

## **Medical Necessity Guidelines for Applied Behavioral Analysis Using Behavioral Specialist Consultant-Autism Spectrum Disorder and Therapeutic Staff Support Services for Children and Adolescents with Autism Spectrum Disorder**

**Note: BSC-ASD and TSS can only be provided until 1/17/21. ABA is provided through IBHS. Please see the medical necessity guidelines for IBHS included in Appendix S(2).**

### **DESCRIPTION OF APPLIED BEHAVIORAL ANALYSIS**

Applied behavioral analysis (ABA) is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

ABA is used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions in order for a child or adolescent to master each step necessary to achieve a targeted behavior.

ABA can be used to treat autism spectrum disorder (ASD). ABA can be delivered through Behavioral Health Rehabilitation Services (BHRS) using Behavioral Specialist Consultant (BSC)-ASD (Doctoral Level), BSC-ASD (Master's Level), and Therapeutic Staff Support services.

### **WHEN TO USE THESE GUIDELINES**

If the BH-MCO prior authorizes ABA using BSC-ASD services and TSS services for children and adolescents under age 21 with ASD, these medical necessity guidelines are to be used to review the request for ABA.

#### **I. ADMISSION**

The following documentation is required to support a request for BSC-ASD and TSS services to provide ABA for children and adolescents with ASD:

1. The most recent face-to-face strengths-based evaluation or re-evaluation completed by a Board Certified or Board eligible child and adolescent psychiatrist, developmental pediatrician, or licensed psychologist specializing in children or adolescents. In the absence of these practitioners, the evaluation or re-evaluation may be completed by any Board Certified or Board eligible psychiatrist or a licensed psychologist. The evaluation or re-evaluation must be signed by the evaluator/prescriber and performed not more than 60 days prior to the requested begin date of services.
2. A prescription for ABA.

If the prescription for ABA does not differentiate between BSC-ASD and TSS services, include the specific hours per week of BSC-ASD and TSS services needed to deliver ABA, or identify the treatment setting (e.g., home, school, or identified places in the community) in which services will be provided, additional information should be requested.

3. An individualized, behavioral-based treatment plan that includes the interventions needed to address specific skills and targeted behaviors for improvement. The treatment plan must include measurable, achievable, and realistic goals for improving any identified behavioral challenges. The treatment plan must also include strategies for assessing and measuring the frequency of baseline deficits, adaptive behaviors, or skill development and use research-supported behavioral interventions.
4. One or more completed Interagency Service Planning Team (ISPT) Sign- In/Concurrence Form(s) including an explanation for any disagreement among team members with planned service intervention.
5. A Plan of Care Summary, which includes all Medical Assistance (MA)-funded services and non-MA funded services the child or adolescent is receiving or is expected to receive during the authorization period.

When evaluating a request for prior authorization of BSC-ASD and TSS services to provide ABA for children and adolescents with ASD, the determination of whether the requested services are medically necessary must take into account whether the documentation indicates the following:

- A. 1. The child or adolescent has a diagnosis of ASD, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.
2. The use of ABA is reasonably expected to reduce or ameliorate the presence of the child's or adolescent's maladaptive or restricted behaviors, impairments in communication, or impairments in social interaction or relationships.

or

The use of ABA is necessary to assist the child or adolescent with achieving or maintaining the skills needed for maximum functional capacity in performing activities of daily living.

3. The child's or adolescent's behaviors indicate that there is a manageable risk for safety to self and others while in the community and the child or adolescent does not require 24/7 medical oversight or a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
4. The amount of hours of services prescribed are reasonably expected to reduce or ameliorate the behavioral or developmental effects of ASD, enable the child or adolescent to achieve or maintain maximum functional capacity, or acquire the skills needed to perform developmentally appropriate activities of daily living.

OR

- B. If the documentation does not support that the above has been met, but the individual reviewing the request for services determines that ABA is medically necessary to meet the behavioral needs of the child or adolescent, the requested services must be authorized.

## **II. CONTINUED CARE**

The following documentation is required to support a request for continued use of BSC-ASD and TSS services to provide ABA to children and adolescents with ASD:

1. The most recent face-to-face strengths-based re-evaluation completed by a Board Certified or Board eligible child and adolescent psychiatrist, developmental pediatrician, or licensed psychologist specializing in children or adolescents. In the absence of these practitioners, the re-evaluation may be completed by any Board Certified or Board eligible psychiatrist or a licensed psychologist. The re-evaluation must be signed by the evaluator/prescriber and performed not more than 60 days prior to the request to continue services. The re-evaluation should indicate if the number of hours of BSC-ASD and TSS services should be reduced, increased, or remain the same and the reason a change in the number of hours of services is needed or not needed.

2. A prescription for ABA.

If the prescription for ABA does not differentiate between BSC-ASD and TSS services, include the specific hours per week of BSC-ASD and TSS services needed to deliver ABA, or identify the treatment setting (e.g., home, school, or identified places in the community) in which services will be provided, additional information should be requested.

3. An updated individualized, behavioral-based treatment plan that includes the interventions needed to address specific skills and targeted behaviors for improvement. The updated treatment plan must include measurable, achievable, and realistic goals for improving any identified behavioral challenges. The updated treatment plan must also include strategies for assessing and measuring the frequency of baseline deficits, adaptive behaviors, or skill development and use research-supported behavioral interventions.
4. One or more ISPT Sign-In/Concurrence Forms.
  - a. If an ISPT meeting was required, the completed ISPT Sign-In/Concurrence Form(s) including an explanation for any disagreement among team members with planned service intervention.
  - b. If only ISPT input was required, the ISPT Sign-In/Concurrence Form(s) reflecting input (including an explanation for any disagreement among team members) and the completed ISPT Sign-In/Concurrence Form from the initial ISPT meeting.
5. A Plan of Care Summary, which includes all MA-funded services and non- MA funded services the child or adolescent is receiving or is expected to receive during the authorization period.

When evaluating a request for continued use of BSC-ASD and TSS services to provide ABA for children and adolescents with ASD, the determination of whether the requested services are medically necessary must take into account whether the documentation indicates the following:

- A. 1. The child or adolescent continues to meet the admission guidelines for BSC-ASD and TSS services.
2. The child or adolescent shows measured improvement and/or begins to demonstrate alternative/replacement behaviors.

or

The child or adolescent shows increased or continued skill deficits or challenging behaviors with expectation for improvement.

or

There is a reasonable expectation that the child or adolescent will continue to benefit from the continuation of ABA.

OR

- B. If the documentation does not support that the above has been met, but the individual reviewing the request for continued services determines that ABA continues to be medically necessary to meet the behavioral needs of the child or adolescent, the requested services must be authorized.

### **III. DISCHARGE AND SERVICE TRANSITION**

BSC-ASD and TSS services to provide ABA to children and adolescents with ASD should be discontinued for any of the following reasons:

1. Prescriber, with the participation of the interagency services planning team, determines that the expected response to ABA has been achieved and BSC- ASD and TSS services are no longer necessary.
2. BSC-ASD and TSS services are no longer effective to address targeted skills and behaviors.
3. The child's or adolescent's dependency on BSC-ASD and TSS services interferes with the child's or adolescent's progress toward his/her highest functional level and the benefit of continuing BSC- ASD and TSS services is outweighed by the potential problems continuation of services may cause.
4. The parent, guardian or other legally responsible caregiver, or adolescent, if the adolescent is 14 years old or older, requests that services be terminated.

5. ABA is no longer medically necessary to meet the behavioral needs of the child or adolescent.

**Medical Necessity Guidelines for Intensive Behavioral Health Services (IBHS) Delivered Through Individual Services, ABA Services and Group Services**

**DESCRIPTION OF INDIVIDUAL SERVICES**

Individual services are intensive therapeutic interventions and supports that are used to reduce and manage identified therapeutic needs, increase coping strategies and support skill development to promote positive behaviors with the goal of stabilizing, maintaining or maximizing functioning of a child, youth or young adult in the home, school or community setting.

