Behavioral Health Treatment
FBA & Progress Reports
Training

October 14, 2025

Kern Family Health Care®

Agenda

- Behavioral Health Treatment (BHT) Benefit Overview
- FBA and Progress Report Requirements Overview
- BHT/ABA Services Overview
- Reminders
- Q&A

Behavioral Health Treatment (BHT) Benefit Overview

Eligibility for BHT services

BHT services do not address behaviors affecting the member's functioning primarily in the academic setting

The Member must be:

- ✓ Under 21 years of age
- ✓ Medically stable
- ✓ Not in need of 24-hour medical/nursing monitoring provided in a hospital or ICF.
- ✓ ABA Treatment must be recommended by a physician, psychologist or surgeon via the KHS Provider Portal.
- ✓ The Member must be presenting with a pattern of developmentally inappropriate behaviors that is significantly affecting their ability to function across different systems
- ✓ The Member's behaviors are not a result of an untreated medical condition, sensory impairment or mental health disorder that can be treated with another modality.

Medical Necessity Criteria

Services are Medically Necessary when:

- Indicated
- Appropriate
- Efficacious-at the initiation of treatment
- Efficient
- Effective-at the continuation/renewal of treatment authorizations

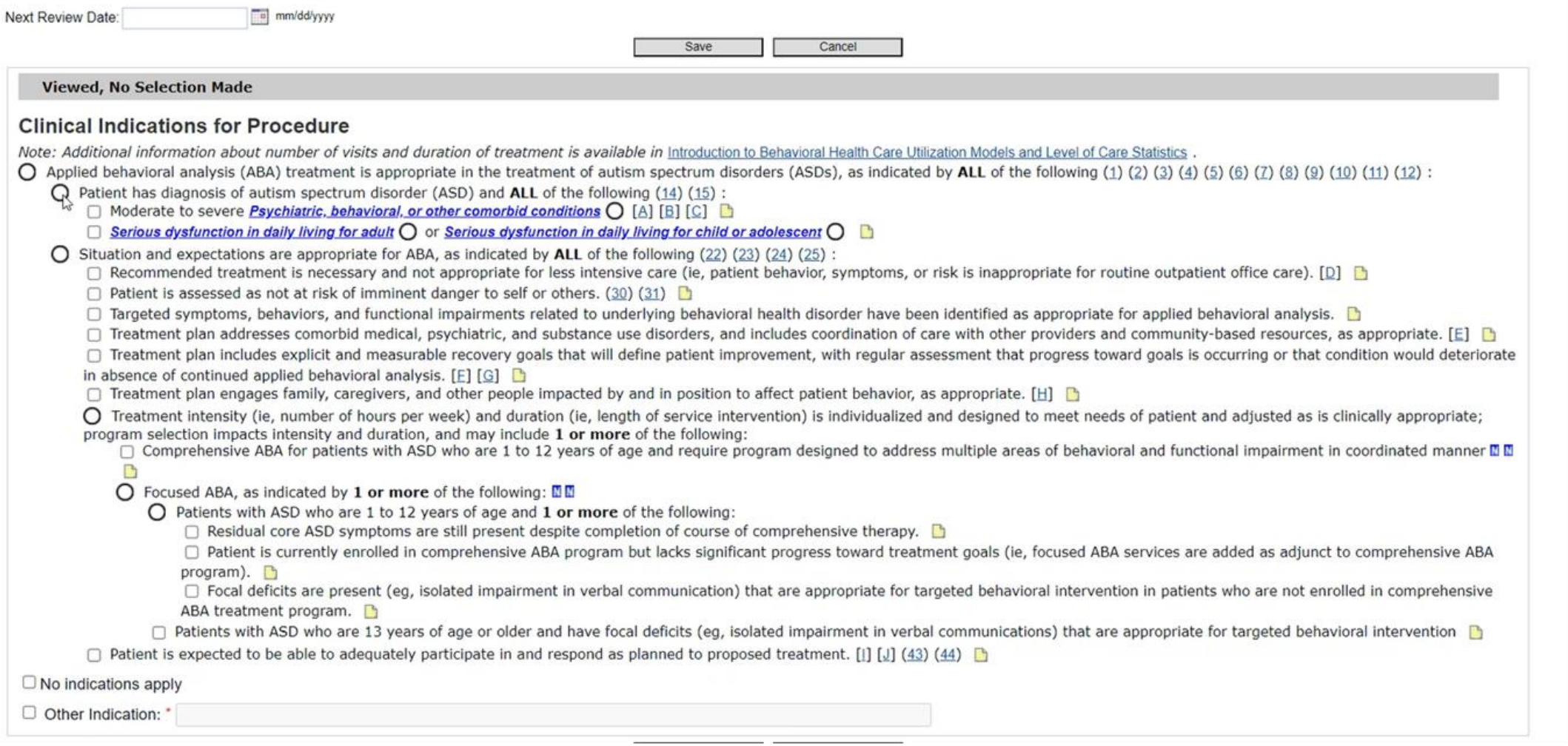
Kern Health Systems' Clinical Guidelines indicate that services are medically necessary when:

- Member's behaviors are moderate to severe and across multiple domains and impair their functioning
- Member can participate safely in Outpatient care and are not a risk to self or others.

APL Checklist

APL	Description	Included	Missing
APL-1	Include a description of **patient information**, **reason for referral**, **brief background information** (e.g., demographics, living situation, or home/school/work information), **clinical interview**, **review of recent assessments/reports**, **assessment procedures and results**, and **evidence**		
APL-2	Delineate both the **frequency of baseline behaviors** and the **treatment planned to address the behaviors**.		
APL-3	Identify measurable **long-**, **intermediate-**, and **short-term goals** and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon		
APL-4	Include **outcome measurement assessment criteria** that will be used to measure achievement of behavior objectives.		
APL-5	Include the Member's **current level of need (baseline**, expected behaviors the **Guardian** will demonstrate, including condition under which it must be demonstrated and **mastery criteria** [the objective goal]), **date of introduction**, **estimated date of mastery**, **specify plan for generalization** and **report goal as met**, **not met**, or		
APL-6	Utilize evidence-based BHT services with demonstrated clinical efficacy tailored to the Member.		
APL-7	Clearly identify the **service type**, **number of hours of direct service**(s), **observation and direction**, **Guardian training**, support, and participation needed to achieve the goals and objectives, the **frequency** at which the Member's progress is measured and reported, **transition plan**, **crisis plan**, and each **individual Provider who is responsible for delivering**		
APL-8	Include **care coordination** that involves the **Guardian**, **school**, **state disability programs**, **and other programs and institutions**, as applicable.		
APL-9	Consider the Member's age, school attendance requirements, and other daily activities when determining the number of hours of Medically Necessary direct service and supervision. However, **MCPs must not reduce the number of Medically Necessary BHT hours that a Member is determined to need by the hours the Member spends at school or**		
APL-10	Deliver BHT services in a home or community-based setting, including clinics. BHT intervention services provided in schools, in the home, or other community settings, must be clinically indicated, **Medically Necessary and delivered in the most appropriate setting for the direct benefit of the Member.** BHT service hours delivered across settings, including during school, must be proportionate to the Member's medical		
APL-11	Include an **exit plan/criteria**. However, only a determination that services are no longer Medically Necessary under the EPSDT standard can be used to reduce or eliminate services.		

Clinical Guidelines



Next Review Date: mm/dd/yyyy

Save Cancel

Viewed, No Selection Made

Clinical Indications for Procedure

Note: Additional information about number of visits and duration of treatment is available in Introduction to Behavioral Health Care Utilization Models and Level of Care Statistics .

