



Mountain-Pacific
Quality Health

Utilization Management and Medical Necessity for ABA Services

February 2022

Agenda: 1.5-hour training

- Introductions
- Case Examples/Live-Demo (75 min)
 - Using Qualitrac
 - Creating a request
 - Defining eligibility and medical necessity criteria in Medicaid applied behavior analysis (ABA) manual
 - Specifically focused on extension requests
 - Defining required documentation
 - Sample forms
 - Reviewing outcome letters
- Open Q&A (15 min)

Introductions

- Trainers
 - Telligen
 - Jean McClurken, LCSW
 - DPHHS
 - Dr. Michelle McCall, Developmental Services Division
Psychiatric Consultant
 - Mountain-Pacific Quality Health
- Attendees
 - Name/agency
 - Role/profession
 - Goal for attending session

Introductions, cont.

Goals/Objectives

- 1 Demo the actual portal system that will be used to submit requests for continuation of ABA services
- 2 Provide examples of required clinical documentation using a relevant case study
- 3 Answer questions for provider community

Live Demo

- **Structure**
 - Toggling back and forth a bit, between Qualitrac stage environment and slide deck to ensure we hit all points in an engaging and efficient manner.
 - Slide deck will be a helpful reference tool after this training and will be provided to all invited to attend this training.

Case Study

- Christopher Robin – 10-year-old with PTSD, ODD, ADHD referred for ABA by primary care provider team with support of educators and individualized education plan (IEP). Lives with adoptive family and an older sibling, in 4th grade with no cognitive concerns, but aggressive and disruptive behaviors mostly outside of one-on-one interactions and during transitions leading to negative academic consequences and safety concerns at home. There has been great progress in the last six months in terms of reduction in frequency and severity of behaviors both at home and at school, though family is struggling to adapt new behaviors to novel situations and more time is needed.



Creating the Request in Qualitrac

- Authorized official should have already created user accounts
- Log-in and search for your member
 - Add member if not found after three searches
- Add ABA concurrent review

Member Search

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

<p>Member ID *</p> <input type="text" value="Member ID"/>	<p>Date Of Birth *</p> <input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Search"/>	OR	<p>First Name *</p> <input type="text" value="Christopher"/>	<p>Last Name *</p> <input type="text" value="Robin"/>	<p>Date Of Birth *</p> <input type="text" value="01/01/2012"/>	<input type="button" value="Search"/>
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Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

<p>Member ID *</p> <input type="text" value="Member ID"/>	<p>Date Of Birth *</p> <input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Search"/>	OR	<p>First Name *</p> <input type="text" value="Christopher"/>	<p>Last Name *</p> <input type="text" value="Robin"/>	<p>Date Of Birth *</p> <input type="text" value="01/01/2012"/>	<input type="button" value="Search"/>
--	---	---------------------------------------	----	---	--	---	---------------------------------------

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
-----------	-----------	------------	-------------	---------------	--------

Member Not Found.

Try searching again or



Show entries

Showing 0 to 0 of 0 entries

Previous Next

Add ABA Review 1 of 2


Christopher Robin [View Member Details](#)

Member ID: 023456789 Date of Birth: 01/01/2012 Phone Number: Client: Montana - Mountain Pacific

Utilization Management [View Requests](#) [+ Add](#)

Hiding canceled requests. [Show](#)

No Authorization Requests.



Assessments [View Groups](#)

Show 10 entries Search:

Name	Date	Completed By
No data available in table		

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

Add ABA Review 2 of 2

Qualitrac ⚙️ 🔍 📅 📄 ? 👤

Dashboard / Task Queue / Member Hub / New Request Messages Christopher Robin - 023456789 - 01/01/2012

Christopher Robin Member ID: 023456789 DOB: 01/01/2012

Phone Number: Client: Montana - Mountain Pacific

Authorization Request

Date Request Received * 02/15/2022 04:29 pm 📅	Review Type * Behavioral Health Outpatient ▼	Place of Service * Other Place of Service ▼	Type of Service * AMDD CMP AMDD IOP Adol AMDD IOP Adult AMDD MACT AMDD Outpatient AMHB IOP CMHB ABA DD CMHB ABA SED CMHB ENA Services CMHB Home Support Services CMHB Outpatient CMHB Therapeutic Home Visit
Timing * ▼			

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Review Type = Behavioral Health Outpatient
Place of Service = Other

Defining Criteria in State Manual

manuals / Applied Behavior Analysis Services Manual

COVID-19 Provider Information

Provider File Updates and New Provider Information

Online Services

Resources by Provider Type

Provider Enrollment

Montana HELP Plan

Subscribe to Claim Jumper

Site Search

Site Index

Draft Montana Medicaid Applied Behavior Analysis Services Manual

Department Policy material is updated periodically, and it is the responsibility of the users to ensure that the policy they are researching or applying has the correct effective date for their circumstances.

