



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
OFFICE OF FAIR HEARINGS

FILED

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OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0960

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on June 22, 2023, at 1:00 p.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Chrissie Simmons
Medical/Health Care Program Analyst
Agency for Health Care Administration

STATEMENT OF ISSUE

The issue is whether Respondent proved by a preponderance of the evidence that Respondent’s decision to terminate Petitioner’s Behavior Analysis (“BA” or “ABA”) services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner’s Authorized Representative and [REDACTED] (“[REDACTED]”) appeared on behalf of Petitioner.

Chrissie Simmons, Medical/Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared on behalf of Respondent. Dr. Joseph Darling (“Dr. Darling”), Board Certified Behavioral Analyst at the Doctoral level for eQHealth Solutions Inc. (“eQHealth”), appeared as a witness for Respondent.

Petitioner did not introduce any exhibits at the Fair Hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a four hundred and seventy-seven (477)-page evidence packet and a forty-nine (49)-page evidence packet. The four hundred and seventy-seven (477) page evidence packet appears in the Office of Fair Hearings’ document management system as the file titles “[REDACTED] FH 06.22.2023 1-250.pdf”, “[REDACTED] FH 06.22.2023 251-462.pdf” and “[REDACTED] FH 06.22.2023 463-477.pdf”. The forty-nine (49)-page evidence packet appears in the Office of Fair Hearings document management system as file title: “23-FH0960 AHCA Evidence.pdf”. Absent an objection from the Respondent, the undersigned admitted the four hundred and seventy-seven (477)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”) and the forty-nine (49)-page evidence packet as Respondent’s Composite Exhibit 2 (“RCE2”),

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis from the Agency. eQHealth is a Quality Improvement Organization contracted by the Agency to review prior authorization requests for services. See page 2 of RCE 2.

2. Petitioner is [REDACTED] old. See page 15 of RCE 1. Petitioner is diagnosed with the following: [REDACTED]. According to the behavior analysis plan at issue, signed by the BA provider on [REDACTED], (“Treatment Plan”), Petitioner engages in the following

maladaptive behaviors: [REDACTED]
[REDACTED]. *Id.* at 272-273.

3. On February 17, 2023, Petitioner’s BA provider requested continuation of BA services. *Id.* at 22. Specifically, Petitioner requested 2,080 units of code 97153; 312 units of code 97155; and 104 units of code 97156. *Id.* at 233. On February 17, 2023, and February 28, 2023, eQHealth requested additional supporting documentation from the BA provider. *Id.* at 44-47. Among other things, eQHealth requested a copy of Petitioner’s Individualized Education Plan (“IEP”), removal of educational or occupational/vocational goals from the treatment plan at issue, and an updated treatment plan. *Id.*

4. The Treatment Plan data graphs for maladaptive behaviors show the following over the last authorization period: incidents of [REDACTED] have increased; incidents of [REDACTED] have increased; incidents of [REDACTED] has increased; incidents of [REDACTED] have increased; incidents of [REDACTED] have increased; incidents of [REDACTED] have increased; incidents of [REDACTED] have increased; incidents of [REDACTED] have increased; incidents of [REDACTED] have increased. *Id.* at 274-288.

5. In a Notice of Outcome (“NOO”), dated March 9, 2023, Respondent terminated Petitioner’s ABA services. The NOO explained the basis for the termination as follows:

[T]he requested services are not medically necessary under the following standard(s):

Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.

The NOO further provided:

PR Principal Reason – Denial: Requested services are denied because documentation is neither showing improvement nor support for maintenance.

PR Clinical Rationale-Denial: This recipient has received services since [REDACTED]. According to the Florida Behavior Analysis Services Coverage Policy (9.5.c), one of the criteria for discharge from behavior analysis services is that data provided shows that the recipient has made no progress toward any goals and the last 12 consecutive months. A review of the treatment plans from the previous 12 month show no progress. The current data show high variability, some with increasing trends. Maladaptive behavior goals have been in progress since [REDACTED] with no mastery or consistent reduction from baseline. The information submitted does not support the continuation of BA services. The request for ABA services is denied

...

Pages 22-23 of RCE 1.

6. Petitioner requested reconsideration of the Respondent's decision. In a Notice of Reconsideration Determination ("NRD"), dated April 29, 2023, Respondent upheld its decision.

