Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.
# APPLIED BEHAVIOR ANALYSIS

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERVIEW</td>
<td>SECTION 4.0</td>
</tr>
<tr>
<td>COVERED SERVICES</td>
<td>SECTION 4.1</td>
</tr>
<tr>
<td>Assessment and Plan Development</td>
<td></td>
</tr>
<tr>
<td>Behavior Treatment Plan</td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Behavioral Services</td>
<td></td>
</tr>
<tr>
<td>Role of the Parent/Caregiver</td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td></td>
</tr>
<tr>
<td>Exclusions</td>
<td></td>
</tr>
<tr>
<td>Place of Service</td>
<td></td>
</tr>
<tr>
<td>Other Specified Case Management Services</td>
<td></td>
</tr>
<tr>
<td>RECIPIENT REQUIREMENTS</td>
<td>SECTION 4.2</td>
</tr>
<tr>
<td>SERVICE AUTHORIZATION PROCESS</td>
<td>SECTION 4.3</td>
</tr>
<tr>
<td>Prior Authorization Requests</td>
<td></td>
</tr>
<tr>
<td>Functional Assessment and Development of the Behavior Treatment Plan</td>
<td></td>
</tr>
<tr>
<td>Request to Provide ABA-Based Therapy Services</td>
<td></td>
</tr>
<tr>
<td>Reconsideration Requests</td>
<td></td>
</tr>
<tr>
<td>Prior Authorization Liaison</td>
<td></td>
</tr>
<tr>
<td>Changing Providers</td>
<td></td>
</tr>
<tr>
<td>PROVIDER REQUIREMENTS</td>
<td>SECTION 4.4</td>
</tr>
<tr>
<td>Criminal Background Checks</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Page(s)</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>REIMBURSEMENT</td>
<td>4.5</td>
</tr>
<tr>
<td>COORDINATION OF CARE</td>
<td>4.6</td>
</tr>
<tr>
<td>CONTACT INFORMATION</td>
<td>Appendix A</td>
</tr>
<tr>
<td>RESERVED</td>
<td>Appendix B</td>
</tr>
<tr>
<td>RESERVED</td>
<td>Appendix C</td>
</tr>
<tr>
<td>PLAN OF CARE INSTRUCTIONS AND FORM</td>
<td>Appendix D</td>
</tr>
</tbody>
</table>
OVERVIEW

The Louisiana Department of Health established coverage of applied behavior analysis (ABA) under the Medicaid State Plan for recipients under the age of 21. ABA therapy is the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement or prompting to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

This provider manual chapter specifies the requirements for reimbursement for services provided by an enrolled, licensed practitioner and provides direction for provision of these services to eligible recipients in the State of Louisiana.

These regulations are established to assure minimum compliance under the law, equity among those served, provision of authorized services, and proper fund disbursement. Should a conflict exist between manual chapter material and pertinent laws or regulations governing the Louisiana Medicaid Program, the latter will take precedence.

ABA services are provided through Managed Care Organizations (MCOs).
COVERED SERVICES

Medicaid covered applied behavior analysis (ABA)-based therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

- Medically necessary;
- Prior authorized by managed care organizations (MCOs); and
- Delivered in accordance with the recipient’s behavior treatment plan.

Services must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the licensed professional. Payment for services must be billed by the licensed professional.

Prior to requesting ABA services, the recipient must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) which has been performed by a qualified health care professional (QHCP). (See Appendix A for contact information on arranging a CDE.)

**NOTE:** Medical necessity for ABA-based therapy services must be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11.

A QHCP is defined as a:

- Pediatric Neurologist;
- Developmental Pediatrician;
- Psychologist (which includes a Medical Psychologist);
- Psychiatrist (particularly Pediatric and Child Psychiatrist); or
Licensed individual that has been approved by the recipient’s MCO medical director as meeting the requirements of a QHCP when:

- The individual’s scope of practice includes differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the recipient; and
- The individual has at least two years of experience providing such diagnostic assessments and treatments.

