
Applied Behavior Analysis Medical Policy

Applied Behavior Analysis

Definitions

For the purposes of this policy, the term:

- (a) **“Applied Behavior Analysis (ABA)”** means a systemic approach that has been shown to improve socially significant behaviors in individuals with core impairments in behavior and skills associated with autism spectrum disorder and other childhood developmental disorders.
- (b) **“Board Certified Behavior Analyst (BCBA)”** means a treatment provider who holds a master’s degree and is certified through the National Behavior Analyst Certification Board (BACB).
- (c) **“Board Certified assistant Behavior Analyst (BCaBA)”** means a treatment provider who holds a minimum of a bachelor’s degree, certified through the BACB, and is directly supervised by a BCBA.
- (d) **“Behavior Technician (BT), includes Registered Behavior Technician (RBT)”** means a treatment provider who holds a bachelor’s degree, or is pursuing a bachelor’s degree, and practices under close, ongoing supervision of a BCBA supervisor. Relevant experience may be exchanged for a degree.
- (e) **“Case rate”** means a method of prospective payment delivery that applies to members with Medicaid as the primary payer and an Autism Spectrum Disorder (ASD) or early childhood developmental disorder diagnosis.
- (f) **“Fee-For-Service”** means a method of retrospective payment delivery that applies to members with other insurance as primary.
- (g) **“Shadow claims”** means claims that are entered in the exact manner as regular claims, except they are zero-paid.

Covered Services

Medically necessary (Medicaid Rule 7103) ABA treatment includes:

- (a) Assessment
- (b) Treatment plan development
- (c) Direct treatment
- (d) Program supervision
- (e) Parent/caregiver training
- (f) Team conferences

Member Eligibility

In order for a member to receive ABA services, they shall:

- (a) Be actively enrolled in Medicaid at the time of the service,
- (b) Be under the age of 21,
- (c) Have a DSM-5 diagnosis of Autism Spectrum Disorder or early childhood developmental disorder,

Applied Behavior Analysis Medical Policy

- (d) Have a Prescription for ABA from a:
 - (1) Board certified or board eligible psychiatrist,
 - (2) Doctorate-level licensed psychologist,
 - (3) Board certified or board eligible pediatrician,
 - (4) Board certified or board eligible neurologist, or
 - (5) Developmental-behavioral or neurodevelopmental disabilities pediatrician, and
- (e) Be medically stable and not require 24-hour medical/nursing monitoring or in need of procedures provided in a hospital level of care on an ongoing basis.

Qualified Providers

- (a) BCBAAs, BCaBAAs, and BTs providing ABA services must have an approved background check in their personnel file that includes:
 - (1) For those that have been a Vermont resident for more than five years, a Vermont criminal record check obtained through the Vermont Criminal Information Center (VCIC) that includes the sex offender registry, or
 - (2) For those that are not a Vermont resident or have been for less than five years, a national criminal record check obtained from the Federal Bureau of Investigations (FBI) through the national criminal record check, and
 - (3) Vermont Abuse Registry checks (both Child Abuse Registry and Adult Abuse Registry).
- (b) BCBAAs and BCaBAAs providing ABA services must be licensed in Vermont, working within the scope of his or her practice, and enrolled in Vermont Medicaid.
- (c) BTs providing ABA services must have documentation of completing all the following trainings prior to providing services:
 - (1) At least 40 hours of training in the implementation of ABA to include a minimum of three hours of ASD-specific training and minimum of three hours of ethics and professional conduct specific training,
 - (2) Current First Aid Certification renewed at least every three years,
 - (3) Universal Precautions,
 - (4) Current Cardiopulmonary Resuscitation (CPR) Certification renewed annually,
 - (5) Confidentiality and HIPAA compliance, and
 - (6) AHS Mandated Reporter.

