

## Community Pathways – Draft Proposal

Service Type: Other

Service (Name): Consultative Clinical and Therapeutic Services

Alternative Service Title: **BRIEF SUPPORT IMPLEMENTATION SERVICES (BSIS)**

HCBS Taxonomy:

Check as applicable

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

### **Service Definition:**

- A. Brief Support Implementation Services is a time limited service to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement a Person Centered Tiered Supports Plan developed during Behavioral Consultation.
- B. Brief Support Implementation Services includes:
1. On-site execution and modeling of identified behavioral support strategies;
  2. Direct support and follow up to the caregiver or provider to ensure that recommendations and strategies are being implemented in a manner that is consistent with the Person Centered Tiered Support Plan;
  3. Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the Person Centered Tiered Support Plan and strategies; and
  4. Participation in on-site meetings or instructional sessions with the individual's support network regarding the recommendations, strategies, and next steps identified in the Person Centered Tiered Support Plan.

### **SERVICE REQUIREMENTS:**

- A. Brief Support Implementation Services cannot be duplicative of other services being provided (e.g. 1:1 supports).
- B. Prior to Brief Support Implementation Services the following is required the completion of a Behavioral Assessment waiver service or Mobile Crisis Intervention Service (MCIS) in conjunction with Behavioral Consultation that has developed a Person Centered Tiered Support Plan.
- C. The Brief Support Implementation Services staff is required to be onsite with the caregiver in order to model the implementation of identified strategies to be utilized in the Person Centered Tiered Support Plan.

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

Services may be authorized for up to a four month period based on the following unless otherwise authorized by the DDA:

1. For the first month of implementation of a new plan, up to five (5) hours a week
2. For the following four months, up to two (2) hours a week may be authorized

**Service Delivery Method (check each that applies)**

- Participant Directed as specified in Appendix E  
 Provider Managed

**Specify whether the service may be provided by (check all that applies):** Not Applicable

- Legally Responsible Person  
 Relative  
 Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Licensed Behavioral Support Services Provider

**Provider Category:** Agency

**Provider Type:** Licensed Behavioral Support Services Provider

**Provider Qualifications License (specify):**

**License (specify):**

Licensed Behavioral Support Services Provider as per COMAR 10.22.10

**Certificate (specify):**

**Other Standard (specify):**

Staff providing the BSIS must be one of the following:

1. Certified Crisis Intervention Specialist;
2. Certified Behavioral Intervention Technician; or
3. Registered Behavioral Technician.

**Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- DDA for verification of Licensed Behavioral Support Services provider
- Providers for verification of staff qualifications

**Frequency of Verification:**

- DDA - annually
- Providers – prior to service delivery