

MEDICAL POLICY STATEMENT Arkansas PASSE

| Policy Name & Number | Date Effective |
|---|----------------|
| Applied Behavior Analysis for Autism Spectrum Disorder-AR PASSE-MM-1227 | 09/01/2025 |
| Policy Type | |
| MEDICAL | |

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Applied Behavior Analysis for Autism Spectrum Disorder

B. Background

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revised (DSM-5-TR) classifies Autism Spectrum Disorder (ASD) as a neurodevelopmental disorder varying widely in severity and symptoms depending on the member's developmental level and chronological age. ASD is characterized by specific developmental deficits affecting socialization, communication, academic and personal functioning. Diagnoses typically occur before entering grade school, and symptoms are noticed across multiple contexts (eg, social reciprocity, nonverbal communicative behaviors, skills in developing, maintaining and understanding relationships). Restricted, repetitive patterns of behavior, interests or activities are also often present.

There is no cure for ASD, nor is there any single treatment. The diagnosis is managed through a combination of therapies (eg, behavioral, cognitive, pharmacologic, educational) to minimize severity of symptoms, maximize learning, facilitate social integration and improve quality of life. Applied behavior analysis (ABA), one such therapy, may be provided in centers or at home and provides an evidence-based practice for treatment.

ABA is based on the science of behavior and understanding behavior functioning, how it is affected by the environment and how learning to change behavior can improve the human condition. It is a flexible treatment that should be adapted to the needs of each member, teaches useful and generalizable skills and involves individual, group and family training. Qualified practitioners provide and/or oversee ABA programs and are accountable to state boards for certification or licensure requirements. Clinical decisions regarding telehealth models should be based on member needs, strengths, preference of service modality, caregiver availability and environmental support available.

CareSource follows Arkansas Code and Arkansas Dept of Health and Human Services guidelines in the provision of ABA services, which are based on a diagnosis from the DSM-5-TR. Any information from those sources supersedes information in this policy. Severity levels are divided into 2 domains, social communication and restricted, repetitive behaviors and are defined below:

| Severity Levels for Autism Spectrum Disorder | | |
|---|--|---|
| Severity Level | Social Communication | Restricted, Repetitive Behaviors |
| Level 3 – “Requiring very substantial support” | Severe deficits in verbal & nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. | Inflexibility of behavior, extreme difficulty coping with change, or other restricted/ repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action. |

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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| Level 2 – “Requiring substantial support” | Marked deficits in verbal and nonverbal social communication skills, social impairments apparent even with supports in place, limited initiation of social interactions, and reduced or abnormal responses to social overtures from others. | Inflexibility of behavior, difficulty coping with change, or other restricted/ repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action. |
| Level 1 – “Requiring support” | Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. | Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence. |

As the child becomes eligible for school-based services, the public school system becomes responsible for the provision of services and education. Services provided are outlined in an individualized education program (IEP). ASD services do not include education services available through a program funded under 20 US Code Chapter 3, section 1400 of the Individuals with Disabilities Education Act (IDEA). Congress reauthorized the IDEA in 2004 and most recently via Public Law 114-95, Every Student Succeeds Act, in December 2015.

C. Definitions

- **Evidence-Based Treatment** – Treatment subject to research that applies rigorous, systematic and objective procedures to obtain valid knowledge of efficacy relative to ASD as published by the National Standards Report by the National Autism Center.
- **Practitioner** – All ABA services must be provided by a Behavior Analyst Certification Board (BACB)-certified professional or appropriately supervised paraprofessional:
 - Board Certified Assistant Behavior Analyst (BCaBA)
 - Board Certified Behavior Analyst (BCBA)
 - Board Certified Behavior Analyst - Doctoral (BCBA-D)
 - Registered Behavior Technician
- **Qualified Professional** – A professional educated and licensed in fields related to physical health, mental health and child and adolescent physical and psychological development, which only includes a licensed physician, licensed psychologist, or licensed speech-language pathologist.
- **Standardized Diagnostic Assessment Tools** – Direct assessment, evidence-based tools designed to assist with identification of symptoms and criteria for a diagnosis or disorder.
- **Supervision** – Directing, guiding, training and assessing individuals who provide behavior-analytic services with responsibilities in accordance with the board from which the practitioner received a license.

