

## Molina Healthcare

### UM Guide for Applied Behavioral Analysis (ABA) Providers

Feel free to contact us for any questions/concerns regarding authorization requests.	
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#### Context and Guidelines to Reviewing an Initiation or Continuation to ABA Services:

- Molina's guidelines and policy references the following:
  - o Washington Health Care Authority (HCA) ABA Program Billing Guide, visit: <https://www.hca.wa.gov/assets/billers-and-providers/ABA-services-bg-20210301.pdf>
  - o Washington Administration Codes (WAC) for HCA on ABA, visit: <https://apps.leg.wa.gov/wac/default.aspx?cite=182-513A>
  - o MCG Health Behavioral Health Care 25<sup>th</sup> Edition – Applied Behavioral Analysis (B-806-T)
    - An evidence-based clinical decision support solution that helps health care organizations make appropriate medical utilization decisions
    - Providers may access Molina Provider Portal for clinical criteria by clicking [here](#)
    - Providers can contact Molina at (509) 321-1365 to obtain criteria used to make a final determination
- Helpful sources/documents for ABA providers:
  - o ABA Level of Support Requirement Form, visit: [https://www.hca.wa.gov/assets/billers-and-providers/12\\_411.pdf](https://www.hca.wa.gov/assets/billers-and-providers/12_411.pdf)
  - o Intake Assessment and Initial Behavior Change Plan, visit: [https://www.hca.wa.gov/assets/billers-and-providers/13\\_400.docx](https://www.hca.wa.gov/assets/billers-and-providers/13_400.docx)
    - This is a helpful treatment plan template created by the HCA. This template is a great visual that has all necessary sections/criteria needed in a treatment plan compliant to state requirements

#### Documentation Needed for an Authorization of ABA Services:

Initiation of services:

- Molina ABA Therapy Prior Authorization Form, visit <https://www.molinahealthcare.com/providers/wa/medicaid/forms/fuf.aspx>
- ABA Services Request Form (Levels of Support), [HCA-12-411](#)
- Comprehensive diagnostic evaluation from a center of excellence or qualified health professional confirming diagnosis and referral for ABA services
- Assessment and Behavior Change Plan Form, [HCA-13-400](#), completed by a licensed behavior analyst.

## Continuation of services:

- Molina ABA Therapy Prior Authorization Form as above
- ABA Services Request Form (Levels of Support), as above
- Assessment and Behavioral Change Plan Form, HCA-13-400, For continuation of services, the revised treatment plan must:
  - o Document the client's progress since last authorization review
  - o Include an updated assessment
  - o Be completed by a licensed behavior analyst

## **Key Areas of Focus when Molina Reviews Treatment Plans (WAC 182-531A-0600 and WAC 182-531A-1100):**

- Ensures all needed documentation required by the state is included (see Documentation Needed for Authorization of ABA Services above)
- Reviews and confirms the requested units and codes are consistent on all documentation
- Reviews the treatment plan and assess the following:
  - o Plan is applicable to services rendered over the next 6 months
  - o Ensuring each behavior, skill deficit, and symptom that prevents the member from adequately participating in their natural environments are addressed
  - o Ensuring coordination with other services are provided or are available to prevent services from being redundant
  - o Identifying there is a focus on family engagement and training
  - o Identifying baseline measurement levels for each target behavior were taken to better determine progression within the 6-month treatment plan
  - o Ensuring a comprehensive description of treatment intervention for each targeted behavior was discussed
  - o Ensuring treatment goals and objective measures of progress for each intervention specified to be accomplished in the three- to six-month treatment period stated
  - o Ensuring the treatment plan is client-centered and family-centered
  - o Reviewing generalization standards for each program (whether skill acquisition based, or behavior reduction based)
  - o Reviewing discharge criteria for each member
- Recertification or continuation of services are determined by the following:
  - o Documentation of the client's progress and showing measurable changes in the frequency, intensity, and duration of targeted behaviors addressed in previous plans. This documentation must:
    - Project eventual outcomes for the next treatment period (i.e., What objectives/goals will be addressed, possible update on discharge)
    - Assessment instruments
    - Developmental markers of readiness (i.e., Assessment instruments and developmental markers can be norm and/or criterion referenced testing generally accepted in ABA. These should relate to data for each objective/goal).
  - o Approvals for recertification are based on:
    - Positive response to ABA services was indicated
      - This would be shown in an increase in skill acquisition found in goals/objectives

- This would be shown in an increase in assessment results/findings
- The provider can show minor progress and response to ABA services by providing information relative to changes in treatment implementation that may lead to significant responses for the next treatment period (e.g., Provider attempted discrete trial training the first 4-months with no improvements. A change to the pivotal response training was implemented and improvements are shown by the increase in mastery within the last 2-months.)
- The provider can show minor progress and response to ABA services by providing information relative to changes in treatment focus that may lead to significant responses (e.g., No improvements in skills occurred within the first 3-months due to an increase in challenging behaviors. The provider focused heavily on creating and implementing a behavior intervention plan (BIP). The BIP decreased challenging behaviors within the last 3-month period. The next treatment period will focus on fading behavior reduction supports and increase skill acquisition programming).
- Meaning, measurable, functional improvement changes was determined in the following:
  - Confirmed through data (numerical)
  - Documented in charts and graphs (visual analysis)
  - Durable over time (maintenance is discussed within the treatment plan)
  - Generalized outside of treatment setting (generalization is discussed within the treatment plan)
- Documentation/rationale for why function improvement changes or progress has plateaued by determining:
  - Significant interfering events
  - Changes/revisions/modifications to treatment within each objective/goal (i.e., Addressing barriers and resolutions to why a goal/objective was not met).
- Compliance from caregivers
  - Kept appointments/sessions
  - Attended sessions
  - Attended training sessions
  - Applied training as directed

### **Requests for Additional Information:**

- A request for additional information is given whenever any requirement mentioned above is missing or does not support the request for services
- When requesting for additional information, Molina will call, fax or email the provider
- Information should be submitted within 5 days of the request to maintain the requested authorization is processed in time and to prevent any lapse of service for the member
- Molina will contact the provider again if no information was given after 5 days of the request
- If no information is given, Molina will route the request to a medical director to make a determination as to whether services are approved

- The following are common reasons we need to request additional information from providers:
  - Requested units are not clear or contrast from what is written on the prior authorization form and what was written in the treatment plan
  - Minimal data, graphs, or charts confirming meaning, measurable, functional improvement changes or progress
  - Utilization/implementation of assessment instruments/tools within the previous authorization period
  - No baseline given for behavior reduction or skill acquisition goals
  - Missing caregiver goals, trainings, supports, or education
  - Documentation showing revisions/modifications of treatment whenever a plateau in progress occurs
  - Possible services being redundant (objectives/goals are relative to other services/treatments that the member has)
  - Background and history information confirming a thorough evaluation/assessment to the member (client background, past psychiatric history, chief complaint, family history, social history, medical history, educational history, and past and current services)
  - Comprehensive description of treatment is needed
  - Accomplishment/attainability of objectives or goals are not clear
- When additional information is given and supports the request of ABA services providers can expect to receive the following information:
  - A fax will be sent to the provider confirming the following:
    - Authorization date span
    - Approved units
    - Date range to resubmit for continuation for the next authorization period
    - Required documents needed for the next requested authorization
    - Information that should be considered when submitting continuation of services (e.g., Typically, requests for information or minor documentation that was not fully supported by acceptable in the treatment plan)
    - Contact information of the person who reviewed the request

If you have questions, please contact the Molina representatives listed at the top of this page.