PERVASIVE DEVELOPMENTAL DISORDER AND AUTISM SPECTRUM DISORDER

Policy Number: BIP127.G
Effective Date: January 1, 2019

Table of Contents

A. FEDERAL/STATE MANDATED REGULATIONS

B. STATE MARKET PLAN ENHANCEMENTS

C. COVERED BENEFITS

D. NOT COVERED

E. DEFINITIONS

F. POLICY HISTORY/REVISION INFORMATION

Page

1
6
6
8
8
9

Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

California Health and Safety Code Sections §1374.72 and 1374.73 mandate coverage of Pervasive Developmental Disorders, including Autism, and behavioral health treatment, e.g., Applied Behavioral Analysis.

California Health and Safety Code Section §1374.72
- Every health care service plan contract issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage shall provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child, as specified in subdivisions (d) and (e),

Related Benefit Interpretation Policies:
- Attention Deficit Hyperactivity Disorder (ADHD)
- Cognitive Rehabilitation
- Developmental Delay and Learning Disabilities
- Habilitative Services
- Inpatient and Outpatient Mental Health
- Rehabilitation Services (Physical, Occupational, and Speech Therapy)
under the same terms and conditions applied to other medical conditions, as specified in subdivision (c).

These benefits shall include the following:
- Outpatient services
- Inpatient hospital services.
- Partial hospital services.
- Prescription drugs, if the plan contract includes coverage for prescription drugs

- The terms and conditions applied to the benefits required by this section, that shall be applied equally to all benefits under the plan contract, shall include, but not be limited to, the following:
  - Maximum lifetime benefits
  - Copayments
  - Individual and family deductibles

- For the purpose of this section, “severe mental illnesses” shall include:
  - Schizophrenia
  - Schizoaffective disorder
  - Bipolar disorder (manic-depressive illness)
  - Major depressive disorders
  - Panic disorder
  - Obsessive-compulsive disorder
  - Pervasive developmental disorder or autism
  - Anorexia nervosa
  - Bulimia nervosa

- For the purposes of this section, a child suffering from, “serious emotional disturbances of a child” shall be defined as a child who:
  - Has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms, and
  - Who meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code:
  - This section shall not apply to contracts entered into pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 commencing with Section 14200) of Division 9 of Part 3 of the Welfare and Institutions Code, between the State Department of Health Services and a health care service plan for enrolled Medi-Cal beneficiaries.

- For the purpose of compliance with this section, a plan may provide coverage for all or part of the mental health services required by this section through a separate specialized health care service plan or mental health plan, and shall not be required to obtain an additional or specialized license for this purpose.

- A plan shall provide the mental health coverage required by this section in its entire service area and in emergency situations as may be required by applicable laws and regulations. For purposes of this section, health care service plan contracts that provide benefits to enrollees through preferred provider contracting arrangements are not precluded from requiring enrollees who reside or work in geographic areas served by specialized health care service plans or mental health plans to secure all or part of their mental health services within those geographic areas served by specialized health care service plans or mental health plans.

- Notwithstanding any other provision of law, in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.
Nothing in this section shall be construed to deny or restrict in any way the department's authority to ensure plan compliance with this chapter when a plan provides coverage for prescription drugs.

**California Health and Safety Code Section §1374.73**

(a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and shall be subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

(c) For the purposes of this section, the following definitions shall apply:

(1) Behavioral health treatment means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

i. A qualified autism service provider.

ii. A qualified autism service professional supervised and employed by the qualified autism service provider.

iii. A qualified autism service paraprofessional supervised by a qualified autism service provider.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

i. Describes the patient’s behavioral health impairments or developmental challenges that are to be treated.
ii. Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

iii. Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

iv. Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 1374.72.

(3) Qualified autism service provider" means either of the following:

(A) A person who, is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, who is nationally certified.

(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

(4) Qualified autism service professional" means an individual who meets all of the following criteria:

(A) Provides behavioral health treatment which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.

(B) Is supervised by a qualified autism service provider.

(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.

(D) Is a behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program.

(E) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(F) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(5) Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:

(A) Is supervised by a qualified autism service provider or qualified autism service professional at a level of clinical supervision that meets professionally recognized standards of practice.

(B) Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.

(C) Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations.

(D) Has adequate education, training, and experience, as certified by a qualified autism service provider.
(E) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(d) This section shall not apply to the following:
   (1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.
   (2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(e) This section does not limit the obligation to provide services under Section 1374.72.

