



Florida Association for
Behavior Analysis

**RECOMMENDATIONS FOR
THE USE OF ABA
PRACTITIONERS AS
PRIVATE INSTRUCTIONAL
PERSONNEL (PIP) IN
EDUCATIONAL SYSTEMS**

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Students with Behavior Challenges Can Make Better Progress with the Support of Experts in Applied Behavior Analysis (ABA)

Despite standard classroom management practices, some students persist in behaviors that hinder their learning. These students may benefit from support by professionals with advanced expertise in behavior analysis.



Teachers and Student Support Teams Can Benefit from the Support of Behavioral Experts

The Florida Department of Education reports alarming rates of attrition year after year among teachers and school support staff. A main concern cited by departing educators is challenges with student behavior in classrooms. Many personnel have reported they are unprepared or lack the resources needed to serve students with behavior challenges. Research shows that teachers who receive effective behavioral consultation are less likely to experience burnout and quit their jobs (Bettini, Crockett, Brownell, & Merrill, 2016; Billingsley & Bettini, 2019). Simply put, some students and their teachers would benefit from additional behavioral support. Resources for behavioral support can come from qualified behavioral consultants working for the district, professional development in behavioral training, PIP, or a combination thereof.

Collaboration Between Parents, Private ABA Teams, and School Teams to Arrange Behavioral Support Provided by Private Instructional Personnel (PIP)

Board Certified Behavior Analysts-Doctoral (BCBA-D), Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analysts (BCaBA), and Registered Behavior Technicians (RBT) can often be helpful with the development, refinement, and implementation of school-based interventions to support student progress. For brevity, we will use the term behavior analyst which could be a BCBA-D, BCBA, or BCaBA. Additionally, behavior analysis services may include any behavior analyst with or without the RBT. Note that BCaBAs require monthly supervision by a BCBA or BCBA-D. Behavior analysis services may never be provided by an RBT in isolation.

A parent or caregiver may request the district to provide behavior analysis services at the school for their child. In other circumstances, the student's school team may recommend the behavior analysis services to ensure Free Access to Public Education (FAPE). Some school districts directly provide services from a behavior analyst and RBT employed by, or a consultant to, the district. When those services are not available internally, or a parent wants additional private behavior analysis services, the parent, private behavior analysis team, and school district may collaborate to arrange the support of PIP.



Florida's statewide policy on PIP is outlined in Florida Statute 1003.572 Collaboration of Public and Private Instructional Personnel. This statute is available via this [link](#) and in [Appendix A]. In summary, behavior analysts and RBTs under the supervision of a behavior analyst may not only serve eligible students in the public school system but are also encouraged to engage in collaborative care. Specifically, the statute states, "*Coordination of services and plans between a public school and private instructional personnel is encouraged to avoid duplication or conflicting services or plans.*"

FABA supports behavior analysts and RBTs working in school districts as Private Instructional Personnel (PIP) with these stipulations:

- Behavior Analysts must consider best practice guidelines when recommending service intensity (number of treatment hours) and the locations of services.
- Each school district should define the roles, procedures, and expectations of PIP providing ABA services based on the needs of the students, teachers, and school team members.
- Behavior Analysts must engage in the collaboration process with the school district, school team members, parents/caregivers, and other professionals.
- Behavior Analysts must fully comply with the BACB Code of Ethics
- Behavior Analysts must follow the supervision requirements set forth by the Behavior Analyst Certification Board (BACB)
- Behavior Analysts must be proactive in planning for fading of ABA services and programming for maintenance and generalization.
- If private ABA is funded through commercial health insurance or state-funded Medicaid services, services must be medically necessary and active treatment must be provided during the entire period billed to the funder.

Medically Necessary Treatment Plans

Behavior analysts must demonstrate medical necessity of all ABA services, including those provided in schools. When behavior analysts recommend 20 or more hours of services to occur in the school setting, the treatment plan should include evidence to support the request. The school administrators and teachers may collaborate with the behavior analyst to arrange “pre-observations” to assess the frequency, duration, and/or intensity of the student’s behavior in relevant school settings. These preliminary observations can be very important in guiding the team’s decision about the justification for and recommended scope and intensity of behavior analysis services.



The rationale for PIP services should clarify why treatment is necessary in the school setting versus clinical, home, or other community settings. The behavior analyst should collaborate with the school team to produce a thorough description of PIP services. The description should specify:

Behaviors or skills targeted for increase.

