

## For autism spectrum disorder / applied behavior analysis: admission, continued stay and discharge criteria

### INTRODUCTION

Treatment for mental health and substance use/chemical dependency conditions is covered when the treatment is medically necessary and when it falls within the scope of the member's benefit certificate. Note that the benefit certificate may vary between members.

Note the following GENERAL EFFICIENCY CRITERION, which applies to all services: Services shall be limited to the most efficient method and scope of treatment that will adequately meet the member's clinical needs.

Services must be reviewed and approved/authorized by Blue Care Network and will be provided by a contracted practitioner or organizational provider.

All attempts will be made to coordinate the most appropriate level of care and intensity of service for members. This includes transition of members to other levels of care when benefits end.

Throughout this document, the term "DSM" is defined to mean the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

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### ADMISSION CRITERIA

**Note:** At all levels of care, court ordered treatment or to prepare for legal defense are not deemed sufficient criteria for treatment.

#### In-state admissions

Each of the following criteria is met:

- The member has had an evaluation at an approved autism evaluation center, or AAEC, within the three years prior to the initiation of treatment.
- The member has a diagnosis of autism spectrum disorder as a result of the AAEC evaluation.
- Applied behavior analysis, or ABA, treatment was recommended as an outcome of the AAEC evaluation.

#### Out-of-state admissions

A multidisciplinary autism evaluation must take place in order for a member residing out of state to access applied behavior analysis treatment services.

The parent/guardian/caregiver/member must complete the following:

1. Take the checklist and information below to the patient's health care provider.
2. Ensure that the providers who perform the multidisciplinary autism evaluation document a comprehensive set of treatment recommendations for the patient, including a recommendation for applied behavior analysis.
3. Give all evaluation documentation and treatment plan recommendations to a board-certified behavior analyst who participates with the Blue Cross plan in the state where the services will be provided.
4. Make sure that the recommended treatment is approved by a BCN behavioral health care manager **before treatment begins** so that applied behavior analysis benefits are covered.

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### ADMISSION CRITERIA (continued)

#### Getting the multidisciplinary autism evaluation

##### Where can an approved multidisciplinary autism evaluation take place?

- The multidisciplinary autism evaluation must be completed at an academic medical center or a hospital-based facility.
- The facility must participate with the Blue Cross plan in the state where the member's services will be provided.

##### Who performs the multidisciplinary autism evaluation?

A team of specialists with significant experience diagnosing and treating autism spectrum disorders participates in a multidisciplinary team meeting (which may occur electronically). The meeting is held to discuss the results of the multidisciplinary evaluation.

At least the following three disciplines must be represented on the core team of specialists that's primarily responsible for the evaluation and diagnosis of referred members, as age appropriate:

- Medical — Pediatrician, developmental pediatrician, pediatric neurologist or neurologist
- Behavioral — Pediatric neuropsychologist, child psychologist, child psychiatrist, psychiatrist or licensed behavior analyst
- Speech and language therapist

In addition, the team must include a qualified/trained professional who can perform an Autism Diagnostic Observation Scale, or ADOS.

If not represented on the core team, practitioners from additional disciplines should be available to participate in the evaluation on as-needed basis. This includes — but isn't limited to — a geneticist and an occupational therapist. These ad-hoc participants don't need to be paid staff at the center, but they must be identifiable and available.

##### What is needed for the multidisciplinary autism evaluation (checklist)?

The evaluation must adequately assess behavior, communication, and social interaction and include:

- Autism Diagnostic Observation Scale, or ADOS (required)
- History and physical examination
- Psychiatric evaluation
- Speech pathologist evaluation

Access is necessary to these other studies as needed:

- Imaging studies
- EEG
- Metabolic and genetic testing

In addition to the required tests above, at least **one** of the following must be performed:

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- ADI-R: Autism Diagnostic Interview, Revised
- CARS: Childhood Autism Rating Scale, 2<sup>nd</sup> Edition
- SCQ: Social Communication Questionnaire, Current/Lifetime version
- GARS: Gilliam Autism Rating Scale

### ADMISSION CRITERIA (continued)

#### What is needed for the member to be approved for ABA benefits?

For members to obtain the Michigan-mandated applied behavior analysis benefit for BCN, the following are required:

- A diagnosis of autism spectrum disorder from the multidisciplinary team
- A recommendation for treatment including applied behavior analysis
- Approval for applied behavior analysis from BCN behavioral health care manager
- To provide quality care for members and to meet adjudication time frames, the medical director can authorize ABA treatment if the criteria outlined in the medical policy titled [Applied Behavior Analysis for Autism Spectrum Disorder](#) meets clinical evaluation criteria for medical necessity.

