



Employee Assistance Programs
Toll Free: 800.731.6501
Telephone: 574.232.2131
Fax: 574.271.5980

Midwest Behavioral Health Network
Toll Free: 800.223.6246
Telephone: 574.271.5177
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Dear ABA Provider:

The purpose of this letter is to clarify procedure for obtaining pre-authorization for ABA treatment from Midwest Behavioral Health Network (MBHN).

Prior to beginning services, please instruct families to call MBHN to initiate ABA services. MBHN will work with the family to obtain a clear diagnosis, which may require additional testing. All information needed by MBHN must be collected prior to the issuance of an authorization for ABA evaluation/treatment.

A preliminary authorization for CPT Codes **97151** and **97152** up to 8 hours will be issued *after* MBHN has communicated directly with parent. This 8 hours is to be used to collect baseline information necessary to complete the MBHN *Request for ABA Treatment* form for ongoing treatment, which must be submitted prior to rendering additional treatment.

The MBHN Request for ABA Treatment form for must be submitted to request authorization for ongoing treatment. This form must be typewritten, with every section complete. All data supplied must be quantifiable and measurable (goals, baseline data, and any progress). ONE form should be submitted per treatment period, which includes all past and present goals. Requests submitted on any other form will *not* be reviewed. **If any part of the form is incomplete, it will be returned to you unprocessed.**

The MBHN Request for ABA Treatment form includes:

Administrative Information. Include provider information, member information, units per code that are being requested per week, start and end date, and where treatment will occur.

1. **Ten narrative questions.** Answers should be succinct and patient specific.

Clinical Data. All data (for Goals, Baseline, and Progress) must be *Quantifiable & Measurable*.

2. Include ALL goals (past, current and new) on this form. A *Quantifiable & Measurable Goal* might be: "Will independently engage in parallel play near peer child for a minimum of 2 minutes, in 30-minute observations, across 5 sessions".
- 3.

Targeting will be either "Not Yet Targeted", or a date indicating when targeting began.

Quantifiable & Measurable Baseline is the member's level of functioning PRIOR to initiation of treatment. A baseline measure for the above goal might be: "0 minutes/2 minutes". Initial baseline can be taken per parent report.

Progress at Date of Request is a quantifiable measure of member's CURRENT functioning.

Progress for above goal might be: *Improvement during last treatment period: 45 seconds/2*

minutes in 3/5 sessions. If the goal has been met provide the date it was met.

The number of goals submitted must support the number of units per week you are requesting. Goals should not be academic in nature, as this is a behavioral health benefit only.

Subsequent Request for ABA Treatment forms will include ALL goals, including all goals previously met in treatment. In addition, new goals will be added to the same form.

Parental participation with a BCBA is expected for all treatment received in the home. For facility based treatment, parents are expected to participate a minimum of 1 hour for every 20 hours of treatment. MBHN supports ABA that occurs in the natural environment (home and school), as this will more quickly promote generalization of skills.

Upon receipt of the MBHN *Request for ABA Treatment form*, the information will be reviewed. If any information is missing, the form will be returned to the provider, unprocessed. After a completed request is received, it will be reviewed, a letter will be sent to the member's physician provider, and a decision rendered. At any point in this process additional information may be requested.

After all necessary information is submitted, it could potentially take 2-3 weeks for review and creation of authorization. Please plan accordingly by submitting your request with complete information 3-4 weeks before your current authorization expires.

Authorizations will generally be issued for 6 months of treatment. However, if progress is less than expected, an authorization may be issued for a shorter period.

Please forward this information to any BCBA at your facility who may be requesting pre-authorization from MBHN for ABA services.

If you have any questions about procedure, please contact me.

Sincerely,

Catherine Herzog, LCSW
Supervisor of Clinical Services
cherzog@NewAvenuesOnline.com
Midwest Behavioral Health Network
574-485-1807

Developmental Disability-Children's Global Assessment Scale

Review the subject's performance across the main domains of functioning [a) **self-care, eating, dressing, sleeping**; b) **communication**; c) **social behavior**; and d) **academic performance**] and settings [**home, school, and community**]. Score overall level of functioning by selecting the heading that describes functioning relative to typically developing child of the same age. Use intermediary levels (e.g., 35, 58, 62), as needed. Scores should indicate actual level of functioning, regardless of treatment or prognosis. Focus on functional interference of psychopathology rather than symptoms per se. The descriptors provided below are only illustrative and are not required for a particular rating.

