BHPN Standards for Discharge from an ABA Episode of Care

INTRODUCTION: The BHPN Standards for Discharge from an ABA Episode of Care are intended to serve as guides for Providers and Clinical Case Managers. Individual discharge decisions should consider the individual needs of each client as well as medical necessity.

Document Contents

Guidelines for Discharge from an ABA Episode of Care	
Discharge: Graduation: Potential significant clinical benefit achieved	*Discharge: ABA not appropriate or no longer appropriate*
▪ Cognitive potential has been reached and no significant, life interfering, maladaptive behaviors are present OR ▪ The client has achieved adequate stabilization and behaviors can be managed in a less intensive treatment/environment OR ▪ The client can be treated with a less intensive level of care (e.g. community social program) OR ▪ Behavior change is meaningful and sustainable (see definition of meaningful change) OR ▪ Behavior is within normal limits when compared to peers without ASD who have a similar intellectual level	√ Improvements are not maintained or generalized OR √ There is a lack of meaningful progress (e.g. no change in adaptive domains) OR √ Treatment is making the symptoms persistently worse (e.g. maladaptive behavior occurs more during ABA sessions; a trial of stopping ABA results in improved behavior) OR √ Client becomes too fatigued with school/Adult day program and ABA OR √ Family members / caregivers are unable to support ABA and no or minimal progress has been made as a result (e.g. excess cancelations result in no progress). *NOTE: discharge is based on progress, not parent participation. Before discharge, every effort should be made to support family / parents so that ABA can continue* OR √ Client is 12 or older and has the ability to decline ABA (e.g. is able to express their desire to stop ABA) OR √ Behavior is more related to non-ASD mental health symptoms such as an anxiety disorder

ABA Discharge Best Practices: Criteria and Process

Graduation (potential significant clinical benefit achieved)

Criteria	Recommended Process
▪ Cognitive potential has been reached and no significant, life interfering, maladaptive behaviors are present OR ▪ The client has achieved adequate stabilization and behaviors can be managed in a less intensive treatment/environment OR ▪ The client can be treated with a less intensive level of care (e.g. community social program) OR ▪ Behavior change is meaningful and sustainable (see definition of meaningful change) OR ▪ Behavior is within normal limits when compared to peers without ASD who have a similar intellectual level	• Ensure client has adequate skills for individual's and caregiver's priorities for quality of life • Fade direct hours gradually and increase supervision to address parent education and coaching (modifying treatment plan accordingly) • Fade treatment goals as client meets, generalizes, and maintains targeted skills • Fade to less intensive treatment such as social skills group or parent consult model • Move to a focused model targeting skill deficits or behavioral excesses that prevent transition to another service or treatment type • Ensure client and family that should behaviors arise that are medically necessary for ABA to address they can begin a new episode of care • Ensure family/client is aware of other services (e.g. vocational rehabilitation)

Discharge: ABA not appropriate or no longer appropriate	
Criteria	Recommended Process
√ Improvements are not maintained or generalized OR √ There is a lack of meaningful progress (e.g. no change in adaptive domains) OR √ Treatment is making the symptoms persistently worse (e.g. maladaptive behavior occurs more during ABA sessions; a trial of stopping ABA results in improved behavior) OR √ Client becomes too fatigued with school/day program and ABA OR √ Family members / caregivers are unable to support ABA and no or minimal progress has been made as a result (e.g. excess cancelations result in no progress). *NOTE: discharge is based on progress, not parent participation. Before discharge, every effort should be made to support family / parents so that ABA can continue* OR √ Client is 12 or older and has the ability to decline ABA (e.g. is able to express their desire to stop ABA) OR √ Behavior is more related to non-ASD mental health symptoms such as an anxiety disorder	• Change treatment model to parent consult • If ABA treatment seems to increase challenging behavior (outside of understood extinction bursts, etc.), perhaps place treatment on a 30-day hold or remove direct hours and focus on PE to determine if discharge is indicated • Before discharging for failure to progress due to lack of family support, attempt to modify the program (change schedule, hold services in another location) to potentially gain family buy-in. Meet with family/client and document meeting • If client aged 12+ removes consent to treatment, discuss with client if they will consent to parent education before discharging (if clinically indicated). If client does *not* agree to ABA, document client's wishes and follow minor consent law

Best Practice Guidelines for Treatment and Discharge from an ABA Episode of Care for Clients with and without an Intellectual Disability

While common discharge reasons are listed for each age/functional population, general discharge reasons should always be considered. Treatment focus suggestions are meant as a guide and should not replace individual treatment decisions.

Age ranges are a guide only

Age	Mild ID (IQ 52-69)	Moderate ID (IQ 36-51)	Severe/profound ID (IQ below 35)
Under 6 years	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus: • Language skills • Social skills • School readiness • Maladaptive behavior	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus: • Language skills • Social skills • School readiness • Maladaptive behavior	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus: • Communication skills • Social skills • School readiness • Maladaptive behavior
6-9 years	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus: • If language skills are *moderately good,* continue with language • If language skills are *poor,* switch to basic communication skills focused on quality of life	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus: • Functional skill curriculum focused on communication • Self-help • Safety skills • Basic social skills	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus: • Functional skill curriculum focused on communication • Self-help • Basic social skills • Safety skills

