

United Healthcare - Live Clinical Review –

All ABA Treatment Plan requests sent to United Healthcare require a Live Clinical review. *United Healthcare does not receive a copy of the ABA Treatment Plan Request.* The treatment plan is reviewed over the phone with an insurance representative (care manager or utilization review specialist). A determination (approval, partial approval or denial) is made at the end of the phone call.

Tips and Suggestions for a Successful Live Clinical Review

- Stick to the script (your assessment paperwork under Symptom Severity)
- YOU are the expert!
- This phone call is NOT a review of you as a BCBA. Remember to speak to the child's deficits.
- Speak to ONLY what the peer reviewer asks. Refrain from lengthy stories about the child.
- The care manager will ask: How would you rate the parent's ability to implement ABA strategies? (Low, moderate, high, or proficient)
- The care manager will ask: How many hours a month are parents involved in therapy per month? The minimum would be 8 (Parent Training).
- The Care manager will ask: How are caregivers involved in treatment? PT only do they participate in DT with the therapist or BCBA?
- Does the child elope? If so, have you discussed safety measures with the family? Locks on doors, etc.
- The care manager will take notes during the call; there will be pauses in the conversation.
- They may ask you to repeat some information.

Here are the things that the United Healthcare care manager typically will ask:

Diagnostic information:

- Does the child have an autism spectrum disorder (ASD) diagnosis?
- Who gave the most recent diagnosis?
- When was ASD diagnosed?
- What other mental health and medical diagnosis does the member have?
- **Other Services:**
 - Is the child in school? If so, what type of school?
 - How long is the child in daycare each day?
 - What other services does the child receive, and how often?
 - How is care coordinated with other service providers?
 - What is the schedule of ABA services and/or other services?
- **Treatment Information:**
 - How are caregivers involved in treatment?
 - How long has the member been in ABA, with your agency, and in the past?
- **Parent Training:**

- How would you rate the parent's ability to implement ABA strategies? (Low, moderate, high, or proficient)
- How many hours a month are parents involved in therapy per month? The minimum would be 8 (Parent Training).
- How are caregivers involved in treatment? PT only do they participate in DT with the therapist or BCBA?
- **Communication Goals:**
 - What is the severity of social communication deficits? (See DSM-5 for full criteria)
 - **Level 1/Mild** (Requires Support): Deficits may cause noticeable impairments, including atypical or unsuccessful responses to others. Individual may have language but difficulty engaging in reciprocal conversation or remaining on topic.
 - **Level 2/Moderate** (Requires Substantial Report): Clearly atypical and unsuccessful verbal and non-verbal responses. Limited ability to initiate and/or limited interest may impact ability to maintain reciprocal conversations. These are apparent even with supports in place.
 - **Level 3/Severe** (Requires Very Substantial Support): Non-intelligible or atypical verbal and/or non-verbal communication methods. Rarely initiates and generally communicates only to meet needs. Inability to communicate causes severe impairments in functioning.
 - What is the main skill deficit in this area?
 - How has the member progressed in this area, if applicable?
 - What is the target mastery skill for social communication?
 - How does the member communicate? (e.g., verbal, sign language, iPad device).
- **Social Goals:**
 - What is the severity of social interaction deficits? (See DSM-5 for full criteria)
 - **Level 1/Mild** (Requires Support): Deficits may cause noticeable impairments, including atypical or unsuccessful responses to others. Individual may have language but difficulty engaging in reciprocal conversation or remaining on topic.
 - **Level 2/Moderate** (Requires Substantial Report): Clearly atypical and unsuccessful verbal and non-verbal responses. Limited ability to initiate and/or limited interest may impact ability to maintain reciprocal conversations. These are apparent even with supports in place.
 - **Level 3/Severe** (Requires Very Substantial Support): Non-intelligible or atypical verbal and/or non-verbal communication methods. Rarely initiates and generally communicates only to meet needs. Inability to communicate causes severe impairments in functioning.
 - What is the main skill deficit in this area?
 - How has the member progressed in this area, if applicable?
 - What is the target mastery skill for social interaction?
- **Behavior Goals:**
 - What is the severity of behavior difficulties deficits? (e.g., restricted, and repetitive behaviors)
 - What is the severity of maladaptive behaviors? (e.g., aggression, self-injurious behavior) (mild, moderate, severe) (See DSM-5 for full criteria)
 - **Level 1/Mild** (Requires Support): Deficits may cause noticeable impairments, including atypical or unsuccessful responses to others. Individual may have language but difficulty engaging in reciprocal conversation or remaining on topic.
 - **Level 2/Moderate** (Requires Substantial Report): Clearly atypical and unsuccessful verbal and non-verbal responses. Limited ability to initiate and/or limited interest may impact ability to maintain reciprocal conversations. These are apparent even with supports in place.
 - **Level 3/Severe** (Requires Very Substantial Support): Non-intelligible or atypical verbal and/or non-verbal communication methods. Rarely initiates and generally communicates only to meet needs. Inability to communicate causes severe impairments in functioning.
 - What is the main skill deficit in this area?
 - How has the member progressed in this area, if applicable?
 - What is the target mastery skill for behaviors?

- **Other Domains addressed:** (Safety/Self-care/pre-academic skills)
 - What is the severity of other deficits? (Mild, moderate, severe)
 - What is the main skill deficit in this area?
 - How has the member progressed in this area, if applicable?
 - What is the target mastery skill for this area?
- **Other Clinical factors:** This could include barriers to treatment, medications, safety issues, need for other resources, transition plans for those transitioning into or out of school, and information related to school.