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- Services delivered by a BCaBA must be supervised by a BCBA, BCBA-D or a licensed/ registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who has tested in ABA.

D. Policy

I. Eligibility Requirements

- A. Appropriate documentation must be submitted for medical necessity review and align with the State's definition of medical necessity, including treatment that is not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results.
- B. Members must be enrolled in the Child Health Services (EPSDT) Arkansas Medicaid program and between 18 months and 21 years of age. CareSource requires that any guardianship documentation be submitted with medical necessity review documents, if applicable.

II. Initiation and Continuation of ABA Services

- A. CareSource must receive the following documentation for medical necessity review:
 - 1. definitive, primary diagnosis of ASD established in accordance with ARK. CODE ANN. § 20-77-124 made by 2 qualified professionals (see definition above) as demonstrated by
 - a. a delineation of the DSM criteria
 - b. results of 1 or more formalized ASD evaluation instruments by a qualified professional
 - 2. a referral to evaluate on a DMS-641-ER for the initial comprehensive evaluation that includes the signature of the member's primary care provider (PCP), a substitute physician in accordance with section 171.600 of the *ABA Manual* or an affiliated physician or PCP operating under the same group provider as the assigned PCP
 - a. No evaluation referral is required to perform a reevaluation.
 - b. When a member has an active treatment prescription for ABA services pursuant to a DMS-641 TP and switches to a new provider, the new provider is not required to obtain or maintain a DMS-641 ER since any evaluation performed by the new provider would not be the initial comprehensive evaluation for services.
 - c. If a member becomes ineligible for services at any time, then another, new DMS-641 ER evaluation referral and initial comprehensive evaluation is required prior to restarting ABA services.
 - 3. a treatment prescription on form DMS-641 TP signed and dated by the member's assigned PCP
 - a. Valid up to 6 months for members 18 months to 8 years of age (age determined as of the date of the prescription).
 - b. Valid up to 12 months for members from 8 to 21 years of age.
 - c. Members receiving ABA services pursuant to an active treatment prescription (DMS-693 form) as of January 1, 2025, are not required to

- obtain a new treatment prescription on a form DMS-641 TP until the existing treatment prescription expires.
- d. A new DMS-641 TP treatment prescription is not required when a member changes PCPs as the existing treatment prescription would remain valid through its date of expiration if it was valid at the time originally signed.
 - e. A renewal treatment prescription must be signed and dated by the member's assigned PCP, a substitute physician in accordance with section 171.600 of the Arkansas Medicaid ABA manual or an affiliated physician or PCP operating under the same Arkansas Medicaid group provider as the Arkansas Medicaid assigned PCP.
- 4. A comprehensive assessment (see criteria B. below).
 - 5. An individualized treatment plan (ITP) (see criteria C. below).
- B. Comprehensive Assessment (CA)
- CAs must be completed by a BCBA and must demonstrate initial eligibility for ABA services. Reevaluations must be performed at least every 6 months for members 18 months to 8 years of age and every 12 months for members 8 to 21 years of age. Initial CAs and reevaluation reports must include the following information
- 1. member name, age, date of birth, assigned PCP and supervising BCBA
 - 2. summary of background history on member, including
 - a. pertinent medical, mental, and developmental history, including any medications prescribed to ameliorate behaviors
 - b. primary language spoken in the home
 - c. school enrollment (eg, public, private, homeschooled)
 - d. additional services currently received by member (eg, occupational or physical therapy, speech-language pathology, early intervention day treatment services, behavioral health services)
 - e. member's response to prior treatment(s) performed by the current ABA provider, which in the case of a reevaluation must include
 - 01. the date the member started services with the current provider and any gaps in treatment services
 - 02. summary of specific ITP goals or objectives met since the previous CA
 - 03. summary of communication, social, self help or other adaptive behavioral skills improvements or acquisitions specific to targeted area(s) of functional deficit since the last CA
 - 04. summary of specific replacement behaviors, tasks or activities successfully implemented since the last CA
 - 05. list of specific interfering behaviors minimized or eliminated since the last CA
 - 06. available direct or indirect evidence of replacement behaviors, problem behavior reduction or elimination, or skill acquisition in targeted area(s) of deficit transitioning across natural environment settings since the last CA

