NEW JERSEY HUMAN SERVICES | Division of Developmental Disabilities

Unit Authorization and Billing Parameters for Behavioral Supports



IMPORTANT

Material presented here is **NOT** to be modified or altered.

No information should be shared on any Social Media sites without prior written permission by DDD.

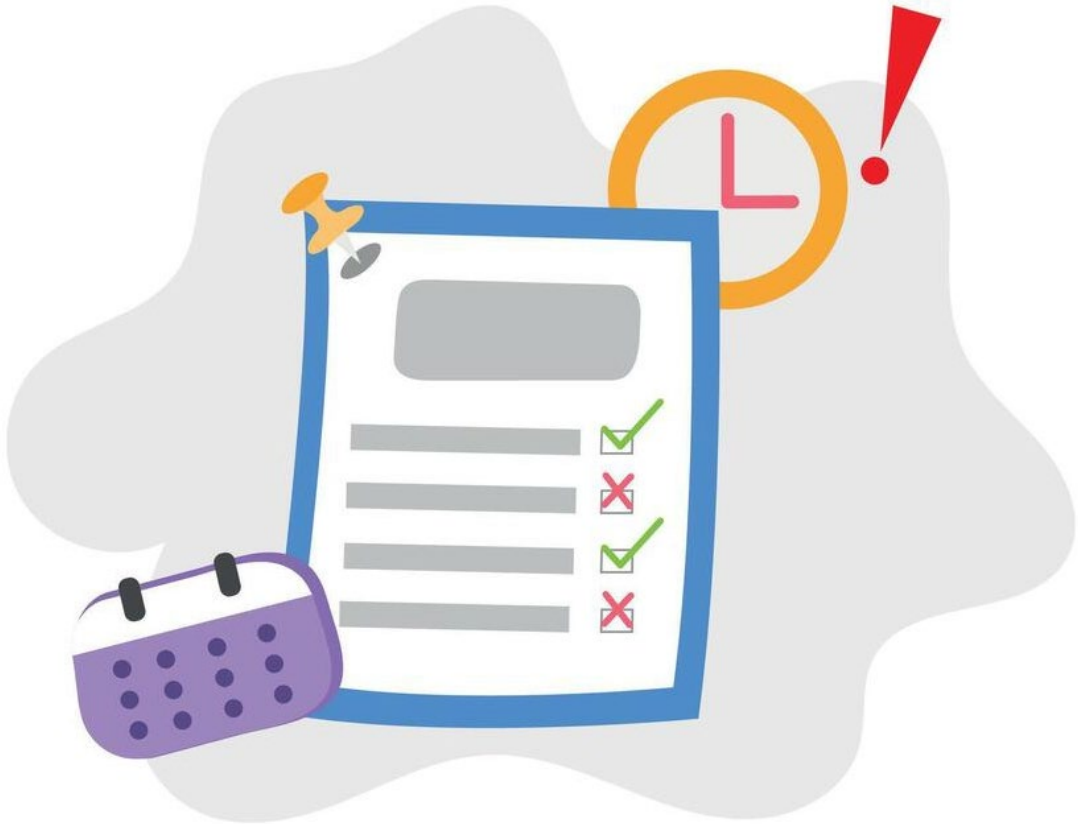
-Provider Support

Training Purpose

The purpose of this training is to understand unit authorization and billing parameters for behavioral supports, and documentation expectations.

AGENDA

- Behavior Supports: Assessment/Plan Development (H0004HI22)
- Behavioral Supports: Monitoring (H0004HI)
- Reasonable Justification for Additional Units for Behavioral Supports Assessment and Plan Development
- A note on Ethical Bill Practices



Billing Codes for Behavior Supports

Assessment and Plan Development (H0004HI22)

Monitoring (H0004HI)

Effective immediately

Applies only to the two procedure codes shown

Applies to all plans created on or after 9/15/2026

All providers must continue to follow DDD Behavioral Supports service standards

Billing codes and responsibilities

H0004HI22

- Initial assessment and plan development
- Reassessment and plan revision
- Annual BSP review within the ongoing allocation

H0004HI

- Monitoring after initial BSP development
- Monitoring after reassessment or plan revision
- Ongoing data review and progress reporting

Services must follow DDD standards.

Billing must match services delivered.

Concurrent services cannot overlap in time.

