

DVHA Responses to Public Comment Received on VT SPA 15-001

Reimbursement Rates

Please see the revised fee schedule at <http://dvha.vermont.gov/administration/draft-versions-of-state-plan-changes>.

Description of Service or Procedure

1. Comment: While I do not oppose Medicaid reimbursement for ABA services, nor any of the specific requirements for the delivery and limitations of service, I am gravely concerned about the state of Vermont presenting ABA as a preferred or primary treatment modality for ASD and related developmental conditions. It is my hope that the state of Vermont policy makers will fully educate themselves about alternatives to ABA, specifically relationship-based interventions and the evidence base for these approaches so as to be more inclusive in their scope.

Response: Medicaid covers a wide array of services for children with ASD. The coverage guidelines posted for public comment are specific and distinct to ABA but do not preclude coverage of other medically necessary services to children with ASD.

The coverage guidelines have been modified as follows:

ABA is ~~being~~ endorsed by many scientific, professional and government agencies and organizations that regard ABA treatment as ~~best practice effective~~ for individuals with Autism Spectrum Disorder (ASD). The State of Vermont ~~is supporting the utilization of~~ will reimburse ABA that is medically necessary as a ~~primary~~ treatment modality for ~~working with~~ individuals with ASD. The prerequisites listed below apply only to ABA therapy. ABA services require preauthorization through the Department of Vermont Health Access (DVHA). If preauthorization is not requested or is denied, ABA services will not be ~~covered~~ reimbursed by the DVHAMedicaid.

Eligibility of Services (page 2 of clinical guidelines)

1. Comment on Criteria C: A child with a DSM-IV autism diagnosis whose behaviors and delays require medically necessary treatment should meet criteria for the ABA benefit until such time as a reassessment is deemed medically necessary and not as program requirement not applicable to other beneficiaries. Requirements for additional assessments when not medically indicated needlessly consume the limited resources of the State and may act as a barrier to treatment if the individuals qualified to conduct the assessment are in short supply. Given the prevalence of ASD and the limited number of providers, providers have no incentive to continue to provide ABA treatment to a child who will not benefit from such treatment. DSM 5 clearly states that individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder.

Response: The coverage guidelines have been modified.

2. Comment on Criteria C: Regarding the Eligibility of Services, restricting access to reimbursement to only individuals diagnosed with Autism Spectrum Disorder (ASD) ignores a significant percentage of the population dealing with other mental health issues and disabilities for which research has shown ABA to be an effective treatment. Expanding this portion (section C) of the

eligibility criteria to include other diagnosis and disabilities would allow access to funding for services to all Vermont children and families who need them, not only those coping with ASD.

Response: Medicaid is responsible for covering any medically necessary services for Medicaid-enrolled beneficiaries under the age of twenty one. The clinical guidelines posted for comment are specific to ABA for children with ASD.

3. Comment on Criteria D:

The eligibility of services section specifies certain providers who may prescribe ABA but does not include “masters level licensed clinicians who are experienced in the diagnosis and treatment of autism” and who are authorized to provide the required ASD diagnosis per the following section on Prior Authorization. To harmonize these sections and prevent bottlenecks from impeding access to service, the language in Eligibility of Services should be revised to include masters level clinicians experienced in the diagnosis and treatment of autism as professionals who can recommend ABA.

Response:

Understanding Vermont’s long wait times for child psychology/psychiatry specialist visits, the coverage guidelines were expanded from the previous “interim guidelines for SFY15” to allow for board certified or board eligible pediatricians to provide ABA prescriptions. This expansion should eliminate any bottlenecks due to wait times for child psychology/psychiatry specialists. There is no timeframe attached to the requirement for a prescription for ABA.

The coverage guidelines have been modified as follows:

Criteria A, B, C, D, E and F all must be met to satisfy eligibility:

- A. Beneficiary must be actively enrolled in Medicaid at the time of service; and*
- B. Beneficiary must be under the age of 21; and*
- C. Beneficiary must have a DSM- ~~V~~5 diagnosis of ASD. For a beneficiary with a diagnosis of ASD prior to the release of the DSM- ~~V~~5, a DSM-IV-TR diagnosis (Autistic Disorder; Asperger’s Disorder; (PDD-NOS) Pervasive Developmental Disorder; (CDD) Childhood Disintegrative Disorder) will be accepted until ~~the next reassessment is completed~~ such time a reassessment is deemed medically necessary; and*
- D. Prescription for ABA, from;*
 - A board certified or board eligible psychiatrist, or*
 - Doctorate-level licensed psychologist, or*
 - Board certified or board eligible pediatrician, or*
 - Board certified or board eligible neurologist or developmental-behavioral or neurodevelopmental disabilities pediatrician.*
- E. Must meet the definition of medical necessity (Medicaid Rule 7103); and*
- F. Beneficiary of services is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care on an ongoing basis.*

