ABA Services

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Today's Objectives

- **Understanding of ABA as a Covered Benefit under BHRS**

- **Review of ABA prescription and packet requirements**

- **Review of Process for transitioning from traditional BHRS to ABA or from ABA to traditional BHRS**

- **Review of adjusting authorizations to match staffing credentials**

- **ABA compliance guidance**

- **ABA audit tools**

- **ABA provider network**

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What is ABA?

Applied Behavior Analysis (ABA) is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior (as per ACT 62).

What is ABA Continued

ABA is used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions, in order for a child or adolescent to master each step necessary to achieve a targeted behavior.

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What is the benefit of ABA?

- Evidence informed treatment of Autism

- Widely accepted as safe and effective treatment of Autism

- Endorsed by the US Surgeon General and the New York State Department of Health

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ABA is a covered benefit under BHRS

ABA is delivered through

BSC-ASD and TSS

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ABA Procedure Codes

➢ **BSC-ABA by Licensed psychologist - H0046 HP HA**

➢ **BSC-ABA-BCBA by licensed psychologist – H0046 HP HA EP**

➢ **BSC-ABA by licensed staff (not Psychologist) – H0046 HO HA**

➢ **BSC-ABA-BCBA by licensed staff (not Psychologist) – H0046 HO HA EP**

➢ **TSS-ABA H2021 UB HA**

➢ **TSS-ABA-RBT H2021 UB HA EP**

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Review of ABA prescription and packet requirements

Prescription

In accordance with OMHSAS-17-01 prescriptions for ABA should clearly:

- **Indicate that the request is for BSC-ASD and TSS to provide ABA**

- **Specify the number of hours per week of BSC-ASD and TSS**

- **Identify the treatment setting**

Authorization Request

In accordance with OMHSAS-17-01 and prior BHRS bulletins, the following documentation is required for preauthorization of ABA:

Face to face evaluation

- Performed not more than 60 days prior to the requested start date
- Including a diagnosis of Autism
- In the Life Domain Format
- Including a prescription for ABA using BSC-ASD and TSS

Individualized behavioral-based treatment plan

ISPTM sign-in/concurrence forms

Plan of care summary

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Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet

MAGELLAN USE ONLY	Initial/ MIS #	Date
Reviewed By:		
Follow-Up By:		

- ☐ Registration ONLY
- ☐ Treatment Authorization Request
- ☐ Initial Matrix Request
- ☐ Level of Care Assessment
- ☐ Change in BHRS Prescription

☐ Bucks County ☐ Delaware County ☐ Lehigh County ☐ Montgomery County ☐ Northampton County

Date of Birth: (MM/DD/YYYY) _____ Provider Name: _____
Member Name: _____ Magellan Provider MIS #: _____
MA ID #: _____ Provider Phone #: _____ Ext: _____

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Appr-oved?
☐ FBA				599	H0032	001	U2	HK		
☐ BSC				599	H0032	001	HP	EP		
☐ BSC Autism Specialty				599	H0032	001	U5	HO	EP	
☐ Mobile Therapy				599	H2019	001	EP			
☐ Mand Mtg - MT				599	H2019	001	UA	EP		
☐ TSS				599	H2021	001	EP			
☐ TSS Aide				599	H2021	001	HQ	EP		
☐ BHRS After school				599	H2015	001	SC	EP		
☐ Family Based Services				565	T1016	001	HR			
☐ MST				599	H2033	001	EP			
☐ FFT				599	H2019	001	HA			
☐ FFSBS				599	H0046	001	U8	SC		
☐ STAP				561	H2012	001	EP			
☐ Sub-Acute Partial				300	H0035	001				
☐ CRR Host Home / T. Foster				231	S5145	001				
☐ RTF – JCAHO				151	99221-1 unit 99231-addtl	001				
☐ RTF – Non JCAHO				200	H0019	001	EP			
☐ RTF – Non JCAHO (CISC)				252	H0019	001	HE	EP		
☐ RTF – Group Home				202	H0019	001	HQ			
ACT 62 Members (*Autism Diagnosis Required*)										
☐ BSC In School - ACT 62				599	H0032	001	HP	EP		
☐ Mand Mtg - MT - ACT 62				599	H2019	001	UA	EP		
☐ TSS In School - ACT62				599	H2021	001	EP			
ABA Members (*Autism Diagnosis Required*) (ACT 62 Eligible)										
☐ BSC ABA (PhD/MA)				599	H0046	001	HO	HA		
☐ BSC ABA-BCBA				599	H0046	001	HO	HA	EP	
☐ TSS ABA				599	H2021	001	UB	HA		
☐ TSS ABA-RBT				599	H2021	001	UB	HA	EP	

DSM-5 DIAGNOSIS
_____
_____
_____

CURRENT MEDICATIONS
_____
_____
_____

☐ By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.

