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**Q. BEHAVIOR ASSESSMENT – AUTISM SPECTRUM DISORDER (ASD)**

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**Definition**

A Behavior Assessment is a clinical compilation of observational data, behavior rating scales, and reports from various sources (e.g. schools, family, pediatricians, etc.) designed to identify the individual's current strengths and needs across developmental and behavioral domains. The behavior assessment must include the current level of functioning using one or more validated data collection instruments or tools. The assessment must be performed or updated not more than six months before treatment services are requested. The behavior assessment must include validated assessment tool(s) or instrument(s) as well as observational assessment, direct observation, record review, data collection and analysis. It should document baseline functioning and must support type, frequency and duration of services requested. It will identify those behaviors the behavioral plan of care should target.

The behavior assessment must be recommended by a licensed diagnostic practitioner whose scope of practice includes diagnosing ASD.

The Behavior Assessment is available to Medicaid enrolled members (HUSKY A, C, or D) under the age of 21 for whom ASD services are medically necessary.

**Authorization Process and Time Frame for Service:**

This service requires prior authorization for the initial behavior assessment. Authorization requests must include the number of hours/units the provider deems necessary to complete the assessment but cannot exceed 10 units. 1 unit = 1 hour; hours can be used for direct observation as well as record review and collaborating with other treatment providers. Authorization decisions will be based upon medical necessity.

Behavior assessments are typically revised/updated at least every six months or more frequently, if needed. Prior authorization is required for any subsequent update to the behavior assessment after the provider has previously performed an initial behavior assessment.

**Level of Care Guidelines****Q.1.0 Clinical Eligibility Criteria****Q.1.1 Symptoms and functional impairment include the following:**

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet Medicaid's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

Q.1.1.1 The individual evidences functional impairment directly related to ASD and

Q.1.1.2 There has been confirmation of the ASD diagnosis based upon a Comprehensive Diagnostic Evaluation or comparable substitute.

Q.1.2 Intensity of Service Need

Q.1.2.1 The nature of the individual's symptoms/behaviors are such that a behavioral assessment is warranted in order to determine the course of ASD treatment

Q.1.3 Additional variables to be considered:

Q.1.3.3 Primary purpose of behavioral assessment is not solely for educational, vocational, or legal purposes

## **Q.2.0 Continued Care Criteria**

Q.2.1 Requests for additional behavioral assessment units during the prior six months of treatment will require prior authorization and will be considered based upon the documentation of extenuating circumstances that change the behavioral profile of the individual.

### **Note:** Making Level of Care Decisions

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual shall be granted the level of care requested when:

- 1) Those mitigating factors are identified and
- 2) Not doing so would otherwise limit the individual's ability to be successfully engaged in the community or is needed in order to succeed in meeting the individual's treatment goals.