

How can I interpret my data and graphs to inform decisions?

What should I look for in my graphs to ensure they are consistent with assessment outcomes?

How do trends affect my data decisions?

In ABA, trends in data describe the overall direction of behavior change over time. Looking at trends helps determine whether an intervention is effective and whether changes are needed.

Here's what different trends generally mean:

Upward (increasing) trend:

The behavior or skill is improving. This usually indicates that the intervention is effective and should be continued.

Downward (decreasing) trend:

The behavior or skill is decreasing. This can be positive (e.g., reduction of problem behavior) or concerning (e.g., loss of a skill), depending on the goal.

Flat (stable) trend:

Little to no change over time. This often suggests the current intervention may not be effective and may need modification.

Variable trend:

Data points fluctuate significantly. High variability can make it difficult to determine progress and may indicate inconsistent implementation, unclear mastery criteria, or environmental factors affecting performance.

Why trends matter:

Trends guide clinical decision-making. In supervision, reviewing trends helps determine whether to maintain, modify, or change interventions to ensure continued progress and to justify treatment decisions (such as insurance reauthorization).

How often should I be checking my graphs?

With New York State's recent clarification, CPT® Code 97155 has been updated from being referred to as "supervision" to Adaptive Behavior Treatment with Protocol Modification. This distinction is important, as it clarifies both the purpose and expectations of these sessions.

CPT® 97155 is used when a Qualified Healthcare Professional (QHP), such as a BCBA, provides direct supervision, treatment planning, and protocol modification while the technician is working with the client. Specifically:

- It covers direction of the technician by the supervisor while the technician implements treatment.
- It applies when the supervisor is actively modifying protocols, analyzing data, and making the necessary changes during service delivery.

In summary, during a 97155 supervision session, data should be actively reviewed and analyzed, and clinical decisions or intervention changes should be made as needed. If you observe data that is descending, highly variable, or showing a low or flat trend, you should probe the goal during your session to determine where the client is struggling or what may be contributing to the lack of progress.

This is the time to adjust teaching strategies, prompts, reinforcement, or other interventions to better support client progress and ensure medical necessity is clearly demonstrated.

How can we help?

Triumph recently updated our BCBA supervision protocol so that each BCAB and their supervisor meet about a month before a report is due, allowing us to be proactive in submitting accurate data and making any necessary decisions in advance.

This has been effective in ensuring that reports are submitted with BCBA decisions that align with insurance guidelines

Previously, there were reports that were submitted where progress was minimal, goals were not mastered accordingly, or interventions that were deemed necessary and then neglected, thus having a lot of work needed to submit the report. Insurance wants to see how we are helping our clients progress, and if any adjustments need to be made we can prove that we have done this retroactively before submitting a report.

Reauthorization of hours may be affected when insurance determines that adequate progress or appropriate modifications to promote future progress have not been made.

During your pre-assessment meeting with your Bcba, all data will be generated and shared with you to analyze each goal, and trend lines. In order to have a more productive meeting, generating or reviewing all your graphs before your meeting will help you come prepared. Ideally with the new insurance codes data decision is mandatory during supervision with your bt. As stated earlier data is analyzed, decisions or interventions are implemented DURING YOUR SUPERVISION SESSION WITH THE CLIENT AND BT.

How can I access my graphs in a clear and concise way?

On trinote select the goal icon page. Then hit the button to the right of export where it has an arrow and the words select. Then select goals graph to pdf. Select date range to export graphs: Enter the date you want to view: Ideally weekly or bi-weekly to ensure accurate data decisions. Then you hit show goals, where a list of all current goals will be on display.

Check the box where it says graph, and then choose download pdf (or print preview if you prefer a hard copy)-where you can save the file to analyze the data, and to share with your bt during your next supervision.

Any last tips to help improve my assessment reports?

Combined Best-Practice Checklist for BCBA Reassessments

Here's a synthesized list you can use when preparing for a reassessment:

A. Before the Reassessment

- Review all previous data, graphs, and session notes.
- Identify goals that are:
 - Mastered
 - Stagnant
 - No longer relevant
- Gather caregiver, teacher, and therapist input.
- Review outside reports (IEP, psych evals, speech/OT notes).
- Confirm any major life changes (school, home, medication).

B. During the Reassessment

- Conduct updated standardized assessments (VB-MAPP, AFLS, EFL, etc.).
- Probe current skill levels across domains.
- Reassess problem behaviors and functions.
- Evaluate generalization and maintenance of mastered skills.
- Identify new barriers or emerging behaviors.

C. After the Reassessment

- Update goals to reflect:
 - New skill deficits
 - Functional needs
 - Caregiver priorities
- Adjust treatment if needed.
- Provide clear justification for continued services.
- Create a revised behavior intervention plan if behaviors have changed.
- Document everything in a way that meets medical necessity standard

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Behavior Support