



DDDS Procedure
Peer Review of Behavior Intervention Strategies Committee
(PROBIS)
BA PRO 211

| Revision Date | Sections Revised | Description of Revision |
|--|------------------|--|
| 10/14/2020 | All | Origination date |
| Community Services Director's Signature/Date: <i>Cory Ellen Howie, MSS, MEd</i> 10/14/2020 | | <i>Live signature is located in the Office of the Director</i> Effective: 10/14/2020 |

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|  | <p>DDDS Procedure Peer Review of Behavior Intervention Strategies Committee (PROBIS) BA PRO 211</p> |
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1. Purpose

- 1.1. The Division of Developmental Disabilities Services (DDDS) convenes the Peer Review of Behavior Intervention Strategies Committee (PROBIS) weekly, or as needed, to review and approve Behavior Support Plans (BSPs) created by the DDDS contracted Behavioral Consultation Behavior Analyst (BA) and the service recipient’s support team. This procedure outlines the process for PROBIS to review BSPs, annually at a minimum, and how PROBIS will conduct the review of those BSPs.

2. Scope

- 2.1. PROBIS shall minimally be comprised of DDDS Behavior Analyst Supervisor(s) acting as Chair/Co-Chairs, a DDDS Registered Nurse, and/or other individuals as appointed by the DDDS Director of Community Services or designee to include DDDS contracted Behavioral Consultation provider delegates.

See also:

- Behavior Analyst Manual
- BA PRO 210 Annual BSP Submission

3. Procedure

Action by:

Action:

**DDDS BA Unit
Administrative Assistant**

1. The DDDS BA Unit Administrative Assistant **maintains** a list of DDDS contracted Behavioral Consultation provider delegates to the PROBIS Committee, and **schedules** these provider delegates to participate on a rotating basis.

**Behavioral Consultation
Provider PROBIS Delegates**

2. Participating provider delegates **will:**
 - 2.1.1. Attend and participate in the PROBIS Committee, as scheduled, on a rotating basis, and will notify the DDDS BA Unit of any scheduling conflicts or need to change the schedule assignment with as much advance notice as possible.

- 2.1.2. Participate in at least three-quarters of the scheduled PROBIS Committee meetings that the provider delegate is assigned to participate in annually.
- 2.1.3. Participate annually in a PROBIS Committee orientation conducted by the DDDS PROBIS Co-Chair(s) which shall include a review of relevant DDDS policies and a short training on the Health Insurance Portability and Accountability Act (HIPAA). Provider delegates shall review and sign the PROBIS Committee Member Conflict of Interest Policy and Disclosure Form, the PROBIS Committee Confidentiality Statement, and the DDDS HIPAA and Confidentiality Policy Acknowledgement during annual orientation.
- 2.1.4. Adhere to the DDDS HIPAA and Confidentiality Policy and shall safeguard and protect all information shared within the context of PROBIS Committee.
- 2.1.5. Have an ethical obligation to conduct themselves without conflict to the interests of the individual. In their capacity as PROBIS Committee provider delegates, the provider delegate will set aside personal, individual, business, third party, or other interests to benefit the welfare and best interests of the individuals. PROBIS provider delegates will act at all times in the best interest of the people receiving services through DDDS and in the event of an actual conflict of interest, the provider delegate shall recuse themselves from participating in discussion and voting to approve, review with recommendations, or not approve any BSPs related to the conflict of interest. BSPs created and maintained by the provider delegate's employer agency shall be considered a conflict of interest and provider delegates may not participate in discussion and voting related to those BSPs unless specifically asked to participate in discussion by the PROBIS Co-Chair.

**DDDS BA Unit
Administrative Assistant**

3. Ten (10) days prior to the beginning of the month, the DDDS BA Unit Administrative Assistant **sends** all Behavioral Consultation providers a schedule of the provider delegates who are scheduled to participate in each week's PROBIS review. Provider delegates are scheduled on a rotating basis to participate in approximately one PROBIS meeting every quarter, unless they have agreed to participate in additional meetings due to coverage needs in the event of another provider delegate's absence or cancellation.
4. On Wednesday morning, one week before the scheduled PROBIS meeting, the DDDS BA Unit Administrative Assistant **sends** all BSPs submitted through the Behavior Support resource mailbox to the provider delegate identified on the schedule to participate in the following week's PROBIS Committee meeting through secure and encrypted email.

Behavioral Consultation**Provider PROBIS Delegates**

5. During the week before the PROBIS meeting, the provider delegate scheduled to participate in the next PROBIS meeting **examines** all BSPs due to be reviewed at the scheduled meeting that have been submitted.
6. The provider delegate **attends** the scheduled PROBIS meeting and **acts** as a full PROBIS Committee member.