Id. at 33-34. The NRD explained the basis for the decision as follows:

PR Recon Determination: At reconsideration all documents were carefully reviewed. According to the Florida Medicaid State Plan (Appendix 9.3.b), the data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review the end, if not, that there is a modification of the behavior plan. The recommendations for procedural modifications include: additions/changes to treatment plan to impact behaviors targeted for reduction. Procedural modifications should include one or more of the following: antecedent manipulation modifications, modifications of prompting procedures used in acquisition, modification in consequence based strategies ones that either reduce maladaptive behavior or reinforce replacement behavior(e.g. Manipulation of reinforcement schedules, switched to a different declarative procedure), or if lack of progress was due to therapist error(e.g. Poor data collection poor training on intervention methods, how the provider will address human error). The recommendations are insufficient to support continued care this recommendation reconsideration request has been reviewed, reconsidered and the denial is upheld.

...

Pages 33-34 of RCE 1.

7. On April 28, 2023, Petitioner requested a Fair Hearing to challenge the termination of ABA services. On May 31, 2023, the undersigned issued an Order Scheduling Fair Hearing and

Prehearing Instructions, setting the hearing for June 22, 2023, 1:00 p.m. EST. Petitioner received administrative approval of BA services, or continuation of benefits, pending the outcome of the Fair Hearing. *Id.* at 18.

8. Dr. Darling is a Board-Certified Behavior Analyst at the doctoral level. Dr. Darling testified to the following:

- a. Dr. Darling established that Petitioner has received BA services from the provider since [REDACTED]
- b. According to standards of care in the field of BA and the BA Policy, an effective treatment plan proposes specific interventions to reduce or eliminate maladaptive behaviors and replacement appropriate behaviors for the recipient to engage in instead of the maladaptive behaviors. Maladaptive behaviors should decrease, and replacement behaviors should increase, over the course of treatment. Moreover, if there is an increase in maladaptive behavior, the Treatment Plan must show that there has been a subsequent modification or intervention to address the lack of progress.
- c. In this case, Dr. Darling established that the Treatment Plan does not meet medical necessity criteria number 3: “consistent with generally accepted professional medical standards as determined by the Medicaid program.”
- d. Dr. Darling asserted that the termination of behavior analysis services is not taken lightly; the Treatment Plan undergoes peer review and multiple levels of analysis.
- e. In this instance the provider was asked to submit additional documentation about the treatment plan, *supra* ¶ 3, but the provider sent the same plan back.

- f. The data graphs in the Treatment Plan show a high variability with increasing trends for maladaptive behaviors.
 - g. Recipient has a right to effective treatment.
 - h. On reconsideration, it was determined that there were no effective interventions or modifications made to the Treatment Plan to reduce maladaptive behaviors.
 - i. A treatment plan that does not include modifications to reduce maladaptive behaviors is not in accordance with generally accepted behavior analysis standards.
 - j. Specifically, with regard to the recipients' maladaptive behavior of [REDACTED], there is [REDACTED] of data without a significant decrease in the behavior. The Treatment Plan acknowledges that there was an increase and proposes that additional time was needed. Additional time is not an appropriate BA intervention.
 - k. On page 370 of Respondent's Composite Exhibit 1, the data graph for [REDACTED] [REDACTED] shows that the recipient engaged in the behavior over [REDACTED] times per [REDACTED]
 - l. On page 371 of Respondent's Composite Exhibit 1, there is no information on what the child needs to improve. The provider just recommends more time to address the behavior. Again, additional time is not an appropriate BA intervention.
9. [REDACTED], [REDACTED] of Petitioner, testified to the following at the Fair Hearing:
- a. Recipient is a happy child who [REDACTED] and [REDACTED] and [REDACTED].
 - b. [REDACTED] is a [REDACTED]-old and a [REDACTED]-[REDACTED]-[REDACTED] body.
 - c. [REDACTED] currently has new types of behaviors due to [REDACTED] maturity and [REDACTED] has difficulty understanding emotions.

- d. [REDACTED] has learned to [REDACTED] and to tell the teacher when [REDACTED] needs a break.
- e. [REDACTED] has learned to participate in school but [REDACTED] does have mood swings.
- f. [REDACTED] does have replacement behaviors but needs help to learn more replacement behaviors and how to [REDACTED].

CONCLUSIONS OF LAW

10. The Agency’s Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2), Florida Statutes (2019). This order is the final administrative decision of AHCA under section 409.285(2)(a).

11. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

12. Because Respondent terminated a previously approved service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the Respondent. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by “the greater weight of the evidence” (Black’s Law Dictionary at 1201, 7th Ed.)

13. The Florida Medicaid Behavior Analysis Services Coverage Policy (October 2017) (“BA Policy”), incorporated by reference in Fla. Admin. Code. R. 59G-4.125, governs BA services available under Florida Medicaid. The BA Policy provides as follows:

1.0 Introduction

Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.

...

1.4.5 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

...

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers the following BA services in accordance with the applicable Florida Medicaid fee schedule(s), or as specified in this policy:

4.2.1 Behavior Assessment

One per fiscal year, per recipient, when completed within 30 days of the start of the assessment.

4.2.2 Behavior Analysis

Up to 40 hours per week, per recipient, consisting of services identified on the recipient's behavior plan in order to reduce maladaptive behaviors and to restore the recipient to his or her best functional level. Services include:

- Implementing behavior analysis interventions, and monitoring and assessing the recipient's progress towards goals in the behavior plan
- Behavior analysis interventions, for example, discrete trial teaching, task analysis training, differential reinforcement, non-contingent reinforcement, conducting task analyses of complex responses, and teaching using chaining, prompting, fading, shaping, response cost, and extinction
- Training the recipient's family, caregiver(s), and other involved persons on the implementation of the behavior plan and intervention strategies (the recipient must be present when clinically appropriate)

...

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in sectioned 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

14. Appendix 9.0 of the BA Policy provides Review Criteria for Behavior Analysis Services.

These Review Criteria state as follows:

Review Criteria for Behavior Analysis Services

Behavior analysis (BA) services are considered as either the treatment of choice or as an adjunct treatment modality for a variety of conditions and disorders where maladaptive behaviors are part of the recipient's clinical presentation, including behavioral manifestations of diagnoses such as Autism Spectrum Disorder and other behavioral health conditions.

Critical Elements Necessary for ANY Type of Behavior Analysis Service:

The following critical elements **MUST** be satisfied to qualify for BA services:

- a. Eligibility – The recipient must meet all criteria for BA services as outlined in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.
- b. Medical necessity – The recipient must meet medical necessity criteria as outlined in Rule 59G-1.010, F.A.C.
- c. The recipient currently engages in maladaptive behaviors
- d. These maladaptive behaviors interfere with the recipient's daily functioning

1. Criteria for Initial Behavior Analysis Assessment - BOTH of the following **MUST** be satisfied:

- a. **ALL** critical elements are met
- b. Provide submits a valid written physician's order as stipulated in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.

2. Criteria for Behavior Analysis Services and Reassessments – ALL of the following **MUST** be satisfied:

- a. **ALL** critical elements are met
- b. An assessment or, if applicable, a reassessment, authored by a lead analyst, is provided. An assessment of the maladaptive behavior(s) is a necessary element of the process of identifying the frequency and magnitude of the behaviors as well as the variables associated with the occurrence of the maladaptive behavior(s). This helps in defining what are the functional consequences of the problem behavior(s) so that an adequate behavior plan can be implemented. This (re)assessment **MUST** include, at a minimum, **ALL** of the following:
 - i. A clear operational description of the maladaptive behavior(s)
 - ...
- c. A behavior plan authored or updated by a lead analyst. The behavior plan is the cornerstone of the delivery of behavior analysis services and it is based on the information obtained in the assessment. It proposes specific interventions to reduce or eliminate the maladaptive behavior. These interventions take into consideration the variables, both present before the behavior, as well as after the behavior, that influence the occurrence of the maladaptive behavior(s). This plan also includes

replacement appropriate behaviors for the recipient to engage in instead of the maladaptive behaviors in order to obtain the same function. The plan must be detailed enough to warrant the requested services and include mechanisms to monitor its effectiveness. This **MUST** include, at a minimum, **ALL** of the following:

- i. Observable and measurable descriptions of the maladaptive behavior(s)
- ii. Identified function of the maladaptive behavior(s) behavior as a result of the assessment or reassessment conducted
- iii. Goals and strategies for changing the maladaptive behavior(s)
- iv. Written detailed description of when, where, and how often these goals will be addressed and proposed strategies will be implemented
- v. System for monitoring and evaluating the effectiveness of the plan
- vi. Safety and crisis plan, if applicable
- vii. Summary and recommendations
- viii. Discharge criteria
- ix. Transition plan (if applicable)

NOTE: Although the assessment and behavior plan were addressed separately in section 2, both of them can be submitted as a single document.

