
Q. OBSERVATION AND DIRECTION – AUTISM SPECTRUM DISORDER (ASD)

Definition

Observation and Direction by the Performing Provider of BCaBAs and technicians will take place on a regular and on-going basis. The performing provider shall take professional responsibility for all ASD services performed by the technician or BCaBA. Such observation and direction shall:

- (1) Be one-on-one with the performing provider and the BCaBA or technician. The performing provider shall document the observation and direction on an ongoing basis, including the time, location, format and topics discussed.
- (2) Occur on an ongoing basis, at a frequency and duration equal to or for at least ten percent of the amount of hours that the BCaBA or technician is providing ASD treatment services to each individual.
- (3) Include, on a regular basis, the provider directly observing the BCaBA or technician providing services to the individual. The performing provider may bill the department and be reimbursed for observation and direction of the BCaBA or technician only when: (A) the performing provider is in the same location as the individual receiving treatment services and the BCaBA or technician and (B) the observation and direction is for the individual's benefit. Such observation and direction services are a component of ASD treatment services.

Authorization Process and Time Frame for Service:

This service requires prior authorization and occurs at the same time as the initial authorization request for autism treatment services. Authorization requests must include the number of hours/units the provider deems necessary to complete the observation and direction during the course of autism treatment services to the individual. Any amount of hours/units requested beyond 10% of total treatment service hours/units will be considered based upon the documentation of extenuating circumstances and how that changes the behavioral profile of the individual. Approval of units requested will be based upon medical necessity.

Authorization is required for subsequent updates to observation and direction after the provider has previously received an initial authorization for autism treatment services.

Level of Care Guidelines

Q.1.0 Clinical Eligibility Criteria

Q.1.1 Symptoms and functional impairment include the following:

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 individual meets clinical eligibility criteria for autism treatment services.

Q.1.3 Additional variables to be considered:

Q.1.3.3 Primary purpose of observation and direction of autism treatment services is not solely for educational, vocational, or legal purposes

Q.2.0 Continued Care Criteria

Q.2.1 Requests for additional observation and direction units during the interim period prior to six months will be considered based upon the documentation of extenuating circumstances and how that changes 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 patient 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.

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.

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