
Q. TREATMENT SERVICES – AUTISM SPECTRUM DISORDER (ASD)

Definition

ASD treatment services include (A) services identified as evidence-based by nationally recognized research reviews, (B) services identified as evidence-based by other nationally recognized substantial scientific and clinical evidence or (C) any other intervention supported by credible scientific or clinical evidence, as appropriate to each individual. ASD treatment services include a variety of behavioral interventions that meet criteria in one or more of (A), (B), or (C) above, such as evidenced-based Applied Behavior Analysis interventions that meet one or more of those criteria. The ASD treatment intervention services must be done under the supervision of a qualified licensed practitioner working within his/her scope of practice or by a qualified Board Certified Behavior Analyst (BCBA) working within his/her scope of practice. The supervising practitioner is responsible for all of the care provided to the individual and for providing direct observation and direction of the technician and any other support staff. Observation and direction of staff providing the intervention services must be done one-to-one and documented in the medical record on a weekly basis for all individuals in care. The observation and direction should equal at least 10 percent of the amount of hours that the staff member is providing ASD treatment services to each individual. Observation and direction must also include direct observation of the staff person with the individual.

Treatment can occur in any number of settings, including home, agencies, hospitals, the community, etc. It is imperative that the interventions be applied systematically and uniformly, and that behavioral data is gathered, maintained and analyzed in order to evaluate the effectiveness of both the treatment plan and the interventions.

Treatment may include individual, group or family modalities or a combination of these depending on the needs of the individual.

A caregiver (e.g. parent, guardian, family member, babysitter, child care worker, over the age of 18 years old etc.) must be present at all time. This designated caregiver shall participate in treatment sessions in a manner specified in the behavioral plan of care that is sufficient to maximize the quality and clinical effectiveness of the services, as tailored to the needs of each individual as documented and explained in the plan of care. The amount and manner of caregiver participation may vary based on generally accepted recommendations for caregiver participation for each acceptable modality of ASD treatment services. Overall, caregiver participation may be more significant for younger children or children with higher levels of need. The caregiver's participation in ASD treatment sessions includes training for the caregiver to reinforce ASD treatment

services in a clinically effective manner. Specific parent training goals shall be included to emphasize the transfer of interventions, strategies and skills to the caregiver.

The performing provider shall document the caregiver's participation in ASD treatment sessions in the treatment notes, including the caregiver's name and relationship to the individual, date, time, extent and type of participation.

ASD treatment services are 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. Authorization decisions will be based upon the individual clinical presentation and treatment history presented at the time of initial authorization. All requests for treatment intervention services must include a comprehensive diagnostic evaluation performed within the previous 36 months of the authorization request for treatment services. Additional information and documentation required includes:

- Requested interventions, types, frequency, intensity, setting, and duration of the services with an explanation and supporting documentation showing how the specific requested services are medically necessary;
- The behavioral plan of care to support the request for authorization (completed or updated within 120 days of the request for treatment services);
- The behavior assessment (described in a separate level of care guideline, completed or updated within six months of the request for treatment services);
- Severity scores, skills-based assessment scores, adaptive scores;
- The most recent medical/physical evaluation (completed or updated within the last twelve months of the request for treatment services);
- The comprehensive diagnostic evaluation (described in a separate level of care guideline, completed or updated within twelve months of the request for treatment services); and
- As applicable, school evaluation and Individualized Education Program (IEP), Individual Family Service Plan (IFSP) for members under the age of 3, and any other available evaluations or relevant documents

At the initiation of ASD treatment services for an individual, the provider must provide the appropriate data sufficient for the ASO to review baseline data and data regarding the member's progression. This information, along with targeted behaviors and interventions outlined in the Plan of Care, shall support the request for number of hours for authorization and must meet medical necessity.

The first continued stay authorization may be authorized for up to 90 days with subsequent authorizations up to six months. Subsequent continued stay reviews must include an updated plan of care that specifically includes progress toward goals on the initial plan of care. After one year of service, every continued stay review must include a comprehensive review of goals met, summary of data indicating progress toward goals,

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

anticipated benefit of the intervention for the individual, updated Plan of Care, and the most recent IEP or IFSP, if applicable.