Individual services can be delivered using behavior consultation (BC), mobile therapy (MT) or behavioral health technician (BHT) services. BC services consist of clinical direction of services to a child, youth or young adult, development and revision of the individual treatment plan (ITP), oversight of the implementation of the ITP, and consultation with a child's, youth's or young adult's treatment team regarding the ITP. MT services consist of individual and family therapy, development and revision of the ITP, assistance with crisis stabilization, and assistance with addressing problems the child, youth or young adult has encountered. BHT services consist of implementing the ITP.

**INITIATION REQUIREMENTS FOR INDIVIDUAL SERVICES**

A written order that complies with 55 Pa. Code § 1155.32(a)(1) is required for BC, MT or BHT services to be initiated. If services are to begin prior to completion of an assessment and ITP, a treatment plan is also required.

***MEDICAL NECESSITY GUIDELINES FOR INITIATION OF INDIVIDUAL SERVICES***

When evaluating whether the order contains clinical information to support the need for an assessment and ITP to be completed or the medical necessity of the BC, MT or BHT services ordered, the following must be taken into account:

- A 1. The use of BC, MT or BHT services is reasonably expected to reduce or ameliorate the child's, youth's or young adult's identified therapeutic needs and increase the child's, youth's or young adult's coping strategies.

or

The use of BC, MT or BHT services is necessary to support skill development to promote positive behaviors that will assist the child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
3. The number of hours of services prescribed are necessary for an assessment to be conducted and an ITP completed or are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the written order does not support the above BC, MT, or BHT services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.

### **CONTINUED CARE REQUIREMENTS FOR INDIVIDUAL SERVICES**

The following documentation is required for BC, MT or BHT services to continue:

1. A written order that complies with 55 Pa. Code § 1155.32(a)(6).
2. An updated assessment that complies with 55 Pa. Code § 5240.21(b)-(d).
3. An updated ITP that complies with 55 Pa. Code § 5240.22(b)-(e) and (g).

### ***MEDICAL NECESSITY GUIDELINES FOR CONTINUATION OF INDIVIDUAL SERVICES***

An evaluation of the medical necessity of continued BC, MT or BHT services must take into account whether the required documentation indicates the following:

- A. 1. The child, youth or young adult shows measured improvement and/or demonstrates alternative/replacement behaviors.

or

There is a reasonable expectation that continuation of BC, MT or BHT services will reduce or ameliorate the child's, youth's or young adult's identified therapeutic needs and increase the child's, youth's or young adult's coping strategies.

or

There is a reasonable expectation that continuation of BC, MT or BHT services is necessary to support skill development to promote positive behaviors that will assist the child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
3. The BC, MT or BHT services are needed to maintain the child's, youth's or young adult's maximum functional capacity and the benefit of continuing the BC, MT or BHT services is not outweighed by the risk that continuing the services will impede the child's, youth's or young adult's progress toward achieving his or her highest functional level.
4. The number of hours of services prescribed are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the required documentation does not support the above, continued BC, MT or BHT services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.



## **DESCRIPTION OF APPLIED BEHAVIOR ANALYSIS SERVICES**

Applied Behavior Analysis (ABA) includes the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior. ABA services are used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions in order for a child, youth or young adult to master each step necessary to achieve a targeted behavior.

Intensive Behavioral Health Services (IBHS) can be delivered through ABA services, which can be delivered through Behavior Analytic (BA), Behavior Consultation–ABA (BC-ABA), Assistant Behavior Consultation–ABA (Asst. BC-ABA) or Behavioral Health Technician–ABA (BHT-ABA) services. BA and BC-ABA services consist of clinical direction of services to a child, youth or young adult; development and revision of the individual treatment plan (ITP); oversight of the implementation of the ITP and consultation with a child’s, youth’s or young adult’s treatment team regarding the ITP BA services also include functional analysis. Asst. BC-ABA services consist of assisting the individual who provides BA or BC–ABA services and providing face-to-face behavioral interventions. BHT-ABA services consist of implementing the ITP.

