

DOCUMENTATION, UPDATING GRAPHS, AND NOTES

DOCUMENTATION OF SERVICES: END OF SESSION TO DO LIST

E. Documentation and Reporting

- E-1 Effectively communicate with a supervisor in an ongoing manner.
- E-2 Actively seek clinical direction from supervisor in a timely manner.
- E-3 Report other variables that might affect the client in a timely manner.
- E-4 Generate objective session notes for service verification by describing what occurred during the sessions, in accordance with applicable legal, regulatory, and workplace requirements.
- E-5 Comply with applicable legal, regulatory, and workplace data collection, storage, transportation, and documentation requirements.

ETHICS

Section 3 – Competence and Service Delivery

- 3.01 RBTs only practice under the close, ongoing supervision of a qualified supervisor.
- 3.02 RBTs follow the direction of their supervisors and inform them when they are asked to do something that goes beyond the scope of their certification.
- 3.03 RBTs must be competent in the areas in which they provide behavior technician services.
- 3.04 RBTs may not practice with new client populations without proper training and oversight.
- 3.05 RBTs provide behavior technician services only within defined roles.
- 3.06 When RBTs provide services, they communicate with clients in a simple and easy-to-understand way.
- 3.07 RBTs collect and display data in a way that allows for decisions and recommendations to be made for program development.
- 3.08 If RBTs are involved in the delivery of non-behavior-analytic interventions, they do not make reference to, display, or otherwise use their RBT in that practice.

ETHICS

Section 1 – Responsible Conduct

- 1.01 RBTs uphold and promote the values and core principles of behavior analysis.
- 1.02 RBTs have an obligation to remain familiar with this code. Lack of knowledge or understanding of this code does not excuse unethical conduct.
- 1.03 RBTs are truthful and honest and create an environment that promotes truthful and honest behavior in others. They promote an ethical culture in their work environments and make others aware of this code.
- 1.04 RBTs act in a way that conforms to the legal and ethical codes of the professional and social communities where they are members. They do not lead others to engage in fraudulent, illegal, or unethical conduct.
- 1.05 If RBTs' ethical responsibilities conflict with employer policies, RBTs must bring the conflict to their supervisor's attention, document that they did so, and document the resolution.
- 1.06 RBTs avoid multiple relationships with clients and supervisors. If they find that a multiple relationship has developed due to unforeseen circumstances, they inform their supervisor and work to resolve it. If the multiple relationship involves their supervisor, the RBT should report it to the person to whom their supervisor reports.
- 1.07 RBTs do not engage in sexual relationships with clients or supervisors. RBTs refrain from sexual relationships with former clients or supervisors for at least two (2) years following the date the working relationship ended.
- 1.08 RBTs recognize that their personal problems and conflicts with others may impact their ability to perform their duties and refrain from providing services when this is the case.
- 1.09 RBTs follow through on obligations and contractual commitments with high quality work and they do not make commitments they cannot keep.
- 1.10 RBTs do not make false, deceptive, misleading, exaggerated, or fraudulent public statements about their work or qualifications.
- 1.11 RBTs provide a current and accurate set of credentials (e.g., degrees, certifications) to clients, employers, and supervisors upon request. Changes to certification status must be immediately reported to employers and supervisors.
- 1.12 RBTs obtain permission to use trademarked or copyrighted materials as required by law. RBTs provide citations that recognize the intellectual property of others, including trademark and copyright symbols.
- 1.13 RBTs attempt to resolve issues informally when possible, without violating confidentiality, by first bringing the issue to the attention of their supervisor and then the individual involved. RBTs document their efforts to address any of these issues. If the matter cannot be resolved informally, they report it to the appropriate authority (e.g., employer, director, regulatory authority). If the matter meets the reporting requirements of the BACB, RBTs must submit a formal complaint to the BACB.



COMMUNICATE

- Always communicate concerns with your supervisor.
- **Become an effective communicator.**