This may include but is not limited to:

- Functionally equivalent replacement behaviors and/or alternative behaviors to problem behaviors
- Functional communication skills
- Pro-social skills
- Active responding or engagement during instruction

Behaviors targeted for decrease

This may include but is not limited to:

- Property aggression
- Self-injury
- Verbal aggression
- Aggression targeted towards other students and/or staff
- Disruptive behaviors that significantly impede the student’s learning or that of others



For more details on treatment descriptions, please refer to the Council of Autism Service Providers (CASP; 2024) recommendations below.

Parents, teachers, school team members, and administrators will appreciate procedures that are written in reader-friendly language (i.e., without jargon). These procedures may include the use of Job Aids or other materials that will support easy transition of intervention procedures to classroom teachers and para-educators.

The school administrators and teachers of students with behavioral needs determine when and where PIP supports are provided based on the student's IEP or 504 plan. PIP services should be provided at the time and in the location that the behavior of concern is most likely to occur. Arbitrary rules that restrict PIP services during specific times, such as core instruction periods, may coincide with the peak occurrence of concerning behaviors.



School administrators and teachers of students with behavioral needs can not require PIP services as a prerequisite to school attendance. In other words, the student should be allowed to attend school regardless of the PIP presence.

Recommendations:

Please see Appendix B for the CASP, 2024 recommendations for BCBA's regarding treatment intensity and service setting.



Defining the Role of Private Instructional Personnel (PIP): Establishing Procedures for School Approval

Students who receive support through a 504 or Individualized Education Plan (IEP) get support from many educators, therapists, and other specialists whose services are provided through the Department of Education. In addition, the student will also encounter other employees within the school system that they regularly interact with, including lunch and bus personnel, and paraprofessionals. This group of educators, specialists, and therapists are referred to throughout this document as the “school team”.

Because some students engage in high-risk behaviors, it is critical to have processes that minimize the timeline for background checks and approvals. It is recommended that districts clarify the expected timelines (i.e., maximum business days for processing) within their procedures. These procedures may include criteria for expedited review and approval, such as:

SIB	Self-injurious behaviors that have required evaluation or treatment by a medical professional in a hospital or urgent care setting in the past 90 days.
Aggression	Aggressive behaviors toward other people that caused injury requiring evaluation or treatment by a medical professional in a hospital or urgent care setting in the past 90 days.
Elopement	Elopement (running away) out of sight of a supervising adult into an unsafe location in the past 90 days.
Pica	Placing an inedible object in mouth, and/or swallowing the object, in the past 90 days.

School administrators, special education teams and teachers, and School Team members (including general education teachers) should receive training on the importance of collaboration and the related processes and benefits of supporting PIP for students with behavioral needs. School administrators should receive training on management of space allocations and scheduling if multiple educators and PIP are needed in a classroom along with a description and examples of appropriate PIP services. FABA and other entities (e.g., CARD) are available to provide guidance and assistance with such training. Recommended training features include teachers and administrators describing successful PIP experiences, high levels of active engagement of participants during training, and mastery demonstration following training.



Private instructional personnel (PIP) who provide services in school settings must be sensitive to school rules and regulations regarding privacy and communication. One of the foundations of behavior analysis is frequent data collection. Additionally, session documentation is a professional requirement for all billed medical services. The data may be gathered electronically or manually and should be shared with team members to guide decisions about student progress toward goals and changes in the intervention. Collaboration between PIP and school teams can clarify related expectations and the rules and regulations of the school. Parents, teachers, school team members, and administrators will appreciate data recording and sharing procedures that are written in reader-friendly language (i.e., without jargon). These procedures may include the use of Job Aids or other materials that will support easy transition of data recording procedures to classroom teachers and para-educators.

The initial collaborative team meeting should determine the schedules for:

- Behavior analyst observations and on-site supervision of the BCaBA and RBT
- Frequency of school-based team meetings to include data (graph) sharing, progress reviews, and considerations of programming for PIP service fading, generalization, and maintenance
- Collaborations with district behavior analyst, when available
- Cooperative treatment fidelity checks and, data reliability checks



Recommendations

School district leaders should periodically (i.e., at least annually) review and update their procedures to support effective collaboration with school teams. Parents will appreciate easy access to information, forms and procedures written in reader-friendly language (i.e., without jargon, legalese).

School district leaders and the Florida Department of Education (DOE) may find it helpful to use a guide or template for PIP guidelines that may be modified to fit each district's needs. Refer to Appendix C for a guide and things to consider that may be useful.

