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Maryland Provider: Accessing Applied Behavioral Analysis (ABA) Services

Independent Learning Guide

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Introduction

30 Minutes

Hello and Welcome to Optum Maryland Provider Training. The purpose of this training document is to provide a self-paced learning guide for Maryland Providers accessing ABA Benefits on behalf of Maryland participants.

Applied Behavior Analysis (ABA) treatment is a covered benefit through the Maryland Department of Health. **Eligible participants must be**:

- Under the age of 21
- Residents in a home/community setting
- Maryland Medicaid participants
- Referred for ABA treatment
- Diagnosed with Autism Spectrum Disorder (ASD)

Use this resource as a guide to determine if ABA Benefits can be accessed for a participant and identify the required documentation for Referrals, **Clinical Confirmation Forms (CCF)**, and **Comprehensive Diagnostic Evaluations (CDE)** completed by **Qualified Health Care Professionals (QHCP).** QHCPs who are eligible to diagnose participants with ASD include:

- Developmental Pediatrician

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- Pediatrician
- Pediatric Neurologist
- Child Psychiatrist
- Clinical Psychologist
- Neuropsychologist
- Nurse Practitioner

More information about ABA Benefits can be found in the ABA Provider Manual.

Accessing ABA Benefits

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Initial ABA Assessment requirements may include:

- **CDE** completed by a QHCP
- **Referral** for ABA by a QHCP
- Clinical Confirmation Form (**CCF**)

To determine the documentation required for your Assessment request, follow the prompts below. *More information on Initial Assessment requirements can be found in the Provider Alert.*

1. The participant must be a Maryland Medicaid participant under the age of 21.

2. Does the participant have a confirmed Autism Spectrum Disorder diagnosis (ASD)?
   - If **yes**, proceed to step three.
   - If **no**, Refer participant for a diagnostic evaluation. Review the section ***Accessing ABA Providers*** in this document for more information.

3. Was the participant diagnosed by a QHCP at the age of three years and one month or younger, and has been **more than two** years since evaluation?
   - If **yes**, submit CDE (using the ***CDE Required Documentation*** section of this document) accompanied by CCF and visit summary within past six months. Completed CCF also fulfills ABA referral requirement. Proceed to step six.
   - If **no**, proceed to step four.

4. Was the participant diagnosed by a QHCP at the age of three years and one month or younger, and it has been **less than two** years since evaluation?
   - If **yes**, submit CDE for review (using the ***CDE Required Documentation*** section of this document).
   - Along with CDE, include a written referral by a QHCP for ABA Therapy, signed and dated within the last six months. Proceed to step six.
   - If **no**, proceed to step five.

5. Was the participant diagnosed by QHCP at three years and one month or **older**?
   - If **yes**, complete CDE for review (using the ***CDE Required Documentation*** section of this document).

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- Along with CDE, include a written referral by a QHCP for ABA Therapy, signed and dated within the last six months.
- Proceed to step six.

6. Once the required documentation has been acquired in the above steps, a service request for Initial Assessment can be made using the Incedo Provider Portal.
   - For information on exclusions and clinical requirements with ABA requests, review the Medical Necessity Criteria and Treatment Plan Requirements documents on the Optum Maryland website.
   - Guidance for requesting services using the Incedo Provider Portal can be found here.
   - ***Please note:*** For ABA Providers requesting ABA Services, choose appropriate service codes located in the ABA Auth Plan drop down menu in accordance with the ABA Fee Schedule.
   - Once the Initial Assessment has been completed, a service request for ABA Treatment can be completed using the Incedo Provider Portal.

To identify required documentation for **Continued Access to ABA Benefits**, use the prompts below.

1. Does the participant continue to meet eligibility criteria as defined in the ABA Medical Necessity Criteria?
   - If **yes**, proceed to step two.
   - If **no**, review the exclusionary criteria in the Medical Necessity Criteria.
2. Was participant diagnosed at three years of age or younger?
   - If **yes**, proceed to step three.
3. Has it been two years or more since confirmed diagnosis?
   - If **yes**, complete CCF and include with service request as an attachment. Proceed to step four.
   - If **no**, Proceed to step four.
4. Review Medical Necessity Criteria to ensure participant continues to meet clinical requirements for continued treatment.
5. Complete service request for concurrent ABA Treatment in Incedo Provider Portal.
   - Guidance for requesting services using the Incedo Provider Portal can be found here.
   - ***Please note:*** For ABA Providers requesting ABA Services, choose appropriate service codes located in the ABA Auth Plan drop down menu in accordance with the ABA Fee Schedule and what is indicated on the Treatment Plan.

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KNOWLEDGE CHECK

Determining CCF Requirement

Apply the above process for Accessing ABA services to the scenarios displayed below to test your knowledge of determining CCF requirements to access ABA services.

Scenario One

- Ruby's parent has sent in documentation for her to access the ABA benefit. The CDE meets requirements and per the report, Ruby was two years nine months at diagnosis. Currently Ruby is 11 years old. Will Ruby require a CCF?

Scenario Two

- Barrett's primary care doctor has sent over an evaluation for review as Barrett was recently diagnosed with ASD. The CDE meets requirements and per the report, Barrett was four years, four months at diagnosis. Currently Barrett is eight years old. Does Barrett require a CCF?

Scenario Three

- Harvey's social worker sends over an evaluation for Harvey to access the ABA benefit. The CDE meets requirements and per the report, Harvey was one year 10 months at diagnosis. Currently, Harvey is two years old. Will Harvey require a CCF?

Answer Key

1. Because Ruby was diagnosed before the age of three and it has been more than two years since the age of diagnosis, a CCF will be required to initially accompany the CDE the family previously shared. The CCF requires that a QHCP that has seen Ruby within the last six months provide a confirmation of her diagnosis of ASD. Once the diagnosis is confirmed, no clinical confirmation form would be required of Ruby’s family on an ongoing basis.

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2. Since Barrett was diagnosed after the age of three years one month, no CCF will be required either initially or on an ongoing basis. The diagnosis is considered confirmed.

3. While Harvey was diagnosed before age three years one month, it has not yet been two years since the diagnosis was given. Therefore, no additional information will be required initially. However, once Harvey starts ABA services, a CCF will be requested nine months out from the date the diagnosis will “expire”. Diagnosis expiration will occur when Harvey is three years 10 months old.

CDE Required Documentation

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This section will explore required documentation for Comprehensive Diagnostic Evaluations (CDE). Each element will be defined along with related examples for reference.

Based on the status of the participant’s diagnosis, a CDE may be required in your request for ABA services. The CDE can only be completed by a QHCP as defined above and must contain the following elements:

- Parent/caregiver Interview
- Description of participant’s developmental and psychosocial history
- Description of current functioning across major domains of development
- Direct observation of participant outlining behavior consistent with DSM-V criteria for the diagnosis of ASD (mental status exam)
- Statement identifying presenting diagnosis (F84.0, F84.5, F84.8, F84.9)
- ***Recommended, not required:** testing instruments and/or standardized assessment tools*

Review each of the CDE elements below and their related examples.

1. **Parent/Caregiver Interview**
   - For interview reports, phrases such as ‘per parent report’, or ‘family reports’ are most appropriate.

2. **Description of participant’s developmental and psychosocial history**
   - Includes details of participant’s Language, Motor (Fine, Cross, Repetitive), Non-verbal communication, Social and Play skills, etc.

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Examples of participant history

DEVELOPMENTAL HISTORY

Motor: Sat by 6 month s; independent walking by 14 months. History of toe walking and frequent falls . Saw PT at ███ and is now receiving home exercises again before a re- evaluation .
Fine motor: Right handed / preference ; ;likes to try and brush teeth and scribble. Not using utensils at thi stime
Adaptive skills:in pullups; will help with dressing and undressing

Expressive language: Mama by 1 year ;Now has about 20 words ; has rare pop up songle words (please, thank you; No ; mine) ; Sign(please; thank you; more) will communicate by pulling by hand and pointing with one finger again .
Gets frustrated due to communication Delays and will throw pillows, toys when upset
Nonverbal communication: limited pointing/ sign or gestures; uses whole hand pointing and starting with single finger pointing
Receptive language milestones: Understands STOP/NO; Inconsistent response to nam e; inconsistent following of one step commands ; eye contact has improved
Oral motor:mouthing toys

Social: likes to line up toys And plays by himself ; some imitation with sister ; tends to "run away" from other children even his twin sister
Interaction with peers: ignores peers or prefers solitary play

Play: cars - lining up ; limited imaginative play; takes away sister s toy s; will be upset if lining is disturbed
Interests: hyper focussed on cars

Repetitive motor behaviors/habits: on the go ; climbing an djumping
Changes in routine are problematic And can cause meltdowns

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Developmental History:
Language: ███ family reports that he said his first word at 10 months ("mama") and added hooray but then at 18 months lost all his words.
Fine Motor / Activities of daily living ███ is not able to use a spoon and fork. He will not drink out of regular cups and prefers bottles.
Gross Motor: ███ achieved the following milestones: Walking at 13 months. He cannot navigate stairs on his own.

Educational History:
Current educational placement: Preschool at ███ Elementary School.
Current classroom setting: Special Education.
Current interventional therapies:
Private: None
IFSP: Developmental delay

Past Medical History:
Birth History:
Birth History

- Birth
  - Length: 20.08"
  - Weight: 6 lb 10.7 oz (3.024 kg)
  - HC 33 cm (12.99")
- Apgar
  - One: 8
  - Five: 9
- Discharge Weight: 6 lb 5.2 oz (2.87 kg)
- Delivery Method: C-Section, Unspecified
- Gestation Age: 40 wks
- Feeding: Breast Fed
- Days in Hospital: 2.0
- Hospital Name: HCH
- Hospital Location: MD

BIRTH HISTORY:
DOB: 8/22/2018; Time of birth: 1457

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3. **Description of current functioning across major domains of development.**
    - The example shown is unique in that Developmental history and current functioning levels are combined. This is not a required format.

Example of current functioning

DEVALOPMENTAL HISTORY

1. Pregnancy and perinatal history

1) Prenatal:
- No Hx of In-Utero Exposure to medications, chemicals, tobacco, alcohol, drugs
- Mom received prenatal care.
- During the pregnancy, mom had acid reflux.

2) Birth:
- Pt was born at full-term, via C-SEC due to fetal distress, at St. Agnes hospital.
- Birth weight: 5 pounds 13 ounces.
- Birth height: 19 inches.

3) Postnatal:
- Pt stayed in the hospital for 4 days and then discharged to home. Pt and mom stayed in the hospital 2 days more as dad was aggressive to mom, MGM, and staff.
- No NICU stay.
- No significant postnatal complication.
- At birth pt passed hearing test.
- When pt was born, mom was 19yo and dad was 22yo.

2. Infancy:
- No concerns for excessive crying, sleep problems, feeding problems.
- Pt was both breast-fed/bottled-fed.
- Pt liked cuddling.

3. First concern on development
- Mom was concerned about pt's development at 23 months due to speech delay
- Before 24 months, pt had a few words. After 24 months (after the 2nd birthday party), pt stopped speaking words and got very quiet and less interactive. Pt restarted speaking words in 8/2020.

