

APPLIED BEHAVIOR ANALYSIS PROVIDER MANUAL TRAINING

October 2021



**PROJECT
BRAVO**



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<https://www.streamtext.net/text.aspx?event=HamiltonRelayRCC-1026-VA3128>

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- If you have any questions please send an email to CivilRightsCoordinator@dmas.virginia.gov

About Today's Webinar

- The presentation portion of this webinar will be recorded and posted to the DMAS website along with the powerpoint presentation.
- Access the training on our Youtube Channel: Virginia Medicaid
 - https://www.youtube.com/channel/UCbE_bPvIPQTJfCS2MfCmVHA
- The CHAT function has been disabled
- All participants are muted
- DMAS will not be answering questions during the presentation.
 - If time permits, DMAS will answer questions at the end of the presentation
 - Please use the Q&A function to type in your questions
 - If your question(s) is not answered you may email the DMAS Behavioral Health Division at enhancedbh@dmass.virginia.gov

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Agenda Today



- Background and Context
 - Rationale for Change
 - Provider Manual Overviews
 - Question and Answer Session (recording will be off)

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Agenda Today



Provider Manual Overviews

- Applied Behavior Analysis
 - Service Definition
 - Critical Features and Service Components
 - Provider Qualifications and Staff Requirements
 - Service Authorization
 - Medical Necessity Criteria
 - Admission Criteria: Diagnosis, Symptoms and Functional Impairment
 - Exclusion Criteria
 - Continued Stay Criteria
 - Discharge Criteria
 - Service Limitations
 - Billing Guidance



The North Star Behavioral Health Services Enhancement



Continuum of Behavioral Health Services Across the Life Span

Promotion & Prevention	Recovery Services	Outpatient & Integrated Care	Intensive Community Based Support	Intensive Clinic-Facility Based Support	Comprehensive Crisis Services	Group Home & Residential Services	Inpatient Hospitalization
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Behavioral Therapy Supports >>>> <<<<< Case Management* >>>> <<<<< Recovery & Rehabilitation Support Services*

Home visitation • Comprehensive family programs • Early childhood education
Screening & assessment* • Early intervention Part C

Permanent supportive housing • Supported employment • Psychosocial rehabilitation*
Peer and family support services* • Independent living and recovery/resiliency services

Outpatient psychotherapy* • Tiered school-based behavioral health services
Integrated physical & behavioral health* • Psychiatric medical services*

Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy
High fidelity wraparound • Intensive community treatment • Assertive community treatment

Intensive outpatient programs • Partial hospitalization programs

Mobile crisis* • Crisis intervention*
Crisis stabilization* • Peer crisis support*

Therapeutic group homes
Psychiatric residential treatment

Psychiatric inpatient hospitalization

INTEGRATED PRINCIPLES/MODALITIES

- 🏠 Trauma informed care
- 👤 Universal prevention / early intervention
- 🔄 Seamless care transitions
- 📞 Telemental health

*Key STEP-VA service alignment

Applied Behavior Analysis falls into an overarching service in the vision for the Enhanced Continuum of BRAVO



Rationale for Applied Behavior Analysis



2021 Special Session Acts of Assembly, Item 313, CCCCC



- CCCCC. The Department of Medical Assistance Services is authorized to amend the State Plan under Title XIX of the Social Security Act to add coverage for the current procedural terminology (CPT) codes for Applied Behavioral Analysis that were added to the CPT list in January 2019, or any future updates to these CPT codes. The department shall have the authority to implement related programmatic changes to service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates for the Behavioral Therapy Program. The department shall have the authority to implement these changes effective December 1, 2021, and prior to completion of any regulatory process to effect such changes.

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Where can I find the provider manuals?



Direct Link: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Virginia
Medicaid

May 13, 2021
Home | Contact Us

Home Provider Services Provider Resources EDI Support Documentation FAQ Provider Enrollment

Provider Manuals

Provider Manuals

These manuals are official publications of the Virginia Department of Medical Assistance Services (DMAS) and their contents are - to the extent appropriate - incorporated by reference into participation agreements signed by providers enrolled in the Virginia Medicaid Program. DMAS is not responsible for the content or accuracy of reproductions, in whole or in part, of these manuals from any other source.

Manuals issued by DMAS are periodically revised and updated.

These Manuals are not exhaustive of Medicaid law and should not be relied upon as a legal authority. The provider should always rely on its own counsel to ensure compliance with the Medicaid laws.

