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ASSOCIATION OF  
PROFESSIONAL BEHAVIOR ANALYSTS

# TIPS FOR MEETING GENERAL HEALTH INSURANCE FUNDER REQUIREMENTS FOR ASD ASSESSMENT AND TREATMENT PLANNING FOR ABA- BASED SERVICES

CREATED IN COLLABORATION WITH

RAW  
*Rebecca Ann Winick*  
Consulting Solutions

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**APBA BOARD OF DIRECTORS APPROVAL  
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# PURPOSE

## **Purpose of this document**

The purpose of this document is, in part, to serve as one exemplar of the core principles of benefitting others in the Behavior Analysts Certification Board® (BACB) Professional Code of Ethics for Behavior Analysts (the Code). That means that this document is intended to function as a supplemental resource for behavior analysts delivering applied behavior analysis (ABA) services funded by health benefits or insurance. One of the ways to benefit others in the profession of ABA is to disseminate basic information about assessment, treatment planning, and other aspects of delivering services.

## **Information in this document:**

The information in this document is presented in a format that is intended to be easy to read and understand but is by no means comprehensive or inclusive of all factors that impact assessment, treatment planning, and delivering ABA services. Ethics standards are noted throughout the document to help provide additional considerations. This document should be used as a supplemental and not primary resource for ongoing professional education.

## **Focus of this document:**

The primary focus of this document is to convey how, throughout assessment planning, treatment development, and service delivery, the client's needs, rights, and well-being should always be prioritized.

## MEDICAL **2** NECESSITY

### The National Association of Insurance Commissioner's definition of medical necessity:

"...provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease; and except for clinical trials that are described within the policy, not for experimental, investigational, or cosmetic purposes; necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease or its symptoms; within the generally accepted standards of medical care in the community; and/or not solely for the convenience of the insured, the insured's family or the provider."

(NAIC, 2023)

Simplistic definition

### Basic concept of medical necessity:

"Simply stated, the demonstration of medical necessity requires that there is a legitimate clinical need and that services provided are an appropriate response."

(Adams & Grieder, 2014)

## MEDICAL NECESSITY & THE PROFESSION OF ABA



Specific to general healthcare services

Specific to the profession of ABA

### Medical Necessity as defined in the Model Coverage Policy:

"Services must be medically necessary to ameliorate symptoms of a diagnosed disorder, build adaptive behaviors, and/or reduce maladaptive behaviors to enhance the patient's health, safety, and overall functioning and/or to prevent deterioration or regression... Services may be (a) necessary to prevent further advancement of a condition (maintenance or control); (b) ameliorative; or (c) corrective, as when services help a child reach the age-appropriate developmental level."

(Model Coverage Policy, 2022)

