



# Documentation Requirements for Assessment and Treatment of ASD Members and Families

## Tips for Writing a Behavior Assessment for Applied Behavior Analysis Services

Applied Behavior Analysis (ABA)  
Assessment

# Purpose and Objectives

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- To explain the necessary components of Applied Behavior Analysis assessments and reassessments
- To detail the authorization process
  - To explain the process of checking member eligibility
- To allow providers time to ask questions related to these processes
- Notify providers of subsequent trainings-
  - #2- ProviderConnect Registration and Navigation
  - #3- Clinical data entry into ProviderConnect

# Agenda

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- Role of Beacon
- Checking Member Eligibility
- Authorization Process
- Components of the Behavior Assessment template
- Additional Behavior Reassessment Components
- Question and answer session

# **Beacon and Our Health Plans: Applied Behavior Analysis (ABA) Services**



# Beacon ProviderConnect – Applied Behavior Analysis (ABA) Services

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- Plans on the ProviderConnect platform include:
  - UniCare provides ABA services for covered Massachusetts state employees and their dependents
  - MVP provides ABA services in NYS
  - Emblem provides ABA services in NYS
  - GHI provides ABA services in NYS
- ABA services provide highly structured interventions, strategies, and approaches designed to decrease maladaptive behaviors and increase or reinforce appropriate behaviors
- Eligible members (including those enrolled in health plans) will receive this service through the fee-for-service delivery system
- Beacon will continue to be the payer of claims except for UniCare and GHI

# Criteria for Admission for ABA services

- All of the following criteria must be met:
- Member has a *DSM- V* diagnosis of Autism Spectrum Disorder [ASD]) or corresponding ICD code.
- Member has been evaluated and diagnosed by a child psychiatrist, developmental pediatrician, pediatric neurologist or psychologist with developmental or child /adolescent expertise, and has
  - received a comprehensive medical evaluation to exclude any underlying medical etiologies;
  - received formal diagnostic and/or functional assessment (e.g.
    - ABLLS-R, Vineland-II, ADI-R, ADOS-2,
    - CARS2, VB-MAPP or Autism Behavior Checklist)
- Provider and/or supervisor of the ABA and treatment plan development is a Licensed Behavior Analyst in the state (New York State or Massachusetts, depending on the plan).
- Member has specific, challenging behavior(s) attributable to the ASD (e.g. self injurious, stereotypic/repetitive behaviors, aggression toward others, elopement, severely disruptive behaviors) which result(s) in significant impairment in one or more of the following:
  - personal care, psychological function, adaptive function, social function, communications

# Criteria for Admission for ABA services

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- Member can be maintained adequately and safely in their home environment.
- Member does not require a more intensive level of care due to imminent risk to harm self or others or based on severe maladaptive behaviors.
- Member's treatment/intervention plan includes clearly defined behavioral interventions with measurable behavioral goals that address the identified challenging behavior(s). Intervention(s) are appropriate for member's age and impairments.
- Member's challenging behavior(s) and/or level of function can be expected to improve with ABA.
- Parent / guardian / caregiver agrees to participate in and be present during at least 50% of treatment sessions (including face to face parent training on behavior management interventions) unless clinically indicated.
- Member currently receives no other in home or office based ABA services.

# Components of a Comprehensive Diagnostic Evaluation (CDE) and Recommendation of ABA Services





# Components of a CDE

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- The following components are **required**
  - ✓ Parent/caregiver interview
  - ✓ Direct observation of participant outlining behaviors consistent with DSM V criteria for the diagnosis
  - ✓ Description of current functioning across major domains of development
  - ✓ Statement identifying presenting diagnosis (F84.0)
- The following components are **recommended**
  - ✓ Testing instruments and/or standardized assessment tools

# Components of a CDE

Examples of Standardized Tools for Comprehensive Diagnostic Evaluation			
	Specific Test	Typical Time for Testing	Comments
• <b>Clinical Interview with the Parent/Caregiver</b>			
	Social Communication Questionnaire (SCQ)	10 to 15 minutes	Ages 4+ years with mental age 2+ years
	Autism Diagnostic Interview (ADI-R)	120 minutes or less	Mental age 2+ years
	Social Responsiveness Scale (SRSTM-2)	15 to 20 minutes	Ages 2.5 to 18 years
	Adaptive Behavior Assessment System (ABAS II)	15 to 20 minutes	Ages 0 – Adult
• <b>Direct Behavioral Assessment of the Child</b>			
	Autism Diagnostic Observation Schedule (ADOS-2)	40 - 60 minutes Admin and scoring	12 months – Adult Considered the “gold standard”
	Childhood Autism Rating Scale (CARS-2)	5 to 10 minutes after information has been collected	Ages 2 and up
	Screening Tool for Autism in Toddlers and Young Children (STAT)	20 minutes	24 –36 months
• <b>Developmental/Cognitive Assessment</b>			
	Bayley Scales of Infant and Toddler Development (Bayley III)	30 to 90 minutes	Ages 0 to 42 months
	Mullen Scales of Early Learning	15 mins (1 year) 25 to 35 mins (3 years) 40 to 60 mins (5 years)	Ages 1 to 68 months
	Capute Scales	6 to 20 minutes	Ages 1 to 36 months
	Wechsler Abbreviated Scale of Intelligence (WASI-II)	15 to 30 minutes	Ages 6 years - Adult
	Peabody Picture Vocabulary Test PPVT-4 (non-verbal)	15 minutes	Ages 2.5 years - Adult
	Kaufman Brief Intelligence Test (K-BIT-2)	20 minutes	Ages 4 years - Adult
	Comprehensive Test of Non-verbal Intelligence (CTONI-2) (non-verbal)	60 minutes	Ages 6 years - Adult
• <b>Report</b>			
Note: The diagnostic report should document each of components of a comprehensive diagnostic evaluation, including specific examples of observed behaviors that support the DSM-5 diagnosis of ASD. The report will require a recommendation for ABA therapy, if appropriate.			