[Link to list of updates and revisions to Provider Manuals.](#)

Accessing Provider Manuals.

Click on the manual you wish to view or print. This will take you to a Table of Contents for that particular manual.

Click on the title of the chapter you wish to view or print. This will load that chapter into the Acrobat Adobe Reader. You must have the Adobe Acrobat Reader downloaded and installed on your computer in order to view and print the provider manuals. If you do not have this installed, follow the instructions found at the bottom of the Table of Contents of each chapter or at the bottom of the manual Table of Contents page. All manual chapters are in Portable Document Format and require the use of this free reader.

Available Manuals

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Where can I find the provider manuals?



From our main website: www.dmas.virginia.gov

Member and Provider Services

<http://www.dmas.virginia.gov/for-providers/>

- The BRAVO services are located in the newly renamed “Mental Health Services Manual”
- ABA will be located in Appendix D “Intensive Community Based Support – Youth”

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Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/>

Behavioral Health

Providing an array of behavioral health and addiction and recovery treatment services

Overview

Resources - Behavioral Health

Regulations / Provider Manual ID	Training and Resources ID	Enhancements ID
State regulations related to behavioral health services and provider manuals on the Virginia Medicaid Portal	Child Training and Outreach, Virginia Behavioral Health Administrators Learning, Credentialing, Registration and Transportation Resources	Background, Stakeholder Presentations, Implementation, Workgroups and Enhancement Image File

- Scroll down to Resources
- Select “Regulations/Provider Manual”

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Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/regulations-provider-manual/>

Virginia Medicaid
Department of Medical Assistance Services

Providers

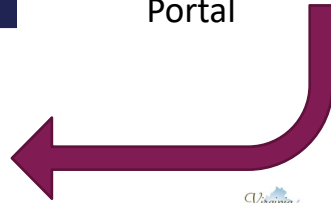
Regulations / Provider Manual

Regulations / Provider Manual

Provider Manuals
The following Manuals and Supplements can be found on the DMAS Provider web portal.

- Community Mental Health Rehabilitative Services
 - Peer Recovery Support Services Supplement
 - Behavioral Therapy Program Supplement
- Psychiatric Services
 - Temporary Detention Orders Supplement
 - Peer Recovery Support Services Supplement
- Residential Treatment Services
 - Peer Recovery Support Services Supplement
- Addiction and Recovery Treatment Services
 - Peer Recovery Support Services Supplement
 - Opioid Treatment Services

- Click on link for Provider Web Portal



Provider Manual

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Manuals marked as **DEAD** are periodically reviewed and updated.

These Manuals are not subject to a Public Law and should not be relied upon for a legal authority. The provider should always rely on the law enacted to ensure compliance with the Regulations.

[Link to list of updates and revisions to Provider Manuals.](#)

Accessing Provider Manuals.

Click on the manual you wish to view or print. This will take you to a Table of Contents for that particular manual.

Click on the Table of Contents to view or print. This will take you to the Manual Table of Contents. You must have the Adobe Acrobat Reader installed on your computer in order to view and print the provider manuals. If you do not have the Adobe Acrobat Reader installed on your computer, you may download it from the Internet at the following URL: [http://www.adobe.com/products/acrobat/readstep2.html](#)

Available Manuals



APPLIED BEHAVIOR ANALYSIS

Provider Manual Overview



Applied Behavior Analysis



Service Definition

- “Applied Behavior Analysis” or “ABA” means the practice of behavior analysis as established by the Virginia Board of Medicine in § 54.1-2900 as the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.



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Critical Features

ABA services must include the following four characteristics:

1. An objective assessment and analysis of the client’s condition by observing how the environment affects the client’s behavior, as evidenced through appropriate data collection.
2. Importance given to understanding the context of the behavior and the behavior’s value to the individual, the family, and the community.
3. Utilization of the principles and procedures of behavior analysis such that the client’s health, independence, and quality of life are improved.
4. Consistent, ongoing, objective assessment and data analysis to inform clinical decision-making.



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Critical Features

- Family training related to the implementation of ABA shall be included.
- ABA may be provided in the home or community settings where the targeted behaviors are likely to occur.
- ABA may also be provided in clinic settings.
- Limited services are allowed in the school setting (see service limitations section). The setting must be justified in the ISP.
- Refer to the Billing Guidance section for a list of approved Current Procedural Terminology (CPT) codes.



