

XXXX INTRODUCTION

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 the use of direct observation, measurement and functional analysis of the relations between environment and behavior. ABA is a behavior intervention model based on reliable evidence based practices focusing on targeted skills in all areas of development. Division of Health Care Financing and Policy (DHCFP) utilizes the Center for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and Behavior Analyst Certification Board (BACB) "Guidelines Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" as guiding principles for this policy.

All DHCFP policies and requirements (such as prior authorizations, etc.) except for those listed in the Nevada Check up (NCU) Chapter 1000, are the same for NCU.

All DHCFP policies and requirements for Outpatient Physical, Occupational, Speech, and Maintenance Therapy are listed in Chapter 1700 of the Medicaid Services Manual (MSM). Chapter XXXX specifically covers ABA services, for other Medicaid services coverage, limitations and provider responsibilities; the specific MSM needs to be referenced.

XXXX AUTHORITY

A comprehensive array of preventive, diagnostic, and treatment services are a mandatory benefit under the Medicaid program for categorically needy individuals under age 21, including children with Autism Spectrum Disorder (ASD).

ABA is an evidence based behavior intervention benefit meeting the provision of the law as defined in the following:

- a. Social Security Act 1905 (a) and (r);
- b. 42 Code of Federal Regulation (CFR), Subpart B, 441.50-441.62;
- c. Nevada Revised Statute (NRS) Chapter 641 describes persons deemed to practice ABA services.
- d. Nevada Medicaid State Plan describes the amount, duration and scope of ABA services provided to the categorically needy in Attachments 3.1 A 4b.

XXXX DEFINITIONS

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

2. Autism Spectrum Disorder (ASD) is a group of developmental disabilities that can cause significant social, communication and behavioral challenges.

XXXX POLICY

Medicaid will reimburse for ABA rendered to Medicaid eligible individuals under age 21 in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage authority. The behavior intervention must be medically necessary (reference MSM 100) to develop, maintain, or restore to the maximum extent practical the functions of an individual with a diagnosis of ASD or other condition for which ABA is recognized as medically necessary. It must be rendered according to the written orders of the Physician, Physician's Assistant or an Advanced Practitioner of Nursing (APN) and be directly related to the active treatment regimen designed by the healthcare professional who is clinically responsible for the treatment plan and approved by the professional who wrote the order.

The services are to be provided in the least restrictive, most normative setting possible and may be delivered in a medical professional clinic/office, within a community environment, or in the recipient's home.

All services must be documented as medically necessary and appropriate and must be prescribed on an individualized Treatment Plan.

XXXX COVERAGE AND LIMITATIONS

XXXX COVERED SERVICES

1. There are two types of ABA treatment delivery models recognized by DHCFP, Focused and Comprehensive. Based upon the Behavior Analyst Certification Board, Inc. (2012) within each of the two delivery models there are key characteristics which must be demonstrated throughout the assessment and treatment. These characteristics include:
 - a. Description of specific baseline behaviors when establishing treatment goals.
 - b. Establishing small units of behavior which builds towards larger changes in functioning in improved health and levels of independence.
 - c. Understanding the current function and behaviors targeted for treatment.
 - d. Use of individualized and detailed behavior analytic treatment.
 - e. Ongoing and frequent direct assessment, analysis and adjustments to the treatment plan by Behavioral Analyst by observations and objective data analysis.
 - f. Use of treatment protocols that are implemented repeatedly, frequently, and consistently across all environments.
 - g. Direct support and training of family members and other involved qualified professionals
 - h. Supervision and management by licensed provider with expertise and formal training in ABA for treatment of ASD. "Guidelines Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" (2012) http://bacb.com/Downloadfiles/ABA_Guidelines_for_ASD.pdf

2. Focused Delivery model

- a. Focused ABA is treatment directly provided to the individual for a limited number of specific behavioral targets.
 - i. The appropriate target behaviors are prioritized. When prioritizing multiple target areas the following behaviors are considered;
 1. behaviors that may threaten the health and safety of themselves or others, and
 2. behavior disorders that may be a barrier to their ability to remain in the least restrictive setting, and or limit the recipients ability to participate in family and community life, and
 3. absence of developmentally appropriate adaptive, social or functional skills.
 - ii. Treatment may be delivered in individual or small group format.

