BDS Waiver Amendments
Behavioral Support Services (BSS) Reconfiguration

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What will be accomplished with BSS Changes

- New service array increases choices for individuals to meet their unique needs
- BSS Consultation increases access
  - ✓ Streamlines services for many who were budget constrained with existing service design
  - ✓ Reduces requirements for individuals who do not need the full FBA/BSP process
- Increased efficiency and accountability with a continued focus on quality outcomes:
  - ✓ All BSS provided under one provider entity tightens line of accountability
  - ✓ Templates increase consistency in expectation and understanding for all team members using the tools
- Improved quality in Clinical Supervision model
  - ✓ Empowers best practices informed by IPP grants
  - ✓ Creates more individualized and consultative approach
  - ✓ Expanded degree requirements align with Indiana law and bring services (in many cases) closer to the point of service delivery
- Increased data collection on service delivery outcomes will inform potential value-based incentive strategies for future change
- Provides needed clarity regarding the purpose and intent of reimbursable activities

What Informed These Changes?

- BDS Innovation Pilot Projects (IPPs) informed the proposed changes to BSS
- Three projects focused specifically on the area of behavioral supports using quantitative and quality data review and demonstration pilots:
    1) Explored how BSS operates currently in Indiana and across the nation
    2) Developed best practice guidance for clinical supervision
    3) Offered direct training to families who otherwise would not receive supports around their loved one's behavioral needs

Behavior Support Services (BSS)

Current requirements

Comprehensive service requiring functional assessment (FBA,) training and consultation with individual and their team, Behavior Support Plan (BSP,) quarterly reports and clinical supervision (Level 1) for all individuals choosing this service without regard for individual need

Reconfiguration

- Consultation: 0-3 hours monthly, no FBA or BSP required (but are optional)
- FBA: up to 10 hours monthly for a two-month period, produces foundational document and recommendations
- Comprehensive: 0-12 hours monthly, similar to current BSS_Basic without FBA requirement
- Clinical Supervision: up to 1 hour monthly, expanded degree requirements, always a choice but not a requirements unless restrictive intervention is present in BSP

Consultation

- This is a streamlined support for individuals that do not need the full array of Behavioral Supports Services to meet their needs.

- This would be appropriate if an individual….
  - has sustained success with current supports but needs support through maintenance and periodic consult
  - wants a streamlined approach, does not feel a full behavior support plan is warranted, and who's needs would be met with regular opportunity for consult

Functional Behavioral Assessment

- This element is intended to complete a comprehensive assessment resulting in a summary report that identifies both wanted and unwanted behaviors, hypothesized causal factors and makes recommendations for appropriate BSS supports.
- Particular attention should be given to whether an individual currently has a compliant FBA in place. Report will act as a foundational summary using a bio-psycho-social perspective and will include a developmental, trauma and placement history

- This would be appropriate if an individual:
  - has a current FBA that is not compliant with all facets required in the template
  - is new to BSS and has identified behavioral needs outlined in the PCISP that will likely require a BSP be developed
  - has experienced a significant transition (moved from family home, transitioned to adult services) or is experiencing significant regression for unknown reasons
  - Is new to the waiver and is unsure whether BSS is appropriate or what level of support is needed

Comprehensive

- Similarly to BSS-Basic exists today – however the full process of completing the FBA is a separate service component.
- A compliant FBA is required before this element can be utilized
- Requires a BSP be developed and must be based on the results of the FBA process

- This would be appropriate if an individual:
  - has an existing BSP that includes restrictive interventions (Clinical Supervision would also be required)
  - has identified behavioral needs that require formal interventions to address harm to self or others
  - requires frequent training, consultation and service that will require more than an average of three hours of service monthly to meet the identified behavioral needs

Clinical Supervision

- This element is an indirect service intended to provide additional clinical guidance, oversight and approval for direct service elements
- Clinical supervision must be provided by a different clinician than the rendering clinician of the direct service being supervised (Clinical Supervisors are not required to be supervised when delivering direct BSS components)
- Clinical supervisors must be a licensed psychologist and have an endorsement as a health service provider in psychology, or have at least five (5) years supervising the work of Behavioral Consultants providing Behavioral Support Services in home and community-based settings with one of the following endorsements:
  - Licensed clinical social worker (LCSW)
  - Licensed marriage and family therapist (LMFT)
  - Licensed mental health counselor (LMHC)
- This would be appropriate if an individual:
  - has a BSP that includes restrictive interventions, not including psychotropic medications prescribed to treat mental health diagnoses (required)
  - believes that additional clinical guidance would enhance the delivery of direct service elements (ie, affirming the FBA, consulting on BSP interventions, the use of psychotropic medications and advising on collaboration with other community resources such as mental health services)

