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COVERED SERVICES

Medicaid covered applied behavior analysis (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 therapies teach skills through the use of behavioral observation and reinforcement or prompting to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

- Medically necessary,
- Prior authorized by Medicaid or its designee, and
- Delivered in accordance with the recipient's 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 services must be billed by the licensed professional.

Prior to requesting ABA services, the recipient must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) which has been performed by a qualified health care professional (QHCP). (See Appendix A for contact information on arranging a CDE)

NOTE: Medical necessity for ABA-based therapy services must be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11 (*Louisiana Register*, Volume 37, Number 1).

A QHCP is defined as a:

- Pediatric Neurologist;
- Developmental Pediatrician;
- Psychologist (which includes a Medical Psychologist);
- Psychiatrist (particularly Pediatric and Child Psychiatrist); or

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- Other licensed individual that has been approved by the Medicaid Medical Director as meeting the requirements of a QHCP when:
 - The individual’s scope of practice includes differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the recipient; and
 - The individual has at least two years of experience providing such diagnostic assessments and treatments.

The CDE must include at a minimum:

- A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
- Direct observation of the recipient, 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;
- A review of available records;
- A valid *Diagnostic and Statistical Manual of Mental Disorders*, (DSM) V (or current edition) diagnosis;
- Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and
- Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional 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 recipient’s age and cognitive abilities:

- Autism specific assessments;
- Assessments of general psychopathology;

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- Cognitive assessment; and
- Assessment of adaptive behavior.

Assessment and Plan Development

The licensed professional is required to perform a functional assessment of the recipient utilizing the outcomes from the CDE, and develop a behavior treatment plan.

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. 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:

- Be person-centered and based upon individualized goals;
- Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors;
- Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
- Identify the criteria that will be used to measure achievement of behavior objectives;
- Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
- Include care coordination, involving the parents or caregiver(s), school, state disability programs, and others as applicable;
- Include parent/caregiver training, support, and participation;

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- Have objectives that are specific, measureable, based upon clinical observations of the outcome measurement assessment and tailored to the recipient; and
- Ensure that interventions are consistent with ABA techniques.

Limitations

Service for “Mental Health Services Plan Development by Non-Physician” must be prior authorized and shall not exceed four hours per evaluation authorization, without review and approval by the Bureau of Health Services Financing (BHSF). Only one authorization will be approved for a period not to exceed 180 days, unless circumstances change which warrant an additional evaluation. Prior authorization must be requested in such cases with a full explanation of why an additional evaluation is warranted. Approval of an additional evaluation is made on a case-by case basis by the Medicaid Medical Director. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

Therapeutic Behavioral Services

Therapeutic behavioral services are one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting. Services must be provided in accordance with the recipient’s behavior treatment plan which considers the recipient’s age, school attendance requirements, and other daily activities.

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

Role of the Parent/Caregiver

Treatment plan services must include care coordination involving the recipient’s parent/caregiver. Services must also include parent/caregiver training, support, and participation. ABA is a recipient-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 recipient. There is the expectation that recipients may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for recipients 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.

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Limitations

A prior authorization period shall not exceed 180 days. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

Therapeutic behavior services are one-on-one services; therefore, group therapy is not to be provided when therapeutic behavioral services are prior authorized.

Exclusions

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

- Therapy services rendered when measureable functional improvement or continued clinical benefit is not expected and, therapy is not necessary or expected for maintenance of function or to prevent deterioration;
- Service that is primarily educational in nature;
- Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an individualized educational program (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA);
- Treatment whose purpose is vocationally or recreationally-based;
- Custodial care that:
 - Is provided primarily to assist in the activities of daily living (ADLs) such as bathing, dressing, eating, and maintaining personal hygiene and safety;
 - Is provided primarily for maintaining the recipient's or anyone else's safety; or
 - Could be provided by persons without professional skills or training; and
- Services, supplies or procedures performed in a non-conventional setting including, but not limited to:
 - Resorts;
 - Spas;

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- Therapeutic programs; or
- Camps

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 enrolled licensed professionals in school settings are allowed.

Other Specified Case Management Services

The licensed professional must provide case oversight and management of the treatment team by supervising and consulting with the recipient's team. The licensed professional must also conduct regular meetings with family members to plan ahead, review the recipient's progress, and make any necessary adjustments to the behavior treatment plan.