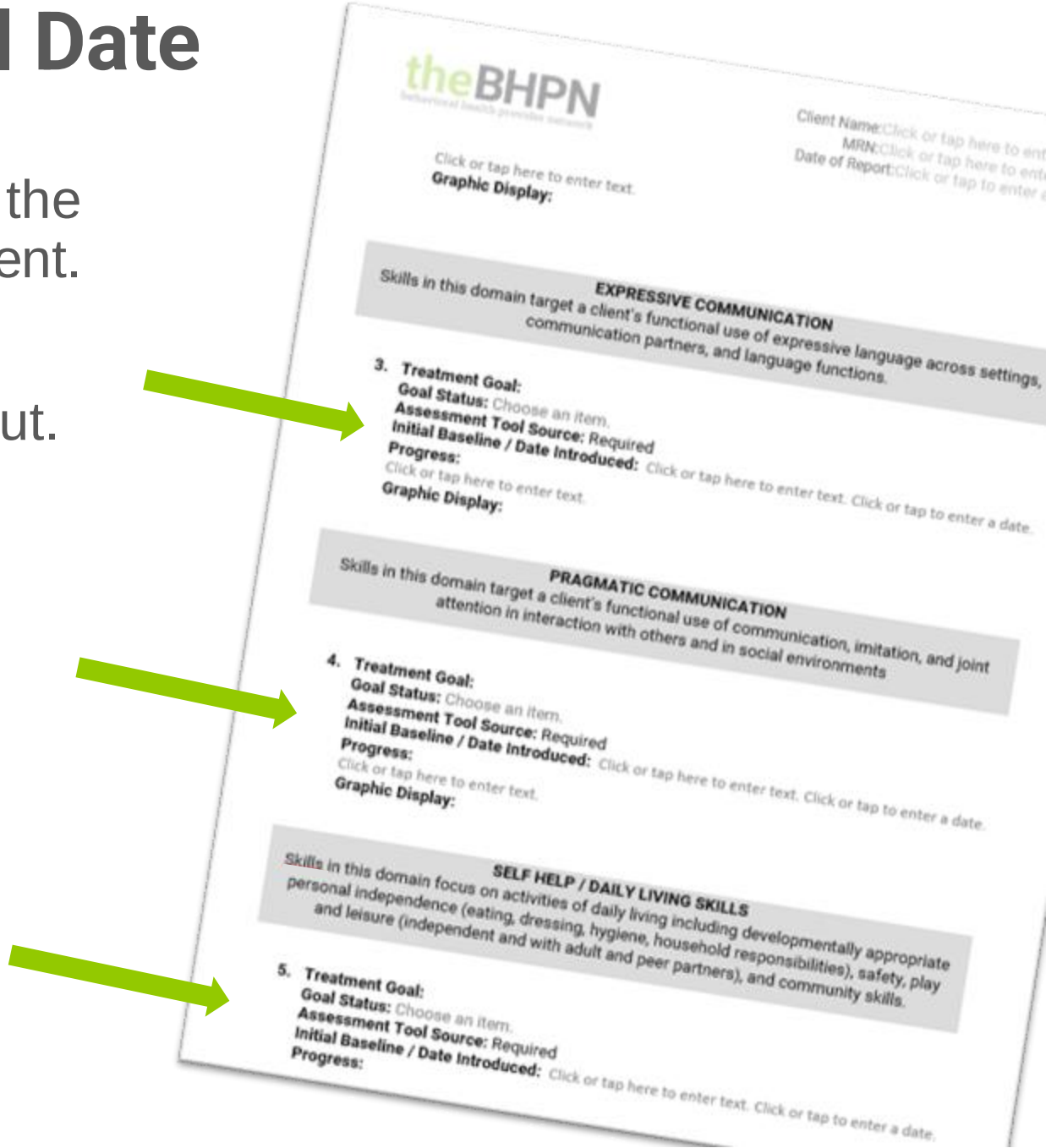
Introduced Treatment Goal Date

Make sure to include initial baseline and the date the goal was introduced into treatment.

Remember: There are two areas to fill out.



