

*Fiscal Year 2015 Interim Guidance*  
*Regarding Applied Behavior Analysis Services in the*  
*Mental Health Designated Agencies*

*Integrated Family Services*

329 Hurricane Lane  
Williston, VT 05495



## 1. Additional Appropriation

The Agency of Human Services has been appropriated additional funding in State Fiscal Year 2015 for the provision of Applied Behavior Analysis (ABA) for children with autism spectrum disorders (ASD). It is the legislature's intent that the additional funding be used to increase access to ABA services outside of the school setting for children with autism spectrum disorders who are Vermont Medicaid beneficiaries.

The appropriation will be allocated to designated agencies using the same methodology and data as for the non-categorical funding. The funding will be allocated through the agency's master grant agreement.

Agencies will be required to submit a mid-year and year-end service data report to AHS to demonstrate to the Vermont legislature that the additional funding has increased access to ABA and to identify gaps in services.

## 2. Definition of ABA Services

- A. Act 158 (8 V.S.A. § 4088i.) requires private and Medicaid insurance plans to cover evidence-based diagnosis and treatment of autism spectrum disorders, including applied behavioral analysis supervised by nationally board-certified behavior analysts, for children birth until the child reaches age 21.

As defined in Act 158, "applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior. The term includes direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA includes a wide variety of evidence-based strategies to impact behavior.

The act further indicates that "behavioral health treatment" means evidence-based counseling and treatment programs, including applied behavior analysis, that are necessary to develop skills and abilities for the maximum reduction of physical or mental disability and for restoration of an individual to his or her best functional level, or to ensure that an individual under the age of 21 achieves proper growth and development.

There are a variety of strategies based upon the principles of ABA that research has shown to be effective with children.

## 3. Eligibility for Services

- A. Must be under the age of 21;
- B. Must have a diagnosis of ASD, and treatment recommendation for ABA, from:
- A board certified or board eligible psychiatrist, or
  - Doctorate level licensed psychologist, or
  - Board certified or board eligible neurologist or developmental-behavioral or neurodevelopmental disabilities pediatrician.

## 4. Providers of ABA Services

- A. ABA Consultant must meet the following requirements:
- i. Board Certified Behavior Analyst (BCBA); and
    - Experience working with children with ASD, and designing and overseeing behavior analysis services for children with ASD.-or-
  - ii. Licensed doctorate-level psychologist, practicing within their scope; and
    - Significant experience in designing, implementing and overseeing behavior analysis services for children with ASD.-or-

- iii. Master's degree or actively enrolled in Master's degree program in behavior analysis, or related field including: education, psychology, special education, counseling or social work; and
  - Experience designing, implementing and overseeing behavior analysis services for individuals with mental or developmental disabilities; and
  - Actively pursuing certification as a BCBA; and
  - Supervision by a BCBA, with the credentials as noted above.
    - a. Two-hour minimum weekly supervision/training with supervising BCBA.
    - b. Supervising BCBA must assist in the initial assessments, provide guidance on the development of the ABA treatment plan, approve ABA treatment plan, and provide ongoing supervision over implementation and modification of the written treatment plan.

\*Note: Preference is to have a BCBA or licensed psychologist as the ABA Consultant.

- B. 1-on-1 Behavior Interventionists (BI) must meet the following requirements:
  - i. Be supervised by ABA consultant
  - ii. Bachelor degree or actively pursuing a Bachelor Degree, preferably in a human services field. Relevant experience may be exchanged for a degree.
  - iii. Have documentation of receiving the required trainings listed below prior to providing services:
    - At least 15 hours of training in the implementation of applied behavior analysis to include a minimum of three hours of ASD specific training
    - Current first aid certification (must be renewed at least every three years)
    - Universal precautions
    - Current CPR certification (must be renewed annually)
    - Confidentiality, abuse and neglect reporting
    - Approved background check

## 5. ABA Services Provided

- A. ABA services should include the following:
  1. Assessment
  2. ABA Treatment Plan Development
  3. Direct Treatment
  4. Supervision (direct and indirect)
  5. Training: BIs, Family and Community Caregivers, and Service Providers
  6. Consultation to Ensure Continuity of Care
  7. Discharge Planning
- B. Services provided by the ABA Consultant include:
  - i. Assessments:
    - An assessment of presenting issues.
    - Adaptive assessments and integration of existing information to establish current functioning across domains including language/communication, motor, cognitive, social/emotional and adaptive behavior. Completion of a functional behavior assessment.
  - ii. ABA Treatment Plan Development:
    - Must include specific and measurable treatment goals.
  - iii. Training:
    - BI training on how to implement the ABA treatment plan.
    - Coaching family, caregivers and/or service providers concerning strategies and techniques to assist the participant in skill acquisition and reducing interfering behaviors.

