

**CT Behavioral Health Partnership –  
Autism Spectrum Disorder (ASD) Level  
of Care Guidelines**

**Final  
4/11/18**

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## **A. COMPREHENSIVE DIAGNOSTIC EVALUATION – AUTISM SPECTRUM DISORDER (ASD)**

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### **Definition**

A Comprehensive Diagnostic Evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive and social functioning skills and should use validated evaluation tools in order to diagnose and recommend general ASD treatment interventions in an evaluation report. It assists in gaining an understanding of an individual's diagnostic presentation and informs the appropriate course of treatment. The comprehensive diagnostic evaluation determines the individual's diagnosis and can be completed in one day or over multiple days. Results would be used to determine the best possible treatment approaches, clarify specific individual needs, identify individual strengths, or distinguish necessary interventions for best clinical outcomes.

The comprehensive diagnostic evaluation must be performed by a licensed practitioner (e.g. psychiatrist, neurologist, pediatrician including a developmental pediatrician, psychologist, licensed clinical social worker, licensed professional counselor) working within his/her scope of practice to diagnose and who is qualified and experienced in providing ASD evaluation services.

The comprehensive diagnostic evaluation must include a review of the most recent medical evaluation. The most recent medical evaluation must have been completed in the last twelve months. If the practitioner diagnoses the individual with ASD based on the comprehensive diagnostic evaluation, the practitioner should make recommendations for a behavior assessment and specific interventions to be provided in treatment.

The comprehensive diagnostic evaluation is available to Medicaid enrolled members (HUSKY A, C, or D) under the age of 21 for whom ASD services are being considered.

### **Authorization Process and Time Frame for Service:**

This service requires registration on the web-based system for up to 3 units, 1 unit = 1 encounter. Providers must use 1 encounter per day in order to bill Medicaid. Units beyond 3 require prior authorization. Authorization decisions will be based upon the individual clinical presentation and treatment history presented at the time of initial authorization. Additional units/encounters requested will be based upon medical necessity.

### **Level of Care Guidelines**

#### **A.1.0 Clinical Eligibility Criteria**

Q.1.1 Symptoms and functional impairment include the following:

- A.1.1.1 The individual demonstrates symptoms consistent with ASD as defined in the most current DSM, and

A.1.1.2 As part of the comprehensive diagnostic evaluation, medical/physical examination has been reviewed and identified medical or behavioral conditions that may co-occur with ASD and ruled out any conditions that may be misinterpreted as ASD, and

A.1.1.3 The individual evidences functional impairment directly related to the suspected ASD.

#### A.1.2 Intensity of Service Need

A.1.2.1 Traditional clinical assessment has not proven effective in investigating and identifying the underlying cause for the individual's behavioral/developmental concerns and an evaluation is needed to determine diagnosis and the most appropriate course of treatment, or

A.1.2.2 The individual's response to prior treatment suggests the need for further evaluation and differential diagnosis.

#### A.1.3 Additional variables to be considered:

A.1.3.1 If an individual had a previously established ASD diagnosis by a Qualified and experienced ASD evaluator, the comprehensive diagnostic evaluation need not be repeated. If the diagnosis is older than 36 months, it must be confirmed by a licensed practitioner within the previous 36 months.

A.1.3.2 Comprehensive diagnostic evaluation is initially completed and only repeated as medically necessary, and

A.1.3.3 Primary purpose of comprehensive diagnostic evaluation is not solely for educational, vocational, or legal purposes

### **A.2.0 Continued Care Criteria**

Not applicable

#### **Note:** Making Level of Care Decisions

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual shall be granted the level of care requested when:

- 1) Those mitigating factors are identified and
- 2) Not doing so would otherwise limit the individual's ability to be successfully engaged in the community or is needed in order to succeed in meeting the individual's treatment goals.

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**B. BEHAVIOR ASSESSMENT – AUTISM SPECTRUM DISORDER (ASD)**

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**Definition**

A Behavior Assessment is a clinical compilation of observational data, behavior rating scales, and reports from various sources (e.g. schools, family, pediatricians, etc.) designed to identify the individual's current strengths and needs across developmental and behavioral domains.

