



APPLIED BEHAVIOR ANALYSIS (ABA)

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Applied Behavior Analysis (ABA) services are defined according to the Behavior Analyst Certification Board as the following:

“ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.”

Applied Behavior Analysis (ABA) is a service that provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with the youth's successful functioning. ABA is delivered by one or more members of a credentialed team of qualified professionals consisting of a Licensed Applied Behavior Analyst (LABA) and a Behavior Technician.

Licensed Applied Behavior Analyst: This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators); development of a highly specific behavior treatment plan; supervision and coordination of interventions;

and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the child/youth's successful functioning. The Licensed Applied Behavior Analyst develops specific behavioral objectives and interventions that are designed to develop adaptive skills and diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s) and which are incorporated into the behavior management treatment plan and the risk management/safety plan.

Behavior Technician: This service includes implementation of the treatment plan, monitoring the youth's behavior, reinforcing implementation of the treatment plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the Licensed Applied Behavior Analyst on implementation of the treatment plan and progress toward behavioral objectives or performance goals.

SERVICE COMPONENTS

1. Providers of Applied Behavior Analysis (ABA) are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies/individuals. ABA must be delivered by a provider with demonstrated infrastructure to support and ensure:
 - a) quality management/assurance;
 - b) utilization management;
 - c) electronic data collection/IT;
 - d) clinical or psychiatric expertise; and
 - e) cultural and linguistic competence.
2. The activities of Applied Behavior Analysis services include, but are not limited to, the following:
 - a. Licensed Applied Behavior Analyst
 - i. Functional Behavior Assessment: conducts descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. In certain instances, in which a severe behavior is present, this may also involve a functional analysis for safe testing in a controlled environment.
 - ii. Documents observations of the youth in the home and community
 - iii. Designs and supervises behavior analytic interventions
 - iv. Conducts structured interviews with the youth, family, and any identified collaterals about his or her behaviors
 - v. Completes a written functional behavioral assessment
 - vi. Develops a focused treatment plan that identifies specific and measurable objectives or performance goals and interventions (e.g., skills training, reinforcement systems, removal of triggering stimuli, graduated exposure to triggering stimuli, etc.) that are designed to diminish, extinguish, or improve specific behaviors related to a youth's mental health conditions
 - vii. Develops specific objectives and interventions that are incorporated into the youth's new or existing risk management/safety plan

- viii. Engages caregiver(s)/guardian(s) in caregiver training, unless contraindicated or the caregiver/guardian declines
 - ix. Works closely with the Behavior Technician/Paraprofessional to ensure the treatment plans and risk management/safety plans are implemented as developed and to make any necessary adjustments to the plan
 - x. Supervises the work of those who implement behavior analytic interventions
- b. Behavior Technician
- i. Monitors the youth's progress on implementation of the goals of the treatment plan developed by the Licensed Applied Behavior Analyst
 - ii. Provides coaching, support, and guidance to the parent/guardian/caregiver in implementing the plan
 - iii. Collects data and conducting certain types of assessments (e.g., stimulus preference assessments)
 - iv. Works closely with the Licensed Applied Behavior Analyst to ensure the treatment plans and risk management/safety plan are implemented as developed and reports to the Licensed Applied Behavior Analyst if the youth is not achieving the goals and objectives set forth in the treatment plan, so that the Licensed Applied Behavior Analyst can modify the plan as necessary
 - v. Assists the youth in implementing the goals of the treatment plan developed by the Licensed Applied Behavior Analyst
 - vi. Directly implements skill-acquisition and behavior-reduction plans developed by the Licensed Applied Behavior Analyst
3. LABA Supervision must be delivered to the Behavior Technician-level staff during direct service with youth and caregiver/guardian present with a minimum of one hour of case supervision for every 10 hours of direct service.
 4. The ABA provider must provide services in a clinically appropriate manner and be focused on the youth's behavioral and functional outcomes.
 5. The ABA provider develops and maintains policies and procedures relating to all components of ABA services. The agency will ensure that all new and existing staff will be trained on these policies and procedures.
 6. The ABA provider delivers these services in the youth's home and community. In certain cases, clinic-based services may also be authorized if clinically appropriate. Rationale for chosen location of services must include consideration of the youth and caregivers' ability to engage in ABA services and must be documented.
 7. The ABA provider may deliver services to the youth and their family 7 days a week, 365 days per year.
 8. The ABA provider may deliver services and consultation via a HIPAA-compliant telehealth platform at the caregiver's request and if the service can be effectively delivered via telehealth as part of the intervention when appropriate. Rationale for telehealth service delivery must be documented.
 9. The ABA provider works collaboratively with schools, state agencies, physical health practitioners (i.e., PCPs and prescribing clinicians), any outpatient or home or community-based behavioral health services, Community Behavioral Health Centers (CBHCs) and other entities

that may impact the youth's treatment plan including former treatment teams, subject to required consent.