If you experience any difficulty opening a section or link from this page, please email the [webmaster](#).

How to Search this manual:

This edition has three search options.

1. **Search the whole manual.** Open the Complete Manual pane. From your keyboard press the Ctrl and F keys at the same time. A search box will appear. Type in a descriptive or key word (for example "Denials". The search box will show all locations where denials discussed in the manual.
2. **Search by Chapter.** Open any Chapter tab (for example the "Billing Procedures" tab). From your keyboard press the Ctrl and F keys at the same time. A search box will appear. Type in a descriptive or key word (for example "Denials". The search box will show where denials discussed in just that chapter.
3. **Site Search.** Search the manual as well as other documents related to a particular search term on the [Montana Healthcare Programs Site Specific Search page](#).

Prior manuals may be located through the [provider website archives](#).

Updated 02/01/2022

Complete Draft Montana Medicaid Applied Behavior Analysis Services Manual	▼
Update Log	▼
Table of Contents	▼
Key Contacts and Websites	▼
Introduction	▼
Definitions and Acronyms	▼
Eligibility	▼
Clinical Guidelines	▼
Covered Services	▼
Authorization of Additional Units of Service	▼
Forms and Documents	▼
Billing Procedures	▼
How Payment is Calculated	▼
Search Options	▼

<https://medicaidprovider.mt.gov/manuals/appliedbehavioranalysiservicesmanual>

Eligibility, from the manual

Continuing Eligibility

Any physician, licensed mental health professional, or other qualified healthcare professional may refer a member for the initiation of ABA services under a provisional qualifying diagnosis. However, the Department may only determine a member to be eligible for receipt of continued ABA services after the initial 180 calendar days or the initial authorized units of service are exhausted if:

1. The member continues to meet the age criteria for initial eligibility. Age 10
2. The member continues to have a provisional qualifying diagnosis that has been subsequently established as a qualifying diagnosis by one of the qualified healthcare professionals with expertise in the diagnostic area listed below:
 - a. Child and adolescent psychiatrist.
 - b. General psychiatrist with adequate child and adolescent experience. OP psychiatrist
 - c. Psychiatric mental health nurse practitioner with adequate child and adolescent experience.
 - d. Developmental pediatrician.
 - e. Neuropsychologist or psychologist.
3. The Department deems the member eligible through its authorization process.
4. Services continue to be deemed medically necessary by the qualified healthcare professional or licensed mental health professional and the BCBA. OP and providing BCBA wish to continue ABA services
5. The member continues to meet Functional Impairment Criteria, and this is supported in documentation submitted by the BCBA. Fewer, but met

The medical necessity review and authorization process for continued eligibility and receipt of ABA services will occur every 180 calendar days or when the initial or subsequent authorized units of service are exhausted.

The Department may also review the medical necessity of services or items at any time, either before or after payment, in accordance with the provisions of [ARM 37.85.410](#). If the Department determines that services or items were not medically necessary or otherwise in compliance with applicable requirements, the Department may deny payment or may recover any overpayment in accordance with applicable requirements.

Service Requirements, from the manual

Service Requirements

Medicaid ABA services must be consistent with the Eligibility Criteria chapter. Service requirements are characterized by the following characteristics, Essential Practice Elements in the *Applied Behavior Analysis Manual*, Second Edition, issued by the BACB and/or the Council of Autism and Special Services.

The ABA provider must satisfy the following requirements:

1. Complete a developmental assessment, and observe and document the client's strengths and potential barriers to progress.
2. Develop an individualized treatment plan based on the *Treatment of Autism Spectrum Disorders*, Second Edition, published by the Council of Autism and Special Services.
3. Implement direct treatment and support services to facilitate transition and discharge.

The ABA provider must complete the requirements in the manual. In circumstances where the requirements have precluded completion, the provider should submit a written clinical report explaining why the requirements will be completed or not.

