

North Dakota Medicaid Policy and Procedures for the Autism Applied Behavior Analysis Service

PURPOSE

To establish a process to assist North Dakota (ND) Medicaid staff in managing Autism Applied Behavior Analysis (ABA) service requests and documentation.

RATIONALE

- To aid in consistency and establish guidelines for the Autism ABA service request process.
- To document ND Medicaid criteria for the Autism ABA service.
- To provide consistency in processing the requests for Autism ABA service for children with an autism spectrum disorder.
- To establish ND Medicaid workflow and identify staff responsibilities.
- To respond to Autism ABA service-related requests in a timely manner.
- To provide documentation on ND Medicaid's decision-making process regarding Autism ABA service requests and approval.

FEDERAL CITATIONS

ABA services are regulated by the following:

42 CFR Chapter IV, Subchapter C - Medical Assistance Programs
EPSDT North Dakota Administrative Code 75-02-02.

ABA SERVICE

Medicaid Autism ABA service is the assistance provided to a qualifying individual with an autism spectrum disorder (ASD) diagnosis. The service includes oversight - supporting comprehensive assessment, care plan development, referral, monitoring and follow-up, and skills training for qualifying individuals and their caregivers. Services can occur within the home, community, or a provider's facility.

SERVICE DURATION

Approval for Autism ABA services is a twelve-month period; annual review of medical necessity is required.

Annual approval of service must occur by updating the care plan and receiving a Health Tracks screening.

ND Medicaid reserves the right to determine medical necessity for children requesting Autism ABA service.

Eligibility

For a child to be considered for acceptance into the Autism ABA service, the child must:

- Be under 21 years of age
- Be ND Medicaid eligible on dates of service. (42 CFR 440.20 and North Dakota Administrative Code 75-02-02).
- Have an autism spectrum disorder diagnosis from their primary care provider (PCP) or licensed medical care provider qualified to diagnose autism spectrum disorder*.
- Have an annual North Dakota Health Tracks (EPSDT) screening completed at a public health unit or by a PCP. A current screening is described as being within six months of the date considered eligible for the service. The screening must accompany the packet submitted to ND Medicaid for consideration of approval of the Autism ABA services. Comments in the recommendation portion of that screening must support and recommend Autism ABA services.

Children that **do not** meet the above criteria will not be eligible for consideration for ABA services through ND Medicaid.

Children that **do** meet the above criteria will receive a letter of approval from ND Medicaid to take to their provider.

Service Oversight

Comprehensive assessment and periodic reassessment of the child's needs are required to determine the need for any medical, educational, social, or other services. These assessment activities include:

- Taking client history;
- Identifying the child's needs and completing related documentation; and
- Gathering information from other sources such as family members medical providers, social workers, and educators (if necessary), to form a complete assessment of the child.

Development (and periodic revision) of a specific care plan based on the information collected through the assessment includes:

- Description of target behaviors
- Measurable treatment goals
- Method and frequency of assessing objective and protocols
- Description of aggressive/inappropriate behaviors and specific goals to address identified behaviors
- Where occurring
- Number of hours of Autism ASA service per week
- Reassessment completed at 180 days to include:
 - Date of reassessment
 - Updates to target – behaviors
 - Update to measurable treatment goals
 - Description of improvements
 - Number of hours of Autism ASA services per week

Children receiving Autism ASA services must have an annual care plan.

- The plan must be updated every 180 days thereafter to ensure:
 - The child continues to meet medical necessity criteria; and
 - Care plans include specific mentoring techniques that were taught to the caregiver(s) and any progress made in the caregiver's ability to carry out the techniques in the home or school as indicated on care plan.

- Each semi-annual plan update must include a summary of the last six months and must address:
 - Problems that are being worked on;
 - Goals being accomplished/addressed; and
 - Any changes made by the caregiver to modify interventions that better cope with unwanted behaviors.
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Services provided in school, as approved on the Individualized Education Program (IEP) or other educational plan, must still have a care plan written by Board Certified Behavior Analyst (BCBA).

Referral and related activities (such as scheduling skills trainer for the child) to help the eligible child obtain needed services include:

- Activities that help link the child with medical, social, educational providers, or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan.

Monitoring and follow-up activities.

Activities and contacts necessary to ensure the care plan is implemented and adequately addresses the eligible child's needs, which may be with the child, caregiver, service providers, or other entities or individuals to determine whether the following conditions are met:

- Services are being furnished in accordance with the child's care plan.
- Services in the care plan show positive progress.
- Changes in the needs or status of the child are reflected in the care plan.
- Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with skills trainers; and
- Monthly meeting with skills trainer and caregiver for the purpose of reviewing progress on the goals and/or need for changes to the care plan are occurring.

Program Oversight practitioners must notify ND Medicaid of any updates to include institutional placement and discharge from the service.

- * Note: Providers are responsible for ensuring protected health information sent to ND Medicaid is done according to all Health Insurance Portability and Accountability Act rules.

Skills Training

Skills Training is defined as direct service designed to assist a child in acquiring skills identified in the care plan. The service must occur with the focus of working in environments to promote the participant's competence and positive behaviors.

Skills Training:

- Must be for the direct benefit of the child for the purpose of reaching goals and tasks of the care plan.
- Will train the caregiver(s) on implementing interventions across multiple settings.
- Provide hands-on training to the participant using evidence-based behavioral intervention methods as directed by Service Oversight practitioners.
- May also provide general assistance and support on interventions to individuals who provide support, training, companionship, or supervision to participants.
- Will include meeting with the Service Oversight practitioner and the caregiver at least monthly for the purpose of reviewing progress on the formal training objectives and reviewing the need for changes in the care plan.
- Documentation will include who with, time, where occurred, event, data of goal

Qualifications of Providers

Medicaid payment is made only to providers who are actively enrolled in the ND Medicaid program. Refer here for provider enrollment guidance:

[Provider Enrollment Information | Health and Human Services North Dakota](#)

The following provider types are eligible to enroll with ND Medicaid to provide Autism ABA service. (To include Public Schools providing Autism ABA services through the IEP process.)

