

Attachment B

FY 2022 and FY 2023 Applied Behavior Analysis Services

I. APPLIED BEHAVIOR ANALYSIS SERVICES PROGRAM DESCRIPTION

This Attachment specifies a description of services and pertinent administrative and operational procedures to be implemented between the AGENCY and the COUNTY with regard to provision of Applied Behavior Analysis Services. The COUNTY requires that the AGENCY utilizes FOCUS for all clinical documentation, case consultation, billing submission and any other activities pertinent to the disposition of the case.

Applied Behavior Analysis (ABA) intervention for autism is to be customized to each individual's skills, needs, interests, preferences, and family situation. ABA services are to be provided to person's diagnoses with ASD when medically necessary, in the least restrictive environment where the ultimate goal of treatment is to focus on improving core deficits in communication, social interaction, or restricted behaviors; all of which will impact fundamental deficits and help the individual served develop greater functional skills and independence. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) for an appropriate period of time, depending on the needs of the individual and their family within their community. Clinical determinations of service intensity, setting(s), and duration should be designed to facilitate the individuals goal attainment.

Applied Behavior Analysis (ABA) services may serve to reinforce skills or lessons taught in school, therapy, or other settings. ABA services are not intended to supplant services provided by the school or other settings, or to be provided when the individual served would typically be in school. Parent/Guardians cannot choose to decline available school and other applicable supports in lieu of receiving services within this benefit. ABA service providers are required to establish a system that ensures that services can be provided with no disruption to the individual's scheduled school day. The provider should be skilled in implementing person-centered planning processes, which will include coordinating with other MCCMH directly operated and contracted service provider entities, as well as coordinating with available community and natural supports. The AGENCY will review with the parent/guardian the consent for participation in the ABA program (ABA Program Agreement Form) and will obtain the parent/guardian's signed consent prior to beginning treatment.

II. APPLIED BEHAVIOR ANALYSIS ASSESSMENT AND BEHAVIOR INTERVENTION

- a. The *Functional Behavioral Assessment* and *Behavior Intervention Plan* are to be completed by a Board Certified Behavior Analyst (BCBA) or Exception Staff that:
 - i. Specifies service needs, including duration, setting, and skill levels;
 - ii. Utilizes parent/guardian feedback. Providers are required to have families in leadership roles in the identification, planning, and implementation of services for the individual served;
 - iii. Outlines behaviors and skills to be addressed and ABA interventions to be utilized to improve the individual's skills and functioning. ABA goals may address a range from one specific targeted behavior (i.e., self-injurious behavior, yelling, etc.) to several complex behaviors (i.e., feeding, hygiene, communication);
 - iv. Identifies at least one "*National Standards Project (NSP) Established Treatment*" per goal and objective within the treatment plan;
 - v. Includes targeted behavior goals and specific steps for staff to take when responding to behaviors that support ABA treatment;
 - vi. Utilizes one of the following tools:
 1. *Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)* – Administered to children ages 18 months up to 48 months by the BCBA or Exception Staff at **intake and every six (6) months** thereafter for all children receiving ABA services.
 2. *Assessment of Basic Language and Learning Skills Revised (ABLLS-R)* – Administered to children ages above 48 months through 6th birthday by the BCBA or Exception Staff at **intake and every six (6) months** thereafter for all children receiving ABA services.
 3. *Assessment of Functional Living Skills (AFLS)* – Administered to assess the functional, practical, and essential skills of everyday life **regardless of age**.
 - vii. Documents that the services do not include special education and related services defined in the IDEA of 2004 that are available to the individual through their local education agency.

- b. Treatment methodology will use an ethical, positive approach to any serious behaviors (e.g., self-injury, aggression) based on a comprehensive bio-psychosocial assessment including, but not limited to, a functional analysis/assessment performed by a BCBA or Exception Staff.
- c. The use of punitive, restrictive, or intrusive interventions is prohibited during ABA, except in accordance with MCCMH MCO Policy 8-008. The use of restraints, seclusion, and aversive techniques are prohibited by MDHHS in all community settings.
- d. The MCCMH Behavior Treatment Plan Review Committee Policy and subsequent protocols are required to be followed (MCCMH MCO Policy 8-008). All Behavior Intervention Plans developed for the ABA program will be required to be submitted to the Behavior Treatment Plan Review Committee (BTPRC) through the expedited review process.
- e. Revisions are made to the *Behavior Intervention Plan* as identified by a BCBA or Exception Staff.
- f. All ABA employees must know and understand the individual's *Person-Centered Plan (PCP)* and *Behavior Intervention Plan* for each individual served on their caseload.
- g. ABA Provider participation in the Integrated PCP Meetings is required.
- h. The ABA Treatment team will work collectively with the care manager and other treatment providers (*Occupational Therapy, Speech & Language, etc.*) to identify integrated treatment plan goals and objectives so that the appropriate intensity of intervention is identified, outlined, coordinated, and provided through treatment.
- i. The ABA Treatment team will assist and collaborate with the care manager on transitional planning for individuals who no longer meet eligibility requirements or are no longer interested in receiving ABA treatment. Continued monitoring of eligibility should extend beyond medical necessity and include consumer age, insurance, and diagnosis requirement of the ABA benefit. Transition Planning should occur from the beginning of treatment.

III. ABA CASE SUPERVISION AND TRAINING

- a. BCBA or Exception Staff of the AGENCY is required to provide all supervision to Assistant Board Certified Behavior Analysis (BCBA) Staff.

- b. BCBA or Exception Staff of the AGENCY is required to provide all supervision to ABA Aide staff. Training protocol for ABA Aides should be reviewed and approved by BCBA or Exception Staff. BCBA or Exception Staff must be able to actively supervise ABA Aides and evaluate the work of the ABA Aide on an on-going basis to ensure that treatment is being delivered effectively and is in-line with evidence-based practice and the Behavior Intervention Plan. In the event that the BCBA or Exception Staff identifies that the ABA Aide is not performing to the fidelity of the evidence-based model, the BCBA or Exception Staff must be able to make recommendations that will result in immediate correction of identified discrepancy, which may include, but not limited to additional training for staffing and/or a change in ABA Aide staff persons.
- c. ABA Aide Staff of the AGENCY are required to complete training protocols in recipient rights and basic first aid in accordance with MCCMH MCO Policy. Prior to service delivery, training must be provided to the assigned ABA Aide. Topics of training must include: the individual served plan of service, principles of behavior, behavioral measurement, data collection, functions of behaviors, basic concepts of ABA, generalization, and its importance in sustainability of learned/acquired skills and medical conditions/illness that impact behaviors, as well as complete training protocols identified by the BCBA or Exception Staff. A competency evaluation including topics indicated above is required prior to ABA Direct Service delivery. Training program content and evaluation must be approved by MCCMH and the BCBA providing supervision over the cases prior to the delivery of services.
- d. One hour of supervision from BCBA or Exception Staff of the AGENCY is required per ten (10) hours of individual or group direct ABA service. Supervision hours are based upon monthly direct ABA service delivered. Supervision must be documented to include topics covered and supports provided.
- e. All staff of the AGENCY must be trained properly in the specific interventions included in the *Behavior Intervention Plan* of the individual(s) that they are working with.
- f. BCBA or Exception Staff of the AGENCY will schedule regular visits with parents/guardian or caregivers identified in the PCP and ABA Aides to review program effectiveness, make observations, etc. The regularity of the scheduled visits should occur no later than on a quarterly basis.

