ABA OVERVIEW

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ABA POLICIES & RULES (317:30-5-310 – 317:30-5-316)

ABA PURPOSE

- ABA focuses on the analysis, design, implementation, and evaluation of instructional and other environmental modifications to produce meaningful changes in human behavior.
- ABA is provided in a variety of settings (home, community, or clinical).
- ABA involves development of an **individualized treatment plan** that includes **transition, aftercare planning,** and **family/caregiver involvement.**
- An individualized treatment plan should be created for all members receiving ABA.

ELIGIBLE PROVIDERS & REQUIREMENTS

- Master's or doctoral level board-certified behavior analysts (BCBAs).
- Board-certified assistant behavior analysts (BcaBAs).
- Registered behavior technicians (RBTs) .
- Licensed psychologists.
- Human services professionals that are also certified by the national accrediting BACB (physical therapists, occupational therapists, clinical social workers, speech pathologists, audiologists, licensed professional counselors/candidates, licensed marital and family therapists/candidates, licensed behavior practitioners/candidates.

PROVIDER CRITERIA

- Be licensed by OKDHS DDS as a BCBA.
- Have no sanctions or disciplinary actions by OKDHS DDS or the BACB.
- Have no current overpayment(s) due to SoonerCare, and no Medicare or Medicaid sanctions or exclusions from participation in federally funded programs.
- Be fully contracted with SoonerCare as a provider.
- BCaBA must work under the supervision of a SoonerCare-contracted BCBA provider.
- RBTs must work under the supervision of a SoonerCare-contracted BCBA provider.

TREATMENT PLAN COMPONENTS & DOCUMENTATION REQUIREMENTS

- All prior authorization forms must be accompanied by a treatment plan and consist of the following:
  - Be person-centered and individualized.
  - Delineate the baseline levels of target behaviors.
  - Specify long-term and short-term objectives that are defined in observable, measurable, behavior terms.
  - Specify criteria that will be used to determine achievement of objectives.
  - Include assessment(s) and treatment protocols for addressing each of the target behaviors and teaching of replacement skills specific to the function of the identified maladaptive behaviors.

TREATMENT PLAN COMPONENTS & DOCUMENTATION REQUIREMENTS

- Clearly identify the schedule of services planned and the individuals responsible for delivering the services, including frequent review of data on target behaviors and adjustments in the treatment plan and/or protocols by the BCBA or licensed psychologist as needed.
- Include training and supervision to enable BCaBAs and RBTs to implement treatment protocols.
- Include training and support to enable parents and other caregivers to participate in treatment planning and successfully reinforce the established treatment plan in the home and community setting.
- Include care coordination involving the parents or caregiver(s), school, state disability programs, and others as applicable.
- Ensure that services are consistent with applicable professional standards and guidelines relating to the practice of ABA, as well as state Medicaid laws and regulations.

INITIAL ASSESSMENT (97151)

- The 97151 is prior authorized for completion of the functional behavioral assessment(FBA).
- The FBA should consist of a description of the problematic behavior (i.e., onset/offset, cycle, intensity and severity).
- Be aware of using subjective, problematic behavior descriptions in FBAs such as:
  - Frustrated
  - Non-compliant
  - Meltdown
  - Controlling
  - Tantrum
  - Lacking empathy
  - Defiant

INITIAL ASSESSMENT (97151)

- Using the previous definitions may be problematic because they indicate opinion and are not measurable.
- Objective definitions of behavior should be used as they only express what is observed and quantifiable.
- Good definitions of problem behaviors are action-oriented, rooted in something that is observable or measurable such as:
  - Putting head down on the desk
  - Hitting head
  - Crying
  - Walking around the classroom after being given instruction to sit down

INITIAL ASSESSMENT

- Parents should be involved in the creation of the FBA.
- Indirect and direct data should be included in the data collection of an FBA.
- Other relevant assessments may be submitted in addition to the FBA for review by an OHCA reviewer and/or physician to support medical necessity criteria.

DOCUMENTATION REQUIREMENTS

- All ABA services should be documented in the member's record (OAC 317:30-5-248)
- All providers must retain the member's records necessary to disclose the extent of services (OAC 317:30-3-15).
- All providers must release the medical information necessary for payment of a claim upon request (OAC 317:30-3-16).