The behavior assessment must include the current level of functioning using one or more validated data collection instruments or tools. The assessment must be performed or updated not more than six months before treatment services are requested. The behavior assessment must include validated assessment tool(s) or instrument(s) as well as observational assessment, direct observation, record review, data collection and analysis. It should document baseline functioning and must support type, frequency and duration of services requested. It will identify those behaviors the behavioral plan of care should target.

The behavior assessment must be recommended by a licensed diagnostic practitioner whose scope of practice includes diagnosing ASD.

The Behavior Assessment is available to Medicaid enrolled members (HUSKY A, C, or D) under the age of 21 for whom ASD services are medically necessary.

**Authorization Process and Time Frame for Service:**

This service requires prior authorization for the initial behavior assessment. Authorization requests must include the number of hours/units the provider deems necessary to complete the assessment but cannot exceed 10 units. 1 unit = 1 hour; hours can be used for direct observation as well as record review and collaborating with other treatment providers. Authorization decisions will be based upon medical necessity.

Behavior assessments are typically revised/updated at least every six months or more frequently, if needed. Prior authorization is required for any subsequent update to the behavior assessment after the provider has previously performed an initial behavior assessment.

**Level of Care Guidelines****B.1.0 Clinical Eligibility Criteria**

B.1.1 Symptoms and functional impairment include the following:

B.1.1.1 The individual evidences functional impairment directly related to ASD and

B.1.1.2 There has been confirmation of the ASD diagnosis based upon a Comprehensive Diagnostic Evaluation or comparable substitute.

B.1.2 Intensity of Service Need

B.1.2.1 The nature of the individual's symptoms/behaviors are such that a behavioral assessment is warranted in order to determine the course of ASD treatment

B.1.3 Additional variables to be considered:

B.1.3.3 Primary purpose of behavioral assessment is not solely for educational, vocational, or legal purposes

## **B.2.0 Continued Care Criteria**

B.2.1 Requests for additional behavioral assessment units during the prior six months of treatment will require prior authorization and will be considered based upon the documentation of extenuating circumstances that change the behavioral profile of the individual.

### **Note: Making Level of Care Decisions**

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual shall be granted the level of care requested when:

- 1) Those mitigating factors are identified and
- 2) Not doing so would otherwise limit the individual's ability to be successfully engaged in the community or is needed in order to succeed in meeting the individual's treatment goals.

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## **C. TREATMENT PLAN DEVELOPMENT (BEHAVIORAL PLAN OF CARE) – AUTISM SPECTRUM DISORDER (ASD)**

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### **Definition**

A practitioner who conducted the behavior assessment will develop a detailed Treatment Plan (plan of care) specifically tailored to each individual. It must include, but is not limited to, the following elements: a) measurable goals and expected outcomes to determine if treatment services are effective; b) specific description of the recommended amount, type, frequency, setting, and duration of ASD treatment services needed to best meet the needs of the member; and c) amount and type of parent/care giver participation required to maximize success and quality of services.

The Treatment Plan (plan of care) should address skills in all domains (acquiring learning skills, communication, social, self-care, motor, play and leisure, etc.).

The Treatment Plan should be developed not more than 120 days prior to the ASO receiving a request for prior authorization for treatment or more recently as clinically appropriate for an individual's circumstances.

The treatment plan is individualized: objectives are measurable and tailored to the individual. Interventions target a decrease in maladaptive behaviors and/or an increase of desired behaviors or skill acquisition. They should emphasize a transfer of skills to caregiver, generalization of skills and focus on the development of spontaneous social communication, adaptive skills and appropriate behaviors and include a focus that:

- Is person centered, strengths based, family/caregiver inclusive, community based, culturally competent, and provided in the least restrictive setting.
- Targets specific behaviors (including frequency, rate, symptom intensity, duration).
- Incorporates objective baseline and quantifiable progress measures.
- Describes detailed preventative and reactive behavioral interventions, reinforcers, strategies for generalization of skills beyond the treatment sessions.
- Coordinates ancillary services and transition plans.

The provider should review and, as necessary, update the behavioral assessment on an ongoing basis throughout the time period when the individual receives ASD treatment services at least every six months or more frequently as necessary. The treatment plan is updated based on treatment progress including the addition of new target behaviors and related interventions, but at least within every 90 days.

