

## Frequently Asked Questions (FAQs)

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### **General ABA Services**

**Q:** What is Applied Behavior Analysis (ABA)?

**A:** ABA therapy stands for **Applied Behavior Analysis**. It's a **scientific, evidence-based approach** used to help people learn new skills and reduce behaviors that interfere with daily life.

**Q:** Who can benefit from ABA therapy?

**A:** Applied Behavior Analysis (ABA) therapy can benefit a wide range of individuals, particularly those who need support with behavior, communication, learning, or daily living skills. Common groups who benefit include:

**Q:** What ages do you serve?

**A:** We serve individuals ages 2–21, depending on insurance coverage eligibility. We also provide services on a private-pay basis when insurance coverage is not available.

**Q:** Do you provide clinic-based, in-home, school-based, or telehealth services?

**A:** Direct therapy services must be provided **one-on-one and in person**. Telehealth is not permitted for direct therapist service delivery. BCBA/Supervisors are required to provide **ongoing supervision** for all assigned cases. Supervision must occur **weekly**, with supervision delivered **in person at least every other week**. **Telehealth supervision may be utilized on alternating weeks**, as clinically appropriate and in compliance with applicable regulations and payer requirements. In-person supervision remains the primary and preferred method to ensure treatment integrity, client safety, and staff support.

**Q:** How long does ABA therapy typically last?

**A:** ABA therapy doesn't have a single set length—it's individualized based on each client's needs, goals, and progress. That said, here are **typical ranges** most ABA providers reference:

- **General Timeframes**

- **Short-term / Focused ABA:**

- 6 months to 1 year*

- Often targets specific skills (e.g., communication, toileting, behavior reduction).

- **Comprehensive ABA:**

- 2 to 3 years (sometimes longer)*

Common for younger children or those needing support across multiple developmental areas.

- **Weekly Hours**

- **10–20 hours/week:** Mild to moderate needs
- **20–40 hours/week:** More intensive support, often early intervention

- **What Determines Duration**

ABA therapy length depends on:

- Child's age at start of services
- Skill deficits and behavior challenges
- Rate of progress and mastery of goals
- Family involvement and consistency across environments
- Insurance authorization and medical necessity

- **When Does ABA End?**

ABA typically tapers off rather than stops abruptly. Discharge may occur when:

- Treatment goals are met
- Skills generalize across settings
- The client can function with less intensive supports
- Services transition to school-based or other therapies

- Many ABA clinics reassess every **6 months** and adjust intensity or duration accordingly.

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## **Getting Started / Intake Process**

**Q:** How do I get started with services?

**A:** Here's a clear, professional version you can use on a website, email, or checklist: Please complete the intake form available on the website portal under the **Resources** page. Review and electronically sign the **Consent to Implement Assessment / ABA Treatment** form. Additionally, forward the most recent **autism diagnostic evaluation**, along with any available **speech, occupational therapy (OT), physical therapy (PT) assessments**, and/or **ARD paperwork** to [admin@abatranscend.com](mailto:admin@abatranscend.com).

**Q:** Do I need a diagnosis before beginning ABA?

**A:** In most cases, **yes—a formal diagnosis is required before starting ABA services**, especially if you plan to use insurance. Here's how it typically works:

- **When a diagnosis is required**

- **Insurance-funded ABA** almost always requires a documented diagnosis such as **Autism Spectrum Disorder (ASD)**.
- The diagnosis must come from a **qualified professional** (e.g., developmental pediatrician, psychologist, psychiatrist, or neurologist).

