

Intensive Behavioral Health Services (IBHS) – Applied Behavior Analysis (ABA)

Description of Applied Behavior Analysis Services

Applied Behavior Analysis (ABA) includes the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA services are used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions in order for a child, youth or young adult to master each step necessary to achieve targeted behaviors.

Description of BA, BC-ABA, Asst. BC-ABA, and BHT-ABA

Intensive Behavioral Health Services (IBHS) can be delivered through ABA services, which can be administered via Behavior Analytic (BA), Behavior Consultation–ABA (BC-ABA), Assistant Behavior Consultation–ABA (Asst. BC-ABA) or Behavioral Health Technician–ABA (BHT-ABA) services. BA and BC-ABA services consist of clinical direction of services to a child, youth or young adult; development and revision of the individual treatment plan (ITP); oversight of the implementation of the ITP and consultation/caregiver training with a child's, youth's or young adult's treatment team regarding the ITP. BA services also include functional analysis. Asst. BC-ABA services consist of assisting the individual who provides BA or BC-ABA services and providing face-to-face behavioral interventions. BHT-ABA services consist of implementing the ITP.

Description of ABA – Early Childhood (ABA-EC)

ABA-EC programs are designed for children who have not yet entered Kindergarten (typically ages 3-5) who require a level of intensive intervention that cannot be implemented in a less restrictive setting (e.g., daycare, preschool). This determination of need is assessed and prescribed during an evaluation by a licensed individual who meets IBHS regulatory requirements. Each child's individual needs and goals will then be more thoroughly assessed during the first 30 days of enrollment, in alignment with the IBHS Assessment process as required by IBHS-ABA regulations. The IBHS Assessment shall minimally include a cross-setting Functional Behavior Assessment and Skills Assessment, as well as the domains required in regulation.

Children must have demonstrated inability to have been successful in less restrictive settings and with less intensive levels of behavioral health treatment. Children must have a primary behavioral health disorder diagnosis with severity for either social communication or restricted, repetitive behaviors and interests (or likely both). Children with or without co-occurring Intellectual/Developmental Disorder or medical conditions may also be admitted, although they

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must be assessed as reasonably likely to benefit from interventions delivered in groups and to reasonably be able to generalize skills to natural environments.

Description of ABA – One-to-One in a Clinic Setting (ABA 1:1)

ABA interventions have been demonstrated to be effective when delivered across an array of settings, including “community-like” settings. The IBHS regulations allow for ABA services to be delivered via ABA individual services or ABA group services in these types of settings. CBH is committed to upholding ethical practice of service delivery of least restrictive services in least restrictive environments, balanced against what is medically necessary and likely to be effective for each individual child.

The following clinical factors should be considered when recommending ABA 1:1 in a clinic or center-based setting:

- ➔ Child demonstrates severe or dangerous behaviors that routinely place the child and others at risk in a less restrictive environment (e.g., aggression, elopement, self-injurious behavior, or pica)
 - » This does NOT include attempts, age-appropriate tantrums, wandering, or supervision needs typical for a child of a particular age, mouthing objects, or any other behaviors that do not risk harm to the child or others.
- ➔ Child demonstrates severe skill deficits relative to their age as evidenced by scores on a structured, norm-referenced tool (e.g., Vineland, ABAS standard scores 70 or below), and for which there is published literature to support the effectiveness of ABA interventions
- ➔ Child is not yet school-age and not enrolled in an appropriate community-based daycare, early intervention center, or preschool where ABA services could be delivered
- ➔ Child’s parents/caregivers are unavailable or unable to implement ABA interventions in the home environment or other natural settings where skills transfer, generalization, and maintenance would be supported
- ➔ (1) A clinic or center is the only setting identified in which ABA services can be safely and effectively delivered, (2) a parent/guardian is agreeable to parent coaching sessions to facilitate skills transfer, generalization, and maintenance to natural supports and natural environments, AND (3) child requires 1:1 intervention to acquire skills and maintain the safety of themselves and others

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Medical Necessity Guidelines for Initiation of ABA Services

ABA services require that the child receive a qualified, comprehensive assessment by a clinician with neurodevelopmental disorder diagnoses within their scope of practice. The child must also have a neurodevelopmental disorder that is considered severe and requires “very substantial support.”

