ABHW
Advancing Health Care Policy for
Mental Health & Substance Use Disorders

Tenets on Applied Behavior Analysis (ABA)

1) Individualized, Patient-Centered Care

ABA treatment should be tailored to each patient's unique clinical needs with the intensity and duration of services aligned to the individual's treatment goals and level of need. Treatment intensity should be responsive to demonstrated clinical benefit and adjusted over time; higher intensity is not inherently more effective in the absence of meaningful progress. Treatment plans should include measurable objectives and ongoing reassessment to ensure clinically significant progress.

- Discharge management should be discussed and incorporated into the treatment plan at the outset of care. It should be continuously evaluated and measured.
- Individuals and caregivers (including parents) should be actively engaged in the development and ongoing adjustment of the treatment plan. Care decisions should reflect patient preferences, goals, and experience.
- The prescribing medical clinician should play an active role in guiding decisions regarding the initiation, intensity, continuation, and discontinuation of ABA services.

2) Use of Validated Assessment Multimodal Tools

ABA evaluations should use well-established, evidence-based instruments supported by peer-reviewed research and recognized professional standards.

- Tools should be comprehensive, relevant to the treatment plans, and measure the focus of intervention.
- The BCBA must take into consideration the recommendations of the Comprehensive Diagnostic Evaluation (CDE).

Evidence-Based, Standardized Clinical and Quality Outcome Measures

- ABA services should rely on validated, evidence-based assessment tools and standardized clinical outcome measures.
    - Documentation, reassessment intervals, service intensity, and criteria for continuation should be consistent with current clinical evidence requirements.
    - The delivery of ABA services must be guided by a commitment to continuous improvement, recognizing that existing models may be incomplete and that better, more effective interventions should always be pursued.
- **Regular Reassessment and Treatment Plan Updates:** Treatment plans should be refreshed at defined intervals and updated in real time, as appropriate, to reflect reassessment findings and the individual's evolving holistic clinical needs.

    - The treatment plan or plan of care should be updated to address current identified skill deficits and behaviors targeted for reduction, and to reflect any progress made across all targeted areas.

- **Clear, Measurable Treatment Goals:** Treatment plans should include clearly defined adaptive behavior goals and measurable outcomes, along with the clinical rationale for the selected interventions.
    - These goals should support skill acquisition, address the underlying symptomatology of the diagnosis, include strategies to prevent regression or deterioration over time.
- **Clinical Criteria for Continuation of Services:** Ongoing services should be supported by documented progress toward treatment goals or a clinically justified modification of interventions. Progress should be clinically meaningful, demonstrating durability and generalization beyond the treatment setting, not solely the acquisition of discrete skills.
    - Consistent with the Ethics Code for Behavior Analysts, providers should evaluate whether continued services remain clinically appropriate.
        - This should include consideration of cessation or transition of services when progress does not occur despite reasonable intervention adjustments.
        - Continued authorization for ABA services is not guaranteed by a diagnosis alone but must be supported through documented clinically significant need and progress.
        - Determinations regarding continuation or intensity of services should also consider the overall balance of clinical benefit relative to family burden, stress, and potential diminishing returns, particularly in the context of high-intensity or prolonged treatment.

3) Clarity and Consistency in Utilization Management

Utilization management standards should be clinically grounded, transparent, and consistently applied to ensure timely access to medically necessary services.

4) Qualified and Credentialed Providers

ABA services should be delivered and supervised by appropriately credentialed professionals in accordance with nationally recognized standards.

- **Qualified Providers:** Direct services must be provided by Registered Behavior Technicians (RBTs) or equivalent, with case supervision by a Board-Certified Behavior Analyst (BCBA/BCBA-D).
- **Supervision Requirements:** Supervision must include direct observation of the technician with the patient, not just administrative review.
    - Individuals providing supervision must have appropriate authority, training, and licensure. Case supervision must be performed by a Qualified Health Professional including a BCBA, Licensed Behavioral Analyst (LBA), or a mental health professional licensed to practice independently who has documented training in ABA.
- Supervision standards should be evidence based.

- **Appropriate Practitioner Ratios:** The ratio of supervising BCBAs to technicians should be clinically appropriate and sufficient to ensure meaningful supervision, treatment oversight, and patient safety.
    - Caseloads and practitioner ratios should allow supervising clinicians to adequately monitor treatment implementation, review progress, and make timely clinical adjustments.
- **Supervision Aligned with Patient Needs:** The level and intensity of supervision should reflect patient acuity, treatment intensity, and the experience level of the technician, ensuring that supervision is adequate to support quality care and effective treatment outcomes.

5) Coordination

ABA should be coordinated, as appropriate, with pediatricians, psychiatrists, schools, caregivers, speech therapists, occupational therapists, and other behavioral health providers to promote continuity of care and improved outcomes.

- Providers should make reasonable efforts to coordinate care across the multidisciplinary team and document those efforts regularly, helping ensure that treatment plans remain aligned and responsive to the child's needs.
- For school-aged children, ABA treatment goals should be clearly differentiated from goals contained in an Individualized Education Program (IEP) to help avoid duplication of services and ensure ABA services remain focused on clinically appropriate, medically necessary interventions, rather than academic

Glossary of Key ABA Terms

Board Certified Behavior Analyst (BCBA®):
A nationally certified clinician who designs, supervises, and evaluates ABA treatment programs.

Caregiver:
An individual who provides or assists with care for a patient, including a parent, legal guardian, family member, or other person authorized by the individual and involved in the patient's care or care coordination.

Registered Behavior Technician (RBT):
A paraprofessional who delivers direct ABA services under supervision.

Licensed Behavior Analyst (LBA):
A state-licensed professional authorized to practice behavior analysis (often a BCBA® who meets state licensure requirements).

Direct Case Supervision:
Real-time, face-to-face oversight of treatment by a supervising clinician (e.g., BCBA®) while services are being delivered.

Indirect Case Supervision:
Non–face-to-face clinical activities that support care, such as reviewing data, updating treatment plans, and consulting with staff or caregivers.

Treatment Plan:
A structured plan outlining goals, interventions, and methods for measuring progress.

Individualized Treatment:
Care tailored to the patient's unique needs, preferences, and clinical presentation.

Data-Driven Decision Making:
Using collected data (e.g., behavior tracking) to guide treatment adjustments and clinical decisions.

List of Validated ABA Assessment Tools

- **VB-MAPP** (Verbal Behavior Milestones Assessment and Placement Program)
- **ABLLS-R** (Assessment of Basic Language and Learning Skills – Revised)
- **PEAK** (Promoting the Emergence of Advanced Knowledge)
- **AFLS** (Assessment of Functional Living Skills) – particularly for older individuals