



Medi-Cal Medicaid Supplemental Clinical Criteria

Policy Number: BH803MC102022

Effective Date: October, 2022

Table of Contents	Page
Introduction & Instructions for Use.....	1
Behavioral Health Treatment/Applied Behavior Analysis.....	1
References.....	7
Revision History.....	7

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.

Behavioral Health Treatment/Applied Behavior Analysis

Behavioral Health Treatment (BHT) means services approved in the State Plan such as Applied Behavior Analysis (ABA) and other evidence-based behavioral interventions to prevent or minimize the adverse effects of ASD and promote, to the maximum extent practicable, the functioning of a Member. These services are interventions designed to treat ASD and include a variety of evidence-based behavioral interventions identified by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence that are designed to be delivered primarily in the home and in other community settings.

Applied Behavioral Analysis (ABA) means the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior.

Admission Criteria

For Medi-Cal members, Applied Behavior Analysis (ABA) is covered for the treatment of developmental disorders not limited to Autism Spectrum Disorder in children when the following conditions are met:

- The intervention is a systematic approach, based on the principles of comprehensive applied behavior analysis.
- The intervention is delivered in a home or community setting
- The intervention is delivered with an appropriate level of intensity (e.g., per Behavior Analyst Certification Board® practice guidelines) and includes ongoing measurement of efficacy: the use of measurement tools and analysis of progress should be continuous, and treatment decisions based on objective analysis of assessment results
- The member has a recommendation from a licensed physician, surgeon, or psychologist that evidence based BHT services are medically necessary.
- The member is medically stable.
- The member does not need 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.
- Medically necessary to correct or ameliorate behavioral conditions as defined in Section 1905(r) of the SSA and as determined by a licensed physician and surgeon or licensed psychologist.
- Delivered in accordance with the member's Managed Care Health Plan (MCP)-approved behavioral treatment plan.
- Provided by California State Plan approved providers defined in SPA 14-026.95.
 - Board Certified Behavior Analyst (BCBA)
 - Licensed Practitioner
 - Associate Behavior Analyst
 - Behavior Analyst
 - Behavior Management Assistant
 - Behavior Management Consultant
 - Paraprofessional
- Provided and supervised according to an MCP-approved behavioral treatment plan developed by a Behavioral Health Treatment (BHT) service provider credentialed as specified in SPA 14 - 026 ("BHT Service Provider").

Diagnostic and Treatment Criteria

- Diagnostic Evaluation
 - In order to be eligible for services, a Medi-Cal member must meet all of the following coverage criteria:
 - Be under 21 years of age.
 - Have a recommendation from a licensed physician and surgeon or a licensed psychologist that evidence based BHT services are medically necessary.
 - Be without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (IC F/ID).
 - Comprehensive diagnostic evaluations should occur including psychiatric assessments, interviews, review of records, psychological, and communication assessments.

Diagnostic Evaluation

Once the developmental disorder diagnosis has been established:

- A standardized functional assessment is used to maximize the effectiveness and efficiency of behavioral support interventions (Myers & Johnson, reaffirmed 2014).
 - The assessment may incorporate information such as interviews with caregivers, structured rating scales, direct observation data, and attention to coexisting medical conditions. The assessment should include baseline data and inform subsequent establishment of treatment goals (Behavior Analyst Certification Board [BACB], 2014).
 - The assessment should include baseline data and inform subsequent establishment of treatment goals (Behavior Analyst Certification Board [BACB], 2014).
- Services do not duplicate service provided to or available to the individual by other medical or behavioral health services. Examples include, but are not limited to, behavioral health treatment such as individual, group, and family therapies, occupational therapy, speech therapy.
- When an individual displays maladaptive behavior it is recommended the credentialed provider complete a functional behavior assessment to better inform treatment planning (BACB, 2014; Kurtz et al, 2020).

