

320-S APPLIED BEHAVIOR ANALYSIS

EFFECTIVE DATE: 10/01/19

APPROVAL DATE: 08/07/19

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DES/DDD (DDD) and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHAs, the American Indian Health Program (AIHP); and all FFS providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for Applied Behavior Analysis (ABA) service delivery, and treatment.

II. DEFINITIONS

APPLIED BEHAVIOR ANALYSIS (ABA)

The design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. ABA interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

BEHAVIOR ANALYSIS TRAINEE

A BCaBA®, or a matriculated graduate student or trainee whose activities are part of a defined ABA program of study, practicum, intensive practicum, or supervised independent fieldwork. The practice under this role requires direct and ongoing supervision consistent with the standards set by a nationally recognized behavior analyst certification board as determined by the Arizona Board of Psychologist Examiners, and in accordance with A.R.S. §32-2091.08.

BEHAVIOR ANALYST CERTIFICATION BOARD, INC.® (BACB®)

A nonprofit 501(c)(3) corporation established to meet professional credentialing requirements for behavior analysts, governments, and consumers of behavior analysis services.

SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES

BEHAVIOR TECHNICIAN

A paraprofessional credentialed by the Behavior Analyst Certification Board® (BACB) as a Registered Behavior Technician (RBT), or meets qualifications to be a Behavioral Health Technician (BHT) as specified in 9 A.A.C. 10, R9-10-101.

BEHAVIORAL HEALTH TECHNICIAN

An individual who meets qualifications to be a Behavioral Health Technician (BHT) as specified in 9 A.A.C. 10, R9-10-101.

BOARD CERTIFIED BEHAVIOR ANALYST (BCBA)

A Graduate level independent practitioner certified in behavior analysis by the Behavior Analyst Certification Board®.

BOARD CERTIFIED ASSISTANT BEHAVIOR ANALYST® (BCaBA®)

A bachelor's prepared individual who meets the professional credentialing requirements of the Behavior Analyst Certification Board®. BCaBA®s may not practice independently and shall be supervised by someone certified at the Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst-Doctoral (BCBA-D®) level.

BOARD CERTIFIED BEHAVIOR ANALYST-DOCTORAL (BCBA-D™)

A Board Certified Behavior Analyst® who has completed Doctoral training in behavior analysis.

LICENSED BEHAVIOR ANALYST (LBA)

A Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst-Doctoral™ (BCBA-D™) who has successfully completed all applicable requirements imposed by the state of Arizona to practice ABA (see A.R.S. §32-2091). LBAs are designated as behavioral health professionals under 9 A.A.C. 10, R9-10-101.

REGISTERED BEHAVIOR TECHNICIAN™ (RBT®)

A paraprofessional who has obtained certification as a Registered Behavior Technician™ (RBT®) through the Behavior Analyst Certification Board®, and who is responsible for the direct implementation of behavior analytic services under the direction and supervision of a BCBA®, BCBA-D™, BCaBA®, or Behavior Analysis Trainee.

III. POLICY

A. PROGRAM DESCRIPTIONS

Applied Behavior Analysis (ABA) services are an AHCCCS covered benefit for individuals with Autism Spectrum Disorder (ASD) and other diagnoses as justified by

medical necessity. ABA services are designed to accomplish one or more of the following: increase functional skills, increase adaptive skills (including social skills), teach new behaviors, increase independence and/or reduce or eliminate behaviors that interfere with behavioral or physical health.

ABA services are medically necessary when there are specific and objectively-defined target behaviors impacting the member's development, communication, or ability to access or participate in their environment or community. ABA interventions shall be focused on building the member's adaptive skills and reducing maladaptive behaviors, improving functioning, and preventing deterioration.

ABA services are prescribed or recommended in specific dosages, frequency, intensity, and duration by a qualified Behavioral Health Professional as the result of an assessment of the member, the intensity of the behavioral targets, and complexity and range of treatment goals.

Refer to the Behavioral Health Services Billing Matrix and Medical Coding Resources on the AHCCCS website for more information regarding required coding information, including covered settings.

B. PROVIDER QUALIFICATIONS

ABA services shall be directed and overseen by Licensed Behavior Analysts (LBAs) and supported, where applicable, by BCaBA@s, Behavior Analysis Trainees, and/or Behavior Technicians.

1. The below services may be provided LBAs:
 - a. Assessments to determine the relationship between a member's behaviors and environmental events or context, and
 - b. Development of a written behavior plan, including skill development, behavior reduction, and maintenance.
2. The below services may be provided by LBAs, BCaBA@s, Behavior Analysis Trainees, and/or Behavior Technicians:
 - a. Evaluation and revision of the behavior plan as needed to meet the individual's needs,
 - b. Assisting caregivers or others to carry out the behavior plan,
 - c. Observing the implementation of the behavior plan to monitor fidelity,
 - d. Observing the member's behavior to determine efficacy of the behavior plan, and
 - e. Providing on-site assistance in behavior reduction or skill acquisition.