Some additional professional requirements that each district should consider are:

- Private practitioners and organizations must provide a current, satisfactory certificate of insurance indicating coverage for commercial general liability, including sexual abuse/molestation, and automobile liability with specified limits, and whether to include the Board of Education as an insured entity
- Organizations should maintain worker's compensation insurance of at least the statutory limits as required by the State of Florida or other applicable laws and employer's liability insurance
- Private practitioners should be required to submit fingerprints for Criminal Background Check to the school district
- Private Practitioners should submit active certificates for their respective credential

Private Behavior Analyst's Role in School Collaboration

Administrators and school teams are obligated to carefully manage a wide array of complex services in compliance with local, state, and federal regulations. Private behavior analysts must operate within the constructs and requirements set forth by district, local, state, and federal regulations. It is the responsibility of the behavior analyst to ensure a clear understanding of the roles, responsibilities, and limitations of the private behavioral team.

When envisioning an effective school collaboration team, behavior analysts have a lot to offer. The science of behavior is focused on individualized assessment and treatment and has a rich history of research in effective educational technologies. In coordination with a school team, behavior analysts can assist in developing behavioral objectives for IEPs or 504 plans, sharing practical methods to streamline data collection for IEP goals, creating individualized crisis de-escalation plans, and developing opportunities for embedding social-communication/resiliency-based IEP goals throughout daily activities in the classroom.



Recommendations

For further clarification of the roles, responsibilities, and limitations of the Private Instructional Personnel (PIP), please visit the [resource hub](#) on the FABA website. In addition, to learn how behavior analysts can help collaborate on a student's education team, please see the [video and fact sheets](#) on education provided by the Behavior Analyst Certification Board.

Florida's statewide policy on PIP is outlined in Florida Statute 1003.572 *Collaboration of public and private instructional personnel*. This statute can be reviewed via this [link](#) and in [Appendix A]

Ethical Practices



Behavior analysts of all certification levels must adhere to a strict code of ethics set forth by the Behavior Analyst Certification board (BACB, 2020). RBTs have a separate Code of Ethics to follow (BACB, 2021).

The BACB developed the two ethics codes to guide standards of professional and ethical practices and to help protect high-risk populations served by behavior analysts. Private Instructional Personnel (PIP) are responsible for understanding and adhering to these codes, and to address any concerns with others if they observe violations.

Recommendations

Below is a list of examples and non-examples of service provision in a school setting that follows the BACB Code of Ethics (2020) and the requirements of school administration. This list is not meant to be exhaustive or fully comprehensive but should serve as a guide for both administrators and practitioners.

FABA recommends that educational administrators and school teams that regularly interact with private ABA providers have access to and familiarize themselves with both Ethics Codes. Please use these links to access the [BCBA Ethics Code](#) and the [RBT Ethics Code](#).

Appropriate Service Provision in School Setting

Inappropriate Service Provision in School Setting

Observing and assessing behaviors in the setting where behaviors occur

Observing and assessing behaviors during a time or place that behaviors are not likely to occur

Training/Modeling/Coaching of approved behavioral interventions with school staff who implement the procedures in the absence of the PIP

Training/modeling/coaching behavioral interventions that have not been approved by both the behavior analyst and school team

Utilizing pull-out/direct services in a time and place on school grounds that has been approved by the School Team

Preventing/interfering with a student's ability to participate in essential or required academic courses, related therapy services, etc.

Collaboration with the behavior analyst and school team to develop appropriate crisis management plans that are implemented in the absence of the PIP

Physical restraint of a student in the school setting or use of non-approved crisis management procedures by the PIP

Direct observation of student behavior and use of electronic devices (e.g., cell phone, tablet) to record behavior data on the student being served.

Failure to continuously observe or monitor student behavior

Use of electronic devices (e.g., cell phone, tablet) to record or live stream video or audio of the student being served, any other student, or school employees

Use of electronic devices (e.g., cell phone, tablet) for any activity other than data recording (e.g., personal communications, social media reading)

Supervision Requirements for RBTs

Some private ABA agencies provide supervision to district-employed RBTs. Per the BACB RBT Handbook (2022), the supervisor and the RBT must be employed by the same employer. If the school contracts with the supervisor while employing the RBT, these conditions are met. If the school contracts with a third-party agency who contracts with the supervisor, the conditions of the Behavior Analyst Certification Board have not been met.