The Treatment Plan (Plan of Care) service is available to Medicaid enrolled members (HUSKY A, C, or D) under the age of 21 for whom ASD services are medically necessary.

## **Authorization Process and Time Frame for Service:**

Initial service requires prior authorization by the provider who performed the behavior assessment. One unit may be authorized to support the development of the plan of care. Prior Authorization is necessary for medically necessary updates to an approved plan of care. Ongoing updates require authorization.

## **Level of Care Guidelines**

### **C.1.0 Clinical Eligibility Criteria**

C.1.1 Symptoms and functional impairment include the following:

C.1.1.1 The individual evidences functional impairment directly related to ASD and

C.1.1.2 There has been confirmation of the ASD diagnosis based upon a Comprehensive Diagnostic Evaluation or comparable substitute.

C.1.1.3 The Behavior Assessment has been completed.

C.1.2 Intensity of Service Need

C.1.2.1 The nature of the individual's symptoms/behaviors are such that a Treatment Plan (plan of care) is warranted in order to guide the course of ASD treatment

C.1.3 Additional variables to be considered:

C.1.3.1 Primary purpose of plan of care is not solely for educational, vocational, or legal purposes

### **C.2.0 Continued Care Criteria**

C.2.1 Treatment planning is individualized and appropriate to the individual's changing profile with realistic and specific goals and objectives stated.

C.2.2 The treatment plan is updated based on treatment progress including the addition of new target behaviors and related interventions and not less than every 90 days.

C.2.3 Any updates prior to 90 days requires prior authorization and will be assessed to meet medical necessity.

**Note:** Making Level of Care Decisions



In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual shall be granted the level of care requested when:

- 3) Those mitigating factors are identified and
- 4) Not doing so would otherwise limit the individual's ability to be successfully engaged in the community or is needed in order to succeed in meeting the individual's treatment goals.

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**D. PROGRAM BOOK DEVELOPMENT – AUTISM SPECTRUM DISORDER (ASD)**

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**Definition**

As appropriate and medically necessary for each member, the performing provider may develop a program book, which is a tool for use by providers, members and caregivers to ensure that the services and goals in the behavioral Plan of Care remain appropriate and properly implemented. A program book, which is an adjunct, to but is separate from, a behavioral Plan of Care, shall:

- (A) Include details of specific interventions and related information regarding ASD treatment services for an individual that are designed to implement the short short-term goals and objectives outlined in the behavioral Plan of Care;
- (B) Be individually tailored to each individual's needs to describe and assist in the provision of ASD treatment services; and
- (C) Be updated on an ongoing basis to reflect changes in the behavioral Plan of Care, changes in specific interventions used to provide ASD treatment services and as otherwise appropriate to assist in providing ASD treatment services.
- (D) Includes details of skill acquisition protocols related to parent/caregiver goals outlined in the plan of care.

Program book development is available to Medicaid enrolled members (HUSKY A, C, or D) under the age of 21 for whom ASD services are medically necessary.

**Authorization Process and Time Frame for Service:**

This service requires prior authorization for the initial program book development and any subsequent revision or update to the program book.

Along with the behavior assessment and Plan of Care, the program book is updated on an ongoing basis to reflect changes in the behavioral plan of care, changes in specific interventions used to provide ASD treatment services and as otherwise appropriate to assist in providing ASD treatment services. Prior authorization is required for updates or revisions to the program book. Requests for prior authorization should be submitted with the number of hours/units the provider deems necessary to complete the program book development, revision or update. Up to 3 units can be authorized every 90 days or based on medical necessity. If the performing provider has prepared a program book for a member, the prior authorization request shall not include a copy of the program book, however, the program book will be reviewed during chart reviews.

Additional units requested will be based upon medical necessity.

## **Level of Care Guidelines**

### **D.1.0 Clinical Eligibility Criteria**

D.1.1 Symptoms and functional impairment include the following:

D.1.1.1 The individual evidences functional impairment directly related to ASD and

D.1.1.2 There has been confirmation of the ASD diagnosis based upon a Comprehensive Diagnostic Evaluation or comparable substitute.

