

### **Process for Qualifying for ABA Therapy Services**

1. Identify suspected autism spectrum disorder (ASD) and obtain a valid ASD diagnosis in accordance with Section 212.200 of the Applied Behavior Analysis Therapy Medicaid manual.

A valid ASD diagnosis requires the diagnostic agreement of ASD by at least two (2) of the three (3) following types of licensed “qualified professionals” (as defined by statute): physician, psychologist, and speech-language pathologist. This process will typically track along the following or a similar path:

- i. The beneficiary’s primary care physician (PCP) utilizes developmental screens and clinical observation to identify a child with a potential diagnosis of autism.
  - ii. One of the following types of referrals is made:
    - A referral for autism evaluation to a developmental center specializing in ASD to perform a team evaluation. The team evaluation will usually be conducted by a developmental pediatrician and either a child psychologist or speech pathologist; or
    - A referral for an autism evaluation performed by a licensed psychologist or speech pathologist with expertise in the diagnosis of ASD.
  - iii. If a team autism evaluation is utilized in the diagnosis of ASD, this alone can be used to document a valid diagnosis of autism.
  - iv. If the autism evaluation is performed by a licensed psychologist or speech pathologist, then the PCP clearly documents either in the medical record or with a separate letter that they have reviewed the autism evaluation and agree with the diagnosis of ASD.
    - If the PCP is not a licensed physician, then statute requires another qualified professional, typically a physician with knowledge of the patient, to clearly document either in the medical record or with a separate letter that they have reviewed the autism evaluation and agree with the diagnosis of ASD.
2. Once there is a valid ASD diagnosis the PCP completes a DMS-641 ER evaluation referral for the beneficiary to receive a comprehensive ABA assessment, and, if appropriate, receive a recommended individualized treatment plan (ITP) for ABA therapy services.
  3. The beneficiary selects an ABA therapy provider to perform the comprehensive assessment, and, if appropriate, develop a recommended ITP for ABA therapy services.

4. The beneficiary's selected ABA therapy provider obtains prior authorization from Acentra to perform the comprehensive ABA assessment by submitting documentation of the valid ASD diagnosis, any supporting screens, and the signed DMS-641 ER from the PCP.
5. Once prior authorized by Acentra, the selected ABA therapy provider performs the assessment and, if appropriate, develops the recommended initial ITP, and submits those back to the PCP for review.
6. If the PCP determines ABA therapy services are appropriate after reviewing the assessment report and recommended initial ITP, then the PCP issues the beneficiary a DMS-641 TP treatment prescription for the prescribed amount of ABA therapy services.
7. The beneficiary selects their ABA therapy provider (typically the provider that performed the comprehensive ABA assessment) and that provider obtains prior authorization from Acentra to perform the prescribed ABA therapy services by submitting the assessment results/report, recommended ITP, DMS-641 TP treatment prescription, and any other supporting documents.
8. Acentra prior authorizes the medically necessary amount of ABA therapy services, and provider initiates ABA therapy service delivery in accordance with the prior authorization and ITP.

- An ABA pre-approval letter from DDS is no longer required.
- DMS-693 is not required.
- Once a beneficiary's ASD diagnosis has initially been validated, there is no requirement to submit the diagnosis paperwork for ABA therapy service renewals.
- The DMS-641 ER is only required for a beneficiary's initial comprehensive evaluations. A DMS-641 ER is not required to perform the beneficiary's required annual comprehensive evaluation to demonstrate continued eligibility for ABA therapy services.