

# **BVC-MS**

Brandywine Valley Consultants, Inc.  
dba  
Making Strides

## **LETTER OF INTRODUCTION FOR THERAPEUTIC CONSULTATION SERVICES**

**THERAPEUTIC CONSULTATION** - Administrative Code 12VAC30-122-550. Therapeutic consultation service (A PRESCRIPTION IS **NOT** REQUIRED) Brandywine Valley Consultants, Inc. d.b.a Making Strides (BVC-MS) is a provider of Therapeutic Consultative Services covered by the DD Waiver. We are an all-inclusive provider offering multidisciplinary support services. These services can be performed in conjunction with another support service and are strictly **consultative** and will **not** interfere with another provider's direct care billable service such as group homes, day support, etc. Services are provided to help effectively implement the Individual Support Plan (ISP).

Service description. Therapeutic consultation service means professional consultation provided by members of psychology, social work, rehabilitation engineering, behavior analysis/consultation, speech-language pathology therapy, occupational therapy, psychiatry, psychiatric clinical nursing, therapeutic recreation, or physical therapy disciplines that are designed to assist individuals, parents, guardians, family members, and any other providers of support services with implementing the individual support plan. This service shall provide assessments, development of a therapeutic consultation support plan, and teaching in any of these designated specialty areas to assist family members, caregivers, and other providers in supporting the individual enrolled in the waiver. The individual's therapeutic consultation service support plan shall clearly reflect the individual's needs, as documented in the assessment information, for specialized consultation provided to family/caregivers and providers. Therapeutic consultation service shall be covered in the FIS and CL waivers.

A therapeutic consultation service support plan is the report of recommendations resulting from a therapeutic consultation that is developed by the professional consultant after he spends time with the individual to determine the individual's needs in his area of expertise. A written therapeutic consultation support plan detailing the recommended interventions or support strategies for providers and family/caregivers to better support the individual enrolled in the waiver in the service.

Therapeutic Consultation Services provided through the DD Waiver must be classified as **Indirect Services**. Indirect Services do not require direct interaction with the Focus Person, but are designed for the purpose of directing, educating, training, or advising the Focus Person's Supports. Therapeutic activities or interventions prescribed by the Licensed Clinician are based on everyone's needs and may be without person-to-person contact.

Other than behavioral consultation, therapeutic consultation service shall not include direct therapy provided to individuals enrolled in the waiver and shall not duplicate the activities of other services that are available to the individual through the State Plan for Medical Assistance. Behavior consultation may include direct behavioral interventions and demonstration of such interventions to family members or staff.

Focus Person or Legal Substitute Decision Maker signature is required to acknowledge request for In-Direct Therapeutic Consultation Service(s).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **REFERRAL PROCESS**

Incorporated Name: Brandywine Valley Consultants Inc. d/b/a Making Strides

Send Referral Packet to: [Referrals@BVC-MS.com](mailto:Referrals@BVC-MS.com) or Fax: (804) 597-0251

