NJ Department of Human Services
Division of Developmental Disabilities

Information Bulletin

Date: September 15, 2026

From: Jonathan Seifried, Assistant Commissioner
Division of Developmental Disabilities

To: DDD Support Coordination and Service Providers, and Other Stakeholders

Subject: Unit Authorization and Billing Parameters for DDD Behavioral Supports: Assessment and Plan Development (H0004HI22) and Monitoring (H0004HI)

These parameters are effective immediately and only apply when authorizing or billing units for the two procedure codes indicated (H0004HI22 and H0004HI). At all times, all behavioral supports providers must adhere to the Behavioral Supports service standards.

1. Behavioral Supports: Assessment/Plan Development (H0004HI22)

1.1 Standard Unit Allocation – Initial Assessment/Plan Development

Maximum allowed is 40 hours total (160 15-minute units) for up to 8 weeks

- Support coordinators may not authorize and behavioral supports providers may not bill more than a total of 40 hours (160 units) across eight weeks or less.
- Unit allocation and billing should reflect enough breaks—of adequate length—to limit the person's time away from their normal routine and to ensure the person has time for daily living activities (ADLs). (For example, 5 hours per week for 8 weeks, 10 hours per week for 4 weeks)
- Within this standard unit allocation, a clinician qualified to do so (per the DDD policy manuals) must complete the **initial functional behavior assessment (FBA)** and, if supported by assessment data, develop a **behavior support plan (BSP)** and train direct support staff on the BSP.

***Week 9 or Hour 41 (whichever comes first) and beyond: maximum allowed is 2 hours per month (8 15-minute units) for the life of the BSP (including across annual ISP renewals).**

- Providers may deliver and bill for this 2 hours of assessment/plan development within the same month they deliver and bill for 2 hours of monitoring as long as the two services do not overlap.

1.1.1 Work Product

The standard unit allocation must result in a tangible work product, which must be forwarded to the support coordinator for upload to iRecord and sharing with the planning team. The work product must include the following:

- Functional Behavior Assessment (must include date of initial FBA)
- Behavior Support Plan, *if recommended and supported by data* (must include date of completion of initial BSP)

- Initial training on BSP for direct care staff/caregivers, as applicable

Once the BSP is finalized, the qualified clinician conducts the initial training for staff/caregivers so that BSP implementation and monitoring can begin.

1.2 Standard Unit Allocation – Reassessment/Plan Revision

Maximum allowed is 15 hours total (60 15-minute units) for up to 4 weeks

As part of ongoing service provision, the planning team may determine the individual needs a behavioral supports reassessment and/or BSP revision. For reassessment and/or BSP revision (H0004HI22), support coordinators may not authorize and behavioral supports providers may not bill for more than a total of 15 hours across four weeks or less.

Week 5 or Hour 16 (whichever comes first) and beyond: maximum allowed is 2 hours per month (8 15-minute units) for the life of the BSP (including across annual ISP renewals).

- Providers may deliver and bill for this 2 hours of assessment/plan development within the same month they deliver and bill for 2 hours of monitoring as long as the two services do not overlap.

1.3 Requesting Additional Units above the Standard Allocation

A behavioral supports provider may submit a request for additional assessment and plan development units to DDD but must be able to provide a reasonable justification. (See Reasonable Justification for Additional Units for Behavioral Supports Assessment and Plan Development in section 4 of this document.)

1.4 Annual Review of BSP

When a Behavior Support Plan is in place, a clinician qualified to do so (per the DDD policy manuals) must review it annually, at the time of the person's Individualized Service Plan (ISP) renewal.

- This annual review **is included** in the unit authorization and billing of the ongoing 2 hours-per-month maximum* allocated toward Assessment/Plan Development (H0004HI22).
- Support coordinators should not authorize and behavioral supports providers should not bill the annual review as an assessment or reassessment unless the planning team has determined there is a need for a new assessment or formal reassessment.

2. Behavioral Supports: Monitoring (H0004HI)

2.1 Standard Unit Allocation for Monitoring After Initial Assessment/Plan Development

First six months (24 weeks): maximum allowed is 48 hours total (192 15-minute units) for up to six months

Monitoring at this stage includes in-person observation, incidental corrective training for implementers, and monitoring of data collection and review.

- **First three months (weeks 1-12):** The support coordinator can frontload some monitoring hours to enable the provider to deliver and bill 2 hours per week or more in the first few weeks while gradually decreasing to 2 hours per week or less.

- **Next three months (weeks 13-24):** Based on reported data, hours billed should gradually decrease to 1 hour per week or less. If billed hours are not decreasing, a clinician qualified to do so (per the DDD policy manuals) must review the BSP to determine if adjustments are needed.

Week 25 or Hour 49 (whichever comes first) and beyond: maximum allowed is 2 hours per month (8 15-minute units) for the life of the BSP (including across annual ISP renewals).

- Providers may deliver and bill for this 2 hours of monitoring within the same month they deliver and bill for 2 hours of assessment/plan development as long as the two services do not overlap.