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 Medical/physical evaluation and Behavior Assessment have been completed.
- Q.1.1.4 The individual displays a “challenging behavior” that either 1) presents a health or safety risk to self or others (e.g. self-injury, aggressive behaviors, destruction of property, severe disruptive behaviors) or 2) significantly interferes with socially acceptable activities in the home or community due to the objectionable nature of the behavior and/or the individual presents with a skill deficit that interferes with socially acceptable and developmentally appropriate activities in the home or community
- Q.1.1.5 There is reasonable expectation on the part of a qualified treating provider who has evaluated the individual that the behavior(s) will improve or the individual will receive maximum benefit through treatment.
- Q.1.1.6 The treatment plan is individualized: objectives are measurable and tailored to the individual. Interventions emphasize generalization of skill and focus on the development of spontaneous social communication, adaptive skills and appropriate behaviors and include a focus that:
 - Q.1.1.6.1 Is person centered, strengths based, family/caregiver inclusive, community based, culturally competent, and provided in the least restrictive setting.
 - Q.1.1.6.2 Targets specific behaviors (including frequency, rate, symptom intensity, duration).

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Q.1.1.6.3 Incorporates objective baseline and quantifiable progress measures.

Q.1.1.6.4 Describes detailed behavioral interventions, reinforcers, strategies for generalization of skills beyond the treatment sessions.

Q.1.1.6.5 Coordinates ancillary services and transition plans.

Q.1.1.7 Parent/caregiver training and support is included in the treatment plan with documented plans that skills transfer to the parent/caregiver will occur.

Q.1.2 Intensity of Service Need

Q.1.2.1 Results of Comprehensive Diagnostic Evaluation and behavior assessment indicate the nature of the individual's symptoms/behaviors are such that intensive treatment is warranted.

Q.1.3 Additional variables to be considered:

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

Q.1.3.2 Psychosocial, cultural and linguistic factors of the individual and/or caregivers may change the risk assessment and should be considered when making level of care decisions regarding treatment.

Q.2.0 Exclusion Criteria

Any of the following criteria are sufficient for exclusion from this level of care:

Q.2.1 The individual has medical conditions or impairments that would prevent beneficial utilization of services

Q.2.2 The individual requires 24-hour medical/nursing monitoring or procedures provided in a hospital setting.

Q.3.0 Continued Care Criteria

Q.3.1 The individual's condition continues to meet clinical eligibility criteria for ASD treatment, either due to continuation of presenting problems, or appearance of new problems or symptoms; and

Q.2.2 There is reasonable expectation that the individual will benefit from the continuation of ASD treatment services; and

Q.2.3 Treatment planning is individualized and appropriate to the individual's changing profile with realistic and specific goals and objectives stated. The treatment plan is updated based on treatment progress including the addition of new target behaviors; and

Q.2.4 All services and treatment interventions are carefully structured to achieve optimum results in the most efficient manner possible consistent with sound clinical practice. Expected benefit from all relevant modalities is documented; and

Q.2.5 Progress in relation to specific symptoms/behaviors or impairments is clearly evident and can be described in objective terms or there are clear benefits to treatment, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress is evident; and

Q.2.6 There is documented skills transfer to the individual and caregiver and treatment transition planning from the beginning of treatment; and

Q.2.7 There is a documented active attempt at coordination of care with relevant providers/caretakers, etc., when appropriate. If coordination is not successful, the reason(s) are documented; and

Q.2.8 Unless contraindicated, parents/caregivers are actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.

Q.4.0 Discharge Criteria

Any of the following criteria are sufficient for discharge from this level of care:

Q.4.1 The individual has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated; or

Q.4.2 The individual has achieved adequate skill acquisition and less intensive modes of treatment are appropriate or indicated; or

Q.4.3 The individual no longer meets clinical eligibility criteria, or meets criteria for less or more intensive services; or

Q.4.4 Treatment is making the symptoms persistently worse; or

Q.4.5 The individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e. durable and generalized) measurable improvement or stabilization of challenging behavior and there is no reasonable expectation of progress.

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 patient treatment goals.