- Service Coordinator (SC)/Case Manager (CM) reviews BVC-MS referral packet with Focus-Person and/or Legal Substitute Decision Maker and obtains signatures to confirm that services have been requested.
- The BVC-MS referral packet must be **completed and signed by Focus Person and/or Legal Substitute Decision Maker**
- **REQUIRED DOCUMENTS MUST BE READ, COMPLETED TO INITIATE SERVICES**
  - New Focus Person - DD Waiver Intake Questionnaire
  - DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Adult (Age 18+) OR Child (Age 6-17)
- **REQUIRED DOCUMENTS FROM THE SERVICE COORDINATOR TO INITIATE SERVICES**
  - PDF copy of the Focus Person 's most recent Annual Risk Assessment (RAT) – REQUIRED
  - PDF copy of the Focus Person 's most recent SIS – REQUIRED
  - Psychological Evaluation
  - PDF copy of the Focus Person 's current VIDES.
  - PDF copy of the Focus Person 's current ISP
- Upon receipt and review of BVC-MS referral packet, a Clinical Specialist will request to schedule a virtual Addendum meeting with the SC/CM, Focus Person (if own decision maker), Legal Substitute Decision Maker (if any), and any other Waiver Providers if requested.
- An Addendum meeting is required to review all referrals to ensure understanding and agreement to initiate Therapeutic Consultative Services. During the Addendum meeting, Clinical Specialist will review available services, discuss any questions, and determine which Desired Outcomes from the ISP Shared Planning Part III are appropriate to support the services requested.
- SC/CM must open a new Service Authorization line in WAMs and add BVC-MS as a Provider on the Focus Person 's ISP to submit the required Service Authorization Request.
- A Service Authorization Request will be completed by the Provider and submitted to WaMS for review and approval. New Focus Person Service Authorization Requests will include a detailed Part V for each service requested, a completed Plan for Support for each Service Code (97139 and/or 97530), and a Service Authorization Request indicating the total number of hours needed.
- SC/CM reviews the SAR, activates Interim Plan for Support (if applicable), and submits for PA Staff Review to obtain approval of service hours requested. Services cannot be provided without an approved SAR.

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## INTAKE QUESTIONNAIRE

FOCUS PERSON NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_ SEX: \_\_ Male \_\_ Female

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEDICAID NUMBER: \_\_\_\_\_ ISP YEAR: \_\_\_\_\_ TO \_\_\_\_\_

WAIVER TYPE:     COMMUNITY LIVING             FAMILY AND INDIVIDUAL

FOCUS PERSON IS THEIR OWN DECISION MAKER

FOCUS PERSON HAS A LEGAL SUBSTITUTE DECISION MAKER *(PLEASE COMPLETE BELOW)*

Decision Makers Name:	
Relationship to Focus Person:	
Decision Makers Address:	
Decision Makers Phone:	
Decision Makers Email:	

### PLEASE SELECT THE COMMUNITY SERVICE BOARD BELOW

Chesapeake Integrated Behavioral Healthcare	Henrico Area Mental Health and Developmental Services
Chesterfield County Community Services Board	Norfolk Community Services Board
Crossroads Community Services Board	Portsmouth Department of Behavioral Services
District 19 Community Services Board	Region Ten Community Services Board
Goochland-Powhatan Community Services Board	Southside Community Services Board
Hampton-Newport News Community Services Board	Western Tidewater Community Services Board
Hanover County Community Services Board	Other:

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## SERVICE COORDINATOR CONTACT INFORMATION

Service Coordinator Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>GROUP HOME/ OTHER</b>	<b>DAY SUPPORT</b>
Contact Name _____ Office Phone _____ Cell Phone _____ Email _____ Fax _____	Contact Name _____ Office Phone _____ Cell Phone _____ Email _____ Fax _____
<b>DETAILED DESCRIPTION OF REASON FOR REFERRAL</b> <b>(IMPORTANT: Please describe in detail)</b>	
1.	
2.	
3.	

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## **Request for Behavioral Consultation**

*Please check any behaviors interfering with Focus Person's daily life*

### **Aggression**

- Hitting, biting, etc.
- Inappropriate touching
- Property destruction
- Verbal threats of harm
- Other:

### **Inappropriate Verbal Exchanges**

- Negative Comments
- Interrupting/conversation issues
- Profanity in inappropriate places
- Yelling/screaming.
- Sexual innuendos
- Name-calling
- Other: \_\_\_\_\_

### **Non-compliance**

- Leaving designated location
- Leaving property/building
- Verbal/physical refusal of appropriate request
- Failing to comply with safety request.
- Other:

### **Self-Injurious**

- Headbanging
- Using objects to cut or puncture self
- Pinching/scratching self
- Self-induced vomiting
- Striking self with hand/fist
- Other: \_\_\_\_\_

