

APPLIED BEHAVIOR SOLUTIONS

Supervision Protocol for Medicaid Recipients

Criteria:

Supervision protocol is established to ensure all Registered Behavior Technician (RBT) receive appropriate supervision following the guidelines as set out the Behavior Analysis Certification Board (BACB) and Medicaid (Under 21 Program).

Procedure:

- a) Supervision relationship will be established at the beginning of services between the Lead Analyst and the RBT.
- b) Supervision must be done in-person and it must be one-on-one.
- c) The client must be present during the visit.
- d) The Lead Analyst must be directing the RBT during the visit.
- e) During these sessions only the Lead Analyst is able to bill for services. The RBT is not eligible to bill for supervision.
- f) Each person will ensure to meet and stay up-to-date on the BACB supervision standards (e.g., overall requirements).

RBT Supervision:

- 5% of approved hours in supervision
- 2- Face to Face visits a month (Preferably 1 face to face visit a week)
- 1- Individual Feedback Session (One on One)
- 1- Observation with your client
- g) Each person will adhere to all funding, monitoring, and regulatory bodies guidelines.

Documentation:

- a) Observation and Feedback Form- Supervisor will complete form with notes from observation and feedback provided. Similar versions of this document will be accepted as long as it meets the minimum requirements.
- b) RBT Monthly Supervision Tracker- RBT will complete form and the RBT Supervisor will verify and sign upon validating supervision sessions. Similar versions of this document will be accepted as long as it meets the minimum requirements



RBT Competency Checklist Implementation of Individual Behavior Support Plan

Observation/Review Date:

Method of Delivery: Onsite____ Remote____

RBT Name/Credentials:

Lead Analyst Name/Credentials:

Percent Correct: _____%

Sco	oring (Guide		0 = RBT was unable to demonstrate competency with what was requested 1 = RBT required prompting to demonstrate competency with what was requested 2 = RBT was able to demonstrate competency independently				
0	1	2	n/a	Appropriately reports/collects data on the required data sheet for any occurrence of the behavior during the observation period.				
0	1	2	n/a	Understands the concept of generalization of programming across settings and environments.				
0	1	2	n/a	Understands each of the functions of the unwanted behaviors targeted for deceleration.				
0	1	2	n/a	mplements the procedures/interventions as outlined within the client's behavior plan.				
0	1	2	n/a	Delivers reinforcement in accordance with the schedule(s) outlined within the client's behavior plan.				
0	1	2	n/a	Implements the replacement and acquisition programs as outlined within the client's behavior plan and collects data accordingly.				
0	1	2	n/a	Implements crisis/emergency procedures according to protocol.				
0	1	2	n/a	Maintains client's confidentiality/dignity.				
0	1	2	n/a	Communicates in a professional manner with supervisor/caregiver.				
0	1	2	n/a	Responds appropriately to feedback, maintains or improves performance accordingly.				
	dback dback		»:	Method of Delivery: Onsite Remote				

RBT Supervisor: ______RBT: _____

Observation & Feedback Form

Supervisor: _____

Date:	RBT:	Client:	
Observed RBT & client doir	ng: Discrete Trail Training (DTT)	Natural Environment Training (NET)	Other activity

Date:	RBT:	Client:	
Observed RBT & client doi	ng: Discrete Trail Training (DTT)	_ Natural Environment Training (NET)	Other activity

Date:	RBT:	Client:
Observed RBT & client doir	ng: Discrete Trail Training (DTT) Nat	ural Environment Training (NET)Other activity

RBT:	Client:
ng: Discrete Trail Training (DTT) Na	atural Environment Training (NET)Other activity

Date:	RBT:	Client:	
Observed RBT & client doir	ng: Discrete Trail Training (DTT)	_ Natural Environment Training (NET) _	Other activity

Date:	RBT:	Client:
Observed RBT & client doir	ng: Discrete Trail Training (DTT) Na	tural Environment Training (NET)Other activity





RBT Observation and Feedback Form

RBT:	Supervisor:	Requirement Coordinator(if appl):
Observation Date	e:	Method of Meeting 🗆 Onsite 🛛 Remote

Scoring 0 = Staff was unable to demonstrate competency with what was requested Guide: 1 = Staff required prompting to demonstrate competency with what was requested 2 = Staff was able to demonstrate competency with what was required								
1. Client Focused					Scoring Guide			
a. RBT keeps client within arms' reach/or eyesight all time unless otherwise specifically noted.								
	RBT blocks all unsafe circumstances	0	1	2	N/A			
с.	RBT obtains clients attention prior to delivering SD	0	1	2	N/A			
d.	RBT maintains clients' dignity	0	1	2	N/A			
2. Data	Collection/Teaching							
a.	RBT immediately and accurately records data for skill acquisition	0	1	2	N/A			
b.	RBT immediately and accurately records data for behavior reduction	0	1	2	N/A			
С.	RBT immediately and accurately records task analysis data(within 2 minutes of leaving the	0	1	2	N/A			
	location of the task analysis							
d.	RBT demonstrates targets from a minimum of 3 programs	0	1	2	N/A			
e.	RBT increases prompt level (or error correction) following an error	0	1	2	N/A			
3. Mala	daptive Behavior							
a.	RBT maintains voice tone and demeanor during implementation of behavior plan	0	1	2	N/A			
b.	RBT uses appropriate prompting strategies to ensure follow-through with instruction.	0	1	2	N/A			
с.	RBT assesses functions of clients' behavior in the moment and responds accordingly	0	1	2	N/A			
d.	Antecedent interventions	0	1	2	N/A			
e.	Extinction procedure effectively implemented	0	1	2	N/A			
4. Reinf	prcement							
a.	RBT only reinforces appropriate and correct behaviors	0	1	2	N/A			
b.	RBT delivers reinforcer immediately after appropriate behavior	0	1	2	N/A			
с.	RBT uses differential reinforcer across a variety of dimensions	0	1	2	N/A			
	Identifies an effective reinforcer at the beginning of the session as demonstrated by the clients' demeanor	0	1	2	N/A			
	RBT uses only positive directives unless otherwise noted.	0	1	2	N/A			
	ssional Conduct				•			
	Arrives to sessions(clients and supervision) on time	0	1	2	N/A			
	Appropriate attire to work	0	1		N/A			
	Submits reports on time	0	1		N/A			
	Seeks clinical guidance from immediate supervisor	0	1		N/A			
	Accepts constructive feedback	0	1		N/A			
Percentage of Staff Competency					%			
Supervisors Feedback : Individual Supervision Date: Method of Meeting 🛛 Onsite 🗋 Remote								