

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 12 components listed below, in the order 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. **Coordination with other behavioral health and medical providers.**
 - Providers include psychologists, psychiatrists, occupational therapists, speech therapists, physical therapists, feeding therapists, school personnel, daycare staffed.
 - **Must** document attempts of coordination with the corresponding dates of when the attempts occurred.

3. **Summary of direct observations related to the core deficits of Autism Spectrum Disorder (observation & assessment of communication, social skills, adaptive/self-care skills and challenging behaviors):**
 - Include a detailed, individualized BCBA narrative explanation of direct observations of the participant which should be updated at each treatment request.
 - Summarize strengths and challenges in the areas of communication abilities, social skills, and any challenging behaviors, and indicate the severity level within each area.
 - **Must** include standardized assessment results (e.g., VB-MAPP, PEAK, ABLLS-R, Essentials for Living, etc.) with an analysis of the results as they relate to the participant's current functioning and clinical observations through a detailed narrative.

4. **Acquisition goals should relate to the core deficits of an Autism Spectrum Disorder (communication, social skills, adaptive/self-care skills and challenging behaviors):**
 - Should be derived from the functional assessment and/or skills-based assessments that occur prior to initiating treatment.
 - **Must** include authorization summary. For concurrent treatment requests, include details about progress from the previous authorization in the areas of communication, social skills, adaptive/self-care. Indicate total number of goals targeted during the treatment period and totals for goals in-progress, goals on hold, goals discontinued, and new goals introduced.
 - **Must** include medical necessity rationale for targeting goal.
 - **Must** have quantitative baseline data.
 - **Must** have a date of introduction.
 - **Must** have a target date for projected mastery.
 - **Must** have current quantifiable progress data that matches baseline data unit of measure.

- **Must** have BCBA narrative explanation of barriers to treatment progress if applicable. Discuss if participant has made slow or no progress in the acquisition, maintenance, and generalization of target skills. If staffing is a barrier, document attempts to procure a staff member with the corresponding dates of when the attempts occurred.
- Should include graphs if available.
- Should indicate if goal is a replacement behavior for a behavior targeted for reduction.
- Should include separate goals for each setting services are held, if unique to that setting.
- Should be broken into short-term and long-term goals, if needed.
- **Do not** include individual targets. Report on overall progress of short-term and/or long-term goals.
- **Do not** include goals that duplicate other services such as school (academic), occupational therapy, speech therapy, physical therapy, feeding therapy, etc.
- **Do not** include goals related to vocational skills training.

5. Behavioral Intervention Plan:

- Any behavior targeted with a goal for reduction must include a behavior plan.
- Include definition of the behavior, quantitative baseline data, hypothesized function of behavior, replacement behaviors, antecedent (proactive) interventions, consequence (reactive) strategies, and de-escalation procedures.
- Should be continually modified and adjusted based on participant's response to intervention.

6. Behavior Reduction Goals:

- **Must** have quantifiable baseline data.
- **Must** have a date of introduction.
- **Must** have a target date for projected mastery.
- **Must** have current quantifiable progress data that matches baseline data unit of measure.
- **Must** include analysis of progress. For concurrent treatment requests, include details about progress from the previous authorization. If there were barriers to progress, include specific actionable measures you completed to remediate the barriers as well as actionable steps for the next authorization period. Include narrative of any changes in the behavior intervention plan that occurred to assist with reduction of the behavior.

7. Parent or Caregiver Goals:

- Parent or caregiver training is a required component of treatment under this benefit.
- If requesting 97157, include separate goals that will be addressed during group parent or caregiver training.
- If RBT/BT staffing is a barrier to providing services, best practice standards dictate parent or caregiver training should be provided to support the family.
- Goals related to 1:1 meeting with BCBA or participation/observation of sessions with RBT do not meet requirements for parent or caregiver training under this ABA benefit.
- **Must** relate to identifying and utilizing specific ABA strategies to reduce challenging behaviors and promote skill acquisition.
- **Must** have quantifiable baseline data.
- **Must** have a date of introduction.
- **Must** have a target date for projected mastery.
- **Must** have current quantifiable progress data that matches baseline data unit of measure.
- **Must** include narrative discussing the overall progress with learning and implementing ABA strategies. Discuss parent or caregiver progress with implementing ABA strategies in and out of ABA sessions. If there were barriers to progress, include actionable efforts to mitigate the barrier(s).

8. Generalization plan

This document was updated in May 2024, to reflect the required use of the Treatment Plan and provide greater detail for each component.

- List specific steps ABA team will take to help facilitate generalization of skills learned across people (e.g., family, daycare staff, school personnel, other providers), environments (home, school, community, daycare) and stimuli.
- Include a specific generalization plan if services are occurring more than 50% in a clinic setting.

9. Transition and Fading 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.
- Include a specific titration plan from clinic setting if services are occurring more than 50% in a clinic setting.
- 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.

10. 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, vocational training, etc.)
 - Linkages with other services
 - How the family can contact the provider for additional assistance
 - Community resources for the family

11. Crisis Plan:

- Include the steps for prevention and de-escalation of crisis, it should address the following types of situations:
 - Emergency, 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.

12. Individualized Recommendation for ABA Services

- Should report on utilization of all approved service codes over the previous reporting period.
- Should include an anticipated schedule for ABA services.
- **Must** include telehealth readiness checklist if requesting telehealth services for 97155, 97156 and 97157.