### **Inappropriate access to sensory needs**

- Hygiene issues
- Bathroom issues
- Interfering sexual behavior
- Substance abuse

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**IMPORTANT: Please check all boxes to address deficits or areas of concern for the Focus Person.**

## Physical Therapy

- Mobility:
  - even
  - uneven surfaces
- Gait Dysfunction
- Outdoor Navigation
- Assistive devices: DME recommendations
- Transfers
- Executive Function Deficits
- Contractures / Muscle Tonus
  - Spasticity
  - Hypotonia
- Balance
- Stair Navigation
- WC Modifications
- WC Positioning
- Range of Motion
- Stretching LE's
- Postural Dysfunction
- Poor Body Awareness
- Poor Muscle Strength
- Home Exercise Program
- Wounds

## Occupational Therapy

- Positioning: Wheelchair, Bed and for Activities
- Orthotic Recommendations
- Equipment needs for use at desk and tables
- Activities of Daily Living (ADL's)
  - Dressing
  - Bathing
  - Toileting
  - Feeding
- Contractures
- Difficulty implementing habits & routines
- IADL's
  - Cooking
  - Cleaning
  - Laundry
  - Medication Management
  - BillPay
  - Scheduling
  - Household Organization
  - Pet Care
- Range of Motion / Stretching UE's
- Play
- Visual Perception

## Speech-Language Pathology

- Diets
  - To Assist Discontinuing Tube Feeding
  - Weight Loss
- Swallowing Function Exercises
- Oral Motor Exercises for Speech & Swallowing
- Speech Intelligibility
- Cognition
  - Safety Awareness
  - Problem Solving
  - Memory
- Feeding
- Stuttering

## Assistive Technology

- Augmentative and Alternative Communication
  - Picture Boards
  - PECS
  - Mobile Devices
- iPad or other Electronic Devices

## Sensory Consultation

- Sensory Evaluation
  - Sensory Diets
  - Self Modulation
  - Sensory Equipment

## Recreational Therapy

- Difficulty with personal decisions related to leisure
- Relies on others for community living skills
- Reduced socialization
- Relies on others for self-direction skills
- Needs assistance with emotional well-being

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## **AUTHORIZATION OF TELEHEALTH / TELEPHONIC SUPPORT**

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### **AGREEMENT TO AUTHORIZE BRANDYWINE VALLEY CONSULTANTS, INC. dba MAKING STRIDES TO PROVIDE TELEHEALTH / TELEPHONIC SUPPORT FOR SERVICES.**

As the person signing this authorization the provider has obtained the Focus Person 's verbal consent, authorization, and confirmation of participation. As the person signing this authorization, I acknowledge that I am giving my permission to the above-named person / agency to provide services through telehealth / telephonic support when applicable. I further acknowledge that:

1. I may refuse to sign this authorization.
2. I have the right to revoke this authorization at any time in writing; this is not retroactive and will not apply to any information previously released prior to termination of this agreement.

**Decision Maker Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## RELEASE OF INFORMATION

*\*MUST BE SIGNED TO INITIATE SERVICES*

INDIVIDUAL'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

### **I AUTHORIZE BRANDYWINE VALLEY CONSULTANTS, INC. d.b.a. MAKING STRIDES TO EXCHANGE INFORMATION WITH THE FOLLOWING:**

Community Service Board Support Coordinator/Case Manager; Providers listed on the Individual Support Plan  
*Please add any additional names/other entities below- Include Name and relationship to the Focus Person.*

RELEASE OF THE FOLLOWING INFORMATION: <i>(PLEASE "CHECK" ANYTHING THAT SHALL BE EXCLUDED)</i>	FOR THE PURPOSE OF: <i>(PLEASE "CHECK" ANYTHING THAT SHALL BE EXCLUDED)</i>
<input type="checkbox"/> Identifying Information <input type="checkbox"/> Historical Information <input type="checkbox"/> Assessments <input type="checkbox"/> Interviews <input type="checkbox"/> Notes <input type="checkbox"/> Current Supports <input type="checkbox"/> Prior Supports <input type="checkbox"/> Updates/ Communication	<input type="checkbox"/> Collaboration <input type="checkbox"/> Information Gathering <input type="checkbox"/> Regular Communication <input type="checkbox"/> Continuation of Services and Supports

