

Feel free to contact us for any questions/concerns regarding authorization requests.

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Context and Guidelines to Reviewing an Initiation or Continuation to ABA Services:

- Molina’s guidelines and policy references the following:
 - [Chapter 182-531A WAC: Applied Behavior Analysis WAC Sections](#)
- Helpful sources/documents for ABA providers:
 - [Applied Behavior Analysis \(ABA\) Program Billing Guide \(hca.wa.gov\)](#)
 - [ABA Level of Support Form HCA-12-411 \(hca.wa.gov\)](#)
 - [HCA Fee Schedule \(hca.wa.gov\)](#)
 - [Intake assessment and initial behavior change plan template \(hca.wa.gov\) HCA-13-400](#)
 - This is the treatment plan template created by the Washington Health Care Authority (HCA). While this format is not required by Molina, it does include Washington Administrative Code (WAC) requirements regarding ABA treatment plans.

Requirements for Initiating ABA Services:

- [Molina’s Applied Behavior Analysis \(ABA\) Therapy Prior Authorization Form](#)
- ABA Level of Support Form HCA-12-411
- Comprehensive diagnostic evaluation and Order for ABA completed by a Center of Excellence (COE) or Qualified Health Professional (QHP) [WAC 182-531A-0500](#)
- ABA therapy treatment plan, completed by a Licensed Behavior Analyst [WAC 182-531A-0600](#)
- Assessment instrument completed within 60 days of submission [WAC 182-531A-0600](#)

Requirements for requesting recertification of ABA Services:

- [Molina’s Applied Behavior Analysis \(ABA\) Therapy Prior Authorization Form](#)
- ABA Level of Support Form HCA-12-411

- Revised ABA therapy treatment plan, completed by a Licensed Behavior Analyst
[WAC 182-531A-1100](#)
 - The treatment plan must document the member's progress and show measurable changes in the behaviors/skills addressed in the previously authorized ABA therapy treatment plan.
 - The treatment plan must demonstrate caregiver engagement (keep appointments, attend treatment sessions, attend scheduled family sessions, complete homework assignments, apply training as directed)
- Updated Assessment Instrument [WAC 182-531A-1100](#)

The Role of the Care Review Clinician when reviewing requests for Applied Behavior Analysis:

- Verifies the member's protected health information (PHI)
- Confirms receipt of all state required documentation (see above)
- Confirms the CPT codes and units requested
- Confirms receipt of an assessment instrument, generally accepted in ABA
- Assesses the treatment plan and confirms the following:
 - Plan is applicable to the services to be rendered over the 6-month authorization period ([WAC 182-531A-0600](#))
 - Includes family or caregiver education, support, and training ([WAC 182-531A-0600](#))
 - Takes into account all school or other community services available to the member and confirms that the requested services are not redundant or in conflict with other services already provided or otherwise available ([WAC 182-531A-0600](#); [WAC 182-531A-1000](#)).
 - Includes objective, baseline measurement levels for each target behavior/symptom ([WAC 182-531A-0600](#)).
 - Establishes treatment goals and objective measures of progress to be accomplished in the authorized treatment period ([WAC 182-531A-0600](#)).
- When reviewing requests for recertification of services the CRC will:
 - Confirm receipt of an updated assessment ([WAC 182-531A-1100](#)).
 - Review goals to determine if meaningful, measurable, functional improvement changes have been demonstrated. If progress has plateaued, the CRC will determine if significant interfering events (barriers to progress) were noted in the submitted treatment plan ([WAC 182-531A-1100](#)).
 - Confirm that goals and/or requested services are not redundant or in conflict with other services already provided or otherwise available (e.g., from school and special education, early intervention programs or from developmental disabilities administration) ([WAC 182-531A-0600](#); [WAC 182-531A-1000](#)).

- o Confirm caregiver engagement (keeping appointments, attending treatment sessions, attending scheduled family training sessions, completing homework assignments, and applying training as directed) ([WAC 182-531A-1100](#)).

Requests for Additional Information

- If WAC criteria regarding medical necessity is not met, the Care Review Clinician (CRC) will make 2 attempts to request additional information, as required by WAC
 - o The CRC is available via phone, fax, or email to speak with providers regarding requests for additional information
- If additional information is not received, or additional information does not confirm medical necessity, the CRC will send the request to a Medical Director for secondary review.
 - o Once the Medical Director has made their final determination, the provider and member will be notified as required by WAC.