



Applied Behavior Analysis (ABA) Provider Guidelines

ABA Provider Guideline

Table of Contents

PURPOSE	3
ORGANIZATIONAL CONCEPT STATEMENT.....	3
MISSION STATEMENT	3
VALUES/GUIDING PHILOSOPHIES	3
BAY-ARENAC BEHAVIORAL HEALTH CONTACT LIST	4
BABH SUPPLEMENTAL CONTACT LIST	5
ADMINISTRATIVE PROCESSES	6
CREDENTIALING & TRAINING	6
REFERRAL TO PROVIDER PROCESS	6
ABA HOURS AUTHORIZATION PROCESS	8
OVER THE THRESHOLD REQUEST.....	8
ABA PROVIDER CHANGES PROTOCOL.....	9
RESTARTING A CASE / ACCEPTABLE REASONS TO BE ON HOLD	9
UPLOADING ABA DOCUMENTS TO PHOENIX.....	9
SERVICE DELIVERY	10
ABA AND SCHOOL	10
ATTENDANCE	11
MEDICATION ADMINISTRATION	11
PARENT TRAINING	11
SAFETY STANDARDS	11
SUPERVISION	12
TELE-PRACTICE	12
TRANSITIONING OUT OF ABA.....	12
TRANSPORTATION.....	12
WORKING IN A GROUP HOME SETTING.....	13
ADMINISTRATIVE DISMISSAL.....	13
BEHAVIORAL TREATMENT PLANS	14
BEHAVIORAL TREATMENT PLAN REVIEW COMMITTEE/EMERGENCY PHYSICAL INTERVENTIONS	14
2:1 STAFFING	15
REPORTING AND QUALITY ASSURANCE	16
AUTISM PROGRAM MONTHLY REPORT	16
INCIDENT REPORTING PROCESS	17
TRANSMISSION OF PERSONAL HEALTH INFORMATION	17
SITE REVIEW PROCESS	17
MEDICAID EVENT VERIFICATION	17
CORRECTIVE ACTION PLANS.....	18
ATTACHMENT 1 – MDHHS CREDENTIALING DOCUMENTS	19
ATTACHMENT 2 - BABHA’S BEHAVIOR TREATMENT PLANS (C04-S26-T01).....	19
ATTACHMENT 3 - BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE (C04-S26-T02)	19
ATTACHMENT 4 - EMERGENCY PHYSICAL INTERVENTION (C04-S26-T05)	19
ATTACHMENT 5 - INCIDENT REPORT	19
ATTACHMENT 6 – BEHAVIOR TECHNICIAN ABA TRAINING GRID	19
ATTACHMENT 7 - BABHA TRAINING REGISTRATION FORM.....	19
ATTACHMENT 8 – MDHHS ALLOWABLE INTERVENTIONS TABLE	19
ATTACHMENT 9 - AUTISM PROGRAM MONTHLY SUMMARY REPORT DOCUMENT	19
ATTACHMENT 10 - REPORTING AND INVESTIGATION OF ADVERSE EVENTS (C02-S03-T06)	19
ATTACHMENT 11 - BABHA POLICY- USES-DISCLOSURES OF PHI (C13-S01-T14).....	19
ATTACHMENT 12 - SITE REVIEWS (C02-S03-T01)	19

Purpose

Thank you for joining the BABHA ABA provider network. The staff of BABHA hope that you will find this Provider Guideline easy to use and helpful for your staff. At BABHA, we are very aware of the need to minimize the confusion as much as possible. The provider contract serves as the foundation of our relationship. It is our intention that this Provider Guideline will assist you in caring for our Consumers while reducing providers questions and uncertainty as much as possible.

Organizational Concept Statement

Bay-Arenac Behavioral Health is in existence to ensure the delivery of a comprehensive array of health-related supports and services for people with developmental disabilities, mental illness, and/or substance use disorders.

Mission Statement

It is the mission of Bay-Arenac Behavioral Health to improve health outcomes to enhance quality of life and strengthen the community safety net for citizens of Arenac and Bay counties.

Values/Guiding Philosophies

All who are associated with carrying out the mission of Bay-Arenac Behavioral Health are governed by the highest ethical standards and the following values...

- Each person is unique, and will be treated with **dignity** and **respect**.
- We are committed to delivering services in a manner that is **responsive to community** needs.
- We seek to provide a **recovery**-focused and **trauma**-informed system of care.
- We believe that individual and community wellness is enhanced by the delivery of **integrated healthcare** services that are directed by and responsive to the person served.
- We are committed to promoting **independence, choice, control** and meaningful engagement with peers, family, friends, and community.
- We are committed to collaboration with our community partners to encourage **wellness**, to promote **prevention**, and to increase health literacy.

