

## 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:**

- The treatment plan should address how the guardian/caregiver will be trained in behavior management skills that can be generalized to the home
  - Caregiver is defined as anyone authorized to regularly looks after and/or provides for the needs of the participant
- Include a narrative discussing the overall progress with implementing ABA strategies and progress toward goals
- Progress should be documented through quantitative baseline and data updates
- Document any identified barriers to guardian/caregiver training, all actionable efforts made to mitigate the lack of parent training, and the plan with actionable items to address these barriers moving forward
- Guardian/caregiver goals must relate to actionable implementation and practice of learned skills. These can include learning ABA content, generalization and maintenance of learned skills, behavior plan implementation, utilizing ABA strategies to teach skills (such as developing/using a task analysis) not covered under the benefit such as chores or academics, and/or transition and discharge planning
- Note: If there is a lapse in direct services or a delay in beginning services due to staffing, it is best practice to utilize parent/caregiver training during this time to support the family, teach foundational ABA principles, and ensure continuity

**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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