# CHAPTER 519.23 APPLIED BEHAVIORAL ANALYSIS

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BACKGROUND

Applied Behavior Analysis (ABA) is the scientific study of principles of behavior changes. 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), training others to implement components of a behavior change treatment plan, and overseeing those plans. The goal of these plans is to bring about improvement for the client by addressing issues such as skill deficits (for example, with adaptive behaviors, or communication skills) caused by problem behaviors (such as aggression toward others or self-injurious behaviors, among others).

Since these services involve highly specific, individualized plans based on results of functional assessments, observation, data collection, and interaction with clients, by necessity, much ABA activity involves one-to-one, face-to-face interaction with the client. This is in keeping with provisions of the Professional and Ethical Compliance Code for Behavior Analysts https://www.bacb.com/ethics/ethics-code/.

POLICY

519.23.1 MEMBER ELIGIBILITY

Applied Behavioral Analysis is available to:

- All Medicaid children from the ages of 18 months through age 20 with a primary diagnosis of Autism Spectrum Disorder (ASD) prior to their 8th birthday; and
- 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 – both at the initiation of services and to assure medical necessity is maintained through ongoing clinical progress reviews. At these review periods, the implemented behavior change plan is reviewed. Documentation of treatment progress is shown through measurement and data analysis reflecting the behavior change plan’s goals and objectives with 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:

- First time requesting a PA to provide ABA services for a member, the provider must submit documentation which indicates the primary diagnosis was rendered prior to the child’s 8th year of age;
- Services requested that supplant or duplicate those provided by educational authorities or other funding sources cannot be authorized. Services that are educational in nature cannot be authorized.

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- Current diagnostic assessment conducted within the previous 24 months. 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, or a licensed psychologist) and should include utilization of the current Diagnostic Statistical Manual (DSM) containing the following requirements of the current DSM criteria:
  - Current International Classification of Diseases/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 which are appropriate to the assessed level of functioning and behaviors prioritized for change or intervention;
- Recorded evidence shown from data collection establishing baseline data on maladaptive behaviors and clinical observation of the measure(s) relating to the prioritized plan behaviors;
- 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 WV 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 (BACB) is current, in good standing, and have met participation enrollment requirements:

- Board Certified Behavior Analyst (BCBA);
- Board Certified assistant Behavior Analyst (BCaBA); and
- Registered Behavior Technician (RBT); under supervision of the BCBA or BCaBA.

519.23.5 METHODS OF VERIFYING BUREAU FOR MEDICAL SERVICES REQUIREMENTS

Enrollment requirements, as well as provision of services, are subject to review by BMS and/or its contracted agents. BMS’ contracted agents may promulgate and update utilization management (UM) guidelines that have been reviewed and approved by 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.

**519.23.6 PRIOR AUTHORIZATION**

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 8;
- 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 IEP 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 may request a copy of the IEP (or if 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”.
- Submission annually of the approved functional assessment, the ABAS-II.

The following are not allowed:

- If a provider fails to obtain prior authorization 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;
- Back-dating 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 payment.

**519.23.8 ASSESSMENT SERVICES**

Assessment services include evaluative services and standardized testing instruments applied by suitably trained staff and credentialed by the internal credentialing policies and procedures of the agency. Assessment services are designed to make determinations concerning the mental, physical, and functional status of the member. Those identified as being in the Foster Care system should receive assessment as rapidly as possible.

**519.23.8.1 INITIAL FUNCTIONAL ASSESSMENT**

Procedure Code: H0031 AJ
Service Unit: 1 Assessment = 1 Event
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**Level of Service:** Face to Face 1:1 Service  
**Prior Authorization:** Required, Refer to Utilization Management Guidelines.  
**Service Limits:** Maximum of (one) 1 per year per member

**Staff Credentials:** Staff must be Board Certified Behavior Analyst (BCBA) or Board Certified assistant Behavior Analyst (BCaBA) as defined in 519.23.4 Provider Qualifications and Participation Requirements.

