

## Observation and direction

Page posted: 6/18/15	Page reviewed: 8/6/24	Page updated: 9/24/25
Legal authority	<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>	
Definition	<p><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 active protocol modification of the person’s individualized treatment programming based on real-time observations.</p> <p><b>Protocol modification:</b> Ongoing clinical decision-making and adjustments made by a qualified EIDBI provider to ensure that treatment remains individualized, effective and responsive to the person’s progress or needs.</p> <p><b>Observation and assessment:</b> A component of protocol modification during which a qualified EIDBI provider observes service delivery with active evaluation of program component effectiveness for the person. The provider must:</p> <ul style="list-style-type: none"> <li>• Collect and document data.</li> <li>• Assess whether providers implement programming as intended.</li> <li>• Determine if programming needs modifications.</li> <li>• Document the data, rationale and identified next steps to ensure programming continues to meet the person’s needs.</li> </ul> <p>Passive observation without active assessment or data-driven justification does not meet criteria for billing.</p>	
Overview	<p>Observation and direction:</p> <ul style="list-style-type: none"> <li>• Is for the direct benefit of the person.</li> <li>• Is based on the person’s needs.</li> <li>• Ensures treatment fidelity and integrity.</li> <li>• Informs any necessary treatment and protocol modifications.</li> </ul> <p>A qualified EIDBI provider should bill for observation and direction when they do either of the following:</p> <ol style="list-style-type: none"> <li>1. Conduct direct intervention with protocol modification(s) with the person (with no other EIDBI provider present) to observe changes in the person’s behavior or troubleshoot treatment procedures.</li> <li>2. Join the person and another EIDBI provider during an individual, group or higher intensity intervention session with protocol modification(s).</li> </ol>	
Eligible providers	<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 observation and direction to another QSP or a level I, level II or level III provider.</p> <p><b>Level I provider</b> A level I provider can deliver observation and direction to another level I provider or a level II or level III provider.</p> <p>Level I providers who have not met the required experience threshold (i.e., 2,000 hours of supervised experience) must receive observation and direction from a QSP to count the hours toward their required 2,000 hours of supervised experience. For more information, refer to the qualifications section of <a href="#">EIDBI –</a></p>	

	<p><a href="#"><u>Level I provider qualifications, roles and responsibilities.</u></a></p> <p><b>Level II provider</b>  A level II provider can deliver observation and direction to another level II provider or a level III provider.  Level II providers who have not met the required experience threshold (i.e., 1,000 hours of supervised experience) 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. For more information, refer to the qualifications section of <a href="#"><u>EIDBI – Level II provider qualifications, roles and responsibilities.</u></a></p> <p><b>Multiple providers</b>  Multiple providers may deliver observation and direction at the same time as clinically necessary. They must follow the billing guidelines in the service authorization and billing section below.</p>
<p><b>Observation and direction covered services requirements</b></p>	<p>Observation and direction covered services must include:</p> <ul style="list-style-type: none"> <li>• Active engagement with the person in assessment or treatment.</li> <li>• Protocol modification.</li> </ul> <p><b>Active engagement</b>  Active engagement includes:</p> <ul style="list-style-type: none"> <li>• Ongoing assessment of the person’s performance during the session.</li> <li>• Data collection to guide treatment adjustments.</li> <li>• Real-time modifications to intervention strategies, prompts or goals.</li> <li>• Coaching or modeling for the intervention provider.</li> <li>• Clinical decisions documented with a clear rationale.</li> </ul> <p><b>Protocol modification</b>  Protocol modification is a required component of observation and direction. The modification(s) must:</p> <ul style="list-style-type: none"> <li>• Occur during the session.</li> <li>• Be clinically necessary to improve the person’s progress and treatment outcomes.</li> </ul> <p>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 during the session with the person. For example, modifications or revisions to: <ul style="list-style-type: none"> <li>• Treatment targets, goals or objectives.</li> <li>• Programs and procedures.</li> <li>• Measurement (e.g., data collection systems).</li> <li>• Reinforcers.</li> <li>• Reinforcer delivery.</li> <li>• Prompts.</li> <li>• Instructions.</li> <li>• Materials.</li> <li>• Discriminative stimuli or instructions.</li> <li>• Behavior intervention plans.</li> <li>• Environmental variables.</li> </ul> </li> <li>2. Observation and assessment to determine if the program components function effectively for the person or they require revisions. For more information, refer to the observation and assessment section below.</li> </ol> <p><b>Note:</b> Observation without active assessment or data-driven justification is not a covered service.</p> <ol style="list-style-type: none"> <li>3. Active direction or feedback to an EIDBI provider while that provider delivers a service (e.g., intervention). Direction or feedback may include:</li> </ol>

