ABILITIES, LLC

Behavior Services

Department Handbook

RBTs • Lead RBTs • BCaBAs • BCBAs • MANDT Instructor

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Welcome

► Welcome to the Abilities, LLC Behavior Services team.

You chose a field that asks a lot of you. Behavior analysis is technical work, ethical work, and deeply human work all at once. Every session note, every data point, and every plan you write touches the life of a real person who is counting on you to get it right. Abilities, LLC is committed to making this department a place where doing the work well is supported by the structures around you: clear policies, real supervision, ethical leadership, and teammates who are in this for the same reasons you are. Thank you for being part of this team.

► Introduction

This handbook contains the policies that govern the Behavior Services Department at Abilities, LLC. It applies to all employees in the department: Registered Behavior Technicians (RBTs), Lead RBTs, Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBAs), and the MANDT Instructor.

This handbook works alongside the Abilities, LLC Employee Handbook. The Employee Handbook covers universal policies that apply to every employee regardless of department, including code of conduct, HIPAA, non-discrimination, corrective action, and PTO rules. This handbook covers everything specific to working in Behavior Services. You are expected to know and follow both documents.

If you have questions about anything in this handbook, your supervising BCBA is your first point of contact. Human Resources is always available for guidance.

This handbook is a living document. Abilities, LLC reserves the right to update, revise, or replace policies at any time. When policies change, you will be notified and asked to acknowledge the update. Employment at Abilities, LLC is at-will. This handbook is not a contract of employment.

► Tiered Supports in Behavior Services

Abilities, LLC is a Missouri DMH Division of Developmental Disabilities Tiered Provider. The Tiered Supports framework is not a label on our license. It is the operating philosophy of the entire agency, and Behavior Services is the department most directly responsible for designing and overseeing how it shows up in clinical practice.

The framework comes from Positive Behavior Interventions and Supports (PBIS), which Missouri DMH has adopted as the standard for DD providers. It is built on one core belief: most people do well when they have the right environment and the right supports in place. When someone is struggling, the question that drives our response is not what is wrong with the person, but what the person needs that they aren't getting. That question shapes every clinical decision the department makes.

The three tiers, applied through behavior analysis:

- **Tier 1: Universal Proactive Supports.** The behavioral foundation every individual receives, on every shift, from every staff member. Tier 1 supports include Tools of Choice, structured environments,

trauma-informed practice, dignity-centered support, and the agency-wide Abilibuck program. Tier 1 is not reserved for people who are struggling. It is what every individual receives, all of the time.

- **Tier 2: Targeted Behavioral Supports.** Added when Tier 1 is not enough for a specific individual or situation. Targeted supports include Safety Crisis Plans, focused skill acquisition programs, and increased BCBA consultation. Tier 2 is focused, time-limited, and reviewed regularly. The goal is always to return the individual to thriving at Tier 1.
- **Tier 3: Intensive Individualized Supports.** Reserved for the most complex situations. The BCBA develops a full Behavior Support Plan grounded in a Functional Behavior Assessment, with individualized intervention strategies, data systems, authorized restrictive procedures where clinically necessary, and regular Regional Behavior Support Committee coordination. Tier 3 is not where we start. It is where we go when the level of need genuinely requires it.

Tools of Choice is the foundation that Behavior Services builds on. Adopted by Missouri DMH as the universal positive practice for DD providers, Tools of Choice is the shared set of skills every staff member across the agency completes training in and uses with every individual we serve. When the behavior team designs a Behavior Support Plan, it is layered on top of Tools of Choice, not in place of it.

The tiers are not a ranking of value. A person receiving Tier 3 supports is not worth less than a person who only needs Tier 1, and reaching Tier 3 does not mean we have given up. It means we are putting the most intensive support we have into a situation that requires it.

The same logic shapes how this department supports its own staff. New RBTs receive close supervision, strong onboarding, and consistent feedback by default, and that is Tier 1 for our team. When a clinician needs more support, whether that is additional supervision hours, a targeted coaching plan, or extra training on a specific skill, we add it. We respond to need with support before we respond with consequence.

► Our Values in Behavior Services

Abilities, LLC operates according to three core values: Integrity, Community, and Empathy. Here is what each looks like in Behavior Services.

- **Integrity.** Practice ethically, honestly, and within your scope. Collect and record data accurately. Document sessions truthfully, every time. Bill only the hours you actually worked. Falsifying data, fabricating session notes, or misrepresenting service delivery is not a paperwork issue. It is a violation of the BACB Ethics Code and federal Medicaid law. Report mistakes when they happen. Concealment is always worse than the mistake itself.
- **Community.** The individuals we serve are members of their homes, their teams, and their wider community. Behavior plans are not written to make people compliant. They are written to build the skills that let people participate in the lives they want. Inside the agency, the Behavior Services Department does not operate in a silo. We work alongside Residential, Community Services, and Nursing as teammates.
- **Empathy.** Behavior is communication. The individuals we support are not "behaviors." They are people, and the behaviors we see are telling us something about what they need. Approach every individual, every family, every guardian, and every teammate with patience and respect, even when the situation is hard. Use objective, strength-based language in your documentation and in how you talk about the people on your caseload. The way we describe people shapes how they are treated.

CHAPTER 1 Employment in Behavior Services

This chapter covers the Behavior Department Code of Conduct, attendance and time off, and scope of practice.

B1.1 Behavior Department Code of Conduct

This Code of Conduct establishes professional behavior expectations for all Behavior Department employees. It applies alongside Policy 1.1 of the Employee Handbook. Non-discrimination, sexual harassment, drugs, alcohol, weapons, smoking, and vaping standards are governed by Policy 1.1 of the Employee Handbook.

► 1. Professionalism and Integrity

Per RBT Ethics Code 2.0, Standards 1.01 through 1.03.

- Act honestly and ethically in all work-related activities.
- Follow all agency policies, PCSPs, BSPs, and HCBS rules.
- Maintain HIPAA compliance. Share confidential information only with those who have a legitimate need to know.
- Avoid conflicts of interest. Report actual or perceived conflicts to your supervising BCBA immediately.
- Only provide services within your defined role. RBTs do not modify treatment protocols or make independent clinical decisions.
- Maintain your BACB certification in good standing. Report any change in certification status to your supervisor within 24 hours.

► 2. Respect for Individuals Served

Per RBT Ethics Code 2.0, Standard 2.01.

- Treat all individuals with dignity, empathy, and respect at all times, regardless of behaviors displayed.
- Support the rights of individuals, including privacy, autonomy, choice, and community participation.
- Never engage in, condone, or ignore abuse, neglect, or exploitation. Report suspected incidents immediately.
- Use only BCBA-approved intervention strategies. Never implement restrictive procedures unless documented and authorized.
- Use objective, measurable, and strength-based language. Avoid labels, judgmental language, or derogatory terms.

Objective Language Example: Write: "James hit his left arm with a closed fist 3 times during the transition to dinner." Do not write: "James was aggressive and acting out during dinner."

► 3. Professional Boundaries

Per RBT Ethics Code 2.0, Standards 1.06, 1.07, and 1.12.

- Maintain clear professional boundaries with all clients, families, caregivers, and stakeholders.
- Do not engage in dual relationships such as social friendships, business arrangements, or caregiving outside of work.
- Do not accept gifts, tips, loans, or favors from clients or families.
- Do not engage in romantic or sexual relationships with current clients, stakeholders, or supervisors.
- Do not provide personal contact information to clients or families unless specifically authorized by the BCBA.

► 4. Supervision and Scope of Practice

- Implement only treatment protocols approved by your supervising BCBA. Never freelance, improvise, or modify a plan on your own.
- Actively seek clinical direction from your supervising BCBA. Do not wait for problems to escalate.
- Report any variables that may affect the client, such as medication changes, illness, or environmental concerns.
- Accept and respond to supervisor feedback. Participate fully in scheduled supervision sessions.
- If asked to do something conflicting with BACB ethics, agency policy, or the client's BSP, follow the escalation pathway in the Employee Handbook.

► 5. Workplace Behavior

- Maintain a clean, safe, and therapeutic environment in all service settings.
- During behavioral incidents, remain calm and follow the BSP and crisis protocols exactly as trained.
- Address workplace disagreements professionally and privately, never in front of individuals served.
- Casual attire is permitted. Clothing must allow movement and must not interfere with safety or dignity.

► 6. Technology, Social Media, and Photography

- Limit personal cell phone use during sessions. Phones must be out of sight and on silent during all session time.
- Use only agency-approved platforms for documentation and professional communication.
- Do not post, share, or comment on confidential information or media involving individuals served on personal social media.
- Photos or videos of individuals may only be taken using agency-approved devices for agency-approved purposes.

► 7. Safety, Reporting, and Attendance

- Follow all safety protocols, infection control practices, and crisis intervention procedures as trained.
- Complete incident and event reports within required timeframes per agency policy and DMH reporting requirements.
- Report injuries, misconduct, ethical concerns, or safety issues to Human Resources promptly.
- Complete all session documentation in SetWorks within two calendar days of the date of service.

