

# Behavioral Support Services

Service Definition
<p>A. Behavioral Support Services are an array of services to assist participants who, without such supports, are experiencing or are likely to experience difficulty at home or in the community as a result of behavioral, psychological, social, or emotional issues. These services seek to help understand a participant's <b>communication and challenging</b> behavior and its function is to develop a Behavior Support Plan with the primary aim of enhancing the participant's independence, quality of life, and inclusion in their community.</p> <p>B. Behavioral Support Services includes:</p> <ol style="list-style-type: none"><li>1. Behavioral Assessment - identifies a participant's challenging behaviors by collecting and reviewing <b>relevant data, assessing clinically relevant environmental</b>s, discussing the information with the participant's support team, and <b>if appropriate</b>, developing a Behavior Support Plan that best addresses the function of the behavior, <b>if needed</b>;</li><li>2. Behavioral Consultation - services that oversee, monitor, and modify the Behavior Support Plan; and</li><li>3. Brief Support Implementation Services – a time limited service that provides direct assistance and <b>models modeling behavioral strategies</b> to families, staff, caregivers, and any other individuals supporting the participant so they can independently implement the Behavior Support Plan.</li></ol>
<p>SERVICE REQUIREMENTS:</p> <p>A. Behavioral Assessment:</p> <ol style="list-style-type: none"><li>1. Is based on the principles of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data;</li><li>2. Is performed by a qualified clinician;</li></ol>

## Behavioral Support Services

3. Requires development of specific hypotheses for a participant's challenging behavior, a description of the behaviors in behavioral terms, to include where the person lives and spends their time, frequency, duration, intensity/severity, and variability/cyclicity of the behaviors;
4. 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 participant and their caregiver(s) and/or others who support them in multiple settings and observation of the relationships between the participant and others in their environment, and implementation of existing strategies (if any);
  - b. An environmental assessment of all primary environments;
  - c. Assessment of communication skills and how challenges with communication may relate to behavior ~~(if applicable)~~;
  - d. An assessment of the participant's medical conditions and needs, and how they relate to their behavior, (somatic and psychiatric), the rationale for prescribing each medication, and the potential side effects of each medication;
  - e. A participant's history, **including trauma history (if applicable)**, based upon the records and interviews with the participant and with the people important To and For the person (e.g., parents, caregivers, vocational staff, etc.);
  - f. Record reviews and interviews **with the participant and individuals supporting the participant, with respect to possible reasons for the recording the history of the challenging behaviors; and attempts to modify it ways to support positive behaviors; and obtaining suggestions of positive and effective ways to communicate wants and needs and decrease challenging behaviors;**
  - g. Recommendations, after discussion of the results within the participant's interdisciplinary team, on behavioral support strategies, including those required to be developed in a Behavior Support Plan; and
  - h. Development of the Behavior Support Plan **specific to the challenging behaviors**, if applicable, with goals that are specific, measurable, attainable, relevant, time based, and based on a person-centered approach. **Recommendations for dedicated 1:1 and 2:1**

# Behavioral Support Services

support, enhanced supports, and overnight services need to be clearly identified in the Behavior Support Plan including the specific times the supports are necessary, identification of risks, and mitigation strategies as applicable.

B. Behavioral Consultation services only include:

1. Recommendations for subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and help support positive behavior;
2. Graphing and analysis of collected data to identify trends and patterns of target behaviors that can be shared with other team members in consultation and educational efforts;
3. Consultation, subsequent to the development of the Behavioral Support Plan which may include speaking with the participant's Psychiatrists and other medical/therapeutic practitioners;
4. Developing, writing, presenting, and monitoring the strategies for working with the participant and their caregivers;
5. Providing ongoing education on recommendations, strategies, and next steps to the participant's support network (i.e., caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment or a change to a different type of environment, activities, ~~and~~ ways to communicate with and support the participant, and enabling the participant to participate in all pertinent environments to optimize the participant's community inclusion in the most integrated environment;
6. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the participant is able to continue to participate in home and community environments, including those where they live, spend their days, work, volunteer, etc. to optimize community inclusion in the most integrated environment;
7. Ongoing assessment of progress in all appropriate environments against identified goals related to the Behavioral Support Plan;
8. Preparing written progress notes on the status of participant's goals identified in the Behavior Support Plan at a minimum include the following information:
  - a. Assessment of behavioral and environmental supports in the environment;