Bay-Arenac Behavioral Health Contact List

	Name	Title	Email Address	Phone Number
Behavior Treatment Plan				
BABHA Primary Contact:	Amanda Johnson	ABA Coordinator	ajohnson@babha.org	989-
CC: (always copy correspondence to)	Karen Amon	Director of Integrated Care	kamon@babha.org	989-
Billing				
BABHA Primary Contact:	Ellen Lesniak	Finance Manager	elesniak@babha.org	989-
CC: (always copy correspondence to)	Stephanie Gunsell	Contracts Manager	sgunsell@babha.org	989-
Contracts				
BABHA Primary Contact:	Stephanie Gunsell	Contracts Manager	sgunsell@babha.org	989-
Credentialing				
BABHA Primary Contact	Chris Tomczak	Quality and Compliance Coordinator	ctomczak@babha.org	989-
Records				
BABHA Primary Contact:	Brenda Beck	Records Specialist	bbeck@babha.org	989-
Recipient Rights Questions				
BABHA Primary Contact:	Melissa Prusi	Recipient Rights Manager	mprusi@babha.org	989-
Fax Background Checks to:	989-895-2715		-	
Training				
BABHA Primary Contact:	Amanda Johnson	ABA Coordinator	ajohnson@babha.org	989-
CC: (always copy correspondence to)	Chris Tomczak	Quality and Compliance Coordinator	ctomczak@babha.org	989-
Quality and Compliance - Site Review				
BABHA Primary Contact:	Chris Tomczak	Quality and Compliance Coordinator	ctomczak@babha.org	989-
Quality and Compliance - Corrective Action				
BABHA Primary Contact:	Chris Tomczak	Quality and Compliance Coordinator	ctomczak@babha.org	989-
CC: (always copy correspondence to)	Sarah Holsinger	Quality Manager	sholsinger@babha.org	989-
Quality and Compliance - Medicaid Event Verification				
BABHA Primary Contact:	Chris Tomczak	Quality and Compliance Coordinator	ctomczak@babha.org	989-
CC: (always copy correspondence to)	Sarah Holsinger	Quality Manager	sholsinger@babha.org	989-
Quality and Compliance - Incident Report Questions				
BABHA Primary Contact:	Sarah Holsinger	Quality Manager	sholsinger@babha.org	989-
Fax Incident Reports to:	989-895-2715		-	

BABH Supplemental Contact List

BABHA Supplemental Contact List				
	Name	Title	Email Address	Phone Number
BABHA Family Supports Team (ABA Supports Coordination)				
	Maryssa Schneider	Client Services Specialist	mscneider@babha.org	989-895-2234
	Stacey Koin	Client Services Specialist	skoin@babha.org	989-497-1325
	Jenna Mahar	Client Services Specialist	jmahar@babha.org	989-415-1100
	Lori Arquette	Client Services Specialist	larquette@babha.org	989- 846-5003
	Lindsay Robbs	Home Based Clinical Specialist	lcraves@babha.org	989- 895-2307
	Emily Young	Team Leader	eyoung@babha.org	989-895-2623
	Amanda Johnson	Autism Coordinator	ajohnson@babha.org	989-497-1568
MPA (ABA Supports Coordination)				
	Amy Knapp	Client Services Specialist	aknapp@mi-pa.net	989-667-9661
	Tonya Cece	Client Services Specialist	tcece@mi-pa.net	989-667-9661
	Marissa Kostick	Client Services Specialist	mkostick@mi-pa.net	989-667-9661
	Lloya Gallery	Program Supervisor	lgallery@mi-pa.net	989-667-9661
Additional Contacts				
Children's Services Administration	Noreen Kulhanek	Clinical Program Manager	nkulhanek@babha.org	989-497-1399
	Joelin Hahn	Director Integrated Care	jhahn@babha.org	989-497-1391
Cooperate Compliance / Privacy Officer	Janis Pinter	Director of Health Care Accountability	jpinter@babha.org	989-895-2760
Recipient Rights/Customer Services	1-888-482-8269 or 989-895-2317			
Emergency Services	1-800-327-4693 or 989-895-2300			
Access Center (referrals for services)	1-800-448-5498			

Administrative Processes

Credentialing & Training

Credentialing and training information for all employees directly working with the consumer must be submitted **prior** to opening an ABA case. This includes the ABA technician and the ABA supervisor.

All credentialing documents must be emailed to Chris Tomczak (ctomczak@babha.org) **48 hours prior to the case opening**. This allows time for BABHA verification and for provider setup in the BABHA billing system. If credentialing information is not received, and the employee is not fully credentialed, the employee will not be able to bill for services. Any submitted claims prior to full credentialing will likely result in denied payment of ABA services.

Credentialing is required by the Autism Benefit and BABHA requires the MDHHS Provider Qualifications document be used as a cover page to accompany all credentialing information. There are different credentialing cover pages for various levels of education such as the ABA technician, a BCBA, BCaBA, LLP, and QBHP. Specifics can be found on the DHHS audit tool.

The only document that is excluded from the 48-hour timeframe is a copy of the signed Individual Plan of Service, however billing will not be approved until the IPOS has been submitted to BABH. All other areas of the credentialing worksheet **must** be submitted. When the Individual Plan of Service is completed at the case open, it should be faxed or emailed to the ABA Coordinator **within 24 hours** of the case opening.