► Violations

Violations may result in disciplinary action up to and including termination. Serious offenses, including BACB ethics violations and abuse or neglect of individuals served, may also result in mandatory reporting to the BACB, DMH, and law enforcement.

B1.2 Attendance and Time Off

This policy governs attendance expectations and time off for the Behavior Services Department. It applies to all Behavior Department employees except the salaried Behavior Analyst. The Behavior Analyst is exempt from these attendance provisions; attendance expectations for salaried staff are governed by their employment agreement and the Employee Handbook.

► Tardiness

A tardy is defined as arriving 4 to 29 minutes after the scheduled session start time. Arriving 30 or more minutes late counts as a call-in. Whenever a behavior department employee will be late to a session, they must notify the residential home's Google Chat and their supervisor immediately.

Tardiness Threshold	Consequence
12 tardies within rolling 12 months	Formal written warning from Human Resources.
16 tardies within rolling 12 months	Termination.

► Call-Ins

Report any unplanned absence to the Behavior Services Call-In Line at 660-225-1092 at least two hours before your scheduled session start time if possible. All call-ins follow the procedures in the Employee Handbook. Scheduled supervision sessions and mandatory training days are treated the same as client sessions for attendance purposes.

Call-In Event	Consequence
2 uncovered call-ins within a rolling 12-month window	Immediate termination.
4 consecutive days of call-ins	Medical documentation required by next

Call-In Event	Consequence
	scheduled shift.
Call-in on a recognized holiday	Automatic termination regardless of PTO availability.
Call-in during training shift in first 60 days	Separation from employment.

► When a Client Cancellation Occurs

Event	Definition	Impact
Client Cancellation	The client, guardian, or residential home cancels the session.	NOT an attendance event. RBT is reassigned to another client or approved task.
Provider Cancellation	The RBT initiates the cancellation.	Counts as a call-in under attendance policy.
Agency Cancellation	Abilities cancels due to staffing, weather, or operational need.	NOT an attendance event. RBT is paid for the scheduled time.

► Paid Time Off

Role	Accrual	When Banked
RBT	2.31 hours per week	End of each week
Lead RBT	3.08 hours per week	End of each week
BCaBA	3.08 hours per week	End of each week

- PTO begins accruing on Day 1 of employment and is available for use starting Day 61.
- Submit time off requests through BambooHR with sufficient banked hours at the time of request.
- Once the maximum number of behavior staff are approved off for a given day, no additional requests will be accepted.
- PTO automatically applies to cover call-ins.
- Any call-in that occurs when the employee has future-dated approved PTO that has not yet been used does not draw from that approved PTO.
- **PTO Cash Out:** Employees may request to cash out up to 40 hours of PTO per calendar year after one year of employment. Cash-out requests are submitted in writing to the Payroll Administrator at payroll@abilitiesllc.com.

- **PTO Payout at Separation:** Employees may receive a payout of up to 40 PTO hours upon separation if the employee is in good standing and provides at least two weeks written notice.

► Recognized Holidays

On each recognized holiday, Behavior Department employees are not scheduled for sessions and receive the day as a paid day off at their regular rate. Holiday pay does not apply to PRN employees.

Holiday	Date
New Year's Day	January 1
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Christmas Eve	December 24
Christmas Day	December 25
New Year's Eve	December 31

► Inclement Weather

The decision to activate inclement weather procedures is made by the Executive Director or their designee. When activated, all in-person RBT sessions are canceled for that day. RBTs are paid their scheduled hours for employer-activated closures up to two paid closure days per calendar year. Starting with the third closure day, employees use PTO.

Situation	What Happens
Weather Team activated	All in-person RBT sessions are canceled. Residential coverage takes priority.
Employer-paid weather closure (first 2 days)	Eight paid hours per day. Not PTO. Does not affect PTO balance.
Third or subsequent closure day	Employee uses PTO. If no PTO is banked, the day is unpaid.
Employee chooses not to come in (no employer	Standard call-in. PTO applies if available.

Situation	What Happens
closure)	

► Work From Home

The RBT role is a direct-service, client-facing position. It does not permit remote or work-from-home arrangements. RBTs who are actively completing their 40-hour training curriculum may, in cases of genuine emergency and with advance BCBA approval, complete non-direct-service training modules remotely. This is the only exception.

► Timekeeping

All behavior department employees must enter actual clock-in and clock-out times in SetWorks. Falsifying time records, including clocking in before arriving or clocking out after leaving, is wage theft and grounds for immediate termination.

B1.3 Scope of Practice and Role Delineation

This policy establishes clear scope-of-practice boundaries for each role in the Behavior Services Department. Operating outside defined scope is an ethics violation and a patient safety risk.

► Reporting Structure

Role	Reports To
Behavior Services Director (BCBA)	Director of Residential Operations
BCaBA	Behavior Services Director (BCBA)
Lead RBT	Behavior Services Director (BCBA)
MANDT Instructor	Behavior Services Director (BCBA)
RBT	Behavior Services Director (BCBA), with day-to-day direction from the Lead RBT

► Behavior Services Director (BCBA)

The Behavior Services Director is also referred to throughout this handbook as Behavior Analyst, BCBA, and Licensed Behavior Analyst (LBA). The role requires both Board Certified Behavior Analyst certification through the BACB and active Missouri LBA licensure. These terms are used interchangeably.

The following responsibilities belong exclusively to the BCBA and may not be delegated:

- Conducting functional behavior assessments (FBAs) and functional analyses.

- Designing, writing, and revising BSPs and skill acquisition plans.
- Making all clinical decisions: treatment goals, intervention strategies, and plan modifications.
- Interpreting data to determine when a program should be modified, faded, or discontinued.
- Authorizing restrictive procedures and managing the Due Process pipeline.
- Signing all clinical documentation submitted to DMH, Medicaid, or other funders.

The BCBA may delegate the following to qualified RBTs and Lead RBTs with verified competency:

- Implementing BSPs and skill acquisition programs as written.
- Collecting data using procedures specified in the plan.
- Conducting preference assessments.
- Participating in FBA components such as descriptive assessment and ABC data collection.
- Modeling BSP implementation in front of residential staff when directed by the BCBA, as a demonstration only.

► Lead RBT

May	May Not
Perform all activities permitted of RBTs.	Conduct FBAs or functional analyses independently.
Serve as the day-to-day operational point of contact for RBTs on the caseload, routing clinical questions to the BCBA.	Write, modify, or revise BSPs, skill acquisition plans, or data collection procedures.
Conduct fidelity check observations and report findings to the BCBA.	Make independent clinical decisions or override BCBA guidance.
Model BSP implementation in front of new RBTs when directed by the BCBA, as a demonstration only.	Approve or authorize restrictive procedures.
Communicate clinical updates to the BCBA and escalate concerns.	Sign clinical documents on behalf of the BCBA.
Provide coverage for RBT caseload when authorized.	Serve as the primary supervisor of record for RBT certification purposes.
Coach RBTs on documentation practices, including correct use of service codes in SetWorks, session note content and timeliness, and identifying and correcting documentation errors before submission.	Train caregivers on the BSP. This is a BCBA responsibility under CPT 97156.

► Registered Behavior Technician (RBT)

May	May Not
Implement BSPs and skill acquisition plans exactly as written.	Conduct FBAs or functional analyses independently.
Collect data using continuous, discontinuous, and other methods specified in the BSP.	Design, write, or modify BSPs, skill acquisition plans, or data systems.
Conduct preference assessments under BCBA direction.	Make independent clinical decisions of any kind.
Participate in FBA descriptive assessment and ABC data collection under BCBA direction.	Approve, modify, or implement any restrictive procedure without written authorization.
Model BSP implementation in front of residential staff when directed by the BCBA, as a demonstration only.	Independently change CPT codes, session times, or billing information.
Report observations, data irregularities, and environmental concerns to the BCBA.	Provide clinical recommendations to families or guardians without BCBA direction.
Participate in supervision meetings and team discussions.	Conduct or complete any portion of an FBA report.

► Modeling for Residential Staff

RBTs may model BSP implementation techniques in front of residential staff only when directed by the BCBA and only as a demonstration. RBTs do not deliver staff training, coach residential staff, provide corrective feedback on implementation fidelity, evaluate staff competency, or determine when staff are ready to implement a plan. All staff training, coaching, and competency determinations are the responsibility of the BCBA or BCaBA. These restrictions apply to BACB-governed clinical work. Tools of Choice is not BACB-governed and is addressed separately in Chapter 6.

► Lead RBT — DBT Skills Coaching for Staff

The Lead RBT serves as the agency's Dialectical Behavior Therapy (DBT) skills coach for employees. DBT coaching is provided when an employee is referred following a crisis incident, behavioral difficulty, or emotional regulation challenge, and focuses on distress tolerance, emotional regulation, and interpersonal effectiveness. DBT concepts are introduced to all new hires during orientation.

Before any DBT coaching session, the Lead RBT obtains a signed consent form from the employee and submits it to Human Resources for permanent retention in the personnel file.

DBT coaching is educational and supportive only. It is not therapy, it is not billable, and it is not documented as clinical treatment.

► Lead RBT — Operational Duties

In addition to direct service delivery, the Lead RBT manages day-to-day operations within the Behavior Services Department.

