

Behavior Assessment – Autism Spectrum Disorder (ASD)

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. The behavioral plan will address the targeted behaviors identified by the behavior assessment.

The behavior assessment must be recommended by an independently fully licensed diagnostic practitioner (e.g. psychiatrist, [LR1] neurologist, pediatrician including a developmental pediatrician, psychologist, licensed clinical social worker, licensed professional counselors, and licensed marriage and family counselor) working within their scope of practice, who is qualified and experienced in providing ASD evaluation services. 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 may be revised/updated at least every six months, or more frequently, if needed. For individual in the maintenance phase may be updated less frequently than individuals in the active phase of treatment. After the provider has performed an initial behavior assessment, prior authorization is required for any subsequent update to the behavior assessment.~~

The behavior assessment should be completed within the number of hours deemed necessary by the provider based on the individual's treatment needs. Up to 10 hours (1 hour = 1 unit) may be authorized within a six-month initial authorization period.

Re-assessment is available every six months if additional assessment is deemed clinically necessary to inform the course of treatment. Re-assessment may be clinically indicated and medically necessary if there has been inadequate progress towards goals, new target behaviors have been identified, or to assess the ongoing need for ABA services. Typically, re-assessments are completed within 6 hours (1 hour = 1 unit). Requests beyond 6 hours/units will be considered based on extenuating circumstances

and if clinically appropriate and medically necessary.

Level of Care Guidelines

B.1.0 Clinical Eligibility Criteria

B.1.1 Symptoms and functional impairment include the following:

B.1.1.1 The individual presents with functional impairment directly related to ASD and

B.1.1.2 The ASD diagnosis has been confirmed with a

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

Comprehensive Diagnostic Evaluation or comparable substitute.

B.1.2 Intensity of Service Need

B.1.2.1 The nature of the individual's symptoms/behaviors are such that a behavior~~a~~ assessment is warranted to determine the course of ASD treatment

B.1.3 Additional variables to be considered:

B.1.3.1 The primary purpose of a behavior~~a~~ assessment is not solely for educational, vocational, or legal purposes

B.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.

B.1.3.3 If member is under 3, demonstrated clinical evidence that Birth to 3 services have been explored and exhausted prior to requesting ASD services.

B.2.0 Continued Care Criteria

~~B.2.1 Requests for additional behavioral assessment units, while an individual is receiving direct service delivery will require prior authorization and will be considered based upon the documentation of extenuating circumstances that impact the behavioral profile of the individual.~~

Requests for additional behavior~~a~~ assessment units while an individual is receiving direct service delivery will require prior authorization. Requests beyond 6 hours (1 unit = 1 hour) will be considered based upon the documentation of extenuating circumstances that impact the behavioral profile of the individual.

B.2.1 Extenuating circumstances may include but are not limited to recent emergency department evaluation~~admission~~, inpatient hospitalization, change in family structure, living situation, or other crisis resulting in significant behavioral change.:

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. In these cases, the individual shall be granted the level of care requested when:

- 1) Those mitigating factors are identified
- 2) Not doing so would a) limit the individual's ability to be successfully engaged in the community, or b) 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 the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

Program Book Development – Autism Spectrum Disorder (ASD)

Definition

As appropriate and medically necessary for each member, the performing provider may develop a program book, which is a tool for use by providers, members and caregivers to ensure that the services and goals in the behavioral plan of care remain appropriate and properly implemented. A program book is an adjunct to but separate from a behavioral plan of care, and shall:

- (A) Include details of specific interventions and related information regarding ASD treatment services for an individual, designed to implement the short-term goals and objectives outlined in the behavioral plan of care; and
- (B) Be individually tailored to each individual's needs to describe and assist in the provision of ASD treatment services; and
- (C) Be updated on an ongoing basis to reflect changes in the behavioral plan of care, changes in specific interventions used to provide ASD treatment services and as otherwise appropriate to assist in providing ASD treatment services; and
- (D) Include details of skill acquisition protocols related to parent/caregiver goals outlined in the plan of care.

Program book development 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 program book development and any subsequent revision or update to the program book.~~

~~Along with the behavior assessment and plan of care, the program book is updated on an ongoing basis to reflect changes in the behavioral plan of care, changes in specific interventions used to provide ASD treatment services, and as otherwise appropriate to assist in providing ASD treatment services. Prior authorization is required for updates or revisions to the program book. Requests for prior authorization should be submitted with the number of hours/units the provider deems necessary to complete the program book development, revision or update. Up to 3 units can be authorized every 90 days, or additional units may be requested based on medical necessity. If the performing provider has prepared a program book for a member, the prior authorization request shall not include a copy of the program book, however, the program book will be reviewed during chart reviews.~~

The program book may be updated to reflect changes in the behavioral plan of care, changes in specific interventions used to provide ASD treatment services, and as otherwise appropriate to assist in providing ASD treatment services. Requests for prior authorization should be submitted with the number of units (unit is untimed, indirect preparation of the program book contents) the provider deems necessary to complete the program book development, revision, or update, but cannot exceed three units per request.

