



United Behavioral Health

## Supplemental Clinical Criteria: Applied Behavior Analysis Tennessee Medicaid

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### INTRODUCTION & INSTRUCTIONS FOR USE

The following *State or Contract Specific Clinical Criteria*<sup>1</sup> defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA")).

Other *Clinical Criteria*<sup>2</sup> may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®<sup>3</sup>. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

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<sup>1</sup> **Clinical Criteria (State or Contract Specific):** Criteria used to make medical necessity determinations for mental health disorder benefits when there are explicit mandates or contractual requirements.

<sup>2</sup> **Clinical Criteria**

**(Level of Care Utilization System-LOCUS)** Standardized level of care assessment tool developed by the American Association of Community Psychiatrists used to make medical necessity determinations and placement decisions for adults ages 19 and older.

**(Child and Adolescent Service Intensity Instrument-CASII)** - Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children and adolescents ages 6-18.

**(Early Childhood Service Intensity Instrument-ECSII)** - Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children ages 0-5.

**(ASAM Criteria)** Criteria used to make medical necessity determinations for substance-related disorder benefits.

<sup>3</sup> Optum is a brand used by United Behavioral Health and its affiliates.

**Applied Behavior Analysis (ABA)** is a widely used strategy for addressing behavior problems among patients with disorders such as autism and Intellectual Disabilities and at times in patients suffering from traumatic brain injury. It considers antecedents (environmental factors that appear to trigger unwanted behavior), the behaviors themselves, and consequences that either increase or decrease future occurrences of that behavior. A treatment program using a behavioral technique known as operant conditioning is then carried out to address the specific challenging behavior. ABA as described above is a covered benefit with applicable guidelines.

- "Practice of applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis;
- ABA interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions; and
- The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long- term counseling as treatment modalities.

### Initiation of Services

- There is a recent comprehensive clinical evaluation by a licensed clinician supporting medical necessity for ABA;  
AND
- The member has been assigned a DSM-5 diagnosis of Autism Spectrum Disorder (See *Appendix A*) or an established supporting diagnosis for which ABA has proven to be an effective and appropriate intervention or history of Traumatic Brain Injury (TBI) with maladaptive behavioral pattern(s) based on a diagnostic assessment including functioning dated 24 months or less from admission by a Licensed Clinician;  
AND
- ABA services will be provided by a board-certified Behavior Analyst (BCBA) or a health professional permissible under state law. Unlicensed persons may deliver applied behavior analysis (ABA) services under the extended authority and direction of an LBA or an LABA who is supervised by an LBA. Such persons shall not represent themselves as professional behavior analysts;  
AND
- The family and/or caregiver is engaged and willing to participate in the member's ABA treatment;  
AND
- There are acute changes in the member's signs and symptoms, and/or psychosocial and environmental factors and the member's current condition can be safely, efficiently, and effectively assessed and/or treatment in this setting.
- Examples include:
  - Reducing problem behavior such as aggression or self-injury;
  - Increasing socially appropriate behavior such as reciprocity;
  - The acquisition of communication, self-help and social skills; and
  - Learning to tolerate changes in the environment and activities.
- Differential diagnoses include (*Diagnostic and Statistical Manual of Mental Disorders 5th ed.; DSM-5; APA, 2013*):
  - Rett syndrome
  - Selective mutism
  - Language disorders and social (pragmatic) communication disorder
  - Intellectual disability (intellectual developmental disorder) without autism spectrum disorder
  - Stereotypic movement disorder

- Attention-deficit/hyperactivity disorder
- Schizophrenia

**Applied Behavior Analysis is unproven for any of the following:**

- Programs or interventions that do not meet all of the above proven conditions
- Programs that are not delivered by or under the supervision of an ABA-trained professional

Services that are otherwise covered under the Individuals with Disabilities Education Act (IDEA) are not covered (e.g., a 1:1 aid in the school setting). School ABA services do allow for coordination of services and would cover services such as, teacher training, meetings with school personnel, and observations in the school setting.