# Who are Qualified Health Care Professionals?

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Any of the following are considered QHCPs. All Professionals must have adequate training and experience in diagnosing ASD

- Developmental Pediatrician
- Pediatric Neurologist
- Psychologist
- Neuropsychologist
- Psychiatrist

# Components of the Recommendation of Applied Behavior Analysis (ABA) Services

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- A recommendation for ABA must be dated within the last 6 months
- Statement recommending the participant for **ABA therapy**
- The statement can be written at the end of a CDE
- The statement can be written separate from the CDE from a qualified health care professional, but it does not have to be the same individual that provided the diagnosis. A best practice is to have the primary care physician (PCP) or pediatrician provide the statement or whomever will be coordinating the child's medical care.
- This component is required for a participant to access ABA services

# Checking Member Eligibility

- Upon the “go live” date providers will be able to check member eligibility for Applied Behavior Analysis (ABA) Services by using ProviderConnect

*ProviderConnect is a secure, password protected site where participating providers conduct certain online activities with Beacon directly twenty four (24) hours a day, seven (7) days a week (excluding scheduled maintenance and unforeseen systems issues). Currently, participating providers are provided access to the following online activities: authorization or certification requests for all levels of care, concurrent review requests, verification of eligibility status, submission of inquiries to Beacon’s Customer Services Department, and electronic access to authorization/certification letters from Beacon.*

# Provider Training

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- A list of all available trainings, training schedules, webinars of past trainings and PowerPoint materials will become available at the Beacon website.

# Authorization Process



# Authorization Process

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## ■ Path to Authorization

- Step 1: Provider registers on ProviderConnect.
- Step 2: Provider submits Behavior Assessment using ProviderConnect.
  - At least 2 weeks prior to the end of authorization
  - A copy of a sample format for the Behavior Assessment can be found on our website: (<https://www.beaconhealthoptions.com/providers/beacon/forms/clinical-forms/>)
  - Include the authoring Lead Analyst and/or office manager contact information
- Step 3: Beacon Reviewer notifies the Provider and/or office manager if further information for review is needed.
- Step 4: Provider submits additional information regarding behavior plan (if needed)
- Step 5: A determination is made and provider is notified of authorization



# Components of a Behavior Assessment

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# Documents Reviewed by Provider

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- Comprehensive diagnostic evaluation
- Statement recommending ABA Therapy
- Individualized Educational Plan or Individualized Family Service Plan (as available)
- Reports from other service providers
  - Examples:
    - Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Social Skills Training, etc.
    - Psychiatric assessment (as available)
- See the ABA Assessment template for the section titled “Documents Reviewed” and insert report summaries in this section

# Biopsychosocial Information

- Why is it important?
  - Provides information on member's functioning level
  - Gives information regarding daily activities
  - Paints a broader picture of member's family and school life
  - Used as a reference point when reviewing a behavior assessment or behavior plan and goals



# Biopsychosocial Information

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- Providers are encouraged to include:
  - Previous interventions and results
  - Current interventions and progress (please include supplements and any dietary modifications if applicable)
  - Current living situation
  - Relevant family history
- Medical history – particularly history of seizures, gastrointestinal problems (chronic constipation/diarrhea, recurrent abdominal pain), sleep problems or psychiatric disorders
  - Include current medications (name and prescribing doctor)

# Biopsychosocial Information

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- Education status
  - Are they on grade level?
  - Where does the member attend school?
  - Are they placed in a specialized classroom?
  - Does the member require an aide?
  - What treatments are received within school?

