

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Applied Behavioral Analysis Clinical Coverage		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Nicole Thibodeaux, RN	Issue Date:	Revised:

PURPOSE: This clinical coverage policy is to identify the clinical criteria and guidelines to review for medical necessity and appropriateness for Applied Behavioral Analysis (ABA).

DEFINITIONS:

Qualified Health Care Professional (QHCP) is defined as:

1. **Pediatric Neurologist;**
2. **Developmental Pediatrician**
3. **Psychologist (including a Medical Psychologist)**
4. **Psychiatrist (particularly Pediatric and Child Psychiatrist); or**
5. **Licensed individual that has been approved by Humana Healthy Horizons in Louisiana medical director as meeting the requirements of QHCP when:**
 - a. **The individual's scope of practice includes a differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the member; and**
 - b. **The individual has at least two years of experience providing such diagnostic assessments and treatments**

POLICY:

Medicaid covered ABA-based therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapy services teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapy services are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

1. **Medically necessary**
2. **Prior authorized**
3. **Delivered in accordance with the members behavior treatment plan**

Services must 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, hereafter referred to as the licensed professional. Payment for these services must be billed by the licensed professional.

CRITERIA:

ABA-based services are available to Humana Healthy Horizons of Louisiana Medicaid members who:

1. **Are under 21 years of age; and**

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2. Who exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (e.g., aggression, self-injury, elopement); and
3. Have been diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including but not limited to autism spectrum disorder, by a qualified health care professional; and
4. Have had a comprehensive diagnostic evaluation by a qualified health care professional; and
5. Have a prescription for ABA-based therapy services ordered by a qualified health care professional.

All the above criteria must be met to receive ABA-based services. If there is a recommendation in the comprehensive diagnostic evaluation (CDE) for ABA therapy, a separate prescription is not needed.

Prior authorization (PA) is a two-fold process:

- First, an authorization is requested for approval to perform a functional assessment and to develop a behavior treatment plan.
 - Then, an additional authorization is requested for approval to provide the ABA-based derived therapy services.
1. Functional Assessment – the prior authorization request must be submitted by the ABA provider to conduct a functional assessment and to develop a behavior treatment plan (Mental Health Services Plan Development by Non-Physician).

The request must include a comprehensive diagnostic evaluation (CDE) that has been conducted by a qualified health care professional prescribing and/or recommending ABA services. All CDE's completed by qualified health care professionals will be reviewed and considered when making prior authorization decisions.

The CDE must include, at a minimum:

- a. A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history
- b. Direct observation of the member, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors
- c. A review of available records
- d. A valid Diagnostic and Statistical Manual of Mental Disorders, (DSM) V (or current edition) diagnosis
- e. Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and
- f. Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional

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

- a. Autism specific assessments
- b. Assessments of general psychopathology
- c. Cognitive/developmental assessment; and
- d. Assessment of adaptive behavior.

Humana Healthy Horizon's in Louisiana will not deny services based solely on the age of the CDE. If we request a new CDE, either for initial or continuation of services, we will not deny or delay available ABA services awaiting completion of the CDE. Humana Healthy Horizons in Louisiana is responsible for arranging CDE's that we request.

2. ABA Based Therapy Services – a separate authorization request must be submitted by the ABA provider to request approval to provide the ABA based therapy services to the member. The request must include:
 - a. The CDE
 - b. The behavior treatment plan
 - c. The Individualized Education Program (IEP)
 - i. If the IEP is not available at the time of the authorization request, the requesting provider must provide explanation of why they are unable to provide a copy. Lack of an IEP should not be a barrier to service if a reasonable explanation has been provided.
 - ii. A behavior treatment plan calling for services to be delivered in a school setting will not be approved until a copy of the IEP is provided.
 - iii. ABA therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Louisiana Medicaid, provided all other conditions for coverage of ABA therapy are met (e.g., the service is medically necessary).
 - d. The waiver plan profile table and the schedule from the certified plan of care (if the member is in a waiver and services are being requested that will occur at the same time as the waiver services)
 - i. The behavior treatment plan should indicate if the member is in a waiver program and which waiver the member is in. (This can be determined by checking the MEVS/REVS system.) If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care. This can be obtained by

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- contacting the Waiver Support Coordinator. Communication should be maintained between the ABA provider and the Waiver Support Coordinator.
- ii. ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap. This should be clearly documented in an addendum to the behavior treatment plan. This addendum must detail the frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time, and include an outline of information the direct support worker needs to correctly implement the skill, several measurable and objective goals defining and leading to the direct support worker's competency (i.e., correct implementation), and the methods for collecting data on the direct support worker's performance.
 - iii. Strategies the ABA provider will use should be identified, such as, but not limited to, demonstration, modeling, coaching and feedback, and providing repeated opportunities for direct support worker practice (role playing and in "real life" situations with the member). This pairing of the direct support worker and the ABA provider should be specific, time limited, measure able and individualized.