- ○ Applied behavioral analysis (ABA) treatment is appropriate in the treatment of autism spectrum disorders (ASDs), as indicated by **ALL** of the following (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) :
  - ○ Patient has diagnosis of autism spectrum disorder (ASD) and **ALL** of the following (14) (15) :
    - ☐ Moderate to severe ***Psychiatric, behavioral, or other comorbid conditions*** ○ [A] [B] [C]
    - ☐ ***Serious dysfunction in daily living for adult*** ○ or ***Serious dysfunction in daily living for child or adolescent*** ○
  - ○ Situation and expectations are appropriate for ABA, as indicated by **ALL** of the following (22) (23) (24) (25) :
    - ☐ Recommended treatment is necessary and not appropriate for less intensive care (ie, patient behavior, symptoms, or risk is inappropriate for routine outpatient office care). [D]
    - ☐ Patient is assessed as not at risk of imminent danger to self or others. (30) (31)
    - ☐ Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified as appropriate for applied behavioral analysis.
    - ☐ Treatment plan addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers and community-based resources, as appropriate. [E]
    - ☐ Treatment plan includes explicit and measurable recovery goals that will define patient improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued applied behavioral analysis. [F] [G]
    - ☐ Treatment plan engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate. [H]
    - ○ Treatment intensity (ie, number of hours per week) and duration (ie, length of service intervention) is individualized and designed to meet needs of patient and adjusted as is clinically appropriate; program selection impacts intensity and duration, and may include **1 or more** of the following:
      - ☐ Comprehensive ABA for patients with ASD who are 1 to 12 years of age and require program designed to address multiple areas of behavioral and functional impairment in coordinated manner N N
      - ○ Focused ABA, as indicated by **1 or more** of the following: N N
        - ○ Patients with ASD who are 1 to 12 years of age and **1 or more** of the following:
          - ☐ Residual core ASD symptoms are still present despite completion of course of comprehensive therapy.
          - ☐ Patient is currently enrolled in comprehensive ABA program but lacks significant progress toward treatment goals (ie, focused ABA services are added as adjunct to comprehensive ABA program).
          - ☐ Focal deficits are present (eg, isolated impairment in verbal communication) that are appropriate for targeted behavioral intervention in patients who are not enrolled in comprehensive ABA treatment program.
        - ☐ Patients with ASD who are 13 years of age or older and have focal deficits (eg, isolated impairment in verbal communications) that are appropriate for targeted behavioral intervention
      - ☐ Patient is expected to be able to adequately participate in and respond as planned to proposed treatment. [I] [J] (43) (44)

☐ No indications apply

☐ Other Indication: *

Services Are Not Covered Under the following Conditions

- ✓ When there are no continued clinical benefit expected.
- ✓ When services occur for Respite
- ✓ When services occur in day care or in a non-conventional settings such as camps, resorts, or spas.
- ✓ When services for Custodial care such as
  - Service to maintain the client or anyone else's safety
- ✓ Treatment that is solely vocationally or recreationally based
- ✓ Services that are not supported by industry standards or national guidelines

FBA and Progress Report Requirements Overview

FBA and Progress Report Templates

Standardized templates available to use:

- BHT 6-month-and-exit-progress-report-template
- FBA Template

- If providers prefer to continue using their own templates, we will ask you to submit them to KHS for review.
- Providers will need to indicate where the 11 elements from the APL are located within the templates, so we can provide appropriate feedback.

FBA and Progress Report Requirements

Minimum Requirements of all FBA's (APL 23-010)

Must include:

- A description of the Member's Information-reason for the referral, brief background of information, demographics, the living situation, health and medical information, school information, home information including current services and activities.
- A Clinical Interview
- A Standardized Assessment
- The assessment procedures and results
- The use of evidenced based BHT services that are described in procedures
- Indicate the Member's availability for BHT services-include the consideration of school attendance, parent availability, activities, and required schooling if home schooled.

FBA and Progress Report Requirements (continued)

- Clearly show **individualized**, **specific**, **measurable** goals and objectives with **DATES** of when goals are anticipated to be met.

- Short term goals with dates*must be clearly labeled **"Short Term Goals"**
- Intermediate goals with dates*must be clearly labeled **"Intermediate Goals"**
- Long term goals with dates*must be clearly labeled **"Long Term Goals"**

- Outcome measurement assessment criteria must be clearly stated to measure achievement of behavioral objectives (Should not be copied and pasted).