- Insurance companies use the diagnosis to determine **medical necessity** and authorize services.
- **When a diagnosis may not be required**
  - **Private-pay ABA services** can sometimes begin **without a formal diagnosis**, depending on the provider.
  - Some clinics offer **behavioral consultations, parent training, or skill-building services** prior to diagnosis.
  - ABA-based strategies may be used in **school, home, or community settings** without an ASD diagnosis, but they may not be labeled as “ABA therapy” for insurance purposes.
- **Evaluations before diagnosis**
  - Many ABA providers can complete **initial assessments** (e.g., functional behavior assessments, skill assessments) while families are:
    - On a waitlist for a diagnostic evaluation
    - Seeking a second opinion
  - These assessments can help guide **early intervention planning**, even before formal treatment begins.
- **Bottom line**
  - **Insurance = diagnosis required**
  - **Private pay = sometimes optional**
  - Early support can often start **before** diagnosis, even if full ABA services cannot

**Q:** How long is the waitlist?

**A:** Waitlist availability may vary. Please contact [admin@abatranscend.com](mailto:admin@abatranscend.com) for the most accurate information.

**Q:** What does the initial assessment involve?

**A:** An **ABA (Applied Behavior Analysis) initial assessment** is a comprehensive evaluation used to understand a client's current abilities, challenges, and needs in order to develop a personalized treatment plan. Here's a detailed breakdown of what it usually involves:

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## 1. Intake and Background Information

- **Medical history:** Includes diagnoses, medications, hospitalizations, and developmental milestones.
- **Family and social history:** Family dynamics, support systems, and cultural considerations.
- **Educational or therapy history:** Previous services, school performance, therapies, and interventions.

- **Behavioral concerns:** Parents or caregivers describe problem behaviors, triggers, and frequency.

## 2. Direct Observation

- Clinician observes the client in natural settings (home, school, or clinic).
- Focuses on social interactions, communication, play, adaptive skills, and behaviors.
- Identifies environmental triggers and consequences of behaviors.

## 3. Skill Assessment

ABA assessments often include standardized tools and informal measures to evaluate:

- **Communication skills:** Verbal and non-verbal abilities, understanding, and expression.
- **Social skills:** Interaction with peers and adults, play skills, joint attention.
- **Daily living/adaptive skills:** Self-care, feeding, toileting, dressing, and safety skills.
- **Academic or cognitive skills:** Basic learning, attention, and problem-solving abilities.
- **Motor skills:** Fine and gross motor abilities.
- **Common tools used:**
  - VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program)
  - ABLLS-R (Assessment of Basic Language and Learning Skills – Revised)
  - AFLS (Assessment of Functional Living Skills)

## 4. Behavioral Assessment

- Identify **problem behaviors** (e.g., aggression, self-injury, tantrums).
- Conduct a **functional behavior assessment (FBA)** to determine why behaviors occur:
  - Attention-seeking
  - Escape or avoidance
  - Sensory stimulation
  - Access to tangibles

## 5. Parent/Caregiver Interviews

- Collect detailed information about routines, expectations, and priorities.
- Discuss goals for therapy, family concerns, and home/school strategies.

## 6. Data Review

- Analyze all collected information to determine strengths, needs, and potential interventions.
- Prioritize target behaviors and skills for treatment.

## 7. Recommendations and Treatment Planning

- Develop a **customized ABA treatment plan** with:
  - Goals and objectives
  - Session frequency and duration
  - Intervention strategies (discrete trial training, natural environment teaching, etc.)
- Discuss plan with family/caregivers and adjust based on their input.

**Q:** How long is the initial assessment?

**A:** The initial assessment may take **2–4 hours**, sometimes spread over multiple sessions.

**Q:** How soon after the assessment does therapy begin?

**A:** Therapy typically begins once the assessment is complete, the results have been reviewed, and an individualized treatment plan has been developed. In most cases, this process takes **about 1–2 weeks**, but timing may vary depending on scheduling and clinician availability.

**Q:** Can parents or caregivers be present during sessions?

**A:** Due to HIPAA regulations, parents or caregivers are not permitted to be present during the assessment or treatment sessions.