DOCUMENTATION REQUIREMENTS

- All assessments and treatment services must include the following:
  - Date
  - Start and stop times for each session/unit billed and physical location where services were provided
  - Signature of the provider
  - Credentials of the provider
  - Specific problem(s), goals and/or objectives addressed
  - The specifics of the methods used to address problem(s), goals and objectives
  - Member response to the session or intervention

DOCUMENTATION REQUIREMENTS

- Any new problem(s), goals and/or objectives identified during the session must be included in the assessment and treatment services.
- Treatment plans must include signatures of the supervising BCBA or licensed psychologist, parent or legal guardian of any minor, and signature of any minor who is age 14 or older (**this may not be applicable due to member functional level but please notate that**), or if the minor documents a legal exception to parent/legal guardian consent.

MEDICAL NECESSITY CRITERIA FOR MEMBERS UNDER 21

- At present, ABA services are only applicable for members under the age of 21.
- If the member is still in services when they turn 21 then services can be continued until completed.
- ABA services are considered medically necessary when the following conditions are met:
  - The member has received a definitive diagnosis of ASD from a pediatric neurologist/neurologist, development pediatrician, licensed psychologist, psychiatrist or neuropsychiatrist, or **other licensed physician** experienced in the diagnosis and treatment of ASD

MEDICAL NECESSITY CRITERIA FOR MEMBERS UNDER 21

- A comprehensive diagnostic evaluation or thorough clinical assessment completed by one of the previous providers must be submitted. It must include the following:
  - Pertinent medical and social history, including pre- and perinatal, medical, developmental, family, and social elements.
  - Contain a formal diagnosis of ASD based on the criteria outlined in the DSM-V, Autism Diagnostic Interview-Revised (ADI-R), Autism Diagnostic Observation Schedule-2 (ADOS-2), Childhood Autism Rating Scale (CARS), or other tools with acceptable psychometric properties.
  - Screening scales are not sufficient to make a diagnosis and will not be accepted.

MEDICAL NECESSITY CRITERIA FOR MEMBERS UNDER 21

- There must be a reasonable expectation that the member will benefit from ABA.
- The member must exhibit atypical or disruptive behaviors within the most recent 30 calendar days that significantly interferes with daily functioning and activities. Such atypical or disruptive behaviors may include, but is not limited to:
  - Impulsive aggression towards others
  - Self-injury behaviors
  - Intentional property destruction
  - Severe disruption in daily functioning that affects the member's ability to maintain in school, childcare settings, and social settings, due to changes in routine activities that have not been helped by other treatments such as OT, speech or other additional psychotherapy and/or school/daycare interventions

MEDICAL NECESSITY CRITERIA FOR MEMBERS UNDER 21

- The focus of treatment is not custodial in nature.
- Interventions are intended to strengthen the individual's/parent's/legal guardian's capacity for self-care and self-sufficiency to decrease interventions in the home by those other than the parents/legal guardians.
- It has been determined that there is no less intensive or more appropriate level of service which can be safely and effectively provided.

PRIOR AUTHORIZATION

- All ABA services must be prior authorized.
- 97151, 97153, 97155 and 97156 are the only ABA CPT codes that OHCA prior authorizes for.
- Eligible providers must submit an initial/extension, prior authorization request.
- The initial/extension request must include all relevant clinical information on the OHCA template even if supportive documentation is submitted.
- Prior authorization request may be granted up to 6 months, however, based on clinical provided it could be less or more.

PRIOR AUTHORIZATION

- The number of hours authorized may differ from the hours requested on the prior authorization request based on the review by an OHCA reviewer and/or physician
- If the member's condition necessitates a change in the treatment plan, the provider must request a new prior authorization with the updated clinical to support the need for a change in hours.
- Effective 11/8/2022 email correspondence was sent out regarding this.

PRIOR AUTHORIZATION

- The initial prior authorization request must meet the following SoonerCare criteria for ABA services:
  - Must include a comprehensive behavioral assessment.
  - FBA and other supporting assessment(s) outlining the maladaptive behaviors.
  - Information about relevant medical status, prior assessment results, response to prior treatment, and other relevant information gathered
  - Information gathered from interviewing the family/caregivers.
  - Direct assessment and observation, including any data related to the identified problem behavior.
  - A functional assessment of problem behavior that includes antecedent factors, skill deficits and consequences contributing to the problem behavior. The treatment plan should address all 3 areas.

