

BSS Innovations Provider Panel: Remote Assessment and Data Collection December 16th, 2020

Please email any questions about this panel to the BSASP provider support mailbox:
RA-basprovidersupprt@pa.gov

PRIVACY and HIPAA

- HHS has released guidance on HIPAA during COVID-19. Please review that information here:
 - ◆ <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- Providers should ensure any technology used complies with HIPAA requirements and review any questions related to remote support with their legal representation before beginning remote supports.
- Recording a telehealth appointment requires consent before recording and must comply with HIPAA requirements

Service Definitions

- Panelists represent Behavioral Support Providers across multiple systems. Please make sure any strategies or methods of delivering Behavioral Support remotely meet the requirements described within the service definition and documentation requirements for the system you are working within.

ODP Programs

- Direct Behavioral Support may be provided remotely when all of the following are met:
 - ◆ The participant has agreed to receive remote services and the ISP team has determined that remote service meets the health and safety needs of the participant.
 - ◆ The technology used complies with HIPAA requirements.
 - ◆ If direct Behavioral Support, the services must be provided by means that allow for two-way, real time interactive communication, such as through audio/video conferencing. The technology used should be capable of clearly presenting sound and image in real-time and without delay. Providers can call participants over the phone as an incidental component of the service to check-in with participants or in emergency circumstances if all other criteria are met.
 - ◆ The use of remote Behavioral Support is clearly documented in the Behavior Support section of the ISP.

Dennis Zellers M.Ed BCBA
Licensed Behavior Specialist
Clinical Supervisor at Mainstay Life Services



- 10 years of experience supporting persons with ID/D and mental health disorders.
- Part-time instructor at California University of Pennsylvania's BCBA program.
- Started Mainstay Life Services clinical program in October 2019.



Remote Assessment

- Indirect Assessment
 - Send questionnaires and forms via email
 - Conduct interviews via video conferencing
- Direct Assessment
 - Set up video conferencing for times in which target behaviors are likely.
 - Record behavior events if recording releases can be obtained.
 - Observe the recordings and collect data yourself
 - Starting, stopping, and re-watching video can

Remote Data Collection

- Document sharing
 - Google Docs
 - Sharing a spreadsheet or form online
 - Having data sheets scanned
- Low Frequency Behaviors
 - Anecdotal reporting
 - Behavior event recording
- Agency Documentation Systems
 - Therap
 - Set up behavioral data as a part of the shift notes.



BEHAVIORAL SUPPORT SERVICES INNOVATION PANELS

Remote Assessment & Data Collection

December 16, 2020 from 11:00 AM - 12:30 PM

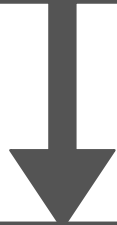
Presented by Guy Legare, M.P.S.
Executive Director
Person Driven Clinical Solutions, LLC (PDCS)

- Guy has more than 25 years of experience in helping teams and organizations supporting people with IDD as well as complex clinical conditions, build support cultures where staff can become increasingly more person driven
- For many years, Guy worked as the Associate Clinical Director for the OMR Statewide Training and Technical Assistance Initiative in Pennsylvania, where he collaborated with providers and counties to build capacity through a variety of trainings
- Started PDCS in 2015 to provide Behavioral Support Services across Pennsylvania



Number of people
we currently serve
across
Pennsylvania: **586**

Eastern Region: **443**
Western Region: **143**
Number of Counties: **39**
Provider Partners: **53**



Number of
employees: **30**

Clinicians: **28**
Quality Coordinator: **1**
Administrative Assistant: **1**

**PDCS:
WHO WE ARE**

THE SERVICE PRE-PANDEMIC

Organized and structured to be provided in person, face to face

Clinicians scheduled their weeks to:

- Maximize their time
- Minimize travel
- See everyone on their caseload based on:
 - Need
 - Agreed upon weekly intensity

THE SERVICE DURING THE PANDEMIC

Expectations and the service remained the same however:

- Nothing done in person, no face to face contact
- No travel, everything done remotely through technology

THE SERVICE DURING THE PANDEMIC

- All clinicians have experienced using the many different platforms i.e., *Zoom, Skype, Ring Central, Zoom, Google DUO or Microsoft Teams*, to complete their work and connect with people, as something simple, easy to use, effective and productive
- Although we all miss seeing people in person, clinicians have reported that working remotely has directly and surprisingly...