	<ul style="list-style-type: none"> <li>• Observation to ensure the provider implements programs correctly.</li> <li>• Correction of errors in program implementation.</li> <li>• Training for the provider to accurately and consistently implement a new or modified procedure.</li> </ul> <p>4. Program implementation by a qualified EIDBI provider with the person to either:</p> <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> <p><b>Observation and assessment</b> As part of protocol modification, providers may conduct observation and assessment to determine if program components:</p> <ul style="list-style-type: none"> <li>• Function effectively for the person (i.e., program components do not need changes).</li> <li>• Do not function effectively for the person (i.e., program components need changes).</li> </ul> <p>During observation and assessment, the provider must:</p> <ul style="list-style-type: none"> <li>• Actively engage in assessment during the observation to determine program effectiveness.</li> <li>• Document data and rationale supporting their decisions about programming effectiveness and implementation.</li> <li>• Indicate next steps based on their observation to ensure programming continues to meet the person’s needs.</li> </ul> <p><b>Note:</b> Even if programming is effective, providers must support their decision with data and next steps.</p> <p><b>Frequency of protocol modification</b> Regular modifications to treatment protocols are expected as the person makes progress toward goals. Treatment protocols also need changes when progress is absent or occurs at a slower rate than expected. Generally, if visual data analysis indicates that inadequate progress was made over three sessions, the provider must try to identify the cause(s).</p> <p><b>Training</b> Observation and direction only includes training when the training activity:</p> <ul style="list-style-type: none"> <li>• Relates to real-time protocol modification.</li> <li>• Meets the observation and direction requirements (e.g., training for the provider to implement a new or modified procedure with the person who receives services present).</li> </ul>
<p><b>Upcoming changes to observation and direction covered services requirements</b></p>	<p>For upcoming changes to observation and direction requirements effective Jan. 1, 2026, refer to the upcoming changes to supervision requirements section of <a href="#">EIDBI – Clinical supervision</a>.</p>
<p><b>Non-covered services</b></p>	<p>Observation and direction does not include:</p> <ul style="list-style-type: none"> <li>• Administrative tasks (e.g., completing case notes, creating stimuli, creating training materials, writing programs, developing client program binders, quality assurance, human resources activities).</li> <li>• Indirect work or data review outside of the session time without the person present.</li> <li>• Time spent on family/caregiver training (i.e., billing code 97156 or billing code 97157) sessions.</li> <li>• Communication with families to schedule or update progress.</li> </ul>