### **INITIATION REQUIREMENTS FOR ABA SERVICES**

A written order that complies with 55 Pa. Code § 1155.33(a)(1) is required for BA, BC-ABA, Asst. BC-ABA or BHT-ABA services to be initiated. If services are to begin prior to completion of an assessment and ITP, a treatment plan is also required.

### ***MEDICAL NECESSITY GUIDELINES FOR INITIATION OF ABA SERVICES***

When evaluating whether the order contains clinical information to support the need for an assessment and ITP to be completed or the medical necessity of the BA, BC-ABA, Asst. BC-ABA or BHT-ABA services ordered, the following must be taken into account:

- A. 1. The use BA, BC-ABA, Asst. BC-ABA or BHT-ABA services is reasonably expected to reduce or ameliorate the child’s, youth’s or young adult’s identified therapeutic needs and increase the child’s, youth’s or young adult’s coping strategies.

or

The use of BA, BC-ABA, Asst. BC-ABA or BHT-ABA services is necessary to support skill development to promote positive behaviors that will assist the child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
3. The number of hours of services prescribed are necessary for an assessment to be conducted and an ITP completed or are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the written order does not support the above, BA, BC-ABA, Asst. BC-ABA or BHT-ABA services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.

### **CONTINUED CARE REQUIREMENTS FOR ABA SERVICES**

The following documentation is required for BA, BC-ABA, Asst. BC-ABA or BHT-ABA services to continue:

1. A written order that complies with 55 Pa. Code § 1155.33(a)(6).
2. An updated assessment that complies with 55 Pa. Code § 5240.85(b)-(d)
3. An updated ITP that complies with 55 Pa. Code § 5240.86(b)-(e) and (g).

### ***MEDICAL NECESSITY GUIDELINES FOR CONTINUATION OF ABA SERVICES***

An evaluation of the medical necessity of continued BA, BC-ABA, Asst. BC-ABA or BHT-ABA services must take into account whether the required documentation indicates the following:

- A. 1. The child, youth or young adult shows measured improvement and/or demonstrates alternative/replacement behaviors.

or

There is a reasonable expectation that continuation of BA, BC-ABA, Asst. BC-ABA or BHT-ABA services will reduce or ameliorate the child's, youth's or young adult's identified therapeutic needs and increase the child's, youth's or young adult's coping strategies.

or

There is a reasonable expectation that continuation of BA, BC-ABA, Asst. BC-ABA or BHT-ABA services is necessary to support skill development to promote positive behaviors that will assist the child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
3. The BA, BC-ABA, Asst. BC-ABA, or BHT-ABA services are needed to maintain the child's, youth's or young adult's maximum functional capacity and the benefit of continuing the BA, BC-ABA, Asst. BC-ABA, or BHT-ABA services is not outweighed by the risk that continuing the services will impede the child's, youth's or young adult's progress toward achieving his or her highest functional level.
4. The number of hours of services prescribed are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the required documentation does not support the above, continued BA, BC-ABA, Asst. BC-ABA or BHT-ABA services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.

## **DESCRIPTION OF GROUP SERVICES**

Group services are therapeutic interventions provided primarily in a group format through psychotherapy; structured activities, including ABA services; and community integration activities that address a child's, youth's or young adult's identified treatment needs. Group services can be provided in a school, community setting or community like setting. A community like setting is a setting that simulates a natural or normal setting for a child, youth or young adult.

Group services can be delivered by graduate level professionals and individuals who meet the qualifications to provide behavioral health technician (BHT) services of BHT-ABA services. A graduate level professional may provide individual, group and family psychotherapy; design of psychoeducational group activities; clinical direction of services to a child, youth or young adult; creation and revision of the individual treatment plan (ITP); oversight of the implementation of the ITP and consultation with the child's, youth's or young adult's treatment team regarding the ITP. An individual who is qualified to provide BHT services or BHT-ABA services may assist with conducting group psychotherapy, facilitate psychoeducational group activities and implement the child's, youth's or young adult's ITP.

