

## Optum Maryland Medicaid ABA Treatment Plan Template

| Client Information           |                           |
|------------------------------|---------------------------|
| Participant Name             |                           |
| Date of Birth                |                           |
| Date of Initial Assessment   |                           |
| Date of Current Reassessment |                           |
| Parent/Guardian Contact      | Name:<br>Phone:<br>Email: |

| Biopsychosocial Information   |  |
|---|--|
| Current Family Structure  |  |
| Medications<br><i>Include dosage and prescribing physician</i>  |  |
| Medical History   |  |
| School Placement<br><i>Include schedule of academic activities</i>  |  |
| History of ABA Services   |  |
| Other Mental Health Services<br><i>Include any mental health hospitalizations</i>                           |  |
| Other Services<br><i>e.g. Occupational therapy, speech therapy, physical therapy, feeding therapy, etc.</i> |  |

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| <b>Coordination of care with other providers</b><br><i>Psychologists, psychiatrists, OT, SLP, PT, School personnel, etc.</i> |  |
| <b>Major Life Changes</b>  |  |

| Narrative  |   |
|--|---|
| <b>Direct Observation</b><br><i>Provide observations in all settings services will occur such as home, clinic, school, etc</i>   | Date of Observation:<br>Clinical Narrative: |
| <b>Language/Communication</b>  | Strengths:<br><br>Challenges:               |
| <b>Social Skills</b>   | Strengths:<br><br>Challenges:               |
| <b>Adaptive/Self-Care</b>  | Strengths:<br><br>Challenges:               |
| <b>Maladaptive Behaviors</b>   | Strengths:<br><br>Challenges:               |
| <b>Standardized Assessment</b><br><i>If using, include analysis of the results, participant's current functioning, and clinical observations through a detailed narrative</i>  |   |
| <b>Medical Necessity</b><br><i>Must include the medical necessity rationale as it relates to the core deficits of ASD and the participant's functioning level</i><br><i>Given the above information about the participant, how will ABA services benefit them?</i> |   |
| <b>Barriers to Treatment</b><br><i>e.g. home environment, scheduling, location, staffing etc.</i><br><i>Include how you plan to, or already have, remediated these barriers</i>  |   |

### **Skill Acquisition Goals**

- *Must have measurable baseline.*
- *Should be derived from the functional assessment and/or skills-based assessments that occurred prior to initiating treatment.*
- *Should not duplicate other services such as academic, OT, SLP, PT, feeding therapy, etc.*
- *Should not be related to vocational skills.*
- *Should be broken into short-term and long-term, if needed.*
- *Must have measurable progress in the same unit of measure as the reported baseline.*
- *Steps on how the team will ensure maintenance of skills.*
- *If applicable, indicate if goal is a replacement behavior for a behavior targeted for decrease.*
- *If applicable, separate goals that will be worked on in different settings.*

### **Language/Communication**

|   |  |
|---|--|
| Goal Statement:   |  |
| Baseline:   |  |
| Date of Introduction:   |  |
| Projected Mastery:  |  |
| Progress Data: <ul style="list-style-type: none"> <li>• <i>Quantifiable measure that matches baseline unit of measure</i></li> <li>• <i>If applicable, include narrative of any changes in teaching procedures that occurred to assist with acquisition rate</i></li> </ul> |  |
| Graphs (optional):  |  |

### **Social**

|   |  |
|---|--|
| Goal Statement:   |  |
| Baseline:   |  |
| Date of Introduction:   |  |
| Projected Mastery:  |  |
| Progress Data: <ul style="list-style-type: none"> <li>• <i>Quantifiable measure that matches baseline unit of measure</i></li> <li>• <i>If applicable, include narrative of any changes in teaching procedures that occurred to assist with acquisition rate</i></li> </ul> |  |
| Graphs (optional):  |  |

### **Adaptive/ Self-Care**

|   |  |
|---|--|
| Goal Statement:   |  |
| Baseline:   |  |
| Date of Introduction:   |  |
| Projected Mastery:  |  |
| Progress Data: <ul style="list-style-type: none"> <li>• <i>Quantifiable measure that matches baseline unit of measure</i></li> <li>• <i>If applicable, include narrative of any changes in teaching procedures that occurred to assist with acquisition rate</i></li> </ul> |  |
| Graphs (optional):  |  |

| Behavior Intervention Plan   |  |
|--|--|
| <ul style="list-style-type: none"> <li>Any behavior targeted with a goal for reduction must include a behavior plan.</li> <li>If applicable ensure to include restricted/repetitive patterns of behavior.</li> <li>Include definition of the behavior, quantitative baseline, hypothesized function of behavior, antecedent interventions, consequence strategies, replacement behaviors, and any de-escalation procedures.</li> <li>Should be continually modified and adjusted based on participant's response to intervention.</li> </ul> |  |
| Target Behavior:   |  |
| Operational Definition:  |  |
| Hypothesized Function:   |  |
| Replacement Behavior:  |  |
| Antecedent Interventions:  |  |
| Consequence Procedures:  |  |
| De-escalation Procedures:  |  |

| Behavior Reduction Goals   |  |
|--|--|
| <ul style="list-style-type: none"> <li>Should be derived from the functional assessment and/or skills-based assessments that occur prior to initiating treatment</li> <li>Should not duplicate other services such as academic, OT, SLP, PT, feeding therapy, etc.</li> <li>Should not be related to vocational skills</li> <li>Should be broken into short-term and long-term, if needed</li> </ul> |  |
| Goal Statement:  |  |
| Baseline:<br><i>Must be quantitative measure</i>   |  |
| Date of Introduction:  |  |
| Projected Mastery:   |  |
| Plan for Generalization:   |  |
| Progress Data:<br><i>Measure must match baseline measure</i>   |  |
| Graphs (optional):   |  |