As the person signing this authorization, I acknowledge that I am giving my permission to the above-named person / agency to disclose and use protected health information. I further acknowledge that:

1. I may refuse to sign this authorization.
2. I have the right to revoke this authorization at any time, but it is not retroactive to information already released in accordance.
3. The mechanism used to disclose the information may occur in written or verbal format.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## **TEAM AGREEMENT TO ACTIVELY PARTICIPATE IN THERAPEUTIC CONSULTATION**

The overall goal of therapeutic services is to reduce and/or eliminate the need for challenging behaviors or obstacles by increasing a person's abilities to meet their own needs and by enhancing their quality of life. Therapeutic service is a team process rather than a direct treatment provided to the individual. The following team agreement is designed to help those new to therapeutic consultation services understand what to expect, as well as what will be expected of them throughout the process. The typical therapeutic timeframe for consultative services is six months to one (1) year with extensions if agreed and needed by the team.

1. Your therapist will try to be as flexible as possible when scheduling team meetings while still maintaining the integrity of services. Meetings will occur more frequently throughout the assessment and initial plan implementation phases and eventually fade to approximately one per month. Indicate your agreement to notify your therapist as soon as possible to cancel or reschedule an appointment (at least 72 hours is recommended) by initialing here \_\_\_\_\_. \* Notifications can be by telephone, text, or email, not through social media. Therapists should not engage in social media with team members.
2. Assessments include several interviews regarding multiple specifics of therapeutic requests, data collection to establish a baseline measurement, and direct observation by the therapist. This process is designed to pinpoint how to effectively help the individual get their needs/desires met and can take 2-3 months based upon the team's availability to meet. Indicate your agreement to participate actively in all stages of this process by initialing here \_\_\_\_\_. \*
3. The development of a treatment plan includes a team meeting to finalize the plan drafted by the therapist (based on the assessments), and a signature by the decision-maker for the individual is required for a behavior plan. The decision-maker needs to understand information when explained to them and be responsive when asked to sign documents.
4. Prior to the implementation of the finalized therapeutic plan, the therapist will provide training for team members regularly involved in supporting this individual to promote consistent implementation of the plan. Please indicate your program name and the approximate number of people that need to attend these trainings.
5. During the Plan implementation phase, data collection and team meetings will continue so that progress can be measured and additional training and/or problem-solving can occur when needed. The duration of this stage is dependent upon the types/intensities/complexities of the individual's needs, medical concerns/changes, and team members' consistent implementation of the plan. The therapist will analyze the data to determine progress, areas of additional need regarding plan implementation, and whether the plan needs to be revised (based upon lack of progress, changes in the individual's/team status, etc.) Indicate your agreement to participate actively in all stages of this process, including sending data to the therapist at the end of each month and as requested, by initiating here \_\_\_\_\_. \* Indicate your understanding that no

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promises are made regarding the results of the services or of any procedures/interventions provided by Brandywine Valley Consultants, Inc. dba Making Strides \_\_\_\_.\*

6. Discharge from services with Brandywine Valley Consultants, Inc. will occur under one or more of the following conditions:
  - Graduation - the individual and team agree they can implement the plan without ongoing support from the therapist.
  - The individual and/or decision-maker no longer wish to receive services,
  - The individual moves outside of the areas served by Brandywine Valley Consultants, Inc. dba Making Strides.
  - Three (3) "no show" situations or a cancellation within 2 hours where the therapist drives for a scheduled meeting with part or all of the team and is unable to engage in services due to lack of participation of one or more of the team members.
  - Multiple rescheduled appointments (3) which cause delays in services or indicate a lack of commitment.
  