- Indicate the current level of baseline, the behavior that parent is expected to demonstrate including condition under which it must be demonstrated and the mastery criteria.
    - Include Date of introduction
    - Include estimated date of mastery
    - Indicate any revised or new goals
    - Include Specific plan for generalization
    - Include Progress

FBA and Progress Report Requirements (continued)

The Provider must use evidence based BHT services according to National ABA Guidelines and Industry Standards

The Treatment Plan clearly identifies:

- The service type
- The number of hours to direct care services
- Observation
- Direction
- Parent/guardian training, support and participation to achieve goals and objectives (this should align for requests for units of S5111)
- Each individual BHT service provider is responsible for measuring and reporting Member's progress during every session.

FBA and Progress Report Requirements (continued)

- Clearly identify an individualized transition plan that is specific and measurable. (Do not copy and paste)
- Includes a crisis plan (Do not copy and paste)
- Care Coordination with schools to ensure services and goals are not duplicated.
- Care Coordination with other specialists (OT/ST/Therapy) to ensure services work together for member's care.
- Deliver services in a home or community-based setting.
    - Must include clinical justification for hours provided at day care or school.
    - Must not assume to provide school-based ABA services (These are a responsibility of the school).
    - Must include the schools written approval
    - Must be in proportion to home and community hours

FBA and Progress Report Requirements (continued)

Request for treatment hours must consider the following when requesting treatment hours:

- Members age
- Parent participation and availability
- School attendance requirements (for homeschooled children)and school schedule
- Other daily activities

Include an individualized exit and discharge plan (do not copy and paste).

- Please include specific criteria and anticipated date of discharge
- Date of discharge can be amended with each progress report

Parent Signature is Required

- Can be done electronically

BCBA Signature is Required

BHT/ABA Services Overview

BHT Treatment Services

- BHT services must be delivered according to the approved treatment plan.

- Parent participation is a key component of KHS's model of care for BHT services and is strongly encouraged to support optimal outcomes.
  - *Credible studies and industry standards support that parent participation is associated with improved outcomes.*

Non-Covered Services

The following activities are considered non-covered services.

Examples include (but are not limited to):

- Training of staff (i.e., Staff Meetings, Team Meetings, IEP Meetings Transitioning Staff)
  - IEP Meetings to train school staff
- Preparation work prior to the provision of services
- Accompanying the client to appointments or activities (i.e., shopping, medical appointments)
  - Except when the identified client has demonstrated a pattern of significant behavioral difficulties during specific activities, in which case the clinician to actively provide treatment, not to just supervise, control, or contain the member/identified client.

Non-Covered Services - Continued

- Transporting the member in lieu of parental transport.
  - If the member has demonstrated a pattern of significant behavioral difficulties during transport, in which case transport is still provided by the parent, and the clinician is present to actively provide treatment to the member/identified client during transport, not to just supervise, control, or contain the member/identified client.
- The provision of services that are part of an Individual Education Plan (IEP) and therefore should be provided by school personnel.
- Provider travel time.
- Transporting parents or other family members.
- Providing services in a camp, recreational facilities, or non typical setting (i.e., restaurants, movie theaters, Starbucks, amusement parks, shopping centers/malls, etc.)

BHT Treatment Services

- Center-based services may be provided, but some services must still be provided at home.
  - If all services are to be provided at the center due to extenuating circumstances, please provide justification for the request and include information on the participation of the parents during treatment services

- Services may not be provided at a day care unless clinically justified and with day care written permission.
  - This should be clearly indicated on the treatment plan.
  - This should be time limited, and goal focused.

BHT Treatment Services

Educational Settings:

- Goals and objective related to academic functioning or behaviors uniquely occurring just in school setting will not be covered

- FBA requests to assess behavior unique in the school setting will not be covered.
  - These requests should occur under HO032 for Treatment Plan updates.

- Provider must arrange with parent to provide a copy of latest IEP with TAR request.
  - Please include documentation that the school district has approved the services may take place on school grounds.

BHT Treatment Services

Educational Settings Continued:

- ABA providers must account for services being provided by Local Educational Agency.
  - Providers should also account for school attendance or services a Member **is eligible** (but not yet receiving) for through the Local Educational Agency when requesting for treatment hours.

- When school is not in session, KHS may approve service hours that were being provided by LEA.
  - Please submit an IEP showing hours that member was receiving and documentation that Member is not receiving services.

