Navigating Therapeutic Behavioral Consultation
10/21/2022
Learning goals

• Trainees will be provided with a basic overview, along with resources and where to find them on the following topics:
  – Provider enrollment and obtaining referrals
  – Basics on billing
  – DBHDS/DMAS Practice Guidelines and BSPARI
  – Authorization types
  – Service intersections (i.e. Human Rights, competencies)
  – WaMS

• Trainees will be provided with an example of “start to finish” for a person

• Disclaimer:
  – This training is intended to provide basic summary, high level information and resources for providers. It is not possible for this training to review the entirety of regulations, guidance documents, provider manuals, etc. Trainees must reference and adhere to the overarching regulations, provider manuals, associated guidance documents to guide their service provision, documentation requirements, billing, etc.
Provider enrollment

• [https://vamedicaid.dmas.virginia.gov/](https://vamedicaid.dmas.virginia.gov/)

The MES Portal – What Can I Do Here?

This is the main gateway to everything MES, and we're adding the resources you need to do your job. Here's a quick list of things you can accomplish here:

- You can connect to MES modules you have been approved for. Use the blue button (top right) to Login
- Take training courses to understand how to use the new portal and systems
- Utilize the reference library housing the complete historical collection of Medicaid Memos, Bulletins and Forms
- Search, browse and download Provider Manuals
- Download important documents and forms for all MES modules and systems like EDI, EPS and Provider-related resources

MES Status Page

The new MES Status page provides information on planned maintenance and the current status of the system

New Provider Enrollment

New Providers can enroll or check their enrollment status here

Provider FAQ

Try our Provider FAQ for answers to common questions asked by Providers and other users

Important Provider Links

Are you a Provider looking for the Primary Account Holder (PAH) Request Form? [Download it here]

Remedy users can [login to MMIS here]
Provider enrollment

- If already enrolled with DMAS, just complete the provider participation agreement
- You will find this...

13. Therapeutic Consultation Services and Corresponding License (Required for Below Services)

Choose the service(s) you wish to provide and enter the license information for each. Attach a copy of your license if indicated. Acronyms are defined in the Instructions.

- Behavioral Consultation – (Select all that apply)
  - BCBA License #: Begin Date: End Date:
  - BCABA License #: Begin Date: End Date:
  - DHP License #: Begin Date: End Date:
  - PBS License #: Begin Date: End Date:

- Occupation Therapy Consultation
  - DHP License #: Begin Date: End Date:

- Physical Therapy Consultation
  - DHP License #: Begin Date: End Date:

- Psychology Consultation
  - DHP License #: Begin Date: End Date:

- Recreation Therapy Consultation
  - NCTRC License #: Begin Date: End Date:

- Rehabilitation Consultation
  - DARS License #: Begin Date: End Date:

- Speech Therapy Consultation
  - DHP License #: Begin Date: End Date:
How to become a provider

• After provider number is provided and you are approved, locate the Toolkit For Prospective DD Waiver Providers and enroll in WaMS http://dbhds.virginia.gov/
• Hover over “Getting Help” and then click on “Provider Development”
Toolkit for Prospective DD Waiver Providers

Includes but is not limited to:
• Tasks to be completed to become a DD waiver provider
• Contact information for CRCs
• Description of all services under the DD waivers
• WaMS information
• Resource links

Overview

The Office of Provider Development focuses on developing and sustaining a qualified community of providers in Virginia with developmental disabilities and their families have choice and access to options that meet their needs. Here you will find information on becoming a provider, information about Virginia’s Person-Centered ISP, and various training resources.