- Service Oversight must be one of the following:
 - a licensed board-certified behavior analyst (BCBA),
 - licensed board-certified behavior analyst-doctoral (BCBA- O), registered behavior analyst, or
 - licensed clinical psychologist: and
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- Skills Trainers must be one of the following:
 - registered behavior technician (RBT)*,
 - board certified autism technician (SCAT),
 - registered behavior analyst (RSA),
 - board certified assistant behavior analyst (BCaSA),
 - board certified behavior analyst (BCBA),
 - board certified behavior analyst-doctoral (BCBA-D),
 - licensed baccalaureate social worker (LBSW),
 - licensed clinical social worker (LCSW),
 - licensed master social worker (LMSW),
 - licensed professional clinical counselor (LPCC),
 - licensed marriage and family therapist (LMFT),
 - speech & language pathologist,
 - licensed occupational therapist, or
 - licensed physical therapist.

*Individuals who have a bachelor's or master's degree in social work, psychology, counseling, nursing, occupational therapy, physical therapy, child development, communication disorders, special education, sociology, elementary education, early childhood education, applied behavioral sciences, or human development and family sciences may enroll to provide skills training; however, they must become a registered behavior technician or board certified autism technician within six months of enrollment.

ND Medicaid will review additional bachelors or master's degrees to be considered for enrollment to provide skills training on a case-by-case basis.

The following documentation must be submitted to the Autism Services Administrator for review:

- the name of the accredited institution,
 - title of degree,
 - copy of the completed transcript and
 - a side-by-side comparison showing how the proposed degree is similar to one of the currently accepted degrees.
- Individuals with degrees that are approved must become a registered behavior technician or board-certified autism technician within six months of enrollment.

Skills Training must be supervised by a practitioner qualified to provide Service Oversight, operating within North Dakota scope of practice laws.

Agencies/ Schools must:

- Have in place a training process that will ensure that staff have adequate knowledge relating to children involved in unsafe, crisis, and/or unstable situations.
- Have a training process that will ensure that staff have adequate knowledge relating to children involved in unsafe, crisis, and/or unstable situations.
- Ensure staff providing Service Oversight is either a BCBA, BCBA- O, registered behavior analyst, or licensed clinical psychologist.

Care Plan/ Service Authorization Requirements

Agency/ School will submit a web-based Service Authorization request twice per year (annual and 180-day update)

- The care plan and yearly letter of approval must be attached to the Service Authorization request.

If need is identified, the following skills must be identified on the care plan:

- Replacement of inappropriate behaviors with more conventional and functional behaviors;
- Fine and gross motor skills used for age-appropriate, functional activities, as needed;

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- Cognitive skills related to play activity and academic skills;
 - Adaptive behavior and self-care skills to enable the participant to become more independent;
 - Independent exhibition of organizational skills including completing a task independently, asking for help, giving social skills, and related skills to enhance participation across all environments (school, home and community settings) and relationships, including imitation, initiation of social interactions with both adults and peers, reciprocal exchanges, parallel and interactive play with peers and siblings;
 - A functional communication system which may include expressive verbal language, receptive language and nonverbal communication skills and augmentative communication;
 - Increased engagement and flexibility in the exhibition of developmentally appropriate behaviors, including: play behavior, attending behavior, responding to environmental cues (including cues from the training staff and others) and cooperation with instructions;
 - Instructions to peers and following instructions from peers, following routines, self-monitoring and sequencing behavior.

Documentation Requirements

The following items must be included in the plan of care for each Medicaid recipient receiving Autism ABA therapy services:

- Name
- Age
- Date of Service
- Time (Duration)
- Family composition
- Current residency
- Education level or current educational setting
- Work status/employment

- Placement history (including facility, admission and discharge date)
- Narrative history or background of recipient
- Presenting concerns
- Diagnosis (if applicable - all Axes)
- Behavioral patterns
- Names of practitioners that are providing care/services to the recipient
- Legal responsible party
- Treatment goals/primary plan of action
- Summary of progress/goals
- Medical needs (if available)
- Current health status (if available)
- Medication list (if available)
- Immunization record (if available)
- Recent medical appointments (if available)
- Signature of the BCBA, and date of signature

Free Choice of Provider

Children eligible to receive Medicaid therapy services described in this policy have a free choice of any available provider qualified to perform the services. Providers must be enrolled as a ND Medicaid provider.

*IEP Autism ABA services are provided by practitioners employed by or contracted with the child's school.

Fee Schedule

Current Fee Schedule: [2023 Autism Fee Schedule.xlsx \(nd.gov\)](#)

Telehealth

Please reference the ND Medicaid telehealth policy chapter available in the General Provider Manual : [general-information-medicaid-provider-manual.pdf \(nd.gov\)](#)

Limitations

ND Medicaid shall not pay for program services or components of services that:

- Are of an unproven, experimental, cosmetic or research nature.
- Do not relate to the child's diagnosis, symptoms, functional limitations or medical history.
- Are intended solely to prepare child for paid or unpaid employment or for vocational equipment and uniforms.
- Are solely educational, vocational, recreational or social.
- Are not coverable within the preventive services benefit category, such as respite or childcare or other custodial services.
- Duplicate other State Plan services.

This policy and procedure for the Autism ABA Service is hereby approved: