



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/ schedule of academic activities
 - History of ABA services
 - Other mental health services including any mental health hospitalizations
 - Other services the participant is receiving such as occupational therapy, speech therapy, physical therapy, feeding therapy, etc.
 - 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
 - Summarize strengths and challenges in the areas of communication abilities, social skills, and any problem behaviors
 - If including standardized assessment results, include an analysis of the results as they relate to the participant's current functioning and clinical observations through a detailed narrative

3. **Goals should relate to the core deficits of an Autism Spectrum Disorder (communication, relationship development, social behaviors, and problem behaviors):**
 - **Must** have quantitative baseline levels for the behavior reduction, skill acquisition, and caregiver training goals
 - **Must** have target dates for when the goal will be mastered
 - **Must** have a date of introduction
 - **Must** provide current quantitative data and analysis of progress on all goals
 - Should have explanation of barriers when a participant has made slow or no progress in the acquisition, maintenance, and generalization of target skills
 - Should be derived from the functional assessment and/or skills-based assessments that occur 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
 - Should include graphs if available
 - Should include a plan for generalization across people, places, and stimuli

4. Behavioral Intervention Plan:

- Any behavior targeted with a goal for reduction must include a behavior plan
- Include definition of the behavior, quantitative baseline, hypothesized function of behavior, antecedent interventions, consequence strategies, replacement behaviors, and any de-escalation procedures
- Should be continually modified and adjusted based on participant's response to intervention

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

- Psychologists
- Psychiatrist
- Any specialist who is concurrently providing services (OT, SLP, PT, feeding therapy, etc.)
- School Personnel

6. Parent or Caregiver involvement:

- Parent or caregiver training is a required component of treatment under this benefit
- The parent or caregiver training goals should target identifying and utilizing specific ABA strategies to reduce maladaptive behaviors and promote skill acquisition
- Progress should be documented through quantitative baseline and data updates
- Document any identified barriers to parent or caregiver involvement and the plan to address these barriers moving forward
- Discuss parent or caregiver progress with implementing ABA strategies outside of sessions

7. 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
- 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

8. 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

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
 - 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

10. Individualized Recommendation for ABA Services

- Anticipated schedule for ABA services
- Should report on utilization of all approved service codes over the previous reporting period
- Please note:
 - 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.
 - H2012 is a great resource for collaboration, treatment planning, and data analysis. You are allotted a maximum of 4 hours/month of this code.
- 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)
	<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		
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