7. Appropriate Termination – Therapeutic Consultation Providers may terminate the support being provided when the focus person’s support plan is being implemented inconsistently or with a lack of integrity. Therapeutic Consultation Providers may also terminate the support being provided when in jeopardy of harm by the focus person or by another person with whom the focus person has a relationship. This applies to all therapeutic services offered by Brandywine Valley Consultants, Inc. dba Making Strides.

Initial here to indicate your understanding of these reasons for discharge \_\_\_\_.\*

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## **FREQUENTLY ASKED QUESTIONS**

1. How are you listed as a provider in the WAMS database?

**NPI: 1013141134**

**Tax ID: 20-0957111**

**Brandywine Valley Consultants, Inc. d/b/a Making Strides MES PRSS ID:  
30014936700001**

**Website: [www.BrandywineValleyConsultants.com](http://www.BrandywineValleyConsultants.com)**

2. How do we initiate services?

**Send the completed the Intake Questionnaire and ALL requested documents to:  
[Referrals@BVC-MS.com](mailto:Referrals@BVC-MS.com) OR Fax #: (804) 597-0251**

3. What are “wrap around services?”

We are an all-inclusive provider that allows us to service the individual by offering multidisciplinary support services.

4. Can In-Direct Therapeutic Consultation Services be performed in conjunction with another support?  
YES, Therapeutic Consultation services are strictly **CONSULTATIVE** and will **NOT** interfere with another provider’s direct care billable service such as group homes, day support etc.

Per the DMAS proposed final regulations TC may be provided in the individuals home and in appropriate community settings such as licensed or approved home or day support programs as long as they are intended to facilitate implementation of the individuals desired Therapeutic Consultation outcome in the ISP. The compatible/incompatible chart shows that the billing can be concurrently.

5. What areas do you service and how are you dealing with Covid-19?

- a. Making Strides is providing services according to Medicaid recommended guidelines in the state of Virginia.
- b. Making Strides may also use Telehealth as a means of providing services to the individual when mandated social distancing requirements are in place.
- c. Covid-19 precautions are followed per CDC Guidelines.

6. What are the services offered by Making Strides?

**Behavioral Consultation** shall only be provided by (i) a licensed behavioral analyst (BCBA) or a licensed assistant behavior analyst (BCaBA) or (ii) a positive behavioral supports facilitator (PBSF) endorsed by a recognized positive behavioral supports organization (PBSF) or who meets the criteria for psychology consultation. Behavioral Consultation can be direct **and** indirect services.

**Description:** Behavioral Therapy is an umbrella term for types of therapy that treat mental health disorders. This form of therapy seeks to identify and help change potentially self-destructive or unhealthy behaviors. It functions on the idea that all behaviors are learned and that unhealthy behaviors can be changed. The focus of treatment is often on current problems

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and how to change them.

## **OUR Services Providers:** BCBA, BCaBA, PBSF

PBS, BCBA and BCaBA require a team approach, so that everyone involved in implementing a plan gets to provide input about what is going to work for them. Both use the science of applied behavior analysis and use data to inform decisions about how the plan is going. PBS requires a person-centered plan and focuses its outcome on improving someone's quality of life, rather than just reducing a difficult behavior.

**Psychology Consultation** shall only be provided by the following individuals licensed in the Commonwealth of Virginia: (i) a psychologist, (ii) a licensed professional counselor, (iii) a licensed clinical social worker, (iv) a psychiatric clinical nurse specialist, or (v) a psychiatrist. Providers that provide psychology consultation can also provide behavioral consultation. LPC and LCSW perform biopsychosocial evaluations and Psychologists can perform psychological evaluations. Behavioral Consultation can be direct **and** indirect services.

**Description:** This form of therapy seeks to identify and help change potentially self-destructive or unhealthy behaviors. It functions on the idea that all behaviors are learned and that unhealthy behaviors can be changed. The focus of treatment is often on current problems and how to change them.