# FBA: Behavioral Observations

- At least two (2) direct observations should be conducted
  - Can be on the same day in two (2) separate settings
  - Written objectively (observable and measurable)
  - Ideally, includes some ABC observation and information about maladaptive behaviors (if witnessed)



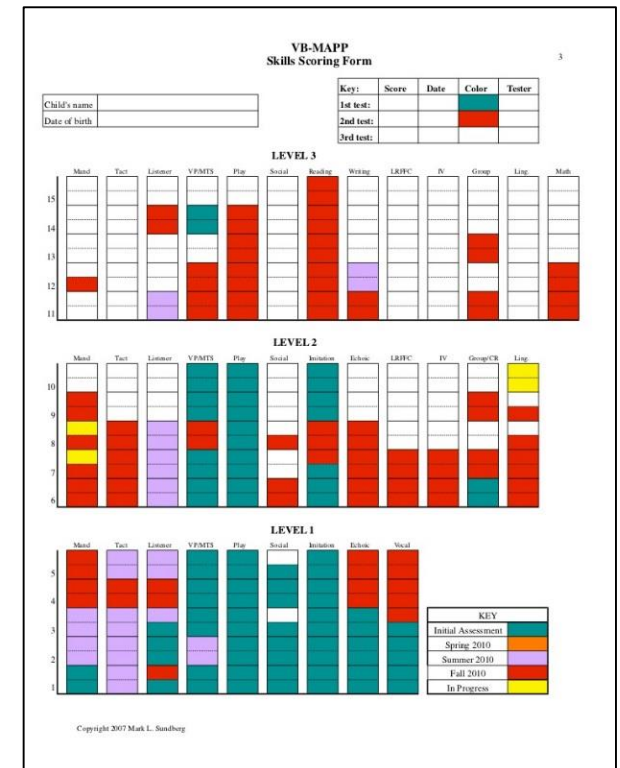
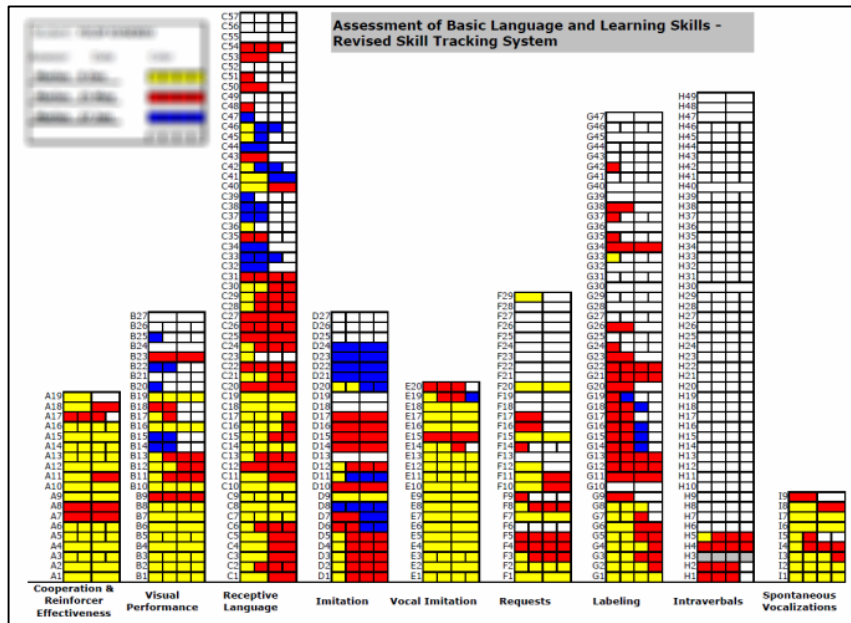
# Member Strengths and Weaknesses

- A description of abilities and areas of deficit
  - This can be identified through parent/caregiver interview or observation
  - Can also be determined through formalized assessments
    - In what domains do they score highest?
    - In what domains do they score lowest?

Domain	Subdomains
Communication	Receptive Expressive Written
Daily Living Skills	Personal Domestic Community
Socialization	Interpersonal Relationships Play and Leisure Coping Skills
Motor Skills (Optional)	Fine Gross
Maladaptive Behavior (Optional)	Internalizing Externalizing

# Examples of Skills Assessments

- Identify areas of deficit utilizing a skill assessment
  - May use assessments such as the Verbal Behavior-Milestones Assessment and Placement Program, Vineland, Assessment of Basic Language and Learning Skills-Revised, Assessment of Functional Living Skills or other similarly valid instruments
  - Including the results of the assessment, either in numeric or graphical form





# Acceptable Goals

- Goals may be related to the occurrence of at least one maladaptive behavior.
- Skill acquisition when presented without maladaptive behavior will be evaluated using the 5 prongs of medical necessity.
- Goals should be rehabilitative in nature.
  - *Is targeting the skill of tooth brushing acceptable?*
    - If the member engages in maladaptive behavior(s) such as non-compliance and/or aggression when he is asked to brush his teeth then, yes, this would be considered an acceptable goal.
    - If however, the member complies with requests to brush his teeth, but demonstrates a lack of independence in following the steps, duration or thoroughness of the skill, then it is NOT considered an appropriate skill to be included in the behavior plan.

