

LEVEL OF CARE GUIDELINES: APPLIED BEHAVIOR ANALYSIS (ABA) – UNITED HEALTHCARE COMMUNITY PLAN OF LOUISIANA, INC.

Guideline Number: BH803LAABA_0218

Effective Date: February 1, 2018

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Relevant Services

- Applied Behavior Analysis

Related Behavioral Clinical Policies & Guidelines:

- Optum Intensive Behavior Therapy

INTRODUCTION

The *Level of Care Guidelines* is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing¹ for behavioral health benefit plans that are managed by UnitedHealthcare Community Plan Louisiana.

The *Level of Care Guidelines* is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The *Level of Care Guidelines* is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the *Level of Care Guidelines* and their development, approval, dissemination, and use, please see the *Introduction to the Level of Care Guidelines*, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

APPLIED BEHAVIOR ANALYSIS

¹ The terms “recovery” and resiliency” are used throughout the Psychological and Neuropsychological Testing Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.

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

1. Admission Criteria

- see “*Common Criteria and Best Practices for All Levels of Care*”:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
AND
- The recipient is under the age of 21.
AND
- ABA therapy is medically necessary.² Medically necessary services are defined as those health care services that are:
 - In accordance with generally accepted, evidence based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care; and
 - Deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and
 - Those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the recipient; and
 - Individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the recipient requires at the specific point in time.AND
- The recipient has been diagnosed with a condition for which ABA therapy services are recognized as therapeutically appropriate, including (but not limited to) autism spectrum disorder, by a qualified health care professional.
AND
- The recipient exhibits the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (e.g., aggression, self-injury, elopement, etc.).
AND
- The recipient must have the following documents submitted as a part of the prior authorization process:
 - A completed comprehensive diagnostic evaluation (CDE) indicating medical necessity and which has been performed by a qualified health care professional (QHCP).
 - The CDE must at a minimum include:
 - A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
 - Direct observation of the recipient, including but not limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors;
 - A review of available records;
 - A valid *Diagnostic and Statistical Manual of Mental Disorders*, (DSM) V (or current edition) diagnosis;
 - Justification/rational for referral/non-referral for an ABA functional assessment and possible ABA services; and
 - Recommendations for an additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.
 - When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment should be included as

² Medical necessity for ABA therapy services must be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11.

components of the CDE and must be specific to the recipient's age and cognitive abilities:

- Autism specific assessments;
- Assessment of general psychopathology;
- Cognitive assessment; and
- Assessment of adaptive behavior.
- A CDE completed more than 18 months prior to the date of service authorization request may require an update, progress report, or re-evaluation by a QHCP.
- A QHCP is defined as any of the following:
 - Pediatric Neurologist;
 - Developmental Pediatrician;
 - Psychologist, Psychiatrist; or
 - Licensed individual that has been approved by the Medicaid medical director;
- A prescription for ABA therapy services ordered by a QHCP;
- A behavior treatment plan that;
 - Is person-centered and based upon individualized goals;
 - Delineates the frequency of baseline behaviors and the treatment development plan to address the behaviors;
 - Identifies long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
 - Identifies the criteria that will be used to measure achievement of behavior objectives;
 - Clearly identifies the schedule of services planned and the individual providers responsible for delivering the services;
 - Includes care coordination, involving the parents or caregiver(s), school, state disability programs, and others as applicable;
 - Includes parent/caregiver training, support, and participation; Has objectives that are specific, measurable, based upon clinical observations of the outcome measurement assessment and tailored to the recipient; and
 - Ensures that interventions are consistent with ABA techniques.
 - Is submitted on the template provided by Louisiana³ or on the provider's own form. If the provider chooses to use their own form, the provider must address all of the relevant information specified on the template including;
 - The recipient's:
 - Full name;
 - Medicaid ID number;
 - Date of birth;
 - Address;
 - Home and cell phone numbers.
 - The provider's:
 - Name;
 - Medicaid ID number;
 - Phone number;
 - Address;
 - Contact person's email address.
 - The recipient's diagnosis.
 - The number of hours per week requested for:
 - Registered Line Technician;
 - Supervision conducted by the Board Certified Behavior Analyst – Doctoral (BCBA/-D);
 - Direct services provided by a BCBA/-D, including caregiver training;
 - Total number of requested hours for all services.
 - The anticipated total hours of service (therapy and supervision) each day during the school year and summer as applicable.
 - The specific criteria used to determine the need for ABA therapy at the hours requested.
 - The predominant location where services will occur.
 - If services will occur in more than one location, those additional locations should also be listed.

