rotransmitters and neuromodulators activity, dysregulation of excitatory/inhibitory networks, release and physiological effects of oxytocin/vasopressin, and CRF/cortisol release, variations in basic neurophysiological activity associated with different patterns of cortical and limbic activity, and develop a better awareness of integrated and segregated brain circuits.

The common denominators for this level of analysis are outlined in the RDoC and defined in current research into Intermediate Phenotype (models that focus on the microcosmic world of gene-environmental activity, neurophysiological, neuroendocrine, and neuropharmacology of neuroanatomical networks). This approach explores the integration, flexibility, and balance between “top down” (RDoC) and “bottom up” (intermediate phenotype) influences on behavior. In 2003, the author published a prototype of this model that addressed some of the issues associated with DSM-IV. That paper lacked a research base but argued that the model of categorical diagnosis appears less useful for many individuals with severe/profound ID. Newer tools like the RDoC are taking these ideas to a new level. Next up the RDoC in more detail.

Readings
Siegel, D.J. (2012). The developing mind: How relationships and the brain interact to shape who we are (2nd ed.). New York: Guilford Press.

For further information, contact Dr. Barnhill at Jarrett_Barnhill@med.unc.edu

US Public Policy Update
NADD Certifications Recognized in Pennsylvania Home and Community-Based Services Waiver
by Astrid Berry and Edward Seliger

Three competency-based certifications offered by NADD for people providing services to individuals with intellectual/developmental disabilities co-occurring with mental illness have been written into Pennsylvania’s Section 1915(c) Home and Community Based Services waiver program rules:

- NADD Competency-Based Clinical Certification
- NADD Competency-Based Dual Diagnosis Specialist Certification
- NADD Competency-Based Direct Support Professional Certification

These certifications are among the possible
qualifications required in providing enhanced level of care.

**Purpose of the Home and Community-Based Services Waiver Program**

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver’s target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Under these three waivers in Pennsylvania -- Consolidated, Person and Family Directed, and Community -- providers can provide enhanced level of care in prevocational facilities, Adult training facilities, Community Participation Services, Employment services, In-home and Community Services and Respite Services.

Enhanced level of care provides 1:1 or 2:1 (staff to participant) staffing for a participant. Enhanced level of care is based on a participant’s behavioral or medical support needs.

Effective 1/1/18, at least one staff person must have one of the following certifications or degrees to provide enhanced levels of service to participants who do not require a nurse to provide the enhanced level of service:

- NADD Competency-Based Clinical Certification.
- NADD Competency-Based Direct-Support Professional Certification.
- Registered Behavior Technician.
- Certified Nursing Assistant.
- Board Certified Assistant Behavior Analyst.
- Bachelor’s Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

**The Advantages of These Waiver Rules**

The requirement that at least one staff person must have one of the required certifications or degrees in order to provide enhanced levels of service is intended to help insure that these enhanced services are performed by qualified individuals. By requiring individuals providing enhanced services to have an appropriate certification or degree, the State is attempting to raise the bar for the quality of services provided and thus to improve the quality of life of those receiving these services.

**The NADD Competency-Based Certifications**

In order to raise the bar for services provided to, as well as to recognize professionals providing quality services to individuals with co-occurring IDD and mental illness, NADD developed the following professional certifications:

**The NADD Competency-Based Clinical Certification** is available to state-licensed or governing board-certified clinicians. NADD identified five competency areas in which clinicians should have proficiency:

- Positive Behavior Supports and Effective Environment
- Psychotherapy
- Psychopharmacology
- Assessment of Medical Conditions
- Assessment

**The NADD Competency-Based Dual Diagnosis Specialist Certification** is available to state-licensed or governing board-certified clinicians. NADD identified five competency areas in which clinicians should have proficiency:

- Multimodal bio-psycho-social approach
- Application of emerging best practices;
- Knowledge of therapeutic constructs;
- Respectful and effective communication;
- Knowledge of dual role service delivery & fiduciary responsibilities; and
- Ability to apply administrative critical thinking.
The NADD Competency-Based Direct Support Professional Certification is available to people providing direct care to individuals with co-occurring IDD and mental illness. NADD recognizes the importance of the direct support professional in the care of individuals with co-occurring IDD and mental illness. NADD identified five competency areas in which the DSP should have proficiency:

- Assessment and Observation
- Behavior Support
- Crisis Prevention and Intervention
- Health and Wellness
- Community Collaboration and Teamwork

Information about the NADD competency-based certification programs is available online at http://thenadd.org/products/accreditation-and-certification-programs/. For further information about the NADD certification programs, you can contact Edward Seliger, Project Coordinator at eseliger@thenadd.org.

US Policy Implications

Pennsylvania’s inclusion of the NADD competency-based certification programs provides a model for other states in addressing provider capability in addressing individuals with intellectual/developmental and co-occurring mental disorders. As this certification inclusion enhances person-centered care, Pennsylvania is providing cost-benefit examples for all stakeholders – managed care organizations, providers, family members, Federal and state governments, and advocates – to learn from and exemplify.

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The “U.S. Public Policy Update” is an ongoing column in The NADD Bulletin. We welcome your comments and submissions for this column. To learn more or to contribute to this column you may contact Eileen Elias, Editor of the U.S. Public Policy Update at eelias@jbsinternational.com.

DSP Interests and Concerns

A DSP’s Role in Promoting the Health of People with Developmental Disabilities

Kendall A. Leser, PhD, Assistant Professor of Community and Environmental Health, Old Dominion University, Norfolk, VA

For me, becoming a DSP changed my life. It was the summer of 2007, and I was a broke college student—one summer evening I replied to an online ad to watch a young 14-year old boy with autism. I was thinking, “Wow, this family lives near me AND they pay well. No way!” I did not really even consider what caring for someone with a disability would be like nor did I have any interest in the disability field at that point in time. Instead, I was thinking, “This can’t be too hard. I can do this!” The day after I replied to the online ad, I was interviewed by the young boy’s mother and was hired to watch him for one night so his parents could attend an event at his school. Well, that one night turned into a couple of weeks, and those couple of weeks eventually turned into 7+ years. During this time, I became a Medicaid-waiver provider and provided afterschool care to him, watched him almost every Saturday night, and spent my summers with him as his DSP at summer camp. I felt like I had become a member of the family. Being a DSP for this young boy with autism became part of my identity, both personally and professionally. While working as a DSP, I was enrolled in graduate school and developed an academic interest in the field of health promotion for people with developmental disabilities and their caregivers and ended up doing my entire dissertation on this topic.

I recently published an article with my doctoral committee members from my dissertation research entitled, “The Perceived Role of Direct Support Professionals in the Health Promotion Efforts of Adults With Developmental Disabilities Receiving Support Services” in the journal Intellectual and Developmental Disabilities. This study used six focus groups to explore how DSPs, people with developmental disabilities, family members, and agency administrators viewed the role of DSPs in promoting the health of people with developmental disabilities. Understanding the perceived role of DSPs in health promotion efforts is important because DSPs make up such a large part of the social networks of people with developmental disabilities and research has suggested that members of one’s social network can