One unit equals 15 minutes. Authorization limits are maximums, not automatic billing targets.

Assessment/Plan Development

H0004HI22

Standard Unit Allocation

- ❑ Maximum
  - ❑ 40 Hours (160 Units)
- ❑ Timeframe
  - ❑ Up to 8 weeks (can be less)
- ❑ Ongoing (Week 9 or Hour 41)
  - ❑ 2 Hours (8 Units) per month

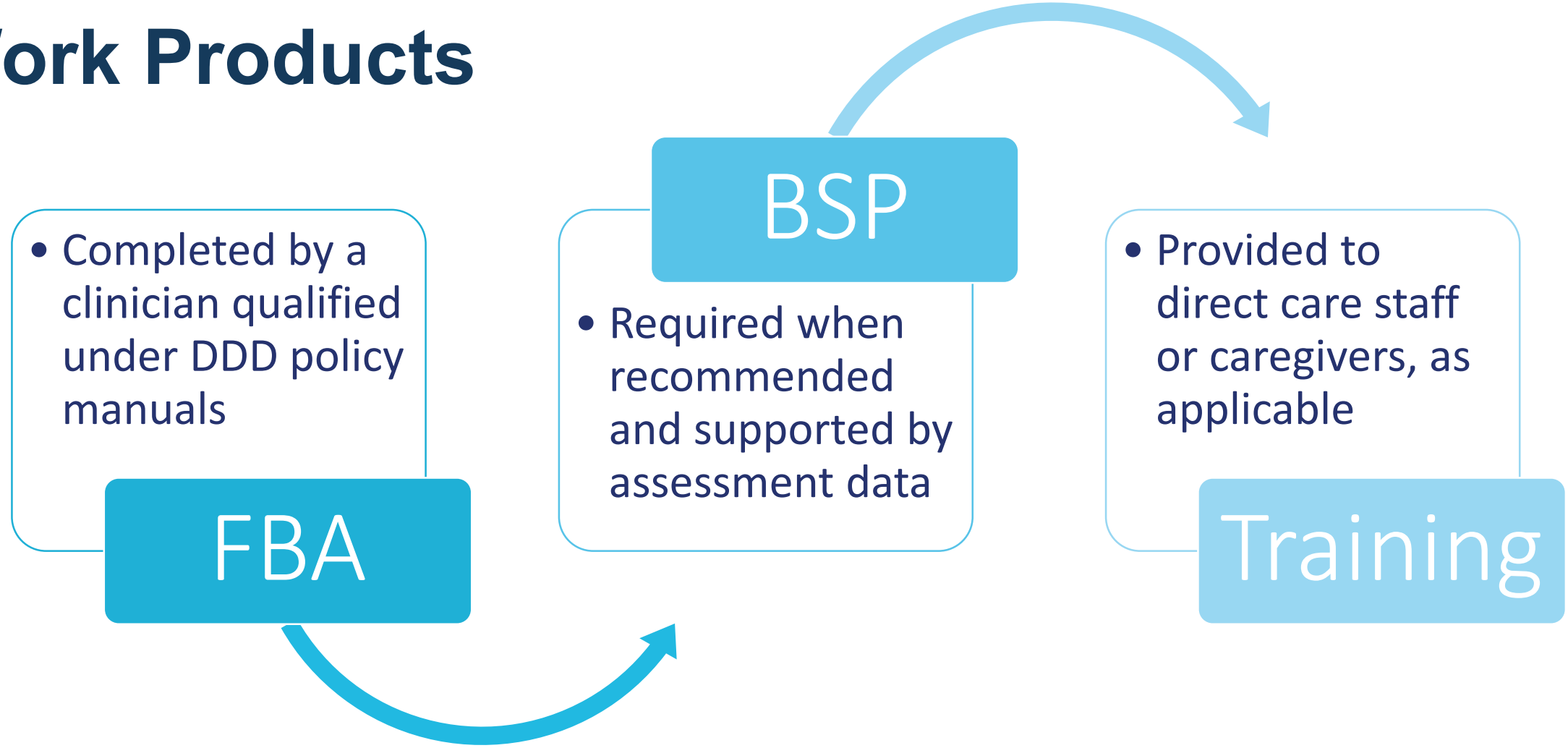
SCHEDULING

- *Hours should be spaced out enough to limit the person's time away from normal routines and daily living activities*
  - *Do: 5 hours per week for 8 weeks or 10 hours per week for 4 weeks*
  - *Don't Do: 20 hours per week for 2 weeks*

