COVERED SERVICES

Medicaid covered applied behavior analysis (ABA)-based therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

- Medically necessary;
- Prior authorized by Medicaid or its designee; and
- Delivered in accordance with the recipient's behavior treatment plan.

Services must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the *licensed professional*. Payment for services must be billed by the licensed professional.

Prior to requesting ABA services, the recipient must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) which has been performed by a qualified health care professional (QHCP). (See Appendix A for contact information on arranging a CDE.)

NOTE: Medical necessity for ABA-based therapy services must be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11.

A QHCP is defined as a:

- Pediatric neurologist;
- Developmental pediatrician;
- Psychologist (which includes a medical psychologist);
- Psychiatrist (particularly pediatric and child psychiatrist); or

- Licensed individual that has been approved by the Medicaid medical director as meeting the requirements of a QHCP when:

    - The individual's scope of practice includes differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the recipient; and

    - The individual has at least two years of experience providing such diagnostic assessments and treatments.

The CDE must include at a minimum:

- A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;

- Direct observation of the recipient, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors;

- A review of available records;

- A valid *Diagnostic and Statistical Manual of Mental Disorders* (DSM) V (or current edition) diagnosis;

- Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and

- Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.

When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment should be included as components of the CDE and must be specific to the recipient's age and cognitive abilities:

- Autism specific assessments;

- Assessments of general psychopathology;

- Cognitive assessment; and
- Assessment of adaptive behavior.

Assessment and Plan Development

The licensed professional is required to perform a functional assessment of the recipient utilizing the outcomes from the CDE, and develop a behavior treatment plan.

Services for "behavior identification assessment" must be prior authorized. This is for the initial assessment only. Only one authorization will be approved for a period not to exceed the first 180 days of ABA services.

Services for "observational behavioral follow-up assessment" includes the licensed behavior analyst and direction with interpretation and report, administered by one technician; 30 minutes of the technician's time, face-to-face with the patient." This may be approved every 180 days as treatment continues for a child if medically necessary. Up to eight units of this service may be approved per prior authorization period (unless otherwise clinically indicated).

Behavior Treatment Plan

The behavior treatment plan identifies the treatment goals along with providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic, and must be developmentally appropriate. Treatment goals should emphasize skills required for both short- and long-term goals. The instructions should break down the desired skills into manageable steps that can be taught from the simplest to more complex.

The behavior treatment plan must:

- Be person-centered and based upon individualized goals;
- Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors;
- Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
- Identify the criteria that will be used to measure achievement of behavior objectives;

- Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
- Include care coordination, involving the parents or caregiver(s), school, state disability programs, and others as applicable;
- Include parent/caregiver training, support, and participation;
- Have objectives that are specific, measureable, based upon clinical observations of the outcome measurement assessment and tailored to the recipient; and
- Ensure that interventions are consistent with ABA techniques.

The provider may use the treatment plan template provided (Attachment C) which can also be found electronically at www.lamedicaid.com, or the provider may use their own form. If the provider chooses to use their own form, the provider must address ALL of the relevant information specified in the Louisiana Department of Health (LDH) treatment plan template. Any missing information may delay approval of prior authorization of service.

The behavior treatment plan must indicate that direct observation occurred and describe what happened during the direct observation. If there are behaviors being reported that did not occur and these behaviors are being addressed in the plan, indicate all situations and frequencies at which these behaviors have occurred and have been documented. If there is documentation from another source, that documentation must be attached. If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well.

The behavior treatment plan shall include a weekly schedule detailing the number of expected hours per week and the location for the requested ABA services. In addition, the provider shall indicate both the intensity and frequency of the therapy being requested and the justification for this level of service.

In order to help LDH understand all the services the child needs and is receiving, the provider should enclose with the plan of care a copy of the child's individualized educational plan (IEP). If the provider does not enclose the IEP, the provider should explain why he or she is unable to furnish a copy of the IEP.

A behavior treatment plan calling for services to be delivered in a school setting will not be approved until an IEP is provided to LDH. ABA therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Louisiana Medicaid,

provided all other conditions for coverage of ABA therapy are met (e.g., the service is medically necessary).

The behavior treatment plan should indicate if the recipient is in a waiver and which waiver the recipient is in. (This can be determined by checking the MEDS/REVS system). If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care. This can be obtained by contacting the waiver Support Coordinator. Communication should be maintained between the ABA provider and the support coordinator.

ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap. This should be clearly documented in an addendum to the behavior treatment plan.

This addendum should detail the frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time, and include an outline of information the direct support worker needs to correctly implement the skill, several measurable and objective goals defining and leading to the direct support worker's competency (i.e., correct implementation), and the methods for collecting data on the direct support worker's performance. It should identify strategies the ABA provider will use, such as, but not limited to, demonstration, modeling, coaching and feedback, and providing repeated opportunities for direct support worker practice (role playing and in "real life" situations with the recipient). This pairing of the direct support worker and the ABA provider should be specific, time limited, measureable and individualized.

Therapeutic Behavioral Services

Therapeutic behavioral services include the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. This includes one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting.

Services for "adaptive behavior treatment by protocol" administered face-to-face with one patient must be requested for all the additional time the tech needs with the recipient). The licensed professional must frequently review the recipient's progress using ongoing objective measurement and adjust the instructions and goals in the behavior treatment plan as needed.

Supervision

The licensed professional shall provide case oversight and management of the treatment team via adaptive behavior treatment with protocol modification by supervising and consulting with the recipient's team. The licensed professional must also conduct regular meetings with family members to plan ahead, review the recipient's progress and make any necessary adjustments to the behavior treatment plan. LDH expects part of the supervision to be done in the presence of the recipient receiving treatment and state-certified assistant behavior analyst or the registered line tech.

Role of the Parent/Caregiver

Treatment plan services must include care coordination involving the recipient's parent/caregiver. Services must also include parent/caregiver training, support and participation. ABA is a recipient-focused service, and it is not practical or within the standard of practice to require the parent/caregiver to be present at all times while services are being rendered to the recipient. There is the expectation that recipients may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for recipients receiving services for multiple hours per day. To the extent that parental/caregiver presence is required is a therapeutic decision, even when therapy is provided in the home.

Services for "Family adaptive behavior treatment guidance", administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipients to ensure that the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver.

Services for "Multiple-family group adaptive behavior treatment guidance", administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipient to ensure that the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver. The multiple-family group therapy should be used when caregivers of two or more recipients are present. The recipients should have similar diagnosis, behaviors and treatment needs.

Limitations

A prior authorization period shall not exceed 180 days. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

Group Therapy

When part of the approved behavior treatment plan, services for "Adaptive behavior treatment social skills group" shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.
When part of the approved behavior treatment plan, "Group adaptive behavior treatment" may be administered by a registered line tech. This shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.

Place of Service

Services must be provided in a natural setting (e.g., home and community-based settings, including clinics and school). Medically necessary ABA services provided by enrolled licensed professionals in school settings are allowed.

Exclusions

The following services do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:

- Therapy services rendered when measureable functional improvement or continued clinical benefit is not expected, and therapy is not necessary or expected for maintenance of function or to prevent deterioration;
- Service that is primarily educational in nature;
- Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education Act (IDEA);
- Treatment whose purpose is vocationally or recreationally-based;
- Custodial care that:
    - Is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating and maintaining personal hygiene and safety;
    - Is provided primarily for maintaining the recipient's, or anyone else's, safety; or
    - Could be provided by persons without professional skills or training; and
- Services, supplies or procedures performed in a non-conventional setting

including, but not limited to:

- Resorts;
- Spas;
- Therapeutic programs; or
- Camps.