
CHAPTER 4: APPLIED BEHAVIOR ANALYSIS

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COORDINATION OF CARE

In order help the managed care organizations (MCOs) understand all the services a beneficiary needs and is receiving, the provider should enclose the Behavior Treatment Plan and a copy of the child's individualized educational plan (IEP), if accessible. If the provider does not enclose the IEP, the provider must explain why they are unable to furnish a copy of the IEP.

A behavior treatment plan calling for services to be delivered in a school setting will not be approved until an IEP is provided to the beneficiary's MCO. Applied Behavior Analysis (ABA) therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Louisiana Medicaid, provided all other conditions for coverage of ABA therapy are met (e.g., the service is medically necessary).

The behavior treatment plan should indicate if the beneficiary is in a waiver and which waiver the beneficiary is in. (This can be determined by checking the MEVS/REVS system.) If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care (POC). This can be obtained by contacting the Waiver Support Coordinator. Communication should be maintained between the ABA provider and the Waiver Support Coordinator.

ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap. This should be clearly documented in an addendum to the behavior treatment plan.

This addendum must detail the frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time, and include an outline of information the direct support worker needs to correctly implement the skill, several measurable and objective goals defining and leading to the direct support worker's competency (i.e., correct implementation), and the methods for collecting data on the direct support worker's performance. Strategies the ABA provider will use should be identified, such as, but not limited to, demonstration, modeling, coaching and feedback, and providing repeated opportunities for direct support worker practice (role playing and in "real life" situations with the beneficiary). This pairing of the direct support worker and the ABA provider should be specific, time limited, measureable and individualized.

For ABA services to be provided at a non-ABA facility or simultaneously with another service, if allowed per medically unlikely edits, and coding guidelines, the other service in question must not have a restriction that keeps it from being performed at the same time as another service.

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For services at a non-ABA facility, the addendum must detail why sessions are medically necessary at this facility and how often the services will occur at the facility. They must also explain why the sessions cannot occur in the home or at the ABA facility itself.

This addendum must detail the frequency and duration of sessions when the ABA provider and the other service provider are required to be present at the same time, and include an outline of information the other service provider needs to correctly implement the skill. It also must include several measurable and objective goals defining and leading to the direct support worker's competency (i.e., correct implementation) and the methods for collecting data on the direct support worker's performance. Strategies the ABA provider will use must be identified, including, but not limited to, demonstration, modeling, coaching and feedback, and providing repeated opportunities for direct support worker practice (role playing and in "real life" situations with the beneficiary). This pairing of the direct support worker and the ABA provider should be specific, time limited, measureable and individualized.