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**Q. PROGRAM BOOK DEVELOPMENT – AUTISM SPECTRUM DISORDER (ASD)**

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**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, which is an adjunct, to but is separate from, a behavioral Plan of Care, shall:

- (A) Include details of specific interventions and related information regarding ASD treatment services for an individual that are designed to implement the short short-term goals and objectives outlined in the behavioral Plan of Care;
- (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.
- (D) Includes 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 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.

Additional units requested will be based upon medical necessity.

## **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 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

Q.1.3 Additional variables to be considered:

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

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

Q.2.1 Requests for additional program book development units during the interim period prior to six months requires prior authorization and 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 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.

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.