Three units can be authorized at a time, with an authorization period of six months, and must coincide with a request for treatment plan development. 1 unit = 1 untimed program book revision.

If the performing provider has prepared a program book for a member, the prior authorization request shall not include a copy of the program book, however, the program book will be reviewed during chart reviews.

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

Level of Care Guidelines

D.1.0 Clinical Eligibility Criteria

D.1.1 Symptoms and functional impairment include the following:

D.1.1.1 The individual presents with functional impairment directly related to ASD and

D.1.1.2 The ASD diagnosis is based on a Comprehensive Diagnostic Evaluation or comparable substitute.

D.1.2 Intensity of Service Need

D.1.2.1 The nature of the individual's symptoms/behaviors are such that a development of a program book is warranted in order to guide the course of ASD treatment

D.1.3 Additional variables to be considered:

D.1.3.1 The primary purpose of the program book is not solely for educational, vocational, or legal purposes

D.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.

D.1.3.3 If member is under 3, demonstrated clinical evidence that Birth to 3 services have been explored and exhausted prior to requesting ASD services.

D.2.0 Continued Care Criteria

D.2.1 Authorization is available every six months for up to three untimed units of program book development. Requests beyond three units in a six-month timeframe will be considered based upon the documentation of extenuating circumstances impacting the behavioral profile of the individual.

~~D.2.2 Requests for additional program book development units during an ongoing approved authorization period requires prior authorization and will be considered based upon the documentation of extenuating circumstances and how it may change the behavioral profile of the individual~~

~~D.2.1~~ Extenuating circumstances may include but are not limited to recent emergency department ~~evaluation~~ admission, inpatient hospitalization, change in family structure, living situation, or other crisis resulting in significant behavior change.

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 apply the document Guidelines for Making Level of Care Decisions.

In these cases, the individual shall be granted the level of care requested when:

- 1) The mitigating factors are identified

- 2) Not doing so would limit the individual's ability to a) be successfully engaged in the community, or b) it is needed in order to meet 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 the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

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 (behavioral 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/caregiver participation required to maximize success and quality of services.

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

The treatment plan should be developed not more than 120 days prior to the start of services. ~~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, and 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 parent/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, and reinforcers as well as 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/treatment plan on every six months, an ongoing basis throughout the time period during which the individual receives ASD treatment services, at least every six months, 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 every 90 days.

The treatment plan (behavioral 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.

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

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. 1 unit = 1 untimed treatment plan update. Prior Authorization is required for additional treatment plan updates, within a 6-month authorization period. ~~medically necessary updates to an approved plan of care.~~

~~Ongoing updates require authorization.~~

Level of Care Guidelines

C.1.0 Clinical Eligibility Criteria

C.1.1 Symptoms and functional impairment include the following:

C.1.1.1 The individual presents with functional impairment directly related to ASD and

C.1.1.2 The ASD diagnosis is based on a comprehensive diagnostic evaluation or comparable substitute and

C.1.1.3 The behavior assessment has been completed.

C.1.2 Intensity of Service Need

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

C.1.3 Additional variables to be considered:

C.1.3.1 The primary purpose of the behavioral plan of care is not solely for educational, vocational, or legal purposes

C.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.

C.1.3.3 If member is under 3, demonstrated clinical evidence that Birth to 3 services have been explored and exhausted prior to requesting ASD services.

C.2.0 Continued Care Criteria

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

~~C.2.2~~ The treatment plan is updated based on treatment progress including the addition of new target behaviors and related interventions, ~~and at a~~

~~C.2.3~~

~~C.2.4~~ All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

~~C.2.5~~C.2.2 ~~minimum every 90 days.~~

C.2.3 Any update prior to 90 days requires prior authorization and will be assessed for medical necessity. Authorization is available every six months for one untimed unit of treatment plan development. Requests beyond one unit in a six-month timeframe will be considered based upon the documentation of extenuating circumstances impacting the behavioral profile of the individual.

C.2.4 Extenuating circumstances may include but are not limited to recent emergency department ~~evaluation~~admission, inpatient hospitalization, change in family structure, ~~living situation~~, or other crisis resulting in significant behavior change.

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 apply the document Guidelines for Making Level of Care Decisions

In these cases, the individual shall be granted the level of care requested when:

- 1) Those mitigating factors are identified
- 2) Not doing so would a) limit the individual's ability to be successfully engaged in the community or b) 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 the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

