

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 ASSESSMENT~~

~~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. The purpose of Behavioral Assessment services is to help understand an individual's challenging behavior and what need it is communicating in order to improve the individual's independence and inclusion in their community.~~

~~B. Behavioral Assessment identifies or confirms an individual's challenging behaviors, and identifying co-occurring mental health issues that contribute to those behaviors, by collecting and reviewing relevant data, discussing the information with the individuals' support team, and recommending placement of the individual in one of three tiers for behavioral supports as indicated in a Person-Centered Behavior Tiered Support Plan.~~

~~C. Behavioral Assessment:~~

~~1. Is based on a comprehensive Functional Behavioral Assessment (FBA);~~

~~2. Is performed by a qualified clinician;~~

~~3. Requires development of specific hypotheses for the challenging behavior, a description of the challenging behaviors in behavioral terms, and the topography, frequency, duration, intensity/severity, and variability/cyclicity of the behaviors;~~

~~4. It must be based on a collection of current specific behavioral data; and~~

~~5. Includes the following:~~

~~a) an onsite observation of the interactions between the individual and his/her caregiver(s) in multiple settings and observation of the implementation of existing programs;~~

~~b) an environmental assessment of all primary environments;~~

~~c) a medical assessment including a list of all medications including those specifically prescribed to modify challenging behaviors, the rationale for prescribing each medication, and the potential side effects of each medication;~~

~~d) an individual's history based upon the records and interviews with the individual and with the people important to/for the person (e.g. parents, caregivers, vocational staff, etc.);~~

~~e) record reviews and interviews recording the history of the challenging behaviors and attempts to modify it; and~~

- f) ~~recommendations, after discussion of the results within the individual's interdisciplinary team, for Tier 1 (i.e. positive interactions, choice making, predictable/proactive setting/environment, Tier 2 (i.e. social, communication, emotional, physiological intervention/therapy), or Tier 3 (i.e. Individual Behavior Plan) strategies to be developed in the Person Centered Behavior Tiered Support Plan.~~

SERVICE REQUIREMENT:

~~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.
This waiver service is only provided to individuals age 21 and over. All medically necessary behavioral assessment 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:

Behavioral Assessment is limited to one per year unless otherwise approved by DDA.

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