Prior Authorization (page 2):

1. Comment on Section A(v): While interviews with caregivers, teachers, and other professionals on the treatment team are useful, children with ASD benefit from ABA absent such interviews. Treatment of ASD should not be delayed while such interviews are pursued, and children with ASD

should not be deprived of treatment because their teachers or other professionals are unwilling or unable to be interviewed.

Response: The coverage guidelines have been modified.

2. Comment on Section A(v): It is unclear what is meant by "and professionals interviews;" This should be clarified; "other assessments" should be defined.

Response: The coverage guidelines have been modified.

3. Comment on Section A(v): Criteria A.v. of the prior authorization section states that an assessment by a BCBA be conducted including both a functional behavior assessment as well as a skills assessment to establish current functioning. Both components are essential to creating meaningful supports and are significantly time intensive. The Behavior Analysis Certification Board (www.bacb.com) recognized this comprehensive assessment process may take 20 hours or longer: a significant amount professional time for any agency to invest without the guarantee that the service will be reimbursed. I am advocating that, at minimum, the assessment component of the eligibility process for ABA services not need prior authorization.

Response: Prior authorization is not needed in order to receive Medicaid reimbursement for the initial assessment.

4. Comment on Section A(viii): The behavior technicians who work directly with the beneficiary are likely to change for multiple reasons, including the beneficiary's schedule, the BT's schedule, the promotion of BTs to supervisory positions, and/or employee turnover. To a lesser extent, the BCBA or BCaBA may also change throughout the course of treatment. Making this reporting requirement specific to each beneficiary will not contribute to the effectiveness of treatment or to the beneficiary's safety and may place an unnecessary administrative burden on providers.

Response: Medicaid is requiring a list of all staff members, including BCBA, BCaBAs (Board Certified assistant Behavior Analyst) and BTs (Behavior Technicians) who will be working directly with the beneficiary around ABA. It is acceptable to list multiple providers under the BT provider type if substitutions are often made.

5. Comment on section B: Timely access to services is critical for children exhibiting the behaviors and delays commonly associated with ASD and should not be adversely impacted because a beneficiary remains unaware that DVHA has not yet received "all necessary information." The beneficiary should be notified within 3 business days of DVHA's determination or, in lieu of such determination, beneficiary should be notified within 3 business days of the information DVHA requires to make a determination. Other time frames set forth in Medicaid Rule 7102 should also apply.

Response: Timeframes set forth in Medicaid Rule 7102 apply to ABA services.

6. Comment on section C: The authority of DVHA to pose clinical questions should not be a component of Prior Authorization but should be part of an ongoing relationship between the provider and DVHA. DVHA requirements are thorough and comprehensive. Section C may act as a barrier to treatment and may subject beneficiaries to arbitrary delays. Such delays may put Vermont's most vulnerable children in harm's way. Per the American Academy of Pediatrics, evidence-based intervention should be provided as soon as an ASD diagnosis is "*serious considered.*" A beneficiary

who has an autism diagnosis should have access to ABA during the time period when DVHA may pose clinical questions.

Response: Timeframes around the prior authorization process set forth in Medicaid Rule 7102 apply to ABA services. The department will issue a notice of decision within three working days of receiving all necessary information. The department will act in good faith to obtain the necessary information promptly so that it can determine, within 28 days, whether the request may be approved. The department will issue a notice of decision within 28 days of receiving the initial prior authorization request, even if all necessary information has not been received.

7. Comment on section D: Brief periods of authorization increase the likelihood that services will lapse in between authorization periods. Such lapses in services may have a profoundly negative impact on a child's progress in which newly acquired skills may be lost, and challenging behaviors may increase. Consequently, these lapses extend the time period during which ABA is medically necessary and increase the cost of such services to the State. Authorization periods should not be more frequent than every six months unless clinically indicated.

