VERMONT

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The Department of Vermont Health Access Medical Policy

Subject: Applied Behavior Analysis
Last Review:
Revision 3:
Revision 2:
Revision 1:
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Description of Service or Procedure

Applied Behavior Analysis (ABA) is a systematic approach that has shown to improve socially significant behaviors for individuals with core impairments in behavior and skills associated with autism and other developmental disabilities. These core impairments are seen in the individual's behavior, social interactions and communication. The DVHA supports ABA when it is used as an intervention that promotes a family-centered and whole-life approach. ABA is endorsed by many scientific, professional and government agencies and organizations that regard ABA treatment as effective for individuals with Autism Spectrum Disorder (ASD). The State of Vermont will reimburse ABA that is medically necessary as a treatment modality for individuals with ASD. The prerequisites listed below apply only to ABA therapy. ABA services require prior authorization through the Department of Vermont Health Access (DVHA). If prior authorization is not requested or is denied, ABA services will not be reimbursed by the DVHA.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

7103 Medical Necessity
7102.2 Prior Authorization Determination
Act 158 (8 V.S.A. §4088i)

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules

Eligibility of Services

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- 5 diagnosis of ASD. For a beneficiary with a diagnosis of ASD prior to the release of the DSM-5, a DSM-IV-TR diagnosis (Autistic Disorder; Asperger's Disorder; Pervasive Developmental Disorder (PDD-NOS); Childhood Disintegrative Disorder (CDD)) will be accepted until 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; and

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 (PA)

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:
   - State of Vermont Uniform Medical Prior Authorization Form; and
   - Applied Behavior Analysis (ABA) services supplemental authorization form; and
   - Prescription for ABA; and
   - A current diagnostic assessment (the DVHA may request a reassessment be provided if medically necessary and additional services are being requested). 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-level licensed psychologist, a board certified or board eligible neurologist, a developmental-behavioral or neurodevelopmental disabilities pediatrician, or a 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 is ASD; and
   - An assessment by a board certified behavioral analyst (BCBA) recommending ABA specific treatment. Assessment should include: direct observation of the client; interview with the beneficiary, parent(s)/guardian(s), caregivers 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

- Documentation of treatment goals and, if applicable, progress of goals; and
- Completion of the ABA Provider Services Report Form and the Home and Community Autism Services Family Satisfaction Survey; and
- ABA treatment plan specific to beneficiary; and a list of all staff members, including the BCBA, BCaBAs (Board Certified assistant Behavior Analyst) and BTs (Behavior Technicians) who will be working directly with the beneficiary. This list should include provider names and qualifications. 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 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
   - Beneficiary continues to meet continued care criteria (Refer to Continued Care Criteria section pages 7 & 8); and
   - Services report form

Providers of ABA Services

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

A. Must be a Medicaid enrolled provider and meet all necessary requirements under Section 6401 of the Affordable Care Act (ACA) of 2010; and

B. Must be covered by professional liability insurance; and

C. Have no active sanctions or disciplinary actions on their certification and/or license; and

D. Have no Medicare/Medicaid sanctions or federal exclusion

***Licensure will be required for BCBAs and BCaBAs 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. Must practice under and be supervised by a BCBA; and

B. Must be a Medicaid enrolled provider and meet all necessary requirements under Section 6401 of the Affordable Care Act (ACA) of 2010; 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 BCBA; and

B. Bachelor degree, or pursuing bachelor 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); and

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

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/Guardian(s),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, parent(s)/guardian(s), caregiver(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.
- 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 the primary locations in which ABA services that are authorized by Medicaid will be delivered (e.g. home, community, other).

C. Training:
- BT training on how to implement the ABA treatment plan.
- Coaching parent(s)/guardian(s), caregivers, 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 caregivers on the basics of ABA and the foundations of the treatment plan so caregivers become competent in 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; two hours for every ten hours of direct service provided (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 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

A. Treatment plans should consider**:**
   - Evidence of 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/guardian(s)
   - Target date for introduction of goal and attainment of goal(s)
   - Care coordination which includes the beneficiary's parent(s)/guardian(s), 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 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/guardian training; updating assessments and treatment plans; and monitoring progress and evaluating treatment)
   - **BCaBA**: No more than 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 fifteen hours per week, following the assessment and development of a treatment plan. (Services are primarily delivered in a natural setting, e.g., home and community. All BT hours are spent providing direct services to the beneficiary.)

Continued Care Criteria

Treatment Plan Review (must meet all of the following):

A. ABA treatment plans should be reviewed and signed off by a BCBA quarterly and any time there is a significant change in the treatment plan; and

B. Beneficiary continues to meet criteria defined in the above Eligibility of Services section; and

C. Treatment is not making the beneficiary's symptoms worse over the course of the most recent authorization period; and

D. Transition and discharge planning should include a written plan with specific details for monitoring and follow-up. Parent(s)/guardians(s), caregivers, and other involved professionals should be consulted in the planning process three-six months prior to a transition to other services or discharge from ABA services. Families should be reminded of their appeal rights during discharge planning

Continuation of Authorization

All of the criteria below must be met in order to continue authorization:

A. The beneficiary continues to achieve treatment goals; and

B. The beneficiary continues to meet the diagnostic criteria for ASD (as measured by appropriate standardized protocols); and

C. The beneficiary continues to demonstrate progress towards goals over successive authorization periods. If progress towards treatment goals is not being demonstrated, there must be evidence that the treatment plan is being adjusted. Progress is defined as: Change that is durable over time and is demonstrated outside of treatment sessions across the beneficiary's natural environments which include home, school and community settings; and

D. Treatment does not appear to be negatively impacting the beneficiary or is causing symptoms to become persistently worse; and

E. The beneficiary of services demonstrates the ability to maintain long-term gains from the proposed plan of treatment; and

F. The parent(s)/guardian(s) are interested in continuing services; and

G. The parent(s)/guardian(s) and the provider are in agreement regarding treatment planning and delivery.

Exclusion Criteria

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 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

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
(Located at: http://dvha.vermont.gov/for-providers/initiatives) and;

B. The Home and Community Autism Services Family Satisfaction Survey

The Department of Vermont Health Access Medical Policy Signature Page

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- Reviewed and Accepted by the DVHA Medical Director

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  (signature) (date)

- Authored by

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  (signature) (date)