# Goals

- Utilize assessment information to create goals and objectives that are:

- Measurable

- Age Appropriate

- Observable

- Achievable

- There needs to be a long-term goal supported by short-term objectives
- Goals and objectives should include:
  - Baseline measurement
  - Current performance (if reassessment)
- Goals and objectives should NOT:
  - Be educational in nature
  - Overlap with IEP goals and objectives

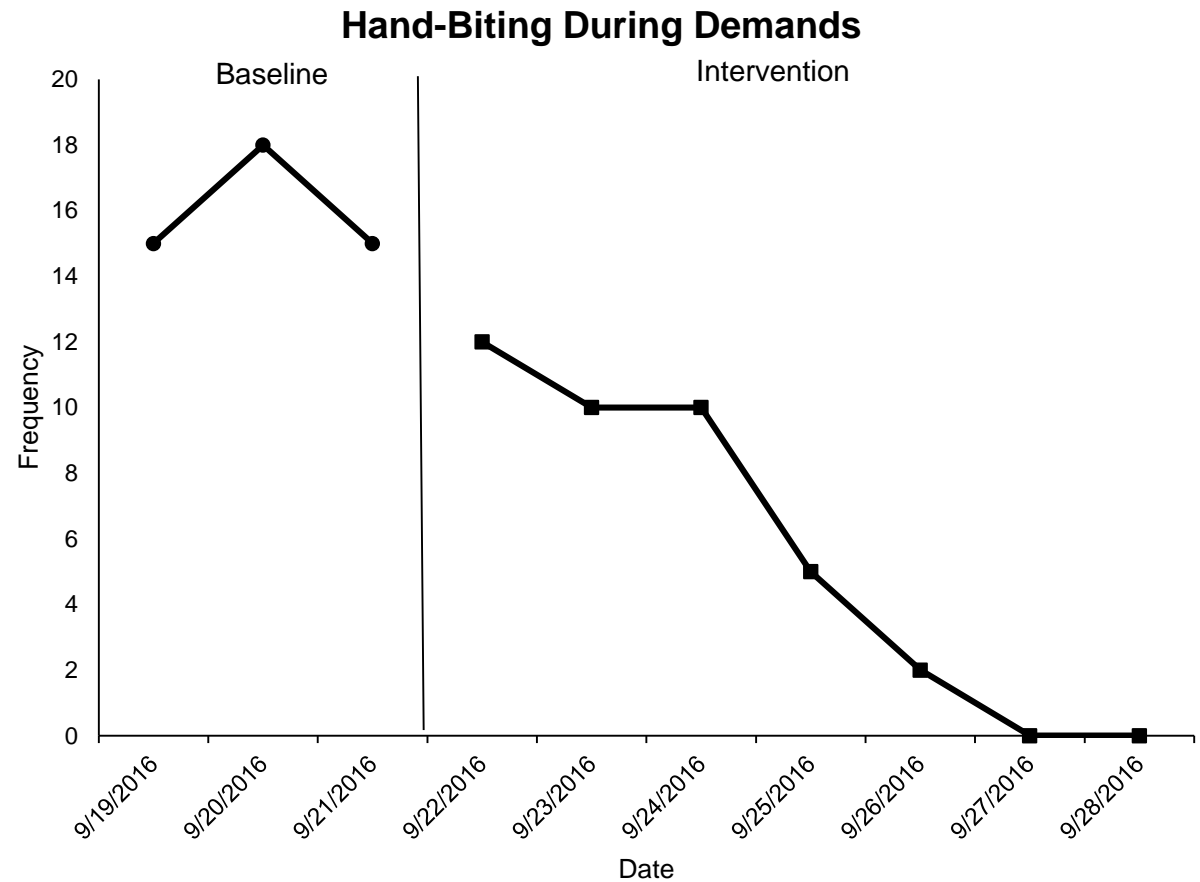
# Goal Components

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- Please include:
  - Skill domain heading at the beginning of each section
    - Example: Social Skills, Language/Communication, Daily Living Skills, etc.
  - Operational definition of goal
  - Mastery criteria
  - Skill generalization information
  - Baseline data (and date)
  - Current progress data
  - Goal status: mastered, new, in progress, discontinued, etc.

# Maladaptive Behaviors

- Targeted for reduction
- Definition of Behavior
  - Observable and measurable
  - Topography
    - What does it look like?
  - Intensity
    - What is the magnitude?
    - Please include baseline



# Maladaptive Behavior Assessments

- If maladaptive behaviors are targeted, an assessment is required to determine the function
  - Using assessment tools such as FAST, FA, or other functional assessment

**FAST-R**  
Functional Analysis Screening Tool

Client: \_\_\_\_\_ Date: \_\_\_\_\_  
Behavior Problem: \_\_\_\_\_  
Informant: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**To the Interviewer:** The FAST-R identifies factors that may influence the occurrence of behavior problems. It should be used only for screening purposes as part of a comprehensive functional analysis of the problem. Administer the FAST to several individuals who interact with the child frequently. Then use the results as a guide for conducting direct observations in several different situations to verify likely behavioral functions, clarify ambiguous functions, or identify factors not included in this instrument.

