



SECTION 6: CASE SUPERVISION

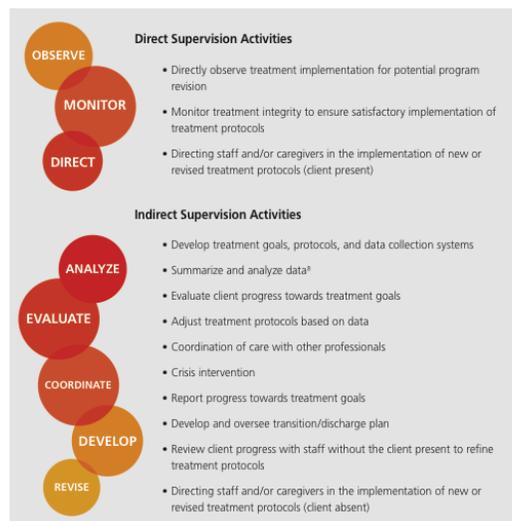
ABA treatment is often characterized by the number of direct treatment hours per week. However, it is also critical to consider the required levels of additional case supervision (aka clinical direction) hours by the Behavior Analyst. Case supervision begins with assessment and continues through client discharge. ABA treatment requires comparatively high levels of case supervision to ensure effective outcomes because of (a) the individualized nature of treatment, (b) the use of a tiered service-delivery model, (c) the reliance on frequent collection and analysis of client data, and (d) the need for adjustments to the treatment plan.

This section will describe the case supervision activities that are individualized for the client and medically necessary to achieve treatment goals. Routine organizational activities (for example, timekeeping, employee evaluations, among others) that are not involved in individualized clinical treatment are not included here.

1 Case Supervision Activities

Case supervision activities can be described as those that involve contact with the client or caregivers (direct supervision, also known as clinical direction) and those that do not (indirect supervision). Both direct and indirect case supervision activities are critical to producing good treatment outcomes and should be included in service authorizations. It should be noted that direct case supervision occurs concurrently with the delivery of direct treatment to the client. On average, direct supervision time accounts for 50% or more of case supervision.

The list below, while not exhaustive, identifies some of the most common case supervision activities:



BEHAVIOR ANALYST

Qualifications

- ❑ BCBA-D/BCBA or License in related field
- ❑ Competence in supervising and developing ABA treatment programs for clients with ASD⁹

Responsibilities

- ❑ Summarize and analyze data
- ❑ Evaluate client progress towards treatment goals
- ❑ Supervise implementation of treatment
- ❑ Adjust treatment protocols based on data
- ❑ Monitor treatment integrity
- ❑ Train and consult with caregivers and other professionals
- ❑ Evaluate risk management and crisis management
- ❑ Ensure satisfactory implementation of treatment protocols
- ❑ Report progress towards treatment goals
- ❑ Develop and oversee transition/discharge plan

ASSISTANT BEHAVIOR ANALYST

Qualifications

- ❑ BCaBA (preferred)

Responsibilities

- ❑ Various supervisory tasks that have been delegated and are overseen by the Behavior Analyst

2 Modality

Some case supervision activities occur in vivo; others can occur remotely (for example, via secure telemedicine or virtual technologies). However, telemedicine should be combined with in vivo supervision. In addition, some case supervision activities are appropriate for small groups. Some indirect case supervision activities are more effectively carried out outside of the treatment setting.

3 Dosage of Case Supervision

Although the amount of supervision for each case must be responsive to individual client needs, **2 hours for every 10 hours of direct treatment** is the general standard of care. When **direct treatment is 10 hours per week or less, a minimum of 2 hours per week** of case supervision is generally required. Case supervision may need to be temporarily increased to meet the needs of individual clients at specific time periods in treatment (for example, initial assessment, significant change in response to treatment).

This ratio of case supervision hours to direct treatment hours reflects the complexity of the client's ASD symptoms and the responsive, individualized, data-based decision-making which characterizes ABA treatment. A number of factors increase or decrease case supervision needs on a shorter- or longer-term basis. These include:

- treatment dosage/intensity
- barriers to progress
- issues of client health and safety (for example, certain skill deficits, dangerous problem behavior)
- the sophistication or complexity of treatment protocols
- family dynamics or community environment
- lack of progress or increased rate of progress
- changes in treatment protocols
- transitions with implications for continuity of care