**Prior Authorization Clinical Criteria**

- There must be documentation of:
  - A reasonable expectation on the part of a treating healthcare professional that the individual’s behavior will improve significantly with behavior analysis services for prior authorization to be granted;  
AND
  - An established supporting diagnosis for which ABA has proven to be an effective and appropriate intervention;  
AND
  - A severe challenging behavior (such as self-injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others;  
OR
  - A severe challenging behavior not generally seen as age or developmentally congruent (such as biting in a 2 to 4 y/o, temper tantrums) that significantly interferes with home or community activities;  
AND
  - Less intensive behavioral therapy or other medical treatment has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behavior.

**Concurrent Review Clinical Criteria**

- The initial authorization may be limited to an evaluation and plan development. Ongoing ABA interventions may be authorized for up to 180 days at a time (or at other intervals determined by the Managed Care Organization based on the individual’s specific needs, behavior support/maintenance plan or skill support plan and progress in treatment). While the initial evaluation may be ordered by the primary care provider or specialist, the number of hours the provider of services proposes are needed on a weekly basis to effectively address the challenging behaviors and should be a component of the Initial Treatment Plan.
- The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity and/or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes for period of 3 months of optimal treatment, then ABA will no longer be considered medically necessary. “Optimal treatment” means that a well-designed set of interventions are delivered by qualified applied behavior specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.
- For changes to be “meaningful” they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient’s residence and to the larger community within which the patient resides. Documentation of meaningful changes must be kept and made available for continued authorization of treatment.
- Maintenance of the behavioral changes may require on-going ABA interventions as the patient grows, develops and faces new challenges in his/her life (e.g., puberty, transition to adulthood, transition to a more integrated living situation, etc.).

- Treatment plans should include caregiver training regarding identification of the specific behavior(s) and interventions, in order to support utilization of the ABA techniques by caregiver(s).

## **Treatment Planning**

- A standardized functional assessment is used to maximize the effectiveness and efficiency of behavioral support interventions (Myers & Johnson, reaffirmed 2014). The assessment may incorporate information such as interviews with caregivers, structured rating scales, direct observation data, and attention to coexisting medical conditions. The assessment should include baseline data and inform subsequent establishment of treatment goals (Behavior Analyst Certification Board [BACB], 2014).
- When an individual displays maladaptive behavior it is recommended the credentialed provider complete a functional behavior assessment to better inform treatment planning.
- Targets include areas such as the following:
  - Social communication skills and focus on the social importance of the behaviors targeted
  - Social language skills
  - Social interaction skills
  - Restricted, repetitive patterns of behavior, interests, or activities
  - Self-injurious, violent, destructive or other maladaptive behavior
- A credentialed provider with ABA expertise is identified to provide treatment. Examples include (BACB, 2014):
  - A Master- or Doctoral-level provider that is a Board-Certified Behavior Analyst (BCBA)
  - A licensed behavioral health clinician who has attested to having sufficient expertise and has been credentialed to provide ABA services
  - A Board-Certified Assistant Behavior Analyst (BCaBA) or non-licensed individual under the direct supervision of a BCBA or licensed behavioral health clinician who takes responsibility for the member's care that does either of the following:
    - Assist in the initial or concurrent assessment of the member's deficits or adaptive behaviors
    - Implement a treatment plan that has been developed by a BCBA or licensed behavioral health clinician
  - Supervision is responsive to individual client needs. Two hours for every ten hours of direct treatment is the general standard of care (BACB, 2014).
  - Direct supervision time may account for 50 percent or more of case supervision time, with the remaining time utilized in indirect supervisory activities such as treatment planning (BACB, 2014).
- Outcome-oriented interventions targeting specific baseline behaviors are identified in a treatment plan describing the frequency, intensity, duration, and progress that will be continuously updated.
  - Treatment planning is considered a necessary part of ongoing ABA treatment and should be completed as clinical indicated.
  - The treatment plan must address how the parents/guardians will be trained in management skills that can be generalized to the home.
    - As clinically indicated, parent/guardian training is an expectation. In the rare circumstance that parent/guardian is unable the documentation must reflect the reason and identify an alternate plan to provide management skills in the home.
    - The treatment goals and objectives must be comprehensive and clearly stated.
- The treatment plan is coordinated with other professionals to ensure appropriate client progress this may include coordination with the school and applicable outpatient behavioral clinicians, medical doctors, speech/occupational therapists and others (BACB, 2014).

