

CHAPTER 519.23 APPLIED BEHAVIOR ANALYSIS

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BACKGROUND

Applied Behavior Analysis (ABA) is the application of the principles, methods, and procedures of the experimental analysis of behavior and applied behavior analysis (including principles of operants and respondent learning) to assess and improve socially important human behaviors. Many scores of ABA intervention procedures have proved effective for building functional skills and reducing challenge behaviors in many member populations. Professional practitioners of ABA engage in activities such as conducting assessments, analyzing data, writing and revising behavior analytic treatment plans (i.e. plans based on collected data), training others to implement components of a behavior change treatment plans, and overseeing the implementation of those plans. All ABA interventions are individualized to each client's strengths, needs, and preferences. The goal of these plans is to bring about improvement for the client by addressing issues such as skill deficits (for example, in communication, self-care and other adaptive behaviors), as well as problem behaviors (such as aggression toward others or self-injurious behaviors, among others).

ABA services involve highly specific, individualized interventions based on results of interviews with caregivers, functional assessments, direct observation and measurement of behaviors in everyday environments, data collection, and interaction with clients. Of necessity, some interventions involve substantial amounts of one-to-one, face-to-face interaction with the member, caregivers and others who implement intervention procedures. This is in keeping with provisions of the [Behavior Analyst Certification Board's Professional and Ethical Compliance Code for Behavior Analysts](#).

POLICY

519.23.1 MEMBER ELIGIBILITY

ABA services are available to Medicaid members ages 18 months through age 20 with a primary diagnosis of Autism Spectrum Disorder (ASD) prior to their eighth birthday who are referred for necessary diagnostic and treatment services identified during an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) encounter with a health professional practicing within the scope of his or her practice and who provides medically necessary health care, diagnosis, or treatment to determine the existence of a suspected illness or condition, or a change or complication to a pre-existing condition.

519.23.2 MEDICAL NECESSITY

Medical necessity is a determination through a prior authorization (PA) review process to assure the appropriateness and quality of the ABA services plan at the initiation of services and to assure medical necessity is maintained through ongoing clinical progress reviews. During these review periods, the implemented treatment plan is reviewed. Documentation of treatment progress is shown through measurement and data analysis reflecting the behavior change plan's goals and objectives. Indicators of behavior change as a result of approved services are expected to be submitted.

Medical necessity is supported by, but not necessarily limited to, these factors:

- The first time a PA is requested to provide ABA services for a member, the provider must submit documentation indicating that the primary diagnosis was rendered prior to the child's eighth year of age.

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- Services do not supplant or duplicate those provided by educational authorities or other funding sources. Services that are educational in nature cannot be authorized.
- A current diagnostic assessment was conducted within the previous 24 months by a qualified diagnostic provider. If the initial qualifying diagnostic assessment is older than 24 months as determined by a qualified diagnostic provider (licensed physician such as a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist, supervising psychologist, or a licensed psychologist, licensed independent social worker, licensed independent counselor) and should include documentation that the following criteria from the current Diagnostic and Statistical Manual (DSM) are met:
 - Current International Classification of Diseases (ICD)/DSM diagnosis of ASD.
 - Indication of Diagnostic Severity Level including level of communication and restricted repetitive behaviors.
 - Specifiers of the ASD diagnosis, including underlying medical causes, if identified, such as:
 - 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).
- ABA service intensity levels that are appropriate to the assessed level of functioning and behaviors prioritized for change or intervention:
 - Baseline data on adaptive and maladaptive behaviors and clinical observation of the measure(s) relating to the prioritized plan behaviors, and service requests that meet best practice standards as described in the Behavior Analyst Certification Board's ASD treatment guidelines.
- Description of available natural supports, including supports through involved individuals such as parents, guardians, other caretakers, educational staff; or other non-duplicating services available through an Individual Educational Plan (IEP).