Non-ABA Facilities

- i. For ABA services to be provided at a non- ABA facility or simultaneously with another service, the other service in question must not have a restriction that keeps it from being performed at the same time as another service.
- ii. For services at a non-ABA facility, the addendum must detail why sessions are medically necessary at this facility and how often the services will occur at the facility. They must also explain why the sessions cannot occur in the home or at the ABA facility itself. This addendum must detail the frequency and duration of sessions when the ABA provider and the other service provider are required to be present at the same time, and include an outline of information the other service provider needs to correctly implement the skill.
- iii. It also must include several measurable and objective goals defining and leading to the direct support worker's competency (i.e., correct implementation) and the methods for collecting data on the direct support worker's performance. Strategies the ABA provider will use must be identified, including, but not limited to, demonstration, modeling, coaching and feedback, and providing repeated opportunities for direct support worker practice (role playing and in "real life" situations with the member). This pairing of the direct support worker and the ABA provider should be specific, time limited, measurable and individualized.

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Assessment and Treatment Plan Development:

The licensed professional supervising treatment is required to perform a functional assessment of the beneficiary utilizing the outcomes from the CDE and develop a behavior treatment plan. Services for “Behavior Identification Assessment” must be prior authorized. Once services commence, additional assessments at a minimum shall occur every six months. In exceptional circumstances, at the discretion of Humana Healthy Horizon’s in Louisiana, an additional assessment may be authorized. The behavior identification supporting assessment must be prior authorized. Supporting assessments may be approved to allow technicians to gather information that support the licensed professional completing the assessment.

Behavior identification supporting assessment conducted with two or more technicians, must be prior authorized and treated in the same manner as the behavior identification supporting assessment above. However, such assessment may be administered by the physician or other QHCP who is on-site but not necessarily face-to-face; with the assistance of two or more technicians. This is only medically necessary when the beneficiary’s behavior is so destructive that it requires the presence of a team and an environment customizable to the beneficiary’s behavior. All three assessment services can occur on the same day and continue as prior authorized until the assessment is completed.

Behavior Treatment Plan:

The behavior treatment plan identifies the treatment goals along with providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic, and must be developmentally appropriate. Treatment goals should emphasize skills required for both short- and long-term goals. Behavior treatment plans should include parent/caregiver training and support. The instructions should break down the desired skills into manageable steps that can be taught from the simplest to more complex.

The behavior treatment plan must:

- 1) Be person-centered and based upon individualized goals**
- 2) Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors**
- 3) Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined**
- 4) Identify the criteria that will be used to measure achievement of behavior objectives**
- 5) Clearly identify the schedule of services planned and the individual providers responsible for delivering the services**

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- 6) Include care coordination, involving the parent(s) or caregiver(s), school, state disability programs, and others as applicable
- 7) Include parent/caregiver training, support, education, and participation
- 8) Identify objectives that are specific, measurable, based upon clinical observations of the outcome measurement assessment, and tailored to the beneficiary
- 9) Ensure that interventions are consistent with ABA techniques.

The provider may use the Louisiana Department of Health (LDH) treatment plan template or his/her own form. If the provider chooses to use his/her own form, the provider must address ALL of the relevant information specified in the LDH treatment plan template. Any missing information may delay approval of prior authorization of service.

The behavior treatment plan must indicate that direct observation occurred and describe what happened during the direct observation. If there are behaviors being reported that did not occur and these behaviors are being addressed in the behavior treatment plan, indicate all situations and frequencies at which these behaviors have occurred and have been documented.

If there is documentation from another source, that documentation must be attached. If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well.

The behavior treatment plan shall include a weekly schedule detailing the number of expected hours per week and the location for the requested ABA services. In addition, the provider shall indicate both the intensity and frequency of the therapy being requested and the justification for this level of service.

The location of service should be specific and indicate home, clinic, school, camp, etc. If the place of service changes during the prior authorization period, an addendum to the behavior treatment plan must be submitted. The treatment plan should detail the ABA programing delivered in each location.

When developing a treatment plan, it is necessary to request only services that are medically necessary as determined through the assessment. Any model of ABA services can be approved if it achieves the goals set forth in the assessment.