PRIOR AUTHORIZATION

- The prior authorization for ABA treatment will be **time limited** for up to 30 hours per week unless other hours are deemed medically necessary and authorized through prior authorization request
- ABA initial/extension request can be received 7 days prior to the initial start date
- Late request may result in a denial of days. **OHCA does not back date.**
- If you are requesting 30-40 hours a week of RBT services, the clinical reviewer may ask you to provide OHCA with the curriculum/transcript that will show the hourly breakdown of what services will be provided daily if it is not supported in the OHCA template. **(please see MNC manual for further detail**)

PRIOR AUTHORIZATION

- On extensions all dates of sessions, goals, objectives and family response to treatment should be noted in the boxes on the OHCA template.
- The specifics of progress or regression on goals should be noted on the OHCA template.
- All denials will be reviewed by a physician and BCBA consultant.
  - A new initial review may be requested at any time with updated clinical information when it is believed the child meets MNC.

BEHAVIOR INTERVENTION PLANS

Target Behaviors for Reduction

1. Target Behavior	Tantrum
Definition	Tantrum defined as screaming (raising voice above normal inside levels), refusing to participate in activity or follow instruction within 5-seconds of the delivery of instruction, throws items (releasing item with audible force toward the floor or another object) or attempts to break items (any attempt to create damage to an item), and/or hits another person (any attempt to hit another person with an open or closed hand with audible force). Onset/Offset Tantrums begin when his routine/preferred way to complete activity is disrupted and he engages in any of the tantrum behaviors. A new tantrum will be counted when at least 1-minute has occurred without any tantrum behaviors occurring.
Hypothesized Function	Tantrums appear to be maintained by negative reinforcement in the form of escape/avoidance of changes to his routine or preferred ways to

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	complete activities. A more detailed analysis will be carried out once treatment is started if needed.
Baseline	Per parent report, tantrums occur approximately 4 times per day and are approximately 10-15 minutes in duration. Baseline data will also be collected at the beginning of services.
Goal	Member will reduce instances of tantrums to near zero levels within the next 6 months.
Generalization Criteria	Generalization across clinic and home settings and 3 therapists.
Progress	NEW GOAL

2. Target Behavior	Hitting
Definition	Any attempt to hit another person with audible force with an open or closed hand.
Hypothesized Function	Hitting appears to be maintained by negative reinforcement in the form of escape/avoidance of unwanted auditory and/or physical sensory activities (e.g., singing, repeating words, sitting too closely). Hitting is most likely to occur with siblings.
Baseline	Per parent report, hitting occurs approximately 4 times per day. Baseline data will also be collected at the beginning of services.
Goal	Member will reduce instances of hitting to near zero levels within the next 6 months.
Generalization Criteria	Generalization across clinic and home settings and 3 therapists.
Progress	NEW GOAL

BEHAVIOR INTERVENTION PLANS

Behavior Intervention Plan

Phase 1:
Arrange EO: Provide situations in which member is presented with changes to his preferred way of completing activities or his schedule.
Alternative Response: Member will engage in alternative communication (vocally mand for his way) when presented with changes to activities or to his schedule. Mands will be taught using most-to-least prompting.
Consequence for Alternative Response: Member will immediately be provided with his request. **Consequence for Tantrums:** Continue to arrange the EO (presenting changes to activities or schedule) and prompt him to engage in alternative communication response.
Mastery Criterion: When presented with changes to his schedule, , member will engage in independent mands 80% or more opportunities and will engage in near zero levels of tantrums for 3 consecutive days.