3. Comprehensive Delivery

- a. ABA is treatment provided to the individual for a multiple number of targets across domains of functioning including cognitive, communicative, social and emotional.
 - i. The behavior disorders may include co-occurring disorders such as aggression, self-injury and other dangerous disorders.
 - ii. Treatment hours are increased and decreased as recipient responds to treatment goals.
 - iii. Treatment is intensive and initially provided in a structured therapy setting. As recipient progresses towards treatment goals the setting may be expanded to alternative environments such as group settings.

4. Services covered within the ABA delivery models

- a. Behavioral Screening - A brief systematic process to determine developmental delays and disabilities during regular well-child doctor visits. Screens must be a nationally accepted Developmental Screen. A recommended list of screens may be found at: <http://www.medicalhomeinfo.org/downloads/pdfs/DPIPScreeningtoolgrid.pdf> Refer to Chapter 600 of the Medicaid Services Manual for coverage of developmental screens.
- b. Comprehensive Diagnostic Evaluations- is the further review and diagnosis of the child's behavior and development. Coverage of this service is found within Chapter 600 of the Medicaid Services Manual.
- c. Behavioral Assessment- A Comprehensive assessment is an individualized examination which establishes the presence or absence of developmental delays and/or disabilities and determines the recipient's readiness for change, and identifies the strengths or problem areas that may affect the recipient's treatment. The comprehensive assessment process includes an extensive recipient history which may include: current medical conditions, past medical history, labs and diagnostics, medication history, substance abuse history, legal history, family, educational and social history, and risk assessment. The information

collected from this comprehensive assessment shall be used to determine appropriate interventions and treatment planning.

- d. Adaptive Behavioral Treatment intervention- Is the systematic use of behavioral teaching techniques and intervention procedures to include intensive direction instruction by the interventionist and family training and support.
 - e. Adaptive Behavioral Family Treatment- The training in behavioral techniques to be incorporated into daily routines of the child and ensure consistency in the intervention approach. The training should be extensive and ongoing and include regular consultation with the qualified professional. The training is broken down into two components:
 - i. Family Treatment with the child present – Is training including the family member in the behavioral techniques during the intervention with the child.
 - ii. Family Treatment without the child present – Is training provided to the family member only. The training may be for the review of prior adaptive behavior treatment sessions to break down the exhibited behavior and training techniques.
5. The coverage of ABA services require following medical coverage criteria to be met:
- a. The recipient must be 0 to 21 years of age; and
 - b. Have an established supporting diagnosis of ASD; and
 - c. The individual exhibits excesses and/or deficits of behavior that significantly impedes access to age appropriate home or community activities (examples include, but are not limited to aggression, self-injury, elopement, and/or social interaction, independent living, play and/or communication skills, etc.); and
 - d. ABA services are rendered in accordance with the individuals treatment plan with realistic and obtainable treatment goals and;
 - e. A reasonable expectation on the part of the treating healthcare professional that the individual will improve, or maintain to the maximum extent practical functional gains with behavior intervention services; and
 - f. The treatment plan must be based on evidence-based assessment criteria and the individuals test results; and
 - g. Behavioral Assessments which are previously performed at the Local Education Agency (LEA) must be utilized and not duplicatively billed under DHCFP if current (within six months) and clinically appropriate; and
 - h. Services must be prior authorized.
6. Services may be delivered in and individual or group. More than one individual is considered a group setting.
7. Services may be delivered in the natural setting (e.g home and community-based settings, including clinics).
8. Individuals with Disabilities Education Act (IDEA) related services:
- a. Part C, Early Intervention ages 0 to 2 - Services identified on an Individualized Family Services Plan (IFSP) may be billed to DHCFP when the providers are enrolled and meet the

provider qualifications outlined in section XXXX for the specific service. These providers must directly bill DHCFP.