STAFFING REQUIREMENTS

1. This service is to be provided by a staff team, including a Licensed Applied Behavioral Analyst and Behavioral Technician unless clinically indicated otherwise.
2. The minimum staff qualifications for each are as follows.
 - a) Licensed Applied Behavior Analyst
 - i. Licensed as an Applied Behavior Analyst
 - b) Behavioral Technician
 - i. Works under the direct supervision of a Licensed Applied Behavior Analyst meeting the above criteria;
 - ii. must be 18 years old; and
 - iii. must have either:
 - a high school diploma or a general education development (GED) and have 12 months experience working with persons with developmental disabilities, children, adolescents, transitional age youth, or families; or
 - an associate degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution and have six months experience working with persons with developmental disabilities, children, adolescents, transition age youth, or families; or
 - certification as a Registered Behavioral Technician (RBT) by the Behavior Analyst Certification Board and have three months experience working with persons with developmental disabilities, children, adolescents, transitional age youth, or families.
3. Staff cannot have a pre-existing non-clinical relationship to the youth receiving services.
4. The provider ensures that Licensed Applied Behavior Analyst staff is trained in principles of Applied Behavior Analysis (ABA). The provider also ensures that all ABA staff completes training upon employment and annually thereafter, inclusive of the following topics:
 - a) overview of the clinical and psychosocial needs of the target population
 - b) systems of care principles and philosophy
 - c) ethnic, cultural, and linguistic considerations of the community
 - d) community resources and services
 - e) family-centered practice
 - f) behavior management coaching
 - g) social skills training
 - h) psychotropic medications and possible side effects
 - i) risk management/safety plans
 - j) crisis management

- k) introduction to child-serving systems and processes (DCF, DYS, DMH, DDS, DESE, etc.)
 - l) basic Individualized Education Program (IEP) and special education information
 - m) managed care entities' performance specifications and medical necessity criteria
 - n) child/adolescent development including sexuality
 - o) conflict resolution
5. The ABA provider ensures that Licensed Applied Behavior Analyst staff provides adequate supervision to all Behavioral Technician/Paraprofessional staff and/or interns.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The ABA provider works closely with the family and any existing providers (e.g., behavioral health, physical health, local education authority) to implement the goals and objectives. To promote safety planning and/or in the event of an emergency, the ABA provider engages the CBHC/MCI team and supports the MCI team to implement efficacious intervention.
2. The ABA provider participates in all service and care planning and coordination with agencies on behalf of, and in collaboration with, the youth's family. If the youth is admitted to an out-of-home, 24-hour level of care, the ABA provider is responsible for collaborating and supporting with bridging successful interventions and assisting with placement discharge planning.
3. The ABA provider must coordinate the treatment plan with the youth's Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) as appropriate.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. Fourteen (14) calendar days from referral is the Medicaid standard for the timely provision for services established in accordance with 42 CFR 441.56(e). The 14-day standard begins from the time at which the family has been contacted following referral regarding treatment, or if at point of initial authorization if authorization is required.
2. The ABA provider will make best efforts to initiate services as soon as possible based on the clinical needs of the youth.
3. The ABA Provider must maintain a waitlist if unable to initiate services within 14 days of receipt of authorization, or if authorization is not required, within 14 days of initial contact with the family.
 - a) If a youth is placed on a wait list, providers will offer caregivers contact information for alternative providers in the region who are accepting new clients; and
 - b) ABA providers will refer the Youth to their local Community Behavioral Health Center (CBHC), Behavioral Health Help Line (BHHL) and/or Managed Care Entity to request assistance in accessing care.
4. Following initial assessment authorization, the ABA provider will ensure there is no delay in start of services.
5. Once an initial authorization is approved, the ABA provider will, within 2 business days, offer a face-to-face interview with the youth's family.

6. The Licensed Applied Behavior Analyst completes a written formal comprehensive assessment, inclusive of a functional behavior assessment, which supports the need for ABA. The assessment is completed within the first 6-week assessment period and updated every 6 months or if the youth's presentation changes. The assessment must include a comprehensive history of the youth with input from caregiver/family, direct observations and evaluations of the youth, and collateral information from the youth's school (if in school), PCP, and other youths of the youth's treatment team, that includes:
 - a) complete medical history to include pre- and perinatal, medical, developmental, family, and social elements;
 - b) record of physical examination obtained from licensed physician or advanced practice provider;
 - c) confirmation of medical screening(s) and test(s) to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated;
 - d) detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of Autism Spectrum Disorder and the rationale for ABA treatment;
 - e) detailed description of the youth's behavioral targets for ABA (behaviors must be interfering with daily functioning or developmental progression), including a comprehensive treatment plan for each behavioral target that includes:
 - i. Specific ABA methods to be employed
 - ii. Outcome measures to be tracked, including youth and caregiver's-reported outcome measures, and goals for each measure during a 6-month intervention period
 - iii. Intensity and nature of services being proposed during the 6-month intervention period, including rationale, and broken down by:
 1. Behavior Technician vs. LABA hours
 2. Individual therapy vs. family/caregiver training
 3. Home vs. Center-based
 - iv. Plan for supporting the caregiver/family, including how to help translate gains made in youth's individual therapy to the family system; and
 - v. Plan for coordinating ABA treatment plan with school (if the youth is in school), PCP, and other treaters.
 1. Coordination with PCP must include a review of the youth's medical history to understand behavioral response to medical needs and;
 2. Staff must interview caregiver about youth's response to any acute medical/dental needs.
7. When requesting services, the ABA provider must coordinate the treatment plan with the youth's Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) as appropriate.
8. Every 6 months, in order to show continued need for ABA services, the ABA team must complete a treatment progress evaluation, which includes:
 - a) A review of progress on the treatment plan goals for each of the behavioral targets during the previous 6 months; and

