

## Observation and direction

Page posted: 6/18/15	Page reviewed: 8/6/24	Page updated: 2/12/26
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>	
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>QSPs are responsible for clinical oversight regardless of which staff member delivers observation and direction.</p> <p>Qualified level I and level II providers may deliver observation and direction when clinically appropriate and within their scope of practice.</p> <p>A lower-level provider cannot deliver observation and direction to a higher-level provider.</p> <p><a href="#">Level I providers</a> and <a href="#">level II providers</a> who have not met their respective required experience threshold must receive observation and direction from a QSP to count the hours toward their required hours of supervised experience.</p> <p><b>Multiple providers</b></p> <p>Multiple providers may deliver non-duplicative observation and direction services at the same time, when clinically necessary, based on the person’s needs and documented in their ITP. Providers must follow the billing guidelines in the service authorization and billing section below.</p>	

**Observation and direction covered services requirements**

**Observation and direction requirements for active engagement and protocol modification**

Observation and direction covered services must include:

1. Active engagement with the person in assessment or treatment, including:
  - Ongoing assessment of the person's performance during the session.
  - Data collection to guide treatment adjustments.
  - Real-time modifications to intervention strategies, prompts or goals.
  - Coaching or modeling for the intervention provider.
  - Clinical decisions documented with a clear rationale.
2. Protocol modification, which must:
  - Occur during the session.
  - Be clinically necessary to improve the person's progress and treatment outcomes.

Protocol modification includes, but is not limited to:

1. Modifications or revisions to specific components of a person's procedure or treatment objectives, such as:
  - Treatment targets, goals or objectives.
  - Programs and procedures.
  - Measurement (e.g., data collection systems).
  - Reinforcers.
  - Reinforcer delivery.
  - Prompts.
  - Instructions.
  - Materials.
  - Discriminative stimuli or instructions.
  - Behavior intervention plans.
  - Environmental variables.
2. Observation and assessment to determine if the program components function effectively for the person or if they require revisions. For more information, refer to the observation and assessment section below.

**Note:** Observation without active assessment or data-driven justification is not a covered service.

3. Active direction or feedback to an EIDBI provider while that provider delivers a service (e.g., intervention). Direction or feedback may include:
  - Observation to ensure the provider implements programs correctly.
  - Correction of errors in program implementation.
  - Training for the provider to accurately and consistently implement a new or modified procedure.
4. Program implementation by a qualified EIDBI provider with the person to either:
  - Determine if protocols need changes to improve the person's progress.
  - Test a modified protocol.

**Observation and assessment**

As part of protocol modification, providers may conduct observation and assessment to determine if program components:

- Function effectively for the person (i.e., program components do not need changes).
- Do not function effectively for the person (i.e., program components need changes).

During observation and assessment, the provider must:

	<ul style="list-style-type: none"> <li>• Actively engage in assessment during the observation to determine program effectiveness.</li> <li>• Document data and rationale to support 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 the person made inadequate progress 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>Non-covered services</b></p>	<p>Observation and direction does not include:</p> <ul style="list-style-type: none"> <li>• Administrative tasks (e.g., case note completion, stimuli or training material creation, program writing, client program binder development, 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> <li>• Team meetings or case review with the team.</li> <li>• Time spent 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 observation and direction cover services requirements section above.</li> <li>• General staff training activities that are not related to the person’s clinical needs or real-time protocol modification (e.g., ASD Strategies in Action, Cultural Responsiveness, registered behavior technician (RBT) or EIDBI 101 trainings; basic competencies; training that does not involve the person receiving EIDBI services).</li> </ul> <p><b>Note:</b> For information about training requirements, refer to <a href="#">EIDBI – Overview of training for EIDBI providers</a>.</p> <ul style="list-style-type: none"> <li>• Onboarding and orientation for newly hired staff members.</li> <li>• General provider education sessions (e.g., continuing education).</li> </ul> <p>EIDBI providers must NOT:</p> <ul style="list-style-type: none"> <li>• Provide observation and direction without prior authorization.</li> <li>• Provide observation and direction in the same quantity as intervention</li> </ul>

