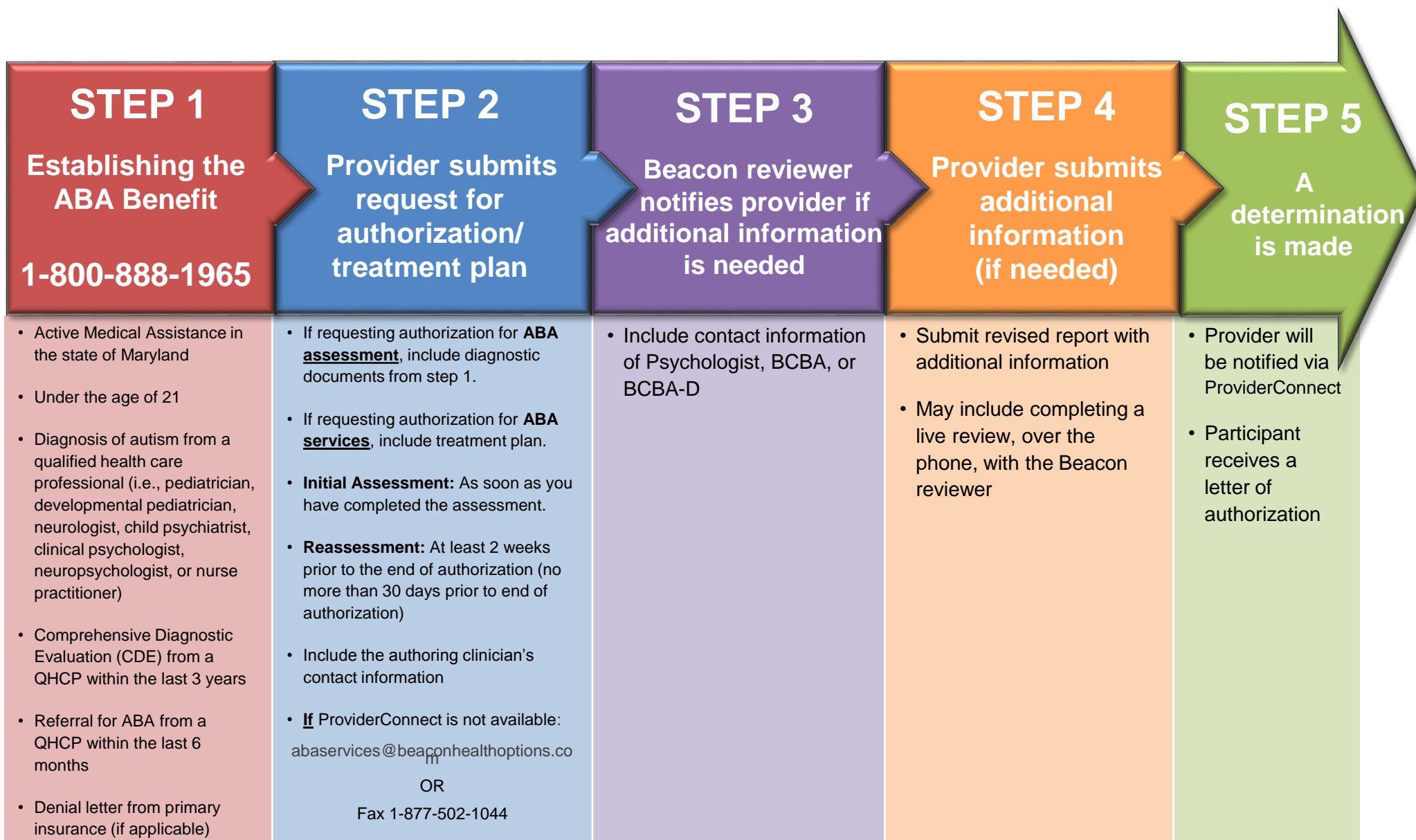


Applied Behavior Analysis (ABA) Provider Training

Applied Behavior Analysis (ABA)
Assessment/Reassessment Format



Path to Authorization





Prior to submitting an authorization request for assessment, a provider must first...

- A. Ensure the participant is OVER 21
- ☒ B. Refer the family to Beacon Health Options to provide CDE documents
- C. Do nothing, just schedule the assessment
- D. Submit a request for ABA services



How will a provider know if an authorization request was granted?

- A. The Beacon BCBA will email them
- B. They can call the 1-800 number
- C. The family will notify them
- ☒ D. They will log in to ProviderConnect and check the status of the authorization

Clinical Guidelines

- **Comprehensive functional assessments** are authorized for up to 8 hours in a 2-month period (Up to 32 units 97151 OR up to 32 units split across 97151 and 97152)
- **For ABA treatment, preauthorization is given for a 6-month period**; a shorter period may occur if there is a question of treatment plan appropriateness or the treatment plan warrants more frequent monitoring
- **Reassessments** are authorized for up to 3 hours (12 units 97151). A reassessment should be completed one month prior to the end of an authorization period to determine progress to date, gauge additional need for care, and avoid a lapse in treatment. Reassessments must be submitted within 2 weeks of the end of the current authorization period.
- **Peer-to-Peer collaboration** with network BCBA providers in weekly case reviews and on any clinical and quality concerns to shape behavior and promote quality
- **Reduce duplicative services** by ensuring that home and community based services compliment services being provided in the schools
- **Termination of services** when no longer medically necessary, as indicated by long term goals being met, progress is no longer being made, or care is transitioned to caregivers.

Clinical Guidelines

- **Direction of Technician requirements (97155/97155-GT)** are that a minimum of one hour of direction of a technician be delivered for every 10 hours of direct services. Direction of a BCaBA/RBT working directly with the patient can be delivered as an in-person service or a remote service.
 - If authorized to deliver direction of technician remotely; 25 percent of the total hours must be conducted in-person.
 - Providers must secure HIPAA compliant technology which allows for both an audio and visual connection with the BCaBA/RBT.
 - Direction can be rendered by a BCBA or BCBA-D.
 - Both remote or in-person direction of technician can be billed simultaneously with 1:1 ABA treatment (97153).
- **Parent or caretaker involvement in treatment is key**; generalization to the natural environment is key to fading of services. All parent training must be conducted in-person.
- **Indirect Service Hours** allow the provider to revise the treatment plan, analyze data and communicate with the participant's other service providers in real-time throughout the authorization period. Provider can request a maximum of 4 hours per month of indirect services.



Providers are typically allowed to request up to ____ hours to complete an initial assessment.

- A. 2
- B. No limit
- ☒ C. 8
- D. 6



Providers are typically allowed to request up to ___ hours to complete a re-assessment.

- A. 8
- B. No limit
- C. 6
- D. 3**



The minimum required ratio of direction of a technician to 1:1 ABA therapy is...