All services do not need to be part of the treatment plan, or used in conjunction with each other, unless technician services are being provided. If technician services are being provided, supervision by a licensed behavior analyst must be a part of the treatment plan.

Therapeutic Behavioral Services:

Therapeutic behavioral services include the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce

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socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. This includes one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting.

The licensed supervising professional must frequently review the beneficiary's progress using ongoing objective measurement and adjust the instructions and goals in the behavior treatment plan as needed.

Supervision:

The licensed supervising professional shall provide case oversight and management of the treatment team by supervising and consulting with the beneficiary's team. The licensed supervising professional must also conduct regular meetings with family members to plan ahead, review the beneficiary's progress and make any necessary adjustments to the behavior treatment plan. Part of the supervision must be done in the presence of the beneficiary receiving treatment and state-certified assistant behavior analyst or the registered line technician. Supervision shall be approved on a 2:10 basis that is two hours of supervision for every ten hours of therapy. Supervision will not be approved if the licensed supervising professional is delivering the direct therapy.

One on one supervision may be conducted and billed simultaneously and concurrently with one on one therapeutic behavioral services. Supervision can only occur when a non-licensed professional is providing the therapeutic behavioral services.

Role of the Parent/Caregiver:

To facilitate ABA service authorization and delivery, the parent/caregiver should provide supporting documentation (e.g., IEP) as requested by the provider.

Treatment plan services must include care coordination involving the beneficiary's parent/caregiver. Services should also include parent/caregiver training, support, and participation. ABA is a beneficiary-focused service, and it is not practical or within the standard of practice to require the parent/caregiver to be present at all times while services are being rendered to the beneficiary. Beneficiaries may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for beneficiaries receiving services for multiple hours per day. To the extent that parental/caregiver presence is required is a therapeutic decision, even when therapy is provided in the home.

Services for "Family adaptive behavior treatment guidance", administered by a physician or other QHCP, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the beneficiary to ensure that the beneficiary has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.

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Services for “Multiple-family group adaptive behavior treatment guidance”, administered by a physician or other QHCP, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the beneficiary to ensure that the beneficiary has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.

The multiple-family group therapy should be used when parent(s) or caregiver(s) of two or more beneficiaries are present. The beneficiaries should have similar diagnosis, behaviors, and treatment needs.

Limitations:

Authorizations for ABA derived therapy services shall be authorized for a time period not to exceed 180 days.

Group Therapy:

When part of the approved behavior treatment plan, services for “Adaptive behavior treatment social skills group” administered by physician or other QHCP shall be face-to-face with two or more beneficiaries. The beneficiaries should have similar diagnosis, behaviors, and treatment needs. When part of the approved behavior treatment plan, “Registered Line Tech Group adaptive behavior treatment” may be administered by a registered line technician. This shall be face-to-face with two or more beneficiaries. The beneficiaries should have similar diagnosis, behaviors, and treatment needs.

Place of Service:

Services must be provided in a natural setting (e.g., home and community-based settings, including clinics and school). Medically necessary ABA services provided by ABA service providers in school settings are allowed.

Changing Providers:

Changing Providers Beneficiaries have the right to change providers every 180 days unless a change is requested for good cause. If a provider change is requested based on good cause before the authorization period ends, the member or their case manager (if they have one) must contact Humana Healthy Horizon’s in Louisiana. Good Cause is defined as allegation of abuse, beneficiary doesn’t progress, new provider opens in area that previously lacked access, or when a dispute arises between the parent/caregiver and provider that cannot be resolved.

Reconsideration Requests:

If the prior authorization request is not approved as requested, or an existing authorization needs to be adjusted, the provider may submit a request for reconsideration of the previous decision.

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Exclusions:

The following services do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:

- 1. 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;**
- 2. Service that is primarily educational in nature;**
- 3. 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);**
- 4. Treatment whose purpose is vocationally or recreationally-based; and**
- 5. Custodial care that:**
 - a. Is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating, and maintaining personal hygiene and safety;**
 - b. Is provided primarily for maintaining the safety of the member or anyone else; or**
 - c. Could be provided by persons without professional skills or training**

ADDITIONAL RESOURCES:

Louisiana Administrative Code (LAC), Title 50, Part I, Chapter 11.

Louisiana Department of Health, Applied Behavior Analysis Provider Manual, Chapter Four the Medicaid Services Manual; ABA (lamedicaid.com). Accessed August 16, 2022.

VERSION CONTROL:

Version Review Approval History				
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DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

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This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).