FABA recognizes that stakeholders in the education system may not fully understand the ethical and supervisory obligations of the RBT and behavior analyst under the many Behavior Analyst Certification Board requirements. FABA would also like to note that RBTs have very high standards of supervision due to the complex nature of their jobs, and ongoing supervision at the service location and with the students being served is mandatory. To review the supervision requirements please see RBT Handbook. FABA would like to note that the supervision requirements listed within the handbook are the minimum requirements for RBT supervision (i.e., minimal hours, in-person direct observation of student services). Some RBTs will require increased supervision and support depending on the skills of the RBT and the unique needs of the student receiving services.

Standards for Fading Services, Generalization, and Maintenance

Generally, behavior analysts seek to provide the level of services needed for the student to be successful. As a student shows progress in all relevant school settings, the scope and intensity of services should be faded, and the student should ultimately be discharged from services by the private ABA provider. The goal is for the student to be engaged in school activities independent of ABA services provided by PIP.

It is in the best interest of the student, family, school team, and greater community that BCBA's make efficient plans for fading ABA services in school settings. The goal of service provision in community settings is to provide the students with the skills they need to be successful independently.

As previously stated, behavior analysts of all credentialing levels (BCBA, BCaBA, and RBT) adhere to a strict code of ethics set forth by the Behavior Analyst Certification Board (BACB). The Ethics Code for Behavior Analysts (BACB, 2020) explicitly states that BCBAAs must plan for fading and discontinuation of services: Under code 3.15, *“They consider discontinuing services when:*

- 1. The client has met all behavior-change goals*
- 2. The client is not benefiting from the service*
- 3. The behavior analyst and/or their supervisees or trainees are exposed to potentially harmful conditions that cannot be reasonably resolved*
- 4. The client and/or relevant stakeholder requests discontinuation*
- 5. The relevant stakeholders are not complying with the behavior-change intervention despite appropriate efforts to address barriers*
- 6. Services are no longer funded.” (p14)*



Additionally, the BACB provides a toolbox of timelines and resources that can be helpful in any transition of services.

CASP (2024) also provides guidance by recommending that *“Discharge and transition criteria should be measurable, realistic, and individualized. Envisioning outcomes that lead to a successful discharge from service should occur at the outset of treatment and should be modified with details added regularly throughout the course of treatment. Criteria for moving through a transition plan and discharging patients should be documented at the initiation of services and refined and modified throughout the treatment process based on ongoing evaluations of skills and needs. Discharge criteria are likely to be somewhat more general when services are initiated but should become more refined and specific throughout treatment.*

Transition and discharge planning should be conducted in collaboration with the patient, family, and other professionals involved in the patient’s treatment.” (p63). To review the full CASP document please see this [LINK](#).

Through a collaborative process, the behavior analyst, parent, and school team can determine a set of objective criteria for gradually fading services. This may involve monthly or quarterly progress reviews and decisions based on stable data that show targeted improvements in student behaviors or skills.

- Example 1: When a problem behavior is reduced 20% below pre-intervention (baseline) measures, there is a commensurate reduction in service hours. When a larger reduction in problem behavior occurs, there is a larger reduction in service hours.
- Example 2: When a desired behavior is increased 20% above pre-intervention (baseline) measures, there is a commensurate reduction in service hours. When a larger increase in desired behavior occurs, there is a larger reduction in service hours.

Note that a similar process can be used for decision making if there is a worsening of behaviors that warrants an increase in service hours.



References

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Appendix A

2023 Florida Statute 1003.572:

Collaboration of public and private instructional personnel

Source: [http://www.leg.state.fl.us/STATUTES/index.cfm?](http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&URL=1000-1099/1003/Sections/1003.572.html)

[App_mode=Display_Statute&URL=1000-1099/1003/Sections/1003.572.html](http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&URL=1000-1099/1003/Sections/1003.572.html)

(1) As used in this section, the term “private instructional personnel” means:

- (a) Individuals certified under s. [393.17](#) or licensed under chapter 490 or chapter 491 for applied behavior analysis services as defined in ss. [627.6686](#) and [641.31098](#).
- (b) Registered behavior technicians who have a nationally recognized paraprofessional certification in behavior analysis and who practice under the supervision of individuals described in paragraph (a) by assisting and supporting such individuals in the provision of applied behavior analysis services. To provide services under this section, a registered behavior technician must be employed by a provider described in paragraph (a).
- (c) Speech-language pathologists licensed under s. [468.1185](#).
- (d) Occupational therapists licensed under part III of chapter 468.
- (e) Physical therapists licensed under chapter 486.
- (f) Psychologists licensed under chapter 490.
- (g) Clinical social workers licensed under chapter 491.