4. Education, service, intervention history
- No Hx of Infant and Toddler Program
- No Hx of speech therapy, occupational therapy, physical therapy
- Hx of evaluation at [redacted] for Trauma and behavior therapy (PCIT) since 8/2020
- Hx of nutrition counseling at [redacted]

5. Motor development:

1) Motor developmental milestones:
- Crawling: 6months
- Pulling up to stand: 9months
- Standing up with balance: 12months
- Walking alone: 18months

2) Current motor function
- Pt runs well.
- Pt walks up and down stairs by himself, without holding rail, without alternating feet.
- Pt kicks a ball forward.
- Pt throws a ball overhead.
- Pt jumps in place.

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Example of current functioning

7. Speech/Language development:
1) Speech/language developmental milestones:
- Babbling: 12 months.
- "Mama": 7 months
- "Minda business": 18 months
- Before 24 months, pt had a few words. After 24 months (after the 2nd birthday party), pt stopped speaking words. Pt restarted speaking words in 8/2020.
2) Current speech/language function
- It is difficult to understand pt's articulation.
- Pt often makes jabbering. Pt uses some single words. Pt sometimes combines 2 words together.
- Pt understands No. Pt responds to simple what questions. Pt inconsistently follows routine, one-step commands.
- (11/04/20) CA: 2-9. MSEL. Receptive language: 18 months, Expressive language: 23 months

8. Play development:
- Pt has functional play; lifting and moving a helicopter toy, pushing a toy car back and forth, putting a cell phone on the ear
- Pt has signs of early symbolic play; cuddling a baby doll, a dog toy barking.

9. Social development:
1) Social developmental milestones
- Social smiling: 9 months.
- Playing Peek-A-Boo: 18 months.
- Pointing: 18-24 months
2) Around 12 months,
- Pt smiled to mom. When mom smiled to pt, pt smiled back to mom.
- When pt's name was called, pt responded.
- When mom pointed at things, pt looked at the direction.
- Pt gave objects to mom. Pt showed objects to mom.
3) After 24 months, pt got very quiet and less interactive.
4) Current social functioning.
- Pt smiles to mom. When mom smiles to pt, pt smiles back to mom.
- When pt's name is called, pt's response is inconsistent.
- Pt gives and shows objects.
- Pt makes pointing.
- When someone points at things, pt sometimes looks at the direction.
- Pt sometimes uses shaking head for no. Pt uses waving bye-bye, rising arm, clapping, blowing a kiss, Shh gesture, thumbs up, hand up, high 5
- Pt does not use tapping. Pt does not use nodding head for yes.
- Pt uses mom's hands as a tool. Pt grabs mom's hand and put mom's hand on objects.

10. Restricted, repetitive behaviors (RRB):
- Pt makes repetitive vocalizations and echolalia.
- Pt makes repetitive spinning.

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Example of current functioning

Current developmental profile:
Speech/communication:

Expressive language: The primary language(s) spoken at home include English, Amharic, Tigrinya.
[redacted] speaks primarily using single words (says eye, nose, ABCs, mama specifically).
[redacted] parent estimates her vocabulary consists of too many words to count. Most of her vocabulary has to do with songs she she hears.
She does not participate in reciprocal vocalizations.
To communicate needs/wants, [redacted] leads her parent by their hand to the desired object, points to the desired object (rare) or brings the object she needs help with to an adult.
She often exhibits echolalia (if parent says "thank you" she repeats it, also delayed echolalia from things she hears on TV).
She at times produces unusual vocalizations (jargons).

Receptive language: [redacted] follows single step commands with and without accompanying gestures (come here, sit down).
She does not point to pictures on command but sometimes points to body parts on command (eyes, nose). She can follow along to the song to point to more body parts.
She does not answer wh- questions.

Nonverbal Communication: [redacted] use of eye contact is fair (depending on interest level). She does not need to be reminded to look at what she is doing.
[redacted] occasionally gestures to communicate (she waves on her own time, but does not shake her head yes/no).
She occasionally has difficulty understanding other's use of gestures or tone.
She does not point to share interest.

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[redacted] shows a response to her name about 5/10 times.
[redacted] enjoys playing around certain people (sister).
She only approaches peers when she knows them.
When approached by peers, she looks at them. She does not run away.
She has difficulty following her parent's point.
She does not bring books to her parent to be read aloud. She at times brings toys to her father to play beside him. When her father comes home, she approaches him and seems happy to see him.
[redacted] play consists of non-functional or immature play (plays with the doll's hair but does not play pretend with the doll, pushes a car back and forth, when a ball is thrown, she brings it to her father to throw it again but does not throw it to him).
[redacted] always exhibits appropriate stranger anxiety.

Restricted/repetitive patterns of behavior:
Stereotypical Behaviors or Movements: [redacted] does not exhibit repetitive movements.
She previously exhibited toe walking and only does it sometimes now.

Rigidity / Inflexibility: [redacted] does not gets upset during transitions between activities.
She does not have difficulty tolerating changes.
She does not exhibit ritualistic behavior.

Sensory Concerns: [redacted] at times has difficulty with sensory processing. She has persistent mouthing behavior.
Her response to pain is typical for a child her age. When she bumps her head, she cries and seeks comfort from her parent.

Perseverative Interests: [redacted] does not exhibit any particular interests that are either atypical for age or unusual in intensity but tends to like music and using the phone when it plays music. She plays with a variety of toys not just ones that make music or with flashing lights.

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4. **Direct observation of participant outlining behaviors consistent with DSM-V criteria for the diagnosis of ASD (mental status exam).**

Examples of participant behaviors

Language and Communication
[redacted] utilized phrases occasionally, but primarily communicated using single words. He infrequently directed vocalizations to others, but did so for a variety of purposes (e.g., requesting, seeking comfort, directing attention). [redacted] spoke with an odd intonation or inappropriate pitch and stress (i.e., appeared "sing-song" in nature). [redacted] occasionally echoed other's speech, and he frequently utilized repetitive or stereotyped speech (i.e., repetitive utterances with consistent intonation patterns, words or phrases repeated from television shows or other people, language that sounds "scripted") or unusual words or phrases, and rarely utilized non-stereotyped, spontaneous speech. He placed another person's hand on an object. [redacted] pointed to an out-of-reach object with coordinated gaze to express interest, though he did not utilize any other gestures.

Reciprocal Social Interaction
[redacted] eye contact was limited, and he used either eye contact or other strategies (e.g., vocalizations, gestures) to communicate social intention, but did not utilize a wide variety of strategies. He requested a toy or activity by gesturing or vocalizing, but did not make eye contact while gesturing or vocalizing. [redacted] occasionally directed facial expressions to another person to communicate emotion, but did not direct a range of facial expressions. He shared some pleasure appropriate to the context during interactions with the examiner.

Regarding social overtures, [redacted] spontaneously gave toys or objects to others for a variety of reasons (e.g. obtaining help, sharing), and he spontaneously held up toys while making eye contact to show toys to others more than once. He partially referenced a toy that was out of reach by looking at another person and then at the toy, but did not look back at the person to attempt to draw the person's attention to the toy. [redacted] made some attempts to obtain the psychologist's attention, though this was primarily in an effort to seek comfort, and he made some attempts to obtain his mother and parents's attention or to direct his parents's attention to objects, actions, or topics of interest, but this was less than expected. Overall, [redacted] social overtures tended to be related to personal or demands or his own interests, though he attempted to involve the parents in these interests.

In terms of social responsiveness, [redacted] responded to others's smile with a delayed or partial smile. He looked at his father and made eye contact immediately when his name was called, but did not look at the psychologist when she called his name. [redacted] looked at a toy that was activated or placed in front of him, but did not look at the toy when the psychologist looked at it or pointed it out to him. [redacted] responses to the psychologist's attempts to interact with him were often not relevant to the situation (e.g., preoccupied with preferred toys). He inconsistently spontaneously engaged in the activities presented by the psychologist. Overall, [redacted] engaged in an interaction that was sometimes comfortable, but not sustained.

Play
[redacted] spontaneously played with a variety of toys in an appropriate manner (e.g., telephone, birthday party materials).

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He engaged in some spontaneous creative or make-believe play (e.g., giving a drink to the doll), but this was rather limited in range.

Restricted and Repetitive Behavior
[redacted] demonstrated definite interest in sensory elements of objects or play materials (e.g., visual examination of objects, bringing sound toys to his ear). He engaged in clear hand and finger mannerisms or complex mannerisms (e.g., jumping up and down when excited, tip-toeing). Mateo did not attempt to harm himself. He displayed clear repetitive behaviors or interests (i.e., resistance to transition from activities and preferred toys; repetitive play with toy phone and bubble toy; flicking of doll's eyes; aversion to remote-controlled toy).

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5. Statement identifying the presenting diagnosis (F84.0, F84.5, F84.8, & F84.9).

Examples of diagnosis statement

behavior during today's assessment and clinical history meets criteria for a diagnosis of Autism Spectrum Disorder (F84.0), Speech Language Delay (F80.9), Developmental Delay (R62.50), Feeding Disorder (F50.9) and Gross Motor Delay (F82). Tele-ASD-Peds correlate with the history provided by his parents and support this diagnosis.

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Diagnoses:
Autism spectrum disorder (F84.0)
Speech/language delay (F80.9)
Fine motor developmental delay (F82)

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Mom brought pt to for the diagnostic clarification; whether or not pt has ASD.
- Based on developmental history and behavior observations, pt has significant impairment in social emotional reciprocity, non-verbal communication, developing/making social relationship and rapport, as well as well as repetitive behavior/interest/activity.
- This presentation meets DSM-5 and DC: 0-5 criteria of ASD.
- At occupational therapy evaluation, Fine motor skill was at least in 18 months. Pt demonstrated signs of early symbolic play (18-month milestone). However, pt has not established social developmental milestones of the infancy. Pt has significant limitation in reciprocal interaction and engagement. Pt's social development is more impaired and delayed than other developmental domains. Diagnosis of both GDD and ASD are justified.

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seeking of sounds input close to ear; jumping up and down when excited, tip-toeing; fixated interest in specific toys, repetitive play, resistance and distress to change; aversion to specific item). Thus, a diagnosis of Autism Spectrum Disorder (ICD-10 code: F84.0) is provided.

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6. Testing instruments and/or standardized assessment tools.

- Instruments and tools are recommended but not required.

Examples of assessment tools

Autism Diagnostic Observation Schedule – Second Edition (ADOS-2)

[redacted] was administered the *Autism Diagnostic Observation Schedule – Second Edition (ADOS-2)*, a semi-structured, play based measure assessing autism symptoms in children. This measure assesses children's social and communicative behavior, including their responses to social situations, their spontaneous communication with others, and their play skills. [redacted] was administered Module 1, which is designed for children who use single words and are not yet speaking in phrases. On the *ADOS-2*, [redacted] total score exceeded the autism cutoff and was consistent with an *ADOS-2* classification of Autism. Her comparison score further indicated that she displayed a severe level of autism-spectrum related symptoms compared with other children who have ASD and are the same age and language level. During the ADOS-2, [redacted] showed the following behaviors:

Strengths:

- Followed the examiners gaze to direct her attention to a distant object.
- Directed some facial expressions to the examiner (e.g., smile).
- Shared her enjoyment of activities with the examiner (e.g., during bubble play, with the duck pop-up toys, with the music box).
- Spontaneously played with a variety of toys in an appropriate manner, including pretending to feed the baby doll, driving a car, and filling a dump truck.
- No self-injurious behaviors were observed.