E. Documentation and Reporting

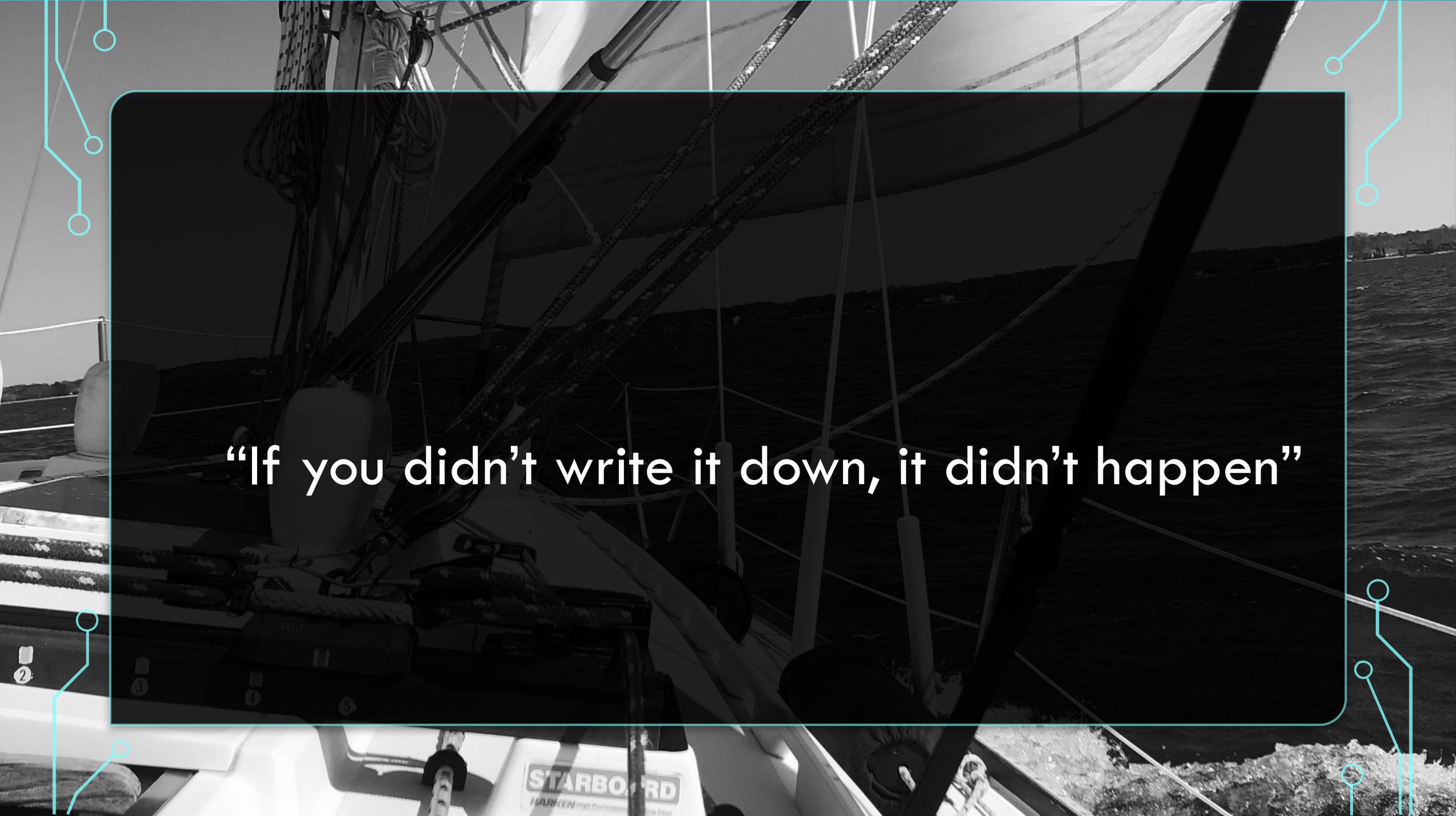
E-1 Effectively communicate with a supervisor in an ongoing manner.

E-2 Actively seek clinical direction from supervisor in a timely manner.

- Ask questions about the treatment plan and programs when you are running them.
- The best time for feedback is ‘right now’
- Be assertive, not aggressive
- Be mindful of strong colognes and perfumes; personal hygiene
- Always be professional
 - Refrain from cursing or degrading language
 - Dress appropriately and professional.

COMMUNICATE

- If you are not comfortable with a client
 - Outside of scope of practice
 - Distance to patient's home is too far
 - Issues with time or hours
- Communicate with your supervisor and air your grievances.
- Work out a solution BEFORE starting with client



“If you didn't write it down, it didn't happen”