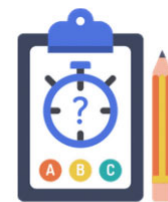
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Required Activities

- An initial assessment for ABA consistent with the components required in the Comprehensive Needs Assessment, documenting the individual's diagnosis/es and describing how service needs match the level of care criteria must be completed at the start of services. The initial assessment must:
 - Be completed by the LBA, LABA or LMHP acting within the scope of practice. Other qualified staff may assist with the completion of an assessment;
 - Be conducted in person with the child and the child's family/caregivers;
 - The youth has met criteria for a primary diagnosis consistent with the most recent version of Diagnostic and Statistical Manual (DSM) relevant to the need for ABA;
 - Include a functional assessment using validated tools completed by the LBA, LABA or LMHP acting within the scope of practice.
 - Include the reasons the youth needs ABA including how the child meets medical necessity and eligibility criteria for the service;
 - Include information about the targeted behaviors including frequency, duration, and intensity;
- The LBA, LABA or LMHP must, at a minimum, observe the individual monthly. Assessments must be reviewed and updated at least annually by the LBA, LABA or LMHP.



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Required Activities

- Individual Service Plans (ISPs see Chapter IV for requirements) shall be required during the entire duration of services and must be current.
- ISPs must be reviewed at a minimum of every 30 calendar days or more frequently depending on the youth's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 30 day review as well as additional quarterly review requirements.
- In addition to the requirements in Chapter IV, ISPs must include...



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Required Activities

- **Child Focused ABA Treatment Goals and Objectives**
 - All preliminary goals and objectives presented in a way that summarizes and defines the overall approach to the child's treatment based on the clinical needs and target behaviors as defined in the assessment summary;
 - Prioritization of the treatment focus defined according to the severity of need;
 - Description of how the provider will measure progress;
 - Baseline status (as identified during the assessment and parent interviews and adjusted as appropriate to reflect most accurate baseline as observed in direct observation) describing the intensity, frequency and duration of each behavior that is targeted for therapy;



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Required Activities

- **Parent and Caregiver Goals and Objectives**
 - Describe the goals for parent/caregiver education related to the child's behaviors to be achieved within the authorized time period;
 - Describe the specific objectives and the methods used to measure progress within each goal area; and
 - Describe the goals for other care provider's education related to the child's behaviors. Other care providers may include Medicaid Home and Community Based Waiver funded attendants and relatives who routinely come in contact with the child.
- **Who is a caregiver?**
 - Any person who provides routine care and supervision for the youth (manual will be updated with examples)



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Required Activities

- **Care Coordination Goals**
 - **Specific description of the care coordination and/or referral activities** that will be implemented by the provider within the authorized time period to facilitate ISP outcomes based on the assessed needs of the child and family including the families desired outcomes from receiving services;
 - **Specific care coordination treatment goals** and the desired outcome based on the services provided by the ancillary service provider;
 - **Referrals to medical services** (such as Speech-Language Pathology services, Occupational Therapy, Physical Therapy, Neurological services and Psychiatric services) **and case management services** to facilitate access to desired medical services including the desired outcome from the collaborative efforts with each therapeutic discipline including the target dates for achievement; and
 - All goals and objectives presented in a way that summarizes and defines the overall approach including the prioritization of the treatment goals based on the clinical needs and target behaviors as defined in the assessment summary.



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Required Activities

- Providers must communicate the results of the assessment and treatment planning to the child's primary care provider. Care coordination with the child's primary care provider is an essential component of the provision of ABA services and must be documented in the youth's record
- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).



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Required Activities

- Family training related to the implementation of ABA must be included. Family training involving the youth's family and significant others must:
 - Be for the direct benefit of the youth and not for the treatment needs of the youth's family or significant others;
 - Occur with the youth except when it is clinically appropriate for the youth to be absent in order to advance the youth's treatment goals; and
 - Be aligned with the goals of the youth's ISP.



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Required Activities

- Direct family involvement in the treatment program is required at a minimum of weekly but the amount of direct interaction with the treatment provider will vary according to the clinical necessity, progress as documented, and the youth and family goals in the ISP.
- Family involvement includes, but is not limited to, assessment, family training, family observation during treatment, updating family members on the youth's progress and involving the family in updating treatment goals.



