

## Healthy Blue applied behavioral analysis utilization management guidelines

**Subject:** Louisiana Medicaid Applied Behavioral Analysis

**Current Effective Date:** February 1, 2018

**Status:** Final

**Last Review Date:** December 6, 2017

| Description <sup>4</sup> |
|--------------------------|
|--------------------------|

Certain services are provided to Medicaid recipients as under an Early Periodic and Screening Diagnosis and Treatment (EPSDT)<sup>2</sup>. EPSDT services are available to individuals under the age of 21. The 2014 Louisiana Department of Health (LDH) provider manual establishes coverage of applied behavior analysis (ABA) under the Medicaid State Plan for recipients under the age of 21. ABA therapy is the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement or prompting to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental. Medicaid covered ABA-based therapy must be:

- 1) Medically necessary;
- 2) Prior authorized by Medicaid or its designee; and
- 3) Delivered in accordance with the recipient's behavior treatment plan.

Services must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the *licensed professional*. Payment for services must be billed by the licensed professional.

ABA is a recipient-focused service, and it is not practical or within the standard of practice to require the parent/caregiver to be present at all times while services are being rendered to the recipient. There is the expectation that recipients may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for recipients receiving services for multiple hours per day. To the extent that parental/caregiver presence is required is a therapeutic decision, even when therapy is provided in the home.

Healthy Blue provides Applied Behavior Analysis (ABA) services and supports in accordance with the expectations of the state of Louisiana through its provider network of certified ABA providers. Members who receive ABA are diagnosed with Serious Emotional Disturbance (SED), especially Autism Spectrum Disorder (ASD), as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). The term Serious Emotional Disturbance (SED) is used to refer to children and youth who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities. A Centers for Disease Control and Prevention (CDC) review of population-level information found that estimates of the number of children with a mental disorder

range from 13 to 20%<sup>5</sup>. This document is especially focused on ABA for complications of SED as described below.

### **PROVIDER REQUIREMENTS**

In order to participate as an applied behavior analysis (ABA) service provider in the Medicaid Program, a provider must:

- 1) Be a Louisiana licensed psychologist or medical psychologist;
- 2) Be a licensed behavior analyst that:
  - a. Is licensed by the Louisiana Behavior Analyst Board;
  - b. Is covered by professional liability insurance to limits determined by the state of Louisiana;
  - c. Has no sanctions or disciplinary actions on their Board Certified Behavior Analyst (BCBA<sup>®</sup>) or Board Certified Behavior Analyst – Doctoral (BCBA-D) certification and/or state licensure;
- 3) Be a certified assistant behavior analyst that renders ABA-based therapy services that:
  - a. Is certified by the Louisiana Behavior Analyst Board;
  - b. Works under the supervision of a licensed behavior analyst with supervisory relationship documented in writing;
  - c. Has no sanctions or disciplinary actions, if state-certified or board-certified by the BACB<sup>®</sup>;
- 4) Be a registered line technician that renders ABA-based therapy services that:
  - a. Is registered by the Louisiana Behavior Analyst Board; **AND**
  - b. Works under the supervision of a licensed behavior analyst with supervisory relationship documented in writing.

The licensed professional (licensed psychologist, licensed medical psychologist or behavior analyst), certified assistant behavior analyst, or registered line technician shall not have any Medicare/Medicaid sanctions, or be excluded from participating in federally funded programs (i.e., Office of Inspector General's list of excluded individuals/entities (OIG-LEIE), system for award management (SAM) listing and state Medicaid sanctions listings).

### **Changing Providers**

Recipients have the right to change providers every 180 days unless a change is requested for good cause. If a provider change is requested based on good cause before the authorization period ends, the recipient or case manager (if the recipient has one) must contact BHSF.

### **Criminal Background Checks**

Completed criminal background checks must be conducted to include federal criminal, state criminal, parish criminal, and sex offender reports for the state and parish of employment and residence.

All ABA services must be prior authorized. Recipients must select a provider of their choice based on the availability of Medicaid enrolled providers.

### **Prior Authorization Requests**

All prior authorization requests must be submitted to the fiscal intermediary's Prior Authorization Unit (PAU) through the electronic prior authorization (e-PA) process via e-PA Transaction using the individual attending provider number. (See Appendix A for information about PAU and e-PA.)

For adaptive behavior treatment protocol and group adaptive behavior treatment protocol, modifiers do not need to be requested during prior authorization but should be added at claims submission.

Documentation must be kept on file to show that the credentials of the person performing the services match the modifier.

**NOTE: Do not use the group provider number on the e-PA.**

### **Request to Provide ABA-Based Therapy Services**

A separate authorization request must be submitted by the ABA provider to request approval to provide the ABA-based therapy services to the recipient. This authorization request must include:

- 1) The Comprehensive Diagnostic Evaluation (CDE);
- 2) The behavior treatment plan;
- 3) The Individual Education Plan (IEP);
- 4) The waiver plan profile table and the schedule from the certified plan of care (if the recipient is in a waiver and services are being requested that will occur at the same time as waiver services).

Authorizations for ABA-derived therapy services shall be authorized for a time period not to exceed 180 days.

### **Reconsideration Requests**

If the prior authorization request is not approved as requested, or an existing authorization needs to be adjusted, the provider may submit a request for reconsideration of the previous decision. When submitting a reconsideration request, providers should include the following:

- 1) A copy of the prior authorization decision notice with the word "Recon" written across the top;
- 2) The reason the reconsideration is being requested written across the bottom of the notice;
- 3) All original documentation submitted from the original request; and
- 4) Any additional information or documentation which supports the reconsideration request.

After the reconsideration request has been reviewed, a new notification letter with the same prior authorization number will be generated and mailed to the provider, recipient, and case manager (if the recipient has one).

A behavior treatment plan calling for services to be delivered in a school setting will not be approved until an IEP is provided to LDH. ABA therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Healthy Blue, provided all other conditions for coverage of ABA therapy are met (e.g., the service is medically necessary).

### **Functional Assessment and Development of the Behavior Treatment Plan**

A prior authorization request must be submitted by the ABA provider to conduct a functional assessment and to develop a behavior treatment plan (Mental Health Services Plan Development by Non-Physician). The prior authorization request must include a CDE that has been conducted by a qualified health care professional (QHCP) prescribing and/or recommending ABA services.

All CDEs completed by QHCPs will be reviewed and considered when making prior authorization decisions.

Follow up assessments should be requested 45 days in advance of the date to renew ABA services. No documentation needs to be submitted with this request. Also modifiers do not need to be requested during prior authorization but added at claims submission. Documentation must be kept on file to show that the credentials of the person performing the services match the modifier.

**NOTE:** CDEs completed more than 18 months prior to the date of service authorization requests may require an update, progress report, or re-evaluation by a QHCP.

The authorization request will be reviewed by the PAU's ABA consultant and a decision will be made regarding the approval of the services. The decision is entered into the e-PA system and will be available for the provider to review during the following business day. A letter is also sent to the recipient, the ABA provider, and case manager (if applicable) advising of the decision.

### Clinical Indications<sup>4</sup>

Prior to requesting ABA services, the recipient must have documentation indicating medical necessity for the services through a Comprehensive Diagnostic Evaluation (CDE) which has been performed by a Qualified Health Care Professional (QHCP).

**Medically Necessary:**

Applied behavior analysis (ABA)-based services are available to Medicaid recipients under 21 years of age who (please provide details):

- 1) Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (aggression, self-injury, elopement are examples – please describe the problem behavior or behaviors, including  
    Frequency  
    Severity and  
    Duration
- 2) That require ABA in the Comprehensive Diagnostic Evaluation and person centered Behavior Treatment Plan); **AND**
- 3) Have been diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder by a qualified health care professional; **AND**
- 4) Had a comprehensive diagnostic evaluation by a qualified health care professional; **AND**
- 5) Have a prescription for ABA-based therapy services ordered by a qualified health care professional.

**NOTE:** All of the above criteria must be met to receive ABA-based services.

**The Comprehensive Diagnostic Evaluation (CDE) must include at a minimum:**

- 1) A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
- 2) Direct observation of the recipient, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors;
- 3) A review of available records;
- 4) A valid Diagnostic and Statistical Manual of Mental Disorders<sup>1</sup>, (DSM) V (or current edition) diagnosis;
- 5) Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services;
- 6) Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional recommended standardized measures,

labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.

When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment should be included as components of the CDE and must be specific to the recipient's age and cognitive abilities:

- 1) Autism specific assessments;
- 2) Assessments of general psychopathology;
- 3) Cognitive assessment; and
- 4) Assessment of adaptive behavior.