- A. 5:10
- ☒ B. 1:10
- C. 3:10
- D. 10:10

Components of Assessments



Identifying Information



Documents Reviewed

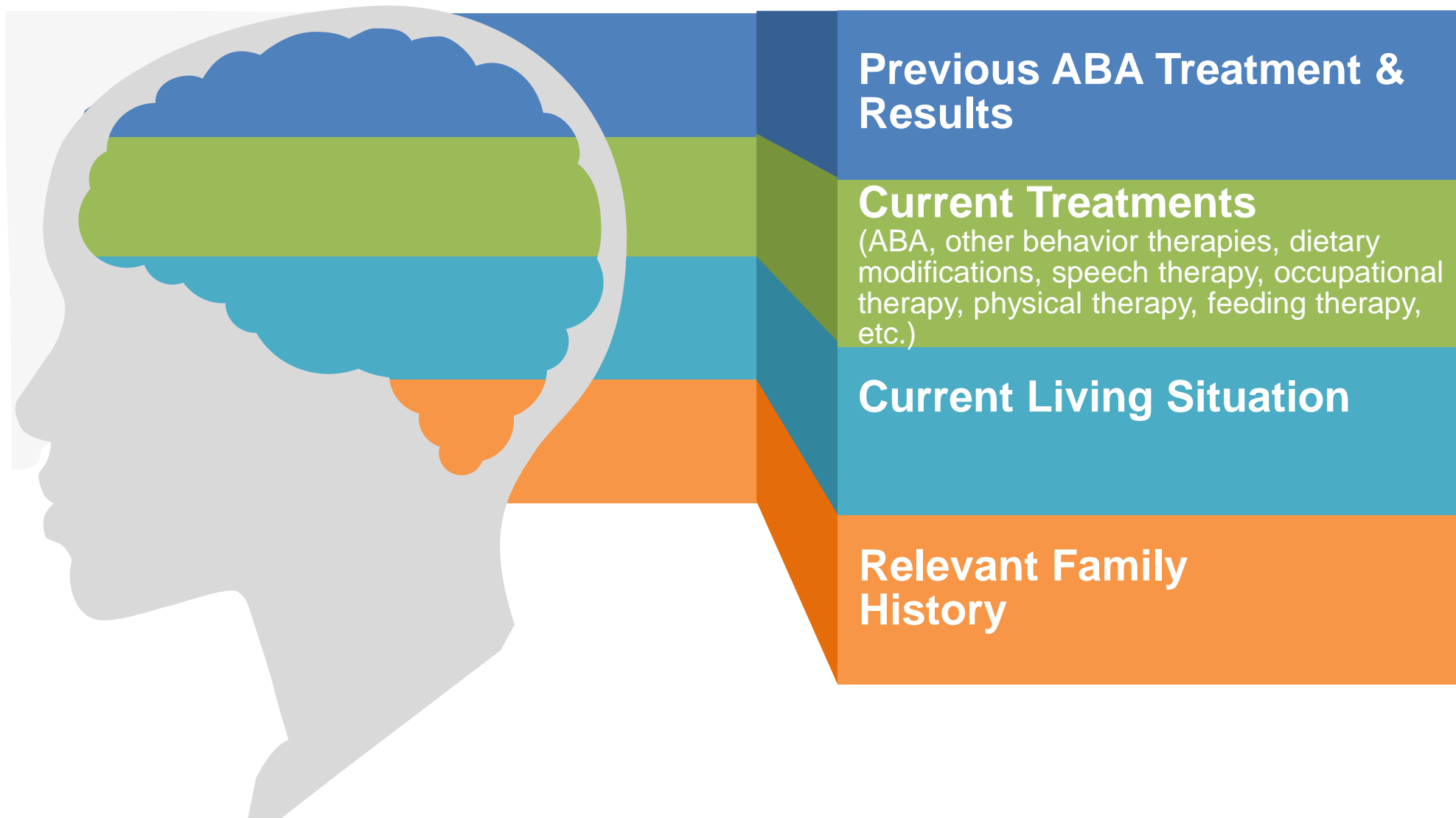
- Diagnostic report
- Psychiatric assessment
- IEP or IFSP
- Reports from other service providers
 - OT, PT, SLP, Social Skills Training, etc.
- Reports from previous ABA providers

Biopsychosocial Information

- Why is it important?
 - Provides information on participant's functioning level
 - Gives information regarding daily activities
 - Paints a broader picture of participant's family and school life
 - Used as a reference point when reviewing assessment and goals



Biopsychosocial Information

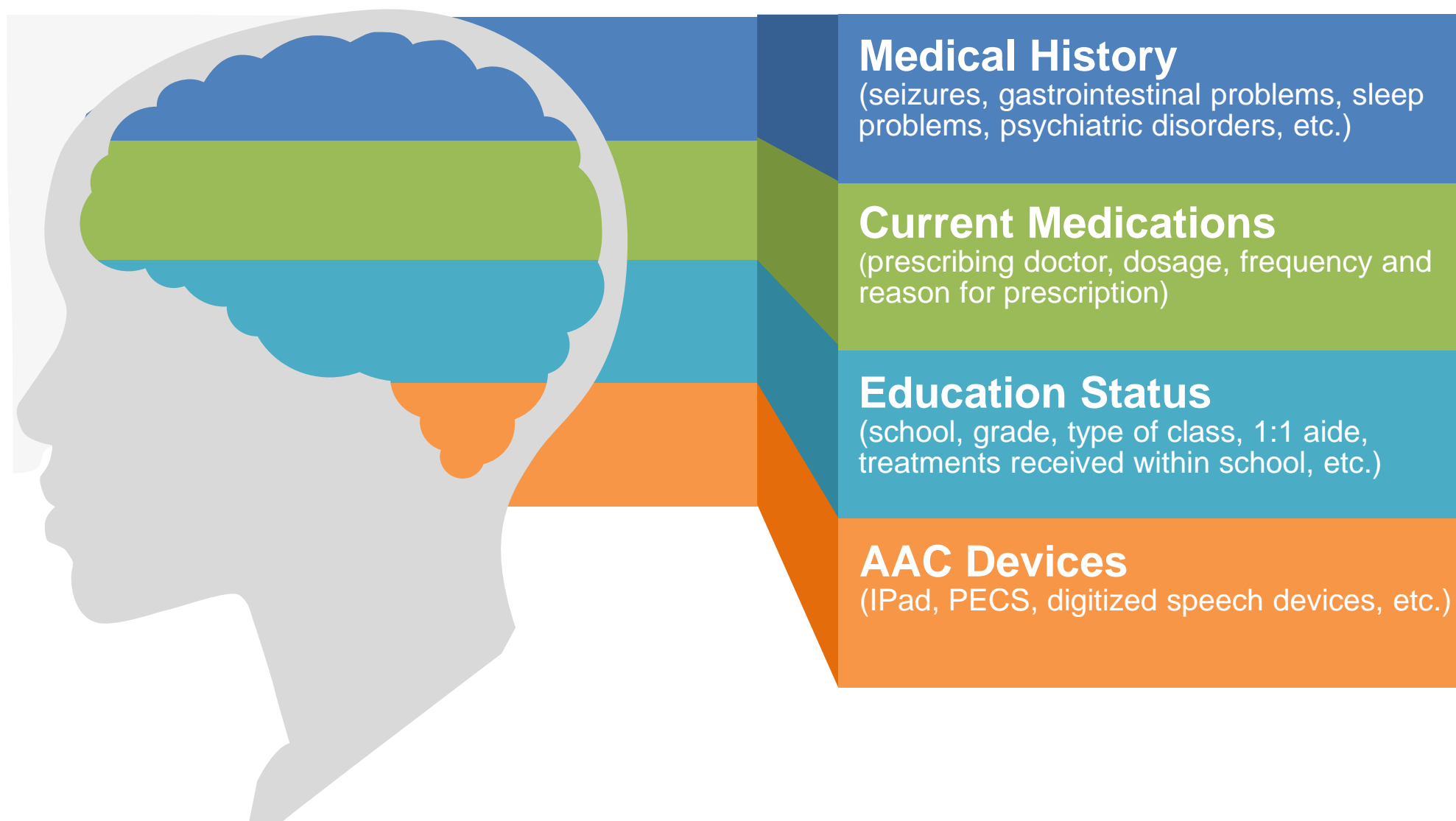




If a participant has received ABA in the past, what information should you provide in your assessment report?

- A. Dates of ABA treatment
- B. Rate of ABA treatment
- C. Results of ABA treatment
- D. Reason it was discontinued
- E. All of the above**

Biopsychosocial Information





If a participant is attending school, what information should you provide in your assessment report?

- A. School name
- B. Grade level and type of classroom
- C. Hours of attendance
- D. Special supports received in the school setting
- E. All of the above**

Behavioral Observations

- At least 2 direct observations must be conducted (requirement)
 - 2 separate days
 - Natural environment (e.g. participant's home or typical community locations)
 - Objective
 - ABC data
 - Describe setting, duration and other influencing factors





A minimum of 2 face-to-face observations are required.

True or False?