(2) The collaboration of public and private instructional personnel shall be designed to enhance but not supplant the school district’s responsibilities under the Individuals with Disabilities Education Act (IDEA). The school as the local education agency shall provide therapy services to meet the expectations provided in federal law and regulations and state statutes and rules. Collaboration of public and private instructional personnel will work to promote educational progress and assist students in acquiring essential skills, including, but not limited to, readiness for pursuit of higher education goals or employment. Where applicable, public and private instructional personnel shall undertake collaborative programming. Coordination of services and plans between a public school and private instructional personnel is encouraged to avoid duplication or conflicting services or plans.

(3) Private instructional personnel who are hired or contracted by parents to collaborate with public instructional personnel must be permitted to observe the student in the educational setting, collaborate with instructional personnel in the educational setting, and provide services in the educational setting according to the following requirements:

- (a) The student’s public instructional personnel and principal consent to the time and place.
- (b) The private instructional personnel satisfy the requirements of s. [1012.32](#) or s. [1012.321](#).

For the purpose of implementing this subsection, a school district may not impose any requirements beyond those requirements specified in this subsection or charge any fees.

(4) The provision of private instructional personnel by a parent does not constitute a waiver of the student’s or parent’s right to a free and appropriate public education under IDEA.

Appendix B

CASP Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder (Guidance for Healthcare Funders, Regulatory Bodies, Service Providers, and Consumers) 3rd Ed. 2024

“Section 4.2: Treatment Intensity (p 33-35)

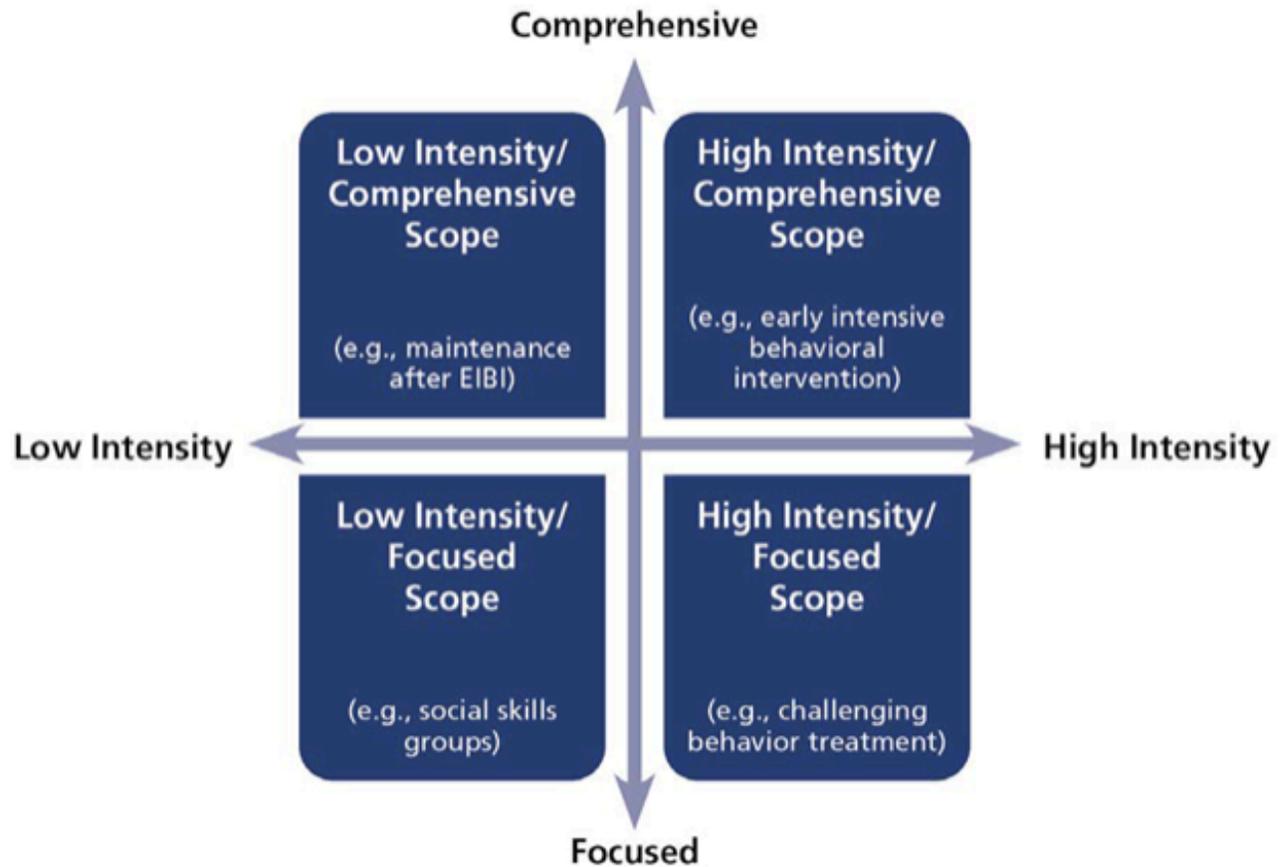
“Multiple considerations are relevant to determining appropriate treatment intensity. Patients should be able to receive treatment at the intensity that is most effective to achieve treatment goals. When there is uncertainty regarding the appropriate level of service intensity, the practitioner should err on the side of caution by providing a higher level of service intensity. Evidence of failure at a lower level of service intensity should not be required to access a higher intensity of care. Decisions to adjust treatment intensity should be individualized and based on the patient’s response to treatment (i.e., data supporting the need to increase or decrease). Decisions should not be based on the length of time receiving treatment and/or the age of the individual receiving care. Moving to a lower level of intensity is appropriate only when it is deemed safe to do so and when the lower level is equally effective as treatment at the higher level or service intensity. Clinicians who have directly observed and treated the patient are best positioned to recommend the appropriate number of treatment hours per week.