# 3 ASSESSMENT

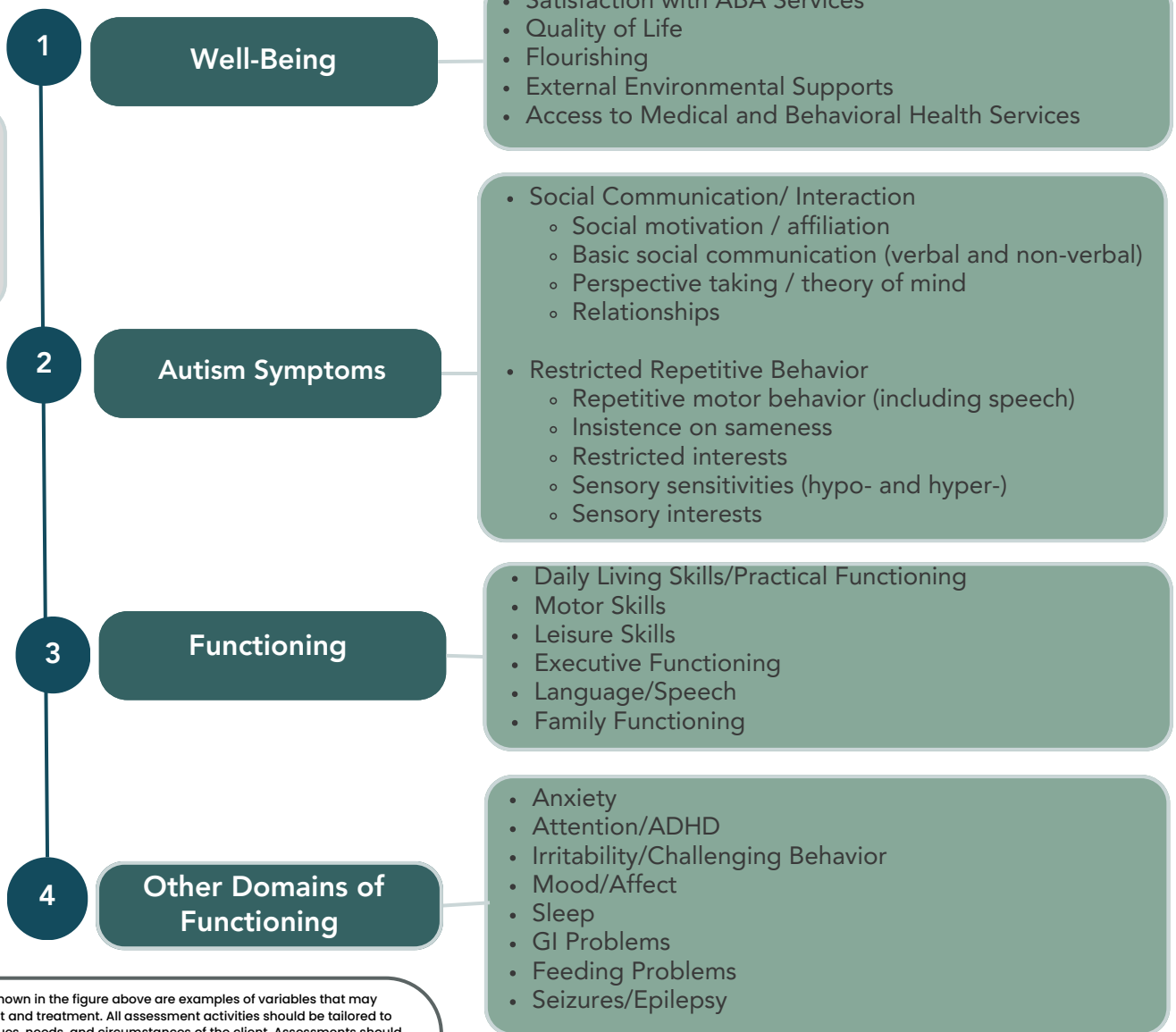
## SOME INITIAL & REASSESSMENT CONSIDERATIONS FOR ABA SERVICES

**Benefit others:** Effectively and respectfully collaborating with others and always placing clients' interests first

BACB (2020)

- ✓ Reason for referral
- ✓ Care coordination
- ✓ Payor policy requirements
- ✓ Family's desired goals & outcomes
- ✓ Dosage
- ✓ Setting
- ✓ Payor exclusions

Areas of assessment to consider for ABA services



**NOTE** The areas shown in the figure above are examples of variables that may affect assessment and treatment. All assessment activities should be tailored to the individual values, needs, and circumstances of the client. Assessments should be conducted by a professional trained to administer and interpret the results, and who operates within the scope of their licensure and/or certification.