BABHA has a recredentialing process that occurs at the beginning of the first month of each quarter. BABH will send out credentialing worksheets in October, January, April, and July. This worksheet is individualized for each provider and contains staff names, specific requirements, the date each requirement was completed, and the date that each requirement is due. Providers will have until the end of the respective month to return all documentation that is expired or is about to expire. The BABHA finance department will not allow billing to be processed for the specific staff until all documentation is received and credentialing is current. Providers do not need to update the credentialing worksheet; BABHA will make all the changes in the worksheet and redistribute at the next designated time. The ABA Coordinator and Quality and Compliance Coordinator will work with each provider to assist with any questions to help ensure all documentation is received. When documentation is submitted, BABHA would like all information to be sent in individual staff files versus one file with multiple documents for multiple staff. If a staff member is no longer working at your agency and/or are not working with BABHA consumers, please add the date at which the staff was no longer employed and clarify if he/she left permanently or are no longer working with BABHA consumers.

*Refer to **Attachment #1a- 1e** - MDHHS Credentialing Forms

Referral to Provider Process

The ABA Coordinator will contact ABA providers to determine program capacity when a new case opens at BABHA. Families have the right to choose a provider that best fits their needs. The ABA Coordinator will provide the following information when making inquiries on program capacity: the approximate hours needed per week, the preferred schedule of the family, and the preference for in-home or center-based services. Providers are encouraged to contact the ABA Coordinator with updates on program capacity.

The ABA Coordinator creates an authorization for an initial assessment (VBMAPP, ABLS, AFLS, PEAK) in the BABHA Electronic Health Record- Phoenix. The ABA provider will be granted permissions to the consumers chart and will have access to review any ABA documentation in Phoenix.

Once the provider receives the authorization for the initial assessment (0359T U5) the family should be contacted to schedule an appointment for the assessment. The provider must notify the Supports Coordinator or ABA Coordinator of the appointment date and time. The ABA supervisor that will be providing services for the case should be the person who completes the initial assessment.

The completed initial assessment must be uploaded to Phoenix prior to the start of services. The assessment must include the following details: treatment goals, baseline, risks and benefits of ABA, discharge plan, number of hours recommended, how many sessions of family guidance will occur, and if tele-practice will be used. The number of hours recommended should be the number of hours that would be most beneficial to the family. The family's actual schedule may vary from the hours recommended. Family Guidance **must** occur at least one time per month.

Authorizations must be in the chart before services can be provided. ABA service authorizations are not back dated. To assure appropriate authorization of services, the BABHA Supports Coordinator is to be notified **one week prior to the ABA service start date**. The Supports Coordinator will create the PCP addendum to authorize the agreed upon hours of ABA services, and obtain the needed signature of the parent/guardian. The Supports Coordinator will attend the case open if possible. The Supports Coordinator is listed on the consumer's chart in Phoenix. The ABA provider will message the Supports Coordinator with the case open details including the assigned ABA supervisor, the assigned ABA technician, schedule, and location of services. ABA Coordinator should be CC: in the case open details email.

The assigned ABA technician and ABA supervisor **must** be fully credentialed before starting to work with the consumer. After a case open, a signed Individual Plan of Service (IPOS) form must be sent to the ABA Coordinator to be fully credentialed. *See "Credentialing" section for details.

The Supports Coordinator **must be notified immediately** when there is a change in the assigned ABA technician or ABA supervisor. All staff that provide services to a consumer must review and sign the consumer's IPOS and submit the signed form to the BABHA ABA Coordinator within **24 hours** of providing the service.

If a replacement technician is temporarily assigned to work with a consumer, for example the primary ABA technician calls in sick, the replacement technician must review and sign an IPOS form and submit it to the BABHA ABA Coordinator within **24 hours** of the replacement ABA technician providing services to the consumer.

The ABA provider will notify the Supports Coordinator immediately when a consumer isn't going to receive ABA services for more than one week. If a case has been on hold and the case is going to re-open, the ABA provider must notify the Supports Coordinator at least **one week** prior to the case re-open date.

ABA Hours Authorization Process

When an ABA provider would like to increase or decrease ABA hours, the SC must be notified at least **one week** before the proposed hour change begins. An addendum must be completed by the SC before hours can be increased. When requesting an hour increase, the Hours Authorization Form must be completed (which is attachment D in the 2021 contracts). The SC will respond to the ABA provider through Phoenix if the request has been approved or if additional information is needed. ABA hours should not be increased until the authorizations have been added in Phoenix and the ABA provider receives an email that the hours have been approved.

ABA hours will be compared to the ADOS-2 score to ensure the amount of treatment is medically justified. The ADOS-2 comparison score is the classification level of autism spectrum related symptoms and rates the symptoms to minimal to no evidence, low, moderate, and high on a scale from 1-10.

