



Treatment Plan Guidelines for Providers of Intensive Behavior Therapy for Autism Spectrum Disorders

November 2014

Treatment Planning

- **Each treatment plan should include all information indicated per the Treatment Plan Guidelines:**
 - There may be different Care Advocate reviewing the treatment plan each review period
 - The treatment plan is a stand-alone document such that a reader unfamiliar with the member is able to obtain enough information to make a clinical determination



Biopsychosocial Requirements

- **Basic Biopsychosocial Information on the member and family, including but not limited to: family structure, medications, medical history, school functioning, past history of services, other services the child is receiving, any major life changes, etc.**
- **Adolescents, in particular – include history of ABA treatment or other OP MH treatment. If no prior services, indicate “why ABA now,” and also include any Inpatient Hospitalizations**
- **Example:**
 - John Doe resides w/ parents & 2 siblings. He is healthy
 - He is prescribed Adderall: 20 mg daily by Dr. Smith, M.D. He is seen by Dr. Smith every 6 mos.
 - He attends ABC Elementary 5 days per week from 8:00 a.m. to 2:30 p.m.; is in the 2nd grade in a Special Day Class (SDC); has an active IEP; receives ST, OT and PT each 1x per week for 30 min.
 - He receives mental health outpatient therapy 1x per week for 1 hour for anxiety by Dr. Jones, Ph.D.

Goals

- **Goals are required and should relate to the core deficits of Autism Spectrum Disorders are derived from the functional assessment and/or skills-based assessments that occur prior to initiating treatment. Goals should not be academic in nature for children who are school-aged:**
 - Once member is in Kindergarten; academic goals are not appropriate, (e.g. learning to write, read, count numbers, cutting and pasting, etc.)
 - Treatment plans that include academic goals will not be approved and will be sent back to provider for revisions, (e.g. a letter will be sent requesting revisions)
- **Measurable Objectives to address each skill deficit and behavioral excess goal. These should include:**
 - Baseline levels for the behavior or skill; progress/data for continued goals
 - Date of introduction & target dates for when the goal will be mastered
 - Goals broken into short term and long term if needed
 - Graphs if available

Goals

- **Example:**
 - Member will independently initiate the need for assistance with an ASL sign or vocal approximation for “help me” in 80% of opportunities for three (3) consecutive sessions
 - BSL: 20%; Last review: 35%; Current: 50%
- **Progress from previous reporting period needs to be included for each goal**
- **If there is no progress or regression on a goal, indicate reason for lack of progress/regression**
- **If requesting H2014 Social Skills Group, there must be identified socialization goals included in treatment plan**
- **For adolescents, goals must reflect training/preparation for transition into adulthood**

Behavior Intervention Plan

- **A Behavioral Intervention Plan (BIP) is needed in cases where a behavior is being addressed. Please include the following information:**
 - Definition of the behavior
 - Antecedents
 - Consequences
 - Prevention
 - Baseline
 - Any de-escalation procedures
 - Individualized steps for the prevention and/or resolution of crisis, (e.g. identification of crisis antecedents and consequences)
- **There must also be a goal identified that is measurable for each behavior targeted in the BIP**
- **For concurrent reviews, current progress/data must be included for each behavioral goal**

Coordination of Care

- **Document linkage and coordination with other behavioral health and medical providers (e.g., psychologist, Individualized Education Plan/School Services, psychiatrist, speech therapist, etc.) who are concurrently providing services is required and should include:**
 - Obtain a Release of Information for all providers working with member
 - If member is being prescribed medication, provider should be in contact with prescribing MD
 - Request any updated evaluations of member from parents or directly from treating provider
 - If member is receiving services from other ABA providers, be sure to share the treatment plan with other providers and be sure that there is no duplication of treatment

Transition Plan

- **A transition plan is indicated when a child is:**
 - Moving from a home-based program to mainstream education
 - When changing grade levels
 - Aging out of services
 - Moving out of public education
- **A transition plan is always required. A transition plan indicates that a provider is looking ahead to determine when member will be ready to transition to less intensive treatment and is part of the treatment planning process**



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Transition Plan (continued)

- **Example:**

- Member will begin Kindergarten on 08/25/2014
- Provider will work with family & member to prepare member for transition into school by attending IEP, sharing treatment plan with school staff and meeting with teacher if needed
- Member's treatment hours will begin to titrate 60 days prior to member entering school (will be in school full time 30 hours per week), due to member no longer being available for 30 hours per week of ABA once school begins

- **Example for adolescent exiting high school:**

- Member will be graduating from high school on 06/09/2014
- Member will be transitioning into a vocational rehabilitation program through Department of Developmental Services upon graduation
- Provider will work with family and member to transition member into vocational program and will meet/consult with provider & share treatment plan as needed
- Member will be discharged from ABA once he begins attendance at his new vocational program

Discharge Criteria

- **Discharge Criteria is required and must 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**

Note: Indicating member will be discharged when reaching skills/developmental level of neurotypical peers is not measurable and may not be realistic
- **Discharge criteria can be based on assessments & scores. Provider will need to identify the assessment tool and scores member will need to meet for discharge**

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Discharge Criteria (continued)

- **Discharge criteria must always be included in the treatment plan and should be focused on criteria member will need to meet for future discharge**
- **Example:**
 - Member will be discharged when he/she has mastered all goals being targeted at 80% of opportunities for 2 consecutive months and no additional skills areas and/or behavioral issues have been identified as a need for targeted treatment goals
 - Member will be able to communicate independently 80% of opportunities; perform all skills of daily living independently 80% of opportunities; and all behaviors have been reduced by 80% from baseline levels
 - Parents will also demonstrate understanding of ABA interventions and teaching/modeling for member consistently without support from therapist
 - Member will be referred to OP MH therapist for follow-up care and for case management