### ***Insurance & Payment***

**Q:** Do you accept insurance?

**A:** Yes

**Q:** Which insurance plans are in-network?

**A:** Aetna, Anthem, BCBS, Cigna, Magellan, Optum, United Behavior Health, UMR

**Q:** Do you accept Medicaid?

**A:** No

**Q:** What if my insurance denies coverage?

**A:** If my insurance denies coverage, we can try:

- **Appealing the denial:** We can provide documentation and support to submit an appeal to your insurance company.
- **Self-pay options:** We can discuss out-of-pocket payment plans if coverage is not available.
- **Alternative funding:** We can help identify grants, state programs, or other resources that may help cover therapy costs.

**Q:** Are private pay options available?

**A:** Yes, rates may vary however please reach out to [admin@abatranscend.com](mailto:admin@abatranscend.com) for further assistance.

**Q:** Are there out-of-pocket costs or co-pays?

**A:** The amount you pay out-of-pocket depends on your insurance plan. Some services may require a co-pay or deductible, while others may be fully covered. We recommend checking with your insurance provider to understand your specific coverage and any potential costs. If you don't have insurance, we can provide information about self-pay rates and available payment options.

**Q:** Do you offer payment plans?

**A:** Yes, we offer flexible payment plans for families who need them. Our team can help create a plan that fits your budget. Please contact [admin@abatranscend.com](mailto:admin@abatranscend.com) for details and to set up a plan. For more information, refer to the Parent Handbook for our payment policies.

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### ***Clinical Team & Credentials***

**Q:** Who will be working with my child?

**A:** Your child will work with a team of trained professionals, including Board-Certified Behavior Analysts (BCBAs), Registered Behavior Technicians (RBTs), and other support staff as needed. All team members are carefully matched to your child's needs and receive ongoing training to ensure high-quality, individualized care.

**Q:** What is a BCBA?

**A:** A BCBA, or Board-Certified Behavior Analyst, is a professional who is trained and certified to design, implement, and oversee Applied Behavior Analysis (ABA) therapy programs. They assess your child's needs, create individualized treatment plans, and supervise the therapy team to ensure your child is making progress.

**Q:** What is an RBT?

**A:** An RBT, or Registered Behavior Technician, is a trained professional who provides direct ABA therapy to your child under the supervision of a BCBA. They implement

therapy programs, collect data, and help your child practice skills in a structured and supportive way.

**Q:** How are staff trained and supervised?

**A:** All staff receive thorough training before working with children, including learning ABA techniques, safety procedures, and clinic policies. RBTs are supervised regularly by BCBAAs, who provide guidance, feedback, and ongoing professional development to ensure high-quality care.

**Q:** Will my child have the same therapist each session?

**A:** Whenever possible, we assign the same therapist to each child to build consistency and a strong relationship. In cases of scheduling changes or staff absences, we ensure a qualified therapist is available to maintain continuity of care.

**Q:** How often does the BCBA supervise therapy?

**A:** BCBAAs provide regular supervision according to industry and state guidelines, typically reviewing therapy sessions, data, and progress weekly. They adjust treatment plans as needed and meet with families to discuss goals and outcomes.

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### ***Treatment & Programming***

**Q:** How are treatment goals developed?

**A:** Treatment goals are developed based on a comprehensive assessment of your child's strengths, needs, and interests. The BCBA collaborates with your family to create meaningful, achievable goals that support your child's growth.

**Q:** Are goals individualized?

**A:** Yes, every child's goals are tailored to their unique needs and learning style. Individualized goals ensure therapy is relevant and effective for your child.

**Q:** How is progress measured?

**A:** Progress is tracked through regular data collection during therapy sessions. BCBAAs analyze this data to monitor skill development, make adjustments, and ensure your child is meeting their goals.

**Q:** How often are goals updated?

**A:** Goals are reviewed and updated regularly, typically every 2 weeks, on a monthly basis, or sooner if needed. Updates are based on your child's progress and changing needs.

**Q:** What skills are typically targeted?

**A:** ABA therapy often targets communication, social skills, daily living skills, academic

skills, and behavior management. Each child's program focuses on the areas most important for their growth and independence.

**Q:** How do you handle challenging behaviors?

**A:** Challenging behaviors are addressed using positive behavior support strategies. BCBA's analyze the behavior to understand its cause, teach alternative skills, and create interventions that promote safety, learning, and positive outcomes.

