

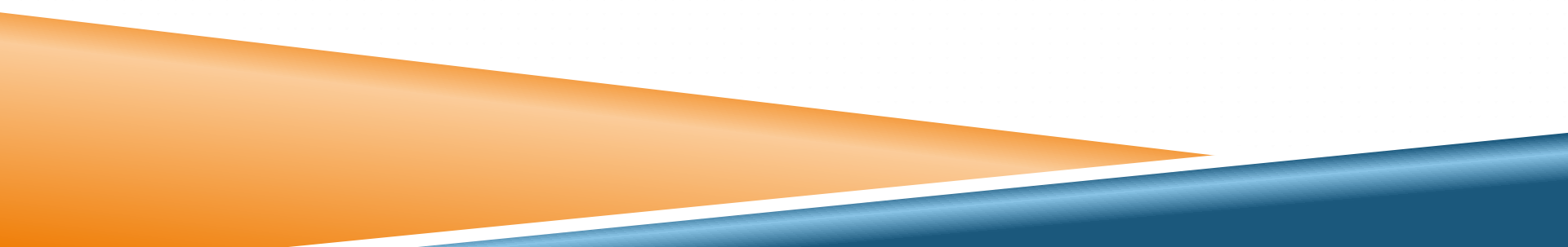
APPLIED BEHAVIOR ANALYSIS SERVICES

MO HealthNet April 2022

Teresa Rodgers, PHD



Objectives

- Review the regulation under which behavioral services are governed for Mo HealthNet
 - Review the preauthorization process and provide suggestions for making this smoother
 - Review some common errors and reasons for denial
 - Review what behavior analytic standards are for data collection
 - Provide reference for the Standards of practice for behavior analysts
 - Licensure regulations
 - BACB practice standards and ethical compliance codes
 - Autism Treatment guidelines
 - Other best practice guidelines
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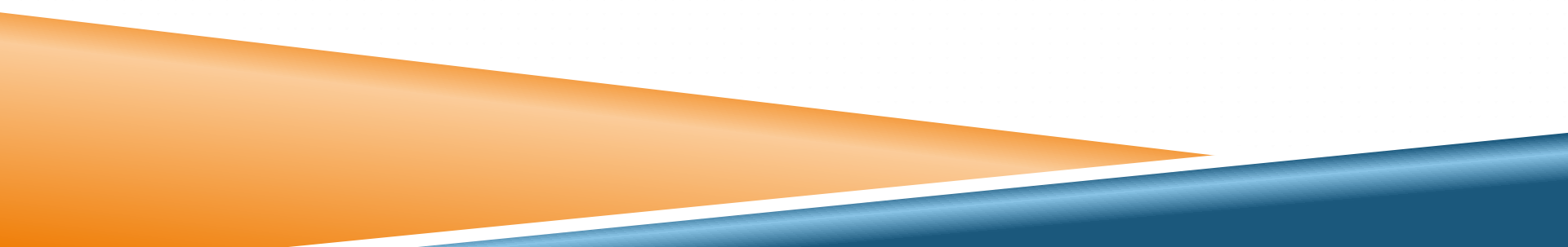
Regulations related to behavioral services for state plan services

13 CSR 70-98.030

- ABA defined- design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationships between environment and behavior.

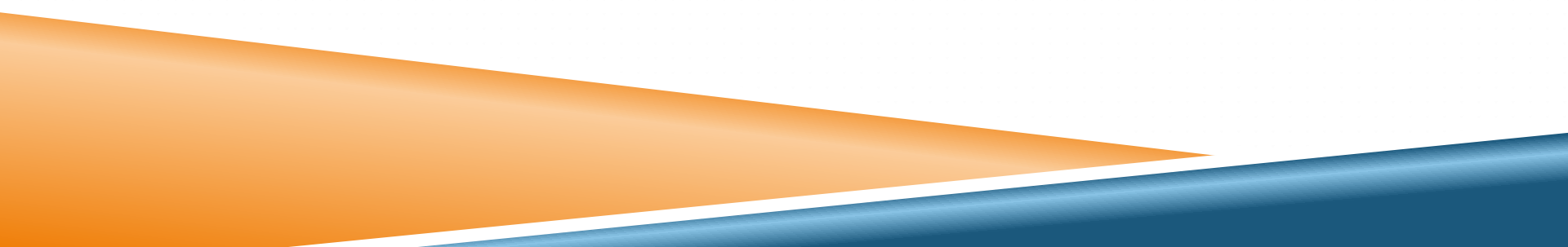
13 CSR 70-98.030 (continued)

ABA intervention involves:

- Directly and objectively measuring potential target behaviors and environmental events that influence them;
 - Constructing detailed, individualized behavior analytic treatment plans;
 - Using reinforcement and other scientifically validated procedures to build functional skills and reduce behaviors that jeopardize health, safety and independent function...
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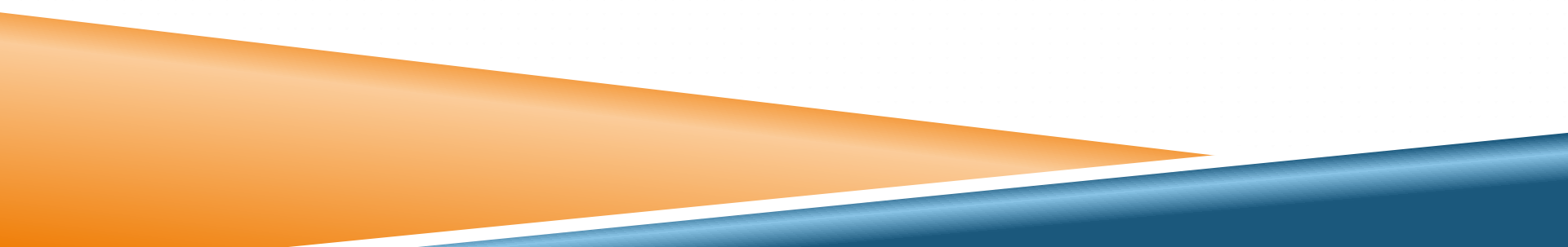
13 CSR 70-98.030 (continued)

ABA intervention involves:

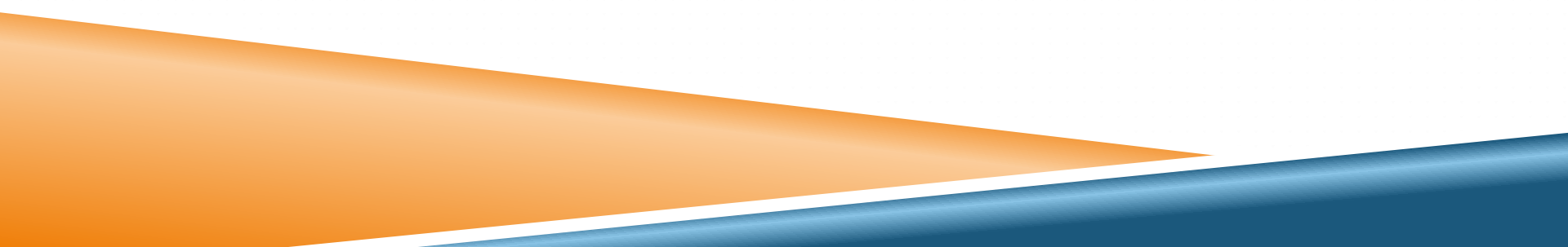
- Managing treatment environments to maximize client progress,
 - Implementing treatment protocols repeatedly, frequently, and consistently;
 - Measuring target behaviors directly and frequently, and adjusting treatment protocols based on data.
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Medical Necessity