## **Discharge Criteria**

When any of the following criteria are met the individual will be considered discharged and any further ABA services will not be covered (BACB, 2014):

- Documentation that the child demonstrates improvement from baseline in targeted skill deficits and behaviors to the extent that goals are achieved, or maximum benefit has been reached
- Documentation that there has been no clinically significant progress or measurable improvement for a period of at least 3 months in the child's behaviors or skill deficits in any of the following measures:
  - Adaptive functioning
  - Communication skills
  - Language skills
  - Social skills
- The treatment is making the skill deficits and/or behaviors persistently worse
- The child is unlikely to continue to benefit or maintain long term gains from continued ABA therapy
- Parents and/or caregivers have refused treatment recommendations or are unable to participate in the treatment program and/or do not follow through on treatment recommendations to an extent that compromises the effectiveness of the services.

### **Components of Behavioral Analysis**

- A. Assessments to determine the relationship between environmental events and behaviors;
- B. Development of written behavior support/maintenance plans and skill development plans, and evaluating and revising plans as needed to meet individual's needs;
- C. Assisting caregivers or others to carry out the approved behavior support/maintenance plans;
- D. Observing caregiver (or other plan implementer) and individual's behavior for correct implementation of the behavior support/maintenance plan;
- E. Observing individual's behavior to determine effectiveness of the behavior support/maintenance plan; and
- F. Providing on-site assistance in a difficult or crisis situation.

*Note: A-F above may be performed by a Behavioral Analyst.*

*C-F above may be performed by a Behavioral Specialist.*

### **Essential Practice Elements of ABA**

These characteristics should be apparent throughout all phases of assessment and treatment:

- Description of specific levels of behavior at baseline when establishing treatment goals;
- A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence;
- Collection, quantification, analysis, of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals;
- Efforts to design, establish, and manage the treatment environment(s) in order to minimize problem behavior(s) and maximize rate of improvement;
- Use of a carefully constructed, individualized and detailed behavior analytic treatment plan which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which lacked consensus about their effectiveness based on evidence in peer-reviewed publications;
- An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis;
- Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until the client can function independently in multiple situations;
- Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements; and
- Supervision and management by a Behavior Analyst with expertise and formal training in ABA for the treatment of ASD.

## Coordination of Care

If applicable, documentation of communication and coordination with other service providers and agencies, (i.e. day care, preschool, school, early intervention services providers) and/or other allied health care providers (i.e. occupational therapy, speech therapy, physical therapy and any other applicable providers) to reduce the likelihood of unnecessary duplication of services. According to the BACB (2014), collaborating between all professionals engaged with a child will ensure consistency, as better consistency likely leads to better outcomes. Documentation should include the following:

- Types of therapy provided
- Number of therapies per week
- Behaviors/deficits targeted
- Progress related to the treatment/services being provided
- Measureable criteria for completing treatment with projected plan for continued care after discharge from ABA therapy
- Total number of days per week and hours per day of direct services to child and parents or caregivers to include duration and location of requested ABA therapy
- Dates of service requested
- Licensure, certification and credentials of the professionals providing ABA services to the child
- Evidence that parents and/or caregivers have remained engaged in the treatment plan, following all appropriate treatment recommendations