The recommended intensity of treatment should be based on what is medically necessary for the patient independent of the patient’s schedule of activities outside of treatment or previous utilization of services. Practical variables may be considered, but when there is conflict that may impact treatment outcomes, medical necessary considerations should be paramount. Treatment intensity is specified in the treatment plan and defined as the number of direct ABA treatment hours per week, not including case supervision by the behavior analyst, caregiver training, and other services. Additionally, hours spent in educational settings and receiving IEP services should not be included in the calculation of treatment hours. The number of service hours is a proxy for the total number of therapeutic interactions, such as learning opportunities, taking into account their complexity. Treatment intensity should reflect the complexity, breadth, and depth of treatment targets, as well as the environment, treatment protocols, and significance of patient needs. The best available evidence demonstrates that intensity of treatment dosage is the best predictor of achieving meaningful treatment outcomes.

Given that comprehensive ABA treatment addresses numerous target skills across multiple domains, many hours of direct services each week should be provided for an extended duration to ensure that the patient has sufficient opportunities to learn and practice. Multiple studies have shown that 30-40 hours of direct treatment per week produce better outcomes than treatment at lower dosages in comprehensive programs for young children with autism. Similar intensities would typically be medically necessary in comprehensive programs for adolescents and adults to meet treatment objectives.

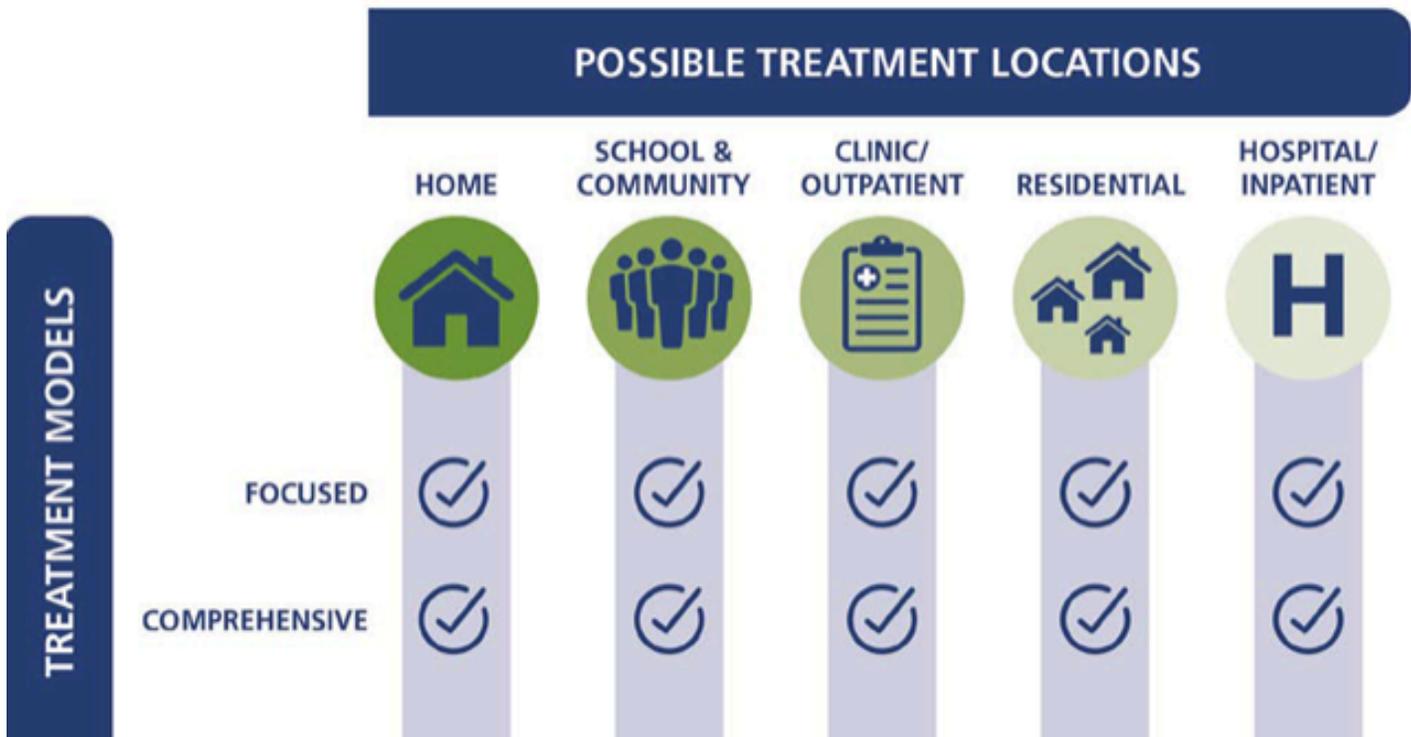
Focused ABA typically involves fewer domains than comprehensive treatment models, with services often comprising 10-25 hours of direct treatment per week. However, there are exceptions. For example, treating challenging behaviors or severe feeding concerns that threaten the patient’s health and safety or significantly interfere with their progress may be so