	<ul style="list-style-type: none"> <li>• Team meetings or case review with the team.</li> <li>• Reviewing training targets or the person’s progress with a provider without the person present.</li> <li>• Passive observation without active engagement and assessment.</li> <li>• Direction or communication with staff after the session ends or without the person present.</li> <li>• Supervision, unless the supervision activity meets the observation and direction criteria in the requirements for covered services section above.</li> </ul> <p><b>Non-covered services related to training</b>  Observation and direction does not include any training activity that does not relate to real-time protocol modification, such as:</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>• Onboarding and orientation for newly hired staff members.</li> <li>• Training on basic competencies.</li> <li>• Other training that does not involve the person.</li> <li>• General provider education sessions (e.g., continuing education).</li> </ul> <p>For information about training requirements, refer to <a href="#">EIDBI – Overview of training for EIDBI providers</a>.</p>
<p><b>Secondary information</b></p>	<p><b>Supervision</b>  All providers must receive and maintain supervision hours according to their level of enrollment, credentialing or licensing board. The frequency and intensity of supervision and/or observation and direction should be based on the needs of individual EIDBI providers and the people who receive services.  Level I and level II providers may need regular observation and direction until they meet the required number of supervised hours based on their provider enrollment qualifications. To review individual provider qualifications, refer to <a href="#">EIDBI – Overview of EIDBI providers</a>.  For more information, refer to <a href="#">EIDBI – Clinical supervision</a>.</p>
<p><b>Case notes</b></p>	<p>The provider must document observation and direction in the person’s case notes. Case note documentation must include:</p> <ol style="list-style-type: none"> <li>1. Type of service provided.</li> <li>2. Name, title (e.g., QSP, level I, level II) and signature of the provider who delivered observation and direction.</li> <li>3. Name and title of the provider who received the observation and direction, if applicable.</li> <li>4. Date the provider delivered observation and direction.</li> <li>5. Session start and stop times.</li> <li>6. Justification for all services billed.</li> </ol> <p><b>Note:</b> Providers should avoid billing services at the daily maximum without justification.</p> <ol style="list-style-type: none"> <li>7. Active clinical engagement documentation, including: <ul style="list-style-type: none"> <li>• Provider’s specific observations and assessments (e.g., specific skills, treatment components, provider implementation).  <b>Note:</b> Progress notes should not be identical from session to session.</li> <li>• The specific program or skills the provider observed based on the person’s goals in their individualized treatment plan.</li> <li>• The person’s individualized performance during the observation and assessment.</li> <li>• Direction given to the provider who received the observation and</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• direction (if applicable) and how they implemented it.</li> <li>• The provider’s clinical rationale for any protocol modification decision-making (i.e., program components do not need changes or program components need changes).</li> <li>• Next steps or treatment plan updates based on the observation and assessment.</li> </ul> <p><b>Observation and direction case note documentation training</b>  Provider agencies must ensure individual providers delivering observation and direction receive training on how to thoroughly and accurately document session case notes.</p> <p><b>Observation and direction case notes for multiple providers</b>  When multiple providers deliver observation and direction at the same time as clinically necessary, all providers that bill for EIDBI services must complete their own case notes. They must clearly document distinct roles and activities to justify the need for simultaneous billing of the service.  For more information about case notes, refer to <a href="#">EIDBI – Health service records</a>.</p>
<b>Telehealth</b>	If medically appropriate to the person’s condition and needs, providers may deliver observation and direction via two-way, interactive video. For more information, refer to <a href="#">EIDBI – Telehealth services</a> .
<b>Service authorization and billing</b>	For authorization and billing information, including provider and service limits, refer to: <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> Not all supervision is billable under observation and direction. To bill and receive reimbursement for supervision, the provider must ensure the service meets the observation and direction requirements outlined above. <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. The reimbursement rate for direct time with the person factors in time for a provider to complete administrative tasks (e.g., creating materials, modifying written protocols).</p> <p><b>Multiple providers</b>  When multiple providers deliver observation and direction at the same time, as clinically necessary, they may use the same billing code 97155 to bill for observation and direction. For example, a level I provider and QSP both deliver observation and direction (i.e., billing code 97155) while a level III provider delivers individual intervention services (i.e., billing code 97153). Both the level I provider and the QSP may use billing code 97155 to bill for observation and direction if: <ul style="list-style-type: none"> <li>• They both meet the requirements for covered services outlined in the section above.</li> <li>• The service is clinically necessary as documented in the person’s treatment plan.</li> </ul> </p>
<b>Additional resources</b>	<a href="#">EIDBI – Clinical supervision</a> <a href="#">EIDBI – Health service records</a> <a href="#">EIDBI – Intervention</a> <a href="#">EIDBI – Level I provider</a> <a href="#">EIDBI – Level II provider</a> <a href="#">EIDBI – Overview of EIDBI providers</a>

<a href="#"><u>EIDBI – QSP</u></a> <a href="#"><u>EIDBI – Services</u></a> <a href="#"><u>EIDBI – Telehealth services</u></a> <a href="#"><u>EIDBI billing grid (PDF)</u></a> <a href="#"><u>MHCP Provider Manual – EIDBI billing</u></a> <a href="#"><u>MHCP Provider Manual – EIDBI service authorization</u></a>
--