

# Louisiana Medicaid Applied Behavior Analysis

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Table of Contents	Page
<a href="#">Introduction &amp; Instructions for Use</a> .....	<a href="#">1</a>
<a href="#">Applied Behavior Analysis (ABA)</a> .....	<a href="#">1</a>
<a href="#">References</a> .....	<a href="#">4</a>
<a href="#">Policy History/Revision Information</a> .....	<a href="#">4</a>

## Introduction & Instructions for Use

### Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California (“Optum-CA”)).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

### Instructions for Use

When deciding coverage, the member’s specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member’s specific benefit, the member’s specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

## Applied Behavior Analysis (ABA)

**Applied Behavior Analysis (ABA)** is the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA therapies teach skills through the use of behavioral observation and reinforcement or prompting to teach each step of targeted behavior. ABA therapies are based on reliable evidence and are not experimental.

### Admission Criteria

- The recipient is under the age of 21;

- Medically necessary;
- Prior authorized by managed care organizations (MCOs); and
- Delivered in accordance with the beneficiary's behavior treatment plan.
- Services must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the licensed professional. Payment for services must be billed by the licensed professional.
- Prior to requesting ABA services, the beneficiary must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) that has been performed by a qualified health care professional (QHCP).
  - A QHCP is as a:
    - Pediatric Neurologist;
    - Developmental Pediatrician;
    - Psychologist (including a Medical Psychologist);
    - Psychiatrist (particularly Pediatric and Child Psychiatrist);
    - Nurse Practitioner practicing under the supervision of a Pediatric Neurologist Developmental Pediatrician, Psychologist, or Psychiatrist; or
    - Licensed individual, including Speech and Language Pathologist, Licensed Clinical Social Workers, or Licensed Professional Counselor, who meets the requirements of a QHCP when:
      - The individual's scope of practice includes a differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the beneficiary;
      - The individual has at least two years of experience providing such diagnostic assessments and treatments or is being supervised by someone who is listed as a QHCP under 1-5 above; and
      - If the licensed individual is working under the supervision of a QHCP the QHCP must sign off on the CDE, as having reviewed the document and being in agreement with the diagnosis and recommendation.
- The CDE must include at a minimum:
  - A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
  - Direct observation of the beneficiary, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors;
  - A review of available records;
  - A valid Diagnostic and Statistical Manual of Mental Disorders, (DSM) V (or current edition) diagnosis;
  - Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and
  - Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.
  - When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment should be included as components of the CDE and must be specific to the beneficiary's age and cognitive abilities:
    - 1. Autism specific assessments;
    - 2. Assessments of general psychopathology;
    - 3. Cognitive/developmental assessment; and
    - 4. Assessment of adaptive behavior.

## Assessment and Treatment Plan Development

- The licensed professional supervising treatment is required to perform a functional assessment of the beneficiary utilizing the outcomes from the CDE, and develop a behavior treatment plan.
- The authorization period for such assessments shall not exceed 180 days.
- In exceptional circumstances, at the discretion of the MCO prior authorizing the service, an additional assessment may be authorized.
- The behavior identification supporting assessment must be prior authorized. Supporting assessments may be approved to allow technicians to gather information that support the licensed professional completing the assessment. The authorization period for such assessments shall not exceed 180 days.
- Behavior identification supporting assessment conducted with two or more technicians, must be prior authorized and treated in the same manner as the behavior identification supporting assessment above. However, such assessment may be administered by the physician or other QHCP who is on-site but not necessarily face-to-face; with the assistance of two

or more technicians. This is only medically necessary when the beneficiary's behavior is so destructive that it requires the presence of a team and an environment customizable to the beneficiary's behavior.

- All three assessment services can occur on the same day and continue as prior authorized until the assessment is completed.