Bulletin Volume 38 Number 15 Date October 20, 2015

- For assessment – diagnostic evaluation (ASD diagnosis from licensed physician or psychologist and recommendation of ABA services)
 - For ABA interventions based on an ABA assessment
 - For continued ABA intervention – based upon requested documentation including, updated treatment plan and progress graphs
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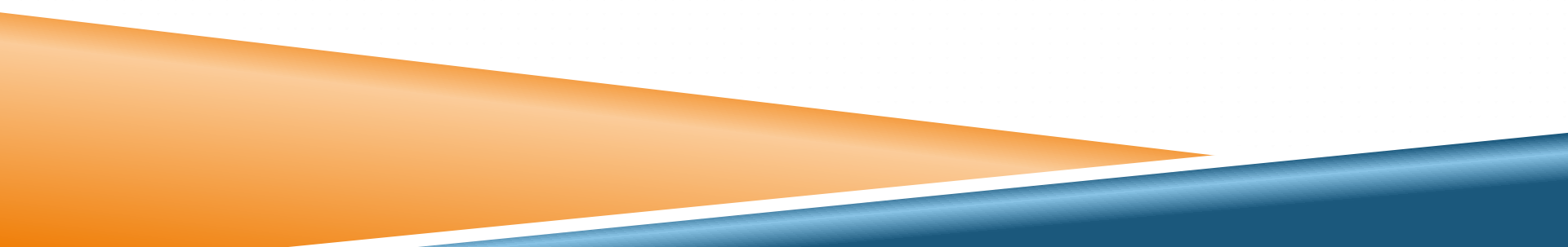
Not medically necessary/ Non-covered services

- Intervention services rendered when measurable functional improvement is not expected and services are not necessary to maintain function or prevent deterioration
 - Services that are solely educational
 - Educational services provided under individualized family service plan or IDEA
 - *Some ABA services in school or during typical school time*
 - Solely vocational or recreational
 - Custodial care
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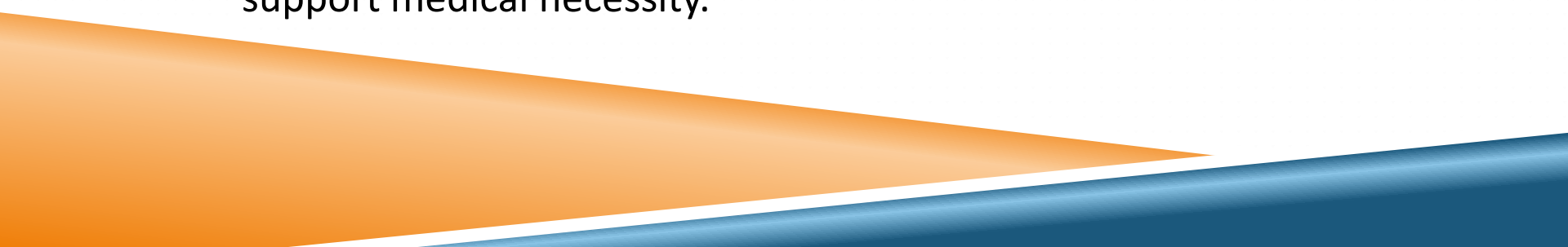
Prior authorization request and documentation required

Service	Required Documentation
ABA Assessment for Intervention Planning	Diagnostic Evaluation
ABA repeat Assessment for continued intervention planning	Diagnostic Evaluation AND Rationale for repeat assessment
ABA Intervention (initial)	Report of ASSESSMENT And Intervention Plan developed from assessment
ABA Intervention (continued)	Current Intervention Plan & Progress Data/Graphs <u>and explanation of any lack of progress or worsening of behaviors and what you will do to address</u>

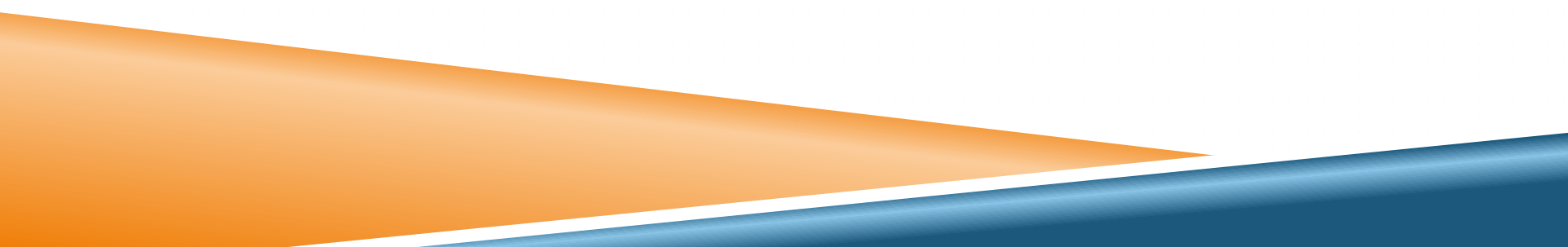
For pre-authorization review

- You must submit all required documentation and information.
 - It is helpful to have a brief explanation especially for atypical situations such as when you are asking for additional services for an already authorized service period (more assessment hours, adding services or hours).
 - It is helpful to provide the anticipated schedule to verify the requested total for example – 15 hours per week with RBT – 3 hours per week day – instead of just total for 97153 -390 hours or 780 units.
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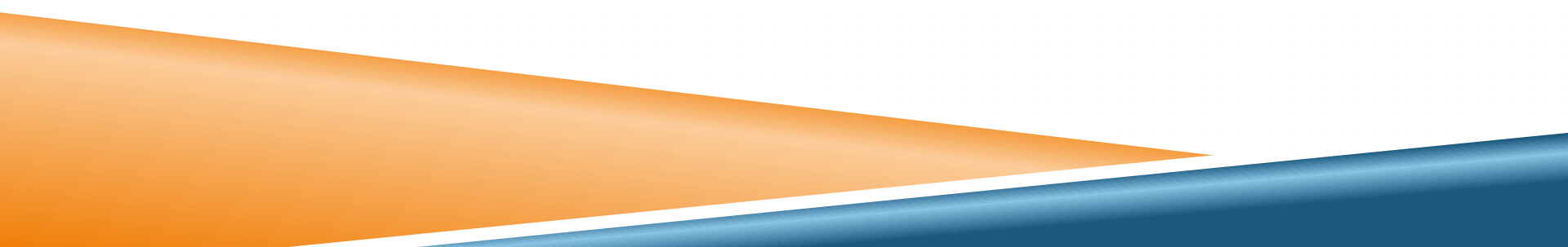
For pre-authorization review (continued)

- Check to be sure the request is within authorization limits.
 - Total the units/hours requests and check your math-discrepancies cause delays.
 - Faxed or scanned documents have to be legible.
 - It is helpful if these are sent in the correct order.
 - Duplicate documents in a request packet slow down the review process.
 - Color coded graphs are not interpretable, use different symbols for graphs instead.
 - Documentation is your evidence of medical necessity, no progress with no change in intervention strategy does not support medical necessity.
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Common Errors & Reasons for Denial

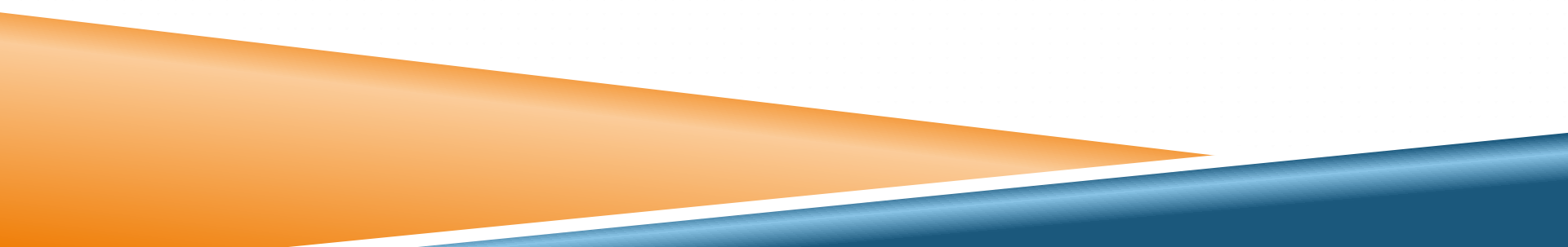
- Request for additional units/services in the middle of existing preauthorization period without explanation
 - Request for units/services that appear outside of typical range without explanation or rationale
 - Plan that has been implemented without data demonstrating the effectiveness
 - Data without analysis including implementation fidelity and variables that might be relevant to the trend
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Common Errors & Reasons for Denial (continued)