The CDE must include at a minimum:

- A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
- Direct observation of the recipient, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors;
- A review of available records;
- A valid *Diagnostic and Statistical Manual of Mental Disorders, (DSM) V* (or current edition) diagnosis;
- Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and
- Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.

When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment should be included as components of the CDE and must be specific to the recipient’s age and cognitive abilities:

- Autism specific assessments;
Assessments of general psychopathology;

Cognitive/developmental assessment; and

Assessment of adaptive behavior.

Assessment and Treatment Plan Development

The licensed professional supervising treatment is required to perform a functional assessment of the recipient utilizing the outcomes from the CDE, and develop a behavior treatment plan.

Services for “Behavior identification assessment by Non-Physician” must be prior authorized by the recipient’s MCO. This is for the initial assessment only. The initial assessment will be authorized only once. The authorization period for the initial assessment shall not exceed 180 days.

In exceptional circumstances, at the discretion of the MCO prior authorizing the service, an additional assessment may be authorized.

Services for “Observational behavioral follow-up assessment” includes the licensed professional and direction with interpretation and report, administered by one technician; 30 minutes of the technician's time, face-to-face with the patient." This may be approved every 180 days as treatment continues for a child if medically necessary. Up to 8 units of this service may be approved per prior authorization period (unless otherwise clinically indicated).

Behavior Treatment Plan

The behavior treatment plan identifies the treatment goals along with providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic, and must be developmentally appropriate. Treatment goals should emphasize skills required for both short- and long-term goals. Treatment plans should include parent/caregiver training and support. The instructions should break down the desired skills into manageable steps that can be taught from the simplest to more complex.

The behavior treatment plan must:

- Be person-centered and based upon individualized goals;
- Delineate the frequency of baseline behaviors and the treatment development plan
to address the behaviors;

- Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;

- Identify the criteria that will be used to measure achievement of behavior objectives;

- Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;

- Include care coordination, involving the parents or caregiver(s), school, state disability programs, and others as applicable;

- Include parent/caregiver training, support, education, and participation;

- Have objectives that are specific, measureable, based upon clinical observations of the outcome measurement assessment and tailored to the recipient; and

- Ensure that interventions are consistent with ABA techniques.

The provider may use the treatment plan template provided (See Appendix D) or the provider may use their own form. If the provider chooses to use their own form, the provider must address ALL of the relevant information specified in the Louisiana Department of Health (LDH) treatment plan template. Any missing information may delay approval of prior authorization of service.

The behavior treatment plan must indicate that direct observation occurred and describe what happened during the direct observation. If there are behaviors being reported that did not occur and these behaviors are being addressed in the plan, indicate all situations and frequencies at which these behaviors have occurred and have been documented. If there is documentation from another source, that documentation must be attached. If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well.

The behavior treatment plan shall include a weekly schedule detailing the number of expected hours per week and the location for the requested ABA services. In addition, the provider shall indicate both the intensity and frequency of the therapy being requested and the justification for this level of service.

**Therapeutic Behavioral Services**
Therapeutic behavioral services include the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. This includes one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting.

The licensed supervising professional must frequently review the recipient’s progress using ongoing objective measurement and adjust the instructions and goals in the behavior treatment plan as needed.

**Supervision**

The licensed supervising professional shall provide case oversight and management of the treatment team by supervising and consulting with the recipient’s team. The licensed supervising professional must also conduct regular meetings with family members to plan ahead, review the recipient’s progress and make any necessary adjustments to the behavior treatment plan. Part of the supervision must be done in the presence of the recipient receiving treatment and state-certified assistant behavior analyst or the registered line technician. Supervision shall be approved on a 2:10 basis that is two hours of supervision for every ten hours of therapy. Supervision will not be approved if the licensed supervising professional is delivering the direct therapy.

**Role of the Parent/Caregiver**

To facilitate ABA service authorization and delivery, the parent/caregiver should provide supporting documentation (e.g., IEP) as requested by the provider.

