

## Behavior PCA students

DHS and MDE have collaborated to clarify billing for behaviors. I have the information listed below. Please use this as a guide for documenting in the FBA and Care plan for the students that are eligible for a behavior para. These changes just came out this morning. The IEPs starting from this date will need to be a bit more specific. I have included the information below and have highlighted some items that are a bit more specific. I will be checking IEPs and FBAs to make sure the documentation is OK for me to bill and if there are any changes that we need to make now or if it can wait for the next IEP. Please call me with questions.

Amy

### Level 1 Behaviors

A child or youth qualifies as having the need for assistance from a personal care assistant through observation, redirection, or intervention of a behavior episode if the episode is due to a medical or mental health condition and requires the immediate response of another person to prevent injury to self or others, or damage to property.

Behaviors may occur at different levels and in different situations. To qualify for PCA services, the display of a Level 1 Behavior must be current, and determined to be either daily or episodic and ongoing (for example four times a week).

Level 1 behaviors are defined as:

- • Physical aggression toward self (self-injurious behaviors)
- • Physical aggression toward others (physical injury to others)
- • Destruction of property

#### Examples of Level 1 Behaviors

<b>Self-Injurious</b>	<b>Physical Injury to Others</b>	<b>Destruction of Property</b>
• Hitting	• • Hitting	• • Breaking windows, lamps or furniture
• Biting oneself	• • Biting	• • Tearing clothes
• Head banging	• • Pinching	• • Setting fires
• Burning oneself	• • Scratching	• • Using tools or objects to damage property
• Self-poking or stabbing	• • Kicking	

• Ingesting foreign substances		
• Pulling out hair		
• Suicide threats		

When determining the level of need for behavior intervention, address the following considerations:

- • Are the behaviors related to the medical need that qualified the child for IEP services?
- • How current are the behaviors?
- • Are there times when the behavior does not occur?
- • Are there identifiable triggers that are likely to induce the behavior?
- • Is it possible to modify the school or classroom environment to avoid the triggers that might make the behavior more likely?
- • What are the reasonable expectations of the behavior reoccurring throughout the school day?

If a current, but infrequent, (less than four times per week or less than once daily) level 1 behavior is identified in the IEP plan that will require the immediate response of another person to intervene and redirect the physical aggression toward self or others or destruction of property, a personal care assistant may be assigned to intervene or redirect the child or youth during that episode. Medical Assistance (MA) will pay for this response time. The time allowed is when the personal care assistant is fully engaged, working face-to-face or hands-on with the child or youth. This starts when the para 1<sup>st</sup> notices the behavior and their attention is only on that specific child. The time stops when the student starts the expected behavior and does what he/she is asked to do. Previously I was not able to bill for a behavior if it occurred less than 4 times per week.

Once a child or youth qualifies for PCA services, he or she may also receive assistance from a personal care assistant for redirection or intervention during a behavioral episode, when the child or youth displays increased vulnerability due to cognitive deficits or socially inappropriate behaviors, and for other delegated health related procedures and tasks. This is the language that needs to be in the care plan and attached to the IEP. I will need to see the care plan before your meetings to make sure the language is described appropriately.

Determine how the lack of cognitive skill or vulnerability is affecting the child or youth behavior and what assistance must be provided to redirect or intervene during a behavioral episode.

For example: A child with Down syndrome has qualified for PCA service for two ADLs: toileting and eating. Because the child qualifies for PCA services, the child or youth can receive PCA services because of their increased vulnerability due to cognitive deficits. The child has a history of elopement (wandering away) from the past school year and is currently displaying episodes of elopement when given the opportunity. This language should be in the care plan if you have the para documenting mobility. In this case it may be necessary to have a personal care assistant with the child, during times such as recess, lunch, in the halls and going to the restroom.

During these times, there is a reasonable expectation that the child may find the opportunity to elope and MA will cover PCA services during these periods.

However, once the child is in the classroom, a teacher or paraprofessional is watching over the room and a personal care assistant does not need to be available to observe the child in case the child may elope.

Other situations may require a personal care assistant to assist with ADLs and monitor a child for health related concerns for the full day at school. Such situations may be for a child or youth who is medically fragile and needs assistance with multiple ADLs, needs constant intervention or redirection of behaviors, or both. **Documentation must clearly identify the child's or youth's specific medical needs**, why constant continuous care is needed throughout the school day, and how the services provided relates to the child or youth's medical needs. MHCP does not pay to have a PCA sit with a child or youth to watch for a behavior that occurs infrequently or to keep the child on task with their educational activities or assignments.

**The increased vulnerability due to cognitive deficits or socially inappropriate behavior of a child and youth who is verbally aggressive or resistive to care must relate back to:**

- • The medical need of the child or youth
- • Whether the need would otherwise prevent the child or youth from attending school
- • Whether the behavior would put the child or youth, another person, or property in harm's way that is beyond what is expected for the child's age

If the child or youth is not staying on task with the lesson plan, listening to the teacher, or is speaking out of turn, making comments out loud, grabbing for other children's property or generally disrupting the class, ***it is the responsibility of the school to have the teacher, teaching assistant or paraprofessional assigned to the classroom or to that child or youth to keep the child or youth on task for his or her educational needs and classroom behavior protocol.*** Classroom support of this type **is not an MA covered PCA service.**