

Applied Behavioral Analysis (ABA) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial¹
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- ☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☐ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, providers of this service and all contracted services are required to adhere to the [General Behavioral Health Performance Specifications](#). In the event of conflict, the requirements outlined within these service-specific performance specifications take precedence over those in the General Performance Specifications. All Performance Specifications are located in the Provider Resource Center.

DEFINITION

Applied Behavior Analysis (ABA) services are defined according to the Behavior Analyst Certification Board as the following:

“ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.”

ABA is a service that includes behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners, including caregivers, to address specific objectives or performance goals in order to treat behaviors that interfere with the Member's successful functioning. ABA is delivered by one or more members of a credentialed team of qualified professionals consisting of a Licensed Applied Behavior Analyst (LABA) and a Behavior Technician.

Licensed Applied Behavior Analyst (LABA): team member is expected to complete a behavioral assessment (including observing the Member's behavior, antecedents of behaviors, and identification of motivators); develop a highly specific behavior treatment plan; supervise and coordinate interventions; and train other interveners, including caregivers, to address specific behavioral objectives or achieve specific performance goals. This role is designed to treat behaviors that interfere with the Member's successful functioning. The LABA develops specific behavioral objectives and interventions that are designed to develop adaptive skills and diminish, extinguish, or improve specific behaviors related to the Member's behavioral health condition(s) and which are incorporated into the behavior management treatment plan and the risk management/safety plan.

The Behavior Technician team member's role includes implementation of the treatment plan, monitoring the Member's behavior, reinforcing implementation of the treatment plan by the caregiver(s)/guardian(s), and reporting to the LABA on implementation of the treatment plan and progress or challenges towards behavioral objectives or performance goals.

1. Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.

2. Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

COMPONENTS OF SERVICE

1. Providers of ABA are outpatient hospitals, community health centers, community mental health centers, community behavioral health centers (CBHC's), other clinics, and private agencies/individuals.
2. Members can receive services in emergency departments or on medical surgical floors as appropriate.
3. Services provided in a school setting are distinct and separate from those covered by the health plan and are typically covered by the educational system's special education resources as part of an Individual Education Plan (IEP) pursuant to Public Law 94-142.
4. ABA services must be delivered by a provider with demonstrated infrastructure to support and ensure:
 - a) Quality management and assurance;
 - b) Utilization management;
 - c) Electronic data collection/ IT;
 - d) Clinical or psychiatric expertise; and
 - e) Cultural and linguistic competence.
5. ABA services provided by the LABA and Behavior Technician include, but are not limited to, the following:
 - 1. Licensed Applied Behavior Analyst (LABA):**
 - i. Completes a written functional behavior assessment;
 - Functional Behavior Assessment: a descriptive and systematic behavioral assessment, including functional analyses, and behavior analytic interpretations of the results. In certain instances, in which a severe behavior is present, this may also involve a functional analysis for safe testing in a controlled environment.
 - ii. Documents observations of the Member in the home and community;
 - iii. Designs and supervises behavior analytic interventions;
 - iv. Conducts structured interviews with the Member, family, and any identified collaterals about the Member's behavior(s);
 - v. Develops a focused treatment plan that identifies specific and measurable objectives or performance goals and interventions (e.g., skills training, reinforcement systems, removal of triggering stimuli, graduated exposure to triggering stimuli, etc.) that are designed to diminish, extinguish, or improve specific behaviors related to a Member's mental health condition(s);
 - vi. Develops specific objectives and interventions that are incorporated into the Member's new or existing risk management/safety plan;
 - vii. Engages caregiver(s)/guardian(s) in caregiver training, unless contraindicated or the caregiver/guardian declines.
 - viii. Works closely with the Behavior Technician to ensure the treatment plans and risk management/safety plans are implemented as developed and to make any necessary adjustments to the plan; and
 - ix. Supervises the work of those implementing behavior analytic interventions.
 - 2. Behavior Technician:**
 - i. Monitors the Member's progress on implementation of the goals of the treatment plan developed by the LABA;
 - ii. Provides coaching, support, and guidance to the caregiver/guardian in implementing the treatment plan;
 - iii. Collects data and conducts certain types of assessments (e.g., stimulus preference assessments);
 - iv. Works closely with the LABA to ensure the treatment plan and risk management/safety plan are implemented as developed and reports to the LABA if the Member is not achieving the goals and objectives set forth in the treatment plan, so that necessary modification can be made by the LABA;
 - v. Assists the Member in implementing the goals of the treatment plan developed by the LABA; and
 - vi. Directly implements skill-acquisition and behavior-reduction plans developed by the LABA.
6. LABA Supervision must be delivered to the Behavior Technician-level staff during direct service with Member and caregiver/guardian present with a minimum of one hour of case supervision for every 10 hours of direct service.
7. The ABA provider must provide services in a clinically appropriate manner and be focused on the Member's behavioral and functional outcomes.
8. The ABA provider develops and maintains policies and procedures relating to all components of ABA services. The ABA provider will ensure that all new and existing staff will be trained on these policies and procedures.
9. The ABA provider delivers these services in the Member's home and community. In certain cases, clinic-based services may also be authorized if clinically appropriate. Rationale for chosen location of services must include consideration of the Member and caregivers' ability to engage in ABA services and must be documented.
10. The ABA provider may deliver services to the Member and their family 7 days a week, 365 days per year.
11. The ABA provider may deliver services and consultation via a HIPAA-compliant telehealth platform at the caregiver's request and if the service can be effectively delivered via telehealth as part of the intervention when

