Are there limits to the positive behavior support and consultation you may receive? (1) Clinical and support needs for positive behavior support and consultation must be identified in your DDA assessment and documented in the person-centered service plan.

(2) DDA determines the amount of positive behavior support and consultation you may receive based on your needs and information from your treating professional.

(3) The dollar amounts for aggregate services in your basic plus waiver or the dollar amounts in the annual allocation for the individual and family services (IFS) waiver limit the amount of service unless provided as a behavioral health stabilization service.

(4) DDA may require a second opinion from a DDA-selected provider.

(5) Positive behavior support and consultation not provided as a behavioral health stabilization service requires prior approval by the DDA regional administrator or designee for the following waivers:
   (a) Basic plus;
   (b) Core;
   (c) Children's intensive in-home behavior support (CIIBS); and
   (d) IFS.

(6) Positive behavior support and consultation services are limited to services:
   (a) Consistent with waiver objectives of avoiding institutionalization; and
   (b) Not otherwise covered under the medicaid state plan.