Performance Specifications

Outpatient Services
Applied Behavior Analysis (ABA)

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications. Additionally, providers of this service and all contracted services are held accountable to the General performance specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

Applied Behavior Analysis (ABA) is a service that provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with the youth’s successful functioning. ABA includes services provided by two different sets of credentials; licensed applied behavior analyst and behavior technician/paraprofessional. It is delivered by one or more members of a team of qualified providers consisting of professional and paraprofessional staff. Phone contact and consultation may be provided as part of the intervention.

Licensed Applied Behavior Analyst (LABA): This service includes a behavioral assessment (including observing the youth’s behavior, antecedents of behaviors, and identification of motivators); development of a highly specific behavior treatment plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the child’s/youth’s successful functioning. The licensed applied behavior analyst develops specific behavioral objectives and interventions that are designed to develop adaptive skills and diminish, extinguish, or improve specific behaviors related to the youth’s behavioral health condition(s) and which are incorporated into the behavior management treatment plan and the risk management/safety plan.

Behavioral technician/paraprofessional: This service includes implementation of the treatment plan, monitoring the youth’s behavior, reinforcing implementation of the treatment plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the licensed applied behavior analyst on implementation of the treatment plan and progress toward behavioral objectives or performance goals.

Components of Service

1. Providers of ABA are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies/individuals. ABA must be delivered by a provider with demonstrated infrastructure to support and ensure:
   a. Quality management/assurance;
   b. Utilization management;
   c. Electronic data collection/IT;
   d. Clinical or psychiatric expertise; and
   e. Cultural and linguistic competence.
2. The activities of ABA services include:
   a. **Licensed Applied Behavior Analyst (LABA):**
i. Functional Behavior Assessment: conducts descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. In certain instances in which a severe behavior is present, this may also involve a functional analysis for safe testing in a controlled environment;

ii. Documents observations of the youth in the home and community;

iii. Designs and supervises behavior analytic interventions;

iv. Conducts structured interviews with the youth, family, and any identified collaterals about their behavior(s);

v. Completes a written functional behavioral assessment;

vi. Develops a focused treatment plan that identifies specific and measurable objectives or performance goals and interventions (e.g., skills training, reinforcement systems, removal of triggering stimuli, graduated exposure to triggering stimuli, etc.) that are designed to diminish, extinguish, or improve specific behaviors related to a youth’s mental health condition(s);

vii. Develops specific objectives and interventions that are incorporated into the youth’s new or existing risk management/safety plan;

viii. Parent training must occur, must include at least two specific and measurable parent/guardian/caregiver treatment goals, and must provide instruction for the parent/guardian/caregiver on how to implement strategies identified in the behavior management plan;

ix. Works closely with the behavior technician/paraprofessional to ensure the treatment plans and risk management/safety plans are implemented as developed and to make any necessary adjustments to the plan; and

x. Supervises the work of those who implement behavior analytic interventions.

b. Behavior technician/paraprofessional:
   i. Monitors the youth’s progress on implementation of the goals of the treatment plan developed by the licensed applied behavior analyst;
   
   ii. Provides coaching, support, and guidance to the parent/guardian/caregiver in implementing the plan;
   
   iii. Collects data and conducting certain types of assessments (e.g., stimulus preference assessments);

   iv. Works closely with the licensed applied behavior analyst to ensure the treatment plans and risk management/safety plan are implemented as developed and reports to the Licensed Applied Behavior Analyst if the youth is not achieving the goals and objectives set forth in the treatment plan, so that the Licensed Applied Behavior Analyst can modify the plan as necessary;

   v. Assists the youth in implementing the goals of the treatment plan developed by the licensed applied behavior analyst; and

   vi. Directly implements skill-acquisition and behavior-reduction plans developed by the licensed applied behavior analyst.

3. The ABA provider ensures that licensed applied behavior analyst staff provide adequate supervision to all paraprofessional staff and/or interns.

4. Supervision must be delivered to the behavior technician/paraprofessional-level staff during instruction with the Member present as indicated below:
   a. The hours approved are based on the Member’s direct hours, i.e., a minimum of one hour of case supervision for every 10 hours of direct service.

5. The ABA provider develops and maintains policies and procedures relating to all components of ABA services. The agency will ensure that all new and existing staff will be trained on these policies and procedures.

6. The ABA provider delivers these services in the youth’s home and community. In certain cases,
clinic-based services may also be authorized.
7. The ABA provider works collaboratively with Intensive Care Coordination (ICC), In-Home Therapy Services (IHT), or other existing providers and delivers services in accordance with the youth’s plan of care.

**Staffing Requirements**

1. This service is to be provided by a staff team, including a Licensed Applied Behavioral Analyst and paraprofessional unless clinically indicated otherwise.
2. The **minimum** staff qualifications for each are as follows:
   a. **Licensed Applied Behavior Analyst:**
      i. Licensed as an applied behavior analyst
   b. **Behavioral technician/paraprofessional:**
      i. Works under the direct supervision of a Licensed Applied Behavior Analyst meeting the above criteria:
         ▪ Must be 18 years old; and
         ▪ Must have:
            o A high school diploma or a general education development (GED) and have 12 months experience working with persons with developmental disabilities, children, adolescents, transitional age youth, or families; or
            o An associate’s degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution and have six months experience working with persons with developmental disabilities, children, adolescents, transition age youth, or families; or
            o Certification as a registered behavioral technician (RBT) by the Behavior Analyst Certification Board and have three months experience working with persons with developmental disabilities, children, adolescents, transitional age youth, or families.
3. The provider ensures that licensed applied behavior analyst staff is trained in principles of ABA. The provider also ensures that all ABA staff completes training, upon employment and annually thereafter, inclusive of the following topics:
   a. Overview of the clinical and psychosocial needs of the target population;
   b. Systems of care principles and philosophy;
   c. Ethnic, cultural, and linguistic considerations of the community;
   d. Community resources and services;
   e. Family-centered practice;
   f. Behavior management coaching;
   g. Social skills training;
   h. Psychotropic medications and possible side effects;
   i. Risk management/safety plans;
   j. Crisis management;
   k. Introduction to child-serving systems and processes (DCF, DYS, DMH, DDS, DESE, etc.);
   l. Basic IEP and special education information;
   m. Managed care entities’ performance specifications and medical necessity criteria;
   n. Child/adolescent development including sexuality; and
   o. Conflict resolution.
4. The ABA provider ensures that Licensed Applied Behavior Analyst staff provides adequate supervision to all paraprofessional staff and/or interns.
5. The ABA provider ensures that all staff has received a background record check (BRC).
Service, Community, and Collateral Linkages

