Performance Specifications

Outpatient Services
Applied Behavior Analysis (ABA)

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications. Additionally, **providers of this service and all contracted services are held accountable to the General performance specifications**. In the event of conflict, the requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

Applied Behavior Analysis (ABA) is a therapeutic approach that uses principles of learning and behavior to help individuals develop adaptive/functional living skills and reduce behaviors that interfere with daily functioning. ABA focuses on understanding how behavior is influenced by the environment and applying evidence-based techniques to bring about meaningful, measurable changes.

ABA is a service that includes behavioral assessments, interpretation of behavior analytic data, development of a highly specific and individualized treatment plan, and supervision and coordination of interventions. Treatment also requires training other stakeholders, including caregivers, to address specific objectives or performance goals to treat behaviors that interfere with the Member's successful functioning in their home and community settings. 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 (BT).

ABA providers must practice within their scope and must not direct, limit, or discourage access to other medically necessary or school-based services.

ABA services are delivered by a contracted and credentialed provider in a variety of settings within a Member's home and community. Services provided in a school setting are distinct and separate from those covered by the health plan and are typically covered by the educational system's special education resources as part of the Individualized Education Program (IEP) pursuant to Public Law 94- 142.

ABA treatment will ideally be delivered in the primary language used at the Member's home or the primary language of the Member. Translation or interpretation services, when and as required for effective service delivery, must be offered if providers are not able to deliver the treatment in the Member's primary language.

Components of Service

1. ABA services 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.
   e. Cultural and linguistic competence.
2. ABA services provided by the LABA and BT include, but are not limited to, the following:
   a. **Licensed Applied Behavior Analyst (LABA)**:

i. Develops a Functional Behavior Assessment (FBA), which is a descriptive and systematic behavioral assessment, including functional assessments, and behavior analytic interpretations of the results. In certain instances, in which a severe behavior is present, this may also involve a functional analysis (FA) for safe testing in a controlled environment.
ii. Designs and supervises behavior analytic interventions.
iii. Develops individualized treatment plans that identify 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 Member's diagnosis.
iv. Engages parent/caregivers throughout assessment and treatment, including but not limited to individual and group parent/caregiver training.
v. Provides oversight to the BT to ensure the treatment and behavior plans are implemented as developed and to make any necessary adjustments to the plan.
vi. Supervises the work of those implementing behavior analytic interventions.

b. **Behavior Technician (BT)**:
i. Monitors the Member's progress toward the goals outlined in the treatment plan developed by the LABA.
ii. Provides coaching, support, and guidance to the parent/caregiver in implementing the plan, as clinically appropriate, under the direction of the supervising LABA.
iii. Collects data and conducts certain types of assessments (e.g., stimulus preference assessments).
iv. Works collaboratively with the LABA to ensure the treatment and behavior plans are implemented as designed and promptly reports to the LABA when the Member is not progressing toward the established goals and objectives, allowing for modification of the plan as needed.
v. Assists the Member in implementing the goals of the treatment plan developed by the LABA.
vi. Directly implements skill-acquisition and behavior-reduction plans developed by the LABA.

2. **Treatment Settings**: ABA services are delivered in the Member's home and/or community settings. In certain cases, center-based services may be authorized when clinically appropriate. The location of services must be determined based on medical necessity rather than solely on parent/caregiver convenience or provider preference, to support effective treatment, generalization, and maintenance of targeted goals. When the Member exhibits behaviors targeted for reduction, those behaviors must be addressed within the environment in which they occur. Center-based services may be provided only when clinically indicated for Members, for example:
a. Group instruction (see guidance on group instruction below).
b. Behaviors targeted for reduction are not safe to manage in the home environment or need to be evaluated in a controlled setting.
c. Member's home environment is not safe or appropriate for treatment (e.g. Member is homeless).
d. As applicable, documentation must include but is not limited to:
i. Clinical rationale describing severity of behaviors identified for reduction.
ii. How the Member and family will be supported outside of center-based sessions.
iii. Specific generalization plan to transfer skills to a natural setting.
iv. Specific transition plan to reintegrate Member into their natural setting.
v. Functional assessment and behavior intervention plan incorporating operational definitions and risk management considerations.

