



## ABA Services Medical Necessity

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### **Definition:**

ABA-based therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement, or through prompting to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

It is defined as a health care service that helps a person keep, learn, or improve skills and functioning for daily living. In addition to ABA therapy, treatment may be augmented to include physical and occupational therapy, speech language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Applied Behavior Analysis services should be viewed as a specialty behavioral health covered service that is reasonable and necessary to protect life, prevent illness or disability, alleviate severe pain through the diagnosis of treatment of disease, illness or injury, achieve age-appropriate growth and development, and attain, maintain or regain functional capacity (Title 22 CCR Section 51303(a) & 42 CFR 438.210(a) (5). Each request for benefit coverage is evaluated on an individual basis. All authorizations for Applied Behavior Analysis are contingent on member eligibility; benefit inclusion and exclusion criteria specified in the member's Evidence of Coverage or other summary plan document and applicable State/Federal laws and regulations.

### **Medi-Cal:**

Effective 9/15/2014, MHN responsibility for the provision of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members 0 to 21 years of age includes medically necessary behavioral health therapy services, such as Applied Behavioral Analysis and other evidence-based behavioral intervention services that develop or restore, to the maximum extent practicable, the functioning of a member. The referral for ABA services is completed by a physician (primary care physician, neurologist, developmental pediatrician, psychiatrist or other type of licensed medical doctor) or licensed psychologist within 1 year of receipt of referral. MHN will collaborate with the respective County Mental Health Plan in the provision of services where appropriate.



\*Effective July 1, 2018, DHCS will include BHT services as a Medi-Cal managed care benefit for all beneficiaries under 21 years of age when medically necessary, based upon recommendation from a licensed physician and surgeon or a licensed psychologist. The diagnosis of Autism Spectrum Disorder is not required to render the ABA benefit under the Medi-Cal managed care benefit.

***Purpose:***

This medical necessity criterion applies to all staff involved in the design, implementation, operations, and management of Applied Behavior Analysis utilization management services for MHN.

MHN utilizes Change Health's InterQual Behavioral Health Criteria modified, MHN Policy and Procedures, state specific regulations, and clinical oversight by MHN medical directors as the guiding foundation to determine medical necessity for Applied Behavioral Analysis therapy services.

**I. Initial Functional Behavioral Assessment of Applied Behavioral Analysis Services- 3 Month Authorization.**

**Criteria - Requires All:**

1. Applied Behavioral Analysis is a covered benefit under the plan contract.
2. Medi-Cal plan members with Other Health Coverage have documented evidence that primary payer either has denied ABA services or is a non-covered benefit under primary plan within the last 6 months of the service request.
3. Medi-Cal plan members must be eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members 0 to 21 years.
4. Verification of an accurate diagnosis of an Autism Spectrum Disorder (ASD) must be provided prior to authorization of ABA services. This diagnosis must be made by a physician (primary care physician, neurologist, developmental pediatrician, psychiatrist or other type of licensed medical doctor) or licensed psychologist. This does not apply to Medi-Cal plans.
5. An ABA referral form, completed by a licensed physician or psychologist, must be submitted prior to the authorization for services. The ABA referral form will include the child's level of functioning and a recommendation for ABA services by the evaluator providing the diagnosis/or referral for ABA (required by MediCal).
6. Treatment is provided by qualified autism providers.
7. Member exhibits severe behavior that presents a clinically significant health or safety risk to self or others (such as self-injury, aggression toward others, and destruction of property, elopement, severe disruptive behavior or significant interference with basic home or community activities of daily living). Member exhibits adaptive living skill deficits and impairments in social, communication and skill acquisition.
8. The member medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.

