

## CA's 18th Annual Conference “Considering All Perspectives”

Handout for Breakout Session entitled:  
Practicing Behavior Analysis in Virginia,  
presented by Christy Evanko, BCBA, LBA

*Note: this information was derived from the following three sources in February 2019: [www.bacb.com](http://www.bacb.com); [www.dhp.virginia.gov/medicine](http://www.dhp.virginia.gov/medicine); <https://virginiamedicaid.dmas.virginia.gov> Community Mental Health Rehabilitative Services Manual, Behavior Therapy Supplement (8/22/18). Please check these sources often to make sure there are no changes. It is your responsibility to be familiar with the information. Contact Christy at [Christy@SnowflakesABA.com](mailto:Christy@SnowflakesABA.com) or 804-310-1128*

### Updating information

<b><u>BACB</u></b>	<b><u>BOM</u></b>
30 Days – change of name, address or email (10.02d)	Any change of name or change in the address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

### Renewal

<b><u>BACB</u></b>	<b><u>BOM</u></b>
<p>BCBAs and BCBA-Ds are required to complete recertification (including payment) every 2 years. In order to maintain their certification, BCBAs and BCBA-Ds must:</p> <ul style="list-style-type: none"> <li>▪ Complete all maintenance requirements every other year (2-year cycle); and</li> <li>▪ Complete ongoing continuing education requirements; and</li> <li>▪ Submit complete recertification applications on the required schedule via the BACB Account, including all necessary fees, attestations, and self-reporting requirements; and</li> <li>▪ Adhere to the BACB’s ethics requirements; and</li> <li>▪ If providing supervision to others, complete an 8-hour supervision training and obtain ongoing continuing education related to supervision.</li> </ul>	<p>18VAC85-150-70. Renewal of licensure.</p> <p>A. Every behavior analyst or assistant behavior analyst who intends to maintain an active license shall biennially renew his license each odd-numbered year during his birth month and shall:</p> <ol style="list-style-type: none"> <li>1. Submit the prescribed renewal fee; and</li> <li>2. Attest to having met the continuing education requirements of 18VAC85-150-100.</li> </ol> <p>B. The license of a behavior analyst or assistant behavior analyst that has not been renewed by the first day of the month following the month in which renewal is required is lapsed. Practice with a lapsed license may be grounds for disciplinary action. A license that is lapsed for two years or less may be renewed by payment of the renewal fee, a late fee as prescribed in 18VAC85-150-40, and documentation of compliance with continuing education requirements.</p>

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## Continuing Education

<p><b>BACB</b></p> <p>BCBA Continuing Education Requirements 2-Year Cycle: 32 CEUs every 2 years (4 CEUs in ethics for all certificants; 3 CEUs in supervision for supervisors)</p> <p>BCaBA Continuing Education Requirements 2-Year Cycle: 20 CEUs every 2 years (4 CEUs in ethics for all certificants; 3 CEUs in supervision for supervisors)</p>
<p><b>BOM</b></p> <p>A. In order to renew an active license, a behavior analyst shall attest to having completed 32 hours of continuing education and an assistant behavior analyst shall attest to having completed 20 hours of continuing education as approved and documented by a sponsor recognized by the BACB within the last biennium. Four of the required hours shall be related to ethics in the practice of behavior analysis. Up to two continuing education hours may be satisfied through delivery of behavioral analysis services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.</p> <p>B. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.</p> <p>C. The practitioner shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.</p> <p>D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.</p> <p>E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.</p> <p>F. The board may grant an extension of the deadline for continuing education requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.</p> <p>G. The board may grant an exemption from all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.</p>

## Scope of Practice

<p style="text-align: center;"><b>BACB</b></p> <p><b>Behavior analysis</b> is the science of behavior, with a history extending back to the early 20th century. Its underlying philosophy is behaviorism, which is based upon the premise that attempting to improve the human condition through behavior change (e.g., education, behavioral health treatment) will be most effective if behavior itself is the primary focus, rather than less tangible concepts such as the mind and willpower. To date, basic behavior-analytic scientists have conducted thousands of studies to identify the laws of behavior; that is, the predictable ways in which behavior is learned and how it changes over time. The underlying theme of much of this work has been that behavior is a product of</p>
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its circumstances, particularly the events that immediately follow the behavior. Applied behavior analysts have been using this information to develop numerous techniques and treatment approaches for analyzing and changing behavior, and ultimately, to improve lives. Because this approach is largely based on behavior and its consequences, the techniques generally involve teaching individuals more effective ways of behaving and making changes to social consequences of existing behavior.