   e. Additional Considerations:
      i. For school aged Members (3+), there is documented evidence of why the educational setting cannot support the Member's needs, and a corresponding transition plan to an appropriate natural setting.
      ii. After initial treatment period (by first concurrent review), there is a documented plan for engagement in the home/natural setting on a weekly basis to demonstrate progress towards generalization and maintenance.
3. **Telehealth**: The ABA provider may deliver services and consultation via a Health Insurance Portability and Accessibility Act (HIPAA)-compliant telehealth platform at the parent/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. Additional considerations:
   a. Documentation should reflect clinical considerations for appropriateness across any service components being delivered via telehealth.
   b. Services provided via telehealth must not replace in-person availability.
   c. The Member/family may rescind consent for telehealth at any time without risk of interruption of services.
4. The ABA provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respect for the family's individuality and choice.
5. The ABA provider will make individualized treatment intensity recommendations that balance clinical need with Member and family feasibility to ensure access to effective therapeutic levels of intervention and promote treatment adherence.
6. The ABA provider may deliver services to the Member and their family 7 days a week, 365 days per year, as clinically appropriate.
7. The ABA provider must provide service in a clinically appropriate manner and be focused on the Member's behavioral and functional outcomes.
8. The LABA provides the agency's after-hours emergency contact information and procedures to the parent/caregiver.
   a. At a minimum, after-hours access includes support with the Member's treatment plan or linkage to the family's Mobile Crisis Intervention (MCI) team.
   b. A voicemail directing families to 911 or the emergency department is not sufficient for this requirement.
9. The ABA provider develops and maintains policies and procedures relating to all components of ABA services. The ABA provider will ensure that all new and existing staff will be trained on these policies and procedures.

Staffing Requirements

1. The service is provided by a Licensed Applied Behavioral Analyst (LABA) or a team composed of an LABA and a Behavior Technician (BT).
2. The minimum staff qualifications for each are as follows:
   a. Licensed Applied Behavior Analyst:
      i. Maintains licensure as a Licensed Applied Behavior Analyst in accordance with 262 CMR 10.00: Requirements for licensure as an applied behavior analyst.
   b. Behavioral Technician:
      i. Works under the direct supervision of a Licensed Applied Behavior Analyst, and meets the criteria below:
         - Is 18 years of age or older.
         - Must have:
            - A high school diploma or the successful passing of a general education development (GED) test and have 12 months experience working with persons with developmental disabilities, children, adolescents, transition-age youth, or families.

Or

- An associate's degree in 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, transition age youth, or families.

3. Staff cannot have a pre-existing, non-clinical relationship to the Member receiving services.
4. The ABA provider ensures that direct service staff are trained in principles of ABA. The ABA provider also ensures that all ABA staff complete 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. Mandated reporting.
   m. Basic IEP and special education information.
   n. Managed care entities' performance specifications and medical necessity criteria.
   o. Overview of child/adolescent development including substance use and sexuality.
   p. Conflict resolution.
5. The ABA provider ensures that LABAs provide adequate supervision to all BTs.
6. The ABA provider ensures that all staff have received a background record check (BRC).

Service, Community, and Collateral Linkages

1. The ABA provider works collaboratively with the family, existing providers, and applicable systems of care (e.g., behavioral health, PCP, school, state agencies) to implement the Member's goals and objectives.
2. To promote safety planning and/or in the event of an emergency, the ABA provider engages the CBHC/Mobile Crisis Intervention (MCI) team and supports the MCI team to implement effective intervention.
3. The ABA provider participates in all service and care planning and coordination with agencies on behalf of, and in collaboration with, the Member's family. If the Member 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.
4. The ABA provider must coordinate the treatment plan with the Member's Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) as appropriate.

Quality Management (QM)

1. The ABA provider attends meetings as required and participates in quality management activities that include fidelity monitoring.

2. The ABA provider will develop and maintain a quality management plan that is consistent and utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
3. The ABA provider will engage in a continuous quality improvement process and will include specific outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including caregivers and Members' families.
4. The ABA provider will provide clinical outcomes data upon request, which must be consistent with performance standards of this service.

Process Specifications

1. **Referral/Waitlist expectations**:
   a. Fourteen calendar days from referral is the Medicaid standard of 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 at point of authorization for onset of services if authorization is required.
   b. The ABA provider will make best efforts to initiate services as soon as possible based on the clinical needs of the Member.
   c. The provider must maintain a waitlist if unable to initiate services within 14 days of authorization, or if authorization is not required, within 14 days of initial contact with the family.
   d. If a Member is placed on a waitlist, ABA providers will offer caregivers contact information for alternative providers in the region who are accepting new clients.
   e. ABA providers will refer the Member to their local Community Behavioral Health Center (CBHC), Behavioral Health Help Line (BHHL), and/or Managed Care Entity (MCE) to request assistance in accessing care.
   f. Following initial assessment authorization, the ABA provider will ensure there is no delay in start of services.
   g. Once an initial authorization is approved, the ABA provider will, within two business days, offer a face-to-face interview with the Member's family.
2. **Assessment**: The LABA completes a written formal comprehensive assessment, inclusive of a functional behavior assessment (as applicable), which supports the need for ABA (see ABA Medical Necessity Criteria for Initial Assessment requirements).
3. **Treatment Plans**: The LABA develops initial and concurrent treatment plans outlining goals and objectives based on assessment data (see ABA Medical Necessity Criteria for required elements across initial and concurrent treatment plans).
4. **Parent/Caregiver Training**:
   a. Treatment plan contains at least two specific and measurable caregiver goals that promote training, generalization, and maintenance of applicable skill acquisition and behavioral goals of the Member.
      i. If parents or caregivers decline or are unable to participate in training, the provider must develop a generalization plan to promote the Member's skill transfer across settings and individuals.
      ii. When caregiver participation is declined, documentation must include the rationale, efforts to encourage and facilitate engagement/participation, and expected benefit to the Member despite limited caregiver involvement.
      iii. If non-participation is due to language, scheduling, or other access barriers, documentation must describe the provider's efforts to identify and mitigate these barriers.
   b. Parent/caregiver training hours should be prescribed according to Member and family needs but should be no less than one hour per month to ensure ongoing parent/caregiver participation and engagement.

