



## Colorado Medicaid Criteria for Behavioral Therapies

### Diagnosis and Behaviors

Presence of one or more of the following for an individual age 20 and younger:

- The client has been diagnosed with a condition for which behavioral therapy services are recognized as therapeutically appropriate (i.e. evidence-based or evidence-informed), including autism spectrum disorder.
- The client cannot adequately participate in home, school, or community activities because behavior or skill deficit interferes with these activities. The client must have a standardized assessment of maladaptive behaviors to show their abilities to function in these activities.
- The client presents a safety risk to self or others. Examples include self-injury, aggression towards others, and destruction of property, stereotyped or repetitive behaviors, or elopement.

### Clinical Evaluation from the Child's or Youth's Physician, Nurse Practitioner, Clinic or Psychologist

Documentation of:

- A signed comprehensive diagnostic evaluation or screening performed within the previous twelve (12) months by a qualified health care professional such as the client's physician, nurse practitioner, or psychologist who prescribes and/or recommends behavioral therapy services.
- The name of the completed and signed screening questionnaire, including date completed and significant results.
- The client is medically stable and without a need for 24-hour monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities

### Treatment Plan

Documentation of:

- A signed behavioral therapy treatment plan that clearly outlines specific and measurable goals of the treatment plan.
- A description of how the direct treatment hours and supervision hours will be delivered at a sufficient intensity to achieve treatment plan goals.
- The level of primary caregiver/responsible adult training and support and how this support is going to be delivered in a manner individualized to the child and family, to ensure skills transfer to the parent/caregiver.
- A plan of evaluation for measureable impact on the client's behavior or skills.

For reauthorization of behavioral therapy services, provide recent documentation of:

- Meaningful, measurable, functional improvement changes, or documentation of significant interfering events (e.g., serious physical illness, major family disruption, change of residence), if applicable. For changes to be meaningful, they must meet all of the following:
  - Confirmed thorough data.
  - Documented in charts and graphs.
  - Durable over time beyond the end of the actual treatment session.
- A signed revised treatment plan with all of the above mentioned criteria and how behavioral changes have been used outside the treatment setting including the client's residence and the larger community within which the client resides.
- A plan to address challenges encountered during the previously authorized services, if applicable.

In addition, the Department requests documentation about other therapy services, including behavioral therapy services that have been provided or considered for the client as appropriate. The lack of providing or considering other therapy services will not affect the final prior authorization determination for behavioral therapy services.

Please provide responses to all of the following questions, with explanation.

- Have less intrusive or less intensive behavioral interventions been provided or considered?
- Have other therapy services such as occupational therapy, physical therapy, or speech therapy been provided or considered?
- Is it your professional opinion that no equally effective alternative is available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors?

## Exclusion Criteria for Behavioral Therapies

The basis for denial of services includes but is not limited to the following:

- Lack of medical necessity.

For example:

- The child fails to respond to ABA services, even after encountering different ABA techniques and approaches, if applicable.
- There are no meaningful, measurable, functional improvement changes, or progress has plateaued, without documentation of significant interfering events (e.g., serious physical illness, major family disruption, change of residence), if applicable. For changes to be meaningful, they must be all of the following:
  - Confirmed through data
  - Documented in charts and graphs
  - Durable over time beyond the end of the actual treatment session.
  - Generalizable outside of the treatment setting to the client's residence and the larger community within which the client resides
  - Noncompliance (e.g., failure to keep appointments, parent fails to attend all treatment sessions, parent fails to attend scheduled parent training sessions), if applicable.

Services that are primarily respite, daycare or educational in nature and are not used to reimburse a parent for participating in the treatment program.

Services that are duplicative services and equal to the medically necessary frequency and duration under an individualized family service plan (IFSP) or an individualized educational program (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA).

Treatment whose purpose is vocationally based.

Custodial care;

a) For purposes of these provisions, custodial care:

- Shall be defined as care that is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating, and maintaining personal hygiene and safety;
- Services, supplies, or procedures performed in a non-conventional setting.
- The agency does not cover the following services (this list is not exhaustive):
  - Autism or other camps
  - Resorts or Spas
  - Equine or Hippo therapy
  - Primarily educational services
  - Recreational therapy
  - Respite care
  - Safety monitoring services
  - School-based services

- Social skills training
  - Vocational rehabilitation
  - Life coaching
  - Treatment that is unproven or investigational, (e.g., holding therapy, Higashi, auditory integration therapy, etc.)
- iv. Services rendered by a parent, legal guardian, or legally responsible person.