**Applied behavior analysis (ABA)** has been empirically shown to be effective in a wide variety of areas, including parent training, substance abuse treatment, dementia management, brain injury rehabilitation, occupational safety intervention, among others. However, because ABA was first applied to the treatment of individuals with intellectual disabilities and autism, this practice area has the largest evidence base and has received the most recognition.

For the purposes of BACB certifications and examinations, the BCBA/BCaBA Task List and RBT Task List define applied behavior analysis.

### **BOM**

#### **18VAC85-150-110. Scope of practice.**

The practice of a behavior analyst includes:

1. Design, implementation, and evaluation of environmental modifications using the principles and methods of behavior analysis to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior; and
2. Supervision of licensed assistant behavior analysts and unlicensed personnel.

### **DMAS**

**SERVICE DESCRIPTION** Behavioral Therapy services must be designed to enhance communication skills and decrease maladaptive patterns of behavior which, if left untreated, could lead to more complex problems and the need for a greater or a more intensive level of care. Family training related to the implementation of the behavioral therapy shall be included as part of the Behavioral Therapy service. The service goal shall be to: 1) ameliorate the medically necessary conditions that qualified the child for the service; 2) support and teach the individual using effective strategies and techniques; 3) ensure the individual's family or caregiver is trained to effectively manage the individual's behavior in the home and community using modification strategies. The services shall be provided as documented in the individual service plan (ISP) and clinical assessment summary. Behavioral Therapy is available to individuals who reside in their family home. Home is considered to be the individual's residence and includes living with natural or adoptive parents, relatives, or a guardian, or the family residence of the child's permanent or temporary foster care or pre-adoption placement. Behavioral Therapy shall be provided in settings that are natural or typical for a child or adolescent without a disability, such as his home, unless there is justification in the Individual Service Plan (ISP), which has been service authorized by the BHSA or MCO. Other service settings include locations where the targeted behaviors are likely to occur, or where the individual can practice new skills to be acquired that can be replicated at home and in the individual's community. Behavioral Therapy services must require the services of an LMHP, LBA or LABA to effectively treat the child's behaviors. It must be medically necessary to have a clinician involved with the family caregivers to provide the necessary clinical training and supervision to help effectively manage the behaviors in the home environment using a less intensive level of services. Family involvement in therapy is meant to increase the child's adaptive functioning by training the family in effective methods, intervention and support. Family members do not have to be present during all hours of therapy. Direct family involvement in the treatment program is required at a minimum of weekly but the amount of direct interaction with the

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treatment provider will vary according to the clinical necessity, progress as documented, and the individual and family goals in the ISP. Treatment results are expected to indicate a generalization of adaptive behaviors across different settings. Treatment benefits should be able to be maintained and demonstrated outside of the treatment setting in the child's residence and the larger community within which the individual resides, such as child care or school. Measurable variables include but are not limited to: increased social- communicative behavior; increased ability to make requests; increased verbal or nonverbal initiations and interactions; decreased disruptive behavior; increased functional play; and decreased aggressive behavior. Services should be discontinued if the benefit is not seen consistently outside of the treatment environment. Behavioral Therapy must be coordinated with other medical services to effectively increase adaptive functioning. Services such as speech-language pathology services, occupational therapy or psychiatric care must be coordinated with and integrated with the ISP. All services are planned following a comprehensive assessment and documented in an ISP as defined later in this Supplement. Behavioral Therapy may be used to facilitate the transition home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful. The child and responsible parent or guardian must be available and must agree to participate in the therapy. Behavioral Therapy may also be provided at a less intensive, time limited level to facilitate discharge from Behavioral Therapy services. This would allow for clinical supervision when medically necessary to assist the individual transition to a lower level of care.