Treatment plan services must include care coordination involving the recipient’s parent/caregiver. Services should also include parent/caregiver training, support and participation. ABA is a recipient-focused service, and it is not practical or within the standard of practice to require the parent/caregiver to be present at all times while services are being rendered to the recipient. Recipients may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for recipients receiving services for multiple hours per day. To the extent that parental/caregiver presence is required is a therapeutic decision, even when therapy is provided in the home.

Services for “Family adaptive behavior treatment guidance”, administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipients to ensure that
the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver.

Services for “Multiple-family group adaptive behavior treatment guidance”, administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipient to ensure that the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver.

The multiple-family group therapy should be used when caregivers of two or more recipients are present. The recipients should have similar diagnosis, behaviors and treatment needs.

**Limitations**

A prior authorization period shall not exceed 180 days. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

**Group Therapy**

When part of the approved behavior treatment plan, services for “Adaptive behavior treatment social skills group” administered by physician or other qualified health care professional shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.

When part of the approved behavior treatment plan, “Registered Line Tech Group adaptive behavior treatment” may be administered by a registered line technician. This shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.

**Place of Service**

Services must be provided in a natural setting (e.g., home and community-based settings, including clinics and school). Medically necessary ABA services provided by ABA service providers in school settings are allowed.
Exclusions

The following services do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:

- Therapy services rendered when measureable functional improvement or continued clinical benefit is not expected, and therapy is not necessary or expected for maintenance of function or to prevent deterioration;

- Service that is primarily educational in nature;

- Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education Act (IDEA);

- Treatment whose purpose is vocationally or recreationally-based;

- Custodial care that:
  - Is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating and maintaining personal hygiene and safety;
  - Is provided primarily for maintaining the recipient’s, or anyone else’s, safety; or
  - Could be provided by persons without professional skills or training; and

- Services, supplies or procedures performed in a non-conventional setting including, but not limited to:
  - Resorts;
  - Spas;
  - Therapeutic programs; or
  - Camps.
RECIPIENT REQUIREMENTS

Applied behavior analysis (ABA)-based services are available to Medicaid recipients under 21 years of age who:

- Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (e.g., aggression, self-injury, elopement, etc.);

- Have been diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder, by a qualified health care professional;

- Had a comprehensive diagnostic evaluation by a qualified health care professional; and

- Have a prescription for ABA-based therapy services ordered by a qualified health care professional.

NOTE: All of the above criteria must be met to receive ABA-based services.
SERVICE AUTHORIZATION PROCESS

All Applied Behavior Analysis (ABA) services must be prior authorized by the recipient’s managed care organization (MCO).

Prior authorization (PA) is a two-fold process. An authorization is first requested for approval to perform a functional assessment and to develop a behavior treatment plan. A second authorization is needed for approval to provide the ABA-based derived therapy services.

All PA requests must be submitted to the recipient’s MCO. See the MCO’s website for details including forms and submission instructions.

Functional Assessment and Development of the Behavior Treatment Plan

A PA request must be submitted by the ABA provider to conduct a functional assessment and to develop a behavior treatment plan (Mental Health Services Plan Development by Non-Physician). The prior authorization request must include a comprehensive diagnostic evaluation (CDE) that has been conducted by a qualified health care professional (QHCP) prescribing and/or recommending ABA services.

All CDEs completed by QHCPs will be reviewed and considered when making prior authorization decisions.

MCOs shall not deny services based solely on the age of the CDE. The MCO should deny service if no CDE exist. If the MCO requests a new CDE (either for initial or continuation of service) they shall not deny or delay available ABA services while waiting for a CDE. MCOs are responsible for arranging CDEs that are requested.

Request to Provide ABA-Based Therapy Services

A separate authorization request must be submitted by the ABA provider to request approval to provide the ABA-based therapy services to the recipient. This authorization request must include:

- The CDE;
- The behavior treatment plan;
- The IEP; and
• The waiver plan profile table and the schedule from the certified plan of care (if the recipient is in a waiver and services are being requested that will occur at the same time as waiver services).

