Updated Only for Logo and Branding

Provider Notice

To: HealthChoices Network BHRS Providers
From: Don Stiffler, Provider Relations Manager
Date: May 24, 2010
Subject: BHRS 10 004 Clarification of Roles of MT, BSC, TSS (Replaces Provider Info BHRS 03-002)

In July of 2004, PerformCare distributed a Provider Info numbered BHRS 04-002 which Clarified PerformCare’s expectation of the role of the TSS, MT and BSC in a child’s treatment as well as guidelines for activities that are considered appropriate to bill. Since that document was distributed, quality and compliance audits that have been conducted suggest that a few additional clarifications are warranted. Please note that the clarifications included in this communication are not related to the delivery of an authorized FBA.

Additional questions related to this information may be directed to your Provider Relations Representative at 888-700-7370.

BEHAVIOR SPECIALIST CONSULTANT (BSC)
Please refer to MA bulletin date 01-94-01; 01-01-04; 01-01-05; 01-01-06; 01-02-05; 01-01-07.

The role of a behavior specialist consultant is to design and direct the implementation of a behavior modification intervention plan, which is individualized to each child or adolescent and to family needs. The BSC identifies behavioral goals and designs behavior modification plans. Noxious or aversive consequences may not be included as part of the behavior plan. The behavior modification plan may be a freestanding separate document or can be incorporated into the treatment plan. In either case, daily documentation of the TSS activities used to implement the plans and show progress toward the identified goals is required. The BSC is never the lead when another clinician is involved with the Member. The crisis plan established by the agency must reflect this practice.
REIMBURSABLE SERVICES:
BSC Time Utilization table

These are guidelines to show where the emphasis of the activity should be, based on the individual needs of each child. All of the activities listed may or may not be completed on a weekly basis. All reimbursable services need to be an integral part of treatment, specified on the treatment plan, and meet the mental health needs of the Member.

<table>
<thead>
<tr>
<th>TYPE OF ACTIVITY</th>
<th>TIME UTILIZATION GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection with the Member, family, other systems (excludes data collection when MT and/or TSS are present)</td>
<td>50-75% of the prescription</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>5-15% of the prescription</td>
</tr>
<tr>
<td>Consultation with the Member, family, or other systems (excludes consulting with MT and/or TSS)</td>
<td>5-20% of authorization period</td>
</tr>
<tr>
<td>Consultation with either the TSS or MT with or without the Member present</td>
<td>5-10% of the prescription</td>
</tr>
<tr>
<td>Observation of the Member with the TSS present</td>
<td>up to 5-10% of the prescription</td>
</tr>
<tr>
<td>Meetings</td>
<td>up to 5-15% of the prescription</td>
</tr>
</tbody>
</table>

Data Collection:
The BSC gathers written, aggregated information on the antecedents, behaviors and consequences with the family, Member or other systems to identify the following:
- Type of behavior intervention needed
- Effectiveness of the current behavior plan in place for the Member
- Reasons why the current behavior plan is not working

This service should not be completed in conjunction with another professional in attendance.

Data Analysis:
The BSC may be reimbursed for time spent reviewing the record and existing data as long as the clinical record clearly indicates the time spent in the activity, as well as the goal. This type of activity should be limited and documentation should clearly state the derived benefit.

Consultation:
Consultations are specific to the individual needs of the Member and should result in the BSC giving direction to the team to reduce the symptoms of the client. Consultations should be face to face as often as possible and with the appropriate team member(s).

Consultation with either the TSS and/or MT and with or without the Member present
There are times that a BSC may consult with the MT or TSS. We recognize that the BSC, as a consultant, will occasionally provide services concurrently with a TSS and/or MT and that doing so is necessary to support active treatment. As always, progress notes should be clear, and indicate the reason for the consultation or clinical question, the time spent doing so, and the result of the activity.
Observation of Member with the TSS present:
PerformCare recognizes that there may be times that a BSC may need to observe a Member with the TSS present to adjust the behavior modification plan. Keep in mind that long periods of observation do not constitute active treatment. In general, multiple services should not occur at the same time, in the same place, for the same individual. As always, progress notes should be clear, and indicate the reason for observation, the time spent doing so, and the result of the activity.

Meeting Attendance:
The BSC may bill for attending Inter-Agency Service Planning Team (ISPT) meetings in cases where the BSC is the only clinician and may assume clinical oversight and the clinical leadership of the team.