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Required Activities

- Clinical supervision shall be required for services rendered by a LABA, LMHP-R, LMHP-RP, or LMHP-S. Clinical supervision must be consistent with the scope of practice as described by the applicable Virginia Department of Health Professions (DHP) regulatory board.
- Supervision of unlicensed staff shall occur at least twice a month by the licensed supervisor. As documented in the youth's medical record, supervision shall include a review of progress notes and data and dialogue with supervised staff about the youth's progress and effectiveness of the ISP. Supervision shall be demonstrated by, at a minimum, the contemporaneously dated signature of supervision activities by the licensed supervisor.



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Service Limitations

- In addition to the “Non-Reimbursable Activities for all Mental Health Services” section in Chapter IV, the following service limitations apply:
 - Group treatment should include no more than five youth. Multiple family group treatment should include no more than five caregivers. *Groups may exceed this size based on the clinical determination of the LBA, LABA or LMHP. The LBA, LABA or LMHP must document the clinical justification for larger group sizes.*
 - ABA CPT codes are limited to 97151, 97152, 97156 and 97157 in Residential Treatment Services settings including Therapeutic Group Homes (TGHs) and Psychiatric Residential Treatment Facilities (PRTFs).



GROUPS LIMITED TO 5 YOUTH



GROUPS LIMITED TO 5 CAREGIVERS

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Service Limitations

- **Services cannot be authorized concurrently with:**
 - Intensive In-Home,
 - Mental Health Skill Building,
 - Psychosocial Rehabilitation,
 - Partial Hospitalization Program,
 - Assertive Community Treatment

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Service Limitations

- The following shall not be covered under ABA:
 - Services that are based upon an incomplete, missing, or outdated assessment or ISP.
 - Sessions that are conducted for recreation, respite or child care.
 - Services rendered primarily by a relative or guardian who is legally responsible for the youth's care.
 - Services that are provided in the **absence** of the youth **or** a parent **or** other authorized caregiver identified in the ISP.
 - Services provided by a local education agency. ABA may only be provided in the school setting when the purpose is for observation and collaboration related to behavior and skill acquisition (not direct therapy) and services have been authorized by the school, parent and provider and included in the ISP.
 - *Changes coming 7/1/2022 with enactment of new legislation, stay tuned!*

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Multisystemic Therapy (MST)



Provider Qualifications & Staffing Requirements

- ABA providers shall be **licensed** by the applicable health regulatory board at the Virginia Department of Health Professions (DHP)
- **Credentialed** with the youth's Medicaid MCO for youth enrolled in Medicaid managed care or the Fee for Service (FFS) contractor for youth in FFS (*see Chapter II for additional information on credentialing*).
- ABA providers must follow all general Medicaid provider requirements specified in Chapter II of this manual.



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Staffing Requirements

- ABA may be provided by:
 - An LBA or LMHP acting within the scope of practice defined by the applicable health regulatory board;
 - An LMHP-R, LMHP-RP or LMHP-S under supervision as defined by the applicable Virginia Health Regulatory Board;
 - An LABA under the supervision of a LBA as specified in 12VAC85-150-120;
 - Personnel under the supervision of a LBA or LABA in accordance with 18VAC85-150-10 et seq. of the Virginia Board of Medicine regulations; and
 - Personnel under the supervision of a Licensed Clinical Psychologist in accordance with §54.1-3614.
- Tasks performed by unlicensed personnel cannot constitute the practice of behavior analysis in accordance with 18VAC85-150-130. Unlicensed personnel includes, but is not limited to Registered Behavior Technicians (RBTs).



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Medical Necessity Criteria: Admission Criteria

- All of the following criteria must be met:
 - The youth must have a current psychiatric diagnosis as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or have a provisional psychiatric diagnosis as developed by an LMHP when no definitive diagnosis has been made;
 - The youth must meet at least two of the following criteria on a continuing or intermittent basis:
 - Non-verbal or limited functional communication and pragmatic language, unintelligible or echolalic speech, impairment in receptive and/or expressive language;
 - Severe impairment in social interaction /social reasoning /social reciprocity/ and interpersonal relatedness;
 - Frequent intense behavioral outbursts that are self-injurious or aggressive towards others;
 - Disruptive obsessive, repetitive, or ritualized behaviors; or
 - Difficulty with sensory integration



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Exclusion Criteria

- Services cannot be authorized concurrently with:
 - Intensive In-Home,
 - Mental Health Skill Building,
 - Psychosocial Rehabilitation,
 - Partial Hospitalization Program,
 - Assertive Community Treatment
- 14-calendar day service authorization overlap with these services is allowed as youth are being admitted or discharged from FFT to other behavioral health services (see service authorization section).