100-91	Superior functioning. Superior functioning within family, school, with peers. Superior accomplishments relative to age peers (e.g., high achievement in Scouts). School-age child doing well academically. Independently performs daily activities and self-care appropriate for age.
90-81	Adequate functioning in all areas: home, school, and peers; brief disturbances of behavior or emotional distress in response to life stresses (e.g., unanticipated changes in daily routine or physical environment), but no interference with functioning. Adaptive skills at age level in all domains.
80-71	Slight impairment in functioning. Most daily living activities at age level, but may need prompts and structure to accomplish. Minor changes in daily routine or environment may cause transient decrease in functioning. Social interactions may be one-sided and activity-based rather than intimacy-based. May appear immature, but not deviant. Language generally age-appropriate but conversations may be one-sided and/or focused on preoccupations.
70-61	Slight impairment in functioning and moderate impairment in at least one domain. Social deficits apparent in most situations. Learns appropriate social skills, but inflexibly and unable to generalize. Adaptive/self-help skills immature in most areas. Behavior noticeably unusual in some situations (e.g., social groups, unstructured settings) affecting social acceptance, and may restrict participation in age-normative activities in one or two domains or in a specific setting.
60-51	Moderate impairment in functioning in most domains. Needs considerable structure and supervision for daily routines. Daily living/adaptive skills are below age level. Communicates needs, responds to basic requests (verbally or nonverbally). Verbal language, if present, is inflexible and delayed. Social deficits and/or unusual behaviors are apparent in most settings and contribute to functioning below age expectation.
50-41	Moderate impairment in functioning in most domains and severe impairment in at least one domain (e.g., daily living or communication). Social overtures and/or responses are markedly absent or inappropriate. Daily living skills significantly delayed (e.g., dressing, bathing, eating). Stereotypic and/or other persistent unusual behaviors are noticeable to a casual observer and impede functioning.
40-31	Severe impairment in functioning in some domains. Rudimentary instrumental (not social) communication skills. Repetitive behaviors that interfere with adaptive functioning. Marked social withdrawal in most situations. Adaptive behavior significantly impaired. Significant environmental accommodations are needed in some domains. Very immature adaptive and self-care skills in at least two domains.
30-21	Severe impairment in all domains and settings, (e.g., home and school). Markedly withdrawn and isolated behavior. Requires extensive environmental accommodations (e.g., 1:1 supervision for behavior, locking cabinets, removing breakable objects from bedroom). Dependent in all aspects of daily living (e.g., dressing, bathing, toileting) beyond age expectation. May exhibit disturbance of basic regulatory process (e.g., sleeping, feeding).
20-11	Extreme impairment in at least one domain. Needs constant supervision; or extensive environmental accommodations for safety or for basic care (e.g., feeding, toileting). May need residential placement. Does not communicate basic needs. Does not interact with others. Marked disturbance of basic regulatory processes (e.g., sleeping, feeding).
10-1	Extreme and pervasive impairment. Poses danger to self or others. Needs intensive constant supervision (e.g., 24-hr care outside of the home) for safety or total dependence in basic self-help skills. Marked disturbance of basic regulatory processes. Needs specialized care (e.g., behavior management or medical care) beyond what can be provided at home and by outpatient support services.

Instructions for Raters

Areas to be considered in ratings include:

- Overall functioning in major adaptive domains:
 - Self care: eating, dressing, sleeping
 - Communication
 - Social behavior
 - Academic performance and setting
- Consistency or inconsistency of functioning across settings: home, school, community
 - Level of environmental adaptation needed
 - Level of supervision needed

1. Use the table below to organize your judgment of impairment across the four domains of function.
2. Choose the header/category that best describes general functioning (ex: “*moderate impairment in functioning in most areas*”). The descriptor should be a good description of the general functioning of the child, regardless of whether the source of impairment is cognitive, behavioral or other. You are comparing the description of adaptive functioning to what would be expected of a typically developing child, regardless of whether the impairment is due to developmental disability, behavioral disturbance, environmental factors, or other. Be wary of placing too much emphasis on standard scores; variability in functioning may get “averaged” out in the standard score. Instead, place more emphasis on descriptions of functioning.
3. Check details of that category to confirm that this is a general description, but note that most children will not fit perfectly into any particular category. You are looking for the “best fit”.
4. When you think you have found the best fit, look at the two adjacent categories, to see if the child has some characteristics that fit into the next higher or lower category. This will help you adjust your score. For example, if the child fits best into “60-51 Moderate impairment in functioning in most areas” but has some similarity to 41-50, you would score in the lower half of the range (51-55). Conversely, if the child fits best in 60-51 but has some strengths that are consistent with the next higher category, you would score in the top half of the category (55–60).

LEVEL OF IMPAIRMENT

		None	Slight	Moderate	Severe	Extreme
DOMAIN	Self-Care					
	Communication					
	Social Behavior					
	School/Academic					

The DD-CGAS was adapted from the Children’s Global Assessment Scale (CGAS; Shaffer et al, 1983) and the Global Assessment Scale (GAS; Endicott et al, 1976).