### **Assessment and Plan Development**

The licensed professional is required to perform a functional assessment of the recipient utilizing the outcomes from the CDE, and develop a behavior treatment plan.

Services for "Behavior identification assessment by Non-Physician" must be prior authorized, and shall not exceed four hours per evaluation authorization, without review and approval by the Bureau of Health Services Financing (BHSF). This is for the initial assessment only. Only one authorization will be approved for a period not to exceed the first 180 days of ABA services, unless circumstances change which warrant an additional evaluation. Prior authorization must be requested in such cases with a full explanation of why an additional evaluation is warranted. Approval of an additional evaluation is made on a case-by case basis by the Medicaid medical director.

### **Behavior Treatment Plan**

- 1) The behavior treatment plan identifies the treatment goals along with providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as (please provide details for all that apply):
  - a. Communication; **OR**
  - b. Sociability; **OR**
  - c. Self-care; **OR**
  - d. Play; **OR**
  - e. Leisure; **OR**
  - f. Motor development; **OR**
  - g. Academic; **AND**
  - h. Must be developmentally appropriate **AND**
- 2) Treatment goals should emphasize skills required for both short- and long-term goals; **AND**
- 3) The instructions should break down the desired skills into manageable steps that can be taught from the simplest to more complex.

### **The behavior treatment plan must:**

- 1) Be person-centered and based upon individualized goals;
- 2) Delineate the frequency, severity and duration of baseline behaviors and the treatment development plan to address the behaviors;
- 3) Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
- 4) Identify the criteria that will be used to measure achievement of behavior objectives;

- 5) Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
- 6) Include care coordination, involving the parents or caregiver(s), school, state disability programs, and others as applicable;
- 7) Include parent/caregiver training, support, and participation;
- 8) Have objectives that are specific, measureable, based upon clinical observations of the outcome measurement assessment and tailored to the recipient;
- 9) Ensure that interventions are consistent with ABA techniques.

**The behavior treatment plan must indicate:**

That direct observation occurred and describe what happened during the direct observation

- 1) If there are behaviors being reported that did not occur and these behaviors are being addressed in the plan;
  - a. Indicate all situations and frequencies at which these behaviors have occurred and have been documented;
- 2) If there is documentation from another source, that documentation must be attached;
- 3) If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well;
- 4) A weekly schedule detailing the number of expected hours per week and the location for the requested ABA services.
- 5) Both the intensity and frequency of the therapy being requested and the justification for this level of service;
- 6) In order to help LDH understand all the services the child needs and is receiving, the provider should enclose with the plan of care a copy of the child's individualized educational plan (IEP);
- 7) If provider does not enclose the IEP, the provider should explain why he or she is unable to furnish a copy of the IEP;
- 8) If the recipient is in a waiver and which waiver the recipient is in. (This can be determined by checking the MEDS/REVS system.);
- 9) If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care. This can be obtained by contacting the waiver Support Coordinator. Communication should be maintained between the ABA provider and the support coordinator.
- 10) ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap.
  - a. This should be clearly documented in an addendum to the behavior treatment plan.

**Role of the Parent/Caregiver and Treatment Planning:**

- 1) Treatment plan services must include care coordination involving the recipient's parent/caregiver. Services must also include parent/caregiver training, support and participation;
- 2) Services for "Family adaptive behavior treatment guidance", administered by a physician or in a behavior treatment plan for prior authorization in order to:
  - a. Transfer skills to the parents or caregivers of the recipients to ensure that the recipient has consistency across environments;
  - b. Reinforce therapy while at home and in other locations with their caregiver.

- 3) Services for “Multiple-family group adaptive behavior treatment guidance”, administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to:
  - a. Transfer skills to the parents or caregivers of the recipient to ensure that the recipient has consistency across environments;
  - b. Reinforce therapy while at home and in other locations with their caregiver.
- 4) The multiple-family group therapy should be used when caregivers of two or more recipients are present. The recipients should have similar diagnosis, behaviors and treatment needs.

