

# **Application for ABA Designation**

## **Application for Current CBH BHRS Providers to Become ABA Designated Providers**

*Questions related to this application, the designation process, or CBH's ABA Performance Standards  
should be submitted via E-mail to: Lauren DellaCava at [Lauren.DellaCava@phila.gov](mailto:Lauren.DellaCava@phila.gov)*

Published January 6, 2017  
Updated June 19, 2017

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## I. INTRODUCTION

The goal of this application is for current CBH BHRS providers in good standing to clearly demonstrate that they meet or exceed the entirety of CBH's ABA Performance Standards in order to become a CBH designated ABA provider. As a CBH designated provider, your agency will be eligible to receive ABA referrals and bill for the enhanced rate for the delivery of ABA services and will be added to our list of ABA providers.

This application is divided into four parts. The first part is a cover page, requesting basic provider information. The second part contains general questions to address agency scope. The third part is a means for provider agencies to demonstrate that their programmatic structure is in place to support an ABA program that meets CBH's ABA Performance Standards. The fourth part is a means to demonstrate the provider's ability to execute clinical treatment. Finally, completing the checklist at the end of the application will help to ensure all documentation is provided, labeled, and in order. Please enclose it with the application.

In all parts, provide additional documentation as necessary. When a policy is requested, but a formal policy does not exist, substitute your agency's current protocol, procedure, or plan for ABA services. Providers may provide policies, narratives/case studies, templates and/or plans in order to fully demonstrate all components of the Performance Standards. CBH will review providers' policies, procedures, protocols, and samples of work to identify foundational elements of ABA in current programming and service delivery, as well as to evaluate capacity to deliver high quality ABA. The supporting documentation should be clearly annotated to indicate where each item is demonstrated. For example, the narrative explaining your agency's staffing structure will be clearly labeled 1.a, and your Supervision Policy will be labeled 1.7.

## II. DESIGNATION PROCESS

Applications may be submitted to CBH at any time. Applications will be reviewed by an interdisciplinary team on a monthly basis. Providers will be notified regarding their application status following the review. The possible results of the application review are:

1. Request for additional information
2. Application denied
3. Request for a site visit

If a request for additional information is made, the application will be reviewed at the next, once-monthly review. If the application is denied, feedback will be given and the provider may reapply no sooner than in three months. When a site visit is requested, every attempt will be made to schedule it within one month. The provider will be notified about the outcome of the site visit within one month of the site visit.

Providers may make requests through CBH's Network Development for Technical Assistance (TA) in order to increase capacity and/or help the provider meet all Performance Standards. Each request for TA will be evaluated on an individual basis. Email [cbh.ndtechnicalassistance@phila.gov](mailto:cbh.ndtechnicalassistance@phila.gov) for additional information.

Once designated as an ABA provider, re-designation will occur annually. The re-designation process will include an application as well as a site visit. CBH may conduct a site visit prior to the annual review.

### III. APPLICATION DIRECTIONS

Submit completed applications and all clearly marked supporting documentation by mail, addressed as follows:

Community Behavioral Health  
801 Market Street, 7th Floor  
Philadelphia, PA 19107  
ATTN: Stephanie Wiseman

Submissions should be marked "ABA Designation Application."

Include the following:

1. Completed and signed application checklist (page 8-9 of this application)
2. All documents, annotated and in order, scanned onto a flash drive or disc (DVD/or CD)
3. At least 5 copies of the entire application, including all questions and supporting documentation
  - a. Each specific item must be clearly marked. For example, the narrative explaining your agency's staffing structure will be clearly labeled 1.a, and your Supervision Policy will be labeled 1.7.
  - b. Items not clearly labeled will be considered incomplete.

The application may be updated; please ensure that this is the most correct version.

**IV. APPLICATION**

**Part 1: Cover Page**

Application submission date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency ABA Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

## Part 2: Agency Scope

1. Describe your agency's history of delivering ABA services and an overview of your present capacity (details to be provided later in the application).
2. Describe the size of your current BHRS program; include the percentage of children who have a diagnosis of ASD.
3. Describe how your program will change based on your increased capacity in ABA and by becoming a designated ABA provider. Include how treatment providing ABA would differ from the traditional BHRS model.

## Part 3: Programmatic Structure

Please provide your agency's policies, procedures, and/or plans to address the following foundational elements and describe how they align with CBH's ABA Performance Standards.

