

**Regional Monitoring of Autism Benefit – Applied Behavioral Analysis  
Consumer Specific Standards**

PROVIDER SITE:	DATE OF REVIEW: Click or tap to enter a date.
NAMES OF REVIEWERS:	DATE REPORT SENT TO PROVIDER: Click or tap to enter a date.
CORRECTIVE ACTION REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	CORRECTIVE ACTION DUE DATE: Click or tap to enter a date.
CORRECTIVE ACTION ACCEPTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE CORRECTIVE ACTION ACCEPTED: Click or tap to enter a date.

Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
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AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS (Desk Review)					
1.1	There is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, risk factors, and measurable, achievable, and realistic goals for improvement.	Medicaid Provider Manual MHPA Section 18 MDHHS Person Centered Planning Practice Guideline	Policy & Procedure  Consumer Chart	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
1.2	Beneficiaries services and supports are provided as specified in the IPOS, including:  A. Amount  B. Scope  C. Duration	Medicaid Provider Manual MHPA Section 18 MDHHS Person Centered Planning Policy	Policy/Procedure Consumer Chart; Assessment; Progress Notes; Adjudicated claim NOTE: refer to MDHHS Autism ABA Medicaid Benefit Code Crosswalk	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
1.3	Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with the use of reliable and valid assessment instruments and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).	Medicaid Provider Manual MHPA Section 18.11	Policy/Procedure  Consumer Chart; Assessments (within 6 mos. from last assessment)	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
1.4	Observation Ratio: Number of Hours of ABA observation during a quarter are $\geq$ to 10% of the total service provided.	Medicaid Provider Manual Section 18. Contract; Statement of Work III.b	Policy/Procedures. Claims data; progress notes; supervision to demonstrate 1 hour to every 10 hrs.	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
			<b>TOTAL SCORE/%:</b>	<b>Points</b>	<b>%</b>

Documentation/Reporting Requirements (desk review)					
2.1	Transportation Logs include name of transporter and if ABA services were provided during transport. If ABA services are provided by BT, the name of the BT and name of transporter is included.  NOTE: Documentation requirement is designed to ensure a separation between the individual providing the transportation and the individual billing for direct ABA services. Provider must maintain a log of any transportation of consumers.	Contract; Statement of Work III.a	Transportation logs	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.2	Supervision Logs indicate date, duration, and content of supervision; supervision name and signature; staff name, client name	Contract; Statement of Work III.b	Supervision logs	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.3	Family Training Progress Notes include date, content, duration, notes indicating name of parent that participated or evidence that the parent/guardian participated and/or received training, and name of staff providing training.  <i>Reviewers: See list of billing codes in Box <a href="#">here</a>.</i>	Contract; Statement of Work III.c	Progress notes; date stamp end time after session end-time. Name of parent that participated. Signature of parents are not required.	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.4	Social Skills Group Progress Notes indicate date, content, and duration of session, signature of BHT supervisors	Contract; Statement of Work III.d	Progress notes; date stamp end time after session end-time	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1)	

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
				<input type="checkbox"/> NA	
2.5	Group adaptive behavior progress note includes date, content, duration of session, and signature of technician providing the service.	Contract; Statement of Work III.e	Progress notes; date stamp end time after session end-time	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.6	Telepractice services are pre-authorized in the IPOS	MSA 21-20 Medicaid Provider Manual Section 18 Policy	IPOS, PCP	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input checked="" type="checkbox"/> NA	
2.7	ABA exposure adaptive treatment – double staffing notes include dated, duration of session, and signature of both rendering providers.	Contract; Statement of Work III.g	Progress notes; assessment indicates need for intensive service; evidence of Behavior Treatment Review by BTC	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.8	Incident Reports are received in writing within 24 hours of an event.	Contract	Incident report log	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
			<b>TOTAL SCORE/%:</b>	<b>Points</b>	<b>%</b>