### **Behavioral Health Treatment Plan Addendum**

This addendum should detail:

- 1) The frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time;
- 2) Include an outline of information the direct support worker needs to correctly implement the skill;
- 3) Several measurable and objective goals defining and leading to the direct support worker’s competency (i.e., correct implementation);
- 4) The methods for collecting data on the direct support worker’s performance;
- 5) Identified strategies the ABA provider will use, such as, but not limited to:
  - a. Demonstration;
  - b. Modeling;
  - c. Coaching;
  - d. Feedback;
  - e. Providing repeated opportunities for direct support worker practice (role playing and in “real life” situations with the recipient);
- 6) This pairing of the direct support worker and the ABA provider should be specific, time limited, measureable and individualized.

### **Therapeutic Behavioral Services**

- 1) Therapeutic behavioral services include:
  - a. The design;
  - b. Implementation;
  - c. Evaluation of environmental modification using behavioral stimuli and consequences to produce:
    - i. Socially significant improvement in human behavior;
    - ii. Including the direct observation;
    - iii. Measurement and functional analysis of the relations between environment and behavior;
  - d. This includes one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting.

### **Group Therapy**

- 1) When part of the approved behavior treatment plan, services for “Adaptive behavior treatment social skills group”, administered by physician or other qualified health care professional shall be:
  - a. Face-to-face;
  - b. With two or more patients;
  - c. The recipients should have similar diagnosis, behaviors and treatment needs.

- 2) When part of the approved behavior treatment plan, “Registered Line Tech Group adaptive behavior treatment” may be administered by a registered line tech. This shall be:
  - a. Face-to-face;
  - b. With two or more patients;
  - c. The recipients should have similar diagnosis, behaviors and treatment needs.

### **Place of Service**

Services must be provided in a natural setting such as:

- 1) Home;
- 2) Community-based settings;
  - a. Clinics;
  - b. School (Medically necessary ABA services provided by enrolled licensed professionals in school settings are allowed.);

### **Continued Stay Criteria<sup>4</sup>:**

- 1) Authorizations for ABA-derived therapy services shall be authorized for a time period not to exceed 180 days.
- 2) CDEs completed more than 18 months prior to the date of service authorization requests may require an update, progress report, or re-evaluation by a QHCP.
- 3) The individual continues to meet the criteria above for an initial course of ABT; **and**
- 4) The *person-centered behavioral treatment plan* will be updated and submitted, every 6 months or as required by a state mandate.

### **Not Medically Necessary<sup>4</sup>:**

If the above criteria are not met, ABA services are not medically necessary.

The 2014 Louisiana Department of Health (LDH) provider manual address the following exclusions. The exclusions do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:

- 1) Therapy:
  - a. Services rendered when measureable functional improvement or continued clinical benefit is not expected, **AND**
  - b. Is not necessary or expected for maintenance of function or to prevent deterioration;**OR**
- 2) Service that is primarily educational in nature; **OR**
- 3) Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education Act (IDEA); **OR**
- 4) Treatment whose purpose is vocationally or recreationally-based; **OR**
- 5) Custodial care that:
  - a. Is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating and maintaining personal hygiene and safety; **AND**
  - b. Is provided primarily for maintaining the recipient's, or anyone else's, safety; **OR**
- 6) Could be provided by persons without professional skills or training; **OR**
- 7) Services, supplies or procedures performed in a non-conventional setting including, but not limited to (see definitions):
  - a. Resorts; **OR**