- Targets include areas such as the following (BACB, 2014):
 - Social communication skills and focus on the social importance of the behaviors targeted
 - Social language skills
 - Social interaction skills
 - Restricted, repetitive patterns of behavior, interests, or activities
 - Self-injurious, violent, destructive, or other maladaptive behavior
- A credentialed provider with ABA expertise is identified to provide treatment. Examples include (BACB, 2014):
 - A Master- or Doctoral-level provider that is a Board-Certified Behavior Analyst (BCBA)
 - A licensed behavioral health clinician who has attested to having sufficient expertise and has been credentialed to provide ABA services
 - A Board-Certified Assistant Behavior Analyst (BCaBA) or non-licensed individual under the direct supervision of a BCBA or licensed behavioral health clinician who takes responsibility for the member's care that does either of the following:
- Assist in the initial or concurrent assessment of the member's deficits or adaptive behaviors
- Implement a treatment plan that has been developed by a BCBA or licensed behavioral health clinician
 - Supervision is responsive to individual client needs. Two hours for every ten hours of direct treatment is the general standard of care (BACB, 2014).
 - Direct supervision time may account for 50 percent or more of case supervision time, with the remaining time utilized in indirect supervisory activities such as treatment planning (BACB, 2014).
- Outcome-oriented interventions targeting specific baseline behaviors are identified in a treatment plan describing the frequency, intensity, duration, and progress that will be continuously updated.
 - Treatment planning is considered a necessary part of ongoing ABA treatment and should be completed as clinical indicated.
 - The treatment plan must address how the parents/guardians will be trained in management skills that can be generalized to the home.
- As clinically indicated, parent/guardian training is an expectation. In the rare circumstance that parent/guardian is unable the documentation must reflect the reason and identify an alternate plan to provide management skills in the home.
- The treatment goals and objectives must be comprehensive and clearly stated.
 - Direct support and training of family members and other professionals promotes optimal functioning and generalization and maintenance of behavioral improvements (BACB, 2014).
 - The treatment plan is coordinated with other professionals to ensure appropriate client progress this may include coordination with the school and applicable IFSP/IEP, outpatient behavioral clinicians, medical doctors, speech/occupational therapists, and others (BACB, 2014).
- All components of the child's care are tracked and updated throughout the duration of services.
- The behavioral treatment plan must be person-centered and based on individualized, measurable goals and objectives over a specific timeline for the specific member being treated. The behavioral treatment plan must be reviewed, revised, and/or modified no less than once every six months by the provider of BHT services. The behavioral treatment plan may be modified or discontinued only if it is determined that the services are no longer medically necessary under the EPSDT medical necessity standard.⁹ Decreasing the amount and duration of services is prohibited if the therapies are medically necessary.

Treatment Plan

- BHT services must be provided, observed, and directed under an MCP-approved behavioral treatment plan. The behavioral treatment plan must be person-centered and based on individualized, measurable goals and objectives over a specific timeline for the specific member being treated. The behavioral treatment plan must be reviewed, revised, and/or modified no less than once every six months by the provider of BHT services. The behavioral treatment plan may be modified or discontinued only if it is determined that the services are no longer medically necessary under the EPSDT medical necessity standard. Decreasing the amount and duration of services is prohibited if the therapies are medically necessary.
- The approved behavioral treatment plan must also meet the following criteria:
 - Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, or home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services.
 - Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.

- Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
- Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
- Include the member's current level of need (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation).
- Utilize evidence-based BHT services with demonstrated clinical efficacy tailored to the member.
- Clearly identify the service type, number of hours of direct service(s), observation and direction, parent/guardian training, support and participation needed to achieve the goals and objectives, the frequency at which the member's progress is measured and reported, transition plan, crisis plan, and each individual provider who is responsible for delivering services.
- Include care coordination that involves the parents or caregiver(s), school, state disability programs, and other programs and institutions, as applicable.
- Consider the member's age, school attendance requirements, and other daily activities when determining the number of hours of medically necessary direct service and supervision.
- Deliver BHT services in a home or community-based setting, including clinics. Any portion of medically necessary BHT services that are provided in school must be clinically indicated as well as proportioned to the total BHT services received at home and in the community.
- Include an exit plan/criteria. However, only a determination that services are no longer medically necessary under the EPSDT standard can be used to reduce or eliminate services.