### **INITIATION REQUIREMENTS FOR GROUP SERVICES**

A written order that complies with 55 Pa. Code § 1155.34(a)(1) is required for group services to be initiated. If services are to begin prior to completion of an assessment and ITP, a treatment plan is also required

### ***MEDICAL NECESSITY GUIDELINES FOR INITIATION OF GROUP SERVICES***

When evaluating whether the order contains clinical information to support the need for an assessment and ITP to be completed or the medical necessity of the group services ordered, the following must be taken into account:

- A. 1. The use of group services is reasonably expected to reduce or ameliorate the child's, youth's or young adult's identified therapeutic needs and increase the child's, youth's or young adult's coping strategies.

or

The use of group services is necessary to support skill development to promote positive behaviors that will assist the child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive

level of care, such as inpatient treatment or a psychiatric residential treatment facility.

3. The number of hours of services prescribed are necessary for an assessment to be conducted and an ITP completed or are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the written order does not support the above, group services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.

### **CONTINUED CARE REQUIREMENTS FOR INDIVIDUAL SERVICES**

The following documentation is required for group services to continue:

1. A written order that complies with 55 Pa. Code § 1155.34(a)(6).
2. An updated assessment that complies with 55 Pa. Code § 5240.95(b)
3. An updated ITP that complies with 55 Pa. Code § 5240.96(b)-(e) and (g).

### ***MEDICAL NECESSITY GUIDELINES FOR CONTINUATION OF GROUP SERVICES***

An evaluation of the medical necessity of continued group services must take into account whether the required documentation indicates the following:

- A. 1. The child, youth or young adult shows measured improvement and/or demonstrates alternative/replacement behaviors.

or

There is a reasonable expectation that continuation of group services will reduce or ameliorate the child's, youth's or young adult's identified therapeutic needs and increase the child's, youth's or young adult's coping strategies.

or

There is a reasonable expectation that continuation of group services is necessary to support skill development to promote positive behaviors that will assist the

child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
3. The group services are needed to maintain the child's, youth's or young adult's maximum functional capacity and the benefit of continuing the group services is not outweighed by the risk that continuing the services will impede the child's, youth's or young adult's progress toward achieving his or her highest functional level.
4. The number of hours of services prescribed are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the required documentation does not support the above, continued group services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.

**DISCHARGE FROM INDIVIDUAL SERVICES, ABA SERVICES, OR  
GROUP SERVICES AND SERVICE TRANSITION**

A provider may discharge a child, youth or young adult who is receiving individual services, ABA services, or group services for any of the following reasons:

1. The prescriber, with the participation of the treatment team, has determined that the child, youth or young adult has completed the goals and objectives identified in the ITP and no new goals or objectives have been identified and that individual services, ABA services, or group services are no longer necessary.
2. The prescriber, with the participation of the treatment team, has determined that the child, youth or young adult is not progressing towards the goals identified in the ITP within 180 days for the initiation of individual services, ABA services, or group services and other clinical services are being provided.
3. The prescriber, with the participation of the treatment team, has determined that the child, youth or young adult requires a more restrictive setting and other clinical services are being provided.
4. The parent or legal guardian of a child or youth who provided consent for the child or youth to receive individual services, ABA services, or group services agrees that services should be discontinued.
5. The youth or young adult agrees that individual services, ABA services, or group services should be discontinued.
6. The child, youth or young adult failed to attend scheduled individual services, ABA services, or group services for 45 consecutive days without any notification from the youth, young adult or the parent, legal guardian or caregiver of the child or youth. Prior to discharge, the IBHS agency made at least three attempts to contact the youth, young adult or the parent, legal guardian or caregiver to discuss past attendance, ways to facilitate attendance in the future and the potential discharge of the child, youth or young adult for lack of attendance.