Announcements

• Toolkit for Prospective DD Waiver Providers
• Join the Provider Network Listserv at Constant Contact
• Provider Development CRC Contact Chart effective 1/1/22
• Information about Social Capital
• WaMS Training: See Training Manuals, Webinars, and FAQs

HCBS Waivers Quality Assurance Program: End of Year Report
How to become a provider

• Scroll down to “WaMS Online Training Manual” (Waiver Management System)

Training Resources

Upcoming trainings and meetings are announced through the Provider Network Listserv quarterly. Be sure to sign up for announcements here

• My Life My Community Waiver Training Resources
• Providers: Set Up WaMS Account
• WaMS ISP Training Videos
  ○ WaMS ISP Overview – Part 1
  ○ WaMS ISP Overview – Part 2

• Click the “Providers: Set Up WaMS Account”
• View training videos
Letting the community know you are ready

- Introduce yourself to CSBs
  - CSB map: https://dbhds.virginia.gov/community-services-boards-csbs/
  - CSB directory: https://vacsb.org/csb-bha-directory/

- DBHDS & DMAS key contacts
  - Community Resource Consultants: https://mylifemycommunityvirginia.org/providers
  - Nathan Habel: Nathan.habel@dbhds.Virginia.gov
  - Barry Seaver: Barry.seaver@dbhds.Virginia.gov
  - Jason Perkins: Jason.perkins@dmas.Virginia.gov
Letting the community know you are ready

- VABA maintains a list of LBA/LABA providers by region, inclusive of different funding streams accepted
  - Contact VABA to provide an update as to your billing status: https://form.jotform.com/virginiaaba/provider-form
- PBSF roster:
  - https://vapbs.vcu.edu/find-endorsed-pbsfs/
  - Contact: vapbsproject@vcu.edu
Getting a new client

• Receive contact about a potential new client from Support Coordinator/Case Manager (SC/CM)
• If you accept the person for admission to your services, notify the SC/CM. They will open up the person to you in WaMS so you can enter authorization information
Getting authorized for services

• Submit the Part V document
  – Refer to authorization information for specific requirements on what is required by auth. type (more info on auth types this later in training)
  – Request how many hours it will take to complete the service

• Once approved, you will receive a notification through WaMS; you can also log back in to check the status

• Begin services once approved
Receiving Updated Information & Training Opportunities

• Link to register for Constant Contact (This is the main platform used to distribute information to providers):

  https://visitor.r20.constantcontact.com/manage/optin?v=001NS8xgn0ke1BuXO55PsJubiOM38XQzLEIL_TnUclfK9SJavITtQiMPUoa3thdsVOVjlf8Km40uabxeNl2J5qwoqVeoo4sG9QltkdMQL16HR0FlpRZVqOXhvN3B2tv2BPsvOCeoTnbAUJ62XWoPf0ffNJ3k4FRemL1A-Jag_AmD0WnKCu11Z4KQzi-6tx2TsRuNQjvneCllIgakajPZic4GsEXK2mhM47
Billing information

- **Billing tutorials:** [https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderTrainingLibrary](https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderTrainingLibrary)
- **Hours request**
- **Billing can occur daily, weekly, monthly based on your preference**
  - 365 days from service date to bill
- **Info on diagnostic codes:**
  - Cannot use decimal points with entry. E.g. F84.0, type F840
    - Use the primary diagnosis code from qualification for waiver
- **Make sure to check the SA number as it may have changed**
Billing Information

• Rounding

  “Only whole hours can be billed. If an extra 30 or more minutes of care are provided over the course of a calendar month, the next highest hour can be billed. If less than 30 extra minutes of care are provided over the course of a calendar month, the next lower number of hours must be billed. Providers may bill for services more than one time each month per member. However, the rounding up of hours is for the total monthly hours and not each time the provider bills DMAS.”

• Bill Code Errors and Resolutions:
Billing

- Log into the MES portal and go to Provider Management: PRSS Portal
## Part V Example for Initial 180, schedule

### Key steps and services to get there

Meet with person and family (TC-BS), complete Functional Behavior Assessment (FBA), develop a behavior support plan (TC-BS), train family and In-Home Supports staff (TC-BS), evaluate effectiveness of plan.