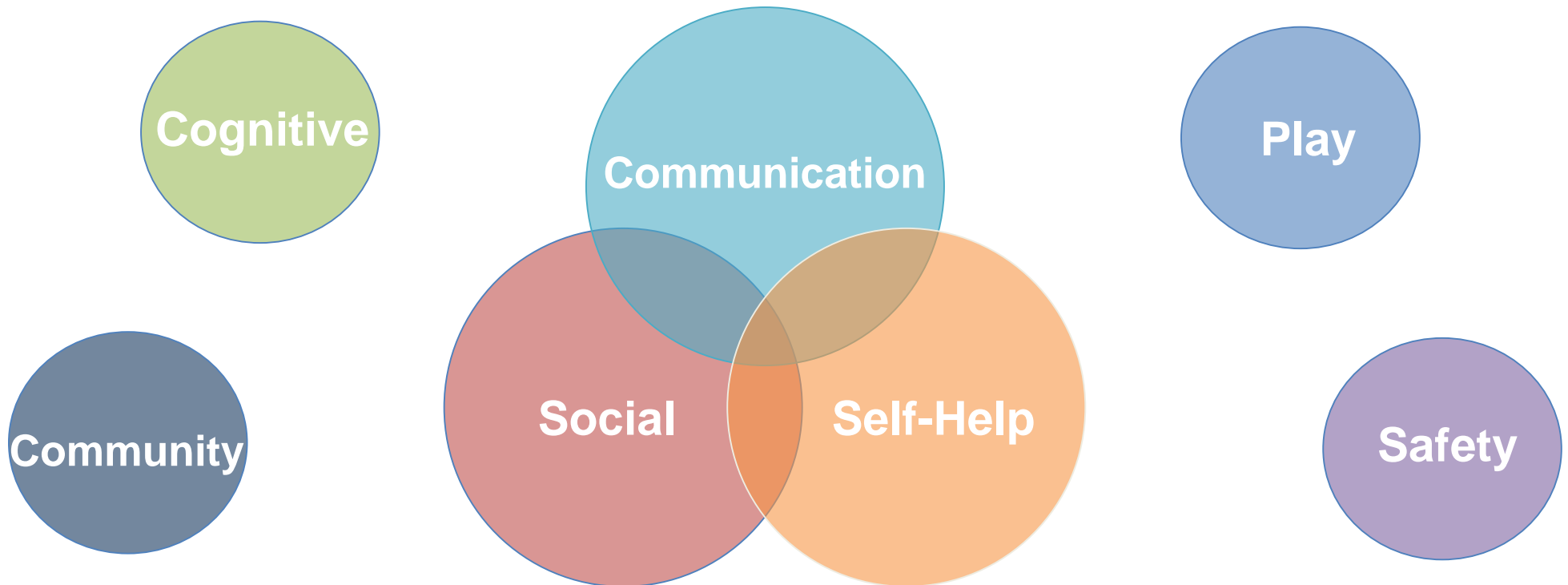
- ☒ A. True
- ☐ B. False



Observations should be conducted...

- A. At the clinic
- B. At the participant's home
- C. In a novel setting
- D. In the participant's community
- E. B and D**

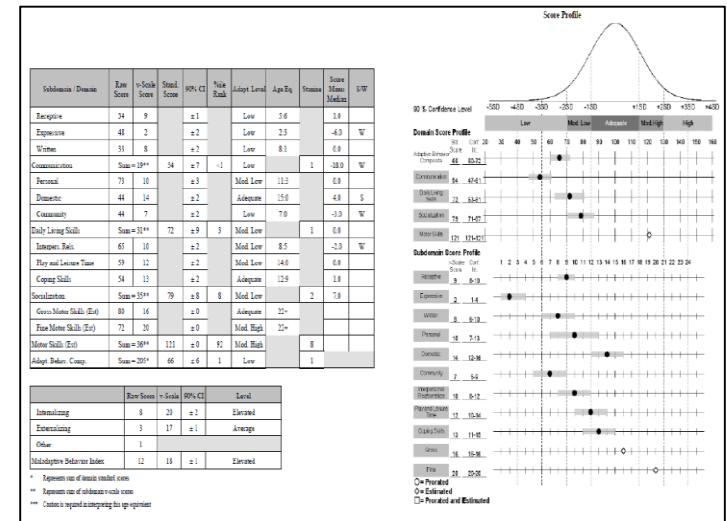
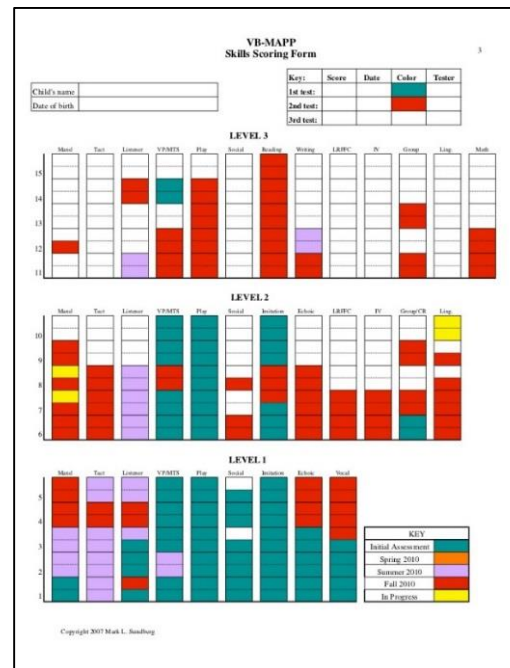
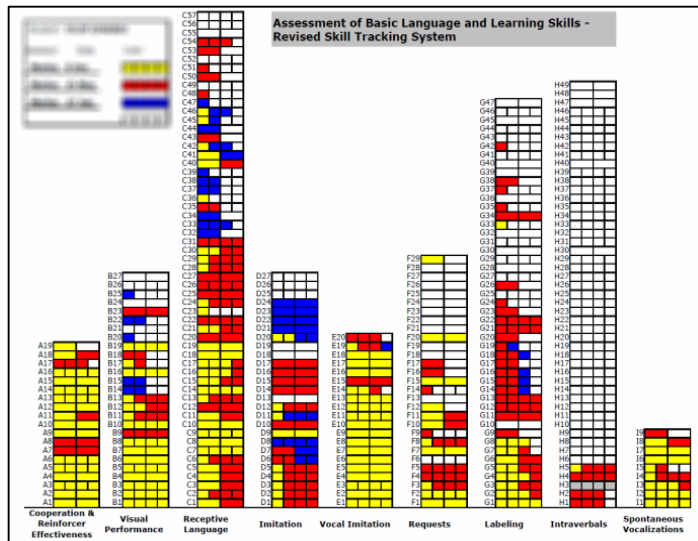
Strengths and Weaknesses



- **A description of abilities and areas of deficit (communication, social & self-help)**
 - Parent/caregiver interview
 - Direct observation
 - Formalized assessments
- **Treatment goals should correspond to the identified areas of deficit**
- **Identify potential barriers to progress**

Examples of Skills Assessments

- Identify areas of deficit utilizing standardized assessment tools
 - Use assessments such as the VB-MAPP, Vineland, ABLIS-R, AFLS or other similarly valid instruments
 - Including the results of the assessment, either in numeric or graphical form



Skills To Be Taught – Goals

Utilize assessment information to create goals and objectives that are:

- Operationally defined
- Measurable
- Observable
- Achievable
- Age appropriate
- Socially Significant
- Address core deficits of autism



Goal: Abby Cadabby will vocally request a break, using 2 or more words, during a non-preferred activity, in 80% of opportunities across 3 consecutive sessions.



Goal: Abby Cadabby request a break when she feels frustrated.



What's wrong with the following goal?

~~Ernie will follow a task analysis in 80% of opportunities.~~

Ernie will wash his hands by independently completing 80% of the steps in a task analysis, across 3 consecutive sessions, 3 locations and 3 people.



What's wrong with the following goal?

~~Ernie will play appropriately with 2 peers for 3 consecutive sessions.~~

Ernie will independently engage in parallel play and stay within 2 feet of his peers, with 2 or more peers, for 15 minutes across 3 consecutive sessions, 3 activities and 3 locations.

Skills To Be Taught – Goals

Questions to Consider

Is the goal the most important need of the participant?

Are goals focused on age-appropriate activities and behaviors?

Do the goals promote opportunity for choice?

Are the goals addressing the core deficits of autism?

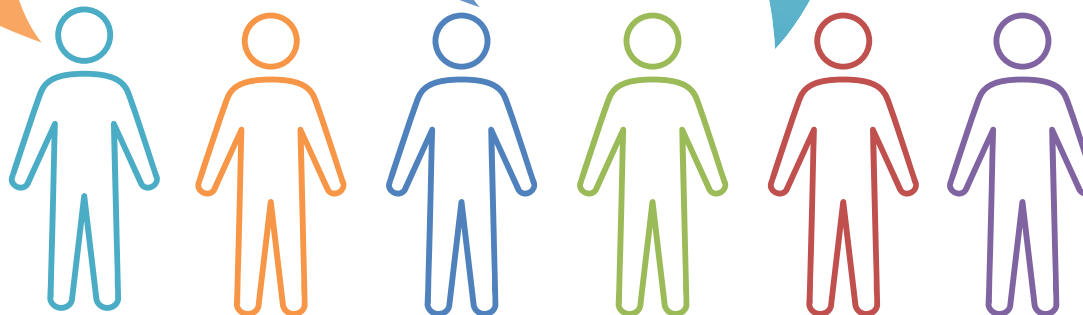
Will the goals potentially generate high rates or high quality reinforcement?

Do the goals focus on promoting long-term competencies through generalization and maintenance?

Does the goal match the values or personal preferences of the participant?

Is the goal reasonably attainable?

Do goals promote skills frequently displayed by peers in typical environments?





Bert is a 16-year-old boy who attends high school in a general education setting. He does well in most educational settings, but struggles in less structured social environments. Which of the following is most likely to be an example of an appropriate goal?