**To the Informant:** Complete the section on "Informant-Client Relationship." Then read each item carefully. If a statement accurately describes the person's target behavior problem, circle "Yes." If not, circle "No."

**Informant-Client Relationship**  
Indicate your relationship to the person: \_\_\_\_\_ Parent  
\_\_\_\_\_ Therapist \_\_\_\_\_ Teacher/Instructor \_\_\_\_\_ Residential Staff

How long have you known the person?  
\_\_\_\_\_ Years \_\_\_\_\_ Months

Do you interact with the person on a daily basis?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

In what situations do you usually interact with the person?  
\_\_\_\_\_ Meals \_\_\_\_\_ Academic training  
\_\_\_\_\_ Leisure \_\_\_\_\_ Work or vocational training  
\_\_\_\_\_ Self-care \_\_\_\_\_ (Other)

**Scoring Summary**

For each statement that was answered "Yes," circle the corresponding number below.

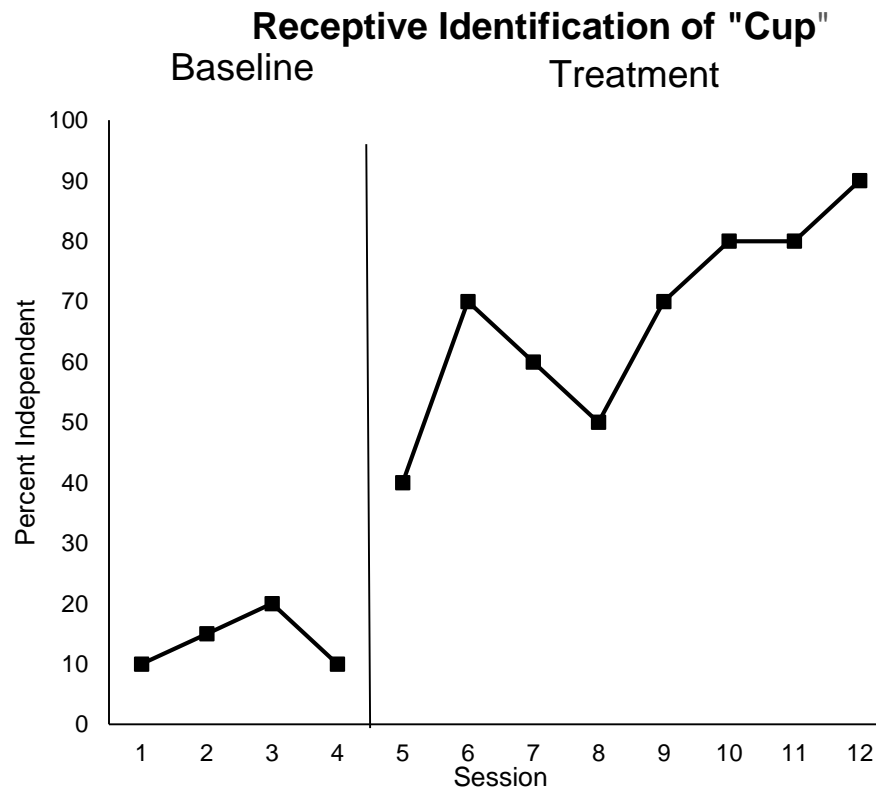
Items Circled "Yes"	Total	Likely Maintaining Variable
1 2 3 4 5	_____	Social Reinforcement (attention/preferred times)
1 6 7 8 9	_____	Social Reinforcement (escape)
10 11 12 13 14	_____	Automatic reinforcement (sensory stimulation)
10 15 16 17 18	_____	Automatic reinforcement (pain attention)

- 1) The behavior usually occurs in the presence of other persons Yes No
- 2) The behavior usually occurs when the person is being ignored, or when preferred activities or items have been taken away Yes No
- 3) When the behavior occurs, you usually try to calm the person or distract the person with preferred activities (leisure items, snacks, ect.) Yes No
- 4) The person engages in other annoying behaviors (crying, tantrums, ect.) to get attention. Yes No
- 5) The behavior usually does not occur while the person is getting lots of attention or when the person has his/her preferred items. Yes No
- 6) The behavior usually occurs when the person has to perform a task. (If "Yes," identify the task: \_\_\_\_\_ self-care \_\_\_\_\_ academic \_\_\_\_\_ Vocational \_\_\_\_\_ other) Yes No
- 7) When the behavior occurs you usually give the person a "break" from ongoing tasks Yes No
- 8) The person usually complains or resists when asked to perform a task. Yes No
- 9) The behavior usually does not occur when no demands are placed on the person Yes No
- 10) The behavior usually occurs when the person is alone. Yes No
- 11) When the person engages in the behavior, you usually ignore it ( you rarely attend to it). Yes No
- 12) The person does not engage in appropriate forms of play, social interaction, or leisure activities. Yes No
- 13) The person engages in repetitive "self stimulatory behaviors," such as body rocking, hand or finger waving, or twisting or mouthing, ect. Yes No
- 14) The behaviors occur at high rates regardless of what is going on around the person. Yes No
- 15) The behaviors occurs in cycles that last for several days. During a "high cycle" the behaviors occurs frequently; during a "low cycle" the behavior occurs rarely. Yes No
- 16) The person has a high history of recurrent illness (ear infections, allergies, dermatitis, ect.) Yes No
- 17) The behaviors occurs more often when the person is sick. Yes No
- 18) When the person has a medical problems and they are treated, the behavior problem usually decreases. Yes No