Area	Lead RBT Responsibility
Shared RBT office space	Maintain the shared RBT workspace as professional, organized, and confidentiality-compliant. Hold RBTs accountable for office conduct, including no discussion of individuals served in unsecured spaces and no visible PHI on desks, screens, or whiteboards. Escalate repeated or serious confidentiality concerns to the BCBA.
Weekly RBT supervision meeting minutes	Take minutes at the weekly RBT group supervision meeting with the BCBA. Upload completed minutes to Google Drive in the 2026 Meeting Minutes folder.
Abilibucks daily operations	Manage day-to-day Abilibucks operations under BCBA clinical direction. See B9.1 for the full Abilibucks operations breakdown.

► RBT Pickup of DSP Shifts

RBTs may pick up open Direct Support Professional (DSP) shifts around their assigned RBT hours when all of the conditions below are met. Shifts taken outside this process are not permitted.

Requirement	Detail
Posted in WhenToWork	The shift must be posted in WhenToWork and accepted through that system.
Active DSP certifications	RBT must hold active CPR, First Aid, Bloodborne Pathogens, LIMA, MANDT, and Delegation Training where applicable.

Requirement	Detail
Signed DSP policies	RBT must have signed and acknowledged all DSP policies that apply to the shift.
No conflict with RBT duties	The DSP shift must not interfere with scheduled RBT services, documentation, or supervision requirements.
Lead RBT approval	All DSP shift pickups require Lead RBT approval. Approval is at the Lead RBT's discretion based on department needs, scheduling, documentation compliance, and impact on RBT service delivery.

When an RBT is approved to work a DSP shift, the shift is governed by Direct Support Professional policies for its full duration. The RBT is subject to DSP attendance, conduct, and disciplinary standards during the shift, and any failure to meet those standards is addressed under DSP policies. DSP shift pickup is a privilege and may be restricted or revoked.

► MANDT Instructor

The MANDT Instructor is a full-time position within the Behavior Services Department. The MANDT Instructor holds both MANDT Instructor certification and active RBT certification. This role carries dual responsibilities:

- **MANDT Instruction:** The MANDT Instructor delivers all MANDT crisis prevention and intervention training agency-wide and serves as the agency's primary MANDT resource. The Quality Assurance Professional tracks all MANDT certification dates and schedules renewals when needed.
- **RBT Role:** When not actively delivering MANDT training, the MANDT Instructor operates as a licensed RBT and is subject to all RBT policies, scope of practice requirements, and supervision requirements in this handbook.

Abilities, LLC covers all costs associated with the MANDT Instructor role, including initial MANDT Instructor certification, all renewal and recertification fees, and any required continuing education for maintaining MANDT Instructor status.

Function	Description
MANDT Training Delivery	Delivers initial MANDT certification training for all agency employees requiring MANDT certification.
Recertification Management	Tracks all employee MANDT expiration dates and schedules renewals in advance.
RBT Service Delivery	Carries an active RBT caseload when not performing MANDT training duties. Subject to all RBT policies.

Function	Description
Crisis Consultation	Available as a behavioral crisis resource during active crisis events when on shift.

► Intersection with Residential Services

Session time is protected. When an RBT is conducting a scheduled session, their only responsibility is delivering ABA services. Residential staff direct BSP interpretation questions to the BCBA, not to the RBT during a session. Residential staff may not ask RBTs to assist with personal care, medication, household tasks, or other residential duties during a session. In a genuine emergency, all employees act to protect individuals served regardless of department.

► Mandatory Reporting Obligations

Regardless of role or scope, all behavior department employees are mandatory reporters. Operating outside defined scope of practice may result in corrective counseling and retraining, formal corrective action, reporting to the BACB, or termination depending on the nature and severity of the violation.

CHAPTER 2 Credentialing and Training

This chapter covers credentialing requirements for all ***behavior department*** *roles, the onboarding sequence, and all training requirements.*

B2.1 Credentialing and Onboarding

All Behavior Services Department employees must be properly credentialed and onboarded before providing direct services.

► Pre-Hire Credentialing: All Positions

- Criminal Background Check through the Missouri Family Care Safety Registry (FCSR).
- Employee Disqualification List (EDL) Check through Missouri DHSS.
- Professional references: minimum two, at least one from a direct supervisor in behavioral health or direct care.
- Education verification and valid Missouri driver's license with current auto insurance.

► Pre-Hire Credentialing: RBT Candidates Already Certified

- BACB Certificant Registry verification confirming active RBT status, certification number, expiration date, and absence of active ethics complaints or sanctions.

- The Abilities supervising BCBA must be added as supervisor in BACB Gateway before services begin.

► Pre-Hire Credentialing: RBT Candidates Not Yet Certified

- Must be at least 18 years of age with a high school diploma or equivalent.
- Employment is contingent on completing the 40-hour RBT training, competency assessment, and certification application within 90 days of hire.

► Pre-Hire Credentialing: BCBAs and BCaBAs

- BACB Certificant Registry verification of active BCBA or BCaBA status.
- Missouri Licensure verification: active LBA or LaBA status through the Missouri Division of Professional Registration.
- BACB 8-Hour Supervision Training verification.
- Active National Provider Identifier (NPI) for Medicaid billing purposes.

► RBT Onboarding Sequence

The following sequence applies to all new RBTs. The BCBA and HR are jointly responsible for ensuring each milestone is completed.

Milestone	Responsible Party
Pre-hire credentialing verification	HR + BCBA
System accounts set up (SetWorks, BambooHR, Google Workspace)	HR + BCBA
Agency and Department Orientation	HR + BCBA
BSP review for assigned caseload	BCBA
Shadow sessions with each assigned client	BCBA
Supervised session delivery begins	Under BCBA observation
Client-specific BSP in-person training completed	BCBA
ABA data collection and documentation training	BCBA
Transition to independent sessions (competency-based)	BCBA determines in writing
Initial Competency Assessment (RBT candidates)	BCBA
60-day probationary review	BCBA + HR
RBT certification exam (candidates)	Employee

► Day 1 Orientation: Behavior Department

- Department structure, caseload model, and integration with residential operations.
- Review of department policies: Scope of Practice, Attendance, Supervision, and Credentialing.
- SetWorks account login, session note structure, and data entry basics.
- Google Chat protocols for house chats, department chat, and supervisor communication.
- Behavior Services Call-In Line: 660-225-1092 (call-in procedure). Review Policy B1.2 for attendance standards.
- BACB Gateway walkthrough: confirm account access, verify supervisor link, review certification expiration.
- Distribution of RBT Ethics Code 2.0 or Ethics Code for Behavior Analysts as applicable.

► First 60-Day Probationary Period

During the first 60 days, heightened attendance standards apply per Policy B1.2. The BCBA will conduct enhanced supervision per Policy B3.1.

► System Access

System	Purpose
SetWorks	Clinical documentation, session notes, caseload data.
BambooHR	HR records, PTO tracking, training completion, policy acknowledgments.
Google Workspace	Email, department and house chats, shared clinical resources.
BACB Gateway	Supervision tracking, certification management, PDU logging.
WhenToWork	Schedule viewing and shift management.

► Ongoing Credential Monitoring

- Monthly: supervising BCBA reviews the BACB Certificant Registry for all behavior department employees.
- Annual: full credentialing audit of all behavior department files.
- Employee self-reporting obligation: report within 24 hours any change in BACB certification status, ethics complaint, or Missouri licensure status.

► Credential Lapse or Revocation

If RBT certification lapses, the employee is removed from all session assignments immediately and may not return until certification is reinstated. If BCBA or BCaBA certification or Missouri licensure lapses, all clinical services, supervision, and billing activity must cease immediately. The Executive Director is notified same day.

B2.2 Training Policy: Behavior Department

All Behavior Department employees must complete all training mandated by Missouri DMH, the BACB, and the agency within required timelines. Training records are maintained in BambooHR.

Training	RBT	Lead RBT	BCaBA	BCBA
40-Hour RBT Training (2026 Curriculum)	Required: new candidates	If not yet certified	N/A	N/A
RBT Initial Competency Assessment	After 40-hr training	If not yet certified	N/A	N/A
CPR and First Aid	Within 30 days of hire	Within 30 days of hire	Within 30 days of hire	Within 30 days of hire
Bloodborne Pathogens (BBP)	Within 2 weeks of hire	Within 2 weeks of hire	Within 2 weeks of hire	Within 2 weeks of hire
MANDT	Within 30 days of hire	Within 30 days of hire	Within 30 days of hire	Within 30 days of hire
Tools of Choice (online modules)	Initial at hire, one-time	Initial at hire, one-time	Initial at hire, one-time	Initial at hire, one-time
Tools of Choice (in-person course)	16-hour course at hire; 4-hour refresher annually	16-hour course at hire; 4-hour refresher annually	16-hour course at hire; 4-hour refresher annually	16-hour course at hire; 4-hour refresher annually
HIPAA and Confidentiality	Within 2 business days	Within 2 business days	Within 2 business days	Within 2 business days
Individual Rights/HCBS Final Rule	Within 2 business days	Within 2 business days	Within 2 business days	Within 2 business days
Abuse, Neglect, Mandated Reporting	Within 2 business days	Within 2 business days	Within 2 business days	Within 2 business days

Training	RBT	Lead RBT	BCaBA	BCBA
Agency Policy Packet	At hire; annually	At hire; annually	At hire; annually	At hire; annually
BACB 8-Hr Supervision Training	N/A	N/A	Before supervising	Before supervising

► 40-Hour RBT Training: 2026 Curriculum

Must be completed before providing any unsupervised ABA services and must not be completed in fewer than 5 calendar days.