Behavioral Consultation**Provider BA**

7. The Behavioral Consultation BA and/or the Behavioral Consultation BA Supervisor **attends** the scheduled PROBIS meeting to present and discuss the BSPs scheduled for review.

PROBIS Committee

8. The PROBIS Committee **reviews**:
 - 8.1.1. "Initial" BSPs-BSPs for service recipients who have not had a BSP within the last 10 years.
 - 8.1.2. BSPs that contain rights restrictions, Lithium use, or PRN medication use to manage problematic behavior.
 - 8.1.3. BSP Addendums
 - 8.1.4. Emergency Medication Behavior Intervention Strategies (EMBIS) forms
 - 8.1.5. BSPs for service recipients who have had changes in their lives and/or support needs which has led to significant changes or revisions to the BSP which impact the way a Direct Support Professional or other support staff will implement the BSP.
9. At the PROBIS meeting, PROBIS Committee members **review and discuss** BSP content based on the criteria outlined in the PROBIS Checklist which is submitted with each BSP, the criteria outlined in the DDDS BA Manual, the DDDS Home and Community Based Services Lifespan Waiver, DDDS policies and procedures, and professional best practices and ethics. PROBIS Committee members review the written BSP and have discussion with the assigned Behavioral Consultation BA (or their designee, the BA Supervisor) overseeing the BSP. During the PROBIS review, the committee may ask questions for clarity, and they may make recommendations for revisions to the submitted BSP.
10. PROBIS **determines** an appropriate status for the submitted plan, by majority vote, out of the options below:
 - 10.1. Plan Approved: The submitted BSP is acceptable and may be implemented. Approval is valid until the next Annual Review date.
 - 10.2. Reviewed with Recommendations: The submitted BSP has identified areas that need revision. The plan may be implemented while it is being revised. The PROBIS Committee will thoroughly discuss proposed recommendations with the Behavioral Consultation BA and agree upon the needed revisions prior to

documenting those recommendations on the PROBIS Review Status. The PROBIS Committee and the Behavioral Consultation BA will also discuss and agree upon a date for the BA to submit the BSP revisions to PROBIS for review (no more than 45 calendar days). Once agreed upon, the recommendations and the next submission date will be documented on the PROBIS Review Status. The Behavioral Consultation BA will receive an electronic copy of the PROBIS Review Status and a copy will be forwarded by PROBIS to the Behavioral Consultation BA Supervisor.

10.3. Plan Not Approved: The submitted BSP cannot be approved, nor may it be implemented. The plan may not be approved if it contains prohibited restrictions or restrictions/supports that are not clearly supported and defined in the BSP. When this box is checked, the prior approved version of the BSP remains in effect and the Behavioral Consultation BA must revise the plan and resubmit to PROBIS for review. The PROBIS Committee will thoroughly discuss proposed recommendations with the Behavioral Consultation BA and agree upon the needed revisions prior to documenting those recommendations on the PROBIS Review Status. The PROBIS Committee and the Behavioral Consultation BA will also discuss and agree upon a date for the BA to submit the BSP revisions to PROBIS for review (no more than 45 calendar days). The Behavioral Consultation BA will receive an electronic copy of the PROBIS Review Status, and a copy of the policy or section of the BA Manual that was violated, and a copy of each will be forwarded by PROBIS to the Behavioral Consultation BA Supervisor and to the appropriate Support Coordinator.

11. The PROBIS Co-Chair **documents** the PROBIS status for the BSP and any recommendations and/or reasons the BSP was not approved on the BSP's PROBIS Review Status sheet and **signs** the PROBIS Review Status.

**DDDS BA Unit
Administrative Assistant**

12. If the BSP was "Reviewed with Recommendations" or "Not Approved" by the PROBIS Committee, the DDDS BA Unit Administrative Assistant **schedules** the BSP to be re-presented to PROBIS, within 45 days, by the Consultative BA following steps 7-11 of this procedure.

13. The DDDS BA Unit Administrative Assistant **scans and saves** the BSP, regardless of status, with all attachments and notes, to the following shared drive folder on the state network:

R:/PROBIS/PROBIS Packets/FYXX/Month

14. The DDDS BA Unit Administrative Assistant **sends** the full scanned copy of the BSP, with all attachments and notes, to the Behavioral Consultation BA through secure and encrypted email.

**Behavioral Consultation
Provider BA**

15. The Behavioral Consultation BA **attaches** the approved BSP, with all attachments and notes, to the service recipient's Person-Centered Plan in the electronic case record within 10 business days of receipt.