BAB(H- ABA Hours of Service Guideline								
Age	ADOS Score	Comparison score (Based on ADOS Module)	ABA hours	ABA priority	ABA Supervision Hours		ABA Family Training	Clinical Justification for increased hours
		10	40	High	4		2 Monthly	Send UM Auth form to ABA Coordinator
		9	35	High	3.5		2 Monthly	
		8	30	High	3		2 Monthly	
		7	25	Moderate	2.5		1-2 Monthly	
		6	20	Moderate	2		1-2 Monthly	
		5	15	Moderate	1.5		1-2 Monthly	
		4	10	Low	1		1 Monthly	
		3	10	Low	1		1 Monthly	
		2	0	Non-Spectrum	0		0	
		1	0	Non-Spectrum	0		0	
		(3-1)						Send UM Auth form to ABA Coordinator for 30 day transition request.

Over the Threshold Request

If you are requesting ABA hours above the allowed threshold, the Over the Threshold Exception Request Form must be completed and sent to the ABA Coordinator at ajohnson@babha.org or faxed to 989-892-4962. The Over the Threshold Exception Request Form must be completed in full with no blank spaces. The document should clearly outline the current behaviors, ABA schedule, parent training schedule, behaviors goals, a risk/benefit analysis for the increase, and a plan to reduce service to threshold level.

ABA Provider Changes Protocol

When a consumer that is currently receiving services from an ABA provider chooses to change providers, they will be put on BABHA's internal waiting list. They will be referred to a different provider when a provider has availability.

Consumer's that have been on the BABHA internal waiting list for more than 90 days are out of compliance according to BABHA's Pre-Paid Inpatient Health Plan called Mid-State Health Network (MSHN). These consumers that have been waiting over 90 days take priority over families that choose to change providers.

ABA Providers can select consumers from the BABHA internal waiting list based on the hours the provider has available. For example, if a consumer has been on the waiting list for over 90 days and can only receive ABA after school hours but the ABA provider has availability during school hours; then a consumer who has been waiting less than 90 days may be chosen to start services with that ABA provider sooner based on their availability.

All families have the right to change providers. There is no guarantee how long it will take to start services with a new provider.

Restarting a Case / Acceptable Reasons to be on Hold

BABHA requires at least **one week** notice before re-starting a case. Cases should remain active if possible. Acceptable reasons to go on hold include the consumer being hospitalized, insurance change with a transition plan in place, an environmental emergency such as a consumer's home burning down, and needing to relocate services.

Unacceptable reasons for a consumer to go on hold include when the ABA technician calls in sick, the ABA technician's car breaks down, the ABA technician no call/no shows a scheduled session, or an ABA provider doesn't have trained ABA technicians available to staff a case in the mentioned situations. BABHA and MDHHS expect that a replacement ABA technician will be sent to work with a consumer if the primary ABA technician is unavailable.

Uploading ABA Documents to Phoenix

There are three areas where providers will need to upload ABA documentation. These links are located under the Clinical Services area outlined in yellow in Phoenix.

Under the ABA Documents tab in Phoenix, daily ABA technician progress reports must be uploaded by the provider. There must be documentation uploaded to match every claim that is submitted. If there is no supporting documentation for a claim that is billed, BABHA will ask for reimbursement of the claim. Documents can be uploaded individually or grouped by the week. All notes for the previous month need to be uploaded by **the 7th day of the following month**. Monthly Summaries should also be uploaded under ABA Documents with the title "ABA Monthly Summary Report". When uploading, include the specific month under the notes section.

ABA Supervision notes should be uploaded under the ABA Supervision tab by the provider. Similarly, to the ABA technician progress notes, there must be a document to match the claim. All supervision notes are due by the 7th of the following month.

Initial and six-month assessments are uploaded under the ABA VB-MAPP tab. This includes VBMAPPs, AFLS, ABLs, PEAK and other assessments that MDHHS has approved. If you are unsure if an assessment is MDHHS approved, contact the ABA Coordinator for clarification.

All Access to Phoenix goes through the BABHA Help Desk. They can be contacted at helpdesk@babha.org

Service Delivery

ABA and School

BABHA highly encourages enrollment in the school system full time and ABA services after school hours. If a consumer is under age 6 and not required to be in school, the parent has the right to dis-enroll the student from school. If a consumer is home schooled, ABA can be provided around the home schooling schedule.

If a consumer is over age 6 and required to be in school, ABA is not approved during regular school hours without prior approval. Mid-State Health Network has an *ABA During School Hours Authorization Request Form* that can be submitted by the Supports Coordinator in rare cases. Rare cases that Mid-State Health network may approve the request are for medical conditions such as, a consumer being home-bound due to a serious medical condition.

