

Level of Care Guidelines: UnitedHealthcare Applied Behavior Analysis

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INSTRUCTIONS FOR USE

This guideline is used to make coverage determinations. 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 this guideline. 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 guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply.

This guideline is provided for informational purposes. It does not constitute medical advice.

DESCRIPTION OF SERVICE

Applied Behavior Analysis (ABA) is a widely used strategy for addressing behavior problems among patients with disorders such as Autism and Intellectual Disabilities and at times in patients suffering from 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 benefit with applicable guidelines.

- "Practice of applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis;
- ABA interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions; and
- The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Criteria for Initiation of ABA Services

- There is a comprehensive clinical evaluation by a TN licensed clinician supporting medical necessity for ABA;
AND
The member has been assigned a DSM-5 TR diagnosis for which ABA may be an effective and appropriate clinical intervention.
AND
- ABA services must be located in TN and must be provided by or supervised by a TN board-certified Behavior Analyst (BCBA) or a health professional permissible under TN state law. Unlicensed persons may deliver applied behavior analysis (ABA) services under the extended authority and direction of an LBA or an LABA who is supervised by an LBA. Such persons shall not represent themselves as professional behavior analysts;
AND
- The family and/or support system is engaged and willing to participate in the member's ABA treatment; AND
- There are acute changes in the member's signs and symptoms, and/or psychosocial and environmental factors and the member's current condition can be safely, efficiently, and effectively assessed and/or treatment in this setting.

Examples of potential goals for which ABA may be appropriate:

- Reducing problem behavior such as physical and/or verbal aggression, elopement, destruction of property, severe disruptive behavior or self-injury;
- Increasing socially appropriate behavior such as reciprocity;
- The acquisition of communication, self-help and social skills; and
- Learning to tolerate changes in the environment and activities.
- Reduction of stereotyped/repetitive behaviors

Components of Behavioral Analysis

- A. Assessments to determine the relationship between environmental events and behaviors;
- B. Development of written behavior support/maintenance plans and skill development plans, and evaluating and revising plans as needed to meet individual's needs;
- C. Assisting caregivers or others to carry out the approved behavior support/maintenance plans;
- D. Observing caregiver (or other plan implementer) and individual's behavior for correct implementation of the behavior support/maintenance plan;
- E. Observing individual's behavior to determine effectiveness of the behavior support/maintenance plan; and
- F. Providing on-site assistance in a difficult or crisis situation.

Note: A-F above may be performed by a Behavioral Analyst.

C-F above may be performed by a Behavioral Specialist.

Essential Practice Elements of ABA

These characteristics should be apparent throughout all phases of assessment and treatment:

- Description of specific levels of behavior at baseline when establishing treatment goals;
- A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence;
- Collection, quantification, analysis, of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals;
- Efforts to design, establish, and manage the treatment environment(s) in order to minimize problem behavior(s) and maximize rate of improvement;

- Use of a carefully constructed, individualized and detailed behavior analytic treatment plan which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which lacked consensus about their effectiveness based on evidence in peer-reviewed publications;
- An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis;
- Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until the client can function independently in multiple situations;
- Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements; and
- Supervision and management by a Behavior Analyst or a health professional permissible under TN state law with expertise and formal training in ABA. .

Prior Authorization Clinical Criteria

- There must be documentation of:
 - A reasonable expectation on the part of a treating healthcare professional that the individual’s behavior will improve significantly with behavior analysis services for prior authorization to be granted;
AND
 - An established supporting diagnosis for which ABA may be an effective and appropriate intervention;
AND
 - A severe challenging behavior that presents a health or safety risk to self or others;
AND
 - A severe challenging behavior not generally seen as age or developmentally congruent (such as biting in a 2 to 4 y/o, temper tantrums) that significantly interferes with home or community activities;
AND
 - Less intensive behavioral therapy or other medical treatment has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behavior.

Concurrent Review Clinical Criteria

- The initial authorization may be limited to an evaluation and plan development. Ongoing ABA interventions may be authorized for up to 6 months at a time (or at other intervals determined by the Managed Care Organization based on the individual’s specific needs, behavior support/maintenance plan or skill support plan and progress in treatment). While the initial evaluation may be ordered by the primary care provider or specialist, the number of hours the provider of services proposes are needed on a weekly basis to effectively address the challenging behaviors and should be a component of the Initial Treatment Plan.
- The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity and/or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes for period of 3 months of optimal treatment, then ABA may no longer be considered medically necessary. “Optimal treatment” means that a well-designed set of interventions are delivered by qualified applied behavior specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.
- For changes to be “meaningful” they 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 made available for continued authorization of treatment.
- Maintenance of the behavioral changes may require on-going ABA interventions as the patient grows, develops and faces new challenges in his/her life (e.g., puberty, transition to adulthood, transition to a more integrated living situation, etc.).
- Treatment plans should include caregiver training regarding identification of the specific behavior(s) and interventions, in order to support utilization of the ABA techniques by caregiver(s).

Discharge Criteria

- When any of the following criteria are met the individual will be considered discharged and any further ABA services will not be covered (BACB, 2014):
- Documentation that the individual 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 individual'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 individual is unlikely to continue to benefit or maintain long term gains from continued ABA therapy
- Parents and/or support systems 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 compromises the effectiveness of the services.

REFERENCES

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, Fifth Edition. American Psychiatric Publishing.
2. The Council of Autism Service Providers. (2014, reaffirmed 2020). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers*. Second edition. Copyright © by The Council of Autism Service Providers (CASP), all rights reserved.
3. Myers, S.M. & Johnson, C.P. and the American Academy of Pediatrics Council on Children with Disabilities. (2007, reaffirmed 2014). Management of children with autism spectrum disorders. *Pediatrics*, 120(5),1162-1182.
4. TennCare Medicaid. (2021). Tennessee Division of TennCare. Tennessee government website: www.TN.gov.