CONSULTATIVE BEHAVIORAL INTERVENTION (CBI) SERVICES

SPC 512.10

Applies to CLTS (SED, DD only)

DEFINITION

Consultative Behavioral Intervention (CBI) Services use behavioral treatment methods to change socially important behaviors in measurable and meaningful ways in the child’s daily life. The services often involve breaking skills down into their most basic components and rewarding positive performance, and are typically provided on an individualized basis in a manner specific to each child’s developmental needs. The goal is to build a range of important communication, social, and learning skills, as well as reducing challenging behaviors that may occur in children diagnosed with a congenital developmental disorder, such as Autism, Asperger Syndrome or Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS).

Over the course of treatment, services occur in the location most ideally suited to meet the child’s unique clinical needs as determined by the treatment clinician. These services typically differ from those provided to children with cognitive or physical disabilities due to the focus on the specific interactions of behavioral, social, and communicative deficits. The specific skills addressed for each child are clearly defined in observable terms and measured carefully by direct observation throughout each treatment session. Objective and reliable data from continuous assessment of the child’s skills in learning, communication, social competence and self-care guide the curriculum for the child. The sequence of easier, precursor skills leading to more complex tasks are presented in a formal manner to the child to assist with mastery of each task.

These treatment methods are designed to improve a child’s social, behavioral and communication skills in order to demonstrate measurable outcomes in these areas and overall developmental benefits across home and community settings. The intent is for the child to make clinically significant gains and have fewer needs in the future as a result of this service. Consultative Behavioral Intervention Services may not be experimental as defined in DHS 107.035 or aversive in nature, nor may they otherwise jeopardize the health or safety of the participant.

SERVICE REQUIREMENTS/LIMITATIONS/EXCLUSIONS

1. These services are habilitation services, as defined in 42 USC § 1396n(c)(5), which are available only under a Home and Community-Based Services Waiver, not under the State Medicaid Plan or the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid benefit.

2. Any treatment that is to be funded by the waiver under this service must be directly related to an individual child’s behavioral therapeutic goals.
3. To be funded by the Children’s Long-Term Support (CLTS) Waivers, CBI services must be coordinated with other relevant services, such as educational services through the public schools, State Medicaid Plan covered services, and private supports and services.

4. When a school-aged child is identified as having a disability, the child is entitled to receive educationally necessary services under the Individuals with Disabilities Education Act (IDEA). The Individual Education Plan (IEP) developed by the Local Educational Agency (LEA) for that child must include a statement of the special education and related services, and supplementary aids and services to be provided to the child [Wis.Stat. § 115.787(2)(c)]. To the maximum extent appropriate, a child with a disability is educated with non-disabled peers unless the IEP team can justify separation from the regular educational environment, based on child-specific data and not on school convenience. Special classes, separate schooling, or other removal of a child with a disability from the regular education environment occurs only when the nature or severity of the child’s disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily [Wis.Stat. § 115.79 (1)(d)]. The CLTS Waivers do not cover CBI services in cases where the child has a shortened school day for the sole purpose of meeting the required level of services. The CLTS Waivers may cover the services if there is an approved shortened school day for school-related issues included in the child’s IEP.

5. The cost of travel time is included in the rate paid to the provider of this service. If extensive travel is required due to the rural and remote location of the child’s residence, a variance to increase hours over 20 per week may be requested from the Department of Health Services (DHS). The DHS requires that the child’s CBI services treatment provider submit written documentation to justify an increase in hours due to travel, including the following information:

- The actual amount of travel time for all staff per week.
- A description of the provider’s efforts to recruit senior and line staff in close proximity to the child's home.
- Information on the appropriateness of an alternative schedule for the child's treatment, which may include an attempt to consolidate treatment time, distance monitoring for the senior staff.
- The long range plan to minimize the travel time for staff.
- If the child has recently begun services, please provide specific information on the number of hours of service provided each week (broken down to separate face-to-face time from travel time), as well as verification that the child's therapy team is currently fully staffed.
- The child’s Support and Service Coordinator should indicate whether or not they and the child’s family support the request for an increase in hours.
6. Only a behavioral treatment program consistent with best practice and research on effectiveness for children with autism spectrum disorders will be covered under this waiver service. The specific skills addressed for each child must be clearly defined in observable terms and measured carefully by direct observation throughout each treatment session. Data from continuous assessment of the child’s skills in learning, communication, social competence and self-care are expected to guide the scope of the curriculum for the child.

7. This service is limited to children who can benefit from the services and demonstrate a reduction in delay. This is demonstrated through an independent evaluation in conjunction with peer reviewed research results on effectiveness. Eligible children must meet the required diagnostic and functional criteria before starting services.

8. The accurate and completed application for CBI services must be received by CLTS staff before the child reaches the age of eight years.