Response: The coverage guidelines have been modified.

8. Comment: As the provider of children's mental health and autism spectrum disorder services through a designated agency, we have been following the AHS/IFS FY 2015 Interim Guidance Regarding ABA Services in the Mental Health DA's. The State Plan appears to have changed the requirements for DA's such that they will not be following these guidelines. Specifically the requirement for Prior Authorization was not in the original Guidance document. The requirements i, ii, iv, viii, under this section are either new or changed to be more restrictive.

Response: The *FY 2015 Interim Guidance Regarding ABA Services* was intended to be interim guidance for ABA services for SFY 2015. It was never the intention that these guidelines continue beyond SFY 2015, and it was made clear to the Designated Agencies that a prior authorization process would be established for ABA services effective SFY 2016.

The coverage guidelines have been modified as follows:

Criteria A, B, C and D all must be met to satisfy PA:

- A. *All of the following documentation must be submitted to the DVHA Autism Specialist:*
- i. *State of Vermont Uniform Medical Prior Authorization Form; and*
 - ii. *Applied Behavior Analysis (ABA) services supplemental authorization form; and*
 - iii. *Prescription for ABA; and*
 - iv. *A ~~recent~~current diagnostic assessment ~~done within the last 3 years~~ (The DVHA may request a reassessment be provided if medically necessary and additional services are being requested ~~and the diagnosis is from the DSM-IV-TR~~). The diagnostic assessment should utilize autism diagnostic tool(s) and must be conducted by a qualified professional including; a board certified or board eligible psychiatrist, ~~Doctorate~~doctorate-level licensed psychologist, a board certified or board eligible neurologist, ~~or a~~ developmental-behavioral or neurodevelopmental disabilities pediatrician, ~~or a~~ masters-masters-level licensed clinician who is experienced in the diagnosis and treatment of autism. Additionally, it is recommended that a diagnostic evaluation is best conducted by an interdisciplinary team of child specialists with expertise in ASD.*

- v. Assessment by a ~~State of Vermont licensed~~ board certified behavioral analyst (BCBA) recommending ABA specific treatment. Assessment should include: direct observation of the client; ~~client interview; caregiver/teacher and professionals interviews~~ interview with the beneficiary, parent(s)/guardian(s), teacher(s) and other professionals involved in the beneficiary's care such as speech and language pathologist, therapist, occupational therapist etc., to the extent possible; file review; administration of behavior scales or other assessment tools; and integration of existing information to establish current functioning across domains including language/communication, motor, cognitive, social/emotional and adaptive behavior; and
 - vi. ~~Have a completed Autism Treatment Evaluation Checklist (ATEC)~~ Documentation of treatment goals and, if applicable, progress of goals; and
 - vii. Completion of the ABA Provider Services Report Form and the Home and Community Autism Services Family Satisfaction Survey; and
 - ~~vii-viii.~~ ABA treatment plan specific to beneficiary; and
 - ~~viii-ix.~~ A list of all staff members, including BCBA, BCaBAs (Board Certified assistant Behavior Analyst) and BTs (Behavior Technicians) who will be working directly with the beneficiary. This list should ~~provide include provider names; and~~ qualifications, ~~and a means of contacting them (address and telephone number)~~. If additional team members are being added to the team of providers, the BCBA should notify the DVHA as soon as possible.
- B. A determination will be made within three business days of DVHA receiving all necessary information.
- C. The DVHA may require more supporting information including but not limited to; a response to a clinical question posed by the DVHA.
- D. Re-authorization determined ~~at least~~ every six months (unless greater frequency is clinically indicated) and requires the following information;
- Updated treatment plan to include a brief summary of how the beneficiary has responded to their ABA treatment since the last review date; and
 - ~~An updated Autism Treatment Evaluation Checklist (ATEC)~~
 - Beneficiary continues to meet continued care criteria (Refer to continued care criteria section below pages 7 and 8); ~~and-~~
 - Services report form; and
 - An updated prescription for ABA will be required every two years by a qualified professional (see Eligibility of Services section page 2).

Providers of ABA Services (page 3)

1. Concern

The Policy requires that BCBAs and BCaBAs be licensed in the state of Vermont. Currently, there is no Vermont license for BCBAs and BCaBAs. Although the Behavior Analyst Licensure Bill has passed, it will not go into effect immediately and additional time may be necessary to process and issue licenses. Accordingly, the Policy should make clear that BCBAs and BCaBAs are entitled to provide and supervise the delivery of Medicaid reimbursed ABA services on the basis of their BACB certification and that licensure will not be required of BCBAs or BCaBAs until such time as applications are being accepted and licenses are being issued.

