



Maryland Medicaid ABA Treatment Plan Requirements

To request prior approval for initial and/or concurrent ABA treatment, please provide the following information in the participant's individualized treatment plan.

Each treatment plan **must include** all ten (10) components listed below:

1. **Biopsychosocial Information including, but not limited to:**
 - Current family structure
 - Medications including dosage and prescribing physician
 - Medical history
 - School placement
 - Time in academic activities
 - History of ABA services
 - Other mental health services including any mental health hospitalizations
 - Other services the child is receiving such as ST, OT or PT
 - Any major life changes

2. **Summary of direct observations related to the core deficits of Autism Spectrum Disorder (observation & assessment of communication, relationship development, social behaviors, and problem behaviors):**
 - Include detailed, individualized narrative explanation of direct observations of the participant
 - If including standardized assessment results, include a narrative explanation/summary of the results as they relate to the participants current functioning and/or observations

3. **Goals should relate to the core deficits of an Autism Spectrum Disorder (communication, relationship development, social behaviors, and problem behaviors):**
 - Should be derived from the functional assessment and/or skills-based assessments that occur prior to initiating treatment
 - Should not be academic in nature, unless child is under school-aged
 - Should not be related to vocational skills
 - **Must** have established baseline levels for the behavior or skill
 - **Must** have target dates for when the goal will be mastered
 - **Must** have a date of introduction
 - Should be broken into short-term and long-term, if needed
 - Should include graphs if available
 - **Must** have documentation when a member has made slow or no progress in the acquisition, maintenance and generalization of target skills.
 - Should include a behavior support/maintenance plan noting changes based on ongoing assessments. Functional behavior assessments or skills-based assessment should be completed as needed to work with member's behavioral/skill challenges:
 - Observe the member's behaviors to determine effectiveness of the behavior support/maintenance plan and, if not effective, note changes to the plan.

4. Behavioral Intervention Plan:

- Include definition of the behavior, hypothesized function of behavior, antecedents, consequences, prevention, baseline and any de-escalation procedures
- Include individualized steps for the prevention and/or resolution of crisis (i.e., identification of crisis antecedents and consequences)

5. Coordination with other behavioral health and medical providers, including but not limited to:

- Psychologists
- Individualized Education Plan/School Services
- Psychiatrist
- Speech Therapist
- Anyone who is concurrently providing services

6. Parent/Guardian involvement:

- Parents/guardians need to understand and agree to comply with the requirements of treatment
- The treatment plan should address how the parents/guardians will be trained in management skills that can be generalized to the home
- There should demonstration and maintenance of management skills by the parents/guardians
- Address how barriers to parent involvement are being addressed, (e.g., parent's having the skill to assist with generalization of skills developed by the child)
- Document whether the parent is addressing treatment goals when treatment professionals are not present and note their overall skill abilities
- Document parents' training and time involvement and any materials or meetings that occur with the parent on a routine basis
- Note: Maryland Medicaid requires parent/caregiver to be present in the setting that ABA services are being provided

7. Transition Plan:

- May include the level of supports a child needs in order to be successful when moving from one intensity of care to another, the skills the child is currently being taught to facilitate the transition and the level of communication between the supervising clinician and any other related allied professionals such as the child's teacher, speech therapist, occupational therapist, social worker, etc.
- Transition plans may include several additional components depending on the child's situation:
 - A transition plan would be appropriate when a child is moving from a home-based program to mainstream education, when changing grade levels, aging out of services, or moving out of public education
- The transition plan should address how the child will move from the current level of service to lower levels (hours) of service through discharge; this should be directly related to how the child is meeting objectives
- If the member is an older child or adolescent, the treatment plan should reflect a plan to transition the member into adult services

8. Discharge Criteria:

- Discharge criteria, including estimated length of treatment, should be developed when services are initiated. The discharge plan should include:
 - Date of discharge
 - Post-discharge level of care and recommended forms and frequency of treatment
 - Names of the providers who will deliver treatment
 - Resources to assist the member with overcoming barriers to care (e.g., lack of transportation, lack of child care or lack of self-help and community support services)

- The discharge criteria should include information about what the member should do in the event of a crisis prior to the first appointment at the lower level of care. It must also include requirements for:
 - Discharge
 - Next level of care (e.g., outpatient mental health services, medication management, mainstream school, etc.)
 - Linkages with other services
 - How the parents can contact the provider for additional assistance
 - Community resources, if applicable
- Discharge criteria should be measurable and directly related to the attainment and maintenance of the goals.

9. Crisis Plan:

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

10. Individualized Recommendation for ABA Services

- Anticipated schedule for ABA services
- Complete chart below

| <u>CPT Code</u> | <u>Number of Hours Requested</u> | <u>Place of Service</u> | <u>Individual Providing Service</u> (RBT/BCaBA/BCBA/BCBA-D/Licensed Psychologist) |
|-----------------|--|-------------------------|--|
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