- b) A comprehensive treatment plan for the next 6 months, including all elements described above, and the following elements for each behavioral target failing to meet measurable (i.e., decrease or increase in frequency, intensity, or duration of problematic or positive skill building behaviors, respectively) and meaningful (i.e., durable and generalized) progress during the previous 6 months:
 - i. Changes to treatment plan, including change in proportion of LABA-provided hours and/or family-targeted interventions; and
 - ii. Rationale for ongoing ABA treatment, including alternative treatment options considered.
- 9. The treatment plan is individualized and includes objectives that are specific, measurable, and tailored to the youth. Interventions emphasize the elimination of risk-related behaviors and generalization of skill. Interventions should focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors and include a focus that:
 - a) targets specific behaviors to increase or decrease (including frequency, rate, symptom intensity, duration);
 - b) incorporates objective baseline and quantifiable progress measures; and
 - c) describes detailed behavioral interventions, reinforcements, and strategies for generalization of skills beyond the ABA sessions.
- 10. Specific and measurable parent/caregiver goals for training and support are included in the treatment plan with documented plans that skills transfer to the parent/caregiver will occur. If caregivers/guardians decline or are unable to participate in caregiver training, a generalization plan must be created to address youth's skill generalization across environments and people.
 - a) Treatment plan must include at least two specific and measurable caregiver/guardian treatment goals, and must provide instruction for the caregiver/guardian on how to implement strategies identified in the behavior management plan; Caregiver training hours must increase if the youth's goals address activities of daily living, as a LABA provider plans for transition to lower level of care within the next 6 months or, as the youth approaches one year of termination of benefits based on benefit coverage.
 - b) Group caregiver training must align with a prescribed curriculum and corresponding goals.
 - c) Treatment notes must indicate progress across identified goals within caregiver training and group caregiver training settings.
- 11. The treatment plan must address some of the following domains as appropriate for the youth: cognitive functioning, safety skills, social skills, play and leisure skills, community integration, vocational skills, coping and tolerance skills, adaptive and self-help skills, language and communication, attending and social referencing, and reduction of interfering or inappropriate behaviors.
- 12. For social skills group, service may be delivered by a Behavior Technician. The LABA will develop a structured social skills program which addresses individual needs, documents the curriculum being used, and maintains treatment notes that indicates progress for that individual in a group setting.
- 13. There is documented active coordination of care with schools, state agencies, physical health practitioners (i.e., PCP and prescribing clinicians), any outpatient or home or community based behavioral health services, CBHCs and other entities that may impact the youth's treatment

plan, subject to required consent. If coordination is not successful, the reasons are documented and efforts to coordinate care continue.

14. The ABA provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the family's dignity and right of choice.
15. The Licensed Applied Behavior Analyst and Behavioral Technician document each contact in a progress report or notes in the provider's file for the youth.
16. The Licensed Applied Behavior Analyst gives his or her agency's after-hours emergency contact information and procedures to the parent/guardian/caregiver. At a minimum, after-hours access includes support with the youth's treatment plan or linkage to Mobile Crisis Intervention. A voicemail directing families to 911 or the emergency department is not sufficient for this requirement.

Discharge Planning and Documentation

1. There is documented active discharge planning from the beginning of treatment.
2. A discharge planning meeting is scheduled whenever the ABA provider and family determine that the youth has met his or her goals and no longer needs the service, or the family no longer wants the service, or the youth no longer meets the medical necessity criteria for ABA therapy.
3. The reasons for discharge and all behavior management treatment and discharge plans are clearly documented in the record.
4. The Licensed Applied Behavior Analyst staff develops an up-to-date copy of the treatment plan, which is given to the parent/guardian/caregiver on the last date of service and to all current providers within seven days of the last date of service.
5. If an unplanned termination of services occurs, the provider makes every effort to contact the parent/guardian/caregiver to obtain their participation in ABA and to provide assistance for appropriate follow-up plans (e.g., schedule another appointment, facilitate a clinically appropriate service termination, or provide appropriate referrals). Such activity is documented in the record.

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.