



APPLIED BEHAVIOR ANALYSIS

Applied Behavior Analysis (ABA) is a scientifically validated approach to understanding behavior and how it is affected by the environment. ABA aims to decrease challenging behaviors as well as increase prosocial behavior through identifying and modifying environmental stimuli that influence these behaviors. ABA services use direct observation, measurement, and ongoing analysis of skills to address skill deficits in the areas of challenging behaviors, social skills, communication skills and functional living skills. ABA is a commonly used treatment for individuals diagnosed with Autism Spectrum Disorder (ASD).

CRITERIA

Preauthorization Criteria

All of the following must be met:

1. The participant is less than 21 years of age and has a diagnosis consistent with DSM-5 criteria for ASD as determined by a qualified health care professional (QHCP) including a developmental pediatrician, pediatric neurologist, child psychiatrist, independently licensed and credentialed clinical psychologist, pediatrician, neuropsychologist or nurse practitioner with training and experience in diagnosing ASD. The diagnosis must be documented by the following:

a. A comprehensive diagnostic evaluation (CDE) completed by a QHCP accompanied by a referral for ABA within the last 6 months.

- If participant was 3 years and 0 months or younger at time of diagnosis by a QHCP
 - Diagnosis of ASD is confirmed via the complete CDE and is valid for 2 years

If it has been more than 2 years since confirmed diagnosis by a QHCP; a Clinical Confirmation Form of Continued Autism Spectrum Disorder Diagnosis is required.

2. The participant has specific maladaptive behavior(s) and/or level of developmental skill deficits attributable to the ASD (including self-injurious behaviors, stereotypic/repetitive behaviors, aggression toward others, elopement, and severely disruptive behaviors) which result(s) in significant impairment in one or more of the following:

- a. Personal care;
- b. Psychological functioning;
- c. Vocational functioning;
- d. Educational performance;
- e. Social functioning; and/or
- f. Communication.

3. The participant can be adequately and safely maintained in their home environment and does not require a more intensive level of care due to imminent risk to harm self or others or severity of maladaptive behaviors.

4. Treatment/intervention plan is individualized and includes developmentally age-appropriate, clearly defined behavioral interventions with measurable goals to target problematic behaviors.

5. The participant's maladaptive behavior(s) and/or level of functioning are expected to improve with ABA.

6. Parent/guardian/caregiver may be present as appropriate.

Exclusions:

Any of the following criteria are sufficient for the denial of a requested preauthorization:

1. The individual has medical conditions or impairments that would prevent beneficial utilization of services.
2. The individual requires 24-hour medical/nursing monitoring or procedures that are provided in a hospital or an intermediate care facility for individuals with intellectual disabilities (ICF-IID).
3. The following services are not included as covered ABA services and will not be authorized:
 - a. Services whose purpose is vocationally-based or recreationally-based;
 - b. Respite services;
 - c. Custodial care;
 - d. Travel to and from site of service;
 - e. Services which duplicate a service that a participant is receiving under another medical care program or in a school; or
 - f. Other educational services.

Continued ABA Service Criteria

All of the following must be met:

1. The participant continues to meet eligibility criteria.
2. There is no other level of care or intensity that would more appropriately address participant's needs.
3. Treatment is still necessary to reduce symptoms and improve functioning.
4. Treatment/intervention plan is individualized and includes developmentally age-appropriate, clearly defined behavioral interventions with measurable goals to target problematic behaviors.
5. Participant's progress is monitored regularly as

evidenced by behavioral graphs, progress notes, and daily session notes. The treatment plan is modified, if there is no measurable progress toward decreasing the frequency, intensity and/or duration of the targeted behaviors and/or increase in skills for skill acquisition to achieve targeted goals and objectives.

6. Parent/guardian/caregiver may be present as appropriate.

7. Coordination of care and discharge planning are ongoing with the goal of transitioning participant to a less intensive behavioral intervention.

Discharge Criteria

If any one of the following criteria are met (1-6):

1. Participant no longer meets preauthorization criteria or continued stay criteria.
2. Participant's individual treatment plan goals and objectives have been met.
3. Parent/guardian/caregiver is capable of continuing the behavioral interventions.
4. Parent/guardian withdraws consent for treatment.
5. Participant is not making progress towards treatment and objectives and measurable functional improvement is no longer expected.
6. Services are no longer medically necessary.