

Medical Necessity Criteria

Outpatient Services Applied Behavior Analysis (ABA)

Autism Spectrum Disorders (ASD) are a group of neurodevelopmental disorders characterized by difficulties in social interaction, impaired communication (both verbal and nonverbal), and repetitive, restrictive behaviors that present in early childhood. ASD has heterogeneous etiology and comorbidities. Diagnostic criteria and nomenclature for these disorders have changed over the years and, while the current terminology in the Diagnostic and Statistical Manual 5-TR (DSM 5-TR) uses a single category called Autism Spectrum Disorders, previous versions divided this into multiple subcategories.

Applied Behavior Analysis (ABA) services are defined according to the Behavior Analyst Certification Board as the following:

“ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.”

Types of ABA include, but are not limited to, discrete trial training, verbal behavioral intervention, and pivot response training. Parental and caregiver involvement in the process and continued use of the strategies outside of the formal sessions is important for the success of the treatment in the long term.

ABA services are delivered through a team-based approach composed of a Licensed Applied Behavior Analyst (LABA) and Behavior Technicians. Individual ABA treatment plans are developed by the LABA. One-on-one sessions are typically provided by Behavior Technicians, with services ranging in hours of Member contact per week based on the severity of symptoms and intensity of treatment. The Behavior Technicians are supervised by LABAs.

ABA services covered under a health benefit plan are typically delivered by a contracted and credentialed provider in a variety of settings, such home or community. ABA services can occur in any number of settings, including home, communities and as appropriate, ABA provider sites. Members can receive services in emergency departments or on medical surgical floors as appropriate. Services provided in a school setting are distinct and separate from those covered by the health plan and are typically covered by the educational system's special education resources as part of the Individual Education Plan (IEP) pursuant to Public Law 94- 142.

ABA is an intensive treatment program designed to address behavior as defined in our admission criteria below.

Criteria

Admission Criteria

All of the following criteria are necessary for admission.

1. The Member has a definitive diagnosis of an Autism Spectrum Disorder (DSM-5-TR) and is under the age of 21 years.

2. The diagnosis is made by a licensed physician (i.e., PCP, etc.), Advanced Practice Registered Nurse, physician's assistant, or Psychologist experienced in the diagnosis and treatment of autism with developmental or child/adolescent expertise.
3. The diagnosis is accompanied by documentation of the evidence used to make the diagnosis.
 - a. The evidence may be gathered by a multidisciplinary team to assist in the diagnostic process.
4. The Member exhibits behaviors related to their diagnosis of Autism Spectrum Disorder that significantly interfere with daily activities and successful functioning.
5. Initial evaluation from a Licensed Applied Behavior Analyst supports the request for the ABA services.
6. Required consent for admission is obtained from the Member's guardian.

Exclusion Criteria

Any of the following criteria are sufficient for exclusion from this level of care.

1. Required consent from the Member's guardian is not obtained.
2. The Member is placed in a skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or a community setting with community-based supports.
3. The individual is receiving ongoing In-Home Behavioral Services or services similar to ABA.
4. The services are primarily for school or educational purposes.
5. The following services are not included within the ABA treatment process and will not be certified:
 - a. Vocational rehabilitation
 - b. Supportive respite care
 - c. Recreational therapy
 - d. Respite care
 - e. When not part of the Member's documented treatment plan addressing specific behavioral goals:
 - i. Accompanying the Member to appointments or activities outside of the home (e.g., recreational activities, eating out, play activities); or
 - ii. Transporting the Member in lieu of caregiver/guardian.

Continuing Stay Criteria

All of the following criteria are necessary for continuing treatment at this level of care.

1. The individual's condition continues to meet admission criteria for ABA, either due to continuation of presenting problems, or appearance of new problems or symptoms.
2. A formal comprehensive evaluation is completed by the ABA team within the first 4-6-week assessment period and includes:
 - a. Complete medical history to include pre- and perinatal, medical, developmental, family, and social elements.
 - b. Record of physical examination obtained from a licensed physician or advanced practice provider (i.e., nurse practitioner or physician assistant) which may include items such as growth parameters, head circumference, and a neurologic examination.
 - c. Detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of Autism Spectrum Disorder and its associated comorbidities. The evaluation must include direct and indirect observation and formal and informal assessments.
 - d. Confirmation of medical screening(s) and test(s) to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated.
 - e. Complete Member document review to include collaboration with school, state agencies, physical health practitioners (i.e., PCPs and prescribing clinicians), any outpatient or home- or community-based behavioral health services, former treatment teams, or other entities that may impact the Member's treatment.

3. The treatment plan is individualized and appropriate to the Member's changing condition with realistic and specific goals and objectives stated.
4. The treatment plan is updated on a regular frequency based on treatment progress as indicated in review of treatment plans and updated comprehensive assessments as necessary, including the addition of new target behaviors.
5. The Member's progress is monitored regularly and appropriately documented by behavioral graphs, progress notes, and daily session notes. The Member's treatment plan is to be modified if there is no measurable progress toward decreasing the frequency, intensity, and/or duration of the targeted behaviors or there is no measurable increase in skills for skill acquisition to achieve targeted goals and objectives.
6. There is reasonable expectation that the individual will benefit from the continuation of ABA services.
7. There is documented skills transfer to the individual and treatment transition planning from the beginning of treatment.
8. There is documented coordination of care with relevant providers/caretakers, etc., when appropriate and inclusive of community-based, prosocial, natural supports for Member and caregiver. If coordination is not successful, the reasons are documented.
9. Caregiver(s) and/or guardian(s) involvement in the training of behavioral techniques must be documented in the Member's medical record and is critical to the generalization of treatment goals to the Member's environment. This includes demonstration of how operational control is being transferred to caregivers.
10. Services are not duplicative of services that are part of an Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP) when applicable.
11. Treatment intensity does not exceed the Member's functional ability to participate.
12. Treatment occurs in the setting(s) where target behaviors and skill deficits are occurring and/or where treatment is likely to have an impact on target behaviors.
13. Hours per week requested are not more than what is required to achieve the goals listed in the treatment plan and reflect the Member's, caregiver's, and provider's ability to participate in treatment unless documented as such.

Discharge Criteria

Any of the following criteria are sufficient for discharge from this level of care.

1. A Member's individual treatment plan and goals have been met.
2. The individual has achieved adequate stabilization of the behavior(s) as defined in the admission criteria, and less-intensive modes of treatment are appropriate and indicated.
3. The individual no longer meets admission criteria or meets criteria for less- or more-intensive services.
4. The Member and caregiver/guardian are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe.
5. The Member is placed in a skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or a community setting with community-based supports.
6. Required consent for treatment is withdrawn.
7. Treatment is making the symptoms persistently worse.
8. The individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement or stabilization of behavior(s) as defined in the admission criteria, and there is no reasonable expectation of progress.