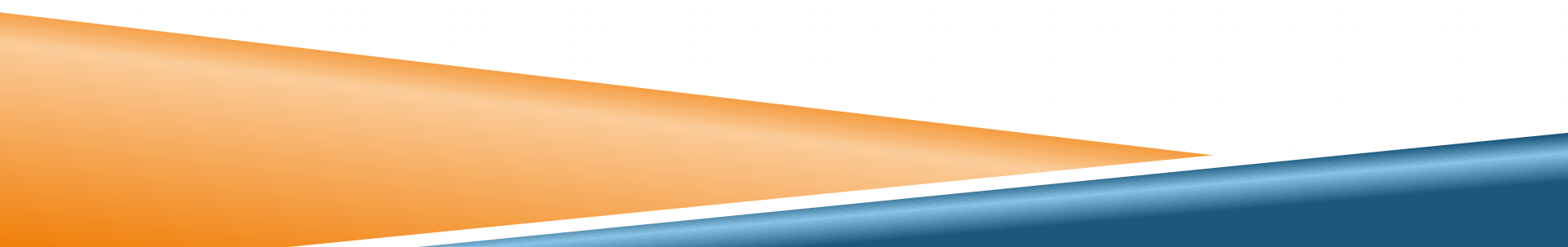
- Data indicating behavior is not improving or is worsening without description of changes in strategies to be made or how to minimize variables that are impeding progress
 - Errors in math on preauthorization form that cannot be easily corrected by the technician or reviewer
 - Discrepancies between preauthorization form and documentation submitted
 - Plan and goal do not address issues discussed in assessment
 - Assessment, goals, strategies are not consistent with applied behavior analysis standards
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Some words of Caution

Behavioral Providers should be aware and take care that:

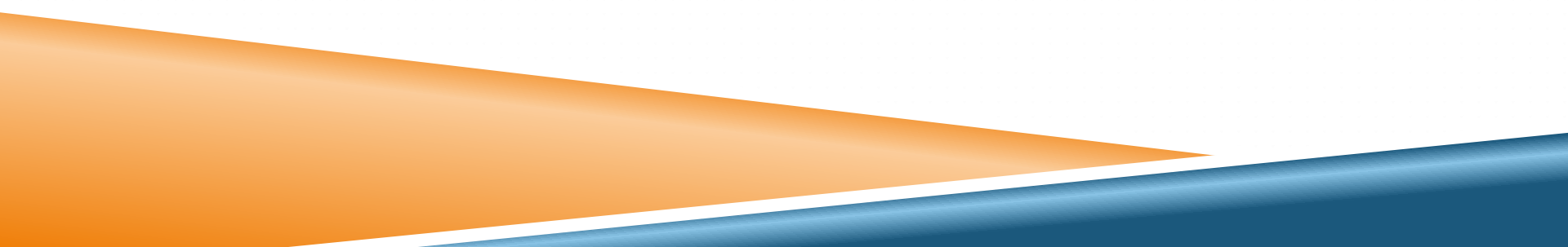
- Services meet requirements
 - Documentation reflects services and progress
 - Billing is accurate-even if done by a billing company or your agency billing department
 - Contractual obligations, funder regulations, state regulations and licensure regulations are followed and
 - BACB and Mo Licensure requirements met
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Assessments

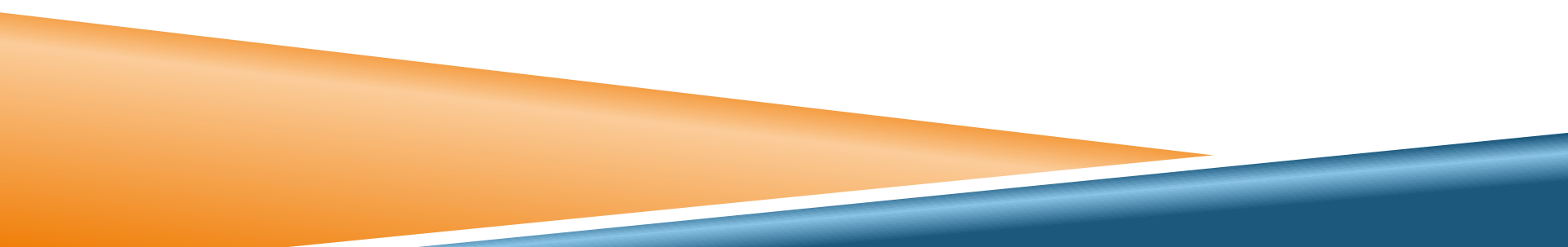
- Are necessary to plan for services
 - Don't have to be done by the provider of services
 - Are not required annually
 - As part of behavioral services –*the ongoing data collection and phase changes are ongoing assessment*
 - Exposure assessment is not necessary, useful or ethical for all situations
 - Reports are necessary and belong to the client
 - If reassessing, provide explanation of necessity
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ABA Treatment Plan

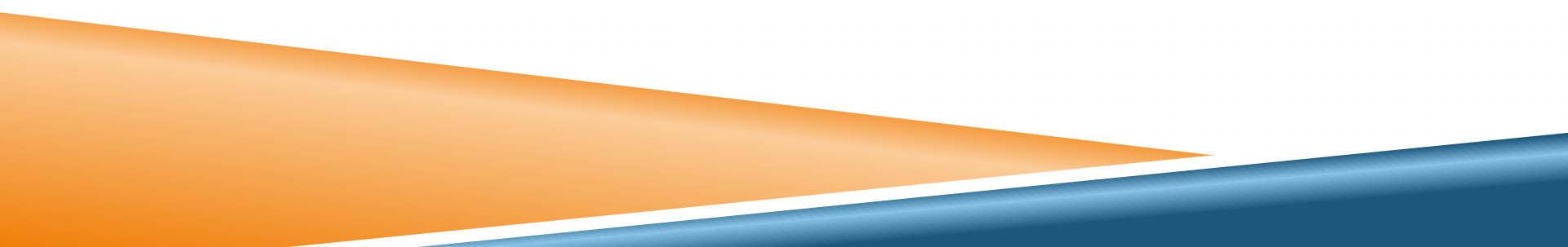
(13 CSR 7-0-98.030)

- Person Centered and individualized;
 - Developed by an LBA or LP;
 - Delineate the baseline levels of the target behaviors;
 - Specify long and short term objectives defined in observable, measurable, behavioral terms;
 - Specify the criteria that will be used to determine achievement of objectives;
 - Include assessment and treatment protocols for addressing each of the target behaviors;
 - Clearly identify the schedule of services planned and the individuals delivering the services, including frequent review of data on target behaviors and adjustments in the treatment plan and/or protocols by the LBA or LP as needed;
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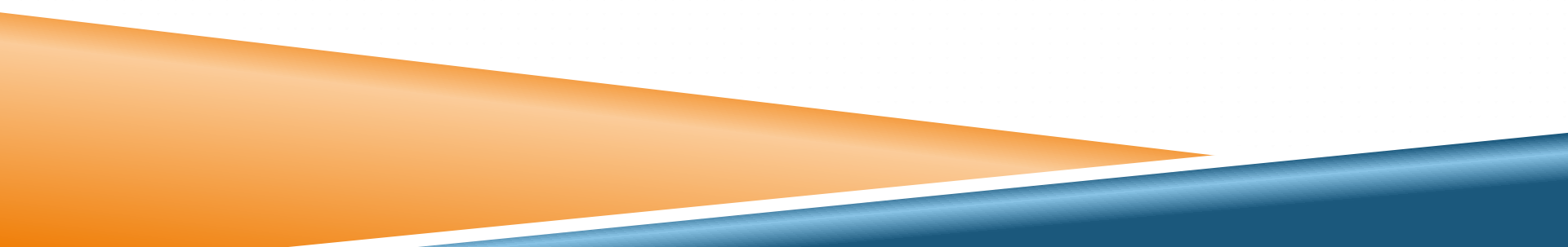
ABA Treatment Plan (continued)