_____ 's ABC Chart							
Date	Initials	Time behavior started	Antecedent ( List what happened immediately preceding the behavior)	Behavior ( List everything that the child is saying/doing)	Consequence (List the procedure # that was performed and anything that you said/did in addition to the procedure)	Duration (length of behavior)	Post- Consequence (what you did directly following the Consequence)

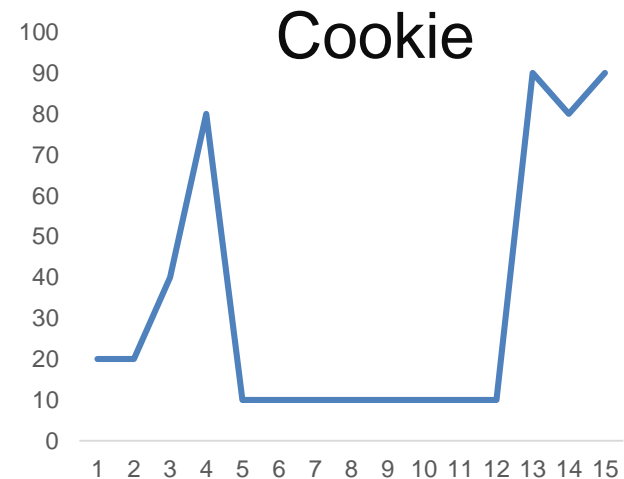
# Behavioral Data

- Initial Assessment should include:
  - Baseline data for maladaptive behavior and goals
    - This can be a verbal report from parents or caregivers estimating the occurrence of the behavior, but it is recommended to state the origin of the information within the report



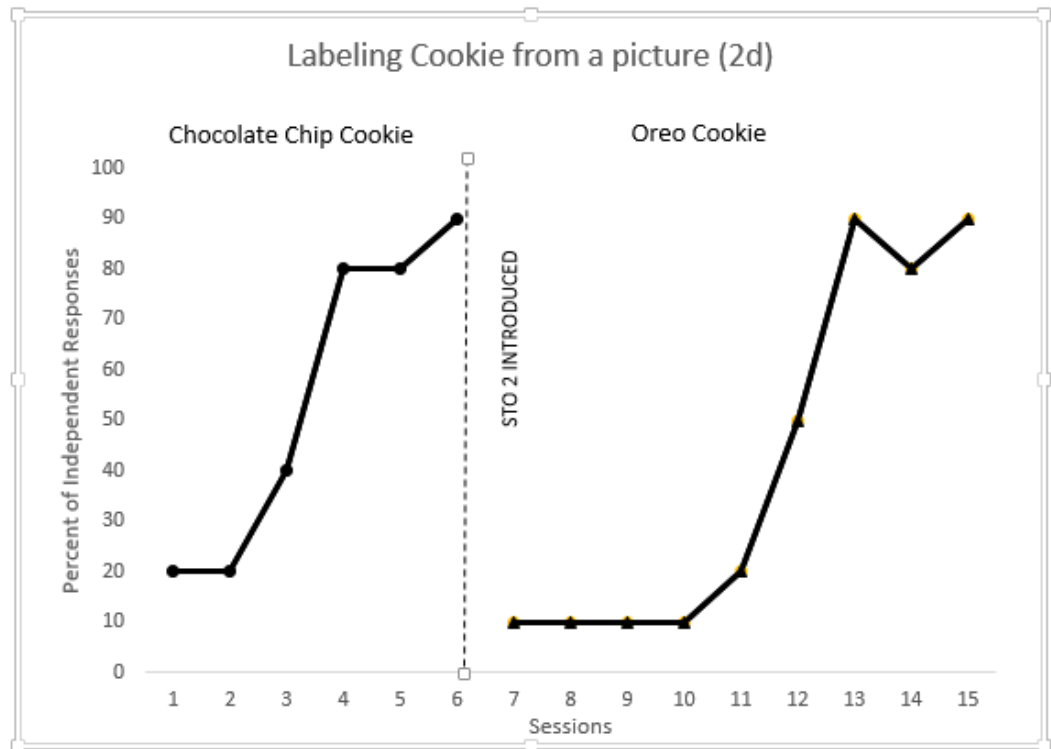
# Presenting Data Graphically

- Characteristics of ineffective graphs include:
  - Axes are not labeled
  - Title is not clear
  - Causes Beacon Clinical Reviewer to ask questions:
    - Was the treatment modified to achieve mastery?
    - Is there more than one target on this graph?
    - May lead to a delay in authorization if additional information is requested