11 Essential practice elements:

1. Comprehensive assessment that describes specific levels of behavior at baseline and informs subsequent establishment of treatment goals
2. An emphasis on understanding the current and future value (or social importance) of behavior(s) targeted for treatment.
3. A practical focus on establishing small units of behavior that build towards larger, more significant changes in functioning related to improved health and levels of independence.
4. Collection, quantification, and analysis of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress toward treatment goals.
5. Efforts to design, establish, and manage the social and learning environment(s) to minimize problem behavior(s) and maximize rate of progress toward all goals.
6. An approach to the treatment of problem behavior that links the function of (or the reason for) the behavior to the programmed intervention strategies.
7. Use of a carefully constructed, individualized and detailed behavior-analytic treatment plan that utilizes reinforcement and other behavioral principles and excludes the use of methods or techniques that lack consensus about their effectiveness based on evidence in peer-reviewed publications.
8. Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until discharge criteria are met.
9. An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis.
10. Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements.
11. A comprehensive infrastructure for supervision of all assessment and treatment by a Behavior Analyst.

consistent and as defined in the manual. The manual is consistent with ABA core practice elements as delineated in the *Applied Behavior Analysis Manual*, Second Edition.

The manual must also identify the following scales, direct

and *Applied Behavior Analysis Manual*, Second Edition, issued by the BACB and/or the Council of Autism and Special Services.

in modification, and

extenuating circumstances. ABA directing services through the service manual.

Sample Documentation, BIA cont.

- The Behavior Identification Assessment (BIA) is required documentation to be submitted with the request for additional documentation and must be a revised assessment, not the original from the start of treatment. The following elements taken from the Required Document Components Checklist will need to be easily discernible.
- This does not need to be one document, but may be multiple.
- <https://medicaidprovider.mt.gov/docs/ABA/ABAServicesRequiredDocumentComponentsChecklist02012022.pdf>

Behavior Identification Assessment

- 1. Treatment History of ABA Included in our BIA Update Document
 - a. response and date spans of treatment
 - b. lapses in service and reasons for them
- 2. Assessment Tool Utilized* - acceptable tools include those considered standard of practice for the relevant diagnosis Included charts with dates separately
 - a. accompanying grids, tables, or graphs
 - b. date the tool was administered
 - c. brief description of the tool and its purpose Included in our BIA Update Document
 - d. summary of the findings
- 3. Current Identified Problem Behaviors Included in our BIA Update Document
 - a. objectively identified and measured
 - b. baseline provided
- 4. Behavior Reduction Goals and Objectives** (must be measurable and clearly defined)
- 5. Current Skill Deficits Included in our Tx Plan Document
 - a. minimum of 3
 - b. objectively identified and measured
 - c. baseline provided
- 6. Skill Acquisition Goals and Objectives** Included in our BIA Update Document
 - a. minimum of 3
 - b. measurable and clearly defined
- 7. Parent Goals/Goals for Generalization Included in our BIA Update Document
 - a. minimum of 3
 - b. measurable and clearly defined
- 8. Other Professional Assessment Results relevant to ABA Treatment (OT, PT, Speech, Other) Included BH OP Team Summary separately

Screenshots of Assessment Tools

*The same tool should be utilized for the entire treatment span. Preferred tools include VB-MAPP, ABLLS-R, AFLS, or ABAS.

VB-MAPP Milestones Master Scoring Form

Child's name: _____
 Date of birth: _____
 Age at testing: 1 2 3 4

Key:	Score	Date	Color	Tester
1st test:			Orange	
2nd test:			Green	
3rd test:			Red	
4th test:			Blue	

LEVEL 3

Hand	Tact	Listener	VP/RTS	Play	Social	Reading	Writing	LM/FC	IV	Group	Linguistic	Math
15												
14												
13												
12												
11												
10												
9												
8												
7												
6												

LEVEL 2

Hand	Tact	Listener	VP/RTS	Play	Social	Initiation	Echic	LM/FC	IV	Group	Linguistic
10											
9											
8											
7											
6											

LEVEL 1

Hand	Tact	Listener	VP/RTS	Play	Social	Initiation	Echic	Vocal
5								
4								
3								
2								
1								

