



## Community Behavioral Health

### Applied Behavior Analysis (ABA) Performance Standards

#### Questions and Answers

1. **If a child on the spectrum exhibits no dangerous, aggressive, or unsafe behaviors as determined by the reviewing psychologist, but the need for skill development is identified, will he or she be excluded from authorization for ABA (Applied Behavior Analysis) services?**

No he or she will not be excluded from authorization from ABA services. Please see the recent OMHSAS bulletin which details information on Medical Necessity Criteria for ABA-  
[http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/c\\_232190.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_232190.pdf)

2. **Are the number of hours for ABA determined from the Comprehensive Biopsychosocial Evaluation (CBE) or by the ABA provider after the referral is made?**

The number of hours is determined by the CBE. ABA is a BHRS service and will require a prescription by a licensed psychologist or psychiatrist.

3. **Who is deemed an ABA provider? Is this anyone who can provide BSC ASD or is there/will there be a process to determine this?**

Not all BSC-ASD providers are ABA providers, although they all have the opportunity to become designated as such. ABA is a service that can be delivered by a BSC or BSC-ASD, but a provider must also be additionally designated by CBH as an ABA provider.

CBH will be implementing a designation process to identify providers who meet the ABA Performance Standards. There will be an annual re-designation process. All CBH departments (Clinical, Compliance, EPIC, Quality, NIAC) will be aware of providers who've been designated as ABA providers and what the requirements are.

4. **Would the FBA (Functional Behavioral Assessment) be a separate authorization or use the approved ABA BSC-ASD hours?**

The FBA will be pre-authorized, separately, as either just an FBA or a front-loaded FBA with additional BSC hours after FBA. Additional tools, such as the VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program) and/or ABLLS (Assessment of Basic Language and Learning Skills) would be authorized separately.

**5. Can only CBH make the referral for ABA after a child is authorized?**

No, the request would have to indicate ABA delivered by BSC or BSC-ASD.

**6. Based on the definitions will all kids with ASD who qualify for service get ABA services?**

No, the service is based on the prescription and individual child's needs. Children with ASD are eligible for traditional BHRS or ABA via BSC or BSC-ASD, though it is likely that ABA would be the most appropriate service for a child with ASD.

**7. What are the expectations for Registered Behavior Technician (RBT) training?**

CBH is not requiring that TSSs become RBTs at this time due to the BACB's requirement that each RBT is registered in association with a "Responsible (BCBA) Certificant" and, according to these Performance Standards, TSS workers may not be supervised directly by BCBA's. We are, however, requiring all TSS to complete an RBT training course within 6 months and then a competency based assessment within 12 months and then annually. Any RBT course that meets the BACB requirements will be sufficient. Please see the [bacb.org](http://bacb.org) for current standards for the course and competency assessment.

**8. While ABA is best practice and should be standard, the reality is that the number of staff who are actually qualified and actually practicing are not equal. What happens if a provider chooses not to embrace this model or has difficulty attempting to implement this model? Will that provider then not be eligible for reimbursement of services for BHRS services beyond a specified date?**

If a provider chooses not to become a recognized ABA provider they can continue to provide traditional BHRS. However they will not be able to provide services to children with prescriptions for ABA. Families seeking ABA services will be referred to the agencies providing that service.

**9. What efforts are being made to align CBH's ABA standards with those of the Commercial Insurance Carriers who also fund ABA so that there aren't two different sets of expectations from providers trying to obtain an authorization for service for the same child simultaneously?**

Our standards are aligned with the Behavior Analyst Certification Board (BACB- <http://bacb.com/>) while taking into consideration current resources. Therefore, at this point, it is not required that a BCBA perform services, though a BCBA is required for aspects of supervision.

**10. Is Data Collection (based on requirement for 'Summary data on goals shared with CBH') going to be a billable service and how much time will be allocated for this?**

Not billable, this is part of the expectation and is built into the rate. Each ABA provider should already be collecting data, as it is part of the ABA model.

**11. If the goal of these standards is uniformity - how will CBH and providers create transparency with how standards are being implemented?**

The goal is not uniformity but increasing quality of care and adherence to best practice treatment for this population with specialized treatment needs. There will be a uniform designation process with a requirement for providers to re-certify annually.