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Policy: Applied Behavior Analysis (ABA)

Purpose:

This policy clarifies the services of Applied Behavior Analysis (ABA) and other medical benefits available for WVCHIP members with a diagnosis of Autism Spectrum Disorder (ASD). This policy is in accordance with West Virginia Code §5-16B-6E. This document is primarily for use by qualified ABA providers and WVCHIP staff. It is also a reference tool for members and their parents/guardians regarding their ASD benefits and their guidelines.

What are ABA Services?

ABA is the scientific study of principles of behavior change. ABA treatment is a systematic approach for influencing socially important behavior changes for individuals or small groups of individuals by conducting assessments, analyzing data, writing and revising behavior analytic treatment plans (i.e. plans based on collected data). ABA treatment targets maladaptive behaviors that have been proven (by data collection) to interfere with development of skill acquisition. By reducing these maladaptive behaviors, ABA treatment allows for an improvement or increase in skill attainment.

Training others to implement components of a behavior change plan (the ABA treatment plan) and overseeing those plans is a vital component of behavior change treatment (ABA). The goal of the plan is to bring about improvement for the member by intensively addressing the identified behavior deficits (for example, maladaptive behaviors interfering with communication skill acquisition) which may be preventing improvements in skill acquisition. Maladaptive behaviors are identified as typical behaviors (such as aggression toward others or self-injurious behaviors, among others) with an ASD diagnosis. Thus, ABA treatment focuses on reducing the maladaptive behaviors.

ABA services involve highly specific, individualized plans based on results of functional assessments, specialized ASD assessments, observation, data collection, and continual interactions with the child. By necessity, ABA treatment involves one-to-one or occasional group, face-to-face interaction with the child. This is in keeping with provisions of the *Professional and Ethical Compliance Code for Behavior Analysts* published by the Behavior Analyst Certification Board (BACB), as quoted below:

- a) "Behavior analysts conduct current assessments **prior** to making recommendations or developing behavior-change programs. The type of assessment used is determined by the client's needs and consent, environmental parameters, and other contextual variables.

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When behavior analysts are developing a behavior–reduction program, they must first conduct a functional assessment.”

- b) “Behavior analysts have an obligation to collect and graphically display data, using behavior-analytic conventions in a manner that allows for decisions and recommendations for behavior change development.”
- c) “Behavior analysts are responsible for all aspects of the behavior-change program from conceptualization to implementation and ultimately to discontinuation or discharge from treatment.”

Early Screening, Assessment and Diagnostic Services

WVCHIP covers assessment and diagnostic services necessary for diagnosing an ASD condition. It has been noted in research that the utilization of more general, comprehensive screening practices such as the use of the Ages & Stages Questionnaires (ASQ) often may lead to a strong clinical *impression* of “developmental delay” (DD) which may prevent the early identification and definitive diagnosis of ASD. Screening tools are designed to be very brief and easy to administer, and to initiate the process of referral for more targeted assessments and evaluations if necessary. These screenings most often occur at well child visits. WVCHIP is committed to working with primary care physicians, community service provider organizations, private practitioners and state child healthcare agencies to improve both developmental screening practices in general, along with more specific targeted screening tools for ASD, especially in the critical period between birth and three years of age.

Indicators Leading to Specific Screening and Assessment Tools for ASD

A child who exhibits any of the symptoms listed below should receive developmental screenings from the child’s primary care provider.

- Any loss of any language or social skills at any age; or
- No babbling by 12 months; or
- No gesturing (e.g. pointing, waving bye-bye) by 12 months; or
- No single words by 16 months; or
- No 2-word spontaneous (not just echolalia) phrases by 24 months.

If indicated, targeted screenings and additional assessments and diagnostic services for the possibility of developmental delay (DD) or an ASD condition should be completed.

The primary care doctor has a very important role in the screening process as they, based upon parental concerns and observations, will provide the initial developmental screening. Several ASD targeted screening tools are currently in use, and many serve the very important goal of improving upon early detection of disorders, thereby permitting early and more effective assessments and interventions, if appropriate. It is important to recognize that screening tools are not designed to establish a diagnosis, and therefore cannot be used to make a diagnosis. Instead, they are used to identify children in need of more detailed and comprehensive DD or ASD assessments. A

qualified diagnostician will perform diagnostic procedures to determine ASD or other disorders based on assessments results indicating need for further testing.

Suggested Screening Tools and Targeted ASD Assessment Tools

Suggested, standardized screening tools, targeted ASD specific screening tools, ASD assessments, ASD functional assessments, and diagnostic assessments should be administered at any point concerns about ASD are raised by a parent or guardian, or at specified intervals following Bright Futures guidelines.

