

Level of Care Guidelines: UnitedHealthcare Applied Behavior Analysis

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INSTRUCTIONS FOR USE

This guideline is used to make coverage determinations. 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 this guideline. 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 guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply.

This guideline is provided for informational purposes. It does not constitute medical advice.

DESCRIPTION OF SERVICE

Applied Behavior Analysis (ABA) is a widely used strategy for addressing behavior problems among patients with disorders such as Autism and other medically necessary diagnosis. It considers antecedents (environmental factors that appear to trigger unwanted behavior), the behaviors themselves, and consequences that either increase or decrease future occurrences of that behavior. A treatment program using a behavioral technique known as operant conditioning is then carried out to address the specific challenging behavior. ABA as described above is a covered benefit with applicable guidelines.

- "Practice of applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis;
- ABA interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions; and
- The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.
- Telehealth service delivery for ABA should include an ongoing review of ethical, efficacy, and scope of practice considerations. Direct Telehealth services may only be considered medically necessary when the provider has assessed that a member has core skills to attend to a device for an extended period of time.
- ABA is often considered a comprehensive or focused intervention. High frequency/Comprehensive ABA (greater than 20 hours per week) should generally only be considered when the member has multiple needs related to behaviors and social communication challenges, is early in receiving ABA services (i.e. within the first 2 years of ABA), and has a symptom severity of at least 2 or 3 per DSM-V criteria.

Criteria for Initiation of ABA Services

- There is a comprehensive clinical evaluation by a TN licensed clinician supporting medical necessity for ABA;

AND

The member has been assigned a DSM-5 TR diagnosis of Autism or another identified diagnosis for which ABA is the least restrictive and most clinically appropriate treatment to safely, effectively, and efficiently meet the needs of the individual; AND

The member will need a physician order/script recommending ABA services, based on their review of the diagnostic assessment; AND

- ABA services must be located in TN and must be provided by or supervised by a TN board-certified Behavior Analyst (BCBA) or a health professional permissible under TN state law. Unlicensed persons may deliver applied behavior analysis (ABA) services under the extended authority and direction of an LBA or an LABA who is supervised by an LBA. Such persons shall not represent themselves as professional behavior analysts; AND
- The family, identified member, and/or support system is engaged and willing to participate in the member's ABA treatment; AND
- There are acute changes in the member's signs and symptoms, and/or psychosocial and environmental factors and the member's current condition can be safely, efficiently, and effectively assessed and/or treatment in this setting. AND
- The member has demonstrated a capacity to learn new skills and maintain them successfully across environments. AND
- ABA is needed for reasons other than convenience of the individual, family, physician, or provider AND
- ☐ Provider's assessment and treatment plan follow the TN Program Description per xxxx

ABA is appropriate when there are difficulties in at least one of the following areas that are expected to respond to treatment:

- Severe problem behavior that impacts an individual's ability to function, such as physical and/or verbal aggression, elopement, destruction of property, severe disruptive behavior or self-injury;
- Poor social communication skills impacting an individual's ability to navigate expected routines or engage in social environments;
- Difficulty tolerating changes in the environment and activities.
- Stereotyped/repetitive behaviors that impact the individual

Components of Behavioral Analysis

- A. Assessments to determine the relationship between environmental events and behaviors; Assessments should include norm referenced assessments, skills assessments, a risk assessment, and a behavioral assessment.
- B. Development of written behavior support/maintenance plans and skill development plans, and evaluating and revising plans as needed to meet individual's needs; Treatment plan describes the behavior intervention techniques and is generated from results of the assessment and conform to the program description. Includes a plan to ensure treatment fidelity across behavior specialists or technicians working with the member.
- C. Includes caregivers or others to carry out the approved behavior support/maintenance plans;
- D. Observing caregiver (or other plan implementer) and individual's behavior for correct implementation of the behavior support/maintenance plan;
- E. Observing individual's behavior to determine effectiveness of the behavior support/maintenance plan; and
- F. Providing on-site assistance in a difficult or crisis situation.

*Note: A-F above may be performed by a Behavioral Analyst.
C-F above may be performed by a Behavioral Specialist.*

Essential Practice Elements of ABA

These characteristics should be apparent throughout all phases of assessment and treatment:

- Description of specific levels of behavior at baseline when establishing treatment goals;
- A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence;
- Collection, quantification, analysis, of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals;
- Efforts to design, establish, and manage the treatment environment(s) in order to minimize problem behavior(s) and maximize rate of improvement;
- Use of a carefully constructed, individualized and detailed behavior analytic treatment plan which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which lacked consensus about their effectiveness based on evidence in peer-reviewed publications;
- An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis;
- Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until the client can function independently in multiple situations;
- Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements; and
- Supervision and management by a Behavior Analyst or a health professional permissible under TN state law with expertise and formal training in ABA.
- If there are barriers to adequately participating in care by the member or caregivers, these barriers are addressed quickly and on an individual basis with a corresponding solution.