- Training of parents other community caregivers on the basics of ABA and the foundations of the treatment plan so caregivers become competent in implementing the treatment plan across home and community environments.
- iv. Supervision:
- One hour of supervision for every 15 hours of direct service provided by the BI(s) working with the child, not to exceed two hours of supervision per week.
  - Coordination of care and case consultation with the family, school and other providers, as necessary.
  - Planning meetings should be conducted prior to any change in the child's treatment plan. A planning meeting should be conducted at least quarterly and any time there is a significant change in the treatment plan.
- v. Monitoring and Evaluation:
- Assuring the plan is implemented as written
  - Attending team meetings to review and discuss progress
  - Monitoring the effectiveness of the plan
  - Reviewing and summarizing recorded data
  - Modifying the treatment plan as needed
  - Updating assessments at least every six months
- C. Services Provided by one-on-one Behavior Interventionist include:
- i. Implement interventions outlined in the ABA treatment plan
  - ii. Record data and report concerns and progress to the ABA consultant
  - iii. Attend family and team meetings to review and discuss progress

## 6. Parameters of Service Provision

- A. Treatment plans should consider:
- Evidence of family and child involvement in the development of the plan;
  - Service setting and hours of treatment;
  - Measurable objectives based on clinical observation and assessment of outcome measures;
  - Behavior or deficit to increase or decrease;
  - Methods to be used;
  - Goals of the family and other caregivers;
  - Target date for introduction of goal and attainment date of goal;
  - Care coordination which includes the child's family and other community support caregivers, school, mental health providers, medical providers, and any applicable parties; and
  - Interventions emphasizing generalization of skills and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors.
- B. Hours of Treatment:
- i. ABA Consultant
    - Following assessment and development of a treatment plan, ABA consultant may provide up to two hours per week of direct treatment.
  - ii. One-on-one Behavior Interventionist
    - Up to 15 hours per week for children aged 18 months to three years old.
    - Up to 30 hours per week for children aged three through six years old, not in school.
    - Up to 15 hours per week for children in school full-time.\*

\*School-age children over the age of seven may increase up to 30 hours/week during school vacations.
- C. Prior Approval:

- i. A licensed psychiatrist shall review and sign off on all treatment plans created by the ABA consultant.

## **7. Continued Care Criteria**

### **A. Treatment Plan Review**

- i. ABA treatment plans should be reviewed and signed off by the ABA consultant quarterly and any time there is a significant change in the treatment plan.
- ii. A licensed psychiatrist shall review and sign off on all ABA treatment plans every six months.

## **8. Discontinuation of Treatment**

### **A. Services should be reviewed and evaluated, and discharge planning begun when:**

- The child has achieved treatment goals; or
- The child no longer meets the diagnostic criteria for ASD (as measured by appropriate standardized protocols); or
- The child does not demonstrate progress towards goals following modifications to the treatment plan over successive authorization periods.

- ### **B. Transition and discharge planning should include a written plan with specific details for monitoring and follow-up. Family, community caregivers, and other involved professionals should be consulted in the planning process 3-6 months prior to a transition to other services or discharge from ABA services. Families should be reminded of their appeal rights during discharge planning.**

## **9. Billing**

- C. All ABA services must be billed to cost center 94 using appropriate program codes.
- D. The ABA funding allocation for SFY2015 is restricted to the provision of additional ABA service and not to be used to supplant existing funds.
- E. These funds will be part of the annual DMH Medicaid reconciliation and any unused funds will be returned to the agency.

## **10. SFY 2015 ABA Reporting Requirements**

Designated agencies are required to report data upon request from AHS.

Required reporting includes:

- A. Aggregate Service Data Report - attached
  - i. For SFY 2015, submit on 1/15/2015 and 7/15/2015.
- B. Autism Treatment Evaluation Checklist (ATEC) - [http://www.autism.com/ind\\_atec](http://www.autism.com/ind_atec)
  - i. For each child receiving ABA services, providers must complete the ATEC upon intake and every six months thereafter in order to measure the clinical and functional outcomes of ABA services.
  - ii. For SFY 2015, submit ATEC data on 1/15/2015 and 7/15/2015.
- C. Family Satisfaction Survey - attached
  - i. The State will direct mail family satisfaction surveys to be completed for each child receiving ABA services through a DA.

