Application

Application of this Medical Policy applies to:
RIte Care (MED), Substitute Care (SUB), Children with Special Health Care Needs (CSN), Commercial (HBE)
Application Excluded for:
Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Extended Family Planning (EFP), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)

Description

Home-Based Therapeutic Services (HBTS) is an intensive home or community-based service that is more intensive than outpatient treatment but less restrictive than inpatient hospitalization or residential care and based upon medical necessity. One-on-one therapeutic services are provided to the child and family with documented progress toward goals identified in the Treatment Plan. HBTS is a phased system approach that includes in person, high frequency, specialized treatment (including Applied Behavioral Analysis (ABA), Personal Assistance Services and Supports (PASS), Respite and supervision of direct care staff.

An integrated HBTS Treatment Plan can include the following reimbursable services:

1. Pre & Post Treatment Consultation
2. Treatment Consultation Services
3. Treatment Consultation and Specialty Treatment Consultation
4. Treatment Coordination
5. HBTS Direct Services
6. HBTS Specialized Treatment
7. HBTS Treatment Support
8. Applied Behavior Analysis (ABA) Services (Subset of HBTS)
9. Therapy Consults (PT, OT, SLP)
10. Language Interpretation Support
11. Child Specific Orientation for Newly Assigned Home-Based Worker
12. Assessment and Treatment Planning

Members receiving HBTS/ABA services can utilize more than one (1) provider agency to obtain necessary services. The Member and their family shall designate one (1) agency as responsible for case management services to coordinate implementation of the child/youth's treatment plan. This arrangement shall be initiated by the Member and the initial HBTS/ABA provider agency upon the determination that additional resources are needed to fully deliver the services identified in the child/youth's treatment plan.

Personal Assistance Services and Supports (PASS) **i**s a comprehensive integrated program that includes intermittent, limited, or extensive one-to-one personal assistance services needed to support, improve or maintain functioning in age-appropriate natural settings. These specialized consumer-directed services are designed to assist children and youth by supporting the family in helping the child participate as fully and independently as possible in natural community settings and to reach his or her full potential. This is achieved through maximizing control and choice over specifics of service delivery, and the child's family assumes the lead role in directing support services for their child. As these children and youth mature into adulthood, the skills developed through these services will help them take greater responsibility and control of their own care.

PASS is composed of various service components, including:

1. Assessment and Service Planning
2. Direct Services
3. Service Plan Implementation
4. Clinical Consultation
5. Treatment Intensity
6. Staffing

HBTS and PASS are not intended to replace clinically necessary therapies such as behavioral health treatment including emergency treatment, psychiatric care, speech and language therapy, occupational therapy, or physical therapy; or replace or substitute for educational services but is expected to complement them.

Home Based Therapeutic Services (HBTS) inclusive of Applied Behavior Analysis (ABA):
HBTS treatment hours per week must be substantiated through the establishment and documentation of medical necessity, measurable goals with frequency and duration of each service to be delivered, up to 20 hours per week (excluding ABA programs), or more as clinically indicated.

Criteria:

1. Member is 20 years old or younger
2. Member has a chronic (twelve months or longer in experienced or expected duration), moderate, or severe cognitive, developmental, medical/neurological, and/or psychiatric condition whose level of functioning is significantly compromised. Children and adolescents in need of HBTS shall demonstrate impairments in one or more of the following areas:
    a. Cognitive Functioning: Intellectual disability or intellectual developmental disorder.
    b. Problem Solving Functioning: Judgment, insight, reasoning, impulse control, and/or learning.

c. Adaptive Skills: Communication/speech, dressing, eating, sleeping, or social relatedness.
d. Regulation of Mood: Marked instability of mood (e.g., irritability, depression, anxiety, or mania).
e. Medical/Neurological Condition(s): Underlying or co-occurring conditions contribute to behavioral, emotional, cognitive, or functional impairments.