STARBOARD
HARKEN High Performance Rigging



DOCUMENTATION

Data from session

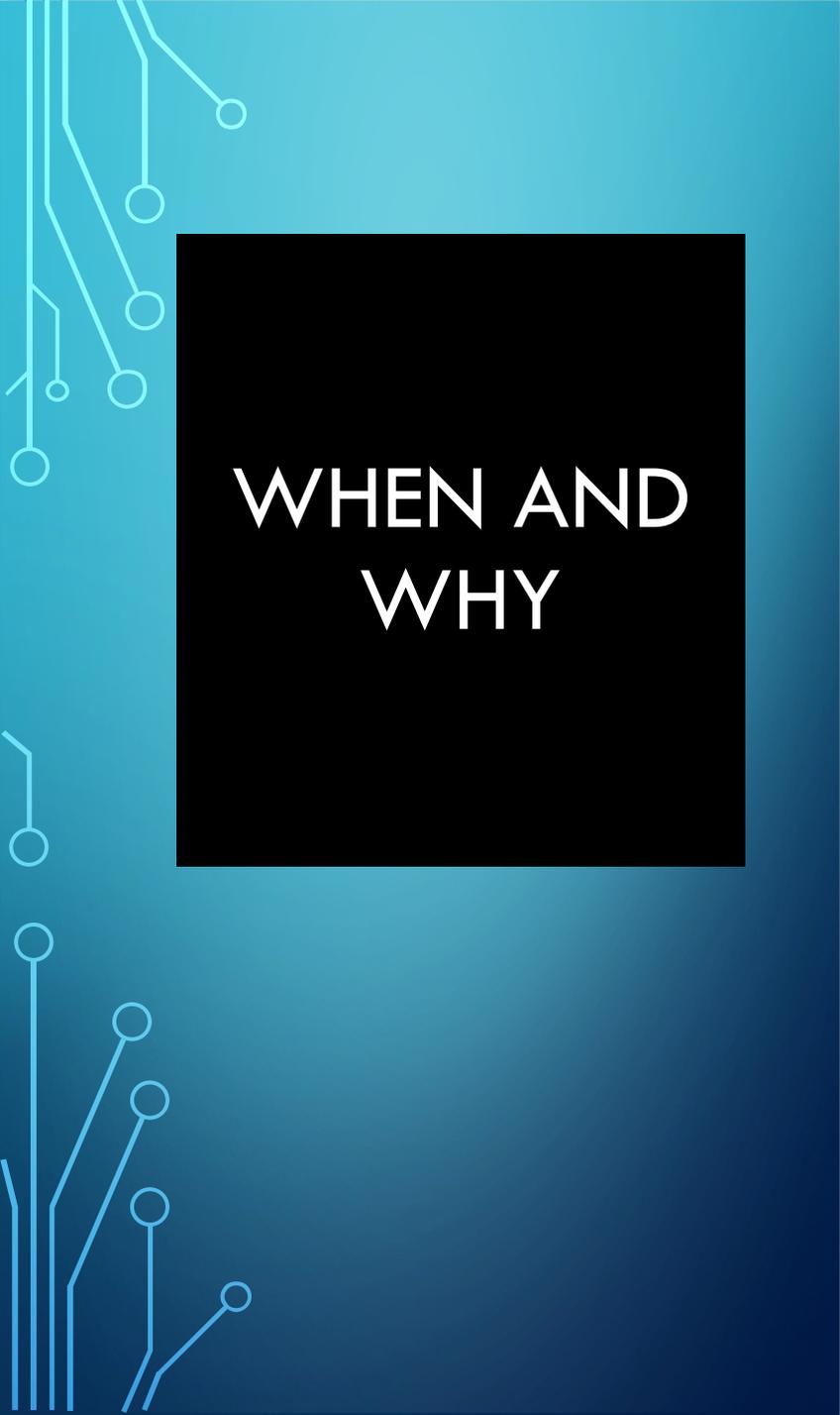
Session Notes

Graphing Data

Accident Reports

Coordination of Care Documentation

Parent Participation



WHEN AND WHY

Funding source (insurance companies)

Best Practice

Improves communication and coordination of care between providers

Typically done during last 15 minutes of a session.

The background of the image is a dark grey or black color, overlaid with a light grey circuit board pattern. The pattern consists of thin lines representing traces and small circles representing components or vias, arranged in a complex, interconnected manner. The text is centered in the upper half of the image.

**LET'S LOOK AT WHAT
INSURANCE COMPANIES
ACTUALLY REQUIRE**

UNITED HEALTHCARE/ UBH/ OPTUM

Documentation Requirements

ABA providers are required to have a separate record for each member that contains the following documentation:

- Comprehensive assessment establishing the autism diagnosis
- All necessary demographic information
- Complete developmental history and educational assessment
- Functional behavioral assessment including assessment of targeted risk behaviors
- Behavioral/medical health treatment history including but not limited to:
 - known conditions
 - dates and providers of previous treatment
 - current treating clinicians
 - current therapeutic interventions and responses
- Individualized treatment plan and all revisions to the treatment plan, including objective and measurable goals, as well as parent training
- Daily progress notes including:
 - place of service
 - start and stop time
 - who rendered the service
 - the specific service (e.g., parenting training, supervision, direct service)
 - who attended the session
 - interventions that occurred during the session
 - barriers to progress
 - response to interventions
- All documentation must be legible
- All documentation related to coordination of care
- All documentation related to supervision of paraprofessionals
- If applicable, a copy of the child's Individualized Education Plan (IEP)
- If applicable, progress notes related to Early Intervention Plan or Pre-school/Special Education Program or allied health services



TRICARE REQUIREMENTS

TRICARE Operations Manual 6010.59-M, April 1, 2015

Documentation

Progress note: General



■ Every progress note must include:

- Name of the beneficiary
- Name signature of the rendering provider
- The date and time of session;
- Length of therapy session;
- Notation of the patient's current clinical status evidenced by the patient's signs and symptoms (i.e., functional status)
- Content of the session;
- Statement summarizing the techniques attempted during the session;
- Description of the response to treatment, the outcome of the treatment, and the response to significant others; and
- Statement summarizing the patient's degree of progress towards the treatment goals

Documentation

CPT Code 0364T/0365T



Adaptive Behavior Treatment by Protocol

- Every rendering provider for a 1:1 session must complete a narrative note for reimbursement.
- Data collection is insufficient for a medical record.
- Example of the narrative portion should contain elements such as:
 - the child's compliance with the targets,
 - any difficulties or issues with a specified target or goal,
 - description of what took place and the response
- Also, include anything notable about behavior, family changes, etc.