<table>
<thead>
<tr>
<th>Activity Statement</th>
<th>What to record</th>
<th>Skill Building (Yes/No)</th>
<th>How Often</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob explores ways to express himself so that he does not become frustrated and hurt himself or damage property.</td>
<td>Record the number of occurrences of target and replacement behaviors on Bob’s behavior data sheets. Record in the support log the successes/barriers and anything learned during use of behavior strategies.</td>
<td>Yes/No</td>
<td>Daily</td>
<td>10/1/22</td>
</tr>
</tbody>
</table>

**How to support**

- The behaviorist (specify credentials), interviews relevant caregivers and others, and observes the individual in various settings, and assesses & evaluates Bob’s environment, interactions, and current interventions at ABC Day Support and Celebrate Life, Inc. (Group Home). A data collection system will be developed to collect baseline behavioral data in order to evaluate the efficacy of the written behavior plan after implementation.
- A Functional Behavior Assessment (FBA) will be completed
- A written behavior plan will be developed after the assessment is completed to detail behavioral strategies to support Bob in reducing the number of times he hurts himself or damages property and increase desirable behavior(s).
The Therapeutic Consultation Schedule
  – Projecting the number of hours needed for the requested service period
Regulations and Provider Manual

• The regulations that govern therapeutic consultation services, specific to behavioral services:
  https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section550/

• Provider manual:
Providers must understand and adhere to the regulations and DBHDS/DMAS Practice Guidelines.

- Allowable activities for this service shall include:
  - a. Interviewing the individual, family members, caregivers, and relevant others to identify issues to be addressed and desired outcomes of consultation;
  - b. Observing the individual in daily activities and natural environments and observing and assessing the current interventions, support strategies, or assistive devices being used with the individual;
  - c. Assessing the individual's need for an assistive device for a modification or adjustment of an assistive device, or both, in the environment or service, including reviewing documentation and evaluating the efficacy of assistive devices and interventions identified in the therapeutic consultation plan;
  - d. Developing data collection mechanisms and collecting baseline data as appropriate for the type of consultation service provided;
  - e. Designing a written therapeutic consultation plan or a behavioral support plan detailing the interventions, environmental adaptations, and support strategies to address the identified issues and desired outcomes, including recommendations related to specific devices, technology, or adaptation of other training programs or activities. The plan may recommend training relevant persons to better support the individual simply by observing the individual's environment, daily routines, and personal interactions;
  - f. Demonstrating (i) specialized, therapeutic interventions; (ii) individualized supports; or (iii) assistive devices;
  - g. Training family/caregivers and other relevant persons to assist the individual in using an assistive device; to implement specialized, therapeutic interventions; or to adjust currently utilized support techniques;
  - h. Intervening directly, by behavioral consultants, with the individual and demonstrating to family/caregivers or staff such interventions. Such intervention modalities shall relate to the individual's identified behavioral needs as detailed in established specific goals and procedures set out in the ISP; and
  - i. Consulting related to person centered therapeutic outcomes, in person, over the phone, or via video feed consistent with in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).
Types of authorizations for t.c. behavioral services

• Initial request
• Secondary request
• Annual Plan Renewal requests (follow the initial and secondary)
## Authorizations, timeframes, required documents

<table>
<thead>
<tr>
<th>Authorization Type</th>
<th>Timeframe</th>
<th>Required documentation for authorization</th>
</tr>
</thead>
</table>
| Initial Authorization                   | Up to 180 days                              | • Part V must outline the following:<br>  
  o that a Functional Behavioral Assessment (FBA) will be conducted  
  o that a BSP will be created  
  o the plan for data collection during this period |
| Second authorization                    | Post 180 days of the initial authorization period until the ISP annual date | • Behavior Support Plan  
  • FBA (the FBA may be within the BSP or a separate document).  
  • Any baseline data or treatment data collected used in formulating the plan  
  • Part V must outline the following:<br>  
  o Request for or description of training for stakeholders must be included and parallel what is included in the training section of the BSP.  
  o Measurable benchmarks for behaviors targeted for increase and decrease in the BSP, which must be included in the “I no longer want (or)/need supports when...” area of the Part V |
| ISP Update (Annual renewal or when needed) | Annual ISP date to annual ISP date | • Graphical displays with progress summary covering at least the current review period.  
  • Current BSP  
  • Current FBA (FBA can be incorporated into the BSP or on a separate document)<br>  
  o In preparation for the shared planning meeting, the most recent FBA and treatment data must be reviewed by the behaviorist. A reference of this review and the behaviorist’s determination of the continued validity or need for re-assessment must be included in the FBA. See Part V requirements below if re-assessment is determined.  
  • Documentation of any training completed within the timeframe of the most recent review period  
  • Part V must outline the following:<br>  
  o Request for or description of training for stakeholders must be included and parallel what is included in the training section of the BSP.  
  o Measurable benchmarks for behaviors targeted for increase and decrease in the BSP, which must be included in the “I no longer want (or)/need supports when...” area of the Part V  
  o If the behaviorist determines re-assessment is needed, request re-assessment in Part V. If behaviorist determines previous FBA is still valid, re-assessment does not need to be included in the Part V. |
Initial requests for behavioral consultation will not be authorized for more than 180 days.