3. Individualized, measurable goals and objectives written and approved by a licensed healthcare professional. Key goals of this treatment are person/family centered and could include:
    a. increased language and communication skills;
    b. improved attention to tasks;
    c. enhanced imitation;
    d. generalized social behaviors;
    e. developing skills for independence;
    f. decreased aggression and other maladaptive behaviors;
    g. improved learning and problem-solving skills (e.g., organization, conflict resolution, and relaxation training)
4. A previous evaluation by a licensed mental health professional must have taken place within three years prior as part of the determination of Level of Care and HBTS approval. During the course of HBTS care, additional evaluation(s), as deemed clinically necessary, must take place within three years following the beginning of home-based treatment, or as needed.
5. The child lives at home or in foster care (not specialized foster care through DCYF) with services delivered in a child's home, community, or outpatient setting.
    a. Center based HBTS is reserved for EOHHS approved providers to offer ABA interventions.
6. **Initial determination of eligibility**: Treatment Plan approval requires all of the following criteria to be met and documented:
    a. A formal Behavioral Health or Medical diagnosis including at a minimum, a clinical diagnostic interview, made within 3 years by a qualified licensed health care professional. Clinical information must demonstrate that the child is disabled with evidence of functional impairment(s).
    b. The child demonstrates symptoms and behavior consistent with their diagnosis and on the basis of best available clinical and evidence-based practice standards can be expected to respond to HBTS intervention.
    c. The child presents with medical and/or physical condition(s) that require intensive therapeutic intervention.
    d. Outpatient services provided at an intensified level have not been sufficient due to the child's special healthcare needs. However, this does not necessarily preclude from

consideration the role of family therapy or other supports for a family that may be seeking HBTS.

e. There is evidence that the child requires a comprehensive and integrated program of medical and psychosocial services to support improved functioning at the least restrictive level of care.
f. The child and family require support in order to remain stable outside of an inpatient environment, or to transition to independent living from a more restrictive setting.
g. The child, parent(s), caregiver(s) or legal guardian, are willing to accept and cooperate with HBTS, including the degree of caregiver participation outlined in the HBTS Treatment Plan.
h. In some instances, the child may be at risk for hospitalization(s) or out-of-home placement without eventual use of HBTS. (HBTS is not intended to serve as emergency care)

7. **Continuing Care Eligibility:** Reasons for a Treatment Plan at this level of care to be continued and/or reauthorized involve all of the following criteria:
    a. Severity of condition(s) and resulting impairment continues to require this level of treatment.
    b. Treatment Planning is individualized to the child/youth and their family's changing condition with realistic and specific goals and objectives stated. The mode, intensity and frequency of treatment are consistent with best known clinical and/or evidence-based practice.
    c. Active treatment is occurring, and continued progress toward goals is expected. Progress in relation to goals is clearly evident, measurable, and described in observable terms.
    d. If treatment objectives have not yet been achieved; documentation supports continued interventions.
8. **Continuing Care Eligibility beyond 2 years of treatment:** Some children may require continued HBTS services for a variety of reasons. These are children who have long-term profound impairments or severe disabilities requiring the child to receive a high level of monitoring or supervision. The intended outcome of Phase 5 of HBTS is continued progress or maintaining functional levels for each treatment goal demonstrated by data collected, to demonstrate a decrease or maintained functional level in behavioral problems, outburst or aggression, improvement or maintenance of functional level in adaptive living skills and parents feeling more confident and competent in managing their child's behavior and treatment.

    To be eligible for HBTS beyond 2 years, the member must:

a. Have a current (within the past year) Vineland Adaptive Behavior Scale assessment, or equivalent. **AND**
b. Meet 3 of the following criteria:
    i. Have had more than 2 psychiatric hospitalizations over the past year.
    ii. Have been in residential treatment within the past 3 years and continue to display significant behavioral difficulties.
    iii. Receive 1:1 aid in school and are placed in a self-contained special education class or school.
    iv. Have an IQ of 60 or below evaluated within the past 2 years.
    v. Are non-verbal and/or present with significant risk to self-preservation and independent functioning.

Discharge from HBTS Services: It is appropriate to discharge from HBTS services when **one** of the following is met:

1. Loss of Medicaid eligibility.
2. The child's documented Treatment Plan goals and objectives have been successfully met.
3. The child no longer meets service initiation or continuing care criteria or meets criteria for a less/more intensive level of care.
4. Consent for treatment has been withdrawn by a youth 18 or older, or his/her parent(s) or legal guardian(s).
5. The child/adolescent, family, or guardian is not successfully following HBTS requirements and/or the provider-agency's program rules and regulations, despite multiple, documented attempts to address non-compliance issues.