Curriculum Domain	Content	Minimum Hours
Basic ABA Concepts and Principles	Behavioral concepts, reinforcement, punishment, extinction, stimulus control.	5 hours
Measurement	Data collection methods, graphing, progress monitoring.	5 hours
Skill Acquisition	DTT, NET, prompting, prompt fading, chaining, shaping.	10 hours
Behavior Reduction	BSP implementation, extinction, differential reinforcement.	10 hours
Documentation	Session notes, data entry, reporting requirements.	5 hours
Professional Conduct and Scope of Practice	Ethics code review, boundaries, HIPAA, mandatory reporting.	5 hours

► RBT Supervision Requirements

- Minimum 5% of total behavior-analytic service hours each calendar month.
- At least two face-to-face contacts per month.
- At least one must be an individual meeting. At least one must include direct observation.
- Must be provided by an active BCBA or BCaBA who has completed the BACB 8-hour supervision training.

► Professional Development Units (PDUs)

RBTs who complete their 2026 renewal transition to a two-year recertification cycle and must earn 12 PDUs, including at least 1 ethics PDU, within each two-year cycle. PDUs must be logged in BACB Gateway.

► BCBA and BCaBA Continuing Education

- BCBAs: 32 CEUs per 2-year certification cycle, including a minimum of 4 ethics CEUs and 3 supervision CEUs.
- BCaBAs: 20 CEUs per 2-year certification cycle, including a minimum of 4 ethics CEUs.
- BCBAs and BCaBAs are responsible for tracking their own CEU progress and meeting BACB deadlines.

► MANDT Instructor Certification

The Behavior Department maintains a designated MANDT Instructor to deliver trauma-informed crisis prevention and intervention training agency-wide. Abilities, LLC pays all costs associated with initial MANDT Instructor certification, all renewal and recertification fees, and any required continuing education for maintaining MANDT Instructor status.

► Training Costs

Abilities, LLC pays for all training costs, testing fees, and continuing education for all Behavior Department employees. This includes BACB application fees, renewal fees, CEU courses required for recertification, MANDT certification and renewal, and all agency-required training. Employees are not responsible for any out-of-pocket cost for required training.

► Training Attendance and Non-Compliance

- Employees must attend all scheduled training in full. Calling in for a scheduled training session is subject to the same consequences as a session call-in under Policy B1.2.
- Employees arriving more than 15 minutes late will be sent home and rescheduled. This counts as a call-in.
- For BACB-related training: partial attendance does not count for PDU or CEU credit.
- Failure to complete required training within specified timelines may result in removal from direct client contact until the requirement is met.

CHAPTER 3 Supervision

This chapter covers RBT supervision requirements and fieldwork supervision for behavior analysis trainees.

B3.1 RBT Supervision Policy

Abilities, LLC is committed to ensuring that all RBTs receive consistent, high-quality supervision in accordance with BACB standards and state requirements.

► Minimum Supervision Requirements

5% Monthly Minimum: Total RBT direct clinical service hours for the month, multiplied by 5%, equals the minimum supervision hours required. Example: 80 service hours x 5% = 4 supervision hours minimum.

- At least two face-to-face contacts per calendar month.
- At least one contact must be an individual supervision meeting.
- At least one contact must include direct observation of the RBT delivering services.

► First 90 Days: Enhanced Supervision

- Initial Competency Assessment within the first two weeks using the BACB RBT Initial Competency Assessment form.
- Direct observation at least twice per month during the first 90 days.
- Written supervision agreement established during the first two weeks.
- At least one face-to-face contact within the first two weeks of the supervisory relationship.

► Abilities, LLC Supervision Requirements

- Monthly group supervision: at least one group session per month covering clinical topics, ethics review, and case discussion.
- The BCBA may schedule additional individual supervision sessions, check-ins, competency reviews, or performance conversations as needed.

► Supervision Content

- **Clinical Performance:** BSP implementation fidelity checks; data review and analysis for assigned clients; skill acquisition program updates; behavior reduction strategies.
- **Ethics and Professional Conduct:** Review of RBT Ethics Code 2.0 (recommended at least every 6 months); boundary review; scope of practice discussion.
- **Administrative and Compliance:** Review of documentation accuracy and timeliness; supervision hour tracking; certification status.

► Supervising BCBA Responsibilities

- Complete BACB 8-hour supervision training before providing supervision.
- Register each RBT as a supervisee in BACB Gateway before supervision begins.

- Conduct the initial competency assessment for all new RBTs within the first two weeks.
- Ensure each RBT receives at least 5% of monthly service hours in supervision with at least two face-to-face contacts.
- Conduct quarterly competency reviews and maintain documentation for a minimum of seven years.
- Monitor each RBT's certification status, recertification deadlines, and PDU requirements.

► RBT Responsibilities

- Attend all scheduled supervision sessions. Missed supervision sessions are attendance events per Policy B1.2.
- Implement feedback from supervision in subsequent sessions.
- Accurately track behavior-analytic service hours and communicate with the BCBA if supervision minimums are at risk.
- Maintain personal copies of supervision documentation for at least seven years.
- Notify the BCBA immediately of any change in RBT certification status or approaching expiration.
- Review the RBT Ethics Code 2.0 and RBT Handbook with their supervisor at least every six months.

► Supervision Documentation

Every supervision contact must document: date and start/end time; format (individual, group, or direct observation); summary of topics covered; any corrective feedback given; RBT and supervisor signatures. Documentation must be completed and shared with the RBT within 7 days of the contact.

► Supervision Deficiency Protocol

- Document the deficiency and reason. Develop a remediation plan which may include additional sessions.
- BCBA and RBT review whether the RBT needs to self-report to the BACB per the RBT Handbook.
- If the deficiency is due to an agency-level issue, the Behavior Analyst notifies the Executive Director.

B3.2 Fieldwork Supervision: Behavior Analysis Trainees

Abilities, LLC welcomes graduate students and behavior analysis trainees who are pursuing BCBA or BCaBA certification and wish to earn supervised fieldwork hours.

► Prerequisites

All of the following must be completed and verified before the Abilities BCBA may begin providing fieldwork supervision:

- Enrollment in a BACB-Verified University Program with written documentation.
- Active Employment at Abilities, LLC in an Eligible Role. Fieldwork hours may only be earned during active paid employment.
- Active RBT Certification or concurrent pursuit with a documented plan.
- Completed Pre-Hire Credentialing per Policy B2.1.
- University-Approved Fieldwork Site Agreement, if required by the academic program.

- Executed BACB Supervision Contract between the trainee and the Abilities BCBA.
- Registration in BACB Gateway with active supervisor link.

► Supervision Structure During Fieldwork

- Fieldwork supervision follows the same structural requirements as RBT supervision under Policy B3.1, with additional BCBA-level content requirements.
- Supervision contacts must meet BACB fieldwork supervision requirements: a minimum of 5% of total fieldwork hours.
- Supervision content must include exposure to BCBA-level activities beyond RBT implementation.
- All supervision contacts must be documented in writing. The trainee is responsible for maintaining their own fieldwork documentation per BACB requirements.
- The Abilities BCBA retains the right to end fieldwork supervision at any time if the trainee fails to meet performance, ethical, or credentialing requirements.

► Scope Limitations During Fieldwork

Fieldwork status does not expand a trainee's scope of practice beyond their employed role. A trainee employed as an RBT may not perform BCBA-level activities independently, regardless of their academic progress.

CHAPTER 4 Scheduling

*This chapter covers how **Abilities,** LLC creates and manages schedules for Behavior Department employees.*

B4.1 Scheduling Policy: Behavior Department

RBT scheduling is driven entirely by the needs of the individuals we serve. Session times are set based on clinical priorities and client availability, not RBT preferences. The BCBA builds the schedule in coordination with the Director of Residential Operations.

► Scheduling Priority Order

Session assignments are made in this order of priority:

Client treatment needs and Medicaid-authorized service hours.

RBT-client familiarity and continuity of care.

Client daily schedule and Day Program attendance.

RBT availability and hours balance. Full-time RBTs receive equitable hours.

BACB supervision requirements. Supervision meetings are built into the weekly schedule.

► Schedule Structure

- Sessions are generally delivered Monday through Friday. Overnight shifts and weekends are not part of the standard RBT schedule.
- Session times shift week to week based on client schedules, Day Program attendance, and clinical priorities.
- Documentation time: non-billable time for completing session notes is scheduled between sessions.
- Supervision meetings: grouped on a designated day per week per BACB requirements.
- Department meetings: recurring team meetings. Attendance is mandatory.
- Training: takes precedence over all other scheduling preferences.

Publication Deadline: The schedule must be published at least two weeks in advance. RBTs must check their schedule within 48 hours of publication.

