

Navigating Therapeutic Behavioral Consultation, FAQ from 10/21/22 Webinar

The following document outlines questions that were received from the community during the DBHDS & DMAS webinar, “Navigating Therapeutic Consultation, October 2022”, along with responses from DMAS and DBHDS. The questions that were received in the webinar are grouped together in the tables below based upon topic area.

Question on billing, provider enrollment, service authorizations, and related documentation	DBHDS & DMAS response
When registering for DMAS billing, do we use the MES system?	See slide 13 of slide deck for information on billing and tutorials . See YouTube video at 16:35 for further information.
I’m trying to expand into therapeutic consultation. How do I learn more about Jump Start funding?	See the DBHDS webpage for information on this here , scroll down to the area that says “Jump Start Funding” to access materials. Also, you can email jumpstart@dbhds.virginia.gov for assistance if needed.
Is there an average timeframe from service authorization submission to approval to provide services?	The target time for action by the service authorization team is 10 business days.
Being a BCBA group who is board certified does the group and providers sign up as a PS826 or PS827 and do we need any type of psychologist license if we sign up as a PS826? Psychology consultation license from DHP	To determine the appropriate Provider Specialty Type for a specific service, please access: https://vamedicaid.dmas.virginia.gov/training/providers . Download the “DD Waiver Services Taxonomy” file under TAXONOMY DOWNLOADS. To provide psychology consultation, the provider needs the relevant professional license as outlined in the regulations. Find more information here: 12VAC30-122-550. Therapeutic consultation service. (virginia.gov)
Does the SA number change each ISP year? Does it change for each Behavior Consult TC authorization?	Yes, the SA number will change when there is a new service authorization.
Is there a list of common denial codes & explanations listed?	See information here: Top 50 Billing Error Reason Codes With Common Resolutions (virginia.gov)
In addition to TC 97139, what other services can LBA’s offer?	LBAs may qualify to provide numerous other waiver services as a Licensed Mental Health Professional, though all practitioners must ensure that they are practicing within their scope of practice and scope of competence. See the waiver manuals to learn more about the provider qualification requirements here: Developmental Disabilities Waivers (BI, FIS, CL) Services MES (virginia.gov) . To learn more about ABA services under Medicaid, navigate to this

	website: https://vamedicaid.dmas.virginia.gov/bulletin/project-bravo-behavioral-health-redesign-access-value-outcomes-new-enhanced-behavioral
Do BCaBAs bill as a behavior analyst or "other"? The billing rate for BCBA is 128.13 (NOVA). Is that the same for BCaBAs, or are they billing as "other professional" 97.88 (NOVA)?	LBA/BCBA and LABA/BCaBA both using the code 97139 and billing rates are the same. See current rates information here: Developmental Disabilities Waiver Services & Rates (virginia.gov)
When making the schedule in the part V can therapeutic consultation hours overlap with their day support hours?	Yes, these hours may overlap, however a singular clinician cannot provide both services simultaneously.
In regard to the therapeutic consultation schedule and projected hours: if I listed, I needed 15 hours for the initial assessment, (but the overall hour request was 60 hours), but end up using 20, is that ok? (As long as it doesn't go beyond the 60 hours)	Your services hours billed for should align to the greatest extent possible with the activities you requested them for in the authorization. You cannot exceed the total hours requested for the authorization.
If you run out of hours in the middle of an authorization time period, when can you request further authorization? Do you have to wait until quarterly?	For information on how to request additional hours, see slide 52 from training slide deck, and review information in the video here , approximately 1:37:00.
Should estimate hours for schedule be based on the total number of hours requested in auth.? Does it all need to equal the total requested hours?	Yes, the schedule needs to equal the total requested hours for the authorization.
If we can't get the FBA/BSP completed within those 180 days, how do we request the 2nd authorization? (Usually, the reasons have been due to staffing shortages, and unable to meet/observe etc.)	The initial authorization requires completion of several key deliverables to obtain a secondary authorization as outlined in the regulations . In the rare occasion that deliverables are not created, upload the part V and any documentation that has been completed to the person's ISP in WaMS along with justifying information for additional review.

Do the following documents need to be uploaded into WaMS, and if so, where in WaMS? FBA, BSP, and Quarterly Report? Is quarterly review submitted to ISP attachments?	It is preferred that the documents which are required to obtain authorization as outlined in the regulations are uploaded to the person's current ISP. If the quarterly report includes required documentation for service authorization review, upload it with authorization request. Otherwise, upload the quarterly reports to Person's Information/Attachments section, then click ISP Related. See the visual on slide 30 of the slide deck.
Does the BSP also need a signature from the client's support coordinator?	This is not a requirement; however, the SC may sign the BSP and must be familiar with the BSP and its impact on the person's achievement of their ISP outcomes.
Please provide a contact note sample to providers.	See Chapter II "Provider Participation Requirements" , Participating Provider starting on page 3. See YouTube video approximately 43:00
A sample disposition summary would be great too!	See Chapter IV p. 37 and 200 "Quality Management Review & Control" . See YouTube video approximately 43:00
If quarterlies had been done based on the behaviorists start date with the client rather than the client's ISP date, do we need to go back and redo all quarterlies or just correct moving forward?	No, but please begin to align with client ISP dates now.
Can the assigned provider be an organization?	Yes.
Can an individual receive TC for behavior from one company and direct ABA (97153, 99156, etc.) from another company at the same time?	If the individual is receiving ABA therapy through another funding stream, they should not also be receiving therapeutic consultation to address behavioral needs as this is a duplication of services.
Can only LBAs/LABAs deliver direct services?	The waiver regulations indicate that direct services/therapy is only permissible for behavioral consultation. All providers that qualify to provide therapeutic behavioral consultation may provide direct services, not just Licensed Behavior Analysts (or assistants). See regulations here for provider requirements for behavioral consultation.
What is the difference between individual support plan and interim plan for support - how do we know which one to use for inputting Part V info?	The interim plan for support is used when providers commence services on a date that it is not the person's annual ISP date. See slide 42 on the slide deck. See video at approximately 1:11:00
So we do a Part V Document and then also complete a Part V in WaMs with completing the yellow boxes?	See slide 41 on the slide deck for more information.

