



**Alliance for the Betterment of
Citizens with Disabilities**

Empowering People: Providers Shaping Policies

Increasing and Crossing Domains
The Provision of Behavioral Supports in the IDD Community

DHS/DDD is to be commended for its commitment to ramping up the mental health service system for individuals with IDD. This upcoming year alone will see an increase in emergency capacity beds, the development of mobile crisis response teams, 3000 front line workers certified in NADD Competency-Based IDD/MI Dual Diagnosis DSP Certification Program, and increased rates for behavioral supports. In recent years, additional resources have also been allocated for crisis response and treatment including the creation of IDD/Behavioral Health Stabilization Homes in the community and, for those individuals who may also need on-site medical care and oversight, at New Lisbon. Preventive services have secured additional attention too, as evidenced by the benefit alignment of behavioral health and SUD coverage for DDD members in MMCO plans, the growth of the Psychiatric Residency Expansion Program which trains psychiatrists to provide services to individuals served by DHS, including individuals dually diagnosed with mental health conditions and IDD, and the bolstering of behavioral supports in our service system.

Our system of care continues to be fleshed out. One area which would be instantly enriched is behavior supports (BS) through the diversification of service providers.

In the 1115 Waiver, unlike the definition of BS which is outlined and reflected almost verbatim in the provider manuals, CMS left the qualifications for the provision of BS to be determined by DHS/DDD, provided that the purveyor is an approved Medicaid provider.¹

In the provider manuals, DHS/DDD stipulates that in addition to required background checks, drug tests, trainings, demonstrated experience in positive BS and/or applied behavior analysis, and 1 year working with people with developmental disabilities, qualifications for staff conducting assessments, developing BS plans, and evaluating their effectiveness must meet or be under the supervision of either a

- BCBA-D,²
- BCBA,³
- Master's degree and the completion of requisite coursework from a BCBA approved course sequence program which includes 1 year of supervised experience working with individuals with developmental disabilities involving behavioral assessment and the development of BS plans,

¹ Demonstration Approval-Temporary Extension, January 26, 2023. Behavioral Supports, p. 110.

² Board-Certified Behavior Analyst - Doctoral

³ Board Certified Behavior Analyst.

- Clinician holding NADD Clinical certification with 1 year of supervised experience working with individuals with developmental disabilities involving behavioral assessment and the development of BS plans, or
- Master's or bachelor's degree in applied behavioral analysis, psychology, special education, social work, public health counseling, or a similar degree, and under the supervision of a BCBA-D or BCBA, and with 1 year of supervised experience working with individuals with developmental disabilities involving behavioral assessment and the development of BS plans.

An Unnecessarily Narrow Care Spectrum

Like BCBA-D and BCBA, certain other licensed professions including but not limited social workers, psychologists, psychiatrists, and psychiatric nurse practitioners (PMHMP) are qualified to assess, develop, and evaluate BS plans in addition to monitor, train, and supervise the bachelors and master's level staff who assess, develop, and evaluate BS plans. Since competency and quality would not be compromised by the insertion of these other licensed professions, why not round out this segment of the care spectrum to infuse more:

- Pragmatism in the Service of Care. There are not enough BCBA's in the state. As a result, providers are probably paying more than they should for the service, plan approvals are delayed, and providers are out of compliance. This circumstance risks negatively impacting individuals.
- Broad Based Treatment Efficacy. DHS recently noted that "studies show that too many systems of care for people with IDD continue to focus on controlling and managing challenging behavior without adequate consideration of the potential for underlying mental health or medical conditions as the causes of the behavior."⁴ Tapping various professions will expand the talent pool, treatment modalities, and care models and help DHS make inroads into addressing the concern it has raised.

Too many people continue to experience suffering in some deep way.

In addition to the above, ABCD continues to maintain that the definition of BS must be expanded. Applied Behavioral Analysis is a credible and applicable tool which often provides a necessary framework for preventing problem behavior and supporting the needs of individuals by teaching prevention strategies, replacement skills and new ways to respond. But sometimes consciousness, free-will and internal influences can go unrecognized unintentionally. While DDD/DHS enriches the resource landscape, pathways must be created within the system. To this end, DHS/DDD must amend the definition of BS in the Waiver to ensure opportunities for care and intervention across domains — Each providing "a tool" but not, "the tool."

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⁴ DHS Response to OLS Questions, p.42 https://pub.njleg.state.nj.us/publications/budget/governors-budget/2024/DHS_response_2024.pdf