



Hawaii Medicaid Quest Supplemental Clinical Criteria

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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.

Intensive Behavior Therapy/Applied Behavior Analysis

INTENSIVE BEHAVIOR THERAPY/APPLIED BEHAVIOR THERAPY is a reliable, evidence-based behavior intervention program designed to develop or restore the functioning of an individual diagnosed with Autism Spectrum Disorder.

The course of IBT is focused on addressing the factors that precipitated admission (e.g., changes in the member's signs and symptoms, psychosocial and environmental factors, or level of functioning) to the point that the factors that precipitated treatment no longer require treatment.

The service is not Long-Term Services and Supports (LTSS), Home and Community Based Services (HCBS), or Respite Services.

Admission Criteria

- The member's current signs and symptoms meet criteria for Autism Spectrum Disorder, or Autism Spectrum Disorder is provisionally diagnosed.
 - In the event that the member is provisionally diagnosed with Autism Spectrum Disorder, the member may qualify for up to a 26-week trial of Applied Behavior Analysis when the criteria in this guideline are otherwise met.
- Services are medically necessary and consistent with Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers.
- Prior authorization is required for reimbursement of services provided under the treatment plan. Initial assessment does not require prior authorization.
- Rendering providers may request authorization for additional treatment hours for school-aged members when school is not in session.
- Rendering providers shall request prior authorization in hours/week for up to 26 weeks (i.e., six months).
- Treatment is **not** covered when any of the following apply:
 - Care is primarily custodial in nature;
 - Member is not medically stable;
 - Services are provided by family or household members;
 - Treatment is provided as Long-Term Services and Supports (LTSS), Home and Community Based Services (HCBS), or respite services;
 - Treatments are considered experimental or lack scientifically proven benefit; or
 - Services are provided outside of the State.
 - School setting

Continued Service Criteria

- On-going services are authorized when the member is demonstrating documented improvement, ameliorating, or maintaining current developmental status in the following areas: social skills, communication skills, language skills, behavior change or adaptive functioning.
- Rendering providers shall document coordination of ABA service goals and delivery to a member to insure coordination yet no duplication of services.

Service Delivery Requirements

Diagnostic Evaluation

- A diagnostic evaluation must be conducted by one of the following diagnosing providers:
 - Developmental behavioral pediatrician
 - Developmental pediatrician
 - Neurologist
 - Pediatrician
 - Psychiatrist
 - Psychologist
 - Other license provider with expertise in Autism Spectrum Disorder
- The diagnosing provider will perform a diagnostic evaluation of the member's behavior and development. Diverse presentations of ASD require that each evaluation be specific and address the variations from one member to another. Practitioners are required to use evidence-based assessments to evaluate the member's specific needs.

- The diagnosing provider will refer members diagnosed with ASD to a rendering provider for assessment and treatment plan development.
- If the diagnosing provider suspects ASD, but requires further evaluation before making a definitive diagnosis, the member may qualify for up to a 26-week trial of ABA prior to diagnosis. Diagnosing providers may submit information to consider a trial period of ABA.
 - Information submitted will include diagnoses (i.e., social/pragmatic language disorder, mixed receptive expressive disorder, developmental delay, etc.) along with documentation of the member's developmental delays significantly affecting communication, interaction, behaviors, interests, and activities.
 - If the member does not meet any of the current diagnostic criteria for ASD, Optum will help the diagnosing provider find another licensed practitioner who can provide medically necessary treatment for the member.

Initial Assessment and Treatment Plan Development

- The initial assessment and development of the treatment plan shall be performed by any of the following rendering providers:
 - Any of the diagnosing providers identified above;
 - Licensed and Board-Certified Behavioral Doctorate (BCBA-D); or
 - Licensed and Board-Certified Behavioral Analyst (BCBA).
- Assessment and formulation of treatment goals will be consistent with the most current edition of the Council of Autism Service Providers (CASP) Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers. The assessment will include but not be limited to gathering information from the following sources:
 - Record Review;
 - Interviews with multiple family members, including siblings, and other community caregivers;
 - Rating Scales (adaptive-behavior assessments, functional assessments, etc.);
 - Direct Assessment and Observation in different settings and situations; and
 - Assessment from other Professionals, as needed.
- If requested by the rendering provider, Optum will help to find a licensed practitioner to perform components of the initial assessment.
 - These components of the initial assessment may include intellectual and achievement tests; developmental, adaptive behavior, communication and cognitive assessments; standardized psychometric testing; assessments of comorbid mental health conditions; general psychopathology; and evaluations of family functioning and needs.
- The rendering provider will submit the assessment and treatment plan to Optum for approval before treatment begins.
- All treatment plans will:
 - Include all "Critical Features of a Treatment Plan for Service Authorization" as described in the most current edition of the Council of Autism Service Providers (CASP) Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers; and
 - Measure each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and
 - Provide an anticipated timeline and treatment hours needed to achieve each goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
 - Document that services will be delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.
 - The rendering provider will obtain input into the development and updating of the treatment plan from the PCP, diagnosing provider, caregivers, and the member, as appropriate.

