

## Behavioral Services Call

August 22, 2013 at 10:00 a.m.

### THEMES/CONCERNS

- Quality of service providers
- Financial – budgets not enough to cover services
- Expand Medicaid State Plan services
- Customers with dual diagnoses
- Training
- Partnership with schools

### RECOMMENDATIONS

- Improvement in the quality and coverage of services (all services).
  - Provide more hands on supervision and monitoring.
    - Agency for Persons with Disabilities (APD) staff should spend more quality time in our homes.
  - Increase budgets to accommodate quality services.
    - Providers should not have to take pay cuts or minimum wage.
  - With transition to iBudget look at how flexibility for restrictive services is utilized.
    - Cost Plans vary in hours and individuals may not leave enough for consistent coverage
  - Certified Behavioral Analyst (CBA) services and behavior assistant services can't be provided/funded at the same time.
    - Need to follow up with Area/Region, as this may be their interpretation. Review with Area/Regional CBAs.
  - Quality training for behavioral staff.
  - Recruit graduate students to work in this field. Offer credits, supervision, and stipends.
- Expand Medicaid State Plan (MSP) to provide behavioral services (and other services).
  - Presently MSP provides behavioral services to children with autism. Is it possible for MSP to cover more children who require these services as well as adults?
- Better information on customers with dual diagnoses needs to be provided to those who provide services to this population.
  - Support Plans should provide this information along with input from the individual, family, and WSC.
- Training options for behavioral services.
  - Handbook limitations specific to number of training hours and supervision. (Suggested changes in the iBudget Handbook have been made.)
  - Parents know their children and need to participate in the recruiting, screening, and training of behavioral assistants. Parents have high standards and may want to become providers.
    - Look at Behavior Analysis Certification Board.

- For those not on the waiver or receiving any services, provide basic information or training sessions to teach parents/caregivers how to help their child/children.
- Provide avenues to get parents the basics (information, techniques, and resources) regarding behaviors.
- Skill acquisition and skilled training.
- Partnering with the local school system.
  - The APD Resource Directory could be utilized to provide local school information and encourage participation. This would not require statutory changes.

#### **FACTORS TO CONSIDER**

- Improvement in the quality and coverage of services (all services).
  - Mandating additional training for staff would possibly necessitate changes to rule and Handbook. There could also be an economic impact. APD could review requirements and link back to supervision and monitoring. Is there a way to capitalize on the Delmarva Reviews for behavioral services?
  - There are some programs through the State Universities that offer limited opportunities for graduate level internships/projects. This would need to be explored as to how it could be expanded to help APD better meet the needs of the DD population. Is this something that External Affairs could assist with?
- Expand Medicaid State Plan (MSP) to provide behavioral services (and other services).
  - This is not something APD can do alone and would require dialogue with AHCA and the legislature. This would require statutory changes.
- Training options for behavioral services.
  - Look at providing parent training classes. Already in the works – FL Tech and UF meetings to discuss provision of services for those on the waitlist. How to expand? Look at the Parent Project through DCF. Could we bring together “the players” and figure out how to accomplish? Are parent trainers an avenue that could be explored? Could the APD Resource Directory be utilized here?
  - Are there grants that providers (if interested) could pursue to provide expanded CBA services in homes for skilled training? Are there grants available that APD could look into? Need to recognize the value of competency based trainings and operate from the same page.
  - Look at what training actually occurs under Residential Habilitation.
- Partnering with the local school system.
  - Integration with the school system is county driven and participation within each district would be done on an Area/Regional level.