appropriate. Rationale for telehealth service delivery must be documented.

12. The ABA provider works collaboratively with schools, state agencies, physical health practitioners (i.e., PCPs and prescribing clinicians), any outpatient or home or community-based behavioral health services, Community Behavioral Health Centers (CBHCs) and other entities that may impact the Member's treatment plan including former treatment teams, subject to required consent.

STAFFING REQUIREMENTS

1. This service is to be provided by a staff team, including a Licensed Applied Behavioral Analyst and Behavior Technician unless clinically indicated otherwise.
2. The **minimum** staff qualifications for each are as follows:
 - a) **Licensed Applied Behavior Analyst:**
 - i. Licensed as an applied behavior analyst
 - b) **Behavior Technician:**
 - ii. Works under the direct supervision of a Licensed Applied Behavior Analyst meeting the above criteria;
 - iii. Is 18 years of age or older; and
 - iv. Must have:
 - A high school diploma or a general education development (GED) and have 12 months experience working with persons with developmental disabilities, children, adolescents, transitional age youth, or families; or
 - An associate degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution and have six months experience working with persons with developmental disabilities, children, adolescents, transition age youth, or families; or
 - Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board and have three months experience working with persons with developmental disabilities, children, adolescents, transitional age youth, or families.
3. **Staff cannot have a pre-existing non-clinical relationship to the Member receiving services.**
4. The ABA provider ensures that LABA staff are trained in principles of ABA. The ABA provider also ensures that all ABA staff complete training, upon employment and annually thereafter, inclusive of the following topics:
 - a) Overview of the clinical and psychological needs of the target population;
 - b) Systems of care principles and philosophy
 - c) Ethnic, cultural, and linguistic considerations of the community;
 - d) Community resources and services;
 - e) Family-centered practice;
 - f) Behavior management coaching;
 - g) Social skills training;
 - h) Psychotropic medications and possible side effects;
 - i) Risk management/ safety plans;
 - j) Crisis management;
 - k) Introduction to child-serving systems and processes (DCF, DYS, DMH, DDS, DESE, etc.);
 - l) Basic IEP and special education information;
 - m) Managed care entities' performance specifications and medical necessity criteria;
 - n) Overview of child/adolescent development including substance use and sexuality;
 - o) Conflict resolution
5. The ABA provider ensures that LABA staff provide adequate supervision to all Behavior Technicians staff and/or interns.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. The ABA provider works collaboratively with the family and any existing providers (i.e., behavioral health, physical health, local education authority) to implement the Member's goals and objectives. To promote safety planning and/or in the event of an emergency, the ABA provider engages the CBHC/MCI team and supports the MCI team to implement efficacious intervention.
2. The ABA provider participates in all service and care planning and coordination with agencies on behalf of, and in collaboration with, the Member's family. If the Member is admitted to an out-of-home, 24-hour level of care, the ABA provider is responsible for collaborating and supporting with bridging successful interventions and assisting with placement discharge planning.
3. The ABA provider must coordinate the treatment plan with the Member's Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) as appropriate.