Clinical FAQs

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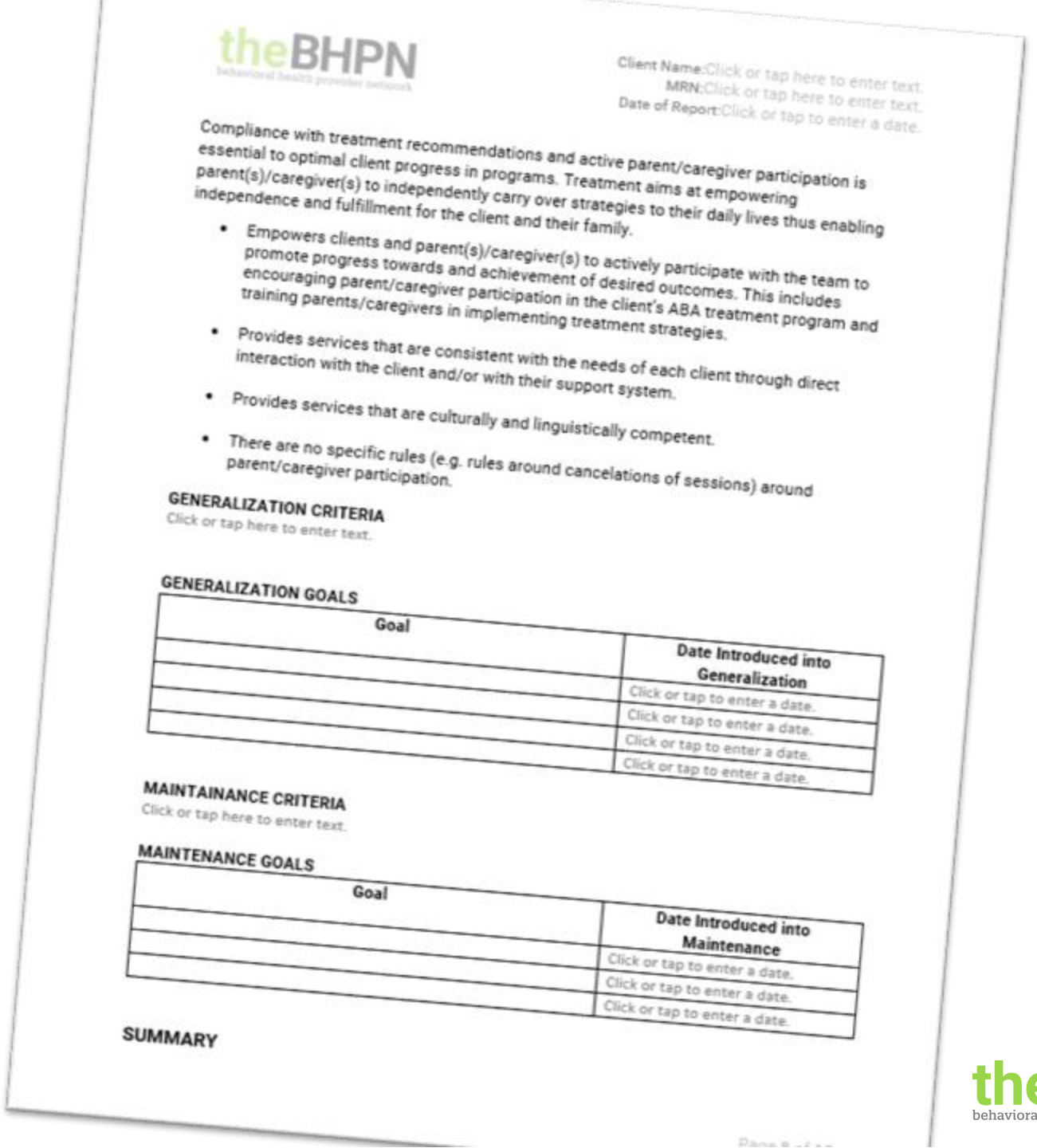
Mastery Criteria

Location of Mastery Criteria



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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Compliance with treatment recommendations and active parent/caregiver participation is essential to optimal client progress in programs. Treatment aims at empowering parent(s)/caregiver(s) to independently carry over strategies to their daily lives thus enabling independence and fulfillment for the client and their family.

- Empowers clients and parent(s)/caregiver(s) to actively participate with the team to promote progress towards and achievement of desired outcomes. This includes encouraging parent/caregiver participation in the client's ABA treatment program and training parents/caregivers in implementing treatment strategies.
- Provides services that are consistent with the needs of each client through direct interaction with the client and/or with their support system.
- Provides services that are culturally and linguistically competent.
- There are no specific rules (e.g. rules around cancelations of sessions) around parent/caregiver participation.

GENERALIZATION CRITERIA

Click or tap here to enter text.

GENERALIZATION GOALS

Goal	Date Introduced into Generalization
	Click or tap to enter a date.
	Click or tap to enter a date.
	Click or tap to enter a date.
	Click or tap to enter a date.

MAINTAINANCE CRITERIA

Click or tap here to enter text.

MAINTENANCE GOALS

Goal	Date Introduced into Maintenance
	Click or tap to enter a date.
	Click or tap to enter a date.
	Click or tap to enter a date.