Documentation and Provider Requirements

- (a) The following documentation is required for every member receiving ABA services and must be included in the member's file:
 - (1) Prior Authorization information that includes all of the following:
 - (A) State of Vermont Uniform Medical Prior Authorization form,
 - (B) Prescription for ABA services,

Applied Behavior Analysis Medical Policy

- (C) Current diagnostic assessment (the DVHA may request a reassessment be provided if medically necessary and additional services are being requested).
 - (i) The diagnostic assessment should utilize autism diagnostic tool(s) and must be administered 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 experienced in the diagnosis and treatment of autism,
 - (D) An assessment by a BCBA recommending ABA specific treatment.
 - (i) Assessment should include: direct observation of the member, interview with the member, parent(s)/guardian(s), caregiver(s) teacher(s) and *to the extent possible* other professionals involved in the member's care (e.g., speech and language pathologist, therapist, and occupational therapist); 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,
 - (E) ABA treatment plan specific to the member that includes:
 - (i) Measurable treatment goals, objectives, and outcomes,
 - (ii) Incorporation of assessment tools used,
 - (iii) Direct and non-direct observation, and
 - (iv) List of staff members and their credentialing who will be working directly with the member.
 - (2) One of the following assessment tools is required at a minimum of every six months (other assessment tools may be used if clinically appropriate but may not be substituted):
 - (A) Promoting the Emergence of Advanced Knowledge (PEAK)
 - (B) Verbal Behavior Milestone Assessment and Placement Program (VB-MAPP)
 - (C) Early Start Denver Model (ESDM)
 - (3) Progress notes; a minimum of one per month.
 - (4) DVHA may require more clinical information and or documentation upon request.
- (b) Case Rate requirements:
- (1) Consultation with DVHA by the 15th of the month prior to the month of service to determine tier assignment based on clinically recommended treatment hours to ensure rates are effective for the first of the following month. During the consultation, verbal prior authorization is required for members that have a non-ASD Diagnosis.

Applied Behavior Analysis Medical Policy

- (A) The case rate is comprised of 14 tiers and based on the number of anticipated direct treatment hours.
- (B) Tiers can be altered on a monthly basis based on changes in anticipated service delivery through consultation with DVHA.
- (2) Providers are required to submit shadow claims.
 - (A) Shadow claims should be submitted weekly, but no later than the end of the following month after services are rendered.
- (3) DVHA will conduct quarterly reviews to compare shadow claims with tier placement.
- (4) DVHA will conduct bi-annual site visits. Documentation listed above in 'Provider Requirements' section (a) will be reviewed during quarterly reviews and at DVHA's discretion and do not need to be submitted to DVHA.
- (c) Fee-For-Service Requirements:
 - (1) Prior Authorization:
 - (A) Prior Authorization is required and information must be submitted to DVHA and authorized prior to services being delivered.
 - (B) DVHA uses evidence-based criteria to make authorization decisions and notifies providers within three business days of receiving **all** necessary information.
 - (2) Continued Authorization:
 - (A) Continued authorization occurs every six months (unless greater frequency is clinically indicated) and requires all of the following information:
 - (i) Brief narrative summary of how the member has responded to ABA treatment since the last review date,
 - (ii) Revised treatment plan with updated goals,
 - (iii) Evidence that member continues to meet continued care criteria.
 - (B) The DVHA uses evidence-based criteria to make authorization decisions and notifies providers within three business days of receiving **all** necessary information.

Applied Behavior Analysis Medical Policy

Reimbursement

- (a) Providers are expected to adhere to the requirements and criteria outlined in administrative rule 9.103 Supervised Billing found at: <http://humanservices.vermont.gov/on-line-rules/health-care-administrative-rules-hcar/9.103-supervised-billing-adopted-rule.pdf>
- (b) For fee-for-service cases, providers should submit claims for services rendered, as authorized by DVHA.
- (c) For the case rate:
 - (1) Payment will be made prospectively, no later than the first Friday of the month.
 - (2) Reconciliation will be done annually and based on the difference in payments received and services rendered.

Exclusions

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

- (a) Vocational rehabilitation
- (b) School based ABA services,
- (c) Supportive respite care,
- (d) Orientation and mobility,
- (e) For individuals requiring 24 hour medical/nursing monitoring
- (f) Psychiatric hospitalization
- (g) Members in long term out of home placement/care outside a community setting, or
- (h) Members who have reached the age of twenty-one.

Policy References

Medicaid Covered Services: <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar>

- 7103 Medical Necessity
- 7102.2 Prior Authorization Determination

Health Care Administrative rules: <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 3.101 Telehealth
- 9.103 Supervised Billing

Medicaid Rules: <https://humanservices.vermont.gov/rules-policies/health-care-rules>