

PUBLIC MEETING COMMENTS AND RESPONSES

CHAPTER 12

	Comment	Source	Provider Manual Section	Response	Rationale
1	Expresses concern that the behavior maintenance provisions have been removed, given the complexity of individual needs. Feels the lack of maintenance of supports could result in individuals requiring more costly intensive crisis services.	Donna DeStefano, Tennessee Disability Coalition, Nashville e-mail comments	General Comment	No change	Behavior services are not intended to be services that continue indefinitely. Once a behavior plan has been implemented and caregivers have demonstrated competency in employing successful strategies for preventing or de-escalating problem behaviors, there is no justification for continuing behavior analyst/specialist services.
2	Believes it to be burdensome for behavior analysts to note, upon receipt of a referral, whether medical and dental workups have been done and advise the support coordinator/case manager if workups are needed. Requests revision to require the support coordinator or case manager to assess for needed assessments.	Betty White Pro Lex Medical Services, East TN Public Meeting Transcript, page 8	12.1.	No change	It is not always feasible to complete the medical and dental work-up before a behavior services referral has been made. It is also possible that additional information will be discovered during a behavior services assessment that would warrant referrals. DMRS believes that this requirement is necessary to ensure that medical/dental causes of

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					problematic behaviors have been ruled out.
3	Questions why existing behavior analysts should be grandfathered for purposes of requiring certification.	Betty White Pro Lex Medical Services, East TN Public Meeting Transcript, page 9	12.3.a.	Certification language deleted pending TennCare and CMS approval of proposed waiver amendments	A waiver amendment must be approved by CMS before DMRS can implement the proposed changes in provider qualifications (i.e., requiring certification). Proposed amendments, including the change in provider qualifications, were submitted to TennCare for submission to CMS. This group of amendments is currently on hold due to requirements associated with increased state match included in the federal stimulus package.
4	Suggests the following replacement language: "Direct support professional and/or caregiver training essential to plan implementation which includes working with the service recipient directly on interventions and procedures described in the behavior plan that promote replacement behavior increase until direct support professionals and/or caregivers	Martha Felker, Med, BCBA Beacon Behavior Consultants, Mt. Juliet	12.5.a.4)	No change	Neither the current waiver Behavior Service definition nor Chapter 12 as revised prohibits demonstration of behavioral techniques by the behavior service provider as a method

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	demonstrate proficiency in carrying out the procedure/interventions." Feels that without additional language, behavior service providers will interpret that direct intervention is not allowed except in crisis situations.	Written comment form			employed in training direct support professionals and/or caregivers.
5	Believes it is efficient use of resources to utilize behavior specialists in the manner specified, but questions the ability to get behavior specialists approved to participate in the DMRS provider network.	Betty White Pro Lex Medical Services, East TN Public Meeting Transcript, page 10	12.5.b.	No change	Behavior Specialists will be approved if they meet educational requirements and have the appropriate training and experience in providing services to people with intellectual disabilities.
6	Suggests the following replacement language: "Direct support professional and/or caregiver training essential to plan implementation which includes working with the service recipient directly on interventions and procedures described in the behavior plan that promote replacement behavior increase until direct support professionals and/or caregivers demonstrate proficiency in carrying out the procedure/interventions." Feels that without additional language, behavior service providers will interpret that direct intervention is not allowed except in crisis situations.	Martha Felker, Med, BCBA Beacon Behavior Consultants, Mt. Juliet Written comment form	12.5.b.1)	No change	Neither the current waiver Behavior Service definition nor Chapter 12 as revised prohibits demonstration of behavioral techniques by the behavior service provider as a method employed in training direct support professionals and/or caregivers. DMRS expects that behavior service providers will ensure that direct support professionals and caregivers

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					have been adequately trained to correctly implement the plan independently.
7	Requests that wording be changed to: "The need to request a behavior assessment may be identified by a person receiving services, their family, or a conservator." This would allow the waiver participant to request an assessment without also requiring a request from the conservator/guardian.	Donna DeStefano, Tennessee Disability Coalition, Nashville e-mail comments	12.7.a.	Revised	Revised to allow the waiver participant to request the assessment when a guardian/conservator has not been appointed.
8	Objects to behavior services providers being the only clinical service providers responsible for obtaining informed consent for implementation of clinical service plans. Requests clarification of whether behavior service providers are required to obtain approval of the plan from the ISP planning team or circles of support, as well as the conservator's consent. Is concerned that obtaining the conservator's consent causes service implementation delays. Requests clarification as to the purpose of the initial consent to treat vs. the informed consent.	Betty White Pro Lex Medical Services, East TN Public Meeting Transcript, page 11	12.9.a.	No change	Behavior services, unlike other clinical services are not physician-ordered. Since behavior plans may contain significant restrictions, DMRS feels it prudent to require informed consent. Obtaining informed consent is best practice for behavior analysis and is consistent with the Behavior Analyst Certification Guidelines for Professional Conduct.

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9	Appreciates leeway in how discharge summaries are done. Feels that if behavior service providers are required to attend planning meetings to provide information about the discharge status of a service recipient, the state should provide reimbursement. Feels that behavior service providers should be paid to provide discharge information to circle/planning team members to provide "closure".	Betty White Pro Lex Medical Services, East TN Public Meeting Transcript, page 12	12.11.b.	No change	Reimbursement of presentations at meetings is reimbursed in accordance with the limits specified in the approved waiver service definition. Other avenues, such as written summaries or availability by phone may be employed to provide information to the planning team if waiver limits are exceeded or in other circumstances when reimbursement is not available in accordance with the waiver definition.
10	Requests revision, stating that it is unrealistic to require authorization for use of manual restraint each time such intervention is needed, and may potentially increase risk to the service recipient, staff, and others within the environment. States that it is unsafe for staff to divert attention away from the service recipient when challenging behaviors occur to make a phone call for the purpose of obtaining management approval. Suggests that when staff are trained to appropriately employ DMRS approved emergency	Margaret Gartlgruber, RHA Health Services, Knoxville Written Comment Form	12.13.c.	No change	Section 12.13.b. states: If the situation is so unsafe that the emergency manual restraint, emergency mechanical restraint, or emergency protective equipment must immediately be used, the direct support professional shall contact the provider agency

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	intervention techniques, management should be informed of the use of emergency restraints by completing a reportable incident form when the situation has de-escalated.				director or designee as soon as it is safe to describe the service recipient's current status ..." The intent is to obtain input from the director or designee as soon as possible to discuss what alternatives may exist to repeated use of emergency restraints.
11	States there will need to be good communication between behavior service providers and residential/day providers for behavior analysts to be able to complete a monthly review describing the number of times restraints or protective equipment are used, the person's response, and actions taken as a result of restraint or protective equipment application. States behavior analysts must be notified to be responsible for documenting restraint/protective equipment use. Currently behavior analysts are not notified by the residential/day provider and do not get copies of incident reporting forms submitted to DMRS. Requests clarification as to what mechanisms will be established to ensure that behavior service providers are notified of restraint/protective equipment application.	Betty White Pro Lex Medical Services, East TN Public Meeting Transcript, page 13	12.13.g.	No change	The use of restraints and protective equipment is a significant event that the behavior analyst should be aware of. It is appropriate for the behavior analyst to obtain this information from the appropriate staff.

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12	Suggests revision to relax the requirement for documentation of every episode when service recipients have frequent repetitive behaviors requiring frequent restraint or protective equipment application.	Lee Chase, Dawn of Hope, East TN Public Meeting Transcript, page 19	12.13.g.	Revised	DMRS may approve a monthly incident report when there is an approved behavior plan which includes application of restraints or protective equipment.