



**The Council of Autism
Service Providers**

Practice Parameters for Telehealth-Implementation of Applied Behavior Analysis: Continuity of Care during the COVID-19 Pandemic

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Telehealth Task Force

Chair: Joy S. Pollard, Ph.D., BCBA-D, Behavior Change Institute; Stanford University School of Medicine

Members: (Alphabetical Order)

Jenn Chavez, New Mexico Medicaid Assistance Division
Jennifer Dantzler, Including Kids, Inc.
Katie Franke, Ph.D., BCBA, The Unumb Center for Neurodevelopment
Kathleen Karimi, MHA, Behavior Change Institute
Linda LeBlanc, Ph.D., BCBA-D, LeBlanc Behavioral Consulting
Jenna Minton, Minton Healthcare Strategies
Ron Oberleitner, Behavior Imaging Solutions
Heather O'Shea, Ph.D., BCBA-D, ACES, Comprehensive Educational Services, Inc.
Michele Silcox, ABA Billing Therapy & Insurance Services
Rebecca Womack, BlueSprig Pediatrics

CASP Leadership:

Lorri Unumb, Esq., CEO
Mike Wasmer, DVM, DACVIM, Vice President of Government Affairs and Special Projects

Association of



*Professional
Behavior Analysts*

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Introduction

Applied behavior analysis (ABA) interventions are the standard of care for individuals with autism spectrum disorders (ASD). Typically delivered in-person, ABA interventions can increase adaptive skills and decrease maladaptive behaviors in individuals with ASD, including behaviors that may be dangerous to themselves and others.

The coronavirus disease of 2019 (COVID-19) pandemic and measures imposed to curtail its spread have created unprecedented challenges to continuity of care for our patients with ASD. Providers need to thoughtfully consider if, and how, to continue ABA services when in-person delivery carries genuine risk to themselves, their staff, their patients, and caregivers. The telehealth service delivery models, hereafter referred to as 'Telehealth', can help ensure continued access to medically necessary treatment during the COVID-19 crisis.

As the COVID-19 healthcare crisis unfolds, it is essential for healthcare funders to expand telehealth options for all medically necessary treatment, including ABA. Some funders have incorporated a variety of synchronous (i.e., real-time videoconferencing, telephonic) and asynchronous (i.e., store-and-forward, remote monitoring) methods to help ensure patients' continued access to care. As a result, telehealth service delivery options that have not previously been approved by healthcare funders for service delivery options may now be available for providers to implement at their clinical discretion.

ABA providers are faced with ethical dilemmas amid the COVID-19 crisis when determining how to proceed with patient care. Providers rendering telehealth for the first time, or with new applications, require training and access to technical resources and support to ensure safe, effective telehealth delivery of ABA services (Pollard et al., 2017; Romani & Schieltz, 2017).

Therefore, response plans are essential for:

1. Ensuring the safety and well-being of patients and staff;
2. Maintaining continuity of care for patients;
3. Ensuring organization financial viability and continuity of business operations;
4. Ensuring proper utilization of resources;
5. Supporting the community and community partners during the health crisis

Purpose

The purpose of this document is to guide ABA provider organizations in developing critical response plans to maintain continuity of care for patients with ASD during the COVID-19 crisis. A second purpose is to provide support and resources to payers as they develop their infrastructure and regulations for expanding access to telehealth services. Telehealth options presented here are not intended to supplant in-person services. Rather, the intended use of this guide is to assist providers with contingency planning to avoid interruption and disruption of services (BACB Code 2.15 Interrupting or discontinuing services; BACB, 2014), while practicing within one's scope of competence (BACB Code 1.02 Boundaries of Competence; BACB, 2014). Specifically, this document offers providers, payers, and families:

1. Guidance on administering ABA assessment and treatment services via both synchronous and asynchronous telehealth modalities to ensure ethical and quality care is maintained.
2. Guidance on appropriate and ethical use of health insurance billing codes, decision trees, and tools for determining criteria for patient participation in different telehealth service delivery methods.
3. Recommendations for evaluating the risks and benefits of telehealth options in order to develop an individualized service delivery approach for each patient.

Ethical Telehealth Guidance

The Behavior Analyst Certification Board’s (BACB) Professional and Ethical Compliance Code (hereafter referred to as the Code) indicates that the provider’s main responsibility is “to act in the best interest of their clients” (BACB, 2014). Each provider must do that by utilizing an individualized approach that accounts for all known variables that impact treatment outcomes.

Providers should consider information about all variables that impact patient care to determine if modifications to service delivery may be required to ensure continuity of care. This analysis may lead a provider to determine that treatment can continue under a partial telehealth model or needs to be placed on a temporary hold. The priority must remain to maximize the benefits of the services while mitigating risk of harm to the patient and their caregivers.

Maintaining Continuity of Medically Necessary Services

Abundant research documents the efficacy of comprehensive and focused ABA interventions for building adaptive skills and reducing maladaptive behaviors in people with ASD (Harris et al., 1991; Lovaas, 1987; Reichow & Wolery, 2009; Reichow, 2012; Weiss, 1999; Wong et al., 2015). In 1999, the Surgeon General of the United States indicated that the thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior (United States Surgeon General, 1999). The approval of 8 CPT codes for adaptive behavior (ABA) services by the American Medical Association’s CPT Editorial Panel at the Category I level signifies that the services have proved clinically effective and are widely accepted in the healthcare community. Those codes went into effect January 1, 2019. Respected healthcare societies like the American Academy of Pediatrics have recommended ABA services for people with ASD (Hyman et al., 2020). Additionally, most commercial and public health plans in the United States now authorize ABA services as medically necessary for thousands of individuals with ASD. It is incumbent on each provider to do all they can to preserve their patient’s medically necessary services to ensure their health, safety and continued development of adaptive skills to promote successful functioning (BACB Code 2.15; BACB 2014). In addition to compounding caregiver stress, disruptions in services may place patients at increased risk for emergency room visits and hospitalizations, leading to increased healthcare costs.

Establishing Contingency Plans

Given the threat of abrupt service disruption as result of the COVID-19 pandemic, providers are encouraged to establish contingency plans to ensure continuity of care. Telehealth is a valuable option for providing continuity of care when environmental variables impede the provider’s ability to be in-person with their patients.

Patient-specific contingency planning will allow the provider to determine the appropriateness of different telehealth modalities to meet patient and caregiver needs. Contingency planning should include an assessment of risk and benefits for continuing care (in-person and/or via telehealth), therapeutic environment, and required technology to determine the extent of telehealth integration that is clinically appropriate for each patient.

Providers are encouraged to openly discuss contingency plans with patients, caregivers, and treatment teams to obtain the necessary consent in advance of implementation. Providers should also consider incorporating telehealth training for technicians and patients to prepare in advance for disruptions in care.

HIPAA - HITECH Enforcement Discretion During COVID-19 Public Health Emergency

Autism service providers are required to comply with the rules and regulations imposed by the Health Insurance Portability & Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. Organizations practicing telehealth should consider the unique methods by which protected health information (PHI) is transmitted through telehealth and should offer training to ensure that providers thoroughly understand their legal and ethical responsibilities. Readers should refer to the CASP Telehealth Guidelines for more information on recommended organizational systems and design.

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) issued a [notification on March 17, 2020](#) encouraging providers to utilize telehealth to serve patients during the current national public health emergency (OCR, 2020). The notification stated that during the emergency, OCR (which is responsible for enforcing certain regulations issued under HIPAA) will not impose penalties for non-compliance with the regulatory requirements under HIPAA rules against covered health care providers who are providing telehealth services in good faith during the COVID-19 nationwide public health emergency. Specifically, providers will be allowed to use certain non-HIPAA compliant, non-public-facing videoconferencing technologies, such as some popular applications that are listed in the notification, as long as they take all precautions to protect the privacy of patient information.

Telehealth Modalities: Support and Limitations

This guide provides an in-depth description of the ways that ABA services can be delivered via telehealth. Telehealth has been employed for almost two decades in the delivery of ABA assessment and treatment to individuals with ASD and training of caregivers in the assessment and delivery of ABA services (Barretto et al., 2006; Ferguson et al., 2019). Telehealth has proven to be a useful and effective vehicle for training caregivers and technicians to implement ABA services (Barretto et al., 2006; Boisvert et al., 2010; Ferguson et al., 2019; Fisher et al., 2014; Lindgren et al., 2016; Tomlinson et al., 2018; Vismara et al., 2009). Remote delivery of ABA services and training allows for continuity of care while eliminating the risk for transmission of COVID-19.

It is important to note that not all telehealth modalities for ABA service delivery are supported by extensive research at this point in time. There is, however, extensive scientific evidence for the efficacy of many ABA services delivered in-person (LeBlanc et al., 2014; Reichow & Wolery, 2009; Wong et al., 2015), and at least preliminary evidence that a number of those services can be delivered directly to patients via telehealth (Myers et al., 2017), and that caregivers can be trained via telehealth to deliver services to patients in-person (Bearss et al., 2018; Benson et al., 2018; Higgins et al., 2017; Monlux et al., 2019; Suess et al., 2014). This guide is informed by both of the foregoing sources of evidence, as well as professional standards for the delivery of ABA services and practice parameters and guidelines from the Council of Autism Service Providers, American Telemedicine Association, and American Academy of Child and Adolescent Psychiatry (Myers et al., 2017; Myers & Cain, 2008). Clearly, additional research is warranted.

