



# Hawaii Medicaid Quest Supplemental Clinical Criteria

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## Introduction & Instructions for Use

### Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California (“Optum-CA”)).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

### Instructions for Use

When deciding coverage, the member’s specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member’s specific benefit, the member’s specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

## Intensive Behavior Therapy/Applied Behavior Analysis

The Council of Autism Service Providers [CASP], (2024) provides the following description of ABA:

ABA is a well-developed scientific discipline that focuses on analyzing, designing, implementing, and evaluating social and other environmental modifications to produce meaningful changes in human behavior. This treatment approach has proven effective across the lifespan and for a variety of disorders and conditions. ABA’s success remediating deficits associated with a diagnosis of ASD, as well as developing, restoring, and maintaining skills, has been documented in hundreds of peer-reviewed studies over the past 50 years. ABA is the leading evidence-based, validated treatment for ASD. The success of this treatment approach has made ABA the standard of care for treating ASD. It is widely recognized by several authorities, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the National Institute of Mental Health. (p.3)

## Evaluation and Diagnostic Criteria

- A diagnosis of ASD, or symptoms suggesting ASD to a qualified diagnosing provider are required to be present to receive ABA. The diagnosis shall be made by one of the following licensed practitioners (diagnosing providers):
  - Developmental behavioral pediatrician;
  - Developmental pediatrician;
  - Neurologist;
  - Pediatrician;
  - Psychiatrist;
  - Psychologist; or
  - Other licensed practitioner with specialized expertise in ASD.
- The diagnosing provider will perform a diagnostic evaluation of the member's behavior and development. Diverse presentations of ASD require that each evaluation be specific and address the variations from one member to another. Practitioners are required to use evidence-based assessments to evaluate the member's specific needs.
  - Note: *No prior authorization is required for diagnostic evaluation, but a referral from the PCP may be required in addition to any psychological testing (in addition to diagnostic evaluation) needed to reach a definitive diagnosis.*
- The diagnosing provider will refer members diagnosed with ASD to a rendering provider for assessment and treatment plan development.
- If the diagnosing provider suspects ASD, but requires further evaluation before making a definitive diagnosis, the member may qualify for up to a 26-week trial of Applied Behavior Analysis prior to diagnosis.
  - Information submitted will include diagnoses (i.e., social/pragmatic language disorder, mixed receptive expressive disorder, developmental delay, etc.) along with documentation of the member's developmental delays significantly affecting communication, interaction, behaviors, interests, and activities.
- If the member does not meet any of the current diagnostic criteria for ASD, the plan shall help the diagnosing provider find another licensed practitioner who can provide medically necessary treatment for the member.

## Initial Assessment and Treatment Plan Development Criteria

The initial assessment and development of the treatment plan shall be performed by any of the following rendering providers:

- Any of the diagnosing providers identified above;
- Licensed Behavior Analyst (LBA): Board-Certified Behavioral Doctorate (BCBA-D); or
- Licensed Behavior Analyst (LBA): Board-Certified Behavioral Analyst (BCBA).

Assessment and formulation of treatment goals may require prior authorization. All assessment and treatment goal development will be consistent with the most current edition of the Council of Autism Service Providers (CASP) Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers. The assessment will include but not be limited to gathering information from the following sources:

- Record Review;
- Interviews;
- Direct Observation and measurement of behavior using various assessment tools (functional behavior, Skills-Based, and Standardized assessments);
- Risk Assessment;
- Assessment from other Professionals, as needed.

If requested by the rendering provider, the plan shall help to find additional licensed practitioners to perform components of the initial assessment. These components of the initial assessment may include intellectual and achievement tests; developmental, adaptive behavior, communication, and cognitive assessments; standardized psychometric testing; assessments of comorbid mental health conditions; general psychopathology; and evaluations of family functioning and needs. If additional testing is needed, QI health plans may require additional PA. The QI health plan will directly reimburse licensed practitioners who perform components of the assessment.

The rendering provider will submit the assessment and treatment plan to the plan for prior authorization before treatment begins. Other state agencies will document and submit the assessment and treatment plan for the member's circle of support to review and approve before treatment begins. All treatment plans will include:

- Description of each treatment plan goal and standardized measurement system that will be used to reassess goal progress. Standardized measurement systems may include VBMAPP1 or ABLLSR®2; and
- Provide an anticipated timeline and treatment hours needed to achieve each goal based on both the initial assessment; and
- Document that services will be delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.

The rendering provider will obtain input into the development and updating of the treatment plan from the PCP, diagnosing provider, caregivers, and the member, as appropriate.