519.23.3 PROVIDER ENROLLMENT

In order to participate in the West Virginia Medicaid program and receive payment from the West Virginia Bureau for Medical Services (BMS), providers must meet all enrollment criteria as described in [Chapter 300, Provider Participation Requirements](#) of the BMS Provider Manual.

519.23.4 PROVIDER QUALIFICATIONS AND PARTICIPATION REQUIREMENTS

West Virginia Medicaid recognizes the following as qualified to perform ABA services when their certification by the Behavior Analyst Certification Board is current and in good standing, and they have met participation enrollment requirements:

- Board Certified Behavior Analyst (BCBA), for the purposes of this policy and provider enrollment criteria this includes both Master and BCBA-D Doctoral levels;
- Board Certified Assistant Behavior Analyst (BCaBA) working under the supervision of a BCBA or who meets Behavior Analyst Certification Board supervisor requirements; and
- Registered Behavior Technician (RBT) working under the supervision of a BCBA or BCaBA who meets the Behavior Analyst Certification Board supervisor requirements.

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519.23.5 METHODS OF VERIFYING BUREAU FOR MEDICAL SERVICES REQUIREMENTS

Enrollment requirements, as well as provision of services, are subject to review by the BMS and/or its contracted agents. The BMS contracted agents may promulgate and update utilization management (UM) guidelines that have been reviewed and approved by the BMS. These approved guidelines function as policy. Additional information governing the surveillance and utilization control program may be found in [Chapter 100, General Administration and Information](#) of the BMS Provider Manual and are subject to review by state and federal auditors.

519.23.5.1 ADMINISTRATIVE SERVICES

The provider must assure implementation of the BMS' policies and procedures pertaining to service planning, documentation, and case record review including, but not limited to:

- Uniform guidelines for case record organization must be used by staff, so that similar information will be found in the same place from case record to case record and can be quickly and easily accessed. If not readily accessible, this could be cause for disallowment.
- Copies of completed release of information forms and consent forms must be filed in the case record.
- Copied or boilerplate language in documentation will not be reviewed and will cause disallowment.
- Records must contain completed member identifying information. The member's individual plan of service must contain service goals and objectives which are derived from a comprehensive member assessment and must stipulate the planned service activities and how they will assist in goal attainment. Discharge reports must be filed upon case closure.
- Records must be legible. Illegible documentation will result in disallowment.
- Prior to the retrospective review, all records requested must be presented to the reviewers completing the retrospective review.
- If requested, the providers must provide copies of Medicaid members' records within one business day of the request.
- Providers must facilitate the records access that is requested as well as equipment that may need to be utilized to complete the Comprehensive Retrospective Review process.
- A point of contact must be provided by the provider throughout the Comprehensive Retrospective Review process.
- Providers must comply with the documentation and maintenance of records requirements described in [Chapter 100, General Information](#) and [Chapter 300, Provider Participation Requirements](#) of the BMS Provider Manual.
- Documentation of the services provided in this manual must demonstrate only one staff person's time is billed for any specific activity provided to the member.
- Reimbursement is not available for a telephone conversation, electronic mail message (e-mail), or facsimile transmission (fax) between a provider and a member.
- Medicaid will reimburse according to the fee schedule for services provided.
- Services provided via Telehealth must align with requirements in [Section 519.17, Telehealth Services](#).

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519.23.6 PRIOR AUTHORIZATION

PA requirements governing the provision of all West Virginia Medicaid services apply pursuant to [Chapter 300, Provider Participation Requirements](#) of the Provider Manual. PA for all ABA services requests must be made *prior* to any service being rendered and must include:

- Submission of the qualifying diagnostic assessment establishing the ASD diagnosis prior to age eight and completed within the previous 24 months.
- A comprehensive diagnostic assessment completed by a qualifying provider within the previous 24 months.
- The annual physician's order for ABA services to be submitted with all other requirements.
- A copy of the Consent to Release Information and Bill Medicaid form or the "Statement of Assurances." In order to ensure continuity of care and to avoid duplication of services, the UM vendor or appropriate Managed Care Organization (MCO) may request a copy of the Consent to Release Information and Bill Medicaid form — the IEP documentation (or if the client is homeschooled, a copy of the parent and Department of Education agreement letter), if necessary, for a pre-authorization determination regardless of submission of the "Statement of Assurance."
- Annually, a functional assessment of adaptive skills.