	• Self-help • Social skills • Safety skills • Maladaptive behavior	• Maladaptive behavior	• Maladaptive behavior
Over 10 years	ABA appropriate only to address behaviors that interfere with school or major life goals AND these behaviors are not better addressed by another service or less intensive level of care. Focus when treatment is appropriate: Functional skill curriculum focused on long-term goals (e.g. functioning in high school).	ABA appropriate only to address behaviors that interfere with school or major life goals AND these behaviors are not better addressed by another service or less intensive level of care. Focus when treatment is appropriate: Functional skill curriculum focused on long-term goals (e.g. functioning in high school).	ABA sometimes appropriate. Careful review of discharge guidelines should be done. Focus when treatment is appropriate: Functional skill curriculum focused on long-term goals (e.g. bathing, manding for basic needs, etc.) Ask what skills are needed for placement in adult day program, group home, etc. Short-term ABA to address behaviors that interfere with: • Transition to other services (e.g. aggressive behavior that prevents placement in adult day program) • Safety behaviors (e.g. elopement): After 6 months of ABA if there is no meaningful progress in targeted behavior, discharge from ABA and establish a safety plan (e.g. door alarms and 24-7 supervision)

Aged out of school	ABA appropriate only to address behaviors that interfere with major life goals AND these behaviors are not better addressed by another service (e.g. vocational rehab, case management or self-help program) or less intensive level of care or non-medical care (Vocational Rehabilitation services).	ABA appropriate only to address behaviors that interfere with major life goals AND these behaviors are not better addressed by another service (e.g. vocational rehab, case management or self-help program) or less intensive level of care or non-medical care (Vocational Rehabilitation services).	Discharge and transition to other services (e.g. adult day program) When treatment is appropriate: Short-term ABA to address behaviors that interfere with: • Transition to other services (e.g. aggressive behavior that prevents placement in adult day program) • Safety behaviors (e.g. elopement): After 6 months of ABA if there is no meaningful progress in targeted behavior, discharge from ABA and establish a safety plan (e.g. door alarms and 24-7 supervision)

Age	Borderline intellectual functioning (IQ 70-84)	Average or above average intellectual functioning
Under 6	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus should be: • Language skills • Social skills • School readiness • Maladaptive behavior	Discharge from 1:1 ABA: Consider short-term Parent Training and community resources (e.g. play groups). When treatment is appropriate: Significant maladaptive behavior interferes with pre-school or other major activity.
6 to 9	Discharge usually not recommended unless family or medical factors prohibit treatment. Treatment focus should be: • If client demonstrates at least *moderately good* language, continue with language skills. • If language skills are *poor,* switch to basic communication skills focused on quality of life. • Self-help • Social skills • Safety skills • Maladaptive behavior	Discharge Behavior is more related to non-ASD mental health symptoms such as an anxiety disorder. When treatment is appropriate: Significant maladaptive behavior interferes with school or other major activity. Consider community program (e.g. Boy Scouts) for social opportunities.
Over 10	ABA appropriate only to address behaviors that interfere with school or major life goals AND these behaviors are not better addressed by another service or less intensive level of care or non-medical services (Vocational Rehabilitation). Refer to mental health services if appropriate.	Discharge from 1 to 1 ABA: 1:1 ABA is rarely medically necessary for this age/functional population. Consider social skills group. Consider community program (e.g. Boy Scouts) for social opportunities. Refer to mental health services if appropriate.
Aged out of school	Discharge: Medical necessity is rarely met for this age/functional population. Clients should be referred to non-medical services such as Vocational Rehabilitation.	Discharge: Medical necessity is rarely met for this age/functional population.

SUMMARY

Discharge from ABA should be based on MEDICAL NECESSITY and:

- Behavior/functioning and
- Ability to benefit from ABA and
- Behavior change that cannot be addressed in a less restrictive or intensive modality (e.g. community social skills group)

Discharge should NOT be based on no longer meeting the DSM-5 criteria for ASD or meeting all goals.

Definitions

Measurable Benefit	
Measurable benefit is	Measurable benefit **isn't**
• Reportable by data • Meaningful to client/patient • Change that increases independence	• Charts and trend lines • Change that doesn't improve independence
Adequate Stabilization	
Adequate stabilization is	Adequate stabilization **isn't**
1. Behavioral stability over time and in commonly accessed environments 2. Stable in most situations 3. Stable in critical situations (high risk situations)	1. 100% stable 2. Stable over all environments
Meaningful Progress with Medical Treatment	
Meaningful progress is	Meaningful progress **isn't**
1. Meeting goals that are: • Discrete and • Achievable and • Lead to increased independence (e.g. bathing with prompting is more independent than have someone bathe you because this leads to increased group home opportunities) 2. Being able to move into a less restrictive environment (e.g. special education class to inclusion, group home to supportive living) 3. Measurable 4. Noticeable to family/client/teachers without a chart/data 5. Durable over time beyond the end of treatment 6. Generalized outside of the treatment setting (home, community, day program etc.)	1. Meeting all goals/objectives. There are always more goals 2. Being on par with peers; more than 70% of clients with ASD will never be on par with typical peers 3. Progress that could be made without medical intervention 4. Some benefit 5. Resolution of ASD symptoms (e.g. no longer meeting ASD diagnostic criteria)

References:

California Minor Consent Law: Senate Bill 543, signed by the Governor in October 2010, creates a new minor consent mental health right in California. This document describes Health and Safety Code 124260, the minor consent law created by SB 543, and highlights the differences between Health and Safety 124260 and Family Code 6924, the minor consent mental health statute currently in effect. Family Code § 6924 Health

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