- A. Bert will mand for a break when a non-preferred task is presented.
- B. Bert will play appropriately with a toy car for up to 15 minutes in 80% of opportunities.
- ☒ C. Bert will maintain a conversation with a peer, for at least 4 reciprocal exchanges, in 80% of opportunities. across 4 consecutive sessions.
- D. Bert will catch a ball thrown to him from a distance of 10 feet in 80% of opportunities, across 4 consecutive sessions.

Skills To Be Taught – Goals

- Goals and objectives should include:



Baseline measurement



Current performance (if reassessment)

- Goals and objectives should NOT:



Be educational in nature

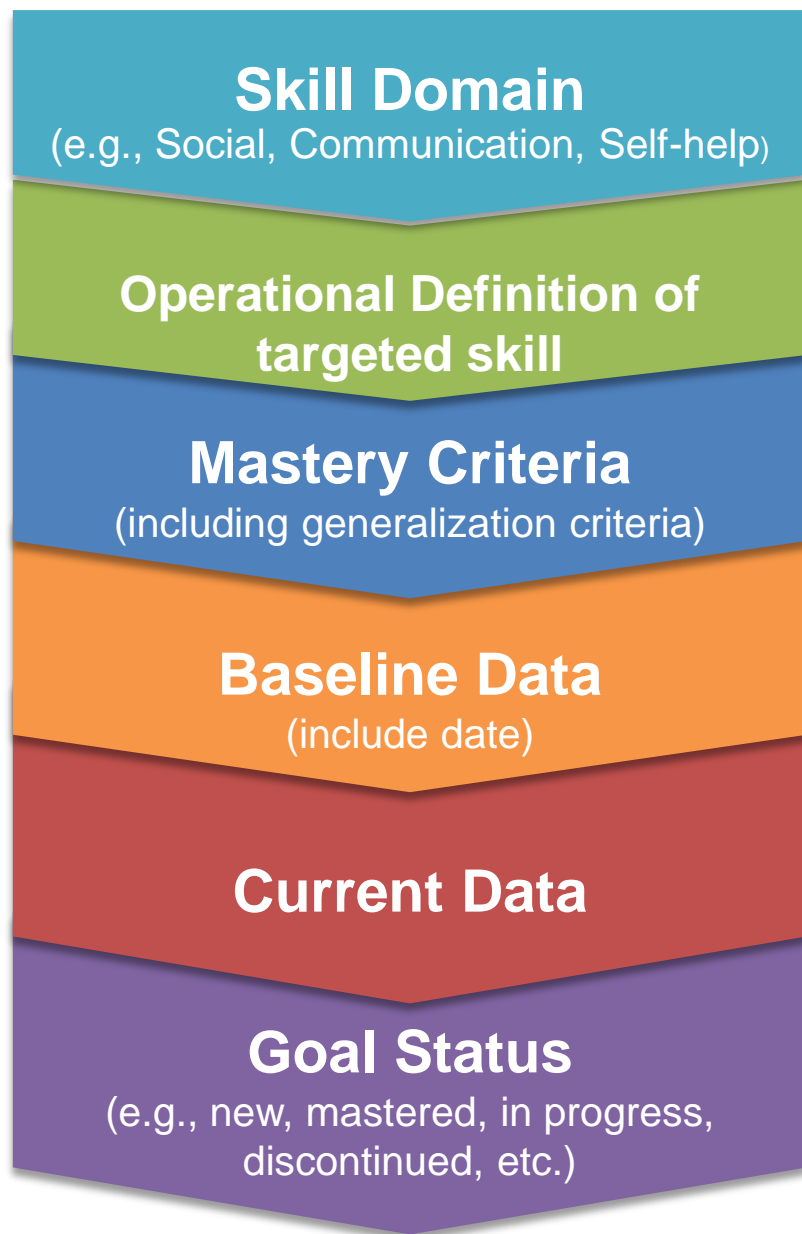


Overlap with IEP goals and objectives



Be recreational in nature

Skills to be Taught - Goal Components



Language/Communication

- Goal:** Elmo will vocally mand, using one word, 25 preferred items or activities, in 80% of opportunities across 2 settings and 2 people, for 3 consecutive sessions.
Baseline (8/1/2016): 2 preferred items mastered (i.e. water and cookie)
Current (1/1/2017): 10 preferred items/activities mastered (i.e. water, cookie, outside, book, milk, car, ball, tv, apple, swing). Elmo is currently learning to request iPad and is successful in 60% of opportunities.
Status: Goal in progress

Social Skill

- Goal:** Elmo will engage in parallel play, without attempting to leave the area, for up to 5 minutes, in 80% of opportunities across 2 settings and 2 peers, for 3 consecutive sessions.
Baseline (8/1/2016): 10 seconds
Current (1/1/2017): Elmo is currently engaging in parallel play for 5 minutes, without prompts, in 90% of opportunities at home and the local park, with his brother and 2 other neighborhood children.
Status: Mastered
- Goal:** Elmo will vocally respond to greetings, with one or more words, in 80% of opportunities across 2 settings and 2 people, for 3 consecutive sessions.
Baseline (1/1/2017): 20%
Current: NA
Status: New goal



Which type of goals require baselines?

- A. Parent goals
- B. Skill acquisition goals
- C. Behavior reduction goals
- D. New goals
- E. Previous goals
- ☒ F. All of the above

Social Skills Group Goals



- Only necessary if social skills are taught in a GROUP (97158)
- Group is led by a licensed psychologist, BCBA or BCBA-D
- Goals should be designed for a group setting
 - Observable/Measurable
 - Clear mastery criteria
 - Baseline



Goal: When playing a board game, Cookie Monster will independently take turns with up to 3 peers, until the natural conclusion of the game, in 80% of opportunities across 3 consecutive sessions.

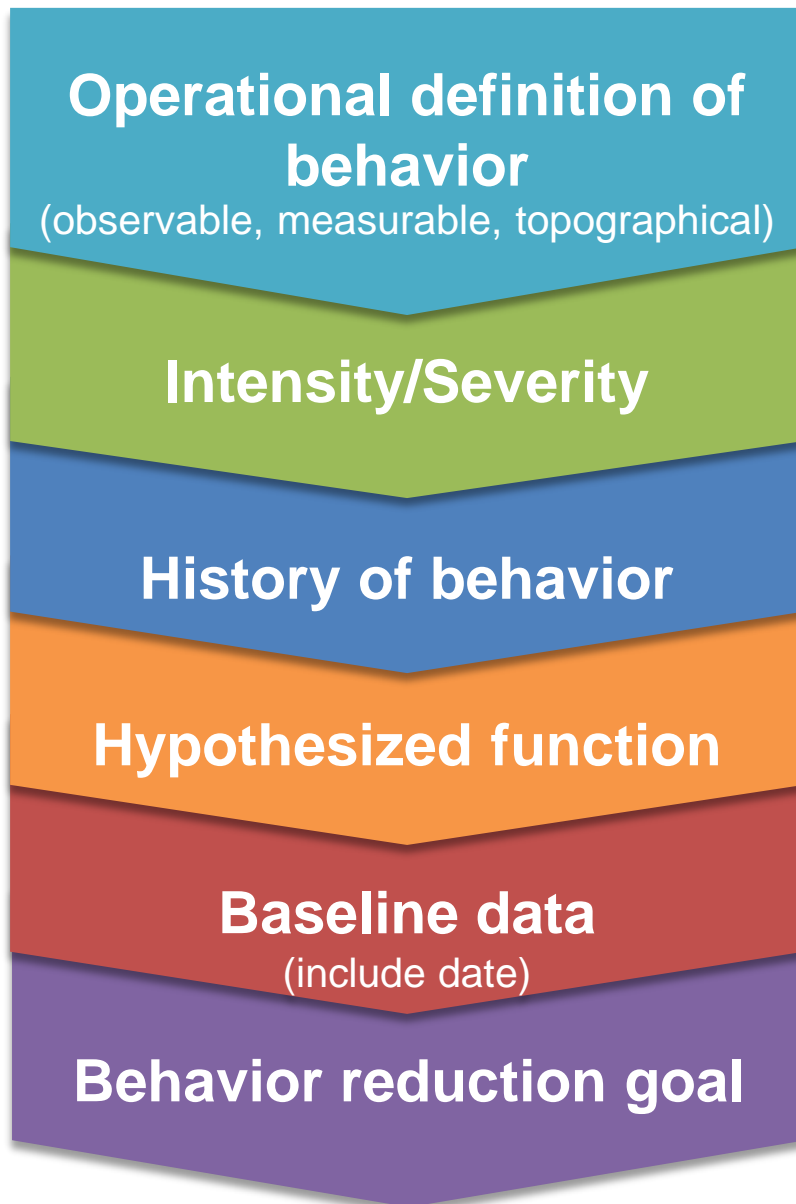


Goal: Cookie Monster will talk to others.