– The request must include the Part V, which must outline that a Functional Behavioral Assessment (FBA) will be completed, that the creation of the behavior support plan will occur, and the plan for data collection
Secondary auth request

For the second authorization request (after the initial, 180 day authorization request), the following are required to be submitted by the behaviorist:

- Part V with request for/description of training for stakeholders
- Part V needs to include measurable benchmarks for behaviors targeted for increase and decrease in the “I no longer want/need supports when…” area
  - “By September 2023, John will engage in no more than 3 instances of aggression per month for 3 consecutive months”
  - “By September 2023, Sue will communicate her desire for preferred items at least 50 times per month for 2 consecutive months”
- Behavior support plan
- FBA information/results
- Any data gathered thus far
Annual auth requests

• For any authorization requests following the initial and secondary, the behaviorist will need to submit the following:
  – Part V with plan for training & measurable benchmarks for all behaviors in the BSP
  – Data in an acceptable format (e.g. line graph display) with summary
  – Current BSP (with FBA results)
  – Documentation of any training completed within the most recent review period

Note: As a part of the shared planning meeting the behaviorist must review the FBA and treatment data and determine if the functions are still valid. A reassessment of the functions of behavior is required when data suggest treatment expectations are not being met or there has been a significant change in status of the individual that is negatively impacting outcomes. The review of the continued validity of the FBA must be documented in the BSP. If reassessment is needed, this must be requested in the Part V.
DBHDS/DMAS Practice Guidelines for Behavior Support Plans:

- [Link](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\602\GDoc_DMAS_7024_v1.pdf)

- Basic guidelines on the minimum elements that constitute an adequately designed behavior support plan for individuals receiving therapeutic consultation behavioral services under the Family and Individual Supports (FIS) and Community Living (CL) Developmental Disability Medicaid waivers in Virginia

- Additionally: brief, literature review style information on the use of the least restrictive and most effective treatment philosophy and positive behavior supports, utilizing person-centered thinking and planning, and incorporating a trauma informed approach as it relates to behavior support planning

- Also contains brief summary table on authorization types and guidelines

- Used to evaluate quality of behavior support plans
BSPARI reviews

• Why?
  – Quality improvement initiatives per DOJ Settlement Agreement
  – Consistency in expectations and programming for people receiving services

• BSPARI uses a weighted scoring system to determine adherence to DBHDS/DMAS Practice Guidelines for Behavior Support Plans
  – 40 possible points; 34 points or above = in adherence with Practice Guidelines
Feedback process:

- Brief virtual meeting between behaviorist and DBHDS reviewer(s) for any plans not at 34 points or above
- Reviewer will provide trend areas in adherence and those not in adherence
  - Presence or absence of core and minimum elements; not a clinical or peer review
- Resources tab
- Subsequent programming should see improvement in areas that were not in adherence & maintain areas in adherence
The FBA methods include descriptive assessment and/or functional analysis.

The FBA methods used are described.

FBA conducted in location where services are occurring.

Setting events/motivating operations.