Treatment

Interventions must include the following elements:

- Mitigate the core features of ASD or other developmental disorders
- ABA is an intensive treatment
- Target specific deficits related to imitation, attention, motivation, compliance and initiation of interaction, and the specific behaviors that are to be incrementally taught and positively reinforced tie to objective and quantifiable treatment goals that have baseline data, measurable progress, and projected timeframes for completion. Include the child's parents in parent training and the acquisition of skills in behavior modification to promote management of skills within the home
- Treatment goals are prioritized in to address behaviors that threaten the health or safety of the client or others or create a barrier to quality of life. Goals are also prioritized to increase skills fundamental to maintaining health and social inclusion
- Train family members and other caregivers to manage problem behavior and interact with the child in a therapeutic manner
- As indicated, include psychotherapy (e.g., cognitive behavioral therapy) for higher functioning children to treat conditions such as anxiety and anger management
- Have an appropriate level of intensity and duration driven by factors such as:
 - Treatment plan should indicate the treatment setting, instructional methods to be used, hours requested and clinical justification of those hours
 - Treatment goals that relate to and include how skills will be generalized and maintained across people and environments
 - Changes in the targeted behavior(s) / response to treatment
 - The demonstration and maintenance of management skills by the parents and caregivers;
 - Whether specific issues are being treated in a less intensive group format (e.g., social skills groups)
 - The child's ability to participate in ABA given attendance at school, daycare, or other treatment settings
 - The impact of co-occurring behavioral or medical conditions on skill attainment
 - The member's overall symptom severity; and
 - The member's progress in treatment related to treatment duration.
 - When group services are included, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the individual's needs.
- Treatment methodologies utilized as part of intensive behavior therapies should be considered established by the National Autism Centers Standards Projects.
- Parent/Caregiver support is expected to be a component of the ABA program, as they will need to provide additional hours of behavioral interventions. Parents or caregivers must be involved and engaged in the training and follow through on treatment recommendations beyond that provided by licensed or certified practitioners. Parent support groups are considered not medically necessary (Myers & Johnson, 2014).

- Parent and caregiver training include a systematic, individualized curriculum on ABA fundamental concepts. The goal of this training is skills development and support so that parents and caregivers are proficient in implementing treatment strategies in a variety of settings and critical environments (BACB, 2014).
- ABA programs typically fall into either focused or comprehensive ABA treatment. The type of treatment may lend itself to different intensity of services. Total intensity of services includes both direct and indirect services (e.g., caregiver training and supervision). Hours may be increased or decreased based on the client's response to treatment and current needs. Comprehensive services are typically rendered when the individual is early in his or her development. These services are not generally intended to be applied to older children or adolescents who are often more appropriate for focused intervention. Comprehensive services commonly focus on most areas of functioning and are intended to improve multiple skills. Focused intervention is intended to reduce dangerous or maladaptive behavior and strengthen more appropriate functional behavior (BACB, 2014).

Coordination of Care

- The health plan is responsible for coordinating the provision of services with other entities, including but not limited to Regional Centers and County Mental Health plans, to ensure that health plans and other entities are not providing duplicative services.
- If applicable, documentation of communication and coordination with other service providers and agencies, (i.e., day care, preschool, school, early intervention services providers) and/or other allied health care providers (i.e., occupational therapy, speech therapy, physical therapy, and any other applicable providers) to reduce the likelihood of unnecessary duplication of services. According to the BACB (2014), collaborating between all professionals engaged with a child will ensure consistency, as better consistency likely leads to better outcomes.
- Documentation should include the following:
 - Type of therapy provided
 - Number of therapies per week
 - Behaviors/deficits targeted
 - Progress related to the treatment/services being provided
 - Measurable criteria for completing treatment with projected plan for continued care after discharge from ABA therapy
 - Total number of days per week and hours per day of direct services to child and parents or caregivers to include duration and location of requested ABA therapy
 - Dates of service requested
 - Licensure, certification, and credentials of the professionals providing ABA services to the child
 - Evidence that parents and/or caregivers have remained engaged in the treatment plan, following all appropriate treatment recommendations.
 - Detailed description of interventions with the parent(s) or caregiver(s), including:
 - Parental or caregiver education, training, coaching and support
 - Overall parent or caregiver goals including a brief summary of progress. As part of the summary of progress the information should also include percentage of planned sessions attended
 - Plan for transitioning ABA interventions identified for the child to the parents or caregivers.