The BSC may bill for attending ISPT meetings in cases where the behavior modification plan designed by the BSC is being discussed.

The BSC may bill for attending any meeting where conflict arises around behavior paradigms and the BSC is needed as a consultant at the meeting.

The BSC may bill for attending medication management visits.

Behavior Plan: Conceptualization of the behavior modification plan in conjunction with the team, Member and family is a reimbursable service. The behavior modification plan must identify the roles of the team Members. The behavior plan needs to include the history of interventions, including medical clearance, the goal of the behavior modification plan, the behavioral method to address the symptoms, and the behavioral procedure. The procedure will need to include a training component to train the Member in the new behavior and a crisis plan for the Member and team to follow if behaviors escalate, a reinforcement schedule, the reinforcement chosen, and a fade procedure that includes symptom based reduction and increase of supports at identified benchmarks. The behavior plan needs to be developed by the team and a team signature sheet is best practice.

Administration:
TSS assessment and assistance: See MA bulletin 50-01-03 and 50-01-05 for clarification. This is reimbursable at a different rate when the individual in the BSC role meets the criteria to provide this service, and the agency gives the individual this responsibility.

NON-REIMBURSABLE ACTIVITES

Data Collection:
Observation or interviews with the Member, family or other system without written aggregated antecedent, behavior, and consequence documentation.

Consultation/Observation:
Supervision of Mobile Therapists and TSS, which is defined as the act of overseeing the job responsibilities of the Mobile Therapist and TSS.
Attendance/conferring at/with psychiatric/psychological evaluations.

Observing the Member with the MT present.

**Meetings:**
Attendance at family meetings where direct goals and interventions listed in the behavior modification plan are not being discussed.

Time spent and costs of transportation time to and from appointments and other activities with Members.

**Behavior plan:**
Time spent in the collecting and researching educational materials, diagnosis, treatment interventions, etc.

**Administration:**
The following administrative functions are disallowed for reimbursement: time spent writing the behavior modification plan or treatment plan, writing progress notes, ISPT meeting notes, completing reports for PerformCare, attending court hearings without meeting a mental health need of the member (i.e. receiving a subpoena to testify on behalf of the family) is not considered a reimbursable activity, preparing submission of authorization and reauthorization, researching the correct methodology to treat the symptoms of the Member, preparing for the session, receiving or giving supervision and training such as, supervision of MT or TSS outside of the rules of assessment and assistance. This includes both group supervision and one-on-one supervision with the TSS or MT.

**MOBILE THERAPY (MT)**
Please refer to MA bulletin date 01-94-01; 01-01-04; 01-01-05; 01-01-06; 01-02-05; 01-01-07.

The role of the mobile therapist is to provide intensive therapeutic services to the child and family, in settings other than a provider agency or office. The services must be individualized for the child and family and based upon the Member’s needs. All therapeutic interventions should utilize a strength based approached. The services include all forms of psychotherapy and include conducting behavioral therapies such as, creating behavior modification plans. The MT is the lead clinician providing clinical oversight.

PerformCare interprets the MT bulletin 50-94-01, to indicate that any MT service provided can only be submitted for reimbursement to MA for face-to-face contact with the Member, family, or other system. In addition, MT’s therapeutic interventions are not described as a consultant service in the bulletin 50-94-01. However, the Provider Info BHRS Role Clarification does allow for the MT to consult with the family, Member, and other systems. It does not allow the MT to submit claims for consulting with the BSC or TSS with or without the Member present. In general, multiple services should not occur at the same time, in the same place, for the same individual; For the MT level of care,
meetings, and on occasion, observation of the Member while the TSS is present, would be the only exceptions to this rule. This would preclude the MT from submitting claims for reimbursement to collect data at the same time, same the location, with the same recipient when the BSC and or the TSS are present with or without family, Member, or another system present.

**REIMBURSABLE THERAPY ACTIVITIES:**

MT time utilization table

These are guidelines to show where the emphasis of the activity should be, based on the individual needs of each child. All of the activities listed may or may not be completed on a weekly basis. All reimbursable services need to be an integral part of treatment, specified in the treatment plan and meet the mental health needs of the Member.