Antecedents

Consequences

Data results and/or graphical displays

FBA is current (since most recent shared planning mtg or statement of recent validity of fx)

Non-operant conditions that influence (if applicable)

Points for BSP content area: 7
Other paperwork information

• Quarterly & annual reviews:
  – see Chapter VI p. 17 “Quality Management Review & Control” for detailed requirements
  – Aligns with the individual’s ISP date
• Contact notes—each time you bill
  – See Chapter II “Provider Participation Requirements”, Participating Provider starting on page 3
• Disposition summary—when services end
  – Discontinuing services: See Chapter VI “Quality Management Review & Control” p. 37 Provider Discontinues Services
  – Disposition Summary: see Chapter IV “Covered Services and Limitations” page 200
• File documentation requirements:
  – See Chapter VI “Quality Management Review & Control” p. 27 “Business & Professional Records” and “Individual Records”
• Links to useful paperwork
  – Initial authorization sample (180 days)
Other paperwork information

- Upload the quarterly into WaMS: *Person’s Information/Attachments*, then click *ISP-Related*.

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**Location for Uploading Quarterlies in WaMS**

WaMS provides a convenient way for providers to send quarterly Person-Centered Reviews to the Support Coordinator. See below to learn about the location for uploading them!

**ATTENTION:** Please do not use (or ask providers to use) the *ISP Attachment* section to add quarterlies to WaMS. Instead, quarterlies should be uploaded to the *Person’s Information / Attachments* section in the *ISP-related* category as seen here:

Be sure to only use the *ISP Attachment* section for:
- SA justification documents
- Part V/schedule
- Other documents associated with a specific SA request such as invoices, referrals, professional recommendations

**Download the flyer here.**

Thank you,
The Provider Network Listserv

We still add all messages to the DDS Provider Network Forum on Google, which can
Tips for Using Waiver Management System (WaMS)

The Yes/No question "Is this for behavioral services?" appears in the SAR.

2. Select the appropriate answer (Yes or No).

3. Complete the SAR: Add the Justification, service Start and End Dates and Number of Units - Hour(s) per Year.

4. Click on Save.

5. Click on Submit to Support Coordinator, then click on Continue to submit the SAR for review.

NOTE: Providers can edit the SAR prior to submitting to SC. To make necessary changes to the SAR (including changing the TC Service Yes / No selection) click on Edit.

NOTE: Once the provider submits the SAR to the SC, the Service Line is no longer able to be edited by the provider.
Intersections

• Human Rights regulations
  – See Chapter 115: Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services
    https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/
  • Restrictions on freedoms of everyday life
    – https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section100/
  • Behavioral treatment plans
  • Use of seclusion, restraint & time out
  • DBHDS info/training specific to behavior analysts
  • DBHDS Office of Human Rights
Intersections

• Competencies, assurances, and tests: DSPs & Supervisors
  • Behavioral Competencies: https://web.partnership.vcu.edu/DSP_orientation/downloadable/VA%20DD%20Behavioral%20Competencies%209.1.17%20P240a%20final.pdf
  • Autism Competencies: https://web.partnership.vcu.edu/DSP_orientation/downloadable/VA%20DD%20Autism%20Competencies%209.1.17%20P201%20final.pdf
  • Contact Team 2 Community Resource Consultants with questions
Start to finish

- Contact the local CSB to present services and obtain referrals

- Request referral form and additional intake paperwork from the CSB Support Coordinator (documents requested may include but are not limited to the SIS, assessments/psychological reports, VIDES, Individual Support Plan, etc.)

- Complete a Service Authorization, Plan for Supports & upload required documents in WAMS

- Provide services as outlined in the DD Waiver Manual and this training

- Complete Contact notes and quarterly reports as outlined in the DD Waiver manual & this training

- Renew services in WAMS as necessary

- Complete a Disposition Summary when services are terminated

- In Addition:
  - Retain a client chart with required paperwork, signatures, and documentation
  - Bill for Services (see VABA Website for specific suggestions on how to bill in the MES System)
Example, start to finish

• Starting Services for New Client in WaMS
  – Ask the support coordinator to “open a service authorization and assign [provider] to the current ISP in WAMS”
  – On the “Dashboard” tab you can see alerts or information passed along to you from the Support Coordinator and DMAS staff.
  – On the “Service Authorizations” tab you can search for items that are pending your input. Choose the status and click “Search” on the left under all of the input boxes.
Example, start to finish

