



ABA Education: Provider Track

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Medical Necessity and Medicaid Coverage

Medical Necessity Criteria for ABA have been Updated

Each ABA Network Provider Company has been notified of the update to the Medical Necessity Criteria to be used for **Health Net**, Community Solutions (Medi-Cal), **CalViva**, and **California Health Plan of the Imperial Valley (CHPIV)**.

The new Medical Necessity Criteria are:

- Clinical Policy: Applied Behavior Analysis (**CA.CP.BH.104**: 01/26)
- Documentation Policy: Applied Behavior Analysis (**CA.CP.BH.105**: 01/26)
- Early and Periodic Screening, Diagnostic, and Treatment (**EPSDT**)

https://www.healthnet.com/content/healthnet/en_us/providers/policies-menu/plans-menu.html



Diagnosis Requirements

- Prefer a Full Evaluation
- CA.CP.BH.104 **requires** that a physician or licensed psychologist recommend ABA as medically necessary,
- The member must be medically stable,
- For Members who are NOT diagnosed with an Autism Spectrum Disorder (ASD), the Applied Behavior Analysis (ABA) recommendation/referral must be <1 year old
- All Documents submitted must have HIPAA compliant signatures, including professionals' credentials (e.g., M.S., BCBA, MD, Ph.D., etc.)

Initial ABA Request Evaluation Requirements

A Diagnostic interview/evaluation has been conducted within 12 months of the authorization request and has the following:

- Reason member is seeking services;
- Comprehensive mental status exam that supports the treatment;
- Diagnostic and Statistical Manual (DSM) diagnosis (current version), including recommendations for ABA;
- History & symptomology consistent with DSM (current version) criteria;
- Behavioral Health history;
- Level of familial support assessed and involved as indicated;
- Identified areas for improvement;
- Assessment of strengths, skills, abilities, motivation;
- Medical history;
- All current medications with dosages;

Additional Requirements for Initiation of ABA Treatment

- **Professional Recommendation:** A licensed physician or clinical psychologist must recommend ABA as medically necessary, regardless of the specific diagnosis.
- **Age and Stability:** The member must be under 21 years old and medically stable.

Requirements for Initiation of ABA Treatment

For the Initiation of ABA treatment, the following are required:

Behavioral assessment by a qualified provider (e.g., PhD, MD, BCBA, LMFT, etc.) with relevant training in behavioral systems.

- Indirect: Records review, Interviews, Rating Scales
- Direct: Observation and measurement of the members behavior
- Results from one or both of the following:
 - Maladaptive Behavior Assessment
 - Comprehensive Behavioral Skills Assessment
- Assessment must be <2 months old at the time of the request

Maladaptive Behavior Assessment

For members who exhibit problem behaviors that are disruptive and/or dangerous, **one of the following assessments will be conducted and will include visual supports** (e.g., graphs, grids, or tables):

- **Descriptive Functional Behavior Assessment (FBA)**, including rating scales, direct observation, and data review;
- **Traditional Functional Analysis (FA)**;
- **Interview-Informed Synthesized Contingency Analysis (IISCA)**.

Approved Comprehensive Behavioral Skills Assessments

For Acquisition Programming:

- **VB-MAPP:** *Verbal Behavior Milestones Assessment and Placement Program* (Milestones [required], Barriers, and Transitions)
- **ABLLS-R:** *Assessment of Basic Language and Learning Skills – Revised* (All relevant scales)
- **AFLS:** *Assessment of Functional Living Skills* (At least one complete Skills Assessment Protocol)
- **PEAK:** *Promoting the Emergence of Advanced Knowledge* (PEAK Skills Assessment)
- **SSIS:** *Social Skills Improvement System*
- **EFL:** *Essentials for Living* (All Skills)
- **Socially Savvy**

Requirements for a Comprehensive Diagnostic Reevaluation

Re-Evaluation Timeline Requirements

Typically, an evaluation is considered outdated after 5 years.

