

TENNCARE MEDICAL NECESSITY GUIDELINES

Procedure: Applied Behavioral Analysis

Origin Date: 1/10/2006, Revised 01/27/ 2015

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Page 1 of 5

Applied Behavioral Analysis Medical Necessity Guidelines

I. Description of Service

Applied behavioral analysis (ABA) is a widely used strategy for addressing behavior problems among patients with disorders such as mental retardation and traumatic brain injury. It considers antecedents (environmental factors that appear to trigger unwanted behavior), the behaviors themselves, and consequences that either increase or decrease future occurrences of that behavior. A treatment program using a behavioral technique known as operant conditioning is then carried out to address the specific challenging behavior. ABA as described above is a covered TennCare benefit and the subject of this guideline. It should be noted that ABA has also been used in highly structured intensive programs to improve the cognitive and social skills of children with autism (e.g., Lovaas therapy). ABA when utilized in this manner is primarily an educational intervention, rather than a medical service and is not a covered benefit under the TennCare program.

Applied Behavioral Analysis¹

(9)(A) "Practice of applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis;

(B) Applied behavior analysis (ABA) interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions;

(C) The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities;

II. Components of Behavioral Analysis²

- A. Assessments to determine the relationship between environmental events and behaviors
- B. Development of written behavior support/maintenance plans and skill development plans, and evaluating and revising plans as needed to meet individual's needs
- C. Assisting caregivers or others to carry out the approved behavior support/maintenance plans
- D. Observing caregiver (or other plan implementer) and individual's behavior for correct implementation of the behavior support/maintenance plan
- E. Observing individual's behavior to determine effectiveness of the behavior support/maintenance plan
- F. Providing on-site assistance in a difficult or crisis situation

*Note: A-F above may be performed by a Behavioral Analyst.
C-F above may be performed by a Behavioral Specialist.*

¹ Tennessee Code Annotated §63-11-302

² The following is adapted from Tennessee Department of Intellectual and Developmental Disabilities, **Provider Manual**, Chapter 12, Published March 15, 2005

III. Essential Practice Elements of ABA³

These characteristics should be apparent throughout all phases of assessment and treatment:

- A. **Description of specific levels of behavior at baseline** when establishing treatment goals
- B. A practical focus on **establishing small units of behavior** which build towards larger, more significant changes in functioning related to improved health and levels of independence
- C. Collection, quantification, analysis, of **direct observational data** on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals
- D. Efforts to design, establish, and **manage the treatment environment(s)** in order to minimize problem behavior(s) and maximize rate of improvement
- E. Use of a **carefully constructed, individualized and detailed behavior analytic treatment plan** which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which lacked consensus about their effectiveness based on evidence in peer-reviewed publications
- F. An emphasis on **ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan** (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis
- G. Use of **treatment protocols that are implemented repeatedly, frequently, and consistently** across environments until the client can function independently in multiple situations
- H. **Direct support and training of family members and other involved professionals** to promote optimal functioning and promote generalization and maintenance of behavioral improvements
- I. **Supervision and management by a Behavior Analyst** with expertise and formal training in ABA for the treatment of ASD

IV. Non-Covered Services

- A. The following is a non-exhaustive list of services sometimes offered in conjunction with behavior analysis services that are not covered by TennCare:
 1. Language development training
 2. Social skills training
 3. Self-care skills training
 4. Vocational rehabilitation
 5. Other educational services
 6. Respite care
 7. Recreational therapy
 8. Lovaas therapy
 9. Hippo therapy
 10. Equine therapy
 11. Dolphin therapy
 12. Safety monitoring services

³ **GUIDELINES Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder,** Behavior Analyst Certification Board, Inc. Ver. 1.1, 2012, p. 11.

V. Provider Requirements⁴

A. Behavior Analyst Qualifications

1. Completion of at least a Master’s degree in behavioral analysis, psychology, special education, or related field; (beginning January 1, 2016 the Master’s degree from an accredited university must be conferred in behavior analysis, education, or psychology, or conferred in a degree program in which the candidate completed a Behavior Analyst Certification Board® (BACB®) approved course sequence).⁵
2. A minimum of 15 credit hours of graduate level course work in behavioral analysis; courses must have focus on teaching of behavioral analysis, rather than more generic topics in the discipline for which the graduate degree was awarded. The courses should address the following issues in applied behavioral analysis: ethical considerations; definitions, characteristics, principles, processes and concepts; behavioral assessment and the selection of intervention strategies and outcomes; experimental evaluation of intervention; measurement of behavior and displaying/interpreting behavioral data; behavioral change procedures and systems support (adapted from the BACB®); and
3. A minimum of 1500 clock hours supervised field experience in behavioral analysis under the supervision of a behavior analyst. Supervision minimally consists of face-to-face meetings for the purposes of providing feedback and technical consultation for at least 5% of the total hours worked. Practicum of 1000 hours may be accepted if they are primarily behavior analytic in nature and supervision is provided for at least 7.5% of those hours. Intensive practicum of 750 hours may be accepted if they are primarily behavior analytic in nature and supervision is provided for at least 10% of those hours. Behavior analysts with the following credentials will be deemed as acceptable supervisors for an applicant who wishes to meet these criteria: Board Certified Behavior Analyst®; Board Certified Behavior Analyst – Doctoral™; Licensed Practicing Psychologist with practice in behavior analysis and therapy; Licensed Senior Psychological Examiner with practice in behavior analysis and therapy (adapted from the BACB®).

B. Behavior Analyst Credentials

1. Currently Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst – Doctoral™ (BCBA-D™) by the BACB®; **or**
2. Currently licensed in the state of Tennessee for the independent practice of psychology; **or**
3. Currently a Qualified Mental Health Professional licensed in the state of Tennessee with the scope of practice to include behavior analysis; **and**
4. Credential verification by the Managed Care Organization.

C. Board-Certified Assistant Behavior Analyst® (BCaBA®)/A DIDD Approved Behavior Specialist Qualifications:

1. Possess a minimum of a bachelor’s degree from a BACB® approved institution of higher education having the BACB® required coursework and experience.⁶
2. Certification by the BACB® as an Assistant Behavior Analyst.

⁴ Tennessee Department of Intellectual and Developmental Disabilities DIDD Behavior Provider Qualifications accessed on October 14, 2014, http://www.tn.gov/didd/health_services/Behavior/1Behavior%20Provider%20Qualifications.pdf.

⁵ Acceptable Degrees, Behavior Analyst Certification Board®, accessed October 14, 2014, <http://www.bacb.com/index.php?page=100378>.

⁶ Behavior Analyst Certification Board, accessed November 5, 2014, <http://www.bacb.com/index.php?page=52>.

VI. Prior Authorization Clinical Criteria – There must be documentation of:

- A. There must be a reasonable expectation on the part of a treating healthcare professional that the individual’s behavior will improve significantly with behavior analysis services for prior authorization to be granted, **and**
- B. An established supporting DSM-V diagnosis (such as traumatic brain injury) for which ABA has proven to be an effective and appropriate intervention, **and**
- C. A severe challenging behavior (such as self injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others, **or**
- D. A severe challenging behavior not generally seen as age or developmentally congruent (such as biting in a 2 to 4 y/o, temper tantrums) that significantly interferes with home or community activities; **and**
- E. Less intensive behavioral therapy or other medical treatment has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behavior.

VII. Concurrent Review Clinical Criteria

- A. The initial authorization may be limited to an evaluation and plan development. Ongoing ABA interventions shall be authorized for 60 days at a time (or at other intervals determined by the Managed Care Organization based on the individual’s specific needs, behavior support/maintenance plan or skill support plan and progress in treatment). While the initial evaluation may be ordered by the primary care provider or specialist, the number of hours the provider of services proposes are needed on a weekly basis to effectively address the challenging behaviors should be a component of the Initial Treatment Plan. The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity and/or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes for period of 3 months of optimal treatment, then ABA will no longer be considered medically necessary. “Optimal treatment” means that a well-designed set of interventions are delivered by qualified applied behavior specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.
- B. For changes to be “meaningful” they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient’s residence and to the larger community within which the patient resides. Documentation of meaningful changes must be kept and made available for continued authorization of treatment.
- C. Maintenance of the behavioral changes may require on-going ABA interventions as the patient grows, develops and faces new challenges in his/her life (e.g., puberty, transition to adulthood, transition to a more integrated living situation, etc.).
- D. Treatment plans should include caregiver training regarding identification of the specific behavior(s) and interventions, in order to support utilization of the ABA techniques by caregiver(s). (See components of Behavior Analysis, section II above).

VIII. References

- A. **Efficacy of behavioral interventions for reducing problem behavior in persons with autism: a quantitative synthesis of single subject research.** Campbell JM, *Research and Developmental Disabilities*, 2003, March-April; 24 (2): 120-38.
- B. **Evidence-based Practices and Students with Autism Spectrum Disorders.** Simpson, Richard L., *Focus on Autism and Other Developmental Disabilities*, Vol. 20, No. 3, Fall 2005, 140-149.
- C. **Functional Analysis of Problem Behavior: a Review.** Hanley, GP., et al., *Journal of Applied Behavioral Analysis*, 2003, 36, 147-185.
- D. **Applied Behavior Analysis-Based Interventions for Autism Spectrum Disorder.** *Hayes directory*, December 9, 2014.
- E. **Therapies for Children with Autism Spectrum Disorder: Behavioral Interventions Update.** Weitlauf, AS, *Comparative Effectiveness Review No. 137*, Agency for Healthcare Research and Quality; August 2014.

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Background

Attachment A

Page 1 of 1

Definitions:

Challenging behavior: “Culturally abnormal behavior(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.... They include aggression, destructiveness, self-injury, stereotyped mannerisms and a range of other behaviors which may be either harmful to the individual, challenging for carers and care staff and/or objectionable to members of the public.”⁷

Applied Behavioral Analysis [ABA]: A structured and systematic approach to reduce the intensity, frequency and/or duration of challenging behaviors and to increase use of critical adaptive behaviors based on the principles of operant conditioning. ABA creates measurable, durable and generalizable changes in behavior through understanding the functional relationships between the specific behavior of interest and its antecedents and consequences, and then modifying the specific environmental contingencies that will increase or decrease that behavior in the desired direction.

⁷ Emerson, Eric. Challenging Behavior: Analysis and intervention in people with severe intellectual disabilities. Cambridge University Press, 2001 p 3.