



**El Paso Health**

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## **Autism Services Policy**

# Medicaid Autism Services

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Autism services are a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for [Medicaid clients who are 20 years of age or younger](#), and who meet the criteria outlined in this policy.  
**Benefit Effective 2/1/2021.**

**Autism spectrum disorder (ASD)** is a condition characterized by restricted, repetitive patterns of behavior, interests, or activities and deficits in social communication and social interaction, with onset of symptoms occurring in early childhood.

# Who can Diagnose ASD?

Diagnosis of ASD may be made by any one of the following providers:

- A developmental pediatrician
- A neurologist
- A psychiatrist
- A licensed psychologist
- An interdisciplinary team composed of a physician, physician assistant or nurse practitioner in consultation with one or more providers who are qualified child specialists who have expertise in autism limited to:
  - Any provider listed below:
    - Licensed clinical social worker
    - Licensed professional counselor
    - Licensed psychological associate
    - Licensed specialist in school psychology
    - Occupational therapist (OT)
    - Speech-language pathologist (SLP)

# Knowledge



Autism Services are a benefit for?

Medicaid clients who are 20 years of age or younger

When does it start?

**Benefit Effective 2/1/2021**

What is ASD?

**ASD is a condition characterized by restricted, repetitive patterns of behavior, interests, or activities and deficits in social communication and social interaction, with onset of symptoms occurring in early childhood.**

Who can diagnose?

Interdisciplinary team

# Assessment Tools for ASD

- ✓ Autism Diagnostic Observation Schedule
- ✓ Autism Diagnostic Interview-Revised (ADI-R)
- ✓ Childhood Autism Rating Scale or another validated diagnostic tool, as clinically appropriate.
- ✗ Screening tools such as the Screening Tool for Autism in Toddlers and Young Children (STAT) may not replace the use of validated diagnostic assessment tools.

# Knowledge



True or False:

Screening tools can be used in lieu of validated diagnostic assessment tools.

# Documentation of Diagnosis Must Include:

- Age of the child/youth
- Date of the initial ASD diagnosis
- Documentation of any known co-morbid behavioral or physical health disorders
- Documentation of trauma history

# Comprehensive Service Array

Texas Medicaid offers an array of medically necessary services to support individualized treatment plans for children and youth up through 20 years of age with ASD.

**Not all services may be clinically appropriate for all people, families, or situations.**

These services may include one or more of the following but are not limited to:

- Applied behavior analysis (ABA)
- Case management/care coordination (with parent permission)
- Early Childhood Intervention (ECI)
- Nutrition, when provided by a Licensed Dietitian
- Occupational therapy (OT)
- Outpatient behavioral health services
- Physician services, including medication management
- Physical therapy (PT)
- Speech-language pathology (SLP; also called speech therapy, ST)

# Knowledge



True or False:

A parent of a member is calling and asking if her 8 y/o daughter can receive ABA and PT?

# Interdisciplinary Team Meetings

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Interdisciplinary team meetings must include at least **3 licensed professionals** meeting with the child/youth and/or family/caregiver simultaneously, one of which is the LBA.

Participation may be via remote technology which meets standards of care for telehealth.

## **CPT Code 99366 – Limited to 2 times per year**

Team members may include licensed Medicaid-enrolled practitioners of the following disciplines:

- Licensed clinical social worker (LCSW)
- Licensed behavior analyst (required team member)
- Licensed dietitian (LD)
- Licensed professional counselor (LPC)
- Licensed Psychologist (LP)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Physician, physician assistant, or nurse practitioner