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Continued Stay Criteria

- Within the past thirty (30) calendar days, the youth has continued to meet the admission criteria for ABA as evidenced by at least one of the following:
 - The youth's symptoms/behaviors and functional impairment persist at a level of severity adequate to meet admission criteria;
 - The youth has manifested new symptoms that meet admission criteria and those have been documented in the ISP;
 - Progress toward identified ISP goal(s) is evident and has been documented based upon the objectives defined for each goal, but not all of the treatment goal(s) have been achieved.
- To consider approval for continued stay requests, documentation will be reviewed and should demonstrate active treatment and care coordination through all of the following:
 - An individualized ISP with evaluation and treatment objectives appropriate for this level of care and type of intervention;
 - Progress toward objectives is being monitored as evidenced in the 30 calendar day ISP review documentation;
 - The youth and family/caregiver are actively involved in treatment, or the provider has documented active, persistent efforts that are appropriate to improve engagement;
 - The type, frequency and intensity of interventions are consistent with the ISP;
 - The provider has developed an individualized discharge plan that includes specific plans for appropriate follow-up care.

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Continued Stay Criteria

- If youth does not meet criteria for continued treatment, ABA may still be authorized for up to an additional 10 calendar days under any of the following circumstances:
 - There is no less intensive level of care in which the objectives can be safely accomplished; or
 - The youth can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the youth to be discharged directly to a less intensive community service rather than to a more restrictive setting; or
 - The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available.



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Discharge Criteria (if ANY of the following are met):

- The provider must terminate ABA if the service is no longer medically necessary. The service is no longer deemed medically necessary if one of the following criteria is met within a **30 day time** period:
 1. No meaningful or measurable improvement has been documented in the youth's behavior(s) despite receiving services according to the ISP; there is reasonable expectation that the family and /or caregiver are adequately trained and able to manage the child's behavior; and termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment.
 2. Treatment is making the symptoms persistently worse or child is not medically stable for ABA to be effective;
 3. The child has achieved adequate stabilization of the challenging behavior and less intensive modes of therapy are appropriate;
 4. The child demonstrates an inability to maintain long-term gains from the proposed ISP; or
 5. The family and/or caregiver refuses or is unable to participate meaningfully in the behavior treatment plan.



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Discharge Criteria (if ANY of the following are met):

- If there is a lapse in service for more than 30 consecutive calendar days, the provider must discharge the child from services and notify the FFS Contractor or MCO. If services resume after a break of more than 30 consecutive calendar days, a new service authorization request including a new assessment and ISP must be submitted to the FFS Contractor or MCO.



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Applied Behavior Analysis



Initial Service Authorization

- Assessment CPT codes do not require service authorization.
- All treatment service hours require service authorization.
 - Providers shall submit service authorization requests by the requested start date of services.
 - If submitted after the required time-frame, the begin date of authorization will be based on the date of receipt.
- The ABA provider must submit the following information to the FFS contractor or MCO for the initial service authorization:
 - Initial Service Authorization Request Form;
 - The provider assessment completed by the LBA, LABA or LMHP;
 - The preliminary ISP; and
 - A description of the preliminary discharge plan to include referrals as service goals are met.

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Initial Service Authorization

- For all requests exceeding 20 hours (80 units) or more per week, the schedule of activities used to structure the service sessions and describe how the activity will facilitate the implementation of the ABA treatment.
- Each session must clearly be related to the successful attainment of the treatment goals. The therapeutic function of all scheduled sessions must be clearly defined regarding the number of hours requested.



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Continued Stay Service Authorization must include:

- Continued Stay Service Authorization Form;
- Original Comprehensive Needs Assessment and an addendum to this assessment (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery;
- An updated ISP that reflects the current goals and interventions;
- A summary of the child's treatment progress that contains the following information:
 - Any changes in the child's diagnosis;
 - A summary of recommended service goals;
 - A description of how the current therapy protocol is impacting the child's clinical progress;
 - Graphical presentation of progress on each goal and objective in the ISP;
 - Overview of family involvement during service period with regards to the youth's ISP to include: who has been involved; progress made; and continuing needs of family goals/training to include reasons the youth and parent/caregiver need continued ABA;
 - A summary of progress towards generalization of adaptive functioning in multiple settings to include assessing for maintenance of the skills acquired and updating the ISP as needed to test for generalization of skills in multiple environments;
 - Progress toward the anticipated date of discharge from services including any plan to gradually reduce services and consultative actions as planned to include identifying lower levels of care, natural supports care coordination needs;
 - A summary of the care coordination activities.