c. Parent/caregiver training hours may need to increase if the Member's goals address activities of daily living, behavior reduction goals, or as an ABA provider plans for transition to lower level of care within the next six months.
d. Group parent/caregiver training must align with a prescribed curriculum and correspond with Member goals.
    i. Group parent/caregiver sessions are not intended for general ABA instruction unless directly linked to Member goals. Parameters for group parent/caregiver training:
        - Members represented by caregiver/guardians must be 2-8 Members per group and/or LABA.
        - Providers may not bill concurrently for services delivered to multiple children from the same family. When a parent/caregiver has more than one child receiving services, only one child's session may be billed at a time.
        - Group instruction must not exceed or replace individual parent training.
        - Treatment notes must indicate progress across identified goals within individual caregiver training and group caregiver training settings.
        - Same goals may be addressed individually and within group instruction as clinically appropriate.

5. **Group Instruction**:
    a. Services may be delivered by a Behavior Technician.
    b. Group instruction may be utilized for:
        i. Development of social skills with peers.
        ii. Titration from 1:1 instruction.
        iii. Development of skills necessary for integration into natural group settings.
    c. The LABA will develop a structured program which addresses individual needs, documents the curriculum being used, and maintains treatment notes that indicate progress for the Member in a group setting.
    d. Members engaging in this service must have pre-requisite skill of attending to a group instructor without 1:1 support, and with at least one other peer.
    e. This model is not intended for dyad/triad pairings to mitigate staffing shortages, or alternate treatment between Members.
    f. Group instruction may occur up to 4.5 hours a day as clinically indicated, in groups of 2-8 Members.
6. **Supervision Requirements**:
    a. LABA supervision must be delivered to the Behavior Technician-level staff during direct service with the Member, as clinically indicated but no less than 10 percent of direct service hours and should not exceed 25 percent of direct hours without documented clinical rationale.
        i. For Members engaged in 10 hours or less of direct treatment per month, LABA must be engaged in direct supervision for a minimum of one hour per month.
7. **Documentation**:
    a. The ABA provider will maintain a complete medical record including but not limited to:
        i. Referral and assessment documentation.
        ii. Treatment plans and progress reports.
        iii. Evidence of supervision and training, including policies, procedures, and implementation.
        iv. Session notes.
        v. Evidence of collaboration with Member's collateral medical and service providers. These must include:
            - Copy of IEP as applicable.
            - Documentation confirming physical examinations by a PCP.
            - IFSP as applicable.
    b. The LABA and BT document each contact in a progress report or notes in the ABA provider's

file for the Member.
   i. Session notes must include the following:
      - How treatment time was utilized.
      - Treatment interventions utilized.
      - Member's response to treatment.

8. **Transition & Discharge Planning**: Transition is a coordinated set of individualized and results-oriented activities designed to move the Member through treatment toward discharge. A transition plan must:
   a. Be developed at the beginning of treatment and be updated during each re-assessment period.
   b. Include how care will be coordinated with other supports and how to transition to least restrictive services as the Member makes progress.
   c. As applicable, outline how a Member will move from a 1:1 model to a group model, move from an intensive model to a substantial or consultative/targeted model (see Appendix A in ABA Medical Necessity Criteria for description of treatment models), or transition from a center based setting to home/community settings.
   d. Specify monitoring and evaluation details. Monitoring may entail:
      i. Assessing generalization across environments and people
      ii. Assessing maintenance of treatment gains
      iii. Monitoring the effectiveness of interventions for challenging behavior
   e. Identify planned discharge location/level of care (e.g., transition to school or daycare).
   f. Schedule a discharge planning meeting whenever the ABA provider and family:
      i. Determine that the Member has met their goals and no longer needs the service the family no longer wants the service; or
      ii. The Member no longer meets the medical necessity criteria for ABA therapy.
   g. Clearly document the reasons for discharge and all behavior management strategies utilized.
   h. Include an up-to-date copy of the treatment plan, which is given to the caregiver/guardian on the last date of service and to all current providers within seven days of the last date of service.
   i. If an unplanned termination of services occurs, the ABA provider makes every effort to contact the parent/caregiver to obtain their participation in ABA and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate a clinically appropriate service termination, or provide appropriate referrals). Such activity is documented in the record.