

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

Developmental Disabilities Adult Day (DDAD) Waiver
Comprehensive Developmental Disabilities (CDD) Waiver

NFOCUS Service Codes

Consultative Assessment Service – Agency or Independent 7783

Service Definition

Consultative Assessment is provided when a behavior support plan is developed and implemented to assist participants in maintaining their current living environment while ensuring their safety and the safety of others. Consultative Assessment is necessary to improve the participant's independence and inclusion 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 Person-Centered Plan (PCP).
- 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 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 PCP team; and
 - 6. Implementing, evaluating, and revising the 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, an 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. Consultative Assessment may not be provided by a relative, Legal Guardian, or Legally Responsible Individual.
- 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).
- F. The provider or vendor must attend a minimum of two PCP team meetings per year, in-person, by phone, or by Telehealth. The team consultation via PCP meetings is included in the rate.

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.