How to Interpret the Assessment Presentation Handout
 Page 3

Your ABAS-3 Skill Area Scores

Skill area	Skills measured	Percentile Ranks																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Communication	Speech, language, listening, conversation, and nonverbal communication skills	[Bar chart showing scores in the 10-15% range]																	
Community Use	Behaving appropriately in the community, knowing where things are and how to get around in public places	[Bar chart showing scores in the 10-15% range]																	
Functional Academics	Basic reading, writing, and arithmetic skills such as counting money and reading important documents	[Bar chart showing scores in the 10-15% range]																	
Home Living	Cleaning up around the house, helping with chores, taking care of personal items	[Bar chart showing scores in the 10-15% range]																	
Health and Safety	Following safety rules, showing caution when needed, staying out of danger, and knowing when to get help	[Bar chart showing scores in the 10-15% range]																	
Leisure	Playing with others, following rules in games, and planning fun activities	[Bar chart showing scores in the 10-15% range]																	
Self-Care	Eating, dressing, bathing, toileting, grooming, and hygiene	[Bar chart showing scores in the 10-15% range]																	
Self-Direction	Self-control, making choices, starting and completing tasks, following a routine, and following directions	[Bar chart showing scores in the 10-15% range]																	
Social	Getting along with others, expressing affection, making friends, showing and recognizing emotions	[Bar chart showing scores in the 10-15% range]																	
Work	Completing work tasks, working with supervisors, and following a schedule	[Bar chart showing scores in the 10-15% range]																	

Your ABAS-3 Overall Scores

Overall score	Skill areas included	%ile	Extremely low	Low	Below average	Average	Above average	High
GAC	All skill areas included	6%		X				
Conceptual	Communication, Functional Academics, and Self-Direction	8%		X				
Social	Leisure and Social	3%		X				
Practical	Community Use, Home Living, Health and Safety, Self-Care, and Work	12%			X			

Note: The Work adaptive skill area is included in the GAC and Practical domain standard scores for individuals under 75 years old if it was administered and no more than three items were skipped.

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Sample Rater Report page from ABAS-3

Screenshots cont.

Name: Joe Functional Assessment Observation Form

Starting Date: 3-16 Ending Date: 3-17

Time	Behaviors			Predictors						Perceived Functions					Actual Conseq Comments (if nothing happened in period, write initials)										
	Slap others	Swallow food	Scream	Demand/Request	Difficult Task	Transitions	Interuption	Alone (no attention)	Mentions	Bell	Joke	Get/Obtain		Escape/Avoid		Ignore	Blatant Request								
												Attention	Desired Item/Activity	Self-Stimulation				Demand/Request	Activity ()	Person	Other/Don't know				
8:50-9:55 Reading	1 11	2 10	1 11	1 11			2 10	1 11				2 10					2 10	1 11	2-read on own 10-read on own						
9:40-10:25 Lamp Auto	3 5 13	4	12	3 5 13	4			3 5 13	4			3 5 13	4					3 5 13	4						
10:30-11:15 Chen																				M.J.					
11:20-12:05 Watch	6 7	14	6 7	6 7			14	6 7				14	6 7				14	6 7	14-seat work						
12:05-12:50 Lunch																				B.W.					
12:55-1:40 Social Studies	8 15		8 15	8 15				8 15				8 15						8 15							
1:45-2:50 Science	17	9	16 17	16 17	16		9		16 17			9	16				9	16 17							
2:55-3:20 P.E.																				J.S.					
Totals	19	4	9																						
Events:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25																								
Date:	3/16												3/17												

Sample Documentation, Treatment Plan

- The updated treatment plan is required documentation to be submitted with the request for additional documentation and must show progress since the start of treatment. The following elements taken from the Required Document Components Checklist will need to be easily discernible.
- This does not need to be one document, but may be multiple.
- <https://medicaidprovider.mt.gov/docs/ABA/ABAServicesRequiredDocumentComponentsChecklist02012022.pdf>

Treatment Plan

All treatment plans must meet the standards established in *ABA Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition*. These are listed below and taken directly from that reference.