Recommendations for treatment may include:

- Applied behavior analysis
- Speech therapy
- Occupational therapy
- Physical therapy
- Nutritional counseling
- Social skills
- Parent education/support
- Behavioral health services (psychotherapy, psychiatry, medication management)
- Other

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### CONTINUED STAY CRITERIA

**Note:** At all levels of care, court ordered treatment or to prepare for legal defense are not deemed sufficient criteria for treatment.

- Continues to meet the criteria for admission to autism spectrum disorder treatment protocol.
- Clear identified specific domains of treatment are identified as the focus of intervention.
- Skill deficits in the identified specific domain are identified and targeted interventions are proposed that can be longitudinally measured:
  - Pre-academic skills
  - Safety skills
  - Social skills
  - Play or leisure skills
  - Community integration
  - Vocational skills
  - Coping and tolerance skills
  - Adaptive and self-help skills
  - Language and communication skills
  - Attending skills
  - “Inappropriate” behaviors
- An update of the Autism Social Skills Profile, Social Skills Rating System, or Social Skills Checklist (or similar scale that has evidence to base its validity that has been identified at baseline evaluation) is completed no less frequently than every six months and shows expected progress, or; expected progress has not been demonstrated and the treatment plan has been modified accordingly.
- BCN may require a 3-year multidisciplinary re-evaluation in cases where a member has shown only minimal progress or when there is a significant question about the continued accuracy of a member’s diagnosis or treatment plan. BCN or may also require that a member undergoes annual developmental testing as a standardized method of measuring treatment progress.

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### CONTINUED STAY CRITERIA (continued)

- The treatment plan specifies precisely what improvement is expected within the next measurement interval, at most 6 months. If adequate progress, as outlined below, has not been met, additional authorization of up to 6 months **may** be given. At the end of this additional time period, if adequate progress still has not been made, medical review will be required to see whether additional authorization is warranted.
- The member has shown improvement in the focused ABA therapy in the measurement interval of at most 6 months, of at least 20 percent based on objective measurements. In addition to data derived from therapy sessions, these measurements must include the use of assessment scales such as the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP, preferred), the Vineland Adaptive Behavior Scale, the Autism Diagnostic Observation Scale (ADOS), Autism Social Skills Profile (ASSP), or other similar instruments.
- There is support system involvement in the therapy that is active and engaged in a manner that is constructive to facilitate improvement in the social interaction of the member.
- Support systems are compliant with the interventions including primary care provider visits, ABA therapy, psychiatric recommendations, including medication adherence, if indicated, family counseling, and/or individual counseling.
- The proposed treatments going forward adhere to current [National Standards Report, National Autism Center](#)\* guidelines. Any treatment proposed outside these guidelines would need at least level “B” evidence to support authorization of this proposed intervention:
  - Clear identification of the “package” or strategy would need to be identified at the time of the authorization
  - Subsequent assessments based on progress within that “curriculum” to its completion/ or maximization of benefit (plateau/new baseline)
- Identifying appropriate setting for the use of interventions in which they occur. Clear and convincing reasons would need to accompany authorization requests for interventions in settings other than the following:
  - Home
  - Clinic/outpatient
  - Community setting
- At least yearly, the baseline testing used for the diagnosis is repeated and reported. If no change, it needs to be repeated in 6 months and, if again no change, likely the member is not benefitting from this level of care/intervention and this course of treatment needs to be discontinued as being ineffective.

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### DISCHARGE CRITERIA

**Note:** At all levels of care, court ordered treatment or to prepare for legal defense are not deemed sufficient criteria for treatment.

- One or more of the following criteria must be met:
  - The member no longer meets the criteria for ASD.
  - The member has completed treatment goals and objectives.
  - The member has failed to achieve treatment goals and objectives despite revision in their treatment plan and symptoms warrant another level of care or different treatment setting.
  - The member's symptom level and functional impairment are not expected to improve significantly as a result of the proposed treatment, and treatment progress has plateaued.
- One or more of the following criteria must be met:
  - The member's level of functioning is not expected to significantly decline upon termination of therapy.
  - The member's parent, guardian and/or caregiver has been trained in ABA principles to maintain social function.