- g. BCBA or Exception Staff of the AGENCY will coordinate visits to overlap with members of the ABA Aide team to observe sessions and provide coaching, instruction, training and clinical support.
- h. BCBA or Exception Staff of the AGENCY will review all data and reports submitted by the ABA Aide team

IV. APPLIED BEHAVIOR ANALYSIS DIRECT SERVICE

- a. ABA Direct services can be provided in different modalities (*individual, family training, skills groups, etc.*) and in different locations (*home, community, clinic, etc.*). The modality and location to be determined through the Person-Centered Planning Process is mode and location that would be most conducive to the PCP goal.
- b. ABA Aide Staff will provide specific home-based and/or clinic-based intervention activities for persons diagnosed on the autism spectrum as identified in the *Behavior Intervention Treatment Plan*.
- c. If appropriate and identified in the plan of service, the AGENCY should deliver ABA services in a variety of settings to maximize generalization, maintenance, independence, and flexibility in the individual's behaviors and skills.
- d. ABA services are to be provided to increase developmentally appropriate skills to facilitate a person's independence. These services must be provided directly to, or on behalf of the individual served by training their parents/caregivers, Behavior Techs, and/or a BCBA to deliver the ABA services. The ABA services must be provided under the supervision of a BCBA, other appropriately qualified licensed or limited licensed psychologist (LP, LLP), or master's prepared CMHP working within their scope of practice as identified in the staffing qualification section below.
- e. ABA Aides will complete behavior tracking sheets and reports. ABA services must include ongoing behavioral observation, assessment, data collection, and ongoing adjustments (*as indicated by BCBA or Exception Staff*).
- f. Parent/Guardian Involvement:
 - i. The AGENCY is required to have families in leadership roles in the identification, planning, and implementation of services in support of the individual served. Living with an individual with a diagnosis of ASD, it is likely to cause significant changes in lives of family members and, in most cases, the individual served will require assistance beyond services offered by professionals and direct staff. Services must be delivered in a manner that maximizes the benefit of treatment time and the time outside of treatment. Also, treatment should be provided that helps families maximize their own lives and the lives of the individual served.

- ii. The AGENCY will make every effort to ensure that the parents/guardian or caregivers engage in treatment with the individual served to learn treatments and techniques that will assist the individual in the generalization of behaviors outside of treatment hours.
 - iii. The AGENCY will train and assist parents/guardian or caregivers, when needed, to complete specific behavior tracking sheets outside of treatment hours, as identified by BCBA or Exception Staff.
- g. ABA services provided must adhere to best practice standards and established interventions for ASD. This includes interventions that are identified as “*Established Treatments*” through the *National Standards Project* (NSP) or other ABA “established treatments” that focus on teaching specific adaptive skills. The NSP clinical trials can be found at: <http://www.nationalautismcenter.org> and include:
- i. *Antecedent Package* – often used in combination with other strategies and includes: choice, behavior chain interruption, priming, non-contingent reinforcement, errorless learning, incorporating echolalia and obsessive behaviors, prompting, antecedent based intervention, time delay, contriving motivational operations, environmental modifications of tasks, etc. Antecedent Package may be used to address both interfering and on-task behaviors.
 - ii. *Behavioral Package* – designed to decrease problem behaviors and teach functional alternative behaviors. Changing consequences is utilized. This includes: discrete trial training, differential reinforcement, functional communication training, contingency contracting, shaping, task analysis, token economy, instructional fading, generalization training, reinforcement, functional behavior analysis, response interruption/redirection, etc.
 - iii. *Joint Attention Intervention* – involves the interaction between individuals and is considered a pivotal skill for communication. Examples include: looking back and forth between a toy and the person who presented the toy, pointing to or showing objects of interest, or following someone else’s line of gaze.
 - iv. *Modeling* – often combined with reinforcement and prompting. Examples include: live modeling, video modeling, self-modeling.
 - v. *Naturalistic Teaching Strategies* – those strategies that tend to have substantial generalization advantages. The environment is arranged to create interest on the part of the learner. The teaching interaction may begin with the learner initiating a request about a particular item/topic. The worker prompts an elaboration of that initiation, with greater elaboration resulting in gaining

access to the desired item. These strategies increase initiation, build spontaneity, and shape complex and sophisticated communication responses.