REQUIRED CLINICAL WORK

- *Completed Functional Behavior Assessment (FBA)*
- *Develop a Behavior Support Plan (BSP) – if indicated by assessment*
- *Train direct support staff on BSP*

Work Products



Date of initial assessment and completion (implementation) of plan must be entered on FBA and/or BSP

Monitoring after initial assessment/plan development

H0004HI

Standard Unit Allocation

- ❑ First six months
  - ❑ Max 48 Hours (192 Units)
- ❑ Timeframe
  - ❑ Across up to 24 weeks
- ❑ Ongoing (Week 25 or Hour 49)
  - ❑ 2 Hours (8 Units) per month
- ❑ Additional hours needed
  - ❑ DDD Request
  - ❑ Progress report and justification required

Weeks 1-12

- *Hours may be fronted loaded at 2 or more hours per week*
- *Gradually decrease to 2 hours per week or less*

Weeks 13-24

- *Based on reported data, hours gradually decrease to 1 hour per week*
- *If not able to decrease, qualified clinician must review BSP*

Weeks 25 or Hour 49 (whichever is first) and beyond

- *May bill in same month as assessment/plan development*
  - *Services cannot overlap*
- *Max 2 hours (8 units) for life of BSP*
  - *Including across annual ISP renewals*

Reassessment, plan revision, and annual review

H0004HI22

Standard Unit Allocation

- ❑ Reassessment
  - ❑ Max 15 Hours (60 Units)
- ❑ Timeframe
  - ❑ Up to 4 weeks or less
- ❑ Ongoing (Week 5 or Hour 16)
  - ❑ 2 Hours (8 Units) per month

Reassessment/Plan Revision

- *The planning team may determine if the individual needs a reassessment and/or BSP revision*

Weeks 5 or Hour 16 (whichever is first) and beyond

- *May bill in same month as assessment/plan development*
  - *Services cannot overlap*
- *Max 2 hours (8 units) for life of BSP*
  - *Including across annual ISP renewals*

Minor Revisions (within 2hr/month)

Example

Timeframe	Activity	Monitoring Hours	Assessment Hours
Week 26 – Day 1	While monitoring plan implementation the BCBA noticed a staff prompt was not well received by the individual, as they didn't understand the prompt.	30 minutes (2 units)	0 minutes (0 units)
Week 26 – Day 2	BCBA revises the prompt to something that the individual will respond to better. Completes simple rewrite of the prompt on the BSP. Provides staff with brief reminder to use corrected prompt.	0 minutes (0 units)	30 minutes (2 units)

Significant revisions (Needs Reassessment units)

Example

Timeframe	Activity	Monitoring Hours	Re-Assessment Hours
Week 12 – Day 1	While monitoring plan implementation, BCBA noticed a staff prompt immediately evoked new challenging behavior. Staff mentioned this has happened several times, and it's an intense behavior that has not been seen before.	30 minutes (2 units)	0 minutes (0 units)
Week 12 – Day 2	Initiate reassessment of challenging behavior. Request reassessment units to complete assessment and plan revision.	0 minutes (0 units)	3 hours (12 units)

Monitoring after reassessment or plan revision

H0004HI

Standard Unit Allocation

- First 6 months
  - 24 Hours (96 Units)
- Timeframe
  - Up to 24 weeks
- Ongoing (Week 25 or Hour 25)
  - 2 Hours (8 Units) per month
- Billing basis
  - Hours should decrease as progress is demonstrated

Weeks 1-12

- *Monitoring may be frontloaded at 1 or more hours per week early, then gradually decrease to less than 1 hour per week*