The following are not allowed:

- If a provider fails to obtain PA or the request is denied for medical necessity, the provider cannot hold (or balance bill) the member and/or guardian responsible for private payment of services rendered during that time period.
- Backdating of authorizations is NOT allowed and "retrospective review requests" will be denied;
- Requests for services received from parents/guardians are not accepted.
- Family members or any other non-credentialed individual providing ABA services to the member is NOT a covered benefit.

519.23.7 BILLING PROCEDURES

Claims from providers must be submitted on the BMS designated form or electronically transmitted to the BMS fiscal agent and must include all information required by BMS to process the claim for timely filing a payment.

519.23.8 ASSESSMENT SERVICES

Assessment services are designed to assist with determinations concerning the mental, physical, and functional status of the member. Members identified as being in the foster care system should receive assessment as quickly as possible.

| | |
|-----------------------------|------------------------------------|
| Procedure Code: | H0031 |
| Service Unit: | 1 Assessment = 1 Event |
| Level of Service: | Face-to-Face 1:1 Service |
| Prior Authorization: | Not required |
| Service Limits: | Maximum of one per year per member |

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Staff Credentials: Staff must be BCBA, or BCaBA as defined in [519.23.4 Provider Qualifications and Participation Requirements](#).

Definition: Functioning assessment by non-physician is an initial evaluation or reassessment to determine the needs, strengths, functioning level(s), mental status, and/or social history of a member. This code may also be used for special requests of the West Virginia Department of Health and Human Resources (DHHR) for assessments, reports, and court testimony on adults or children for cases of suspected abuse or neglect. The administration and scoring of functional assessment instruments necessary to determine medical necessity and level of care are included in this service as defined in [Chapter 503, Licensed Behavioral Health Center Services](#).

519.23.9 DEVELOPMENT OF ABA PLAN

Procedure Code: H0032
Service Unit: 15 minutes
Level of Service: Face-to-Face 1:1 Service
Prior Authorization: Required, Refer to Utilization Management Guidelines.
Service Limits: Code may be used in combination with H2012, H2019, H2014 U4, H2014U5, and H2014 of up to a maximum of 40 hours per week and/or eight hours within a 24-hour period. The service week is defined as Sunday 12:00 am through Saturday 11:59 pm.

Staff Credentials: Staff must be a BCBA or BCaBA as defined in [519.23.4 Provider Qualifications and Participation Requirements](#).

Definition: An individual ABA service plan is required for all members receiving services through coordinated care. The treatment team consists of the member and/or guardian, and/or member's representative (if requested), the member's case manager, representatives of each professional discipline, and provider and/or program providing services to that person (inter- and intra-agency). If a member is served by multiple behavioral health providers, all providers must be invited to participate in the service planning session. All members of the team must receive adequate notice of the treatment team meeting. If a member of the team does not come, the team decides whether to proceed in his or her absence. If the team elects to proceed, documentation must describe the circumstances. A physician extender (physician assistant or advance practice registered nurse) may serve on the committee in place of the physician

519.23.9.1 ABA TREATMENT - INDIVIDUAL

Comprehensive services are all-inclusive and may have only a few services which can be billed separately.

Procedure Code: H2012 (Behavioral health day treatment, per hour)
Service Unit: 60 minutes
Level of Service: Face-to-Face 1:1 Service
Prior Authorization: Required, Refer to Utilization Management Guidelines.
Service Limits: Code may be used in combination with H0032, H2019, H2014 U4, H2014U5, and H2014 of up to a maximum of 40 hours per week and/or eight hours within a

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24-hour period. The service week is defined as Sunday 12:00 am thru Saturday 11:59 pm.