Continuing Stay Criteria

- With each medical necessity review for continued ABA treatment, an updated treatment plan and progress reports will be required for review, including all of the following documentation (BACB, 2014; Myers & Johnson, 2014; Volkmar et al., 2014):
 - There is a reasonable expectation on the part of the treating clinician that the child's behavior and skill deficits will continue to improve to a clinically meaningful extent, in at least two settings (home, school, community) with ABA services.
 - Therapy is not making the symptoms or behaviors persistently worse
 - Progress is assessed and documented for each targeted symptom and behavior, including progress toward defined goals, and including the same modes of measurement that was utilized for baseline measurements of specific symptoms and behaviors.
 - The treatment plan and progress report should reflect improvement from baseline in skill deficits and problematic behaviors using validated assessments of adaptive functioning.
 - Parent/Caregivers are involved and making progress in their own development of behavioral interventions

- When there has been inadequate progress with targeted symptoms or behaviors, or no demonstrable progress within a six-month period, or specific goals have not been achieved within the estimated timeframes, there should be an assessment of the reasons for inadequate progress or not meeting the goals, and treatment interventions should be modified or changed in order to attempt to achieve adequate progress.
 - Documentation of such an assessment and subsequent treatment plan change(s) must include:
 - Increased time and/or frequency working on targets
 - Change in treatment techniques
 - Increased parent/caregiver training
 - Identification and resolution of barriers to treatment effectiveness
 - Any newly identified co-existing disorder (e.g., anxiety, psychotic disorder, mood disorder)
 - Goals reconsidered (e.g., modified or removed)
- When goals have been achieved, either new goals should be identified that are based on targeted symptoms and behaviors that are preventing the child from adequately participating in age-appropriate home, school, or community activities, or that are presenting a safety risk to self, others, or property; or the treatment plan should be revised to include a transition to less intensive interventions.
- Treatment methodologies utilized as part of intensive behavior therapies should be considered established by the National Autism Centers Standards Projects.

Discharge Criteria

- When any of the following criteria are met the child will be considered discharged and any further ABA services will be considered not medically necessary:
- Documentation that the child demonstrates improvement from baseline in targeted skill deficits and behaviors to the extent that goals are achieved, or maximum benefit has been reached
- Documentation that there has been no clinically significant progress or measurable improvement for a period of at least 3 months in the child'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 child is unlikely to continue to benefit or maintain long term gains from continued ABA therapy
- Parents and/or caregivers 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 is needed.

Documentation Requirements

- ABA providers are required to have a separate record for each member that contains the following documentation:
- Comprehensive assessment establishing the autism diagnosis
- All necessary demographic information
- Complete developmental history and educational assessment
- Functional behavioral assessment including assessment of targeted risk behaviors
- Behavioral/medical health treatment history including but not limited to:
 - known conditions
 - dates and providers of previous treatment
 - current treating clinicians
 - current therapeutic interventions and responses
- Individualized treatment plan and all revisions to the treatment plan, including objective and measurable goals, as well as parent training, barriers to progress, response to interventions
- Daily progress notes including:
 - place of service
 - start and stop time
 - who rendered the service
 - the specific service (e.g., parenting training, supervision, direct service)
 - who attended the session
 - interventions that occurred during the session

- All documentation must be legible
- All documentation related to coordination of care; including with school related services rendered via an IEP. Attempts to coordinate care is acceptable if other providers will not collaborate
- All documentation related to supervision of paraprofessionals
- If applicable and available, a copy of the child’s Individualized Education Plan (IEP)
- If applicable and available, progress notes related to Early Intervention Plan or Pre-school/Special Education Program or allied health services
- Certification and credentials of the professionals providing the ABA therapy.

References

State of California Health and Human Services, Responsibilities for Behavioral Health Treatment Coverage for Medi-Cal members Under the Age of 21. March 2, 2018. Retrieved from:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf>.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-014.pdf>

Optum Applied Behavior Analysis Behavioral Clinical Policy, 2022.

Revision History

Date	Summary of Changes
07/2018	Version 1: UMC Approved
12/2019	Version 2: UMC Approved
05/2020	Version 3: Alignment with contract and national supplemental criteria
07/2021	Version 4: Annual review
10/2022	Version 5: Annual review