\*Figure created in collaboration with Dr. Tom Frazier

# 3 ASSESSMENT

Important to consider during the assessment

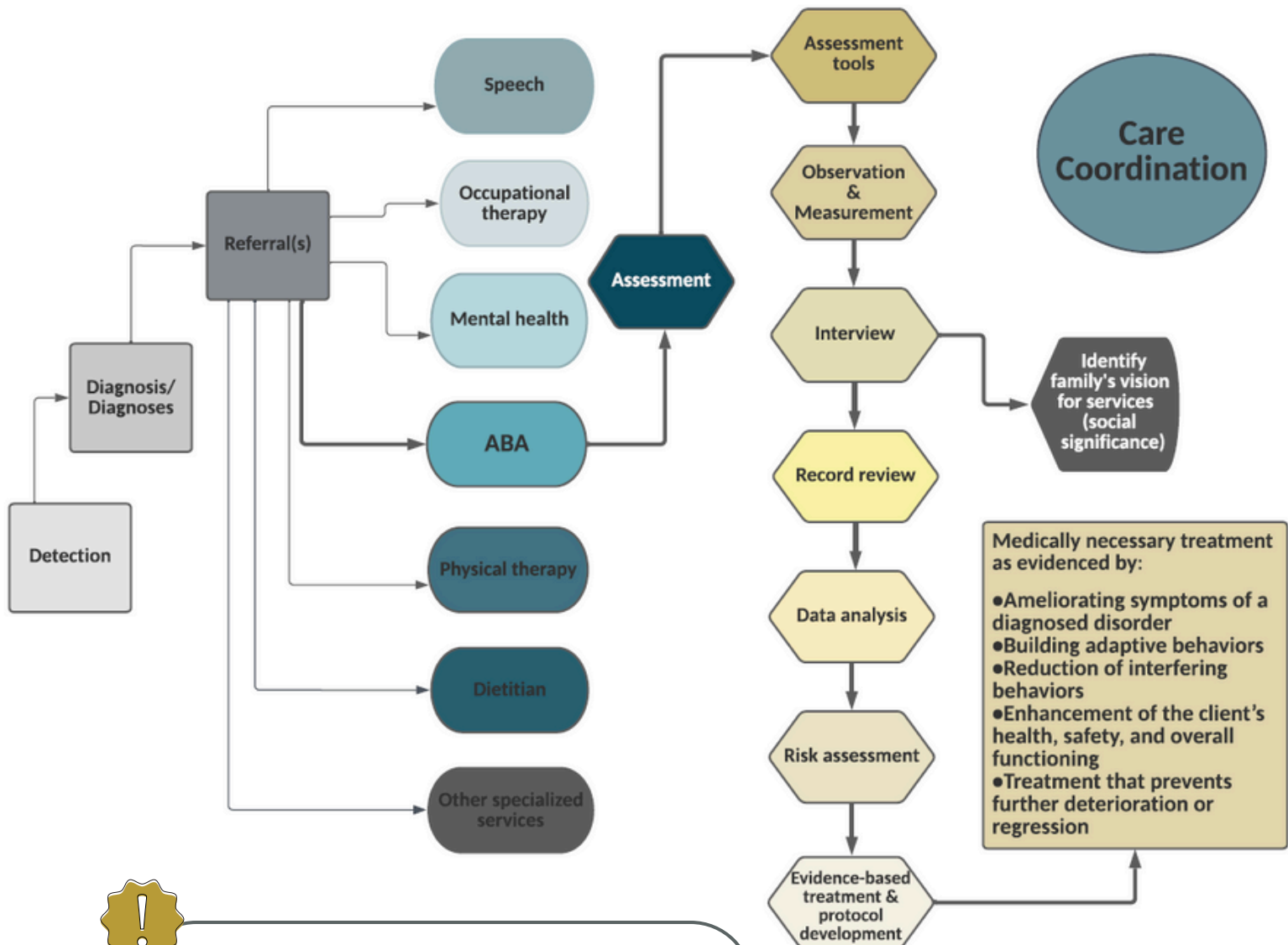
## Some Related Ethics Standards

1.05      2.08  
2.01      2.09  
2.02      2.11

BACB (2020)

## Multi-modal Assessment Approach

- ✓ Prioritize the family's goals for services
- ✓ Consider client preferences, needs, and circumstances
- ✓ Be mindful of payor requirements, advocating on behalf of your client as necessary
- ✓ Select assessments that are sensitive to monitoring progress/change



**NOTE:** the activities indicated in the diagram should occur in an order that is most appropriate for the patient and context.

# 4 TREATMENT PLANNING

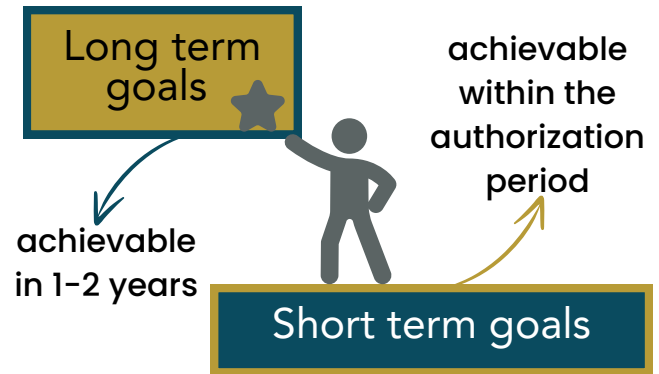
"...prioritizing those skills that are most meaningful for our clients' lives both now and in their future..."