complex that it requires substantial intensity to achieve an acceptable outcome (i.e., greater than 10-25 hours of direct treatment per week). Scope of treatment and treatment intensity are generally positively correlated, as shown in the diagram below. This diagram depicts scope as one continuum, with comprehensive and focused as the endpoints and a second, intersecting continuum of intensity with low and high as the endpoints.”

Scope and Intensity Treatment



"Examples are provided for each combination of scope and intensity. For example, an individual may start out in a program like those depicted in the upper right quadrant (e.g., comprehensive/high intensity) and later transition into a program represented in the upper left quadrant (e.g., comprehensive/low intensity) to focus on maintaining previously acquired skills. That patient might even be completely discharged from services but later re-enter services for a focused program consistent with either of the lower quadrants when a new concern emerges (e.g., difficulty with dating). For other individuals, a comprehensive treatment plan may remain the most appropriate treatment plan. These examples should not be interpreted as an exhaustive list of potential ABA services. In general, low-intensity, broad-scope treatment plans are appropriate only to maintain well-established behavior changes. Treatment plans that address a limited number of behavioral targets across limited domains may allow for adequate progress at relatively lower intensities. However, as the number and complexity of targets increase along with the number of domains addressed, a higher intensity of treatment becomes necessary. Without this correspondence, the constraints on the number of learning opportunities will limit the progress that can be achieved.

Regardless of whether the treatment is focused or comprehensive, the specific number of hours of services should be individually determined based on data collected during evaluations, assessments, and clinical impressions. Providers assess treatment needs and required dosage based on a multidimensional assessment that considers a wide variety of information about the patient."