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Continued Stay Service Authorization

- Based on the needs of the child and family/caregiver, it may be appropriate to request a service authorization extension at a reduced number of hours to assist the child and family to successfully transition from a higher intensity of ABA services to a lower level of service.
- The provider must notify the FFS Contractor or MCO of all service discharges or transfers within **3 business days** of the last date of service.
- Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes is located at www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/.

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Initial Service Authorization

- ***NEW AND IMPROVED* Adobe Forms**
- Best efforts made to:
 - Make form fields more functional
 - Reduce duplication of information
 - Organize with clinical mindset and most logical way to tell the individual's story
 - Linking of content to corresponding elements in the Comprehensive Needs Assessment
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and revisions expected as part of process improvement

THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Applied Behavior Analysis (97155, Et al.)
INITIAL Service Authorization Request Form

Please be mindful of notes throughout this form providing reference to where documentation obtained during the Comprehensive Needs Assessment (CNA) are relevant and can be used for efficiency. For all requests exceeding 20 hours (20 units) or more per week, please submit with (or write in) each section the service authorization request the schedule of activities used to structure the service sessions and describe how the activities will facilitate the implementation of the behavioral modification plan.

MEMBER INFORMATION		PROVIDER INFORMATION	
Member First Name:		Organization Name:	
Member Last Name:		Group NPI #:	
Medical ID:		Provider Tax ID #:	
Member Date of Birth:		Provider Phone:	
Gender:		Provider E-Mail:	
Member Plan ID #:		Provider Address:	
Member Street Address:		City, State, ZIP:	
City, State, ZIP:		Provider Fax:	
Member Phone #:		Clinical Contact Name and Credentials*:	
Parent/Legal Guardian Name ID:		Phone #:	
Parent/Legal Guardian Phone #:		* The individual to whom the MCO can reach out to in order to gather additional necessary clinical information.	

Request for Approval of Services

Retro Review Request? Yes No
 If the member is currently participating in this service, start date of service: _____

Proposed/Requested Service Information:
 From (date), To (date), for a total of _____ units of service.
 Plan to provide _____ hours of service per week.*

*For all requests exceeding 20 hours (20 units) or more per week, submit the schedule of activities used to structure the service sessions and describe how the activities will facilitate the implementation of the behavioral modification plan.
 Identify all known treatment periods of Applied Behavior Analysis (or Behavior Therapy) that have been provided by any providers including the requesting provider in the past 12 months:

Provider	Date of Service/Intervention	Delivered

December 2021 Applied Behavior Analysis, Initial Authorization

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Service Authorization Forms



Continued Stay Service Authorization

- ***NEW AND IMPROVED*** Adobe Forms
- Best efforts made to:
 - Pair directly with updated Comprehensive Needs Assessment and ISP Information
 - Minimal form submission + most recent assessment and Individualized Service Plan
 - Any substantive changes in circumstances, goals or plan can be submitted with an additional progress note in provider's choice of format
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and revisions expected as part of process improvement

The image shows a 'Continued Stay Service Authorization Request Form' from the Department of Medical Assistance Services (DMAS). The form is titled 'Applied Behavior Analysis (97155, Et al.) CONTINUED STAY Service Authorization Request Form'. It includes sections for Member Information, Provider Information, Request for Approval of Services, and Medication Updates. The form is designed to be filled out by a provider to request continued stay services for a member.

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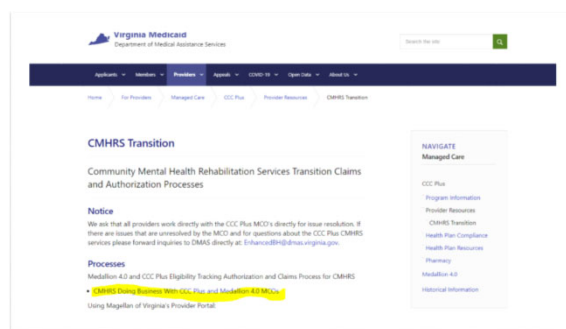


Service Authorization Processes



Fee for Service Vendor and Managed Care Organizations

- FFS: Magellan BHTA
- Forms
 - <https://www.magellanofvirginia.com/for-providers/provider-tools/forms/>
- Provider Portal
 - <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>
- Managed Care Organizations
- <https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/provider-resources/cmhrs-transition/>



