

**NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
MEDICALLY FRAGILE WAIVER (MFW)**

BEHAVIOR SUPPORT CONSULTATION

Effective January 1, 2011

A Behavior Support Consultant (BSC) is a licensed professional as specified by applicable State laws and standards. Behavior support consultation services assist the participant with a developmental disability and his or her family as well as the direct support professionals (DSP). Behavior support consultation services for the participant include: assessments, evaluations, treatments, interventions, follow-up services and assistance with challenging behaviors and coping skill development. Services for the parents, family members and DSPs include training in dealing with challenging behaviors and assistance with coping skill development at home and in the community.

I. SCOPE OF SERVICES

Behavior support consultation services are initiated when the case manager (CM) identifies and recommends the service be provided to the participant/participant representative. The CM provides the participant/participant representative with a secondary freedom of choice (SFOC) to select a provider agency. The CM is responsible for including recommended units of behavior support consultation services on the MAD 046 form. It is the responsibility of the participant/participant representative, BSC, and CM, to assure units of therapy do not exceed the capped dollar amount determined for the participant/participant representative's Level of Care (LOC) and Individual Service Plan (ISP) cycle. Strategies, support plans, goals and outcomes will be developed based on the identified strengths, concerns and priorities in the ISP.

A. Behavior Support Consultation Services Include:

1. Providing assessments, evaluations, development of treatment plans and interventions, training, monitoring of the participant/participant representative, and planning modification as needed for therapeutic purposes within the professional scope of practice of the BSC.
2. Designing, modifying and monitoring the use of related activities for the participant/participant representative that is supportive of the ISP.
3. Training families and DSPs in relevant settings as needed for successful implementation of therapeutic activities, strategies, and treatments.
4. Consulting with the Interdisciplinary Team (IDT) member(s), guardians, family, or support staff.
5. Consulting and collaborating with the participant/participant representative's, primary care provider (PCP) and/or other therapists and/or medical personnel

for the purposes of evaluation of the participant or developing, modifying or monitoring behavior support consultation services for the participant.

6. Observing the participant/participant representative in all relevant settings in order to monitor the participant's status as it relates to therapeutic goals or implementation of behavior support consultation services and professional recommendations.
 7. Services may be provided in a clinic, home, or community setting.
- B. Comprehensive Assessment Guidelines:
1. The BSC must perform an initial comprehensive assessment for each participant to give the appropriate behavior support recommendations, taking into consideration the overall array of services received by the participant. A comprehensive assessment must be done at least annually and when clinically indicated.
- C. Attendance at the IDT Meeting:
1. The BSC is responsible for attending and participating, either in person or by conference call in IDT meetings convened for service planning.
 2. If unable to attend the IDT meeting, the BSC is expected in advance of the meeting to submit recommended updates to the strategies, support plans, and goals and objectives. The BSC and CM will follow up after the IDT meeting to update the BSC on specific issues.
 3. The BSC is responsible for signing the IDT sign-in sheet.
 4. The BSC must document in the participant's clinical file the date, time, and any changes to strategies, support plans, and goals and objectives as a result of the IDT meeting.
- D. Discharge Planning Documentation Includes:
1. Reason for discontinuing services (such as failure to participate, request from participant/participant representative, goal completion, and/or failure to progress).
 2. Written discharge plan shall be provided to the participant/participant representative and the CM by the BSC.
 3. Strategies developed with participant/participant representative that can support the maintenance of behavioral support activities.
 4. Family and direct support professional training that is completed in accordance with the written discharge plan.
 5. Discharge summary is to be maintained in the clinical participant file and a copy is to be placed in the CM file and distributed to the participant/participant representative.

II. AGENCY/INDIVIDUAL PROVIDER REQUIREMENTS

- A. All BSCs who are working independently, or as subcontractors, or as employees of a provider agency who offer behavior support consultation services shall meet all the requirements of the Medically Fragile Waiver (MFW) Service Standards.

- B. The agency must maintain a current MFW provider status through the Department of Health (DOH) Provider Enrollment Unit. Contact Provider Enrollment Unit for details.