Transportation of HBTS Clients: In the course of provision of services the provider-agency may want to provide transportation if clinically relevant. Neighborhood is approving only the service provision and accepts no liability or responsibility for transportation. The inclusion of transportation as part of a Treatment Plan must relate to facilitating the accomplishment of defined and previously approved treatment objectives. Transportation can only relate to the child receiving HBTS and is not to be included in a treatment plan for solely convenience. The provider-agency must demonstrate that it has procedures in place to protect the safety of child being transported by staff and vehicles engaged in transportation:

1. Current and adequate vehicle insurance that allows for transporting children.
2. Current vehicle registration and valid State inspection.
3. The driver's history must be free of accidents for the past year, with no history of DWI. Parents have signed a waiver for each driver releasing any Neighborhood liability and responsibility for anything that occurs as a result of transportation activities.

4. Neighborhood will not approve 2:1 coverage during transportation.
5. Seat belts and/or child restraints must be utilized as required by State law.

Exclusions and Limitations:

Applicable Lines of Business:		
☒ RIte Care (MED)	☐ Rhody Health Partners (RHP)	☐ Health Benefits Exchange (HBE)
☒ Substitute Care (SUB)	☐ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
☒ Children with Special Health Care Needs (CSN)	☐ INTEGRITY for Duals	☐ Duals CONNECT

1. See **General Exclusions and Limitations** section of this policy.

Personal Assistance Services & Supports (PASS):

The goals of the services provided are to support the family in helping the child participate as fully and independently as possible in natural community settings and to reach his or her full potential.

Criteria requirements:

1. Member is 20 years old or younger
2. **Initial determination of eligibility**:
    a. Member has a chronic and moderate to severe cognitive, physical, developmental and/or psychiatric diagnosis within the last two years[1] by a licensed health care professional with competence in child psychology, child psychiatry, or child development.
    b. Member must meet the Federal definition of disability as defined as "child must have a physical or mental condition, or à combination of conditions, that results in marked and severe functional limitations. This means that a child's condition(s) seriously limit functioning, or are expected to be disabling for at least 12 months; or the conditions are expected to result in death."
    c. The child demonstrates symptoms and behavior consistent with their diagnosis that requires therapeutic intervention.

[1] Children's Services Policy | Executive Office of Health and Human Services

d. The child and the parent(s)/caregiver(s)/legal guardian(s) are willing to accept and cooperate with PASS, including the degree of parental participation outlined in the PASS Service Plan.
e. A minimum of one home visit to assess health and safety issues must occur before submission/authorization of the plan.

3. **Continuing Care eligibility:** Reasons for a Service Plan at this level of care to be continued and/or reauthorized involve all of the following criteria:
   a. Severity of condition(s) and resulting impairment continue to require a PASS service plan to maintain and/or improve level of adaptive and functional skills. Clinical information must demonstrate that the child is disabled with evidence of functional impairment(s), as reflected by the use of a standardized assessment tool (e.g., Vineland).
   b. Progress in relation to goals is clearly evident, measurable, and described in observable terms.
   c. The family is adhering to requirements set forth in the PASS treatment plan.
4. Treatment plan with individualized, measurable goals and objectives within:
   a. activities of daily living
   b. making self-preserving decisions, and
   c. participating in social roles and social settings
5. Members living at home with consenting legal guardian or are over 18 years of age and consents to treatment services/supports.

Discharge from PASS Services: Reasons to end PASS can include any of the following criteria:

1. The child's documented Service Plan goals and objectives have been successfully met.
2. The child meets criteria for a less/more intensive level of care.
3. The recipient (age 18), or his/her parent(s)/legal guardian(s), has withdrawn consent for treatment.
4. Loss of Medicaid eligibility.

Exclusions and Limitations:

Applicable Lines of Business:		
☒ RIte Care (MED)	☐ Rhody Health Partners (RHP)	☐ Health Benefits Exchange (HBE)
☒ Substitute Care (SUB)	☐ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
☒ Children with Special Health Care Needs (CSN)	☐ INTEGRITY for Duals	☐ Duals CONNECT

1. See **the General Exclusions and Limitations** section of this policy.

Evidence Based Practices (EBP)

Evidence Based Practices (EBP) are Home and Community Based Treatment modalities designed for children with complex health needs that include an array of services to meet the continuum of care a child, adolescent, and family needs.