Section 4.2: Treatment Settings (p39)

“ABA treatment must not be restricted a priori to specific settings but instead should be delivered in the settings that maximize treatment outcomes for the individual patient. It may be medically necessary for a patient to receive services in a particular location for a variety of reasons, including but not limited to generalization needs, the impact of interactions in this environment on skill building or behavioral targets in the treatment program, or to access the required intensity of services for the patient. For example, treatment in various community settings such as daycare, school, or a recreational activity may be medically necessary to promote social-emotional reciprocity, nonverbal communicative behaviors, and the development and maintenance of relationships. Treatment should not be denied or withheld solely because a caregiver can or cannot be present at the treatment location. ABA may be provided in any site medically necessary to address patient needs, such as:

- residential treatment facilities
- inpatient and outpatient programs
- childcare facilities
- homes
- schools
- transportation
- community settings
- clinics
- vocational or other educational classes
- recreational and social environments”

Appendix C Behavior Analyst and RBT General Guide for PIP Approval Process

<p>Guidelines for school access:</p>	<ul style="list-style-type: none"> • Identify who will be providing services and the time and place in which services will occur that is agreed upon by all parties. A fading plan should also be discussed. • Services may not interfere with the schools ability to implement an IEP or the educational process for the student and/or other students. • RBTs/BCBAs work in collaboration with the teacher and should not interfere with the teacher’s authority • Determine whether there is medical necessity for services within the school setting. It should be clearly documented in an approved behavior plan along with supporting data.
<p>Order of approval process:</p>	<ol style="list-style-type: none"> 1. Parent reaches out to the district to acquire the PIP packet for approval. RBT/BCBA completes any sections that require their own personal information. 2. Parent reaches out to the school to request a meeting for review. 3. Treatment team agrees upon appropriate place and times for services to be rendered. 4. Completed and signed form is submitted by designated school district office. 5. RBT/BCBA will begin services after the approval email is sent to the principal /designee and provider

Roles & Responsibilities

Regarding:	The RBT/BCBA May:	The RBT/BCBA May NOT:
Legal Regulations:	<ul style="list-style-type: none"> • Support their client (student) in collaboration with the district IEP/BIP • Report to teacher and/or principal any concern regarding safety and welfare • Contact DCF and mandatory reporters 	<ul style="list-style-type: none"> • Interfere with districts responsibility to provide FAPE • Work with or provide recommendations for other students that are not their assigned client • Violate FERPA by discussing other students
Student Placement:	<ul style="list-style-type: none"> • Collaborate with the treatment team on which strategies and supports are needed to make the student most successful. 	<ul style="list-style-type: none"> • Make a recommendation on whether a student's placement should be changed regardless of parents feelings
Meeting Attendance:	<ul style="list-style-type: none"> • RBT may attend meetings at the discretion of the parent and the supervising BCBA only if it is non-billable. • however it is advised to encourage direct services only 	<ul style="list-style-type: none"> • Attend meetings without the permission of the parent and their supervising BCBA whether asked by the district or otherwise.
Discipline:	<ul style="list-style-type: none"> • Collaborate with administration to provide discipline alternatives to suspension 	Determine/overrule discipline decision by school administration
Teaching:	<ul style="list-style-type: none"> • Model effective behavioral interventions for their client (student) in collaboration with school staff 	<ul style="list-style-type: none"> • Serve as a replacement for the teacher, paraprofessional, or substitute • Be left unsupervised with the student • Provide trainings in classroom on behavioral strategies for school staff • Instruct teacher and school staff to use their interventions designed for the student
Behavioral Assessment & Intervention:	<ul style="list-style-type: none"> • Collaborate with school staff on best practice for completing the individual's FBA 	<ul style="list-style-type: none"> • Conduct a Functional Behavioral Assessment (FBA) on behalf of the school/district

Roles & Responsibilities, cont

Regarding:	The RBT/BCBA May:	The RBT/BCBA May NOT:
<ul style="list-style-type: none"> Paperwork 	<ul style="list-style-type: none"> Collaborate with school staff on data collection for their client (student) Collect data using approved method Support IEP goals through data collection aligned with BIP goals, as appropriate 	<ul style="list-style-type: none"> Be responsible for data collection for IEP goals Insist schools use data collected by RBT/BCBA in lieu of school data collection for IEP Collect/record data on other students/staff Instruct teachers to take data for the RBT's behavior plans Have access to school data collection outside of a collaborative process
<ul style="list-style-type: none"> Crisis Management & Physical Restraint 	<ul style="list-style-type: none"> Collaborate with staff in attempt to <i>verbally</i> de-escalate their client (student) 	<ul style="list-style-type: none"> Physically restrain any student
<ul style="list-style-type: none"> Professionalism 	<ul style="list-style-type: none"> Adhere to all district and school policies and procedures Adhere to RBT/BCBA Ethics Code 	<ul style="list-style-type: none"> Wear unprofessional attire Use personal cell phone while in a classroom Take photos or make video or audio recordings of students or staff Use inappropriate language and/or have inappropriate conversations Display inappropriate actions