D.1.2 Intensity of Service Need

D.1.2.1 The nature of the individual's symptoms/behaviors are such that a development of a program book is warranted in order to guide the course of ASD treatment

D.1.3 Additional variables to be considered:

D.1.3.1 Primary purpose of the program book is not solely for educational, vocational, or legal purposes

### **D.2.0 Continued Care Criteria**

D.2.1 Requests for additional program book development units during the interim period prior to six months requires prior authorization and will be considered based upon the documentation of extenuating circumstances and how that changes the behavioral profile of the individual.

#### **Note: Making Level of Care Decisions**

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual shall be granted the level of care requested when:

- 5) Those mitigating factors are identified and
- 6) Not doing so would otherwise limit the individual's ability to be successfully engaged in the community or is needed in order to succeed in meeting the individual's treatment goals.

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## **E. TREATMENT SERVICES – AUTISM SPECTRUM DISORDER (ASD)**

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### **Definition**

ASD treatment services include (A) services identified as evidence-based by nationally recognized research reviews, (B) services identified as evidence-based by other nationally recognized substantial scientific and clinical evidence or (C) any other intervention supported by credible scientific or clinical evidence, as appropriate to each individual. ASD treatment services include a variety of behavioral interventions that meet criteria in one or more of (A), (B), or (C) above, such as evidenced-based Applied Behavior Analysis interventions that meet one or more of those criteria. The ASD treatment intervention services must be done under the supervision of a qualified licensed practitioner working within his/her scope of practice or by a qualified Board Certified Behavior Analyst (BCBA) working within his/her scope of practice. The supervising practitioner is responsible for all of the care provided to the individual and for providing direct observation and direction of the technician and any other support staff. Observation and direction of staff providing the intervention services must be done one-to-one and documented in the medical record on a weekly basis for all individuals in care. The observation and direction should equal at least 10 percent of the amount of hours that the staff member is providing ASD treatment services to each individual. Observation and direction must also include direct observation of the staff person with the individual.

Treatment can occur in any number of settings, including home, agencies, hospitals, the community, etc. It is imperative that the interventions be applied systematically and uniformly, and that behavioral data is gathered, maintained and analyzed in order to evaluate the effectiveness of both the treatment plan and the interventions.

Treatment may include individual, group or family modalities or a combination of these depending on the needs of the individual.

A caregiver (e.g. parent, guardian, family member, babysitter, child care worker, over the age of 18 years old etc.) must be present at all time. This designated caregiver shall participate in treatment sessions in a manner specified in the behavioral plan of care that is sufficient to maximize the quality and clinical effectiveness of the services, as tailored to the needs of each individual as documented and explained in the plan of care. The amount and manner of caregiver participation may vary based on generally accepted recommendations for caregiver participation for each acceptable modality of ASD treatment services. Overall, caregiver participation may be more significant for younger children or children with higher levels of need. The caregiver's participation in ASD treatment sessions includes training for the caregiver to reinforce ASD treatment services in a clinically effective manner. Specific parent training goals shall be included to emphasize the transfer of interventions, strategies and skills to the caregiver.

The performing provider shall document the caregiver's participation in ASD treatment sessions in the treatment notes, including the caregiver's name and relationship to the individual, date, time, extent and type of participation.

ASD treatment services are available to Medicaid enrolled members (HUSKY A, C, or D) under the age of 21 for whom ASD services are medically necessary.

### **Authorization Process and Time Frame for Service:**

This service requires prior authorization. Authorization decisions will be based upon the individual clinical presentation and treatment history presented at the time of initial authorization. All requests for treatment intervention services must include a comprehensive diagnostic evaluation performed within the previous 36 months of the authorization request for treatment services. Additional information and documentation required includes:

- Requested interventions, types, frequency, intensity, setting, and duration of the services with an explanation and supporting documentation showing how the specific requested services are medically necessary;
- The behavioral plan of care to support the request for authorization (completed or updated within 120 days of the request for treatment services);
- The behavior assessment (described in a separate level of care guideline, completed or updated within six months of the request for treatment services);
- Severity scores, skills-based assessment scores, adaptive scores;
- The most recent medical/physical evaluation (completed or updated within the last twelve months of the request for treatment services);
- The comprehensive diagnostic evaluation (described in a separate level of care guideline, completed or updated within twelve months of the request for treatment services); and
- As applicable, school evaluation and Individualized Education Program (IEP), Individual Family Service Plan (IFSP) for members under the age of 3, and any other available evaluations or relevant documents

At the initiation of ASD treatment services for an individual, the provider must provide the appropriate data sufficient for the ASO to review baseline data and data regarding the member's progression. This information, along with targeted behaviors and interventions outlined in the Plan of Care, shall support the request for number of hours for authorization and must meet medical necessity.