Weeks 13-24

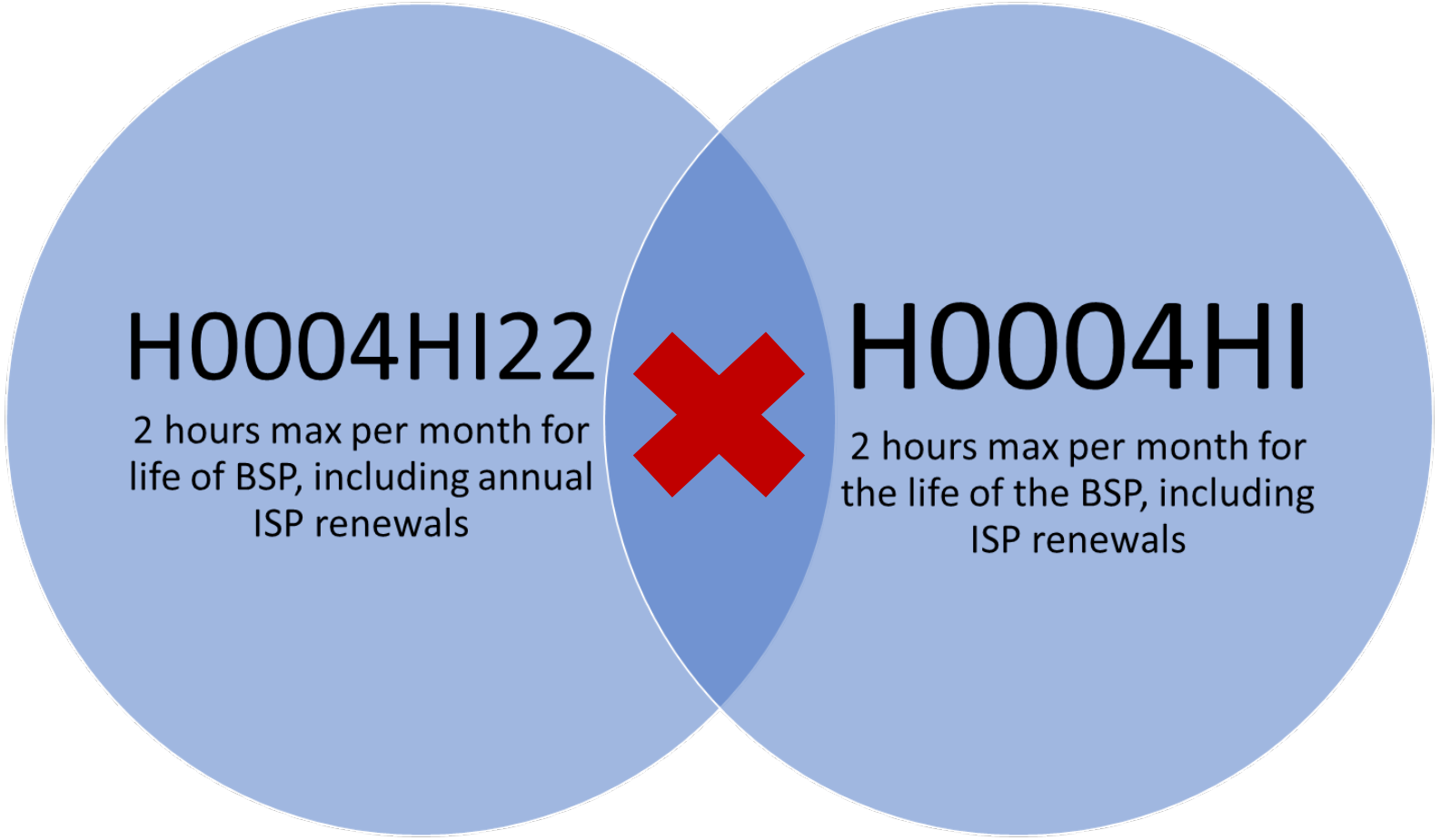
- *Hours should gradually decrease to 1 hour per week or less*
- *If data does not support the decrease a qualified clinician needs to review the BSP for possible adjustments*

Progress Reports

- Completed at least every 90 days while an active behavioral supports service remains authorized in the ISP.
- Completed at least every 30 days when a Level III restriction requires BMC and HRC review, or when health and safety concerns require more frequent monitoring.
- Make sure reports contain the following:
  - Graphic display of data
  - Summary of behavior data and the person's progress
  - Data-based recommendations for treatment changes

Send all work products to the support coordinator for iRecord upload and planning-team review.

Concurrent monthly billing



The provider may bill both services in the same month only when the service times do not overlap.

