

# PBS Implementation in IDD Systems of Support: State and National Perspectives

David Rotholz, Rachel Freeman, Lauren  
Brown/Christine O'Flaherty and Barbara Brent

# Positive Behavior Support In the South Carolina IDD System

David A. Rotholz, Ph.D., BCBA-D, Director  
Center for Disability Resources (UCEDD/LEND)

University of South Carolina School of  
Medicine

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# Purpose

To build/enhance a system that integrates policy, qualifications, training, services, and quality assurance for implementation of positive behavior support (in a Medicaid funded state system)

# At the beginning . . .

- The Medicaid Waiver service was “psychological services” and did not delineate aba/pbs sufficiently
- There was no rigorous qualification process
- The QA process had not been developed
- A “psychological services” provider could provide counseling, behavioral intervention, or similar services as they saw fit

# Role of Policy

- Rely on empirically validated practices
- Involve people who can make decisions regarding policy, and then funding . . .
- Even with evidence-based practices, if you can't finance the change, it won't happen
  - Medicaid Waiver

# Role of Policy and Training

- Develop basic educational, training and experience requirements for providers
  - BCBA is not sufficient by itself for PBS . . .
- Develop training that reinforces message and gives staff, providers, families the skills and tools needed
- Design quality improvement system to ensure initiative is doing what you wanted it to do

# Training – a) Supervisors; b) DSPs; c) BSP Developers

- Supervisors:
  - AAIDD PBS Training Curriculum 3<sup>rd</sup> Edition (2015)
  - Over 1600 supervisors trained: competency-based
  - Turnover impacts the effort and #'s
- DSPs -- By local provider agency personnel
  - Over 2,500 trained
- BSP Developers
  - BACB Approved Course Sequence
    - Infused with PBS . . .
    - USC for majority of time, Clemson, other

# Quality Assurance

- Began in early 2000's
- 2014 saw new set of standards approved for this service
  - Significantly more detailed
  - More objective
  - Points assigned per standard and sub-standard
  - Requires 80% minimum performance in QA review per each of 5 standards

# Practical Considerations

- Training is essential, but more is needed for system change
- Change is gradual
- Some people will not like the change . . .
  - Challenges from Medicaid, lawsuits, “political” efforts
- Requires:
  - Key support from the beginning and for the long-term effort

# What Has Been Accomplished

- Created & revised new Medicaid Waiver service
- Created & revised qualification & application process
- Created & revised quality assurance process to *assess performance*
- Implemented high quality training at multiple levels
- Major improvements to services provided

# What We'd Do Differently

- Require local agency management participation and evidence of “buy in” before training efforts
- Database on BSS/PBS providers that includes caseload size, agencies, etc.
- Crisis Intervention and prevention system

# What May be Changing

- Changes in DD Agency Leadership Have Impact
- Length of continued support is hard to predict
- Shifts:
  - Move from Medicaid Waiver to Residential Habilitation funding/requirements
  - QA shifted to different contractor



Thank You!