(f) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

CA Welfare and Institutions Code §4686.2 – Applied Behavioral Analysis (“ABA”) Therapy

- Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, any vendor who provides applied behavioral analysis (ABA) services, or intensive behavioral intervention services or both, as defined in subdivision (d), shall:
  o Conduct a behavioral assessment of each consumer to whom the vendor provides these services.
  o Design an intervention plan that shall include the service type, number of hours and parent participation needed to achieve the consumer's goals and objectives, as set forth in the consumer's individual program plan (IPP) or individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.
  o Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

- Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, regional centers shall:
  o Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions.
  o Only purchase ABA or intensive behavioral intervention services when the parent or parents of minor consumers receiving services participate in the intervention plan for the consumers, given the critical nature of parent participation to the success of the intervention plan.
  o Not purchase either ABA or intensive behavioral intervention services for purposes of providing respite, day care, or school services.
  o Discontinue purchasing ABA or intensive behavioral intervention services for a consumer when the consumer's treatment goals and objectives, as described under subdivision (a), are achieved. ABA or intensive behavioral intervention services shall not be discontinued until the goals and objectives are reviewed and updated as required in paragraph (5) and shall be discontinued only if those updated treatment goals and objectives do not require ABA or intensive behavioral intervention services.
  o For each consumer, evaluate the vendor's intervention plan and number of service hours for ABA or intensive behavioral intervention no less than every six months, consistent with evidence-based practices. If necessary, the intervention plan's treatment goals and objectives shall be updated and revised.
  o Not reimburse a parent for participating in a behavioral services treatment program.
  o For consumers receiving ABA or behavioral intervention services on July 1, 2009, as part of their IPP or IFSP, subdivision (b) shall apply on August 1, 2009.

- For purposes of this section the following definitions shall apply:
  o "Applied behavioral analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.
"Intensive behavioral intervention" means any form of applied behavioral analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual's needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.

"Evidence-based practice" means a decision making process that integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically-observed, and research-supported evidence. The best available evidence, matched to consumer circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care.

"Parent participation" shall include, but shall not be limited to, the following meanings:
- Completion of group instruction on the basics of behavior intervention.
- Implementation of intervention strategies, according to the intervention plan.
- If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.
- Participation in any needed clinical meetings.
- Purchase of suggested behavior modification materials or community involvement if a reward system is used.

B. STATE MARKET PLAN ENHANCEMENTS

The member may have additional mental health coverage as required by State Mental Health Parity Law through UnitedHealthcare of California or designee. See also the Benefit Interpretation policy titled Inpatient and Outpatient Mental Health.

Applied Behavioral Analysis Therapy/Behavioral Health Treatment is covered for the treatment of Pervasive Developmental Disorder or Autism. Refer to: California Health and Safety Code Section §1374.72 - Mental Health Parity and California Health and Safety Code Section §1374.73- Pervasive Developmental Disorder or Autism.

C. COVERED BENEFITS

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Notes:
- Autism Services performed (OT, ST, PT or ABA) in the home setting are not “Home Health Services” and are not subject to visit or dollar limitations, if any.
- Refer to the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for specific benefit information.

<table>
<thead>
<tr>
<th>The following services are the responsibility of the Member's Medical Plan [IPA, PMG, or Unitedhealthcare].</th>
<th>• Physical Therapy, Occupational Therapy and Speech Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical Specialist Services (e.g., neurology)</td>
<td>• Durable Medical Equipment (e.g., speech device)</td>
</tr>
<tr>
<td>• Laboratory monitoring if ordered by the PCP or medical specialist</td>
<td>• Prescription drugs (Refer to the supplemental drug rider/benefit)</td>
</tr>
</tbody>
</table>
The following services are the responsibility of the Member’s Behavioral Health Plan [(Optum) US Behavioral Health Plan of CA or alternative Behavioral Health Plan selected by the Member’s Employer].

- Applied Behavioral Therapy
- Psychiatry and/or Psychologist related services
- Diagnostic testing
- Laboratory monitoring if ordered by the behavioral health professional

Behavioral Health Treatment for Pervasive Developmental Disorder (PDD) or Autism

Professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of a Member with pervasive developmental disorder or autism and meet all of the following criteria:

- The treatment is prescribed by a Network Physician licensed pursuant to the California Business and Professions Code or is developed by a licensed Network psychologist pursuant to the California Business and Professions Code or as authorized under California law.

- The treatment is provided under a treatment plan prescribed by a Network Qualified Autism Service Provider and is administered by one of the following:
  o A Network Qualified Autism Service Provider.
  o A Network Qualified Autism Service Professional supervised and employed by the Network Qualified Autism Service Provider.
  o A Network Qualified Autism Service Paraprofessional supervised and employed by a Network Qualified Autism Service Provider.

- The treatment plan must have measurable goals over a specific timeline that is developed and approved by the Network Qualified Autism Service Provider for the specific Member being treated. The treatment plan shall be reviewed no less than once every six months by the Network Qualified Autism Service Provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the California Welfare and Institutions Code pursuant to which the Network Qualified Autism Service Provider does all of the following:
  o Describes the Member’s behavioral health impairments to be treated.
  o Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the Member’s progress is evaluated and reported.
  o Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.
  o Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

- The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to us upon request.