EBP services include but are not limited to Multisystem Treatment (MST), Parenting with Love and Limits (PLL), and Trauma Systems Therapy (TST).

Examples of EBP offered in Rhode Island are:

1. **Multisystemic Therapy (MST)** is a time-limited, intensive family and community-based treatment program that addresses the multiple determinants of serious anti-social behavior in juvenile offenders, focusing on all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. Using the strengths of each system to foster positive change, MST promotes behavior changes in a youth's natural environment. MST blends cognitive behavioral therapy, behavior management training, family therapies and community psychology to reach the population. Clinicians go to where the child is and are on call 24 hours a day, seven days a week.
    a. MST works with the toughest offenders ages 12 through 17 years who have a very long history of arrests and present with externalizing behavior symptomology consistent with Disruptive, Impulse-Control and Conduct Disorders

2. **Parenting with Love and Limits (PLL)** is an evidence-based practice that can reduce residential lengths of stay and can also be used to prevent residential placement for teens. Program is community based and combines group therapy and family therapy for children and adolescents who have severe emotional and behavioral problems. Program assists families with reunification from residential care or foster care, or prevents youth from entering care. Clients and their families participate in a 6-week group and a minimum of eight to twelve family therapy sessions. Through this process, teens and their families learn how to create a balance of empowerment and structure into the routine of the teen and in so doing improve the teen's behavior while reducing family stress and increasing their readiness for change. After the eight to twelve week "active" phase of treatment they continue with a minimum of

twelve weeks of "aftercare." For those teens in residential care the aftercare phase will usually coincide with the discharge from placement. The first 90 days after discharge is the point of highest relapse risk and the added support has shown to reduce a possibility of return into residential care.

   a. Age for eligibility is 10–18 years old

3. **Family Centered Treatment** is focused on "family preservation", meaning child is at risk of being placed outside of the home due to abuse/neglect, or was placed and they want to reunify the family. (Their site says "the Family Centered Treatment model is an evidence-based approach that provides intensive in-home support for families at risk of disruption")
   a. Age for eligibility is <21 years old

4. **Functional Family Therapy** performs home based clinical services; some programs focus on "family preservation"
   a. Age for eligibility is <21 years old

5. **Teen Assertive Community Treatment (TACT)** provides case management and support services for teens with co-occurring mental health and substance use needs. TACT is a child-trained, multi-disciplinary group consisting of a manager, master's level clinician, case managers, vocational/educational specialist, nurse, and psychiatrist. This program offers daily individualized, recovery-focused support for members.
   a. Age for eligibility is 12-20 years old

6. **Trauma Systems Therapy (TST)** is a trauma-focused, evidence-informed approach to help stabilize children. TST results include: (1) improved child and caretaker ability to regulate behaviors and emotions, (2) stabilization of children within home and community environments, and (3) decreased placement disruptions. These results are achieved by TST providing access to a clinician, case manager and psychiatric care, rapid response to referral source and family, services delivered in the home and other community settings, 24-hour clinical support, multilingual service providers, and regular ongoing updates on progress.
   a. Age for eligibility is 5 to 20 years old.

7. **Triple P - Positive Parenting Program** addresses child behavioral and emotional problems by giving parents proven tools and skills to build stronger families. The program aims to: (1) promote the independence and health of families, (2) promote the development of non-violent, protective environments for children, (3) promote the development of children, (4) reduce the incidence of child abuse, mental illness, behavioral problems, delinquency and

homelessness, and (5) enhance the competence, resourcefulness and self-sufficiency of parents in raising their children.