| Caregiver Training   |  |
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| <ul style="list-style-type: none"> <li>Parent or caregiver (i.e. family, daycare staff, school staff) training is a required component of treatment under this benefit.</li> <li>Goals should target identifying and utilizing specific ABA strategies to reduce maladaptive behaviors and promote skill acquisition.</li> <li>1:1 meetings with caregivers are not considered parent training goals</li> <li>Note: the unit of measurement used for baseline must be the same unit of measure used for progress. Eg. If you used frequency to collect baseline data, progress must be reported using frequency</li> </ul> |  |
| Goal Statement:  |  |
| Baseline:<br><i>Must be quantitative measure</i>   |  |
| Date of Introduction:  |  |
| Projected Mastery:   |  |
| Barriers:<br><i>Include how you plan to address these barriers moving forward</i>  |  |
| Progress Data:<br><i>Measure must match baseline measure</i>   |  |
| Graphs (optional):   |  |

| Generalization Plan   |
|---|
| <ul style="list-style-type: none"> <li>Specific steps ABA team will take to help facilitate generalization of skills learned across people (i.e. family, daycare staff, school staff), environments (i.e. home, school, community), and stimuli.</li> </ul> |

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### Transition Plan

- The transition plan should address how the participant will move from the current level of service to lower intensity (hours) of service through discharge; this should be directly related to how the participant is meeting objectives and based on measurable outcomes
- If applicable, provide a fading plan for transition services from one location of service to another.
- Provided that the benefit is only available until age 21, as the participant approaches adolescence, include steps to assist the family with transitioning to adult services

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### Discharge Criteria

- Discharge criteria should be established when services begin and adapted throughout the duration of treatment
- Individualize discharge criteria to be measurable and directly related to the attainment and maintenance of the participants' goals
- The discharge plan should include:
  - Next level of care (e.g., outpatient mental health services, medication management, mainstream school, etc.)
  - Linkages with other services
  - How the family can contact the provider for additional assistance
  - Community resources for the family

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### Crisis Plan

- Include the steps for prevention and de-escalation of crisis, it should address the following types of situations:
  - Emergency, such as a weather or medical emergency (e.g., seizures), including who should be contacted which includes appropriate supervisors or emergency personnel
  - Protocol for responding to significant behaviors that have the potential for injury to self or others
  - Names and phone numbers of contacts that can assist the participant in resolving crisis, such as other treatment providers who may assist in the prevention or de-escalation of behaviors, even for those participants who do not currently display aberrant behaviors

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### Recommendations for ABA Services

- Reassessment is typically 3 hours (12 units) total per authorization. Any additional hours needed for reassessment requires clinical rationale to justify medical necessity.
- Supervision is typically in the range of 10-20% ratio of 1:1 direct care hours, depending on need/medical necessity. Include specific medical necessity rationale if requesting over 20%.
- H2012 is a great resource for collaboration, treatment planning, and data analysis. You are allotted a maximum of 4 hours/month of this code.
- 97151 is limited to 32 units assessment and standard reassessment is 12 units. If additional assessment hours are needed after 12 units are utilized, providers can request units through an addendum form.
- 97151 and 97152 are complementary codes. They share the limited units of 32 units (assessment) or 12 standard units (reassessment). When requesting both codes, distribute the units accordingly.
- 97154- If requesting this code, please include medical necessity. Confirm within report if the participant is ready to learn in a group setting without direct, 1-1 RBT support. This code means that there are several children per 1 RBT.
- 97157- If requesting this code, please include specific goals you will be targeting during group parent training.

Prior Utilization of All Codes:

H2012 Treatment Planning: X units  
97151 Reassessment: X units  
97151 Initial Assessment: X units  
97152 Supporting Assessment: X units  
97153 1:1 ABA Therapy: X units  
97154 Group ABA by Registered Behavior Technician: X units  
97155 Supervision of Registered Behavior Technician by Board Certified Behavior Analyst: X units  
97156 Parent Training: X units  
97157 Group Parent Training: X units  
97158 Group ABA by Board Certified Behavior Analyst: X units

0362T Severe Behavior Assessment: X units

0373T Severe Behavior Assessment: X units

### Anticipated Schedule

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

### Requested CPT Codes

| <u>CPT Code</u> | <u>Number of Hours Requested</u>                                     | <u>Place of Service</u> | Individual Providing Service<br>(RBT/BCaBA/BCBA/ BCBA-D/Licensed Psychologist) |
|-----------------|--|-------------------------|--|
|                 | <input type="checkbox"/> per week <input type="checkbox"/> per month |                         |  |
|                 | <input type="checkbox"/> per week <input type="checkbox"/> per month |                         |  |
|                 | <input type="checkbox"/> per week <input type="checkbox"/> per month |                         |  |
|                 | <input type="checkbox"/> per week <input type="checkbox"/> per month |                         |  |
|                 | <input type="checkbox"/> per week <input type="checkbox"/> per month |                         |  |
|                 | <input type="checkbox"/> per week <input type="checkbox"/> per month |                         |  |
|                 | <input type="checkbox"/> per week <input type="checkbox"/> per month |                         |  |

| Provider Information  |  |
|-----------------------|--|
| Provider Name:        |  |
| Provider Credentials: |  |
| Provider Signature:   |  |
| Date:                 |  |