(Bahry et. al., 2023)

## Goals should include:

- Behavior described in measurable terms
- How much behavior change should be observed to consider the goal met; and
- Within what period of time

(Reineke et al., 2024)



## Technological Considerations for Individualized Goal/Objective Development

### EXAMPLE OF A TYPICAL GOAL

Will answer up to 3 questions about personal information

Is the goal specific and precise?

Is the goal include measurable and observable behavior?

Is the goal realistic and socially significant?

Ask yourself!

### WAYS THIS GOAL COULD BE IMPROVED

This objective indicates that it could be met if the client answers 1, 2, or 3 questions about personal information. However, being able to answer 1 question about personal information is a more basic skill than being able to answer 3 questions. A revision of this could be : "Will independently answer 3 questions about personal information." The outcome of the objective is clear and enables the implementors (i.e. Behavior Technicians) to know when the objective has been met, and what the resulting skill is (i.e., able to answer 3 questions about personal information).



# 4 TREATMENT PLANNING

One has most effectively helped another when they no longer need help at all.

B.F. Skinner

Considerations for both the behavior analyst & client

## Some Related Ethics Standards

1.05	2.11
2.01	2.13-2.16
2.08 & 2.09	2.18 & 2.19

BACB (2020)

## Technological Considerations for Individualized Goal/Objective Development

### EXAMPLE OF A TYPICAL GOAL

Will recognize socially inappropriate situations

Long term goals provide an intentional view of service outcomes.

Short term objectives provide a roadmap to get there.

Is the goal specific and precise?

Ask yourself!

Is the goal include measurable and observable behavior?

Is the goal realistic and socially significant?

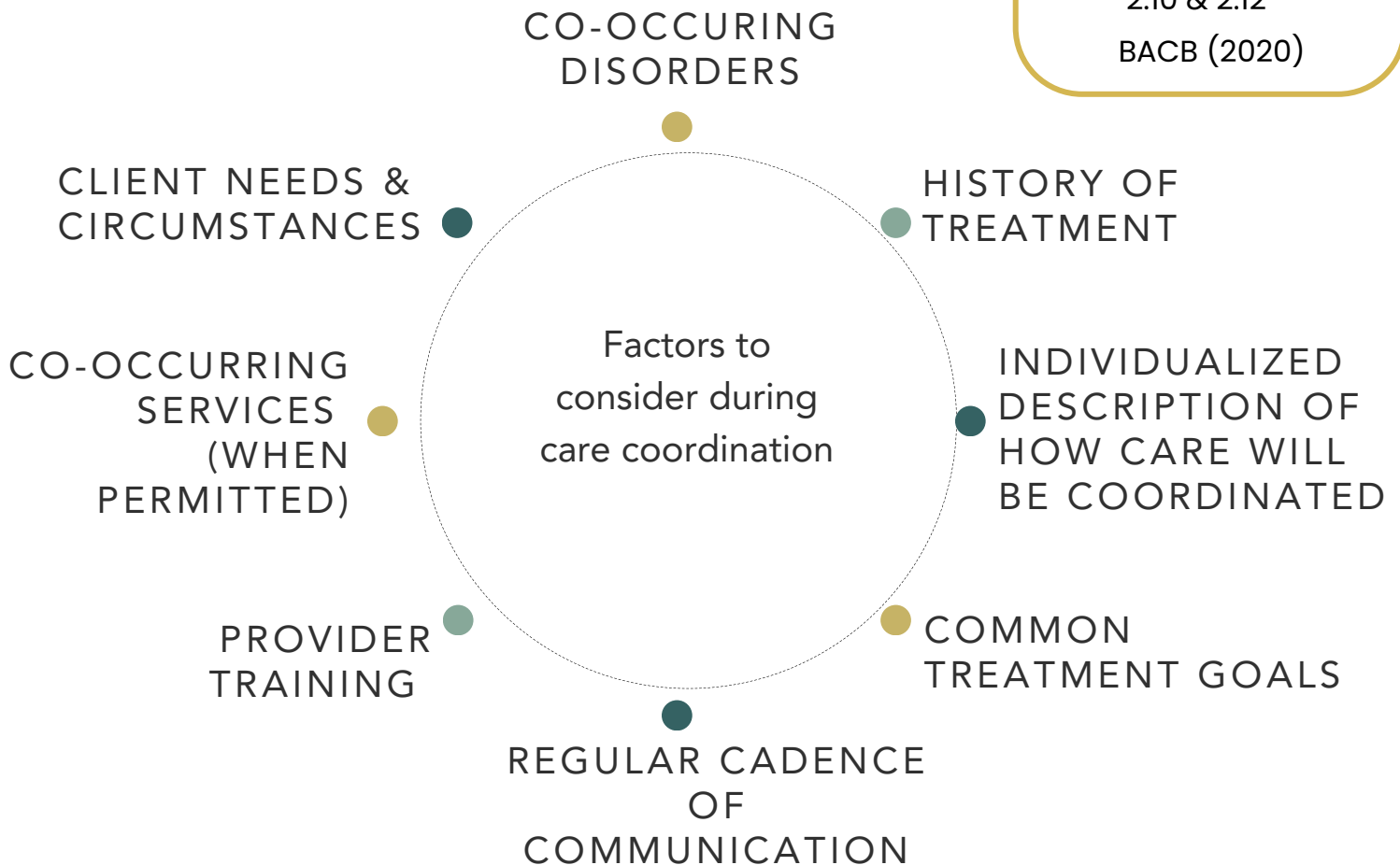
This objective does not clearly convey the topography of behavior being addressed. Both "will recognize" and "socially inappropriate situations" are vague and can be addressed in various ways, leading to an increased likelihood of inconsistencies in data recording and interpretation. A revision of this could be : "Will independently verbally identify pictures of social settings where it is inappropriate to interrupt the person(s) in the photo." The outcome of the objective is specific (i.e., is able to verbally identify pictures of social settings where it's inappropriate to interrupt the person(s)) and provides an opportunity for development of additional abilities related to this skill.