Authorizations for ABA-derived therapy services shall be authorized for a time period not to exceed 180 days.

Reconsideration Requests

If the prior authorization request is not approved as requested, or an existing authorization needs to be adjusted, the provider may submit a request for reconsideration of the previous decision to the recipient’s MCO (See Appendix A for contact information.).

Changing Providers

Recipients have the right to change providers every 180 days unless a change is requested for good cause. If a provider change is requested based on good cause before the authorization period ends, the recipient, or case manager (if the recipient has one) must contact the MCO. (See Appendix A for contact information.)

Good Cause is defined as allegation of abuse, recipient doesn’t progress, new provider opens in area that previously lacked access, or when a dispute arises between the parent/caregiver and provider that cannot be resolved.
PROVIDER REQUIREMENTS

In order to participate as an applied behavior analysis (ABA) service provider in the Medicaid Program, a provider must:

- Be a Louisiana licensed psychologist and/or medical psychologist that:
  - Is licensed by the Louisiana State Board of Examiners of Psychologists;
  - Is covered by professional liability insurance to limits of $1,000,000 per occurrence, $3,000,000 aggregate;
  - Has no sanctions or disciplinary actions on their Louisiana State Board of Examiners of Psychologist; and
  - Complete a criminal background check.

- Be a licensed behavior analyst that:
  - Is licensed by the Louisiana Behavior Analyst Board;
  - Is covered by professional liability insurance to limits of $1,000,000 per occurrence, $3,000,000 aggregate; Has no sanctions or disciplinary actions on their Board Certified Behavior Analyst (BCBA®) or Board Certified Behavior Analyst – Doctoral (BCBA-D) certification and/or state licensure; and
  - Complete a criminal background check.

Para-professionals Requirements

- Be a certified assistant behavior analyst that renders ABA-based therapy services that:
  - Is certified by the Louisiana Behavior Analyst Board;
  - Works under the supervision of a licensed behavior analyst with supervisory relationship documented in writing; and
  - Has no sanctions or disciplinary actions, if state-certified or board-certified by the BACB®; and
  - Complete a criminal background check; or

- Be a registered line technician that renders ABA-based therapy services that:
  - Is registered by the Louisiana Behavior Analyst Board; works under the supervision of a licensed behavior analyst with supervisory relationship documented in writing; and
  - Complete a criminal background check.
The licensed professional (licensed psychologist, licensed medical psychologist or behavior analyst), certified assistant behavior analyst, or registered line technician shall not have any Medicare/Medicaid sanctions, or be excluded from participating in federally funded programs (i.e., Office of Inspector General’s list of excluded individuals/entities (OIG-LEIE), system for award management (SAM) listing and state Medicaid sanctions listings).

### Criminal Background Checks

The contracted provider must complete criminal background checks to include federal criminal, state criminal, parish criminal, and sex offender reports for the state and parish of employment and residence.

Criminal background checks must be conducted according to the following schedule:

<table>
<thead>
<tr>
<th></th>
<th>Initially</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed behavior analyst</td>
<td>Enrollment application (current within a year prior to initial Medicaid application) or at time of hire</td>
<td>Update performed at least every five years thereafter</td>
</tr>
<tr>
<td>Certified assistant behavior analyst</td>
<td>At time of hire</td>
<td></td>
</tr>
<tr>
<td>Registered line technician</td>
<td>At time of hire</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Evidence of background checks must be provided by the contracted provider.

### Registered Line Technicians

Upon enrollment and on a quarterly basis thereafter, the contracted provider shall submit to the MCO a list of Registered Line Techs (RLTs). The MCO is responsible for ensuring the contracted provider is in compliance with the requirements of the Louisiana Behavior Analyst Board.
REIMBURSEMENT

Reimbursement shall only be made for services authorized by the recipient’s managed care organization (MCO). Services must be prior authorized, except in cases of retroactive member enrollment in which case services may be post authorized.

