



State of Connecticut  
Department of Developmental Services

**DDS**

Ned Lamont  
Governor

Jordan A. Scheff  
Commissioner

Peter Mason  
Deputy Commissioner

**Operations Memo 2020-04**

To: DDS Qualified Providers

From: David David, Operations Center Director of Service Development & Support  
Peter Tolisano, Psy.D., ABPP Director of Psychology

CC: Jordan Scheff, Commissioner, Peter Mason, Deputy Commissioner, Katie Rock-Burns, Chief of Staff, Scott McWilliams, Chief of Fiscal/Administrative Services, Regional Directors, Assistant Regional Directors, Resource Administrators

Date: September 6, 2019

Re: Reminder of Service Definition and Billing Documentation for Clinical Behavioral Support Services

This memo is to provide agencies and individual practitioners with clarification regarding Clinical Behavioral Support Services.

Qualified Providers of Clinical Behavioral Supports are required to submit documents for each clinician who will provide this service for the agency. Any Clinical Behavioral Supports provided by a clinician not approved by DDS will not be reimbursed at the Clinical Behavioral Support rate.

If your agency has clinicians on staff that are currently providing supports, but have not been qualified by DDS, please notify Debra Lynch (Debra.Lynch@ct.gov) immediately. Please visit the DDS website for a list of required documents: [Existing-Qualified-Providers-Requesting-to-Add-a-Clinician](#)

Once the clinician is approved by the Operations Center, the provider can bill for the clinician's services through an established authorization.

Service Documentation

**Allowable**

Time for reviewing records, preparing reports, and consultation over the phone is allowable. 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.

**Non-billable**

Time spent on activities related to billing, payment, scheduling of appointments, collateral calls, travel time and service documentation are not billable; they are built into the rate.

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**Documentation**

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.

An audit may be done by the DDS Audit Unit to ensure service documentation is in compliance with the Waiver requirements.

**Please complete and submit the attached sign-off sheet for each clinician qualified to provide Clinical Behavioral Supports by September 30<sup>th</sup>.** A copy of the service definition for Clinical Behavioral Supports is attached for your files.

If you have any questions, please contact David David at [David.David@ct.gov](mailto:David.David@ct.gov) or 860-418-6040, Debra Lynch at [Debra.Lynch@ct.gov](mailto:Debra.Lynch@ct.gov) or 860-418-6019, or [Peter.Tolisano@ct.gov](mailto:Peter.Tolisano@ct.gov) or 860-418-6086.

**Acknowledgement of Receipt  
Service Definition for Clinical Behavioral Supports**

**Sign-off Sheet**

I, \_\_\_\_\_,  
(Print Name)

acknowledge that I have read and understand the contents of the Service Definition for providing Clinical Behavioral Support Services, which includes service documentation and billing requirements.

\_\_\_\_\_  
State the Agency Name or Individual Practitioner

\_\_\_\_\_  
Signature

Email or fax this form to Debra Lynch  
Email: [Debra.Lynch@ct.gov](mailto:Debra.Lynch@ct.gov)  
Fax: 860-7065823

# Clinical Behavioral Support Services

## Service Definition

### Service Definition

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.

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.

### Rates

<https://portal.ct.gov/DDS/OperationsCenter/Providers/Rates>