



**MEDICAL NECESSITY GUIDELINES FOR APPLIED BEHAVIORAL ANALYSIS
USING BEHAVIORAL SPECIALIST CONSULTANT-AUTISM SPECTRUM
DISORDER AND THERAPEUTIC STAFF SUPPORT SERVICES FOR CHILDREN
AND ADOLESCENTS WITH AUTISM SPECTRUM DISORDER**

DESCRIPTION OF SERVICE

Applied behavioral analysis (ABA) is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

ABA is used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions in order for a child or adolescent to master each step necessary to achieve a targeted behavior.

ABA can be used to treat autism spectrum disorder (ASD). ABA can be delivered through Behavioral Health Rehabilitation Services (BHRS) using Behavioral Specialist Consultant-ASD (BSC-ASD) (Doctoral Level), BSC -ASD (Master's Level), or BSC-ASD and Therapeutic Staff Support (TSS) services.

GUIDELINES

I. ADMISSION

The following documentation is required to support a request for BSC-ASD services or BSC-ASD and TSS services to provide ABA for children and adolescents with ASD:

1. The most recent face-to-face strengths-based evaluation or re-evaluation completed by a Board Certified or Board eligible child and adolescent psychiatrist, developmental pediatrician, pediatric neurologist, or licensed psychologist specializing in children or adolescents. In the absence of these prescribers, the evaluation or re-evaluation may be completed by a licensed physician or a licensed psychologist. The evaluation or re-evaluation must be signed by the evaluator/prescriber and performed not more than 60 days prior to the requested begin date of services.

2. A prescription for ABA.

If the prescription for ABA does not differentiate between BSC-ASD and TSS services, or include the specific hours per week of BSC-ASD or TSS services needed to deliver ABA, or identify the treatment setting (e.g., home, school,

or identified places in the community) in which services will be provided, additional information should be requested.

3. An individualized, behavioral-based treatment plan that includes the interventions needed to address specific skills or targeted behaviors or both for improvement. The treatment plan must include measurable, achievable, and realistic goals for improving any identified skill deficits or behavioral challenges. The treatment plan must also include strategies for assessing and measuring the frequency of baseline deficits, adaptive behaviors, or skill development and use research-supported behavioral interventions.
4. One or more completed Interagency Service Planning Team (ISPT) Sign-In/Concurrence Form(s) including an explanation for any disagreement, among team members, with planned service intervention.
5. A Plan of Care Summary, which includes all Medical Assistance (MA)-funded services and non-MA funded services the child or adolescent is receiving or is expected to receive during the authorization period.

When evaluating a request for prior authorization of BSC-ASD services or BSC-ASD and TSS services to provide ABA for children and adolescents with ASD the determination of whether the requested services are medically necessary must take into account whether the documentation indicates the following:

- A.
 1. The child or adolescent has a diagnosis of ASD, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.
 2. The use of ABA is reasonably expected to reduce or ameliorate the presence of the child's or adolescent's maladaptive or restricted behaviors, impairments in communication, or impairments in social interaction or relationships.

or

The use of ABA is necessary to assist the child or adolescent with achieving or maintaining the skills needed for maximum functional capacity in performing activities of daily living.

3. The child's or adolescent's behaviors do not pose a risk to the safety of the child or adolescent or others that cannot be managed while the child or adolescent is in the community and the child or adolescent does not require a more intensive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
4. The amount of hours of services prescribed are reasonably expected to reduce or ameliorate the behavioral or developmental effects of ASD, enable the child or adolescent to achieve or maintain maximum functional capacity, or acquire the skills needed to perform developmentally appropriate activities of daily living.

