

## **Treatment Plan Guidelines for Providers of Intensive Behavior Therapy for Autism Spectrum Disorders**

All approval for treatment is based on documentation of medical necessity for specific treatment goals to address specific behavioral targets. The following is a guide to what is expected in individual treatment plans for members with Autism Spectrum Disorders.

Treatment plans should include:

1. Basic Biopsychosocial Information on the member and family, including but not limited to: family structure, medications, medical history, school placement, involvement, and functioning, past history of services, other services the child is receiving, any major life changes, etc.
2. Goals that relate to the core deficits of an Autism Spectrum Disorder and are derived from the functional assessment and/or skills-based assessments that occur prior to initiating treatment. Goals should not be academic in nature, unless child is under school-aged.
3. Measurable Objectives to address each skill deficit and behavioral excess goal. These should include:
  - baseline levels for the behavior or skill
  - target dates for when the goal will be mastered
  - a date of introduction
  - goals broken into short term and long term if needed
  - graphs if available
4. A Behavioral Intervention Plan is needed in cases where a behavior is being addressed. Please include the following information: a definition of the behavior, antecedents, consequences, prevention, baseline, and any de-escalation procedures. Individualized steps for the prevention and/or resolution of crisis, (i.e. identification of crisis antecedents and consequences)
5. Document linkage and coordination with other behavioral health and medical providers (i.e. psychologist, Individualized Education Plan/School Services, psychiatrist, speech therapist, etc.) who are concurrently providing services, with the member/parent/guardian's documented consent.
6. Transition plan: The goals of a transition plan may include the level of supports a child needs in order to be successful when moving from one intensity of care to another, the skills the child is currently being taught to facilitate the transition, and the level of communication between the supervising clinician and any other related allied professionals such as the child's teacher, speech therapist, occupational therapist, social worker, etc. Transition plans may include several components depending on the child's situation.

- a. A transition plan would be appropriate when a child is moving from a home-based program to mainstream education, when changing grade levels, aging out of services, or moving out of public education.
  - b. The transition plan should address how the child will move from the current level of service to lower levels of service through discharge. This should be directly related to how the child is meeting objectives.
7. Discharge Criteria must include requirements for discharge, next level of care, i.e. outpatient mental health services, medication management, mainstream school, etc, linkages with other services, how the parents can contact the provider for additional assistance, and community resources, if applicable. Discharge criteria should be measurable and directly related to the attainment and maintenance of the goals.
8. Crisis Plan: Should include the steps for prevention and de-escalation of crisis, it should address the following types of situations:
  - a. Emergency situation, such as a weather or medical emergency, including who and how appropriate supervisors or emergency personnel should be contacted.
  - b. Names and phone numbers of contacts that can assist member in resolving crisis, such as other treatment providers that may assist in the prevention or de-escalation of behaviors, even for those members who do not currently display aberrant behaviors.
9. Document Parent/Guardian involvement. This can include parent trainings, parent observation, parent goals, or additional parent resources. Please address how barriers to parent involvement are being addressed, i.e. parent's having the skill to assist with generalization of skills. Document if parent is addressing treatment goals when treatment professionals are not present and what the overall ability level is. Please document any trainings, materials, or meetings that occur with the parent on a routine basis.
10. Supervision must be delivered to paraprofessional or BCaBA level staff at the following level:
  - a. A minimum of 60 minutes supervision per month is expected for each BCaBA or paraprofessional. The maximum hours approved are based on the member's direct hours, i.e. 1 hr supervision for every 10 hrs direct service not to exceed 8 hrs per month. Supervision needs to occur with the child, paraprofessional, and supervisor present. This can occur in a group or individual format. The appropriate billing code for this is H0032, billed at 1 unit per hour. When providing supervision only H0032 can be billed.
11. Treatment Plan updates will be reviewed at a frequency required by state-specific or account-specific requirements. It is expected that providers are

continually monitoring a member's progress in all areas of functioning and that treatment is modified as the parents/guardians management skills improve, and the member's deficits are modified. **Treatment planning** is an expected part of member care. A minimum of one (1) hour treatment planning per month is required, up to one (1) hour for every 10 hours of direct service, not to exceed eight (8) hours per month. This is billed utilizing H0031 at 1 unit per hour.

12. The Treatment Plan update should include all areas from the initial plan, but should also reflect any major life changes and the member's progress in the goals, objectives, and targets identified on the Initial Treatment Plan. In addition, new goals, objectives, and/or target behaviors should be added as indicated. Include progress related towards transition or discharge plan. Graphs should be included to provide visual documentation of the member's progress.
  - a. Submission of the treatment plan is expected at least 10 days prior to but not more than 30 days before the next review date. Treatment plan updates that are not sent by the end of the approval may result in claims being denied due to lack of an active approval on file.
  
13. Documentation of the following information is required, and is essential when a member has made slow or no progress in the acquisition, maintenance and generalization of target skills.
  - a. Behavior support/maintenance plan noting changes based on ongoing assessments. Functional behavior assessments or skills based assessment should be completed as needed to work with member's behavioral/skill challenges.
  - b. Observe the member's behaviors to determine effectiveness of the behavior support/maintenance plan and, if not effective, note changes to the plan

\*Please follow appropriate documentation and supervisory protocols as required in your state guidelines.