Staff Credentials: Staff must be a BCBA as defined in [519.23.4 Provider Qualifications and Participation Requirements](#).

Definition: Implementation of ABA intervention(s) to assist members in achieving greater independence (and/or employment) in activities of daily living (ADL). The programming must be in accordance with each member's needs and interests as reflected in his/her Master Service Plan.

Procedure Code: H2019 (Therapeutic behavioral implementation per 15 minutes)
Service Unit: 15 minutes
Level of Service: Face-to-Face 1:1 Service
Prior Authorization: Required, Refer to Utilization Management Guidelines.
Service Limits: Code may be used in combination with H0032, H2012, H2019, H2014 U4, H2014U5, and H2014 of up to a maximum of 40 hours per week and/or eight hours within a 24-hour period. The service week is defined as Sunday 12:00 am through Saturday 11:59 pm.

Staff Credentials: Staff must be BCaBA as defined in [519.23.4 Provider Qualifications and Participation Requirements](#).

Definition: Direct ABA intervention service by the BCaBA. Implementation as documented in pre-authorized ABA treatment plan. Services include four major components:

- Behavior assessment
- Plan development
- Implementation training
- Data Analysis and review of the Behavior Management Plan once implementation has begun.

519.23.10 SKILLS TRAINING AND DEVELOPMENT

The purpose of this service is to provide therapeutic activities focused on skills training and development services that are elementary, basic, and fundamental to higher-level skills and are designed to improve or preserve a member's level of functioning. Therapeutic activities may be provided to a member in his/her natural environment through a structured program as identified in the goals and objectives described in the ABA service plan.

Where these services are provided in a group context, the group must be limited to four members to each staff person. In any setting, these services target members who require direct prompting or direct intervention by a provider.

519.23.10.1 ABA – GROUP SKILLS TRAINING AND DEVELOPMENT

Procedure Code: H2014
Service Unit: 15 minutes
Level of Service: Face-to-Face 1:2-4 Service
Prior Authorization: Required. Refer to Utilization Management Guidelines.

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Service Limits: Code may be used in combination with H0032, H2012, H2019, H2014 U4, H2014U5, and H2014 of up to a maximum of 40 hours per week and/or eight hours within a 24-hour period. The service week is defined as Sunday 12:00 am through Saturday 11:59 pm.

Staff Credentials: Staff must be a BCBA or BCaBA as defined in [Section 519.23.4 Provider Qualifications and Participation Requirements](#).

Definition: Skills training and development is a combination of structured individual and group activities offered to members who have basic skill deficits.

Procedure Code: H2014 U5
Service Unit: 15 minutes
Level of Service: Face-to-Face 1:2:4 Service
Prior Authorization: Required. Refer to Utilization Management Guidelines.
Service Limits: Code may be used in combination with H0032, H2012, H2019, H2014 U4, H2014U5, and H2014 of up to a maximum of 40 hours per week and/or eight hours within a 24-hour period. The service week is defined as Sunday 12:00 am through Saturday 11:59 pm.

Staff Credentials: Direct contact with member is made by a RBT under supervision of the BCBA or BCaBA as defined in [Section 519.23.4 Provider Qualifications and Participation Requirements](#). BCBA or BCaBA may bill for this service.

Definition: Skills training and development is a combination of structured individual and group activities offered to members who have basic skill deficits.

519.23.10.2 ABA – INDIVIDUAL SKILLS TRAINING AND DEVELOPMENT

Procedure Code: H2014 U4
Service Unit: 15 minutes
Level of Service: Face-to-Face 1:1 Service
Prior Authorization: Required. Refer to Utilization Management Guidelines.
Service Limits: Code may be used in combination with H0032, H2012, H2019, H2014 U4, H2014U5, and H2014 of up to a maximum of 40 hours per week and/or eight hours within a 24-hour period. The service week is defined as Sunday 12:00 am through Saturday 11:59 pm.