☐ By checking this box, the provider attests that POMs information has been submitted on www.MagellanHealth.com/provider. Please reference your Provider Handbook for additional information on completing POMS and required updates.

☐ By checking this box, the provider attests that they have completed and are in compliance with the Confirmation of Knowledge and Skills to Provided Applied Behavioral Analysis bulletin.

☐ By checking this box, the provider attests that the Attestation for Providing ABA Services has been completed and provided to Magellan.

MAGELLAN USE ONLY							Select One: ("X")
	Date of Eval:	/	/	Date Info Due:	/	/	
	Date of ITM:	/	/	Date Info Received:	/	/	☐ Initial
	Date Info Requested:	/	/	Date Info Accepted:	/	/	☐ Reauthorization

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TAR Cover Sheet

ABA Members (*Autism Diagnosis Required*) (ACT 62 Eligible)									
☐ BSC ABA (PhD/MA)				599	H0046	001	HO	HA		
☐ BSC ABA-BCBA				599	H0046	001	HO	HA	EP	
☐ TSS ABA				599	H2021	001	UB	HA		
☐ TSS ABA-RBT				599	H2021	001	UB	HA	EP	

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Review of process for transitioning from traditional BHRS to ABA or from ABA to traditional BHRS

Change in authorization from BHRS to ABA or ABA to BHRS:

Change in level of care equals a new authorization request

- New face to face evaluation with the new recommendations.

- Submit a new packet with the new recommendations.

- Follow the normal workflow regarding packet submission and staffing needs.

- Packet will be reviewed for medical necessity following either the BHRS or ABA medical necessity guidelines as appropriate.

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How to adjust authorizations to match staff credentials mid-authorization

Fax the following to your Care Manager at Fax #866-667-7744:

- Fax cover sheet specifying what authorization change you are requesting. (E.G. I am requesting a change in the current BSC-ASD authorization from Master's level to BCBA.)

- A new Treatment Authorization Request (TAR) form with the following information on the line corresponding to the new staff's credentials:
  - The start date of the new request
  - The end date of services (the end date of the current authorization)
  - The remaining units for each service authorized

ABA compliance guidance

Purposes of Documentation

1. Serves as a legal record of services rendered.

2. Allows healthcare professionals to evaluate and plan the patient's immediate treatment, and to monitor his/her healthcare over time.

3. Facilitates communication and continuity of care among the physicians and other healthcare professionals involved in the patient's care.

4. Ensures accurate and timely claims review and payment.

5. Promotes appropriate utilization review and quality of care evaluations.

6. Research and education.

7. Serves as evidence that the services were provided as billed to a payer.

Documentation

Magellan has established minimum record-keeping requirements which align with Pennsylvania Medical Assistance regulations. Specifically:

- The record shall be legible throughout.
- The record shall identify the patient on each page.
- Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be counter signed by the responsible licensed provider.
- Alterations of the record shall be signed and dated.
- The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the diagnosis is based.
- Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be entered in the record. If a prescription is telephoned to a pharmacist, the prescriber's records shall have a notation to this effect.
- The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.
- The record shall contain the results, including interpretations of diagnostic tests and reports of consultations.
- The disposition of the case shall be entered in the record.
- The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.

Documentation

The documentation of treatment or progress notes for all services, at a minimum, must include:

- The specific services rendered;

- The date that the service was provided;

- The name(s) of the individuals(s) who rendered the services;

- The place where the services were rendered;

- The relationship of the services to the treatment plan, specifically any goals, objectives and interventions;

- Progress at each visit, any change in diagnosis, changes in treatment and response to treatment; and

- The actual time in clock hours that services were rendered. For example: the recipient received one hour of psychotherapy. The medical record should reflect that psychotherapy was provided from 10:00 AM - 11:00 AM.

