



APPLIED BEHAVIOR ANALYSIS PROVIDER MANUAL

Chapter Four of the Medicaid Services Manual

Issued October 21, 2014

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.

**State of Louisiana
Bureau of Health Services Financing**

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OVERVIEW

The Louisiana Department of Health established coverage of applied behavior analysis (ABA) under the Medicaid State Plan for beneficiaries 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 beneficiaries 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).

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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 therapy services teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapy services are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

1. Medically necessary;
2. Prior authorized by managed care organizations (MCOs); and
3. Delivered in accordance with the beneficiary'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 beneficiary must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) that 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:

1. Pediatric Neurologist;
2. Developmental Pediatrician;
3. Psychologist (including a Medical Psychologist);
4. Psychiatrist (particularly Pediatric and Child Psychiatrist); or

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5. Licensed individual that has been approved by the beneficiary’s MCO medical director as meeting the requirements of a QHCP when:
 - a. The individual’s scope of practice includes a differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the beneficiary; and
 - b. The individual has at least two years of experience providing such diagnostic assessments and treatments.

The CDE must include at a minimum:

1. A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
2. Direct observation of the beneficiary, 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;
3. A review of available records;
4. A valid *Diagnostic and Statistical Manual of Mental Disorders*, (DSM) V (or current edition) diagnosis;
5. Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and
6. 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 beneficiary’s age and cognitive abilities:

1. Autism specific assessments;

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2. Assessments of general psychopathology;
3. Cognitive/developmental assessment; and
4. Assessment of adaptive behavior.

Assessment and Treatment Plan Development

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

Services for “Behavior Identification Assessment” must be prior authorized by the beneficiary’s MCO. Once services commence, additional assessments at a minimum shall occur every six months. The authorization period for such assessments shall not exceed 180 days.

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

The behavior identification supporting assessment must be prior authorized. Supporting assessments may be approved to allow technicians to gather information that support the licensed professional completing the assessment. The authorization period for such assessments shall not exceed 180 days.

Behavior identification supporting assessment conducted with two or more technicians, must be prior authorized and treated in the same manner as the behavior identification supporting assessment above. However, such assessment may be administered by the physician or other QHCP who is on-site but not necessarily face-to-face; with the assistance of two or more technicians. This is only medically necessary when the beneficiary’s behavior is so destructive that it requires the presence of a team and an environment customizable to the beneficiary’s behavior.

All three assessment services can occur on the same day and continue as prior authorized until the assessment is completed.

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. Behavior treatment plans should include

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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:

1. Be person-centered and based upon individualized goals;
2. Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors;
3. Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
4. Identify the criteria that will be used to measure achievement of behavior objectives;
5. Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
6. Include care coordination, involving the parent(s) or caregiver(s), school, state disability programs, and others as applicable;
7. Include parent/caregiver training, support, education, and participation;
8. Identify objectives that are specific, measureable, based upon clinical observations of the outcome measurement assessment, and tailored to the beneficiary; and
9. Ensure that interventions are consistent with ABA techniques.

The provider may use the Louisiana Department of Health (LDH) treatment plan template provided (See Appendix D) or his/her own form. If the provider chooses to use his/her own form, the provider must address ALL of the relevant information specified in the 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 behavior treatment 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

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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.

The location of service should be specific and indicate home, clinic, school, camp, etc. If the place of service changes during the prior authorization period, an addendum to the behavior treatment plan must be submitted. The treatment plan should detail the ABA programming delivered in each location.

When developing a treatment plan, it is necessary to request only services that are medically necessary as determined through the assessment. Any model of ABA services can be approved if it achieves the goals set forth in the assessment. All services do not need to be part of the treatment plan, or used in conjunction with each other, unless technician services are being provided. If technician services are being provided, supervision by a licensed behavior analyst must be a part of the treatment plan.

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 beneficiary'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 beneficiary's team. The licensed supervising professional must also conduct regular meetings with family members to plan ahead, review the beneficiary's progress and make any necessary adjustments to the behavior treatment plan. Part of the supervision must be done in the presence of the beneficiary receiving treatment and state-certified assistant behavior analyst or the registered line technician. Supervision shall be

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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.