Limitations of this Document

This guide is designed to aid provider agencies in decision-making that is consistent with the best currently available scientific evidence and clinical consensus. The ultimate judgement regarding patient care must be made by the provider, taking into consideration the assessed needs, strengths, and preferences of each patient and their caregivers as well as available resources.

Telehealth Definitions

Telehealth is defined by the Health Resources and Services Administration (HRSA) as the “use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration” (Health Information Technology, 2017).

Telehealth is a **means of delivering health care**, not a separate or distinct healthcare service. It is a service delivery model that allows providers to deliver the healthcare service directly to the patient, without requiring the patient to travel to receive care.

- **In-person** is defined as real-time patient/provider interactions occurring with both individuals present in the same room.
- **On-site** is defined as immediately available and interruptible, which can be met via synchronous telehealth methods.
- **Face-to-face** is defined as real-time patient interactions occurring either in-person or via two-way audio and visual video conferencing.

Synchronous Telehealth Modalities

Synchronous telehealth methods include interactive audio and/or video connections that transmit information in both directions during the same period of time (American Telemedicine Association, 2017). Face-to-face encounters refer to the patient and provider engaged in real-time clinical interactions and the definition is met when the providers are using synchronous real-time audio and/or visual telehealth technology (CMS-2348-P, 2011).

- **Real-time videoconferencing** consists of **face-to-face** provider and patient interactions that occur in real-time via a two-way video and audio interactions.
- **Telephonic e-visits** consist of real-time voice conversations with the patient or family via a two-way audio interaction.

Asynchronous Telehealth Modalities

Asynchronous telehealth methods include transmission of electronic health information, such as video, data, or other health information to a provider at another site for later review. Transmissions typically occur during separate time frames, rather than simultaneous interactions (American Telemedicine Association, 2020).

Asynchronous telehealth tools enable patients and providers to connect outside of in-person settings and traditional face-to-face appointments, thus making it easier for patients with transportation, scheduling barriers, or compromised immune systems to access care on an on-going basis. Asynchronous telehealth methods are medically necessary transmissions that require clinical decision making and are not for administrative or scheduling purposes.

- **Store-and-forward video** includes transmission of video and audio interactions to a provider at another site.
- **Remote patient monitoring** includes the use of electronic tools to record personal health information in one location and transmitting data to a provider at another location, typically at another time (Health Information Technology, 2017).

Telehealth Service Delivery Models

<p>Partial Telehealth Model: In-person Direct Services & Telehealth Clinical Direction</p>	<p>Whenever possible, services should be delivered in-person by either a behavior analyst or technician. Clinical decisions should be based on the behavior analyst’s assessment of the needs, strengths, and preferences of each patient and their caregivers.</p> <p>Organizations may employ a partial telehealth model in which a technician delivers services in-person with the patient and the behavior analyst provides clinical oversight remotely via synchronous or asynchronous modalities. This model could allow continuation of a patient’s current focused or comprehensive ABA treatment program at the recommended dosage or a partial reduction in dosage.</p>
<p>Telehealth Direct Services & Telehealth Clinical Direction</p>	<p>If the patient has the prerequisite skills (see below), services may be delivered to them directly via synchronous modalities. This model could allow continuation of a patient’s treatment program at the recommended dosage or a partial reduction in dosage.</p>
<p>Caregiver-implemented Services</p>	<p>Caregiver-implemented services may be appropriate if the patient or other members of the household is immunocompromised or if the caregiver prefers to reduce contact with other individuals. This model could allow the caregiver to continue to implement protocols on which they have been trained, or to be coached by a technician to implement new or modified protocols with the patient.</p> <p>This model could allow the patient to receive a reduced level of services, perhaps focused on practicing or developing adaptive behaviors or maintaining daily routines in order to prevent regression, maintain functioning, and/or reduce occurrences of maladaptive behaviors.</p>
<p>Caregiver Consultations</p>	<p>Caregivers who are not able to deliver services directly to patients may benefit from caregiver training and consultation with the behavior analyst on strategies to prevent regression by the patient and reduce the likelihood of crisis situations. Alternatively, or additionally, the behavior analyst might train caregivers to implement a small subset of protocols that are deemed high priority and within the caregivers’ skills and capacity. This model focuses on antecedent interventions, crisis prevention, and problem-solving individual concerns with the caregiver.</p>

Telehealth Applications in ABA Treatment

Service Delivery Models

Telehealth can be delivered using any of the models described above along with any combination of synchronous and/or asynchronous modalities. ABA providers should evaluate the risks and benefits associated with each telehealth model for ABA service delivery. They should use their clinical judgment based on the characteristics of each patient and their caregivers to ensure that the selected model and delivery modalities lead to meaningful patient interactions. Providers must also document that the patient and/or their caregiver has the skills required to participate in a meaningful way with telehealth services. The services and the clinical effects of those services should be carefully documented in the patient's medical record.

Determining the Appropriateness of Telehealth Models

Determination of whether a patient and their caregivers can participate productively in one of the models for telehealth ABA services should be based on the patient's characteristics, their individualized treatment plan, their caregivers' ability to participate in sessions (if necessary), and technological requirements (Appendix A: Appropriateness of Telehealth Decision Tool).

Patient Characteristics

The skills required for each patient to participate in telehealth depend on their treatment goals and the telehealth service delivery model being implemented. Those skills will be different for a patient for whom a behavior analyst or technician will deliver services via synchronous, real-time videoconferencing and a patient for whom services will be delivered in-person by a caregiver. Providers will need to assess whether the patient has the appropriate prerequisite skills to participate in the different telehealth models.

Individualized Treatment Plan

Providers should evaluate the patient's individualized treatment plan to determine if the patient's goals and objectives are suitable for telehealth. Providers should evaluate modifications that may be needed to the goal and objectives, for the reinforcement systems and delivery mechanisms, prompting procedures, and materials for each program (Appendix B: Telehealth Program Needs Assessment). Location of materials and caregivers' access to materials required to implement assessment and treatment protocols should be specified. A materials inventory may be useful for determining available resources and guiding caregiver-provider communication, reducing the potential for service interruption due to inadequate access to materials.

As part of the treatment plan evaluation, it is recommended that providers assess whether the environment is conducive to safe and beneficial delivery of services via telehealth. Notably, a significant portion of the research literature is specific to the assessment and treatment of severe problem behavior (Lindgren et al., 2016; Monlux et al., 2019; Suess et al., 2020; Suess et al., 2016; Wacker, Lee, Dalmau, et al., 2013, 2013; Wacker, Lee, Padilla Dalmau, et al., 2013). Therefore, the presence of severe problem behavior should not be an exclusion criterion for telehealth services (Appendix C: Risk Assessment). Rather, providers should assess environmental safety risks for the patient, as well as any direct care staff (Appendix D: Environmental Assessment and Session Planning Checklist).

Organizations should have protocols in place for addressing environmental modifications that may be needed to support the safe delivery of telehealth services. Consideration should be given to caregivers' ability to modify the environment, such as removing objects that may pose risk of injury to the patient or caregivers (Appendix D). Caregivers may need protective equipment and/or guidance in using common household items to ensure safety (e.g., pillows to block aggression, long sleeves to prevent injury due to pinching or biting) (Monlux et al, 2019). That may require mailing safety equipment to the caregivers and/or providing them with written, verbal, or model instructions for using protective equipment and clothing.

Caregiver's Ability to Participate in Session

Assessment of caregivers' ability to participate in service delivery should consider the time they can be available, other individuals for whom they may be responsible, and any physical restrictions. Providers should carefully review all requirements for preparation of the session location, technology, materials, as well as a post-session tasks (e.g., charging technology) (See Appendix E: Caregiver Pre-and Post-Session Checklist).

Informed consent should be sought for the patient's participation in telehealth services. The consent document should provide a clear description of the benefits and risks involved and any other information required to enable patients and caregivers to make fully informed decisions on telehealth services. This should include a description of the technology and procedures that will be involved, what to expect from the telehealth encounters, and what is known about each telehealth modality from research. Consent should be sought for each modality and service provided. For example, a caregiver may provide consent for store-and-forward modalities for clinical consultation, but not for the use of video to train organization staff (see Appendix F: Informed Consent for Telehealth Services).

Technology Requirements

Prior to initiating telehealth services, the provider should assess whether the environment will support telehealth service delivery. For example, providers will have to determine if patients and the individuals who will assist them in participating in telehealth services have access to a secured internet connection and required technology (both hardware and software). [The CASP Telehealth Guidelines](#) provide guidance on the technology requirements for telehealth sessions (CASP, 2020).

In addition, space must be arranged where the patient and caregivers are within view of any cameras used for remote observation and clinical direction by the behavior analyst or technician (Appendix D). Additional equipment (e.g., iPad mounts) may be required to optimize their view. Ideally, the environmental arrangement should allow the patient to move freely within and across areas within the treatment setting. Careful placement of the camera will facilitate remote observation of sessions with minimal interruption.

Partial Telehealth Model: In-person Direct Services and Telehealth Clinical Direction

Research has shown that ABA services can be rendered in-person by a technician or caregiver, with clinical oversight provided by a behavior analyst via telehealth (i.e., partial telehealth model), for functional behavior assessments (Barretto et al., 2006; Benson et al., 2018; Boisvert et al., 2010), preference assessments (Higgins et al., 2017), behavior reduction procedures (Lindgren et al., 2016; Suess et al., 2016; Wacker et al., 2013; Wacker et al., 2013), and interventions to build language, social, and daily living skills (Barkaia et al., 2017; Ferguson et al., 2019; Ingersoll et al., 2016; Wainer & Ingersoll, 2015). The CASP Organizational Guidelines and Standards (Telehealth chapter) describes considerations for providers and organizations regarding effective clinical oversight of ABA services using synchronous, real-time video conferencing (CASP, 2020).