## Provider Requirements

- Behavior Analyst Qualifications
  - Completion of at least a Master's degree in behavioral analysis, psychology, special education, or related field; (beginning January 1, 2016 the Master's degree from an accredited university must be conferred in behavior analysis, education, or psychology, or conferred in a degree program in which the candidate completed a Behavior Analyst Certification Board® (BACB®) approved course sequence);
  - A minimum of 15 credit hours of graduate level course work in behavioral analysis; courses must have focus on teaching of behavioral analysis, rather than more generic topics in the discipline for which the graduate degree was awarded. The courses should address the following issues in applied behavioral analysis: ethical considerations; definitions, characteristics, principles, processes and concepts; behavioral assessment and the selection of intervention strategies and outcomes; experimental evaluation of intervention; measurement of behavior and displaying/interpreting behavioral data; behavioral change procedures and systems support (adapted from the BACB®); and
  - A minimum of 1500 clock hours supervised field experience in behavioral analysis under the supervision of a behavior analyst. Supervision minimally consists of face-to-face meetings for the purposes of providing feedback and technical consultation for at least 5% of the total hours worked. Practicum of 1000 hours may be accepted if they are primarily behavior analytic in nature and supervision is provided for at least 7.5% of those hours. Intensive practicum of 750 hours may be accepted if they are primarily behavior analytic in nature and supervision is provided for at least 10% of those hours. Behavior analysts with the following credentials will be deemed as acceptable supervisors for an applicant who wishes to meet these criteria: Board Certified Behavior Analyst®; Board Certified Behavior Analyst – Doctoral™; Licensed Practicing Psychologist with practice in behavior analysis and therapy; Licensed Senior Psychological Examiner with practice in behavior analysis and therapy (adapted from the BACB®).
- Behavior Analyst Credentials
  - Currently Board-Certified Behavior Analyst® (BCBA®) or Board-Certified Behavior Analyst – Doctoral™ (BCBA-D™) by the BACB®;  
OR
  - Currently licensed in the state of Tennessee for the independent practice of psychology;  
OR

- Currently a Qualified Mental Health Professional licensed in the state of Tennessee with the scope of practice to include behavior analysis;  
AND
  - Credential verification by the Managed Care Organization.
- Board-Certified Assistant Behavior Analyst® (BCaBA®)/A DIDD Approved Behavior Specialist  
Qualifications:
  - Possess a minimum of a bachelor's degree from a BACB® approved institution of higher education having the BACB® required coursework and experience;
  - Certification by the BACB® as an Assistant Behavior Analyst;
  - Unlicensed persons may deliver applied behavior analysis (ABA) services under the extended authority and direction of an LBA or an LABA who is supervised by an LBA. Such persons shall not represent themselves as professional behavior analysts.

## Severity Levels for Autism Spectrum Disorder

<b>Severity Level</b>	<b>Social Communication</b>	<b>Restricted, Repetitive Behaviors</b>
<b>Level 3 –Requiring very substantial support</b>	<i>Severe deficits in verbal and nonverbal social communication skills causes severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.</i>	<i>Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interferes with functioning in all spheres. Great distress/difficulty in changing focus or action.</i>
<b>Level 2 –Requiring substantial support</b>	<i>Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.</i>	<i>Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.</i>
<b>Level 1 –Requiring support</b>	<i>Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.</i>	<i>Inflexibility of behavior causes significant interference with functioning in or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.</i>

Source: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, Fifth edition. Table 2. American Psychiatric Publishing.

## REFERENCES

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, Fifth Edition. American Psychiatric Publishing.
2. Behavior Analyst Certification Board. (2014). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers*. Second edition. Copyright © by the Behavior Analyst Certification Board, Inc. (BACB), all rights reserved.
3. Myers, S.M. & Johnson, C.P. and the American Academy of Pediatrics Council on Children with Disabilities. (2007, reaffirmed 2014). Management of children with autism spectrum disorders. *Pediatrics*, 120(5),1162-1182.
4. TennCare Medicaid. (2021). Tennessee Division of TennCare. Tennessee government website: [www.TN.gov](http://www.TN.gov).

## REVISION HISTORY

Date	Action/Description
April, 2021	• Version 1