Goal: Cookie Monster will independently tie his shoes in 80% of opportunities across 3 consecutive sessions.

Maladaptive Behaviors



Target Behavior: Biting

Definition: Any instance of Big Bird's teeth making contact with any part of another person's body. This includes instances when Big Bird does not exert pressure or leave a noticeable mark. The behavior begins when Big Bird's teeth make contact and ends when his teeth are no longer in physical contact with the other person's body.

Intensity: Severe. Parents report that they often have bruising and bite marks on their skin. In one incident, Big Bird bit his mother and broke the skin. She required medical treatment. Parents report that they wear long sleeves to minimize the injury.

History: Biting began occurring 3 months ago. Parents report that the behavior is becoming more frequent and is more likely to occur in the home. However, the behavior recently began occurring in the school setting and Big Bird was suspended from school for biting another student.

Hypothesized Function: Attention and escape

Baseline (1/1/17): 3x/hour

Goal: Big Bird will reduce biting to 0 times per hour, at home, school and in the community, across 3 consecutive months.

- If maladaptive behaviors are targeted, an assessment is required to determine the function
 - FAST, FA, or other functional assessment

FAST

Functional Analysis Screening Tool

Client: _____ Date: _____

Informant: _____ Interviewer: _____

To the Interviewer: The FAST identifies factors that may influence problem behaviors. Use only for screening as part of a comprehensive functional analysis of the behavior. Administer the FAST to several individuals who interact with the client frequently. Then use the results to guide direct observation in several different situations to verify suspected behavioral functions and to identify other factors that may influence the problem behavior.

To the Informant: Complete the sections below. Then read each question carefully and answer it by circling "Yes" or "No." If you are uncertain about an answer, circle "N/A."

Informant-Client Relationship

1. Indicate your relationship to the person: ☐ Parent ☐ Instructor
☐ Therapist/Residential Staff ☐ (Other)
2. How long have you known the person? _____ Years _____ Months
3. Do you interact with the person daily? ☐ Yes ☐ No
4. In what situations do you usually interact with the person?
☐ Leisure ☐ Work or vocational training
☐ Self-care ☐ (Other)

Problem Behavior Information

1. Problem behavior (check and describe):
☐ Aggression _____
☐ Self-injury _____
☐ Stereotypy _____
☐ Property destruction _____
☐ Other _____
2. Frequency: ☐ Hourly ☐ Daily ☐ Weekly ☐ Less often
3. Severity: ☐ Mild: Disruptive but little risk to property or health
☐ Moderate: Property damage or minor injury
☐ Severe: Significant threat to health or safety
4. Situations in which the problem behavior is more likely to occur:
Days/Times: _____
Settings/Activities: _____
Persons present: _____
5. Situations in which the problem behavior is less likely to occur:
Days/Times: _____
Settings/Activities: _____
Persons present: _____
6. What is usually happening to the person right before the problem behavior occurs?

7. What usually happens to the person right after the problem behavior occurs?

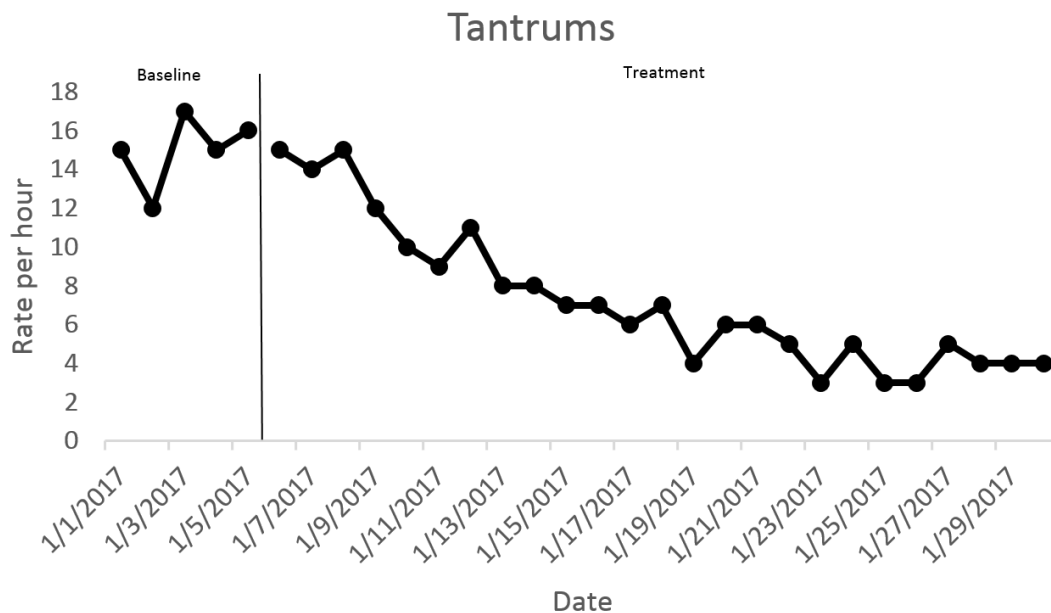
8. Current treatments:

<ol style="list-style-type: none"> 1. Does the person usually <u>not</u> behave when the person is not receiving attention or when caregivers are paying attention to someone else? Yes No N/A 2. Does the problem behavior occur when the person's request for preferred items or activities are denied or when these are taken away? Yes No N/A 3. When the problem behavior occurs, do caregivers usually try to calm the person down or involve the person in preferred activities? Yes No N/A 4. Is the person usually well behaved when (s)he is getting lots of attention or when preferred activities are freely available? Yes No N/A 5. Does the person usually fuss or resist when (s)he is asked to perform a task or to participate in activities? Yes No N/A 6. Does the problem behavior occur when the person is asked to perform a task or to participate in activities? Yes No N/A 7. If the problem behavior occurs while tasks are being presented, is the person usually given a "break" from tasks? Yes No N/A 8. Is the person usually well behaved when (s)he is not required to do anything? Yes No N/A 9. Does the problem behavior occur even when no one is nearby or watching? Yes No N/A 10. Does the person engage in the problem behavior even when leisure activities are available? Yes No N/A 11. Does the problem behavior appear to be a form of "self-stimulation"? Yes No N/A 12. Is the problem behavior <u>less</u> likely to occur when sensory stimulating activities are presented? Yes No N/A 13. Is the problem behavior cyclical, occurring for several days and then stopping? Yes No N/A 14. Does the person have recurring painful conditions such as ear infections or allergies? Yes No N/A If so, list: _____ 15. Is the problem behavior <u>more</u> likely to occur when the person is ill? Yes No N/A 16. If the person is experiencing physical problems, and these are treated, does the problem behavior usually go away? Yes No N/A 	<p style="text-align: center;">Scoring Summary</p> <p>Circle the number of each question that was answered "Yes" and enter the number of items that were circled in the "Total" column.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Items Circled</th> <th style="text-align: left;">"Yes"</th> <th style="text-align: left;">Total</th> <th style="text-align: left;">Potential Source of Reinforcement</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>_____ Social (attention/preferred items)</td> </tr> <tr> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>_____ Social (escape from tasks/activities)</td> </tr> <tr> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>_____ Automatic (sensory stimulation)</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>_____ Automatic (pain attenuation)</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">© 2005 The Florida Center on Self-Injury</p>	Items Circled	"Yes"	Total	Potential Source of Reinforcement	1	2	3	4	_____ Social (attention/preferred items)	5	6	7	8	_____ Social (escape from tasks/activities)	9	10	11	12	_____ Automatic (sensory stimulation)	13	14	15	16	_____ Automatic (pain attenuation)
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9	10	11	12	_____ Automatic (sensory stimulation)																					
13	14	15	16	_____ Automatic (pain attenuation)																					

_____ 's ABC Chart							
Date	Initials	Time behavior started	Antecedent (List what happened immediately preceding the behavior)	Behavior (List everything that the child is saying/doing)	Consequence (List the procedure # that was performed and anything that you said/did in addition to the procedure)	Duration (length of behavior)	Post- Consequence (what you did directly following the Consequence)

Behavioral Data

- Baseline data is required
- Baseline will be used to determine future progress
- Parent report is acceptable
- Baseline should be specific and objective



Baseline: 15 times per hour



Baseline: 2 or more times per day



Baseline: 5-10 times per week



Kermit is a 3 year old boy that engages in frequent tantrums. At baseline, he engaged in 5 tantrums per hour. At present, he is engaging in 6 tantrums per session. Which statement is true?