- Starting Services for New Client in WaMS
  - Click on “View” next to the individual
  - Click on “Add” which will show up if you have authorizations to add
Example, start to finish

• Starting Services for New Client in WaMS

• Choose the correct Service:
  – Therapeutic Consultation Therapist (OT, PT, Speech), Behavioral Analyst, Rehab Engineer – 97139
  – Therapeutic Consultation Other Professionals (PBSF, LPC, LCSW) – 97530
  – Select “yes” to the question about behavioral services (see next slide)

• Start Date – must be today’s date or later, so do this prior to seeing your client for the first time

• End Date – ask for this date from the Support Coordinator as it will match the annual renewal date

• Units - Hour(s) per Year

• Justification – including targeted behaviors, plan for treatment, why individual needs this service
Example, start to finish

- Entering the Plan for Supports into WaMS
Example, start to finish

- **Completing the Part V: Plan for Supports or Interim Plan for Supports**
  - If the provider is already assigned to one or more outcomes in Part III in WAMS then you complete Part V in the ISP section in WaMS
  
  - If the provider is not assigned to a current outcome in Part III (e.g., it is the middle of the ISP year or the ISP has been “completed”), then the provider completes an Interim Plan for Supports
Example, start to finish

- Completing the Part V: Plan for Supports In WaMS
- Select Add next to the Part V Plan for Supports and then Edit to open the Plan for Supports
- Then Select Edit to start the Part V: Plan for Supports

Enter information in the yellow boxes - Effective Date (the date services are starting, must match the Service Authorization request start date) and choose the correct service in the drop down - then click Add Outcome
Completing the Part V: Plan for Supports
In WAMS

*Areas marked with red asterisk required*

**Desired Outcome** - click on the drop down and choose one outcome, if there are more than one.

**End Date** - enter the end date of current service request (usually 180 days from the start or the end of the individual's Individual Service Plan year)

**Support Activities** - Enter information from the Therapeutic Consultation Plan for Supports/Schedule created for upload.

**Is the Activity Skill Building** - yes or no depending on the activity

**By When** - same date as End Date, enter the date of the current service request

Click Add New

If the provider was added to additional Shared Outcomes go back to the top of the screen and click “Add Outcome” again, scroll to the bottom of the screen and complete the steps above again. Repeat until all Shared Outcomes have been selected.

When complete hit submit/save
Example, start to finish

- **Completing the Interim Plan for Supports In WaMS**
  - Select Interim Plan for Supports on the left side of the screen
  - Select Create New on the top right on the screen
  - Select Search on the pop-up in the middle of the screen

- Select Search again and the provider name should appear
- Select “select” next to the provider name under action

- This will populate the Yellow Provider Section with the Provider name and then click “continue”
Example, start to finish

- **Completing the Interim Plan for Supports In WaMS**
- Select Add next to the Part V Plan for Supports and then Edit to open the Plan for Supports
  - Enter information in the yellow boxes- Effective Date (the date services are starting, must match the Service Authorization request start date) and choose the correct service in the drop down- then click Add Outcome
**Completing Interim Plan for Supports in WaMS**

*Desired Outcome* - this is often one (or more) of the current Shared Outcomes. It can also be a new Shared Outcome created by the provider.

*Life Area* - Drop down and select the correct area based on the Shared Outcome

*Key Steps to get there* - Enter a short narrative i.e. “John will receive therapeutic behavior consultation in order to reduce reported maladaptive behaviors”

*Start and End Dates* - these must match the service authorization request and can vary based on the start of services and ISP dates.

*Support Activities* - Enter current therapeutic consultation support activities

*I no longer want/need supports when* - for ongoing services (not during the 180 day assessment period) enter the therapeutic consultation measurable outcomes listed in the final behavior support plan.

*By When* - enter the end date of current service request

Then click “add new” and the information just entered should populate in the space below

If there is more than one Shared Outcome, then go back to the top and click add outcome again, scroll to the bottom of the page, and follow the steps above again.

