

Service Name	APPLIED BEHAVIOR ANALYSIS
Setting	Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of treatment.
Facility License	As required by Department of Public Health
Basic Definition	<p>Applied Behavior Analysis (ABA) is an EPSDT service that seeks to identify maladaptive behaviors in order to replace those behaviors with socially acceptable behaviors through the use of counseling modalities and behavioral training which may involve interventions to:</p> <ul style="list-style-type: none"> • change an individual’s behavior and emotional state; • Address the function and efficiency of the problematic behavior in the least restrictive manner; • Promote the development of alternative adaptive skills; and • Improve socially significant behaviors.
Service Expectations (basic expectations for more detail see Title 471 chapter 32)	<ul style="list-style-type: none"> • An Initial Diagnostic Interview (IDI), see the IDI service definition for providers approved to perform this service. • A Functional Behavior Assessment (FBA), see the FBA service definition for providers approved to perform this service. • Behavioral intervention services that demonstrate the individual is receiving active treatment to address the maladaptive behaviors. These services may include: individual sessions, group sessions and family sessions and family assessment if appropriate. • Development of a treatment plan that identifies the individual’s strengths and needs; considers community, family and other supports; states measurable goals and interventions based on the individual’s needs; and identifies a discharge plan. • The individual treatment plan is reviewed at a minimum every 90 days or more often as mandated by the level of care provided or as determined clinically necessary. After reviews the treatment plan is updated as clinically indicated and signed by the supervising practitioner and other treatment team members, including the individual and/or guardian being served. • Transition and discharge planning must begin at admission, be based on transitioning the individual to a different level of care, and address the individuals ongoing treatment needed to maintain and/or continue normal physical and mental development post discharge. • Staff are expected to provide interventions which may include the following: parent instruction, de-escalation techniques, behavioral management techniques, coping skills, and social and life skills development. • These services shall not be used in place of a school aide or other similar services not involving the parent. • Teach individuals socially acceptable behaviors via modeling, prompting, roleplaying and reinforcing of appropriate behaviors. • Provide family/caregiver training of acceptable behaviors via modeling, prompting, role playing, and reinforcing appropriate behaviors to promote consistency for the individual. • The treating provider must consult with and/or refer to other providers for general medical, psychiatric and psychological needs as indicated. • It is the provider’s responsibility to coordinate with other treating professionals as needed. • Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence based practices when appropriate. • All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. • All staff are to be educated/trained in recovery and trauma informed care.

	<ul style="list-style-type: none"> • ABA services, performed by a Board Certified Associate Behavior Analyst (BCaBA) or a Registered Behavior Technician (RBT), must be provided under the supervision and direction of a Board Certified Behavior Analyst and/or a psychologist with training in applied behavioral analysis. • Supervision entails the following: critical oversight of a treatment activity or course of action; review of the treatment plan and progress notes; individual specific case discussion; periodic assessments of the individual; and diagnosis, treatment intervention or issue specific discussion. Involvement of the supervising practitioner must be reflected in the IDI, the treatment plan, and the interventions provided. • After hours crisis assistance must be available.
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals.
Staffing	<p>ABA providers include the following:</p> <ul style="list-style-type: none"> • Licensed and provisionally licensed psychologists, if the services performed are within the boundaries of the psychologist's competency. • Doctoral and Masters Level Board Certified Behavior Analysts (BCBA), under the supervision of a licensed supervising practitioner, unless the BCBA is also a licensed mental health practitioner. • Bachelors level Board Certified Associate Behavior Analyst (BCaBA). Per ABA certification standards the BCaBA and the RBT must be supervised by a BCBA. • Registered Behavioral Technician (RBT)
Staffing Ratio	<ul style="list-style-type: none"> • MLTC regulations do not have specific criteria regarding staffing ratios. It is a provider's responsibility to ensure their facility meets any and all staffing ratio requirements as determined by the Division of Behavioral Health, the Division of Public Health and/or relevant accrediting body.
Hours of Operation	Must be available during times that meet the need of the individual and their family to include after school, evenings or weekends or both. The service provider must assure that the individual and parent/caregiver have on-call access to a treating provider 24 hours, seven days per week.
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met the treatment plan goals and objectives. • The precipitating condition is stabilized such that the individual's condition can be managed without professional external supports and interventions. • The individual has support systems secured to help the individual maintain stability in the community.
Admission guidelines	<ul style="list-style-type: none"> • Medicaid individuals with significant functional impairments resulting from maladaptive behaviors patterns related to autism spectrum disorder and/or developmental disability. • The presence of maladaptive behaviors that negatively impact the individual's ability to function successfully in home, community and/or school settings. • Of all reasonable options available to the individual, ABA treatment is the best choice for expecting a reasonable improvement in the individual's behavioral functioning. • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual.
Continued stay guidelines	<p>All of the following guidelines are necessary for continuing treatment at this level of care:</p> <ul style="list-style-type: none"> • The individual's condition continues to meet admission guidelines for this level of care.

	<ul style="list-style-type: none">• The individual does not require a more intensive level of care, and no less intensive level of care would be appropriate.• There is reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.• The individual is making progress toward goals and is actively participating in the interventions.
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