### Supervising LABAs

	<b>BACB</b>	<b>BOM</b>
Responsibility	BCBA supervisor will be responsible for the work of the BCaBA(s) he/she is supervising	LBA ultimately responsible
Public Identification	BCBA supervisor will be publicly identified on the Certificant Registry	Reported to the BOM, but not listed publicly
Qualifications	Supervisor must be a BCBA or BCBA-D or be a licensed psychologist certified in behavioral and cognitive psychology and tested in ABA) Same requirements as in the Experience Standards policy (e.g., the supervisor may not be related to or subordinate to the BCaBA); Supervisor must complete a supervision class (but no longer a module) and maintain supervision CEUs	Not addressed
Caseload	Volume of supervisory activity must be commensurate with ability to be effective	Not addressed

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Amount	2% of hours of ABA services provided per month; supervisors may require more when appropriate (adjusted based on hours of practice)	The frequency and nature of supervision interactions are determined by the individualized assessment or treatment plans of the clients served by the licensed behavior analyst and the assistant behavior analyst but shall occur not less than once every four weeks with each supervision session lasting no less than one hour.
Frequency	At least once per month, but the supervisor must be available for consultation during service-delivery periods	
New BCaBAs	5% of hours of ABA services provided per month for the first 1,000 hours of practice, with no less than one hour of supervision every two weeks (BCaBAs certified prior to 1/1/17 exempt)	Not addressed
Interaction Type	Real-time, face-to-face interactions not required; no supervision via text or email; incorporates Experience Standards provisions on nature of supervision	"Real-time" shall mean live and person-to-person.
Observation	At least quarterly by each supervisor via any appropriate means (no in-person requirement)	<ul style="list-style-type: none"> <li>• Direct, real-time observation of the supervisee implementing behavior analytic assessment and intervention procedures with clients in natural environments and/or training others to implement them, with feedback from the supervisor.</li> <li>• One-to-one, real-time interactions between supervisor and supervisee to review and discuss assessment and treatment plans and procedures, client assessment and progress data and reports, published research, ethical and professional standards and guidelines, professional development needs and</li> </ul>

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		<p>opportunities, and relevant laws, regulations, and policies.</p> <ul style="list-style-type: none"> <li>• Informal interactions between supervisors and supervisees via telephone, electronic mail, and other written communication are encouraged but may not be considered formal supervision.</li> </ul>
Group Supervision Type	Small interactive groups of 2-10 supervisees. If non-supervisees are present, their participation should be limited	Includes real-time interactions between a supervisor and a group of supervisees to review and discuss assessment and treatment plans and procedures, client assessment and progress data and reports, published research, ethical and professional standards and guidelines, professional development needs and opportunities, and relevant laws, regulations, and policies.
Group Supervision Amount Allowed	Max. 50% of supervision	Not addressed
Reporting	<p>Ongoing documentation of supervision meetings using meeting form that must be provided if requested by the BACB and service-delivery/supervision hours tracker</p> <p>Supervision contract with mandatory content stipulated by the BACB</p>	A copy of the written supervisory agreement shall be maintained by the licensed behavior analyst and the licensed assistant behavior analyst and made available to the board upon request.

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Contract	<p>The BCaBA and supervisor must develop and sign a written contract prior to the onset of the supervisory relationship. It is required that this contract include the following content:</p> <ul style="list-style-type: none"> <li>• Nature and frequency of supervision (including grounds for increased supervision at the discretion of the supervisor)</li> <li>• Responsibility for supervisee’s service-delivery activities and mechanism for reporting caseload to supervisor</li> <li>• Mandatory third-party consent for supervisor involvement</li> <li>• Methods of supervisory observation</li> <li>• Methods for documenting supervision</li> <li>• Retention of written feedback by both parties</li> <li>• Supervision fees</li> <li>• Termination and supervision-verification criteria</li> <li>• Supervisor requirements statement (i.e., completed 8-hour training and supervision continuing education)</li> </ul>	<p>18VAC85-150-120. Supervisory responsibilities.</p> <p>B. There shall be a written supervisory agreement between the licensed behavior analyst and the licensed assistant behavior analyst that shall address:</p> <ol style="list-style-type: none"> <li>1. The domains of competency within which services may be provided by the licensed assistant behavior analyst; and</li> <li>2. The nature and frequency of the supervision of the practice of the licensed assistant behavior analyst by the licensed behavior analyst.</li> </ol> <p>A copy of the written supervisory agreement shall be maintained by the licensed behavior analyst and the licensed assistant behavior analyst and made available to the board upon request.</p>
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## Supervising Students