**Definition:** Initial Functioning Assessment by Non-Physician is an initial or reassessment evaluation 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 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.

### 519.23.8.2 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, H2014U4, and H2014U5 of up to a maximum of 40 hours per week and/or 8 hours within a 24 hour period of time. The service week is defined as Sunday 12:00 am thru Saturday 11:59 pm.

**Staff Credentials:** Staff must be a Board Certified Behavior Analyst (BCBA) or Board Certified assistant Behavior Analyst (BCaBA) as defined in 519.23.4 Provider Qualifications and Participation Requirements.

**Definition:** An individual 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 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.

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Service Limits: Code may be used in combination with H0032, H2019, H2014, H2014U4, and H2014U5 of up to a maximum of 40 hours per week and/or 8 hours within a 24 hour period of time. The service week is defined as Sunday 12:00 am thru Saturday 11:59 pm.

Staff Credentials: Staff must be a Board Certified Behavior Analyst (BCBA) as defined in 519.23.4 Provider Qualifications and Participation Requirements.

Definition: Implementation and intervention through activities per ABA. It is a structured program of skill building instruction and supervision designed to assist members in achieving greater independence (and/or employment) in activities of daily living. 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 services, 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, H2014U4, and H2014U5 of up to a maximum of 40 hours per week and/or 8 hours within a 24 hour period of time. The service week is defined as Sunday 12:00 am thru Saturday 11:59 pm.

Staff Credentials: Staff must be Board Certified assistant Behavior Analyst (BCaBA) as defined in 519.23.4 Provider Qualifications and Participation Requirements.

Definition: Direct ABA intervention - service by the BCaBA. Implementation through activities per ABA Plan as documented in a pre-authorized plan. Development includes 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 which 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 service plan. Therapeutic activities include, but are not limited to:

- Learning and demonstrating personal hygiene skills
- Managing living space
- Manners
- Sexuality
- Social appropriateness
- Daily living skills

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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.

Recreational trips, visits to the mall, recreational/leisure time activities, activities which are reinforcements for behavioral management programs, and social events are not therapeutic services and cannot be billed as Skills Training and Development Services.

The following guidelines apply to Skills Training and Development Services provided to young children:

- The service must be age and functionally appropriate and be delivered at the intensity and duration that best meets the needs of individual children.
- The service must not be utilized to provide therapeutic activities for children under the age of five in a group setting for more than four hours per day or more than four days per week.
- Therapeutic activities for young children must promote skill acquisition, include necessary adaptations and modifications, and be based upon developmentally appropriate practice. These services must also be provided in a way that supports the daily activities and interactions within the family’s routine.
- Skill acquisitions for Skills Training and Development Services for young children include, but are not limited to:
  - Adaptive, self-help, safety, and nutritional skills
  - Parent-child interactions, peer interactions, coping mechanisms, social competence, and adult-child interactions
  - Interpersonal and communication skills
  - Mobility, problem solving, causal relationships, spatial relationships, sensorimotor, sensory integration, and cognitive skills

519.23.10.1 ABA TREATMENT-GROUP

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<td>Prior Authorization:</td>
<td>Required. Refer to Utilization Management Guidelines.</td>
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<td>Service Limits:</td>
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**Staff Credentials:** Staff must be a Board Certified Behavior Analyst (BCBA) or Board Certified assistant Behavior Analyst (BCaBA) as defined in 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. These skill deficits may be due to several factors such as history of abuse or neglect, or years spent in institutional settings or supervised living arrangements that did not allow normal development in the areas of daily living skills.
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### 519.23.10.2 ABA TREATMENT INDIVIDUAL

**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, H2014U4, and H2014U5 of up to a maximum of 40 hours per week and/or 8 hours within a 24 hour period of time. The service week is defined as Sunday 12:00 am thru Saturday 11:59 pm.

**Staff Credentials:** Direct contact with member is made by Behavior Analyst Technician (BAT); under supervision of the BCBA or BCaBA) as defined in [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. These skill deficits may be due to several factors such as history of abuse or neglect, or years spent in institutional settings or supervised living arrangements that did not allow normal development in the areas of daily living skills.

