



Policy Name	Applied Behavior Analysis for the Treatment of Down Syndrome - 2023
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Issued By	Chief Medical Officer
Approved By	Corporate Quality Improvement Committee
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Review Dates	

## **Purpose**

To provide parameters for managing service requests for Applied Behavior Analysis to treat members with Down syndrome so that medical necessity decisions are applied in a consistent and relevant fashion.

## **Definitions**

**Behavior Intervention Plan:** A written document that describes a pattern of aberrant behavior, the environmental conditions that contribute to that pattern of behavior, the supports and interventions that will reduce the behavior and the skills that will be taught as an alternative to the behavior.

**Functional Behavior Assessment:** comprises descriptive assessment procedures designed to identify environmental events that occur just before and just after occurrences of potential target behaviors and that may influence those behaviors. That information may be gathered by interviewing the member's caregivers; having caregivers' complete checklists, rating scales, or questionnaires; and/ or observing and recording occurrences of target behaviors and environmental events in everyday situations. (AMA CPT, 2021)

**Generalization:** skills acquired in one setting are applied to many contexts, stimuli, materials, people and/or settings to be practical, useful, and functional for the individual. Generalized behavior change involves systematic planning and needs to be a central part of every intervention and every caregiver training strategy. When the member accomplishes generalization, this increases the likelihood of completing tasks independently.

**Mastery Criteria:** objectively and quantitatively stated percentage, frequency or intensity and duration in which a member must display skill/behavior to be considered an acquired skill/behavior, including generalization and maintenance

**Non-standardized instruments:** include, but not limited to, curriculum-referenced assessment, stimulus preference- assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the individual patient and behaviors. (AMA CPT, 2021)

**Standardized Assessments:** include, but not limited to, behavior checklists, rating scales and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way with all patients. (AMA CPT, 2021) The listed assessments are not meant to be exhaustive but serve as a general guideline to quantify baseline intelligence and adaptive behaviors and when repeated, measure treatment outcomes.

## **Scope**

This policy applies to all Workforce Members of New Directions involved in clinical services, and Providers that service New Directions' Members. This policy applies to benefits administered in plan year 2023.

## **Policy**

### **Overview**

New Directions Behavioral Health® manages Applied Behavior Analysis (ABA) benefits for various health plans. This medical policy is used to review and make benefit decisions for ABA service requests for members with the diagnosis of Down syndrome (DS). This benefit for Down's syndrome is mandated in the State of Florida, beginning July 1, 2016. Note that comorbid diagnoses of Down syndrome and Autism Spectrum Disorder (ASD) will be managed by policy 20.5.005 Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder.

Treatments other than ABA do not fall under the scope of this policy. Those alternative ASD treatment approaches not contemplated in this policy include: Cognitive Training, Auditory Integration Therapy, Facilitated Communication, Higashi Schools/Daily Life, Individual Support Program, LEAP, SPELL, Waldon, Hanen, Early Bird, Bright Start, Social Stories, Gentle Teaching, Response Teaching Curriculum Holding Therapy, Movement Therapy, Music Therapy, Pet Therapy, Psychoanalysis, Son-Rise Program, Scotopic Sensitivity Training, Sensory Integration Training and Neurotherapy (EEG biofeedback). Members are encouraged to consult with their Service Plan Description to determine benefit coverage for non-ABA treatment approaches for Down syndrome.

Down syndrome is a condition in which a person has an extra chromosomal material. Typically, an individual is born with 46 chromosomes. People with Down syndrome have an extra copy of one of these chromosomes 21. This disorder is also called Trisomy 21. This extra genetic material changes how the body and brain develop, which can cause both mental and physical challenges. Even though people with Down syndrome might act and look similar, there are significant individual differences. The IQ is generally in the mildly-to-moderately low range and language development is delayed.

Some common physical features of Down syndrome include:

- A flattened face, especially the bridge of the nose
- Almond-shaped eyes that slant up
- A short neck
- Small ears
- A tongue that tends to stick out of the mouth

- Tiny white spots on the iris (colored part) of the eye
- Small hands and feet
- A single line across the palm of the hand (palmar crease)
- Small pinky fingers that sometimes curve toward the thumb
- Poor muscle tone or loose joints
- Shorter in height as children and adults

There are three types of Down syndrome. Despite these differences in genetic material, the physical features and behaviors are similar.

**Trisomy 21:** About 95% of people with Down syndrome have Trisomy 21. With this type of Down syndrome, each cell in the body has 3 separate copies of chromosome 21 instead of the usual 2 copies.

**Translocation Down syndrome:** This type accounts for a small percentage of people with Down syndrome (about 3%). This occurs when an extra part or a whole extra chromosome 21 is present, but it is attached to a different chromosome rather than being a separate chromosome 21.