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> 1. Patient Information | | |
| <input type="checkbox"/> 2. Reason for Referral | <input checked="" type="checkbox"/> | Included in our BIA Update Document – an be original |
| <input type="checkbox"/> 3. Brief Background Information | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> 4. Clinical Interview | | |
| a. problem behaviors | <input checked="" type="checkbox"/> | Included in our BIA Update Document – with update! |
| b. operational definitions of primary area of concern | | |
| c. information regarding possible function of behavior | | |
| <input type="checkbox"/> 5. Review of Recent Assessments/Reports | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> 6. Assessment Procedures & Results* - acceptable tools include those considered standard of practice for the relevant diagnosis | | Included in our BIA Update Document, see previous slide |
| a. accompanying grids, tables, or graphs | <input checked="" type="checkbox"/> | |
| b. date the tool was administered | | |
| c. brief description of the tool and its purpose | | |
| d. summary of the findings | | |
| <input type="checkbox"/> 7. Treatment Plan | | Included in our Tx Plan Document |
| a. treatment setting | <input checked="" type="checkbox"/> | |
| b. definitions for behavior, goal, and skills | | |
| c. behavior management procedures/interventions | | |
| d. instructional methods | | |
| e. data collection methods | | |
| f. proposed goals and objectives** | | |
| <input type="checkbox"/> 8. Parent/Caregiver Training | <input checked="" type="checkbox"/> | Included in our Tx Plan Document – with status updates! |
| a. training and data collection procedures | | |
| b. proposed goals and objectives** | | |
| <input type="checkbox"/> 9. Coordination of Care | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> 10. Transition Plan | | |
| <input type="checkbox"/> 11. Discharge Plan | <input checked="" type="checkbox"/> | |

Required Documentation Components Checklist



Applied Behavior Analysis (ABA) Services Required Document Components Checklist

The following information is required for review for re-authorization of ABA Services. Of note, the checklist identifies the specific information crucial to making a determination of eligibility for the service and is based on the standards delineated in *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition* issued by the BACB and/or the Council of Autism Service Providers. It is not intended to dictate a format for each specific document itself. Existing documentation submission is encouraged so long as it contains all the required components delineated below.

Please upload forms/documentation to Qualtrac via the Medicaid Utilization Review Portal: [Medicaid Portal - Home - Mountain-Pacific Quality Health \(mpqh.org\)](#)

Treatment Plan

All treatment plans must meet the standards established in *ABA Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition*. These are listed below and taken directly from that reference.

- 1. Patient Information
- 2. Reason for Referral
- 3. Brief Background Information
- 4. Clinical Interview
 - a. problem behaviors
 - b. operational definitions of primary area of concern
 - c. information regarding possible function of behavior
- 5. Review of Recent Assessments/Reports
- 6. Assessment Procedures & Results* - acceptable tools include those considered standard of practice for the relevant diagnosis
 - a. accompanying grids, tables, or graphs
 - b. date the tool was administered
 - c. brief description of the tool and its purpose
 - d. summary of the findings
- 7. Treatment Plan
 - a. treatment setting
 - b. definitions for behavior, goal, and skills
 - c. behavior management procedures/interventions
 - d. instructional methods
 - e. data collection methods
 - f. proposed goals and objectives**
- 8. Parent/Caregiver Training
 - a. training and data collection procedures
 - b. proposed goals and objectives**
- 9. Coordination of Care
- 10. Transition Plan
- 11. Discharge Plan

*The same tool should be utilized for the entire treatment span. Preferred tools include VB-MAPP, ABLLS-R, AFLS, or ABAS.

**Each goal and objective must meet the standards established in *ABA Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition*.

Created 02.01.2022

Page 1 of 2

Behavior Identification Assessment

- 1. Treatment History of ABA
 - a. response and date spans of treatment
 - b. lapses in service and reasons for them
- 2. Assessment Tool Utilized* - acceptable tools include those considered standard of practice for the relevant diagnosis
 - a. accompanying grids, tables, or graphs
 - b. date the tool was administered
 - c. brief description of the tool and its purpose
 - d. summary of the findings
- 3. Current Identified Problem Behaviors
 - a. objectively identified and measured
 - b. baseline provided
- 4. Behavior Reduction Goals and Objectives** (must be measurable and clearly defined)
- 5. Current Skill Deficits
 - a. minimum of 3
 - b. objectively identified and measured
 - c. baseline provided
- 6. Skill Acquisition Goals and Objectives**
 - a. minimum of 3
 - b. measurable and clearly defined
- 7. Parent Goals/Goals for Generalization
 - a. minimum of 3
 - b. measurable and clearly defined
- 8. Other Professional Assessment Results relevant to ABA Treatment (OT, PT, Speech, Other)

*The same tool should be utilized for the entire treatment span. Preferred tools include VB-MAPP, ABLLS-R, AFLS, or ABAS.