All SFY 2015 data should be submitted to:

DVHA Clinical Autism Specialist  
312 Hurricane Lane  
Williston, VT 05495

**TEMPLATE**  
**SFY2015 Aggregate Service Data Report**

<b>Provision of ABA Services (Excludes Success Beyond Six)</b>				
Number of children receiving ABA services (excludes Success Beyond Six)				
18 months - 3 years	3 - 6 years	7 - 12 years	12 years and over	Total #
Number of children discharged from ABA services				
Total amount spent on ABA services (excludes Success Beyond Six)			\$	
-Total \$ spent on BCBA hours			\$	
-Total \$ spent on Behavior Interventionist (1-on-1) hours			\$	
-Other (describe):				

<b>ABA Work Force</b>						
Provider Type	Certified/Trained <i>(Excludes Success Beyond Six)</i>		Working Towards Certification/In Training <i>(Excludes Success Beyond Six)</i>		Success Beyond Six Only	
	# of Staff	FTE	# of Staff	FTE	# of Staff	FTE
Board Certified Behavior Analysts (BCBA)						
Board Certified Assistant Behavior Analysts (BCaBA)						
ABA-Trained Behavior Interventionist						

## HOME AND COMMUNITY AUTISM SERVICES FAMILY SATISFACTION SURVEY

Please fill out the survey, and return it by mail in the envelope provided by January 15, 2015

If you have any questions or comments about this survey, please call Danielle Bragg at 802-879-5900

**Which agency is providing Autism services to your family (check one box):**

- |  |   |
|--|---|
| <input type="checkbox"/> HowardCenter  | <input type="checkbox"/> Clara Martin Center                          |
| <input type="checkbox"/> Washington Co. Mental Health Services                         | <input type="checkbox"/> Northeast Kingdom Human Services             |
| <input type="checkbox"/> Lamoille Co. Mental Health Services                           | <input type="checkbox"/> United Counseling Services                   |
| <input type="checkbox"/> Rutland Mental Health Services                                | <input type="checkbox"/> Counseling Services of Addison County        |
| <input type="checkbox"/> Northeastern Family Institute                                 | <input type="checkbox"/> Northwestern Counseling and Support Services |
| <input type="checkbox"/> Health Care & Rehabilitation Services of Southeastern Vermont |   |

**How long has your family been receiving Autism services from this agency?** \_\_\_\_\_

*Please fill in the blank*

**Select the best answer for the following questions:**

**1. The staff delivering autism services talks to me about my child's progress:**

- Daily     Weekly     Monthly     More often than Monthly     Not at all

**2. The staff delivering services talks to me about my child's goals:**

- Daily     Weekly     Monthly     More often than Monthly     Not at all

**3. I helped choose my child's treatment goals:**

- Yes     No     I Don't Know

**4. The staff delivering services to my child keeps scheduled appointments:**

- Never     Less than half of the time     More than half of the time     Always

**5. My child gets the hours of services each week that are listed in the treatment plan:**

- Never     Less than half of the time     More than half of the time     Always

**6. My child's service providers return my calls within 24 hours (do not count weekends or holidays):**

- Never     Less than half of the time     More than half of the time     Always

**7. How much time went by between when you applied for services and when the services started?**

- 1-3 Weeks     1-3 months     4-6 months     7-12 months     More than 1 year

Think about how things were BEFORE your family started receiving Autism services.

Circle the best answer using the scale below:

Strongly Disagree 1      Disagree 2      Undecided 3      Agree 4      Strongly Agree 5

8. I could work outside the home if I wanted to:

1                      2                      3                      4                      5

9. I could manage my child's behavior at home:

1                      2                      3                      4                      5

10. My child was able to tell me about his/her basic needs (food, sleep) and wants (toys, TV shows):

1                      2                      3                      4                      5

11. My child was able to go with me into the community (to activities, to the store):

1                      2                      3                      4                      5

12. We were able to do things as a family:

1                      2                      3                      4                      5

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Think about how things are NOW that your family has been receiving Autism support services.

Circle the best answer using the scale below:

Strongly Disagree 1      Disagree 2      Undecided 3      Agree 4      Strongly Agree 5

13. I can work outside the home if I choose to:

1                      2                      3                      4                      5

14. I can manage my child's behavior at home:

1                      2                      3                      4                      5

15. My child is able to tell me about his/her basic needs (food, sleep) and wants (toys, TV shows to watch):

1                      2                      3                      4                      5

16. I can take my child with me into the community (to activities, to the store):

1                      2                      3                      4                      5

17. We are able to do more things as a family:

1                      2                      3                      4                      5

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18. Did someone help you complete this survey?

Yes (if yes, please answer question 19)       No

19. How did someone help you with the survey?

Read the questions       Wrote the answers I gave       Answered the questions for me  
 Translated the questions into my language       Helped in some other way

