

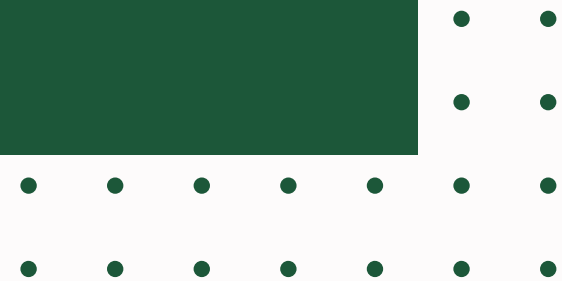
# STATE PLAN ABA SERVICES

TRL Behavioral Consultation  
November 2023



# Agenda

- 01 Introduction
- 02 Objectives
- 03 Rules
- 04 Service Descriptions
- 05 Summary



# Objectives

## Objective 01

Review the regulation under which behavioral services are governed for Mo HealthNet

## Objective 02

Review the preauthorization process and provide suggestions for making this smoother

## Objective 03

Review some common errors and reasons for denial

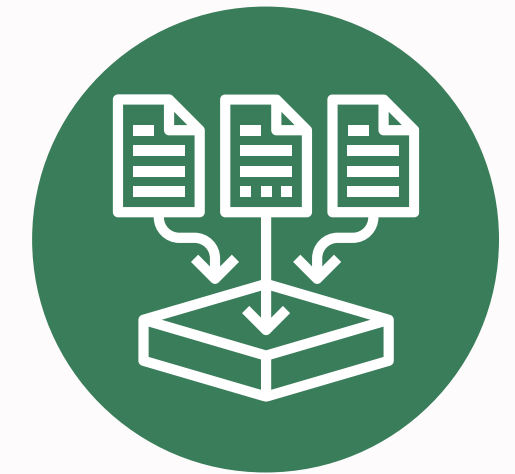
## Objective 04

Review what behavior analytic standards are for data collection

## Objective 05

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



# 13 CSR 70-98.030

## **ABA is defined in the CSR as:**

The 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**.

**REGULATIONS RELATED TO ABA SERVICES FOR STATE PLAN SERVICES  
(DSS/MOHEALTHNET SERVICES)**

# 13 CSR 70-98.030

## 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.

13 CSR 70-98.030 CONTINUED

# 13 CSR 70-98.030

## ABA intervention involves:

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

13 CSR 70-98.030 CONTINUED

**MEDICAL NECESSITY**  
**Bulletin Vol. 38 Number 15**  
**Date October 20, 2015**

**Assessment**

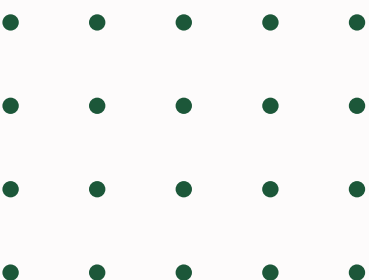
- Diagnostic evaluation
  - ASD diagnosis **by a licensed physician or psychologist** (no others)
- +
- Recommendation of ABA services

**For Intervention Services**

- Based on an ABA assessment so need:
  - report and
  - initial interpretation plan
- For continued ABA intervention require documentation including
  - updated treatment plan and
  - progress graphs

# The following are not medically necessary and are not covered

- No improvement likely or expected
- Services that are solely academic
- Academic services provided under individualized family service plan or IDEA
- Solely vocational or recreational skills
- Custodial care
- Maintenance of skills





# Requirements for Service Requests



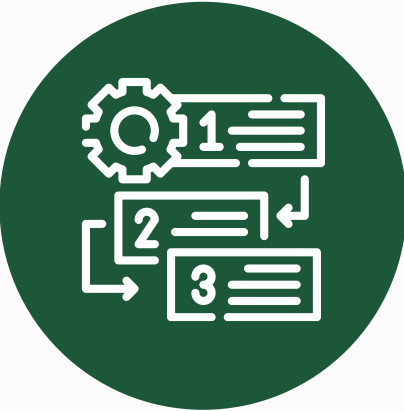
## Continued Services

Prior service period data & intervention plan (sessions with dates and quantified data, graphed)



## Repeat Assessments

Clinical rationale for repeating, prior service period data & and intervention plan



## Initial Services

Report of functional behavior assessment and Initial intervention plan



## Diagnosis Evidence

Signed physician doc or  
Signed doc verified by a licensed psychologist



## Initial Assessment

Diagnosis of ASD by a qualified professional



# Pre-authorization Submissions- General Information

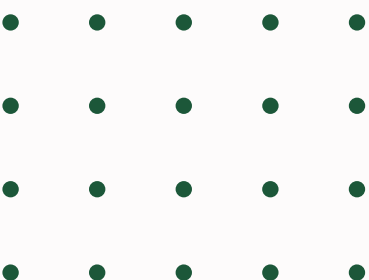
1. You must submit all required documentation and information.
2. Faxed or scanned documents must be legible. It is helpful if these are sent in the correct order.
3. Color-coded graphs are not interpretable; use different symbols for graphs instead of colors.
4. Documentation is your evidence of medical necessity. No progress with no change in intervention strategy does not support medical necessity.

# Pre-authorization Submissions- General Information Continued

- 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).
- Duplicate documents in a request packet slow down the review process.
- Check to be sure the request is within authorization limits. Total the units/hours requested and check for math discrepancies.