If no other goals, then click SAVE in the top right
Examples, start to finish

- Provider and Person signatures need to be added
- Click on Edit next to Signatures
- Signer Type - choose Person or Provider
- Signature Type - choose Written
- Print Name - type “signature on file”
- Relationship/Service - type “signature on file”
- Click on “add new”
- Repeat using the second Signer Type - Provider or Person
- Click Save
Examples, start to finish

- **Uploading documents into the Individual Support Plan**
  - Select Upload Attachments in the ISP
  - In the dropdown select Therapeutic Consultation
  - Attach the file using “attach file”
  - In “Comments” Label the document with the individuals 1st initial and Last name and the document name or description – i.e. J Doe Initial Assessment Plan for Supports and Schedule or J Doe Behavior Support Plan
  - Select Upload

Note- Quarterly Reports Person’s Information- Attachments Section - not in the ISP section
Example, start to finish

• Tips
  – Always Save your work when you are done
  – Then click the button to “Submit to Support Coordinator” and Confirm
  – Clicking that button will submit the information, but NOT alert the Support Coordinator, so send an email to alert that it’s there
  – The VIDES can usually be found under the *Screening Assessments* dropdown on the left side of the individual’s page
  – Additional paperwork and information can be found under the *Person’s Information* dropdown on the left side of the individual’s page
  – On the “Dashboard” tab you can see alerts or information passed along to you from the Support Coordinator and DMAS staff.
  – A section is only complete when the little blue circle is filled in completely
    - if the circle is not blue or only ½ blue then double check all parts are completed.
  – The “Did you Know: A Series of Tips and Tricks” section on the WAMS Homepage contains helpful information to review
• Complete the Service Authorization and choose a start date prior to meeting with the client including initial authorization (180-day plan for supports) & schedule

[Diagram showing service and outcomes, general schedule of supports, and signatures]
Example, start to finish

• Initial authorization (180 days)
• Meet Client and Perform Assessments
  – Occurs during initial 180 day authorization period
  – Refer to the slides that were previously reviewed on service deliverables; upload required documentation into WaMS
• Upload Secondary Plan for Supports & Schedule
  – After 180 days, all deliverables for the initial authorization period should be completed
    • Refer to slides that were previously reviewed on requirements on secondary authorizations; upload all required documents into WaMS
    • Complete new Service Authorization dated from the end of the assessment to the end of the ISP year
    • Goals that align with the individuals’ outcomes
    • Schedule of Supports for each goal
    • In WaMS find the individual and click on the Individual Support Plan
    • Part V is the most applicable part for Therapeutic Consultation
Example, start to finish

- Annual ISP Renewal (if needed)
  - If you continue services through the annual review of the ISP
  - Complete a new Part V
  - Complete a new Service Authorization request
  - Refer to previous slides in this presentation on the requirements for documentation and upload all required documentation into WaMS
Example, start to finish

• Create contact notes
  – Can be contact-by-contact or monthly (including all contact dates)

• Required information:
  – Full Name **OR** Medicaid # needs to be at top of each page
  – Written, signed, and dated on the day that it was provided if contact-by-contact
  – Both monthly and contact-by-contact include location, recipient, amount of time spent on activity, what was accomplished, and provider’s signature

• In addition to contact notes, quarterly reports, Part V ISP, FBA/BSP, and other documents developed by the TC provider, providers must also maintain copies of the Support Intensity Scale (SIS) when completed
Example, start to finish

• Quarterlies:
  – Refer to previous slides reviewed by Barry
    • Remember to align with person’s ISP date and upload into WaMS

• Request More Hours if necessary
  – If more hours are needed:
    • Upload a document with recent data analysis (graphs)
    • End the previous authorization and request a new one
Example, start to finish

• Ending services
  – Refer to slides that Barry reviewed earlier in the presentation
  – Discuss services termination with the team and submit a 10-day written notice to the Support Coordinator and Team
  – Submit a 10-day written notice to SC
  – Need a written disposition summary including
    • Strategies Utilized
    • Objectives Met
    • Unresolved Issues
    • Consultant Recommendations
  – Send written disposition to support coordinator within 30 days of end of service and document how you sent (email, fax sheet, etc.)
Upcoming

• Will post the training online along with slide deck
• FAQ document after training
• Other training & survey opportunities