07. a list of variables that impacted the member's response to ABA services
08. a detailed description of how those variables prevented anticipated progress toward ITP goals and objectives since the preceding CA
3. summary of 1 or more interviews with parent(s), caregiver(s) or other individuals involved in the member's life, as appropriate, which includes the following **OR** documented parent/caregiver refusal or unavailability after reasonable attempts:
 - a. date of interview
 - b. member's current functioning, skill deficits and problem behaviors (long-term and recent)
 - c. the family's current needs and concerns
 - d. any recent family or home stressors and changes
 - e. any other pertinent information concerning the member and the suspected area(s) of deficit relating to typical daily activities
4. results of 1 of the nationally recognized skills-based assessment instruments accepted by AR DHS (located on AR DHS website), which includes a direct assessment
5. administration of results of a functional behavior assessment if targeted interfering behavior(s) are present
6. location and settings where BCBA conducted direct observation of and data collection on member
7. BCBA analysis of member's current skills and functional strengths, deficits, delays, limitations, and barriers across at least the following domains, including lack of deficits or concerns in domains if applicable, and the basis for BCBA conclusions for each domain (eg, direct observation, medical file review, parent interview):
 - a. communication and language
 - b. social behavior and play
 - c. independent play and leisure
 - d. self-help and daily living skills
 - e. sleeping and feeding
 - f. classroom and academic skills
 - g. interfering behavior(s) resulting in harm to self, acting as barrier to learning or limiting access to community
8. detailed description of areas of functional skill deficits and delays, member limitations and interfering behavior(s) to be addressed, as it will not be deemed medically necessary for each area of deficit to be addressed by ABA services
9. BCBA's recommendations on the frequency, duration and intensity of services
10. BCBA's interpretation of the member's medical history, family history, parent or other caregiver interviews, assessment instrument results and direct observation and data collection that justifies recommendations on the frequency, duration and intensity of services
11. a recommended ITP with goals/objectives to address each targeted area of

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- deficit, functional limitation and problem behavior included on the ITP
12. recommended setting(s) for treatment service delivery and how and why the treatment service delivery setting(s) are appropriate
 13. parent, guardian or other family member or caregiver home program, including a written description of
 - a. the specific intervention practices and strategies to be implemented by the parent/caregiver
 - b. during what typical activities and in what setting(s) those practices and strategies are to be performed
 - c. the schedule of family adaptive behavior treatment service meetings between the supervising BCBA and parent/guardian with an explanation of why the scheduled frequency and duration is appropriate
 - d. the signature and credentials of the BCBA who performed and completed the CA, which certifies the following:
 01. The member's ASD diagnosis is the primary contributing factor to developmental or functional delays, deficits or problem behaviors to be addressed by ABA services.
 02. The level of complexity of the member's condition is such that ABA services can only be safely and effectively performed by or under the supervision of a BCBA.
 03. There is a reasonable expectation that ABA will result in meaningful improvement of developmental or functional delays, deficits and problem behaviors because the member exhibits an ability to learn and develop generalized skills to assist with independence and address problem behaviors.

C. Individualized Treatment Plan (ITP)

The ITP must be developed and updated, as necessary, by the supervising BCBA based on member progress or lack thereof, but at a minimum, must be updated the sooner of every 12 months or when no progress has been made toward goals/objectives in 6 months. Each time an ITP is updated, the BCBA must include a listing of each specific change and why the change was necessary.

1. Each ITP must include the following:
 - a. a written description of each goal or objective
 - b. a description of the specific practices, procedures and strategies within the scope of ABA peer-reviewed literature anticipated to be utilized and the activities anticipated to be performed
 - c. specific criteria/other data to be collected on each ITP goal or objective during service delivery that monitors and measures progress, including, at a minimum, the following for each:
 01. baseline measurement for goal/objective criteria when the goal/objective was first included on the ITP
 02. measurement for the goal/objective's criteria on the immediately preceding CA
 03. current measurement for the goal/objective criteria
 04. anticipated progress toward each goal/objective between now and