## Behavioral Support Services

- b. Specific Behavior Support Plan interventions and outcomes ~~based on the participant's goals for the participant;~~
  - c. Data, trend analysis and graphs to detail progress on target behaviors identified in a Behavior Support Plan; and
  - d. Recommendations for ongoing supports.
9. Development and updates to the Behavior Support Plan as required by regulations; ~~and~~
10. Monitoring and ongoing assessment of the implementation of the Behavior Support Plan based on the following:
- a. At least monthly for the first 6 months; and
  - b. At least quarterly after the first 6 months or more frequently as determined by progress in meeting ~~the participant's their~~ identified goals.
11. Progress notes must include the following components:
- a. Assessment of behavioral supports in the environment;
  - b. Progress notes detailing the specific interventions implemented in accordance with the behavior plan and outcomes for the participant;
  - c. Data, trend analysis, and graphs to detail progress on target behaviors identified in a behavior plan; and
  - d. Recommendations.
- C. Brief Support Implementation Services includes:
- 1. Onsite execution and modeling of identified behavioral support strategies;
  - 2. Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the Behavior Support Plan and strategies for supporting positive behavior;

## Behavioral Support Services

3. Participation in on-site meetings or instructional sessions with the participant's support network regarding the recommendations, strategies, and next steps identified in the Behavior Support Plan;
  4. Brief Support Implementation Services cannot be duplicative of other services being provided (e.g., **direct supports**, 1:1 **or 2:1 dedicated** supports); and
  5. Staff must provide Brief Support Implementation Services on-site and in- person with the individuals supporting the participant in order to model the implementation of identified strategies to be utilized in the Behavior Support Plan.
- D. The DDA policies, procedure, **and** guidance, **and training curriculum** must be followed when developing a Behavior Support Plan.
- E. If the requested Behavioral Support Services, or Behavior Support Plan, restricts the participant's rights, as set forth in Title 7 of the Health-General Article of the Maryland Annotated Code or Code of Maryland Regulations Title 10, Subtitle 22, then the need for the restriction must be written in the participant's Behavior Support Plan in accordance with applicable regulations and policies governing restrictions of participant rights, Behavior Support Plans, and positive behavior supports.
- F. Prior to accessing DDA funding for this service, all other available and appropriate funding sources **which may include, as applicable, private insurance, including those** services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), **and** Department of Human Services (DHS), **and or** any other federal or State government funding program, must be explored and exhausted to the extent applicable.
1. These efforts must be **documentedwritten** in the participant's file.
  2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be **documentedwritten** in the participant's **file PCP**.
  3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the Waiver program.

## Behavioral Support Services

G. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of **receiving community based services and** avoiding institutionalization.

H. Behavioral Assessment is reimbursed based on a milestone for a completed assessment.

I. The Behavior Support Plan is reimbursed based on a milestone for a completed plan.

J. Behavioral Support Services may not be provided at the same time as the direct provision of Community Living – Enhanced Supports or Respite Care Services.

K. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.

L. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service ~~is~~**are** to improve and maintain the ability of the child to remain in and engage in community activities.

M. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this **Medicaid w**~~Waiver~~ program service.

N. ~~Services which are provided virtually, must:~~ Virtual Supports

1. Virtual supports is an electronic method of service delivery.

2. **Supports provided virtually must** be provided in accordance with federal and State requirements, policies, guidance, and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their applicable regulations to protect the privacy and security of the participant's protected health information;

## Behavioral Support Services

3. Supports provided virtually support a participant to reach outcomes identified in their Person-Centered Plan;
4. Supports provided virtually may not be used for the provider's convenience;
5. This Waiver program service may not be provided entirely via virtual supports. Supports provided virtually may supplement in-person direct supports.
6. Supports provided virtually must be delivered using a live, real-time audio-visual connection that allows the staff member to both see and hear the participant. Text messaging and emailing do not constitute virtual supports and, therefore, will not be considered provision of direct supports under this Waiver program service.
7. Supports provided virtually cannot be used to assess a participant for a medical emergency.
8. The provider must have written policies, train direct support staff on those policies, and advise participants and their person-centered planning teams regarding those policies that address:
  - a. Identifying whether the participant's needs, including health and safety, can be addressed safely while they are using Supports provided virtually;
  - b. Identifying individuals to intervene (such as uncompensated caregivers present in the participant's home), and ensuring they are present while services are being provided virtually, as indicated, in case the participant experiences an emergency; and
  - c. How a person will get emergency interventions if the participant experiences an emergency, including contacting 911 if necessary.
9. MDH-licensed providers providing a Waiver program service through virtual supports must include it as a service delivery method in their provider Program Service Plan, required by Code of Maryland Regulations Title 10, Subtitle 22.
10. For participants in self-direction using individual providers to provide a Medicaid waiver program service through virtual supports, they must include it as a service delivery method in their provider service implementation plan or job description.