# Parent/Caregiver Involvement

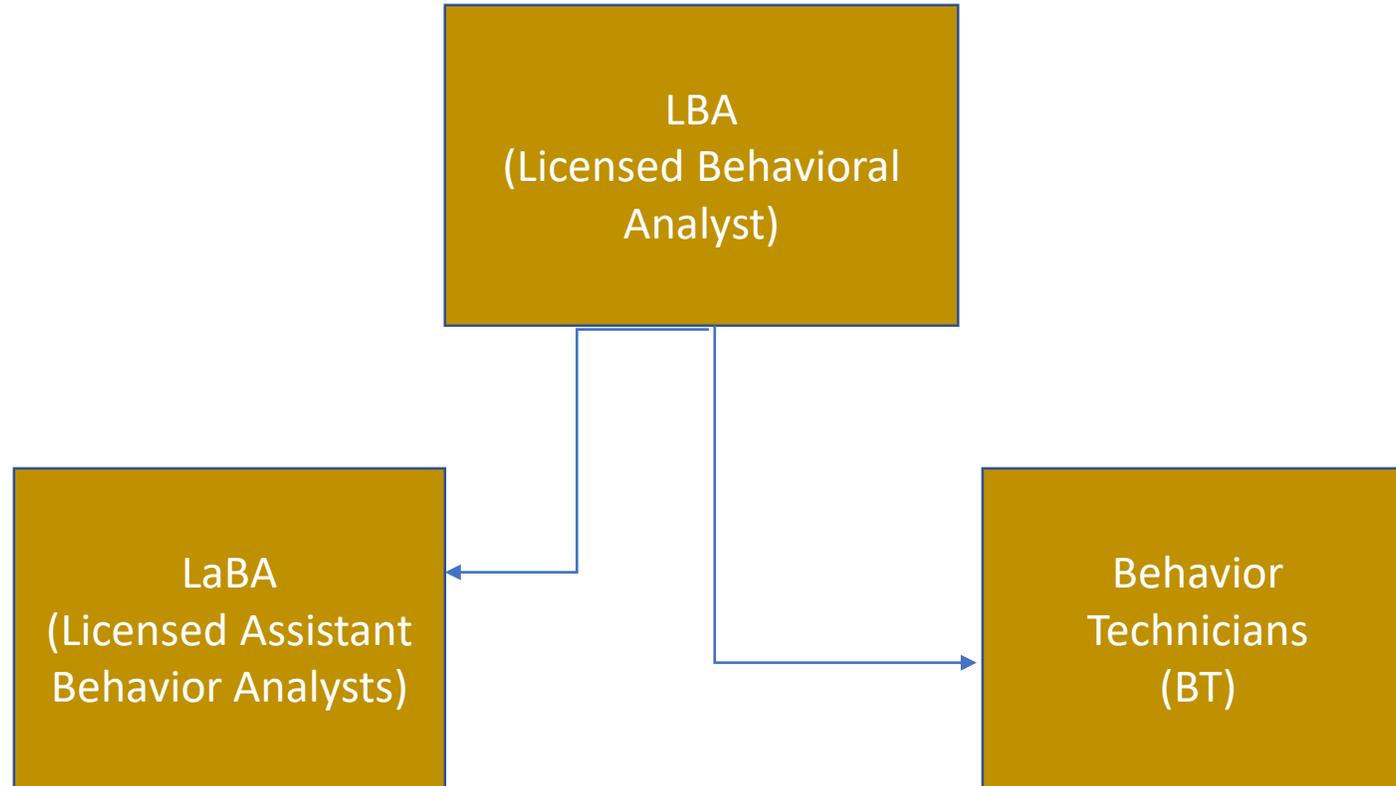
## ABA Treatment Model

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For fidelity to the ABA treatment model for children and youth who meet eligibility requirements, an effective course of ABA typically requires active parent/caregiver participation and involvement to increase the potential for behavior changes in the specific behaviors identified as causing limitations or deficits in functional skills expected for the child/youth.

Parent/caregiver training is considered a separate component of the individualized treatment plan from the direct services provided to the child/youth, and **documentation of parent progress on goals is required.**

# Who Can Provide ABA Services?





# ABA Provider Requirements

## Licensed Behavior Analysts (LBA)

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Licensed behavior analysts (LBA) must meet all the following requirements:

- Have a current, unrestricted, state issued license and meet all applicable Texas licensure requirements.
- If applicable, employ directly or contract with LaBAs and/or BTs.
- Have training and knowledge of typical development for children/youth 1 through 20 years of age.
- LBAs serve as direct supervisors of the LaBAs and BTs and must ensure that the quality of the ABA services provided by LaBAs and BTs meets the minimum standards promulgated by the applicable certifying body's recommendations, rules, and regulations as well as Medicaid requirements.
- **LBAs are ultimately responsible for the delivery of ABA care including the treatment plan.**
- Direct supervision must be provided in accordance with Texas state licensure.