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## **Parent Involvement & Communication**

**Q:** Is parent training included?

**A:** Yes, parent training is an important part of ABA therapy. We teach strategies and techniques so you can support your child's learning at home.

**Q:** How often will I receive updates on my child's progress?

**A:** Families typically receive updates weekly or biweekly, depending on your program. BCBA's also provide regular meetings to review progress and answer questions.

**Q:** Will I receive reports?

**A:** Yes, you will receive regular written progress reports detailing your child's skill development, behaviors, and goals.

**Q:** How can I support therapy at home?

**A:** Your BCBA will provide guidance and strategies for practicing skills at home, reinforcing what your child learns during sessions.

**Q:** Are caregiver meetings required?

**A:** Caregiver meetings are highly recommended to ensure collaboration, review progress, and update goals. The frequency may vary based on your child's needs.

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## **Scheduling & Attendance**

**Q:** How are therapy schedules determined?

**A:** Schedules are based on your child's needs, goals, and availability. We aim for consistency while accommodating family schedules whenever possible.

**Q:** What is your cancellation policy?

**A:** We request advance notice for cancellations. Please refer to the Parent Handbook for details on our policy, including any fees for late cancellations.

**Q:** What happens if a therapist is absent?

**A:** If a therapist is unavailable, a qualified substitute will provide therapy to maintain continuity of care.

**Q:** Do you offer make-up sessions?

**A:** Yes, make-up sessions are offered when possible for missed appointments due to therapist absence or approved cancellations.

**Q:** What is your tardiness policy?

**A:** We ask families and staff to arrive on time so sessions are effective. Please notify us if you will be late, and we will adjust the session accordingly when possible.

**Q:** Do you offer weekend sessions?

**A:** Yes we offer weekend sessions, please discuss weekend sessions with your assigned BCBA and/or clinical manager.

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## **Policies & Compliance**

**Q:** Is my child's information kept confidential?

**A:** Yes, all information is kept confidential in accordance with HIPAA regulations.

**Q:** How do you comply with HIPAA?

**A:** We follow all HIPAA guidelines, including secure storage of records and limited access to protected information.

**Q:** What are your safety procedures?

**A:** We follow strict safety protocols, including supervision, emergency procedures, and a secure environment.

**Q:** Are background checks completed on staff?

**A:** Yes, all staff undergo thorough background checks before employment.

**Q:** What is your discharge policy?

**A:** Discharge is based on goal completion, progress, or changes in therapy needs. Families are involved in the decision-making process.

**Q:** How do you handle grievances or concerns?

**A:** Families can submit concerns to our clinic staff or BCBA. We follow a structured process to resolve issues promptly and fairly.

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## **Transition & Discharge**

**Q:** How do you determine when a child is ready for discharge?

**A:** Readiness for discharge is based on achieving goals, skill generalization, and family input. The BCBA assesses when your child can maintain skills independently.

**Q:** Do you coordinate with schools or other providers?

**A:** Yes, we collaborate with schools, speech therapists, occupational therapists, and other providers as needed.

**Q:** Can ABA be reduced over time?

**A:** Yes, therapy intensity can be gradually reduced as your child meets goals and demonstrates consistent progress.

**Q:** What happens when services end?

**A:** Families receive a discharge summary with progress reports, recommendations, and resources for ongoing support.

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## **Other Common Questions**

**Q:** Do you collaborate with speech, OT, or other providers?

**A:** Yes, we work closely with other professionals to ensure consistent and comprehensive care.

**Q:** Can ABA be combined with other therapies?

**A:** Yes, ABA can be combined with other therapies to support your child's overall development.

**Q:** What languages do staff speak?

**A:** Staff language abilities vary by location. Please contact us for information about specific language support.

**Q:** Do you provide social skills groups?

**A:** Yes, we offer social skills groups to help children practice communication, cooperation, and social interaction in a structured setting.