Phase 2:
Arrange EO: Provide situations in which member is presented with changes to his preferred way of completing activities or his schedule.
Alternative Response 1: Member will engage in alternative communication (vocally mand for his way) when presented with changes to activities or to his schedule. Mands will be prompted using least-to-most prompting.
Consequence for Alternative Response 1: Intermittently reinforce independent mands with access to his request. Intermittently respond to mands with a delay/denial statement (e.g., "not right now," "lets do it this way first").
Arrange EO for Response 2: Intermittently provide delay/denial statements when he mands in response to changes in activities or his schedule.
Alternative Response 2: Member will engage in a tolerance response (saying "Okay") when provided with delay/denial statements. Tolerance response will be prompted using most-to-least prompting.
Consequence for Alternative Response 2: Immediately provide access to his request.
Consequence for Tantrums: Continue to arrange the EO (presenting changes to activities or schedule) and prompt him to engage in alternative communication response.
Mastery Criterion: When presented with changes to his schedule, Member will engage in independent mands and tolerance response 80% or more opportunities and will engage in near zero levels of tantrums for 3 consecutive days.

PRIOR AUTHORIZATION SUBMISSION CHECKLIST

- Sending in 100 pages or more causes technical difficulty with submissions and, in many instances, faxes this large do not come through in completion.
- The checklist on the next slide, which can be found on the OHCA website under “Child Health,” are the primary documents OHCA needs for prior authorization.

PRIOR AUTHORIZATION SUBMISSION CHECKLIST

OKLAHOMA
Health Care Authority

Serving Oklahomans
through SoonerCare

ABA PRIOR AUTHORIZATION SUBMISSION CHECKLIST

(USE AS COVERSHEET)

Required Items for Initial/Extension Requests:

- ☐ OHCA ABA Initial/Extension Template
- ☐ Functional Behavior Assessment
- ☐ Treatment Plan
- ☐ Most Recent Comprehensive Psychological Evaluation
- ☐ Note: this should be submitted with the Initial request only unless there has been an updated evaluation since the Initial request.

FREQUENTLY ASKED QUESTIONS

BEHAVIORAL HEALTH/ABA SERVICES

How is a BCaBA supposed to provide supervision to RBTS as allowed by the board if 97155 cannot be billed?

BCaBAs can provide 97155, all documentation must be signed off by a BCBA for supervision purposes.

How is a BCaBA supposed to provide supervision to RBTS as allowed by the board if they cannot bill 97155? Can you bill 97153 simultaneously as the RBT the BCaBA is overseeing?

BCaBAs can provide 97155, all documentation must be signed off by a BCBA. Concurrent billing of 97153, 97155, and 97156 is now available effective Sept. 1, 2022. Please see OHCA rules 317:30-5-316. Reimbursement methodology.

FREQUENTLY ASKED QUESTIONS

Providers may only concurrently bill current Procedural Terminology (CPT) codes when they outline in the prior authorization the following criteria:

The BCBA or licensed psychologist met with the member and/or parent or guardian and directed the RBT through one (1) or more of the following:

i. Monitoring treatment integrity to ensure satisfactory implementation of treatment protocols.

ii. Directing RBT staff and/or caregivers in the implementation of new or revised treatment protocols.

iii. Selection and development of treatment goals, protocols, and data collection systems.

iv. Collaboration with family members and other stakeholders.

v. Creating materials, gathering materials.

vi. Reviewing data to make adjustments to treatment protocols; and/or

vii. Development and oversight of transition and discharge planning.

FREQUENTLY ASKED QUESTIONS

If the BCBA is still directly working with our clients utilizing 97155, then how is a BCaBA to be utilized within this 97155?

It would need to either be the BCBA working with the client or the BCaBA, both cannot bill for the same service. If it is the BCaBA then all documentation must be signed off by a BCBA for supervision purposes.

Who is allowed to bill the CPT code 97151?

Only the BCBA is allowed to bill the 97151 code.

Can a provider appeal on behalf of the member?

The appeal process must be initiated by the member, not the provider. OHCA policy regarding member appeals is 317:2-1-2 (a) and (b). OHCA policy outlining provider appeals can be found in 317:2-1-2 (c) and (d)(2).

FREQUENTLY ASKED QUESTIONS

- Provider contracts
  - Provider enrollment, 1-800-522-0114 opt 5
  - Email: ProviderEnrollment@okhca.org

- BCBA licensure questions
  - OLBAB – 405-882-8620
  - ‘OLBAB@okdhs.org

- Billing questions
  - 405-522-6205 or 800-522-0114

OKLAHOMA
Health Care Authority

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