► Conditional Scheduling

Because many clients attend community-based Day Programs, session assignments may be conditional. The BCBA communicates any conditional scheduling to the RBT in advance. When a client is unexpectedly unavailable, the RBT is reassigned to another client or an approved task.

► Client vs. Provider Cancellations

Event	Definition	Impact
Client Cancellation	The client, guardian, or home cancels.	Not a provider attendance event. RBT is reassigned.
Provider Cancellation	The RBT initiates the cancellation.	Attendance event per Policy B1.2.

► Schedule Changes and Time Off

- Session swaps require approval. RBTs may not independently trade sessions. The Lead RBT approves RBT scheduling changes, session swaps, and time-off requests.
- No unauthorized session drops. The session remains the originally assigned RBT's obligation until the Lead RBT approves a change.
- Time off requests: submit in BambooHR at least two weeks before the schedule is published.
- Availability changes: schedule an in-person meeting with Human Resources. Changes directly impact caseload assignments and require advance planning.

► Work Hours

Behavior Department employees may not exceed 40 hours per week in their RBT role. Employees who also work residential shifts must ensure their combined hours do not exceed legal and policy limits under the Employee Handbook. All behavior department employees are subject to the same 18-consecutive-hour limit as residential staff when working across departments in the same period.

CHAPTER 5 Individual Rights and HCBS

The universal Individual Rights Policy (Policy 5.3), Due Process Policy (Policy 5.4), and Non-Discrimination in Services Policy (Policy 5.5) apply to all employees. This chapter provides behavior-department-specific guidance on how those policies apply in ABA practice.

B5.1 Individual Rights and HCBS Settings: Behavior Department Supplement

Regulatory Body	Core Requirement for Behavior Staff
Federal: HCBS Settings Rule (42 CFR 441.301)	Individuals must have full community access, choice, and freedom from unnecessary restriction. ABA interventions may not restrict these rights without due process.
Missouri: 9 CSR 45-3.090	Restrictive procedures require prior approval, due process, and RBSC review. Prohibited practices are absolute.
BACB Ethics Code (Standard 2.14)	Behavior analysts must advocate for the rights and dignity of their clients at all times.
Missouri 9 CSR 45-5.010(4)(A)	Prohibited practices are absolute prohibitions. No justification overrides them.

► How HCBS Rules Apply to ABA Practice

- **1. Humane Care and Treatment.** Discussing a person's behaviors within their hearing as though they are not present is a rights violation. Objective, person-first language is required at all times.
- **2. Freedom from Abuse, Neglect, and Exploitation in a Behavioral Context.** Implementing a restrictive procedure without written authorization, continuing an ineffective intervention that causes distress, or withholding basic reinforcers as punishment are all forms of harm.

- **3. Choice, Autonomy, and Access to Food.** BSPs may not remove refrigerator access, lock cabinets agency-wide, or restrict food access as a behavioral consequence. Any food-related restriction requires individual due process.
- **4. Privacy in Clinical Settings.** Conducting preference assessments in common areas where conversations can be overheard, or discussing a client's behavior history in front of housemates, violates privacy rights.
- **5. Freedom of Communication and Community Access.** A BSP may never restrict phone access, confiscate personal devices, or prohibit community activities as a behavioral consequence without individual due process.
- **6. Personal Resources and Token Economies.** Token economies and reinforcement systems may never use an individual's own money, possessions, or rights as the consequence. Abilibucks are always earned, never removed.

► Prohibited Practices

Consistent with HCBS requirements, 9 CSR 45-3.090, and BACB ethical standards, the following are strictly prohibited:

- Seclusion or isolation as a behavioral intervention (prohibited in Missouri effective July 1, 2021).
- Mechanical restraints of any kind.
- Physical restraints outside of DMH-approved, trained crisis management techniques.
- Any practice that restricts access to food, water, sleep, hygiene, or basic needs.
- Contingent removal of an individual's own personal possessions as a behavioral consequence.
- Blanket house rules restricting rights across all residents without individual due process.
- Implementing any restrictive procedure without a written, approved BSP.

HCBS Requirement: Convenience-based or "house rule" restrictions applied broadly to all residents without individual due process documentation are prohibited under 42 CFR 441.301. Each restriction must be individually justified, documented in the PCSP, and reviewed through the due process process.

Direct clinical questions go to the supervising BCBA. Grievances and rights concerns may be directed to Human Resources or through the grievance process in Policy 5.1 of the Employee Handbook.

CHAPTER 6 Tools of Choice

This chapter covers Tools of Choice as the universal positive practice that grounds all behavior services work, what it teaches, and how it forms the foundation that every targeted and intensive behavior support builds on.

B6.1 Tools of Choice in Behavior Services

► What Tools of Choice Is

Tools of Choice is an evidence-based universal positive practice program adopted by Missouri DMH for use across the state's developmental disabilities system. It teaches a defined set of skills that any staff member can use with any individual in any setting at any time. Each skill is broken into observable, measurable steps that staff learn through instruction, demonstration, and practice with feedback until competency is verified.

► The Four Components

Tools of Choice training is built around four components:

- **About Behavior and Avoid Coercion.** Why behavior happens and why coercion is not a useful response. This component frames everything else in Tools of Choice.
- **Stay Close.** Building connection and presence with the person you are supporting through positioning, tone, empathy, encouragement, and active listening.
- **Use Positive Consequences and Pivot.** Reinforcing desired behavior and redirecting attention away from non-target behavior without escalating it.
- **Set Expectations.** Stating expectations clearly and positively, including the consequences for earning and not earning, and confirming the person's understanding.

► Why Tools of Choice Is the Tier 1 Foundation

Tools of Choice meets every requirement of a Tier 1 universal positive practice. It is evidence-based, delivered to every staff member regardless of role or department, and applies to every individual we serve in every setting at every time. Using Tools of Choice does not require a diagnosis, a referral, a behavior plan, or a clinical decision. It is the proactive practice that creates the conditions for every person to do well.

► How Behavior Services Builds on Tools of Choice

Behavior Services does not replace Tools of Choice. Behavior Services builds on it. Behavior Support Plans, skill acquisition programs, FBA-driven interventions, and targeted reinforcement systems all presume that Tools of Choice is being delivered consistently in the environment around the individual. Strong, consistent Tools of Choice implementation is what makes targeted behavior supports effective. Weak or inconsistent Tier 1 implementation undermines every clinical intervention that sits above it. When targeted concerns arise, the first clinical question is whether the Tier 1 environment is solid.

► RBT Role in Tools of Choice

RBTs are expert and fluent in Tools of Choice language. They teach and coach caregivers in Tools of Choice and how to use it across daily interactions in the home.

Tools of Choice is not a Behavior Support Plan. It is not governed, controlled, or credentialed by the Behavior Analyst Certification Board. The BACB has no jurisdiction over Tools of Choice, and RBT scope-

of-practice limitations do not apply to it. The modeling-only rule that governs how RBTs may interact with caregivers around BSP implementation does not apply to Tools of Choice teaching or coaching.

► Training Requirements in Behavior Services

Every Behavior Services Department employee must complete Tools of Choice training. The training has three components:

- **Online modules.** Completed once, at time of hire. The modules cover the foundational concepts of positive behavior support.
- **In-person course.** A 16-hour course completed at hire.
- **Annual refresher.** A 4-hour course completed each year after the initial in-person course.

Tools of Choice training is owned and delivered by the Department of Culture and Experience. The Director of Culture and Experience is a certified Tools of Choice Instructor and is the in-house owner of all Tools of Choice training across the agency. Training is tracked in BambooHR. See B2.2 for how Tools of Choice training fits in the full behavior department training matrix.

CHAPTER 7 Clinical Operations

This chapter covers the full clinical operation sequence: intake, functional behavior assessment, BSP development and review, data collection, and RBT documentation.

B7.1 Behavior Services Intake Policy

No individual may receive behavior services until the intake process documented in this policy has been completed.

► Referral Sources and Acceptance

Referrals may originate from internal identification by residential or clinical staff, Support Coordinator referral, guardian or family request, or DMH direction. The BCBA reviews all referrals and determines acceptance within 5 business days.

Step	Action	Responsible Party
1	Identify the client, stakeholders, and LAR. Confirm Medicaid eligibility and active waiver enrollment.	BCBA
2	Collect available records: PCSP, previous BSPs, medical records,	BCBA

Step	Action	Responsible Party
	incident reports.	
3	Schedule and conduct intake meeting with individual, guardian/LAR, and support team.	BCBA
4	Obtain informed consent. All eight required elements must be communicated.	BCBA
5	Communicate referral decision to the support team and begin FBA scheduling if accepted.	BCBA
6	Enter intake documentation in SetWorks.	BCBA

► Informed Consent: Required Elements

All eight of the following elements must be communicated before the individual or LAR signs the consent form:

- Purpose of Services: what behavior-analytic services are and what the department will do.
- Expected Time Commitment and Procedures: anticipated frequency, duration, and general nature of sessions.
- Right to Decline or Withdraw: the individual or LAR may withdraw consent at any time without penalty.
- Potential Benefits, Risks, and Adverse Effects: including temporary increases in behavior during extinction.
- Limits to Confidentiality: what is kept confidential and when it may be broken.
- Contact for Questions: name and contact information for the supervising BCBA.
- Opportunity to Ask Questions: without being rushed or pressured.
- Incentives: any incentives offered for participation must be disclosed.