Prior Authorization Clinical Criteria

- There must be documentation of:
 - A reasonable expectation on the part of a treating healthcare professional that the individual's behavior will improve significantly, as measured by norm referenced assessments, with behavior analysis services for prior authorization to be granted;
AND
 - An established supporting diagnosis for which ABA may be an effective and appropriate intervention;
AND
 - A severe challenging behavior that presents a health or safety risk to self or others;
AND
 - A severe challenging behavior not generally seen as age or developmentally congruent (such as biting in a 2 to 4 y/o, temper tantrums) that significantly interferes with home or community activities;
AND
 - A significant social communication deficit that impacts the ability to participate in home or community activities
AND
- The member's plan includes severity of deficit and proposed number of hours for each area for: social, communication, behavior, and adaptive. The hours are supported by the assessment and subsequent treatment goals and include consideration of the members ability to benefit from the proposed level of intensity.
 - Less intensive behavioral therapy or other medical treatment has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behavior. AND
 - Evidence of collaboration of care with other treating providers AND
 - A caregiver training plan that includes ongoing training in ABA principles and learning to parent with ABA (when relevant) in addition to being engaged in sessions and understanding progress. Caregivers are

- defined as the primary caregiver which could be the parent/guardian, spouse, group home leaders, etc.
- Proposed intensity of services needs to be supported by the treatment plan and include:
 - Appropriate rest breaks, nutrition breaks, family time and time for play or non-learning activities for the individual
 - Consideration of engagement in other non-therapeutic activities, such as education, camp, employment, etc.
 - The member's ability to benefit from other less intensive treatments and activities, such as individual or family therapy, speech therapy, occupational therapy.

Concurrent Review Clinical Criteria

All of the initial review criteria must still be met AND

- The initial authorization may be limited to an evaluation and plan development. ABA shall be authorized at length of time determined by the Managed Care Organization based on the individual's specific needs, behavior support/maintenance plan or skill support plan and progress in treatment. While the initial evaluation may be ordered by the primary care provider or specialist, the number of hours proposed by the ABA provider must be substantiated as medically necessary to address the challenging behaviors and social communication skills. The rationale for services and schedule of treatment with location should be a part of the treatment plan
- The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity and/or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes, on a norm based assessment, for period of 3 months of optimal treatment, then ABA may no longer be considered medically necessary. "Optimal treatment" means that a well-designed set of interventions are delivered by qualified applied behavior specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.
- For changes to be "meaningful" they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient's residence and to the larger community within which the patient resides. Documentation of meaningful changes must be kept and made available for continued authorization of treatment.
- Maintenance of the behavioral changes may require on-going ABA interventions as the patient grows, develops and faces new challenges in his/her life (e.g., puberty, transition to adulthood, transition to a more integrated living situation, etc.). Maintenance ABA should be at a lower intensity of services, and purely to maintain skill development. These programs should not be comprehensive or full time in nature AND should focus on modifying the environment to best support the individual AND training caregivers to support the individual
- Treatment plans should include caregiver training regarding identification of the specific behavior(s) and interventions, in order to support utilization of the ABA techniques by caregiver(s).
- When adolescents, young adults, or adults are receiving ABA services, it's important to include a focus on transition to adulthood. Including goals to focus on steps to independence, patient centered, and include caregivers is key in creating a comprehensive plan. Interventions could include:
 - Self-management and token economy systems
 - Working with caregivers to modify current environment and create supports within the environment
 - Creating visual schedules to support an individual's ability to navigate the day independently
 - Teaching self-reinforcement
 - Parent/caregiver guided interventions

Discharge Criteria

- Discharge and fading planning begin at the onset of treatment. The BCBA, individuals receiving ABA treatment, and/or caregiver will collaborate to develop fading criteria based on individual needs.
- Fading steps should be smaller increments that would indicate the steps fading out behavioral intervention. This should be completed for all volumes of care. As the member progresses through ABA therapy, milestones of progress should be tied to a lessening of treatment.
- The fading plan should be developed to target skill gaps between communication, social skills, and repetitive/restrictive behaviors.
- Discharge planning should include the steps that will be taken after the treatment has been faded out. Individuals receiving ABA treatment, and their caregivers will receive initial and ongoing education towards discharge planning progress, including identifying barriers and incorporating these barriers into the individual's behavior plan. Regular review of programming, data, and graphs in identified skill deficits should be held between the BCBA and caregiver.
- When any of the following criteria are met the individual will be considered discharged and any further ABA services will not be covered (BACB, 2014):
- Documentation that the individual demonstrates improvement from baseline in targeted skill deficits and behaviors to the extent that goals are achieved, or maximum benefit has been reached, as noted by no significant progress on a norm referenced assessment
- Documentation that there has been no clinically significant progress or measurable improvement for a period of at least 3 months in the individual's behaviors or skill deficits in any of the following measures:
 - Adaptive functioning
 - Communication skills
 - Language skills
 - Social skills
- The treatment is making the skill deficits and/or behaviors persistently worse
- The individual is unlikely to continue to benefit or maintain long term gains from continued ABA therapy
- Parents and/or support systems have refused treatment recommendations or are unable to participate in the treatment program and/or do not follow through on treatment recommendations to an extent that compromises the effectiveness of the services.

REFERENCES

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, Fifth Edition. American Psychiatric Publishing.
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4. TennCare Medicaid. (2021). Tennessee Division of TennCare. Tennessee government website: www.TN.gov.