9. A child must be receiving this service at a consultative level to be eligible for CLTS Waiver coverage of this service. Consultative levels of services are defined as a minimum of 10 to a maximum of 20 hours of face-to-face treatment per week provided in the location most appropriate to meet the child’s needs as determined by the treatment clinician. Individual hours are based on the provider’s clinical assessment and evaluation regarding the behavioral needs of the child with input from the child’s team including providers and the child’s family, subject to approval by the county. Individual plan hours may vary; however, the child’s service level must remain at the required level of 10 to 20 hours per week.

10. If a child’s hours fall below the required minimum of 10 hours as averaged across a three month period, the child may be discontinued from this service at the discretion of the county waiver agency working with DHS.

11. The families of children receiving consultative behavioral intervention services are vital members of the treatment team. They must be involved in the initial training session, team meetings and must remain actively involved at a sufficient level to initiate treatment services, reinforce behavior and implement therapeutic goals as developed by the treatment team.

12. CLTS waiver funding can be used to ensure that children who meet all eligibility requirements may receive up to a maximum of three years total of any combination of early intensive behavioral intervention (EIBI) services and consultative behavioral intervention (CBI) services. This includes all services meeting this service definition that were provided prior to participation in the CLTS Waivers regardless of the payer source. Payer sources may include but are not limited to: private insurance, Medicaid, private pay, or other state-funded programs (e.g., intensive or non-intensive services as defined by an insurer
including 20-30 hours of treatment per week). The county waiver agency is required to verify the scope and frequency of any relevant treatment services a child may have received or may currently be receiving. Parents are required to provide all information necessary to verify receipt of any current or previous treatment services. This verification will determine if a child is eligible to receive this service as well as the duration under the CLTS Waivers. The DHS will determine the end date of the three years of service and will notify the county waiver agency of this date.

13. A request to extend the treatment services beyond the identified end date may be submitted to the DHS if the child experienced a disruption in service for a minimum of 90 days. The initial 150 days of treatment may be used to build to the required hours and thus are not calculated into any request for an extension of services. The granting of an extension of services must remain neutral to the DHS budget under the CLTS Waiver. The length of the extension will depend upon individual circumstances and will be authorized by the Department. An approved extension will be granted only once. The request for an extension must include verification or evidence of the following:

   a. The family must have been ready and willing to accept treatment services at the approved level during each of the calendar weeks during which the child did not receive services at the required level. For example, a family that opted not to receive services or missed scheduled visits would not be considered to have been “ready and willing to accept services. This will require documentation from the service provider.

   b. The child must be less than 11 years of age at the time of the extension request.

   c. There must be a clinical justification from the treatment services provider that the therapy being delivered is the most appropriate approach for continued progress, and the provider agrees to continue to provide the therapy if the extension is granted.

   d. There must have been at least 26 consecutive calendar weeks, each of which was at the consultative level of treatment service, delivered to the child at some point within the child’s original three-year timeframe.

14. Prior to the end of CLTS Waiver funding of EIBI services, an eligible child may be approved to transition to CLTS Waiver funding of other home and community-based waiver supports and services. The county support and service coordinator must request approval from DHS no more than 45 and no less than 15 days prior to the anticipated transition date, and services may not continue until and unless approval has been granted. A county may request approval for a child to transition who is nearing the three year maximum, with at least 12 months of continuous treatment services provided under the Wisconsin CLTS Waiver.
15. During any period when the CBI service is funded by a specific State funding source on behalf of a particular participant, it does not pay for other home and community-based waiver services except for a small amount of respite, treatment-related adaptive aids, and support and service coordination. Counties may provide funding for other waiver services if there is a local funding source.

16. For policies concerning this service (SPC 512.10) please refer to Appendix E.

STANDARDS

A. Provider Team Composition

The CBI treatment team consists of:

1. Lead therapist: An individual who has the following credentials and experience must lead the treatment team. In addition to the following requirements, the lead therapist must also present sufficient written evidence of training and/or education in the method of evidence-based therapy being delivered under the CBI model prior to the provision of services:

   a. A doctoral degree in clinical psychology from an accredited educational institution, actively licensed by a state board of examiners of psychology, and who has completed a minimum of 1500 hours of hands-on training or supervised experience in the provision of evidence-based behavioral therapy models consistent with best practice and research on effectiveness for children with autism spectrum disorders, and at least two years of experience as an independent practitioner and as a supervisor of less experienced clinicians.
   
   OR

   b. A state-licensed behavior analyst with a minimum of 1500 hours (full-time equivalent of 30 hours a week for 50 weeks) of hands-on training or supervised experience in the provision of ABA services directly to individuals with autism under the supervision of a Board Certified Behavior Analyst who has at least two years of experience in ABA programming for individuals with autism, and as a supervisor of less experienced clinicians.