Note: For a description of coverage of mental health care services for the diagnosis and treatment of Severe Mental Illness (SMI) and Serious Emotional Disturbances of a Child (SED), please refer to the behavioral health supplement to your Combined Evidence of Coverage and Disclosure Form.

- Assessment and testing and coordination of care for pervasive developmental disorders and autism by the member’s pediatrician or PCP (e.g., history, physical and management of medications).
- Developmental Testing beyond initial diagnosis is limited to medically necessary testing for medical conditions, pervasive developmental disorders and autism.
- Referral for consultation and evaluation of individuals with suspected pervasive developmental disorders or autism.
- Play therapy services are covered only when they are authorized, part of a medically necessary treatment plan, require the direct supervision of a licensed physical therapist or qualified autism provider, and are provided by a network provider acting within the scope of his or her license or as authorized under California law.
• Medically Necessary behavioral health therapy services for treatment of pervasive developmental disorders (PDD) or Autism.
• Cognitive Habilitation and Rehabilitation Therapy when provided as part of an authorized autism behavioral health treatment plan.
• For members who are suspected to have or have confirmed diagnosis of autism, benefits may be available through Optum Behavioral Health for treatment and evaluation.
• Autism Spectrum Disorder services that extend beyond the 6 month period necessary for evaluation, diagnosis, the application of evidence based treatments or crisis intervention to be effective without a new treatment plan (refer to Section A for additional information).
• Specific therapies for the treatment of suspected complex developmental and/or behavioral problems, including speech therapy.
• Coverage may also include: non-crisis mental health counseling, behavioral modification programs, psychoanalysis, and non-crisis family counseling.

Also see the Benefit Interpretation Policies titled Attention Deficit Hyperactivity Disorder (ADHD), Developmental Delay and Learning Disabilities, Inpatient and Outpatient Mental Health, and Rehabilitation Services (Physical, Occupational, and Speech Therapy), and Cognitive Rehabilitation.

D. NOT COVERED

1. Tuition for services which are school based for children and adolescents under the individuals with Disabilities Education Act.
2. Teaching (or any other items or services associated with) activities such as art, dance, horse riding, music or swimming.
3. Prescription drugs, unless member has the supplemental prescription benefit.

E. DEFINITIONS

Network Qualified Autism Service Paraprofessional: An unlicensed and uncertified individual who as authorized under California law meets all of the following criteria:
• Is employed and supervised by a Network Qualified Autism Service Provider
• Provides treatment and implements services pursuant to a treatment plan developed and approved by the Network Qualified Autism Service Provider
• Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the California Welfare and Institutions Code
• Has adequate education, training, and experience, as certified by a Network Qualified Autism Service Provider

Network Qualified Autism Service Professional: An individual who meets all of the following criteria:
• Provides Behavioral Health Treatment
• Is employed and supervised by a Network Qualified Autism Service Provider
• Provides treatment pursuant to a treatment plan developed and approved by the Network Qualified Autism Service Provider
• Is a behavioral service provider approved as a vendor by a California regional center to provide services as an associate behavior analyst, behavior analyst, behavior management assistant, behavior management consultant, or behavior management program as defined in Section 54342 of Title 17 of the California Code of Regulations
• Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the California Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the California Government Code or is otherwise authorized under California law

For a description of coverage of inpatient and outpatient mental health care services for the diagnosis and treatment of Mental Disorder, please refer to the behavioral health supplement to your Combined Evidence of Coverage and Disclosure Form.
Network Qualified Autism Service Provider:
Either of the following:
- A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.
- A person licensed as a Physician, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the California Business and Professions Code, or as authorized under California law, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

For a description of coverage of mental health care services for the diagnosis and treatment of Mental Disorder, please refer to the behavioral health supplement to your Combined Evidence of Coverage and Disclosure Form.

F. POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2019</td>
<td><strong>Federal/State Mandated Regulations</strong></td>
</tr>
<tr>
<td></td>
<td>Update code title for <em>California Health and Safety Code Section §1374.72</em>; previously titled <em>California Health and Safety Code Section §1374.72 Mental Health Parity</em></td>
</tr>
<tr>
<td></td>
<td>Revised language pertaining to <em>California Health and Safety Code §1374.72</em> and §1374.73</td>
</tr>
<tr>
<td></td>
<td><strong>Covered Benefits and Definitions</strong></td>
</tr>
<tr>
<td></td>
<td>Replaced references to “Participating [provider]” with “Network [provider]”</td>
</tr>
<tr>
<td></td>
<td>Archived previous policy version BIP127.F</td>
</tr>
</tbody>
</table>