It is the responsibility of the provider to verify the recipient’s Medicaid eligibility prior to providing services.

Reimbursement shall be made for ABA based therapy services to providers contracted with the member’s MCO.

Reimbursement shall not be made for parents or guardians that are trained in ABA or acquire ABA skills to work with their own children (in place of registered line technicians). A parent or guardian employed by an ABA provider shall be reimbursed for providing services to their child.

MCO reimbursement rates shall be no less that the rates published at:
COORDINATION OF CARE

In order help the managed care organizations (MCOs) understand all the services a recipient needs and is receiving, the provider should enclose the Behavior Treatment Plan and a copy of the child’s individualized educational plan (IEP), if accessible. If the provider does not enclose the IEP, the provider must explain why he or she is unable to furnish a copy of the IEP.

A behavior treatment plan calling for services to be delivered in a school setting will not be approved until an IEP is provided to the recipient’s MCO. ABA therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Louisiana Medicaid, provided all other conditions for coverage of ABA therapy are met (e.g., the service is medically necessary).

The behavior treatment plan should indicate if the recipient is in a waiver and which waiver the recipient is in. (This can be determined by checking the MEVS/REVS system.) If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care. This can be obtained by contacting the Waiver Support Coordinator. Communication should be maintained between the ABA provider and the Waiver Support Coordinator.

ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap. This should be clearly documented in an addendum to the behavior treatment plan.

This addendum must detail the frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time, and include an outline of information the direct support worker needs to correctly implement the skill, several measurable and objective goals defining and leading to the direct support worker’s competency (i.e., correct implementation), and the methods for collecting data on the direct support worker’s performance. Strategies the ABA provider will use should be identified, such as, but not limited to, demonstration, modeling, coaching and feedback, and providing repeated opportunities for direct support worker practice (role playing and in “real life” situations with the recipient). This pairing of the direct support worker and the ABA provider should be specific, time limited, measurable and individualized.
## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization Liaison</td>
<td>Contact Your Healthy Louisiana Plan:</td>
</tr>
<tr>
<td>Prior Authorization Unit</td>
<td><strong>Aetna Better Health</strong></td>
</tr>
<tr>
<td>Prior Authorization Unit</td>
<td>1-855-242-0802 TTY: 711</td>
</tr>
<tr>
<td>Provider Enrollment Unit</td>
<td>Available 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>Provider Relations Unit</td>
<td><strong>HealthBlue</strong></td>
</tr>
<tr>
<td></td>
<td>1-844-521-6941</td>
</tr>
<tr>
<td></td>
<td>Available Monday – Friday, 7:00 a.m. - 7:00 p.m.</td>
</tr>
<tr>
<td>Recipient Eligibility Verification System (REVS)</td>
<td><strong>AmeriHealth Caritas</strong></td>
</tr>
<tr>
<td></td>
<td>1-888-756-0004 TTY: 1-866-428-7588</td>
</tr>
<tr>
<td></td>
<td>Available 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td></td>
<td><strong>Louisiana Healthcare Connections</strong></td>
</tr>
<tr>
<td></td>
<td>1-866-595-8133 TTY: 1-877-4285-4514</td>
</tr>
<tr>
<td></td>
<td>Available Monday – Friday, 7:00 a.m. - 7:00 p.m.</td>
</tr>
<tr>
<td></td>
<td><strong>UnitedHealthcare</strong></td>
</tr>
<tr>
<td></td>
<td>1-866-675-1607 TTY: 1-877-4285-4514</td>
</tr>
<tr>
<td></td>
<td>Available Monday – Friday, 7:00 a.m. - 7:00 p.m.</td>
</tr>
<tr>
<td>Recipient Eligibility Verification System (REVS)</td>
<td>Phone: (225) 216-7387 or 1-800-766-6323</td>
</tr>
<tr>
<td>Bureau of Health Services Financing</td>
<td>1-888-758-2220</td>
</tr>
<tr>
<td>Division of Administrative Law Health and Hospitals Section</td>
<td>Division of Administrative Law – Health and Hospitals Section</td>
</tr>
<tr>
<td></td>
<td>P. O. Box 4189</td>
</tr>
<tr>
<td></td>
<td>Baton Rouge, LA 70821-4189</td>
</tr>
<tr>
<td></td>
<td>Phone: (225) 342-0443</td>
</tr>
<tr>
<td></td>
<td>Fax: (225) 219-0443</td>
</tr>
<tr>
<td></td>
<td>Phone for oral appeals: (225) 342-5800</td>
</tr>
</tbody>
</table>
BEHAVIOR TREATMENT PLAN