<table>
<thead>
<tr>
<th>TYPE OF ACTIVITY</th>
<th>TIME UTILIZATION GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection (excludes data collection when BSC is authorized)</td>
<td>up to 10-30% of the prescription</td>
</tr>
<tr>
<td>Consultation (excludes consulting with BSC and TSS with or without the Member present)</td>
<td>up to 5-15% of the prescription</td>
</tr>
<tr>
<td>Observation of the Member with the TSS present (excludes observing the Member when BSC is authorized)</td>
<td>up to 5% of the prescription</td>
</tr>
<tr>
<td>Meetings</td>
<td>up to 5-15% of the prescription</td>
</tr>
<tr>
<td>Therapy</td>
<td>70-80% of the prescription</td>
</tr>
</tbody>
</table>

**Data Collection:**
The MT gathers written aggregated information on the antecedents, behaviors and consequences with the family, Member or other systems to identify the following:

- Type of behavior intervention needed
- Effectiveness of the current behavior plan in place for the Member
- Reasons why the current behavior plan is not working

This service should not be completed in conjunction with another professional in attendance.

**Consultation and Collaboration:**
Conceptualization and development of the treatment plan with the team (teacher, Children and Youth, JPO), Member and Member’s family. This includes developing the goals, objectives (steps to complete the goal), methods (therapeutic intervention to achieve the objectives), persons responsible, target dates and identifying progress.

Consultation and collaboration with any system to collect information or data, which excludes goals that are specifically under the treatment of the BSC, and results in the MT giving a clinical direction to the system and will help decrease the symptoms of the Member. Consultation and collaboration is a face to face service and should include the appropriate team member(s).
**Observation:**
We recognize that an MT, when a behavior modification plan is needed, may occasionally provide services concurrently with a TSS and that doing so is necessary to support active treatment. Keep in mind that long periods of observation do not constitute active treatment. In general, multiple services should not occur at the same time, in the same place, for the same individual. As always, progress notes should be clear, and indicate the reason for observation, the time spent doing so, and the result of the activity. This cannot occur if there is a concurrent BSC authorization for the same Member.

**Meetings:**
The MT may bill for attending ISPT meetings for Members they are serving.

The MT may bill for attending ISPT meetings in cases where the behavior modification plan designed by the BSC is being discussed, the BSC is present, and the MT is needed to provide clinical oversight and provide clinical team leadership.

The MT may bill for attending medication management visits.

**Therapy:**
Assessment of the Member’s and Member’s family's strengths and needs.

The determination of family support service needs, natural supports, and professional support needs.

Face to face therapeutic interventions/counseling with the Member and/or the Member’s family and significant others whose relationships impact the Member.

**Administration:**
TSS assessment and assistance: See MA bulletin 50-01-03 and 50-01-05 for clarification. This service is reimbursable at a different rate when the individual in the MT role meets the criteria to provide this service, and the agency gives the individual this responsibility.

**NON-REIMBURSABLE ACTIVITIES**

**Data Collection:**
Observation and interviews with the Member, family or other system without written aggregated antecedent, behavior, and consequence documentation.

**Consultation, Collaboration, or Observation:**
It is non-reimbursable when the MT is consulting with or being observed by the BSC with or without the Member present.

It is non-reimbursable when the MT is consulting with the TSS with or without the Member present.

Attendance/conferring at/with psychiatric/psychological evaluations is not reimbursable.

Supervision of the TSS, which is defined as the act of overseeing the job responsibilities of the TSS.
An MT may not implement a behavior plan if a BSC is authorized to the same Member during the same time period; therefore, the MT may not bill for observing the Member or collecting data if there is a concurrent BSC authorization.

**Therapy:**  
Time spent and costs of transportation to help families attend supports such as meetings, YMCA, school, etc, even if identified in the treatment plan.

Time spent in the collecting and researching educational materials, diagnosis, treatment interventions, etc.

Services delivered by phone.

**Administrative:**  
The following administrative functions are not reimbursable: time spent writing of the treatment plan, behavioral modification plan, progress notes, ISPT meeting notes, completing reports for PerformCare, attending court hearings without meeting a mental health need of the Member (i.e. receiving a subpoena to testify on behalf of the family) is not considered a reimbursable activity, developing and reviewing Member’s chart and or behavior data turned in by the TSS, preparing submission of authorization or reauthorization, researching the correct methodology to treat the symptoms of the Member, preparing for the session, and receiving or giving supervision and training such as, supervision of a TSS assigned to the Member outside of assessment and assistance this includes both group supervision and one-on-one supervision with the TSS.

