

NMNC 6.604.04 Applied Behavioral Analysis

Applied Behavioral Analysis (ABA) is defined as the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in behavior and address challenging behavior problems for members with Autism Spectrum Disorders. Often the behavioral challenges are of such intensity that the member's ability to participate in common social activities or education settings is not possible. ABA services include the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA treatment focuses on modifying behavioral issues by changing the individual's environment. Suggested intensity and duration of ABA varies and is not clearly supported by specific research evidence; however, most guidelines and consensus-based evidence reviews suggest at least 15 hours per week over 1 to 4 years, depending on a child's response to treatment. Treatment should be adjusted or discontinued if the recipient is not responding as determined by validated objective standards and outcome measures. Systematic reviews and meta-analyses of studies of early intervention ABA have found that the mean age of members ranged from 18 to 84 months; mean treatment intensity ranged from 12 to 45 hours per week; and treatment duration ranged from 4 to 48 months.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Member has behavioral symptoms consistent with a <i>DSM</i> or corresponding ICD diagnosis for Autism Spectrum Disorders or other diagnosis as required by state or federal law 2) The diagnosis is determined by a qualified provider such as a developmental pediatrician, pediatric neurologist, psychiatrist or independently licensed and credentialed psychologist, or as permitted by state or federal law 3) Member has specific challenging behavior(s) and/or level of functional deficits attributable to the autism spectrum disorder (e.g., self-injurious, stereotypic/repetitive behaviors, aggression toward others, elopement, severely disruptive behaviors) that result(s) in significant impairment in <i>one or more</i> of the following: <ol style="list-style-type: none"> a) personal care; or b) psychological functioning; or c) vocational functioning; or d) educational performance; or e) social functioning; or f) communication disorders 4) For outpatient ABA, the member can be adequately and safely maintained in his/her home environment and does not require a more intensive level of care due to imminent risk to harm to self or others or severity of maladaptive behaviors 5) Member's challenging behavior(s) and/or level of functioning is expected to improve with intensive ABA 6) Member is not currently receiving any other in-home or office-based Intensive Behavioral Intervention (IBI) or ABA services. 7) As appropriate, parents and/or primary caretakers are included in treatment-planning and a skill-development process 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Member continues to meet admission criteria 2) There is no other level of care that would more appropriately address the member's needs 3) Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated in a less restrictive or intensive level of care 4) Treatment/intervention plan includes age appropriate, clearly defined behavioral interventions with measurable goals to target problematic behaviors 5) Member's progress is monitored as regularly evidenced by behavioral graphs, progress notes, and daily session notes If there is no measurable progress toward decreasing the 	<p>Any one of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Member no longer meets admission criteria and/or meets criteria for another level of care; or 2) Member's individual treatment plan and goals have been met; or 3) Parent/guardian/caregiver is capable of continuing the behavioral interventions; or 4) Parent/guardian/caregiver withdraws consent for treatment 5) Member is not

	<p>frequency, intensity and/or duration of the targeted behaviors and/or increase in skills for skill acquisition to achieve targeted goals and objectives, the treatment plan should be modified.</p> <p>6) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out</p> <p>7) There is a documented active attempt at coordination of care with parent(s)/guardian(s)/caregivers, relevant providers, etc., when appropriate. If coordination is not successful, the reasons are documented.</p> <p>8) Coordination of care and discharge-planning are ongoing with the goal of transitioning the member to a less intensive behavioral intervention and a less intensive level of care</p>	<p>making progress toward goals, nor is there any expectation of progress</p> <p>6) Member's support system is in agreement with the transition/discharge treatment plan</p>
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Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care:

- 1) Member has medical conditions or impairments that would prevent beneficial utilization of services
- 2) Member requires the 24-hour medical/nursing monitoring or procedures provided in a hospital setting
- 3) The following services are *not* included within the ABA treatment process and will not be certified:
 - a) Speech therapy (may be covered separately under health benefit)
 - b) Occupational therapy (may be covered separately under health benefit)
 - c) Physical therapy

- d) Vocational rehabilitation (may be covered separately under health benefit)
- e) Supportive respite care
- f) Recreational therapy
- g) Orientation and mobility
- h) Respite care
- i) Equine therapy/Hippo therapy
- j) Dolphin therapy
- k) ABA treatment for diagnoses other than Autism Spectrum Disorder, unless otherwise mandated by state/federal law, or elected by contractual obligation
- l) Other educational services

Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)