Response: The coverage guidelines have been modified.

2. Comment: The Policy requires that BCBA's and BCaBA's have degrees in certain fields. The license that will be required by the State tracks the BACB educational, experience and examination requirements. Following BACB standards helps to insure uniformity and assists in developing and maintaining a sufficient pool of providers as they only need comply with one set of standards across states and funding streams. The DVHA standards defeat this by imposing additional requirements and limitations on BACB qualified providers, thereby limiting the pool of available providers.

Response: The coverage guidelines have been modified.

3. Concern: Recruiting and maintaining behavior technicians is critical to insuring access to ABA services. Requiring that all behavior technicians possess a bachelor's degree, which is not a requirement for care under Vermont's autism insurance mandate nor a required credential for the BACB's Registered Behavior Technician designation, may unduly restrict available providers and limit access to care.

Response: The ABA coverage guidelines do not require behavior technicians to possess a bachelor's degree. Behavior technicians may be pursuing a bachelor degree, or have relevant experience in exchange for a degree.

4. Comment: Providers of autism treatment work with the state's most vulnerable citizens. As such, all providers should be required to undergo and pass a national criminal records check conducted through the Department of Justice.

Response: Requirements for Medicaid-enrolled ABA providers are consistent with Vermont requirements for all Medicaid-enrolled providers.

5. Comment: Under the *Providers of ABA services*, it is clear that the BCBA will be an enrolled Medicaid provider. For the BCaBA, it says they will practice under and be supervised by a VT licensed BCBA. Will the BCaBA's be enrolled Medicaid providers who can bill directly or will they be employees of the BCBA who does the billing. I have the same question regarding Behavior Technicians.

Response: BCBA's and BCaBA's must be enrolled Medicaid providers in order to be reimbursed by Medicaid for covered services. BTs will not be enrolled in Medicaid. Services provided by the behavior technician must be billed by the supervising BCBA, as behavior technicians will not be eligible to enroll as Medicaid providers.

6. Comment: Developing the skilled work force for the specialized ABA service has been challenging for our State. It is our belief that focusing on the requirement for the BCBA or Licensed Behavior Analysts is the priority and requiring registered behavior technicians for the delivery of direct services would be an unrealistic burden for the provider system and unnecessary for quality service provision.

Response: Medicaid is not requiring behavior technicians to be registered with the BACB under the proposed coverage guidelines.

The coverage guidelines have been modified as follows:

Board Certified Behavior Analyst (BCBA) is certified by the Behavior Analyst Certification Board

(BACB) and must meet all of the following requirements ~~to enroll in Vermont Medicaid:~~

- ~~A minimum of a master's degree in behavior analysis or a related field such as: education, psychology, special education, counseling or social work; and~~
- A. Must be a Medicaid enrolled provider and meet all necessary requirements under Section 6401 of the Affordable Care Act of 2010 (ACA); and
- ~~Licensed in the State of Vermont as a Board Certified Behavior Analyst (BCBA); and~~
- B. Must be covered by professional liability insurance; and
- C. Have no active sanctions or disciplinary actions on their ~~Vermont BCBA certification and/or licensure license~~; and
- D. Have no Medicare/Medicaid sanctions or federal exclusion.

* Licensure will be required for BCBA's and BCaBA's enrolled in Vermont Medicaid at such time it is available through the State of Vermont.

Board Certified Assistant Behavior Analyst (BCaBA) is certified by the Behavior Analyst Certification Board (BACB) and must meet all of the following requirements:

- ~~A. A minimum of a bachelor's degree in behavior analysis or a related field such as: education, psychology, special education, counseling or social work; and~~
- ~~B.A. Must practice under and be supervised by a State of Vermont licensed BCBA; and~~
- B. Must be a Medicaid enrolled provider and meet all necessary requirements under Section 6401 of the Affordable Care Act of 2010 (ACA); and
- C. Have an approved background check, which includes:
 - A Vermont criminal record check obtained through the Vermont Criminal Information Center (VCIC). A state record check includes the sex offender registry; and
 - A candidate who is not a Vermont resident or has been a Vermont resident for less than 5 years is required to have a National criminal records check, which is obtained from the Federal Bureau of Investigation (FBI) through the VCIC; and
 - Vermont Abuse Registry checks (both Child Abuse Registry and Adult Abuse Registry).

