Applied Behavior Analysis (ABA) State Mandates

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State Mandates

For *California Commercial* members:
A health care service plan shall not limit benefits or coverage for medically necessary services on the basis that those services should be or could be covered by a public entitlement program, including, but not limited to, special education or an individualized education program, Medicaid, Medicare, Supplemental Security Income, or Social Security Disability Insurance. It shall not include or enforce a contract that that otherwise covered benefits on the basis that those services should be or could be covered by a public entitlement program.

Behavioral health treatment provided pursuant to a treatment plan for pervasive developmental disorder or autism is administered by a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor. This service professional must also meet the criteria for a Behavioral Health Professional set forth in the regulations that will be adopted by the California State Department of Developmental Services.

For *Connecticut* members refer to the following:
Behavioral therapy is "supervised by" such licensed behavior analyst, licensed physician or licensed psychologist when such supervision entails at least one hour of face-to-face supervision of the autism spectrum disorder services provider by such licensed behavior analyst, licensed physician or licensed psychologist for each ten hours of behavioral therapy provided by the supervised provider.

For *Florida* members, mid and large group fully insured (does not include individual and small) refer to the following:
Applied Behavior Analysis (ABA) is covered for the treatment of Down Syndrome. Speech therapy, physical therapy, occupational therapy, and ABA must be covered to the same extent as the existing Florida autism mandate.

For *Indiana* members refer to the following:
Services are intensive and may be provided daily. All determinations must be based on the individualized objectives of the treatment plan and unique needs of the member. No quantitative benefit coverage limitations are implied by reference to these guidelines. The intensity of service should consider the member's ability to participate, benefit, and tolerate the full spectrum of Services received concurrently including non-behavioral services such as school, speech and occupational therapies. Treatment intensity should be increased or decreased based on the member's response and current needs.

For *Kansas Medicaid* member refer to the following:

Consultative Clinical and Therapeutic Services (CCTS) and Intensive Individual Support Services (IIS) may be a covered benefit under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service provisions in Kansas if criteria are met. Medical necessity for CCTS and IIS services must be met on an individual case-by-case basis. Prior authorization for these services will be reviewed after all requested documentation has been submitted.

- The member is age 20 and under:
- A licensed psychologist or MD has evaluated the member within the last 6 months for current validation of the ASD diagnosis using a comprehensive diagnostic evaluation.
- Social, communication, or language skills or adaptive functioning that have been identified as deficient relative to age expected norms, which form the basis for an individualized treatment for no more than 40 hours per week.
- The progress is reviewed by the CCTS Provider on a monthly basis with formal review of the treatment plan and request for renewal provided a minimum of every six months.

CCTS/IIS treatment will not be authorized for any of the following purposes:

- Speech therapy
- Occupational therapy
- Vocational rehabilitation
- Supportive respite care
- Recreational therapy
- Orientation and mobility
- Services provide in a PRTF/hospital setting
- Services are being provided in duplicate through any other source/setting

For *Commercial* Members in *Kentucky*:

- Treatment for autism spectrum disorders includes the following care for an individual diagnosed with an autism spectrum disorder:
  - Medical care services provided by a licensed physician, an advanced registered nurse practitioner, or other licensed health care provider;
  - Habilitative or rehabilitative care, including professional counseling and guidance services, therapy, and treatment programs, including applied behavior analysis, that are necessary to develop, maintain, and restore, to the maximum extent practicable, the functioning of an individual;
  - Pharmacy care, if covered by the plan, including medically necessary medications prescribed by a licensed physician or other health-care practitioner with prescribing authority and any medically necessary health-related services to determine the need or effectiveness of the medications;
  - Psychiatric care, including direct or consultative services, provided by a psychiatrist licensed in the state in which the psychiatrist practices;
  - Psychological care, including direct or consultative services, provided by an individual licensed by the Kentucky Board of Examiners of Psychology or by the appropriate licensing agency in the state in which the individual practices;
  - Therapeutic care services provided by licensed speech therapists, occupational therapists, or physical therapists; and
  - Applied behavior analysis prescribed or ordered by a licensed health or allied health professional
- Except for inpatient services, if an individual is receiving treatment for autism spectrum disorders:
  - An insurer shall have the right to request a utilization review of that treatment not more than once every twelve (12) months, unless the insurer and the individual's licensed physician, licensed psychologist, or licensed psychological practitioner agree that a more frequent review is necessary. The cost of obtaining any review shall be borne by the insurer;
  - Upon request of the reimbursing insurer, an autism services provider shall furnish medical records, clinical notes, or other necessary data that substantiate that initial or continued treatment or services that are medically necessary and are resulting in improved clinical status;
  - When treatment is anticipated to require continued services to achieve demonstrable progress, the insurer may request a treatment plan consisting of diagnosis, proposed treatment by type, frequency, anticipated duration of treatment, anticipated outcomes stated as goals, and the frequency by which the treatment plan will be updated; and

- The treatment plan shall contain specific cognitive, social, communicative, self-care, or behavioral goals that are clearly defined, directly observed, and continually measured and that address the characteristics of the autism spectrum disorder.