Recap

Initial plan/assessment	40 Hours (160 Units)	Up to 8 weeks
Monitoring after initial plan	48 Hours (192 Units)	Up to 24 weeks
Reassessment/ revision	15 Hour (60 Units)	Up to 4 weeks
Monitoring after revision	24 Hours (96 Units)	Up to 24 weeks

Ongoing:
2 Hours (8 units) per month Maximum

The transition occurs when either the week threshold or hour threshold is reached, whichever comes first.

Requesting Additional Units

Document the need

Explain why the standard allocation cannot support completion of the FBA or BSP. Utilize the justification referral form.

Specify the Request

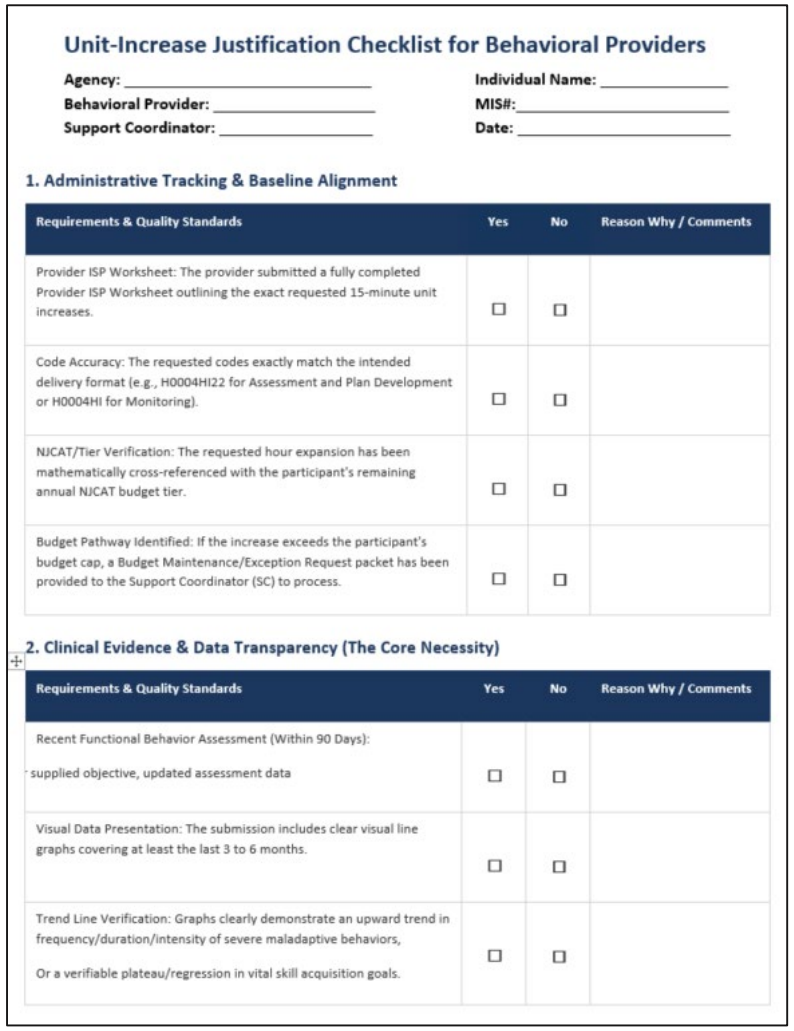
Provide the additional hours or units requested and the projected timeframe.

Submit to DDD

Email the justification to DDD.BehavioralServices@dhs.nj.gov.

***For monitoring above 2 hours per month after the first six months, include at minimum a progress report and justification.**

Requesting Additional Units Form



Unit-Increase Justification Checklist for Behavioral Providers

Agency: _____ **Individual Name:** _____
Behavioral Provider: _____ **MIS#:** _____
Support Coordinator: _____ **Date:** _____

1. Administrative Tracking & Baseline Alignment

Requirements & Quality Standards	Yes	No	Reason Why / Comments
Provider ISP Worksheet: The provider submitted a fully completed Provider ISP Worksheet outlining the exact requested 15-minute unit increases.	☐	☐	
Code Accuracy: The requested codes exactly match the intended delivery format (e.g., H0004HI22 for Assessment and Plan Development or H0004HI for Monitoring).	☐	☐	
NJCAT/Tier Verification: The requested hour expansion has been mathematically cross-referenced with the participant's remaining annual NJCAT budget tier.	☐	☐	
Budget Pathway Identified: If the increase exceeds the participant's budget cap, a Budget Maintenance/Exception Request packet has been provided to the Support Coordinator (SC) to process.	☐	☐	

