

# Applied Behavior Analysis (ABA) Services

January 2022

# **“Autism Treatment Services” are now “Applied Behavior Analysis (ABA) Services”**

The Behavioral Health and Developmental Disabilities Division has made changes to Autism Treatment Services, including renaming the program to “Applied Behavior Analysis (ABA) Services”. The changes will expand access to and reduce delay in members receiving these services.

The following sources were used to inform these changes:

- ABA services utilization review guidelines from Medicaid programs and third-party payers in multiple states.
- Current literature, best practices, and Practice Guidelines for ABA services.
- Survey that was sent to Montana Licensed Board-Certified Behavior Analysts (BCBAs).
- Feedback sessions held with a group of BCBA stakeholders.
- Analysis of actual utilization data from the existing Autism Treatment Program.

## Changes to service delivery requirements based on provider feedback

- Services can be provided in the office, home or community setting. The ABA service provider may now choose the setting they feel is most beneficial to the member at that point in time.
- The parent or guardian/caregiver will not be required to be present for treatment received by the member, except for services that are targeted specifically to parent or guardian/caregiver training.
- Functional Impairment Criteria have been broadened and modified to align with accepted practices in other behavioral health services.
- ABA service providers may now choose the assessment tool they feel is most useful and beneficial in measuring and tracking a member's progress.
- Telemedicine services may be approved on a case-by-case basis.

## Expanded Array of CPT codes

A provider can use any of the following Adaptive Behavior Services CPT codes to bill for services:

- 97151 – Behavior identification assessment by professional BCBA (or by a BCaBA, using modifier TC)
- 97152 – Behavior identification assessment by a technician
- 97153 – Adaptive behavior treatment by technician using an established plan
- 97154 – Adaptive behavior treatment by technician with multiple patients using an established plan
- 97155 – Adaptive behavior treatment by professional BCBA using an established plan (or by a BCaBA, using modifier TC)
- 97156 – Adaptive behavior treatment by professional (BCBA) or intermediate professional (BCaBA) with family using an established plan
- 97157 – Adaptive behavior treatment by professional (BCBA) or intermediate professional (BCaBA), with multiple family group members using an established plan
- 97158 Adaptive behavior treatment by professional (BCBA) or intermediate professional (BCaBA), with group using an established plan

## Eligibility Criteria Expanded To Include More Members Beyond Those With a Diagnosis of Autism Spectrum Disorder

ABA services are currently available to Medicaid eligible members, no older than age 20, with a diagnosis of an Autism Spectrum Disorder (ASD).

ABA services may now also be available for Medicaid members whose providers feel they would benefit from ABA services and have a diagnosis of:

- Intellectual and/or Developmental Disability, (defined as having been deemed eligible for the receipt of state sponsored Developmental Disability services) and are no older than age 20 or;
- Serious Emotional Disturbance (SED) and are no older than age 17, or no older than age 20 and enrolled in an accredited secondary school.

# Initiation of ABA Services

# No Prior Authorization Needed For Initial Service Delivery

- ❖ An ABA provider will not need to get a prior authorization for services before starting treatment with a Medicaid member who meets the Functional Impairment and Eligibility Criteria. The ABA service provider will only need to submit the “Intent to Initiate Treatment” form to the Department via the secure Montana File Transfer Service at <https://transfer.mt.gov> to [DDPServiceRequest@mt.gov](mailto:DDPServiceRequest@mt.gov).
- ❖ All ABA Services forms can be found on the Applied Behavior Analysis Services webpage or the Department's DDP ABA Information webpage: <https://medicaidprovider.mt.gov/76>
- ❖ A package of 1,260 units of service (each unit = 15 min.) is available to bill for an initial period of 180-calendar days.

# Members may be initially served under a Provisional Qualifying Diagnosis

Any physician, licensed mental health professional, or other qualified healthcare professional can make a provisional qualifying diagnosis of SED or ASD.

This professional must deem the service medically necessary to ameliorate the symptoms of the provisional qualifying diagnosis and document this in the form of a prescription which lists the diagnosis for which the member is being referred and that the referral is for ABA services.

Any member being served with a qualifying diagnosis of Developmental Disability must have been deemed eligible for the receipt of state-sponsored developmental disabilities services



# Functional Impairment Criteria

All members receiving ABA services must consistently display active symptomatology of the provisional or established qualifying diagnosis which causes significant functional impairment, as manifested by two or more of the following:

1. Failure to establish or maintain developmentally and culturally appropriate relationships with adult caregivers or authority figures;
2. Failure to establish or maintain developmentally and culturally appropriate peer relationships;
3. Failure to demonstrate a developmentally appropriate range and expression of emotion or mood;
4. Disruptive behavior sufficient to lead to isolation in or from school, work, home, therapeutic, or recreation settings;
5. Behavior that is seriously detrimental to the individual's growth, development, safety, or welfare, or to the safety or welfare of others; or
6. Behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

# Service Requirements

All ABA services provided must demonstrate consistency with ABA core characteristics, Essential Practice Elements, and Assessment, Formulation of Treatment Goals, and Measurement of Client Progress as delineated in the *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition* issued by the BACB and/or the Council of Autism Service Providers.

The ABA service provider must develop the following:

1. Behavior Identification Assessment
2. Treatment Plan

The ABA provider is expected to complete service requirements 1. and 2. within 30 calendar days of the onset of services.

# **Continuation of ABA Services**

# Authorization Is Required For Continued Service Delivery

In addition to an established qualifying diagnosis, in order to continue service delivery after the initial 180 calendar days or 1,260 units of service, whichever elapses first, an Authorization will be required.