Implementation: 12/31/25

- Team should be discussing
  - ✓ All existing plans over 12 hours monthly will transition to Comprehensive 12 hours
  - ✓ Unless the Service Authorization is changed, individuals with 0-12 hrs/mo of BSS will maintain budget and be transitioned to Comprehensive BSS
  - ✓ Any BSP with restrictive interventions included will require Clinical Supervision
  - ✓ Restrictive Interventions no longer include routine psychotropic medications used to treat a mental health diagnosis
  - ✓ Individual may choose Clinical Supervision with any BSS component if identified as a need through the PCISP process

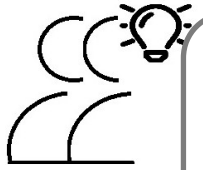
- BSS Provider entities
  - ✓ All services in the BSS array will be provided and billed under one provider entity
  - ✓ Provider Relations will be reaching out to BSS providers currently only providing one of the two existing services
  - ✓ As of 12/31/25, all BSS providers must attest that they can provide all BSS services in the service array (Consultation, FBA, Comprehensive and Clinical Supervision) to meet the requirements of the new service definition

- If existing FBA is compliant, no changes are required. The individual and their IST can plan a transition to Consultation or Comprehensive Services. Guidance was sent to all BSS providers from BDS 10/20/25 on requirements for FBA Compliance

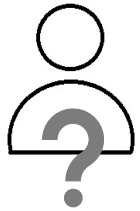
- For those who will have Comprehensive Supports, BSP's can be transitioned to the state approved template at any time but no later than the BSP annual date.

- For individuals who transition to Consultation, the Consultation plan can be designed anytime using the state approved template but no later than the annual date of the BSP.

Behavioral Support Services Planning Guidance



The PCISP outlines services & supports needed for the individual to pursue their good life



Are there identified, interfering behavioral needs that are unmet through natural supports or other available resources in the community?

NO → No identified need for BSS

YES

Does the individual need a Behavior Support Plan (BSP)?

YES → **Is there already a compliant Functional Behavioral Assessment (FBA) in place?**

- YES → Choose COMPREHENSIVE BSS → **Does the BSP include restrictive interventions?**
  - YES → ADD CLINICAL SUPERVISION: required oversight
  - NO → Add CLINICAL SUPERVISION if needed for additional expertise
- NO → Choose FUNCTIONAL BEHAVIORAL ASSESSMENT to complete process or finish the FBA and produce a compliant report before 12/31/25

NO → Choose CONSULTATION → Add CLINICAL SUPERVISION if needed for additional expertise

NOT SURE → Choose BSS CONSULTATION for an initial streamlined approach or choose FBA to complete a full assessment that will yield recommendations and determine if Behavioral Support Services are needed → Add CLINICAL SUPERVISION if needed for additional expertise

Documentation & Timelines

	direct	indirect	state template	required quarterly report	BSP Required
Consultation	X		X	X	
Functional Behavioral Assessment (FBA)	X		X		
Comprehensive Behavioral Supports	X		X	X	X
Clinical Supervision		X			

- Commencing BSS Services: Services begin according to the start date indicated on the SA/NOA.
- Document Completion: The Consultation Plan, FBA, and BSP (including required approvals) must be complete and uploaded to the BDS portal within 60 days of the service commencement date. If the FBA component is only authorized for one month, the FBA is due the last day of the service authorization period.
- Quarterly Reports: These are required for Consultation and Comprehensive BSS and should be completed in alignment with prior authorized (PA) service dates as reflected on the SA/NOA. For example, if a service commences in April, the first quarterly report would be due by July 15th and cover the period of April-June.
- Clinical Supervision and Approval Signature: Is required when restrictive interventions are included in the BSP and anytime this component is chosen to provide additional clinical guidance. Approval is not required on Quarterly Reports.

What is meant by all BSS components will be provided and billed by one BSS provider?

- To remain a BSS Provider, the entity will need to attest that all components are available through their entity.
- Agencies may subcontract or employ professionals necessary to comply with this requirement.
- The BSS provider agency will be the sole entity accountable for compliance and quality outcomes for all service delivery components provided to an individual.

Why are routine psychotropic meds used to treat a mental health diagnosis no longer considered restrictive interventions?

- The existing culture around medication has created a negative stigma rooted in outdated institutional practices. Medications are prescribed by licensed prescribers to specifically treat DSM diagnoses.
- PRN medication used "as needed" to treat specific behavioral episodes will remain a restriction, as they are considered "chemical restraint"
- Any psychotropic medication ordered to treat behavior specifically (ie, Haldol for aggression) is considered a "chemical restraint " and would be considered a restrictive intervention.

Will psychotropic medication reduction plans still be required in the BSP?