The first continued stay authorization may be authorized for up to 90 days with subsequent authorizations up to six months. Subsequent continued stay reviews must include an updated plan of care that specifically includes progress toward goals on the initial plan of care. After one year of service, every continued stay review must include a comprehensive review of goals met, summary of data indicating progress toward goals, anticipated benefit of the intervention for the individual, updated Plan of Care, and the most recent IEP or IFSP, if applicable.

### **Level of Care Guidelines**

#### **E.1.0 Clinical Eligibility Criteria**

E.1.1 Symptoms and functional impairment include the following:

- E.1.1.1 The individual evidences functional impairment directly related to ASD and

- E.1.1.2 There has been confirmation of the ASD diagnosis based upon a Comprehensive Diagnostic Evaluation or comparable substitute.
- E.1.1.3 Medical/physical evaluation and Behavior Assessment have been completed.
- E.1.1.4 The individual displays a “challenging behavior” that either 1) presents a health or safety risk to self or others (e.g. self-injury, aggressive behaviors, destruction of property, severe disruptive behaviors) or 2) significantly interferes with socially acceptable activities in the home or community due to the objectionable nature of the behavior and/or the individual presents with a skill deficit that interferes with socially acceptable and developmentally appropriate activities in the home or community
- E.1.1.5 There is reasonable expectation on the part of a Qualified treating provider who has evaluated the individual that the behavior(s) will improve or the individual will receive maximum benefit through treatment.
- E.1.1.6 The treatment plan is individualized: objectives are measurable and tailored to the individual. Interventions emphasize generalization of skill and focus on the development of spontaneous social communication, adaptive skills and appropriate behaviors and include a focus that:
  - E.1.1.6.1 Is person centered, strengths based, family/caregiver inclusive, community based, culturally competent, and provided in the least restrictive setting.
  - E.1.1.6.2 Targets specific behaviors (including frequency, rate, symptom intensity, duration).
  - E.1.1.6.3 Incorporates objective baseline and quantifiable progress measures.
  - E.1.1.6.4 Describes detailed behavioral interventions, reinforcers, strategies for generalization of skills beyond the treatment sessions.
  - E.1.1.6.5 Coordinates ancillary services and transition plans.
- E.1.1.7 Parent/caregiver training and support is included in the treatment plan with documented plans that skills transfer to the parent/caregiver will occur.

## E.1.2 Intensity of Service Need

- E.1.2.1 Results of Comprehensive Diagnostic Evaluation and behavior assessment indicate the nature of the individual’s symptoms/behaviors are such that intensive treatment is warranted.

E.1.3 Additional variables to be considered:

E.1.3.1 Primary purpose of treatment is not solely for educational, vocational, or legal purposes

E.1.3.2 Psychosocial, cultural and linguistic factors of the individual and/or caregivers may change the risk assessment and should be considered when making level of care decisions regarding treatment.

**E.2.0 Exclusion Criteria**

Any of the following criteria are sufficient for exclusion from this level of care:

E.2.1 The individual has medical conditions or impairments that would prevent beneficial utilization of services

E.2.2 The individual requires 24-hour medical/nursing monitoring or procedures provided in a hospital setting.

