

# Quick Points



August 24, 2009

## Frequently asked questions regarding autism spectrum disorder procedure change

Blue Cross and Blue Shield of Minnesota and Blue Plus have compiled an additional list of questions and answers in response to Provider Bulletin P14-09, Procedural Changes related to autism spectrum disorder (ASD) and early intensive behavioral interventions (EIBI). The changes outlined in that bulletin apply to all Blue Cross and Blue Plus members enrolled in fully insured plans or Minnesota Health Care Programs, with the exception of members enrolled in SecureBlue or CareBlue.

### Questions and answers

1. **Do we need to submit a copy of the multidisciplinary assessment with the authorization/individualized treatment plan (ITP) form?** It is not necessary to include a copy of the assessment along with the authorization form. Blue Cross just needs to know if a current assessment (within the last 12 months) is on file in the provider's office.
2. **Should a full assessment be performed every 12 months, or will an abridged assessment suffice?** Blue Cross will leave it up to the provider to determine whether an ongoing assessment is necessary based on the needs and progress of the child.
3. **Could we see a sample ITP to get a better idea of what level of detail you are looking for?** We have included a sample ITP illustrating how to complete an ITP. See attachment A at the end of this document.
4. **Updated question: Who will be conducting the reviews?** A Blue Cross licensed behavioral health clinician will be conducting the reviews in conjunction with the member's provider responsible for supervision of the ITP. Additional reviews, when needed, are completed by Blue Cross internal Ph.D. psychologists and M.D. psychiatrists. In accordance with the recent amendment to Minnesota statute 62M.09, subd. 3a, a Ph.D. psychologist may make a final determination to not certify treatment if the treating provider is a psychologist. However, an M.D. psychiatrist would need to make final determinations not to certify care rendered by any other provider type.
5. **Will an editable version of the ITP form be available?** A static PDF version of the form is available at [providers.bluecrossmn.com](http://providers.bluecrossmn.com), and an editable version is available by contacting provider services at (651) 662-5200 or toll free at 1-800-262-0820.
6. **We may have difficulty retro-fitting our standard treatment plan format to your template. How do we fill this out so it meets your needs for simplification but also captures the right amount of detail?** We have included a sample ITP illustrating how to complete an ITP. See attachment A at the end of this document. You can also contact one of the dedicated clinicians who will be reviewing the ITP forms if you have questions about the level of detail to include.

Enclosure: Sample ITP

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Distribution: Available on [providers.bluecrossmn.com](http://providers.bluecrossmn.com) for all Behavior therapist practitioners  
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7. **Is having a completed assessment on file required in order for a patient to receive services?** It is not our intent to prevent a child from receiving services that will benefit him/her. However, a completed multidisciplinary assessment is required to ensure that an accurate diagnosis has been made, prior to reimbursement for services.
8. **If a patient has a diagnosis of ASD but is receiving only individual therapy or another type of lower-intensity service, is prior authorization recommended?** We recommend that prior authorization be done whenever the patient's treatment plan includes an intensive therapy component. If the treatment plan is solely focused on lower-intensity services, a prior authorization would not be necessary.
9. **Do all clinical staff providing intensive services need to meet the Minnesota Department of Human Services (DHS) qualifications for "Mental Health Practitioner?"**  
At a minimum, we are expecting the lead behavior therapist to meet the DHS qualifications or to hold an equivalent industry recognized certification such as that of a Board Certified Behavior Analyst or a Board Certified Associate Behavior Analyst. The clinical supervisor position must be a Mental Health Care Professional licensed to practice independently, credentialed and approved by Blue Cross.

#### **Questions?**

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.

## Sample Individualized Treatment Plan

### Goal #1: Safety

Date	Objective	Strategy	Progress towards Outcome	Projected Date of Mastery
Initial Request 8/17/09	Increase safety in the community and reduce fights into traffic and/or unsafe circumstances 80% of the time.	Use of verbal/visual cues and prompts to increase both response reaction to adult caregivers and to established physical boundaries and to decrease incidents of bolting.		2/1/10
Review #1 2/17/10			Responding to verbal cues to stop 50% of the time. Stays within a five foot span of adult caregivers 50% of the time. Incidents of bolting reduced from 50% of outings (5 in 10) to 20% (2 in 10).	REVISED DATE= 8/1/10
Review #2 8/17/10			Responding to verbal cues to stop 85% of the time. Stays within a five foot span of adult caregivers 80% of the time. Incidents of bolting maintained at 20% of outings (2 in 10).	Goal satisfied
Review #3				

This is an example of a goal whose date of mastery was revised to accommodate the progress of the patient.

## Sample Individualized Treatment Plan

Goal #2: Pro-Social Behavior

Date	Objective	Strategy	Progress towards Outcome	Projected Date of Mastery
Initial Request 8/17/09	Increase patient-initiated eye contact to 3 of 10 identified opportunities.	Use of visual/verbal cues and modeling behaviors to increase instances of patient initiated eye contact.		2/17/10
Review #1 2/17/10			Increased instances of patient initiated eye contact to 4 of 10 opportunities	Initial goal satisfied; new goal established
Review #2 8/17/10	Increase patient-initiated eye contact to 6 of 10 identified opportunities.	Use of visual/verbal cues and modeling behaviors to increase instances of patient initiated eye contact.		
Review #3				

This is an example of a goal that was mastered and then revised to increase potential outcomes.