## Behavioral Support Services

11. The Waiver program will not fund any costs associated with the provider obtaining, installing, implementing, or using virtual supports, such as equipment, internet, software applications, and other related expenses. These costs, in the delivery of new business models, are part of the provider's operating cost.

O. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

P. Behavioral Supports Services shall be provided in a holistic manner including assessments, consultations, and development of behavioral strategies in all environments (e.g., home, community, employment, day program, residential program). There may only be one Behavioral Support provider authorized, at a time, to support a participant.

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

1. Behavioral Assessment and Behavior Support Plan is limited to 1 per PCP year. ~~unless otherwise approved by the DDA.~~
2. For Behavioral Consultation and Brief Support Implementation Services, the Waiver program will fund up to a maximum of 8 hours per day.

Note: Behavior Support Plan updates are completed under Behavioral Consultation.

Service Delivery Method (check each that applies):

- X Participant-directed as specified in Appendix E
- X Provider managed
- X Remote/via Telehealth

Specify whether the service may be provided by (check each that applies):

NONE CHECKED  
\_\_\_ Legally Responsible Person



## Behavioral Support Services

<input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian
Provider Category(s) (check one or both):
<input checked="" type="checkbox"/> Individual. List types:
Behavioral Support Services Professional
<input checked="" type="checkbox"/> Agency. List the types of agencies:
Behavioral Support Services Provider
Provider Type:
Behavioral Support Services Professional
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Individual must complete the <del>MDH DDA</del> provider application and be <del>approved</del> <del>certified</del> based on compliance with meeting the following standards:</p> <p>1. Be at least 18 years old;</p>

## Behavioral Support Services

2. Have required credentials, license, or certification as noted below;
3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
4. Complete required orientation and training designated by the DDA;
5. Complete necessary pre/in-service training based on the PCP;
6. Have 3 professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;
7. Have Commercial General Liability Insurance;
8. Demonstrate financial integrity through Internal Revenue Services, Maryland Department of Health, and Medicaid Exclusion List checks;
9. Complete and sign any agreements required by the Maryland Department of Health (MDH) or DDA; and
10. Have a signed Medicaid Provider Agreement.

An individual is qualified to complete the Behavioral Assessment and Behavioral Consultation services if they have one of the following licenses:

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 clinical professional counselor (LCPC);
4. Licensed graduate-level professional counselor working under the license of the LCPC;

## Behavioral Support Services

5. Licensed Certified Social Worker-Clinical (LCSW-C); ~~or~~
6. Licensed masters-level social worker working under the license of the LCSW-C;
7. Licensed Behavioral Analyst (LBA); ~~or~~
8. Board Certified Behavior Analyst (BCBA).

In addition, an individual who provides the Behavioral Assessment and/or consultation services must have the following training and experience:

1. A minimum of 1 year of clinical experience under the supervision of a Licensed Health professional as described above, who has training and experience in functional analysis and tiered Behavioral Support Plans with ~~the individuals with intellectual and developmental disabilities I/DD population;~~
2. A minimum of 1-year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and
3. Competencies in areas related to:
  - a. Analysis of different styles of communication and communication challenges related to behavior;
  - b. Behavior support strategies that promote least restrictive approved alternatives, ~~including positive reinforcement/schedules of reinforcement;~~
  - c. Data collection, tracking and reporting;
  - d. Demonstrated expertise with populations being served;
  - e. Ethical considerations related to behavioral and psychological services;

## Behavioral Support Services

- f. Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change;
- g. Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions;
- h. Identifying person-centered desired outcomes;
- i. Selecting intervention strategies to achieve person-centered outcomes;
- j. Staff/caregiver training;
- k. Support plan monitoring and revisions; and
- l. Positive behavioral supports and trauma informed care.

Staff providing the Brief Support Implementation Services must be a person who has:

- ~~1. Demonstrated completion of high school or equivalent/higher;~~
- 1. Successfully completed a 40-hour behavioral technician training; and
- 2. Receives ongoing supervision by a qualified clinician who meets the criteria to provide the Behavioral Assessment and Behavioral Consultation.