- b. Part B, Special Education and related Services ages 3 to 21 - Services identified on an Individual Educational Plan (IEP) may be billed to DHCFP when the providers are enrolled and meet the provider qualifications outlined in section XXXX for the specific services. These providers must directly bill DHCFP.

XXXX PRIOR AUTHORIZATION REQUIREMENTS

1. Behavioral Screens do not require authorization.
2. Behavioral Initial assessment and re-assessments do not require prior authorization. Assessments are limited to one in every 180 days or unless prior authorized.
3. Adaptive Behavioral Treatment (individual and group) requires prior authorization from the QIO-like vendor.
4. Adaptive Family Behavioral training (individual and group) requires prior authorization from the QIO-like vendor.
5. ABA services identified through an IEP. When an IEP is issued by the school system the IEP must accompany a request for ABA services and a coordination of services is expected.
6. Each authorization is for an independent period of time as indicated by the start and end date of the service period. If a provider believes it is medically necessary for services to be rendered beyond the scope (units, time period or both), of the current authorization, the provider is responsible for the submittal of a new prior authorization request.

XXXX NON COVERED SERVICES

1. Services which do not meet Nevada Medicaid medical necessity requirements.
2. Services used to reimburse a parent/guardian for participation in the treatment plan.
3. Services rendered by the parent/guardian.
4. Services that are duplicative services under an IFSP or an IEP.
5. Treatment whose purpose is vocationally- or recreationally –based.
6. Services, supplies, or procedures performed in a non-conventional setting including but not limited to: Resorts, Spas, and Camps.
7. Custodial services;
 - a. For the purpose of these provisions, custodial care:
 - i. shall be defined as care that is provided primarily to assist in the activities of daily living (ADL's) such as bathing, dressing, eating, and maintaining personal hygiene and safety; and
 - ii. is provided primarily for maintaining the recipient's or anyone else's safety; and
 - iii. could be provided by persons without professional skills or training;
8. Parenting services without a diagnosis of ASD.
9. Services not authorized by the QIO-like vendor if an authorization is required according to policy
10. Respite services.
11. Child care services.

12. Services for education.
13. Equine therapy.
14. Hippo therapy.
15. Phone consultation services.
16. Care coordination and treatment planning billed independently of direct service.
17. ABA services cannot be reimbursed on the same day as other rehabilitative mental health services as described within Chapter 400 of the Medicaid Services Manual.

XXXX PROVIDER QUALIFICATIONS

In order to be recognized and reimbursed as an Applied Behavioral Analysis provider by DHCFP, the provider must be one of the following:

- a. Licensure as a Physician by the Nevada State Board of Medical Examiners acting within their scope of practice (Nevada Revised Statute (NRS) 630.630, 630.165, 630.195, 633 Nevada Administrative Code (NAC) 630.080), and 42 CFR §440.50.
- b. A Psychologist licensed under Nevada Revised Statute (NRS) 641.170.
- c. A Board Certified Behavior Analyst at a master or doctoral level (BCBA/D) under Nevada Revised Statute (NRS) 641.170.
- d. A Board Certified Assistant Behavior Analyst (BCaBA) under Nevada Revised Statute 641.170 under the direction of a physician, psychologist, BCBA/D, or BCBA.
- e. Certified Autism Behavior Interventionist (CABI) under Nevada Revised Statute 641.172 under the direction of a physician, psychologist, BCBA/D, BCBA, or BCaBA.
- f. Registered Behavior Technicians under direction of a physician, psychologist, BCBA/D, BCBA, or BCaBA.

B. XXXX SUPERVISION STANDARDS

Clinical Supervision as established by NRS 641.100, which includes: program development; ongoing assessment and treatment oversight; report writing; demonstration with the individual; observation; interventionist and parent/guardian training/education, and oversight of transition and discharge plans. All supervision must be overseen by a Licensed Psychologist, BCBA/D or BCBA who has experience in the treatment of autism, although the actual supervision may be provided by a BCaBA at their direction. The amount of supervision must be responsive to individual needs and within the general standards of care and may temporarily increase to meet the individual needs at a specific period in treatment.

