

Clinical Behavioral Support Services
SERVICE DEFINITION
Available in COMP, IFS, EDS and Autism Waivers

Clinical Behavioral Support Services are those therapeutic services which are not covered by the Medicare or Medicaid State Plan, and are necessary to improve the individual's independence and inclusion in his or her community. These services include:

- Assessment and evaluation of the person's behavioral need(s);
- Development of a behavioral support plan that includes intervention techniques for increasing adaptive positive behaviors, and decreasing maladaptive behaviors;
- Provision of training for the individual's family and other support providers to appropriately implement the behavioral support plan;
- Evaluation of the effectiveness of the behavioral support plan by monitoring the plan on at least a monthly basis or as noted in the individual plan. The service will also include needed modifications to the plan; and
- The provider shall be available and responsive to the team for questions and consultation.

Through the person's case manager or Planning and Support Team, the provider of Clinical Behavioral Support Services will recommend referrals to community physicians and other clinical professionals as appropriate.

Any individual who authors behavioral programs will adhere to the following DDS professional practice guidelines as contained in DDS Procedure 1.E. PR. 002 Behavior Support Plans:

1. The clinician objectively solicits, honors and respects the unique needs, values and choices of the persons being served.
2. The clinician communicates fully and honestly in the performance of his/her responsibilities and provides sufficient information to enable individuals being supported and others to make their own informed decisions to the best of their ability.
3. The clinician protects the dignity, privacy and confidentiality of individuals being supported, and makes full disclosure about any limitations on his/her ability to guarantee full confidentiality.
4. The clinician is alert to situations that may cause a conflict of interest or have the appearance of a conflict. When a real or potential conflict of interest arises the clinician not only acts in the best interest of individuals being supported, but provides full disclosure.
5. The clinician seeks to prevent, and promptly responds to signs of abuse and/or exploitation, and does not engage in sexual, physical, or mental abuse.
6. The clinician assumes responsibility and accountability for personal competence in practice based on the professional standards of his/her respective field, continually striving to increase professional knowledge and skills and to apply them in practice.

7. The clinician exercises professional judgment within the limits of his/her qualifications and collaborates with others, seeks counsel, or makes referrals as appropriate.
8. The clinician fulfills commitments in good faith and in a timely manner.
9. The clinician conducts his/her practice with honesty, integrity, and fairness.
10. The clinician provides services in a manner that is sensitive to cultural differences and does not discriminate against individuals on the basis of race, ethnicity, creed, religion, sex, age, sexual orientation, national origin, or mental or physical disability.

This service may be purchased from a qualified individual practitioner or purchased from a qualified provider agency.

SERVICE SETTINGS

This service will be delivered in the individual's home or community as described in the treatment/support plan in the person's Individual Plan. This service is available only to people who live in their own or family homes and receive less than 24 hour supports from DDS. This service cannot be provided in a school or a facility.

GENERAL SERVICE LIMITATIONS

This service may be delivered at the same time as Individualized Home Supports, Personal Support, Adult Companion and Individualized Day Supports, Life skills coach and community mentor.

GENERAL SERVICE EXCLUSIONS

This service, the requirements and the rate do not apply to Residential Habilitation (CLA, and CTH) or Group Day Services or Supported Employment.

SERVICE UTILIZATION

The intensity of supports provided will vary depending on the complexity of the participants needs.

UNIT OF SERVICE AND METHOD OF PAYMENT FOR QUALIFIED PROVIDER

Quarter hour (15-minute) unit. The basis of payment for services is an hourly unit of direct service time. Billing should be rounded to the nearest 15-minute interval. Clinical Behavioral Support Services will be reimbursed for a Master's, Doctoral or BCBA Level provider who meets the described qualifications.

We are not accepting Bachelor Level providers at this time.