Risk assessment may indicate that continuing in-person direct services during the COVID-19 pandemic may not be appropriate for a patient and their caregivers. If so, the provider should evaluate alternative telehealth service delivery models for ensuring continuity of care.

Telehealth Direct Services

This section provides guidance for implementing ABA services by a technician and/or behavior analyst via real-time videoconferencing. Other disciplines have successfully implemented telehealth direct services to children, adolescents, and adults with autism and intellectual and developmental disabilities (Myers et al., 2017; Pellegrino & DiGennaro Reed, in press).

Appropriate patient considerations:

Providers must first assess whether the patient has the prerequisite skills to respond to intervention delivered by the technician via synchronous video conferencing with or without caregiver assistance. Assessment to determine if a patient may be able to participate productively in remote service delivery should consider the following skills as a minimum requirement. The prerequisite skills listed below have not been empirically determined to be associated with success in direct telehealth services. These skills should be present and it is possible that other skills are required as well. Thus, if a patient exhibits the skills below, it may be worthwhile to assess whether they are able to interact effectively via telehealth.

1. Basic joint attention skills
2. Basic discrimination skills
3. Basic echoic skills
4. Basic motor imitation skills
5. Ability to follow common 1-step instructions
6. Participate in session with limited caregiver assistance
7. Ability to sit independently at a computer or tablet for 8-10 minutes
8. Safety concerns and challenging behavior are low and/or caregivers are able to safely and effectively manage any challenging behavior

It is also important to assess the patient's compliance with instructions and prompts delivered by the technician via synchronous videoconferencing and by the caregiver (if needed). If the patient is generally compliant and exhibits minimal escape-related maladaptive behavior when interacting with the technician and the caregiver, telehealth direct intervention may be appropriate for them. If the patient exhibits moderate to high levels of challenging behavior, the behavior analyst may consider beginning with training the caregiver on the skills required to deliver services via telehealth.

Caregiver Considerations:

If the patient requires caregiver assistance and physical prompts to participate in services, it is essential to consider whether the caregiver can do so. Factors include:

1. Other individuals in the setting for whom the caregiver is responsible
2. Physical capabilities of the caregiver
3. Caregiver's ability to follow verbal directions via telehealth
4. Caregiver's ability to be immediately interruptible and available during sessions, if needed

Treatment Considerations:

Providers should evaluate each protocol in the patient's current treatment plan to determine if it is suitable for real-time synchronous telehealth delivery. Many protocols may be appropriate with minimal modifications, such as procedures for developing:

1. Communication skills
2. Social skills
3. Coping and emotion regulation skills
4. Discrimination skills
5. Problem-solving skills
6. Self-monitoring
7. Independent activity schedules

The Telehealth Program Needs Assessment (Appendix D) can assist ABA providers with identifying treatment protocols that may be administered via telehealth, with or without modifications.

Caregiver-Implemented Services

Researchers have demonstrated that caregivers can be trained via telehealth to implement behavior analytic interventions to reduce problem behaviors and increase adaptive skills (e.g., Monlux et al., 2019; Suess et al., 2016; Wacker et al., 2013). In considering which treatment protocols caregivers might be trained via telehealth, providers might identify those that can be delivered without modifications, protocols that can be delivered with some modifications, or those that may need to be placed on hold (see Appendix E: Telehealth Program Needs Assessment). For services to be delivered by caregivers with training and consultation from a behavior analyst, the following questions may be asked:

1. Are the current protocols or a subset suitable for implementation by the caregiver and/or siblings? If so, select or modify a subset of those protocols.
2. Are certain protocols associated with low-level or no problem behavior and resistance? If so, they may be good candidates for caregiver delivery.
3. Are there protocols targeting adaptive behaviors that are likely to enhance the patient's successful, independent functioning in the short and long term?
4. Which protocols might be suitable for caregivers to implement with the patient (e.g., leisure/play skills, social skills, other adaptive skills, following directions, following activity schedules)
5. Can materials be simplified for use by caregivers, if necessary?
6. Can the protocol be modified to be naturalistic and game-like?
7. Can siblings, other family members, or roommates be included in the protocol as peers or implementers?

Caregiver Training and Consultation

Caregivers who are unable to participate in the above telehealth delivery models may still benefit from caregiver consultation support and general parent training provided by a BCBA. The focus of caregiver consultation and support is on problem-solving daily routines, maladaptive behaviors, and providing feedback and reinforcement on implementation of strategies implemented in the home. Caregiver consultation is also an opportunity to evaluate any emerging concerns that may arise due to changes in the child's routine, home structure, or family systems related to COVID-19.

Monitoring Effectiveness of Telehealth Treatment

Behavior analysts use data from direct observation and measurement of patient behaviors and environmental events to make treatment decisions. This section is designed to help providers evaluate the effectiveness of services delivered via telehealth. Providers should consider increasing clinical oversight, particularly at the onset of telehealth service delivery.

Skill Acquisition Capture the direct implementation of telehealth on the improvement or maintenance of skills and target behaviors. If the level, trend, or variability in data indicate that behavior is worsening or not improving over the span of 5-10 data points, modify the protocol or consider discontinuing remote implementation.

Maladaptive Behavior Capture the effects of implementation of behavior strategies and behavior intervention plans in the home environment. If noncompliance, resistance, and other maladaptive behavior worsens or emerges, modify or discontinue the protocol.

If mild forms of maladaptive behavior (e.g., stereotypic behavior, mild resistance, distress) improve during or directly following implementation of a protocol, consider increasing service hours slowly based on the capacity of the caregivers.

Implementation Quality Evaluate each protocol separately (e.g., environment preparation, presentation of stimuli, prompt sequence and presentation, error correction, consequence delivery, measurement) to facilitate high quality implementation of behavioral services regardless of whether the implementer is a technician or caregiver.

If a protocol cannot be implemented with an adequate level of procedural integrity (e.g., 80-100% accurate implementation), simplify the protocol or consider substituting a different protocol.

Simultaneously implementing a behavioral procedure and collecting data on the patient's behavior can be difficult and might introduce error into implementation. When possible, have a behavior analyst or technician observe and record the patient's target behaviors, rather than requiring caregivers to do so while simultaneously implementing protocols.

**Effects on Family
Context**

Assess the effects of telehealth intervention and support on family context and caregiver stress. Document any beneficial effects related to decreased stress, increased family resilience and capacity to use behavioral procedures and overall structure of the home environment. If the caregiver finds implementation stressful, difficult, or disruptive, modify protocols, increase support, or consider discontinuation.

If siblings or roommates exhibit disruptiveness or problem behavior during implementation of programming, modify protocols to include those individuals if possible. Otherwise, consider reducing caregiver involvement and/or placing the program on hold.

Service-Specific Guidance

Given the complexities of ABA services, here we provide guidance on each type of service that may be considered for telehealth. Providers are advised to use their clinical judgement and complete due diligence with funders prior to implementing and billing for telehealth services. Each of the case examples in the following descriptions are excerpted from the “Supplemental Guidance on Interpreting and Applying the 2019 CPT Codes for Adaptive Behavior Services” (2019).

97151 - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan

Appropriate Patients	<ul style="list-style-type: none"> All patients
Environment/ Caregiver Requirements	<ul style="list-style-type: none"> Caregiver should be on site (defined as immediately available and interruptible) during any telehealth assessments in which the provider is assessing the patient using live, synchronous methods. Technology assistance may be required for the caregiver Confirm or provide technology for the direct observation portion of assessment Complete any environmental modifications to ensure patient and caregiver safety Develop a contingency plan to reduce or eliminate technology-related distractions
Assessment Modifications	<ul style="list-style-type: none"> Gather required materials and use electronic assessment stimuli, when available and appropriate Review common items in service delivery setting that may be used for the assessment and mail any other needed materials to the caregivers Establish criteria for terminating assessment and referring to other service providers
Telehealth Modalities	<p>Dependent on payer approval:</p> <ul style="list-style-type: none"> Telephonic interactions (caregiver interview portion only) Synchronous videoconferencing Store-and-forward

Considerations To conduct a 97151 assessment or reassessment via telehealth, the behavior analyst should either be face-to-face interacting with the patient (which is met via **synchronous, real-time videoconferencing**), OR payer must allow caregiver to serve as an extension of the behavior analyst. In the latter case, caregivers would assess patient behaviors with direction from the behavior analyst via telehealth.

In cases where a caregiver is serving as an extension of the behavior analyst, the time spent assessing the patient by the caregiver and behavior analyst is counted towards the face-to-face portion of the service. Non-face-to-face activities (e.g., analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan) should be counted and reported as they are when the service is delivered in-person.

Case Example

Telehealth Assessment Session 1

Prior to the appointment, **store-and-forward** technologies are used to transmit the patient's medical records, prior assessments, and records of any previous or current treatments for clinical review by the behavior analyst. Just before the assessment session, the behavior analyst gathers all materials required for that session. For assessments via telehealth, the behavior analyst works with the caregivers to identify resources they have within the treatment setting.

During the first assessment session, the behavior analyst uses **telephonic interactions** to conduct a structured interview with the caregivers to solicit their observations about the patient's adaptive behaviors (e.g., social, communication, or self-care skills), maladaptive behaviors, and other concerns. The behavior analyst conducts indirect assessments to identify potential skills to be strengthened and maladaptive behaviors to be reduced by treatment. Indirect assessments include standardized and non-standardized scales and checklists completed by the caregivers to evaluate the patient's adaptive skills in several domains. The data gathered from the caregiver interview and indirect assessments are used to determine the appropriate direct assessments.