Needs:

- Did not use eye gaze to communicate and did not use integrated gaze with other behaviors when making overtures.
- Complex mannerisms were observed (e.g., hand flapping, body rocking, arm posturing).
- Sensory-related behaviors were observed (i.e., rubbing block on the table, visually examining and repetitively pressing a ball, pushing feet of the doll together, rubbing music box against her face).
- Repetitive play and restricted interests (e.g., preoccupation with bubbles, ducks, the balloon, and mouthing objects).
- Did not spontaneously initiate joint attention by pointing with coordinated gaze to direct examiner's attention to an object that was out of reach.
- Made few attempts to interact with mother or the examiner other than seeking comfort and to get help with a toy.
- Responses to attempts to engage her in play were reduced, odd or brief.
- Did not make verbal or nonverbal requests. Grabbed or pulled others' hands to objects.
- Did not make eye contact with examiner when name was called several times.
- Did not use gestures to communicate (e.g., pointing, waving).
- Showed objects in an inconsistent manner, without clear intent to be social.
- Demonstrated marked anxiety during the assessment (e.g., balloon, remote control car).

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SOCIAL FUNCTIONING

Social Responsiveness Scale, Second Edition (SRS-2), Preschool Form, Parent

Subscales	Parent T-Score	Classification
Social Communication and Interaction	70**	Moderate
Social Awareness	49	Within Normal Limits
Social Cognition	71**	Moderate
Social Communication	72**	Moderate
Social Motivation	72**	Moderate
Restricted Interests and Repetitive Behaviors	90***	Severe
Total Score	74**	Moderate

Mild Range for T≥60-65; Moderate Range for T≥66-75; Severe Range for T≥76

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Examples of assessment tools

Autism Spectrum Rating Scale (ASRS)

ASRS Scales	*Parent T-Scores*	*Common Characteristics of Difficulties in these Areas*
Total Score	73 Very Elevated	Has many behavioral characteristics similar to individuals diagnosed with an Autism Spectrum Disorder.
DSM-5	78 Very Elevated	Has many symptoms directly related to the DSM-5 diagnostic criteria for Autism Spectrum Disorder
Social/Communication	76 Very Elevated	Inappropriate use of verbal and nonverbal communication to initiate, engage in, and maintain social contact.
Unusual Behaviors	60 Slightly Elevated	Has trouble tolerating changes in routine. Engages in apparently purposeless, stereotypical behaviors. Overreacts to certain sensory experiences.
Treatment Scales	*Parent T-Scores*	*Common Characteristics of Difficulties in these Areas*
Peer Socialization	85 Very Elevated	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with other children.
Adult Socialization	78 Very Elevated	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with adults.
Social/Emotional Reciprocity	73 Very Elevated	Has limited ability to provide an appropriate emotional response to another person in a social situation.
Stereotypy	61 Slightly Elevated	Engages in apparently purposeless, repeated movements, noises or behaviors.
Behavioral Rigidity	64 Slightly Elevated	Has difficulty tolerating changes in routine, activities, or behavior; aspects of the environment must remain unchanged.
Sensory Sensitivity	63 Slightly Elevated	Overreacts to certain experiences sensed through touch, sound, vision, smell, or taste.
Attention/Self-Regulation	68 Elevated	Has trouble appropriately focusing attention on one thing while ignoring distractions; appears disorganized. May have deficits in motor/impulse control; is argumentative.

The following qualitative descriptions are used to describe T-scores: less than 40- Low, 40-59- Average, 60-64- Slightly Elevated, 65-69- Elevated, above 70- Very Elevated

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ADAPTIVE FUNCTIONING

Adaptive Behavior Assessment System, Third Edition (ABAS-3), Preschool, Parent

Composite/Subtest	Standard/Scaled Score	Classification
General Adaptive Composite	**65**	**Very Low**
Conceptual Composite	**75**	**Borderline**
Communication	8	Average
Functional Pre-Academics	8	Average
Self-Direction	1	Very Low
Social Composite	**70**	**Borderline**
Leisure	3	Very Low
Social	6	Low Average
Practical Composite	**63**	**Very Low**
Community Use	3	Very Low
Home Living	6	Low Average
Health and Safety	3	Very Low
Self-Care	1	Very Low
Motor	3	Very Low

Mean Scaled Score is 10; Mean Standard Score is 100.

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Example of Standardized Tools for Comprehensive Diagnostic Evaluation

Specific Test	Typical Time for Testing	Comments
Clinical Interview with the Parent/Caregiver		
Social Communication Questionnaire (SCQ)	10 to 15 minutes	Ages 4+ years with mental age 2+ years
Autism Diagnostic Interview (ADI-R)	120 minutes or less	Mental age 2+ years
Social Responsiveness Scale (SRSTM-2)	15 to 20 minutes	Ages 2.5 to 18 years
Adaptive Behavior Assessment System (ABAS 3)	15 to 20 minutes	Ages 0 – Adult
Direct Behavioral Assessment of the Child		
Autism Diagnostic Observation Schedule (ADOS-2)	40 - 60 minutes Admin and scoring	12 months – Adult Considered the “gold standard”
Childhood Autism Rating Scale (CARS-2)	5 to 10 minutes after information has been collected	Ages 2 and up
Screening Tool for Autism in Toddlers and Young Children (STAT)	20 minutes	24 –36 months
Developmental/Cognitive Assessment		
Bayley Scales of Infant and Toddler Development (Bayley IV)	30 to 90 minutes	Ages 0 to 42 months
Mullen Scales of Early Learning	15 mins (1 year) 25 to 35 mins (3 years) 40 to 60 mins (5 years)	Ages 1 to 68 months
Capute Scales	6 to 20 minutes	Ages 1 to 36 months
Wechsler Abbreviated Scale of Intelligence (WASI-II)	15 to 30 minutes	Ages 6 years - Adult
Peabody Picture Vocabulary Test PPVT-5 (non-verbal)	15 minutes	Ages 2.5 years - Adult
Kaufman Brief Intelligence Test (K-BIT-2)	20 minutes	Ages 4 years - Adult
Comprehensive Test of Non-verbal Intelligence (CTONI-2) (non-verbal)	60 minutes	Ages 6 years - Adult