4. Attachments

- 4.1 Exhibit A – PROBIS Committee Member Conflict of Interest Policy and Disclosure Form
- 4.2 Exhibit B – PROBIS Committee Confidentiality Statement
- 4.3 Exhibit C – DDDS HIPAA and Confidentiality Policy Acknowledgement

Exhibit A – PROBIS Committee Conflict of Interest Policy and Disclosure Form

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|  | <p><i>DELAWARE HEALTH AND SOCIAL SERVICES</i></p> <hr/> <p>DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES</p> | <p>COMMUNITY SERVICES</p> |
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PROBIS Committee Member Conflict of Interest Policy and Disclosure Form

In the capacity as members of the Peer Review of Behavior Intervention Strategies Committee (PROBIS), Behavioral Consultation provider delegates must act at all times in the best interest of the Division of Developmental Disabilities Services (DDDS) service recipients. The purpose of this policy is to help inform provider delegates about what constitutes a conflict of interest, assist provider delegates in identifying and disclosing actual and potential conflicts, and help to ensure the avoidance of conflicts of interest where necessary.

Conflict of Interest Policy

1. Provider delegates have an ethical obligation to conduct themselves without conflict to the interests of the service recipient. In their capacity as PROBIS provider delegates, they must set aside personal, individual business, third party, and other interests to benefit the welfare and best interests of the service recipient.
2. A conflict of interest is a transaction or relationship which presents, or may present, a conflict between a provider delegate's obligation to the service recipient(s) and the provider delegate's personal, business, or other interest.
3. Full disclosure of all actual and potential conflicts should be made through the annual disclosure form and/or whenever a conflict arises. The DDDS Director of Community Services or designee (the "Director or designee") shall decide as to whether a conflict exists and what subsequent action is appropriate (if any). The Director or designee shall inform the provider delegate of such determination and/or action.
4. In the event of an actual conflict of interest, the provider delegate must recuse themselves from participating in voting on a behavior support plan (BSP) where the conflict of interest is present. BSPs created and maintained by the provider delegate's employer agency shall be considered a conflict of interest and provider delegates may not participate in discussion or voting related to those BSPs, unless specifically asked to participate in discussion by the PROBIS Co-Chair.
5. On an annual basis, all provider delegates shall be provided with a copy of this policy and are required to complete and sign the acknowledgement and disclosure form below. All completed forms shall be provided to and reviewed by the Director of Community Services or designee.



*DELAWARE HEALTH
AND SOCIAL SERVICES*

*DIVISION OF
DEVELOPMENTAL DISABILITIES SERVICES*

COMMUNITY SERVICES

Acknowledgement and Disclosure Form

I have read the PROBIS Committee Conflict of Interest Policy and agree to fully comply with its terms and conditions at all times during my service as a PROBIS Committee provider delegate. If at any time following the submission of this form, I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the DDDS Director of Community Services or designee in writing.

I have no conflict of interest to report

I have the following conflict(s) of interest to report:

It is accepted that a BSP presented on behalf of my employer is a conflict of interest and I will automatically be prohibited from participating in discussing or voting on the BSP.

Disclosure of Actual or Potential Conflicts of Interest:

1.) _____

2.) _____

3.) _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature of PROBIS Provider Delegate

Date of Signature
(signature valid for one year from this date)

Signature of PROBIS Co-Chair

Date of Signature
(signature valid for one year from this date)

Exhibit B – PROBIS Committee Confidentiality Statement

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|  | <p><i>DELAWARE HEALTH AND SOCIAL SERVICES</i></p> <hr/> <p>DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES</p> | <p>COMMUNITY SERVICES</p> |
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PROBIS Committee Confidentiality Statement

I, _____, understand that all information discussed within the context of the PROBIS Committee is confidential in nature. I further understand and agree that it is my personal responsibility to protect and safeguard against the disclosure of the said information outside the boundaries of PROBIS business.

I further understand that information that is disseminated for the purpose of PROBIS business shall not be duplicated in any form. PROBIS documents, with the exception of PROBIS meeting minutes, shall either be returned to DDDS or securely destroyed upon completion of the meeting. I understand that PROBIS meeting minutes and schedule contain confidential and protected health information and I, as PROBIS provider delegate, shall be responsible for ensuring the confidentiality and privacy of these documents in my possession. I understand that it is my responsibility to ensure the privacy of information shared and discussed when attending PROBIS meetings remotely.

Signature of PROBIS Provider Delegate

Date of Signature
(signature valid for one year from this date)

Signature of PROBIS Co-Chair

Date of Signature
(signature valid for one year from this date)

Exhibit C - DDDS HIPAA and Confidentiality Policy Acknowledgement

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DDDS HIPAA and Confidentiality Policy Acknowledgement

I have read the DDDS HIPAA and Confidentiality Policy and agree to fully comply with its terms and conditions at all times during my service as a PROBIS Committee provider delegate.

Signature of PROBIS Provider Delegate

Date of Signature
(signature valid for one year from this date)

Signature of PROBIS Co-chair

Date of Signature
(signature valid for one year from this date)