**E.3.0 Continued Care Criteria**

E.3.1 The individual's condition continues to meet clinical eligibility criteria for ASD treatment, either due to continuation of presenting problems, or appearance of new problems or symptoms; and

E.3.2 There is reasonable expectation that the individual will benefit from the continuation of ASD treatment services; and

E.3.3 Treatment planning is individualized and appropriate to the individual's changing profile with realistic and specific goals and objectives stated. The treatment plan is updated based on treatment progress including the addition of new target behaviors; and

E.3.4 All services and treatment interventions are carefully structured to achieve optimum results in the most efficient manner possible consistent with sound clinical practice. Expected benefit from all relevant modalities is documented; and

E.3.5 Progress in relation to specific symptoms/behaviors or impairments is clearly evident and can be described in objective terms or there are clear benefits to treatment, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress is evident; and

E.3.6 There is documented skills transfer to the individual and caregiver and treatment transition planning from the beginning of treatment; and

E.3.7 There is a documented active attempt at coordination of care with relevant providers/caretakers, etc., when appropriate. If coordination is not successful, the reason(s) are documented; and

- E.3.8 Unless contraindicated, parents/caregivers are actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.

#### **E.4.0 Discharge Criteria**

Any of the following criteria are sufficient for discharge from this level of care:

- E.4.1 The individual has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated; or
- E.4.2 The individual has achieved adequate skill acquisition and less intensive modes of treatment are appropriate or indicated; or
- E.4.3 The individual no longer meets clinical eligibility criteria, or meets criteria for less or more intensive services; or
- E.4.4 Treatment is making the symptoms persistently worse; or
- E.4.5 The individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e. durable and generalized) measurable improvement or stabilization of challenging behavior and there is no reasonable expectation of progress.

#### **Note:** Making Level of Care Decisions

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual shall be granted the level of care requested when:

- 7) Those mitigating factors are identified and
- 8) Not doing so would otherwise limit the individual's ability to be successfully engaged in the community or is needed in order to succeed in meeting patient treatment goals.



## **F. OBSERVATION AND DIRECTION – AUTISM SPECTRUM DISORDER (ASD)**

### **Definition**

Observation and Direction by the Performing Provider of BCaBAs and technicians will take place on a regular and on-going basis. The performing provider shall take professional responsibility for all ASD services performed by the technician or BCaBA. Such observation and direction shall:

- (1) Be one-on-one with the performing provider and the BCaBA or technician. The performing provider shall document the observation and direction on an ongoing basis, including the time, location, format and topics discussed.
- (2) Occur on an ongoing basis, at a frequency and duration equal to or for at least ten percent of the amount of hours that the BCaBA or technician is providing ASD treatment services to each individual.
- (3) Include, on a regular basis, the provider directly observing the BCaBA or technician providing services to the individual. The performing provider may bill the department and be reimbursed for observation and direction of the BCaBA or technician only when: (A) the performing provider is in the same location as the individual receiving treatment services and the BCaBA or technician and (B) the observation and direction is for the individual's benefit. Such observation and direction services are a component of ASD treatment services.

### **Authorization Process and Time Frame for Service:**

This service requires prior authorization and occurs at the same time as the initial authorization request for autism treatment services. Authorization requests must include the number of hours/units the provider deems necessary to complete the observation and direction during the course of autism treatment services to the individual. Any amount of hours/units requested beyond 10% of total treatment service hours/units will be considered based upon the documentation of extenuating circumstances and how that changes the behavioral profile of the individual. Approval of units requested will be based upon medical necessity.

Authorization is required for subsequent updates to observation and direction after the provider has previously received an initial authorization for autism treatment services.

### **Level of Care Guidelines**

#### **F.1.0 Clinical Eligibility Criteria**

F.1.1 Symptoms and functional impairment include the following:

- F.1.1.1 The individual evidences functional impairment directly related to ASD and

F.1.1.2 There has been confirmation of the ASD diagnosis based upon a Comprehensive Diagnostic Evaluation or comparable substitute.

F.1.2 Intensity of Service Need

F.1.2.1 The individual meets clinical eligibility criteria for autism treatment services.

F.1.3 Additional variables to be considered:

F.1.3.3 Primary purpose of observation and direction of autism treatment services is not solely for educational, vocational, or legal purposes

**F.2.0 Continued Care Criteria**

F.2.1 Requests for additional observation and direction units during the interim period prior to six months will be considered based upon the documentation of extenuating circumstances and how that changes the behavioral profile of the individual.

**Note:** Making Level of Care Decisions

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the patient shall be granted the level of care requested when:

- 9) Those mitigating factors are identified and
- 10) Not doing so would otherwise limit the individual's ability to be successfully engaged in the community or is needed in order to succeed in meeting the individual's treatment goals.