

**SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS**

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND
MEDICAL BENEFITS**

(Plan No.: 501; I.D. No.: 15-0551885)

February 9, 2021

Dear Participant:

The following is an updated notice for your Medical booklet, reflecting a recent change made by the Board of Trustees to add certain benefits related to the diagnosis and treatment of autism spectrum disorder.

Effective November 10, 2020, the following has been added as new number 21 in Section 10 of the booklet, PROFESSIONAL SERVICES:

“21. Applied Behavior Analysis (“ABA”) for the Treatment of Autism Spectrum Disorders (“ASD”). We will provide medically necessary coverage for the screening, diagnosis and treatment of ASDs. This will include medically necessary ABA as a behavioral intervention for serious behavior impairments associated with ASD and not as an early intervention program for developmental delays. We will not cover such benefits to the extent provided by a school district under an individualized educational program, an individualized family service plan, or an individualized services plan. When applicable, a program or plan should be completed through the school district before a request for coverage is submitted to the Fund.

In order for ABA services to be eligible for coverage, the ABA services must be rendered by Licensed Behavior Analysts (LBA) or Certified Behavior Analyst Assistants (CBAA) under supervision by an LBA. Coverage may also be provided for individuals who perform tasks that require no professional skill or judgment that are necessary to the provision of ABA under the supervision and direction of an LBA or other authorized supervisor so long

as such tasks are consistent with Article 167 of the NYS Education Law and any regulations thereunder.

You will be required to submit to the Fund the following information for it to determine whether ASD benefits are medically necessary (as applicable):

- A. The documented assessment report including the ASD diagnosis, with the DSM-5 criteria;
- B. Any documented reports completed for psychological and/or other completed testing;
- C. Copies of the member's individualized education program plan;
- D. Progress notes and discharge plan of the early intervention plan or pre-school special education program;
- E. The following documentation in connection with making a medical necessity determination for ABA:
 - i. A copy of the assessment or treatment plan to identify the target behaviors for ABA;
 - ii. Frequency, duration and location of the requested ABA sessions;
 - iii. Certification and credentials of the professional providing ABA; and
 - iv. The requested clinical supervision hours and documentation to support the request.

ABA programs must also have a documented treatment plan with clear written descriptions of the treatment goals and objectives, as well as the discharge criteria. Treatment plan and progress notes documenting progress of treatment goals may be requested at any point during treatment for review for continuity of care and/or periodic concurrent medical necessity review. Requests for continuation of therapy must be accompanied by documentation maintained by the provider that outlines actual services received and a graphic representation documenting the progress made by the member, which includes all of the following:

- A. There is reasonable expectation that the member will benefit from the continuation of ABA therapy as evidenced by mastery of skills defined in the initial plan or a change of treatment approach from the initial plan;
- B. The treatment plan is updated on a monthly basis;
- C. The treatment plan is submitted for review every 12 months or as state-mandated;
- D. Measurable progress is documented and submitted every 12 months with the treatment plan. Continued progress is determined based on improvement in goals as outlined in the provider treatment plan and will focus on improvements in verbal skills, social functioning, and IQ (for children under 4 years);
- E. Treatment is not making the symptoms worse; and
- F. There is a reasonable expectation based on the member's clinical history that withdrawal of treatment will result in decompensation or loss of progress made or recurrence of signs and symptoms."

If you have any questions, please contact the Health Fund at 315.455.9790 or toll free at 1.877.698.3863, Option 1 to speak to a Health Analyst.

Sincerely,

BOARD OF TRUSTEES
NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND