

Level of Care Guidelines

Applied Behavior Analysis - Admission and Discharge Criteria

ABA services are provided to a Medical Assistance Programs (MAP) eligible member 12 months up to 21 years of age. A member's eligibility for ABA service falls into one of two categories: "At Risk for ASD" or "Diagnosed with ASD." An eligible member must meet the level of care (LOC) Criteria detailed below, which includes medically necessary criteria.

8.302.1.7 DEFINITIONS: Medically necessary services

- A.** Medically necessary services are clinical and rehabilitative physical or behavioral health services that:
1. are essential to prevent, diagnose or treat medical conditions or are essential to enable an eligible member to attain, maintain or regain functional capacity;
 2. are delivered in the amount, duration, scope and setting that is clinically appropriate to the specific physical and behavioral health care needs of the eligible member;
 3. are provided within professionally accepted standards of practice and national guidelines; and,
 4. are required to meet the physical and behavioral health needs of the eligible member and are not primarily for the convenience of the eligible member, the provider or the payer.
- B.** Application of the definition:
1. A determination that a service is medically necessary does not mean that the service is a covered benefit or an amendment, modification or expansion of a covered benefit, such a determination will be made by MAD or its designee.
 2. The department or its authorized agent making the determination of the medical necessity of clinical, rehabilitative and supportive services consistent with the specific program's benefit package applicable to an eligible member shall do so by:
 - a. evaluating the eligible member's physical and behavioral health information provided by qualified professionals who have personally evaluated the eligible member within their scope of practice, who have taken into consideration the eligible member's clinical history including the impact of previous treatment and service interventions and who have consulted with other qualified health care professionals with applicable specialty training, as appropriate;
 - b. considering the views and choices of the eligible member or their personal representative regarding the proposed covered service as provided by the clinician or through independent verification of those views; and
 - c. considering the services being provided concurrently by other service delivery systems
 3. Physical and behavioral health services shall not be denied solely because the eligible member has a poor prognosis. Required services may not be arbitrarily denied or reduced in amount, duration or scope to an otherwise eligible member solely because of the diagnosis, type of illness or condition
 4. Decisions regarding MAD benefit coverage for eligible members under 21 years of age shall be governed by the early periodic screening, diagnosis and treatment (EPSDT) coverage rules.
 5. Medically necessary service requirements apply to all medical assistance program rules.

I. ADMISSION CRITERIA for Diagnosed with ASD and At-Risk for ASD

(Must meet A-G for admission)

- A. Services are determined to be medically necessary per NMAC 8.302.1.7.
- B. The eligible member cannot adequately participate in home, school, or community activities because the presence of behavioral excesses (i.e. socially significant behaviors) and/or the absence of functional skills interfere with meaningful participation in these activities; and/or
- C. The eligible member presents a safety risk to self or others. (The presence of safety risk to self or others does not need to meet the threshold criteria for out-of-home placement.)
- D. There is a reasonable expectation that ABA services will result in measurable improvement in the acquisition of functional, adaptive skills, and/or the reduction of non-functional, maladaptive behavior.
- E. The eligible member's caregivers are able to participate and commit meaningfully to ABA interventions and activities to be conducted outside the formal treatment environment.
- F. The eligible member follows the prescribed three-stage comprehensive approach to evaluation, assessment, and treatment as outlined in the MAD ABA Billing Instructions.
- G. The eligible member meets one of the following two categories :
 - 1. **At-risk for ASD:** An eligible member may be considered At-Risk for ASD, and therefore eligible for time-limited, Focused ABA Services if he or she does not meet full criteria for ASD per the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD), and when he or she meets all of the following criteria:
 - a. Is between 12 and 36 months of age;
 - b. Presents with developmental differences and/or delays as measured by standardized assessment;
 - c. Demonstrates some characteristics of the disorder (e.g., impairment in social communication and early indicators for the development of restricted and repetitive behavior);
 - d. Presents with at least one genetic risk factor (e.g., the eligible member has genetic risk due to having an older sibling with a well-documented medical diagnosis of ASD; the eligible member has a diagnosis of Fragile X syndrome).
 - 2. **Diagnosed with ASD:** An eligible member 12 months up to 21 years of age who has a medical diagnosis of ASD according to the latest DSM or ICD criteria is eligible for ABA services if the evaluation leading up to a diagnosis of ASD meets service requirements as stated in NMAC 8.321.2 (10.C) *Covered services -stage 1*.
 - a. When a member has been diagnosed with ASD within the last 12 months by an in-state or out-of-state provider who meets Stage 1 provider requirements, an ICD may be developed.

II. CONTINUED ELIGIBILITY CRITERIA

(Must meet A THROUGH C, OR BOTH A AND D for continuation)

- A. The eligible member continues to meet the ABA admission criteria.
- B. There is evidence the child, family, and social supports can continue to participate effectively in this service.
- C. The eligible member responds positively to ABA services, as evidenced by quantitative data submitted by the ABA Provider (AP) when requesting prior authorization for continuation of ABA services.
- D. When the eligible member does not respond positively to ABA services, as evidenced by quantitative data and clinical information submitted by the ABA Provider (AP) when requesting prior authorization for continuation of ABA services, the treatment plan and the treatment plan report (i.e., graphs, peer review) must be updated to reflect what interventions will be changed to produce measurable gains

III. DISCHARGE CRITERIA

(Must meet one of A-D for discharge)

Individualized discharge criteria are developed with appropriate, realistic, and timely follow-up care and these criteria are included in the initial or most current ABA Treatment Plan. An eligible member may be discharged from ABA services when any of the following are present:

- A. The eligible member has met his or her individualized discharge criteria.
- B. The eligible member has reached the defining age limit as specified for At-Risk for ASD eligibility, which is up to 3 years of age, or for Diagnosed with ASD eligibility, which is under 21 years of age.
- C. The eligible member can be appropriately treated at a less intensive level of care.
- D. The eligible member requires a higher level of care, which includes out-of-home placement.

Note: Out-of-home placement would not include treatment foster care because ABA services could continue at that level of care.

IV. EXCLUSIONARY CRITERIA

(Must meet one of A-F for exclusion)

An eligible member may be excluded from ABA services when any of the following are present:

- A. The eligible member's Comprehensive or Targeted Diagnostic Evaluation or the ISP and/or Treatment Plan Updates recommend placement in a higher, more intensive, or more restrictive LOC (Not to include treatment foster care: See note in Section III.).
- B. The eligible member's provider, such as psychiatrist, recommends higher LOC.
- C. The eligible member is in an out-of-home placement (Not to include treatment foster care: See note in Section III).
 - 1. An exception is that time limited ABA services may be authorized while the member remains in the out-of-home facility for transition when ABA services are approved to be rendered upon his or her discharge from the facility to a community ABA provider.
- D. The referral for the Comprehensive Diagnostic Evaluation did not follow the Eligibility requirements defined in 8.321.2 Section 10(B).
- E. The member has reached the maximum age for ABA services.
- F. Family/caregiver is unable to participate in the treatment plan.