- A. The frequency of tantrums is increasing
- B. The frequency of tantrums is decreasing
- C. The frequency of tantrums remains the same
- ☒ D. Based on the information given, I am unable to determine if the frequency of tantrums is increasing or decreasing.

Medical Necessity



Behavior Intervention Plan

Behavior: Operational definition (not overlapping)	Biting: Any instance of Big Bird's teeth making contact with any part of a person's body. Includes instances when Big Bird does not exert pressure or leave a noticeable mark. The behavior begins when Big Bird's teeth make contact and ends when his teeth are no longer in physical contact with the other person's body.
Hypothesized Function	Escape from non-preferred activities & attention
Baseline	1/1/2017: 10 times per hour (specific & objective)
Replacement behaviors	<ol style="list-style-type: none"> 1) Escape: In lieu of biting, Big bird will request a break, by exchanging a break card, in 80% of opportunities across 4 consecutive weeks, 2 locations, and 2 people. 2) Attention: In lieu of biting, Big bird will initiate play with another person, by offering a toy, in 80% of opportunities across 4 consecutive weeks, 2 locations, and 2 people.
Antecedent Strategies	<p>Escape</p> <ol style="list-style-type: none"> 1) Alternate between preferred and non-preferred activities 2) Provide frequent breaks (start with a break every 15 minutes and gradually increase the time) 3) Provide opportunity to choose activities 4) Present an If/Then visual board prior to presenting a non-preferred activity. <p>Attention</p> <ol style="list-style-type: none"> 1) Implement non-contingent schedule of attention (begin by providing attention/play every 15 minutes and gradually thin the schedule).
Consequence Strategies	<p>Escape</p> <ol style="list-style-type: none"> 1) Withhold reinforcement (i.e., escape from demand) 2) When Big Bird has refrained from biting for at least 5 minutes, provide the least intrusive prompt for him to request a break appropriately. <p>Attention</p> <ol style="list-style-type: none"> 1) Do not make eye contact or verbally reprimand 2) When Big Bird has refrained from biting for at least 5 minutes, provide the least intrusive prompt for him to initiate play appropriately.
Reinforcement Strategies	Reinforce all appropriate request for escape and attention on a fixed-ratio schedule of 1:1. The schedule of reinforcement will gradually be faded and eventually switched to an interval schedule of reinforcement, with interval gradually increasing.



If there is a behavior targeted for reduction, then the behavior intervention plan is optional. True or False?

A. True

☒ B. False



Big Bird frequently bites other people. The function of the behavior has not been identified. Which of the following consequence strategies would lead to the reduction of biting?

- A. Ignore the behavior
- B. Redirect to another activity
- C. Withhold all access to tangibles
- ☒ D. Based on the information given, I am unable to determine what consequence strategies would likely lead to the reduction of the behavior.

Family Involvement

- **A description of how caregivers are involved**

- Who will be involved (siblings, parents, grandparents, etc.)?
- Will they attend sessions?
- Will they attend parent trainings?
- Will they collect data during/outside of sessions?

- **Parent training goals (required)**

- Observable and measurable
- Clear mastery criteria
- Need to be for competence of skills (not attendance)
- Should be individualized to the participant's needs
- Include generalization

- **Recommend at least 2 hours of parent training per month (with or without patient present)**

- **Parent training without patient present (97156) is meant to supplement parent training with the patient present (97156-U2)**

- **May include additional caregivers**



Goal: Kermit's parents will withhold eye contact, when he is screaming, in 80% of opportunities, at home and in the community, for 2 consecutive weeks.



Goal: Kermit's parents will be present in 90% of sessions, across 2 consecutive weeks.



Goal: Kermit's parents will collect ABC data outside of session.



When recommending parent training, parent training goals are required. True or False?

- ☒ A. True
- ☐ B. False



Beacon recommends a minimum of ____ hours of parent training per month.

A. 10

B. 1

C. 2

D. 4



Parent training without the patient present (97156) is meant to replace parent training with the patient present (97156-U2). True or False?

A. True

☒ B. False

Generalization Training

- A description of a plan to generalize skills
 - Natural stimuli
 - Capturing natural teaching opportunities
 - Training in novel environments (e.g., park, restaurant)
 - Incorporating novel trainers (e.g., parent, sibling)
 - Natural reinforcers
 - Ideally, would include goals for parents to facilitate generalization



A thorough plan for generalization is especially important when recommending services _____.

- A. In the home
- B. In the participant's natural environment
- C. In more than one location
- ☒ D. Outside the participant's natural environment

Preference Assessment

- Description of potential reinforcers
- Several methods available:
 - Parent report
 - Observation
 - Systematic (e.g., paired choice preference assessment)
- For reassessments, indicate any changes from previously identified reinforcers
 - Fading of edible reinforcers
 - Increasing repertoire of reinforcers
 - Introduction of a token economy
 - Naturally occurring reinforcers

Risk Assessment

- **A description of risks associated with engaging in treatment**
 - Extinction burst
 - Elicitation of undesirable emotional responses
 - Increase in escape/avoidant behaviors
 - Volatility
 - The more severe/intense the problem behavior, the greater the risk of failure
- **A description of risks associated with lack of treatment**
 - Failure to acquire functional skills
 - The need for more restrictive intervention in the future
 - Continued use of maladaptive behaviors
 - Escalation of maladaptive behaviors



Transition Plan

- A plan of action when one of the following situations are present:
 - Transitioning to a less intensive program (e.g., early intervention to focused intervention)
 - Transitioning to a less restrictive setting (e.g., clinic-based to home-based)
 - Graduating from one grade-level/school to another
 - Aging out or discharging from the ABA benefit
- Include specific steps
- Include a timeline
- Include additional resources
- Individualized
- Required if providing clinic-based services

Transition Plan

- Questions that need to be considered prior to the participant aging out of or discharging from ABA services.
 - What is the next step? Will it include vocational skills training and/or job placement, adult day treatment program, college or another alternative?
 - What types of goals and skills should we be focusing on?
 - How will you prepare the parents/caregivers to continue following the behavior plan in the absence of the ABA treatment team?
 - How will you gradually fade yourself from the participant's life and thin reinforcement and other treatment components in the weeks/months leading up to the end of services?



A transition plan is required when _____.

- A. The participant is experiencing a transition or upcoming transition
- B. It is determined that services can not occur in the home and must be provided in clinic
- C. The participant is close to aging out of the benefit
- ☒ D. All of the above

Discharge Plan

- Objective criteria for discharge
- Achievable/Realistic
- Include the following:
 - ✓ Reduction of behaviors, that interfere with participant's quality of life, to a predetermined level
 - ✓ Acquisition of specific long-term objectives that improve participant's independence
 - ✓ Acquisition of long-term parent training goals that facilitate the transition of ABA treatment to the parent/caregiver



A discharge plan is required. True or False?

- ☒ A. True
- ☐ B. False



A discharge plan should...

- A. Be objective
- B. Be achievable and realistic
- C. Be indefinite
- D. Include transition of ABA treatment to the parent/caregiver
- ☒ E. A, B and D

Crisis Plan

- Required if the participant displays maladaptive behaviors that pose a risk to themselves or others
- Includes risk factors or specific target behaviors that are present

Please check risk factors as applicable.

- | | |
|---|---|
| <input type="checkbox"/> Assaultive behavior | <input type="checkbox"/> Elopement |
| <input type="checkbox"/> Self-Injurious Behavior (SIB) | <input type="checkbox"/> Fire setting |
| <input type="checkbox"/> Sexually offending behavior | <input type="checkbox"/> Current substance abuse |
| <input type="checkbox"/> Impulsive Behavior | <input type="checkbox"/> Psychotic symptoms |
| <input type="checkbox"/> Self-mutilation/cutting | <input type="checkbox"/> Caring for ill family member |
| <input type="checkbox"/> Current family violence
(abuse, violence) | <input type="checkbox"/> Coping with significant
loss (job, relationship, financial) |
| <input type="checkbox"/> Prior psychiatric inpatient admission | |
| <input type="checkbox"/> Other _____ | |

Suicidality?:

- ☐ Not Present ☐ Ideation ☐ Plan ☐ Means ☐ Prior attempt (last 12 months)

Homicidality?:

- ☐ Not Present ☐ Ideation ☐ Plan ☐ Means ☐ Prior attempt (last 12 months)

Crisis Plan

- Step-by-step instructions to encourage de-escalation and/or defuse crisis situations
- Include names and phone numbers of contacts that can assist in the prevention or de-escalation of behaviors (e.g., Psychologist, BCBA-D or BCBA, Clinical Supervisor, etc.)
- Should include more detail than simply calling 911
- Specific instructions on what parents/guardians should do when the Psychologist, BCBA-D, BCBA or direct care staff are not available.

Communication with Other Providers

- Description of communication with other providers, in regards to this participant's treatment

	Check all that apply
Have you communicated with the participant's prescriber of psychotropic drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined <input type="checkbox"/> N/A, Provider is the Prescriber <input type="checkbox"/> N/A, Participant not on medication
Have you communicated with the participant's PCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined
Have you been in communication with other treating specialist (e.g., occupational therapists, speech therapist, feeding therapists, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined If yes, please indicate the type of specialist(s): _____ _____ _____
Have you been in communication with other Behavior Health (BH) providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined If yes, please indicate the type of BH provider(s): _____ _____ _____
Have you documented the communication or participant declination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A; I have not communicated with other providers

Summary and Recommendations

- A brief summary of the assessment
- The level of care you are requesting and the justification
- Include a breakdown of the number of hours requested of each service, the CPT codes, description of service, frequency and location of service and who is providing the service

CPT Code	Description of Service	Frequency of service requested	Location of Services	Who is Providing the service?
97153	ABA Therapy	24 hours/week	Home	RBT
91755 / 97155-GT	Direction of Technician	2.5 hours/week 75% remote	Home/Office	BCBA
97156 – U2	Parent Training with Child	1.5 hours/week	Home	BCBA
97156	Parent Training without Child	1.25 hours/week	Home	BCBA
H2012	ABA Treatment Planning	4 hours/month	Office	BCBA
97151	ABA Reassessment	3 hours total	Office	BCBA

Calculating Units

hours/week * 26 weeks = total hours * 4 = total units
*24 hours * 26 weeks = 624 total hours * 4 = 2,496 total units*

Sample Treatment Request in ProviderConnect

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
HOME	97153					2496
HOME	97155					65
OFFICE	97155	GT				195
HOME	97156	U2				156
HOME	97156					130
OFFICE	H2012					96
OFFICE	97151					12

Direction of technician

2.5 hours * 26 weeks = 65 total hours * 4 = 260 total units

25% direct = 260 * .25 = 65 units

75% remote = 260 * .75 = 195 units

Parent Training WITH child

1.5 hours * 26 weeks = 39 hours * 4 = 156 total units

Parent Training WITHOUT child

1.25 hours * 26 weeks = 32.5 hours * 4 = 130 total units

ABA Treatment Planning

4 total hours * 6 months = 24 hours * 4 = 96 total units

ABA Reassessment

3 total hours * 4 units per hour = 12 total units

Summary and Recommendations

CPT Code	Description of Service	Frequency of service requested	Location of Services	Who is Providing the service?
97153	ABA Therapy	24 hours/week 6 hours/week	Home Clinic	RBT/BCaBA
91755 / 97155-GT	Direction of Technician	3 hours/week 75% remote	Home/Office	BCBA
97156 – U2	Parent Training with Child	1.5 hours/week	Home	BCBA
97156	Parent Training without Child	1.25 hours/week	Home	BCBA
H2012	ABA Treatment Planning	4 hours/month	Office	BCBA
97151	ABA Reassessment	3 hours total	Office	BCBA



Beacon suggests providing your recommendations in a

_____.

- A. Separate document
- ☒ B. Chart format
- C. Email
- D. None of the above



If requesting any service to be provided in more than one location, it is necessary to detail the number of hours being requested in each setting:

- ☒ A. True
- ☐ B. False



If you are recommending 15 hours per week of 1:1 ABA, how many total units per 26 week authorization period would you request?

- A. 15
- ☒ B. 1,560
- C. 780
- D. 2,000



The Maryland Medicaid Benefit was designed to provide treatment in the _____.

- A. Clinic
- B. Home
- C. Community
- ☒ D. B and C additionally A when medically necessary



The Maryland Medicaid Benefit was designed to provide treatment in the clinic indefinitely.

A. True

☒ B. False



If it is determined that services cannot occur in the home and it is medically necessary for services to occur in the clinic, the treatment plan should include....

- A. A thorough plan for generalization
- B. A transition plan to transition services to the home
- C. Clinical rationale as to why services cannot occur in the home and must occur in clinic
- D. All of the above**

Signatures

- Include the signatures of:
 - Psychologist, BCBA-D, or BCBA
 - Parent/caregiver (not required)



REPORT MUST BE AUTHORED BY A PSYCHOLOGIST, BCBA-D, or BCBA



Components of Reassessments



Reassessment

Updates:

- Relevant life changes (e.g., family, school, therapeutic services, health, medications)
- **Break in services (when & why)**
- **Deviations from recommended level of care (when & why)**
- Updated formal assessments (e.g., FAST, VB-MAPP, Vineland)
- New target behaviors (including a BIP)
- New goals
- Participant's progress towards previously established goals/objectives
- Re-evaluation of recommended level of care
- **Clinical rationale and data to support a change in the recommended level of care**



If you are recommending a change in the level of care you must include...

- A. Clinical rationale
- B. Data to support your clinical rationale
- C. Parent signature
- ☒ D. A and B
- E. None of the above

Progress Toward Previous Goals

- All previous goals should be present in the updated report
- Keep goals in same order as previous report
- Update progress toward skill acquisition goals (if there is a lack of progress, explain barriers and **plan to address barriers**)
- Updated progress toward behavior reduction goals (if there is a lack of progress, **explain changes to BIP**)
- Update progress toward parent training goals (if there is a lack of progress, explain barriers **and plan to address barriers**)



If progress is lacking, you should...

- A. Keep doing the same thing for the next 6 months
- B. Indicate the barriers to progress
- C. Include a plan to address the barriers to progress
- D. Modify or discontinue the goal

E. B and C



When initially assessed, Elmo did not exhibit elopement. However, during the current authorization period, he began to exhibit frequent elopement and now requires intervention to address this behavior. The progress report should include...

- A. The parent's permission to treat elopement
- ☒ B. A behavior intervention plan for elopement
- C. Video of the elopement
- D. None of the above



If maladaptive behaviors are increasing you should include...

- A. A re-assessment of the function of the behaviors
- B. A modified behavior intervention plan
- C. An explanation of the barriers to progress and a plan to address those barriers
- ☒ D. All of the above

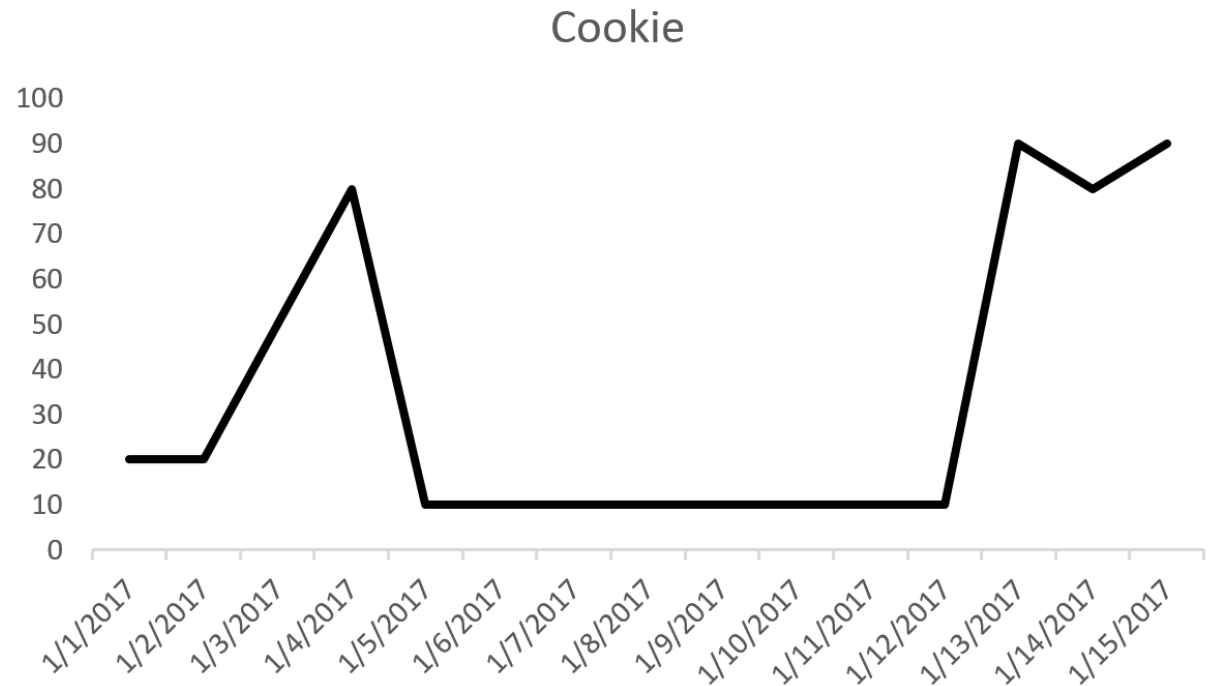
Data and Goal Updates

- Summary of data collected over authorization period
 - Baseline
 - Current
 - Explanation of lack of progress (if applicable)
 - Goal status (e.g., new, in progress, discontinued, met, modified)
 - Graph

Presenting Data Graphically

Ineffective Graphs

- Axes are not labeled
- Title is not clear
- Causes reader to ask questions:
 - What skill are they teaching?
 - Was the treatment modified to achieve mastery?
 - Is there more than one target on this graph?