The *ABA During School Hours Authorization Request Form* requires information on:

- 1) The reason for removal from school including the medical necessity and a risk/benefit analysis for the reduced schedule.
- 2) A communication system between the ABA provider and the school is in place to assure that generalization and transfer back to the school setting is clearly delineated.
- 3) A transition plan is required that delineates a specific time frame and criteria for an individual returning for a full school day. A generalization plan with transfer strategies is to be provided to school personnel by the ABA provider.
- 4) Documentation of the consumer's IPOS, ABA plan, IEP, and most recent assessment (VBMAPP, AFLS, ABLs, etc.)
- 5) Signatures of the members of the individual's IEP/PCP team must be obtained to demonstrate that the entire team believes this move is in the best interest of the individual. Members may include, but are not limited to, the following:
 - a. School administrator (special education director, principal)
 - b. Parent or guardian
 - c. ABA provider (BCBA)
 - d. Student's teacher and any pertinent ancillary school staff (i.e. social worker, speech-language pathologist, occupational therapist, physical therapist, etc.)
 - e. BABHA Supports Coordinator and any ancillary BABHA staff assigned to the consumer (see "d" above).
 - f. BABHA ABA Coordinator

ABA technicians should not attend a consumer's IEP unless specifically requested by the parent and the ABA supervisor approves the request. ABA supervisors are encouraged to attend IEPs to promote coordination of care.

Coordination with the school and/or early intervention program is critical. Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, participation in team meetings (i.e., Individualized Education Plan/Individualized Family Service Plan [IEP/IFSP], Individual Plan of Service [IPOS], etc.).

Attendance

MDHHS requires that ABA hours be within **75%** of the ABA hours authorized in the PCP. Any ABA hours that are missed or cancelled should be made up by the end of the month. BABHA expects that if the primary ABA technician is unable to attend the session, the provider will send a replacement ABA technician that is trained on the consumer's IPOS. If a provider has two consecutive months where attendance is out of compliance due to the ABA technician's attendance, a new ABA technician should be assigned to the case.

If attendance is outside of the 75% compliance rate for two consecutive months due to family cancellations, the Supports Coordinator will arrange a meeting with the family and they will complete an attendance agreement. Any barriers to meeting the compliance expectation should be identified at discussed at the meeting. ABA hours may be reduced to help overcome identified barriers. If the family is out of compliance the following month, hours will be decreased. Services may be ended the following month if the family is still out of compliance. Refer to administrative dismissal for additional information.

Medication Administration

Providers will not distribute medications during ABA hours. ABA schedules will need to be adapted for the parent or guardian to administer medication.

If a provider chooses to administer medication in **emergency only** situations, BABHA is not responsible for any adverse outcomes. This may be approved by BABHA on a case to case basis. Medication administration training will be required and provided by the BABHA Nursing Team Leader for the specific medication.

Parent Training

BABHA is requiring that parent training be completed **monthly**. Parent training is required by MDHHS at least quarterly and is going to be continually monitored. If parent training doesn't occur in the quarter DHHS will require BABHA to complete a corrective action plan.

If a family has 2:1 staffing they will be required to have **weekly** parent training sessions to 2:1 staffing. If a family refuses to do parent training but requires the 2:1 staffing as a safety precaution, services will go on hold and a meeting will be held with the treatment team.

Safety Standards

If the provider has an independent center, the center must be operational and meet all the Michigan Bureau of Construction Codes building regulations before bringing consumers into the center. This includes having no exposed wires or nails, no paint chips, no sharp exposed corners where a consumer could injure themselves, and working plumbing. Any cleaning or hazardous materials must be kept in a

locked area and no consumer will be permitted to access to the materials. A fire extinguisher must be accessible and each room must have a working fire alarm. A working telephone line must be available at the center in case of emergencies.

If a consumer is known to exhibit aggressive behaviors, the consumer **must** have their own workspace to ensure the consumer and other consumers safety. This room must have an operational door and the staff member working with the consumer must be trained in crisis intervention procedures. A behavior treatment plan will be needed if restrictive or intrusive measures are used with the consumer.

Supervision

MDHHS requires that **one hour** of supervision is provided to an ABA technician for **every ten hours** of direct ABA services per week. This ABA supervisor provides direct supervision and family training throughout the case. The supervisor must meet all MDHHS credentialing standards. Refer to Attachment A for additional information on the credentialing process.

If ABA supervision isn't provided for two consecutive weeks, the case must go on hold until supervision can be provided. Any missed supervision must be made up by the end of the month. The ABA supervisor must have at least three active programs for the ABA technician to be implementing during ABA sessions. The ABA supervisor must complete an updated assessment every six months (VB-MAPP, AFLS, ABLS, PEAK, etc.).

Tele-practice

BABHA will authorize tele-practice for family guidance and ABA supervision if requested by the provider with valid reasons. It is expected that face-to-face occur at least one time per month.

Tele-practice request, require two week notice to BABHA to allow time for a PCP addendum to be completed and signed by the parent. Tele-practice must be approved by MDHHS before the services can start. Tele-practice must have pre-approval and will not be back dated without pre-approval.

Transitioning out of ABA

When a consumer has an annual re-evaluation for ABA services and is found to no longer meet medical necessity to qualify for ABA, the treatment team will come up with a 30-day transition plan to end ABA. The transition plan should include a gradual decrease in ABA hours and ABA services shouldn't end immediately. The family has the right to deny creating a transition plan. The well-being of the consumer must be considered and the risk of ending services immediately must be discussed with the family.

