


MEDICAL POLICY		
Effective Date	Next Annual Review Date	Last Review / Revision Date
1/2014	1/2015	1/2014
Author		
Donald Wharton MD, Jonas Thom MA, PCC		



CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Applied Behavior Analysis (ABA) for the treatment of Behavioral Intensive Level Therapy for Treatment of Autism Spectrum Disorders

B. BACKGROUND

Autism Spectrum Disorder (ASDs) manifests widely in severity and symptoms, depending on the developmental level and chronological age of the patient. ASD is often defined by specific impairments that affect socialization, communication, and stereotyped (repetitive) behavior, which collectively are called the core symptoms of autism. Children with ASD have clinically significant deficits which are present in early childhood in areas, such as social communication and interactions, as well as restricted, repetitive patterns of behavior, interests and activities.

There is currently no cure for ASD, nor is there any one single treatment for the disorder, although some individuals with ASD may be managed through a combination of therapies, including behavioral, cognitive, pharmacological, and educational interventions. The goal of treatment for autistic patients is to minimize the severity of autism symptoms, maximize learning, facilitate social integration, and improve quality of life for both autistic individuals and their families or caregivers.

One type of therapy is intensive behavioral intervention (IBI), also referred to as Lovaas therapy, early intensive behavioral intervention (EIBI), or applied behavior analysis (ABA). IBI therapy involves use of operant conditioning, a behavioral modification technique in which reinforcement, either positive or negative, is used to increase or decrease certain behaviors. The operant conditioning is delivered in a highly structured and intensive program, with one-to-one instruction by a trained therapist. Parents are usually active participants in the treatment process and are taught to continue the training at home. IBI is initiated when a child is young, usually by 3 years of age.

These intensive behavioral intervention programs involve time intensive, highly structured positive reinforcement techniques by a trained behavior analyst or therapist. There is a wide variation in ABA practices from philosophy, approach, interventions and methodology, and outcome reporting. There is lack of definition and guidelines around characteristics of children who would benefit from treatment, lack of evidence-based guidelines for training and credentialing, program content, measurement of success, intensity, duration and clinical criteria. CareSource fully supports the recommendation for ongoing research, randomized control studies, standardized protocols, and longitudinal research to determine long term outcomes.

C. POLICY

CareSource supports early intervention services and therapies, such as physical, speech, occupational or psychological/psychiatric, for the treatment of autism spectrum disorders.

CareSource provides for state and federal required covered services as part of a comprehensive plan of treatment for autism spectrum disorders when ordered by a pediatrician or psychiatrist and provided by a certified, credentialed and licensed CareSource participating therapist.

In Ohio, when a member is Medicaid eligible, and when ABA services are requested, CareSource will refer to the Ohio Department of Mental Health and Addiction Services' providers for access, delivery and payment of these services. Additionally, CareSource will work with all providers to coordinate care across treatment settings including referral to providers within the service continuum of the Ohio Department of Education, as well as the Ohio Department of Developmental Disability for access to services and care coordination as appropriate. (Note: when services are delivered in a school, they must be in a clinical setting, and not as part of the educational milieu.)

For members who's Plan includes a benefit for ABA Therapy, the recommendation may be found to be medically necessary when **all** of the following conditions are met:

1. Providers must meet all of the following:
 - a. Licensed to practice independently in the state of practice, including Licensed Independent Social Workers, Licensed Clinical Counselors, Psychologists, Pediatricians, Psychiatrists, and Marriage and Family Therapists and
 - b. Have a scope of practice that includes diagnosis and treatment of ASDs and
 - c. Meet the certification, experience and education standards published in The Behavior Analyst Certification Board's (BACB) guidelines "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder"-and
 - d. Hold a valid, current certification from BACB and
 - e. Participating provider in CareSource network.
2. There must be evidence of a diagnosis of autism spectrum disorder (ASD including, when requested, a comprehensive assessment completed prior to initiation of services.
3. Upon request, a letter of medical necessity from a licensed psychologist, psychiatrist, or developmental pediatrician that includes consideration of less intensive interventions and rationale for ABA.
4. There is a time limited, individualized treatment plan that:
 - a. Includes identifiable target behaviors having a negative impact on development, communication, or interactions;
 - b. Records objective baseline measures;
 - c. Establishes quantifiable criteria for progress;
 - d. Demonstrates that ABA is not custodial, or maintenance oriented in nature;
 - e. Is completed by the treating provider and includes coordination across all providers, supports and resources;
 - f. Includes services that are not recreational in nature, or for the purposes of respite or residential care;
 - g. Identifies parental or guardian involvement in prioritizing target behaviors, and training in behavioral techniques in order to provide additional and supportive interventions;
 - h. Includes criteria and specific behavioral goals and interventions for lesser intensity of care and discharge;
 - i. There is evidence of identified and involved community resources.
5. Ongoing quarterly review of progress must be documented, and include all criteria above, as well as:
 - a. Upon request, a letter indicating the continued medical necessity from a licensed credentialed psychologist, psychiatrist, or developmental pediatrician that includes consideration of less intensive interventions and rationale for ABA.
 - b. An updated individualized treatment plan noting specific measurable progress on targeted behaviors identified in initial treatment plan, and new or refined interventions evidencing individualized need and demonstrating the non-custodial nature of care. Updated criteria and specific behavioral goals and interventions for lesser intensity of care and discharge must be included; as well as documentation of updated parental or guardian involvement in prioritizing target behaviors, and training in behavioral techniques in order to provide additional and supportive interventions.

D. REVIEW / REVISION HISTORY

E. REFERENCES

1. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition, Arlington, VA: American Psychiatric Publishing Inc.; 2014.
2. Applied Behavioral Analysis Treatment for Autism Spectrum Disorders: Coverage Policies and Implementation. Medicaid Evidence-Based Decisions Project (MED) Policy Brief; Leof, Kriz, Pinson, Mayer et al. Center for Evidence Based Policy, 3/2013.
3. Autism Votes. Autism Speaks State Autism Insurance Reform Initiatives. Updated July 6, 2011.
4. BACB (Behavior Analyst Certification Board) "Guidelines", Health Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder. Copyright 2012 ver. 1.1
5. Behavior Analyst Certification Board (BACB). About BACB. 2011. Available at: <http://www.bacb.com/index.php?page=1>.
6. Fact Sheet on Mandated Benefits in Health Insurance Policies, State of Wisconsin, Office of Commissioner of Insurance, PI-019, 6/2012.
7. Handbook of Applied Behavior Analysis, Wayne W. Fisher et al. eds.,2011
8. Handbook of Clinical Psychology, Herson &Gross eds.,2008
9. Hayes Medical Technology Directory, "Intensive Behavioral Intervention therapy for Autism" 11/11, rev 11/12.
10. National Autism Center (NAC). National Standards Report. 2009. Available at: <http://www.nationalautismcenter.org/nsp/reports.php>.
11. Standards of Practice for Applied Behavior Analysis in Minnesota, Minnesota Northland Association for Behavior Analysis (MNABA) 8/2012
12. Synopsis, Ohio Revised Code 4783.01-4783.05, 4783.09-4783.13, 4783.99, 109.572, 4732.06-4732.08, 4776.01. Ohio Administrative Code 5122-29-17 (CPST service)
13. The American Academy of Pediatrics, "Management of Children with Autism Spectrum Disorders", Scott Meyers MD et al., 10/2007
14. The Beacon Spotlight, "AUTISM SPECTRUM DISORDER; BENEFIT EXPANSION AND A NEW SERVICE MODEL, Summer 2013
15. Wisconsin Administrative Code, Section Ins 3.36. 8/2009
16. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder. Journal of the American Academy of Child and Adolescent Psychiatry, Volkmar, Siegel, et. al. Volume 53, Number 2, February, 2014

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.