

General Medicaid Waiver Documentation Requirements

Implementation of services must be documented by the provider and is monitored by the service coordinator at least monthly for individuals who receive residential habilitation or individualized support living and at least quarterly for individuals who live in their natural home.

As per 13 CSR 70 – 3.030, the provider is required to document the provision of Division of DD Waiver services by maintaining:

- First name, and last name, and either middle initial or date of birth of the service recipient.
- An accurate, complete, and legible description of each service(s) provided. This information may be included in daily activity records that describe various covered activities (services) in which the person participated.
- Name, title, and signature of the Missouri Medicaid enrolled provider delivering the service. This may be included in attendance or census records documenting days of service, signed by the provider or designated staff; records indicating which staff provided each unit of service; and documentation of qualifications of staff to provide the service.
- Identify referring entity, when applicable.
- The date of service (month/day/year). This can be included in attendance or census records.
- Amount of time in hours and minutes spent completing the service. Prior to 6/1/07, for those Medicaid programs and services that are reimbursed according to the amount of time spent in delivering or rendering a service(s) the actual begin and end time taken to deliver the service (e.g., 4:00 – 4:30 p.m.) must be documented.
- This excludes services such as residential, home modification, equipment and supplies, transportation, etc. Effective 6/1/07. The begin and end time spent in delivering a service is no longer required.
- The setting in which service was rendered.
- Service plan, evaluation(s), test(s), findings, results, and prescription(s) as necessary.
- Service delivery as identified in the individual's service plan.

- Recipient's progress toward the goals stated in the treatment plan (progress notes). Sources of documentation include progress notes by direct care staff regarding situations (whether good or bad) that arise affecting the individual; and monthly provider summaries noting progress on individual's goals and objectives in their service plan, and overall status of the individual.
- For applicable programs, include invoices, trip tickets/reports, activity log sheets, employee records (excluding health records), and staff training records.
- Applicable documentation should be contained and available in the entirety of the medical record.
- All providers must follow the above documentation requirements unless otherwise noted under specific Division of DD Waiver services in Sections 13.18 through 13.37. Any additional requirements for a specific service are also included in these sections.

Behavior Analysis Service

This service is designed to help individuals demonstrating significant deficits (challenges) in the areas of behavior, social, and communication skills acquire functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements. Behavior Analysis services may be provided to assist a person or persons to learn new behavior directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. Behavior analysis includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior.

An individual's Behavior Analysis Services are based on the Functional Behavioral Assessment which identifies functional relationships between behavior and the environment including contextual factors, establishing operations, antecedent stimuli, contributing and controlling consequences, and possible physiological or medical variables related to the challenging behavior or situations.

The plan should describe strategies and procedures to generalize and maintain the effects of the behavior support plan and to collect data to assess the effectiveness of the plan and fidelity of implementation of the plan.

The specific skills and behaviors targeted for each individual should be clearly defined in observable terms and measured carefully by direct observation each session.

The service shall include monitoring of data from continuous assessment of the individual's skills in learning, communication, social competence, and self-care guide to the scope of the individual support plan, which must include separate, measurable goals and objectives with clear definitions of what constitutes mastery.

Data should be displayed in graphic format with relevant environmental variables that might affect the target behaviors indicated on the graph. The graph should provide indication of analysis via inclusion of environmental variables including medications and changes in medications, baseline or pre-intervention levels of behavior, and strategy changes.

Performance based training for parents, caregivers and significant others in the person's life is also part of the behavior analysis services if these people are integral to the implementation or monitoring of the plan.

Senior Behavior Consultant and Behavior Intervention Specialist may be authorized in conjunction with a Functional Behavioral Assessment (FBA), which is a separate service, cost and code. The purpose of the FBA is to gather information in the form of data from descriptive assessment, observation and/or systematic manipulation of environmental variables, written and oral history of the individual. The information from the FBA should lead to identification of possible controlling and contributing variables, and possible proactive, preventative and reactive strategies for the identified challenges of the individual referred for Behavior Analysis Services.

NOTE: The Behavior Analysis Service is not intended to be an ongoing service. The following guidance shall be used when submitting authorizations to the Utilization Review Committee: Initial authorization for Behavior Analysis Service may not exceed 270 days, One subsequent authorization for Behavior Analysis Service may be approved, not to exceed an additional 90 days,

Additional authorizations for Behavior Analysis Service must be approved by the Division Deputy Director or Assistant Director,

Behavior Analysis Service may not be authorized concurrent with Applied Behavior Analysis.

Senior Behavior Consultant

The service consists of design, monitoring, revision and/or brief implementation of 1:1 behavioral interventions described in the individual's behavior support plan.