<b>BACB</b>
The BACB has extensive guidelines on the supervision of students. See <a href="http://www.bacb.com">www.bacb.com</a>
<b>BOM</b>
<p>The BOM considers students to be “unlicensed personnel” except that they are allowed to practice behavior analysis according to HB926 which amended code §54.1-2957.17</p> <p><i>B. The provisions of § 54.1-2957.16 shall not be construed as prohibiting or restricting the applied behavior analysis activities of a student participating in a defined course, internship, practicum, or program of study at a college or university, provided such activities are supervised by a member of the faculty of the college or university or by a licensed behavior analyst and such student does not hold himself out as a licensed behavior analyst and is identified as a "behavior analyst student," "behavior analyst intern," or "behavior analyst trainee."</i></p> <p><i>C. The provisions of § 54.1-2957.16 shall not be construed as prohibiting or restricting the activities of unlicensed individuals pursuing supervised experiential training to meet eligibility requirements for</i></p>

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*certification by the Behavior Analyst Certification Board or for state licensure, provided such activities are supervised by a licensed behavior analyst who has been approved by the Behavior Analyst Certification Board to provide supervision, the individual does not hold himself out as a licensed behavior analyst, and no more than five years have elapsed from the date on which the supervised experiential training began.*

#### **DMAS**

DMAS recognizes students of other professions (viz. LMHP-resident (LMHP-R); LMHP-resident in psychology (LMHP-RP); or LMHP-supervisee in social work (LMHP-S)), but NOT students of behavior analysis because of how our DHP regulations are written.

Therefore, DMAS treats students as unlicensed persons subject to the same concerns as the Board of Medicine stipulates

## **Supervising BTs**

#### **BACB**

*Source: Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, 2<sup>nd</sup> Edition, 2014*

“[Tiered-service delivery] models assume the following:

1. The BCBA or BCBA-D is responsible for all aspects of clinical direction, supervision, and case management, including activities of the support staff (for example, a BCaBA) and Behavior Technicians.
2. The BCBA or BCBA-D must have knowledge of each member of the treatment team’s ability to effectively carry out clinical activities before assigning them.
3. The BCBA and BCBA-D must be familiar with the client’s needs and treatment plan and regularly observe the Behavior Technician implementing the plan, regardless of whether or not there is clinical support provided by a BCaBA.”

*Source: BACB.com – RBTs*

“*Structure.* Each RBT must obtain ongoing supervision for a minimum of 5% of the hours spent providing applied behavior-analytic services per month. Supervision must include at least 2 face-to-face, synchronous contacts per month, during at least one of which the supervisor observes the RBT providing services. In-person, on-site observation is preferred. However, this may be conducted via web cameras, videoconferencing, or similar means in lieu of the supervisor being physically present. Although only one observation is required, the BACB encourages direct observation of service delivery as much as possible. At least 1 of the 2 supervision sessions must be individual (i.e., RBT and supervisor), but the other may occur in a small-group meeting.”

*Source: Section 5 in the Professional and Ethical Compliance Code for Behavior Analysts covers Behavior Analysts as Supervisors*

- 5.01 – supervise only within area of defined competence
- 5.02 – volume must be commensurate with ability to be effective
- 5.03 – delegate only responsibilities that the supervisee can reasonably be expected to perform competently, ethically, and safely or provide conditions for acquisition of those skills

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**BOM**

The Licensed Behavior Analyst is ultimately responsible and accountable for client care and outcomes under his clinical supervision . . . Delegation shall only be made if, in the judgment of the licensed behavior analyst, the task or procedures can be properly and safely performed by an appropriately trained assistant behavior analyst or other person, and the delegation does not jeopardize the health or safety of the client.