- Include training to enable the LABAs and RBTS to implement assessment and treatment protocols;
 - Include training and support to enable parents and other caregivers to participate in treatment planning and treatment plan implementation;
 - Include care coordination;
 - Be consistent with applicable professional standards and guidelines relating to the practice of ABA as well as state Medicaid laws and regulations and applicable Missouri licensure laws and regulations.
- 

Documentation standards for Behavioral Services

- Date, time, and place of visit
 - Who was present at the visit
 - Duration of the visit
 - What was the targeted behavior during the visit
 - What was procedure/activity/intervention during visit
 - What was response to procedure/activity/intervention, problems or barriers to progress and intervention (data)
 - Intervention format (individual, group, supervision, parent training)
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Documentation standards for Behavioral Services (continued)

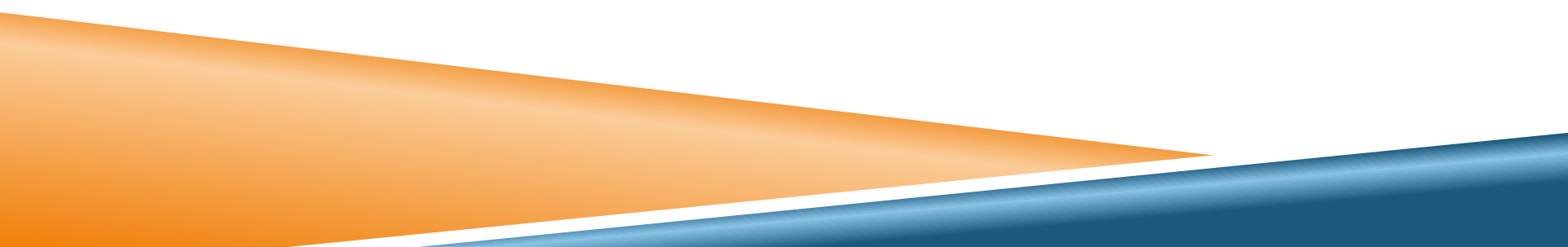
- Graphical or numerical data to track progress/participation
 - Plan for next visit(s) to improve progress, solve problems or barriers noted in this visit, or continue with progress trend
 - Signature title, credentials of person completing documentation
 - Signature, title and credentials of professional supervising LaBAs and RBT documentation
- 

Standards for documenting work from BACB Ethics Code for Behavior Analysts (2022)

3.11 Documenting Professional Activity

Also related to (1.04, 2.03, 2.05, 2.06 & 2.10)

Throughout the service relationship, behavior analysts create and maintain detailed and high-quality documentation of their professional activities to facilitate provision of services by them or by other professionals, to ensure accountability, and to meet applicable requirements (e.g., laws, regulations, funder and organization policies). Documentation must be created and maintained in a manner that allows for timely communication and transition of services should the need arise.



What does this mean?

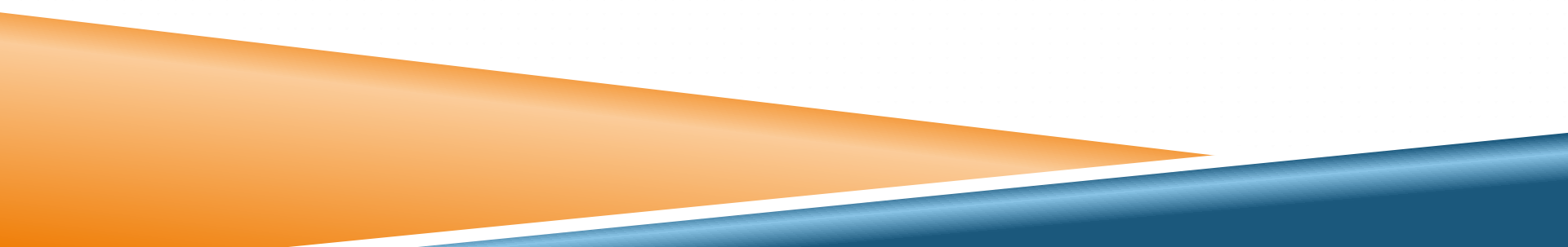
- Each service, on each date of service, must have adequate documentation to meet these requirements and professional standards
- LBA should be signing off on all documentation with appropriate signature and professional relationship for RBT and LaBA

BACB Ethics Code 2.17

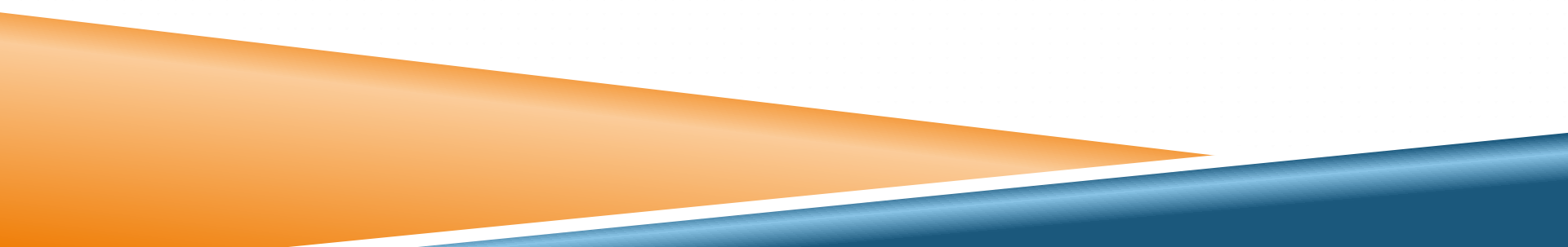
Collecting and Using Data

Behavior Analysts actively ensure the appropriate selection and correct implementation of data collection procedures.

They graphically display, summarize, and use the data to make decisions about continuing, modifying, or terminating services.



Appropriate Selection of Data Collection Methods

- Depends on the dimensions of interest for the behavior of interest
 - Frequency (Rate): How often it occurs in a given timeframe
 - Duration: How long it lasts
 - Latency: How long it takes to start
 - Intensity: How much effort or strength
- 