PROVIDERS OF ABA SERVICES	PROVIDER IS RESPONSIBLE FOR SUPERVISING:	PROVIDER IS SUPERVISED BY:
LBA	BCaBA [®] s, Behavior Analysis Trainees, and Behavior Technicians	N/A
BCaBA [®]	Behavior Technician	LBA
Behavior Analysis Trainee	Behavior Technician	LBA
Behavior Technician	N/A	LBA, and/or BCaBA [®] , Behavior Analysis Trainee

The LBA is responsible for training BCaBA[®]s, Behavior Analysis Trainees, and Behavior Technicians to implement assessment and intervention protocols with members. The LBA is responsible for all aspects of clinical direction, supervision, and provider-level case management.

The LBA shall be responsible for ensuring that the extent, kind, and quality of the ABA services the BCaBA[®], Behavior Analysis Trainee, and Behavior Technician performs are consistent with his or her training and experience.

The LBA shall be responsible for the BCaBA[®], Behavior Analysis Trainee, and Behavior Technician compliance with this Policy and Arizona state rules and regulations including those provisions set forth in A.R.S. §32-2091.

C. ABA ASSESSMENTS

ABA services shall be based upon assessment(s) that include Standardized and/or Non-standardized instruments through both direct and indirect methods.

1. Standardized instruments and procedures include, but are not limited to, behavior checklists, rating scales, and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way with all members (e.g. Pervasive Developmental Disabilities Behavior Inventory, Brigance Inventory of Early Development, Vineland Adaptive Behavior Scales).
2. Non-standardized instruments and procedures include, but are not limited to, curriculum-referenced assessments, stimulus preference assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the individual member and their behaviors.
3. Re-assessments for members who are in ABA treatment shall be conducted at minimum every six months.

D. ABA TREATMENT PLANNING

ABA services shall be rendered in accordance with an individualized ABA Treatment Plan which shall:

1. Be developed by a LBA, based upon an assessment completed of the member and their behaviors as described above.
2. Be person-centered and individualized to the member's specific needs.
3. Specify the setting(s) in which services will be delivered.
4. Identify the modality by which the service will be delivered (whether in person or via telehealth, or in group or individual setting, or combination thereof).
5. Identify the baseline levels of target behaviors.
6. Specify long- and short- term objectives that are defined in observable, measurable, and behavioral terms.
7. Specify the criteria that will be used to determine treatment progress and achievement of objectives.
8. Include assessment and treatment protocols for addressing each of the target behaviors.
9. Clearly identify the schedule of services planned and roles and responsibilities for service delivery.
10. Include frequent review of data on target behaviors.
11. Include adjustments of the treatment plan and/or protocols by the LBA as needed based upon the review of data, including recommendations for treatment intensity and duration based upon the member's response to treatment.
12. Include training, supervision, and evaluation of procedural fidelity for BCaBA[®]s, Behavior Analysis Trainees, and Behavior Technicians implementing treatment protocols.
13. Include training and support to enable parents and/or other caregivers, if applicable, to participate in treatment planning and treatment plan implementation.
14. Include care coordination activities involving the member's team in order to assist in the generalization and maintenance of treatment targets. This may include Child and Family Team (CFT) or Adult Recovery Team (ART), Health Care Decision Maker, the Primary Care Provider (PCP), school, medical specialists, behavioral health prescribers, DCS, and/or other state-funded programs, and others as applicable.

15. Result in progress reports at minimum, every six months. Progress reports shall include, but are not limited to, the following components:
 - a. Member Identification,
 - b. Background Information (family dynamics, school placement, cultural considerations, prenatal and/or developmental history, medical history, sensory, dietary and adaptive needs, sleep patterns, and medications),
 - c. Assessment Findings (communication, social, motor, and self-help skills, maladaptive behaviors, and primary caregiver concerns),
 - d. Outcomes (measurable objectives, progress towards goals, clinical recommendations, treatment dosage, family role and family outcomes, and nature of family participation), and
 - e. Care Coordination (transition statement and individualized discharge criteria).

16. Be consistent with applicable professional standards and guidelines relating to the practice of ABA as well as Arizona Medicaid laws and regulations and Arizona state behavior analyst licensure laws and regulations (A.R.S. §32-2091).

E. DISCONTINUATION OF SERVICES

Discontinuation of ABA services shall occur based upon any of the following:

1. The member, or member's primary caregivers, are not engaging in treatment or have declined treatment recommendations after successive attempts to resolve.
2. The member has achieved a stable level of functioning, and further treatment is not expected to produce significant improvement in functioning.
3. Caregivers are able to independently provide effective interventions without ongoing ABA services.
4. Less intensive or more cost effective services are sufficient to meet the member's needs.