## Applied Behavior Analysis Delivery Criteria

- The plan will issue a prior authorization for ABA when it determines ABA is medically necessary and recommended by a rendering provider.
- All treatment plans shall include the goals and associated settings/locations where services will be delivered.
- Members may receive ABA services in settings/locations that address challenging behaviors identified in the assessment and maximize treatment outcomes.
  - Locations include but are not limited to a clinic, member's home, or other community settings.
- Rendering providers and their treatment team can include:
  - LBA (BCBA or BCBA-D);
  - Board Certified Assistant Behavior Analyst® (BCaBA®), (supervised by an LBA (BCBA or BCBA-D)
  - Registered Behavior Technician® (RBT®), (supervised by an LBA (BCBA or BCBA-D)
- Individual-specific treatment plans and interim progress assessments must be submitted at least every 26 weeks based on clinical progress towards treatment plan goals. The health plan and state agencies shall require documented measured progress as follows:
  - Measure of progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and
  - Documentation of changes to treatment plan and why those changes were made. This documentation must include accompanying data collected on goals.
  - Provide an anticipated timeline and treatment hours needed for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
  - Document that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.
    - *Note: Interim progress assessments may be required by the plan more often than every 26 weeks when warranted by individual circumstances.*

## Re-evaluation

To avoid breaks in treatment, the rendering provider shall submit an interim progress assessment and request for prior authorization to continue services at least two weeks before the end of the approved treatment period. Prior authorization requests shall include a re-evaluation assessing progress toward treatment goals. The plan must evaluate and determine the prior authorization in a timely fashion so that there are no breaks in medically necessary services. The plan may continue to authorize ABA services for members with ASD when the following criteria are met:

- Interim progress assessments are submitted at least every 26 weeks; and
- Documentation of changes to treatment plan and why those changes were made. This documentation must include accompanying data collected on goals.
- The interim progress assessment measures progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and
- The interim progress assessment includes an anticipated timeline and treatment hours for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
- The interim progress assessment documents that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.
  - *Note: A qualified rendering provider may request a re-evaluation of the ASD diagnosis if there are significant concerns that the member's presentation of symptoms do not meet the diagnostic criteria for ASD.*

## Administrative Criteria

## Credentialing and Contracting of Rendering Providers

- The plan will follow their established credentialing and contracting processes for diagnosing and rendering providers involved in the screening, diagnosing, assessment, evaluation, treatment, or any other aspect of services for ASD.
- The plan shall ensure rendering providers are:
  - Licensed in the State of Hawaii;
  - Practicing within the scope of their license;
  - Actively enrolled in the State Medicaid Program;
  - For providers practicing as a BCBA-D, BCBA, BCaBA, or RBT, that the provider has obtained and currently maintains formal credentialing and certification within the profession of behavior analysts coordinated by the Behavior Analyst Certification Board (BACB);
  - For providers practicing as a BCaBA or a RBT, that the provider is working under the supervision of a licensed behavior analyst (BCBA-D or BCBA).
- The licensed behavior analyst (BCBA-D or BCBA) is responsible for supervision of BCaBA
- and RBTs:
  - All aspects of clinical direction, supervision, and case management.
  - Knowledge of each member and of the treatment team's ability to effectively carry out clinical activities before assigning them.
  - Familiarity with the member's assessment, needs, treatment plan, and conducting regular direct observation of the treatment team implementing the plan through case supervision.
  - Case supervision is comprised of both direct and indirect hours. Depending on the clinical needs of the member, case supervision generally consists of at least one to two hours for every 10 hours of all RBT service hours with at least one of the two hours being direct supervision (with or without the member present). Direct supervision must always be provided at least 5% of all BCaBA and RBT service delivery hours. All supervision and oversight of unlicensed staff must meet the most current BACB guidelines.

## Prior Authorization Criteria

- The plan shall have requirements for prior authorization of ABA services that are consistent with Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers.
- No prior authorization is required for EPSDT services provided by a PCP.
- No prior authorization is required for a diagnostic evaluation. (The plan may require a referral from the PCP. Additional psychological testing requires a prior authorization).
- The plan shall not limit access to ABA services but may determine and communicate requirements for each component of the assessment process.
  - Prior Authorization is required for reimbursement of services provided under the treatment plan.
  - The plan will prior authorize on-going services when the member is demonstrating documented improvement, ameliorating, or maintaining current developmental status in the following areas: social skills, communication skills, language skills, behavior change or adaptive functioning.
  - Rendering providers may request prior authorization for additional treatment hours for school-aged members when school is not in session.
  - Rendering providers shall request prior authorization in hours/week for up to 26 weeks (i.e., six months).
  - Rendering providers shall document coordination of ABA service goals and delivery to a member between the member's QI health plan and other state agencies to insure coordination yet no duplication of services.
  - The plan will follow their established policy for prior authorization

## Non-Coverage

- Treatment will not be covered when any of the following apply:
  - Care is primarily custodial in nature;
  - Member is not medically stable;
  - Services are provided by family or household members;
  - Treatment is provided as LTSS, HCBS, or respite service;
  - Treatments are considered experimental or lack scientifically proven benefit; or
  - Services are provided outside of the State.

