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Provider update

Revised *Applied Behavior Analysis Clinical Guidelines* for Tennessee

Amerigroup Community Care revised the *Applied Behavioral Analysis Clinical Guidelines*. These revised guidelines are effective January 1, 2019.

The applied behavioral analysis guidelines now include services delivered by registered behavior technicians as well as other revisions.

All coding requirements and contracting questions should be directed to your Provider Relations representative or Provider Services at 1-800-454-3730.

These guidelines can be found at https://providers.amerigroup.com/pages/tn-2012.aspx > Provider Resources and Documents > Behavioral Health.

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Applied Behavior Analysis (ABA) is a widely used strategy for addressing behavior problems among patients with disorders such as intellectual disability, developmental delay, autism spectrum, and traumatic brain injury. 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 TennCare benefit and the subject of this guideline.

Clinical Indications

Prior authorization for evaluation/assessment for Applied Behavioral Analysis by the Board Certified Behavior Analyst (BCBA) is medically necessary when the following conditions are present:

1) Recommendation/order from a current treating provider as defined by TennCare rules;
2) An established supporting Diagnostic and Statistical Manual-5 (DSM-5) diagnosis supported by evidence based best practice for which ABA has proven to be an effective and appropriate intervention established through the use of one more validated assessment tools and assessment of presenting problem behaviors is current/ up to date within the last 3 months; **AND**
    a. A severe challenging behavior (such as self-injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others; **OR**
    b. A severe challenging behavior not generally seen as age or developmentally congruent (such as biting in a 2 to 4 year old, temper tantrums) that significantly interferes with home or community activities; **AND**
3) Less intensive behavior therapy or other medical treatment has not been sufficient to:
        a. Reduce interfering behaviors;
        b. Increase pro-social behaviors; **OR**
        c. Maintain desired behavior. Some examples of other treatments include:
            i. Speech Therapy
            ii. Occupational Therapy
            iii. Physical Therapy

Prior Authorization for Initiation of Service Clinical Criteria

The initial evaluation may be ordered by the primary care provider or other current treating provider as defined by TennCare Rules, the number of hours the provider of services proposes as needed on a weekly basis to effectively address the challenging behaviors, should be a component of the Initial Treatment Plan. An approval for an assessment/evaluation for ABA services does not automatically equate with the approval for initiation of the service.

Initiation and implementation of the plan for Applied Behavioral Analysis is considered medically necessary when the following conditions are present:

1) An established supporting DSM-5 diagnosis supported by evidence based best practice (for which ABA has proven to be an effective and appropriate intervention); **AND**
2) A severe challenging behavior (such as self-injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others; **OR**
3) A severe challenging behavior not generally seen as age or developmentally congruent (such as biting in a 2 to 4 year old, temper tantrums) that significantly interferes with home or community activities; **AND**
4) Less intensive behavior therapy or other medical treatment has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behavior; **AND**
5) Documentation is provided which describes the person-centered treatment plan that includes **all** of the following:
    a. Addresses the identified behavioral, psychological, family, and medical concerns; **AND**
    b. Has measurable goals in objective and measurable terms based on standardized assessments that address the behaviors and impairments for which the intervention is to be applied (Note: this should include, for each goal:
        i. Baseline measurements;
        ii. Progress to date and anticipated timeline for achievement based on both the initial assessment and subsequent interim assessments over the duration of the intervention); **AND**
    c. Documents that ABA services will be delivered 1:1 to the member/caregiver by an appropriate provider who is licensed or certified according to applicable state laws/contract; **AND**
6) Assessments of:
    a. Motor;
    b. Language;
    c. Social;
    d. Adaptive functions have been completed; **AND**
7) The person centered ABA treatment plan incorporates goals appropriate for the individual's age.