After the indirect assessments are completed in the first session, the behavior analyst provides the caregiver with a list of items needed for the direct assessment and mails any items that are not available in the treatment setting.

Telehealth Assessment Session 2

Prior to the direct assessment session, the behavior analyst gathers electronic assessment tools needed for face-to-face video interactions directly with the patient. If

the caregiver is serving as an extension of the behavior analyst, the provider confirms that the caregiver has all needed materials.

During the session, the behavior analyst uses **synchronous videoconferencing** to conduct direct assessments of adaptive skills, including direct observation and recording of the patient’s performance of skills in typical everyday situations, information about the type and amount of assistance (e.g., cues, prompts) the patient requires to perform each skill successfully, and the types of reinforcers for which the patient responds. In cases where the caregiver is serving as an extension of the behavior analyst, the behavior analyst gives real-time instructions to the caregiver to observe the patient's behavior during everyday interactions. **If approved by the funder**, the behavior analyst may also guide the caregiver to record patient behaviors across multiple settings and interactions. The behavior analyst uses the **store-and-forward video** observations of the patient in those everyday settings to record occurrences of maladaptive behaviors as well as environmental events that precede and follow those occurrences. Information from the functional behavior assessment is used to design functional analyses of maladaptive behaviors. Those assessments may be conducted over several days of service.

After: The data from all assessments are used to develop a treatment plan with goals and objectives, including social, communication, play and leisure, self-care, and other adaptive behaviors to be developed and maladaptive behaviors to be reduced, all defined in observable, measurable terms. The plan also specifies for each treatment target: (a) the current (baseline) level; (b) procedures for direct observation and measurement; (c) conditions under which the behavior is to occur; (d) a written protocol with instructions for implementing procedures (e.g., materials needed, instructions, prompting and prompt-fading, consequences for correct and incorrect responses, etc.) to change the behavior and promote generalization of behavior changes; and (e) criteria for mastery or attainment of the treatment goal.

Billing	Bill place of service - 02 (telehealth)
Considerations	Modifier 95 - Telehealth (synchronous)

97152 - Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes

Appropriate Patients	<ul style="list-style-type: none"> All patients
Environment/ Caregiver Requirements	<ul style="list-style-type: none"> Caregiver should be immediately available and interruptible during any telehealth assessments in which the technician is assessing the patient using live, synchronous methods. If caregiver is serving as a proxy for the technician, caregiver should be available for duration of assessment Technology assistance may be required for the patient and/or caregiver Confirm or provide technology for direct observation portion of assessment Complete any environmental modifications to the treatment setting to ensure patient and caregiver safety Develop a contingency plan to reduce/eliminate technology-related distractions
Assessment Modifications	<ul style="list-style-type: none"> Gather materials and use electronic assessment stimuli, when available and appropriate Review common items in the treatment setting that may be used for the assessment and mail any other needed materials to the caregiver Establish criteria for terminating assessment and referring to another provider
Telehealth Modalities	<p>Dependent on payer approval:</p> <ul style="list-style-type: none"> Synchronous videoconferencing Store-and-forward Remote monitoring

Considerations To conduct a 97152 assessment via telehealth, the technician should either be face-to-face (in-person or via telehealth) with the patient, OR payer must allow the caregiver to serve as a proxy for the technician. In the latter case, consider whether payers will waive NPI, online training, and credentialing requirements typically expected of a technician.

Extensive preparation and guidance by the behavior analyst occurs when a technician conducts supplemental assessment activities. The same is true where a caregiver serves as the technician. The behavior analyst could instruct the technician with both parties acting via telehealth in cases where it is clinically appropriate for the patient.

Remember that code descriptors designate the minimum-level service provider to report and bill a service. In cases where a code descriptor states “by technician,” behavior analysts may also provide the service. In cases where a higher-level provider renders a “by technician” service, they should add a modifier to indicate that. Note that some payers do not utilize modifiers for this purpose, so it’s critical to check each payer’s policies and contracts to ensure compliance.

Case Example

Telehealth Supporting Assessment

Prior: Once the behavior analyst has determined from the initial assessment that stereotypic behavior is a treatment target and that more information is needed to develop appropriate treatment protocols, the behavior analyst directs the technician or caregiver to directly observe and record occurrences of the behavior in everyday situations. The technician/caregiver and the behavior analyst review information about the patient’s stereotypic behavior from the behavior identification assessment, the definition of that behavior, and procedures for directly observing and measuring occurrences of the behavior and environmental events that precede and follow occurrences. The technician/caregiver practices observing and recording occurrences of the behavior from a live **synchronous videoconferencing** or recorded **store-and-forward video** sample that is also scored by the behavior analyst. The behavior analyst compares his/her data to the data recorded by the technician and provides feedback to the technician regarding the accuracy and completeness of the technician’s data recording until the technician demonstrates proficiency. When a caregiver serves as a proxy for the technician via telehealth, the behavior analyst should work with the caregiver until they demonstrate proficiency. The behavior analyst should document fidelity and interobserver agreement measures in the patient’s medical records. Prior to the assessment session the technician/caregiver gathers all materials required for that session. The technician also reviews the data and session notes from the most recent treatment sessions, if applicable.

During the session, the behavior technician, under the direction of the behavior analyst, uses **synchronous videoconferencing** to observe and record occurrences of the patient's stereotypic behavior and environmental events that precede and follow those occurrences several times in a variety of situations. If the caregiver is serving as a proxy for the technician, the technician uses **synchronous videoconferencing** to observe the caregiver-patient interactions and records occurrences of the patient's stereotypic behavior and environmental events that precede and follow those occurrences several times in a variety of situations.

After the session, the technician graphs the resulting data, indicating on the graph the date, time, and context for each of the data samples. The behavior analyst reviews and analyzes the graphed data from the technician's observations of the patient's stereotypic behavior and writes a progress note with a plan of action. In cases where a caregiver conducts the follow up assessment under the direction of a behavior analyst, the behavior analyst should observe and take data as a technician typically would.

Billing	Bill place of service - 02 (telehealth)
Considerations	Modifier 95 - Telehealth (synchronous)

97153 - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes

Appropriate Patients	<p>Patients who at a minimum exhibit the following skills and have demonstrated the ability to respond effectively to telehealth direct services delivered via synchronous videoconferencing:</p> <ul style="list-style-type: none"> ● Basic joint attention skills ● Basic discrimination skills ● Basic echoic skills ● Basic motor imitation skills ● Ability to follow common 1-step instructions ● Participate in session with limited caregiver support ● Ability to sit independently at a computer for 8-10 minutes periods of time ● Safety concerns and challenging behavior are low and/or caregivers are able to safely and effectively manage any challenging behavior
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Environment/ Caregiver Requirements	<p>Caregiver should be immediately available and interruptible during any telehealth sessions in which the technician or behavior analyst is delivering treatment using live, synchronous methods.</p>
	<ul style="list-style-type: none"> ● If caregiver is serving as a proxy for the technician, caregiver should be available for duration of treatment session or as specified for the provider ● Caregiver instructional control ● Develop a contingency plan to reduce/eliminate technology-related distractions ● Complete environmental planning tool (Appendix C)
Treatment modifications	<ul style="list-style-type: none"> ● Modified session breaks, treatment goals, session termination criteria ● Changes to programs, naturalistic programs, daily schedules ● Possible omission of some protocols while telehealth is occurring (e.g. toilet training)
Telehealth Modalities (dependent on payor approval)	<ul style="list-style-type: none"> ● Synchronous videoconferencing
Considerations	<p>Many patients may be good candidates for ABA services via telehealth. Evaluation of the patient's skills and consideration of needed programming changes as discussed previously are paramount when services are delivered via telehealth.</p> <p>If a behavior analyst runs a telehealth session and they are not doing so to evaluate whether protocol modifications are needed, they should bill 97153 with a modifier. In some cases, prior payer policy directed behavior analysts to use 97155 regardless of whether they were conducting the face-to-face session. In those cases, providers should continue to follow previous payer guidance related to reporting 1:1 sessions with patients.</p> <p>Technician competency: Technicians should conduct 1:1 treatment sessions via telehealth only if the supervising behavior analyst has verified that they are competent to implement the procedures safely and effectively. If caregivers ask questions or make requests, the technician should be instructed to tell the caregiver that they will consult with the behavior analyst.</p> <p>In cases where caregivers deliver direct services as a proxy for the technician, the behavior analyst should guide them using synchronous video. The behavior analyst's time directing the caregiver and providing feedback on their implementation should be reported using 97155. The caregiver's time should not be reported in this scenario, as</p>

they are not an employee or being compensated for their time. Rather, they are serving in this role during the emergency created by the COVID-19 outbreak. In such cases the behavior analyst is responsible for recording data and writing a session note based on their observations of the treatment session.

Case Example

**Telehealth Adaptive Behavior Treatment by Protocol
(technician delivers directly to the patient)**

Prior to the first implementation of any treatment protocols, the behavior analyst conducts a risk assessment and documents the patient’s ability to participate in telehealth adaptive behavior treatment by protocol services. The behavior analyst and technician use **synchronous videoconferencing** to review the definitions of treatment targets in the areas of language, social skills, responding to changes in routines, and responding to the unavailability of preferred items in the patient’s treatment plan as well as the written protocols for addressing each of those targets. Prior to each treatment session, the technician/caregiver gathers all materials required for that session. The technician also reviews the data and session notes from the most recent treatment sessions.

