



ISSUE DATE

**January 13, 2017**

EFFECTIVE DATE:

**Immediately**

NUMBER:

**OMHSAS-17-01**

SUBJECT:

Reissue of Medical Necessity Guidelines for Applied Behavioral Analysis Using Behavioral Specialist Consultant-Autism Spectrum Disorder and Therapeutic Staff Support Services

BY:

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**PURPOSE:**

The purpose of this bulletin is to reissue the guidelines to be used when requests for prior authorization of Applied Behavioral Analysis (ABA) using Behavioral Specialist Consultant-Autism Spectrum Disorder (BSC-ASD) services or BSC-ASD and Therapeutic Staff Support (TSS) services for children and adolescents under age 21 with autism spectrum disorders (ASD) are reviewed and inform Behavioral Health Managed Care Organization(s) (BH-MCOs) and providers of the documentation that will be needed to support the medical necessity of ABA.

**SCOPE:**

This bulletin applies to all BH-MCOs and providers enrolled in the Medical Assistance (MA) Program who render behavioral health rehabilitation services (BHRS) to MA beneficiaries under 21 years of age in the fee-for-service (FFS) and managed care delivery systems.

**BACKGROUND:**

In August 2015, the Department of Human Services (Department) established a workgroup comprised of experts in the treatment of children diagnosed with ASD and representatives from the BH-MCOs and provider communities to recommend medical necessity guidelines for the authorization of ABA. The Department sought to issue medical necessity guidelines specifically for ABA because the existing guidelines used by BH-MCOs to review requests for BHRS do not squarely address the medical necessity of BSC-ASD and TSS services used to deliver ABA to children and adolescents with ASD.

The workgroup convened four times between August 2015 and January 2016. The workgroup gathered input from BH-MCOs, county contacts, providers, advocates and family members of children with ASD between November 23, 2015 and January 8, 2016.

The Department utilized the workgroup's recommendations to develop medical necessity guidelines that apply to both the FFS and managed care delivery systems. On July 1, 2016,

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:** Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services P.O. Box 2675, Harrisburg, PA 17105. General Office Number: 717-705-8289.

the Department issued the guidelines in OMHSAS-16-09. The guidelines specify what must be considered when a request for prior authorization of ABA using BSC-ASD services or BSC-ASD and TSS services for children and adolescents under age 21 with ASD is reviewed. The Department has further revised the guidelines in response to comments and questions it received after issuance of the guidelines.

## **DISCUSSION:**

Act 62 of 2008 defines ABA as 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.

## **PROCEDURE:**

### **Documentation to Support the Medical Necessity of ABA**

The following documentation is required to support the medical necessity of a request for ABA using BSC-ASD services or BSC-ASD and TSS services for children and adolescents under age 21 with ASD:

1. The most recent face-to-face strengths-based evaluation or re-evaluation completed by a Board Certified or Board eligible child and adolescent psychiatrist, developmental pediatrician, pediatric neurologist, or licensed psychologist specializing in children or adolescents. In the absence of these prescribers, the evaluation or re-evaluation may be completed by a licensed physician or a licensed psychologist. The evaluation or re-evaluation must be signed by the evaluator/prescriber and performed not more than 60 days prior to the requested begin date of services. If the request is for continued care, the re-evaluation should indicate if the number of hours of BSC-ASD services or BSC-ASD and TSS services should be reduced, increased, or remain the same and the reason a change in the number of hours of services is needed or not needed.
2. A prescription for ABA or for ABA using BSC-ASD services or BSC-ASD and TSS services.
3. An individualized, behavioral-based treatment plan or updated treatment plan that includes the interventions needed to address specific skills or targeted behaviors or both for improvement. The treatment plan or updated treatment plan must include measurable, achievable, and realistic goals for improving any identified skill deficits or behavioral challenges. The treatment plan or updated treatment plan must also include strategies for assessing and measuring the frequency of baseline deficits, adaptive behaviors, or skill development and use research-supported behavioral interventions.

4. One or more completed Interagency Service Planning Team (ISPT) Sign-In/Concurrence Form(s), including an explanation for any disagreement among team members, with planned service intervention or if only ISPT input was required, the ISPT Sign-In/Concurrence Form(s) reflecting input, including an explanation for any disagreement among team members.
5. A Plan of Care Summary, which includes all MA-funded services and non-MA funded services the child or adolescent is receiving or is expected to receive during the authorization period.

A copy of the supporting documentation described in items 1-5 must be retained in the child's or adolescent's file and be readily available for review and copying by the Department as required by 55 Pa. Code § 1101.51(e).

### **Prior Authorization of Requests for ABA Using BSC-ASD and TSS Services**

If the prescription for ABA that is included with the request for prior authorization does not differentiate between BSC-ASD and TSS services, include the specific number hours per week of BSC-ASD or TSS services needed to deliver ABA, or identify the treatment setting (e.g., home, school, or identified places in the community) in which services will be provided, the reviewer should request additional information.

In the FFS delivery system, TSS services are prior-authorized. BH-MCOs may require prior authorization of both TSS and BSC-ASD services. All requests for prior authorization of ABA using BSC-ASD services or BSC-ASD and TSS services for children or adolescents under age 21 with ASD are to be reviewed using the guidelines attached as Attachment I.

For providers providing services in the FFS delivery system, this bulletin supersedes the section on "Review of Documentation for Medical Necessity" included in the "Behavioral Health Rehabilitation Services Provider Handbook" issued with MA Bulletin 08-04-06, "Discontinuation of the Provider Behavioral Health Rehabilitation Services Reports and Issuance of the Behavioral Health Rehabilitation Services Provider Handbook, which contains a revised Interagency Service Planning Team Sign-In/Concurrence Form," issued November 30, 2004.

Providers seeking prior authorization of requests for TSS services to provide ABA in the FFS delivery system may send the request to the Department using the following address: Outpatient, PA/1150 Waiver Services, P.O. Box 69026, Harrisburg PA 17105-9026. Providers should contact the FFS Provider Service Center at 1-800-537-8862, Monday through Friday 8:00 am to 4:30 pm, if they have a question about submitting a request for prior authorization of services.

Providers seeking to provide services to a child or adolescent enrolled in a BH-MCO, should contact the BH-MCO for information on the prior authorization process or refer to their provider handbook for additional details regarding prior authorization of services.

**OBSOLETE:**

OMHSAS-16-09, titled “Medical Necessity Guidelines for Applied Behavioral Analysis Using Behavioral Specialist Consultant-Autism Spectrum Disorder and Therapeutic Staff Support Services,” issued July 1, 2016, is obsolete with the issuance of this bulletin.

**ATTACHMENT:**

Attachment I - Medical Necessity Guidelines for Applied Behavioral Analysis Using Behavioral Specialist Consultant-Autism Spectrum Disorder and Therapeutic Staff Support Services for Children and Adolescents with Autism Spectrum Disorder