Continued Service Criteria

To be considered medically necessary, continued requests for ongoing ABA services must meet all of the following criteria:

1) Elements 1, 2, or 1,3 of the initiation criteria; **AND**
2) Documentation of meaningful changes to the behaviors presented in the behavior plan; **AND**
3) Documentation of caregiver involvement and progress with the goals of the service.

Discharge Criteria

1) The member's level of functioning is adequate to ensure safety and stability within the home and community as addressed by the realistic behavior plan goals;
2) The member's caregiver and community system has been substantially strengthened as identified in the goals of the service plan and evidenced by generalizable treatment gains across both home and community settings;
3) The member and/or caregiver reject ABA services and/or refuses to implement and follow the behavior plan;
4) There is lack of meaningful/measureable progress when optimal treatment has been delivered for 90 days;

5) The frequency of services delivered do not meet the frequency as written in the behavior service plan.

Not Medically Necessary/Exclusions

1) Member is receiving 24/7 nursing care, inpatient acute, residential treatment, or partial hospitalization levels of care;
2) ABA rendered in a group therapy format is considered not medically necessary;
3) ABA rendered through telemedicine format (as prohibited by TN state law);
4) The following is a non-exhaustive list of services sometimes offered in conjunction with behavior analysis services that are **not covered** by TennCare:
    a. Language development training;
    b. Social skills training;
    c. Self-care skills training;
    d. Vocational rehabilitation;
    e. Other educational services;
    f. Respite care;
    g. Recreational therapy;
    h. Lovaas therapy;
    i. Hippo therapy;
    j. Equine therapy;
    k. Dolphin therapy.

Coding

For procedure code guidance, please refer to your individual contract with Amerigroup or reach out to your provider relations representative.

ICD-10 Diagnosis Codes

1) F840 Autism Spectrum Disorder
2) F70-F79 Intellectual disabilities
3) F89 Unspecified disorder of psychological development
4) S06 Intracranial injuries

Discussion/General Information

Below are the credential and certification expectations for both BCBA professionals and RBT para-professionals:

1) Behavior Analyst Credentials- currently Board Certified Behavior Analyst **AND** credential verification by the Managed Care Organization;

2) Registered Behavior Technicians- RBT's and their supervising BCBA providers, must comply with ALL of the current Behavior Analyst Certification Board (BACB) requirements for credentialing, ethics, competency, supervision and maintenance of the RBT credential.

In May 2013, the APA released DSM-5. This edition of the DSM Includes several significant changes over the previous edition, including combining several previously separate

diagnoses under the single diagnosis of Autism Spectrum Disorder (ASD). This diagnosis included the following disorders, previously referred to as: atypical autism, Asperger's disorder, childhood autism, childhood disintegrative disorder, early infantile autism, high- functioning autism, Kanner's autism, and POD not otherwise specified. All of these conditions are now considered under one diagnosis, ASD. It should be noted that Rett Syndrome is not included in the new DSM-5 ASD diagnostic group.

The DSM-5 describes the essential diagnostic features of ASD as both a persistent impairment in reciprocal social communication and restricted and repetitive pattern of behavior, interest or activities. These attributes are present from early childhood and limit or impair everyday functioning. Parents may note symptoms as early as infancy, and the typical age of onset is before 3 years of age. Symptoms may include problems with using and understanding language; difficulty relating to or reciprocating with people, objects, and events; lack of mutual gaze or inability to attend events conjointly; unusual play with toys and other objects; difficulty with changes in routine or familiar surroundings, and repetitive body movements or behavior patterns. There are some exceptions to this, where in some circumstances a child may exhibit normal development for approximately 2 years followed by a marked regression in multiple areas of function.

