



KBH Intake Roadmap

Welcome to the Carolina Center for ABA and Autism Treatment!

Below you will find a step-by-step outline of intake process to enroll your child in services:

Step 1: Documentation Collection - To initiate the intake process, submission of the below paperwork is required by the following entities:

- Parents/Caregivers:
 - Signed Policies/Procedures and Treatment Consent Forms
 - Client Information and Medical History
 - Insurance information and a copy or photo of your insurance card (front and back)
 - Psychological Evaluation and Diagnostic Tests- must contain the below items:
 - ✓ Diagnosis Code F84.0 (Autism Spectrum Disorder) and date of diagnosis
 - ✓ DSM Severity Level of Autism: Level 1: Requiring Support; Level 2: Requiring Substantial Support; Level 3: Requiring Very Substantial Support
 - ✓ Medical provider signature with credentials of MD, PhD, PsyD
- Medical Providers:
 - KBH Referral Form
 - NC Medicaid Service Order (NC Medicaid insurance only)

**The forms listed above can be submitted online at (<https://carolinacenterforaba.com/intake-forms/>)*

Step-2: Benefit Verification and Financial Consultation- A member of the KBH Benefits team will contact your insurance provider to confirm ABA coverage and gather any specifics as it relates to co-pays, deductibles, out-of-pocket maximums, annual benefit caps, and restrictions/exclusions pertaining to ABA services. You will receive a detailed explanation of your ABA benefit coverage and an estimate of annual out-of-pocket expenses based on your coverage plan.

Step-3: ABA Treatment Team Assignment - Our clinicians will review your completed Client Information and Medical History documentation to identify a Board-Certified Behavior Analyst (BCBA) and Registered Behavior Technician (RBT) team to best meet your child's needs.

Step-4: Insurance Request - Initial Assessment – ABA services are typically delivered on a pre-authorized basis, meaning insurance payors need to provide prior written approval before providers may conduct assessments to develop an Individualized Plan of Care or provide treatment, as well as periodically (typically every 6 months) during the course of ongoing treatment. A member of the KBH Authorizations team will submit an initial authorization request to your primary insurance provider. Once obtained, this initial authorization will enable your BCBA to conduct your child's initial assessment and produce an Initial Plan of Care.

Step-5: Initial Assessment - You will conduct a family interview with your BCBA to discuss goals and expectations of treatment, as well as ensure that information pertinent to planning your assessment is garnered. Your BCBA will then conduct a direct assessment with your child to determine treatment goals and gather information to inform your Individualized Plan of Care. Following completion of your Individualized Plan of Care, you will meet with your BCBA to discuss, and ensure alignment with, the treatment plan. Your BCBA will also use this time to align with you on a consistent daily schedule that will meet the medical recommendation for services.



Typical medical recommendation for service ranges from 15-35+ hours of direct therapy per week. In order to best serve all clients' needs, KBH requires that client treatment be scheduled consistently week-over-week, and 5 days per week, Monday through Friday, at a uniform time of day. Typical windows for services, based on medical recommendation for services hours, are outlined below:

Options to Schedule Target Direct Service Hours (M – F)			
Target Direct Services/Week	15 hours	25 hours	35 hours
1	8:00-11:00 AM	8:00-1:00 PM	8:00-3:00 PM
2	8:30-11:30 AM	8:30-1:30 PM	12:00 – 7:00 PM
3	9:00-12:00 PM	9:00-2:00 PM	
4	11:00-2:00 PM	9:30-2:30 PM	
5	11:30-2:30 PM	10:00-3:00 PM	
6	12:00-3:00 PM	12:00-5:00 PM	
7	3:30-6:30 PM	1:00-6:00 PM	
8	4:00-7:00 PM	2:00-7:00 PM	

Approval Required	Approval Required	Approval Required
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Options to Schedule Minimum Permitted Direct Service Hours (M – F)			
Min. Permitted Services / Week	N/A	20 hours	30 hours
1		8:00-12:00 AM	8:00-2:00 PM
2		11:00-3:00 PM	8:30-2:30 PM
3			9:00-3:00 PM
4			12:00-6:00 PM

Step-6: Insurance Request - Treatment Authorization - Once your child's Plan of Care is complete and approved by all parties, a member of the KBH Authorizations team will submit it to your insurance payor(s), along with any required documentation, in order to request a Treatment Authorization for provision of ABA services. These Treatment Authorizations typically provide pre-approval for ABA services over the following 6-month time period.

Step-7: In Treatment - Once treatment authorization is received; you and your team will identify an official service start date and ABA services may begin!

At KBH, we are dedicated to improving the lives of our clients and their families by enabling access to the highest- quality ABA services. We look forward to building a lasting relationship with you and your family throughout your journey. If you have any questions, please feel free to reach out to your KBH Intake Specialist and they will be more than willing to assist your further.

Sincerely,

Your KBH Team