Documentation

CPT Code 0368T/0389T



Adaptive Behavior Treatment by Protocol Modification

- Conditions for use of 0368T/0369T:
 - Beneficiary present:
 - BCBA works directly 1:1 with 1 beneficiary to develop a new or modified protocol
 - BCBA demonstrates a new or modified protocol to a BT and/or parents/caregivers
 - BCBA works with the beneficiary in developing a transition/discharge plan - TP update
 - Beneficiary not required to be present (although highly encouraged)
 - BCBA leads treatment team meetings (with the parents/caregivers, the assistant behavior analysts, and/or BTs) to discuss the TP modifications
- Narrative summary of the session to include elements such as who was present, what was assessed or revised or observed during that session, also what was demonstrated to whom.

Documentation

Additional Comments



- Changing/Deleting/Modifying notes after they have been written is prohibited; however, adding an amendment is permitted
- Reimbursement for covered ABA CPT codes are for the direct service time which includes the pre and post work for the session. Separate billing for note documentation, report writing, updating of charts and data sheet, or producing of materials is prohibited

17.2 Documentation requirements shall address the requirements for **all** session progress notes and the ABA TP (to include the initial ABA TP and ABA TP updates) that identify the specific ABA services used for each behavior target. Progress notes shall contain the following documentation elements in accordance with TPM, [Chapter 1, Section 5.1](#), "Requirements for Documentation of Treatment in Medical Records":

- The date and time of session;
- Length of therapy session;
- A legible name of the rendering provider, to include provider type/level;
- A signature of the rendering provider;
- A notation of the patient's current clinical status evidenced by the patient's signs and symptoms;
- Content of the session;
- A statement summarizing the techniques attempted during the session;
- Description of the response to treatment, the outcome of the treatment, and the response to significant others;
- A statement summarizing the patient's degree of progress towards the treatment goals (**when present**); and
- Progress notes should intermittently (at least monthly) include reference to progress regarding the periodic ABA program review established early on in the patient's treatment.

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E-3 Report other variables that might affect the client in a timely manner.

Other Variables that might affect a client:

- Illness
- Fatigue (is the client asleep when you arrive?)
- Allergies
- UTI (Residential settings)
 - Cold
 - Flu
 - Stomach Bug
 - Seizures



OBJECTIVE SESSION NOTES

DESCRIBE THE PEER PLAY IN THE
PICTURE.



~~“Peter made a new friend and they had fun playing in the mud”.~~

NO Peter might not like this guy you anointed “Best Friend of Peter” and its possible he did not enjoy playing in the mud.

~~“Peter loves to play in mud”~~

- NO How do you know what he loves?

“Peter engaged in cooperative play with a peer for eight minutes. During the eight minutes, Peter initiated conversation four times and made eye contact with his peer seven times.”

That's better.



DOCUMENTATION

- Also, its best practice to document everything...
- What else should you document?

INCIDENT/ ACCIDENT REPORTS

Injuries to self or others (always document if bleeding, bruised)

If in doubt, document

Accident Report: Home Program

Location/Address _____ Date _____

Name of Injured _____ Position _____

Date of Injury _____ Time _____ Place _____

How Accident Occurred:

Remarks:

Others present at time of accident:

Submitted by: _____

Signature _____ Position: _____

This section to be completed by Parent:

Nature of Injury

INCIDENT/ ACCIDENT REPORTS

Accident Report: Home Program

Location/Address _____ Date _____

Name of Injured _____ Position _____

Date of Injury _____ Time _____ Place _____

How Accident Occurred:

Remarks:

Others present at time of accident:

Submitted by: _____

Signature _____ Position: _____

This section to be completed by Parent:

Nature of Injury

PARENT/ STAKEHOLDER INVOLVEMENT

Parent Participation Log

Month: _____

Date / Initials	Did parent Participate ?	Notes (Program) & Duration	Did Parent Observe?	Duration
1.	Y N		Y N	
2.	Y N		Y N	
3.	Y N		Y N	
4.	Y N		Y N	
5.	Y N		Y N	
6.	Y N		Y N	
7.	Y N		Y N	