Presenting Data Graphically

Helpful Graphs

- Clear title
- Axes labels
- Different symbols are used when more than one target is shown
- Phase change line
- Clear figure label
- Remember, if faxed, we see these in black and white, not color

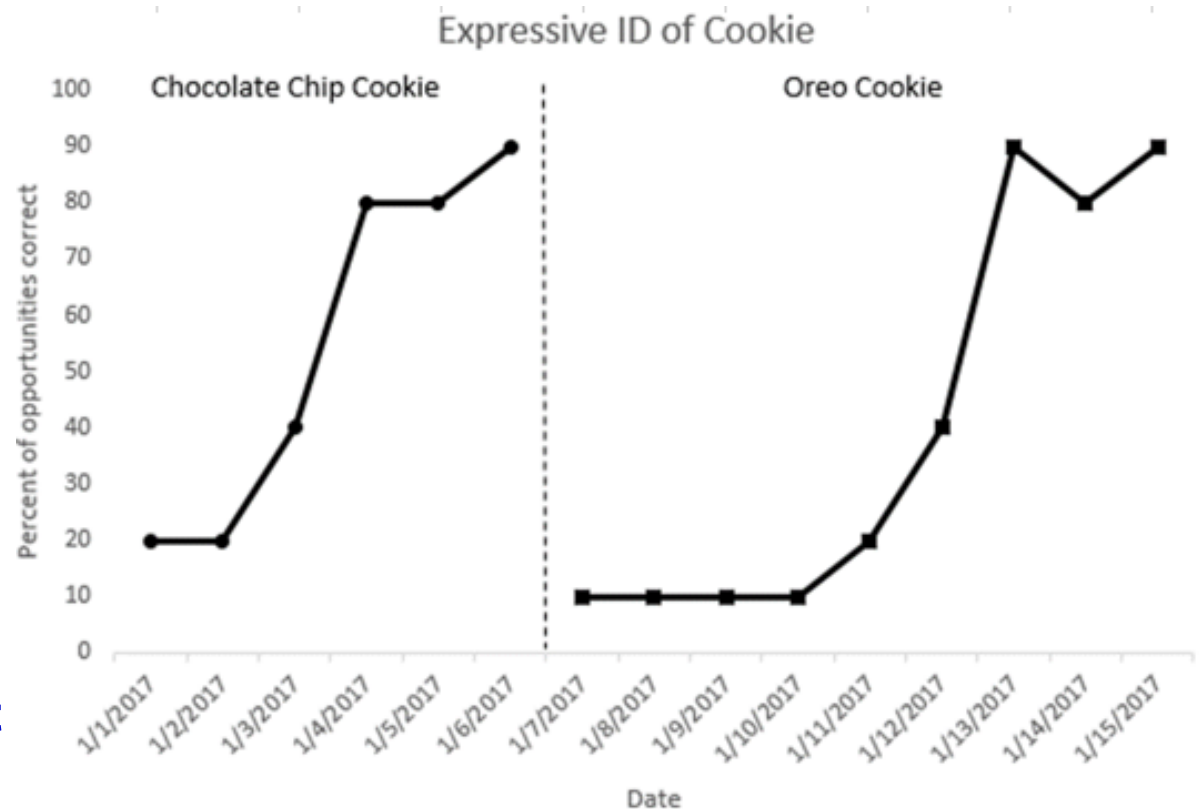


Figure 1: Percent of opportunities Grover expressively labels a 2D picture of a cookie

Presenting Data Graphically

Goal: Elmo will expressively identify 16 common objects in 80% of opportunities across 2 people and 2 settings, for 3 consecutive sessions.

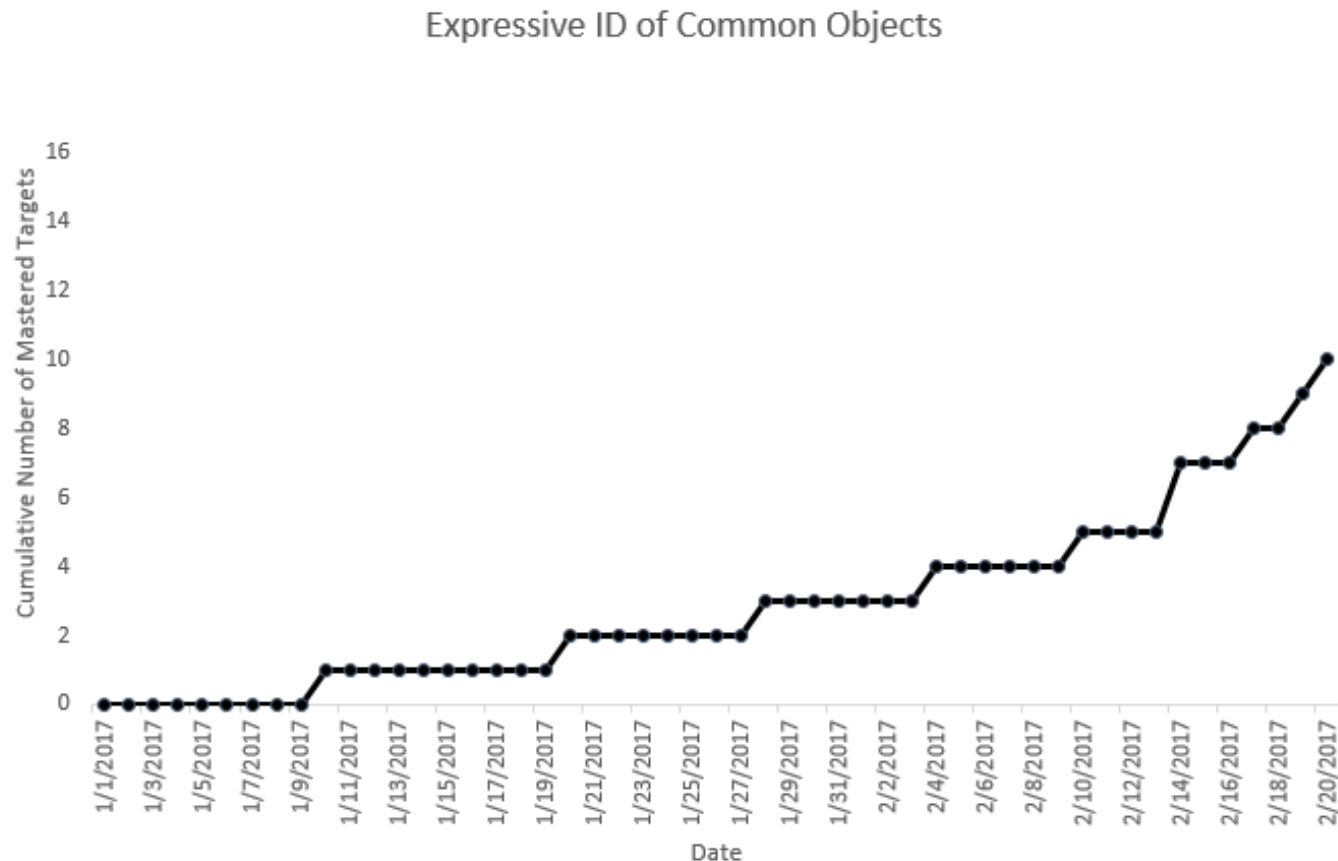


Figure 1. Cumulative number of targets Elmo has mastered (i.e. car, cup, shoe, spoon, cookie, socks, ball, crayon, phone, shirt)

Assessment/Reassessment Review

- Demographic Information
- Documents Reviewed
- Background Information
- Reassessment
- Observations
- Strengths and Weaknesses
- Maladaptive Behaviors
- Assessments Conducted
- Behavior Plan
- Data
- Family Involvement
- Generalization Training
- Skills to be Taught
- Social Skills Goals
- Preference Assessment
- Transition Plan
- Discharge Criteria
- Crisis Plan
- Communication with Other Providers
- Summary and Recommendations
- Signatures

Thank you