Program components include parenting seminars, parent skills training sessions, and individual consultations. The quantity of service is adjusted according to a family need and dysfunction severity. Triple P messages are reinforced through media strategies, such as news stories, newsletters, and radio announcements, promoting positive parenting

a. For families with children 0-8 years old

Admission Criteria:

The member meets all of the following eligibility criteria:

1. Member meets the age requirement of the applicable program (listed above)
2. Member is at risk of out-of-home placement or is transitioning back from an out-of-home setting; and
3. Externalizing behavior symptomatology resulting in a Diagnostic and Statistical Manual 5 (DSM-5) Axis l diagnosis of Conduct Disorder or other diagnosis consistent with such symptomatology (ODD, Behavior Disorder NOS, etc.); and
4. Exhibiting ongoing multiple system involvement due to high-risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems. Examples of factors that put the member at risk include:
    a. Complex and persistent behavioral health conditions with/without co-occurring medical conditions
    b. Behavioral health conditions coupled with abuse, neglect, or other forms of trauma
    c. Behavioral health conditions coupled with delinquency, truancy, or running away

    AND

5. Less intensive treatment has been ineffective or is inappropriate; and
6. There is an expectation for improvement with these EBP services; and
7. Member currently does not have any other therapeutic behavioral health home-based treatment service in place. Other support services (e.g., Kids Connect, PASS or Respite) may continue with the expectation that care be coordinated; and
8. Treatment will occur in a safe and stable home residence (excluding residential treatment facilities); and
9. Parent or guardian agrees to work with the EBP provider and actively participate in the jointly developed treatment plan; and
10. ONE of the following must be met:

a. Member discharged from a more restrictive level of care (LOC) (inpatient, Acute Residential Treatment (ARTS), Partial Hospitalization (PHP), Intensive Outpatient (IOP) or Day Treatment, in the past 30 days; OR
b. Member had a recent admission (within 6 months) to a more restrictive LOC; OR
c. Member evaluated by licensed child clinician and determined to need diversionary service to avoid a more restrictive LOC; OR
d. An EBP intervention was successful prior to the current crisis (in the past 30 days) and EBP involvement is likely to stabilize the family.

Continuation Coverage Criteria: Continuation of Evidence Based Practices are appropriate when ALL of the following are met:

1. Member continues to meet admission criteria and another LOC, either more restrictive (e.g., Acute Residential Treatment (ARTS), Partial Hospitalization (PHP), Day Treatment, or Intensive Outpatient (IOP), or less restrictive is not appropriate; and
2. Treatment plan has been developed, implemented and updated, based on Member's clinical condition and response to treatment, as well as the strengths of the family, with realistic goals and objectives clearly stated; and
3. Progress is clearly evident in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident; and
4. Family/caregivers are actively involved in treatment, or there are active, persistent efforts being made that are expected to lead to engagement in treatment; and
5. Medication assessment has been completed when appropriate; medication trials have been considered, started or ruled out; and
6. Coordination of care and active discharge planning are occurring with a goal of transitioning the member to a less intensive treatment setting; and
7. Member continues to not have any other therapeutic behavioral health home-based treatment service in place. Nontherapeutic support services (e.g., Kids Connect, PASS or Respite) may continue with the expectation of care coordination.

Discharge Coverage Criteria:

Discharge from Evidence Based Practices is appropriate when ONE of the following is met:

1. Member's documented treatment plan goals have been substantially met, including discharge plan; or
2. Member/Member's family no longer meets admission criteria or meets criteria for a less or more intensive level of care; or
3. Member and/or Member's family have not benefited from program despite documented efforts to engage and there is no reasonable expectation of progress at this level of care despite treatment, or Member, parent, or guardian withdraws consent for treatment; or
4. Member is clinically appropriate to attend routine outpatient treatment in an office or community-based treatment setting.

Exclusions and Limitations:

Applicable Lines of Business:		
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- Member is living independently, or a primary caregiver cannot be identified despite extensive efforts.
- Member has a diagnosis of Autism Spectrum Disorders.
- See **the General Exclusions and Limitations** section of this policy.

Respite

Respite Services give parents or guardians, caring for a child with disabilities, the ability to take some time off with the assurance that their child is well-cared for. Families find their own Respite workers through a certified Respite Provider.

Children who are under the age of 21 are eligible for Respite services if they meet the following requirements:

1. The child lives at home
2. The child requires an institutional level of care at home that is typically provided in a hospital, nursing facility or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

Exclusions and Limitations:

Applicable Lines of Business:		
☒ RIte Care (MED)	☐ Rhody Health Partners (RHP)	☐ Health Benefits Exchange (HBE)
☒ Substitute Care (SUB)	☐ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
☒ Children with Special Health Care Needs (CSN)	☐ INTEGRITY for Duals	☐ Duals CONNECT

1. See **the General Exclusions and Limitations** section of this policy.

General Exclusions and Limitations:

Commercial (HBE)

- Applied Behavioral Analysis (ABA) is noncovered for members 20 years old and older.
- HBTS, PASS, EBP, and Respite are noncovered.