**THERAPEUTIC SUPPORT SERVICES**  
Please refer to MA bulletin date 01-94-01; 01-01-04; 01-01-05; 01-01-06; 01-02-05; 01-01-07, and OMHSAS-02-01.

The role of a TSS is one on one intervention to a child or adolescent at home, school, and community when the behavior without this intervention would require a more restrictive treatment or educational setting. Specific therapeutic staff support services include: crisis intervention techniques, behavior modification interventions, implementing reinforcements, emotional support, time structuring activities, time out strategies, and passive restraints when necessary (and following the appropriate restraint procedure), and additional psychosocial rehabilitative activities as prescribed in the treatment plan or behavior plan designed by the qualified clinician.

All activities above need to include how these skills will be transferred to the child’s natural environment and cannot include any of the activities listed in the “nots letter” (see attached). In general, The TSS must use specific interventions or methods as listed on the treatment plan to stabilize the child, teach, and transfer the skills to the family, natural environment, and other team members. When the Member is significantly impacted by autism spectrum disorders, PerformCare recognizes that TSS may be used to sustain the child’s functioning.
Overall, the task of the TSS is to support the family's and team member's efforts to stabilize the child or adolescent and promote age appropriate behavior by giving the natural supports the skills to support child needs.

**REIMBURSABLE SERVICES:**

TSS Time Utilization table

These are guidelines to show where the emphasis of the activity should be, based on the individual needs of each child. All of the activities listed may or may not be completed on a weekly basis. All reimbursable services need to be an integral part of treatment and specified on the treatment plan or behavior plan and meet the mental health needs of the Member.

<table>
<thead>
<tr>
<th>TYPE OF ACTIVITY</th>
<th>TIME UTILIZATION GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform specific interventions with the Member</td>
<td>40-50% of authorization period</td>
</tr>
<tr>
<td>While the Member is present, support the family, Member, or other system, to learn new skills and transfer the therapeutic skills to the natural supports.</td>
<td>40-50% of authorization period</td>
</tr>
<tr>
<td>Collaboration with family, Member or other systems, with or without the child present, to transfer the therapeutic skills to the natural supports as listed in the treatment plan</td>
<td>5-10% of authorization period</td>
</tr>
</tbody>
</table>

**Carry Out Specific Interventions From The Treatment Plan or Behavior Plan:**

TSS will carry out specific interventions that are listed in the treatment plan or behavior plan, which will teach the Member, family and team member, as specified by the evaluation, specific skills to cope with the Member's diagnosis, behavior issues, and emotional management concerns. This will include only carrying out the tasks listed in the treatment plan or behavior plan. All activities will be documented in measurable behavior terms on a daily basis to determine if interventions are having the desired outcome.

**Supporting the family, Member or other system to learn new skills and transfer the therapeutic skills to the natural supports:**

The TSS will model, encourage and support the Member, family and team to implement treatment plan methods. The goal is to transfer the skills to the Member and to the Member’s natural supports. The TSS will record in the daily documentation of the status of the transfer of skills.

**Collaboration:**

The TSS may bill for collaboration when the activity results in the transfer of skills to the Member’s natural support.

Example: “the TSS can collaborate with family, Member, or other system working in the home or
community settings to ensure the interventions are carried out consistently.”

The TSS may bill for the time the BSC or MT is observing them work with the Member.

**Administration:**
TSS assessment and assistance: See MA bulletin 50-01-03 and 50-01-05 for clarification

**NON-REIMBURSABLE:**
SEE THE “NOTS LETTER”.

**Consultation and Collaboration:**
Attendance at psychiatric/psychological evaluations and medication management visits.

The TSS may not bill for the time the BSC is consulting with them with or without the Member present.

The TSS may not bill for time when speaking to the MT with or without the Member present.