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Applied Behavior Analysis



Documentation and Utilization Review

- Refer to Chapter VI of this manual for documentation and utilization review requirements.
- Additional documentation requirements include:
 - An assessment of adaptive functioning required to support medical necessity criteria;
 - Documentation of the family's agreement for participation in therapy as defined in the ISP;
 - Ongoing treatment documentation data including graphical analysis of goals and objectives as defined by the most current ISP for those dates of service;
 - Description of any assessment tools used;
 - Documentation that indicates the coordination of treatment with the child's primary care provider and other health disciplines and coordination of the relevant documentation necessary for ongoing behavioral treatment;
 - The initial assessment completed by the LBA, LABA or LMHP including: the assessment instruments used; dates of services and face to face contacts; documentation of other interviews conducted as part of the assessment process; staff and participant names; and staff credentials and signatures;

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Documentation and Utilization Review

- Additional documentation requirements include:
 - Documentation of the activities provided, length of services provided, the reaction to that day's activity, and documentation of performance in each treatment objective. At a minimum, the description of treatment progress should be documented through daily data collection as well as a weekly summary note;
 - Documentation of family education and their application of effective behavior strategies as designed in the ISP;
 - Documentation shall be prepared to clearly demonstrate efficacy using baseline and service-related data that shows clinical progress. Documentation shall include demonstration of generalization for the child and progress for family members toward the therapy goals as defined in the service plan;
 - Documentation of all billed services shall include the amount of time or billable units spent to deliver the service and shall be signed and dated on the date of the service by the practitioner rendering the service and include any applicable supervisor co-signature.

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Billing Codes

Billing Code	Unit	Description	Provider Qualifications
97151 and staff modifier	Per 15 minutes	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	LBA/LMHP/LABA*
97152 and staff modifier as appropriate	Per 15 minutes	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minute.	Qualified staff
97153 and staff modifier as appropriate	Per 15 minutes	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.	Qualified staff
97154 and staff modifier as appropriate	Per 15 minutes	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes. <i>*At least two youth present</i>	Qualified staff

Applied Behavior Analysis



Billing Codes

Billing Code	Unit	Description	Provider Qualifications
97155 and staff modifier	Per 15 minutes	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes. <i>*Caregiver may be present rather than technician</i>	LBA/LMHP/LABA* *May also include technician (technician billed separately)
97156 and staff modifier	Per 15 minutes	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	LBA/LMHP/LABA*
97157 and staff modifier	Per 15 minutes	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes. <i>*Caregivers of more than two youth must be present</i>	LBA/LMHP/LABA*
97158 and staff modifier	Per 15 minutes	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes. This code is used when the youth also has an assigned one to one technician present during the group treatment.	LBA/LMHP/LABA* Youth also has assigned 1:1 technician (technician not billed separately)

Applied Behavior Analysis



Billing Codes

Billing Code	Unit	Description	Provider Qualifications
0362T and staff modifier	Per 15 minutes	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior. 	Two or more technicians and LBA/LMHP/LABA* (team rate)
0373T and staff modifier	Per 15 minutes	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to face with a patient, requiring the following components: <ul style="list-style-type: none"> administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized, to the patient's behavior 	Two or more technicians and LBA/LMHP/LABA* (team rate)

An LBA may act as a qualified healthcare professional as determined by the supervising LBA in accordance with 18VAC85-150-120.



Applied Behavior Analysis



Billing Guidance

- Payment is available only for allowable activities that are provided by a qualified provider in accordance with an approved ISP. Services other than the assessment (97151, 97152 and 0362T) must be service authorized by the FFS contractor or MCO.
- CPT codes requiring a qualified healthcare professional must be provided by a LBA or LMHP. An LBA may also act as a qualified healthcare professional as determined by the supervising LBA in accordance with 18VAC85-150-120.



Applied Behavior Analysis



Billing Guidance

- CPT codes for services delivered by a technician must be provided by one of the following:
 - An LMHP-R, LMHP-RP or LMHP-S under supervision as defined by the applicable Virginia Health Regulatory Board
 - An LABA under the supervision of a LBA
 - Personnel under the supervision of a LBA or LABA in accordance with 18VAC85-150-10 et seq. of the Virginia Board of Medicine regulations.
 - Personnel under the supervision of a Licensed Clinical Psychologist in accordance with §54.1-3614.
 - An LBA or LMHP acting as the technician.



