

## Consultative Assessment

*The service definition and limits outlined below do not include all details and requirements. For the service standards, limitations, provider types and qualifications, and reimbursement information, refer to the appropriate Medicaid HCBS DD Waiver.*

### Waiver Availability

Comprehensive Developmental Disabilities (CDD) Waiver

Developmental Disabilities Adult Day (DDAD) Waiver

### NFOCUS Service Codes

**Consultative Assessment Service – Agency or Independent 7783**

### Service Definition

Consultative Assessment is provided for the development and implementation of behavioral supports to assist a participant in maintaining their current services while ensuring their safety and the safety of others. Consultative Assessment increases the participant's independence and involvement in their community.

### Conditions of Provision

- A. A participant chooses each service based on their needs.
  - 1. Services should increase independence and community integration; and
  - 2. The chosen waiver services and who provides them are documented in the participant's Individual Support Plan (ISP).
- B. Consultative Assessment includes:
  - 1. Observing a participant where they live and receive services in-person or by Telehealth;
  - 2. Completing a behavioral assessment;
    - a. A behavioral assessment identifies specific problem behavior, the purpose or function of the behavior, identifies a positive replacement behavior, and makes recommendations to address the problem behavior.
    - b. The behavioral assessment is used to develop a positive behavior support plan to teach positive replacement behaviors and reduce problem behaviors.
  - 3. Developing a positive behavior support plan, safety plan, and other supports;
  - 4. Providing training on the behavior support plan, safety plan, and other supports;
  - 5. Giving recommendations to the participant's ISP team; and
  - 6. Implementing, evaluating, and revising behavior support plan, safety plan, and other supports as necessary.
- C. Consultative Assessment is not a habilitative service, however, it assists in the development of habilitative supports.

- D. Consultative Assessment has the following limitations:
1. Consultative Assessment cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
  2. For participants under the age of 21 years, this service is available through Medicaid as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

## Provider Requirements

*The information outlined below does not include all provider requirements. It is intended to be general information about providers of this specific DD service.*

- A. All providers of waiver services must:
1. Be a Medicaid provider;
  2. Comply with all applicable Titles of the Nebraska Administrative Code and Nebraska State Statutes;
  3. Adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement;
  4. Complete DHHS trainings upon request; and
  5. Use universal precautions.
- B. Consultative Assessment can be offered by a DD agency provider, independent provider, or a vendor.
1. A DD agency provider is a company enrolled as a Medicaid provider and certified by DHHS to provide DD services and is responsible for:
    - a. Hiring or contracting and supervising employees or contractors who work with the participant;
    - b. Employing staff based on their qualifications, experience, and demonstrated abilities;
    - c. Providing training to ensure staff are qualified to provide the necessary level of care;
    - d. Agreeing to make training plans available to DHHS;
    - e. Ensure adequate availability and quality of service; and
    - f. Other administrative functions.
  2. A DD independent provider is a person or vendor enrolled as a Medicaid provider and employed by a participant.
    - a. The participant is responsible for hiring and supervising their provider.
  3. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD provider.
- C. Consultative Assessment can be self-directed.
- D. A relative of the participant, but not a guardian or other legally responsible person of the participant may provide Consultative Assessment when they meet other requirements.
- E. Consultative Assessment, including the behavioral assessment, must be provided by a:
1. Licensed Independent Mental Health Practitioner (LIMHP);
  2. Licensed Psychologist; or

3. Board-Certified Behavior Analyst (BCBA), who is required to be licensed as of September 1, 2024. A BCBA has 90 days from that date to obtain their license. Once licensed, a BCBA will not need supervision by an LIMHP or licensed psychologist to complete a Consultative Assessment.
- F. The provider or vendor must attend a minimum of two ISP team meetings per year, in-person, by phone, or by Telehealth. The provider cannot bill for time to attend team meetings.

## Funding Information

- A. The cost of Consultative Assessment does not come out of the participant's annual budget.
- B. Consultative Assessment is reimbursed at an hourly rate.
- C. This service is limited to 10 hours per month unless additional time is approved by the DDD Clinical Team.
- D. The provider's transportation and lodging costs are included in the rate for Consultative Assessment.
- E. DD Rates are listed on the [DD Provider webpage](#).
  1. Only one fee schedule is effective at a time.
  2. The start date is on each schedule; once a fee schedule is no longer valid an end date is added.