**Administration:**
The following administrative functions are not reimbursable: time spent writing progress notes, completing reports for PerformCare developing and reviewing Member’s behavior chart and/or the behavior data, preparing for the session, and receiving supervision and training. Attending court hearings without meeting a mental health need of the member (i.e. receiving a subpoena to testify on behalf of the family) is not considered a reimbursable activity.
# THE CHEAT SHEET - Mobile Therapist

**MT Reimbursable**

<table>
<thead>
<tr>
<th>Data collection</th>
<th>Consultation/Collaboration</th>
<th>Meetings</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collecting written aggregated ABC data with the family, Member, or other systems (When BSC is not concurrently authorized)</td>
<td>Providing clinical guidance to the team in an effort to improve Member functioning through the reduction of symptoms. This is an on-going activity that allows for modification of treatment as symptoms improve or increase.</td>
<td>Attending inter-agency meetings to provide clinical oversight with or without a BSC present</td>
<td>All forms of psychotherapy that are listed as part of treatment for the Member</td>
</tr>
<tr>
<td>Observation of Member and TSS to determine the effectiveness of the behavior plan. Contact must be documented by collecting written aggregated data under observation as well as a detailed progress note. (When BSC is not concurrently authorized)</td>
<td>Development (not writing of) the treatment plan</td>
<td>Any meetings that are part of the treatment plan</td>
<td></td>
</tr>
<tr>
<td>Medication Management visits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MT Non-Reimbursable**

<table>
<thead>
<tr>
<th>Data collection</th>
<th>Consultation</th>
<th>Meetings</th>
<th>Therapy</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent researching method</td>
<td>Supervision of anyone</td>
<td>Any meetings that are not part of the treatment</td>
<td>Any modality that is not listed on the treatment plan for the Member</td>
<td>Time spent writing the treatment plan</td>
</tr>
<tr>
<td>The writing of the behavior plan</td>
<td>Consulting with the BSC or TSS</td>
<td></td>
<td></td>
<td>Time spent writing notes</td>
</tr>
<tr>
<td>Time spent observing the child without supporting written ABC sheets</td>
<td>Psychiatric evaluation</td>
<td></td>
<td></td>
<td>Time spent preparing for the session</td>
</tr>
<tr>
<td>Observation of Member and TSS to determine the effectiveness of the behavior plan when there is a concurrent BSC authorization for the same Member.</td>
<td>Psychological evaluation</td>
<td></td>
<td></td>
<td>Chart reviews</td>
</tr>
<tr>
<td>Data collection when there is a concurrent BSC authorization for the same Member.</td>
<td>Attendance at court when not implementing a mental health intervention</td>
<td></td>
<td></td>
<td>Receiving or giving supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transportation</td>
</tr>
</tbody>
</table>
THE CHEAT SHEET - Behavioral Specialist Consultant
BSC Reimbursable

<table>
<thead>
<tr>
<th>Data collection</th>
<th>Consultation</th>
<th>Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collecting written aggregated ABC baseline or point in time data with the family, Member, or other systems</td>
<td>Provide clinical guidance to the team in an effort to improve Member functioning through the reduction of symptoms. This is an on-going activity that allows for modification of treatment as symptoms improve or increase.</td>
<td>Attending inter-agency meetings to provide behavior plan oversight with or without a MT present</td>
</tr>
<tr>
<td>Observation of Member and TSS to determine the effectiveness of the behavior plan; Contact must be documented by collecting written aggregated data under observation as well as a progress note.</td>
<td>Development (not writing of) the behavior plan with other treatment team members</td>
<td>Any meetings that are part of the treatment plan</td>
</tr>
<tr>
<td>Analyzing the data</td>
<td></td>
<td>Medication Management visits</td>
</tr>
</tbody>
</table>

BSC Non-Reimbursable

<table>
<thead>
<tr>
<th>Data collection</th>
<th>Consultation</th>
<th>Meeting</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent researching methods</td>
<td>Supervision of anyone</td>
<td>Any meetings where non-behavioral needs are discussed</td>
<td>Time spent writing notes</td>
</tr>
<tr>
<td>The writing of the behavior plan</td>
<td></td>
<td></td>
<td>Chart reviews</td>
</tr>
<tr>
<td>Time spent observing or collecting data on the child without supporting written ABC sheets</td>
<td>Psychiatric evaluation</td>
<td></td>
<td>Receiving or giving supervision</td>
</tr>
<tr>
<td>Observing the Member with the MT present.</td>
<td>Psychological evaluation</td>
<td></td>
<td>Transportation</td>
</tr>
</tbody>
</table>
Data collection when a MT and TSS are present.

Attendance at court when not implementing a mental health intervention