

FAQ to clarify issues regarding MassHealth ABA

1. Are there certain scores on the diagnostic or functional assessment that are required to meet Medical Necessity Criteria for ABA services|

No, there is no criteria for the scores on an assessment to meet admissions criteria. When reviewing a case our clinicians are looking to determine if the assessment tool used meets the criteria specified in the medical necessity criteria. The specific scores on the assessment are not a factor in determining if the member meets clinical criteria. Ultimately the definitive diagnosis of ASD by the diagnosing clinician is the most significant factor.

2. Is there a timeframe that the diagnosis has to occur from the request for services?

In general it is preferred that the diagnosis or confirmation of diagnosis has been completed within the past 3-5 years. However documents older are important and are often used to support the request for services. In the instance that the clinical documentation is older than 5 years, additional information may be requested to clarify the current clinical presentation of the member.

3. Is there a specific assessment required? What if the functional or diagnostic test administered is not listed on the Medical Necessity Criteria.

The medical necessity criteria lists a number of functional and diagnostic assessments that meet the criteria to support the diagnosis of autism. However, this list is not finite, and there are a large variety of assessments that can be used to fulfill the assessment requirement. However, the assessment used must match the minimum standard specified in the medical necessity criteria, *'Screening scales such as the MCHAT-R are not sufficient to make a diagnosis and will not be accepted as the only formal scale.'*

4. Who do I contact with questions regarding the status of a reports submitted?

When a report is submitted, a clinician will review the report within 14 business days. Please contact the managed care entity processing the request for updates on the status.

5. Is a Functional Analysis required?

A functional analysis is not required. The BCBA assigned to the assessment should determine if a functional analysis is required to determine the function of maladaptive behaviors. Often, functions can be hypothesized without the implementation of a functional analysis.

6. Do I need to assess the patient's current repertoire of skills?

Yes. In order to present a case for medical necessity, the BCBA should identify skill deficits

that need to be addressed through ABA services. Conducting a standardized developmental assessment may assist in the identification of core skill deficits.

7. What is an acceptable goal?

Goals should address the critical core skill deficits or problem behaviors that prevent the patient from improving his/her overall quality of life. Goals should be socially-significant. Goals should be age appropriate and achievable. Each goal should define the behavior/skill in a specific, observable, and measurable way to allow frequent evaluation of progress toward mastery criterion. Mastery criterion should be attainable and specific (e.g. magnitude, duration, percentage, cumulative or frequency requirements). For example:

(Patient name) will respond to greetings, as defined by making eye contact for 2 seconds and either waving a hand left/right 2x and/or stating "hi" in a clear and audible tone, in 80% of greetings for 2 consecutive weeks.

8. Can I include academic goals?

No.

9. Do I need a baseline for all goals?

Yes. A baseline (measurement of behavior/skill before intervention), should be provided for each goal; this includes behavior goals, skill acquisition goals, and parent training goals. Parent report is acceptable. The unit of measurement used in baseline measurements **must be consistent** with the unit of measurement identified in the mastery criterion of the goal.

10. Are parent training goals required?

Yes. The assessment must include an assessment of parent skills. Parent training goals must define the targeted ABA strategy in a specific, observable, and measurable way to allow frequent evaluation of progress toward mastery criterion. Mastery criterion should be attainable and specific (e.g. magnitude, duration, percentage, cumulative, fidelity or frequency requirements).

11. When is a behavior intervention plan required?

A behavior intervention plan is required for each behavior targeted for reduction.

12. What should a behavior intervention plan include?

A behavior intervention plan should identify the following:

- Operational definition of the behavior
- Hypothesized function of the behavior
- Functionally equivalent replacement behaviors
- Recommended antecedent strategies
- Recommended consequence strategies
- Recommended teaching strategies

13. Is a crisis plan required?

A crisis plan is only required if the patient displays maladaptive behaviors that are a risk for harm to self and others. A crisis plan should include a definition of a crisis situation, active steps to encourage, de-escalate, or defuse crisis situations, names and phone numbers of contacts that can assist in the prevention or de-escalation of behaviors. Please note specific instructions on what parents/guardians should do after hours (i.e. call 911 in case of an emergency situation.)

14. Is discharge criteria required?

Yes. Discharge criteria must include the requirements for discharge, discharge date, next level of care, and linkages with other services.

15. Do I need to indicate the location of services?

Yes (e.g. home and community). Additionally, if multiple locations are identified, the recommendation should include the number of hours to be allocated in each location.

16. How do I justify my recommendations?

The level of service should depend on the type of program developed for the patient (i.e. focused ABA treatment or comprehensive ABA treatment). Furthermore, the recommendations should be supported by the degree of skill deficits and maladaptive behaviors identified in the assessment.

17. Is parent training required?

Yes.

18. Can I recommend parent training without the patient present?

Yes. The assessing BCBA may determine that parent training without the patient present is an appropriate service. However, this type of parent training is designed to supplement parent training with the patient present. It is not designed to replace parent training with the patient present.

19. Is a parent signature required?

No.

20. Is a BCBA signature required?

Yes.