**Mosaic Down syndrome:** This type affects about 2% of the people with Down syndrome. Mosaic means mixture or combination. For children with mosaic Down syndrome, some of their cells have 3 copies of chromosome 21, but other cells have the typical two copies of chromosome 21. Children with mosaic Down syndrome may have the same features as other children with Down syndrome. However, they may have fewer features of the condition due to the presence of some (or many) cells with a typical number of chromosomes

The defining characteristics of ABA are applied, behavioral, analytic, technological, conceptually systematic, effective and capable of appropriately generalized outcomes. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and family involvement. ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses including eliminating barriers to learning. Behavioral deficits may occur in the areas of communication, social and adaptive skills, but are possible in other areas as well. Examples of deficits include a lack of expressive language, inability to request items or actions, limited eye contact with others and inability to engage in age-appropriate self-help skills such as tooth brushing or dressing. Examples of behavioral excesses include physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior and vocal stereotypy.

During pre-treatment assessment, a treatment plan is developed that identifies the core deficits and aberrant behaviors, and includes designated interventions intended to address these deficits and behaviors and achieve individualized goals. Treatment plans are reviewed for medical necessity (defined below) twice annually (review frequency dependent upon the controlling state law) to allow re-assessment and to document treatment progress.

A Functional Behavioral Assessment (FBA) may also be a part of any assessment. An FBA consists of:

- a. Description of the problematic behavior (topography, onset/offset, cycle, intensity, severity)
- b. History of the problematic behavior (long-term and recent)
- c. Antecedent analysis (setting, people, time of day, events)
- d. Consequence analysis
- e. Impression and analysis of the function of the problematic behavior

For additional information about ABA treatment, documentation requirements and other topics, please refer to your provider manual and New Directions' [Autism Resource Center](#).

### **Medical Necessity**

Medical necessity is defined in the controlling specific health plan and/or group documents.

For additional information about ABA treatment, CPT codes, documentation requirements and other topics, please refer to New Directions' provider manual.

### **ABA PRE-TREATMENT ASSESSMENT REQUEST**

*MUST MEET ALL OF THE FOLLOWING:*

1. The member has a diagnosis of Down Syndrome (without a comorbid diagnosis of ASD) from a clinician who is licensed and qualified to make such a diagnosis and confirmed by genetic testing.
2. Hours requested are not more than what is required to complete the pre-treatment assessment.

### **INITIAL ABA TREATMENT AUTHORIZATION REQUEST**

*MUST MEET ALL OF THE FOLLOWING:*

1. Diagnostic Criteria as set forth in the previous section are met.
2. Documentation of psychological assessment, including adaptive behavior testing and cognitive evaluation to define baseline functioning. Any assessment should be accompanied by a formal report detailing the scores achieved and the results of the assessment.
3. The following baseline data must have been completed prior to or scheduled within 90 days of the assessment. Baseline data must have been completed no longer than 5 years prior to the pre-treatment assessment or as indicated below.
  - a. Developmental and cognitive evaluation
  - b. Adaptive behavior assessment completed within 6 months of start date of treatment
  - c. Neurological evaluation as part of a comprehensive physical examination
  - d. Information required by state law
4. Approved treatment goals and clinical documentation must be focused on active symptoms, substantial deficits that inhibit daily functioning, and clinically significant aberrant behaviors that require the expertise of a Behavior Analyst. This includes a plan for stimulus and response generalization in novel contexts.
5. ABA treatment is not designed to attain academic performance.
6. ABA treatment is not a substitute for psychotherapy, occupational therapy or other medical or behavioral health services.

7. Detailed, individualized coordination of care, safety planning, and discharge planning are conducted on an ongoing basis as part of treatment planning.
8. For comprehensive treatment, the requested ABA services are designed to reduce the gap between the member's chronological and developmental ages such that the member is able to develop or restore function to the maximum extent practical (OR) for focused treatment, the requested ABA services are designed to reduce the burden of selected targeted symptoms on the member, family and other significant people in the environment and to target increases in appropriate alternative behaviors.
9. Treatment is provided in the setting and intensity that is appropriate for the member's clinical needs, determined by where target behaviors are occurring and where treatment is likely to impact those target behaviors.
10. Direct line therapy services are provided in a manner consistent with the New Directions Provider Manual, the Ethics Code for Behavior Analysts and applicable state laws. In the absence of a state law, line therapy services are to be provided by a Registered Behavior Technician (RBT), Board Certified Assistant Behavior Analyst, or Master level or Doctoral level Board Certified Behavior Analyst
11. The treatment plan must include a plan to support the member's ability to generalize skills across stimuli, contexts, and individuals, via caregiver training or an appropriate alternative. Provider should be able to demonstrate how instructional control will be transferred to caregivers. In the absence of successful caregiver involvement in treatment, provider should identify an appropriate alternate plan to promote the member's ability to generalize skills outside of therapy sessions, including post-discharge.

## **CONTINUED ABA TREATMENT AUTHORIZATION REQUEST**

### ***MUST MEET ALL OF THE FOLLOWING:***

1. Criteria 1-11 in the INITIAL ABA TREATMENT AUTHORIZATION REQUEST section are met.
2. Provider demonstrates:
  - a. Documentation of clinical or social benefit to the child from treatment
  - b. Identification of new or continuing treatment goals
  - c. Development of a new or continuing treatment plan based on progress evidenced by the member's behavioral changes and increased skill acquisition.

## **Exceptions**

Exceptions to this policy must be approved by the Chief Medical Officer, or their designee.

## **References**

<http://www.cdc.gov/ncbddd/birthdefects/DownSyndrome.html>

## **Related Documents**

N/A