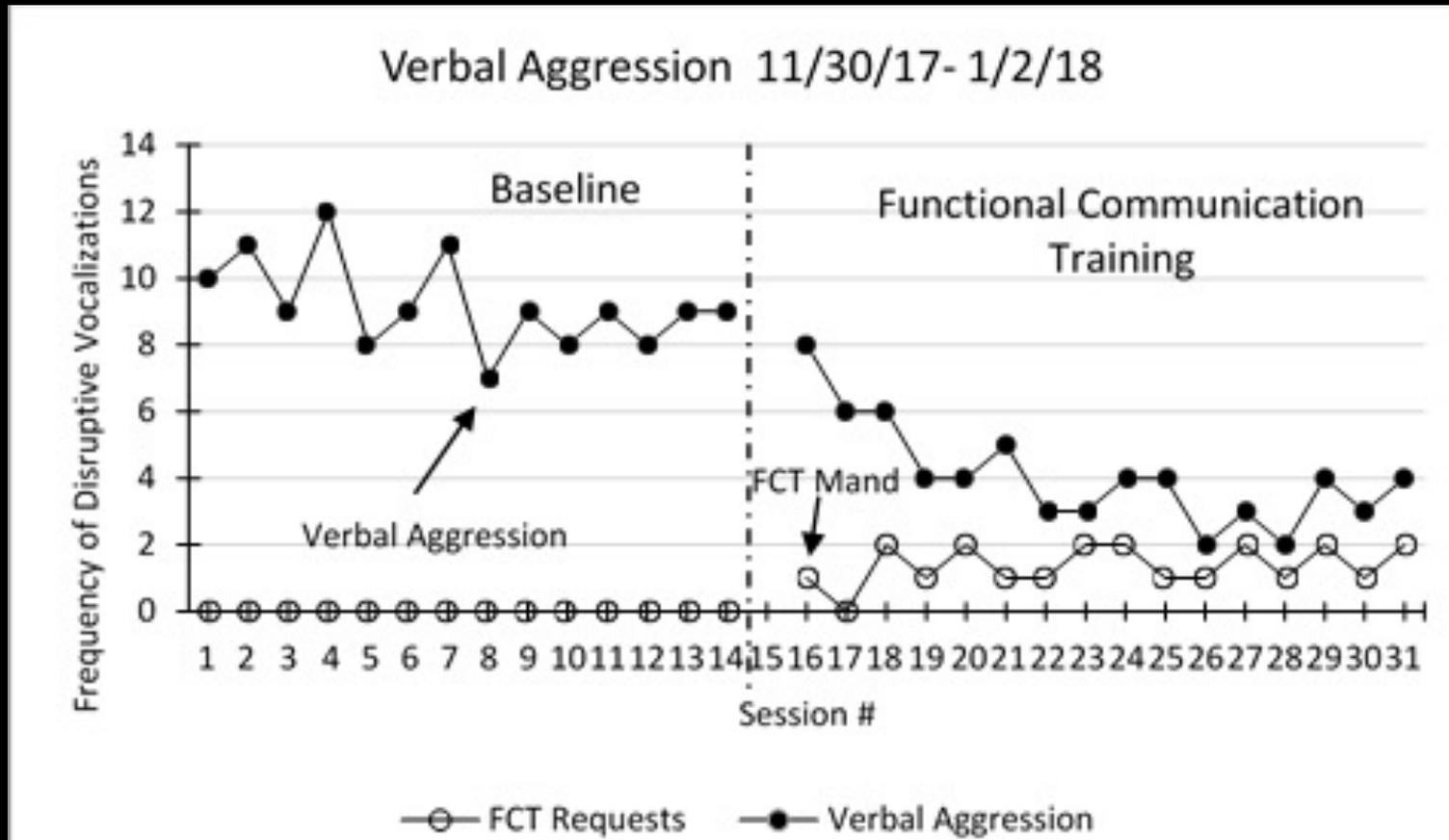


GRAPHING DATA

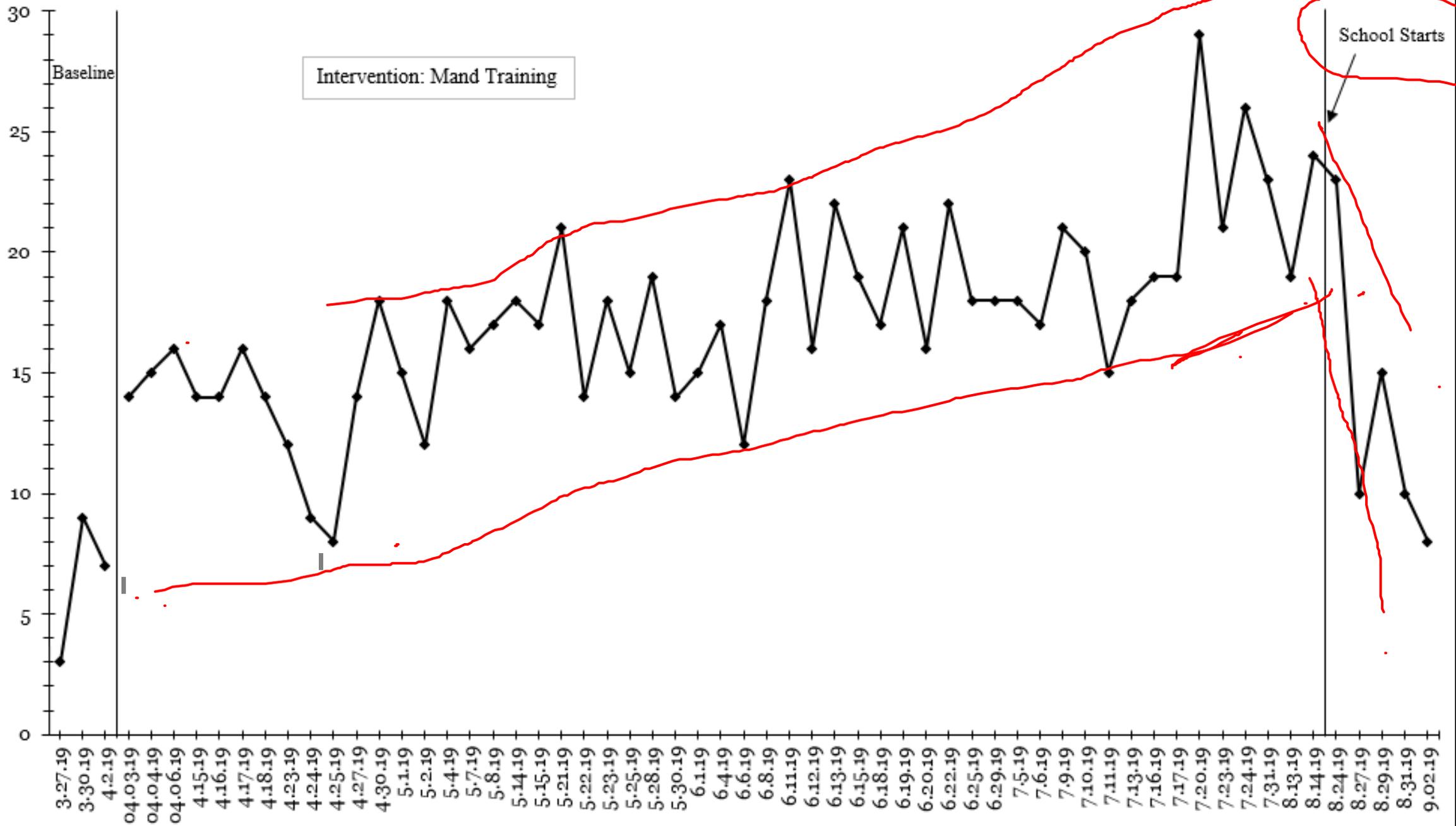
- One of the most important aspects of a successful ABA program.
- What's working, what isn't working
- Allows supervisor to easily spot trends, adjust programs accordingly