Suggested reference: Wagner A, Lecavalier L, Arnold LE, Aman MG, Scahill L, Stigler KA, Johnson CR, McDougle CJ, Vitiello B. Developmental disabilities modification of the Children’s Global Assessment Scale . *Biol Psychiatry* 61:504–511.

Note. Readers are permitted to make free copies, as required. Electronic copies of the DD-CGAS can be obtained by writing to the authors.



NEW AVENUES / MBHN: Request for ABA Treatment

Midwest Behavioral Health Network - P.O. Box 360, South Bend, IN 46624
Phone: (866) 925 - 5730 - Fax: (574) 271 - 5980

Date of Request: Facility/Company: Site Address: Phone: Fax:	Rendering BCBA: BCBA Signature: Prescribing Physician Name: Prescribing Physician Signature: Prescribing Physicians Address:
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Member Name: DOB: Member ID: Health Plan:	Parent/Primary Guardian Name: Parent Phone: Parent's Home Address:
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Treatment Plan:	Initial Assessment 6 Month Review	Start Date:	End Date:
Program Duration:	P/T-20 hrs. F/T- 40 hrs. Other:		

Development of individualized treatment plan by supervising behavior analyst/QHCP. Assessment may include: review of file information about client's medical status, prior assessments, prior treatments; stakeholder interviews and rating scales; review of assessments by other professionals; direct observation and measurement of client behavior in structured and unstructured situations; determination of baseline levels of adaptive and maladaptive behaviors; functional behavior analysis; Selection of treatment targets in collaboration with family members and other stakeholders; development of written protocols for treating and measuring all treatment targets.

Procedure Code	Assessment and Indirect Services by BCBA (QHCP) Limit of 32 units of for 6 months	# Units per Week	Place of Service
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional , each 15 minutes face-to-face with patient, guardian(s)/caregivers(s) administering assessments, and discussing findings and recommendation, and non-face-to-face analyzing past data, scoring/interpreting and assessment, and preparing the report/treatment plan.		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
97152	Behavior Identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes .		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> • administered by the physician or other qualified healthcare professional who is on site; • with the assistance of two or more technicians; • for a patient who exhibits destructive behavior; • completed in an environment that is customized to the patient's behavior. 		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
	Total # of Units per week		

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Implementation and management of treatment plan by behavior analyst/QHCP: training to technicians to care out treatment protocols accurately frequently and consistently; record data on treatment targets records notes; summarize and graph data; training family members and other caregivers to implement selected aspects of treatment plan; ongoing supervision of technicians and caregiver implementation; ongoing, frequent review and analysis of direct observational data on treatment target goals; modification of treatment targets and protocols based on data; training technicians, family members, and other care givers to implement revised protocols.

Procedure Code	Treatment Codes	# Units per week	Place of Service
97153	Adaptive behavior treatment by protocol , administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
0363T	Adaptive behavior treatment with protocol modification , each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site ; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized, to the patient's behavior.		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
97155	Adaptive behavior treatment with protocol modification , administered by physician or other qualified healthcare professional , which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
97154	Group adaptive behavior treatment by protocol , administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes.		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
97158	Group adaptive behavior treatment with protocol modification , administered by physician or other qualified healthcare professional , face-to-face with multiple patients, each 15 minutes.		<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
97156	Family adaptive behavior treatment guidance , administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	Units per week	<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
97157	Multiple-family group adaptive behavior treatment guidance , administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.	Units per week	<input type="checkbox"/> Facility <input type="checkbox"/> School <input type="checkbox"/> Home
Total # of Units per week			

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Other Short-Term Therapies The Services Listed Below Must Be Pre-Authorized Through the Medical Network		# of units per week	Place of Service
97001/02	Physical Therapy (1hr unit)		<input type="checkbox"/> Facility <input type="checkbox"/> Home School <input type="checkbox"/> Other
97003/04	Occupational Therapy (1hr unit)		<input type="checkbox"/> Facility <input type="checkbox"/> Home School <input type="checkbox"/> Other
92506/07/08	Speech Therapy (1hr unit)		<input type="checkbox"/> Facility <input type="checkbox"/> Home School <input type="checkbox"/> Other
Other Therapy Services Weekly Total			

Summary paragraph of member's treatment/progress for last authorized treatment period:

1. Progress during last authorized treatment period:

- a. Number of Goals Improved:
- b. Number of Goals Regressed:
- c. Number of Goals w/ No Progress
- d. Number of Goals on Hold
- e. Number of Goals NYT

2. Developmental Disability – Children's Global Assessment Scale Scores (See form following instruction letter):

- a. Self-Care:
- b. Communication:
- c. Social Behavior:
- d. School/Academic:

3. Family Involvement with BCBA, A minimum of 50% of all parental involvement must be face-to-face.

Home-based - parent or guardian has been present at all times.

