LRE Autism Framework

Applied Behavior Analysis (ABA) Services

Effective: July 1, 2026 | Status: Active | Review Cycle: Annual

Purpose & Scope

Purpose

Establishes standardized UM and clinical review requirements for ABA services — promoting appropriate service intensity, supporting waitlist access, and ensuring consistent documentation and discharge planning.

Scope

- Applies to all ABA services authorized and delivered under applicable benefit plans
- Covers all relevant Autism CPT codes
- Pertains to providers, BCBAs, and CMHSP utilization management teams
- Applies to all contracted CMHSPs (including UM staff) and employed ABA providers

§2.1 Progress-Based Service Intensity

- When a member has made measurably significant progress (treatment goals, reduced maladaptive behaviors, skills within range of typical aged peers), the CMHSP UM and BCBA will review for possible hour reduction or transition to less intensive services
- Guided by BACB Ethics Codes 3.15 (minimizing risk during transitions) and 3.16 (appropriate service discontinuation)
- Must adhere to transition and discharge criteria documented in the ABA treatment plan
- Rationale for change in service must be documented with a written plan including timelines and responsibilities
- Collaboration with relevant providers required to ensure smooth transition and continued success

§2.2 Lack-of-Progress Review

- Triggered when: 30% or less goal mastery, no improvement or worsening of maladaptive behaviors, unchanged skill assessment scores, family dissatisfaction with progress, and no major barriers to treatment
- Review must determine if ABA is still appropriate — aligns with BACB Ethics Code 2.18 (continual evaluation of intervention effectiveness)
- May recommend referral to alternative providers or services, per BACB Ethics Code 3.12 (advocating for appropriate services)
- Standardized assessment tools used to objectively evaluate skill acquisition, adaptive functioning, and overall progress
- All recommendations and communications with the member or caregiver must be clearly documented

§2.3

High-Intensity ABA Hour Requests

16+
hrs/week threshold

FBA
functional assessment required

FA's
Fast, QABF, and etc. supporting data

- Requests for 16+ hours/week must include specific clinical rationale documented in the ABA treatment plan
- Must be backed by objective data: assessments, behavior frequency/severity, risk factors, caregiver capacity, and treatment history
- Supporting functional assessment data (FAST, QABF) and FBA data should be provided to determine medical necessity

§2.4

Low Utilization Threshold

1

Trigger

- Utilization falls below 80% in any authorized period within a rolling 12 months
- UM documents the reason for low utilization
- Only noted when due to member/family barriers — not provider availability

2

Agreement

- Participation agreement (LRE or provider) may be required
- Outlines expectations, addresses barriers, sets attendance goals
- Provided to family, case holder, and CMHSP UM team

3

Follow-Up

- Review in six months at next authorization request
- If still below 80%: in-depth case review evaluating clinical appropriateness, 50% goal mastery, and possible hour reduction or transition

4

BCBA Role

- BCBAs participate in UM review process at each CMHSP
- Help identify cases under utilization threshold and support intervention planning

§2.5

Supervision (CPT 97155)

10%
of utilized hours

97155
CPT supervision code

- Supervision authorized at 10% of ABA therapy hours utilized
- Default allocation determined strictly by hours actually delivered during the authorization period
- Requests exceeding 10% require detailed clinical rationale documented in the member's ABA treatment plan
- Excess supervision must be reviewed and approved by CMHSP UM prior to occurring
- Without documented clinical justification, supervision will not exceed 10%, per Medicaid provider manual guidelines
- Supporting documentation includes: functional analyses (FAs), parent interviews, school letters describing behavioral or environmental factors
- CMHSP UM may also request updated treatment plans, progress reports, attendance records, or other materials to support extended assessment hours

§2.5 Supervision (CPT 97155) — Billing Examples

Examples (Bill 97155)

A. Standard Supervision (10%)
Authorized: 20 hrs/wk | Supervision rate: 10% | Attended: 15 hrs
→ Supervision = 10% of 15 utilized hrs = **1.5 hrs** (not 2 hrs from authorized total)

B. Elevated Supervision (20%)
Authorized: 40 hrs/wk | Supervision rate: 20% | Attended: 40 hrs
→ Supervision = 20% of 40 hrs = **8 hrs**
Exceeds 10% — requires documented clinical rationale & UM approval
If only 20 hrs attended: 20% of 20 hrs = **4 hrs**

Non-Examples (Do Not Bill)

A. Given an authorization of 20 hrs/wk carrying 10% supervision (2 hrs), if the member attends just 15 hrs → Supervision = 10% of **15 utilized hrs = 1.5 hrs**

§2.6

Level 1 Care & Transition Planning

Level 1 ASD — "Requiring Support"

- Without support, deficits in social communication cause noticeable impairment
- Difficulty initiating social interactions and reduced interest in social engagement
- Cases reviewed annually unless triggered by low utilization or risk indicators
- Periodic review to assess progress and transition readiness