More frequent updates are needed if symptoms change, following time in intervention, or when meeting developmental milestones (e.g., adolescence).

Evaluation Updates

Show any diagnostic changes or additions.

Show what treatments are recommended based on current symptoms and response to treatment.

Show continued medical necessity for ABA- a clear recommendation is needed with each evaluation if ABA continues to be a recommended treatment.

Updated Evaluations must meet same requirements as the initial.



Medical Necessity of ABA

Purpose of Medically Necessary ABA

ABA targets core symptoms and behaviors that impede learning and independence, providing essential behavioral treatment.

Not a Substitute for Education

Medically necessary ABA complements but does not replace educational services, childcare, or take the place of teachers or other school staff in school settings.

Individualized Treatment Approach

Determining medical necessity requires careful individualization of treatment methods and intensity.

Requirements for Continuation of ABA Treatment

For the Continuation of ABA treatment, the following are required:

- Member is benefitting from ABA
- Updated required Comprehensive Behavioral Skills Assessment
- Documentation of % of sessions attended over previous auth period
- Parent/Caregiver training is performance based and includes documentation of parent participation and/or barriers to participate
- Documentation of Coordination of care
- Updated Tx plan with transition/titration plan that is specific to the member
- Progress on Skills Acquisition goals including baseline and progress data for each goal
- Progress with behavior reduction, noted in a clear and legible graphic display, including:
 - Clear labels on each axis with indicators of treatment changes and Environmental variables that could effect change,
 - Baseline data,
 - Behavior reduction progress over time,
 - Frequency and/or duration of behaviors
- Updated data including all treatment settings
- If limited progress:
 - Updated assessment
 - Changes to the treatment plan

Determining ABA Appropriateness and Intensity

Appropriateness of ABA

Individualized Assessment

Determining ABA appropriateness requires evaluating each person's unique clinical presentation and responsiveness to treatment. This must include interview(s) with parent(s)/caregiver(s).

Variable Effectiveness

ABA therapy benefits vary widely, and not all individuals with similar diagnoses respond the same way to treatment.

Resource Optimization

Careful assessment ensures therapy resources are used effectively and that interventions are truly beneficial to individuals.

Matching Intensity to Needs

ABA treatment is NOT one-size-fits all!

Customized Intensity of Services

ABA treatment dosage is not based solely on diagnosis. Intensity is tailored to the individual's clinical presentation and developmental profile.

Collaborative Treatment Planning

Active participation of individuals and caregivers in treatment planning ensures relevance and consent/assent.

Ongoing Re-evaluation

Regular reassessment of clinical needs and treatment intensity is essential and should be adapted over time based on current clinical need.

ABA Treatment Models and Outcomes

Levels of Care

Comprehensive Level of Care

- **Daily and Weekly Limits:** Treatment hours provided to a member generally should not exceed six hours per day or a total of 30 hours per week.
- **Exceptions for Additional Hours:** These limits may be exceeded if clinical documentation justifies the need for additional hours.
- **Medical Necessity Factors:** The specific number of authorized treatment hours must be justified by several factors, including:
 - The member's level of impairment and severity of symptoms.
 - Domains requiring treatment and the member's response to previous interventions.
 - The member's age and requirements for other treatments, school, and other daily activities.

Levels of Care

Focused ABA Treatment

Involves 25 hours or less per week of direct care targeting specific goals like social skills, job skills development, independent daily living skills, reduction of mild/infrequent behaviors, and/or self-regulation, etc.

High Intensity / Focused: Direct intervention to address a moderate level of skill development areas and challenging behaviors. Typically, 15-25 hours a week of direct services.

Low Intensity / Focused: Direct Intervention to address few skill deficit areas or skills that do not require high rates of repetition with few barriers to treatment progress. Often paired with high levels of caregiver training to ensure generalization. Typically, 5-15 hours a week of direct services.