QUALITY MANAGEMENT (QM)

1. The ABA provider attends meetings as required and participates in quality management activities that include fidelity monitoring.

2. The ABA provider will develop and maintain a quality management plan that is consistent and that utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
3. The ABA provider will engage in a continuous quality improvement process, and will include specific outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including caregivers and Members' families.
4. The ABA provider will provide clinical outcomes data upon request, which must be consistent with performance standards of this service.

PROCESS SPECIFICATIONS

ASSESSMENT, TREATMENT PLANNING, AND DOCUMENTATION

1. Fourteen calendar days from referral is the Medicaid standard for the timely provision for services established in accordance with 42 CFR 441.56(e). The 14-day standard begins from the time at which the family has been contacted following referral regarding treatment, or if at point of initial authorization if authorization is required.
2. The ABA provider will make best efforts to initiate services as soon as possible based on the clinical needs of the Member.
3. The ABA Provider must maintain a waitlist if unable to initiate services within 14 days of receipt of authorization, or if authorization is not required, within 14 days of initial contact with the family.
 - a. If a Member is placed on a waitlist, ABA providers will offer caregivers contact information for alternative providers in the region who are accepting new clients; and
 - b. ABA providers will refer the Member to their local Community Behavioral Health Center (CBHC), Behavioral Health Help Line (BHHL) and/or Managed Care Entity to request assistance in accessing care.
4. Following initial assessment authorization, the ABA provider will ensure there is no delay in start of services.
5. Once an initial authorization is approved, the ABA provider will, within 2 business days, offer a face-to-face interview with the Member's family.
6. The LABA completes a written formal comprehensive assessment, inclusive of a functional behavior assessment, which supports the need for ABA. The assessment is completed within the first 6-week assessment period and updated every 6 months or if the Member's presentation changes. The assessment must include a comprehensive history of the Member with input from caregiver/family, direct observations and evaluations of the Member, and collateral information from the Member's school (if in school), PCP, and other members of the Member's treatment team, that includes:
 - a. complete medical history to include pre- and perinatal, medical, developmental, family, and social elements;
 - b. record of physical examination obtained from licensed physician or advanced practice provider
 - c. confirmation of medical screening(s) and test(s) to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated;
 - d. detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of Autism Spectrum Disorder and the rationale for ABA treatment;
 - e. detailed description of the Member's behavioral targets for ABA (behaviors must be interfering with daily functioning or developmental progression), including a comprehensive treatment plan for each behavioral target that includes:
 - i. Specific ABA methods to be employed
 - ii. Outcome measures to be tracked, including Member and caregiver's-reported outcome measures, and goals for each measure during a 6-month intervention period
 - iii. Intensity and nature of services being proposed during the 6-month intervention period, including rationale, and broken down by:
 - Behavior Technicians vs. LABA hours
 - Individual therapy vs. family/caregiver training
 - Home vs. center-based
 - iv. Plan for supporting the caregiver/family, including how to help translate gains made in Member's individual therapy to the family system; and
 - v. Plan for coordinating ABA treatment plan with school (if the Member is in school), PCP, and other treaters.
 - Coordination with PCP must include a review of the member's medical history to understand behavioral response to medical needs and;
 - Staff must interview caregiver about member's response to any acute medical/ dental needs
7. When requesting services, the ABA provider must coordinate the treatment plan with the Member's Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) as appropriate.
8. Every 6 months, in order to show continued need for ABA services, the ABA team must complete a treatment progress evaluation, which includes:

- a. A review of progress on the treatment plan goals for each of the behavioral targets during the previous 6 months; and
 - b. A comprehensive treatment plan for the next 6 months, including all elements described above, and the following elements for each behavioral target failing to meet measurable (i.e., decrease or increase in frequency, intensity, or duration of problematic or positive skill building behaviors, respectively) and meaningful (i.e., durable and generalized) progress during the previous 6 months:
 - i. Changes to treatment plan, including change in proportion of LABA-provided hours and/or family-targeted interventions; and
 - ii. Rationale for ongoing ABA treatment, including alternative treatment options considered.
9. The treatment plan is individualized and includes objectives that are specific, measurable, and tailored to the Member. Interventions emphasize the elimination of risk-related behaviors and generalization of skill. Interventions should focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors and include a focus that:
 - a. Targets specific behaviors to increase or decrease (including frequency, rate, symptom intensity, duration);
 - b. Incorporates objective baseline and quantifiable progress measures; and
 - c. Describes detailed behavioral interventions, reinforcers, and strategies for generalization of skills beyond the ABA sessions.
10. Specific and measurable caregiver goals for training and support are included in the treatment plan with documented plans that skills transfer to the caregiver will occur. If caregivers/guardians decline or are unable to participate in caregiver training, a generalization plan must be created to address Member's skill generalization across environments and people.
 - a. Treatment plan must include at least two specific and measurable caregiver/guardian treatment goals, and must provide instruction for the caregiver/guardian on how to implement strategies identified in the behavior management plan; Caregiver training hours must increase if the Member's goals address activities of daily living, as a LABA provider plans for transition to lower level of care within the next 6 months or, as the Member approaches one year of termination of benefits based on benefit coverage.
 - b. Group caregiver training must align with a prescribed curriculum and corresponding goals.
 - c. Treatment notes must indicate progress across identified goals within caregiver training and group caregiver training settings.
11. The treatment plan must address some of the following domains as appropriate for the Member: cognitive functioning, safety skills, social skills, play and leisure skills, community integration, vocational skills, coping and tolerance skills, adaptive and self-help skills, language, and communication, attending and social referencing, and reduction of interfering or inappropriate behaviors.
12. For social skills group, service may be delivered by a **Behavior Technician**. The LABA will develop a structured social skills program which addresses individual needs, documents the curriculum being used, and maintains treatment notes that indicate progress for the Member in a group setting.
13. There is documented active coordination of care with schools, state agencies, physical health practitioners (i.e., PCP and prescribing clinicians), any outpatient or home or community based behavioral health services, CBHCs and other entities that may impact the Member's treatment plan, subject to required consent. If coordination is not successful, the reasons are documented, and efforts to coordinate care continue.
14. The LABA provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respect for the family's individuality and choice.
15. The LABA and Behavior Technician document each contact in a progress report or notes in the LABA provider's file for the Member.
16. The LABA provides the agency's after-hours emergency contact information and procedures to the caregiver/guardian. At a minimum, after-hours access includes support with the Member's treatment plan or linkage to Mobile Crisis Intervention. A voicemail directing families to 911 or the emergency department is not sufficient for this requirement.

Discharge Planning and Documentation

1. There is documented active discharge planning from the beginning of treatment.
2. A discharge planning meeting is scheduled whenever the LABA provider and family determine that the Member has met their goals and no longer needs the service; the family no longer wants the service; or the Member no longer meets the medical necessity criteria for LABA therapy.
3. The reasons for discharge and all behavior management treatment and discharge plans are clearly documented in the record.
4. The LABA develops an up-to-date copy of the treatment plan, which is given to the caregiver/guardian on the last date of service and to all current providers within seven days of the last date of service.
5. If an unplanned termination of services occurs, the LABA provider makes every effort to contact the caregiver/guardian to obtain their participation in LABA and to provide assistance for appropriate follow-up plans

(i.e., schedule another appointment, facilitate a clinically appropriate service termination, or provide appropriate referrals). Such activity is documented in the record.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- July 2020: Template Updates
- January 2025: Template Updates