School-Based, Full-Time - parent or guardian has participated 1 hour per week.

School-Based, Full-Time - parent or guardian has participated 2 hours per week.

Facility-Based, Part-Time - parent or guardian has participated 1 hour per week.

Facility-Based, Full-Time - parent or guardian has participated 2 hours per week.

4. Describe any medical/health co-existing conditions present? And are they being treated?
5. What medications are prescribed? Who is the prescribing physician?
6. Describe any cognitive/intellectual delays present?
7. Describe any social environmental barriers or stressors affecting progress?
8. Has attendance been steady as recommended? If not, please explain:
9. How is treatment addressing school transition or adaptation issues?

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**INFORMATION MUST BE TYPEWRITTEN, ADD ROWS AS NECESSARY TO LIST ALL GOALS.
REFER TO DIRECTION LETTER AS NECESSARY**

QUANTIFIABLE & MEASURABLE GOAL	TARGETING	QUANTIFIABLE & MEASURABLE BASELINE	PROGRESS AT DATE OF REQUEST
<p><i>Example: Will hold eye contact, 90% of the time when being spoken to, over 3 consecutive days.</i></p>	<ul style="list-style-type: none"> ○ <i>Not Yet Targeted</i> ○ <i>Targeting began <u>02/03/17</u></i> 	<p><i>As of <u>02/03/17</u>, holds eye contact 0% of the time.</i></p>	<ul style="list-style-type: none"> ○ <i>Improvement, during last treatment period: <u>25% over 3 days.</u></i> ○ <i>Regression, as evidenced by: _____</i> ○ <i>No Progress</i> ○ <i>On Hold as of: _____</i> ○ <i>Goal Met as of: _____</i>
	<p>Not Yet Targeted Targeting began _____</p>		<p><i>Improvement, during last treatment period: _____</i></p> <p><i>Regression, as evidenced by: _____</i></p> <p><i>No Progress</i></p> <p><i>On Hold as of: _____</i></p> <p><i>Goal Met as of: _____</i></p>
	<p>Not Yet Targeted Targeting began _____</p>		<p><i>Improvement, during last treatment period: _____</i></p> <p><i>Regression, as evidenced by: _____</i></p> <p><i>No Progress</i></p> <p><i>On Hold as of: _____</i></p> <p><i>Goal Met as of: _____</i></p>
	<p>Not Yet Targeted Targeting began _____</p>		<p><i>Improvement, during last treatment period: _____</i></p> <p><i>Regression, as evidenced by: _____</i></p> <p><i>No Progress</i></p> <p><i>On Hold as of: _____</i></p> <p><i>Goal Met as of: _____</i></p>

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	<p>Not Yet Targeted Targeting began</p> <hr/>		<p><i>Improvement, during last treatment period:</i></p> <hr/> <p><i>Regression, as evidenced by:</i> _____</p> <p><i>No Progress</i></p> <p><i>On Hold as of:</i> _____</p> <p><i>Goal Met as of:</i> _____</p>
	<p>Not Yet Targeted Targeting began</p> <hr/>		<p><i>Improvement, during last treatment period:</i></p> <hr/> <p><i>Regression, as evidenced by:</i> _____</p> <p><i>No Progress</i></p> <p><i>On Hold as of:</i> _____</p> <p><i>Goal Met as of:</i> _____</p>
	<p>Not Yet Targeted Targeting began</p> <hr/>		<p><i>Improvement, during last treatment period:</i></p> <hr/> <p><i>Regression, as evidenced by:</i> _____</p> <p><i>No Progress</i></p> <p><i>On Hold as of:</i> _____</p> <p><i>Goal Met as of:</i> _____</p>
	<p>Not Yet Targeted Targeting began</p> <hr/>		<p><i>Improvement, during last treatment period:</i></p> <hr/> <p><i>Regression, as evidenced by:</i> _____</p> <p><i>No Progress</i></p> <p><i>On Hold as of:</i> _____</p> <p><i>Goal Met as of:</i> _____</p>
	<p>Not Yet Targeted Targeting began</p> <hr/>		<p><i>Improvement, during last treatment period:</i></p> <hr/> <p><i>Regression, as evidenced by:</i> _____</p> <p><i>No Progress</i></p> <p><i>On Hold as of:</i> _____</p> <p><i>Goal Met as of:</i> _____</p>
	<p>Not Yet Targeted Targeting began</p> <hr/>		<p><i>Improvement, during last treatment period:</i></p> <hr/> <p><i>Regression, as evidenced by:</i> _____</p> <p><i>No Progress</i></p> <p><i>On Hold as of:</i> _____</p> <p><i>Goal Met as of:</i> _____</p>

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