## **CHAPTER 4: APPLIED BEHAVIOR ANALYSIS**

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/16/21	4.	Table of Contents	2	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.
07/16/21	4.0	Overview	1	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.
07/16/21	4.1	Covered Services	8	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.
07/16/21	4.2	Beneficiary Requirements	1	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.
07/16/21	4.3	Service Authorization Process	2	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.
07/16/21	4.5	Reimbursement	1	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.
07/16/21	4.6	Coordination of Care	2	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.

## LOUISIANA MEDICAID PROGRAM

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07/16/21	Appendix A	Contact Information	1	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.
07/16/21	Appendix D	Plan of Care Instructions and Forms	10	Revisions made to update the usage "recipient" to "beneficiary" per CMS guidance.