XXXX PROVIDER RESPONSIBILITY

- a. The provider will allow, upon request of proper representatives of the DHCFP, access to all records which pertain to Medicaid recipients for regular review, audit or utilization review.

- b. Once an approved prior authorization request has been received, providers are required to notify the recipient in a timely manner of the approved service units and service period dates.
- c. Ensure services are consistent with applicable professional standards and guidelines relating to the practice of ABA as well as state Medicaid laws and regulations and state licensure laws and regulations.
- d. Ensure caseload size is within the professional standards and guidelines relating to the practice of ABA.

XXXX PARENT/GUARDIAN RESPONSIBILITY

The Parent/Guardian when applicable must:

- a. Be present during all provider trainings and supervisory visits that occur during home-based services.
- b. Participate in discussions during supervisory visits and trainings.
- c. Participate in training by demonstrating taught skills to support generalization of skills to the home and community environment.
- d. Participate in treatment hours.
- e. Keep scheduled appointments; and
- f. Inform provider within 24 hours if the appointment needs to be rescheduled.

XXXX TREATMENT PLAN

All ABA services must be provided under a treatment plan developed and approved by a licensed psychologist, BCBA-D or BCBA, supported by a BCaBA where applicable. The Licensed Psychologist, BCBA-D, or BCBA trains the BCaBA, CABI, and RBT to implement assessment and intervention protocols with the individual. The licensed psychologist, BCBA-D, or BCBA also provides training and instruction to the parent/guardian and caregiver as necessary to support the implementation of the ABA treatment plan. The licensed psychologist, BCBA-D, or BCBA is responsible for all aspects of clinical direction, supervision, and case management.

ABA services shall be rendered in accordance with the individual's treatment plan that is reviewed no less than every six months by a licensed psychologist, BCBA-D, or BCBA. All treatment plans are based on documentation of medical necessity for specific treatment goals to address specific behavioral targets based on the appropriate treatment model. The treatment plan shall include:

- a. Goals derived from the functional assessment and/or skill assessment that occur prior to initiating of treatment, and relating to the core deficit derived from the assessment;
- b. Specific and measurable objectives to address each skill deficit and behavioral excess goal:
 - i. Delineate the baseline levels of target behaviors;
 - ii. Identify short, intermediate, and long-term goals and objectives that are behaviorally defined;
 - iii. Criteria that will be used to measure achievement of behavioral objectives;
 - iv. Target dates for when each goal will be mastered.
- c. Interventions consistent with ABA techniques;
- d. Specific treatment, intervention including amount, scope, duration and anticipated provider(s) of the services;
- e. Training and supervision to enable the BCaBAs, CABIs, and RBTs to implement assessment and treatment protocols;
- f. Care coordination involving the parents/guardian, community, school, and behavior health and/or medical providers who are concurrently providing services. Care coordination must include parent/guardian's documented consent.
- g. Parent/guardian training, support and participation.
- h. Parent responsibility to be physically present and observing during intervention process occurring in the home.
- i. Discharge criteria to include requirements of discharge, anticipated discharge date, next level of care, and coordination of other services.

XXXX Discharge Plan

All ABA services must complete a discharge plan as a written component of the Treatment Plan which ensures continuity of care and access to needed support services upon completion of the Treatment plan goals and objectives.

Discharge planning should occur when:

- a. The individual has achieved treatment goals; or
- b. The individual no longer meets the diagnostic criteria for ASD; or
- c. The individual does not demonstrate progress towards goals for successive authorization periods

Discharge plan must identify:

- a. The anticipated duration of the overall services;
- b. Discharge criteria;
- c. Care coordination for ; and
- d. Discharge Summary

References:

Behavior Analyst Certification Board. Guidelines Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder. (2012) http://bacb.com/Downloadfiles/ABA_Guidelines_for_ASD.pdf

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