

# Applied Behavioral Health Prior Authorization Requirement Checklist

(The below information is required to consider a request complete for review.)

## Applied Behavioral Analysis

When submitting a prior authorization request for a Blue Cross and Blue Shield of Texas Medicaid member to receive Applied Behavioral Analysis services, clinical documentation must be included.

The clinical documentation should be sent via fax (**1-888-530-9809**) or electronically submitted through our provider portal.

Before submitting the prior authorization request, please ensure all the following items are included for each request type:

### ABA Initial Evaluation:

- The age of child or youth and year of the initial Autism Spectrum Disorder diagnosis
- Any co-morbid behavioral health or physical conditions, including trauma history.
- Level of symptom severity as per Diagnostic and Statistical Manual of Mental Disorder criteria under ASD
- Diagnosis of ASD or re-evaluation of ASD diagnosis must have been made within the past 3 years, including the diagnostic criteria and symptom severity level per DSM criteria. A reliable, valid, standardized diagnostic tool or combination of tools must have been a part of the initial evaluation or re-evaluation.
- A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- This referral may originate from the primary care provider.
- The referral may originate from the diagnosing provider who is a physician or allowed practitioner.

### ABA Initial Treatment

- A comprehensive diagnostic evaluation confirming a diagnosis of ASD.
- Documentation that diagnosis of ASD has been made (or reconfirmed) or reconfirmed within 3 years of treatment initiation. The following providers can conduct diagnosis evaluation:
  - A developmental pediatrician
  - A neurologist
  - A psychiatrist
  - A licensed psychologist
  - Interdisciplinary Diagnostic Team
    - An interdisciplinary diagnostic team may be composed of a physician or allowed diagnosing provider who may coordinate with providers

specializing in autism for consultation as listed under the Interdisciplinary Diagnostic Team. The prescribing provider may use the documented results of a reliable, valid, standardized diagnostic assessment tool or combination of tools from the following disciplines:

- Any provider listed above
  - Licensed clinical social worker
  - Licensed professional counselor
  - Licensed psychological associate
  - Licensed specialist in school psychology
  - Occupational therapist
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- A signed and dated referral from a physician or allowed practitioner outlining the frequency and duration of treatment based on recommendations made in the ABA evaluation as well as the prescribing provider's own clinical judgement.
  - A complete developmental history
  - Individualized ABA treatment plans which include:
    - Identification of specific targeted behaviors/skills related to the child or youth's health, safety, or independence that will be addressed in treatment.
    - Treatment goals must directly relate to the core symptoms of ASD as defined by the DSM.
    - Goals and protocols must be selected by the Licensed Behavior Analyst in collaboration with the parents or caregivers, consistent with person-centered and family-centered practice.
    - Functional goals must be specific to the child or youth, objectively measurable within a specified time frame, attainable in relation to the child or youth's prognosis and developmental status, both important to and relevant to the child or youth and their family, and directly related to the core symptoms of ASD as defined by the DSM.
    - Baseline data for all behaviors and skills identified for intervention across settings (e.g., home, school, community) where treatment will occur.
    - A Behavioral Support Plan, if appropriate.
    - BSPs must include an operational, behavioral definition of the target behavior excesses and deficits, prevention and intervention strategies, schedules of reinforcement, and functional alternative responses.
    - The planned frequency (intensity) and duration of treatment across all settings to reflect the severity of the impairments, goals of treatment, expected response to treatment, and specific individual variables, including availability of appropriately trained and certified ABA staff, that may affect the recommended treatment dosage.
    - Measurable parent or caregiver goals pertaining to learning the basic behavioral principles of ABA and applicability of these behavioral interventions in the home and community.
    - The planned frequency and duration of parent or caregiver training. Participation by the parents or caregivers are expected, and continued authorization for ABA services will take consideration of their participation in at least 85% of planned sessions.
    - Parent or caregiver training must be conducted by an LBA or Licensed Applied Behavioral Analyst.

- The formal design of treatment plan must be followed by all ABA service providers, including the supervised LaBAs and/or Behavioral Therapy BTs.
  - If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the individual and their targeted behaviors/skills.
  - A plan to ensure maintenance and generalization of skills.
  - Clearly defined, measurable, realistic discharge criteria and a transition plan across all treatment environments.
  - A clear plan to coordinate care with other providers and with school services.
  - This is contingent upon a signed release of information from parent or guardian. Documentation of parent or guardian refusal to sign consent should be documented in these situations but should not preclude access to treatment.
- ABA Assessments and treatment plans completed by the LBA must include:
    - The child or youth's name
    - Date of birth
    - Date the initial ABA evaluation and treatment plan was completed.
    - Name of the referring prescribing provider
    - Signature with date by the LBA
    - Signature with date by the parent or caregiver

#### ABA Initial Extension

- An attendance log, demonstrating a minimum of 85% attendance of the child or youth or provider justification to continue services at the previously approved frequency.
- An attendance log, demonstrating a minimum of 85% attendance of the parent or caregiver provider justification to continue services at the previously approved frequency.
- Progress summary

#### ABA Re-Evaluation & Recertification

- An updated BSP for the child or youth, if applicable.
- Baseline, current, and interim data for all behaviors and skills identified for intervention to demonstrate degree of progress toward mastering the functional treatment goals.
- Documentation to allow reviewers to assess whether the child or youth's behavior and skills have improved to a clinically meaningful extent in at least two settings (e.g., home, community, or with different family members or peers) and to demonstrate that the LBA appropriately recorded and tracked progress and made protocol modifications as needed for effective service delivery.
- The child or youth's treatment plan updated and modification of the treatment protocol, as appropriate, to include clearly defined, measurable, functional goals for addressing behaviors and ensuring maintenance and generalization of acquired skills.
- Documentation of the child or youth's status using a reliable, valid standardized assessment tool.
- Discharge plan, to include fading and generalization plan.



- Date and time the re-evaluation and treatment plan update were completed.
- LBA signature and date

The LBA must submit documentation attesting that:

- The family, caregiver, or responsible adult has agreed to the treatment plan, including:
  - The frequency specified on the treatment plan.
  - All places of service specified on the treatment plan.
  - That the specific goals and prioritization of the identified goals on the treatment plan align with the child or youth and their family values and preferences.
  - That the provider has access to sufficient staff to deliver the treatment plan frequency, duration, and in all places of service specified to allow accurate assessment of attendance in scheduled sessions.

Please submit the [Applied Behavioral Analysis Request Form](#) to **1-888-530-9809**.

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