During each session, the technician uses face-to-face via synchronous videoconferencing to implement the treatment protocols and data collection procedures with the patient in the treatment setting. Sessions are designed to provide multiple planned opportunities for the patient to practice each target skill. The caregiver is available for periodic support when needed for specific treatment programs; however, the patient is able to participate independently for the majority of the session.

After the session, the technician records notes summarizing what occurred and any aspects of the behavioral definitions or treatment protocols that may need to be scrutinized by the behavior analyst. The behavior analyst reviews technician-recorded graphed data and notes from all treatment sessions weekly to assess the patient’s progress and determine if any treatment targets or protocols need to be revised.

**Telehealth Adaptive Behavior Treatment by Protocol
(caregiver serving as a proxy for technician)**

Prior to the first implementation of any treatment protocols, the behavior analyst conducts a risk assessment and documents the patient’s and caregiver’s ability to participate in telehealth adaptive behavior treatment by protocol services, with the caregiver as a proxy for the technician. In caregiver training sessions prior to the first session, the behavior analyst and caregiver use **synchronous videoconferencing** to

review the definitions of treatment targets in the areas of language, social skills, responding to changes in routines, and responding to the unavailability of preferred items in the patient’s treatment plan as well as the written protocols for addressing each of those targets. Prior to each treatment session, the caregiver gathers all materials required for that session.

During each session, the technician uses face-to-face via **synchronous videoconferencing to guide the caregiver to** implement the treatment protocols. Sessions are designed to provide multiple planned opportunities for the patient to practice each target skill. As discussed in the pre-session caregiver training, programs may include the caregiver delivering directives and are specified in the patient’s protocol to ensure the treatment programs are socially valid and adhere to technological requirements by providing clear and concise descriptions of procedures. The behavior analyst should record data via telehealth during the session and write a session note.

After the session, the behavior analyst records notes summarizing what occurred and any aspects of the behavioral definitions or treatment protocols that may need to be scrutinized. The behavior analyst reviews graphed data and notes from all treatment sessions weekly to assess the patient’s progress and determine if any treatment targets or protocols need to be revised. In cases where caregivers are serving as technicians the behavior analyst should record data via telehealth during the session and write a session note.

97154 - Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes

97158 - Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Appropriate Patients

Patients who at a minimum exhibit the following skills and have demonstrated the ability to respond effectively to telehealth direct services delivered via synchronous videoconferencing:

- Joint attention skills
- Intraverbal skills
- Conditional discrimination skills

- Advanced motor imitation skills
- Ability to follow common 1-2 step instructions
- Ability to wait and take turns
- Participate in session with limited caregiver support
- Ability to sit independently at a computer or tablet for 8-15 minutes
- Safety concerns and challenging behavior are low and/or caregivers are able to safely and effectively manage any challenging behavior

**Environment/
Caregiver
Requirements**

- Caregiver should be immediately available and interruptible during any telehealth sessions in which the technician or behavior analyst is delivering treatment using live, synchronous methods.
- If caregiver is serving as a proxy for the technician, caregiver should be available for duration of treatment session or as specified
- Caregiver should have strong instructional control
- Develop a contingency plan to reduce/eliminate technology-related distractions
- Complete environmental planning tool (Appendix C)

**Treatment
modifications**

- Modified group session breaks, treatment goals, session termination criteria
- Changes to programs, naturalistic programs, daily schedules
- Possible omission of some programs while telehealth is occurring (e.g. toilet training)

**Telehealth
Modalities**

- Dependent on payor approval:**
- Synchronous videoconferencing

Considerations

These services are appropriate for patients who can engage in group activities, such as social skills groups, via telehealth.

If a behavior analyst is providing direction to the technician while they implement a group session, that is reported concurrently using 97154 / 97155.

To constitute a group, 2-8 patients must be present. Report 97154 or 97158 once per patient attending the group.

Documentation of the session content must occur per patient served in the group.

Case Examples

97154

Prior to treatment initiation, the behavior analyst conducts a risk assessment and documents the patient’s ability to participate in group adaptive behavior treatment by protocol via synchronous video conferencing telehealth. Prior to the session, the behavior analyst and technician/caregiver use **synchronous**

telephonic/videoconferencing to review the data and notes from the most recent treatment session, the treatment protocol, and the data collection procedures. Prior to each treatment session, the technician/caregiver gathers all materials required for that session. The technician also reviews the data and session notes from the most recent treatment sessions.

During the session, the behavior analyst uses **synchronous videoconferencing** and directs a technician/caregiver in the implementation of the patient's treatment protocol and data collection procedures in small-group activities via **synchronous videoconferencing** conducted by the technician/caregiver. The technician implements the treatment protocols and data collection procedures with the patient(s). Caregivers may serve as a proxy for the technician and provide assistance to the patient, as programmed by the behavior analyst. Sessions are designed to provide multiple planned opportunities for the patient(s) to practice each target skill. Where sessions are conducted via telehealth one technician directs a caregiver for each patient attending the group to implement the protocols in the treatment setting. The technician should record data via telehealth during the session based on their observations.

After the session, the technician writes a session note. The behavior analyst reviews technician-recorded graphed data and session note to assess the patient's progress and determine if the treatment protocol needs to be adjusted. The behavior analyst writes a progress note with a plan of action.

97158

Prior: The behavior analyst includes participation in group treatment sessions that focus on peer social skills in the patient's treatment plan. Prior to the treatment session, the behavior analyst conducts a risk assessment and documents the patient's ability to participate in group adaptive behavior treatment by protocol via synchronous video conferencing telehealth. The behavior analyst reviews data, notes, and treatment protocols regarding the patient's social and communication skills and modifies the treatment protocol to be implemented in telehealth group treatment sessions. Just before the session, the behavior analyst gathers all materials required for that session.

During the session the behavior analyst uses **synchronous videoconferencing** and begins the group session by asking each patient to briefly describe two of their recent social encounters with peers, one that went well and one that did not. The behavior analyst uses that information to develop a group activity in which the patient has the

opportunity to practice the skills she used in the encounters that went well and to problem solve the interactions that did not go well. The behavior analyst helps the patient identify social cues that were interpreted correctly and incorrectly and what she could have done differently, and provides prompts and feedback. The behavior analyst also records data on the patient’s performance. The behavior analyst ends the session by summarizing the discussion and skills that were practiced, answering questions, and giving the patient an assignment to practice a particular peer social skill and record her own performance of that skill.

After the session, the behavior analyst graphs and reviews data recorded during the session and writes a progress note and plan of action.

97155 - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes

Appropriate Patients • Same as 97153

Environment/ Caregiver Requirements • Same as 97153

Treatment modifications • Same as 97153

Telehealth Modalities **Dependent on funder approval:**

- Synchronous videoconferencing
- Telephonic interactions
- Store-and-forward
- Remote monitoring

Considerations In cases where the caregiver is implementing the program face-to-face with the patient, confirm with the payer that the caregiver may serve as a proxy for the technician with the behavior analyst directing them to implement the program via telehealth. Do not report 97153 for the caregiver’s time; only report 97155 for the time the behavior analyst directs the caregiver on implementation of the protocol.

This code can also be reported when the behavior analyst conducts a 1:1 session with the patient to evaluate the need for protocol modification and the patient is able to

participate via telehealth (refer to supplemental coding guidance article for more on protocol modification: www.abacodes.org).

These sessions could also be conducted in the typical scenario where there is a technician using telehealth to provide the direct service and the behavior analyst directs them via telehealth. In this scenario, report 97153 for the technician's time and 97155 concurrently for the behavior analyst's time.

Case
Examples

Telehealth Adaptive Behavior Treatment with Protocol Modification
(directing technician/caregiver)

Prior to the treatment session, the behavior analyst reviews data and notes from previous sessions. To promote generalization of treatment gains across situations, the behavior analyst modifies the written protocols used previously to incorporate procedures designed to build the patient's language and social skills into daily routines (e.g., play, dressing, mealtimes). Just before the session, the behavior analyst gathers all materials required for that session.

During the session, the behavior analyst uses **synchronous videoconferencing** to demonstrate the modified treatment procedures with the patient while the technician/caregiver observes. The technician/caregiver then implements the modified treatment protocol with the patient while the behavior analyst observes and provides feedback. The behavior analyst records data on the technician's/caregiver's performance. **If approved by the funder**, the behavior analyst may direct the technician/caregiver to record video of treatment sessions.

After the session, the behavior analyst modifies the protocols if indicated by the behavior analyst's observations during the session. **If approved by the funder**, the behavior analyst uses the **store-and-forward video** observations of the patient's behavior to determine if the protocol components are functioning effectively for the patient or require adjustments. The behavior analyst writes a progress note with a plan of action.

Telehealth Adaptive Behavior Treatment with Protocol Modification
(no technician/caregiver present, QHP 1:1 with patient)

Prior to session, the behavior analyst reviews data and notes from previous sessions and observes a spike in patient maladaptive behavior. To evaluate the need for modifications to the treatment protocol, the behavior analyst conducts a 1:1 session with the patient. Just before the session, the behavior analyst gathers all materials required for that session.

During the session, the behavior analyst uses **synchronous videoconferencing** to troubleshoot current treatment protocols face-to-face with the patient. The behavior analyst tests adjustments to specific components of the protocol (e.g., reinforcers, reinforcer delivery, prompts, instructions, materials, contextual variables) to determine if changes are needed to improve patient progress.