## Treatment Plan

- The behavior treatment plan must:
  - Be person-centered and based upon individualized goals;
  - Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors;
  - Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
  - Identify the criteria that will be used to measure achievement of behavior objectives;
  - Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
  - Include care coordination, involving the parent(s) or caregiver(s), school, state disability programs, and others as applicable;
  - Include parent/caregiver training, support, education, and participation;
  - Identify objectives that are specific, measurable, based upon clinical observations of the outcome measurement assessment, and tailored to the beneficiary; and
  - Ensure that interventions are consistent with ABA techniques.
- The behavior treatment plan must indicate that direct observation occurred and describe what happened during the direct observation. If there are behaviors being reported that did not occur and these behaviors are being addressed in the behavior treatment plan, indicate all situations and frequencies at which these behaviors have occurred and have been documented. If there is documentation from another source, that documentation must be attached. If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well.
- The behavior treatment plan shall include a weekly schedule detailing the number of expected hours per week and the location for the requested ABA services. In addition, the provider shall indicate both the intensity and frequency of the therapy being requested and the justification for this level of service.
- The location of service should be specific and indicate home, clinic, school, camp, etc. If the place of service changes during the prior authorization period, an addendum to the behavior treatment plan must be submitted. The treatment plan should detail the ABA programming delivered in each location.
- When developing a treatment plan, it is necessary to request only services that are medically necessary as determined through the assessment. Any model of ABA services can be approved if it achieves the goals set forth in the assessment. All services do not need to be part of the treatment plan, or used in conjunction with each other, unless technician services are being provided. If technician services are being provided, supervision by a licensed behavior analyst must be a part of the treatment plan.

## Service Delivery

- To facilitate ABA service authorization and delivery, the parent/caregiver should provide supporting documentation (e.g., Individualized Education Program [IEP]) as requested by the provider.
- Treatment plan services should include care coordination involving the recipient's parent/caregiver.
- Services should include parent/caregiver training, support and participation.
- Services for "Family adaptive behavior treatment guidance", administered by a physician or other QHCP, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the beneficiary to ensure that the beneficiary has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.
- Services for "Multiple-family group adaptive behavior treatment guidance", administered by a physician or other QHCP, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the beneficiary to ensure that the beneficiary has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.
- The multiple-family group therapy should be used when parent(s) or caregiver(s) of two or more beneficiaries are present. The beneficiaries should have similar diagnosis, behaviors, and treatment needs.

- Group Therapy
  - When part of the approved behavior treatment plan, services for “Adaptive behavior treatment social skills group” administered by physician or other QHCP shall be face-to-face with two or more beneficiaries. The beneficiaries should have similar diagnosis, behaviors, and treatment needs.
  - When part of the approved behavior treatment plan, “Registered Line Tech Group adaptive behavior treatment” may be administered by a registered line technician. This shall be face-to-face with two or more beneficiaries. The beneficiaries should have similar diagnosis, behaviors, and treatment needs.
- Place of Service
  - Services must be provided in a natural setting (e.g., home and community-based settings, including clinics and school). Medically necessary ABA services provided by ABA service providers in school settings are allowed.

## Limitations and Exclusions

- A prior authorization period shall not exceed 180 days.
- The following services do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:
  - Therapy services rendered when measurable functional improvement or continued clinical benefit is not expected, and therapy is not necessary or expected for maintenance of function or to prevent deterioration;
  - Service that is primarily educational in nature;
  - Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education act (IDEA);
  - Treatment whose purpose is vocationally or recreationally based;
  - Custodial care that:
    - Is provided primarily to assist in activities of daily living (ADLs)
    - Is provided primarily for maintaining the recipient’s or anyone else’s safety; or
    - Could be provided by persons without professional skills or training.

## References

Louisiana Administrative Code, Title 50, Part I, Chapter 11, 2019. Retrieved from: <https://www.doa.la.gov/Pages/osr/lac/books.aspx>.

Louisiana Department of Health Behavioral Health Services Provider Manuals, 2023. Retrieved from: <https://www.lamedicaid.com/Provweb1/Providermanuals/ProviderManuals.htm>.

Louisiana Department of Health Behavioral Health Services Provider Manual, Chapter Four: Applied Behavior Analysis, October (2019). Retrieved from: <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/ABA/ABA.pdf>.

## Policy History/Revision Information

Date	Summary of Changes
05/2023	<ul style="list-style-type: none"> <li>• Removed from the SCC document</li> <li>• Updates per LDH to ABA Services</li> <li>• Approved by Optum CQOC</li> </ul>
07/11/2023	<ul style="list-style-type: none"> <li>• Approved by LDH</li> </ul>