Behavior Technician (BT) must meet all of the following requirements:

- A. Be supervised by ~~State of Vermont Licensed BCBA~~; and
- B. Bachelor ~~Degree degree~~, or pursuing ~~B~~bachelor ~~Degree degree~~, preferably in human services field. Relevant experience may be exchanged for a degree; and
- C. Have an approved background check, which includes:
 - A Vermont criminal record check obtained through the Vermont Criminal Information Center (VCIC). A state record check includes the sex offender registry; and
 - A candidate who is not a Vermont resident or has been a Vermont resident for less than 5 years is required to have a National criminal records check, which is obtained from the Federal Bureau of Investigation (FBI) through the VCIC; and
 - Vermont Abuse Registry checks (both Child Abuse Registry and Adult Abuse Registry).
- D. Documentation of receiving the required trainings listed below prior to providing services:
 - At least 40 hours of training in the implementation of applied behavior analysis to include a minimum of 3 hours of ASD specific training and a minimum of 3 hours of ethics and professional conduct specific training.
 - Current First Aid Certification (must be renewed at least every 3 years).
 - Universal Precautions.
 - Current CPR Certification (must be renewed annually).

- Confidentiality and HIPPA compliance
- Abuse and Neglect reporting

**Note: Preference is for the use of Registered Behavior Technician's (RBT) over Behavior Technician's (BT's). RBT's are professionals who are credentialed under the Behavior Analyst Certification Board (BACB) and have specific requirements in order to become credentialed such as completing a 40-hour training program (conducted by a BACB certificant) as well as passing the RBT competency assessment.*

ABA Services Provided (page 4)

1. **Comment on section A:** I am concerned about the statements regarding parent training on ABA techniques. I do not feel parent training should be required in order to have Medicaid cover ABA services, and I would like that stated more explicitly in the state amendment. I agree that parent training should be available upon request, but again it should not be a requirement. Many family situations that include a child with ASD can be stressed and financially-stretched home environments. Taking time off from work to participate in parent training may not be an option for a parent in a tight financial situation and it would be unfair to penalize that family by not providing access to ABA therapy.

Response: Parent training is not a requirement for ABA coverage. However, parent training should be taken into consideration by the BCBA throughout the course of implementing the treatment plan.

2. **Comment on Section D, Supervision:** Because Vermont is relying on the BACB certifications of BCBA and BCaBA, it is strongly urged that the DVHA ensure that its guidelines align with that of the certification it is requiring in order to optimize treatment delivery.

Response: The coverage guidelines have been modified.

The coverage guidelines have been modified as follows:

ABA services should include the following:

- A. Assessment
- B. ABA Treatment Plan Development
- C. Direct Treatment
- D. Supervision (direct and indirect)
- E. Training: BTs, Family and Community Caregivers, and Service Providers
- F. Consultation to Ensure Continuity of Care
- G. Discharge Planning

Services provided by the BCBA include:

- A. Assessment(s) should include:
 - Beneficiary's strengths and weaknesses across all domains.
 - Direct observation of the beneficiary; Interview with the beneficiary, parents/guardian(s), teacher(s) and other professionals involved in the beneficiary's care such as speech and language pathologist, therapist, occupational therapist etc.; file review; and administration of behavior scales and/or a functional

~~assessment, beneficiary interview; caregiver/teacher and professionals interviews; file review; and administration of behavior scales or other assessments.~~