One on one supervision may be conducted and billed simultaneously and concurrently with one on one therapeutic behavioral services. Supervision can only occur when a non-licensed professional is providing the therapeutic behavioral services.

Role of the Parent/Caregiver

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

Treatment plan services must include care coordination involving the beneficiary's parent/caregiver. Services should also include parent/caregiver training, support, and participation. ABA is a beneficiary-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 beneficiary. Beneficiaries may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for beneficiaries 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 QHCP, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the beneficiary to ensure that the beneficiary has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.

Services for "Multiple-family group adaptive behavior treatment guidance", administered by a physician or other QHCP, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the beneficiary to ensure that the beneficiary has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.

The multiple-family group therapy should be used when parent(s) or caregiver(s) of two or more beneficiaries are present. The beneficiaries should have similar diagnosis, behaviors, and treatment needs.

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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 QHCP shall be face-to-face with two or more beneficiaries. The beneficiaries 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 beneficiaries. The beneficiaries 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:

1. 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;
2. Service that is primarily educational in nature;
3. 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);
4. Treatment whose purpose is vocationally or recreationally-based; and

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

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SECTION 4.2: BENEFICIARY REQUIREMENTS

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BENEFICIARY REQUIREMENTS

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

1. 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.);
2. 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;
3. Had a comprehensive diagnostic evaluation by a qualified health care professional; and
4. 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. If there is a recommendation in the comprehensive diagnostic evaluation (CDE) for ABA therapy, a separate prescription is not needed.

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SECTION 4.3: SERVICE AUTHORIZATION PROCESS

SERVICE AUTHORIZATION PROCESS

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

If a member has primary coverage available for ABA services through another insurer, the MCO may bypass the prior authorization process and acknowledge the prior authorization granted by the primary insurer.

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 beneficiary’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 beneficiary. This authorization request must include:

1. The CDE;
2. The behavior treatment plan;

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3. The IEP; and
4. The waiver plan profile table and the schedule from the certified plan of care (if the beneficiary 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 beneficiary's MCO (See Appendix A for contact information.).

Changing Providers

Beneficiaries 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 beneficiary, or case manager (if the beneficiary has one) must contact the MCO. (See Appendix A for contact information).

Good Cause is defined as allegation of abuse, beneficiary 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.

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PROVIDER REQUIREMENTS

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

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

2. Be a licensed behavior analyst that:
 - a. Is licensed by the Louisiana Behavior Analyst Board;
 - b. 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
 - c. Complete a criminal background check.

Para-professionals Requirements

In order to participate as an ABA para-professional in the Medicaid program, a para-professional must meet the following qualifications:

1. Be a certified assistant behavior analyst that renders ABA-based therapy services that:
 - a. Is certified by the Louisiana Behavior Analyst Board;
 - b. Works under the supervision of a licensed behavior analyst with the supervisory relationship documented in writing;

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- c. Has no sanctions or disciplinary actions, is state-certified or board-certified by the BACB®; and
 - d. Complete a criminal background check.
2. Be a registered line technician that renders ABA-based therapy services that meets the following qualifications:
- a. Is registered by the Louisiana Behavior Analyst Board; works under the supervision of a licensed behavior analyst with the supervisory relationship documented in writing; and
 - b. 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:

Provider	Initially	Frequency
Licensed behavior analyst	Enrollment application (current within a year prior to initial Medicaid application) or at time of hire	Update performed at least every five years thereafter
Certified assistant behavior analyst	At time of hire	
Registered line technician	At time of hire	

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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.

ABA Record Keeping Standards

Providers shall maintain and dispose of records in accordance with all applicable laws, regulations, corporate policies, and organizational policies in a manner that permits compliance with the requirements of the BCBA code, state law and federal law.

All professional work shall be appropriately documented in accordance with the provisions included in this manual in order to facilitate the provision of services later by the provider or by other professionals, to ensure accountability, and to meet other requirements of the Behavior Analyst Certification Board, Louisiana Behavior Analyst Board or the law.

Providers shall create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with applicable laws, regulations, and policies and in a manner that allows for the appropriate transition of services at any moment in time.

NOTE: All records and data must be maintained for at least six (6) years unless otherwise required by law for a longer period.