Provider Type:

Behavioral Support Services Provider

License (specify)

## Behavioral Support Services

Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the <del>MDH DDA</del> provider application and be <del>approved</del> <del>certified</del> based on compliance with meeting all of the following standards:                     <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland <del>business entity corporation</del>, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of 5 years demonstrated experience and capacity providing quality <del>similar</del> <del>developmental disabilities</del> <del>behavioral</del> services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. <del>Except for currently DDA licensed or certified Day Habilitation providers; Demonstrate</del> <del>demonstrate</del> the capability to provide or arrange for the provision of all Behavioral Support Services required by submitting, at a minimum, the following documents with the application:                             <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Behavioral Support Services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> </ol> </li> </ol> </li> </ol>

## Behavioral Support Services

- (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and
- (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
- E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D;
- F. Be in good standing with the Internal Revenue Service (IRS) and Maryland **State** Department of Assessments and Taxation (**SDAT**);
- G. Have Workers' Compensation Insurance;
- H. Have Commercial General Liability Insurance;
- I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;
- J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;
- K. Complete required orientation and training **designated by the DDA**;
- L. Comply with the DDA standards related to provider qualifications; and
- M. Complete and sign any agreements required by **the** Maryland Department of Health (MDH) or DDA;
- N.** Have a signed Medicaid provider agreement;
- O.** Have documentation that all vehicles used in the provision of services have automobile insurance; and
- P.** Submit a provider renewal application at least 60 days before expiration of its existing approval ~~as per DDA policy~~. **The renewal license is good for a 3 year period unless otherwise noted in the approval letter.**

## Behavioral Support Services

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership (CQL) or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Services (IRS) and Maryland State Department of Assessments and Taxation.~~

Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:

1. Be at least 18 years old;
2. Have required credentials, license, or certification as noted below;
3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
4. Complete necessary pre/in-service training based on the PCP; and
5. Complete required orientation and training designated by the DDA.

An individual is qualified to complete the Behavioral Assessment and Behavioral Consultation services if they have one of the following licenses:

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 clinical professional counselor (LCPC);
4. Licensed graduate-level professional counselor working under the license of the Licensed Clinical Professional Counselor;
5. Licensed Certified Social Worker-Clinical (LCSW-C); or

## Behavioral Support Services

6. Licensed masters-level social worker working under the license of the Licensed Certified Social Worker-Clinical;
7. Licensed Behavioral Analyst (LBA); or
8. Board Certified Behavior Analyst (BCBA)

In addition, an individual who provides the Behavioral Assessment and/or Consultation Services must have the following training and experience:

1. A minimum of 1 year of clinical experience under the supervision of a Licensed Health Professional as defined above, who has training and experience in functional analysis and tiered Behavioral Support Plans with ~~the individuals with intellectual and developmental disabilities~~ ~~I/DD population~~;
2. A minimum of 1 year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and
3. Competencies in areas related to:
  - a. Analysis of different styles of communication and communication challenges related to behavior;
  - b. Behavior Support strategies that promote least restrictive approved alternatives, ~~including positive reinforcement/schedules of reinforcement~~;
  - c. Data collection, tracking and reporting;
  - d. Demonstrated expertise with populations being served;
  - e. Ethical considerations related to behavioral and psychological services;
  - f. Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change;



## Behavioral Support Services

- g. Measurement of behavior and interpretation of data, including ABC analysis including antecedent interventions;
- h. Identifying person-centered outcomes;
- i. Selecting intervention strategies to achieve person-centered outcomes;
- j. Staff/caregiver training;
- k. Support plan monitors and revisions; and
- l. Positive behavioral supports and trauma informed care.

Staff providing the Brief Support Implementation Services must be a person who has:

- ~~1. Demonstrated completion of high school or equivalent/higher,~~
- ~~1.2.~~ Successfully completed a 40-hour behavioral technician training; and
- ~~2.3.~~ Receives ongoing supervision by a qualified clinician who meets the criteria to provide the Behavioral Assessment and Behavioral Consultation.

### Verification of Provider Qualifications

#### Provider Type:

#### Behavioral Support Services Professional

- 1. ~~MDH DDA~~—for approval of certified Behavioral Support Services Professional.
- 2. Financial Management and Counseling Services provider, as described in Appendix E for participants self-directing services.

#### Frequency of Verification

## Behavioral Support Services

1. <del>MDH DDA</del> – Initially and at least every 3 years.
2. Financial Management and Counseling Services provider – <del>Prior</del> to service delivery and continuing thereafter.
Provider Type:
Behavioral Support Services Provider
Entity Responsible for Verification:
1. <del>MDH DDA</del> –for approval of Behavioral Support Services <del>Provider provider</del> .
2. Providers for verification of clinician’s and staff qualifications and training.
Frequency of Verification
1. <del>MDH DDA</del> - Initially and at least every 3 years.
2. Providers – <del>Prior</del> to service delivery and continuing thereafter.