For uninterrupted services, 14 days prior to the end of the 180 calendar days or exhaustion of the 1,260 units of service, whichever elapses first, providers will need to upload an “Additional Units of Service Request” form and required documentation to Qualitrac via the [Medicaid Utilization Review Portal Medicaid Portal - Home - Mountain-Pacific Quality Healthcare \(mpqhf.org\)](https://www.mpqhf.org/medicaid-portal).

ABA service providers will be required to complete the Authorization process every 180 calendar days or 1,260 units of service, whichever elapses first.

## **A Provisional Qualifying Diagnosis Must Subsequently Be Confirmed for Continued Eligibility**

In order to continue service delivery after the initial 180 calendar days or 1,260 units of service, whichever elapses first, the provisional qualifying diagnosis (ASD or SED) must be confirmed by a qualified health care professional with expertise in the diagnostic area.

Qualified health care professionals with expertise in the diagnostic area:

- Child and Adolescent Psychiatrist.
- General Psychiatrist with Child and Adolescent experience.
- Psychiatric Mental Health Nurse Practitioner with Child and Adolescent experience.
- Developmental Pediatrician.
- Neuropsychologist/Psychologist.

# Criteria for Additional Units of Service

The member must continue to meet the Functional Impairment Criteria, Eligibility Criteria, and Service Requirements. In addition, the following three components are required:

- The BCBA providing services must have a reasonable expectation that the member will continue to benefit from the services and that the skill deficits and behaviors identified in the treatment plan will improve to a clinically meaningful extent.
- The treatment plan demonstrates progress in each of the identified goals or provides a clinical explanation and modification to address a lack of progress.
- The treatment plan demonstrates that the member is not experiencing a worsening of skill deficits or behaviors due to the treatment services.

# Additional Units of Service Required Documents

For each request for additional units of service, the requesting BCBA submits:

- ABA Services Additional Units of Service Request form
- Diagnostic Evaluation
- Behavior Identification Assessment
- Treatment Plan
- Annual Clinical Re-assessment\*

\*Required on an annual basis for all members served under a qualifying SED diagnosis.

# Exclusion Criteria

The following exclude members from eligibility for ABA services:

1. The member demonstrates consistent worsening of skill deficits and/or behaviors with the service being delivered.
2. The member's parent/guardian is not engaged in treatment and/or does not agree to continued service delivery.
3. The member has medical conditions or impairments that would prevent beneficial utilization of services.
4. The member has demonstrated no significant progress in treatment goals for 2 consecutive additional units of service request reviews, and the BCBA provider cannot sufficiently explain the lack of progress to justify continuing to authorize the service.
5. The member can be safely and effectively treated at a less intensive level of care.



# Concurrent Services

The Montana Medicaid Children's Mental Health Bureau (CMHB) services listed below may be provided concurrently with ABA services so long as they are provided and billed outside authorized treatment hours of other programs and the providers must demonstrate and document their attempts to coordinate with community-based services.

1. Partial Hospital Services (PHP)
2. Day Treatment
3. Comprehensive School and Community Treatment (CSCT)
4. Therapeutic Group Home (TGH)
5. Home Support Services (HSS)
6. Therapeutic Foster Care (TFC)
7. Extraordinary Needs Aide (ENA)
8. Targeted Case Management (TCM) for youth with SED

# Review for Authorization

The reviewer will be looking for completeness and adherence to the standards established in the *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition* issued by the BACB and/or the Council of Autism Service Providers on the submitted forms and documents.

In addition, the reviewer looks for documentation to support Functional Impairment Criteria, Eligibility Criteria, and Service Requirements are met, all demonstrating clear clinical evidence supporting the need for the member to have additional units of service.

# Authorization Determinations

The reviewer's determination will be one of the following:

- The information submitted is either incomplete or does not support the need for additional units of service and therefore the reviewer must deny the request.
- The information submitted supports the need for additional units of service and the reviewer must issue an approval.

The reviewer will notify the BCBA provider of the determination.

# Denials

If the determination is a denial, the deficiencies will be included in the notification.

A service provider may resubmit a request for additional units for service if they have additional information which would satisfy the deficiencies noted on the previous denial.

It is important to note that this will be considered a new submission and all required documents will need to be submitted for review and determination.

# **Transition from Autism Treatment Services to ABA Services**

# **New ABA Service Requirements Begin February 1, 2022**

All members currently receiving Autism Treatment Services will automatically be given the initial 180 calendar days inclusive of a maximum of 1,260 units of service to be billed as the provider sees fit effective February 1st.

Revised CPT codes are retroactive to August 1, 2021. Providers have 365 days from date of service to invoice.

Providers wishing to serve new members under ABA Services will follow the process previously outlined.

# New Montana Medicaid ABA Provider Web Page

- The Medicaid Providers Website contains resources for ABA providers (Provider Type 76):
  - ❖ Provider Manuals
  - ❖ Links to the Medicaid provider Rules
  - ❖ Fee Schedules and Provider Notices
  - ❖ Forms

<https://medicaidprovider.mt.gov/76>

# Additional Information

- We want to thank you for joining us today and being a valuable resource throughout this process of expanding and improving this program.
- Information regarding State Plan Amendments and public comments can be found at: [Administrative Rules \(mt.gov\)](#)
- Any questions, please contact Barbara Doggett at: [Barbara.Doggett@mt.gov](mailto:Barbara.Doggett@mt.gov) or by phone at: 406-444-3878