1. The ABA provider works closely with the family and any existing providers (i.e., behavioral health, physical health, local education authority) to implement the goals and objectives.
2. The ABA provider participates in coordination of care with agencies with regard to service/care planning and coordination, on behalf of, and with, the family.

Quality Management (QM)

1. The ABA provider participates in quality management activities that include fidelity monitoring and attends meetings as required.
2. The facility and/or program will develop and maintain a quality management plan that is consistent and that utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
3. A continuous quality improvement process is used, and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including youth and their families.
4. Clinical outcomes data must be made available upon request, and must be consistent with performance standards of this service.
5. All Reportable Adverse Incidents will be reported within one business day of their occurrence per policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the well-being of a Member, or to others by action of a Member, who is receiving services, or has recently been discharged from services.
6. The facility and/or program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.

Process Specifications

Assessment, Treatment Planning, and Documentation

1. Once an initial authorization is approved, the provider will, within 10 business days, offer a face-to-face interview with the family.
2. Fourteen calendar days is the Medicaid standard for the timely provision for services established in accordance with 42 CFR 441.56(e). The 14-day standard begins from the time at which the family has been contacted after an authorization is given.
3. Providers will maintain a waitlist if they do not have capacity to seek authorization to conduct a functional behavioral assessment and initiate services within 10 calendar days of contact with the parent/caregiver.
   a. If a Member is placed on a wait list, providers will offer caregivers contact information for alternative providers in the region who are accepting new clients; and
   b. Providers will refer the Member to their Managed Care Entity to request assistance in accessing care.
4. ABA services are provided in a clinically appropriate manner and focused on the youth’s behavioral and functional outcomes as described in the treatment and discharge plans.
5. The licensed applied behavior analyst completes a written functional behavioral assessment and develops a highly specific treatment plan with clearly defined interventions and measurable goals and outcomes that are consistent with the concerns and goals identified by the referring provider and family.
6. For ongoing services, a concurrent review is required. When requesting services, the provider should coordinate the treatment plan with the Member’s Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) as appropriate and, with appropriate
7. The treatment plan is individualized. Objectives are measurable and tailored to the Member. Interventions emphasize the elimination of risk-related behaviors and generalization of skill and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors and include a focus that:
   a. Targets specific behaviors (including frequency, rate, symptom intensity, duration);
   b. Incorporates objective baseline and quantifiable progress measures; and
   c. Describes detailed behavioral interventions, reinforcers, and strategies for generalization of skills beyond the ABA sessions.
8. Specific and measurable parent/caregiver goals for training and support are included in the treatment plan with documented plans that skills transfer to the parent/caregiver will occur.
   a. Group parent training should align with a prescribed curriculum and corresponding goals.
   b. Treatment notes should indicate progress across identified goals within a group setting.
9. The treatment plan should address some of the following domains as appropriate for the child: cognitive functioning, safety skills, social skills, play and leisure skills, community integration, vocational skills, coping and tolerance skills, adaptive and self-help skills, language and communication, attending and social referencing, and reduction of interfering or inappropriate behaviors.
10. For social skills group, service may be delivered by a para-professional or licensed mental health professional meeting experience criteria noted above. The LABA will develop a structured social skills program which addresses individual needs, documents the curriculum being used and maintains treatment notes that indicates progress for that individual in a group setting.
11. There is documented active coordination of care with ICC, other current behavioral health providers, the primary care physician/clinician (PCP/PCC), and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate care continue.
12. If the youth requires ongoing ABA, in concert with the family, the Licensed Applied Behavior Analyst will determine if the youth needs ABA.
13. The ABA provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the family's dignity and right of choice.
14. The Licensed Applied Behavior Analyst and behavioral technician/paraprofessional document each contact in a progress report or notes in the provider's file for the youth.
15. The Licensed Applied Behavior Analyst gives their agency's after-hours emergency contact information and procedures to the parent/guardian/caregiver.

**Discharge Planning and Documentation**

1. A discharge planning meeting is scheduled whenever the authorized decision-maker decides that services are no longer desired and, along with the family, determines that the youth has met their goals and no longer needs the service, or the youth no longer meets the medical necessity criteria for ABA therapy.
2. There is documented active discharge planning from the beginning of treatment.
3. The reasons for discharge and all behavior management treatment and discharge plans are clearly documented in the record.
4. The Licensed Applied Behavior Analyst staff develops an up-to-date copy of the treatment plan, which is given to the parent/guardian/caregiver on the last date of service and to all current providers within seven days of the last date of service.
5. If an unplanned termination of services occurs, the provider makes every effort to contact the parent/guardian/caregiver to obtain their participation in ABA and to provide assistance for
appropriate follow-up plans (i.e., schedule another appointment, facilitate a clinically appropriate service termination, or provide appropriate referrals). Such activity is documented in the record.