Applied Behavior Analysis
Provider Prior Authorization Reference Guide
Massachusetts

Thank you for being a trusted WellSense applied behavior analysis (ABA) provider. We appreciate all you do to care for our members. Obtaining prior authorization in a timely manner is important to providing that care. To assist you with that, we've developed this reference guide to share helpful information on our prior authorization process.

Things to remember about prior authorizations

Please note the information below is not an exhaustive list of all requirements. Be sure to reference our payment policies and performance specifications for complete details. It's important to remember that prior authorization forms should be submitted with all portal requests.

Initial assessment requests

- Initial assessment authorization length is three months.
- Initial assessments should be conducted when direct staff are available.
- If WellSense member is placed on a waitlist, offer caregivers contact information for other providers in the region who are accepting new clients.
- Following initial assessment authorization, ensure there is no delay in the start of services.
- Once initial authorization is approved, within two business days offer face-to-face interview with member's family.

Initial treatment authorization requests

- Authorization length is six months.
- Requests are not backdated.
- Two direct observations are required with at least one in the home environment.
- Three assessments that include the following:
    - Validated skill-based/curriculum tools
    - Standardized treatment impact/effectiveness measure
    - Family/caregiver impact
- A functional behavioral assessment (FBA) and a behavior intervention plan (BIP) must be included when treating behaviors for reduction.
- Treatment plans must be individualized.

Center-based service requests

- Requests must include a plan to generalize skills to the member's naturally occurring environment, and the plan must be member-specific and attainable.
- Requests must include an individualized and attainable titration plan to reintegrate the member into a natural setting.
- Requests must include a parent/caregiver support plan outlining how the member and family will be supported outside of the center-based setting.
- Additional considerations include the member's age and intensity of service as well as the member's access to other services (e.g. early intervention (EI), individualized education program (IEP), etc.).
- Requests must include an individualized rationale, supported by data, explaining why the member cannot be treated in another environment.
- If services are requested due to safety concerns, a three-month authorization may be approved to provide additional clinical oversight of member safety. Research articles are not considered clinical rationale.
- Requests must include evidence of planned parent/caregiver involvement, including at least two specific and measurable parent training goals. Goals must be specific to the member's treatment plan and may not consist solely of parent meetings or parent check-ins occurring a specified number of times per month.
- Parent training does not include text messages, emails, phone calls, check-ins during pick-up or drop-off, data reviews or progress updates. Parent training must involve teaching a new skill or modifying an existing procedure in the home setting.
- For school-aged members (ages 3 and older), requests must include documented evidence explaining why the educational setting cannot support the member's needs as well as a corresponding transition plan to an appropriate natural setting.
- Documented evidence must include:
    - Data presented in graph form
    - Ongoing, documented, and individualized planning to generalize and maintain skills across the member's parent/caregiver and natural settings as applicable and appropriate
    - Parent training goals with data presented in graph form

Continued treatment requests

- Requests must include a completed prior authorization form.
- The treatment plan must be updated at least every six months.
- Data must demonstrate progress from baseline.
- Updated assessment tools must be included.
- Requests must include new goals or targets, as appropriate.
- Data must be presented in graph form.

- Requests must include ongoing, documented, and individualized planning to generalize and maintain skills across the member's parent/caregiver and natural settings, as applicable and appropriate.
- Parent training goals must be supported by data presented in graph form.

Supervision requirements

- ABA supervision must occur during direct service delivery with the member. Supervision provided to behavior technician-level staff must represent at least 10% of direct service hours and should not exceed 25% of direct service hours unless supported by documented clinical rationale.
- For members engaged in 10 hours or less of direct treatment per month, a licensed applied behavioral analyst must be engaged in direct supervision for a minimum of one hour per month.

Payment policies, performance specifications and forms

- ABA Medical Policies
    - MassHealth
    - Clarity plans
- ABA Payment Policy
- ABA performance Specifications
- Authorization Forms
    - MassHealth
    - Clarity plans