2. Clinical Evidence & Data Transparency (The Core Necessity)

Requirements & Quality Standards	Yes	No	Reason Why / Comments
Recent Functional Behavior Assessment (Within 90 Days): supplied objective, updated assessment data	☐	☐	
Visual Data Presentation: The submission includes clear visual line graphs covering at least the last 3 to 6 months.	☐	☐	
Trend Line Verification: Graphs clearly demonstrate an upward trend in frequency/duration/intensity of severe maladaptive behaviors, Or a verifiable plateau/regression in vital skill acquisition goals.	☐	☐	
Clinical Justification Narrative: The narrative explicitly explains why current authorized hours are failing to produce outcomes, and specifies how the requested increase will directly correct the trajectory.	☐	☐	
Potential reasons why current authorized hours are failing to produce outcomes (Check all that apply):			
• Additional time needed due to complexity of behavior (e.g., multiple or unclear functions)	☐	☐	
• Additional time needed to collect data and/or conduct treatment trials	☐	☐	
• Additional time needed due to delays in scheduling collaborative meetings with others	☐	☐	
• Additional time needed to train multiple staff, managers, parents and/or planning team members	☐	☐	
• Additional time needed to train staff across multiple settings (e.g., home and day program).	☐	☐	
• Additional time needed to address BMC and/or HRC recommendations due to level III procedures	☐	☐	
• Additional time needed due to changes in the individual's health/medical status (e.g., requires increase in medical care, repeated medical or behavioral hospitalizations, etc.).	☐	☐	
• Additional time needed due to rapid changes in psychotropic medications that alter behavior	☐	☐	
• Other reason specified by provider	☐	☐	

3. HCBS Waiver & Rights Compliance (Division Circular #34 & #18)

Requirements & Quality Standards	Yes	No	Reason Why / Comments
Least Restrictive Environment Rule: If the increase is requested to manage severe behaviors, the provider has documented exactly which positive, non-restrictive behavior strategies were tried and ineffective first.	☐	☐	
Behavior Management Committee (BMC) Approval: If the updated Behavior Support Plan (BSP) includes any Level III restrictions (e.g., protective helmet, protective hand mittens, response cost, etc.), a signed, current approval from an authorized BMC is attached.	☐	☐	
Human Rights Committee (HRC) Review: If the updated Behavior Support Plan (BSP) includes any rights restrictions (e.g., locks, Buckle Boss, vehicle harness, sharps restriction, door/window chimes, etc.), a signed, current review from an authorized HRC is attached.	☐	☐	
Informed Consent Verified: Active, signed, and dated informed consent is on file from the individual and/or their legal guardian specifically acknowledging the updated behavioral protocols and increased oversight.	☐	☐	

4. System Implementation & Collaboration

Requirements & Quality Standards	Yes	No	Reason Why / Comments
Residential Provider Sign-Off (If Applicable): For individuals living in a DDD-licensed residential setting (Group Home/Supervised Apartment), there is written evidence that the behavioral provider collaborated with the residential agency.	☐	☐	
Caregiver/Staff Training Metrics: The provider explicitly mapped out how many of the requested hours are dedicated to direct staff/caregiver training.	☐	☐	
Fade Plan Outlined: The updated BSP includes clear, data-driven criteria detailing when and how these additional hours will be systematically faded back to baseline as the individual stabilizes.	☐	☐	

This checklist serves as a standard review documentation guide. Please ensure all evidence maps exactly to DDD regulations.