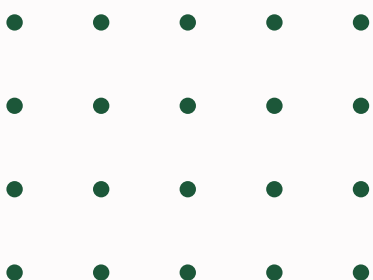
# Common Reasons for Denial or Return of Request for More Information

- Request for additional units/services in the middle of the existing preauthorization period without explanation.
- Request for units/services that appear outside of the typical range without clinical rationale.
- A plan that has been implemented without data demonstrating the effectiveness.
- Data indicating behavior is not improving or is worsening without the description of changes in strategies to be made or how to minimize variables that are impeding progress.
- Errors in math on the preauthorization form that cannot be easily corrected by the technician or reviewer.



# Common Reasons for Denial or Return of Request for More Information Continued

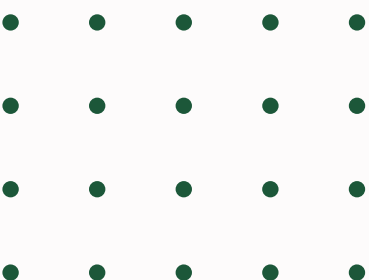
- Discrepancies between the preauthorization form and documentation submitted.
- The plan and goal do not address issues discussed in the assessment.
- Assessment, goals, and strategies are not consistent with applied behavior analysis standards.



# Some Words of Caution

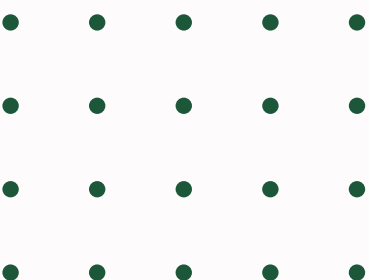
Behavioral Providers should be aware of and take care that:

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



# Some Words of Caution About Assessments

- Assessments are necessary to plan for services but ...
- Don't have to be done by the provider of services
- Are not required annually or regularly for ABA
- Part of behavioral services includes ongoing data collection and phase changes for ongoing assessment
- Exposure assessment is not necessary, useful, or ethical for all situations
- Reports are necessary and belong to the client
- If reassessing, provide an explanation of clinical necessity



# **ABA Treatment Plan (13 CSR 7-0-98.030)**

CSR Requires ABA Treatment Plans are:

- 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;



# **ABA Treatment Plan Continued (13 CSR 7-0-98.030)**

CSR Requires ABA Treatment Plans:

- 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

Minimum documentation standards include:

- 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 the procedure/activity/intervention during the visit
- What was the response to procedure/activity/intervention, problems or barriers to progress and intervention (data)
- Intervention format (individual, group, supervision, parent training)

## Documentation Standards for Behavioral Services Continued

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

# Documentation Requirements Says Who?

- 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
- Centers for Medicaid Services (CMS) determines what is required for Medicaid services in a state

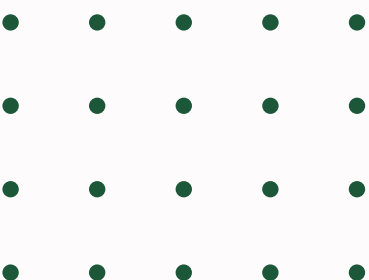
# Requirements for Data

- 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

## Appropriate Selection of Data Collection Methods

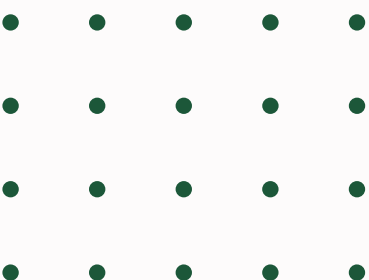
- Depends on the dimensions of interest for the behavior of interest
- Frequency (Rate): How often it occurs in a given timeframe
- Duration: How long it lasts
- Latency: How long it takes to start
- Intensity: How much effort or strength



# Graphing Standards

Graphing standards include the following elements:

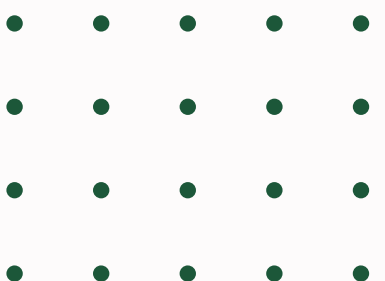
- Baseline: measure of behavior prior to intervention
- Phase change lines: indicate changes in environmental conditions or events
- Timeline on the X axis labeled with a date
- Measure of dimension on the Y-axis label
- Clearly indicate different behaviors (don't use color as an indicator when transmitting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



# CPT Codes

For a full explanation of CPT codes/services

- See CPT Assistant June 2014 Volume 24 Issue 6





# BRIEF DESCRIPTION OF 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, VBMAPP or
- Other Behavioral 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 a reasonable hypothesis for designing intervention or for significantly dangerous behaviors without a reasonable hypothesis

# BRIEF DESCRIPTION

## Aba Intervention services

### **Adaptive behavior treatment with protocol modification 97155**

- By QHCP or LaBA with direct oversight of the bulk of behavioral services when no RBT
- Provide implementation training and modeling with individuals for significant persons
- Monitor implementation and interpret data, modify strategies, write progress reports, and plan updates
- 1:1 skill training and reactive strategies with consultation for significant persons
- Provide supervision for LaBA or RBT

### **Adaptive behavior treatment 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

# OTHER INTERVENTION SERVICES

## 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

## Social Skills Group 97158

- Done by QHCP or LaBA
- Multiple clients in a social skills group
- No more than 8 participants

# Standards Of Practice

## 20 CSR 2063-6

Ethical Rules of Conduct-- The 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


# Summary

ABA services must be:

- Prior authorized with documents submitted
- Done by qualified providers and meet specific service definitions
- Require specific documentation according to standards
- Diagnosis evidence must be from either a physician or a licensed psychologist  
no other is acceptable
- Repeat Assessment requires clinical rationale for repeated assessment from  
LBA

# THANK YOU

## TRL Behavioral

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