Applied Behavior Analysis



Billing Guidance

- Services must be billed using the appropriate modifier for the professional providing the service:

Staff	Modifier
Licensed Assistant Behavioral Analyst	HN
Licensed Behavioral Analyst	HO
Licensed Mental Health Professional	TF



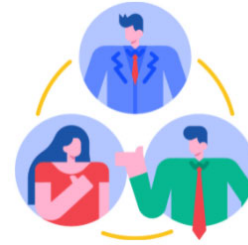
Applied Behavior Analysis



Billing Guidance

The following services may be provided by the LBA, LABA or LMHP without the youth present in the session:

- Care coordination activities may be billed under 97151.
- Time spent in data analysis and treatment plan preparation may also be billed under 97151.
- Family training may be provided under 97156 and 97157 (group).



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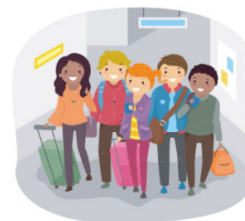
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Applied Behavior Analysis



Billing Guidance

- For Group Treatment (97154 and 97158):
 - Providers may bill 97154 and 97158 for youth in the same group depending on whether the youth has an assigned one to one technician during group treatment.
 - Providers must use 97158 to bill for youth in the group with an assigned one to one technician during group treatment. Providers may not bill an additional technician level code when billing 97158 or 97154.
 - With the exception of LMHPs and LBAs acting as a technician, on-site oversight of a LBA is required for billing 97154.
 - The total group size may not exceed five children unless the LBA, LABA or LMHP documents justification for larger group sizes.
 - Group Family Treatment (97157) may not exceed five caregivers unless the LBA, LABA or LMHP documents justification for larger group sizes.



GROUPS LIMITED TO 5 CAREGIVERS

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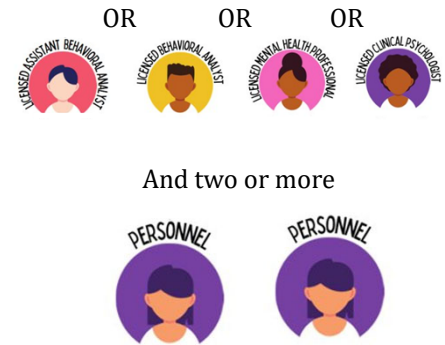
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Applied Behavior Analysis



Billing Guidance

- For Team-Based Treatment (0373T and 0362T):
 - It is expected that the team-based codes 0373T and 0362T will be utilized only when medically necessary where there is documented harm to self and others by the youth.
 - Team-based treatment codes are expected to be for a short duration with the frequency of treatment tapering to individual treatment over time as the youth’s treatment goals are met.

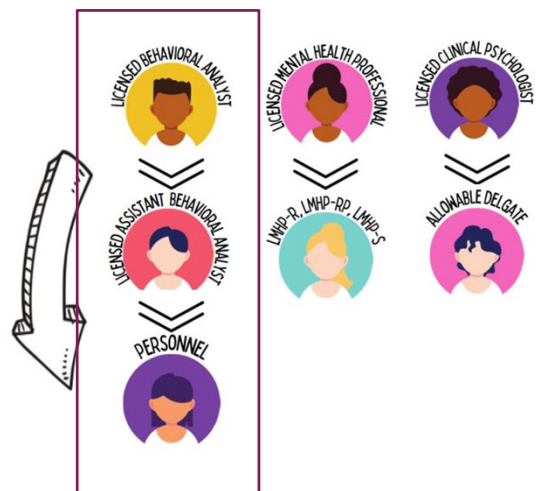


Applied Behavior Analysis



Billing Guidance

- The following billing code combinations may be billed at the same time:
 - 97152 may be billed at the same time as 97151 (with the exception of 97152 HN together with 97151 HN).
 - 97153 may be billed at the same time as 97155 (with the exception of 97153 HN together with 97155 HN).
 - 97154 and 97158 may be billed at the same time for different youth in the same group (professional level modifier must be identical).



Applied Behavior Analysis



Billing Guidance

- Coverage of services delivered by telemedicine as described in the “Telehealth Services Supplement”. MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telehealth.



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Thank you for your partnership, support and participation.

Additional Questions?

Please contact EnhancedBH@dmas.Virginia.gov

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