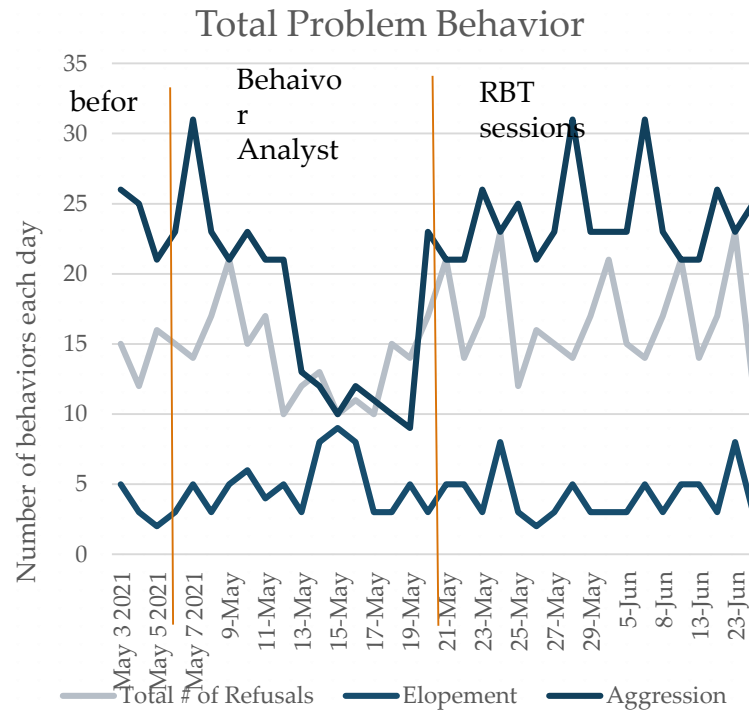
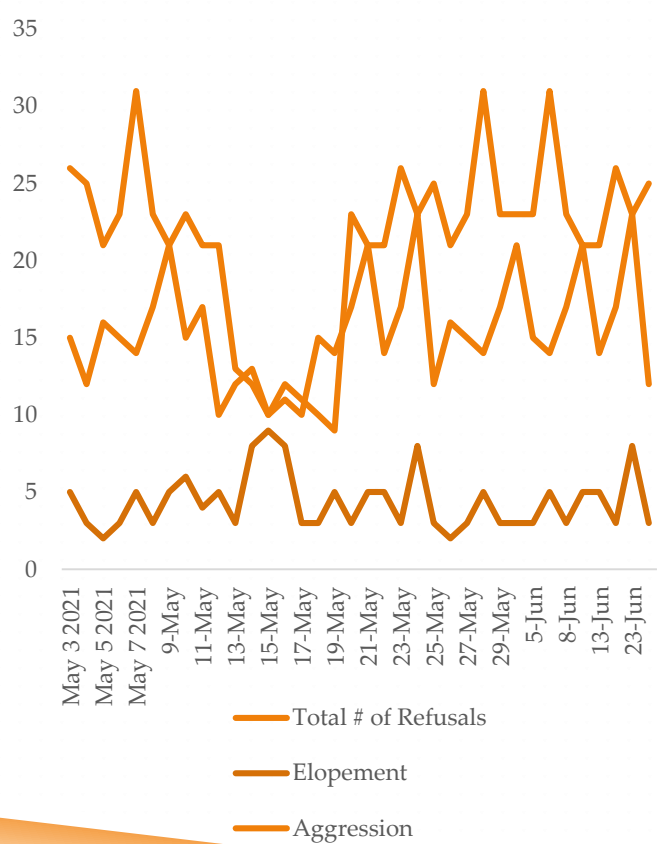
Data Collection Methods

- Direct or Indirect
 - Direct is preferred- actual observation of the behavior
 - Indirect inferences about the behavior from other events such as rating scale, interviews, standardized test, percentage correct/incorrect,
- Continuous- preferred, but may be resource intensive
- Intermittent or Sampling. – (time sampling methods, pre and post intervention measures)
 - Provides a skewed or flawed estimate of the behavior's dimension of interest
 - Should never be represented as frequency or other actual dimension measure rather state as percentage of intervals behavior was observed

Graphing standards

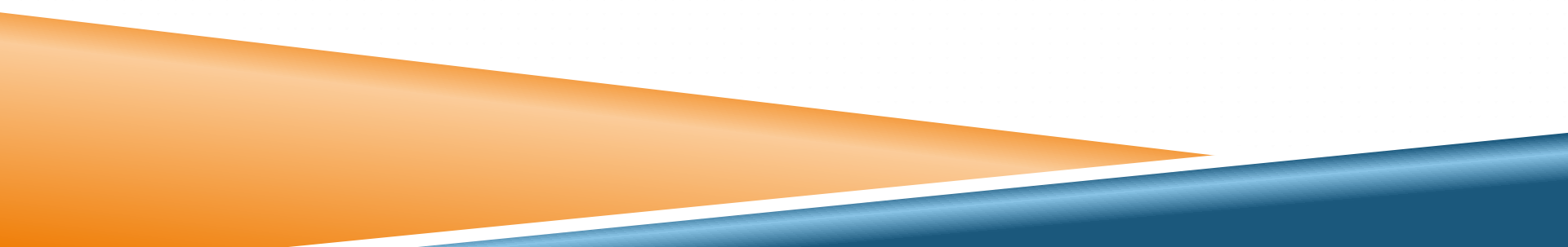
- Baseline: measure of behavior prior to intervention
- Phase change lines: indicate changes in environmental conditions or events
- Time line on the X axis label
- Measure of dimension on the Y axis label
- Clearly indicate different behaviors (don't use color as indicator when transmitting by fax or copies)

Effective graphs?

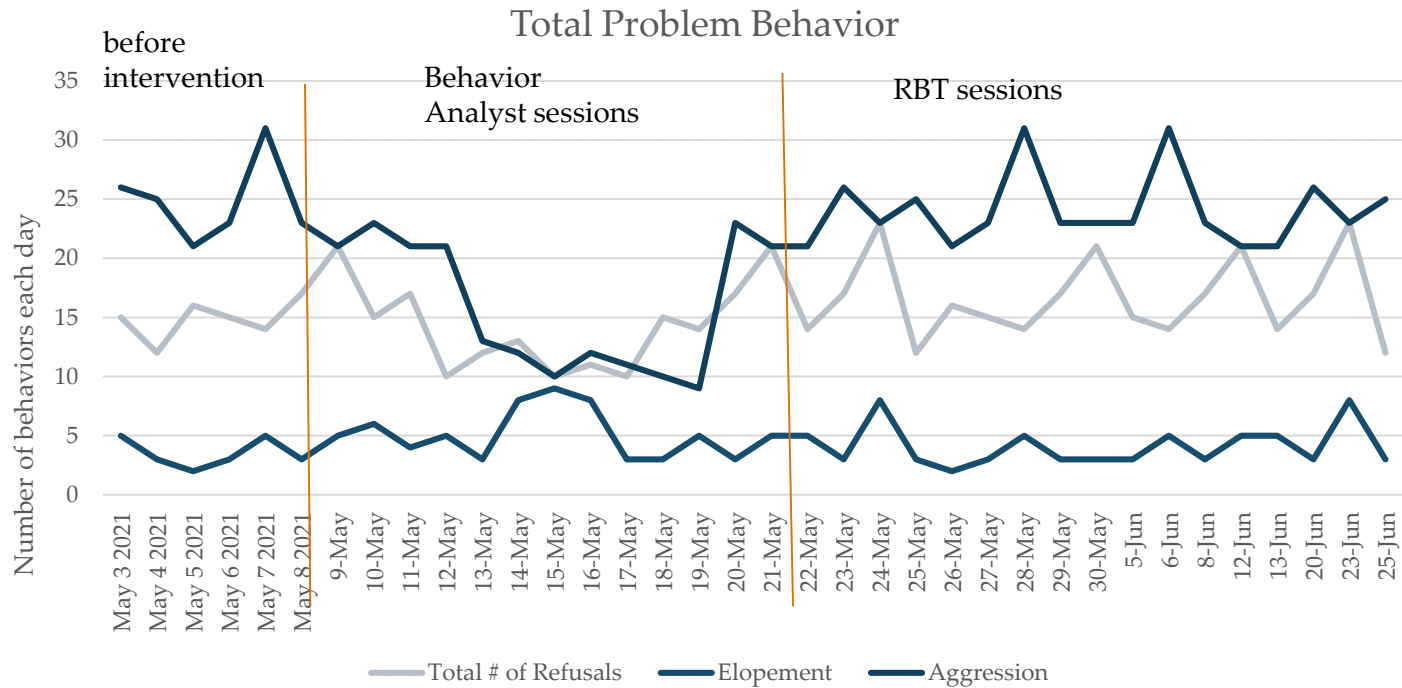


BACB Ethics Code 2.18

Continual Evaluation of the Behavior-Change Intervention

- B. A. s engage in continual monitoring and evaluation of behavior-change interventions. If data indicate that desired outcomes are not being realized, they actively assess the situation and take appropriate corrective action. When a B. A. is concerned that services concurrently delivered by another professional are negatively impacting the behavior – change intervention, the B.A. takes appropriate steps to review and address the issue with the other professional.
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Working or not?



Additional information for providers

- ▶ Is there any interest in any of these?
 - Review of CPT codes
 - Review of 20 CSR
 - Review of BACB guidelines
 - Review of CASP guidelines
 - Autism speaks guidelines

For full explanation of CPT codes/services

- See CPT Assistant June 2014 Volume 24 Issue 6

Assessment Services

Behavior Identification Assessment

97151

- Done by QHCP
- Review of Records
- Interview of Significant persons
- To identify target behaviors, situations for observations, past interventions, medical issues related, etc.