**18VAC85-150-130. Supervision of unlicensed personnel.**

A. Unlicensed personnel may be supervised by a licensed behavior analyst or a licensed assistant behavior analyst.

B. Unlicensed personnel may be utilized to perform:

1. Nonclient-related tasks including, but not limited to, clerical and maintenance activities and the preparation of the work area and equipment; and
2. Certain routine client-related tasks that, in the opinion of and under the supervision of a licensed behavior analyst or a licensed assistant behavior analyst, have no potential to adversely impact the client or the client's treatment plan and do not constitute the practice of behavior analysis.

**DMAS**

"Virginia Board of Medicine regulations (18VAC85-150-120) state that the LBA is ultimately responsible and accountable for client care and outcomes under his or her clinical supervisions."

Regarding delegation, DMAS defers back to the Board of Medicine, but emphasizes that it's the licensed person who is the provider

DMAS notes that the LBA reviews the ISP, and that ISP reviews must "Be conducted in a manner that enables the individual to participate in the process."

At the very least, each case requires a quarterly review.

Unlicensed personnel work under the supervision of an LABA or LBA as is appropriate (following the VA Law and the BACB guidelines)

The unlicensed person must not write the plans, analyze the data, or do anything else that would be considered "practicing behavior analysis" which is against the BOM regulations to which DMAS refers back.

There are no current requirements for the unlicensed person (such as RBT) because the licensed person is fully responsible for them. This may change in the future.

**Mandated Reporting**

Behavior Analysts are Mandated Reporters in Virginia by virtue of our DHP license. This applies for children and adults

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“Who Must Report? Anyone can report suspected child abuse or neglect, but if you are identified in the Code of Virginia as a mandated reporter or you have received training in recognizing and reporting suspected child abuse and neglect, you are required by law to immediately report your concerns to the local department of social services or to the Child Abuse and Neglect Hotline.”

Resources:

<https://dss.virginia.gov/abuse/mr.cgi>

[https://www.dss.virginia.gov/files/division/dfs/mandated\\_reporters/cps/resources\\_guidance/B032-02-0280-00-eng.pdf](https://www.dss.virginia.gov/files/division/dfs/mandated_reporters/cps/resources_guidance/B032-02-0280-00-eng.pdf)

## Confidentiality

<b>BACB</b>	<b>BOM</b>
<ul style="list-style-type: none"> <li>• Confidentiality is addressed in Ethics Code 2.06. Disclosures are discussed in 2.08.</li> <li>• BA’s have an obligation to take reasonable precautions to protect the confidentiality of clients.</li> <li>• BA’s discuss confidentiality at the beginning of the relationship and during new circumstances.</li> <li>• BA’s minimize the amount of private information they communicate</li> <li>• Research is governed separately</li> <li>• Sharing identifying info on social media is prohibited</li> </ul>	<p>A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.</p>

## Client Records

<b>BACB</b>	<b>BOM</b>	<b>DMAS</b>
<ul style="list-style-type: none"> <li>• Maintaining Records is addressed in Ethics Codes 2.07 and 2.11</li> <li>• Behavior analysts maintain appropriate confidentiality in handling records, but this is not specified.</li> <li>• This code indicates that behavior analysts follow the law as well as corporate policies with regard to records</li> <li>• Behavior analysts must retain records and data for at least 7 years and as otherwise required by law.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a separate code relating to health records privacy: § 32.1-127.1:03.</li> <li>• Practitioners need to provide records to other practitioners in a timely manner (following the above code).</li> <li>• Practitioners shall properly manage and keep timely, accurate, legible, and complete client records.</li> <li>• If a practitioner does not own the records (e.g. an agency does), then they need to comply with the owner’s procedures.</li> </ul>	<p>DMAS has strict documentation requirements about what needs to be included in the member’s record. See the manual for more information</p>