1. Personnel:
  - a. Staffing - Describe your agency's staffing structure in regards to supporting ABA services. Include job descriptions and an organizational chart, as well as information regarding which staff have been hired and which staff still need to be hired in order to meet the requirements and have sufficient capacity.
  - b. Training - Describe your pre-service training plan for new employees at all levels and how your agency ensures employees are competent in ABA. Include internal training materials as well as external resources. Describe your ongoing training plan for employees at all levels, including required training and staff development. Include how you will train and conduct RBT skill assessments for your TSS staff, as well as your CEU policy.
  - c. Supervision - Describe your supervision structure, include your official supervision policies, and describe how your supervision structure will increase the quality of service delivery. Describe how your agency provides support and training to supervisors.
- ✓ Required supporting documents (not exhaustive, add more as necessary):
  - 1.1- Job descriptions at all levels
  - 1.2- Organizational chart
  - 1.3- Pre-service training plan and associated materials
  - 1.4- Ongoing training and associated materials
  - 1.5- TSS RBT specific training and skill assessment plan and any associated materials
  - 1.6- CEU policy
  - 1.7- Supervision policy
  - 1.8- Other supporting documents related to Personnel

## 2. Data/Monitoring:

- a. Individual data - Describe how your agency uses data in ABA programming to inform treatment at the individual level. Describe some common methods of data collection that will be utilized, including graph templates. Include any policies or procedures for analyzing data at an individual level.
  - b. Program data - Describe ways that your agency is aggregating and analyzing data at the agency level, include ways that your agency responds to data trends.
  - c. Quality Assurance/ Quality Control (QA/QC) - Describe your methods for quality assurance; include specific policies and monitoring forms.
- ✓ Required supporting documents (not exhaustive, add more as necessary):
- 2.1- Data templates
  - 2.2 -Data collection procedures (individual and program levels)
  - 2.3-QA/QC policies and forms
  - 2.4-Other supporting documents related to Data and Monitoring

## 3. Treatment

- a. Assessment - Describe your diagnostic process, including identifying the structured tools that are used to diagnose ASD. Describe your behavioral assessment procedures, including Functional Behavioral Assessments (FBAs) and skill assessments. Describe how staff determine which assessments to complete. For FBAs, describe your procedures and include an FBA template as well as any structured forms that are utilized. Describe procedures for conducting preference assessments.
  - b. Treatment plan - Describe your agency's treatment plan development process; include how assessments inform the selected interventions and descriptions of commonly used interventions. Describe ways that research and current best practices are referred to in order to guide treatment. Describe how treatment goals are selected and the process by which goals are evaluated and updated. Describe the ways that you program for generalization and maintenance, and how you manage after care planning.
  - c. Coordination/sharing information - Describe ways that you ensure coordination of services across disciplines, as well as how you ensure family engagement. Describe the ways in which you document service delivery and progress with progress notes; provide any policies related to progress notes.
- ✓ Required supporting ABA documents (not exhaustive, add more as necessary):
- 3.1 - Assessment protocol
  - 3.2 - FBA template and structured forms and protocol
  - 3.3 - Other assessments
  - 3.4 - Treatment plan protocol
  - 3.5 - Treatment plan template
  - 3.6- Family engagement protocol
  - 3.7- Coordination across disciplines protocol
  - 3.8- Progress note protocol
  - 3.9- Generalization and aftercare planning policies
  - 3.10- Other supporting documents related to treatment



#### **Part 4: Clinical Case**

Provide redacted work samples demonstrating your agency's clinical programming. Please use the same child for all elements. Feel free to provide additional narrative to explain how the work samples represent your ABA clinical practice.

Annotate the records to clearly demonstrate each component as listed below.

1. Provide a brief narrative description of the case and history.
2. Staffing – Provide information regarding the staffing of this case. Include who is working on the case, how many hours each professional is working, their credentials, CVs, and training records.
3. Supervision – Provide the supervision structure on the case; include evidence of tracking of supervision (supervision log and notes).
4. Data- Provide graphs for all behaviors targeted in the treatment plan.
5. Assessments – Provide all assessments completed for this case; include the CBE, FBA, and any other assessments completed.
6. Treatment plan – Provide the treatment plan and all related documents. Include a reference to current literature/best practices/research that informed treatment selection.
7. Family engagement – Show family goals and demonstrate engagement.
8. Coordination of services – Demonstrate that coordination has occurred, especially in regards to school and medical professionals. Include ISPT notes.
9. Progress notes – Show at least one month's worth of progress notes and associated data.