For fully insured policies in *Maryland*:
Use the following criteria as specified in the Code of Maryland Regulations (MD COMAR 31.10.39.03. April 3, 2014):

A. Applied Behavioral Analysis (ABA) services include behavioral health treatment, psychological care, and therapeutic care of members diagnosed with autism spectrum disorder.
B. The following are required for the initiation and continuation of ABA services:
    1. A comprehensive evaluation of a child by the child's primary care provider or specialty physician identifying the need for treatment of autism spectrum disorder.
    2. A prescription from a child's primary care provider or specialty physician that includes specific treatment goals.
    3. Annual review by the prescribing primary care provider or specialty physician, in consultation with the ABA provider, that includes:
        i. Documentation of benefit to the child;
        ii. Identification of new or continuing treatment goals; and
        iii. Development of a new or continuing treatment plan.
C. Applied Behavioral Analysis (ABA) Services that meet the above criteria will not be denied solely on the number of hours of habilitative services prescribed for:
    1. Up to 25 hours per week for members between the ages of 18 months and 5 years old.
    2. Up to 10 hours per week for members between the ages of 6 and 18 years old
    3. Additional hours of ABA services will be authorized if determined to be medically necessary and appropriate. After exhausting benefits to the extent mandated by Maryland regulations, Optum will review requests for additional treatment using the medical necessity guidelines in its standard policy.
    4. Services are only delivered by providers who are licensed, certified, or otherwise authorized under the Health Occupations Article or similar licensing, certification, and authorization requirements of another state or U.S. territory where ABA services are provided.
D. Location of Services
    1. ABA services are not denied if the treatment plan identifies the child's school as the location of services.
    2. Services are not authorized under an Individualized Education Program (IEP), or any obligation imposed on a public school by the Individuals with Disabilities Education Act.
E. ABA will not be denied on the basis that it is experimental or investigational.

For *Massachusetts Medicaid Early Intervention (EI)* members (Effective 10/01/2021):

- ABA services should not exceed 30 hours per week.
- It is required that supervision by a Board-Certified Behavior Analyst (BCBA) to a paraprofessional will be provided at the 1:10 ratio (one hour of supervision to ten hours of direct service). The supervision of paraprofessionals providing direct ABA services to a child may require that both the direct service provider and the supervisor be present at the same time during the home visit.

For Massachusetts Commercial *members* (Effective 01/01/2026):

- Coverage is provided for the treatment of Down syndrome, including speech therapy, occupational therapy, physical therapy, and applied behavior analysis (ABA) services
- "Down syndrome" shall mean a chromosomal condition caused by an error in cell division that results in the presence of an extra whole or partial copy of chromosome 21.

For *New Jersey Medicaid* members:

The need for ABA services must be determined by a qualified healthcare professional (QHP) capable of making a diagnosis of autism, such as a physician or psychologist. A comprehensive diagnostic evaluation is not required to access ABA services. ABA services are available to any child diagnosed with autism spectrum disorder as defined by ICD-10 diagnoses F84.0 through F84.9. ABA services shall be made available to children 18 months to 21 years of age based on medical necessity. Once a child has a diagnosis of autism (by a physician or psychologist), then a QHP such as a Board-Certified Behavior Analyst (BCBA) will assess the child to determine the need for ABA therapy and to develop a treatment plan. It is not uncommon for one QHP to make the diagnosis (such as a physician) and a separate QHP (such as a BCBA) to develop and supervise the treatment plan.

- Acceptable QHPs for the diagnosis and treatment planning for adaptive behavior services include:
  - Physicians (diagnosis and treatment planning)
  - Psychologists trained and certified in behavior analysis, and (diagnosis and treatment planning)
  - Board Certified Behavior Analysts (treatment planning)
  - Outpatient DIR services are most commonly delivered either in freestanding clinic/center or home (with telehealth as appropriate). Services may be provided in the school setting as long as services are not provided during normal school hours.