**Procedure Code:** H2014 U5  
**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, H2014U4, and H2014U5 of up to a maximum of 40 hours per week and/or 8 hours within a 24 hour period of time. The service week is defined as Sunday 12:00 am thru Saturday 11:59 pm.

**Staff Credentials:** Direct contact with member is made by Registered Behavior Technician (RBT) under supervision of the BCBA or BCaBA) as defined in [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. These skill deficits may be due to several factors such as history of abuse or neglect, or years spent in institutional settings or supervised living arrangements that did not allow normal development in the areas of daily living skills.

### 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):** Any pervasive developmental disorder, including autistic disorder, Asperger’s Syndrome, Rett syndrome, childhood disintegrative disorder, or Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.
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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.

ABAS-II: The ABAS-II assesses adaptive behavior in individuals from birth to 89 years of age. This convenient behavior rating scale measures daily living skills—what people actually do, or can do, without the assistance of others. It is particularly useful in evaluating individuals with pervasive developmental disorders, intellectual disability, neuropsychological problems, dementias, learning disabilities, biological risk factors, and sensory or physical impairments.

Board Certified assistant Behavior Analyst (BCaBA): As certified by the National body known as the Behavior Analyst Certification Board (BACB), the Assistant designs and oversees interventions but may need technical direction from the Analyst for unfamiliar situations. The Assistant 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 Analyst. The Assistant may assist the Analyst with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each Assistant practice under the supervision of an Analyst. PEIA and WVCHIP follow the guidelines of the Behavior Analyst Certifying Board (BACB) which outlines both conduct and expectations of the Assistant in the document: Guidelines for Responsible Conduct for Behavior Analysts, which can be found on their website http://www.bacb.com/index.php. Competency and supervision must be verified annually and submitted to supervisor.

Board Certified Behavior Analyst (BCBA): As certified by the National body known as the Behavior Analyst Certification Board (BACB), the Analyst is an independent practitioner who conducts behavioral assessments, including functional analyses, and provides behavioral analytic interpretations of the results. The Analyst designs and supervises behavioral analytic interventions and plans. Analysts supervise the work of the Assistant and others who implement behavior analytic interventions. PEIA and WVCHIP follow the guidelines of the Behavior Analyst Certifying Board (BACB) which outlines both conduct and expectations of the Assistant in the document: Guidelines for Responsible Conduct for Behavior Analysts, which can be found on their website http://www.bacb.com/index.php.

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, PT, OT, 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-IV): The reference manual used by psychiatrists, therapists, and mental health specialists in the diagnosis, treatment and management of all forms of mental disorders.

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.

Front Line Service Worker: Individuals who are supervised by the BCBA to carry out direct ABA services to the member, currently unlicensed, non-certified. (Per Summary Plan Description (SPD) “services rendered by a provider with the same legal residence as a participant, or who is a member of the policyholder’s family, including [but not limited to] spouse, brother, sister, parent or child” are not covered under the plan.)

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: Standardized patient assessment instruments with determined outcome measurements tools or measureable assessments of functional outcome.

Pervasive Developmental Disorder: The essential features of PDD-NOS are severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills; and stereotyped behaviors, interests, and activities. The criteria for Autistic Disorder are not met because of late age onset; atypical and/or sub- threshold symptomatology are present.
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): Is a paraprofessional who practices under the close, ongoing supervision of a BCBA or BCaBA. 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 behavioral 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.

Rett’s Disorder: The essential feature of Rett’s Disorder is the development of multiple specific deficits following a period of normal functioning after birth. There is a loss of previously acquired purposeful hand skills before subsequent development of characteristic hand movement resembling hand wringing or hand washing. Interest in the social environment diminishes in the first few years after the onset of the disorder. There is also significant impairment in expressive and receptive language development with severe psychomotor retardation.

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

Therapeutic Care: Means services provided by speech language pathologists, occupational therapists or physical therapists.

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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