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	<ul style="list-style-type: none"> <li>• But those who are self-employed shall:</li> <li>• Maintain records for a minimum of 6 years unless a minor or transferred to another practitioner. Minor's records should be maintained until the child is 18, is emancipated, or at least 6 years. There may be other laws that extend the record-keeping time.</li> <li>• Practitioners also need to post or otherwise inform clients of the record-keeping time frame.</li> <li>• When records are destroyed, they need to be completely destroyed so the information can't be stolen.</li> <li>• There is another code that governs the closing or selling of a practice: § 54.1-2405.</li> </ul>	
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### Practitioner-client communication

<u>BACB</u>	<u>BOM</u>
<p>Many of the Ethics Codes touch on this, however, these are the closest related:</p> <p>3.03 – written approval must be acquired before the assessment</p> <p>3.04 – explanations must be reasonably understandable</p> <p>3.05 – consent must be gained prior to reviewing records.</p> <p>4.04 – written approval is required prior to making significant modifications to plans</p> <p>8.01 – behavior analysts avoid false and deceptive statements about treatment</p>	<ul style="list-style-type: none"> <li>• Practitioners shall accurately present information in understandable terms and encourage participation in decisions regarding client care. There is another code that governs this: § 32.1-127.1:03 F</li> <li>• Practitioners should not make false or misleading statements about their skills or the efficacy of treatment.</li> <li>• Initial assessments require informed consent from client or guardian. They need to be informed about the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner would tell a client.</li> <li>• Intervention changes (that are not routine and are more restrictive) require informed consent.</li> <li>• There is an exception to the consent requirement in an emergency situation or when delay would cause harm.</li> </ul>

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	<ul style="list-style-type: none"> <li>• There is a code that covers informed consent for human research (not including retrospective record reviews): § 32.1-162.18</li> </ul>
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## Termination of relationship

<u>BACB</u>	<u>BOM</u>	<u>DMAS</u>
<p>Interrupting or Discontinuing Services is addressed in Ethics Code 2.15</p> <ul style="list-style-type: none"> <li>• Behavior analysts act in the client's best interest to avoid interruption of services and make reasonable and timely efforts to find other services.</li> <li>• Contracts should stipulate what happens when the relationship ends with focus on the welfare of the client.</li> <li>• Relationships are discontinued when the client doesn't need the service any more, isn't benefiting from the service, is being harmed by the service, or requests the end of the service.</li> <li>• Behavior analysts do not abandon clients. All attempts are made to facilitate transition.</li> </ul>	<ul style="list-style-type: none"> <li>• Either practitioner or client may terminate the relationship.</li> <li>• Client records need to be made available to the client except where prohibited by law.</li> <li>• The practitioner must give document notice that allows for a reasonable time to find another provider.</li> </ul>	<p>The provider must terminate Behavioral Therapy if the service is no longer medically necessary. The service is no longer deemed medically necessary if one of the following criteria is met within a thirty day time period:</p> <ol style="list-style-type: none"> <li>1. No meaningful or measurable improvement has been documented in the individual's behavior(s) despite receiving services according to the ISP; there is reasonable expectation that the family and /or caregiver are adequately trained and able to manage the child's behavior; and termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment.</li> <li>2. Treatment is making the symptoms persistently worse or child is not medically stable for Behavioral Therapy to be effective;</li> <li>3. The child has achieved adequate stabilization of the challenging behavior and less intensive modes of therapy are appropriate;</li> <li>4. The child demonstrates an inability to maintain long-term gains from the proposed ISP; or</li> </ol>

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		<p>5. The family and/or caregiver refuses or is unable to participate meaningfully in the behavior treatment plan.</p> <p>If there is a lapse in service for more than 30 consecutive calendar days, the provider must discharge the child from services and notify the BHSA or MCO. If services resume after a break of more than 30 consecutive calendar days, a new service authorization request including a new assessment and ISP must be submitted to the BHSA or MCO.</p>
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### Practitioner responsibility

<u>BACB</u>	<u>BOM</u>
<p>Many of the Ethics Codes touch on this, however, these are the closest related:</p> <p>1.02 – behavior analysts stay within the boundaries of their competence</p> <p>5.03 – behavior analysts delegate only responsibilities that they think the subordinate can perform safely and provide training for skills the subordinate does not have</p> <p>1.07 – behaviors analysts do not exploit the people with whom and for whom they work</p>	<p>Practitioners are prohibited from</p> <ul style="list-style-type: none"> <li>• working outside the scope of his/her practice</li> <li>• allowing a subordinate to jeopardize client safety or provide client care outside of his/her scope of practice</li> <li>• delegating client care to someone who isn't properly trained and supervised</li> <li>• engaging in behavior that interferes with treatment or adversely impacts client care</li> <li>• exploiting the relationship for personal gain</li> </ul> <p>Advocating for client safety or improvement in client care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in prohibited behavior.</p>

### Solicitation or remuneration in exchange for referral

<u>BACB</u>	<u>BOM</u>
<ul style="list-style-type: none"> <li>• Referrals and fees is addressed in Ethics Codes 2.07 and 2.11</li> <li>• Behavior analysts must not receive or provide money, gifts, or other enticements for any professional referrals.</li> </ul>	<ul style="list-style-type: none"> <li>• A practitioner shall not receive cash or other compensation for a referral to a facility, institution, or hospital</li> </ul>

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<ul style="list-style-type: none"> <li>• Referrals should include multiple options and be made based on objective determination of the client need and subsequent alignment with the repertoire of the referee.</li> <li>• When providing or receiving a referral, the extent of any relationship between the two parties is disclosed to the client</li> </ul>	<ul style="list-style-type: none"> <li>• Payments, business arrangements, or payment practices allowed by 42 USC § 1320 a-7b(b) do not apply</li> </ul>
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## Sexual contact

<b>BACB</b>	<b>BOM</b>
<ul style="list-style-type: none"> <li>• Sexual Contact is addressed in Ethics Code 1.07</li> <li>• Behavior analysts do not engage in sexual relationships with clients, students, or supervisees, because such relationships easily impair judgment or become exploitative.</li> <li>• Behavior analysts refrain from any sexual relationships with clients, students, or supervisees, for at least two years after the date the professional relationship has formally ended.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual behavior is defined as verbal or physical behavior that may be interpreted as intended for sexual arousal of either party or may be interpreted as romantic involvement with a client regardless of the setting (professional or otherwise).</li> <li>• This section states that the determination of when a person is a client is made on a case-by-case basis. It does not limit the definition of client to someone who is actively receiving treatment, but the person is only no longer considered a client when the contract is terminated.</li> <li>• Who initiated or consented does not change the prohibition.</li> <li>• Sexual contact with a former client after termination of the relationship, key third party (spouse or partner, parent or child, guardian, or legal representative), or a subordinate may still be prohibited if the relationship is found to exploit trust, knowledge, or influence of emotions derived from the relationship or the relationship has an adverse effect on client care.</li> </ul>

## Refusal to provide information

<b>BACB</b>	<b>BOM</b>
<ul style="list-style-type: none"> <li>• Disclosures are addressed in Ethics Code 2.08</li> <li>• Behavior analysts never disclose confidential information without the consent of the client, except as mandated by law, or where permitted by law for a valid purpose, such as providing services to the client, professional</li> </ul>	<p>A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.</p>

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<p>consultations, protecting the client or others from harm, and obtaining payment for services.</p> <ul style="list-style-type: none"><li>• Behavior analysts need to obtain consent for disclosure at the beginning of the relationship and in an ongoing manner as necessary.</li></ul>	
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## Sources

- [www.bacb.com](http://www.bacb.com) – Including the Professional and Ethical Compliance Code; Information on maintaining certification for BCBA-Ds, BCBAs, BCaBAs, and RBTs; as well as the ASD Practice Guidelines
- [www.dhp.virginia.gov/medicine](http://www.dhp.virginia.gov/medicine) - See Laws and Regulations/Regulations Governing the Practice of Behavior Analysis
- <https://virginiamedicaid.dmas.virginia.gov> – See the Manuals (Provider Resources/Manuals) on Community Mental Health Rehabilitative Services and specifically the Behavior Therapy Supplement

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