# Licensed Assistant Behavior Analysts

## LaBA

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LaBAs must have a current, unrestricted state issued license and meet all applicable Texas licensure requirements.

A supervised LaBA working within the scope of their training, practice, and competence may assist the LBA in various roles and responsibilities as determined appropriate by the LBA and delegated to the LaBA, consistent with the Texas state licensure requirements and Medicaid requirements.

LaBAs must have training and knowledge of typical development for children/youth 1 through 20 years of age.

LaBAs may not enroll in Texas Medicaid.

# Behavior Technicians

## BT

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A BT refers to a high-school graduate level paraprofessional who delivers ABA services under the supervision of an LBA or an LBA and an LaBA.

All BTs must have certification as one of the following:

- Registered Behavior Technician (RBT®).
- Board Certified Autism Technician (BCAT)
- Applied Behavior Analysis Technician (ABAT®)

Behavior technicians may not enroll in Texas Medicaid.

**Behavior technicians may not use the term “therapist”** in their job title when interacting with Medicaid-enrolled children/youth, families, or caregivers or with professionals who also serve the child/youth, such as school staff or physicians.

BTs **may not amend** the treatment plan or interpret the treatment plan to family, caregivers, or professionals who also serve the child/youth, such as school staff or physicians.

**A BT may not conduct the ABA assessment or establish a child/youth’s ABA treatment plan.**

# Documentation Requirements

## Submission Documentation ABA Initial Evaluation

All the following elements must be submitted with the authorization request.

**NOTE: “Days” refers to calendar days unless otherwise specified.**

**Documentation Required for Authorization of an ABA Initial Evaluation** The referral for ABA services must be submitted with the authorization request and must contain documentation from the diagnosing and/or prescribing provider of:

- Age of the child/youth and year of the initial ASD diagnosis
- Any co-morbid behavioral health and/or physical conditions, including trauma history
- Level of symptom severity as per DSM criteria under ASD
- Diagnosis of ASD must have been made within the past 3 years (or reconfirmation of diagnostic criteria and symptom severity if the initial diagnosis of ASD was made more than 3 years ago)
- A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- This referral may originate from the primary care provider.
- The referral may originate from the diagnosing provider who is a physician, APRN, or PA.

# Documentation Required for Authorization

## Initiation of Treatment with ABA

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All the following elements must be submitted with the authorization request:

A signed and dated referral from a physician outlining the frequency and duration of treatment based on recommendations made in the ABA evaluation as well as the prescribing provider's own clinical judgement.

The LBA must coordinate with the prescribing or other appropriate physician to document elements for initiation of ABA treatment which are not within the LBA's scope of practice.

# Knowledge



True or False:

The CPT code for initial evaluation must be included with ABA therapy prior authorization request.

# Medical Necessity for ABA

## ABA Assessment Documentation

**To document medical necessity for ABA, the following elements are required in the ABA assessment documentation:**

- A complete developmental history including:
  - Relevant co-morbid conditions, including trauma history.
  - Vision and hearing or audiologic screening, as age and clinically appropriate. Note: If age and clinically appropriate, passing Texas Health Steps required screenings are acceptable. Results of further evaluations may be required if those screenings indicated deficits.
- One-on-one observations of the child/youth, including at least one natural setting.
- Documentation of interviews with parents/caregivers to further identify and define lack of adaptive behaviors and presence of maladaptive behaviors, to include any linguistic or cultural factors that may impact treatment.
- Family history.
- Primary language used by the child/youth with ASD and family.
- How long the child/youth has been receiving ABA services, if applicable (such as after a gap in treatment), and information on responses to those previous interventions.
- Prognosis based on evidence from the evaluation regarding the individual's capacity to make behavioral gains.
- Validated assessments of cognitive abilities and adaptive behaviors, such as the Vineland Adaptive Behavior Scales.
- An estimate of the child/youth's cognitive abilities may be provided when a validated assessment of cognitive abilities is not possible due to the child/youth's level of ASD and/or behaviors.

Limited cognitive ability or other co-occurring disability does not preclude the child/youth from consideration for medically necessary ABA evaluation and treatment services provided the treatment plan is realistic for the child/youth.

A functional behavior assessment, related to specific behaviors of concern, to be addressed in a BSP, as clinically indicated.