Assent: In addition to consent from the guardian/LAR, the BCBA must make reasonable efforts to obtain assent from the individual served, using communication methods accessible to that individual. Assent must be ongoing throughout services. When an individual withdraws assent, the BCBA addresses this clinically and, if needed, revisits the consent discussion with the LAR.

► Annual Re-Consent and Withdrawal

- Annual Re-Consent: informed consent and service agreement are reviewed and re-signed at least annually.
- Re-Consent Upon Substantial Change: any substantial change to the BSP, service model, or service intensity requires new consent.
- Withdrawal of Consent: services must be discontinued per Policy B8.3. The BCBA documents the withdrawal and initiates the discharge process.

All intake documentation is maintained in the individual's clinical record in SetWorks for a minimum of 7 years.

B7.2 Functional Behavior Assessment (FBA) Policy

All Functional Behavior Assessments conducted by the Behavior Services Department must follow a standardized process grounded in BACB ethical standards and DMH requirements.

► Personnel Qualifications and Billing Codes

FBA Component	Authorized Personnel	CPT Code
Records review, indirect assessment, report writing	BCBA only	97151
Direct observation	BCBA, LaBA, or RBT under BCBA direction	97152
Functional analysis (if conducted)	BCBA only	97151
Billing Note: 97151 is the only ABA CPT code that may be billed without the client present. All other ABA CPT codes require the client to be present during service delivery.		

► FBA Process

- **Phase 1: Records Review and Informant Assessment.** Conducted by BCBA. Billed under CPT 97151. Required review includes current PCSP and behavior-related goals, previous BSPs and FBA reports, medical records including diagnoses and medications, incident reports from at least the previous 6 months, behavioral data from the residential setting, and prior restrictive procedure authorizations.
- **Phase 2: Direct Observation.** Conducted by BCBA, LaBA, or RBT under BCBA direction. Billed under CPT 97152. Observations must occur across multiple settings and times of day.

- **Phase 3: Data Analysis and Hypothesis Development.** Conducted by BCBA. Billed under CPT 97151. The BCBA analyzes all data to identify the function(s) of the target behavior.
- **Phase 4: FBA Report.** Completed by BCBA. Every FBA report must include: identifying information and reason for referral; background information and medical consideration statement; target behavior definitions; assessment methods and results; function statement(s); replacement behavior recommendations; BSP recommendations and risk assessment; BCBA signature.

► FBA Timelines

Milestone	Timeline
Referral acceptance or declination communicated	Within 5 business days of referral receipt
FBA initiation after acceptance	Within 14 calendar days
Full FBA process completion (referral through written report)	Within 45 calendar days of referral acceptance
FBA Review Meeting	Before any BSP may be developed

► FBA Review Meeting

No BSP may be developed or implemented until the FBA Review Meeting has been held and documented. Required attendees: individual and/or LAR, Support Coordinator, residential staff representative, and BCBA.

► Functional Analysis

A functional analysis (FA) is not required for every FBA. It involves systematic, experimental manipulation of environmental variables. The decision to conduct an FA must be clinically justified by the BCBA, documented in the FBA report, and disclosed to the LAR as part of informed consent due to the temporary increase in target behavior it may produce.

B7.3 BSP Development, Review, and Restrictive Procedures

All Behavior Support Plans developed by the Behavior Services Department must be grounded in a completed FBA and meet BACB, DMH, and Abilities, LLC standards.

► Development Prerequisites

A BSP may only be developed after: a completed FBA with written report and identified function(s); an FBA Review Meeting with documented attendance; and BCBA clinical judgment that behavior services are clinically indicated.

► Development Timelines

Milestone	Timeline
BSP development initiated	Within 14 calendar days of FBA Review Meeting
BSP fully completed	Within 45 calendar days of FBA completion
All required signatures obtained	Before implementation begins
In-person staff training completed	Before any RBT delivers the plan independently

► Required BSP Components

- Identifying information, FBA summary and function statement(s), and target behavior definitions (operationally defined and measurable).
- Replacement behavior definitions, which must be functionally equivalent to the target behavior.
- Preventative/antecedent strategies, teaching/skill acquisition strategies, and consequence strategies.
- Reactive strategies and crisis procedures for when the target behavior poses a safety risk.
- Restrictive procedure documentation (if applicable): specific procedure, due process requirements, and restoration goals.
- Data collection procedures: specific instructions for how, when, and by whom behavioral data will be collected.
- Monitoring and review schedule and staff training requirements.
- Signature block (BCBA, guardian/LAR, and Support Coordinator) and version log.

No BSP may be implemented until all three required signatures have been obtained: supervising BCBA, guardian/LAR, and Support Coordinator.

► Document Control

Version Control Requirement: Every version of the BSP must be dated. The date on the BSP or amendment serves as its identifier. There are no version numbers. When a BSP is amended, the previous version is archived and the new dated version becomes active. All previous versions must be retained for a minimum of 7 years.

► Restrictive Procedures and Due Process

Per 9 CSR 45-3.090(2) and (5). Restrictive interventions include any procedure that restricts movement, access, or freedom of an individual for behavioral purposes. All of the following must be met before a restrictive procedure is implemented:

- PCSP justification: documented specific assessed need; positive interventions tried first; less intrusive alternatives documented as insufficient.

- RBSC review: BSP must be submitted to the Regional Behavior Supports Committee before the restrictive procedure may begin.
- Separate consent: specific written consent from guardian/LAR for each restrictive procedure.
- Time-limited authorization: all restrictive procedures must have established time limits and are reviewed at each BSP review cycle.

During Pending RBSC Review: A restrictive procedure may not be implemented until RBSC approval is received. There are no exceptions.

► Prohibited Procedures

Per 9 CSR 45-3.090(5)(D): any technique that interferes with breathing or covers the face; prone, supine, or wall restraints; hyperextension of joints; mechanical restraints; staff sitting or lying on top of an individual.

► Changes Requiring New Signatures and New In-Person Training

Situation	Training Requirement
New BSP: First-Time Behavior Services	In-person at the Abilities, LLC office with BCBA before first session.
Existing BSP: Substantial Amendment	New in-person training before implementation of amended plan.
Existing BSP: Minor Update (no change to intervention strategies)	BCBA notification; no new training required if strategies are unchanged.
Annual BSP Review	New signatures required; in-person training required if any content changes.

When in doubt about whether a change is substantial, treat it as substantial and schedule new training.

► BSP Review Cycle

- **Monthly Summary (DMH Requirement):** The BCBA must complete a written Monthly Summary for every individual with an active BSP. Signed by: supervising BCBA, Support Coordinator, and Residential Program Manager. Due by the 15th of the following month via BoldSign.
- **Annual BSP Review:** Conducted in coordination with the individual's PCSP annual review or on the anniversary of the BSP effective date. Requires updated signatures and new in-person training if any content changes.

► Staff Training on BSP Implementation

Training on a BSP means the BCBA schedules an in-person session, shows up, delivers the content, demonstrates implementation, observes staff practice, and documents completion. The following do not count as training:

- Sending a message or email notifying staff that a BSP exists or has been updated.
- Placing a new or updated BSP in the home and asking staff to read it.
- Posting the BSP in a shared drive or chat and assuming staff will review it.

This standard applies to every BSP training situation regardless of how minor the update seems.

B7.4 Data Collection and Behavioral Data Standards

Behavioral data collection is the foundation of evidence-based ABA practice. Abilities, LLC requires real-time, accurate, and complete data for every session.

► RBT Responsibilities

- Collect behavioral data in real time during every session for every target behavior and replacement behavior specified in the BSP.
- Enter session notes in SetWorks within two calendar days of the service date. Best practice is same-day entry.
- Complete data sheets exactly as trained by the BCBA. Never estimate, guess, or fill in data from memory after the session.
- Contact the BCBA immediately if data collection procedures are unclear or cannot be completed as specified.
- Report any data irregularities, unusual behavior patterns, or changes in behavior to the BCBA promptly.

► BCBA Responsibilities

- Design data collection systems that are feasible for session delivery.
- Train all implementing staff on data collection procedures before implementation begins.
- Review raw data at a minimum monthly and generate graphs for each target behavior.
- Make clinical decisions based on data, not anecdote or convenience.
- Address data quality concerns promptly through supervision.

► Data Collection Methods

Method	Description
Event Recording (Frequency)	Count of how many times a behavior occurs in a defined observation period.
Duration Recording	Total time a behavior occurs during an observation period.

Method	Description
Latency Recording	Time between the presentation of a stimulus and the onset of a behavior.
Interval Recording (Whole or Partial)	Whether a behavior occurred during defined intervals of an observation period.
Momentary Time Sampling	Whether a behavior is occurring at the moment each interval ends.
Permanent Product	Measurement of the outcome or product of behavior after the session.
Rate	Frequency divided by time; useful for comparing across sessions of different lengths.
Percent Correct	Proportion of opportunities where a target behavior or skill occurred correctly.