Children with ASD vary widely in abilities, intelligence, and behaviors. Some children do not speak at all, others speak in limited phrases or conversations, and some have relatively normal language development. Repetitive play skills, resistance to change in routine and inability to share experiences with others, and limited social and motor skills are generally evident. Unusual responses to sensory information, such as loud noises and lights, are also common. Affected children can exhibit unusual behaviors occasionally or seem shy around others sometimes without having ASD. What sets children with ASD apart is the consistency of their unusual behaviors. Symptoms of the disorder have to be present in all settings, not just at home or at school, and over considerable periods of time. With ASD, there is a lack of social interaction, impairment in nonverbal behaviors, and a failure to develop normal peer relations. A child with an ASD tends to ignore facial expressions and may not look at others; other children may fail to respect interpersonal boundaries and come too close and stare fixedly at another person.

In reviewing the guidelines for ABA for Tennessee Medicaid, Amerigroup received feedback from stakeholders related to the use of Registered Behavior Technicians. This feedback was garnered through the provider visits conducted by the behavioral health provider relations representatives in the first and second quarters of 2018.

Definitions

Applied Behavior Analysis (ABA): refers to the process of applying interventions that are based on the principles of learning derived from experimental psychology research to systematically change behavior and to demonstrate that the interventions used are responsible for the observable improvement in behavior. ABA methods are used to increase and maintain desirable

adaptive behaviors, reduce interfering maladaptive behaviors or narrow the conditions under which they occur, teach new skills, and generalize behaviors to new environments or situations. ABT focuses on the reliable measurement and objective evaluation of observable behavior within relevant settings including the home, school, and community. {Myers, 2007)

Assessment instruments: Standardized diagnostic tests used to evaluate an individual's performance in specific areas of functioning such as those recommended in the guidelines of the AAP, AAN and the AACAP (e.g., learning and communications skills, social interaction, etc.).

Educational interventions: Learning interventions that assist children with obtaining knowledge and communication through speech, sign language, writing and other methods and social skills.

Meaningful changes: 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 provided upon request.

Optimal treatment: means that a well-designed set of interventions is delivered by qualified applied behavior specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.

Registered Behavior Technician (RBT): refers to the BACB-credentialed individual who implements programming designed by others. If an RBT has multiple employment settings, the RBT is responsible for identifying and selecting a Responsible Certificate in each setting, and coordinating with the Responsible Certificates to track total supervision hours across settings. The RBT may not be related to, superior to, or the employer of the certificate providing training, assessing competency, providing supervision, or serving as the Responsible Certificate. Employment does not include compensation paid by the RBT for supervision services. Please see the following relevant sections of the BACB Professional and Ethical Compliance Code for Behavior Analysts: 1.04, 1.05, 1.06, 1.07, and 5.0.

References

1) Behavior Analyst Certification Board, Inc. Applied behavior analysis treatment for Autism Spectrum Disorder: Practice guidelines for healthcare funders and managers. Second edition. 2014. Available at: http.//bacbcomtasd-practice-document. Accessed on August 1, 2018
2) Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: http://dsm.psychiatryonline.org/book.aspx?bookid=556. Accessed on August 21 2018

3) Myers SM, Johnson CP; American Academy of Pediatrics Council on Children with Disabilities. Management of children with autism spectrum disorders.Pediatrics.2007; 120(5):1162-1182.
4) Sheinkopf SJ, Siegel B. Home-based behavioral treatment of young children with autism. J Autism Dev Disord.1998; 28(1):15·23.

5) TennCare Quick Guide to Services
https://www.tn.gov/content/dam/tn/tenncare/documents2/quickguide.pdf
6) TennCare Medical Necessity Criteria Chapter 1200-13-16, Section 1200-13-16-.05 Medical Necessity Criteria: https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-16.20111128.pdf
Accessed on September 10, 2018

Websites for Additional Information

1) Behavior Analyst Certification Board- www.bacb.com
2) American Academy of Pediatrics- www.AAP.org
3) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4883454/
4) https://www.tandfonline.com/doi/full/10.1080/15374416.2015.1077448

History

Status	Date	Action
Initial	October 19, 2017	Creation of Amerigroup Medicaid ABA Guidelines (TNPEC-1970-17)
Revised	September 4, 2018	Update and Revision to Amerigroup Medicaid ABA Guidelines