	<ul style="list-style-type: none"> <li>• hours.</li> <li>• Provide observation and direction as a substitute for direct or high-intensity intervention.</li> <li>• Assume the QSP must deliver all observation and direction services. Other qualified staff may provide observation and direction when clinically necessary.</li> <li>• Submit requests as default or routine agency practice without individual consideration.</li> <li>• Provide observation and direction as a substitute for general staff training, agency support or administrative tasks not tied to a person's clinical needs.</li> <li>• Provide observation and direction above 20% of direct treatment hours without individualized justification documented in the individual treatment plan (ITP).</li> </ul>
<p><b>Secondary information</b></p>	<p><b>Supervision</b>  EIDBI providers must meet supervision requirements in <a href="#">Minn. Stat. §256B.0949, subd. 15-16</a>, including ensuring the QSP provides required oversight.  All providers must:</p> <ul style="list-style-type: none"> <li>• Receive and maintain supervision hours based on their enrollment level and any applicable credential or license requirements.</li> <li>• Base the amount and type of supervision, including observation and direction, on the needs of the provider and the person receiving services.</li> <li>• Deliver observation and direction at least once per month to each person receiving services.</li> </ul> <p>For more information, refer to <a href="#">EIDBI – Clinical supervision</a>.</p>
<p><b>Case notes</b></p>	<p>Providers must follow the instructions on <a href="#">EIDBI – Health service records</a> to document observation and direction in the person's case notes. They also must include the following active clinical engagement documentation specific to observation and direction:</p> <ul style="list-style-type: none"> <li>• Provider's specific observations and assessments (e.g., specific skills, treatment components, provider implementation) of the person receiving services.</li> <li>• The specific program or skills the provider observed based on the person's goals in their ITP.</li> <li>• The person's individualized performance during the observation and assessment.</li> <li>• Direction given to the provider who received the observation and 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> <li>• Justification for all services billed.</li> </ul> <p><b>Documentation requirements</b>  When requesting observation and direction, the ITP must document:</p> <ul style="list-style-type: none"> <li>• The person's specific clinical need(s) that require observation and direction.</li> <li>• How observation and direction supports treatment effectiveness, safety or fidelity.</li> </ul>

	<ul style="list-style-type: none"> <li>• Observation and direction hours proportionate to overall direct treatment hours.</li> <li>• When applicable, medical necessity for observation and direction hours that exceed 20% of overall direct treatment hours.</li> </ul> <p><b>Note:</b> If requested observation and direction exceeds 20% of overall direct treatment hours, managed care organizations (MCOs) or the medical review agent may:</p> <ul style="list-style-type: none"> <li>• Request additional documentation.</li> <li>• Reduce authorized units.</li> <li>• Deny requests that lack sufficient clinical justification.</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>	<p>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>.</p> <p><b>Note:</b> The clinical supervisor may only deliver observation and direction via telehealth for two consecutive months. They must deliver observation and direction in person in the third month.</p>
<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>Observation and direction authorization expectations</b>  DHS expects EIDBI providers to align authorization requests and observation and direction service delivery with national best practices, including guidance from the Council of Autism Service Providers (CASP) and the <a href="#">ABA Coding Coalition</a>. These organizations recommend that providers do not deliver observation and direction that exceeds 20% of a person’s direct treatment hours (i.e., CPT 97153, 97154 and 0373T). DHS enforces these expectations to support equitable, person-centered care and appropriate use of services.</p> <p><b>Authorization and billing requirements</b>  Not all supervision is billable under observation and direction. Refer to the observation and direction covered services requirements section above.</p> <p><b>Provider responsibilities</b>  EIDBI providers must authorize observation and direction:</p> <ul style="list-style-type: none"> <li>• That reflects the person’s individualized clinical need.</li> <li>• As a supervisory, supportive service that supplements, but does not replace, direct treatment.</li> </ul> <p><b>Modification of written protocol</b>  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.,</p>

	<p>creating materials, modifying written protocols).</p> <p><b>Multiple providers</b></p> <p>When multiple providers deliver observation and direction at the same time, as clinically necessary, they may use the same billing code (i.e., 97155) to bill for observation and direction.</p> <p>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:</p> <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>
<b>Additional resources</b>	<p><a href="#">EIDBI – Clinical supervision</a></p> <p><a href="#">EIDBI – Health service records</a></p> <p><a href="#">EIDBI – Intervention</a></p> <p><a href="#">EIDBI – Level I provider</a></p> <p><a href="#">EIDBI – Level II provider</a></p> <p><a href="#">EIDBI – Overview of EIDBI providers</a></p> <p><a href="#">EIDBI – Overview of training for EIDBI providers</a></p> <p><a href="#">EIDBI – QSP</a></p> <p><a href="#">EIDBI – Services</a></p> <p><a href="#">EIDBI – Telehealth services</a></p> <p><a href="#">EIDBI billing grid (PDF)</a></p> <p><a href="#">MHCP Provider Manual – EIDBI billing</a></p> <p><a href="#">MHCP Provider Manual – EIDBI service authorization</a></p>