Staff Credentials: Direct contact with member is made by a RBT under supervision of the BCBA or BCaBA as defined in [Section 519.23.4 Provider Qualifications and Participation Requirements](#). BCBA or BCaBA may bill for this service

Definition: Skills training and development is a combination of structured individual and group activities offered to members who have basic skill deficits.

Procedure Code: H2014 U4
Service Unit: 15 minutes

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Level of Service: Face-to-Face 1:1 Service
Prior Authorization: Required. Refer to Utilization Management Guidelines.
Service Limits: Code may be used in combination with H0032, H2012, H2019, H2014 U4, H2014U5, and H2014 of up to a maximum of 40 hours per week and/or eight hours within a 24-hour period. The service week is defined as Sunday 12:00 am through Saturday 11:59 pm.

Staff Credentials: Direct contact with member is made by a RBT under supervision of the BCBA or BCaBA as defined in [Section 519.23.4 Provider Qualifications and Participation Requirements](#). BCBA or BCaBA may bill for this service

Definition: Skills Training and Development is a combination of structured individual and group activities offered to members who have basic skill deficits.

Participation End: Any of the following criteria are sufficient for discharge from this level of care:

- A Member's individual treatment plan and goals have been met;
- The individual has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated;
- Treatment is making the symptoms persistently worse; or
- The individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measureable improvement or stabilization of challenging behavior and there is no reasonable expectation of progress.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Autism Spectrum Disorder (ASD): A developmental disability that can cause significant social, communication and behavioral challenges. People with ASD may communicate, interact, behave, and learn in ways that are different from most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.

Applied Behavior Analysis (ABA): The practice of ABA is defined as the application of the principles, methods, and procedures of the experimental analysis of behavior and applied behavior analysis (including principles of operant and respondent learning) to assess and improve socially important human behaviors. It includes, but is not limited to, applications of those principles, methods, and procedures to (a) the design, implementation, evaluation, and modification of treatment programs to change behavior of individuals; (b) the design, implementation, evaluation, and modification of treatment programs to change behavior of groups; and (c) consultation to individuals and organizations. The practice of behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

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Behavior Analysis Certification Board: A nonprofit 501(c)(3) corporation established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services.

Board Certified Assistant Behavior Analyst (BCaBA): As certified by the Behavior Analyst Certification Board (BACB), the BCaBA designs and oversees interventions but may need technical direction from a BCBA for unfamiliar situations. The BCaBA is able to teach others (i.e. non-billable participants, such as parents, family members, etc.) to carry out interventions once competency with the procedures involved has been established under the direct supervision of the BCBA. The BCaBA may assist the BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA or BCBA-D who meets BACB supervisor requirements. WV Medicaid will follow the [BACB Professional and Ethical Compliance Code for Behavior Analysts](#). Competency and supervision must be verified annually and submitted to supervisor.

Board Certified Behavior Analyst (BCBA): As certified by the BACB, the BCBA is an independent practitioner who conducts behavioral assessments, including functional analyses, and provides behavioral analytic interpretations of the results. The BCBA designs and supervises behavioral analytic interventions and plans. BCBA's supervise the work of BCaBAs, RBTs, and others who implement behavior analytic interventions. West Virginia Medicaid will follow the [BACB Professional and Ethical Compliance Code for Behavior Analysts](#). For the purposes of this policy and provider enrollment criteria, BCBA includes both Master level BCBA and Doctoral level BCBA-D.