The data collection method must be specified in the BSP. RBTs may not choose their own method or change methods without BCBA authorization.

► Documentation Timeline

Day	Expectation
Day 0 (Service Date)	Session delivered. Data recorded in real time. Best practice: enter session note same day.
Day 1	Session note entry strongly encouraged if not completed on Day 0.
Day 2 (Deadline)	Session note must be entered in SetWorks by end of day. After this, the record locks.
After Lock-Out	Exception form in BambooHR only. No direct edits permitted.

► Data Integrity Standards

Zero Tolerance: Data fabrication, falsification, or retroactive entry without proper exception documentation is a serious ethics violation that may result in immediate termination and mandatory BACB reporting.

- Real-Time Only: Data must reflect what was directly observed during the session.
- No Backfilling: Do not fill in previous days' data sheets unless specifically reviewing recorded paper data with BCBA approval.
- No Rounding or Approximating: Enter exact counts, durations, percentages, and times.
- Document Deviations: If the BSP could not be implemented as written, document the actual events.
- No Over- or Under-Reporting: Do not add behaviors that did not occur or omit behaviors that did.

► Data-Driven Decision Making

All clinical decisions, whether to modify a BSP, discontinue an intervention, change a replacement behavior, or adjust goals, must be grounded in objective data analysis conducted by the BCBA.

B7.5 RBT Documentation Policy

All RBTs must complete accurate, timely, and complete session documentation in SetWorks for every ABA session delivered.

► Required Session Documentation in SetWorks

- Date of service; actual session start and end times (not scheduled times).
- Correct CPT code and modifier (provided by BCBA or billing coordinator at session setup).
- Individual's name and Medicaid ID; service location/ISL home.
- Session narrative: what occurred; what interventions were implemented; how the individual responded.
- Behavioral data summary: summary of data collected for each target and replacement behavior.
- Significant events: any behavioral incident, physical altercation, injury, medical concern, or significant deviation from the BSP.
- Staff present during the session.
- Procedure fidelity note: whether the BSP was implemented as written. If not, document deviation and reason.

► Common CPT Codes Used by RBTs

Code	Description
97153	ABA Therapy: Technician (1 technician, 1 client). Most common code.
97155	ABA Therapy: Technician with Behavior Analyst present. Used during direct observation supervision.
97156	Family/Caregiver Training: Behavior Analyst. Not

Code	Description
	an RBT code.
97158	Group ABA: Technician (2 or more clients).

Never select a CPT code that does not accurately reflect the service actually delivered. If you are unsure, ask the BCBA before documenting.

► Narrative Writing Standards

- Describe this specific session on this specific date. Not what typically happens. Not what should have happened.
- Avoid copy/paste documentation and templated narratives. Every session must be documented specifically.
- Use observable, measurable language. Write "Michael hit his left forearm with a closed fist 3 times during the transition" not "Michael was aggressive."
- Include relevant environmental context if it affected the session.
- Document any deviation from the BSP with the reason.
- Document significant events per Policy 6.1 of the Employee Handbook in a separate incident report.

Do Not Copy-Paste: Duplicated or copy-pasted session notes are a documentation integrity violation. Even a routine session must be documented specifically. Chronic copy-pasting may result in corrective action and BACB reporting.

► Correcting Documentation Errors

- **Within the 2-Day Window:** Correct the note directly in SetWorks. Resubmit to your supervising BCBA or QAP for review. Notify your supervising BCBA of any material correction. Never alter documentation to hide an error.
- **After the 2-Day Lock-Out:** Use the Session Record Exception form in BambooHR. This is the only accepted method. Complete all required fields. Once submitted, BambooHR automatically routes the form to the supervising BCBA, QAP, and the Director.

Late documentation will be noted in your performance review. Chronic late documentation may result in corrective action.

CHAPTER 8 Crisis and Compliance

This chapter covers behavioral crisis response, RBSC referral requirements, and discharge and transition from behavior services.

B8.1 Crisis and Emergency Behavioral Response Policy

This policy establishes procedures for responding to behavioral crisis events involving individuals served by the Behavior Services Department.

► Crisis Prevention

For each individual, the BCBA ensures the BSP includes identified antecedent triggers, documented antecedent modification strategies, reinforcement-based de-escalation techniques, and a specific crisis protocol appropriate to the individual's history and needs.

► Crisis Escalation Cycle and Response

Abilities, LLC uses the MANDT escalation cycle model. Staff are trained to recognize each phase and respond with the least intrusive intervention that is safe and effective.

Phase	Behavioral Signs	Staff Response
Baseline	Typical functioning.	Proactive reinforcement. Maintain positive environment.
Trigger	Increased tension, early warning signs specific to the individual.	Antecedent modification. Increased reinforcement. Reduce demands if appropriate.
Agitation	Visible escalation: pacing, raised voice, repetitive behavior.	Calm tone. Reduce stimulation. Offer choices. Follow BSP antecedent strategies.
Acceleration	Behavior escalating toward crisis. May include property destruction.	Implement BSP de-escalation strategies. Contact BCBA or supervisor.
Peak	Crisis behavior actively occurring.	Safety first. Follow BSP crisis protocol. MANDT if warranted.
De-escalation	Behavior decreasing.	Maintain calm. Allow space. Continue reduced demands.
Recovery	Return toward baseline.	Reinforce calm behavior. Document. Debrief with BCBA.

► MANDT and Physical Intervention

MANDT Authorization: MANDT is the ONLY approved physical intervention system at Abilities, LLC. Any physical intervention must use MANDT-trained techniques only. Physical intervention may be used when the individual or staff are in imminent danger of harm, regardless of whether it is specifically authorized in the BSP. If the situation can be safely managed without physical intervention, that is always the preferred approach.

Physical intervention may be used when:

- The individual presents imminent danger of self-injury or harming others.
- De-escalation and verbal intervention have not been effective.
- The staff member is current in MANDT certification.

The following physical techniques are prohibited under DMH 9 CSR 45-3.090:

- Prone restraint: holding a person face down on the floor.
- Supine restraint: holding a person face up on the floor.
- Wall restraint: pinning a person against a wall.
- Staff sitting or lying on top of an individual.
- Hyperextension of joints.
- Mechanical restraints of any kind.
- Face covering or any technique that interferes with breathing.

► Reporting a Crisis Event

Documentation	Timeline	Submitted To
RBT Session Note with Crisis Narrative	Within 2 calendar days	SetWorks
Incident Report (if applicable)	Same day per Policy 6.1 of the Employee Handbook	SetWorks
BCBA Notification	During or immediately after the session	Google Chat or direct contact
Post-Crisis Debriefing	Within 24 hours of the event	BCBA leads; all staff present document

When the reactive strategy threshold is met (5 or more uses that qualify as restrictive interventions within a calendar month), the BCBA initiates the RBSC referral process per Policy B8.2.

► Post-Crisis Debriefing

After every crisis event in which physical intervention was used or warranted, the BCBA conducts a post-crisis debrief with all staff who were present. The debrief covers: what triggered the crisis; whether the BSP was followed; effectiveness of de-escalation; any safety concerns; and whether the BSP needs to be modified.

► Medical Emergencies and Imminent Harm During a Session

Call 911 immediately in either of the following situations:

- Medical emergency: injury requiring emergency care, loss of consciousness, or any situation where the individual's physical safety requires immediate medical intervention.
- Imminent harm that cannot be safely managed: the individual's behavior poses an immediate, uncontrollable danger to themselves or others that cannot be resolved with available staff.

After calling 911, notify the BCBA and House Manager at once. Have relevant medical information ready for EMS. Follow the emergency procedures in the Residential Services Handbook Policy R5.1.

B8.2 RBSC Referral and Compliance Policy

This policy establishes Abilities, LLC procedures for referrals to the Regional Behavior Supports Committee (RBSC).

► Mandatory RBSC Referral Triggers

- Prior to Implementing Any Restrictive Intervention: whenever a BSP is developed or modified to include a restrictive procedure, RBSC review is required before implementation.
- Reactive Strategy Threshold: when an individual experiences 5 or more reactive strategy uses that qualify as restrictive interventions within a single calendar month.
- RBSC-Directed Referral: when the DMH Regional Office or RBSC specifically directs the provider to initiate a referral.

► RBSC Referral Package: Required Documentation

Document	Notes
Current, signed BSP (the BSP being reviewed)	All signatures; most recent signed PDF in SetWorks.
Completed FBA Report	Must identify function(s) of the behavior.
Monthly Summary Data (last 3 months minimum)	Graphed data preferred.
Medical Consideration Statement	BCBA attestation that medical causes have been ruled out.
Guardian/LAR Consent for Restrictive Procedure	Specific to this procedure.
Positive Intervention Documentation	Evidence that less restrictive alternatives were

Document	Notes
	tried.
Due Process Documentation	PCSP justification for the restriction.
Incident Reports (relevant)	Supporting safety risk documentation.
BCBA Clinical Justification Letter	Signed by supervising BCBA.

► RBSC Review Process

Step 1: BCBA submits the proposed BSP (with restrictive component) to the Behavior Department Director for internal review and approval before external submission.

