320-S - BEHAVIOR ANALYSIS SERVICES

EFFECTIVE DATE: 11/01/19, 10/01/20

APPROVAL DATES: 08/07/19, 05/07/20

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), Tribal ALTCS, TRBHAs; and all FFS providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for Behavior Analysis Service delivery and treatment.

II. DEFINITIONS

BEHAVIOR ANALYSIS SERVICES	The use of behavior analysis to assist a person to learn new behavior, increase existing behavior, reduce existing behavior and emit behavior under precise environmental conditions in accordance with A.R.S. §32-2091.
BEHAVIOR ANALYSIS TRAINEE	An individual who has met the credentialing requirements of a nationally recognized Behavior Analyst certification board as a board certified Behavior Analyst, assistant behavior analyst, or a matriculated graduate student or trainee whose activities are part of a defined behavior analysis program of study, practicum, intensive practicum, or supervised independent fieldwork. The practice under this role requires direct and ongoing supervision consistent with the standards set by a nationally recognized Behavior Analyst certification board as determined by the Arizona Board of Psychologist Examiners, and in accordance with A.R.S. §32-2091.08.
BEHAVIOR ANALYST	A person who is licensed pursuant to A.R.S §32-2091 to practice behavior analysis.

IMPLEMENTATION DATE 10/01/20

BEHAVIORAL HEALTH PROFESSIONAL (BHP)

1. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
   a. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
   b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101,
2. A psychiatrist as defined in A.R.S. §36-501,
3. A psychologist as defined in A.R.S. §32-2061,
4. A physician,
5. A Behavior Analyst as defined in A.R.S. §32-2091,
6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
7. A registered nurse with:
   a. A psychiatric-mental health nursing certification, or
   b. One year of experience providing behavioral health services

BEHAVIOR TECHNICIAN

For purposes of this Policy, a paraprofessional credentialed by a nationally recognized Behavior Analyst certification board or as specified in A.A.C. R9-10-101(39), an individual who is not a BHP who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, and
2. Are provided with clinical oversight by a Behavioral Health Professional as specified in A.A.C. R9-10-101 (39).

III. POLICY

A. PROGRAM DESCRIPTIONS

Behavior Analysis Services are an AHCCCS covered benefit for individuals with Autism Spectrum Disorder (ASD) and/or other diagnoses as justified by medical necessity. Behavior Analysis Services are designed to accomplish one or more of the following: increase functional skills, increase adaptive skills (including social skills), teach new behaviors, increase independence and/or reduce or eliminate behaviors that interfere with behavioral or physical health.

IMPLEMENTATION DATE 10/01/20

Behavior Analysis Services are prescribed or recommended in specific dosages, frequency, intensity, and duration by a qualified BHP as the result of an assessment of the member, the intensity of the behavioral targets, and complexity and range of treatment goals.

Refer to the Behavioral Health Services Billing Matrix and Medical Coding Resources on the AHCCCS website for more information regarding required coding information, including covered settings, modifiers for Behavior Analysis Trainee billing, or other billing/coding information.

B. PROVIDER QUALIFICATIONS

Behavior Analysis Services shall be directed and overseen by Behavior Analysts and supported, where applicable, by Behavior Analysis Trainees and/or Behavior Technicians.

The Behavior Analyst is responsible for training Behavior Analysis Trainees and Behavior Technicians to implement assessment and intervention protocols with members. The Behavior Analyst is responsible for all aspects of clinical direction, supervision, and provider-level case management.

The Behavior Analyst shall be responsible for ensuring that the extent, kind, and quality of the Behavior Analysis Services the Behavior Analysis Trainee and Behavior Technician performs are consistent with his or her training and experience.

The Behavior Analyst shall be responsible for Behavior Analysis Trainee and Behavior Technician compliance with this Policy and Arizona state rules and regulations including those provisions set forth in A.R.S. §32-2091.

C. BEHAVIOR ANALYSIS ASSESSMENTS

Behavior Analysis Services shall be based upon assessment(s) that include Standardized and/or Non-standardized instruments through both direct and indirect methods.

1. Standardized instruments and procedures include, but are not limited to, behavior checklists, rating scales, and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way with all members (e.g. Pervasive Developmental Disabilities Behavior Inventory, Brigance Inventory of Early Development, Vineland Adaptive Behavior Scales).

2. Non-standardized instruments and procedures include, but are not limited to, curriculum-referenced assessments, stimulus preference assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the individual member and their behaviors.

IMPLEMENTATION DATE 10/01/20

D. SERVICE ADMINISTRATION

Behavior Analysis Services shall be rendered in accordance with an individualized behavior analysis treatment plan, which shall:

1. Be developed by a Behavior Analyst, based upon an assessment completed of the member and their behaviors as described above.

2. Be person-centered and individualized to the member's specific needs.

3. Specify the setting(s) in which services will be delivered.

4. Identify the modality by which the service will be delivered (whether in person or via telehealth, or in-group or individual setting, or combination thereof).

5. Identify the baseline levels of target behaviors.

6. Specify long- and short- term objectives that are defined in observable, measurable, and behavioral terms.

7. Specify the criteria that will be used to determine treatment progress and achievement of objectives.

8. Include assessment and treatment protocols for addressing each of the target behaviors.

9. Clearly identify the schedule of services planned and roles and responsibilities for service delivery.

10. Include frequent review of data on target behaviors.

11. Include adjustments of the treatment plan and/or protocols by the Behavior Analyst as needed based upon the review of data, including recommendations for treatment intensity and duration based upon the member's response to treatment.

12. Include training, supervision, and evaluation of procedural fidelity for BCaBA®s, Behavior Analysis Trainees, and Behavior Technicians implementing treatment protocols.

13. Include training and support to enable parents and/or other caregivers, if applicable, to participate in treatment planning and treatment plan implementation.

    Include care coordination activities involving the member's team in order to assist in the generalization and maintenance of treatment targets.

IMPLEMENTATION DATE 10/01/20

14. Result in progress reports at minimum, every six months. Progress reports shall include, but are not limited to, the following components:
    a. Member Identification,
    b. Background Information (family dynamics, school placement, cultural considerations, prenatal and/or developmental history, medical history, sensory, dietary and adaptive needs, sleep patterns, and medications),
    c. Assessment Findings (i.e. social, motor, and self-help skills, maladaptive behaviors, and primary caregiver concerns),
    d. Outcomes (measurable objectives, progress towards goals, clinical recommendations, treatment dosage, family role and family outcomes, and nature of family participation), and
    e. Care Coordination (transition statement and individualized discharge criteria).

15. Be consistent with applicable professional standards and guidelines relating to the practice of behavior analysis as well as Arizona Medicaid laws and regulations and Arizona state Behavior Analyst licensure laws and regulations (A.R.S. §32-2091)**.**

IMPLEMENTATION DATE 10/01/20