Department: Utilization Management	Policy and Procedure No	Policy and Procedure No:		
Policy and Procedure Title:	·			
Process Cycle: Annually	Responsible Departme	Responsible Departments: Clinical		
Approved By: Patricia Jones, RN	Issue Date: 1/1/23	Revised:		

<u>PURPOSE:</u> This clinical coverage policy is to identify the clinical criteria and guidelines to review medical necessity and appropriateness for applied behavioral analysis.

POLICY AND PROCEDURE:

Policy: Applied Behavioral Analysis

Procedure:

Applied Behavioral Analysis

Applied behavioral analysis is medically necessary, as determined by meeting **ALL** the following criteria:

Applied behavioral analysis (ABA) treatment is appropriate in the treatment of autism spectrum disorders (ASDs), as indicated by **ALL** of the following

- o Enrollee has diagnosis of autism spectrum disorder (ASD) and ALL of the following:
 - Moderately severe psychiatric, behavioral or other comorbid conditions
 - Serious dysfunction in daily living for adult or Serious dysfunction in daily living for child or adolescent
- o Situation and expectations are appropriate for ABA, as indicated by **ALL** of the following:
 - Recommended treatment is necessary and not appropriate for less intensive care (ie, enrollee behavior, symptoms, or risk is inappropriate for routine outpatient office care).
 - Enrollee is assessed as not at risk of imminent danger to self or others.
 - Treatment is to be administered in setting (e.g., home vs specialized center) and by team (e.g., multidisciplinary) that is specifically designed and compatible with enrollee's needs and abilities.
 - Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified as appropriate for applied behavioral analysis.
 - Treatment plan addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers and community-based resources, as appropriate.
 - Treatment plan includes explicit and measurable recovery goals that will define enrollee improvement, with regular assessment that progress toward goals is occurring

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or that condition would deteriorate in absence of continued applied behavioral analysis. [FIG]

- Treatment plan engages family, caregivers, and other people impacted by and in position to affect enrollee behavior, as appropriate.
- Treatment intensity (ie, number of hours per week) and duration (ie, length of service intervention) is individualized and designed to meet needs of enrollee and adjusted as is clinically appropriate; program selection impacts intensity and duration, and may include 1 or more of the following:
 - Comprehensive ABA for enrollees with ASK who are 1 to 12 years of age and require program designed to address multiple areas of behavioral functional impairment in coordinated manner
 - Focused ABA, as indicated by 1 or more of the following:
 - Enrollees with ASD who are 1 to 12 years of age and 1 or more of the following:
 - Residual core ASD symptoms are still present despite completion of course of comprehensive therapy.
 - Enrollee is currently enrolled in comprehensive ABA program but lacks significant progress toward treatment goals (ie, focused ABA services are added as adjunct to comprehensive ABA program).
 - Focal deficits are present (eg, isolated impairment in verbal communication) that are appropriate for targeted behavioral intervention in enrollees who are not enrolled in comprehensive ABA treatment program.
 - Enrollees with ASD who are 13 years of age or older and have focal deficits (eg, isolated impairment in verbal communications) that are appropriate for targeted behavioral intervention
 - Enrollee is expected to be able to adequately participate in and respond as planned to proposed treatment.

ADDITIONAL RESOURCES:

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Policy and Procedure Title:			
Process Cycle: Annually	Responsible Departments: Clinical		
Approved By: Patricia Jones, RN	Issue Date: 1/1/23	Revised:	

MCG Heath: Behavioral Health Care 26th Edition. Louisiana Department of Health, Louisiana Medicaid Applied Behavior Analysis Provider Manual: *Chapter Four of the Medicaid Services Manual*; Issued 07/16/21 ABA.pdf (lamedicaid.com). Accessed August 17, 2022.

VERSION CONTROL:

Version.Review.Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:
Clinical	Policy Development	Samantha Pacheco	8/18/2022	
Clinical	Policy Review	Patricia Jones/Cali Brou	8/22/2022	
Clinical	Policy Review	Dr. Ian Nathanson, VP Medicaid Clinical	8/22/2022	
Clinical	Adoption Review	Medicaid Quality Governance Committee	8/25/2022	Committee approved. Ben Thompson, Committee Chair

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NON-COMPLIANCE:

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