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- the next CA
- 05. level of measurement considered mastery of the goal/objective criteria (mastery must include transferring the goal/objective outcome across the member's natural environments)
- 06. estimated goal/objective mastery date or timeframe at the time the goal/objective was first included on the ITP
- 07. estimated goal/objective mastery date or timeframe at the time of the immediately preceding CA
- 08. current estimated goal/objective mastery date or timeframe
- 09. estimated goals/objectives with extended timeframes or mastery dates must include a narrative including
 - i. the date that the mastery date or timeframe was extended
 - ii. barriers to mastery that required the extension
 - iii. modifications to practices, procedures and strategies made to address the lack of progress
- d. discharge criteria for transition out of prescribed ABA services, including
 - 01. original, anticipated discharge date from ABA when services were initiated with the current provider (for a member already receiving services as of January 1, 2025, as of the beneficiary's next ITP update after January 1, 2025)
 - 02. anticipated discharge date as of the immediately preceding CA
 - 03. current anticipated discharge date
 - 04. each of the following as standalone, additional objective discharge criteria:
 - i. when a member fails to progress toward ITP goals/objectives over time
 - ii. if targeted skill acquisition, replacement behaviors and problem behavior elimination are unable to be transitioned into the member's natural environments over time
- e. a positive behavior support plan for interfering behavior(s), when appropriate (use of punishment procedures in positive behavior support plans is expressly prohibited)
- 2. Goals/objectives must comply with the following:
 - a. specific to the member
 - b. observable
 - c. measurable with a clear definition of what level of measurement the member must reach before considered mastered or completed
 - d. written in the form of a
 - 01. skill acquisition goal tied directly to a behavioral reduction ITP goal or objective unless
 - i. a rare situation in which an ITP contains only skill acquisition goals/objectives
 - ii. supervising BCBA includes detailed clinical rationale in the ITP for why ABA services are appropriate for a member with no targeted behavioral reduction goals/objectives

- 02. replacement behavior goal tied directly to a behavior reduction ITP goal/objective
- 03. behavior reduction goal that has 1 or more skill acquisition or behavior replacement ITP goals/objectives tied directly to it
- 04. parent/caregiver goal (specific to skills, tasks or activities to successfully perform)
- e. include a target duration or date for each goal/objective to transfer to the member's natural environment
- f. total number of goals/objectives included must
 - 01. correlate with and support the frequency, intensity and duration of the prescribed services
 - 02. be supported by the comprehensive evaluation
 - 03. be clinically appropriate for the member
- g. maintenance of an existing functional skill or eliminated interfering behavior is not an appropriate ITP goal/objective unless functional skill or behavioral regression is a medically recognized symptom of the beneficiary's underlying diagnosis; if maintenance is included, a detailed narrative must explain rationale of why appropriate for the member
- h. goals/objective design and implementation must transition into natural environments over time

III. Covered Services

All covered services must be reviewed for medical necessity prior to the service.

- A. Behavior Identification Assessment Services must be performed by a BCBA and include
 - 1. the annual CA, which includes
 - a. administering an assessment instrument(s)
 - b. conducting the parent/guardian interview
 - c. completing the accompanying annual CA report
 - 2. developing the ITP
- B. ABA Therapy Treatment Services include the following components (not all of which may be billable) in accordance with the member's ITP:
 - 1. performing ABA treatment
 - 2. collecting data and recording session notes
 - 3. reporting progress and concerns to the supervising BCBA, as needed
- C. Adaptive Behavior Treatment with Protocol Modification Services involve the in-person observation of ABA service delivery by a supervising BCBA for a BCaBA or RBT under the BCBA's supervision, which may include the following:
 - 1. actively training or assisting a BCaBA or RBT under the BCBA's supervision with the delivery of services during a treatment session
 - 2. educating and training a BCaBA or RBT under the BCBA's supervision on how to collect the required data or record the service session notes necessary to assess member progress towards ITP goals/objectives
 - 3. conducting clinical observation of and data collection on member progress towards ITP goals/objectives during a treatment session
 - 4. adjusting and updating the ITP as required

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- D. Family Adaptive Behavior Treatment Services are quarterly or more frequent meetings between the member's parent(s)/guardian(s) or other appropriate caregiver and the supervising BCBA, where the supervising BCBA
 - 1. discusses the member's progress
 - 2. provides any necessary technical or instructional assistance in connection with service delivery
 - 3. answers any parent/guardian or member questions and concerns
 - 4. discusses any necessary changes to the ITP