Behavior Identification Supporting Assessment

97152

- Observation in various settings- with data-interpretation by QHCP
- Done by RBT, LaBA or QHCP
- ABLLS or VBMAPP
- Other skills assessment
- Develop (QHCP) hypotheses of function, SDs and EOs for intervention strategies (QHCP)
- Report of FBA results and initial intervention plan with goals (QHCP)

Behavior Identification Supporting Assessment (exposure) 0362T

- Designed by LBA
- Onsite oversight by LBA trained in functional analysis methodology
- LaBA or RBT can implement
- When other assessment services have not resulted in reasonable hypothesis for designing intervention or for significantly dangerous behaviors without reasonable hypothesis

ABA INTERVENTION SERVICES

Adaptive Behavior Treatment with Protocol Modification

97155

- Done by QHCP or LaBA with direct oversight
- This is the bulk of behavioral services when no RBT is involved
- Ensure implementation train & modeling with individual for significant persons, monitor implementation and interpret data, modify strategies, write progress reports and plan updates
- Implement 1:1 skill training and reactive strategies with consultation for significant persons
- Provide supervision for LaBA or RBT

Adaptive Behavior Treatment by Protocol by Technician

97153

- Done by RBT or LaBA with 10% of hours including on site supervision by LBA
- Implement intervention strategies and collect data
- Model for significant persons
- Document service data for dates provided

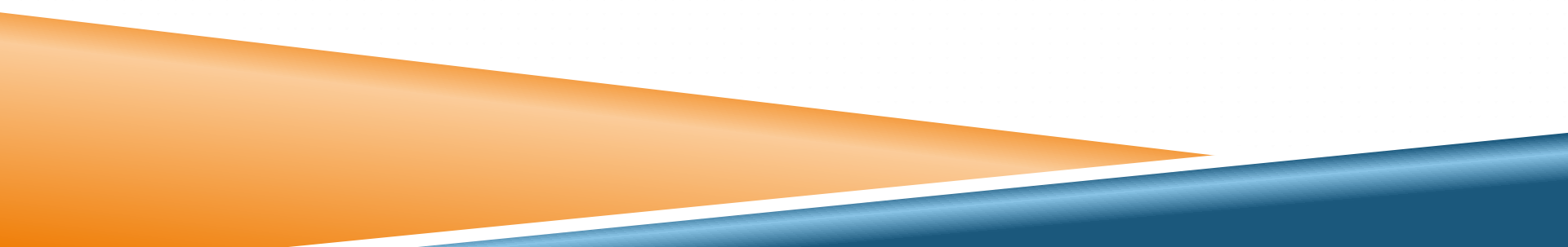
Family Adaptive Behavior Treatment Guidance

97156

- Done by QHCP or LaBA
- Review and interpret assessment findings and intervention data
- Review forms and intervention plan strategies
- Model and practice intervention strategy implementation by significant persons
- Targeted individual not present due to disruption, discussion troubling to person or other clinically relevant reason

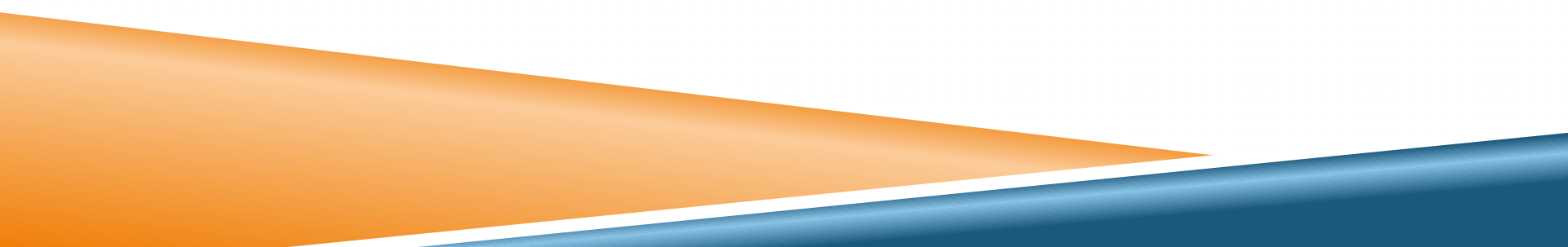
Behavior Identification Assessment 97151

This service includes the following elements:

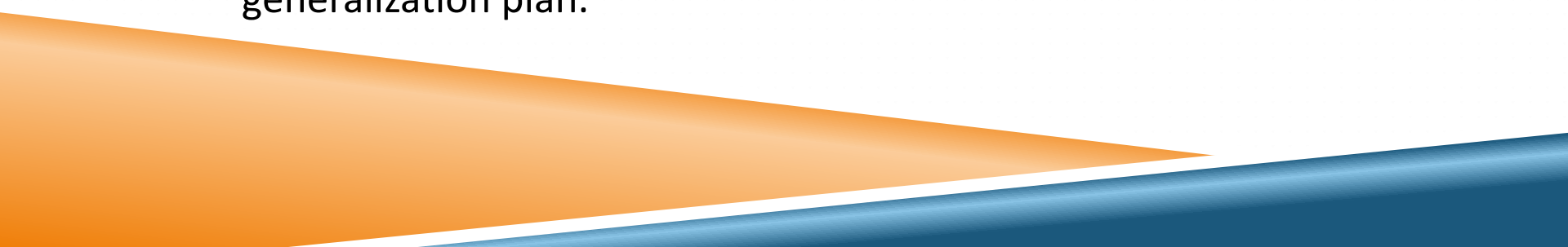
- Conducting a face-to face observation of patient
 - Obtaining a history of current and past behaviors functioning
 - Reviewing previous assessments and health records
 - Conducting interviews with caregiver to further identify and define deficient adaptive or maladaptive behaviors
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Behavior Identification Assessment 97151 (continued)

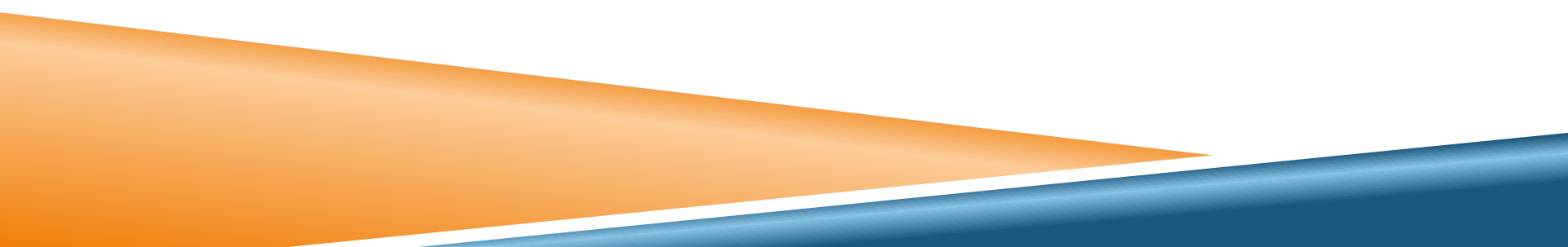
This service includes the following elements:

- Administering standardized and non-standardized tests (eg. ABLLS, VBMAPP, PEAK)
 - Interpreting test results
 - Determining areas that need to be addressed, design of instructions for technicians or follow-up assessments
 - Discussing findings and recommendations with caregivers
 - Preparing Report
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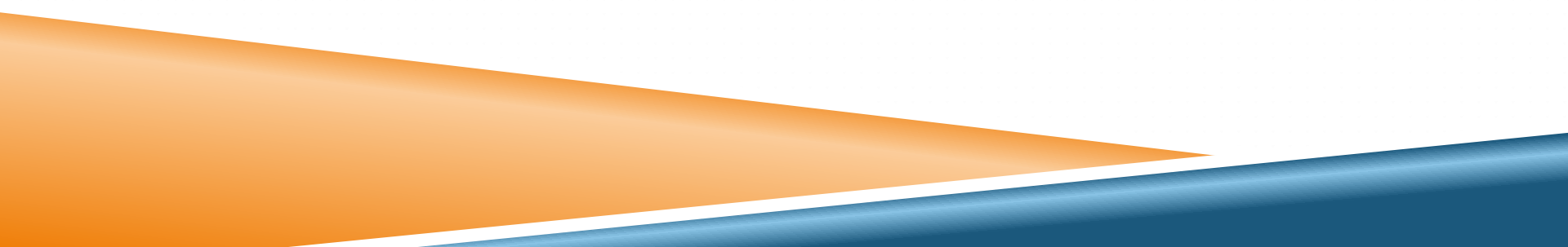
Exposure Adaptive Behavior Treatment With Protocol Modification (0373T)