OR

	<p>B. If the documentation does not support that the above has been met, but the individual reviewing the request for services determines that ABA is medically necessary to meet the behavioral needs of the child or adolescent, the requested services must be authorized.</p>
<p>II. CONTINUED CARE</p>	<p>The following documentation is required to support a request for continued use of BSC-ASD services or BSC-ASD and TSS services to provide ABA to children and adolescents with ASD:</p> <ol style="list-style-type: none"> 1. The most recent face-to-face strengths-based re-evaluation completed by a Board Certified or Board eligible child and adolescent psychiatrist, developmental pediatrician, pediatric neurologist, or licensed psychologist specializing in children or adolescents. In the absence of these prescribers, the re-evaluation may be completed by a licensed physician or a licensed psychologist. The re-evaluation must be signed by the evaluator/prescriber and performed not more than 60 days prior to the request to continue services. The re-evaluation should indicate if the number of hours of BSC-ASD services or BSC-ASD and TSS services should be reduced, increased, or remain the same and the reason a change in the number of hours of services is needed or not needed. 2. A prescription for ABA. <p>If the prescription for ABA does not differentiate between BSC-ASD and TSS services, or include the specific hours per week of BSC-ASD or TSS services needed to deliver ABA, or identify the treatment setting (e.g., home, school, or identified places in the community) in which services will be provided, additional information should be requested.</p> 3. An updated individualized, behavioral-based treatment plan that includes the interventions needed to address specific skills or targeted behaviors or both for improvement. The updated treatment plan must include measurable, achievable, and realistic goals for improving any identified skill deficits or behavioral challenges. The updated treatment plan must also include strategies for assessing and measuring the frequency of baseline deficits, adaptive behaviors, or skill development and use research-supported behavioral interventions. 4. One or more ISPT Sign-In/Concurrence Forms. <ol style="list-style-type: none"> a. If an ISPT meeting was required, the completed ISPT Sign-In/Concurrence Form(s) including an explanation for any disagreement, among team members, with planned service intervention. b. If only ISPT input was required, the ISPT Sign-In/Concurrence Form(s) reflecting input (including an explanation for any disagreement among team members) and the completed ISPT Sign-In/Concurrence Form from the initial ISPT meeting. 5. A Plan of Care Summary, which includes all MA-funded services and non-MA funded services the child or adolescent is receiving or is expected to receive during the authorization period.

	<p>When evaluating a request for continued use of BSC-ASD services or BSC-ASD and TSS services to provide ABA for children and adolescents with ASD the determination of whether the requested services are medically necessary must take into account whether the documentation indicates the following:</p> <p>A. 1. The child or adolescent continues to meet the admission guidelines for BSC-ASD services or BSC-ASD and TSS services.</p> <p>2. The child or adolescent shows measured improvement and/or begins to demonstrate alternative/replacement behaviors.</p> <p style="text-align: center;">or</p> <p>The child or adolescent shows increased or continued skill deficits or challenging behaviors with expectation for improvement.</p> <p style="text-align: center;">or</p> <p>There is a reasonable expectation that the child or adolescent will continue to benefit from the continuation of ABA.</p> <p style="text-align: center;">OR</p> <p>B. If the documentation does not support that the above has been met, but the individual reviewing the request for continued services determines that ABA continues to be medically necessary to meet the behavioral needs of the child or adolescent, the requested services must be authorized.</p>
<p>III. DISCHARGE AND SERVICE TRANSITION</p>	<p>BSC-ASD services or BSC-ASD and TSS services to provide ABA to children and adolescents with ASD should be discontinued for any of the following reasons:</p> <ol style="list-style-type: none"> 1. Prescriber, with the participation of the interagency services planning team, determines that the expected response to ABA has been achieved and BSC-ASD services or BSC-ASD and TSS services are no longer necessary. 2. BSC-ASD services or BSC-ASD and TSS services are no longer effective to address targeted skills and behaviors. 3. The child's or adolescent's dependency on BSC-ASD or TSS services interferes with the child's or adolescent's progress toward his/her highest functional level and the benefit of continuing BSC-ASD or TSS services is outweighed by the potential problems continuation of services may cause. 4. The parent, guardian or other legally responsible caregiver, or adolescent, if the adolescent is 14 years old or older, requests that services be terminated. 5. ABA is no longer medically necessary to meet the behavioral needs of the child or adolescent.