SUMMARY

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Treatment Plan Review Date with Family

- Make sure that you are have discussed the **treatment plan** and the overview of what the **next 6 months of treatment** looks like for the client/family
- Include report review date with family – check yes or no.
  - **If yes**, include date reviewed.
  - **If no**, provide a reason the report was not reviewed.
- Once the report has been authorized (*after submission to KP*), a report can be provided to the client/family.

Report Reviewed with Family and Client? (Date you met with client/family to provide update and obtain their input on treatment) *NOTE: Ensure client/family is provided a copy of this report following its approval.*	Yes ☐ Click or tap to enter a date. No ☐ **Reason:** Click or tap here to enter text.

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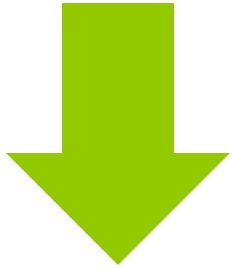
Treatment Specific Assessment

What do you do if you accepted a referral for an assessment and when you assessed, your clinical recommendation is for a different service model? (e.g Parent Led vs. 3-tiered model)



Reach out to the Care Team to discuss rationale and next steps.

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School-Aged Clients

- Increased session time for school-aged children.
- Distant learning support is typically not a part of medical treatment.

Standard Clinical Practice: Dangerous Behaviors

- Dangerous behaviors are a subset of **maladaptive or problem behaviors**.

- Dangerous behaviors are severe behaviors that could result in physical injury requiring first aid or medical attention, or behaviors that could result in law enforcement involvement.

- Dangerous behaviors **do not** include age-appropriate behaviors.
  - For example: Biting in a 3-year-old or siblings hitting each other with open hands, not resulting in the need for first aid or medical attention.

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Categories of Dangerous Behavior

- **Self-injurious behavior** that could result in the need for first aid or medical attention (e.g. biting or hitting head)
- **Physical harm** to others that could result in the need for first aid or medical attention (hitting another person with a fist or biting another person)
- **Dangerous elopement** that is not age-appropriate and could result in injury (e.g. a 12-year-old running into traffic)
- **Sexually inappropriate behavior** that could result in physical harm, serious complaint from others or law enforcement involvement
- **Property destruction** that could result in law enforcement involvement
- **Eating food or non-food items** that is not age-appropriate and could result in medical attention
- **Behaviors connected to elimination** that could result in physical harm or are severely socially inappropriate
- **Other behaviors** that might lead to physical harm or lead to law enforcement involvement

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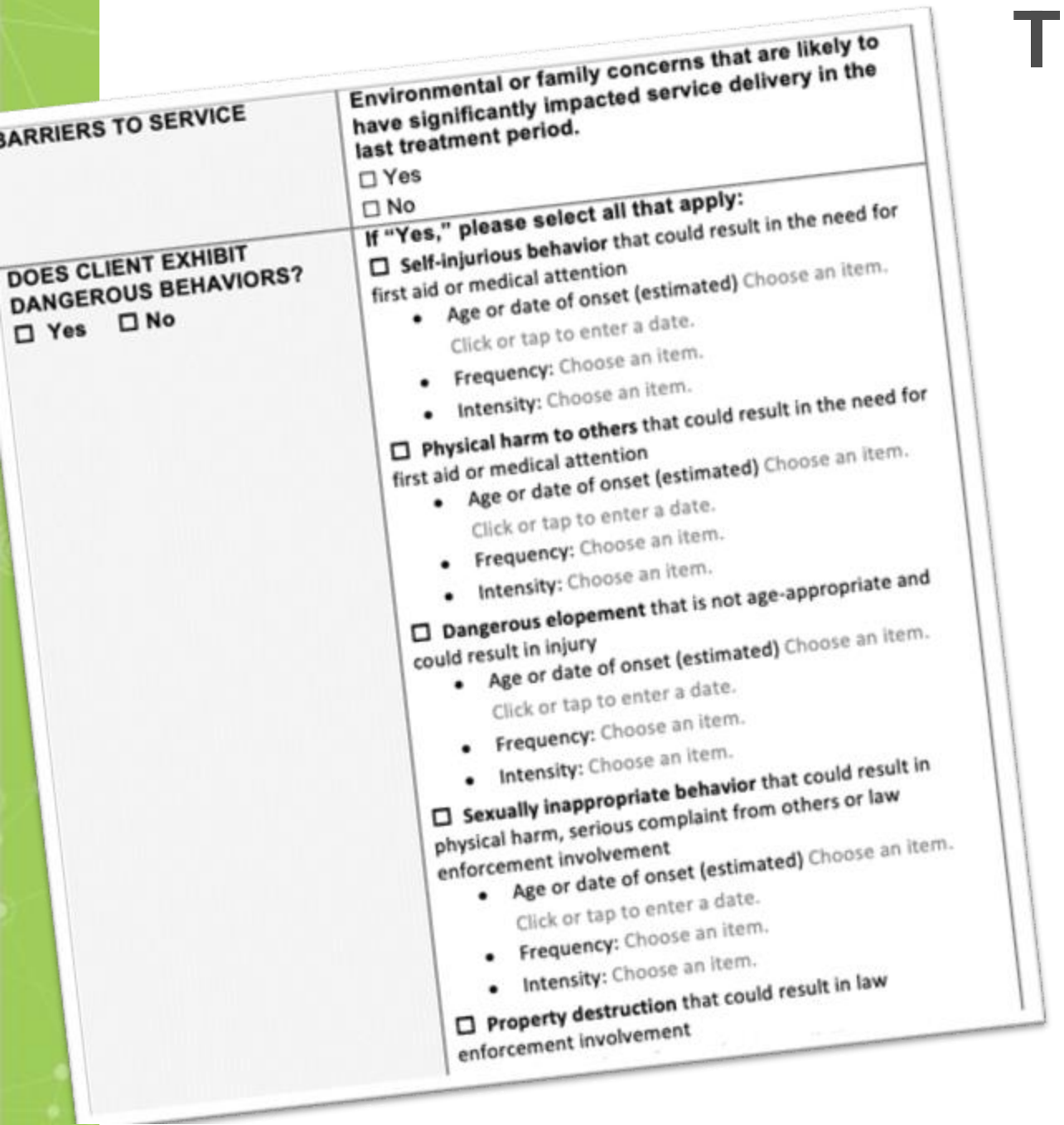