The provider is not required to use this plan of care form. However, if not using this form, the plan of care must address all the information specified in the Medicaid State Plan for Applied Behavior Analysis (ABA) and the most recent version of the ABA Provider Manual.

Recipient

Type or print the patient’s full name, Medicaid ID number, date of birth, address and home and cell phone number in the space provided.

Provider Information

Type or print the name of the provider, the provider’s Medicaid ID number, phone number, address and contact person’s email address.

Medical Reason Supporting the Need for ABA Services

Type or print the recipient’s diagnosis.

Requested Hours of Services

- Type or print the number of tutor/RBT hours requested per week.

- Type or print the number of supervision hour conducted by the (BCBA/-D) per week.

- Type or print the number of direct services hour provided by a BCBA/-D per week (this may include caregiver training as well).

- Type or print the total number of requested hours for all services per week.

Baseline Level of Behaviors Addressed in the Plan Based on Assessment Results

- Type or write a narrative description of the baseline level of all behaviors assessed for which a goal is developed. This section must be completed.
Examples:

- “Daniel did not use words to communicate during the assessment.”;
- “James used ten mand forms inconsistently during assessment.”;
- “Sharlee could tact ten animals and four colors during assessment.”; and
- “Silvia made eye-contact two of 12 times after given the direction, look at me.”

- If the document is a treatment plan renewal, list the present level of performance for skills under treatment and any goals mastered during the previous authorization period.

- Do not refer to idiosyncratic, proprietary assessment instrument results to describe baseline performance.

Examples:

- “Harry could perform skills 4L to 5G on ABEL4 assessment”; and
- “Wilma performed at a level 2 across all language skills on VBMZT assessment.”

NOTE: May use another sheet for this section and attach it to this form, but the section must be labeled.

Treatment Goals

- Type or write a goal for each behavior/skill identified for treatment not including behavior reduction goals. Each goal should have a performance standard and criterion for mastery.

Examples

- “Jon will tact 26 upper case letters independently across two consecutive treatment sessions;
- “Susan will use quantifying autoclitics while manding for chips, (e.g., Can I have two chips please) for ten mand forms.”; and
- “Marvin will make eye contact when his name is called on 90% of the instructional trials across three tutors.”
The provider may NOT use idiosyncratic, proprietary nomenclature to specify treatment goals.

Examples:

- “Seth will complete goals A-K, M-R, and Q-T on the MASP.”
- “Roger will master ADL skills 1-2 to 4-6 on the ACQMOT program.”

NOTE: A separate sheet may be used for this section and attach it to this form, but the section must be labeled.

**Behavior Reduction Plan**

According to state guidelines, if the provider is going to intervene on problem behaviors, the provider MUST conduct a functional assessment or a functional analysis (preferred method) and develop a function based treatment plan.

- The provider may NOT make a grid sheet with intervention tactics that is not tied to a narrative description/date analysis of the results of a functional assessment/analysis.

- Type or write the behavior topography of the problem behavior and state the frequency/duration/latency/intensity of all the problem behaviors for which a goal is developed.

- Type or write the results of the functional assessment and type or write a hypothesis statement or describe the results of a functional analysis.

- Type or write a behavior improvement goals with a performance standard and criteria for mastery.

Examples:

- “Terrance will decrease hitting others by 50 percent week for four consecutive weeks. Terrance will ask mand for attention by saying “help” when prompted on 100 percent of the opportunities.”; and
- “William ask mand for an independently break at least five times/session.”
Type or write the behavior intervention plan that addresses the function of the problem behavior that includes strengthening a functional replacement behavior.