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Referral Required Documentation

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To access ABA services a referral is required as outlined in the ABA Medical Necessity Criteria. Referrals must contain the following elements:

- Referrals should be on letterhead from the QHCP, prescription pad, universal Referral form, or the Maryland Medicaid ABA Referral form (new as of 8/2024)
- Dated within the last six months
- Name and DOB of participant
- Statement referring the participant for: *ABA Services/ABA Therapy/Applied Behavioral Analysis Services*
- Contain the full name of the QHCP and credentials or the NPI of the QHCP
- Dated Signature from a QHCP
- Signatures should be in the following formats: physical signature, e-signature with timestamp, typed signature with transaction log or a facility stamp
- Referrals should be submitted in a non-editable format (PDF, Fax, etc.)
- Errors made on the referral should follow the appropriate medical documentation standards
  - Single line crossing out the error
  - Make correction
  - Initial of QHCP correcting the error
  - Date the error was corrected
- ***Note:*** *Referrals should specify ABA Therapy explicitly, rather than general Behavioral Therapy*

The referral does not have to be written by the same QHCP who completed the CDE and does not have to be written within the CDE.

Please see examples on the following page.

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Examples of ABA Referral

PLAN:

1. Diagnostic considerations and available support services through their insurance and community were discussed at length with family. I have recommend that the patient seek out ABA therapy, speech language therapy, occupational therapy, physical therapy and feeding therapy per eligibility under their insurance plan.

To Whom It May Concern,
I evaluated ████ Based on the clinical history provided by his parents and my observations, ████ meets the criteria for a diagnosis of Autism Spectrum Disorder (F84.0), Speech Language Delay (F80.9), Developmental Delay (R62.50), Feeding Disorder (F50.9) and Gross Motor Delay (F82). The recommended treatment for Autism is Applied Behavior Analysis (ABA) therapy. Medical evidence also demonstrates early intervention leads to better outcomes in patients with Autism. I recommend that ████ be evaluated for and receive ABA therapy as soon as possible. Thank you for your time.

- **English:** Behavior Therapy/Applied Behavior Analysis (ABA) Therapy: ABA therapy is an evidence-based treatment for autism spectrum disorder focused on promoting skill development and reducing challenging behaviors. ABA therapy is strongly recommended to improve ████ communication, social interaction skills, play skills, and daily living skills and to reduce his anxiety-related physical symptoms and behaviors. A referral for behavioral therapy has been place at Kennedy Krieger. Parents can also follow the following steps for other providers in the community.
  - ████ parents will need to contact Optum Maryland at 1-800-888-1965 and ask to speak with an ABA Care Coordinator to begin the process of obtaining ABA services for him.
  - The ABA Care Coordinator will provide instructions for submitting a copy of a Comprehensive Diagnostic Evaluation (this report) and a Referral (included in this report as a recommendation for ABA therapy).
  - The ABA Care Coordinator will be able to help ████ parents locate local ABA providers.

Outpatient Referral

Ambulatory referral to Behavioral Health (Active)

Electronically signed by: ████ **MD on 11/17/20** ████ — Status: **Active**

Ordering user: ████ MD 11/17/20 ████ — Ordering provider: ████ MD
Authorized by: ████ MD — Ordering mode: Standard
Frequency: Routine 11/17/20 - — Class: Outgoing Referral
Quantity: 1
Diagnoses
Autism spectrum disorder [F84.0]
Global developmental delay [F88]

Questionnaire

Question	Answer
Services Requested	Evaluation
My clinical question is:	for Applied behavior analysis for autism spectrum disorder and global developmental delay

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INTERNATIONAL PEDIATRICS, P.A.
M.D., F.A.A.P.
M.D., F.A.A.P.
10901 CONNECTICUT AVENUE, SUITE 100
KENSINGTON, MD 20895-1645

(240) 290-1041 TEL. (240) 290-1045 FAX
DEA # LIC. # NPI #
NAME DOB
ADDRESS DATE 6/23/21
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

℞
Dx: Autism
F84.0

Please provide ABA services to our patient,

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

Thank you,

Refill NR 1 2 3 4 5

CRNP
(signature)

To prohibit generic substitution, the prescriber must handwrite "TO BE DISPENSED ONLY AS DIRECTED".

000851 0C26PE0112537

CCF Required Documentation

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A Clinical Confirmation Form (CCF) may be required if the CDE was completed at the age of three years or before, and it has been two years since the CDE was completed.

The CCF should not be used if this is the first medical diagnosis of ASD. If the original diagnosis was made at the age of three years one month or older, a CCF is not required.

The Clinical Confirmation Form must be filled out by a QCHP (see definitions above). The form must also be accompanied by a visit summary note which is dated within the last six months.

When completing the CCF please ensure the following:

- CDE was completed at the age of three years or before, **and**
- It has been two years since the CDE was completed.
- Must check all boxes in section 1.
- Must check at least 3 boxes Y in section 2.
- Must check at least 2 boxes Y in section 3 item 1, and both boxes for item 2 and 3 .
- The lined areas is now optional.
- Visit summary notes dated within the last **six** months are submitted with the form.