- Integration of existing information to establish current functioning across domains including language/communication, motor, cognitive, social/emotional and adaptive behavior.
- B. ABA Treatment Plan Development:
- Treatment plan must be individualized and include specific and measurable goals, objectives and outcomes.
 - Behavioral targets should be prioritized based on their risk to beneficiary's safety, independence and implications for the beneficiary's health and well-being.
 - Specify primary locations in which ABA services that are authorized by Medicaid will be delivered (i.e. home, community, other).
- C. Training:
- BT training on how to implement the ABA treatment plan.
 - Coaching ~~family~~parent(s)/guardian(s), caregiver(s) and/or service providers concerning strategies and techniques to assist the participant in skill acquisition and reducing interfering behaviors.
 - Training of parent(s)/guardian(s) and other community caregivers on the basics of ABA and the foundations of the treatment plan so caregivers become competent in ~~implementing the~~supporting the goals of the treatment plan across home and community environments.
- D. Supervision:
- Direct supervision of the BT providing services to the beneficiary by the BCBA; ~~1~~two hours for every ~~15~~ten hours of direct service provided, ~~not to exceed two hours per week~~ (The BCBA may delegate 50% of supervision of the BT to the BCaBA).
 - A minimum of one hour per week of clinical supervision with the BT (The BCBA may delegate 50% of clinical supervision of the BT to the BCaBA).
 - A minimum of one hour per week of clinical supervision with the BCaBA(s).
- E. Coordination of Care/Consultation:
- Coordination and case consultation with the ~~family~~parent(s)/guardian(s), caregiver(s), school and other providers, as necessary.
 - Planning meetings should be conducted prior to any change in the beneficiary's treatment plan. A planning meeting should be conducted at least quarterly and any time there is a significant change in the treatment plan.
- F. Monitoring and Evaluation:
- Assuring the plan is implemented as written
 - Attending team meetings to review and discuss progress
 - Monitoring the effectiveness of the plan
 - Reviewing and summarizing recorded data
 - Modifying the treatment plan as needed
 - Updating assessments at least every six months

Services provided by the BCaBA include:

- A. Assist in conducting a descriptive behavioral assessment;
- B. Interpret results and assist in designing behavior analytic interventions;
- C. Teach others to carry out interventions;
- D. Assist BCBA with the design and delivery of introductory level instruction of behavior analysis;

- E. Assist BCBA with supervision of BT (both clinical supervision and supervision of the BT providing direct services to the beneficiary; can provide maximum of 50% of each);
- F. Provide clinical and case management support.

Services provided by the Behavior Technician (BT) include:

- A. Implement interventions outlined in the ABA treatment plan;
- B. Record data and report concerns and progress to the BCBA;
- C. Attend family and team meetings to review and discuss progress.

Parameters of Service Provision (page 6)

1. Comment on section B: For Medicaid beneficiaries 21 and under, the State Plan for Medical Assistance cannot cap the hours of services an individual beneficiary receives. To be compliant with the requirements of EPSDT, the Department should add a section that provides a mechanism for increasing the number of hours of treatment, and supervision based on medical necessity. For example, a developmental pediatrician may order that a 24-month-old child receive 30 hours per week of ABA therapy, instead of 25 hours per week. DVHA would need to approve this request if medically necessary.

Response: Vermont Medicaid is responsible for providing medically necessary services to Medicaid beneficiaries under the age of 21. DVHA will cover the level of ABA services determined to be medically necessary.

2. Comment on XIX, Considerations: The purpose of this section is unclear. For ABA to be optimally effective, it is critical for parents and caregivers to understand and participate in the treatment plan; however, ABA interventions are provided by qualified professionals and supervised behavior technicians. Parents and guardians are not responsible for providing medically necessary care, and to the extent that this “Consideration” would shift the provision of medically necessary treatment from the provider to the parents, it improperly hinders access to medically necessary care required by EPSDT. To meet EPSDT requirements for individualized medically necessary care, the nature and extent of parent or guardian involvement in implementing or reinforcing the treatment plan must be left to the judgment of the supervising ABA professional directing the treatment.

Response: The coverage guidelines have been modified.

3. Comment: A distinction should be made between parents/guardians vs. paid caregivers (such as Personal Care Attendants, Community Support Personnel and Shared Living Providers).

Response: The coverage guidelines have been modified.

The coverage guidelines have been modified as follows:

A. Treatment plans should consider:

- Evidence of family parent/guardian and beneficiary’s involvement in the development of the plan;
- Parent/guardian and caregiver training, support and participation;
- Beneficiary’s individualized goals which are developed taking into consideration the specific beneficiary’s age; adaptive functioning; and intellectual functioning;

- Goals should be prioritized based on implications for the client's health and well-being, the impact on client, family and community safety, and contribution to functional independence;
- Service setting and hours of treatment;
- Measurable objectives based on clinical observation and assessment of outcome measures;
- Behavior or deficit to increase or decrease;
- Methods to be used;
- Goals of the family/~~and other caregiver~~guardian(s);
- Target date for introduction of goal and attainment of goal(s);
- Care coordination which includes the beneficiary's ~~family-parent(s)/guardian(s) and other community support caregivers,~~ caregivers, school, mental health providers, medical providers, and any applicable parties; and
- Interventions emphasizing generalization of skills and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors.