- QHCP designs, and is onsite directing, monitoring or implementing the procedures specific to the function of the behavior identified in the assessment.
 - Alternative behaviors are identified and targeted for acquisition or acceleration.
 - Treatment environment is specialized with safety parameters are identified and paramount.
 - Bill only QHCP time.
 - Request should describe environment, dangerousness of behaviors, alternative behaviors procedures to be used, generalization plan.
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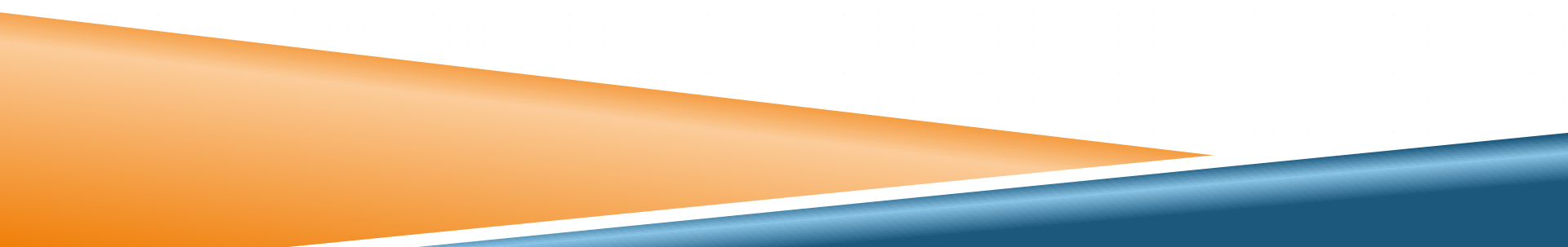
Adaptive Behavior Treatment with protocol modification

- QHCP modification of protocol to incorporate changes in the context, environment and behaviors.
 - Service may include demonstration of the new or modified protocol.
 - Included in the rate the indirect service of modifying the protocol and analyzing the data.
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Adaptive Behavior Treatment by Protocol

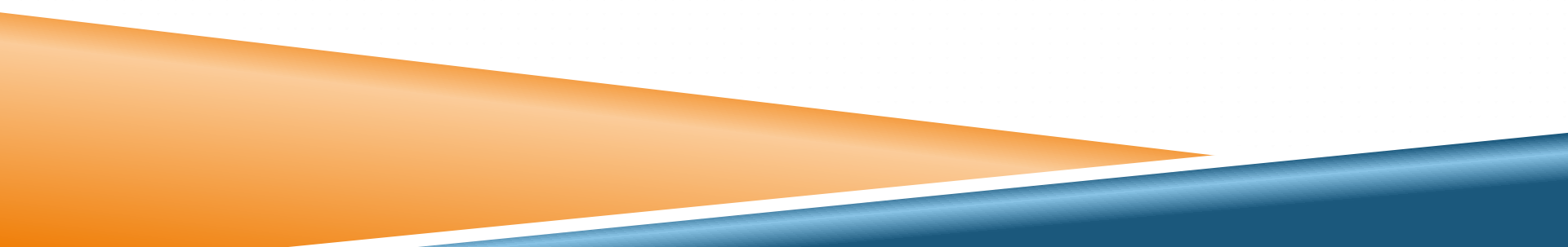
- Must be administered by technician under the direction of the LBA
 - Must include skill training by technician (implementation of the protocol).
 - The LBA directs the treatment by designing the overall sequence of stimulus and response fading procedures, analyzing the technician recorded progress data to assist the tech in adhering to the protocol and judges whether the use of the protocol is producing adequate progress.
 - The LBA indirect service of modifying the protocol and analyzing data is included in this definition and supervision.
- 

Family Adaptive Behavior Treatment Guidance

- Includes Family and care givers (support team)
 - Teach them to apply the same treatment protocols and reinforced appropriate behaviors
 - With out the presence of the individual
 - Involves identifying problem behaviors and deficits, and teaching to utilize protocols
 - **Could be regular “team staffings” to update on changes)*
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20 CSR 2063-6

Standards of Practice

- Ethical Rules of Conduct – principles governing the practice of behavior analysis
 - Based on the BACB code of ethical conduct and standards for other similar professions in the state of Missouri
 - Delineates regulations for competence, reliance on scientific knowledge, maintenance and retention of records, continuity of care, multiple and prohibited relationships, client welfare, interrupting or terminating services, unnecessary services, rights of clients, confidentiality, integrity and representation of title and services, remuneration, and other ethical issues
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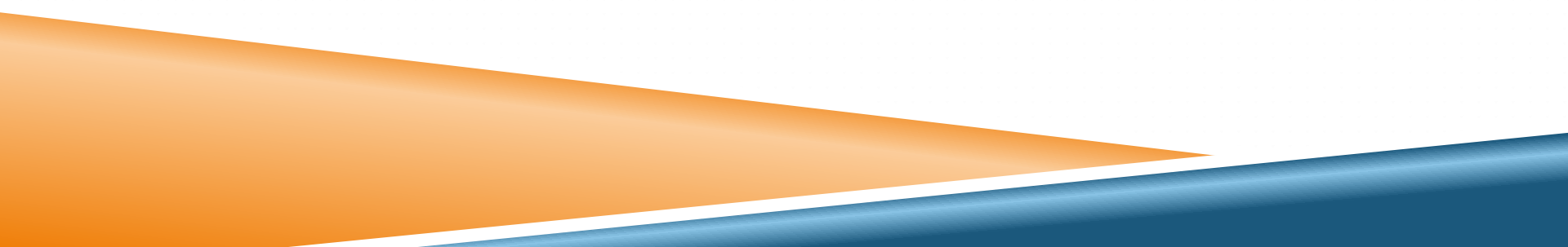
20 CSR 2063-6

Standards of Practice (continued)

- Functional assessment: A variety of systematic information gathering activities regarding factors influencing the occurrence of a behavior (e.g. antecedents, consequences, setting events or motivating operations) including interview, direct observation, and experimental analysis.

20 CSR 2063-6

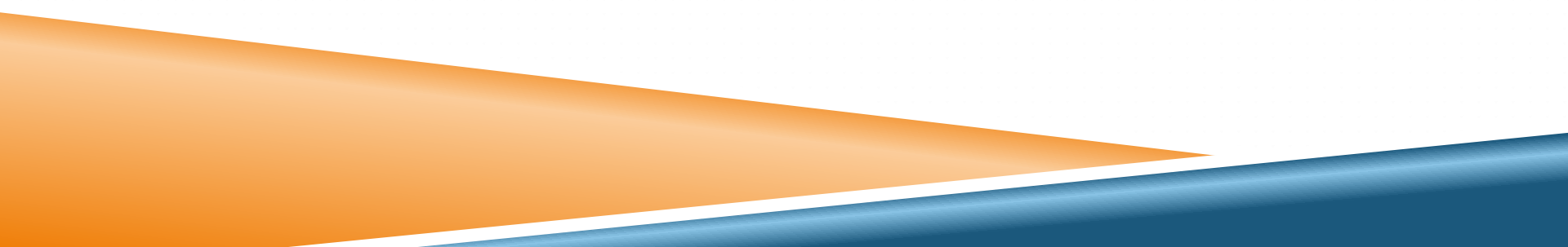
Standards of Practice (continued)