- b. Spas; **OR**
- c. Therapeutic programs; **OR**
- d. Camps

**Coding<sup>4</sup>**

| <b>New Procedure Code/Modifier</b> | <b>Code Description</b>  | <b>Units</b> | <b>Service Limits</b>   |
|------------------------------------|--|--------------|---|
| 0359T TG                           | Assessment (LBA*)  | 1 Hour       | 1 hour first assessment only<br>Initial approval of only three hours for first assessment; additional hours approved only more if medically necessary |
| 0359T TF                           | Assessment (SCABA**)   |              |   |
| 0360T TG                           | Follow-up assessment (LBA) First 30 minutes  | 30 Minutes   | 1 every six months  |
| 0360T TF                           | Follow-up assessment (SCABA) First 30 minutes  |              |   |
| 0360T                              | Follow-up assessment (Tech ***) First 30 minutes                                       |              |   |
| 0361T TG                           | Follow-up assessment (LBA) Additional 30 minutes                                       | 30 Minutes   | 7 every six months; more if medically necessary   |
| 3061T TF                           | Follow-up assessment (SCABA) Additional 30 minutes                                     |              |   |
| 3061T                              | Follow-up assessment (Tech) Additional 30 minutes                                      |              |   |
| 0364T TG                           | Adaptive behavior treatment by protocol (LBA) First 30 minutes                         | 30 Minutes   | Once daily as prior authorized  |
| 0364T TF                           | Adaptive behavior treatment by protocol (SCABA) First 30 minutes                       |              |   |
| 0364T HN                           | Adaptive behavior treatment by protocol (Tech with Bachelor's Degree) First 30 minutes |              |   |
| 0364T                              | Adaptive behavior treatment by protocol (Tech) First 30 minutes                        |              |   |
| 0365T TG                           | Adaptive behavior treatment by protocol (LBA) Additional 30 minutes by                 | 30 Minutes   | Approved As medically necessary   |
| 0365T TF                           | Adaptive behavior treatment by protocol (SCABA) Additional 30 minutes                  |              |   |

|          |  |               |  |
|----------|--|---------------|--|
| 0365T HN | Adaptive behavior treatment by protocol (Tech with Bachelor's Degree)<br>Additional 30 minutes   |               |  |
| 0365     | Adaptive behavior treatment by protocol (Tech)<br>Additional 30 minutes  |               |  |
| 0368T TG | Supervision (LBA)<br>First 30 minutes<br>(Can bill with 0364T TF, 0364T and 0365T TF, 0365T)   | 30<br>Minutes | 1 unit per week  |
| 0368T TF | Supervision (SCABA)<br>First 30 minutes<br>(Can bill with 0364T and 0365T)   |               |  |
| 0369T TG | Supervision (LBA)<br>Additional 30 minutes<br>(Can bill with 0364T TF, 0364T and 0365T TF, 0365T)  | 30<br>Minutes | Up to one unit per week, unless otherwise clinically indicated; up to a maximum of 10 percent of approved weekly therapy units.1 |
| 0369T TF | Supervision-Additional 30 minutes (SCABA)<br>(Can bill with 0364T and 0365T)   |               |  |
| 0366T TG | Group adaptive behavior (LBA) First 30 minutes   | 30<br>Minutes | 1 unit per day   |
| 0366T TF | Group Adaptive Behavior (SCABA) First 30 minutes   |               |  |
| 0366T    | Group adaptive behavior (Tech) First 30 minutes  |               |  |
| 0367T TG | Group adaptive behavior (LBA)<br>Additional 30 minutes   | 30<br>Minutes | Approved as medically necessary  |
| 0367T TF | Group adaptive behavior (SCABA)<br>Additional 30 minutes   |               |  |
| 0367T    | Group adaptive behavior (Tech)<br>Additional 30 minutes  |               |  |
| 0370T TG | Adaptive behavior treatment (LBA)<br>Family adaptive behavior treatment guidance. Patient not present.<br>Guardians and caregivers present | 1 Hour        | Approved as medically necessary  |
| 0370T TF | Family adaptive behavior treatment guidance. (SCABA)Patient not present.<br>Guardians and caregivers present                               |               |  |
| 0371T TG | Multiple-family group (LBA) Adaptive behavior treatment guidance Without Patient   | 1 Hour        | Approved as medically necessary  |
| 0371T TF | Multiple-Family Group (SCABA) Adaptive behavior treatment guidance Without Patient   |               |  |

|       |    |   |        |                                 |
|-------|----|---|--------|---------------------------------|
| 0372T | TG | Adaptive Behavior Treatment (LBA)<br>Social skills group – With patient   | 1 Hour | Approved as medically necessary |
| 0372T | TF | Adaptive Behavior Treatment (SCABA)<br>Social skills group – With patient |        | Approved as medically necessary |

**\*LBA Licensed Behavior Analyst**

**\*\*SCABA State Certified Assistant Behavior Analyst**

**\*\*\* Tech Technician**

**Limitations**

A prior authorization period shall not exceed 180 days. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

Reimbursement shall only be made for services authorized by Medicaid or its designee. It is the responsibility of the provider to verify the recipient’s Medicaid eligibility prior to providing services. Reimbursement shall be made available for applied behavior analysis (ABA)-based therapy services to enrolled providers (psychologists, medical psychologists or behavior analysts) who are currently licensed and in good standing with the Louisiana Behavior Analyst Board.