# CARE COORDINATION 5

Pertaining to care coordination throughout treatment

## Some Related Ethics Standards

2.10 & 2.12  
BACB (2020)



## Clearly communicate & individualize

Has consent to coordinate care been obtained? (If not, be sure to provide an explanation as to why consent was not given.)

Opportunities to document care coordination:

- Clinical notes (these do not typically get sent in to payor)
- Session notes
- Assessment and treatment plan

How will care be coordinated (e.g., phone calls, email)?

What type of information will be shared?

How often will this occur?

How will care coordination benefit the client's treatment?

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Tips for meeting general health insurance funder requirements for ASD assessment and treatment planning for ABA-based services

# 6 TRANSITION

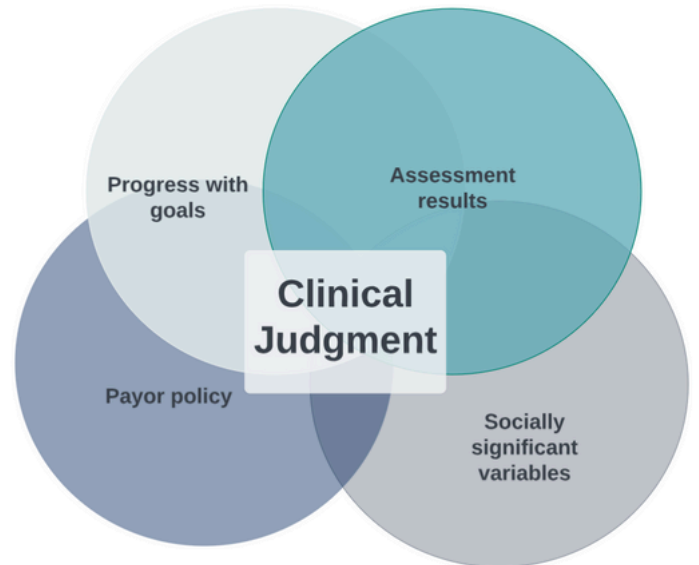
Pertaining to developing a transition plan

## Some Related Ethics Standards

3.15 & 3.16  
BACB (2020)

Caregivers should be involved in every aspect of treatment planning - including transition and discharge. Consider:

- When to safely and systematically fade levels of support
- How does the client compare to their same aged peers?
- How close is the client to achieving their desired outcomes?
- How stable and generalized across time/setting/novel persons/etc. are the client's acquired skills?