After the session, the behavior analyst modifies the protocols if indicated by the behavior analyst’s observations during the session. The behavior analyst writes a progress note with a plan of action. The behavior analyst schedules a time to join the patient and technician during a treatment session to direct the technician in implementing the modified protocols.

97156 -Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with/without patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

97157 - Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes

Appropriate Patients

- All patients

Environment/ Caregiver Requirements

- Caregiver’s commitment to participation
- Access to telephone
- Access to technology and secure internet connection
- Confirm or provide technology for direct observation portion of assessment
- Complete any environmental modifications to the treatment settings to ensure patient and caregiver
- Technology assistance may be required for the caregiver
- Develop a contingency plan to reduce/eliminate technology-related distractions

Treatment modifications

- Changes to programs, naturalistic programs, daily schedules
- Possible omission of program while telehealth is occurring (e.g. toilet training)

Telehealth
Modalities

Dependent on funder approval:

- Synchronous videoconferencing
- Telephonic interactions
- Store-and-forward
- Remote monitoring

Considerations

Family sessions done via telehealth are not simply “check ins” to see how caregivers are doing. They should focus on building caregiver skills to allow them to successfully implement programming.

Mobile health applications are gaining in popularity and are often used as a method for caregivers to record generalization and maintenance of skills outside of scheduled treatment sessions.

Multi-family caregiver trainings may be particularly useful via telehealth where patients live far apart but are working on similar targets; where family dynamics are similar and impact the patient’s programming (for instance, sibling interactions); or where support needs of caregivers are similar and they could learn from one another’s experiences.

To constitute a group, 2-8 sets of caregivers must be present. Report 97157 once per set of caregivers attending the group.

Case
Examples

97156: Family Adaptive Behavior Guidance
(synchronous videoconferencing)

Prior to the first appointment, the behavior analyst reviews data, notes, and treatment protocols regarding the patient's picture communication skills. Just before the session, the behavior analyst gathers all materials required for that session. If needed, supplemental materials are also provided to the caregiver.

During the session, the behavior analyst uses **synchronous videoconferencing** to review the treatment protocol with the caregivers, which involves the use of prompting and reinforcement to promote the patient’s use of picture cards and gestures to indicate desire to stop an activity and to request help. The behavior analyst demonstrates those procedures, then has each caregiver in turn implement the procedures with the patient while the behavior analyst observes, provides feedback, and records data on the patient’s performance. The behavior analyst uses **store-and-forward technology** to transmit an electronic copy of the treatment protocol and data sheets with instructions for implementing the protocol during typical routines. The behavior analyst instructs the

caregivers to use **store-and-forward technology** to transmit the data at the end of the week and schedules a second follow-up appointment.

After the session, the behavior analyst graphs and reviews data recorded during the session and writes a progress note and plan of action.

97156: Family Adaptive Behavior Guidance
(telephonic interactions example, if approved by funder)

Prior to the appointment, the behavior analyst reviews data and parent-reported increases in challenging behavior during the patient's morning routine. Just before the session, the behavior analyst gathers all materials required for that session.

During the session, and if approved by the funder, the behavior analyst uses **telephonic interactions** to review the current daily structure and behavior intervention plan with the caregivers. During the telephonic interaction, the behavior analyst identifies antecedent strategies that the caregiver has implemented in prior routines, but is not included in the current treatment protocol. The behavior analyst instructs the caregiver to implement the antecedent strategy and record data on the patient's responses for the next three days.

After the session, the behavior analyst graphs and reviews data recorded during the session and writes a progress note and plan of action. The behavior analyst uses **store-and-forward technology** to transmit an electronic copy of the updated treatment protocol and data sheets with instructions for implementing the protocol during typical routines. The behavior analyst instructs the caregiver to use **store-and-forward technology** to transmit the data at the end of the week and schedules a second follow-up appointment.

97157: Group Adaptive Behavior Guidance
(synchronous videoconferencing)

Prior: The behavior analyst invites the caregivers to attend a training session with several other sets of caregivers. Prior to the session the behavior analyst reviews data, notes, and treatment protocols regarding the patient's hyperactive and disruptive behavior as well as his play, social, and communication skills.

During the session, the behavior analyst uses **synchronous videoconferencing** to ask each set of caregivers to identify one skill to be increased or one problem behavior to be decreased in their own child/patient. The behavior analyst describes how behavior-

analytic principles and procedures could be applied to the behavior identified by the caregivers of this 3-year-old patient. He demonstrates a procedure (e.g., prompting the child to speak instead of whining when he wants something, and not giving him preferred items when he whines). The caregivers then role-play implementing that procedure. Other group participants and the behavior analyst provide feedback and make constructive suggestions. That process is repeated for skills/behaviors identified by other sets of caregivers. The behavior analyst ends the group session by summarizing the main points, answering questions, and giving each set of caregivers a homework assignment to practice the skills they worked on during the session.

After the session the behavior analyst writes a progress note and plan of action.

0362T - Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

0373T - Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

Telehealth
Modalities

Dependent on funder approval:

- Partial Telehealth (In-person and synchronous videoconferencing)

Considerations

These services will most likely continue to be reported in settings where in-person face-to-face services continue due to the four required elements of the code.

In some cases, assessments and/or treatment could be done via telehealth. Risk assessments are critical due to the requirement that the patient exhibit destructive behavior (e.g., aggression, elopement, pica).

Where a risk assessment indicates that these services are appropriate via telehealth, the "on-site" requirement of the codes would be met by the behavior analyst being immediately available and interruptible via synchronous telehealth modalities.

Case Examples

0362T: Behavior Identification Supporting Assessment

(blended approach of In-person & synchronous videoconferencing)

Prior: The behavior analyst reviews prior records and all prior functional behavior assessments and functional analyses and attempts to treat self-injurious behavior (SIB), including behavioral and pharmacologic interventions. He completes a risk assessment to determine safeguards needed to conduct a functional analysis safely, prepares materials, and briefs the technicians regarding idiosyncratic aspects of the patient's behavior. During the session (face-to-face/telehealth), three technicians work with the patient in a safe environment according to a behavior analyst-designed protocol.

During each of the functional analysis sessions, one technician collects continuous real-time data (in-person or via synchronous videoconferencing telehealth) on the patient's SIB and communication responses, a second technician/caregiver stands closely behind the patient and gently blocks his attempts at SIB directed toward the eyes, and the third technician/caregiver carries out the behavior analyst -designed functional analysis procedures. The behavior analyst is on site (this requirement can be met via synchronous videoconferencing telehealth based on individualized patient risk assessments) and closely monitors the technicians'/caregivers' implementation of the procedures, providing corrective feedback when needed.

After: Technicians record all results and provide data to the behavior analyst following each session. The behavior analyst analyzes the graphed data on an ongoing basis and, if needed, modifies the assessment protocol appropriately.

0373T: Adaptive Behavior Treatment w/protocol modification
(blended approach of In-person & synchronous videoconferencing)

Prior: The behavior analyst has modified previously developed written protocols for reducing the patient's pica based on a recent medical evaluation and a functional analysis of pica. Just before the session, the behavior analyst gathers all materials required for that session. One technician/caregiver carefully inspects the treatment room/area before the session to make sure there are no potential pica items on the floor.

During the session, the behavior analyst uses **synchronous videoconferencing** to demonstrate the modified treatment procedures with the patient while the **in-person** technicians/caregivers observe. The modified procedures involve one technician/caregiver presenting the patient with one small preferred food item and one item that resembles a pica item but is not dangerous if ingested on each of a series of

trials. On each trial the two items are placed on a table in front of the patient. The second technician/caregiver is positioned directly behind the patient to provide the patient with a gentle physical prompt to pick up and eat the food item. If the patient tries to pick up the pica item, the second technician/caregiver gently blocks that response and removes the pica item from the patient's line of sight. The third technician records the patient's appropriate and maladaptive responses on each trial (e.g., consuming the food item and/or attempting to pick up the pica item). When performed via **synchronous videoconferencing telehealth** the third technician records data remotely.

The technicians/caregivers then implement the modified treatment protocol with the patient while the behavior analyst observes and provides feedback. The behavior analyst records data on the technicians'/caregivers' performances.

After the session, the behavior analyst reviews technician-recorded graphed data to assess the patient's progress and determine if the treatment protocol needs to be adjusted further. The behavior analyst writes a progress note with a plan of action.

Healthcare Claims Reimbursement for Telehealth

For claims submission of adaptive behavior (ABA) services we describe considerations to safeguard against claims rejections or denials for telehealth service delivery. Providers are advised to complete due diligence, obtain authorization for services delivered via telehealth, and documentation of funder guidelines prior to implementing and billing for telehealth services.

Provider Due Diligence

As funders consider approving the use of both synchronous and asynchronous telehealth for ABA service delivery, it is critical that organizations complete their own due diligence and confirm with each payer whether the health insurance billing codes described in this document are approved for telehealth.

Prior to delivering care through a telehealth service delivery model, providers will need to verify that the patient's health plan covers telehealth and confirm the modality that is approved for each service (e.g., synchronous videoconferencing, store-and-forward, or telephonic communication). Providers should maintain documentation of payer policies with guidance regarding service delivery and billing for telehealth services for each health plan.

In addition to confirming telehealth approval for each service, providers should inquire about the use of additional procedural codes for synchronous and asynchronous telehealth. Billing codes that have been approved by some payers to report indirect (non-face-to-face with patient) work via telehealth are listed below. Payers may also reimburse a telehealth transmission fee. Providers should inquire with each payer about the use of these codes.

CPT	Description	Funder Approved Telehealth
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	<ul style="list-style-type: none"> • Telephonic interactions • Synchronous videoconferencing • Store-and-forward • Remote Monitoring
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present	<ul style="list-style-type: none"> • Synchronous videoconferencing
G9012	Other specified case management service not elsewhere classified	<ul style="list-style-type: none"> • Remote monitoring
Q3014	Telehealth originating site facility fee	<ul style="list-style-type: none"> • NA
T1014	Telehealth transmission, per minute, professional services bill separately Billed one unit per minute (1-min code).	<ul style="list-style-type: none"> • NA

Authorization for Services Delivered via Telehealth

Once verification of telehealth benefits has been completed, providers should evaluate all current service authorizations to determine if a modification of units is required for service delivery via telehealth. If the provider determines a modification is required, request updated authorization using an updated treatment plan with justification of changes. Providers using practice management software will need to update the systems with appropriate modifiers for service codes and system connections to authorizations for timesheets.

Documentation

Providers should prepare and plan for capturing, tracking, or recording information that may be needed in a routine audit of services. Providers should save all payer policies and copies of communication confirming use of telehealth with details, including revisions and date the policy was revised. In addition, providers should maintain documentation of verification of benefit information related to telehealth as applicable for each patient and any authorization updates. Providers are encouraged to update session note documentation templates to ensure all necessary reporting components are included for delivery via telehealth. For example, per date of service, session documentation may include a checklist of the appropriate environmental conditions that satisfy a session being delivered via telehealth, type of technology, and telehealth modality used.

Claims Submission

Most funders require the use of a telehealth modifier. Providers should confirm this with each payer. Telehealth modifiers include:

95	Current CPT® modifier used to indicate that services were rendered via synchronous (real time) telehealth with interactive video telecommunication systems.
GQ	For asynchronous (store and forward) telehealth, if approved.
GT	Retired and replaced by the Place of Service location 02; however, it is still used by some health plans.
None	There will be cases where a funder is not requiring a modifier.

Place of Service (POS) specifies where services were rendered. For Telehealth, POS 02 indicates services were provided or received through telecommunication technology. This would be paired with codes billed by the telehealth provider (and would be paired with the telehealth transmission code). It is important to note that some funders are not set up to recognize POS 02.

Providers are encouraged to monitor clearinghouse rejections to identify claims rejection issues based on modifiers and place of service to rectify claims submission delays promptly. Monitor claims denials once the submission has been received and claims have been adjudicated and explanation of benefit (EOB) or electronic remittance advice (ERA) is received. Providers may also consider using labels or flags in practice management software to isolate telehealth billing for reporting purposes and should avoid submitting claims for telehealth services without following all the preparatory guidelines.

Recommendations for Healthcare Funders

Recommendations for emergency response during COVID-19 to ensure timely access and continuity of care for patients:

1. Acknowledge that ABA can be safely and effectively delivered via telehealth and reimburse both synchronous and asynchronous telehealth modalities for all Adaptive Behavior Treatment procedural codes (See Appendix G).
2. In cases where in-person direct services are not available, healthcare funders may consider removing the prior authorization requirement for family training. Caregivers may require daily support to prevent regression, increases in challenging behavior, and maintain skill acquisition. Timely access to care will be critical to caregivers who may experience an abrupt discontinuation in care.
3. Patients transitioning to a telehealth service delivery model will require additional assessments and an updated treatment plan to ensure safe and effective treatment. It is recommended that payers increase the available assessment units and/or remove the prior authorization for the provider to complete a new assessment and telehealth treatment plan.
4. More frequent monitoring of treatment will be critical to ensure optimal patient outcomes. An increase in adaptive behavior treatment with protocol modification will be necessary to ensure timely treatment modifications can be completed.
5. Some healthcare funders are approving the use of indirect case management for patient monitoring and treatment modifications via asynchronous, store-and-forward methods. We recommend incorporating asynchronous methods for a blended telehealth service delivery approach to offer caregivers expanded options to access care via telehealth (See Peterson et al., 2017).

Appendices

Appendix A: Appropriateness of Telehealth Decision Tool

1. Do the caregivers have access to the required technology and an internet connection?
 - a. No - work with the caregivers to establish a solution for acquiring the necessary connection. If the lack of technology/internet can be remedied, proceed.
 - b. Yes - proceed
2. Have you determined that direct services via telehealth could result in harm to the patient or caregiver (see risk assessment)?
 - a. No - proceed
 - b. Yes - answer questions below
 - i. Could there be modifications to the treatment plan, goals, or session structure that would alleviate the risk of harm?
 1. Yes - make the appropriate changes
 2. No - If caregiver requests services via telehealth, let them know it would not be safe/effective to provide in that format. Providers should consider alternative ways to integrate telehealth in an effort to maintain continuity for the patient and caregivers (e.g., CPT code 97156: Family Adaptive Behavior Treatment Guidance).
3. Will there be a caregiver available to follow the behavior analyst's direction?
 - a. Yes - proceed
 - b. No - however, if the patient has the necessary skills to engage with telehealth and it is possible a caregiver may not be needed, proceed with frequent direction and monitoring of treatment.
 - c. No - attempt to work through any barriers with caregivers, but if there is no caregiver to implement protocols under the behavior analyst's direction, direct service via telehealth will not be an option. Providers should consider alternative ways to integrate telehealth in an effort to maintain continuity for the patient and caregivers (e.g., CPT code 97156: Family Adaptive Behavior Treatment Guidance).
4. Are there protocols that cannot be delivered via telehealth due to the delivery format?
 - a. No - proceed
 - b. Yes - Modify goals and procedures if possible so that they can be delivered via telehealth, or place goals on hold that would require in-person services.
5. Are there protocols that cannot be delivered via telehealth due to limitations of the caregiver?
 - a. No - proceed
 - b. Yes - Modify protocols if possible so that they can be delivered or placed on hold that would require in-person services.

Appendix B: Telehealth Program Needs Assessment

Reinforcement Systems

Reinforcement Delivery:

- Administered via electronic means
- Caregiver-delivered (i.e., patient requests exchange from caregiver)
- Other:

Token economy:

- Electronic token economy
- Administered by technician via video
- Self-administered by patient

Program Name	Materials	Program Modifications for Telehealth
	<p>Materials Needed:</p> <p>Material format/location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electronic <input type="checkbox"/> Patient's home <input type="checkbox"/> Technician location 	<p>Prompting Modifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assistance of caregiver <input type="checkbox"/> Modifications needed (e.g., w/computer screen/mouse) <input type="checkbox"/> No modifications needed <input type="checkbox"/> Program placed on hold <p>Notes:</p>
	<p>Materials Needed:</p> <p>Material format/location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electronic <input type="checkbox"/> Patient's home <input type="checkbox"/> Technician location 	<p>Prompting Modifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assistance of caregiver <input type="checkbox"/> Modifications needed (e.g., w/computer screen/mouse) <input type="checkbox"/> No modifications needed <input type="checkbox"/> Program placed on hold <p>Notes:</p>

Appendix C: Risk Assessment

Providers should consider conducting an environmental assessment (Appendix C) to assess the safety of the treatment setting, as well as a health screening for providers and caregivers prior to in-person services. In addition, the following questions can assist providers with determining whether ABA services may be appropriately delivered via telehealth modalities.

1. Does the patient engage in aggression, self-injury, property destruction, pica, elopement, or other dangerous behavior?
 - a. **No** - Continue but be aware that modifications to the environment may be necessary to reduce the likelihood of these behaviors occurring.
 - b. **Yes** - The presence of problem behavior does not preclude telehealth services and may establish behavior intervention services via telehealth as a viable treatment option. Continue with the remaining questions to determine safety and risk mitigation strategies.

2. Are there treatment modifications that can be made to minimize risk? For example, if the patient engages in elopement, are the caregivers able/willing to implement protocols to reduce the likelihood of elopement (e.g., quickly blocking, quickly following the patient)?
 - a. **Yes** - Continue with the questions.
 - b. **No** - Risk may be too high to proceed safely. Re-evaluate as circumstances change.

3. Do behaviors targeted for reduction have a history of occurring across settings (e.g., both home and clinic)?
 - a. **Yes** - Continue with the questions.
 - b. **No** - Can the caregiver be trained to implement the behavior reduction plan safely?
 - i. **Yes** - Continue and make training caregiver on behavior reduction protocols the highest priority
 - ii. **No** - Risk may be too high to proceed at this time safely. Re-evaluate as circumstances change.

4. Does the caregiver have instructional control in the treatment setting?
 - a. **Yes** - Continue with the questions.
 - b. **No** - Determine if you can build instructional control without occasioning maladaptive behaviors. If not, risk may be too high to proceed safely. Re-evaluate as circumstances change.

5. Do caregivers have the skills to follow through with demands from clinical staff (behavior analyst, technician, etc.)?
 - a. Yes - Proceed with telehealth treatment services.
 - b. No - Determine if the inability to follow through with demands could increase maladaptive behaviors. If so, risk may be too high to proceed at this time. Re-evaluate as circumstances change.

Appendix D: Environmental Assessment & Session Planning Checklist

Internet Access	Y	N	NA	Notes
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Is Wireless internet access available for staff?
Password:

Staff & Family Health

Is antibacterial soap, paper towels, antibacterial wipes, and other materials available for staff?

Are the child or any family members in the home immunocompromised or considered at-risk?

Therapeutic Environment

Is the session area clean and clear of debris for the session?

Is the environment appropriate for sessions (i.e., free of distractions, noise level conducive for sessions)?

