MSHN
Mid-State Health Network

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: ☐ Yes ☐ No	CORRECTIVE ACTION DUE DATE: Click or tap to enter a date.
CORRECTIVE ACTION ACCEPTED: ☐ Yes ☐ No	DATE CORRECTIVE ACTION ACCEPTED: Click or tap to enter a date.

	Standard	Source	Evidence may include	REVIEWER GUIDELINES	Score	Evidence Found, Notes, Comments
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 MHSA Section 18 MDHHS Person Centered Planning Practice Guideline	Policy & Procedure Consumer Chart		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	
1.2	Beneficiaries' services and supports are provided as specified in the ABA Plan, including: A. Amount B. Scope C. Duration	Medicaid Provider Manual MHSA 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	Reviewers follow internal processes if a difference is identified between CMH IPOS and ABA Plan.	☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐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	Medicaid Provider Manual MHSA Section 18.11	Policy/Procedure Consumer Chart; Assessments (within 6 mos. from last assessment)		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	

	Standard	Source	Evidence may include	REVIEWER GUIDELINES	Score	Evidence Found, Notes, Comments
	valid assessment instruments and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).					
1.4	Observation Ratio: The number of Hours of ABA observation during a quarter are ≥ to 10% of the total service provided.	Medicaid Provider Manual Section 18.12, BHT Service Provider Qualifications Contract; Statement of Work III.b	Policy/Procedures. Claims data, progress notes, supervision to demonstrate 1 hour to every 10 hrs.		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	
			TOTAL SCORE/%:		**Points**	**%**

Documentation/Reporting Requirements (desk review)						
2.1	Transportation Logs include the name of the transporter and whether ABA services were provided during transport. If ABA services are provided by BT, the name of the BT and the name of the transporter are included.	Contract; Statement of Work Iijima	Transportation logs	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.	☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	
2.2	Supervision Logs indicate date, duration, and content of supervision; supervisor name and signature; staff name, client name	Contract; Statement of Work III.b	Supervision logs		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	
2.3	Family Training Progress Notes include date, content, duration, the name of the family member receiving training, and the staff providing the training. If provided to more than one family member, a progress	Contract; Statement of Work III.c	Progress notes: date stamp end time after session end-time. Name of the parent who participated. The signatures of parents are not required.	*Reviewers: See the list of billing codes in Box here.*	☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	

	Standard	Source	Evidence may include	REVIEWER GUIDELINES	Score	Evidence Found, Notes, Comments
	note is required for each consumer's family member.					
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		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐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		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	
2.7	ABA exposure adaptive treatment – double staffing notes include date, content, duration of session, and signature of both staff providing the service.	Contract; Statement of Work III.f	Progress notes; assessment indicates need for intensive service; review of behavior treatment plan; evidence of Behavior Treatment Review by BTC		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	
2.8	Incident Reports are received in writing within 24 hours of an event.	Contract	Incident report log		☐ Yes (2) ☐ No (0) ☐ Partial (1) ☐NA	
			TOTAL SCORE/%:		Points	**%**