The service is designed to be utilized for situations involving complex behavioral issues such as severe aggression or self injury or when multiple behavioral challenges have been identified, many interventions have been unsuccessful or the challenges have a long history of occurrence. The Behavior Analysis service provides advanced expertise and consultation at critical points in the service delivery to achieve specific ends in the service delivery process such as assess a complex problem behavior, problem solve the lack of progress, or regression in the intervention. Ongoing management of behavior analysis services might generally be provided by the Behavior Intervention Specialist. Evaluation of these data is used to revise the individual's support plan and accompanying services to ensure the best outcome for the individual. Implementation of the behavior support plan may occur with all levels of this service, i.e., with the Behavior Intervention Specialist, with personal assistants, and/or with the family members.

Behavior Intervention Specialist

Provides ongoing management of behavior analysis services. In more complex or involved situations the Behavior Intervention Specialist is responsible for managing the direct implementation of the recommendations and strategies of a Behavior Analysis service, participating in the development of the behavior support plan and document as a team participant. In these more complex cases the Behavior Intervention Specialist serves as a "bridge" between the Senior Behavior Consultant and

the other service providers and family and supports of the individual receiving services. In cases which do not require the advanced services of a Senior Behavior Consultant the Behavior Intervention Specialist may provide the Functional Behavioral Assessment and Behavioral Services without the oversight of a Senior Behavior Consultant except as required by licensure law and professional standards (BCABA practice standards require supervision by a BCBA). At a minimum, the Behavior Intervention Specialist will provide face-to-face in-home training on the behavior support plan to families and/or primary caregivers who have responsibility for implementing the behavior support plan in the home or community setting. This shall include training for meals, hygiene, school and/or community activities, and evenings and weekends noted in the behavior support plan as particularly challenging. Ongoing management of a behavior support plan is a key role for a Behavior Intervention Specialist. Ongoing management involves collecting and analyzing data for the effectiveness of the behavior support plan, fidelity of implementation of the behavior support plan and reliability of the data, adjustment or revision of the strategies identified in the behavior support plan, training caregivers and family members on the implementation of the behavior support plan, and on occasion implementation of the behavior support plan when complicated techniques are involved or for short trial periods to determine if the plan is viable and as part of the training of the main implementers for the behavior support plan.

Functional Behavioral Assessment

Functional Behavioral Assessment is a comprehensive and individualized strategy to identify the purpose or function of an individual's behavior, develop and implement a plan to modify variables that maintain the problem behavior, and teach appropriate replacement behaviors using positive interventions. The Functional Behavioral Assessment (FBA) which identifies functional relationships between behavior and the environment including contextual factors, establishing operations, antecedent stimuli, contributing and controlling consequences, and possible physiological or medical variables related to the challenging behavior or situations. The FBA provides information necessary to develop strategies and recommendations to proactively address the challenging behaviors through skill development, prevention of problem situations and contributing reactions and interactions with significant persons in the life of the individual. These recommendations and strategies are more thoroughly delineated in the person's behavior support plan.

The process of the FBA includes gathering a written and oral history of the individual including data, interview of significant individuals who have been involved with the person during times of challenging behaviors as well as times when the person does not have challenging behaviors, observation of the person in a variety of situations, data collection and review, and for the most complex behaviors and situations a systematic manipulation of possible controlling and contributing variables. This information gathering process should lead to identification of possible controlling and contributing variables, and possible proactive, preventative and reactive strategies for the identified challenges of the individual referred for Behavior Analysis Services. There will be situations in which an assessment will be needed to determine if other services or if behavior services might be appropriate. Not every instance of assessment will lead to behavioral services. If changes in situations occur, a new assessment may be warranted.

The FBA is a diagnostic assessment. Behavior analysts (including both senior consultant and behavior intervention specialist) conducting the FBA must be licensed in the State of Missouri (20 CSR 2063-4.005; 20 CSR 2063-5.010).

While information included in the FBA may be used to inform the LOC assessment, the FBA itself cannot substitute for the LOC assessment. Information included in the LOC assessment may also be reviewed and considered by the behavior analyst while conducting a FBA, however an LOC assessment cannot substitute for the FBA assessment.

Functional Behavioral Assessments are limited to every two years unless the individual's behavior support plan documents substantial changes: to the individual's circumstances (living arrangements, school, caretakers); in the individual's skill development; in the performance of previously established skills; or in frequency, intensity or types of challenging behaviors. A Behavior Intervention Specialist may under the direction of a Senior Behavior Consultant, conduct the data gathering for a functional assessment, however the final interpretation and recommendations must be the work of the Senior Behavior Consultant.