Documentation shall accurately state the nature of the services previously and currently provided, the fees or charges, the identity of the provider, relevant outcomes and other required descriptive data. Providers shall have records that demonstrate all codes were delivered to the proper client and were billed and used properly.

There shall be a specific record for each individual client receiving ABA therapy from the providers.

Start and stop times shall be recorded for every code billed. It is not necessary to have a start and stop time for every unit; however, start and stop times shall be used at the beginning of the session, following a break that is 12 minutes or longer, and when there is a switch to a different billing code. The person delivering the service must sign, date, and include their credentials in the documentation for each day and distinct session. This daily documentation/log will serve as a way of communicating important aspects of the treatment session with the next tech or provider.

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The daily documentation/log shall include all of the following:

1. Names of session attendees;
2. Start and stop time for each session;
3. Narrative of what happened in the session:
 - a. Describe what programs/ interventions were run during the session;
 - b. Describe each attendees' responses to interventions through the session; and
 - c. Describe each attendees' barriers to progress.
4. Documentation of correct billing code to be used;
5. Name, signature, and credentials of person(s) delivering the services; and
6. All documentation must be legible, easy to read, and individualized to each client.

All Protected Health Information (PHI) is confidential. Providers must ensure that all PHI is kept confidential and maintained securely. This includes protecting PHI in all stages of documentation (creating, managing, accessing, transferring, and destroying PHI) and all formats (written, recorded and electronic).

For regulations regarding electronic signatures, refer to the Louisiana Administration Code, Title 48, Part 1, Chapter 7 at <https://www.doa.la.gov/Pages/osr/lac/books.aspx>.

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SECTION 4.5: REIMBURSEMENT

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REIMBURSEMENT

Reimbursement shall only be made for services authorized by the beneficiary'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 beneficiary'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 than the rates published at:
http://www.lamedicaid.com/provweb1/fee_schedules/ABA_FS_Current.pdf.

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COORDINATION OF CARE

In order help the managed care organizations (MCOs) understand all the services a beneficiary 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 beneficiary’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 beneficiary is in a waiver and which waiver the beneficiary 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 beneficiary). This pairing of the direct support worker and the ABA provider should be specific, time limited, measureable and individualized.

For ABA services to be provided at a non- ABA facility or simultaneously with another service, if allowed per medically unlikely edits, and coding guidelines, the other service in question must not have a restriction that keeps it from being performed at the same time as another service.

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For services at a non-ABA facility, the addendum must detail why sessions are medically necessary at this facility and how often the services will occur at the facility. They must also explain why the sessions cannot occur in the home or at the ABA facility itself.

This addendum must detail the frequency and duration of sessions when the ABA provider and the other service provider are required to be present at the same time, and include an outline of information the other service provider needs to correctly implement the skill. It also must include 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 must be identified, including, 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 beneficiary). This pairing of the direct support worker and the ABA provider should be specific, time limited, measureable and individualized.

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APPENDIX A: CONTACT INFORMATION

CONTACT INFORMATION

Type of Assistance	Contact Information
Electronic Prior Authorization User Guide	http://www.lamedicaid.com/ProvWeb1/Forms/UserGuides/ePAHelp.pdf
Prior Authorization Liaison Prior Authorization Unit Provider Enrollment Unit Provider Relations Unit	Contact Your Healthy Louisiana Plan: Aetna Better Health 1-855-242-0802 TTY: 711 Available 24 hours a day, 7 days a week Healthy Blue 1-844-521-6941 TTY: 711 Available Monday – Friday, 7:00 a.m. - 7:00 p.m. AmeriHealth Caritas 1-888-756-0004 TTY: 1-866-428-7588 Available 24 hours a day, 7 days a week. Louisiana Healthcare Connections 1-866-595-8133 TTY: 1-877-4285-4514 Available Monday – Friday, 7:00 a.m. – 7:00 p.m. United Healthcare 1-866-675-1607 TTY: 1-877-4285-4514 Available Monday – Friday, 7:00 a.m. – 7:00 p.m.
Recipient Eligibility Verification System (REVS)	Phone: (225) 216-7387 or 1-800-766-6323
Bureau of Health Services Financing	1-888-758-2220
Division of Administrative Law Health and Hospitals Section	Division of Administrative Law – Health and Hospitals Section P. O. Box 4189 Baton Rouge, LA 70821-4189 Phone: (225) 342-0443 Fax: (225) 219-0443 Phone for oral appeals: (225) 342-5800

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INSTRUCTIONS AND FORM**

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BEHAVIOR TREATMENT PLAN

The provider is not required to use this plan of care (POC) form. However, if not using this form, the POC 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.