For *New York Medicaid* and Child Health Plus (CHP) members:

- Enrollees may be eligible for ABA if they are under age 21 and have received a diagnosis of autism spectrum disorder and/or Rett Syndrome as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- The NYS Medicaid member must be referred for ABA services by a NYS-licensed and NYS Medicaid-enrolled physician (including psychiatrists and developmental/behavioral pediatricians), psychologist, psychiatric nurse practitioner, pediatric nurse practitioner, or physician assistant.
- Referrals for ABA services are valid for no more than two years and should include:
  - Age of the patient
  - ASD or Rett Syndrome diagnosis
  - Date of initial diagnosis
  - Co-morbid diagnosis (if applicable)
  - Symptom severity level/level of support (if referral is from an ASD-diagnosing provider)
  - Statement the patient needs ABA services
  - DSM-5 Diagnostic Checklist for ASD diagnoses
- ABA services are provided by Licensed Behavior Analyst (LBA), Certified Behavior Analyst Assistant (CBAA) working under the supervision of LBAs, or other individuals specified under Article 167 of NYS education law.
- LBAs may form a group practice. CBAAs may work in a group practice but cannot own a group practice.
- LBAs and CBAAs may work in any setting that may legally provide ABA services. Examples of such settings may include: private practice, settings where patients/clients reside full-time or part-time, clinics, hospitals, residences, and community settings.
- ABA providers offering services to a Medicaid Managed Care (MMC) enrollee must contact the enrollees specific MMC Plan(s) for coverage, billing, and reimbursement guidance.
- Medicaid Managed Care (MMC) reimbursement, billing, and/or documentation requirement questions should be directed to the MMC Plan of the enrollee.

For *Ohio* fully-insured members (Effective 03/20/2025):

- For autism spectrum disorder screening, diagnosis, and treatment, services may also be performed, prescribed, or ordered by clinical nurse specialists and certified nurse practitioners.

For *Ohio* Medicaid members:

- ABA is available through telehealth under the current guidelines effective June, 2018. If the provider is not enrolled with Medicaid, a single case agreement would be needed, see Ohio Administrative Code for list of eligible practitioners and prior authorization requirements, if applicable.

For *Pennsylvania Commercial* members:

- Health insurance coverage is required for the diagnosis and treatment of ASD for individuals less than 21 years old. The State of Pennsylvania Professional Licensing allows for supervision of ABA by a Board-Certified Behavior Analyst (BCBA) or a licensed behavior consultant, which is not required to be a traditionally licensed clinician.

For *Virginia Commercial* fully-insured HMO and insurance plans (Effective 07/01/2022):

- "Autism spectrum disorder" means any pervasive developmental disorder, as defined in the most recent edition or the most recent edition at the time of diagnosis of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.
- "Medically necessary" means in accordance with the generally accepted standards of mental disorder or condition care and clinically appropriate in terms of type, frequency, site, and duration, based upon evidence and reasonably expected to do any of the following: (i) prevent the onset of an illness, condition, injury, or disability; (ii) reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability; or (iii) assist to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and the functional capacities that are appropriate for individuals of the same age.

For *Washington Medicaid* members:

- Qualifying diagnosis - A diagnosis of an ASD, as defined by the DSM, or other developmental disability for which there is evidence ABA is effective.
- There is no age requirement to be eligible for ABA services.
- ABA services may be provided in an inpatient setting (emergency department, inpatient hospital, etc.) when the following criteria is met, in addition to all other criteria for ABA services in WAC 182-531A:
  - The services are ordered by an ABA Center of Excellence (COE) provider (developmental pediatrician, neurologist, pediatric neurologist, psychiatrist, pediatric psychiatrist, licensed psychologist or other qualified medical provider designated by HCA as a COE). Services may be medically necessary if:
    - Less costly and less intrusive interventions have been tried and were not successful or there is no equally effective and substantially less costly alternative treatment available
    - The evaluating and prescribing provider believes that there is a reasonable expectation that the requested ABA services will result in measurable improvement in the client's behavior or skills
    - The client's severe harmful behavior is preventing discharge to a less restrictive setting
  - The hospitalization or continued hospitalization has occurred as a result of the client's severe harmful behavior.
  - ABA provided in an inpatient setting must be a short-term, focused treatment to stabilize the client's harmful behavior to a level/intensity that promotes discharge to a less restrictive setting.
  - Care coordination and discharge planning must occur with the appropriate frequency to meet the client's individualized needs and should include providers that will be receiving the client upon discharge.
  - Continuation of ongoing ABA services that were provided in another setting prior to hospitalization does not meet criteria for expedited prior authorization (EPA).

Revision History

Date	Summary of Changes
07/22/2025	Interim Review: New ABA State Mandates document to accompany the ABA Supplemental Clinical Criteria.