WHAT WE WERE NOT EXPECTING

- Increased ability to connect with people
- Simplified organizing debriefings, team meetings, trainings and mentoring
- Increased flexibility in how they can spend their time
- Increased their responsiveness to individuals and their teams
- Increased opportunities to provide individualized supports
- Improved the communication between clinicians and team members
- Improved consistency and meaningful supports for all team members

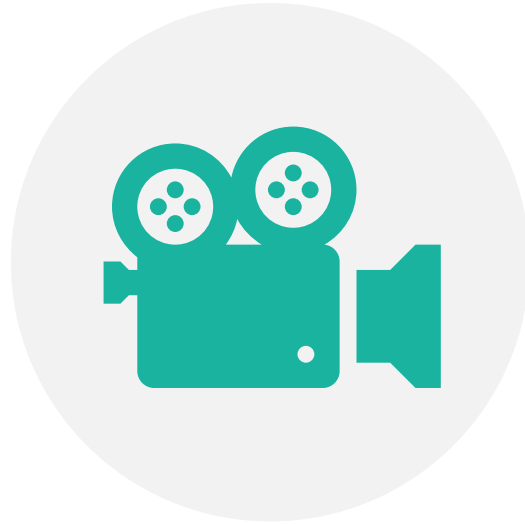


Assessment



Data collection

WORKING REMOTELY



Video

WORKING REMOTELY

CAN YOU IMAGINE IF VIDEO WAS AN OPTION?

- You could observe it directly every time
- You could slow it down
- You could zoom in
- You could pause it
- You could rewind it and watch it again...

CONTACT INFORMATION



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Website:

www.pdcsllc.org

THANK YOU

Behavioral Support Services and Utilization of Remote Assessment and data collection

Mary Schneck, LPC
Clinical Director of IBHS
Youth Advocate Programs, Inc.



- Client transitioning from BHRS to Adult Waiver Supports, primarily non-verbal with minimal use of AAC device
- Original plan- graduate in June, transition to day program part time coupled with in home and community supports
- Plan change with pandemic- in home community supports and behavior support services
- How to complete an FBA for a Positive Behavior Support Plan remotely?
- Access via webcam
- Frequent telehealth sessions throughout the week to prevent client from burning out
- Several observations via webcam setup during a typical day for client

Methods of Data Collection

- Davis Functional Assessment Observation Form (behaviors, predictors, and perceived functions of the behaviors, outcome after behavior occurred)
- Simplistic A-B-C data collection sheet until team members and parents understood how to use the Functional Assessment observation form
- Parents reviewed reports from previous BHRS records with the team
- Weekly collaborative meetings with support team in order to ensure consistency and improve accuracy of data

Telehealth Tips

- Making sure there are limited environmental distractions at clinician's end
- Planning for session is helpful to keep the session from having long pauses, which leads to increased distraction for client
- YAP created a telehealth tips group and all clinicians and staff shared activities, therapeutic interventions, virtual tours, and health and wellness activities, etc.
- Sharing your screen with the client was helpful if they did not have access to a computer

Telehealth Tips

- Sending materials in the mail for upcoming sessions
- Observing and collecting data on everyday routine/chores
- Determining triggers and finding new triggers
- Observing behaviors that are not present during in person sessions (i.e., aggression toward caregiver may not occur when BSS is present in person)
- Practicing wearing a mask (timers, social stories about wearing a mask, etc.)
- Practicing on AAC device to improve communication
- Practicing the coping skills together in the session while they are experiencing anxiety and fatigue from being at home for extended periods of time and having limited access to community setting

Maintaining Confidentiality

- TEAMS and ZOOM both comply with the provisions of the HIPPA Security Rule
- Also, US Department of Veteran Affairs states that FaceTime is HIPPA compliant
- Use a blank release form if families prefer other methods for telehealth with statement saying “I know there are potential risks with the use of this technology. These include, but are not limited to: electronic tampering, disconnection of the audio/video link, and interruption of the audio/video link. If any of these risks occurs the telehealth will be stopped and re-started at another time.”
- The majority of families did not like TEAMS. Most prefer Zoom, Skype, Facetime, Google Duo, or Facebook Video Messenger
- Facebook Video Messenger should be a last resort, and no identifying information during those sessions were ever mentioned (we do not practice communicating name, address, and phone number if this method is used)

Pros and Cons

- Pros include: flexible schedule, convenient, easier access to connect with clients, able to utilize wide variety of therapeutic tools, able to develop a more consistent schedule with clients, able to expand caseload to clients in other counties, improved observation and data collection, and reducing drive time
- Cons include: access to WiFi (solution was <https://www.internetessentials.com/>), technology did not cooperate 100% of the time, confidentiality concerns, environmental distractions, and sometimes telehealth is a non-preferred task for some clients

Questions?

Please type any questions for the panelists into the question box. Please specify if your question is for an individual panelist or for the group.

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