SERVICE DOCUMENTATION

The required services should be identified in the Individual's Plan. Time for reviewing records, preparing reports, and consultation over the phone is allowable. These activities must be clearly discussed and agreed upon with the team. Time spent with the person, consulting and training with Direct Support staff and family members should be the predominate billed time. Other activities cannot make up more than one third of the time in a month without written approval from the region. Time spent on activities related to billing, payment, scheduling of appointments, travel time and service documentation are not billable; they are built

into the rate. As services are provided in the community, the person's own home, or a family home, the provider documents the delivery of services for each date of service. The documentation includes the date of service, the start time and end time of the service for each date, a signature of the person providing the service, and documentation including the reason for the service, the outcome, and follow up activities. Service documentation must clearly delineate whether the time was face to face with the service recipient.

PROVIDER REQUIREMENTS AND RATES

Doctoral, BCBA, or Master's Level Behavior Support Providers

- Doctorate and current licensure in psychology (Licensure per CGS Chapter 383), or current certification as a Board Certified Behavioral Analyst (BCBA) or Master's degree in psychology, special education, social work or a related field. Proof of Licensure per CGS Chapter 383b (Licensed Clinical Social Worker), or Licensure per CGS Chapter 383a or 383c (Marriage and Family Therapist or Professional Counselor) as applicable.
- Two years of experience providing behavioral supports to people with developmental disabilities.
- Review of all application materials and approval by the Operations Center and its clinical designee
- Criminal background check, DDS Abuse/Neglect Registry check and Sex Offender Registry check required.
- **The rate for this service is \$121.20 per hour.**

STATEMENT OF CREDENTIALS

Qualified providers of this service approved by the DDS Operations Center shall use the designation "Master's Level Behavior Support Provider", or "Doctoral or BCBA Level Behavior Support Provider" as applicable, in addition to the statement of any other professional credentials when providing Clinical Behavioral Support Services.

HOW TO OBTAIN CLINICAL BEHAVIORAL SUPPORT SERVICES

Planning and support teams may recommend Clinical Behavioral Support Services for individuals who have behavioral support needs, to increase adaptive skills and/or decrease challenging behaviors. The team must revise or update the person's Individual Plan (IP) to include the need for a behavioral assessment in the Assessment section of the plan and the team should describe the individual's need and objective for the service in the *Action Plan*. The team determines the estimated amount of service within the authorization guideline and the person's existing budget and must include Clinical Behavioral Support Services in the *Summary of Supports and Services or IP.6*, indicating the amount and frequency of service. The Behavior Support provider will assess the person's need for the service and will develop an integrated behavior management plan for the individual and his/her support staff to implement. Recommendations for additional services beyond the above authorized amount must be submitted for Prior Approval. If PRAT recommends denial of the request it will be sent to the Central Office Waiver Policy and Enrollment Unit for a decision.

Individuals who receive IHS under a provider contract:

For an individual who receives IHS under a provider contract the resource manager will add a service authorization for the IHS provider which includes funding for Clinical Behavioral Support Services for the person based on the approved plan. The IHS provider shall ensure the service is provided by a qualified provider.

Individuals who receive IHS funded through a fiscal intermediary:

For an individual who self-directs IHS or receives IHS from a qualified provider paid by a fiscal intermediary, the case manager should amend the plan and individual budget to include the Clinical Behavioral Support Services up to the amount available to the person in the service authorization guidelines. The resource manager will add a service authorization for the Behavior Support provider based on the approved plan.

APPLICATION PROCESS AND QUALIFYING PROVIDERS

To be included on the list of providers qualified to deliver Clinical Behavioral Support Services, both individual practitioners and provider agencies must apply to the DDS Operations Center for review and approval. Approval will be based on the criteria specified in the DDS HCBS Waiver Manual and this document. Applicants who are not determined to be qualified may reapply in 12 months. A list of qualified providers will be maintained by the DDS Operations Center and will be available on the DDS website.

