

## Observation and direction

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<b>Legal authority</b>	<a href="#">CMS-approved state plan amendment – 2017 (PDF)</a> , <a href="#">CMS-approved state plan amendment – 2018 update (PDF)</a> , <a href="#">CMS-approved state plan amendment – 2019 update (PDF)</a> , <a href="#">Minn. Stat. §256B.0949</a>	
<b>Definition</b>	<b>Observation and direction (also known as adaptive behavior treatment with protocol modification):</b> An EIDBI service provided by a qualified EIDBI provider that covers the clinical direction and oversight of intervention services and program modification.	
<b>Overview</b>	<p>Observation and direction is for the direct benefit of the person and based on their needs. It ensures treatment fidelity and integrity, and it informs any necessary treatment and program modifications.</p> <p>A qualified EIDBI provider should bill for observation and direction when they:</p> <ul style="list-style-type: none"> <li>• Conduct direct intervention with the person (and with no other EIDBI provider present) to observe changes in the person’s behavior or troubleshoot treatment procedures.</li> <li>• Join the person and another EIDBI provider during a group or individual intervention session.</li> </ul>	
<b>Eligible providers</b>	<p>The following EIDBI providers can deliver and bill for observation and direction:</p> <ul style="list-style-type: none"> <li>• <a href="#">Qualified supervising professional (QSP)</a>.</li> <li>• <a href="#">Level I provider</a>.</li> <li>• <a href="#">Level II provider</a>.</li> </ul> <p>A lower-level provider cannot deliver observation and direction to a higher-level provider.</p> <p><b>QSP</b> A QSP can deliver this service to another QSP or a Level I, II or III provider.</p> <p><b>Level I provider</b> A Level I provider can deliver this service to another Level I provider or a Level II or III provider. If a Level I provider receiving observation and direction is enrolled under the provider shortage variance, they must receive observation and direction from a QSP to count the hours toward their required 2,000 hours of supervised experience.</p> <p><b>Level II provider</b> A Level II provider can deliver this service to another Level II provider or a Level III provider. If a Level II provider receiving observation and direction is enrolled under the provider shortage variance, they must receive observation and direction from a QSP or Level I provider to count the hours toward their required 1,000 hours of supervised experience.</p> <p><b>Multiple providers</b> Multiple providers may provide observation and direction at the same time, using the same billing code 97155 (e.g., the QSP delivers the service to a Level I provider, and the Level I provider delivers the service to a Level II provider, while the Level III provider delivers individual intervention services).</p>	
<b>Requirements</b>	<p>Observation and direction must include:</p> <ul style="list-style-type: none"> <li>• Physical presence of the person and/or parent or primary caregiver.</li> <li>• Protocol modification.</li> </ul> <p><b>Protocol modification</b> Protocol modification is a required component of observation and direction. It includes, but is not limited to:</p>	

	<ol style="list-style-type: none"> <li>1. Adjustments to specific components of a procedure or treatment objective (e.g., treatment targets, treatment goals, data collection and measurement, reinforcers, reinforcer delivery, prompts, instructions, materials, discriminative stimuli, contextual variables).</li> <li>2. Observation to determine if the program components function effectively for the person, or if they require adjustments.</li> <li>3. Active direction or feedback to an EIDBI provider while that provider delivers a service (e.g., intervention). Direction or feedback may include: <ul style="list-style-type: none"> <li>• Observation to ensure the provider is implementing programs correctly.</li> <li>• Correction of errors in program implementation.</li> <li>• Training for the provider to implement a modified procedure.</li> </ul> </li> <li>4. Implementation of programs by a qualified EIDBI provider with the person to either: <ul style="list-style-type: none"> <li>• Determine if changes are needed to improve the person's progress.</li> <li>• Test a modified protocol.</li> </ul> </li> </ol>
<p><b>Secondary information</b></p>	<p><b>Training</b>  Observation and direction does not include:</p> <ul style="list-style-type: none"> <li>• The provider's time taking the ASD Strategies in Action, Cultural Responsiveness, Registered Behavior Technician (RBT) or EIDBI 101 trainings.</li> <li>• Orientation and training of a newly hired staff member.</li> <li>• Training on basic competencies.</li> <li>• Other training that does not involve the person and parent/caregiver.</li> </ul> <p>For information about training requirements, refer to <a href="#">EIDBI – Training</a>.</p> <p><b>Supervision</b>  All providers must receive and maintain experience hours according to their level of enrollment, credentialing or licensing board. The frequency and intensity of observation and direction should be based on the needs of individual EIDBI providers and the people who receive services. To bill and receive reimbursement for supervision, the provider must ensure the service meets the criteria for observation and direction. For more information, refer to <a href="#">EIDBI – Clinical supervision</a>.</p> <p>Level I and II providers enrolled under the provider shortage variance may need regular observation and direction until they meet the required number of supervised hours based on their provider level. To review individual provider qualifications, refer to <a href="#">EIDBI – Overview of EIDBI providers</a>.</p>
<p><b>Case notes</b></p>	<p>The provider must document observation and direction in the person's case notes. Documentation must include:</p> <ul style="list-style-type: none"> <li>• Type of service provided.</li> <li>• Name, title (e.g., QSP, level I or II) and signature of the provider who delivered observation and direction.</li> <li>• Name and title of the provider who received the observation and direction, if applicable.</li> <li>• Date the observation and direction was provided.</li> <li>• Session start and stop times.</li> <li>• Scope of the service, description of the protocol modification and the person's response or progress.</li> </ul> <p>For more information about case notes, refer to <a href="#">EIDBI – Health service records</a>.</p>
<p><b>Telehealth</b></p>	<p>If medically appropriate to the condition and needs of the person, observation and direction may be provided via two-way, interactive video. For more</p>

	information, refer to <a href="#">EIDBI – Telehealth services</a> .
<b>Service authorization and billing</b>	<p>For authorization and billing information, including provider and service limits, refer to:</p> <ul style="list-style-type: none"> <li>• <a href="#">EIDBI billing grid (PDF)</a>.</li> <li>• <a href="#">MHCP Provider Manual – EIDBI billing</a>.</li> <li>• <a href="#">MHCP Provider Manual – EIDBI service authorization</a>.</li> </ul> <p><b>Modification of written protocol</b>  A provider should not bill for observation and direction when the person is not present. Modification of written protocols is an indirect service for which the provider cannot report or bill separately. Instead, the provider should bundle it with billing code 97155 for payment during the direct in-person session. The reimbursement rate for direct time factors in the time for a provider to modify written protocols.</p>
<b>Additional resources</b>	<a href="#">EIDBI – Intervention</a> <a href="#">EIDBI – Services</a>