Audit Trends

- The start and end time of the session must be listed on all progress notes for all services.
- The units billed are not supported by the start and end time of the session as documented on the progress note and/or encounter form.
- Using the incorrect modifier combination per the service that was provided. All claims must be submitted in accordance with a provider's Magellan Rate Sheet/ Exhibit B Reimbursement Schedule(s).
- Missing Progress Notes or Encounter Forms.
- Progress Notes are not supported by the Encounter Form (i.e. the start and end times don't match).
- Billing the incorrect dates of service (i.e. the date of service on the progress note does not match the date of service billed).
- Duplicate Progress Notes & Treatment Plans (i.e. copying & pasting content or sections from one progress note or treatment plan to another).
- Overlapping sessions.
- Missing Signatures.
- Treatment does not correlate to the Treatment Plan (all services must be provided in accordance with the identified member's current treatment plan goals).
- Expired Treatment Plans (the Treatment Plan has not been updated in accordance with the minimum expectations per Medicaid regulations).
- Billing for Travel/ Transportation (in programs/ levels of care in which this is excluded).

ABA audit tools

Clinical ABA Audit tool

ABA Specific

<u>BSC</u>

a) Evaluation recommends ABA. Prescription specifies the hours per week of BSC-ASD and hours per week of TSS and the location of services (home, school, and community). Evaluations and packets submitted within 60 days of evaluation.
b) Treatment plan includes measurable achievable, and realistic goals for improving any identified behavioral challenges or skill development.
c) Treatment plan includes strategies for assessing and measuring the frequency of baseline deficits, adaptive behaviors, or skill development.
d) Research supported behavioral interventions are used and documented.
e) Prescriptions for Children with Autism can be for up to 1 year; ISPTM sign in sheet is present; plan of care is present.

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Clinical ABA Audit tool BSC Continued

f.) Defines what ABA includes in service delivery:
➢   Comprehensive assessment
➢   Collecting, quantifying, and analyzing data
➢   Designing treatment
➢   Implementing interventions
➢   Provide direct support and training to caregivers

g.) BSC documents the need for continuation of the plan (ISPT meeting outcomes).

h.) Evidence of documentation that BSC provides feedback on parent/child progress with transfer of behavioral skills (ISPT meeting outcomes).

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Clinical ABA Audit tool

a.) Data collection is evident according to the Treatment Plan.

b.) Parental Data Collection is evident (when TSS is present and not present).

c.) Supervision is done outside by the Supervisor. Psychologist or BSC 1 hour weekly is full time.

d.) If parent is not acquiring the skills, TSS documents this and refers to BSC for supervision or new interventions.

e.) TSS documents the assessment of child's progress on a regular basis.

f.) Discusses plans for discharge when child has met core behavioral goals.

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Clinical ABA Audit tool

<u>Mobile Therapy</u>

a.) Evidence of documentation by MT regarding assessment of strengths and needs of the child and family on a regular basis (treatment plan or progress notes).

b.) Meets as needed to provide individual or family counseling: evidenced in progress notes.

c.) Ongoing assessment of how member/family is progressing in terms of goal achievement is found in progress notes.

d.) Prepares family for discharge plan when services are going to be discontinued.

e.) Communication with PCP if appropriate (i.e. PCP prescribes member's psychiatric medication; member has medical issues requiring collaboration).

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Clinical ABA Audit tool

<u>Functional Behavioral Assessment (FBA)</u>

a.) Completed before services begin.

b.) Recommendation come from the FBA.

c.) Evidence of how the data was collected (direct, collateral).

d.) Strengths/Barriers are evident.

e.) Functional Analysis-how is the function of the behavior understood.

f.) EBP are noted (research supports treatment).

g.) Transitional Skills are evident.

h.) Teaching of skills evident to parent/caregiver.

i.) Evidence if parents recording data (Apps; Videos).

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Network ABA audit tool

ABA provider network

Magellan ABA provider search

Monthly tracker requests

➢ **Information utilized to update provider search**

➢ **Required by the state**

➢ **Sent to providers 2nd Monday of each month**

➢ **Completed information submitted to the state the last day of each month**

➢ **Info also used to update available staffing for ABA**

Thank You!

Thank you so much for your participation in today's webinar. If you have additional clinical questions, please outreach to your Care Manager. If you have questions about your contract, please reach out to the Network coordinator assigned to your agency.

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