Step 2: Guardian/LAR consent for the proposed restrictive procedure is obtained before submission.

Step 3: RBSC reviews the referral package at the next scheduled RBSC meeting for the region.

Step 4: RBSC may approve, approve with modifications, request additional information, or deny. The BCBA documents the outcome and communicates it to the team.

► After RBSC Review

- **If Approved:** Updated BSP with any required modifications is executed with all required signatures. In-person staff training is conducted before implementation begins. All documentation is filed in the individual's SetWorks record.
- **If Denied:** The restrictive procedure may not be implemented. The BCBA reviews the denial rationale and develops an alternative intervention strategy using positive supports.

► Ongoing Compliance

- RBSC approval is time-limited and renewed through the annual BSP review process.
- The Monthly Summary must document each use of the restrictive procedure every month.
- If the restrictive procedure is consistently ineffective, the BCBA brings this to the RBSC's attention.
- Per BACB Ethics Code Standard 2.15, all restrictive procedures must have a plan for fading and discontinuation based on clinical data.

B8.3 Discharge, Transition, and Service Discontinuation

Discontinuing services, whether planned or emergency, must be handled in a manner that prioritizes the safety and continuity of care for the individual.

► When Services May Be Discontinued

- **Clinically Appropriate Reasons:** Goals have been met and behavior services are no longer clinically indicated (graduation); the individual transitions to another provider better suited to their needs; the individual or LAR withdraws consent; Medicaid authorization ends.

- **Non-Voluntary Discontinuation:** Requires due process. Reasons may include: safety concerns that cannot be adequately managed; inability to provide services consistent with BACB ethical standards; chronic disruption preventing service delivery; insufficient staff capacity.

► Discharge Notice Requirements

Discharge Type	Minimum Notice
Planned discharge (graduation or mutual agreement)	30 days' advance notice to guardian/LAR and Support Coordinator.
Provider-initiated non-voluntary discharge	30 days' advance notice. Documented attempts to resolve the issue.
Emergency discharge (imminent safety risk)	Same-day notification. Written documentation within 24 hours.

► Discharge Summary: Required Contents

- Identifying information: individual's name, DOB, Medicaid ID, guardian/LAR, period of services.
- Summary of target behaviors at discharge: operational definitions and final data trends.
- Summary of BSP interventions: what was tried, what worked, what did not.
- Summary of skills gained: replacement behaviors established and skill acquisition outcomes.
- Recommendations for continuation: triggers and early warning signs for the incoming team.
- Crisis/safety notes: relevant crisis history and response recommendations.
- BCBA signature and date. Recipients: guardian/LAR, Support Coordinator, and incoming provider (with consent).

Per BACB Ethics Code Standard 2.05, all records are retained for a minimum of 7 years from the date of last service.

► Discharge Documentation Checklist

Document	Completed By	Timeline
Final Monthly Summary	BCBA	Last month of services
Discharge Summary	BCBA	Within 14 days of final session
Final Data Graphs	BCBA	Included in Discharge Summary
SetWorks Record Archive	BCBA + QAP	Within 30 days of discharge
Guardian/LAR Notification	BCBA	Per notice requirements above

Document	Completed By	Timeline
Support Coordinator Notification	BCBA	Same day as LAR notification
Medicaid Billing Close-Out	Finance Director + BCBA	Within 7 days of final service date
BACB Gateway Supervisee Removal	BCBA	After final supervision contact
Outgoing Clinical Handoff (if applicable)	BCBA	Before discharge effective date

► Transitions Between BCBAs

- Outgoing BCBA completes a written clinical handoff summary and participates in a live handoff meeting with the incoming BCBA.
- All current BSP versions, data, graphs, and session notes are transferred to the incoming BCBA.
- Incoming BCBA communicates their introduction to the guardian/LAR and support team within 5 business days.

CHAPTER 9 Abilibucks Program

*The **Abilibucks** Program is created, managed, designed, and supervised by the Behavior Services Department. This chapter covers the full program policy, BCBA oversight responsibilities, and residential staff implementation expectations.*

B9.1 Abilibucks Program Policy

The Abilibuck Program is Abilities, LLC's agency-wide token economy program for individuals with intellectual and developmental disabilities.

> Important Behavioral Principle: The Abilibuck Program is a positive reinforcement system. Abilibucks are never taken away as punishment. Individuals are not penalized or threatened with loss of Abilibucks to manage behavior. Doing so constitutes response cost, which is a restrictive procedure requiring due process and RBSC review.

► Behavioral Foundation

The Abilibuck Program is a token economy: a systematic positive reinforcement system in which tokens (Abilibucks) are earned contingent on target behaviors and exchanged for backup reinforcers. The program is clinically designed to increase adaptive and functional behaviors across all homes.

► Behavior Services Department Responsibilities

- Design and produce Abilibuck currency (physical or digital).
- Create and maintain the Abilibuck Store: curate available items, set exchange rates, restock items, and ensure backup reinforcers are available and preferred.
- Develop and distribute individual tracking sheets specifying target behaviors, exchange rates, and reinforcement schedules.
- Conduct individual preference assessments to ensure backup reinforcers reflect current preferences of each individual.
- Collect completed tracking sheets from residential homes on a regular schedule.
- Enter and maintain tracking data in the program database.
- Analyze effectiveness data and report trends to the BCBA and Director.
- Train residential staff on Abilibuck delivery, tracking, and store procedures.
- Review and update the program at least annually. Update more frequently if data indicate the program is losing effectiveness.

► Lead RBT — Daily Operations

The Lead RBT manages the day-to-day operational work of the Abilibucks program under BCBA clinical direction.

- Manage store inventory and purchase store items within the approved budget provided by the Finance Director.
- Update item availability and prices.
- Maintain Abilibucks data collection sheets and ensure tracking data is accurate and current.
- Collect completed tracking sheets from residential homes on a regular schedule.
- Clarify caregiver questions about Abilibucks procedures.

The Lead RBT does not independently change exchange rates, modify program rules, or alter the Abilibucks budget. Program design, exchange rate decisions, and effectiveness review remain with the BCBA.

► Preference Assessment and Store Management

A token economy is only as effective as its backup reinforcers. The Behavior Services Department conducts formal preference assessments for each individual at intake, at least annually, and whenever engagement with the program decreases. Store items must be rotated regularly to maintain value.

► Program Effectiveness

- The BCBA reviews tracking data monthly and assesses participation rates and engagement trends.

- The BCBA identifies individuals for whom the program may have lost reinforcement value and adjusts the backup reinforcer menu accordingly.
- Program-wide trends are reported to leadership at least quarterly.
- An annual formal program review is conducted assessing overall effectiveness, store inventory satisfaction, and individual participation rates.

► Residential Staff Implementation

Residential staff implementation expectations, including House Manager and Direct Support Professional responsibilities, tracking sheet procedures, and modification rules, are located in the Residential Services Department Handbook, Policy R9.1.

Modification Protocol: No staff member may independently change exchange rates, add new items to the store, or modify how many Abilibucks are awarded for any behavior. All program modifications must be approved by the supervising BCBA.

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Acronym Guide

Acronyms used throughout this handbook and by the BACB, Missouri DMH, Medicaid, and the agency.

Acronym	Meaning
ABA	Applied Behavior Analysis
AIMS	Abnormal Involuntary Movement Scale
BACB	Behavior Analyst Certification Board
BBP	Bloodborne Pathogens
BCaBA	Board Certified Assistant Behavior Analyst
BCBA	Board Certified Behavior Analyst
BSC	Behavior Support Committee
BSP	Behavior Support Plan
CEU	Continuing Education Unit
CPR	Cardiopulmonary Resuscitation
CPT	Current Procedural Terminology (medical billing codes)
DD	Developmental Disabilities
DMH	Department of Mental Health (Missouri)
DRO	Director of Residential Operations
DTT	Discrete Trial Training
EDL	Employee Disqualification List
FA	Functional Analysis
FBA	Functional Behavior Assessment
FCSR	Family Care Safety Registry
HCBS	Home and Community-Based Services
HIPAA	Health Insurance Portability and Accountability Act

Acronym	Meaning
HR	Human Resources
ISL	Individualized Supported Living
LaBA	Licensed Assistant Behavior Analyst (Missouri licensure)
LAR	Legally Authorized Representative
LBA	Licensed Behavior Analyst (Missouri licensure)
LIMA	Level I Medication Aide
MANDT	Crisis prevention and intervention training system (MANDT System, Inc.)
NET	Natural Environment Training
NPI	National Provider Identifier
PCSP	Person-Centered Service Plan
PDU	Professional Development Unit (BACB recertification)
PHI	Protected Health Information
PTO	Paid Time Off
QAP	Quality Assurance Professional
RBSC	Regional Behavior Supports Committee
RBT	Registered Behavior Technician
RPM	Residential Program Manager
RSMo	Revised Statutes of Missouri

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OUR MISSION

Abilities, LLC partners with individuals, families, and the community to provide safe, respectful, and high-quality supports that promote independence, dignity, and an improved quality of life for people with developmental disabilities. Our mission is not simply to provide services. It is to support people in living meaningful lives within their communities.