A GRAPH IS WORTH A THOUSAND WORDS

PROBABLY MORE THAN A THOUSAND



Different Mand



THE IMPORTANCE OF GRAPHICALLY DISPLAYED DATA

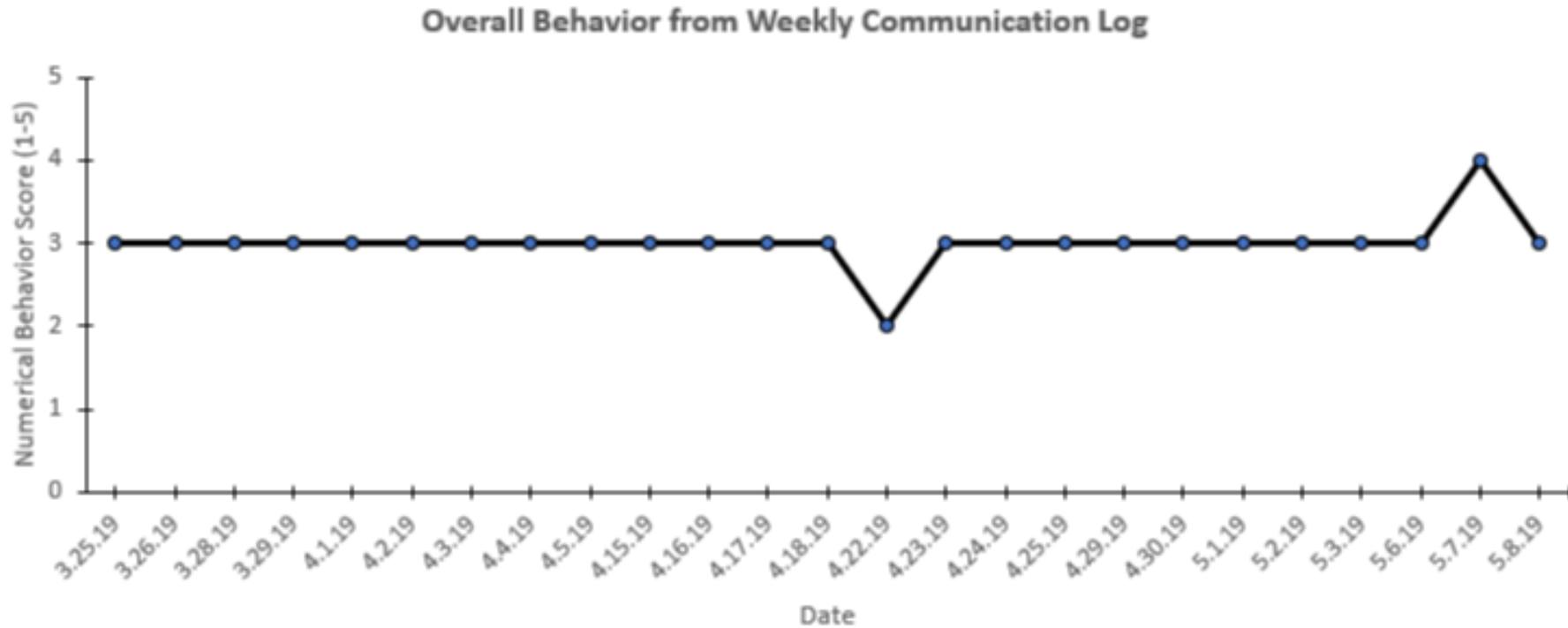
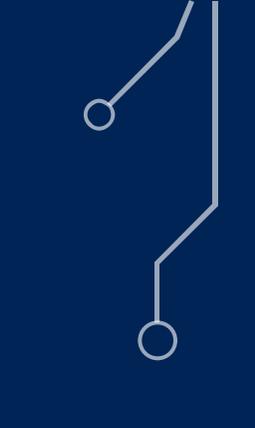
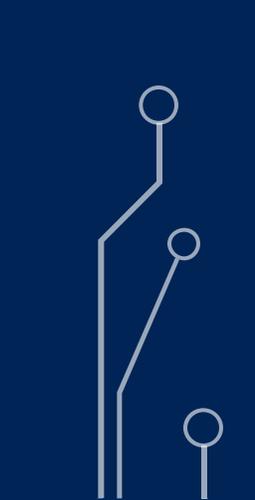


