

Medical Assistance Coverage of
Applied Behavioral Analysis (ABA)
for Children and Adolescents with
Autism Spectrum Disorder (ASD)

BH-MCO and County HealthChoices Contacts
WEBEX Presentation
Tuesday, March 31, 2015

1. Children with ASD in PA
2. Federal Communication
3. Definition of ABA
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- Pennsylvania served 199,076 children in its behavioral health system in state fiscal year (SFY) 13/14.
- The cost to serve those children was \$1,221,933,564.
- Pennsylvania served 30,449 children with ASD in its behavioral health system in state fiscal year (SFY) 13/14.
- The cost to serve those children was \$376,168,539.

- The federal Centers for Medicare and Medicaid Services (CMS) recently issued information related to services available to individuals with autism spectrum disorder (ASD) through the Medicaid program.
- Consistent with research-supported treatment strategies, the CMS communication identified Applied Behavioral Analysis (ABA) as one of the treatment approaches available for treating children and adolescents impacted by autism.
- CMS did not endorse or require any particular treatment modality for ASD.

- The CMS communication reminded state Medicaid agencies of their responsibility to determine what services are medically necessary for eligible individuals.
- CMS sought to clarify state obligations under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions whereby states must cover all Medicaid coverable services listed in Section 1905(a) for children, including services for the treatment of ASD, which are determined medically necessary.
- PA provides an expanded array of services for children with ASD.

- ABA is the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior or to prevent loss of attained skill or function.
- ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.
- ABA is used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions in order for a child or adolescent to master each step necessary to achieve a targeted behavior.

- The Department of Human Services has utilized Behavioral Health Rehabilitation Services (BHRS) for individuals from birth to age 21, to provide medically necessary treatment of autism in the home and community.
- BHRS encompasses a broad range of highly flexible, individualized services for children diagnosed with ASD.
- Access to specific treatment approaches, such as ABA, can be provided through Behavior Specialist Consultant (BSC-ASD) and Therapeutic Staff Support (TSS) services utilizing existing CPT codes.

- DHS is committed to ensuring there is adequate access to services and programs for children and adolescents diagnosed with ASD.
- Treatment is to be provided by a network of qualified providers trained to treat autism-related disorders.
- DHS is committed to taking additional steps to have the BH-MCOs publish and maintain online directories of qualified professionals who provide ABA through BSC-ASD and TSS services.

- Treatment plans should identify the coordination efforts with all other behavioral health programs and service systems involved with the child.
- Other service systems include Education; Children, Youth and Families (CYF); Juvenile Justice; ID/DD; Primary Treating Physician.
- Effective use of the ISPT meeting can ensure service coordination.
- Inviting the appropriate individuals to the ISPT can help identify necessary referrals for the child in all appropriate domains.
- The ISPT functions as a way to communicate treatment progress.
- Help prevent duplication of services from occurring.

- If a comprehensive evaluations conducted by a developmental pediatrician, licensed psychologist, psychiatrist, or a physician results in a recommendation for “ABA”.
 - The HealthChoices Contractor must review the request for services to determine if the requested services are medically necessary.
 - The HealthChoices Contractor can request additional information if the child’s or adolescent’s needs are not clear or the request does not differentiate between BSC-ASD and TSS services.

- Although assistance with ADLs (such as bathing, brushing teeth and toileting) is not considered appropriate use of BHRS, there may be circumstances where the need for assistance with ADLs is the result of a behavioral health need and a BHRS is medically necessary to address that behavioral need associated with the ADL(s).
- The child's treatment plan should identify the specific behavioral health interventions that should be used to address behaviors that impede the completion of ADL(s).

- The Department will establish a workgroup to develop new medical necessity guidelines for HealthChoices Contractors to replace Appendix T for children with ASD.
- When reviewing a request for BSC-ASD and TSS services for children and adolescents with ASD, reviewers should focus on a child's or adolescent's level of functional impairment in determining the medical necessity of the requested service(s).

- Each BH-MCO must provide covered members access to a network of qualified professionals.
 - Must be sufficient capacity and expertise for all covered services
 - Provide timely access to services
 - Monitor network to assure providers conform to expected utilization patterns
 - Establish procedures for accessing out-of-network, but in-plan, services for unique situations

- A family letter and additional discussion with stakeholders will occur shortly.
- The CMS guidance does not apply to commercial insurance plans. However, the Autism Insurance Act (Act 62) passed in 2008 requires most commercial insurance plans to cover ABA services when they are found to be medically necessary.

- Questions and comments regarding the provision of ABA and the information can be submitted to:

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