Childhood Disintegrative Disorder: The central feature of childhood disintegrative disorder is a marked regression in multiple areas of functioning following a period of at least two years of apparently normal development. After the first two years of life, the child has a clinically significant loss of previously acquired skills in at least two of the following areas: expressive or receptive language; social skills or adaptive behavior; bowel or bladder control; or play or motor skills. Individuals with this disorder exhibit the social and communicative deficits and behavioral features generally observed in autistic disorder, as there is qualitative impairment in social interaction, communication, and restrictive, repetitive and stereotyped patterns of behavior, interests, and activities.

Comprehensive Treatment Plan (CTP): A plan of treatment approved by a licensed physician or psychologist working with, or reviewing with, an interdisciplinary team designated with overall responsibility for treatment services a child with ASD receives, including but not limited to, pharmaceutical treatments; all therapies: speech, physical therapy, occupational therapy, ABA plans and services; physician or psychological treatments or other interventions, including those provided in any other context (e.g. educational, privately funded) whether or not they are covered benefits under the member's plan as long as their intent is to improve function or significantly improve social behavior or skills.

Diagnostic Assessment: Medically necessary assessments, evaluations or tests performed by a licensed physician such as; a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist; or a licensed psychologist to diagnose whether an individual has an autism spectrum disorder.

Diagnostic and Statistical Manual of Mental Disorders (DSM): The reference manual used by psychiatrists, therapists, and mental health specialists in the diagnosis, treatment and management of all forms of mental disorders.

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Evidence-Based: Refers to efficacy established through peer-reviewed research. Level 1 evidence is required (that is, evidence obtained from at least one properly designed randomized controlled trial) as defined by the U.S. Preventive Services Task Force for ranking evidence about the effectiveness of treatments or screening.

Functional Assessment: A formal assessment that identifies specific target behavior, the purpose of the behavior, and what factors maintaining the behavior that is interfering with a member's familial, social or educational domain or adaptive functioning/life skills.

Individual Education Plan (IEP): The legal document that defines an individual's special education program and includes the disability under which the individual qualifies for special education services, the services the school will provide, the individual's yearly goals and objectives and any accommodations that must be made to assist in the individual's learning.

Individual Program Plan (IPP): The required document outlining activities that primarily focus on the establishment of a potentially life-long, person-centered, goal-oriented process for coordinating the range of services, instruction and assistance needed by members. It is designed to ensure accessibility, accountability, and continuity of support and services. The content of the IPP must be guided by the member's needs, wishes, desires and goals, but based on the member's assessed needs.

Objective Evidence: Results of standardized patient assessment instruments with determined outcome measurements tools or measurable assessments including data from direct observation and measurement of behavior using standard ABA methods.

Psychiatric Care: Face-to-face direct or consultative services provided by a physician who is board certified in psychiatry.

Psychological Care: Face-to-face direct or consultative services provided by a licensed psychologist.

Registered Behavior Technician (RBT): A paraprofessional who holds the Registered Behavior Technician credential issued by the BACB and practices under the close, ongoing supervision of a BCBA, BCBA-D or BCaBA who meets BACB supervisor requirements. The RBT is primarily responsible for the direct implementation of behavior-analytic services. The RBT does not design intervention or assessment plans. It is the responsibility of the RBT supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The BACB certificant supervising the RBT is responsible for the work performed by the RBT on the cases they are overseeing.

Rehabilitative Care: Professional services and treatment programs, including applied behavior analysis, provided by a certified autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.

Statement of Assurances: Statement that the services provided do not duplicate services already provided to the member.

Treatment Plan/Intervention Service Plan: A written document plan identifying a treatment or intervention developed pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

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CHANGE LOG

| REPLACE | TITLE | EFFECTIVE DATE |
|-------------|--|-------------------|
| New Chapter | 519.23 Applied Behavior Analysis | September 1, 2018 |
| 519.23 | Revisions made throughout policy. Added Section 519.23.1 Administrative Services. Revised specific code sections in 519.23.8. Clarified policy and provider enrollment criteria for BCBA and BCBA-D. | August 22, 2019 |