

Community Pathways — Revised Draft Proposal

This service was
moved under
Behavioral
Support Services

Service Type: ~~Other~~

Service (Name): ~~Consultative Clinical and Therapeutic Services~~

Alternative Service Title: **BEHAVIORAL CONSULTATION**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition:

A. ~~Behavioral Consultation services oversee and monitor the implementation of recommendations developed under the Behavioral Assessment as indicated in the [Person Centered Behavior](#) Tiered Supports Plan.~~

B. ~~Behavioral Consultation services include:~~

- ~~1. Arranging subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and pertinent to the behavioral challenges;~~
- ~~2. Consultation, subsequent to the development of the Behavioral Assessment, which may include Psychiatrists and other medical/therapeutic practitioners;~~
- ~~3. Developing, writing, presenting, and monitoring the strategies for working with the individual and their caregivers;~~
- ~~4. Providing ongoing education on recommendations, strategies, and next steps to individuals support network (i.e. caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment, activities, and ways to communicate with and support the individual;~~
- ~~5. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the individual is able to continue to participate in all pertinent environments (i.e. home, day program, job, and community) to optimize community inclusion;~~
- ~~6. Ongoing assessment of progress in all pertinent environments against identified goals;~~
- ~~7. Preparing written progress notes on the individual goals identified in assessments and recommendations that are submitted to the individual's team. Progress should at a minimum include the following information for each tier of behavioral support service of the [Person Centered Behavior](#) Tiered Support Plan:
 - ~~a) Tier 3 — Trend analysis, graphs, etc. to detail progress on target behaviors identified in a Behavioral Plan;~~
 - ~~b) Tier 2 — Progress notes detailing the specific interventions and outcomes for the individual and must include data that describes progress towards goals; and~~~~

- e) Tier 1— ASSET evaluation for the assessment of positive behavioral supports in the environment and must include data that describes progress towards goals of the individual;
- 8. Development and updates to a Behavioral Plan for all Tier 3 interventions as per required by COMAR 10.22.10 regulations; and
- 9. Monitoring and ongoing assessment of the implementation of the **Person Centered Behavior** Tiered Supports Plan and written Behavioral Plan (as applicable) based on the following:
 - a) At least monthly for the first six months; and
 - b) At least quarterly after the first six months or as dictated by progress against identified goals.

SERVICE REQUIREMENT:

~~A. Professional evaluation services including but not limited to Psychiatric, Neurological, Psychopharmacological, are only provided if not available through Medical Assistance, private insurance, private or public educational services, or through other resources.~~

~~B. Services will not be covered if available under the individual's private insurance, the Medicaid State Plan (including EPSDT benefits), private or public educational services, the Rehabilitation Act, other waiver services, or through other resources.~~

~~B. This waiver service is only provided to individuals age 21 and over. All medically necessary behavioral consultant services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.~~

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- 1. The writing and development of a new **Person Centered Behavior** Tiered Support Plan is limited to up to eight (8) hours.
- 2. Monitoring the implementation of the **Behavior Person Centered** Tiered Supports Plan and Behavioral Plan Monitoring is limited to up to two (2) hours per month.
- 3. Behavioral Plan updates are limited to up to two (2) hours per update.

Service Delivery Method (check each that applies)

- Participant Directed as specified in Appendix E
- Provider Managed

Specify whether the service may be provided by (check all that applies): Not Applicable

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Licensed Behavioral Support Services Provider

Provider Category: Agency

Provider Type: Licensed Behavioral Support Services Provider

Provider Qualifications License (specify):

License (specify):

~~Licensed Behavioral Support Services Provider as per COMAR 10.22.10~~

Certificate (specify):

Other Standard (specify):

~~Qualified clinicians to complete the behavioral assessment include:~~

- ~~1. Licensed Psychologist;~~
- ~~2. Psychology Associate working under the license of the Psychologist (and currently registered with and approved by the Maryland Board of Psychology);~~
- ~~3. Licensed Professional Counselor;~~
- ~~4. Licensed Certified Social Worker;~~
- ~~5. Licensed Behavioral Analyst; and~~
- ~~6. Licensed Physician.~~

~~All clinicians must have training and experience in Applied Behavior Analysis.~~

Verification of Provider Qualifications Entity

Responsible for Verification:

- ~~• DDA for verification of Licensed Behavioral Support Services provider~~
- ~~• Providers for verification of clinician's qualifications~~

Frequency of Verification:

- ~~• DDA annually~~
- ~~• Providers prior to service delivery~~