Figure Caption: Graph showing overall behavior at school as circled in the weekly communication log. 5 is the best behavior score and 1 is the worst behavior score possible for this scale. Graph shows a stable, level trend line.



GRAPHING YOUR SESSION DATA

- Graph your data before writing your session note.
 - Helps write informed session narrative about progress with treatment goals
- 
- 

Program 1

+	-	P	P	+	+	+	+	+	+
---	---	---	---	---	---	---	---	---	---

Program 2

P+	P+	P+	+	+	-	P+	P+	+	+
----	----	----	---	---	---	----	----	---	---

Program 3

Prev. % 100

+	+	+							
---	---	---	--	--	--	--	--	--	--

Program 4

Opportunities #	Correct #

YOUR TURN

• Program 1: 70%

• Program 2: 40%

• Program 3: 100%

• Program 4: 25%

Program 1

+	-	P	P	+	+	+	+	+	+
---	---	---	---	---	---	---	---	---	---

Program 2

P+	P+	P+	+	+	-	P+	P+	+	+
----	----	----	---	---	---	----	----	---	---

Program 3

Prev. % 100

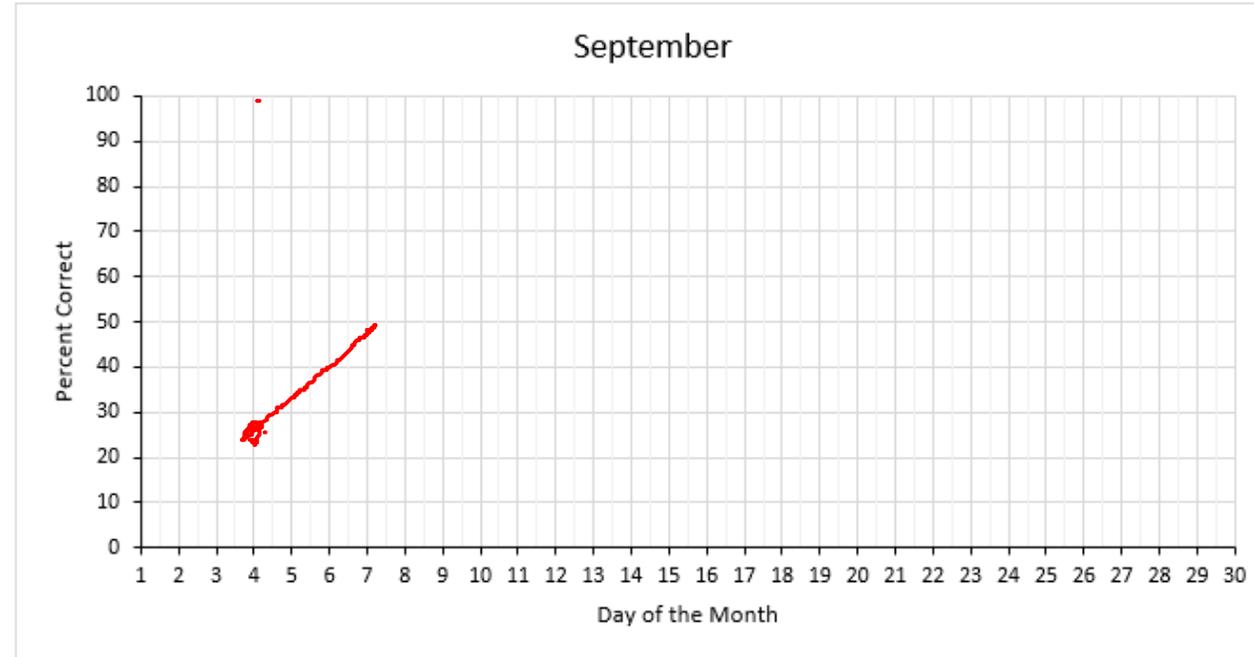
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Program 4