- A. **Screening Tools** suggested for use in primary care settings:
 - MCHAT (Modified Checklist for Autism in Toddlers)
 - PDDST-II PCS (Pervasive Developmental Disorders Screening Test-II, Primary Care Screener)
 - ASQ-SE (Ages and Stages Questionnaire – Social / Emotional)

- B. **Assessment Tools** suggested for use in developmental clinical settings and research studies:
 - ADOS-G (Autism Diagnostic Observation Schedule – Generic)
 - CARS (Childhood Autism Rating Scale)
 - SCQ (Social Communication Questionnaire) (formerly ASQ)
 - STAT (Screening Tool for Autism in Two-Year Old’s)

Definitive ASD Diagnosis prior to Age 8 Required for ABA Coverage

A definitive diagnosis of ASD through a Comprehensive Psychiatric Evaluation or other appropriate diagnostic tool by any one of the following qualified providers is required for ABA approval:

- Psychiatrist,
- ASD experienced physician,
- neurologist,
- pediatric neurologist,
- developmental pediatrician, or
- licensed psychologist.

Qualifying Diagnoses for ABA Treatment

DSM 5*	ICD – 10**	DSM – 5 Code Description
299.	F84.	Pervasive Developmental Disorder
	F84.xx	Autism Spectrum Disorder (ASD)
	F84.5	Asperger’s Syndrome

As required by DSM 5 diagnostic guidelines, the use of Specifiers and Severity Level scales must accompany the diagnostic assessments that render the ASD diagnosis and must be documented as follows:

- 1) the *specifiers to the ASD diagnosis (underlying medical causes)* must be identified and documented with the diagnosis;
 - Example: With or without accompanying intellectual impairment
 - Example: Associated with a known medical, neurodevelopmental or genetic condition, environmental factor (using additional coding to identify the associated medical or another neurodevelopmental, mental, or behavior disorder); and,
- 2) the *indications or levels of diagnostic severity level* must be documented with the diagnosis.
 - Level of Communication; and
 - Restricted Repetitive behaviors

Diagnostic Severity is determined during the diagnostic process using the DSM-5 criteria. The Diagnostic Severity Levels 1 - 3 are useful in determining [in an overall point in time manner] the child's current level of functioning and levels of assistance necessary to perform daily living skills.

Diagnostic assessments by qualified providers must be updated every 24 months.

Functional Assessment Tools are required and used to measure daily living skills without the assistance of others once diagnosed with ASD. Functional assessment tools are used to determine a baseline and to measure progress, most often from one year to the next. The functional assessment must be completed prior to the request for Authorization and the initiation of ABA treatment and annually thereafter. The functional assessment (ABAS-II or III) must be submitted to the utilization management vendor with the completed Pre-Authorization forms on an annual basis.

ABA Benefit:

Medically necessary ABA treatment is limited to \$30,000 per member per year for three consecutive years from the date treatment starts for a member with a qualifying diagnosis of ASD prior to the member's eighth birthday. After the third consecutive year of treatment, medically necessary ABA treatment coverage is limited to \$2,000 per month until the child attains the highest level of functioning given the diagnosis, his/her 19th birthday or is no longer eligible for WVCHIP. ABA benefits can continue as long as treatment is determined medically necessary, continues to exhibit consistent progress at three-month intervals, and is in accordance with treatment plan requirements described in this policy guideline.

All other medical treatments covered under the WVCHIP benefit plan follow established guidelines as outlined in the most current WVCHIP Summary Plan Description (SPD).

ABA Treatment Plans:

It is expected that the professionals charged with the responsibility of developing the ABA treatment plan follow the Behavior Analysts Certification Board's (BACB) (www.bacb.com) performance standards as outlined in the treatment plan expectations identified by the BACB and their professional training.

Expectations should be referenced through the Association of Professional Behavior Analysts (APBA) and their adoption of standards identified as the “2017 White Paper: Identifying ABA Interventions”, located at <https://www.bacb.com/wp-content/uploads/APBA-2017-White-Paper-Identifying-ABA-Interventions1.pdf> specifically the section entitled “Professional Practice of Applied Behavior Analysis”. This document outlines expectations of professionals in the development of an ABA treatment plan. WVCHIP expects an adherence to professional practices for qualified providers, a Board Certified Behavior Analyst (BCBA) and of a Board Certified assistant Behavior Analyst (BCaBA). These certified providers are required (by board certification standards) to adhere to practice guidelines as outlined by the www.bacb.com in sections on the website related to the professional and ethical standards and practice guidelines.

ABA Provider Enrollment Participation Requirements

WVCHIP recognizes the following as qualified to perform ABA services when their certification by the BACB is current, in good standing, and have also met WVCHIP enrollment requirements of each respective provider. Provider Enrollment process is handled by DXC, Provider Enrollment Department.

- √ Board Certified Behavior Analyst (BCBA);

- √ Board Certified assistant Behavior Analyst (BCaBA);

Registered Behavior Technician (RBT) under the supervision of the BCBA or BCaBA. (The supervising BCBA or BCaBA MUST bill for RBT services under their name and NPI.)

References:

*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013, DSM-5, American Psychiatric Association

**2016 The Complete Official Codebook ICD-10, American Medical Association

Behavior Analyst Certification Board; Professional and Ethical Compliance Code for Behavior Analysts, August 7, 2014
www.bacb.com

Behavior Analyst Certification Board, Practice Guidelines for Healthcare Funders and Managers, Second Edition 2014
www.bacb.com

Behavior Analyst Certification Board, Practice Guidelines for Healthcare Funders and Managers, “2017 – White Paper Identifying ABA Interventions, www.bacb.com