## **OUR Services Providers:** LPC, LCSW

**LPC Description:** LPC's provide mental health counsel and psychotherapy for issues including mental disorders, emotional issues, behavioral problems, and addiction disorders. Although LPCs are well-aware of societal effects on individuals, their treatment efforts are all about resolving specific problems individual Focus Person s are dealing with and work strictly in the domain of group and one-on-one counseling. LPC job duties revolve around traditional therapy: • establishing trust and a relationship with Focus Person s • evaluating and diagnosing mental health issues • designing treatment plans for individual Focus Person s and groups and • monitoring Focus Person progress and documenting treatment.

**LCSW Description:** Therapists work in the domain of group and one-on-one counseling, while also taking on a more traditional social work role through Focus Person advocacy and helping people find the social services they need. Licensed Clinical Social Workers, however, have not only the training and background to perform general social work tasks, but also the additional psychology and therapy education to offer psychotherapy for mental health and behavioral issues their Focus Person s might suffer from.

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**Speech Consultation** shall only be provided by a speech-language pathologist who is licensed by the Commonwealth of Virginia.

**Description:** (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults. Additionally, SLPs: Provide aural rehabilitation for individuals who are deaf or hard of hearing, provide augmentative and alternative communication (AAC) systems for individuals with severe expressive and/or language comprehension disorders, such as autism spectrum disorder or progressive neurological disorders and work with people who don't have speech, language, or swallowing disorders, but want to learn how to communicate more effectively (e.g., work on accent modification or other forms of communication enhancement).. Evaluations will determine the needs for intervention to provide expertise, training, and technical assistance in any of the determined specialty areas to assist family members, caregivers, and service providers in supporting the individual.

**OUR Services Providers:** Speech Therapist (SLP)

**Occupational Therapy Consultation** shall only be provided by an occupational therapist who is licensed by the Commonwealth of Virginia.

**Description:** OT would address underlying deficits of social interaction, communication, ADL's, IADL's, sensory modulation, safety awareness and problem solving to achieve goals of community integration, social participation, and behavioral modification related to sensory dysfunction. Evaluations will determine the needs for intervention to provide expertise, training, and technical assistance in any of the determined specialty areas to assist family members, caregivers, and service providers in supporting the individual.

**OUR Services Providers:** Occupational Therapist (OTR/L)

**Physical Therapy Consultation** shall only be provided by a physical therapist who is licensed by the Commonwealth of Virginia.

**Description:** PT would address underlying deficits of, and behavioral modification related to sensory dysfunction. In addition, PT would address underlying deficits of safety awareness, use their knowledge and skills to improve a range of conditions associated with different systems of the body, such as neurological, neuromusculoskeletal, cardiovascular, and respiratory. Evaluations will determine the needs for intervention to provide expertise, training, and technical assistance in any of the determined specialty areas to assist family members, caregivers, and service providers in supporting the individual.

**OUR Services Providers:** Physical Therapist (DPT).

**NOTE:** Both occupational and physical therapists can perform Sensory Assessments to develop sensory diets and Home Assessments to address risk areas noted on the RAT!

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**Therapeutic Recreation Consultation** shall only be provided by a therapeutic recreation specialist who is certified by the National Council for Therapeutic Recreation Certification.

**Description:** Recreational therapy to enhance social and leisure skills in a recreation of choice. A recreational therapist will plan, direct, and coordinate recreation-based treatment programs for people with disabilities, injuries, or illnesses. Recreational therapists use a variety of modalities including arts and crafts, to help maintain or improve a patient's physical, social, and emotional well-being. They are a team member who help to reduce caregiver burden and increase autonomy and independence in decision making, identify leisure pursuits, increase social awareness/skills, increase safety awareness within the community, increase awareness of money management/time management. Services are provided in the community, day support or group homes.

**OUR Services Providers:** Recreational Therapist (CTRS)