# Individualized ABA

## Treatment Plan

Identification of **specific targeted behaviors/skills** related to the child/youth's health, safety, or independence that will be addressed in treatment.

**Treatment goals** must directly relate to the core symptoms of ASD as defined by the DSM.

Goals and protocols must be selected by the LBA in collaboration with the parent(s)/caregiver(s), consistent with person-centered and family-centered practice.

**Functional goals must be specific to the child/youth**, objectively measurable within a specified time frame, attainable in relation to the child/youth's prognosis and developmental status, both important to and relevant to child/youth and family, and directly related to the core symptoms of ASD as defined by the DSM.

**Baseline data for all behaviors and skills identified for intervention across settings (e.g., home, school, community) where treatment will occur.**

A BSP, if appropriate.

BSPs must include an operational, behavioral definition of the target behavior excesses and deficits, prevention and intervention strategies, schedules of reinforcement, and functional alternative responses.

The planned frequency (intensity) and duration of treatment across all settings to reflect the severity of the impairments, goals of treatment, expected response to treatment, and specific individual variables, (including availability of appropriately trained and certified ABA staff) that may affect the recommended treatment dosage.

**Refer to Frequency and Duration section for guidelines to determine medical necessity.**

**Measurable parent/caregiver goals** pertaining to learning the basic behavioral principles of ABA and applicability of these behavioral interventions in the home and community.

The planned frequency and duration of parent/caregiver training. Participation by the parent(s)/caregiver(s) is expected, and continued authorization for ABA services will take consideration of their participation in at least 85% of planned sessions.

**Parent/caregiver training** must be conducted by an LBA or LaBA.

# Treatment Plan

## Continuation

The formal design of treatment protocol instructions to the supervised LaBAs and/or BTs.

If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the individual and his/her targeted behaviors/skills.

A plan to ensure maintenance and generalization of skills.

Clearly defined, measurable, realistic discharge criteria and a transition plan across all treatment environments.

A clear plan to coordinate care with other providers, and with school services.

This is contingent upon a signed release of information from parent or guardian. Documentation of parent or guardian refusal to sign consent should be documented in these situations but should not preclude access to treatment.

ABA Assessments and treatment plans completed by the LBA must include:

- The child/youth's name
- Date of birth
- Date the initial ABA evaluation and treatment plan was completed
- Name of the referring prescribing provider
- Signature with date by the LBA
- Signature with date by the parent/caregiver

Initial requests for ABA will be authorized for 90 days and may be extended for an additional 90 days contingent upon submission of an attendance log and progress summary that support an extension of treatment.

# Attendance Log

## ABA

Attendance logs which include a calculation of the percentage of scheduled sessions successfully completed must be maintained for the child/youth receiving treatment and for responsible parent/caregiver participation.

If attendance falls below 85% of approved hours per authorization period as outlined in the individualized treatment plan and parent/caregiver education plan, additional documentation must be submitted by the LBA to substantiate need for continued ABA services at the previously approved level.

Attendance logs will record all scheduled and completed sessions and the percent of scheduled sessions attended by child/youth and the parent/caregiver for their scheduled respective sessions.

Attendance logs must be submitted after the first 90 days of initiating ABA treatment.

Attendance logs must be submitted with each request for extension or recertification.

Children/youth and parents/caregivers are expected to have attended a minimum of 85% of their respective sessions agreed upon within the approved treatment plan to substantiate the need for continuing at the previously approved frequency and duration of ABA services.

Cases in which either the children/youth or the parent/caregiver have not met the 85% attendance expectation will require submission of explanatory information and will be sent for physician review to determine medical necessity for continued services at the previously approved frequency.

# Knowledge Check

## Attendance Log

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True or False.

According to attendance log, member only attended ABA therapy 30% of the time, the request will automatically be approved since they really need treatment.

# Initial ABA Authorization

## 90 DAY EXTENSION

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The following elements must be submitted with the authorization request:

- Attendance log for child/youth and
- Attendance log for parent/caregiver and
- Progress Summary

# Progress Summary

## ABA

A progress summary is made in the format of a Treatment Note.

It must be:

- Submitted after the first 90 days of initiating ABA treatment
- **Billed as procedure code 97155**
- Signed and dated by the LBA
- Signed and dated by the parent/caregiver

# Documentation Required for Recertification

## ABA Treatment

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Subsequent requests after the initial total 180-day authorization may be approved for an additional 180-day period.