III. AGENCY/INDIVIDUAL ADMINISTRATIVE REQUIREMENTS

A. BSC Requirements:

1. Master's degree from an accredited school for psychology, social work, counseling or guidance program and maintain current license as required by New Mexico State Law.
2. Acceptable licensure includes:
 - a. New Mexico Licensed Psychologist or Psychologist Associate.
 - b. New Mexico Licensed Independent Social Worker (LISW).
 - c. New Mexico Licensed Master Social Worker (LMSW).
 - d. New Mexico Licensed Clinical Counselor (LPCC).
 - e. New Mexico Licensed Marriage and Family Therapist (LMFT).
3. Maintain a culturally sensitive attentiveness to the needs and preferences of participants and their families based upon culture and language. Communicating in a language other than English may be required.
4. Licensed BSCs identified in Section III. A. of this document may provide billable behavior support consultation services.

B. Documentation:

1. Documentation must be completed in accordance with applicable Medically Fragile Wavier, Human Services Department (HSD), and Federal guidelines.
2. All documents are identified by title of document, participant name, and date of documentation. Each entry will be signed with appropriate credential(s) and name of person making entry.
3. Verified Electronic Signatures may be used. BSC name and credential(s) typed on a document is not acceptable.
4. All documentation will be signed and dated by the BSC providing services.
5. A copy of the annual evaluation and updated treatment plan will be provided to the CM within 10 working days following the IDT meeting. The treatment plan must include intervention strategies, as well as frequency and duration of care. The goals and objectives must be measurable.
6. BSC progress/summary notes will include date of service, beginning/end time of service, location of service, description of service provided, participant/family/DSP response to service, and plan for future service.
7. The summary will include the number and types of treatment provided and will describe the progress toward BSC goals using the parameters identified in the initial and annual treatment plan and/or evaluation.
8. Any modifications that need to be included in the ISP must be coordinated with the CM.
9. Complications that delay, interrupt, or extend the duration of the program will be documented in the participant's medical record and in communications to the Physician/Healthcare provider as indicated.

10. Each participant will have an individual clinical file.
- C. Review Physician/Healthcare provider orders at least annually and as appropriate, and recommend revisions on the basis of evaluative finding.
- D. Copies of BSC contact notes and BSC documentation may be requested by the MFW Manager, Division of Health Improvement (DHI), or HSD for quality assurance purposes.

IV. REIMBURSEMENT

- Each provider of a service is responsible for providing clinical documentation that identifies the DSP's role in all components of the provision of home care, including assessment information, care planning, intervention, communications, and care coordination and evaluation. There must be justification in each participant's clinical record supporting medical necessity for the care and for the approved LOC that will also include frequency and duration of the care. All services must be reflected in the ISP that is coordinated with the participant/participant representative and other caregivers as applicable. All services provided, claimed, and billed must have documented justification supporting medical necessity and must be covered by the MFW and authorized by the approved budget.
- A. Payment for behavior support consultation services through this Medicaid waiver is considered payment in full.
 - B. The BSC must abide by all Federal, State, HSD, and DOH policies and procedures regarding billable and non-billable items.
 - C. All billed services must not exceed the capped dollar amount for the LOC.
 - D. Reimbursement for BSC services will be based on the current rate allowed for the services.
 - E. The agency must follow all current billing requirements by the HSD and DOH for BSC services.
 - F. Service providers have the responsibility to review and assure that the information on the MAD 046 form for their services is current. If the provider identifies an error, they will contact the CM or a supervisor at the case management agency immediately to have the error corrected.
 - G. The MFW Program does not consider the following to be professional BSC duties and will not authorize payment for:
 1. Performing specific errands for the participant/participant representative or family that is not program specific.
 2. "Friendly visiting," meaning visits with the participant outside of work scheduled.
 3. Financial brokerage services, handling of participant finances or preparation of legal documents.
 4. Time spent on paperwork or travel that is administrative for the provider.
 5. Transportation of participant/participant representative.
 6. Pick up and/or delivery of commodities.
 7. Other non-Medicaid reimbursable activities.