Crisis Plan

- **A Crisis Plan should include the steps for prevention and de-escalation of crisis. The crisis plan should address the following types of situations:**
 - Emergency situation, such as a weather or medical emergency, including who and how appropriate supervisor or emergency personnel should be contacted
 - Names and phone numbers of contacts that can assist member in resolving crisis, such as other treatment providers that may assist in the prevention or de-escalation of behaviors, even for those members who do not currently display aberrant behaviors
- **If member has a medical issue, (e.g., seizure disorder), crisis plan must include plan for handling member during a seizure and steps that will be taken to ensure safety of member**
- **Example:**
 - BCBA is available for mental health emergencies and can be reached at (555) 555-5555
 - Parents can also contact 911 or present member to the local emergency room in a medical or mental health emergency
 - Parents will be notified of cancellation of session in the event of a weather emergency

Parent Training/Participation

- **Parent participation in treatment is a REQUIREMENT**
- **Document Parent/Guardian involvement. This can include:**
 - Parent trainings
 - Parent observation
 - Parent goals
 - Additional parent resources
- **Document how barriers to parent involvement are being addressed, (e.g., parent's having the skill to assist with generalization of skills)**
- **Document if parent is addressing treatment goals when treatment professionals are not present and what is the overall ability level**
- **Document any trainings, materials, or meetings that occur with the parent on a routine basis**
- **Parents should have active measurable goals with progress reported on each goal area**
- **Parents should receive ongoing training throughout member's treatment**

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Parent Training/Participation (continued)

- **Example:**

- Parent receives training 2 hours per month

- Goal 1: Parent will participate in at least 50% of sessions.

- Progress: parent participates 40% of sessions

- Goal 2: Parent will keep data on aggression, SIB and pica 3 out of 5 days per week and share data with staff each week.

- Progress: parent keeping data 2 out of 5 days per week;

Note: If parent struggling to use data sheets, provider will provide additional training on data sheets



H0031: Ongoing Assessment and Treatment Planning

- **Treatment Plan updates will be reviewed at a frequency required by state specific or account-specific requirements. It is expected that providers are continually monitoring a member's progress in all areas of functioning and that treatment is modified as the parents/guardians management skills improve, and the member's deficits are modified**
- **Treatment planning is an expected part of member care. A minimum of one (1) hour treatment planning per month is required, up to one (1) hour for every 10 hours of direct service, not to exceed eight (8) hours per month. This is billed utilizing H0031 (except for some PA providers)**

Note: If requesting hours that exceed the 1:10 ratio, provide clinical justification for need for increase in H0031 hours and plan to titrate those hours back down within guidelines

H0032: Supervision

- Supervision must be delivered to a BCaBA or paraprofessional, who is anyone who does not have a BCBA or is not licensed in mental health
- Supervision must be provided a minimum of 60 minutes per month for each BCaBA or paraprofessional
- The member and paraprofessional must be present
- The maximum hours approved are based on the member's direct hours, (e.g., 1 hr supervision for every 10 hrs direct service not to exceed 8 hrs per month). This can occur in a group or individual format
- The appropriate billing code for this is H0032 (except for some PA providers). When providing supervision only H0032 can be billed, (e.g., provider cannot bill H2019 and H0032 at the same time)
 - Supervisor must be a BCBA or a Licensed Mental Health Clinician (LMHC) such as a psychologist or LCSW (except for certain accounts in PA)

Note: If provider requests hours above the 1:10 ratio, a clinical justification must be included with a timeframe and transition plan to reduce supervision hours

Concurrent Reviews

- The Treatment Plan update should reflect any major life changes and the member's progress in the goals, objectives, and targets identified on the Initial Treatment Plan. In addition, new goals, objectives, and/or target behaviors should be added as indicated. Include progress related towards transition or discharge plan. Graphs should be included to provide visual documentation of the member's progress
- Submission of the treatment plan is expected at least 10 days prior to but not more than 30 days before the next review date. Treatment plan updates that are not sent by the end of the approval may result in claims being denied due to lack of an approval on file
- Concurrent treatment plan should include ALL information carried over from initial treatment plan
- Prior approval required; otherwise, provider will have to request for services for retro review through the Appeals Department

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Concurrent Reviews (continued)

- **Documentation of the following information is required and is essential when a member has made slow or no progress in the acquisition, maintenance and generalization of target skills:**
 - 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
 - If member is not progressing in treatment, member may need:
 - Psychological testing to clarify diagnosis(es) and/or cognitive testing to obtain current level of cognitive functioning
 - A medication evaluation may be appropriate
 - Referrals to other services may also be appropriate, (e.g., Speech Therapist, Occupational Therapist, etc.)

Peer Reviews

- **A peer review is a telephonic interview between the BCBA or LMHC, only, and a Licensed Psychologist to discuss member's treatment so that a clinical determination can be made regarding approval for ABA services**
- **Paraprofessionals, office administrative staff and parents cannot be present during the review**
- **If the treatment plan does not meet the guidelines (Coverage Determination Protocol or Coverage Determination Guidelines), the Care Advocate may send out a letter requesting additional information and/or call to request additional information**
- **Cases will be sent to Peer Review when:**
 - Treatment plan not submitted with revisions per letter sent requesting revisions/missing information
 - Hours provider is requesting exceed Coverage Determination Protocol or Guidelines
 - Treatment plan does not provide enough information about the member's level of functioning or there is question regarding member's diagnosis or a co-morbid diagnosis
 - Member is not making progress in treatment
 - There are concerns about the member's current level of functioning and/or appropriateness of the treatment modality

Questions/Comments





Thank you.

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