- vi. *Pivotal Response Treatment (PRT)* – those responses that, when trained, generally produce large collateral improvements in non-trained areas. Pivotal Responses include: reducing stimulus over selectivity, promoting motivation, promoting self-management, promoting self-initiation, and promoting empathy. PRT aims to increase a child’s motivation to learn, monitor his own behavior, and initiate communication with others. Positive changes in these behaviors should have widespread effects on other behaviors.
 - vii. *Schedules* – task lists of series of activities or steps to complete. This intervention is often supplemented with reinforcement. This also helps improve self-regulation and assist with transitions. Visual supports or structured work systems may also be involved with this intervention.
 - viii. *Self-management* – promotes independence by teaching behavior regulation through recording occurrence/nonoccurrence of target behavior and receiving reinforcement for doing so. Examples include: checklists, wrist counters, visual prompts, and tokens.
 - ix. *Story-based Intervention Package* – describes a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format. It explains what is happening and why it is occurring. It is primarily used for social behaviors and routines you want to increase and those situations that are new and anxiety-provoking. Stories are always personal, positive and short. Within an ABA program, Social Stories are used to help with transitions, school routines, appointments, and any other social behavior you want increased.
 - x. *Discrete Trial Training (DTT)* - a style of teaching that uses a series of trials to teach each step of a desired behavior or response. Lessons are broken down into their simplest parts and positive reinforcement is used to reward correct answers and behaviors. Incorrect answers are ignored.
 - xi. *Verbal Behavior Intervention (VBI)* - a type of ABA that focuses on teaching verbal skills.
- h. The following are **not** included in this benefit:
- i. Emerging practices identified by the NSP such as picture exchange, extinction, computer aided instruction, social skills training groups, augmentative and alternative communication device – speech generated devices, cognitive behavioral intervention packages, developmental

relationship-based treatment, exercise, exposure packages, imitation-based interaction, initiation training, language training (production), massage/touch therapy, multi-component package, music therapy, peer-mediated instructional arrangement, reductive package, scripting, sign instruction, social communication intervention, social skills package, structured teaching, technology-based treatment or theory of mind training have not been identified as being established as evidenced-based practices and are not included in the treatment.

- ii. Unestablished treatments such as academic interventions, auditory integration training, facilitated communication, gluten- and casein-free diet, sensory integrative package, or ineffective/harmful treatments identified by the NSP are not included in this benefit.
- iii. The provider must also be knowledgeable about modalities which either have been shown to lack positive effects or may endanger the person with a diagnosis of ASD. It is expected that providers will not agree to participate in modalities which either are dangerous or have not been shown to have positive benefit for the individual served. It will be essential to discuss the risks and possible benefits of treatment modalities, including those recommended by the agency and those proposed by families.

V. APPLIED BEHAVIOR ANALYSIS TREATMENT PACKAGES

- a. Treatment packages are designed based on *MDHHS Policy* and include the following.
 - i. Focused Behavioral Intervention: Provided on average of 5-15 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required.)
 - ii. Comprehensive Behavioral Intervention: Provided an average of 16-25 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required.)

VI. PERFORMANCE OUTCOMES

- a. Access and Availability:
 - i. The Behavioral Assessment will be completed within fourteen (14) days of ABA referral
- b. Quality of Services:
 - i. Satisfaction with services in accordance with policies established by MCCMH will be reported by the parent/guardian.

c. Community Inclusion:

- i. Parent/guardian will report increased consumer ability to participate in community settings.
- ii. Parent/Guardian will report increased in the individual served ability to participate in educational.
- iii. The AGENCY will link consumers to available educational.

d. Effective Services:

- i. The AGENCY will actively and consistently participate in the consumer treatment planning process.
- ii. Consumer will show meaningful improvements in the behaviors identified in their behavior intervention plans.
- iii. Program expectations and transition planning are discussed at the time of service entry.
- iv. AGENCY will meet Behavior Technician supervision requirements.
- v. Improvements in Behavior Intervention Plan (ABLLS-R, VB-MAPP, or AFLS levels) will be demonstrated.
- vi. If a consumer's assessment remains unchanged after two (2) consecutive assessments, the agency will complete a maintenance plan which will include supportive coaching and the agency will back out of services within sixty (60) days.