**Each goal and objective must meet the standards established in *ABA Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition*.

Diagnostic Evaluation

- 1. Performed by qualified health care professional with expertise in the diagnostic area
- 2. Establishes qualifying diagnosis
- 3. Indicates medical necessity of ABA services to ameliorate symptoms of the qualifying diagnosis
- 4. Documents the Functional Impairment Criteria met by the member at the time of evaluation

Clinical Re-Assessment

Required annually and applies only to SED.

- 1. Confirms qualifying diagnosis from Diagnostic Evaluation
- 2. Indicates medical necessity of continued ABA services to ameliorate symptoms of the qualifying diagnosis
- 3. Documents the Functional Impairment Criteria met by the member at the time of re-assessment

Created 02.01.2022

Page 2 of 2

Additional Units Request Form



Applied Behavior Analysis (ABA) Services Additional Units of Service Request

This form notifies the Department of the intent to continue Applied Behavior Analysis (ABA) services beyond the initial or previously authorized 180 calendar days or 1,260 units of service for a member with a qualifying diagnosis and who meets the Functional Impairment and Eligibility Criteria.

The Department is unable to reimburse a provider for services rendered unless this form is completely and accurately filled out and submitted. Reimbursement may not be given retroactively for failure to submit timely, complete and required documentation. Please upload forms/documentation to Qualtrac via the Medicaid Utilization Review Portal [Medicaid Portal - Home - Mountain-Pacific Quality Health \(mpqh.org\)](#).

Date of Submission _____

Member Name _____

Date of Birth _____

Medicaid Card ID _____

Parent or Guardian/Caregiver Name _____

Parent or Guardian/Caregiver Contact Information _____

Provider Name _____

Provider Contact Information _____

Provider NPI _____

Provider License Number _____

Start Date for Services _____

By signing below, the service provider confirms in writing all of the following:

- A qualified healthcare professional with expertise in the diagnostic area* has performed a Diagnostic Evaluation which has confirmed the qualifying diagnosis and the professional deems the service medically necessary to ameliorate the symptoms of the stated qualifying diagnosis.
 - *To be eligible for re-authorization of ABA services, the provisional qualifying diagnosis must have been established by one of the following qualified healthcare professionals with expertise in the diagnostic area:
 - o Child and adolescent psychiatrist
 - o General psychiatrist with child and adolescent experience
 - o Psychiatric mental health nurse practitioner with child and adolescent experience
 - o Developmental pediatrician
 - o Neuropsychologist/psychologist
- The licensed Board Certified Behavior Analyst (BCBA) delivering services has confirmed in writing the continued medical necessity of the service and the expectation that the member's presenting deficits will continue to improve to a clinically meaningful extent.

- The parent or guardian/caregiver of the member receiving the services has confirmed in writing a commitment to participate in the goals of the treatment plan.
- The licensed BCBA who will be delivering the services agrees to provide all Service Requirements as delineated in the *Montana Medicaid ABA Services Manual* and within nationally accepted standards of practice.
- The licensed BCBA who will be delivering the services has agreed to deliver authorized services, not to exceed a maximum of 180 calendar days or 1,260 units of service, whichever elapses first.
- The licensed BCBA who will be delivering the services understands and agrees that additional days or units of service beyond those noted above will require prior authorization.

Signature _____ Date _____

Required Supplemental Documentation

- Diagnostic Evaluation performed by a qualified healthcare professional with expertise in the diagnostic area** which establishes the qualifying diagnosis. Must also include a statement as to the medical necessity of ABA services to ameliorate the symptoms of the qualifying diagnosis.
 - **Only required for initial Additional Units of Service request.
- Behavior Identification Assessment
- Current Treatment Plan
- Documentation of Functional Impairment Criteria the member continues to meet.

For Department Use Only

Received Date _____ Staff Initials _____

Criteria for Additional Services, from the manual

Criteria for Additional Units of Service

The member must continue to meet the eligibility criteria and service requirements. In addition, **the following three (3) things are required:**

1. The BCBA providing services must have a reasonable expectation that the member will continue to benefit from the services and that the skill deficits and behaviors identified in the treatment plan will improve to a clinically meaningful extent.
2. The treatment plan demonstrates progress in each of the identified goals or provides a clinical explanation and modification to address a lack of progress.
3. The treatment plan demonstrates that the member is not experiencing a worsening of skill deficits or behaviors due to the treatment services.