# Graphical display

- Characteristics of helpful graphs include:
  - Title is clear
  - Axes are labeled
- Different symbols are used when more than one target is shown





# Behavior Plan

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- Identify target behaviors clearly to ensure that they are:
  - Operationally defined
  - Not overlapping
  - **Includes Baseline data**
- Include Preventative Strategies
  - Antecedent modifications
  - Functional replacement skills targeted
  - Functional communication requests
- Include Reactive Strategies
  - Consequences (i.e., what you will do following behavior)
  - Utilizing least restrictive procedures

# Family Involvement

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- A description of how caregivers are involved
  - Who is involved (siblings, parents, grandparents, etc.)?
  - Do they attend sessions?
  - Do they attend parent trainings?
  - Do they collect data during/outside of sessions?
- A description of the parent training goals
  - Observable and measurable
  - Need to be for competence of skills, not attendance during training
  - Should be plan specific (i.e., teach skills they need to work on with their child)

# Generalization Training

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- A description of a plan to generalize skills
  - Example:
    - Training in a novel environment (e.g., park, restaurant)
    - A novel trainer (e.g., parent, sibling)

# Preference Assessment

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- Conducted to identify potential reinforcers
- Several methods available:
  - Parent/caregiver report
  - Observation
  - Systematic (e.g., paired choice preference assessment)
- For reassessments, indicate any changes from previously identified reinforcers
  - Example:
    - Introduction of a token economy

# Risk Assessment

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- A description of risks associated with engaging in treatment
  - Example:
    - Extinction procedures
    - Punishment procedures
- A description of risks associated for withholding treatment
  - Example:
    - Failure to acquire functional skills
    - Continued use of maladaptive behaviors

# Transition Plan

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- In this section of the assessment, please describe how the following possible scenarios will be accomplished:
  - If the member is going to a less restrictive environmental placement
  - If the program changes from a home-based program to a school based program or vice versa
  - If the member is going to attend a different type or grade level of school

# Transition Plan

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- Questions to be considered prior to discontinuing services:
  - What is the next step? Will it include vocational skills training and/or job placement, adult day treatment program, college or another alternative? (mandatory for 14+ year olds)
  - How will you prepare the parents/caregivers to continue following the behavior plan in the absence of ABA services?
  - How will you gradually fade yourself and your staff from the member's life and thin reinforcement and other treatment components in the weeks/months leading up to the end of services?

# Discharge Plan

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- The criteria that must be met for discontinuing services.
  - Included in this section should be:
    - Specific requirements such as:
      - mastery of goals
      - reduction of behaviors to a predetermined level
      - barriers to social skills no longer evident
    - Date of proposed discharge and next level of care or transition
    - Links for the family to other services that may be appropriate
      - Example:
        - » Vocational or job placement services
        - » Adult day treatment program



# Crisis Plan

- Required if the member displays maladaptive behaviors that are a risk to potentially harm themselves or others
- A plan of action that includes:
  - Risk factors or specific target behaviors that are present

Please check risk factors as applicable.

- |   |   |
|---|---|
| <input type="checkbox"/> Assaultive behavior                          | <input type="checkbox"/> Elopement  |
| <input type="checkbox"/> Self-Injurious Behavior (SIB)                | <input type="checkbox"/> Fire setting   |
| <input type="checkbox"/> Sexually offending behavior                  | <input type="checkbox"/> Current substance abuse  |
| <input type="checkbox"/> Impulsive Behavior                           | <input type="checkbox"/> Psychotic symptoms   |
| <input type="checkbox"/> Self-mutilation/cutting                      | <input type="checkbox"/> Caring for ill family member                                   |
| <input type="checkbox"/> Current family violence<br>(abuse, violence) | <input type="checkbox"/> Coping with significant<br>loss (job, relationship, financial) |
| <input type="checkbox"/> Prior psychiatric inpatient admission        |   |
| <input type="checkbox"/> Other _____                                  |   |

Suicidality?:

- Not Present  Ideation  Plan  Means  Prior attempt (last 12 months)

Homicidality?:

- Not Present  Ideation  Plan  Means  Prior attempt (last 12 months)

# Crisis Plan

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- Step-by-step methods to encourage de-escalation and/or defuse crisis situations
  - Should include more detail than simply calling 911
- Any names and phone numbers of contacts that can assist in the prevention or de-escalation of behaviors (e.g., Lead Analyst, Clinical Supervisor)
- Specific instructions on what parents/guardians should do when the ABA professionals and technicians are not available
  - Example:
    - Step-by-step procedures on how parents/caregivers can de-escalate the member's behavior
    - If parents/caregivers are unable to de-escalate the behavior quickly and there is an immediate threat of harm or injury Call 911

# Communication with Other Providers

- Providers you have been in contact with in regards to this member

Please check boxes as applicable

Have you communicated with the member's prescriber of psychotropic drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Member Declined <input type="checkbox"/> N/A, Provider is the Prescriber <input type="checkbox"/> N/A, Member not on medication
Have you communicated with the member's PCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Member Declined
Have you documented the communication or member declination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A; I did not contact PCP
Have you been in communication with other Behavior Health (BH) providers for this member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Member Declined <input type="checkbox"/> N/A; I did not contact PCP
If yes, please indicate the type of BH provider.	