All covered lines of business:

- Physical, Occupational, and Speech Therapy services are covered under the member's medical benefit.
- Services identified in a child's Individual Education Plan (IEP) as a necessary service for the child to receive a Free and Appropriate Education (FAPE) will be covered by the Local Education Agency (LEA)/school district, not by Neighborhood.
- Services must be ordered by a practitioner (MD, DO, NP, PA).
- Services for members 21 years old and above.
- Services to provide childcare, companionship, or general supervision for the child/adolescent
- Services provided for convenience of the member, member's family/caregiver(s), and/or the service provider.
- HBTS may not be provided when Child and Adolescent Intensive Treatment Services (CAITS), Child and Family Intensive Treatment (CFIT), or Enhanced Outpatient Services (EOS) are being used.
- HBTS is not a replacement or substitute for mental health services provided by licensed professional clinician, clinically necessary therapies such as behavioral health treatment including emergency treatment, psychiatric care, speech and language therapy, occupational therapy, or physical therapy; or replace or substitute for educational services but is expected to complement them.
- HBTS will not take the place of services provided by Private Duty Nursing, or the roles and responsibilities assigned to Certified Nursing Assistants.
- The administration of medication, as prescribed by physician (or other comparable licensed health professional), cannot be given by HBTS or PASS staff to a child during a course of care.
- Neighborhood does not reimburse investigational/experimental treatments including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, and Higashi (Daily Life Therapy).
- HBTS Services must comply with all aspects of the *State of Rhode Island Executive Office of Health and Human Services Certification Standards Providers of Home-Based Therapeutic Services (inclusive of ABA).*

- PASS Services must comply with all aspects of the *State of Rhode Island Executive Office of Health and Human Services Practice Standards Providers of Personal Assistance Services and Supports.*
- PASS is not for individuals exhibiting marked impairments involving self-control (e.g., aggression or conduct); severe disturbances in thinking, perception, or mood; or learning disabilities.
- ABA Services are to be overseen by a Board-Certified Behavior Analyst (BCBA) or a licensed trained professional (e.g., Psychologist).
- Any duplication of same/similar services.
- The member requires a level of structure and supervision beyond the scope of the requested services.
- The member has medical conditions or impairments that would prevent beneficial utilization of services.
- The member is living in a specialized foster care setting through DCYF or is a resident of a nursing facility, hospital, or licensed residential care facility.

References:

- State of Rhode Island Executive Office of Health and Human Services Certification Standards Providers of Home Based Therapeutic Services (inclusive of ABA) https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/HBTSJuly2016.pdf
- Home-Based Therapeutic Services Fact Sheet file:///C:/Users/shaynes/Downloads/HBTSfactsheet_080717.pdf
- State of Rhode Island Executive Office of Health and Human Services Practice Standards Providers of Personal Assistance Services and Supports https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/PASS_Standards_Jan_2016.pdf
- Personal Assistance Services and Supports (PASS) Fact Sheet file:///C:/Users/shaynes/Downloads/PASSfactsheet10.6.17.pdf
- Section 1902 (e)(3) - Social Security Act
- State of Rhode Island Executive Office of Health and Human Services Applied Behavior Analysis (ABA) Therapy Fact Sheet
- Rhode Island Executive Office of Health and Human Services Early Intervention Certification Standards
- Executive Office of Health and Human Services Children's Services Policy
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.

- Contract between United States Department of Health and Human Services Centers for Medicare and Medicaid Services in partnership with The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2022.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on Providers
2. Click on Provider Resources
3. Click on Forms
4. Click on "Click here for a list of prior authorization request forms" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

CMP Number:	**#BH-001**
CMP Cross Reference:	
Created:	August 2025
Annual Review Month:	August
Review Dates:	8/20/25, 10/8/25, 10/14/26
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Effective Dates:	8/20/25, 10/8/25, 10/14/26

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.