This service is not restricted by the age of the individual; however, it may not replace educationally-related services provided to individuals when the service is available under IDEA or other sources covered under an Individualized Family Service Plan (IFSP) through First Steps or otherwise available.

Provider Requirements

An individual or an agency must have a DMH contract.

Senior Behavior Consultant-Doctorate: Can be provided by an agency or an individual who has a Missouri state license as a Behavior Analyst or a licensed professional in psychology, social work, or professional counseling with training specific to behavior analysis as according to RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224

Senior Behavior Consultant-Masters: Can be provided by an agency or an individual who has a Missouri state license as a Behavior Analyst or a licensed professional in psychology, social work, or professional counseling with training specific to behavior analysis as according to RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224

Behavior Intervention Specialist: Can be provided by an agency or an Individual who has a Missouri state licensure as a Licensed Assistant Behavior Analyst or a licensed professional in psychology, social work or professional counseling with training specific to behavior analysis. RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224

Behavior Analysis Unit of Service

Medicaid procedure code:

Senior Behavior Consultant: H2019

- Unit of Service: 15 minutes

- Maximum Units of Service: 32/ Day

Behavior Intervention Specialist: H2019

- Unit of Service: 15 minutes

- Maximum Units of Service: 48/ day

Functional Behavior Assessment: H0002

- Unit of Service: 1 assessment

- Maximum Units of Service: 1 assessment/2 years

Behavior Analysis Documentation:

Behavior Analysis providers must maintain service documentation as described in Section C of this manual, including detailed progress notes (reported at least monthly) associated with objectives listed in the individual's service plan. Written data shall be submitted to DMH authorizing staff as required.

Person Centered Strategies Consultation

This service involves consultation to the individual's support team to improve the quality of life for the individual through the development of and implementation of positive, proactive and preventative, Person Centered Strategies. Person Centered Strategies consultation involves evaluating residential or family systems for changes in strategies to promote more positive interactions and behaviors. Strategies developed could include: clarifying the expectations for all members of the support team, and establishing positive expectations or rules, improving recognition of desirable behaviors and reduction of problematic interactions that might evoke undesirable behaviors. A large part of the consultation will involve assisting the support system to develop a sustainable implementation plan and to insure a high fidelity of implementation and consistency of use of the strategies.

Person Centered Strategy consultation might also involve training of support persons and monitoring of interactions and systems to establish increased opportunities for teaching and practice of necessary skills, increasing recognition of desirable behaviors, increased frequency and types of positive interactions by support persons, and arranging practice opportunities such as social skills training groups or arranging a system of coaching and prompting for desirable behaviors in situations that commonly are associated with problem behaviors. The consultant might establish and lead such practice opportunities while coaching support person to continue the practice when the service is discontinued.

The unit of service is one-fourth hour. This is a short term service that is not meant to be on going, the typical duration of service is to be six months or less.

This service is not to be provided for development or implementation of behavior support plans or functional assessment as these services require licensure as a behavior analyst, psychologist, counselor or social worker with specialized training in behavior analysis.

Person Centered Strategies Consultation differs from the Behavior Analysis Service in that PCSC the focus and whole scope of the service is on identifying barriers to a good quality of life and improving proactive, preventative and teaching based strategies to increase desirable, healthy skills and thus reduce need for undesirable or at risk behaviors. In addition, the PCSC will require providers with a less involved level of training and experience than BAS.

Outcomes expected for this service are as follows:

1. Written document describing the results of the evaluation of the system to identify problem strategies and practices.

2. Summary of recommended strategies developed with the support team to address the identified problems and practices based on the evaluation.
3. Training for the support team to implement the strategies with fidelity and collect data to determine effectiveness of the strategies.
4. A written plan to insure the implementation of the new strategies with fidelity and consistency by the support team after the PCSC is completed.

Documentation for the service:

1. Identification of the outcome being addressed during the service unit(s) for a particular session.
2. Description of progress towards the outcome.
3. Plan for the next service sessions including a timeline and steps necessary to achieve the outcome.

Service Limitations:

This is a short term service that is not meant to be on going, the typical duration of service is to be six months or less.

Psychology/Counseling services under EPSDT do not include Person Centered Strategies services.

Provider Requirements:

An agency or an individual must have a DMH contract.

This service can be provided by an Individual or an agency who is a Qualified Person Centered Strategies Consultant. A Qualified Person Centered Strategies Consultant is a person with a bachelor's degree with special training, approved by the Division, related to the theory and practice of Person Centered Strategies for individuals with intellectual and developmental disabilities, or Applied Behavior Analysis and implementation of Person Centered Approaches.