Comprehensive Autism Care Demonstration

Clinical Necessity Reviews

Health Net Federal Services, LLC (HNFS) is required to perform clinical necessity reviews on all treatment plans before making coverage determinations for applied behavior analysis (ABA) services. Clinical necessity reviews, performed by HNFS' qualified clinical necessity reviewers (Board Certified Behavior Analyst® [BCBA®], Board Certified Behavior Analyst® – Doctoral [BCBA-D®]), follow a standardized approach that considers the individual beneficiary to ensure the treatment plan coincides with the most appropriate level of care.

Clinical necessity review evaluations include treatment plan documents, Individualized Education Programs (if applicable) and the following outcome measures:

- **Pervasive Developmental Disorder Behavior Inventory (PDDBI)**
- **Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)**
- **Social Responsiveness Scale, Second Edition (SRS-2)**

Overarching Clinical Necessity Review Areas

Assessment Area	What Is Assessed
Level of Clinical Support/Need	Autism spectrum disorder (ASD) diagnostic severity
	Maladaptive behaviors related to ASD
	Outcome measure scores
Treatment Plan	Beneficiary symptom presentation
	Goal selection
	Outcome measure scores and their relevance to treatment
	Detailed notes on progress
	Modifications
	Evidence-based methods
Dose Response (Intensity, Frequency, Duration)/ Duration of Services	Current request for authorized units
	Corresponding level of symptom improvement
	Current and continued monitoring for treatment appropriateness for current symptoms
	Recommended vs. requested for authorization vs. rendered hours
	Context of length of time in ABA treatment
Improved Symptom Presentation/Progress	Outcome measure analysis
	Goal analysis
	Targeted maladaptive behaviors analysis
Other Rendered Services	Overall treatment necessity, including symptoms effectively treated by other specialties
	Analysis of comorbid diagnosis and symptoms
	Review of any non-ASD–related treatment plan goals
	Review of other treatments being accessed
Parent/Caregiver Engagement	Parent/caregiver participation levels
	Parent/caregiver goals and goal progress
	Planning and preparedness of parent/caregiver generalization and maintenance outside of active service delivery

Clinical Consultation and Provider Engagement

Following the clinical necessity review, the BCBA/BCBA-D clinical necessity reviewer will either:

- Make a coverage determination,
- Request additional information or
- Schedule a clinical consultation with the responsible ABA supervisor.

Clinical Consultations

⚠ ***Did you know?*** *Greater than 75% of requests submitted to HNFS do not meet the minimum requirements necessary for authorization and require modification by the ABA provider before HNFS can issue a coverage determination. The six most common findings include:*

- *Lack of explanation(s) for outcome measures with stagnation or regression present.*
- *Goal criteria are not included or do not have enough detail.*
- *Discharge criteria are not included, vague or not individualized to the beneficiary.*
- *Goals included that are excluded from coverage and/or lack units related to excluded coverage areas.*
- *Documentation requirements and justifications for school and community locations are not included or do not have enough detail.*
- *Parent training minimum session documentation and progress summaries are vague or only state minimum requirements were met and do not include the number of sessions completed.*

The clinical consultation will address areas of concern and sections in the treatment plan that need to be addressed and resubmitted prior to treatment authorization. The consultation may address:

- Missing documentation
- Exclusions
- Stagnation or regression on goals or outcome measures
- Lack of parent/caregiver engagement and goal progress
- Barriers to compliance with program requirements
- Lack of clinical necessity for ABA services
- Discharge recommendations

Required changes to the treatment plan may include additional explanations, new or modified goals and references to outcome measures or items related to clinical necessity and parent/caregiver engagement.

Following the consultation, the ABA supervisor will receive a written communication outlining the changes required (changes discussed during the consultation) and include instructions for resubmitting treatment authorization request. Once the ABA supervisor resubmits the treatment plan, a second review will occur to ensure compliance with program requirements before coverage determination. If the resubmitted treatment plan fails to address all changes and/or demonstrate clinical necessity, an additional consultation may be required between the ABA supervisor and the clinical necessity reviewer.