Step-Down Options

- Social groups — peer interaction and social skill building
- Caregiver/family guidance only
- Family guidance groups
- School-based support
- Step-down planning initiated for members identified as ready for transition

§2.7

Documentation Standardization

CASP SOAP Note Format

Per CASP 97153 Session Template v1.05

- **Client/Provider ID:** Name, diagnosis (ICD-10), provider credentials, place of service, modality, date, start/end times
- **Goals/Programs:** List each treatment plan goal with data collection method (rate, frequency, latency, duration, etc.) and summary of data recorded
- **Interventions:** Check all evidence-based interventions used (e.g., discrete trial, chaining, prompting, BST, modeling, token reinforcement)
- **Session Narrative:** Objective, session-specific summary of interventions delivered and client response; note any environmental factors or interfering behaviors
- **Signatures:** Provider signature with printed name, credentials, and date signed

Compliance Requirements

- All providers must document services billed under all relevant Autism CPT codes using SOAP format at minimum
- Notes must clearly describe clinical interventions and delivery of care
- Subject to close review during re-reviews, audits, plan reviews, and annual reviews
- Must be accurate, complete, and compliant with UM standards

§2.8

Discharge Criteria & Transition

- Clear, measurable discharge criteria must be established at initial intake
- Discharge and transition goals set during initial ABA treatment plan, addressing core deficits of autism
- Person-centered SMART goals — Specific, Measurable, Achievable, Relevant, Time-Bound
- Transition plan must include explicit expectations for gradual service reduction with each step outlined
- Discharge criteria reviewed with each authorization period — changes require documented justification
- Changes made primarily to retain or increase hours may trigger further UM review and possible corrective action

§2.9

Authorization for CPT 97151

6 hrs
initial assessment

4 hrs
re-evaluations

- Initial assessments: up to 6 hours authorized
- Re-evaluations: up to 4 hours authorized
- Additional hours require clinical justification, reviewed by CMHSP UM
- Providers should pre-plan before re-evaluations: review prior assessments, identify new concerns, consult with caregivers and key team members
- Supporting documentation includes: functional analyses (FAs), parent interviews, school letters describing behavioral or environmental factors
- CMHSP UM may also request updated treatment plans, progress reports, attendance records, or other materials to support extended assessment hours

§2.10 School-Time Services

- ABA services must protect students' rights to a full school day in accordance with FAPE guidelines
- Must prioritize instruction and IEP/504 services, supporting learning with age-appropriate peers
- Coordination with school and IEP/504 teams required to minimize disruption
- All school-time ABA needs IEP documentation and CMHSP UM authorization
- ABA should not replace educational goals or services
- Sessions must be outside scheduled school hours, including for homeschooled students
- If shortened school day is considered, IEP team reviews and documents the decision with a clear transition plan back to full day

§2.11

Group & Family Transition Options

- CMHSPs and provider organizations will develop and utilize group opportunities as step-down options from intensive ABA services
- Family groups serve as transition options when clinically appropriate
- Designed to maintain therapeutic progress while reducing service intensity
- Supports social skill development in structured peer settings
- Provides a bridge between intensive 1:1 ABA and community-based independence

§2.12

Two-Year Service Duration Review

20+
hrs/week for 2+ years

LRE
review triggered

- Review triggered for members utilizing 20+ hours/week for a continuous two-year period
- Initiated by CMHSP provider when there is insufficient progress toward ABA treatment goals
- Also triggered by ongoing modifications to the transition plan or high-intensity behaviors requiring BTPRC-approved behavior support plans
- Review assesses ongoing clinical appropriateness, necessity for continued high-intensity services, and clinical progress
- Evaluates member's readiness for transition to other appropriate services
- Ensures alternative support is considered and integrated based on current needs and progress

Roles & Responsibilities

U

CMHSP UM Staff

- Monitor utilization rates
- Initiate and conduct reviews
- Maintain review cadence
- Document all determinations

B

BCBAs

- Support clinical review decisions
- Evaluate member progress
- Recommend transition/discharge plans
- May or may not be part of CMHSP UM

P

Providers

- Deliver authorized services
- Document using required templates
- Maintain discharge criteria
- Cooperate with UM timelines

L

LRE Staff

- Support CMHSP UM staff
- Collaborate on flagged cases
- Assist reviews for service intensity

Compliance & Framework Review

Compliance & Corrective Action (§6)

- Noncompliance may result in corrective action, additional UM oversight, or recoupment
- Actions taken by CMHSP including UM, Clinical, and/or Contract staff
- Exceptions require UM leadership approval with documented clinical rationale

Required Documentation (§5)

- Treatment plans & progress reports
- SOAP notes
- Utilization summaries
- Discharge criteria & transition plans
- FBA/FAST/QABF tools, IEPs, schedules

Framework Review (§7)

- Reviewed at least annually
- Updated based on regulatory guidance, clinical standards, and organizational objectives
- Effective date: May 2026