- There will still be a requirement for a psychotropic medication current regimen and history within the BSP. This is a very important component in understanding the overall current and historical treatment of mental health conditions.
- BC's will no longer be required to plan reductions as this is outside the scope of their practice, nor will they be required to have prescribers sign off on their BSP's or Psychotropic Medication History.
- Prescribers affirm their treatment approach by prescribing medications to treat diagnoses which is within their scope of expertise and license.
- This change in policy was a consistent request of BC's throughout the IPP projects.

What if there is a crisis while FBA is the service component authorized on the plan…does the team have to wait for a BC?

- While the FBA process is the primary outcome of this service component, the BC completing the Functional Behavior Assessment should act in good faith as a clinical support to the individual while completing the assessment process.
- This role is no different than we currently operate, in fact, the crisis would inform the overall FBA process.
- Once the FBA is complete then the Consultation or Comprehensive Services can start the following month.
- In many cases, the individual may choose the same Behavioral Consultant to complete the FBA process and then become the BC for either Consultation or Comprehensive Supports.

Why did we change the annual requirement for an FBA?

- There really is no change. While it was misunderstood, and often times overused, the FBA process should be foundational and inform the BSP development and use of BSS supports ongoing.
- The hypothesized function of behavior(s) will still be reaffirmed annually by the team as part of the BSP development, but the entire comprehensive process does not need to be completed annually as most of the information will not substantially change.
- In rare circumstances, an individual may determine that the entire process be completed. This could happen as a result of major changes like life transition or medical conditions leading to significant regression. In these cases, the SA/NOA will simply need to reflect a temporary transition to the FBA element.

What flexibility is there in the utilization of FBA hours as we transition?

- While there is a "max" of ten hours per month for two months, less can be used.
- Examples:
  - If the existing FBA is simply represented by tools like the QABF, FAST, MAS, etc. and there are minimal notes supporting the history or the person's identified strengths, perhaps just use 10 hours for one month to get the report produced based on known factors.
  - If all of the FBA information and BSP information is present but in one document, this can simply be separated at the time of the annual plan update. If this is completed before 12/31/25, no further changes are required.
  - The FBA can stand as is without being transitioned to the state template. The BSP would be transitioned to state approved template on or before the annual BSP date.
  - If the FBA is currently a stand alone document and has most of the required elements, but does not detail developmental, placement, or trauma history – it is important to update the report to reflect all required elements and the team can determine the best way to accomplish this in one or two months time. While updating the FBA, the BC is still acting in good faith providing clinical support as the BC.
  - Keep in mind, no two direct service components can be reflected on an individual's SA\NOA in the same month so teams should plan accordingly.

Clarifications as a result of public comment:

- Originally, documentation standards indicated that the signature of the individual was required.
  - This was modified before submission to CMS.

- "BC's must be employed by an agency"
  - This was not intended to imply a particular relationship between clinicians providing services and the agency for whom they are working. It was however clarifying that one BSS provider agency will be chosen, and all service components will be provided by that chosen entity. Both employment and subcontracted arrangements are permissible

- ACTIVITIES NOT ALLOWED: Any component of Behavioral Support Services furnished to the individual within the educational/school setting or as a component of the individual's school day.
  - This is the same language used in the existing service definition (eff 7/16/2020). It remains a policy that waiver services cannot be provided in lieu of educational services. The individual and how their behavior expression impacts their experience as a student while in school remains the responsibility of the school.

Additional Changes

- While it has been a long standing best practice guideline, we have integrated the 75/25 rule into the BSS service definition for direct service components:
  - "It is an expectation that 75% of billable services be provided in person or in direct consultation with the individual and their IST. Indirect services (paperwork, research, consultation with Clinical Supervisor should not comprise more than 25% of all billable activities.) While an individual's needs may dictate month to month fluctuations, over the course of the plan year, the 75/25 rule should be achieved by the BSS provider."

- The Intensive Behavioral Intervention (IBI) Service is being discontinued
  - The goals of that service can be met through the revised BSS definition
  - This reaffirms the state's commitment to using the tenants of Positive Behavior Supports as foundational.

- Uniform templates for key documents within the BSS service will be shared with service providers prior to roll out of the new BSS service
  - This was informed by the IPP grant and encompasses elements from more than 15 providers who shared their agency's templates upon request
  - Templates will be provided for: Quarterly Reports, BSS Consultation Plan, FBA, and BSP

- A Quality Guide for Behavior Support Services will be made widely available ahead of the implementation of proposed changes. This will outline best practices for each service element, provide examples, and detail contextual history as it has impacted the evolution of positive behavioral supports using a strengths based, trauma informed lens.

Finally…

- This guidance is intended to be a general overview. Certainly, we anticipate several situational questions.
- The BSS Quality Guide provides the standard and expectations for implementation.
- Additional training and information will continue to be shared prior to full implementation. Please closely watch the DDRS and BDS communication channels and email distribution.
- In the meantime, please direct your questions to the BDS Help Desk email. BDS.Help@fssa.IN.gov

Thank you!