Transportation

A provider cannot bill for ABA hours while the consumer is being transported to or from ABA services per MDHHS. An exception to the transportation policy may be made where the provider can bill for transportation if there is a documented ABA goal and program created by the ABA supervisor that requires transportation. For example, a consumer is learning community safety and reading street signs, and the final generalization phase before mastery is to identify the signs in the community. There must be a driver and ABA technician in the vehicle. This type of plan must be approved by the BABHA ABA Coordinator.

Working in a Group Home Setting

Since the ABA expansion in January 2016, consumer's up to age 21 can receive ABA services. Consumer's over 18 may be living in a group home setting. Group homes follow State and Federal laws along with their individual rules and regulations. Specific policies and regulations should be discussed with the group home supervisor before starting services. Staff working in a group home may be required to be trained in the homes model of crisis intervention.

Administrative Dismissal

BABHA may need to postpone or end ABA services:

If the consumer is out of compliance with ABA hours for two consecutive months, a meeting will be held with the treatment team and ABA Coordinator. Barriers and possible ABA hour reduction will be discussed as a team and an attendance agreement will be signed. If the consumers attendance continues to be out of compliance the following month, hours will be decreased. If hours are out of compliance the following month, the consumer will have a transition plan put in place and will be dismissed from ABA services at that time. The family will be eligible to re-engage in services in six months if they participate consistently with their other authorized services.

If the consumer exhibits extreme aggression and is a risk of injuring themselves or others, the family can request a different provider that may be able to address the family's needs more appropriately. If the second provider is also unable to provide services due to the safety concerns, the consumer may be dismissed from services. If aggressive behaviors decrease, the family can re-engage in services after six months. Before re-starting ABA services, the consumer must have a risk assessment completed to determine needs and what safety precautions need to be implemented.

An autism re-evaluation is due annually. Consumers are referred to Saginaw Psychological Services by the Autism Coordinator at least one month before the re-evaluation is due. If Saginaw Psychological Services reaches out to the family twice and is unable to contact them or the family doesn't return Saginaw Psychological Services calls, the Supports Coordinator will reach out to the family by phone or letter. The family will have one week to contact Saginaw Psychological Services to set up an appointment or a 30-day transition plan will be put into place to end ABA services.

If the family refuses a re-evaluation, the family will have a 30-day transition plan put in place to end ABA services.

Consumers in ABA services are encouraged to meet with their Supports Coordinator a minimum of once per month. If the family refuses to meet with the Supports Coordinator or cancels/no shows 3 consecutive appointments, an action notice ending all BABHA services will be sent to the family. The family will have 10 days to contact the Supports Coordinator and schedule an appointment or their case will be closed.

If a consumer no longer has Medicaid funding, a 30-day transition plan will be put into place. An action notice will be sent.

Mid-State Health Network requires that parent training is completed quarterly. BABHA is requiring family training be completed at least once per month. If a family refuses to participate in family training, ABA services may be ended.

Discharge Planning

Per the MDHHS Medicaid Provider Manual, discharge from ABA services is determined by a qualified ABA professional for individuals who meet any of the following criteria:

The individual will be older than 21.

The child has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.

The child is either no longer eligible for Medicaid or is no longer a State of Michigan resident.

The child has not demonstrated measurable improvement and progress toward goals, and the predicted outcomes as evidenced by a lack of generalization of adaptive behaviors across different settings where the benefits of the ABA interventions are not able to be maintained or they are not replicable beyond the ABA treatment sessions through a period of six months.

Targeted behaviors and symptoms are becoming persistently worse with ABA treatment over time or with successive authorizations.

The child no longer meets the eligibility criteria as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.

The child and/or parent/guardian is not able to meaningfully participate in the ABA services, and does not follow through with treatment recommendations to a degree that compromises the potential effectiveness and outcome of the ABA service.

Discharge planning should be reviewed with the family, behavioral treatment team, and supports coordinator at regular intervals (e.g., formal review of progress). Services may be discontinued at times outside of the annual re-evaluation, assuming the decision was made based on one or more of the criteria above and the family was noticed in advance of the service termination (i.e., through a notice of adverse benefit determination).

Behavioral Treatment Plans

Behavioral Treatment Plan Review Committee/Emergency Physical Interventions

BABHA Behavior Treatment Review Committee reviews and approves or disapproves all plans that propose the use of restrictive or intrusive interventions with individual's who exhibit seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at imminent risk. Refer to the Policies and Procedures cited below for definitions of restrictive and intrusive interventions and imminent risk. Plans forwarded to the Behavior Treatment Review Committee shall be accompanied by a Functional Behavioral Assessment, the results of the assessment that rule out relevant physical, medical and environmental causes of the behavior, evidence of positive behavioral supports or interventions that have been attempted and proved to be unsuccessful, peer reviewed literature or practice guidelines that support the intervention, any medical psychological or other factors that might put the individual at high risk of death, injury or trauma if subjected to intrusive or restrictive techniques. The Plan must outline the interventions clearly including goals, objectives, methodology, measurement and data collection and the plan for monitoring and staff training. Written special consent

from responsible person/guardian/parent must be obtained for any Plans that include intrusive and/or restrictive techniques. The ABA supervisor that writes the behavior treatment plan will attend the Behavior Treatment Review Committee meeting and discuss their plan. Revisions will need to be made if requested by the Behavior Treatment Review Committee.