3. Criteria for Continuation of Treatment at the Present Level and/or Using Current Methods: Providers must ensure that ALL of the following criteria are met to request continuation of treatments at the present level or using the current methods. If criteria for 3a is met, but criteria for 3b and/or 3c are not met, then a reduction of the treatment level and/or change of treatment methods may be warranted.

- a. ALL criteria listed in 2a, 2b, and 2c regarding critical elements, assessment or reassessment, and behavior plan, are met.
- b. The data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan.
- c. The level of functional impairment justifies continuation of BA services. The reviewer utilizes the information provided below as a guide as it relates to the level of functional impairment as expressed through the following behaviors:
 - i. Safety – aggression, self-injury, property destruction, elopement
 - ii. Communication – problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
 - iii. Self-stimulating, abnormal, inflexible, or intense preoccupations

- iv. Self-care – difficulty recognizing risks or danger, grooming, eating, or toileting
- v. Other – behaviors not identified above

15. States must provide Early and Periodic Screening, Diagnostic, and Treatment (“EPSDT”) services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. *See* 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4). According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, the following items and services:

Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illness and conditions discovered by the screen services, whether or not such services are covered under the state plan.

16. Petitioner is under age 21, and therefore EPSDT applies to [REDACTED] request for services. However, a state may place medical necessity limitations on EPSDT services. *See* 42 C.F.R. §§ 440.230(a), (b), (d). Fla. Stat. § 409.905(2) limits EPSDT services with a medical necessity standard:

The [Agency] shall pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

17. The Definitions Policy, incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “Medically Necessary” or “Medical Necessity” as follows:

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs

- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

18. The Florida Medicaid Authorization Requirements Policy ("Authorization Policy"), incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides as follows:

3.2.1 Continued Authorization Requests

The QIO shall not deny or reduce the amount, frequency, or duration of a service that is already being provided, unless:

- The reduction is to correct for factual error or omissions in prior certifications.
- There is a documented improvement in the recipient's medical condition.
- There is a documented change in the recipient's circumstances.
- The reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.

19. In the instant case, in an NOO and NRD, Recipient's behavior analysis services were terminated due to lack of medical necessity based on not being "consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational." See ¶ 5, 6. The NOO further stated that the recipient had made "no progress toward any goals in the last 12 consecutive months with the current data showing high probability variability with some increasing trends... Maladaptive behavior goals have been in progress since [REDACTED] with no mastery or consistent reduction from baseline" See ¶ 5, 6.

20. In accordance with the “Criteria for Continuation of Treatment at the Present Level and/or Using Current Methods” in the BA Policy, Respondent provided substantial evidence to show that the behavior analysis services that were being provided to recipient were not in accordance with generally accepted methods in the field of behavior analysis. See ¶ 12.

21. Specifically, data graphs for maladaptive behaviors show increases in the following maladaptive behaviors over the last authorization period: [REDACTED]

[REDACTED]

[REDACTED]. *Id.* at 274-288 and ¶ 4.

22. Dr. Darling stated that the data does not show that there were interventions in response to the increasing maladaptive behaviors and thus the treatment plan was not within generally accepted methods of behavior analysis. See ¶ 6.

23. The provider in this case was unable to show significant progress over a consecutive 12 month period. In response to maladaptive behaviors, the provider indicated that they needed more time. This is not a clinical response to a maladaptive behavior that is in accordance with generally accepted methods of behavior analysis. See ¶ 6.

24. Upon consideration of the testimony provided, evidence submitted, and applicable polices, the undersigned concludes that Respondent proved by a preponderance of the evidence that the termination of ABA services was necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the previously authorized services, based on the treatment plan at issue in this case, are not necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Respondent proved by a preponderance of the evidence that Respondent’s termination of ABA services was correct.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

Respondent's termination of ABA services is **AFFIRMED**. Petitioner's appeal based on Respondent's termination is **DENIED**.

DONE and ORDERED this 1st day of August, 2023, in Tallahassee, Leon County, Florida.



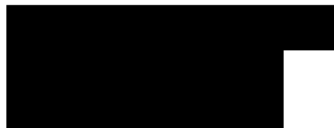
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LYNNE RINGERS, Hearing Officer
Agency for Health Care Administration
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2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407

NOTICE OF A RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

Copies Furnished To:



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