- Effective treatment: Both short and long term benefits to clients and society
 - In those instances where more than one scientifically supported treatment has been established, additional factors may be considered in selectin interventions, including, efficiency and cost-effectiveness, risks and side effects, client preference and practitioner experience and training
- 

Essential Practice Elements of ABA

- Comprehensive Assessment: Specific levels of behavior *at baseline, informs goals*
- Emphasis on understanding the current and future value of behaviors targeted for treatment
- Practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence

Essential Practice Elements of ABA (continued)

- Collection, quantification and analysis of direct observational data on targets
 - Efforts to design, establish, and manage the social and learning environments to minimize problem behaviors and maximize progress toward all goals
 - Approach to treatment links the function to the intervention strategies
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Essential Practice Elements of ABA (continued)

- Use of carefully constructed, *individualized* and *detailed* behavior-analytic treatment plan
- Use of treatment protocols that are implemented repeatedly, frequently and *consistently across environments*

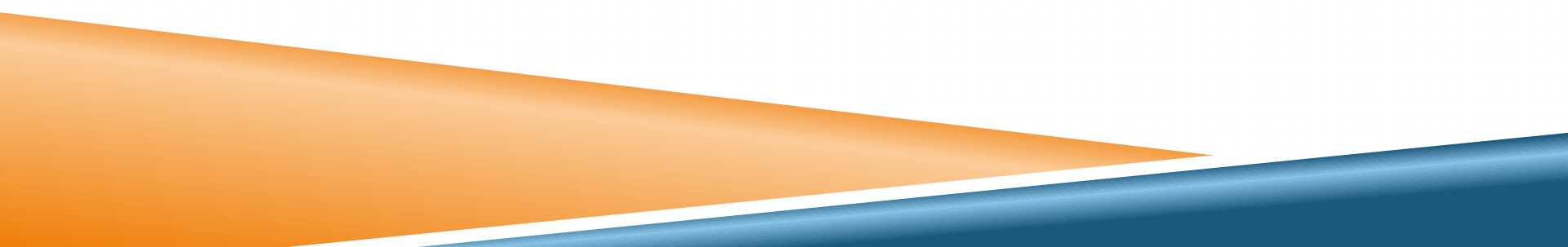
For further information on Applied Behavior Analysis as it relates to Autism Spectrum Disorder please see the Behavior Analyst Certification Board's (BACB) document released in 2012:

[“GUIDELINES: Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorders”](#)

CASP ASD Practice Guidelines

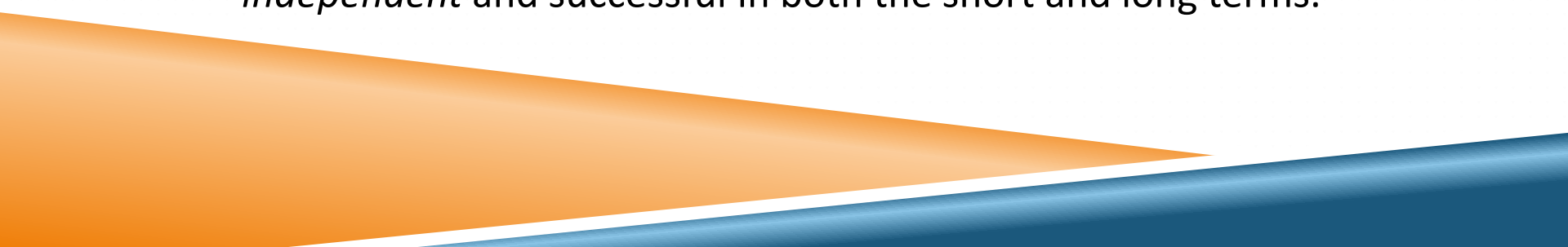
- The essential practice elements of ABA located on page 11 (CASP ABA Guidelines for ASD)
- Written for healthcare funders and managers including government health programs and employers
- Provide clinical guidelines for ABA as a treatment for ASD

CASP ASD Practice Guidelines

- Emphasis on ongoing and frequent direct assessment, analysis, and *adjustments to the treatment plan*
 - Direct support and training of family members and other involved professionals
 - Comprehensive infrastructure for supervision
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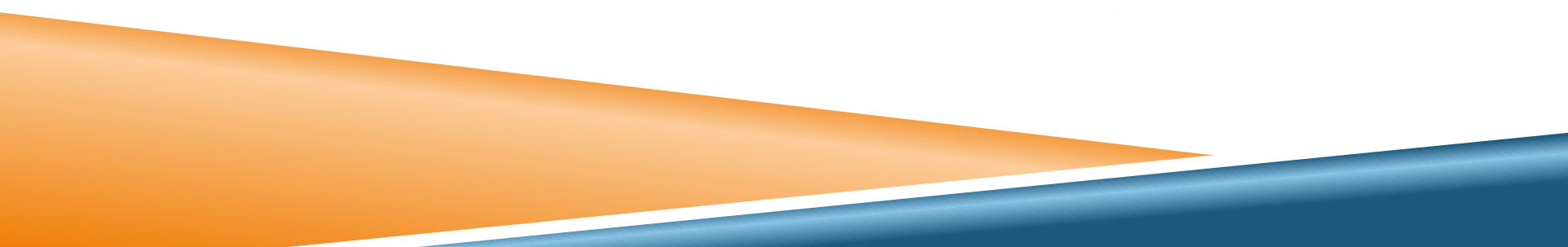
Guidelines for Autism Speaks

Planning and Ongoing Assessment

- A qualified and trained behavior analyst designs and directly oversees the intervention.
 - The analyst's development of treatment goals stems from a *detailed assessment* of each learner's skills and preferences and may also include family goals.
 - Treatment goals and instruction are developmentally appropriate and target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic skills.
 - Goals emphasize *skills that will enable learners to become independent* and successful in both the short and long terms.
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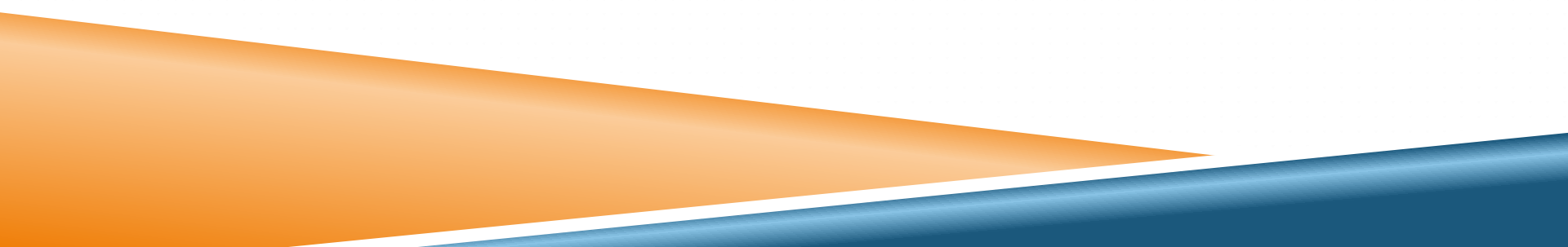
Guidelines for Autism Speaks

(continued)

- The instruction plan breaks down desired skills into manageable steps to be taught from the simplest (e.g. imitating single sounds) to the more complex (e.g. carrying on a conversation).
 - The intervention involves *ongoing objective measurement* of the learner's progress.
 - The behavior analyst frequently reviews information on the learner's progress and uses this to adjust procedures and goals as needed.
 - The analyst meets regularly with family members and program staff to plan ahead, review progress and make adjustments as needed
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Some other guidelines for ABA

BACB Task List – Fourth Edition

- BACB Ethics Code for Behavior Analysts (2022)
 - BACB Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, 2nd edition
 - Celiberti, D. (2012). Quality Indicator and Standards Review in Autism Treatment
 - Autism for Public School Administrators: What you need to know. <http://www.autismnj.org/Publications.aspx>
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QUESTIONS?