**Parent/guardian training and support goals**

Type or write caregiver training with a performance standard and criteria for mastery.

**Example:**

- After role-play training, Mrs. Jones will implement Terrance’s behavior reduction plan with 100 percent fidelity across three sessions

**Statement of justification for ABA Therapy Hours Requested**

Type or write the specific criteria used to determine the need for ABA therapy at the hours requested.

**Example:**

- Terrance presents with clinically significant deficits in listener behavior (receptive identification, direction following) and currently does not use vocal verbal, sign language or augmentative communication to communicate. He engages in high frequency and high intensity aggressive and self-injurious behavior that presents a substantial risk to himself, others, and property.

**Predominant Location**

Specify the predominant location where all services will take place.

Check off the environment where services will occur. If services will occur in more than one setting, you may check more than one box.

**Hours of Service**

Specify the hours of service each day during the school year and summer (if necessary).

Type or write the anticipated total hours (therapy + supervision) for each day.
Signatures

Provide signatures as necessary. **Must sign and date the plan.**

**Plan of Care Form**

The form below may be used to document the POC. For a copy of this form in Microsoft Excel format please contact the ABA Program Manager, Rene Huff, at 225-342-3935 or at Rene.Huff@la.gov.

**NOTE:** Use of this POC form is not required. However, ALL POCs must address all of the information specified in the Medicaid State Plan for Applied Behavior Analysis (ABA) and the most recent version of the ABA Provider Manual.
<table>
<thead>
<tr>
<th>Recipient Information</th>
<th>Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Provider Name</td>
</tr>
<tr>
<td>ID#</td>
<td>DOB</td>
</tr>
<tr>
<td>Provider Number</td>
<td>Phone</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Contact Person e-mail</td>
<td></td>
</tr>
</tbody>
</table>

Medical Reasons Supporting the Need for ABA Services
(Patient Diagnosis)

<table>
<thead>
<tr>
<th>Tutor Hours/week</th>
<th>Supervision Hours/week</th>
<th>BCBA Direct Services/week</th>
<th>Total Hours/week</th>
</tr>
</thead>
</table>

Baseline Level of Behaviors Addressed in the Plan Based on Assessment Results
(If necessary, you may use a separate sheet)
ABA Therapy - Plan of Care

<table>
<thead>
<tr>
<th>Recipient Name</th>
<th>Recipient ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Treatment Goals (if necessary, you may use a separate sheet)

<table>
<thead>
<tr>
<th>Behavior Reduction Plan (if necessary, you may use a separate sheet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Behavior Topography (SHI, property destruction, tantrums, hitting, etc)</td>
</tr>
<tr>
<td>The provider must state the baseline frequency/duration/latency/intensity of all problem behaviors for which a goal is developed</td>
</tr>
</tbody>
</table>
ABA Therapy - Plan of Care

Recipient Name | Recipient ID#
---|---

Functional Assessment/Analysis Results (must state a hypothesis of function or provide a finding of function based on a functional assessment).

Behavior Plan Goals

Behavior Improvement Plan (must address the function of the problem behavior and include strengthening a functional alternative behavior.)
### Parent/Guardian Training and Support Goals

<table>
<thead>
<tr>
<th>Recipient Name</th>
<th>Recipient ID#</th>
</tr>
</thead>
</table>

### Statement of Justification for ABA Therapy Hours Requested

(Provide specific information you used to determine the need for ABA therapy at the hours requested)

### Specify the predominant location where all services will take place

- Home [ ]
- Clinic [ ]
- School [ ]

### Specify the hours of service each day during the school year

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

---

Tentative form (v.1)
### Louisiana Department of Health Bureau of Health Services Financing

**ABA Therapy - Plan of Care**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signatures**

- Parent/guardian
- Provider Representative
- Physician

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recipient Name</th>
<th>Recipient ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>