Service Exclusion Criteria

The following criteria exclude members from being eligible for service.

1. The member demonstrates consistent worsening of skill deficits and/or behaviors with the service being delivered.
2. The member's parent/guardian is not engaged in treatment and/or does not agree to continued service delivery.
3. The member has medical conditions or impairments that would prevent beneficial utilization of services.
4. The member has demonstrated no significant progress in treatment goals for 2 consecutive additional units of service request reviews, and the BCBA provider cannot sufficiently explain the lack of progress to justify continuing to authorize the service.
5. The member can be safely and effectively treated at a less intensive level of service or care.

Qualitrac Review Panels

Admission and Discharge

Admission Date *

Admission Type *


 

Admission Source

Personal Representative

[+ Add](#)

Primary	Name	Relationship	Phone	Phone Type	Address	Action
☆	Nancy Robin	Parent	(406) 568-5309		10 Hundred Acre Wood Helena, ME 59601	

Providers *

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility *					Not Supplied			+ Add
Ordering Provider *					Not Supplied			+ Add

Provider Organization Visibility

Qualitrac Review Panels, cont.

Diagnosis

+ Add

Seq.	Code	Description	Final Dx	POA	NOS	Action
No Diagnoses Supplied						

Procedures

+ Add

Seq.	Code	Description	Final Dx	POA	NOS	Qty.	Frequency	Cost	Action
1		9900 HOSPITAL CARE/DAY 35 MINUTES							

Documentation

+ Add

Show 10 entries

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Showing 0 to 0 of 0 entries

Previous Next




Reviewing Outcome Letters

- There will be no requests for additional information (RFIs)
- Outcomes from a submission will either be an Approval or Denial
- Approvals will be for the entire package of services/codes for a six-month span including 1260 units.
- Denials will be issued for 1 of the following 3 reasons:
 - Information submitted for review was incomplete
 - Medical necessity was not demonstrated by the complete documentation submitted
 - Member does not meet Eligibility Criteria

Reviewing Outcome Letters

cont.

MEDICAID UTILIZATION REVIEW
 560 N. Park Ave. ■ Helena, MT 59601 ■ 1-800-219-7035

02/24/2022

Nancy Robin
 10 Hundred Acre Wood
 Helena, ME 59601

Re: Christopher Robin
 Insurer: Montana Medicaid

Under contract with the State of Montana, Department of Public Health and Human Services (DPHHS), Mountain-Pacific Quality Health has designated Telligen to review selected items/services provided to Montana Medicaid members. To ensure compliance with State requirements, certain items/services are reviewed for appropriateness based on the member's medical need for the item/service.

The requested service and outcome are listed below.

Member Name: Christopher Robin	DOB: 01/01/2012	Medicaid ID #: 023456789	Case ID: 18858
Requested Service (1)			
Request Type: Concurrent	Review Type: Behavioral Health Outpatient (CMHB ABA SED)		
Treating Provider:	Treating Facility: HELENA LABORATORY PHYSICIANS (1518997279)		
Date(s) of Service: 01/01/2022 - 01/02/2022	Quantity: 1 day(s)		
Proc Code: 99233	Modifier:	Procedure Description:	

Determination (1)		
Dates(s) of Service Approved: 01/01/2022 - 01/01/2022	#Approved: 0 day(s)	Authorization #: 1079661419
Proc Code: 99233	Modifier:	Procedure Description:
Determination: Denied	Rationale: Medical necessity is not demonstrated due to incomplete documentation. The following required elements from the ABA Required Document Components Checklist were not found: Treatment Plan 4.a, 4.c, 8.a, 8.b; Behavior Identification Assessment 1.a and 1.b; and Clinical Re-Assessment 3. Additional documentation may not be submitted relating to this current request. However, if you and/or parent or guardian feel the services are medically necessary for the member, you may submit a new request with the above areas adequately addressed.	

Open Q&A



Closing

- What did you take away?
- What are you going to start doing differently as a result of this training, if anything?



Mountain-Pacific
Quality Health

CONTACT CENTER
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