Coordination with other providers

KHS providers are responsible to obtain a Release of Information from the Member's PCP and other providers involved with the Member's Care.

- Contact the Member's pediatrician if Member may benefit from other therapies such as Occupational Therapy, Speech Therapy, or other specialties.
- Work closely with all other providers such as the Regional Center and the Local Educational Agency.
- Contact KHS Behavioral Health Department to consult on complex cases or barriers to service delivery (i.e., homelessness, unsafe home-environment, lack of staff, etc.)

Direct Supervision

- Direct supervision can be requested at the rate of 2 hours for every 10 hours of direct 1:1 treatment.
- H0032 can be used for a variety of supervision activities such as (not limited to):
  - Assessment Updates
  - Developing treatment goals
- H0031 are allowed at the initiation of services by new provider.
  - *If a Member's treatment is disrupted for 4 or more months, another FBA will be authorized.*

Indirect Supervision

- Providers can request up to 10 hours of indirect supervision an authorization
  - Requests should be proportional to weekly treatment hours and goals.
- Please request on a separate line code from direct supervision.
- Indirect Supervision can be for:
  - In-office functional analysis and skills assessment
  - In-office development of goals/objectives and behavioral intervention plans/reports
  - In-office direct staff summary notes
  - In office clinical meetings with both paraprofessionals and parents present

Requests for 2:1 Staffing

Requests for two or more staffing may be covered when one or more non-redirectable destructive behaviors that pose significant risk of harm to the individual or others are present, and an appropriate intervention has been chosen and planned.

The request must include the following:

1. Description of the behaviors that pose a significant risk of harm to the Member or other.

2. Description of how the plan is to expose the Member to social or environmental stimuli associated with the destructive behaviors.

3. Description of how the assessment will be conducted in a setting conducive to the safety of the Member and other individuals who may be present.

4. The total hours requested should be in proportion to the treatment goals and overall hours requested per week.

Graduation and Fading of Services

BHT services must be faded gradually and systematically over time

BHT providers will complete a transition plan as part of FBA/Progress Report

Members receiving BHT services who reach the age of 20 must initiate the fading of services to graduate prior to turning 21.

Reminders

HCPCS Code Reminders

- H0046
  - Will no longer be used for supervision. Please use H0032 for direct and indirect supervisor with correct modifiers.
- H2012
  - Will no longer be used. Can use H2014 or H2019 for direct service.
- S5111
  - Requested by session and not hourly
  - Service limit is 2 a day
  - Requests should be aligned with goals
    - Please indicate how parent training will be utilized to meet goals in treatment plans
- H2019
  - Clinical Care Guidelines state that most pediatric members will benefit up to 25 hours a week of ABA
    - Requests of more than 25 hours, requires clinical justification of enhanced ABA care.

Reminders

- Goals should be objective and developmentally appropriate
  - Do not include academic/educational goals
- Service logs are required with every submission if you don't obtain signature on session notes. ABA Service Hour Log
- Progress Reports must include a transition plan for Members aging out of the benefit
- Credentialing updates at a minimum of quarterly basis
  - New BHT locations or changes
  - New BHT Providers will require submission of credentialing application
  - NEW BH Professionals & Paraprofessionals will require submission of the QAS Supervisory Agreement
  - ABA Roster List

Q&A

Contact Us - Behavioral Health Department

- Behavioral Heath Phone Line (661) 661-664-5000 Ext. 7001 or Option 7
- BH Department Fax Line (661) 377-7995
- BH Department Email: bht-abateam@khs-net.com

Melinda Santiago, LMFT
Behavioral Health Director
661-426-7772

Courtney Morris, LCSW
Behavioral Health Supervisor
661-377-9438

Vanessa Hernandez
Senior Support Clerk
661-377-9470

Deysi Cisneros
BCBA
661-617-2576

Jesus Perez
Care Coordinator II
661-377-9473

Thank you

Melinda Santiago

661-426-7772

melinda.santiago@khs-net.com

Follow us on Social Media
Kern Family Health Care

https://www.kernfamilyhealthcare.com/

You + Us = **a better day!**

KERN HEALTH SYSTEMS