Emergency physical interventions/management shall only be used as a last resort to protect individuals who exhibit behaviors that are a dangerous and potentially place them at imminent risk of harm to themselves or others. Only BABHA approved emergency physical interventions/management techniques will be utilized. A hierarchy of interventions from least restrictive to more restrictive shall be used. Currently, BABHA has approved Crisis Prevention Interventions (CPI) and Quality Behavior Solutions (QBS) techniques. If a provider utilizes other models of crisis interventions, the Behavior Treatment Committee must review and approve the techniques prior to implementation. Prone immobilization is prohibited under any circumstances. Any emergency physical intervention/management technique shall be used no longer than 15 minutes followed by a release. All emergency physical interventions/management must be documented on an Unusual Incident Report and submitted to BABHA Recipient Rights Office within 24 hours. The incident reports can be completed in Phoenix or faxed to 989-895-2715. Any use of physical interventions that occur more than 3 times within a 30-day period must be reviewed through the person-centered planning process and the treatment plan shall be modified accordingly if needed. All staff who implement physical interventions/management must be fully trained in the techniques. ABA technicians are required to have crisis intervention training when the ABA supervisor and the treatment team agree that it is necessary to ensure the safety of the consumer and ABA staff. Treatment team members include the ABA technician, ABA supervisor, Supports Coordinator, DHHS (if involved), BABHA ABA Coordinator, and the parent/guardian.

BABHA provides CPI training. If the provider requests or is required to implement CPI Interventions, the provider can submit a request for the training to the BABHA Staff Development Center.

- *Refer to Attachment 2 - BABHA's Behavior Treatment Plan Policy (C04-S26-T01)
- *Refer to Attachment 3- Behavior Treatment Plan Review Committee (C04-S26-T02)
- *Refer to Attachment 4- Emergency Physical Intervention (C04-S26-T05)
- *Refer to Attachment 5 - Incident Report
- *Refer to Attachment 6 – Behavior Technician ABA Training Grid
- *Refer to Attachment 7 - BABHA Training Registration Form
- *Refer to Attachment 8 – MDHHS allowable Interventions table

2:1 Staffing

2:1 staffing means that two ABA technicians are needed for one consumer during ABA sessions. 2:1 staffing may be needed when a consumer is a danger to themselves and/or others during an ABA session. This can include being physically aggressive (hitting, spitting, kicking, and throwing objects), making suicidal statements, sexual acts, or elopement.

2:1 staffing may be requested by the ABA supervisor. An initial assessment with substantial evidence supporting the need for 2:1 staffing must be completed. If ABA has already started and there is a pattern of physical aggression toward the ABA technician when the ABA technician is in the home or at the center, 2: 1 staffing may be authorized. If 2:1 staffing is requested, 1:1 staffing cannot occur until it is reviewed and approved or denied.

Starting 2:1 staffing will be a team decision with the team consisting of the Supports Coordinator, ABA supervisor, ABA Coordinator, and parent. At this meeting the concerns, risks, and possible interventions will be addressed. If the team decides that 2:1 staffing is needed, the ABA supervisor must submit a Behavior Treatment Plan to the Behavior Treatment Review Committee for approval before 2:1 staffing can start. The Behavior Treatment Review Committee meets the second and fourth Wednesday of every month but an emergency plan can be submitted to the Behavior Treatment Committee Chairperson for approval if there are immediate safety concerns that need to be addressed prior to the meeting.

At the Behavior Treatment Review Committee meeting, the ABA supervisor must be present to review their Behavior Treatment Plan and the data and as to why the plan is needed. Attempts to use less intrusive measures must be documented and explained. The plan must be submitted to the ABA Coordinator at least one week before the Behavior Treatment Review Committee meeting.

If the ABA provider chooses to stop services due to safety concerns, the family has the right to change ABA providers. If the second provider is unable to conduct ABA sessions due to the safety concerns, ABA services may be postponed and or terminated, until the safety concerns are no longer a barrier.

The Supports Coordinator must have a crisis plan in place and review and revise the crisis plan as the consumer's behaviors change. Both ABA technicians working with the consumer must be trained in a form of crisis intervention that includes ways to protect themselves and the consumer. An ABA supervisor needs to implement a behavior treatment plan. A safety goal must be in the consumer's behavior treatment plan. A parent must commit to weekly parent training sessions with the ABA supervisor.

2:1 staffing will be reviewed every quarterly by BTRC. Progress on meeting goals, data on aggressive behaviors, incident reports and input from the treatment team will be reviewed. If the consumer has not exhibited severe signs of physical aggression, staffing will be decreased / and or titrated to one ABA technician. If needed, and medical necessity is provided, the second ABA technician will have 30 days for the consumer to adjust to having only one ABA technician. The transition time may be extended if approved by the ABA Coordinator and the Children's Services Program Manager.

