Attachment 5: CBC Service Definitions

The following services, as outlined in the CBC Provider Agreement, are defined as follows:

1a. Functional Behavioral Analysis/Assessment
The Functional Behavioral Analysis/Assessment will include, at a minimum:

- **Reason for Referral**
- **Direct Observation of the Identified Participant's Behavior**
- **Summary of Observations**: Strengths, abilities, what works/doesn't work, likes, dislikes
- **Identified Behaviors/Triggers**: Descriptions of behaviors, including intensity, frequency, duration, and function
- **Additional Identified Problems (if any)**
- **Planned Interventions/Implementation**
- **Other Relevant Observations Regarding the Participant's behavior**

The consultant will provide a written copy of the Functional Behavioral Assessment, along with specific recommendations to the Service Provider and upload a copy into the participants file in AK AIMS.

1b. Behavioral Intervention Plan
The Consultant will develop a written Behavioral Intervention or Implementation Plan based on observations, recommendations, and assessments. This plan will incorporate techniques designed to reduce maladaptive behaviors, promote positive alternative behaviors, or enhance system infrastructure. The plan will be created in collaboration with all stakeholders, including the service provider, family, school staff and Care Coordinator.

The purpose of the Behavior Intervention Plan is to guide providers, families, and communities in identifying, developing, and maintaining the necessary skills to support participants effectively within the community and to avoid institutional placements.

The Plan of Care is the responsibility of the Care Coordinator. Recommendations from the Consultant, including those for additional testing or assessments, will be evaluated for inclusion in the Plan of Care. However, the final decision regarding these recommendations' rests with the treating provider, guardian and/or the Care Coordinator. Any additional testing or assessments resulting from the Consultant's recommendations will be completed through Alaska Medicaid providers, as applicable.

The Behavioral Intervention Plan will clearly delineate:

- **a.** Salient factors likely contributing to the dysfunctional behavior

- **b.** Interventions and activities designed to replace maladaptive behaviors and develop replacement behaviors that serve the same function
- **c.** Frequency of interventions and activities
- **d.** Individuals other than the person of focus who may require programmatic intervention to ensure desired treatment effects
- **e.** Resources (e.g., funding, personnel, time, programmatic access, training) required for plan success, including any additional assessments through Alaska Medicaid providers
- **f.** Person(s) and entities responsible for implementing the interventions and activities
- **g.** Data elements required and methods for tracking implementation of interventions
- **h.** Data elements required for tracking identified participants' progress and frequency of plan review for effectiveness and necessary modifications

At a minimum, the plan will include the following:

- **Problem Behaviors:** A clear description of the behaviors that need to change.
- **For Each Problem Behavior:**
    - **What Triggers It (Predictors)** related to:
        - Tasks or demands placed on the participant
        - Specific activities or objects
        - Social interactions or attention from others
        - Internal feelings or physical states (like hunger, pain, or anxiety)
- **Summary of Triggers:** A brief explanation of the most common situations that lead to the behavior.
- **Common Triggers:** General situations or environments that often lead to the behavior.
- **Warning Signs:** Early signs or behaviors that usually happen right before the problem behavior.
- **Setting Events:** Things that happen earlier in the day or week that make the behavior more likely (e.g., lack of sleep, change in routine).
- **What Keeps the Behavior Going (Maintaining Consequences):** How the environment or people might unintentionally encourage the behavior to continue (like giving attention after the behavior).
- **Hypothesis:** A summary of why the behavior is happening, based on all the above information.
- **Intervention Strategies:** Specific steps or techniques to reduce behavior and teach positive alternatives.
- **Goals:** The desired improvements in behavior or outcomes for the participant.
- **Recommendations:** Additional strategies or supports that may help.

The Consultant will provide a written copy of this Behavioral Intervention Plan to the Service Provider and will upload it to the participant's file in **AK AIMS**.

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2. Technical Assistance

Technical assistance may take various forms, including in-person, teleconferencing, video conferencing, email correspondence, or hybrid formats, and will be tailored to meet the specific

needs of the program and its participants. It refers to the specialized guidance, support, and capacity-building services provided by the Consultant to the Service Provider and key stakeholders. This support is designed to enhance skills, improve service delivery, and ensure successful implementation of program goals.

Technical assistance will be mutually agreed upon by the Consultant and the Service Provider or other program stakeholders, with prior approval from the CBC Program Manager. The scope, format, and duration of support will be determined based on the objectives of the CBC program and the operational context of the program.

During on-site and/or remote engagements, the Consultant will:

- **a. Deliver targeted on-site support:**
  Conduct hands-on, face-to-face guidance and training during site visits to address specific challenges, demonstrate best practices, and assess progress toward program benchmarks.
- **b. Provide ongoing remote assistance:**
  Continue technical support beyond on-site visits through teleconferencing, video conferencing, email correspondence, and other virtual communication tools, as directed by the CBC Program Manager. This ensures continuity of support and timely response to emerging issues.
- **c. Tailor technical support to stakeholder needs:**
  Offer customized technical assistance to key stakeholders (e.g., program staff, administrators, community partners) based on program goals, individual roles, and capacity-building needs. All support will require prior coordination and approval by the CBC Program Manager.

3a. Case-Specific Consultation
Case-specific consultation will be mutually agreed upon by the Consultant and the Service Provider, or program stakeholders (with approval from the CBC Program Manager), based on the unique needs of a participant exhibiting complex behaviors. During consultation, the Consultant will:

- **a. Provide individualized guidance and recommendations** tailored to the specific behavioral challenges of the identified participant
- **b. Collaborate with the Service Provider and relevant stakeholders** to review and refine the behavioral intervention plan, ensuring alignment with best practices and participant needs
- c. **Support the implementation of strategies** by observing interactions, offering feedback, and making participant-specific suggestions
- **d. Maintain a consultative role** only and will not become involved in the direct care of the participant or take part in daily service operations

3b. Training
Training will be mutually agreed upon by the Consultant and the Service Provider, or program stakeholders (with approval from the CBC Program Manager), based on the type and duration of support needed. During on-site visits, the Consultant will:

- **a. Train** the identified participant's family, Service Provider staff, or other stakeholders on implementing the behavioral intervention plan through **modeling, mentoring, and shadowing**
- **b.** Share observations and offer suggestions for improving interactions with the participant with the complex behaviors and stakeholders, implementing the behavior plan, and making necessary modifications
- **c.** Offer generalized behavior modification training for all agency staff (with prior approval from the CBC Program Manager) based on identified needs

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4. Transition Plan
The development of a transition plan for participants in institutional care will begin as soon as the Consultant meets the participant, and the Consultant and Service Provider have reviewed the case and supporting clinical information. The transition plan will, to the extent possible, be developed five business days prior to the participant returning to their home community. Only three hours will be allowed to assist in transitioning the participant back to their home community unless prior approval for additional hours has been preapproved by DBH or the CBC program manager.

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5. Service Completion Plan (Discharge Report)
Five business days prior to the cessation of services, the Consultant will provide a written discharge report summarizing findings and offering recommendations for the participants' continued success. A copy of the discharge summary will be provided to the Service Provider, and one will be uploaded to the participants file in AK AIMS. The report will include, at a minimum:

- **Date of Discharge**
- **Reason for Referral**
- **Identified Behaviors/Issues**
- **Summary of Interventions/Strategies**
- **Summary of Training**
- **Participant/Stakeholder Response to Behavioral/Implementation Plan**
- **Agency/Stakeholder Response to Behavioral Plan and Trainings**
- **Recommendations**
- **Identified Problems/Issues (system, agency, CBC, etc.)**
- **Conclusions/Summary Statement**