Applied Behavior Analysis

- All treatment plans shall include the goals and associated settings/locations where services will be delivered. Members may receive ABA services in settings/locations that address problem areas and maximize treatment outcomes.
- Locations include but are not limited to a clinic, member's home, or other community settings. Rendering providers and their treatment team can include:
 - BCBA-D (as provided in Step #6 below);
 - BCBA (as provided in Step #6 below); or
 - Any of the diagnosing providers identified in Step #2 above working within the scope of their practice.
 - Board Certified Assistant Behavior Analyst® (BCaBA®), (supervised by a BCBA or BCBA-D see Step #6 Administrative Requirements);

- Registered Behavior Technician™ (RBT™), (supervised by a BCBA or BCBA-D see Step #6 Administrative Requirements).
- Individual-specific treatment plans and interim progress assessments include all “Critical Features of a Treatment Plan for Service Authorization” as described in the most current edition of the Council of Autism Service Providers (CASP) Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers. The required documented measured progress is as follows:
 - Interim progress assessment is submitted at least every 26 weeks based on clinical progress toward treatment plan goals; and
 - Measure progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and
 - Provide an anticipated timeline and treatment hours needed for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
 - Document that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii’s Medicaid Program.
 - Interim progress assessments may be required more often than every 26 weeks when warranted by individual circumstances.
 - In circumstances where the member is undergoing a trial period of ABA, the rendering provider will submit an interim progress assessment at least 12 weeks after the start of approved ABA.

Telehealth

- ABA codes/services provided by a licensed provider using simultaneous HIPAA compliant interactive audio/video telehealth modality may be covered.
- Service delivery using telehealth must be clinically appropriate for the member, and quality and effectiveness of the treatment maintained.
- Telehealth visits must document parental or guardian consent to conduct the visit using a telehealth modality and include documentation of any limitations or components that could not be completed during the telehealth visit. Health plans and state agencies are to consider the following areas when reviewing a PA to deliver ABA services through telehealth:
 - Member’s ability to accept services through a telehealth modality.
 - Member’s ability to participate in the regimen of services for a reasonable period (a minimum of 10 minutes can be used as a guide).
 - Member’s ability to communicate with the provider with minimal prompting by the caregiver.
 - Member’s ability to complete tasks without in-person reinforcement.
 - The unique needs or skills of the member, age of the member, severity of challenging behavior(s), and family/support available in the home.
 - The availability of adequate equipment and internet connectivity set up in a location where there will be no distractions or disruptions.
 - Provider training and experience in providing the services via telehealth.
 - The monitoring and assessment tools in the treatment plan for determining the effectiveness of using telehealth.
- If the service requires the physical presence of a caregiver to ensure the health and safety of the member, then ABA services via telehealth are not considered an appropriate method to deliver services to the individual.

Re-evaluation

- To avoid breaks in treatment, the rendering provider shall submit an interim progress assessment and request for PA to continue services at least two weeks before the end of the approved treatment period. PA requests shall include a re-evaluation assessing progress toward treatment goals. The QI health plan or state agency may continue to authorize ABA services for members with ASD when the following criteria are met:
 - Interim progress assessments include all “Critical Features of a Treatment Plan for Service Authorization” as described in the most current edition of the Council of Autism Service Providers (CASP) Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers. The health plan and state agencies shall require documented measured progress as follows:
 - Interim progress assessments are submitted at least every 26 weeks based on clinical progress toward treatment plan goals; and
 - The interim progress assessment measures progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and

- The interim progress assessment includes an anticipated timeline and treatment hours for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
- The interim progress assessment documents that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii’s Medicaid Program.
 - A qualified rendering provider may request a re-evaluation of the ASD diagnosis if there are significant concerns that the member’s presentation of symptoms do not meet the diagnostic criteria for ASD.

References

State of Hawaii, Hawaii Revised Statutes. (2013). §432E-1.4, Medical Necessity.

State of Hawaii, Department of Human Services. January 13, 2023. Memorandum. Coverage of Intensive Behavioral Therapy (IBT) of Children Under 21 Years of Age with Autism Spectrum Disorder.

Revision History

Date	Summary of Changes
10/2015	Version 1
12/2016	Version 2
01/2017	Version 3
02/2018	Version 4
12/2019	Version 5
01/2021	Version 6
04/2022	Version 7
04/2023	Version 8
04/2024	Version 9