BARRIERS TO SERVICE	Environmental or family concerns that are likely to have significantly impacted service delivery in the last treatment period. ☐ Yes ☐ No
DOES CLIENT EXHIBIT DANGEROUS BEHAVIORS? ☐ Yes ☐ No	If "Yes," please select all that apply: ☐ **Self-injurious behavior** that could result in the need for first aid or medical attention • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Physical harm to others** that could result in the need for first aid or medical attention • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Dangerous elopement** that is not age-appropriate and could result in injury • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Sexually inappropriate behavior** that could result in physical harm, serious complaint from others or law enforcement involvement • Age or date of onset (estimated) Choose an item. Click or tap to enter a date. • Frequency: Choose an item. • Intensity: Choose an item. ☐ **Property destruction** that could result in law enforcement involvement

Template Questions

1. Documentation must also include date or age of onset of the behavior, frequency and severity of the behavior.

2. Report templates include drop downs for this information.

3. If at any time a new dangerous behavior occurs, or a previously documented dangerous behavior has worsened in severity or frequency, the Provider is required to submit a reportable event.

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Dangerous Behavior: Consulting the BHPN

Need guidance or support?

Consultation with BHPN Clinical Care Team (CCMs and BCBAs) is always available!

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Anticipated Discharge Dates & Notifications of Discharge

Why an Anticipated Discharge Date?

Person/Family-Centered Care

- The BHPN is committed to taking a **whole person-centered view**. For most clients and families, this requires more than one intervention or service over time.
- Continuous treatment gives caregivers the message that they can't parent.
- Estimated discharge date provides families with **realistic expectations.**
- Families need to become independent and able to function without a clinician – it's not natural to have people in your house all the time.
- Hours spent in BHT/ABA often preclude participation in other activities or treatment.

Research

- Evidence for BHT/ABA is strongest for young children *(Makrygianni et.al, 2018; Tiura et al., 2017)*.
- Studies show that progress is most likely in the first year of BHT/ABA *(Smith et al., 2015)*.
- Evidence for BHT/ABA success consistently shows that children with greater cognitive abilities make the most progress *(Tiura et al., 2017)*.
- Much of the legitimate criticism of BHT/ABA is a result of over treatment.

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How does the Care Team utilize the notification and discharge dates?

The Care Team (CCM & BCBA Consultant) are looking at discharge dates approaching within the **next 6 months**.

They will discuss this upcoming date with providers during their collaboration calls to confirm that the discharge is going to be occurring and provide any support needed.

The CCM will also contact the client/family to ensure they have the supports and resources they need for transition planning, understand episode of care and how to re-engage in services later, if needed.

The CCM will continue to reach out to the family to check in as needed and provide support with transition until discharge. The CCM may also provide coaching post discharge.

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Questions & Comments

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