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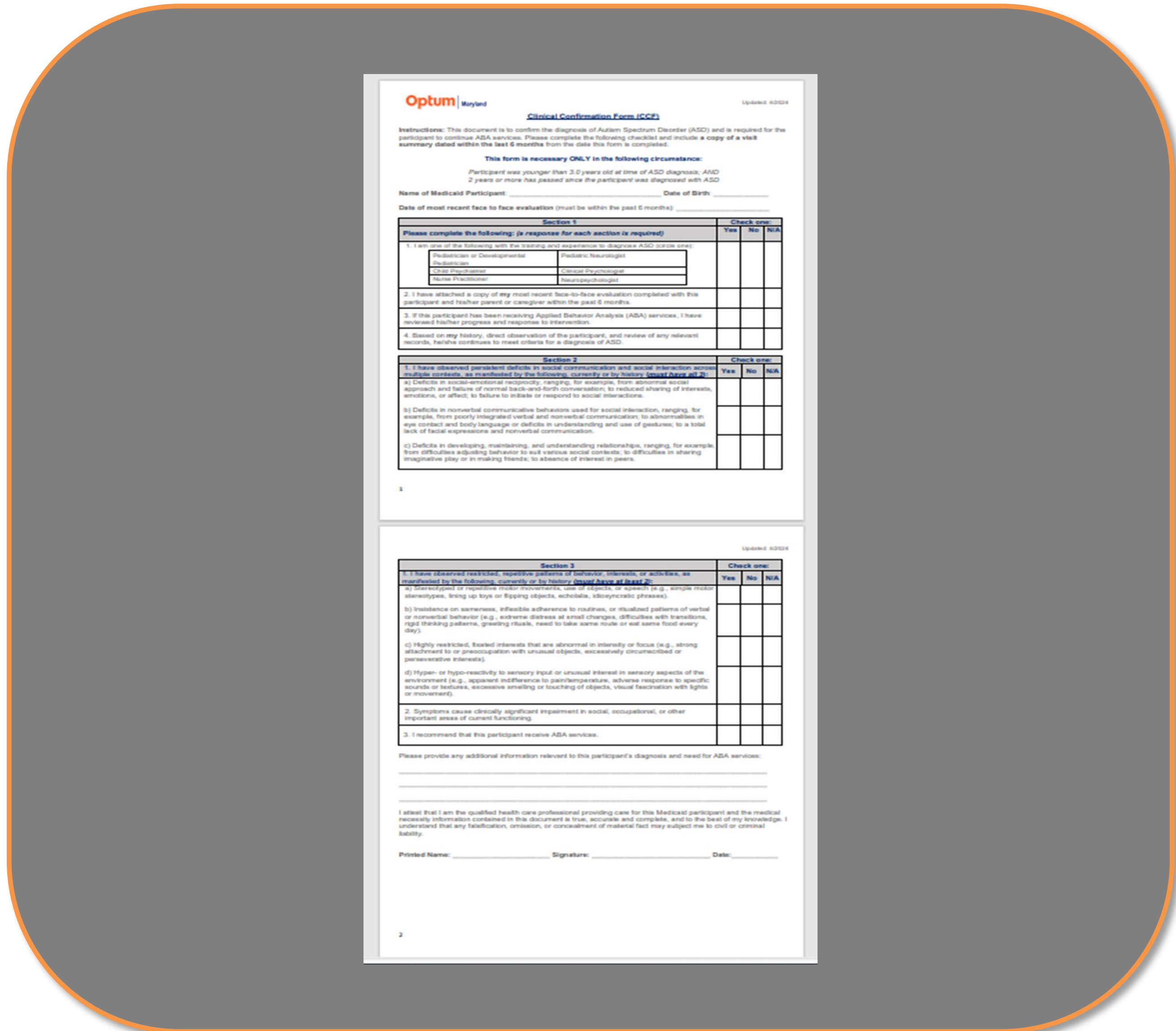
- The QHCP who completed the form is the same QHCP the participant was treated by in the visit summary notes.
- The form is signed and dated.

A blank CCF form can be found on the Optum Maryland website by visiting the Autism Providers menu and selecting Provider Forms.

Do **not** complete a CCF if:

- If this is the first medical diagnosis of ASD being made
- The original diagnosis was made at the age of three years one month or older.



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Updated 4/2024

Clinical Confirmation Form (CCF)

Instructions: This document is to confirm the diagnosis of Autism Spectrum Disorder (ASD) and is required for the participant to continue ABA services. Please complete the following checklist and include **a copy of a visit summary dated within the last 6 months** from the date this form is completed.

This form is necessary ONLY in the following circumstance:

Participant was younger than 3.0 years old at time of ASD diagnosis; AND
2 years or more has passed since the participant was diagnosed with ASD

Name of Medicaid Participant: ______________________ **Date of Birth:** ____________

Date of most recent face to face evaluation (must be within the past 6 months): ____________

Section 1	Check one:		
Please complete the following: ***(a response for each section is required)***	Yes	No	N/A
1. I am one of the following with the training and experience to diagnose ASD (circle one): Pediatrician or Developmental Pediatrician; Pediatric Neurologist; Child Psychiatrist; Clinical Psychologist; Nurse Practitioner; Neuropsychologist			
2. I have attached a copy of **my** most recent face-to-face evaluation completed with this participant and his/her parent or caregiver within the past 6 months.			
3. If this participant has been receiving Applied Behavior Analysis (ABA) services, I have reviewed his/her progress and response to intervention.			
4. Based on **my** history, direct observation of the participant, and review of any relevant records, he/she continues to meet criteria for a diagnosis of ASD.			

Section 2	Check one:		
1. I have observed persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (must have all 3):	Yes	No	N/A
a) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.			
b) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.			
c) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.			

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Updated 4/2024

Section 3	Check one:		
1. I have observed restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following, currently or by history (must have at least 2):	Yes	No	N/A
a) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).			
b) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).			
c) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).			
d) Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).			
2. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.			
3. I recommend that this participant receive ABA services.			