This evaluation must indicate the significant impact of the developmental effects of a neurodevelopmental disorder diagnosis necessitating ABA treatment to address both behavior reduction goals and measured skill deficits.

A written order that complies with [55 Pa. Code § 1155.33\(a\)\(1\)](#) is required for any ABA services to be initiated. A treatment plan is also required if services are to begin before an assessment and ITP is completed. The content of this clinical documentation must align with the service descriptions above.

When evaluating whether the order contains clinical information to support the need for an assessment and ITP to be completed or the medical necessity of the ABA services ordered, the following must be taken into account:

1. ABA services are reasonably expected to reduce or ameliorate the child/youth/young adult’s identified therapeutic needs and increase their coping strategies,

OR

The use of ABA services is necessary to support skill development and promote positive behaviors that will assist the child/youth/young adult in achieving or maintaining maximum functional capacity.

2. The child/youth/young adult’s behaviors do not pose a risk to their safety or others that cannot be managed while in the community, and the child/youth/young adult does not require a more restrictive LOC, such as inpatient treatment or a psychiatric residential treatment facility.
3. The number of service hours prescribed are necessary for an assessment to be conducted and an ITP completed or are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child/youth/young adult’s behavioral health disorder diagnosis; enable them to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within their home, school or community.

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Continued Care Requirements for ABA Services

The following documentation is required for ABA services to continue:

1. A written order that complies with [55 Pa. Code § 1155.33\(a\)\(6\)](#)
2. An updated assessment that complies with [55 Pa. Code § 5240.85\(b\)-\(d\)](#)
3. An updated ITP that complies with [55 Pa. Code § 5240.86\(b\)-\(e\) and \(g\)](#)

Medical Necessity Guidelines for Continuation of ABA

An evaluation of the medical necessity of continued ABA services must take into account whether the required documentation indicates the following:

1. The child/youth/young adult shows measured improvement and/or demonstrates alternative/replacement behaviors,

OR

there is a reasonable expectation that continuation of ABA services will reduce or ameliorate the child/youth/young adult's identified therapeutic needs and increase their coping strategies,

OR

there is a reasonable expectation that continuing ABA services is necessary to support skill development to promote positive behaviors that will assist the child/youth/young adult to achieve or maintain maximum functional capacity.
2. The child/youth/young adult's behaviors do not pose a risk to themselves or others that cannot be managed while in the community, and they do not require a more restrictive LOC, such as inpatient treatment or a psychiatric residential treatment facility.
3. ABA services are needed to maintain the child/youth/young adult's maximum functional capacity, and the benefit of continuing them is not outweighed by the risk that they will impede their progress toward achieving their highest functional level.
4. The number of hours of services prescribed are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child/youth/young adult's behavioral health disorder diagnosis; enable them to achieve or maintain maximum

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functional capacity; or acquire the skills needed to maximize functioning within their home, school, or community.

Discharge from ABA Services

A provider may discharge a child/youth/young adult who is receiving ABA for any of the following reasons:

- 1.** The prescriber, with the participation of the treatment team, has determined that the child/youth/young adult has completed the goals and objectives identified in the ITP, no new goals or objectives have been identified, and that the ABA or group services are no longer necessary.
- 2.** The prescriber, with the participation of the treatment team, has determined that the child/youth/young adult is not progressing towards the goals identified in the ITP within 180 days of initiation of ABA services, and other clinical services are being provided.
- 3.** The prescriber, with the participation of the treatment team, has determined that the child/youth/young adult requires a more restrictive setting, and other clinical services are being provided.
- 4.** The parent or legal guardian of a child/youth who provided consent for them to receive ABA services agrees that services should be discontinued.
- 5.** The youth/young adult agrees that ABA services should be discontinued.
- 6.** The child/youth/young adult failed to attend ABA services for 45 consecutive days without any notification from themselves or their parent, legal guardian, or caregiver. Before discharge, the IBHS agency made at least three attempts to contact them or their parent, legal guardian, or caregiver to discuss past attendance, ways to facilitate attendance in the future, and their potential discharge for lack of attendance.