## ABA Designation Application Checklist

### PART 1: COVER PAGE

All parts completed

### PART 2: AGENCY SCOPE

1. Question answered  
 2. Question answered  
 3. Question answered

### PART 3: PROGRAMMATIC STRUCTURE

1. Personnel  
 a. Staffing  
 b. Training  
 c. Supervision

#### Required supporting documents

1.1- Job descriptions at all levels  
 1.2- Organizational chart  
 1.3- Pre-service training plan and associated materials  
 1.4- Ongoing training and associated materials  
 1.5- TSS RBT specific training and skill assessment plan and any associated materials  
 1.6- CEU policy  
 1.7- Supervision policy  
 1.8- Other supporting documents related to Programmatic Structure

### 2. Data and Monitoring

a. Individual data  
 b. Program data  
 c. QA/QC

#### Required supporting documents

2.1- Data templates  
 2.2 -Data collection procedures (individual and program levels)  
 2.3-QA/QC policies and forms  
 2.4-Other supporting documents related to Data and Monitoring

- 3. Treatment
- a. Assessment
- b. Treatment plan
- c. Coordination/sharing information

Required supporting ABA documents:

- 3.1 - Assessment protocol
- 3.2 - FBA template and structured forms and protocol
- 3.3 - Other assessments
- 3.4 - Treatment plan protocol
- 3.5 - Treatment plan template
- 3.6- Family engagement protocol
- 3.7- Coordination across disciplines protocol
- 3.8- Progress note protocol
- 3.9- Generalization and aftercare planning policies
- 3.10- Other supporting documents related to Treatment

PART 4: CLINICAL

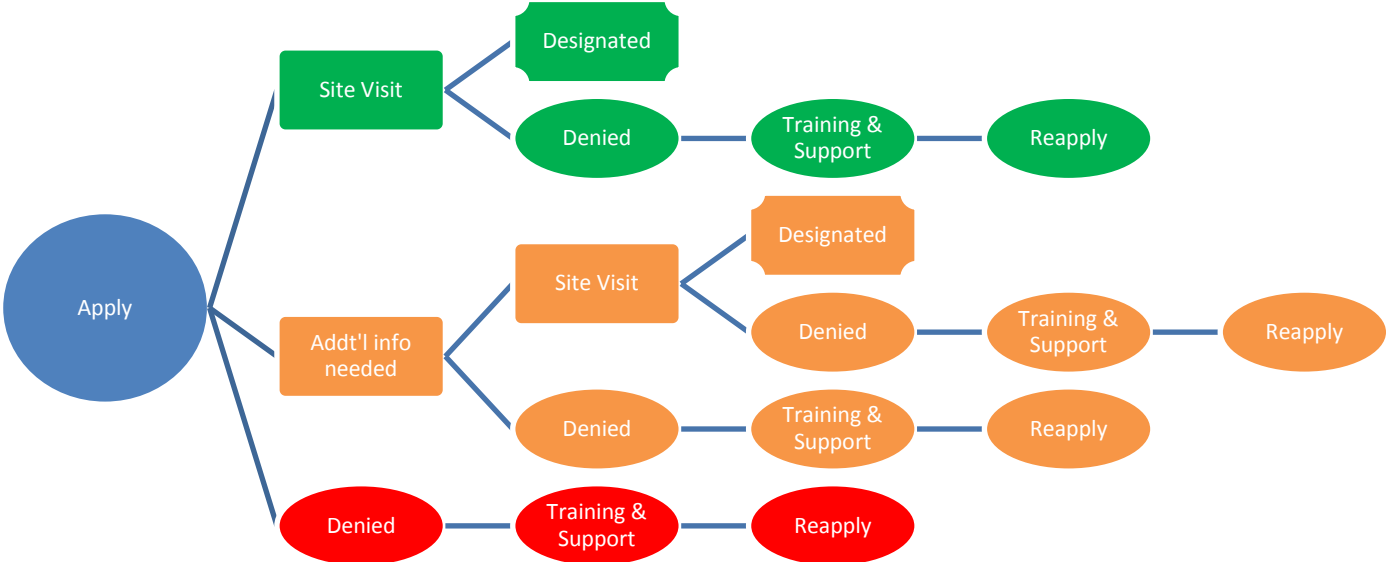
- Ensure all info is redacted
- 1. Brief narrative description of the case and history.
- 2. Staffing
- 3. Supervision
- 4. Data
- 5. Assessments
- 6. Treatment plan
- 7. Family engagement
- 8. Coordination of services
- 9. Progress notes

APPLICATION REVIEW

- All items above are checked and included
- All checked items are labeled clearly
- All items are in order for submission

Application submitted by: \_\_\_\_\_  
Name/Signature

# ABA Designation Process



## ABA Designation Process Timeline