Beneficiary

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 beneficiary’s diagnosis.

Requested Hours of Services

1. Type or print the number of tutor/RBT hours requested per week;
2. Type or print the number of supervision hours conducted by the (BCBA/-D) per week;
3. Type or print the number of direct services hours provided by a BCBA/-D per week (this may include caregiver training as well); and
4. 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

1. 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;**

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Examples:

- a. “Daniel did not use words to communicate during the assessment”;
 - b. “James used ten mand forms inconsistently during assessment”;
 - c. “Sharlee could tact ten animals and four colors during assessment”; and
 - d. “Silvia made eye-contact two of 12 times after given the direction, look at me.”
2. 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; and
 3. Do not refer to idiosyncratic, proprietary assessment instrument results to describe baseline performance.

Examples:

- a. “Harry could perform skills 4L to 5G on ABEL4 assessment”; and
- b. “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

1. 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; and

Examples

- a. “Jon will tact 26 upper case letters independently across two consecutive treatment sessions”;

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

Examples:

- a. “Seth will complete goals A-K, M-R, and Q-T on the MASP”; and
- b. “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.

- 1. 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;
- 2. 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;
- 3. Type or write the results of the functional assessment and type or write a hypothesis statement or describe the results of a functional analysis;
- 4. Type or write a behavior improvement goals with a performance standard and criteria for mastery; and

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Examples:

- a. “Terrance will decrease hitting others by 50 percent for four (4) consecutive weeks. Terrance will ask mand for attention by saying “help” when prompted on 100 percent of the opportunities”; and
 - b. “William ask mand for an independent break at least five (5) times per session.”
5. 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.

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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.

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Louisiana Department of Health Bureau of Health Services Financing
ABA Therapy- Plan of Care

New Renewal Reconsideration Date Services Requested to Start _____

Recipient Information		Provider Information	
Name		Provider Name	
ID#	DOB	Provider Number	Phone
Address		Address	
Home Phone	Cell Phone	Contact Person e-mail	

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

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Tutor Hours/week	Supervision Hours/week	BCBA Direct Service/week	Total Hours/week

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

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**APPENDIX D: PLAN OF CARE
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Louisiana Department of Health Bureau of Health Services Financing
ABA Therapy- Plan of Care

Recipient Name		Recipient ID#	
Treatment Goals (if necessary, you may use a separate sheet)			
Behavior Reduction Plan (if necessary, you may use a separate sheet)			
Problem Behavior Topography (SIB, property destruction, tantrums, hitting, etc)			
The provider must state the baseline frequency/duration/latency/intensity of all problem behaviors for which a goal is developed			

CHAPTER 4: APPLIED BEHAVIOR ANALYSIS

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Louisiana Department of Health Bureau of Health Services Financing
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 an			
Behavior Plan Goals			
Behavior Improvement Plan (must address the function of the problem behavior and include strengthening a functional alternative be			

CHAPTER 4: APPLIED BEHAVIOR ANALYSIS

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Louisiana Department of Health Bureau of Health Services Financing
ABA Therapy- Plan of Care

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Parent/Guardian Training and Support Goals

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Recipient Name		Recipient ID#	
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Statement of Justification for ABA Therapy Hours Requested
(Provide specific information you used to determine the need for ABA therapy at the hours requested)

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Specify the predominant location where all services will take place

Home <input type="checkbox"/>	Clinic <input type="checkbox"/>	School <input type="checkbox"/>
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Specify the hours of service each day during the school year

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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**APPENDIX D: PLAN OF CARE
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Louisiana Department of Health Bureau of Health Services Financing
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Specify the hours of service each day during the summer (if necessary)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Signatures						
Parent/guardian		Provider Representative		Physician		
Date		Date		Date		
Recipient Name			Recipient ID#			