Criteria should be measurable, related to treatment progress, realistic, & individualized

## Example of Transition Planning

Lower level of services

Examine the progress made with assessment results over time to determine client progress relative to individualized and meaningful methods of measurement

Within the scope of your license/certification, evaluate when symptoms of diagnosis are no longer reliably interfering with the client's ability to be more independent

Are skills naturally generalizing across settings, people, time of day, etc.?

What does the policy from the funder require regarding the transition plan and/or criteria?

What does the evidence of effective treatment look like?

Evaluate progress with goals - have they been met?



# 7 DISCHARGE

Pertaining to developing a discharge plan

## Some Related Ethics Standards

3.15 &  
3.16  
BACB (2020)

Life of maximal independence, autonomy, and access

Specific and measurable criteria that are not only realistic but related to the treatment plan

Incorporate the family's' vision for life after ABA services

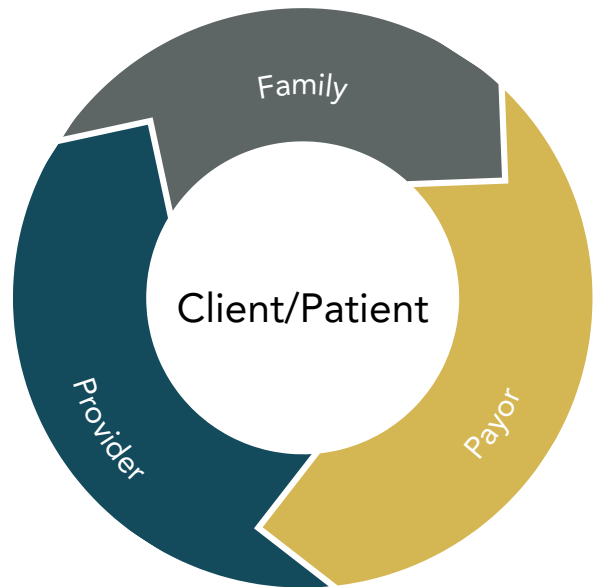
Ask yourself!

Have all barriers to skills maintaining over time been accounted for?

Are the caregivers able to successfully use the skills they are learning during service delivery?

Has the family's quality of life improved?

Has the client achieved levels of independence relative to their peers?



Set the family up for success

What resources does the family need to be connected to?

Is the family empowered with the skills and advocacy supports to proceed independently?

Are any additional different type of services recommended?

What aspects of the treatment plan should the caregivers continue to implement to ensure the client's ongoing success?

What are the indicators/criteria that indicate the client may need to re-enter ABA services again?

What does the policy from the funder require regarding the transition plan to life after services?

# 8 RESOURCES

ABA Coding Coalition(2020). *Model Coverage Policy for Adaptive Behavior Services*.

[https://abacodes.org/wp-content/uploads/2022/01/Model-Coverage-Policy-for-ABA\\_220113.pdf](https://abacodes.org/wp-content/uploads/2022/01/Model-Coverage-Policy-for-ABA_220113.pdf)

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<https://www.casproviders.org/asd-guidelines##>

State Definitions of Medical Necessity under the Medicaid EPSDT Benefit  
<https://nashp.org/state-tracker/state-definitions-of-medical-necessity-under-the-medicaid-epsdt-benefit/>

# 9 REFERENCES

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Reinecke, D., Knihtila, C., Papazian, J., Heyman, C., & Bratton, D. (2024). *Writing skills for behavior analysts: A practical guide for students and clinicians* (1st ed.). Routledge.

The logo for the Association of Professional Behavior Analysts (apbba) features the lowercase letters 'apbba' in a bold, sans-serif font. The 'a' and 'b's are dark teal, while the 'p' is a vibrant orange. The letters are closely spaced, with the 'p' overlapping the 'b's.

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