



Health First Colorado Criteria for Behavioral Therapies

Diagnosis and Behavior Requirements

Presence of two or more of the following for an individual age 20 and younger:

- The client has been diagnosed with a condition for which behavioral therapy services are recognized as therapeutically appropriate (i.e. evidence-based or evidence-informed), including autism spectrum disorder.
- The client's quality of life is impacted due to persistent challenges in social communication, and/or social-emotional reciprocity, across multiple contexts and settings (i.e. in home, school, or community activities because behavior or skill deficit interferes with these activities).
- The client presents a safety risk to self or others. Examples include self-injury, aggression towards others, and destruction of property, stereotyped or repetitive behaviors, or elopement.
- Requires evidence based support in one or more of the following domains: behavior challenges and self-regulation, cognition, learning and play, safety, and self-care.

The client must have a standardized assessment of maladaptive behaviors which demonstrate an inability to function in those activities identified.

Additional Requirements:

- Prescription for services from a qualified healthcare professional (i.e. physician, physician's assistant, nurse practitioner, or psychologist).
- The client is medically stable and without a need for 24-hour monitoring and/or procedures provided in a hospital, or intermediate care facility for persons with intellectual disabilities (ICF/IID).

Treatment Plan Requirements

Documentation of:

- A behavioral therapy treatment plan that clearly outlines specific and measurable goals of the treatment plan. The plan must be signed by the BCBA.
- A plan of evaluation for measurable impact on the client's behavior or skills, as demonstrated by 6-month goals and terminal objectives (e.g. discharge criteria)
 - Include charts and graphs of documented objective data
- Multiple Staffing Ratios (2:1+): any client requiring additional staff support regarding severe and destructive behavior must demonstrate all the following within the individualized treatment plan:
 - Services must be administered on-site by the physician or qualified healthcare professional
 - Additional staff assistance must be provided by appropriately licensed technicians
 - Client currently exhibits destructive/severe safety issues
 - Care must be provided in an environment customized to the patient's behavior.



Exclusion Criteria for Behavioral Therapies

For reauthorization of behavioral therapy services, provide recent documentation of:

- Meaningful, measurable, functional improvement changes, or documentation of significant interfering events (e.g., serious physical illness, major family disruption, change of residence), if applicable. For changes to be meaningful, they must meet all of the following:
 - Confirmed through data.
 - Documented in quantitative charts and graphs.
 - Durable over time beyond the end of the actual treatment session.
- A signed revised treatment plan with all of the above-mentioned criteria and how behavioral changes have been demonstrated outside the treatment setting including the client's residence and the larger community within which the client resides.
- If barriers are identified causing a delay in progression of goals, document planned interventions to address the barriers.
- Failure to demonstrate medical necessity
- Unproven and/or investigational treatment modalities utilized for service
- Treatment plan goals which do not align with generally accepted standards of care for that treatment modality
 - The client fails to respond to services, even after encountering different techniques and approaches over two consecutive authorization periods

Failing to respond to treatment is defined as: no meaningful, measurable, functional improvement changes, or progress has plateaued, and without documentation of significant interfering events (e.g., serious physical illness, major family disruption, change of residence). For changes to be meaningful, they must meet all the following:

- Confirmed through data
- Documented in charts and graphs
- Durable over time beyond the end of the actual treatment session.
- Generalizable outside of the treatment setting to the client's residence and the larger community within which the client resides

Services that are primarily respite or daycare in nature and/or used to reimburse a parent for participating in the treatment program.

Custodial Care shall be defined as: Any non-medical care that can reasonably and safely be provided by non-licensed caregivers. Such services primarily aim to assist individuals and activities of daily living (ADLs) such as bathing, dressing, eating, and household duties when educational/behavioral modifications are excluded.

The agency does not cover services in the following settings (this list is not exhaustive):

- Autism or other camps
- Resorts or spas
- Equine or Hippo therapy
- Recreational therapy
- Respite care
- Safety monitoring services
- Vocational rehabilitation
- Life coaching
- Treatment that is unproven or investigational (holding therapy, Higashi, auditory integration therapy, etc.)
 - Services rendered by a parent, legal guardian, or legally responsible person

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