Reporting and Quality Assurance

Autism Program Monthly Report

The consumer's ABA supervisor must submit a monthly summary for each individual consumer that they provide services to. The summary asks if the consumer is compliant with direct ABA hours, 10% of supervision for the ABA hours provided, and if monthly parenting has been completed. These summaries are due to the BABHA ABA Coordinator by the 7th day of the following month. They can be faxed to 989-892-4962 or emailed to ajohnson@babha.org. They also need to be uploaded to Phoenix under ABA documents.

*Refer to Attachment 9 - Autism Program Monthly Summary Report document.

Incident Reporting Process

Incident Reports must be submitted within 24 hours of the incident occurring. They must be faxed to 989-895-2715. Specific information must be included including the recipient's full name, the date of the incident, time, location, who was involved, what happened, and the action taken. All areas of the Incident Report must be completed.

*Refer to Attachment 10 - Reporting and Investigation of Adverse Events(C02-S03-T06)

*Refer to Attachment 5 - Incident Report

Transmission of Personal Health Information

It's a BABHA policy that any personal health information must be transmitted through a secure method of transmission. Personal health information includes past, present, and future health services, the consumer's name, initials, consumer ID, and any other information that may identify a consumer. All staff must treat personal health information as confidential regardless of how it is transferred, including oral, electronic, or hard copy. **All** Personal health information must be transmitted through Phoenix.

The **only** exception to releasing personal health information is if you suspect abuse and neglect of a consumer and must report the abuse or neglect to Children's Protective Services. Children's Protective Services number is 855-444-3911. The BABHA Supports Coordinator should also be notified of any abuse and neglect concerns.

If a breach of a BABHA consumer's information occurs. The BABHA Corporate Compliance/ Privacy Officer must be notified immediately. The Corporate Compliance/Privacy Officer is Janis Pinter and she can be contacted at 989-895-2760 or jpinter@babha.org.

*Refer to Attachment 11- BABHA Policy- Uses-Disclosures of PHI (C13-S01-T14)

Site Review Process

All providers new to the BABHA provider network will receive an on-site baseline review within three months after the implementation of their contract. The site review team consists of the Quality and Compliance Coordinator, Recipient Rights, Customer Services Manager, ABA Coordinator, and other staff if necessary. The Quality and Compliance coordinator will initiate contact with the provider to schedule this review. A standardized ABA site review tool, containing requirements and standards, will be used to score the provider in compliance (2), partial compliance (1), or no compliance (0) for each identified standard. During the baseline on-site review, the BABHA site review team will provide education and will work collaboratively with the provider. BABHA staff will complete a final report and send it to the provider for identified action steps so that all standards are in full compliance (**see corrective action plans**). Subsequent site reviews will be completed at least annually unless concerns have been identified.

*Refer to Attachment 12- Site Reviews (C02-S03-T01)

Medicaid Event Verification

The Medicaid Event Verification (MEV) process involves a sample of claims being reviewed against primary source verification to ensure all documentation is present for the services billed. Minimally, all documentation must contain first and last name of consumer, a second identifier (typically a case

number or birth date), date of service, start and stop time of service, description of the service provided, a signature of the person completing the document, and the date the person signed the document. MEV can occur in a variety of different ways. A portion of the site review process will include MEV. There may be other times throughout the year that BABHA will complete MEV as part of a desk review. Additionally, during the year, Michigan Department of Health and Human Services and Mid State Health Network conduct reviews of BABHA which may require additional requests for documentation of services provided by your organization and/or credentialing information for your employees. If BABHA is unable to locate the appropriate documentation in the electronic health record, BABHA will make a request to the provider.

Corrective Action Plans

When the site review is completed, BABHA will send a final report to the provider that will include a document called a Corrective Action Plan (CAP). This document will identify any standard that was not in full compliance during the site review and information about what the BABHA reviewing team found as evidence for the citation. The CAP will be sent in a format that will allow the provider to respond with action for how these items will be corrected going forward.

*Refer to Attachment 12- Site Reviews (C02-S03-T01)

Attachment 1 – MDHHS Credentialing Documents

Attachment 2 - BABHA's Behavior Treatment Plans (C04-S26-T01)

Attachment 3 - Behavior Treatment Plan Review Committee (C04-S26-T02)

Attachment 4 - Emergency Physical Intervention (C04-S26-T05)

Attachment 5 - Incident Report

Attachment 6 – Behavior Technician ABA Training Grid

Attachment 7 - BABHA Training Registration Form

Attachment 8 – MDHHS allowable Interventions table

Attachment 9 - Autism Program Monthly Summary Report document

Attachment 10 - Reporting and Investigation of Adverse Events (C02-S03-T06)

Attachment 11 - BABHA Policy- Uses-Disclosures of PHI (C13-S01-T14)

Attachment 12 - Site Reviews (C02-S03-T01)