Reimbursement for ABA services shall not be made to, or on behalf of services rendered by a parent, a legal guardian or a legally responsible person.

Reimbursement for ABA-based therapy services shall be based upon a percentage of the commercial rates for ABA-based therapy services in the state of Louisiana.

The units of service billed do not require one full hour, or 30 minutes, of time spent on actual service delivery to be billed as a unit (See Appendix B for rate information). For billing of one hour units, 46 minutes or more of service must be provided to bill for the unit of service. For 30-minute units of service, 16 minutes or more of services must be provided in order to bill for a unit of service.

**Discussion/General Information**

The use of ABA for Autism spectrum disorder was established in 2014. In 2017 the state of Louisiana requested the use of ABA for other conditions other than Autism Spectrum Disorder. The SAMSHA Serious Emotional Disorders definition was used to with complication described above to meet the request of the state of Louisiana.

**Definitions**

**Camp:** Recreational, educational or instructional facility, usually time limited.

**Medical Necessity<sup>3</sup>**

- 1) Medically necessary services are defined as those health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most

physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.

- 2) In order to be considered medically necessary, services must be:
  - a. Deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and
  - b. those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the recipient.
- 3) Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the recipient requires at that specific point in time.
- 4) Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Medicaid Program. Services that are experimental, non-FDA approved, investigational or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."
  - a. The Medicaid director, in consultation with the Medicaid medical director, may consider authorizing services at his discretion on a case-by-case basis.

**Qualified Health Care Professional (QHCP)<sup>4</sup> is defined as a:** Pediatric Neurologist, Developmental Pediatrician, Psychologist (which includes a Medical Psychologist), Psychiatrist (particularly Pediatric and Child Psychiatrist), or Licensed individual that has been approved by the Medicaid medical director as meeting the requirements of a QHCP when the individual's scope of practice includes differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the recipient, and the individual has at least two years of experience providing such diagnostic assessments and treatments.

**Resort:** A place that is frequented by people that offers visitor what they want such as: food, drink, lodging, sports, recreational and entertainment or shopping.

**Serious Emotional Disturbance<sup>5</sup>:** The term serious emotional disturbance (SED) is used to refer to children and youth who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities. A Centers for Disease Control and Prevention (CDC) review of population-level information found that estimates of the number of children with a mental disorder range from 13 to 20%, but current national surveys do not have an indicator of SED.

**Spa:** Business that provide health, relaxation, weight management, skin care and fitness services.

**Supervision<sup>4</sup>:** The licensed professional shall provide case oversight and management of the treatment team by supervising and consulting with the recipient's team. The licensed professional must also conduct regular meetings with family members to plan ahead, review the recipient's progress and make any necessary adjustments to the behavior treatment plan. LDH expects part of the supervision to be done in the presence of the recipient receiving treatment and state-certified assistant behavior analyst or the registered line tech Adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional with one patient.

**Therapeutic Program\*:** a program of activities, such as recreation, arts and crafts, drama, wilderness, or equine and/or other activities that is intended to address a medical problem or problems.

\*The definition of therapeutic programs found in this document is intended to apply especially to children and adolescents. The Louisiana Department of Corrections definition addresses skills more typical of adulthood.

## References

### Government Agency, Medical Society, and Other Authoritative Publications:

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013.
2. [EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#), Centers for Medicare and Medicaid Services, Accessed 9/6/2017
3. [Louisiana Administrative Code](#) (LAC), Title 50, Part I, Chapter 11, Access on 9/6/2017
4. Louisiana Department of Health, [Applied Behavior Analysis Provider Manual – Chapter Four of the Medicaid Services Manual](#), Access on 9/6/2017
5. Substance Abuse and Mental Health Services Administration, Mental and Substance Use Disorder, [Serious Emotional Disturbance](#), Access 10/20/2017

## Websites for Additional Information

1. [Behavior Analyst Certification Board](#), Accessed 9/6/2017

**This Section Intentionally Left Blank**

**APPENDIX**

**History**

| <b>Status</b> | <b>Date</b> | <b>Action</b>                            |
|---------------|-------------|--|
| New           | 12/6/2017   | Create guideline per ABA Provider Manual |
|               |             |  |
|               |             |  |
|               |             |  |
|               |             |  |
|               |             |  |
|               |             |  |