B. Hours of Treatment: (Please summarize the clinical justification for hours requested within the treatment plan)

- BCBA: No more than ~~four~~3 hours per week, following assessment and development of a treatment plan. (This includes supervision/observation of the BT's working directly with the beneficiary; attending team/planning meetings on a quarterly basis; parent/~~caregiver guardian~~ training; updating assessments and treatment plans; and monitoring progress and evaluating treatment)*
- BCaBA: No more than ~~2~~four-hours per week, following assessment and development of a treatment plan. (This time is primarily spent assisting the BCBA with tasks listed above)*
- BT: No more than 15 hours per week, following the assessment and development of a treatment plan. (Services are primarily delivered in a natural setting, i.e., home and community. All BT hours are spent providing direct services to the beneficiary.)*

Considerations:

The Behavioral Analyst Certification Board (BACB) guidelines state, "Hours of ABA generally decrease as the client progresses in independence and generalize behavioral changes in other settings." According to the Navigation Behavioral Consulting, LCC (NBC) website, ABA services allows a parent to gain the skills to know how to prompt, reinforce, and adjust the environment when necessary, therefore their child will not always need a BCBA or formal behavioral programming. Even for a child who has many deficits or intense behavior, if the parent or others working with the child are trained well enough, the level of input needed from a BCBA may become minimal. If formal programming has ended, it is important to continue to incorporate the principles of behavior analysis so that the individual with ASD will make the most progress. Fading out the BCBA allows the parent to receive training and feedback on how to continue to achieve results with their child. A behavior analyst should be consulted when necessary.

Exclusion Criteria (page 8)

1. **Comment:** The fact that a child may be subject to 24 hour medical nursing or monitoring or be in a long term placement/care outside a community setting does not preclude ABA from being a medically necessary service for that child for any number of purposes. If these children are to be excluded from coverage under this Policy, the Policy should explain how they can get access to medically necessary ABA services.

Response:

Children receiving medical services in a long-term care setting are entitled to medically necessary services provided by their long-term care provider. Long-term care providers are reimbursed at a per diem rate and would not bill DVHA separately for ABA services provided to a beneficiary in their care.

2. Comment: The purposes, legal standards, and typically provider qualifications, for ABA under IDEA and ABA under EPSDT are very different. The circumstance that schools may be providing some ABA services under the IDEA for purpose of providing a student access to a Free and Appropriate Public Education (FAPE) should not prevent delivery of medically necessary services under Medicaid across all natural settings, including school settings.

Response: Nothing in these coverage guidelines precludes the delivery of ABA services to children in schools. ABA services authorized and reimbursed by DVHA must be distinct from ABA services provided under an IEP or through Success Beyond Six (i.e. cannot bill for the same service twice). Care coordination should be prioritized between school behavior consultants and home/community ABA providers.

The coverage guidelines have been modified as follows:

Authorization of ABA services will not be approved for any of the following:

- A. *Vocational rehabilitation;*
- B. *Services duplicative of those provided under an individualized educational plan (IEP):
ABA services authorized and reimbursed by Medicaid DVHA cannot occur at the same time (hour of day) as ABA services provided under an IEP;*
- C. *Supportive respite care;*
- D. *Orientation and mobility;*
- E. *For individuals requiring 24 hour medical/nursing monitoring;*
- F. *Psychiatric hospitalization;*
- G. *Individuals in long term placement/care outside a community setting;*
- H. *Individuals who have reached the age of twenty-one.*

Measuring Outcomes/Reporting (page 8)

Comment on A(vi): The Autism Treatment Evaluation Checklist (ATEC) is a subjective and indirect measurement tool that does not appear to have a substantial research base or standardized norms and protocols. It is an older tool not widely used by private insurance carriers or other Medicaid agencies.

Response: The coverage guidelines have been modified.

The coverage guidelines have been modified as follows:

Providers are required to report all of the following data to the DVHA every six months at the time of re-authorization.

- A. *Applied Behavioral Analysis (ABA) Services Report Form; and*
- B. *An updated ATEC--The Home and Community Autism Services Family Satisfaction Survey*