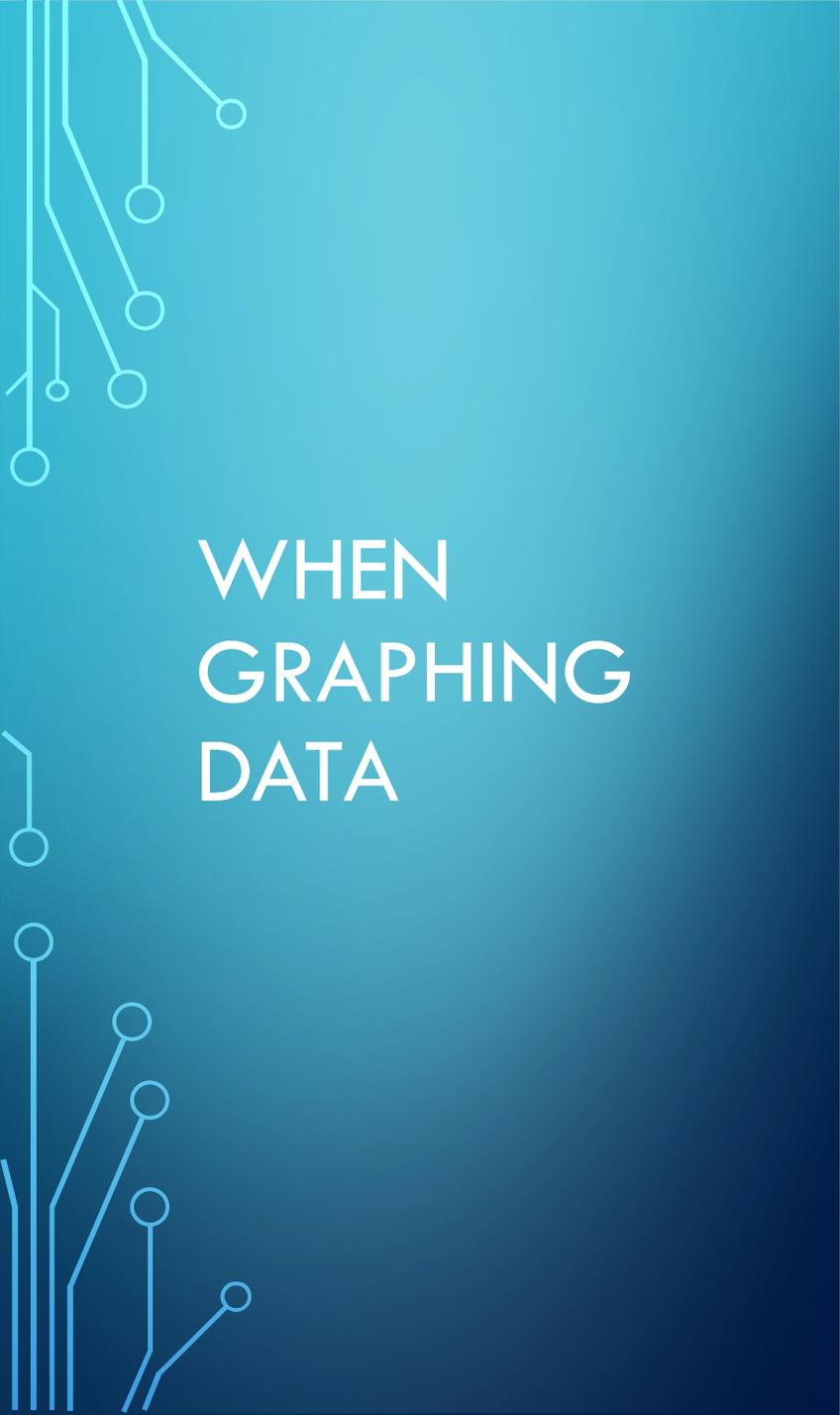
Opportunities #	Correct #
III III III III	III

GRAPHING YOUR DATA EACH SESSION

Client: _____ Program: _____



- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 *75.4; 7.5*
- 6 _____
- 7 _____
- 8 _____
- 9 _____



WHEN GRAPHING DATA

Make notes to share with supervisor.

Questions for supervisor

Conversations with family

Family concerns

Your concerns

The logo features the word "SAFMEDS" in a bold, white, sans-serif font centered within a dark blue rounded rectangle. This rectangle is flanked by stylized circuit board traces in a lighter blue color, extending horizontally from both sides. The traces include several small circular nodes, suggesting a network or data flow.

SAFMEDS

REFERENCES