

Social Skills Group – Autism Spectrum Disorder (ASD)

Definition

Many individuals who have a diagnosis of ASD may benefit from social skill building services. Group intervention may be a beneficial intervention for such individuals. The group intervention, as with all ASD services, must meet the Medicaid program's statutory definition of medical necessity at section 17b259b of the Connecticut General Statutes and should be based on evidence-based group models for individuals with ASD. Use of the evidence-based model by the Board Certified Behavior Analyst (BCBA) or licensed clinician should inform the corresponding goals for target behaviors within the Treatment Plan and demonstrate the benefit of participating in group intervention. The maximum number of individuals in a group is eight members, regardless of payer. Group intervention must be provided by a qualified BCBA or licensed clinician and cannot be provided by a technician or Board Certified Assistant Behavior Analyst (BCaBA). The minimum duration of a group intervention service is forty-five (45) minutes. Documentation for this service must reside in the member's medical record and must include the name and credentials of the licensed practitioner or BCBA facilitating the group, the date, duration of the group, the clinical focus of the group, the member's response or participation in the group, and the number of members in the group.

ASD group intervention includes services identified as evidence-based. ASD group intervention includes a variety of behavioral interventions that meet the individual needs of the youth receiving services and is based on a social skills assessment. The ASD group intervention services must be done under the supervision of a qualified licensed practitioner working within their scope of practice or by a qualified BCBA working within their scope of practice.

The performing provider qualifications are outlined in DSS Reg 14-07 - ASD Services and is referenced in State Provider Bulletin - ASD - pb14_99.

Treatment can occur in any number of settings, clinic, center based, the community, or any other setting for the teaching or generalization of social skills. 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 group or family modalities or a combination of these depending on the needs of the individual.

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 group intervention services must include a comprehensive

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diagnostic evaluation performed within the previous year of the authorization request for treatment services. If the comprehensive diagnostic evaluation was completed more than a year ago, the ASD diagnosis must be confirmed by a licensed practitioner within the past year. 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 including social skills specific assessments (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
- A description of the overall group intervention curriculum with individualized social and communication skills related goals

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.

Prior authorizations are typically requested in conjunction with direct service delivery and are approved for up to 90 days. Providers may request authorization for ASD social skills group services as a standalone service, as long as the provider has met all necessary qualification requirements and the individual meets clinical eligibility criteria.

Continued stay reviews are authorized up to 6 months and 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, 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

G.1.0 Clinical Eligibility Criteria

G.1.1 Symptoms and functional impairment include the following:

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- G.1.1.1 The individual evidences functional impairment directly related to ASD; and
- G.1.1.2 There has been confirmation of the ASD diagnosis based upon a Comprehensive Diagnostic Evaluation or comparable substitute; and
- G.1.1.3 Medical/physical evaluation and Behavior Assessment have been completed; and
- G.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; and
- G.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; and
- G.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:
 - G.1.1.6.1 Is person centered, strengths based, family/caregiver inclusive, community based, culturally competent, and provided in the least restrictive setting; and
 - G.1.1.6.2 Targets specific behaviors (including frequency, rate, symptom intensity, duration); and
 - G.1.1.6.3 Incorporates objective baseline and quantifiable progress measures; and
 - G.1.1.6.4 Describes detailed behavioral interventions, reinforcers, strategies for generalization of skills beyond the treatment sessions; and
 - G.1.1.6.5 Coordinates ancillary services and transition plans.

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G.1.2 Intensity of Service Need

G.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.

G.1.3 Additional variables to be considered:

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

G.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.

G.2.0 Exclusion Criteria

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

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

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

G.3.0 Continued Care Criteria

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

G.2.2 There is reasonable expectation that the individual will benefit from the continuation of ASD group intervention services; and

G.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

G.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

- G.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
- G.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.

G.4.0 Discharge Criteria

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

- G.4.1 The individual has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated; or
- G.4.2 The individual has achieved adequate skill acquisition and less intensive modes of treatment are appropriate or indicated; or
- G.4.3 The individual no longer meets clinical eligibility criteria, or meets criteria for less or more intensive services; or
- G.4.4 Treatment is making the symptoms persistently worse; or
- G.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.