### Requests for recertification of ABA treatment must include:

- Documentation the child/youth has received a diagnosis or reconfirmation of the ASD diagnosis within the previous 3 years.
- Attendance log which includes a calculation of the percentage of scheduled sessions which were completed.

For recertifications, children/youth and parents/caregivers are expected to have attended a minimum of 85% of their respective sessions agreed upon within the approved treatment plan in order to continue at the previously approved frequency and duration of ABA services. Recertification requests not meeting this requirement will require submission of additional documentation and must be sent for physician review.

# Reevaluation

## ABA

Re-evaluation may be performed no earlier than within the last 60 days of an authorization period.

### **A re-evaluation includes all of the following:**

- All components of an initial evaluation which are within the scope of practice of an LBA.
- The LBA shall maintain documentation of all of the elements of the initial ABA assessment which have been conducted by or coordinated with another provider.
- An updated BSP for the child/youth, if applicable.
- Baseline, current, and interim data for all behaviors and skills identified for intervention to demonstrate degree of progress toward mastering the functional treatment goals.
- Documentation to allow reviewers to assess if the child/youth's behavior and skills have improved to a clinically meaningful extent in at least two settings (e.g., home, community, with different family members or peers) and to demonstrate that the LBA appropriately recorded and tracked progress and made protocol modifications as needed for effective service delivery.
- Individual considerations should be given on a case-by-case basis for those with unusual or complex circumstances that may impact functional goal achievement (for example, children/youth in residential placement through the Department of Family and Protective Services conservatorship).
- The child/youth's treatment plan updated and modification of the treatment protocol, as appropriate, to include clearly defined, measurable, functional goals for addressing behaviors and ensuring maintenance and generalization of acquired skills.
- Documentation of the child/youth's status using a reliable, valid, standardized assessment instrument.
- Discharge plan, to include fading and generalization plan.
- For children/youth with additional diagnoses/co-morbid conditions, LBAs must address impact of co-morbidities on ABA progress and collaborate with other disciplines as appropriate.
- Date and time the re-evaluation and treatment plan update was completed.
- LBA signature and date.

# Frequency and Duration Guidelines Overview

## High Frequency

### High frequency (greater than 20 hours/week)

High frequency (IBI) (greater than 20 hours/week) may be considered when documentation shows two or more of the following:

Six years of age or younger

Autism Severity Level 2 or 3 (per DSM-V criteria)

Goals related to elopement, aggression, or self-injury that are severely impairing

Within the first 2 years of initiating ABA

# Frequency and Duration Guidelines

## Moderate Frequency

### **Moderate frequency (6 to 20 hours/week)**

Moderate frequency (6 to 20 hours/week) may be considered when documentation shows two or more of the following:

Twelve years of age or younger

Autism Severity Level 2 or 3 (per DSM-V criteria)

Goals related to elopement, aggression, or self-injury that are moderately impairing

Within the first 4 years of initiating ABA therapy

# Frequency and Duration Guidelines Overview

## Targeted/Focused Frequency

### Targeted/focused frequency (5 hours or less/week or 20 hours or less/month in some other increment)

Targeted/focused frequency (5 hours or less/week or 20 hours or less/month in some other increment) may be considered when documentation shows two or more of the following:

Twenty years of age or younger

Autism Severity Level 1, 2, or 3 (per DSM-V criteria)

Focused on specific targeted clinical issues or goals related to specific targeted skills

# Frequency and Duration Guidelines

## Maintenance/Consultative level

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**Maintenance/Consultative Level (2-4 hours per week or less) may be considered.**

Maintenance/consultative level (2-4 hours per week or less) may be considered when documentation shows all of the following:

- .1. Ages 1-20 years of age
- .2. Autism Severity Level 1, 2, or 3 (per DSM-V criteria)
- .3. Goals related to integration of specific skills into daily functioning and
- .4. Documentation substantiates the risk for regression after completion of more intense ABA intervention

# References

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[TMPPM February 2022](#)

Section 2.3 Autism Services

[EPF ABA Request Checklist](#)

[Submitting A Prior Authorization Request](#)



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**For more information:**

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