Please provide any additional information relevant to this participant's diagnosis and need for ABA services:

I attest that I am the qualified health care professional providing care for this Medicaid participant and the medical necessity information contained in this document is true, accurate and complete, and to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Printed Name: ______________ **Signature:** ______________ **Date:** __________

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Clinical Confirmation Form (CCF)

Instructions: This document is to confirm the diagnosis of Autism Spectrum Disorder (ASD) and is required for the participant to continue ABA services. Please complete the following checklist and include **a copy of a visit summary dated within the last 6 months** from the date this form is completed.

This form is necessary ONLY in the following circumstance:

Participant was younger than 3.0 years old at time of ASD diagnosis; AND
2 years or more has passed since the participant was diagnosed with ASD

Name of Medicaid Participant: [redacted] **Date of Birth:** [redacted]

Date of most recent face to face evaluation (must be within the past 6 months): 5/31/24

Section 1	Check one:		
Please complete the following: *(a response for each section is required)*	**Yes**	**No**	**N/A**
1. I am one of the following with the training and experience to diagnose ASD (circle one): Pediatrician (circled) or Developmental Pediatrician; Pediatric Neurologist; Child Psychiatrist; Clinical Psychologist; Nurse Practitioner; Neuropsychologist	✓		
2. I have attached a copy of **my** most recent face-to-face evaluation completed with this participant and his/her parent or caregiver within the past 6 months.	✓		
3. If this participant has been receiving Applied Behavior Analysis (ABA) services, I have reviewed his/her progress and response to intervention.			✓
4. Based on **my** history, direct observation of the participant, and review of any relevant records, he/she continues to meet criteria for a diagnosis of ASD.	✓		

Section 2	Check one:		
1. I have observed persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history *(must have all 3)*:	**Yes**	**No**	**N/A**
a) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	✓		
b) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	✓		
c) Deficits in developing, maintaining, and understanding relationships, ranging, for example from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	✓		

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Updated: 4/2024

Section 3	Check one:		
1. I have observed restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following, currently or by history ***(must have at least 2)***:	**Yes**	**No**	**N/A**
a) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	✓		
b) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).	✓		
c) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).	✓		
d) Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	✓		
2. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.	✓		
3. I recommend that this participant receive ABA services.	✓		

Please provide any additional information relevant to this participant's diagnosis and need for ABA services:

Optional

I attest that I am the qualified health care professional providing care for this Medicaid participant and the medical necessity information contained in this document is true, accurate and complete, and to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Printed Name: ____________ **Signature:** ____________ **Date:** 6/17/24

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Accessing ABA Providers

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If the participant has been referred for a diagnostic evaluation, the participant/caregiver may contact the Optum Maryland Call Center to request information for CDE providers.

After completing the CDE, inform the participant/caregiver when the full diagnostic report will be made available to them. Once the participant/caregiver has the full CDE report and referral for ABA, they can contact the Optum Maryland Call Center by phone and complete the ABA telephonic intake.

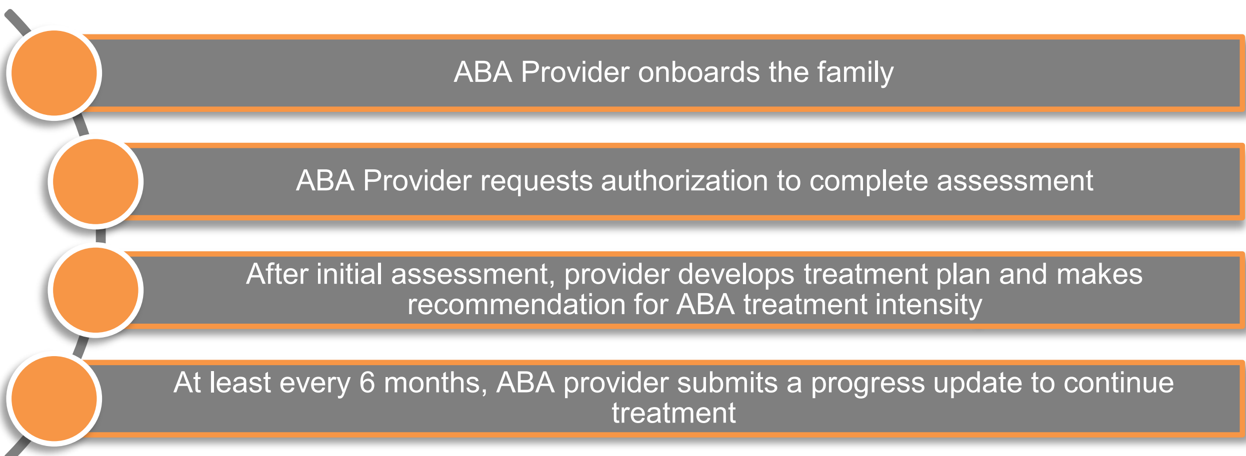
- Follow phone prompts and request to speak with someone in the ABA department
- Participant/Facility can submit full CDE report and referral for ABA to:
  - ombhaba@optum.com
  - Fax: 844-882-9917 (Attn: ABA Team)

Once referral and CDE are submitted Optum will review the documents and submitters will be notified of the outcome:

- If documents are insufficient, Optum will notify the parent/caregiver and assist in collecting any additional information needed.
- If documents are sufficient, the parent/caregiver will be notified.

Optum Maryland will then send the family a contact list of Maryland Medicaid approved ABA providers and offer to assist the family in locating a provider. Optum will continue follow up until an approved provider is secured.

Once Optum locates an ABA provider, the parent/caregiver is notified via email, phone, and offer a teleconference with accepting provider group, if possible.



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