Submit form and documents to the behavioral services inbox for review and approval. ddd.behavioralservices@dhs.nj.gov

Factors that may support additional units

Complexity of the Behavior	• Multiple potential functions or infrequent occurrence of behavior
Data Collection Methods	• Different methods may require additional time depending on the complexity of the methods
Availability of Information	• If little is known and/or the behavior(s) happens infrequently
Collaboration and Communication	• Consulting additional experts, including more experienced behavior analysts • Providing additional education to the individual/guardian
Training and Implementation of BSP Strategies	• Training multiple staff and caregivers and/or across multiple settings
Level III Behavior Support Plans	• Obtaining approvals from Behavior Management Committee (BMC) and a Human Rights Committee (HRC)
Health and Wellbeing	• Changes in health/medical needs and/or rapid changes in psychotropic medications that affect behaviors • Frequent hospitalizations – for behavior, psychiatric, and/or medical

Things to remember



Questions and additional-unit requests: DDD.BehavioralServices@dhs.nj.gov

A Note About Ethical Billing Practices

- **2.06 Accuracy in Service Billing and Reporting**
  - **Behavior analysts identify their services accurately and include all required information on reports, bills, invoices, requests for reimbursement, and receipts.**
  - **They do not implement or bill non-behavioral services under an authorization or contract for behavioral services.**
  - **If inaccuracies in reporting or billing are discovered, they inform all relevant parties (e.g., organizations, licensure boards, funders), correct the inaccuracy in a timely manner, and document all actions taken in this circumstance and the eventual outcomes.**

- **Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts. https://bacb.com/wp-content/ethics-code-for-behavior-analysts/**

FAQ

Q. How are assessment/plan development and monitoring differentiated?

A. Assessment/Plan Development and Monitoring are outlined in section 17.2.4.1 and 17.2.4.2 of the Community Care Program (CCP) Policies and Procedure Manual. Please continue to refer to these sections for future updates.

Q. For plans that have been previously approved, do they need to be revised so they are in compliance?

A. Plans that have been previously approved (Prior to September 15, 2026) do not have to be edited to come into compliance with the new guidance on billing parameters. Any *new plans* that have yet to be approved, would be required to meet the new unit allocation and billing parameters included in the bulletin.

Q. BSPs have to be reviewed annually during the annual ISP, does this mean that the behavior plan should be ending on or around the date of the ISP?

A. The BSP does not need to have the same date as the annual ISP date but the BSP should be reviewed at the time of the annual ISP. The reason for this is that we expect the BSP to be developed and/or reassessed in real time as behaviors occur to meet the current needs of the individual.

FAQ

Q. If the behavioral provider is directly implementing components of the BSP or teaching replacement skills with the individual, where would that fall?

A. The behavioral provider should not be implementing components of the BSP themselves. The only exception for this would be if the BCBA/LBA is conducting treatment probes (which would fall under Assessment and Plan development) to determine if a behavioral technique is going to be effective prior to training the staff on the plan.

Q. Does section 1 mean that Assessment/Plan Development service must span only 8 weeks as entered in iRecord, or can the end date be left open-ended?

A. For week 9 or Hour 41 (whichever comes first) and beyond, the maximum allowed is 2 hours per month (8 15-minute units) for the life of the BSP (including across annual ISP renewals). If a provider would like to front load these 2 hours that is acceptable. Our expectation is that Assessment and Plan development does not exceed 40 total hours (160 15-minute units) for up to 8 weeks and cannot be left open ended.

FAQ

Q. Do the new billing parameters limit the individualized need of the individuals supported and take the professional judgement away from the clinician that is providing the support?

A. Not at all, in fact if the clinician needs additional hours/units the behavior supports provider can complete and submit the justification form to DDD.behavioralservices@dhs.nj.gov There is a path to review and discuss situations where permission to bill outside of the guidelines maybe granted.

Q. How will trainings be completed throughout the year? There are many pulled staff, staff changes and a sufficient training should be about 30 minutes.

A. The maximum allowed is 2 hours per month (8 15-minute units) for the life of the BSP (including across annual ISP renewals). If additional hours beyond this maximum are needed a justification form can be submitted to DDD for review.

Q. Regarding new plans that occur during the middle of the ISP plan year, when would the FBA/BSP be reviewed with the team?

A. It is not expected that a BSP date run congruent with the ISP plan year. The requirement is for the BSP to be reviewed at the time of the ISP by credentialed staff and for the credentialed staff to provide the planning team with an update on the individual's progress.

For questions please contact the Behavioral Services Helpdesk

ddd.behavioralservices@dhs.nj.gov

References

- **Information Bulletin: Unit Authorization and Billing Parameters for DDD Behavioral Supports: Assessment and Plan Development (H0004HI22) and Monitoring (H0004HI)**
- Supports & CCP Manual
- Division Circular #34
- BACB Ethical Code for Behavior Analysts
- Clinical Resource Team Website