If the ABA supervisor is unwilling to update the treatment plan, the coverage determination may result in a full denial or partial denial.

Providers can avoid or minimize requests for clinical consultation by:

- Adhering to treatment plan requirements.
- Meeting expectations on progress and summaries.
- Developing clear and objective goals and treatment paths; and
- Addressing areas of concern clearly (outcome measure regression, goals progress, etc.) with full explanations and treatment alterations.

Use of Parenting Stress Index and Stress Index for Parents of Adolescents Scores

HNFS' clinical necessity reviewers do not use submitted Parenting Stress Index, Fourth Edition Short Form (PSI-4-SF) and Stress Index for Parents of Adolescents (SIPA) scores when making coverage determinations. However, after a coverage determination has been rendered, clinical necessity reviewers will use PSI-4-SF/SIPA scores to identify whether additional family support would be beneficial to increase parent/caregiver engagement, decrease family stress and/or support the beneficiary's access to services. Clinical necessity reviewers may engage with families about additional support, as appropriate.

Processing Timelines

HNFS will complete a preliminary administrative review within two to five business days of receiving an ABA provider's treatment authorization request. HNFS' administrative review will:

- Verify beneficiary eligibility.
- Verify ACD program requirements have been met.
- Verify a valid referral.
- Verify contents of a comprehensive care plan (beneficiaries with Autism Services Navigators only).
- Verify a PDDBI is complete and valid (parent form/teacher form, as applicable).
- Verify the Vineland-3, SRS-2 and PSI-4-SF/SIPA are complete and valid.
- Verify the minimum of treatment plan requirements (location of services) has been met.
- Complete the clinical necessity review within five business days of having determined administrative review compliance.
- Complete a coverage determination and send correspondence by the fifth business day if there have not been any requested changes to the treatment plan.
- Attempt to contact the treating ABA supervisor by the fifth business day if a provider consultation is required. If HNFS does not make contact, an alternative appointment date and time will be offered to the treating ABA supervisor. The provider consultation must occur within 10 business days of the initial request, and no later. If the consultation does not take place within 10 business days:
  - HNFS will cancel a treatment authorization request.
  - The treating ABA supervisor will need to complete the consultation and resubmit the treatment plan and/or additional information for a second coverage determination review.
- Send written correspondence to the treating ABA supervisor (or notify the ABA supervisor during a provider consultation) that additional information is needed, or modifications must be made to the treatment plan.
  - The ABA supervisor has up to 10 business days to provide additional information or submit a modified treatment plan.
  - HNFS will complete the clinical necessity review for a coverage determination within five business days once the additional information or modified treatment plan has been received.

Important: ABA supervisors must respond to consultation requests or requests for additional information in a timely manner to help prevent potential gaps in beneficiary care. HNFS will not issue any backdated or retroactive authorizations under any circumstances. We encourage treating ABA providers to submit treatment authorization requests up to 60 days in advance to allow for the review process, consultation process and re-review, if necessary.

Treatment Authorization Guidelines (Summary)

Concern	Guidelines
Clinical Necessity Review	All treatment authorization requests are reviewed for clinical necessity before authorization and may include requests for additional information, clinical consultation and/or required changes to treatment plans.
Late Reauthorization Request (Less than 30 calendar days)	ABA providers who submit reauthorization requests **in less than 30 calendar days before the current treatment authorization's expiration date** are at risk for non-payment should the existing treatment authorization expire before HNFS approves the reauthorization request.
Request for Reauthorization (60 to 30 calendar days)	If continued services are clinically indicated, before the expiration of each six-month treatment authorization period (may be as early as 60 calendar days in advance but no later than 30 calendar days in advance), the ABA provider must submit a reauthorization for ABA services.
Treatment Authorization Request Submission	Submit all treatment authorization requests to HNFS using our online authorization submission tools at **www.tricare-west.com** > *Provider* > *Submit an Authorization* (requires log in).
Treatment Plan	A written document outlining the ABA supervisor's plan of care for TRICARE beneficiaries receiving ABA services.