
**Q. TREATMENT PLAN DEVELOPMENT (BEHAVIORAL PLAN OF CARE)
– AUTISM SPECTRUM DISORDER (ASD)**

Definition

A practitioner who conducted the behavior assessment will develop a detailed Treatment Plan (plan of care) specifically tailored to each individual. It must include, but is not limited to, the following elements: a) measurable goals and expected outcomes to determine if treatment services are effective; b) specific description of the recommended amount, type, frequency, setting, and duration of ASD treatment services needed to best meet the needs of the member; and c) amount and type of parent/care giver participation required to maximize success and quality of services.

The Treatment Plan (plan of care) should address skills in all domains (acquiring learning skills, communication, social, self-care, motor, play and leisure, etc.).

The Treatment Plan should be developed not more than 120 days prior to the ASO receiving a request for prior authorization for treatment or more recently as clinically appropriate for an individual's circumstances.

The treatment plan is individualized: objectives are measurable and tailored to the individual. Interventions target a decrease in maladaptive behaviors and/or an increase of desired behaviors or skill acquisition. They should emphasize a transfer of skills to caregiver, generalization of skills and focus on the development of spontaneous social communication, adaptive skills and appropriate behaviors and include a focus that:

- Is person centered, strengths based, family/caregiver inclusive, community based, culturally competent, and provided in the least restrictive setting.
- Targets specific behaviors (including frequency, rate, symptom intensity, duration).
- Incorporates objective baseline and quantifiable progress measures.
- Describes detailed preventative and reactive behavioral interventions, reinforcers, strategies for generalization of skills beyond the treatment sessions.
- Coordinates ancillary services and transition plans.

The provider should review and, as necessary, update the behavioral assessment on an ongoing basis throughout the time period when the individual receives ASD treatment services at least every six months or more frequently as necessary. The treatment plan

is updated based on treatment progress including the addition of new target behaviors and related interventions, but at least within every 90 days.

The Treatment Plan (Plan of Care) service 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:

Initial service requires prior authorization by the provider who performed the behavior assessment. One unit may be authorized to support the development of the plan of care. Prior Authorization is necessary for medically necessary updates to an approved plan of care. Ongoing updates require authorization.

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.1.1.3 The Behavior Assessment has been completed.

Q.1.2 Intensity of Service Need

Q.1.2.1 The nature of the individual's symptoms/behaviors are such that a Treatment Plan (plan of care) is warranted in order to guide the course of ASD treatment

Q.1.3 Additional variables to be considered:

Q.1.3.1 Primary purpose of plan of care is not solely for educational, vocational, or legal purposes

Q.2.0 Continued Care Criteria

Q.2.1 Treatment planning is individualized and appropriate to the individual's changing profile with realistic and specific goals and objectives stated.

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.2.2 The treatment plan is updated based on treatment progress including the addition of new target behaviors and related interventions and not less than every 90 days.

Q.2.3 Any updates prior to 90 days requires prior authorization and will be assessed to meet medical necessity.

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.