**II. Initial treatment of Applied Behavioral Analysis Services- 6 Month Authorization.**

**Criteria - Requires All: Continues to meet criteria for I.**



1. Interventions are consistent with ABA techniques; Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
2. The treatment plan is built upon individualized goals and projected time to achieve those goals. The plan must identify measurable long, intermediate and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant and based upon clinical observation. Treatment plan criteria that includes:
  - Parent signature
  - BCBA signature
  - Goal dates specific timeframe of preauthorization request
  - Behavior Baselines
  - Parent goals
  - Goals that are measurable
  - Crisis plan
  - Transition plan
  - Discharge plan
  - Summary of recommendations
3. Parent or caregiver training and support is included that is individualized to the member and takes into account the ability of the parent or caregiver to participate in treatment. Include care coordination involving the parents or caregiver(s), school, state disability programs and others as applicable.
4. Interventions emphasize generalization of skills and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors.
5. Interventions are consistent with ABA techniques; Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
6. The number of service hours necessary to effectively address the challenging behaviors is listed in the treatment plan. The plan must consider the beneficiary's age, school attendance requirements, and other daily activities when determining the number of hours of medically necessary direct service and supervision.
7. The treatment plan must delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
8. The treatment plan must include the current level (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation);
9. The treatment plan must utilize evidence-based ABA techniques with demonstrated clinical efficacy in treating ASD, tailored to the beneficiary.
10. Deliver ABA services in a home or community-based setting, including clinics. Any portion of medically necessary ABA service that is provided in school must be clinically indicated as well as proportioned to the total ABA services received at home and community.
11. The treatment plan must also include crisis, exit and transition plan criteria.

### **III. Continuation of Treatment of Applied Behavioral Analysis- 6 Month Authorization.**

#### **Requires All: Continues to meet criteria for I and II.**

1. Requests for continuation of therapy is accompanied by clinical documentation maintained by the provider that outlines the actual services received, progress made by the member, and updated recommendations.
2. The treatment plan is updated as is needed and appropriate.



3. The treatment plan is submitted for review every 6 months.
4. Measurable progress is documented and submitted no less than every six months with the treatment plan. Continued progress is determined based on improvement in goals as outlined in the provider treatment plan.
5. Treatment is not making the symptoms worse.
6. There is a reasonable expectation, based on the member's clinical history that withdrawal of treatment will result in decompensation/loss of progress made or recurrence of signs and symptoms.

**IV. The following *do not meet medical necessity* criteria for Applied Behavioral Analysis.**

1. Speech therapy
2. Occupational therapy
3. Vocational rehabilitation
4. Supportive respite care
5. Recreational therapy
6. Orientation and mobility
7. ABA-based therapy services provided when the treatment goals and objectives are achieved or are no longer appropriate.
8. Therapy services rendered when measurable functional improvement is not expected or progress has plateaued.
9. Services that are primarily respite, daycare or educational in nature.
10. Treatment whose purpose is vocationally- or recreationally-based.
11. ABA for purposes of custodial care.
12. Services rendered by a parent, legal guardian, or legally responsible person.

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**Additional Terminology:**

**Autism Spectrum Disorder (ASD):** a developmental disability that can cause significant social, communication and behavioral challenges. A diagnosis of ASD now encompasses conditions that previously were diagnosed separately: Autistic Disorder, Pervasive Developmental Disorder not otherwise specified (PDD-NOS), and Asperger's Syndrome are all autism spectrum disorders.

**Behavioral Health Therapy (BHT):** consists of professional services and treatment programs including, but not limited to, ABA and other evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual.

**Qualified Autism Service Provider:** A QASP is a licensed practitioner or Board Certified Behavior Analyst (BCBA). A QAS Professional is an Associate Behavioral Analyst, Behavior Analyst, Behavior Management Assistant, or Behavior Management Consultant who provides medically necessary ABA services to members. A QAS Paraprofessional is an individual who is employed and supervised by a QAS Provider to provide medically necessary ABA services to members.



**ABA Treatment Plan:** ABA treatment plans must be individualized based on needs of the individual and is person centered. The treatment plan is a stand-alone document that contains the information to make a clinical determination about a member. The plan is developed by a QASP and reviewed by MHN no less frequently than every six months. The treatment plan shall: be developed by qualified Autism Service provider; delineate baselines of behaviors; identify goals that are measured and objective based on clinical observation; include outcome measurement criteria used to achieve goal; caregiver training and participation; care coordination efforts with others applicable; crisis plan; transition plan; identify the service type, number of hours of direct service, parent training, supervision and setting.

**Comprehensive Diagnostic Evaluation:** *A Comprehensive Diagnostic Evaluation (CDE) is an in depth summary of the child's behaviors, developmental history, parental interview, hearing, vision, neurological, genetic and or other medical testing. If a child is not meeting his or her developmental milestones and is at risk for ASD, a CDE is used to determine if ASD is the accurate diagnosis.*

**Habilitative Services:** "Habilitative services" are health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services include physical and occupational therapy, speech language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the plan contract.

**Medically Necessary (Med-Cal Definition):** Medically necessary services are all covered services that are reasonable and necessary to protect life, prevent illness or disability, alleviate severe pain through the diagnosis of treatment of disease, illness or injury, achieve age-appropriate growth and development, and/or attain, maintain or regain functional capacity (Title 22 CCR Section 51303(a) & 42 CFR 438.210(a)(5)).

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