Monitoring at this stage includes brief check-in with implementers (can be by phone or virtual), collection and collation of data sheets, graphing, observations, etc.

If a behavioral supports provider needs to request more than 2 hours per month of monitoring any time after the first six months of BSP development or revision, they must submit a request for additional hours to DDD that includes, at minimum, a progress report and justification.

2.2 Standard Unit Allocation for Monitoring After Reassessment/Plan Revision

First six months (24 weeks): maximum allowed is 24 hours total (96 15-minute units) for up to six months

- **First three months (weeks 1-12):** The support coordinator can frontload some monitoring hours to enable the provider to deliver and bill 1 hour per week or more in the first few weeks while gradually decreasing to less than 1 hour per week.
- **Next three months (weeks 13-24):** Based on reported data, hours billed should gradually decrease to 1 hour per week or less. If billed hours are not decreasing, a clinician qualified to do so (per the DDD policy manuals) must review the BSP to determine if adjustments are needed.

Week 25 or Hour 25 (whichever comes first) and beyond: maximum allowed is 2 hours per month (8 15-minute units) for the life of the BSP (including across annual ISP renewals).

- Providers may deliver and bill for this 2 hours of monitoring within the same month they deliver and bill for 2 hours of assessment/plan development as long as the two services do not overlap.

2.2 Work Product

The standard unit allocation must result in a tangible work product, which must be forwarded to the support coordinator for upload to iRecord and sharing with the planning team. The work product must include the following:

- Date of any reassessment and/or plan revision **must be entered** on FBA and/or BSP
- Summary of behavior data and individual's progress
- Graphic display of data
- Recommendations for treatment changes as needed and based on data
- Progress reports based on behavioral data, used to evaluate trends, patterns, and effectiveness of behavioral interventions:
    - At least every 90 days (quarterly) as long as there is an active, authorized behavioral supports service in the ISP.

- At least every 30 days if (a) there are level III behavioral restrictions that require review and approval by Behavior Management Committee (BMC) and Human Rights Committee (HRC), and/or (b) health and safety concerns that require more frequent monitoring.

3. Reasonable Justification for Additional Units for Behavioral Supports Assessment and Plan Development

In Applied Behavior Analysis (ABA), the time needed to complete an FBA and/or develop a BSP can vary. If the clinician needs additional hours/units, the behavioral supports provider must submit a justification for the additional units as well as the projected timeframe, to DDD.BehavioralServices@dhs.nj.gov.

Following are factors that could lengthen the time needed to complete the FBA and BSP.

3.1 Complexity of the Behavior

Complex behaviors, like those with multiple potential functions or those that occur infrequently, may require more time for thorough observation and data collection.

3.2 Data Collection Methods

- **Indirect methods** (e.g., interviews, questionnaires, record reviews) can be quicker to implement but might require more time for analysis and may not be as reliable as direct observations.
  - Number of Data Sources: Gathering information from multiple stakeholders (parents, direct support professionals, self-directed employees, clinicians/therapists, etc.) can provide a more comprehensive picture but requires coordinating schedules and synthesizing information, which can extend the process.
- **Direct observation** across various times and settings can take more time but offers firsthand information about the behavior and its context.
- **Treatment probes** are trials and data collection conducted by a qualified clinician (per DDD policy manuals) to determine whether specific behavioral interventions are effective for increasing adaptive behaviors/skills and/or decreasing challenging behaviors prior to implementation by direct support professionals.

3.3 Availability of Information

If there is existing data (previous assessments, behavior logs, etc.), the initial stages might be less time consuming. However, if little is known and/or the behavior(s) happen infrequently, the qualified clinician will need more time for initial data gathering.

3.4 Collaboration and Communication

Efficient communication and collaboration among all parties helps streamline the process, while delays in communication or scheduling can prolong the assessment.

Factors that may extend the FBA and BSP processes include:

- The need for collaboration with other experts (e.g., comprehensive social history, psychosocial risk assessment, speech evaluation, medical evaluation/testing, psychiatric evaluation).
- The need for collaboration/guidance from more experienced behavior analysts.

- The need to provide additional education to the individual/guardian to help them understand the benefits/rationale for consistent and predictable behavior supports.

3.5 Training and Implementation of BSP Strategies

Training multiple staff and caregivers (direct support professionals, self-directed employees, group home managers, parents, medical professionals, planning team members, etc.) and/or training them across multiple settings (residence, day program, employment site, etc.) may require more time.

3.6 Level III Behavior Support Plans

A BSP that includes level III restrictions requires additional reviews and approvals by a Behavior Management Committee (BMC) and a Human Rights Committee (HRC), which may result in additional assessments, additional data collection, and/or revisions to the behavioral strategies.

3.7 Health and Wellbeing

Other factors that can delay the FBA and BSP process include:

- Changes in health/medical needs (e.g., new diagnosis that requires increased medical care/ treatment, repetitive medical or behavioral hospitalizations)
- Rapid changes in psychotropic medications that alter behavior (e.g., addition/discontinuation of new medications, and/or increase/decrease in dosages within a short period)