Individual Practitioners who wish to become qualified providers of Clinical Behavioral Support Services:

Master's or Doctoral or BCBA Level Applicants shall submit the following:

- a. Provider Application
- b. A signed Clinical Behavioral Consultant Assurance Agreement to: deliver this service according to criteria specified in the DDS HCBS Waiver Manual and this document; maintain required documentation and follow relevant DDS policies and procedures.
- c. Provider Agreement
- d. Confidentiality & HIPAA Assurance Agreement
- e. False Claims Act Acknowledgement of Receipt of DDS Policy and Procedure
- f. Corporate documents (if applicable)
- g. Resume or Curriculum Vita and university diploma
- h. A copy of current professional clinical license or certificate (as applicable)
- i. A sample of recent work (two sample functional assessments and behavioral support plans including methods for increasing adaptive behaviors and decreasing maladaptive or challenging behaviors)
- j. Three current letters of reference and contact information—at least one of which is from a clinician familiar with the applicant's professional work and that references evidence of positive outcomes for individuals resulting from interventions designed and implemented or overseen by the applicant. The applicant should ensure that all the recommendation letters submitted are specifically related to their application to be a qualified DDS provider.

- k. A letter of intent describing the services he/she intends to provide, any special population to be served and geographic areas he/she intends to serve.

Individual practitioner applicants must be reviewed and approved by the Operations Center and its clinical designee prior to being granted Qualified Provider status.

BECOMING QUALIFIED

New provider agencies who want to provide the Clinical Behavioral Support must complete all the requirements for a new qualified provider as specified in the Components of a Complete Enrollment Packet. In addition, the following must also be submitted on the clinician(s) who will provide this service for the agency.

1. Résumé or Curriculum Vita and university diploma.
2. A copy of current professional clinical license or certificate (as applicable).
3. Three current letters of reference and contact information—at least one of which is from a clinician familiar with the applicant's professional work and which references evidence of positive outcomes for individuals resulting from interventions designed and implemented or overseen by the applicant. All recommendation letters provided should reflect the current interest in the agency becoming a qualified provider.
4. Clinical Behavioral Support Only: A sample of recent work (two sample functional assessments and behavioral support plans including methods for increasing adaptive behaviors and decreasing maladaptive or challenging behaviors).

Existing providers in good standing that wish to become qualified providers of Clinical Behavioral Support Services must meet the qualifications for this service.

The application will consist of the following:

1. Application to Amend Services form
2. A letter of intent describing the services the applicant intends to provide, any special population to be served and geographic areas the applicant intends to serve.
3. A procedure on how staff providing this service will initially be trained and kept current on following procedures.
4. A procedure on clinical oversight and ongoing educational training.
5. Resume or Curriculum Vita and university diploma for all agency personnel employed as providers of Clinical Behavioral Support Services.
6. A copy of current professional clinical license/certificate for all agency personnel employed as providers of Clinical Behavioral Support Services (as applicable)
7. A sample of recent work for all agency personnel employed as providers of Clinical Behavioral Support Services --two sample functional assessments and behavioral support plans including methods for increasing adaptive behaviors and decreasing maladaptive or challenging behaviors
8. Three current letters of reference related to the DDS qualified provider application for all agency personnel employed as providers of Clinical Behavioral Support Services and reference contact information—at least one

of which is from a clinician familiar with the applicant's professional work and that references evidence of positive outcomes for individuals resulting from interventions designed and implemented or overseen by the applicant.

All provider agency applicants must be reviewed and approved by the Operations Center and its clinical designee prior to being granted Qualified Provider status.

MAINTAINING QUALIFICATION STATUS

The qualified provider is responsible to submit to the Operations Center a copy of renewed licenses and certifications. The qualified provider must notify the DDS Operations Center if any actions have been placed against the license/certificate, if the license/certificate has been revoked or if there is a change in the qualified provider's employment status. Failure to do so will result in removal from the list of approved providers for Clinical Behavioral Support Services. DDS is responsible to review licensing and certification material. DDS also checks the DPH website credential status page and for active status and any change in status.

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