Is there a quarterly report template somewhere or do we generate our own?	Create your quarterly template based on the requirements here: Chapter VI “Quality Management Review & Control” .
Is telehealth allowable for this service?	Yes, telehealth is permissible for many allowable activities for therapeutic consultation. See regulations here .
Is graphing billable?	Currently, graphing is not a billable activity. DBHDS and DMAS are reviewing the allowable activities for this service and will provide updates whenever they are available.
What is the reason for ending services is lack of care givers participation? Or unavailability of client?	There are numerous reasons that services may conclude. Please see discontinuing services information here : 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
What is the correct code for telehealth, we are getting two codes, one 02 and 10?	For questions regarding billing or claims, please contact the Virginia Medicaid Provider Helpline at 800-552-8627 or 804-786-6273.

General questions about waivers, system of care, etc.	DBHDS & DMAS response
Is the use of therapeutic consultation being considered across all waivers?	Yes, however this determination is made based on funding allocations. Consider following updates to waiver services and other regulatory action on the Virginia Regulatory Town Hall page.
What is the capacity/practicality to do TC for individuals in a short-term/crisis setting (typically individuals are in our setting for 2 weeks, occasionally 1-2 months, and rarely 3-6 months)? Logistically and clinically, it doesn't seem practical in such a setting, but any guidance would be appreciated.	The anticipated length of treatment and ability for the services to carry on beyond the duration of the crisis setting stay (if needed) should be considered. Ultimately, the client and practitioner should work together to determine what is appropriate for each person and their circumstances.
Where can one go to learn more about the whole systems - types of waivers, what is available under which waivers, that sort of stuff?	Please access the DBHDS Developmental Services website here: https://dbhds.virginia.gov/developmental-services/ Click on the radio buttons to expand each and learn about different offices and initiatives within the division. Please visit the larger DBHDS webpage for more information about the overarching agency.

Where can the diagnoses that are used to qualify for the waiver be found?	<p>See definitions in Code of Virginia here: https://law.lis.virginia.gov/admincode/title12/agency35/chapter230/section10/</p> <p>See information on VIDES here: https://dbhds.virginia.gov/assets/doc/DS/rsu/VIDES-Adult-Instr-Clarification-v-12-21-2018.pdf https://dbhds.virginia.gov/assets/doc/DS/rsu/VIDES-Childrens-Instr-Clarification-v-1-3-2019.pdf</p>
Can a client who is in a temporary placement (e.g. temp home, hospitalized) receive TC services?	Individuals may not receive waiver services when in inpatient settings. Individuals with a DD waiver may receive waiver services in community-based settings.

Questions about training, quality assurance, resources, etc.	DBHDS & DMAS response
When the BSPARI asks for dates and times that the FBA was conducted, should providers list only times when the provider had direct contact with the client/stakeholder to administer parts of the FBA, or also list the dates and times when they analyzed and graphed the FBA and FA?	Listing the times when the provider had contact with the client to administer the FBA is what is being sought as listed either in the FBA or the BSP (if the FBA is embedded into the BSP).
How often is the CSB directory updated?	<p>A map of CSBs with links can be found on the DBHDS webpage here: https://dbhds.virginia.gov/community-services-boards-csbs/</p> <p>The Virginia Association of Community Services Boards also contains numerous resources, including a directory: https://vacsb.org/</p>
Can you please share the DMAS and DBHDS staff training requirements for TC providers since we are not a licensed DBHDS service.	The provider requirements to deliver the service are outlined in section D of the regulations here. https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section550/
Do TC providers have to do the DSP test, and annual training requirements for Human Rights and HCBS rights? If so,	If the behaviorist is filling the role of a DSP or DSP supervisor under Medicaid billing, then they need to complete the DSP requirements; otherwise, this is not required.

<p>could you list all DMAS and DBHDS required orientation and annual training records required for TC providers.</p>	<p>Therapeutic consultation providers are not required to complete annual training requirements for human rights or HCBS, though they should understand and adhere to Human Rights regulations and review HCBS. Learn more about these here: https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/home-and-community-based-services-toolkit/ https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/</p>
<p>Are the any mobile applications currently in use for data collection that have been found to be effective for use by DSPs?</p>	<p>There are many technology-based data collection tools and applications available that can be researched on the web via related keyword searches. If you are interested in learning more about telehealth applications in behavioral services, try a keyword search using Google Scholar or a journal database. See April 2022 OIH Newsletter article on telehealth in therapeutic consultation.</p>