## Coordination of Benefits

- Early Intervention Page (EIP) is responsible
- To provide EIP services to EIP eligible children aged zero to three. EIP services include Positive Behavioral Support services provided by licensed Behavioral Analysts in accordance with IDEA Part C. The plan provides medically necessary comprehensive ABA services for members in the EIP. The plan and the EIP will coordinate ABA services for EIP eligible members requiring comprehensive ABA. The plan and EIP will coordinate care for members to access additional medically necessary services too.
- The I/DD Waiver provides home and community-based services to support members to live in their own home and participate in their community. The plan provides medically necessary ABA services for EPSDT eligible members in the I/DD Waiver. The plan and the I/DD Waiver will collaborate with the member's circle of support to coordinate access to additional services.
- Department of Education (DOE) provides educationally necessary ABA services, which may also meet the criteria for medical necessity, to EPSDT eligible students in accordance with the IDEA while in school. The plan will collaborate with the member's Individualized Education Plan (IEP) team to coordinate and access any additional services required for members outside of school.
- All medically necessary ABA services eligible for Medicaid matching will comply with the guidelines defined by this memorandum, its attachments, and the most current edition of the Council of Autism Service Providers (CASP) Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers.

## Reimbursement/Coding

- Fee-for-service (FFS) reimbursements are based on the current published MQD FFS schedule rates. Attachment C is a list of codes with reimbursement rates under the Hawaii Medicaid FFS program.
- QI health plans may reimburse providers for covered services at rates higher than the current published MQD FFS schedule rates.
- Payment for covered services shall only be made to a rendering provider if the following conditions are met:
  - For services performed by an LBA (BCBA or BCBA-D), BCaBA or RBT, the QI health plan shall reimburse the licensed practitioner or agency that contracts with or employs the licensed practitioner, the LBA (BCBA-D or BCBA), BCaBA or RBT.
  - A rendering provider may only bill for one member at a time except for provision of group services.
  - If multiple rendering providers (i.e., LBA, BCaBA, and RBT) are providing services to a member at the same time, only one rendering provider may bill for the services.
    - As long as the criteria for both codes are met and are being billed with different modifiers, an exception is made to allow concurrent billing for procedure codes 97153 and 97155:
      - 97153: delivered by an RBT under the supervision of an LBA
      - 97155: delivered by an LBA as the sole provider or by a BCaBA under the supervision of an LBA



## Telehealth

- ABA codes/services provided by a licensed provider using simultaneous HIPAA compliant interactive audio/video telehealth modality may be covered.
- Service delivery using telehealth must be clinically appropriate for the member, and quality and effectiveness of the treatment maintained.
- Telehealth visits must document parental or guardian consent to conduct the visit using a telehealth modality and include documentation of any limitations or components that could not be completed during the telehealth visit. Health plans and state agencies are to consider the following areas when reviewing a PA to deliver ABA services through telehealth:
  - Member's ability to accept services through a telehealth modality.
  - Member's ability to participate in the regimen of services for a reasonable period (a minimum of 10 minutes can be used as a guide).
  - Member's ability to communicate with the provider with minimal prompting by the caregiver.
  - Member's ability to complete tasks without in-person reinforcement.
  - The unique needs or skills of the member, age of the member, severity of challenging behavior(s), and family/support available in the home.
  - The availability of adequate equipment and internet connectivity set up in a location where there will be no distractions or disruptions.
  - Provider training and experience in providing the services via telehealth.
  - The monitoring and assessment tools in the treatment plan for determining the effectiveness of using telehealth.
- If the service requires the physical presence of a caregiver to ensure the health and safety of the member, then ABA services via telehealth are not considered an appropriate method to deliver services to the individual.

## References

State of Hawaii, Hawaii Revised Statutes. (2013). §432E-1.4, Medical Necessity.

State of Hawaii, Department of Human Services. Coverage Of Intensive Behavioral Therapy (IBT) For Treatment Of Children Under 21 Years Of Age With Autism Spectrum Disorder (ASD): Guidelines For Applied Behavioral Analysis (ABA), December 31, 2024.

## Revision History

| Date    | Summary of Changes |
|---------|--------------------|
| 10/2015 | Version 1          |
| 12/2016 | Version 2          |
| 01/2017 | Version 3          |
| 02/2018 | Version 4          |
| 12/2019 | Version 5          |
| 01/2021 | Version 6          |
| 04/2022 | Version 7          |
| 04/2023 | Version 8          |
| 04/2024 | Version 9          |
| 04/2025 | Version 10         |