Is the temperature, ventilation, and lighting adequate?

Can sessions occur in other areas of the home for generalization purposes?

Is there free access to preferred items (e.g., toys, activities)

Potential Safety Hazards	Y	N	N/A	Notes
Are there firearms or weapons on-site? If yes, are they locked in a gun safe or similar storage device?				
Is the yard fenced-in?				
Is there a swimming pool or trampoline?				
Is furniture stable/secured to walls?				
Are there any fragile or breakable items in session areas?				
Are there pets in the home? If yes, please indicate number and breed:				
If applicable, does the family agree to refrain from smoking indoors during session and/or near the session area?				

Environmental Planning

Session Location: <input type="checkbox"/> Patient's bedroom <input type="checkbox"/> Living room <input type="checkbox"/> Play room <input type="checkbox"/> Dining room <input type="checkbox"/> Other:	Session space: <input type="checkbox"/> Table <input type="checkbox"/> Floor <input type="checkbox"/> Couch <input type="checkbox"/> Other:	Session Initiation: <input type="checkbox"/> Patient will log in to session independently <input type="checkbox"/> Caregiver will assist with telehealth session <input type="checkbox"/> Alarm/patient reminders for session
Caregiver must be immediately available and interruptible during session: <input type="checkbox"/> Caregiver will remain within earshot of session to provide assistance when needed <input type="checkbox"/> Caregiver will be immediately available by phone or text		

Environmental Safety Modifications

Plan for ensuring patient
remains in camera view:

Plan for removing dangerous
items:

Plan for restricting access to
toys/breakable items:

Camera location:

Materials needed by caregiver
(including technology):

Appendix E: Caregiver Pre- and Post-Session Checklist

Environmental Planning

Location Preparation:

- Turn off television, video games, and other competing electronics to minimize noise*
- Remove pets
- Move siblings, unless their participation is programmed into treatment
- Close room door or implement other environmental modifications to prevent patient from leaving view of camera
- Pick up toys and other distracting items
- Other:

Technology & Materials:

- Check battery power of tablet or other technology
- Place tablet technology in pre-designated space for optimal visibility and out of patient's reach
- Place reinforcers/session materials in location out of patient's reach
- Other:

Post-Session Checklist:

- Plug in tablet and/or other technology used for telehealth session
- Send post-session data to provider for review/consultation

*Note: Providers should individualize this based on maladaptive behaviors that may occur when preferred items are removed.

Appendix F: Informed Consent for Telehealth Services

Informed consent is a legal status wherein you, (the “Patient”) of [AGENCY NAME] (herein referred to as “[AGENCY NAME]”, the “Provider”), confirm that you have personally, on behalf of your child, made a voluntary and educated choice to receive services. This document is intended to provide you with important information regarding the practices, policies, and procedures of [AGENCY NAME], and to clarify the terms of the professional therapeutic relationship.

Introduction

Telehealth involves the use of electronic communications to enable health care providers at different locations to share individual Patient health information for the purpose of improving Patient care. Providers of ABA services may include Board Certified Behavior Analysts, Board Certified Assistant Behavior Analysts, Licensed Behavior Analysts, Licensed Assistant Behavior Analysts, Licensed Psychologists if applied behavior analysis is in the scope of practice in the state licensure law and the individual’s training and competence, Registered Behavior Technicians (RBT), specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images (e.g., skin abrasions due to self-injurious behavior)
- Live two-way audio and video
- Telephonic communication
- Output data from health applications, sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of Patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Real-time Videoconferencing Telehealth

Real-time videoconferencing consists of face-to-face provider and patient interactions that occur in real-time via a two-way video and audio interactions. Under this model, an RBT will render services directly to your child in your home or community either in-person or via real-time video conference technology. The Behavior Analyst will supervise the RBT implementation of your child’s treatment plan on a weekly basis to monitor your child’s progress and response to treatment. Supervision will occur in real-time, through [AGENCY NAME]’s HIPAA compliant videoconferencing software, in which 2-way audio and video will be available. Parent coaching, team meetings, and treatment review sessions also will occur in this same format, allowing the family to meet virtually with the Behavior Analyst supervisor to discuss their child’s progress.

Video Store-and-Forward Telehealth

Video store-and-forward includes transmission of video and audio interactions to a provider at another site. As part of our service model, we may review videos of clinical sessions to evaluate your child's response to treatment. Videos will be stored for [x years] on our HIPAA-compliant server, [PRACTICE MANAGEMENT/CLOUD STORAGE SYSTEM].

Expected Benefits:

- Improved access to behavioral healthcare care by enabling a Patient to remain in his/her home (or at a community-based site) while the Provider consults at distant sites.
- More efficient behavioral evaluation and clinical management.
- Increased ability to analyze low frequency behaviors.
- Obtaining expertise of a distant specialist.

Possible Risks: As with any medical/behavioral health treatment, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate treatment decision making by the Provider;
- Delays in behavioral evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal health information;

Patient Consent to The Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my Provider, [AGENCY NAME]'s Care Coordinators, or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my health care:

- Real-time videoconferencing telehealth
- Video store-and-forward telehealth

If you selected video store-and-forward Telehealth, please select every purpose you consent to:

- Regular/weekly video reviews by a team of professionals in our offices;
- Submission to Quality Assurance Advisors for expert feedback;
- Internal training seminars for professionals and students;
- For the purposes of teaching my child (video modeling);

- ALL of the above uses are approved.
- None of the above uses are approved.

By signing this form, I understand the following:

1. I understand that an adult (e.g., parent/caregiver or other guardian) who has medical treatment authorization must be present during all telehealth sessions in case of an emergency. Telephone numbers for fire, police, poison control, and the nearest medical facility must be listed in plain sight should they need to be accessed. In the event of any emergency, a 911 call must come from the session site.
2. I understand that the laws that protect privacy and the confidentiality of medical (including behavioral health) information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed to any third party without my consent, except when required under law.
3. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
4. I understand that I have the right to inspect all information obtained and recorded in the course of a telehealth interaction, and may access much of this information through [AGENCY NAME]'s secure patient records system.
5. I understand that a variety of alternative methods of behavioral healthcare may be available to me, and that I may choose one or more of these at any time. [AGENCY NAME] has explained the alternatives to my satisfaction.
6. I understand that telehealth may involve electronic communication of my personal health information to other practitioners who may be located in other areas, including out of state.
7. I understand that it is my duty to inform my Provider of electronic interactions regarding my care that I may have with other healthcare providers.
8. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.

I hereby authorize [AGENCY NAME] to use telehealth in the course of my treatment.

Name of Child (please print)

Name of Parent/Guardian (please print)

Parent/Guardian Signature

Date

Appendix G: Funder Resource

The place of service and use of modifiers may differ by funders; therefore, providers will need to confirm accuracy and authorization with each funder. The place of service and modifier codes were accurate at the time of publication.

Modifiers:

- **GQ** - For asynchronous (store and forward) telehealth
- **95** - Current CPT® modifier used to indicate that services were rendered via synchronous (real time) telehealth with interactive video telecommunication systems.

POS: 02 Telehealth

CPT	Description	Appropriate Telehealth Uses	Place of Service
97151 All provider modifiers	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	<ul style="list-style-type: none"> ● Synchronous videoconferencing (95) ● Telephonic interactions (GQ) ● Store-and-forward (GQ) 	02 - Telehealth
97152 All provider modifiers	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes	<ul style="list-style-type: none"> ● Synchronous videoconferencing (95) ● Telephonic interactions (GQ) ● Store-and-forward (GQ) 	02 - Telehealth

97153	<p>Adaptive behavior treatment by protocol: administered by a technician under the direction of a physician or QHCP, utilizing a treatment protocol designed in advance by the physician or QHCP, who may or may not provide direction during the treatment. Describes face-to-face services with one patient.</p>	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Telephonic interactions (GQ) 	02 - Telehealth
All provider modifiers			
97154	<p>Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes</p>	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) 	02 - Telehealth
All provider modifiers			
97155	<p>Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.</p>	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Telephonic interactions (GQ) • Store-and-forward (GQ) • Remote Monitoring (GQ) 	02 - Telehealth
All provider modifiers			
97156	<p>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes</p>	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Telephonic interactions (GQ) • Store-and-forward (GQ) • Remote Monitoring (GQ) 	02 - Telehealth
All provider modifiers			
97157	<p>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes</p>	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Remote Monitoring (GQ) 	02 - Telehealth
All provider modifiers			

97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Remote Monitoring (GQ) 	02 - Telehealth
All provider modifiers			
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Remote Monitoring (GQ) 	02 - Telehealth
All provider modifiers			
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Remote Monitoring (GQ) 	02 - Telehealth
All provider modifiers			
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	<ul style="list-style-type: none"> • Synchronous videoconferencing (95) • Telephonic interactions (GQ) • Store-and-forward (GQ) • Remote Monitoring (GQ) 	02 - Telehealth
All provider modifiers			

CPT	Description	Telehealth Modalities
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	<ul style="list-style-type: none"> • Telephonic interactions • Synchronous videoconferencing • Store-and-forward • Remote Monitoring
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present.	<ul style="list-style-type: none"> • Synchronous videoconferencing
G9012	Other specified case management service not elsewhere classified	<ul style="list-style-type: none"> • Telephonic interactions • Remote monitoring
Q3014	Telehealth originating site facility fee	<ul style="list-style-type: none"> • NA
T1014	Telehealth transmission, per minute, professional services bill separately Billed one unit per minute (1-min code).	<ul style="list-style-type: none"> • NA

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