# Summary and Recommendations

- A brief summary of the assessment completed
- The units/hours you are asking for and your justification for asking for those hours
- Include a breakdown of the number of hours requested for services and the codes for the services (calculated at units and hours per week times 26)

T-Codes	Description of Service	# of Units/ Hours Requested	Breakdown Per Week	Location (Where services are to be delivered)	Who is Providing Services?
0364/ 0365	ABA- Technician	520 units/260 hours	20 units/10 hours per week	In home	Technician
0368/ 0369	Applied Behavior Analysis – Lead Analyst Supervision	52 units/26 hours	2 units/1 hour per week	In home	Lead Analyst
0368/ 0369	Applied Behavior Analysis – Lead Analyst Parent Training	26 units/13 hours	2 units/0.5 hours per week	In home	Lead Analyst

# Signatures

- Include the scanned signatures of:
  - Lead Analyst
  - Parent/caregiver



# Components of Reassessments

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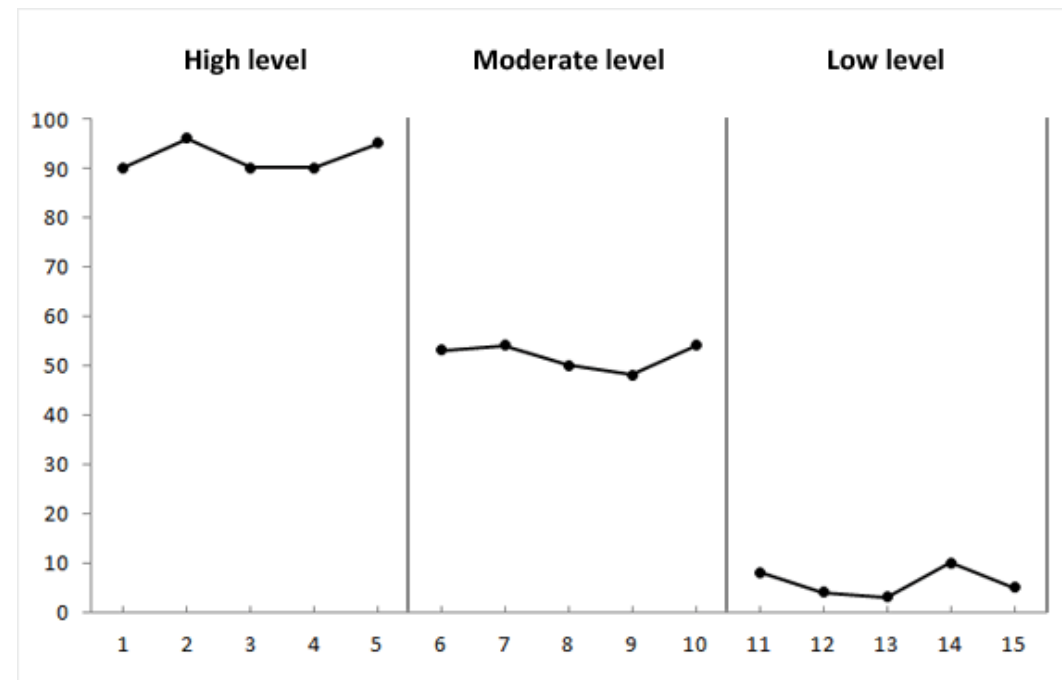
# Reassessment

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- Components of Reassessment include:
  - Relevant life changes
    - Family, school, therapeutic services, health, medications
  - Member's progress with goals/objectives
    - Should be included in the same order as previous behavior plan
    - Updated graphs
    - Updated data and graphs for target behaviors
  - Updated formal assessments
    - Examples:
      - FAST, VB-MAPP, Vineland
  - New goals/objectives, target behaviors, BIP as appropriate

# Data and Goal Updates

- Ongoing Authorization
  - Summary of data collected over authorization period
  - Please note:
    - Behavior reduction goal has been met
    - Revisions to plan/treatment
    - Explanation of lack of progress
    - New target behaviors (if any)





# ABA Assessment/Reassessment Review

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- Demographic Information
- Documents Reviewed
- Background Information
- Reassessment
- Observations
- Strengths and Weaknesses
- Maladaptive Behaviors
- Assessments Conducted
- Behavior Plan
- Data
- Family/Caregiver Involvement
- Generalization Training
- Skills to be Taught
- Social Skills Goals
- Preference Assessment
- Transition Plan
- Discharge Criteria
- Crisis Plan
- Communication with Other Providers
- Summary and Recommendations
- Signatures

# Thank you