IV. Discontinuation of ABA Therapy

ABA therapy treatment services cease to be medically necessary if

- A. A member is not demonstrating progress toward ITP goals/objectives over time.
- B. Targeted skill acquisition, replacement behaviors and problem behavior elimination are unable to be transitioned across a member's natural environment settings over time.
 - 1. This transitioning outside of treatment sessions can be demonstrated through documented member, parent, teacher, or other caregiver feedback (verbally, in writing or through assessment/survey responses [ie, Vineland Adaptive Behavior Scales], pictures, videos and other sources) when properly supported by member progress observed during treatment in a clinic or other non-natural environment settings.
 - 2. This transitioning is not required to be demonstrated through in-person observation by the supervising BCBA in a beneficiary's natural environment.
- C. Parents/caregivers have refused treatment recommendations, 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 for member progress.

V. Telemedicine Services

All covered ABA services must be delivered in a synchronous manner (ie, real-time interaction between the practitioner and member, parent/guardian or other practitioner via a telecommunication link). Adaptive behavior treatment with protocol modification services and family adaptive behavior treatment services may be delivered via telemedicine. All other covered services must be conducted in-person.

- A. Parental/guardian consent is required prior to service delivery.
- B. All services must be delivered in accordance with the Arkansas Telemedicine Act, Ark. Code Ann. § 17-80-401 to -407, or any successor statutes, and section 105.190 of the ABA Arkansas Medicaid manual.
- C. ABA services delivered through telemedicine are reimbursed in the same manner and subject to the same limits as in-person, face-to-face service delivery.

VI. Exclusions

- A. rehabilitative services (eg, community psychiatric supportive treatment, therapeutic behavioral service, psychosocial rehabilitation service) for the provision of ABA

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- B. reimbursement for the following services or activities is not permitted:
 - 1. any services not documented in the treatment plan
 - 2. behavioral methods or modes considered experimental
 - 3. education-related services or activities described under Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §1400 (IDEA), amended through Public Law 114-95, the Every Student Succeeds Act
 - 4. vocational services in nature or those available through programs funded under Section 110 of the Rehabilitation Act of 1973
 - 5. components of adult day care programs
 - 6. ABA for members receiving Autism Waiver services or any other duplicative therapy service
 - C. treatment solely for the benefit of the family, caregiver or therapist or for symptoms/behaviors not part of core symptoms of ASD
 - D. treatment that worsens symptoms, prompts member regression or is unexpected to cause improvement
 - E. services provided by family or household members or custodial care not requiring trained ABA staff
 - F. shadowing, para-professional, or companion services in any setting
 - G. services more costly than an alternative service(s) likely to produce equivalent diagnostic or therapeutic result
 - H. any program or service performed in nonconventional settings, even if performed by a licensed provider (eg, spas/resorts, vocational or recreational settings, Outward Bound, wilderness, camp or ranch programs)
- E. Conditions of Coverage
- Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified, and provider prepayment review. Program Integrity will be engaged for an annual review of data. CareSource reserves the right to request therapy or supervision documentation, particularly related to telehealth services.
- F. Related Policies/Rules
- Applied Behavior Analysis for Autism Spectrum Disorder – Reimbursement Policy
Medical Necessity Determinations

G. Review/Revision History

| DATE | | ACTION |
|---------------------|------------|---|
| Date Issued | 02/02/2022 | New Policy |
| Date Revised | 01/04/2023 | Added definition of PCSP, PSSP to revised initial ABA treatment plan & section V.J. Parent/caregiver involvement. |
| | 03/29/2023 | Revised definitions. Restructured policy for clarity. Approved at Committee. |
| | 04/12/2023 | Removed any telehealth exclusions. Approved at Committee. |
| | 03/13/2024 | Annual review. Revised background. Added sections VII – X. Updated H. Approved at Committee. |

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| | 09/25/2024 | Off cycle review. Expanded background & VI. Added paraprofessional to practitioner definition, IX.D. & E.4. Deleted X.3. Updated references. Approved at Committee. |
| | 06/04/2025 | Off cycle review. Separated MM into additional PY policy. Updated MM according to ABA manual, references. Approved at Committee. |
| Date Effective | 09/01/2025 | |
| Date Archived | | |

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