2. Senior staff:

   a. Senior staff must be legally authorized to perform psychotherapy, with either a master’s degree in one of the behavioral sciences who has at least 400 hours of training or supervised experience in the use of behaviorally-based therapy models consistent with best practice and research on effectiveness for children with autism spectrum disorders, in addition to, or as part of their 3000 hours of training/ supervision; and have sufficient written evidence of training and/or
education in the method of evidence-based therapy being delivered, prior to the provision of services;

OR

b. A Board Certified Assistant Behavior Analyst (BCaBA) with a minimum of 400 hours of hands-on training in providing ABA services directly to children and/or adults with autism under the supervision of a Board Certified Behavior Analyst who has at least two years of experience in ABA programming for individuals with autism.

OR

c. A bachelor’s degree in a human services discipline and at least 2,000 hours of training or supervised experience in the use of behaviorally based therapy models consistent with best practice and research on effectiveness for children with Autism Spectrum Disorders who meet all criteria to receive this service.

3. Line staff:
   a. Line staff must be at least 18 years old and a high school graduate/GED equivalent.
   b. Prior to the provision of billable services, line staff must have obtained a minimum of 40 hours of direct supervised experience in the use of behaviorally-based therapy models consistent with best practice and research on effectiveness for children with autism spectrum disorders, OR have had at least 160 hours working in any setting with children with developmental disorders.
   c. The lead therapist and the child’s family will recruit all line staff with careful consideration given to background checks and compatibility.
   d. Line staff must work under the direction of the lead therapist and senior staff.
   e. Line staff must be oriented to the specific outcomes and approach for the provision of services for an individual child, and must demonstrate competency in the delivery of these approaches.
   f. Line staff must be directly supervised during their initial visit with a child.

Applies to all provider types:
Providers of consultative behavioral intervention services shall provide services limited to their areas of formal education and training, as directed by their professional code of ethics. If services are provided by trained technicians, therapy assistants or other specially trained persons who do not require state licensure or certification, the services must be reviewed, authorized, and endorsed by a licensed or certified professional.
B. Team Roles

The lead therapist assesses the child and develops the treatment services plan based upon the child’s individual needs. The senior staff then provides the ongoing supervision of the implementation of the plan; this includes training and supervision of the line staff, training for the family to review the child’s progress and developing an intervention plan for the next week. Line staff implement the treatment protocols (e.g., presenting tasks to a child that are positively rewarded). Families also follow through on therapy activities, although these hours are not billable to the waiver. The lead therapist monitors progress on at least a weekly basis and more frequently if needed to address issues with the child’s outcomes.

1. Lead therapist:
   On teams with a senior staff: Following the initial training session, the lead therapist trains and directs the team by conferring with the senior staff at least weekly either in person or by telephone/e-mail and by working with the child in person and with the senior staff plus one or more line staff at least every two months.

   On teams without a senior staff: Following the initial training session, the lead therapist trains and directs the team by working with the child in the home and the line staff at least weekly.

2. Senior staff:
   The senior staff is an extension of the lead therapist and works with the child, the child’s family, and other team members a minimum of two hours weekly. The senior staff confers with the lead therapist at least weekly in person or by telephone/e-mail and documents and implements any changes in the treatment plan that might result from the conference and works with the child, the child’s family, and line staff to ensure that the treatment plan is being accurately followed.

3. Line staff:
   Line staff are trained by the lead therapist and senior staff and directly supervised by the lead therapist and/or senior staff to implement the treatment plan. The lead therapist is responsible to ensure that line staff follow the treatment plan and provide safe, effective care.

   The line staff documents the nature and scope of the services, as directed by the lead therapist and/or senior staff, provided during each session with the child.

4. Family involvement:
   The families of children receiving consultative behavioral intervention services are vital members of the treatment team. They must be involved in the initial training session and all team meetings. They must remain actively involved at a sufficient level to initiate treatment services, reinforce behavior and implement
therapeutic goals as developed by the treatment team. The family must be knowledgeable regarding the goals and treatment approaches developed by the treatment team. They are expected to implement the established approaches and generalize the skills to other settings.

**DOCUMENTATION**

1. The lead therapist is required to provide a written progress report to the child’s support and service coordinator and family at least every three months or more often if stated in the county/provider contract. The progress report must contain documentation of progress made in all of the identified treatment goals.

2. All of the services provided must be clearly documented in the child’s chart by one of the team members present during service provision. Documentation must include location of service, time spent, and team members present. Documentation must also include the nature of the time billed by the team members; i.e., treatment services or staff training activities. Documentation must include travel time to and from the child’s home, staffing time, and direct service time, as reflected on the required Individual Service Invoice.

3. For tracking purposes, the Individual Service Report for the Provision of SPC 512/512.10 Services is a required form that must be completed by all providers of these services and be submitted by the provider to the county waiver agency (the county of responsibility or contracted provider acting on behalf of the county of responsibility) on a monthly basis for each child authorized to receive this service.

**Authorization Coding Information**

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<td>HM = Less than Bachelors degree / CLTS Line Staff / CLTS Senior Staff / CLTS Lead Therapist / U5 = Provider travel time / HT = Multi-disciplinary team (staffing)</td>
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