³ Behavior treatment plan template can be found at www.lamedicaid.com. It is included in the Applied Behavior Analysis Provider Manual.

- A narrative description of the baseline level of all behaviors assessed for which a goal is developed.
 - Idiosyncratic, proprietary assessment instrument results may not be used to describe baseline performance.
- If the document is a treatment plan renewal, a description of the present level of performance for skills under treatment and any goals mastered during the previous authorization period.
- A goal for each behavior/skill identified for treatment not including behavior reduction goals. Each goal should have a performance standard and a criterion for mastery.
 - Idiosyncratic, proprietary nomenclature may not be used to specify treatment goals.
- If the provider is going to intervene on problem behaviors the provider must:
 - Conduct a functional assessment or a functional analysis and develop a function based treatment plan.
 - Include the results of the functional assessment and a hypothesis statement or describe the results of a functional analysis.
 - Include the behavior topography of the problem behavior and state the frequency/duration/latency/intensity of all the problem behaviors for which a goal is developed.
 - Include behavior improvement goals with a performance standard and a criteria for mastery.
 - Include the behavior intervention plan that addresses the function of the problem behavior that includes strengthening a functional replacement behavior.
 - A grid sheet with intervention tactics may be used only if it is tied to a narrative description/date analysis of the results of the functional assessment/analysis.
- Caregiver training with a performance standard and criteria for mastery.
- The dated signatures of the:
 - Parent/guardian:
 - Provider Representative
 - Physician
- An individualized education program (IEP) (if applicable);
 - If the IEP is not included the provider should explain why they were unable to furnish it;
 - If the services are to be delivered in a school setting, the service will not be approved until an IEP is provided.
- A waiver plan profile table and the schedule from the certified plan of care (if the recipient is in a waiver and services are being requested that will occur at the same time as waiver services).

AND

- ABA services are to be delivered in accordance with the recipient's behavior treatment plan.
- AND
- ABA services will be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist.
- AND
- ABA services are to be provided in a natural setting (e.g., home and community-based settings, including clinics and school).
- AND
- The member is not in imminent or current risk of harm to self, others, and/or property.

2. Continued Service Criteria

- see "Common Criteria and Best Practices for All Levels of Care":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

3. Discharge Criteria

- see "Common Criteria and Best Practices for All Levels of Care":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

4. Clinical Best Practices

- see “Common Criteria and Best Practices for All Levels of Care”:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
- Treatment plan services should include care coordination involving the recipient’s parent/caregiver.
- Services should include parent/caregiver training, support and participation.

5. Limitations and Exclusions

- A prior authorization period shall not exceed 180 days.
- The following services do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:
 - Therapy services rendered when measurable functional improvement or continued clinical benefit is not expected, and therapy is not necessary or expected for maintenance of function or to prevent deterioration;
 - Service that is primarily educational in nature;
 - Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education act (IDEA);
 - Treatment whose purpose is vocationally or recreationally based;
 - Custodial care that:
 - Is provided primarily to assist in activities of daily living (ADLs)
 - Is provided primarily for maintaining the recipient’s or anyone else’s safety; or
 - Could be provided by persons without professional skills or training; and
 - Services, supplies or procedures performed in a non-conventional setting including, but not limited to:
 - Resorts;
 - Spas;
 - Therapeutic programs; or
 - Camps.

REFERENCES*

1. Louisiana Administrative Code, Title 50, Part I, Chapter 11.
2. Louisiana Department of Health Applied Behavior Analysis Provider Manual

*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy

HISTORY/REVISION INFORMATION

Date	Action/Description
02/01/2018	• Version 1