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COORDINATION OF CARE

The Board Certified Behavior Analyst (BCBA) shall coordinate care with the beneficiaries Primary Care Physician (PCP). Written progress notes shall be sent to the PCP either electronically (EMR), faxed or mailed every 6 months to coordinate with request for the renewal of ABA services. The PCP shall be copied on all behavior treatment plans. The PCPs name and contact information must appear on all Behavior Treatment Plans.

In order to help the managed care organizations (MCOs) understand all the services a beneficiary needs and is receiving, the provider shall 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 they are unable to furnish a copy of the IEP.

A behavior treatment plan that requires services to be delivered in a school setting will not be approved until an IEP is provided to the beneficiary's MCO. Applied Behavior Analysis (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 IEP serves as the addendum if the member receives ABA services in a school setting.

The behavior treatment plan must specify whether the beneficiary is enrolled in a waiver and identify the specific waiver the beneficiary is in. (This is information is available by checking the Medicaid Eligibility Verification System (MEVS)/ Recipient Eligibility Verification System (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 (POC). This is obtained by contacting the Waiver Support Coordinator. Communication shall 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 (DSW) are required to be present at the same time, and include an outline of information the DSW needs to correctly implement the skill, several measurable and objective goals defining and leading to the DSW'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.

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These strategies include, but not limited to:

1. Demonstration;
2. Modeling;
3. Coaching and feedback; and
4. Providing repeated opportunities for DSW practice (role playing and in “real life” situations with the beneficiary).

This pairing of the DSW and the ABA provider should be specific, time limited, measureable and individualized.

Non-Applied Behavior Analysis Facility

A non-ABA facility is any location other than the member’s home that does not offer ABA as one of its primary services.

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.

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.

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 DSW’s competency (i.e., correct implementation) and the methods for collecting data on the DSW’s performance.

Strategies the ABA provider will use must be identified, including, but not limited to:

1. Demonstration;
2. Modeling;
3. Coaching and feedback; and

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4. Providing repeated opportunities for DSW practice (role playing and in “real life” situations with the beneficiary).

This pairing of the DSW and the ABA provider should be specific, time limited, measureable and individualized.