Consultation / Caregiver Training Model

Minimal direct treatment with emphasis on caregiver training and consultation across setting to support child's progress. Typically, 2-5 hours a week.

Flexible Therapy Settings

The schedule and location of ABA services should be individualized based on symptom presentation and treatment goals.

Settings may change over the course of treatment and should be adjusted as treatment needs change and to ensure generalization.

- Home, school, and/or community settings
- One-on-one, dyads, small groups, or large group
- “Table time,” natural environment teaching, incidental teaching, etc.

Measuring Progress

Critical Outcome Monitoring

Monitoring treatment outcomes ensures ABA treatment remains effective and tailored to changes in individual needs over time.

Indicators of Progress

Progress includes new skill acquisition, enhanced independence, and reduced challenging behaviors. All goals include baseline data and mastery criteria. Reduction goals must include graphs;

Measuring Progress

Progress should be shown through assessment scores, progress toward treatment targets/goals, meaningful gains in independence, and reduced challenging behaviors across settings.

Treatment Adjustments

Treatment plans should be revised when progress plateaus. This should include goal changes, protocol changes, environmental changes, and/or adding additional complementary services.

Core Components of Treatment Plans

Focus on Core Symptoms

Interventions focus on active core symptoms and emphasize generalization and maintenance of skills in areas of need, including:

- Interventions related to development of spontaneous social communication, adaptive skills, and appropriate behaviors, tailored to the member/enrollee;

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Measuring Progress

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For Members in School

Detailed school-based plan requirements, as applicable, include all the following:

- Rationale for ABA in School (including start date)
- Details of treatment hours
- Behaviors targeted in school with measurable data (baseline and progress documented)
- For those with an Individualized Education Plan (IEP) – documentation of why ABA is needed and school services are insufficient to meet the members needs
- Clear, member specific, timetable for titration of school ABA services
- Details of methods for transfer of instructional control to school staff

Complementary Services and Transition Planning

Complementary Services

Multidisciplinary Care Approach

Combining ABA with services (e.g., occupational therapy, speech therapy) creates a holistic treatment package tailored to individual needs.

Additional Support Services

Social skills groups, vocational training, counseling, and family therapy enhance developmental and emotional support.

Integration of Medical Interventions

Medical or medicinal treatments can be integrated for comprehensive care to address symptoms.

Titration and Discharge

Purpose of Titration and Discharge

ABA treatment aims to gradually reduce intensive support by planning titration and discharge from the start.

Focus on Skill Generalization

Treatment should focus on maintaining gains and generalizing skills beyond treatment settings for lasting progress.

Transition to Less Intensive Models

Treatment trajectory should progress through less restrictive environments like group –based treatment, school, community services, or consultation formats.

Documenting Progress and Goals

Consistent documentation of progress ensures goal-oriented therapy and readiness for independent function in a less restrictive environment.

Supervision and Caregiver Involvement

Supervision & Protocol Modification

Importance of Supervision

Supervision ensures quality and ethical delivery of ABA services through regular observation, staff coaching, and protocol modification.

Supervision Frequency

Recommendation is 10–20% supervision of direct service hours for effective monitoring and support of staff as well as timely protocol modifications as needed by qualified staff (BCBA/BCBA-D).

Indirect Supervision

Supervisors adapt treatment protocols and goals based on client progress to improve ABA therapy outcomes.

Direct Supervision

Regular supervision identifies areas for improvement and equips staff to implement ABA strategies effectively.



Caregiver Training

Importance of Caregiver Involvement

Caregiver involvement is essential for effective ABA treatment, ensuring consistency across home, school, and community environments.

Comprehensive Family Training

Training covers reinforcement, behavior management, independence promotion, transitions, and skills generalization and is based on caregiver demonstration of skills.

Individualized and Culturally Sensitive Approach

Parent training is tailored to family goals, culture, and capacity, empowering caregivers effectively and respectfully.

Extending Therapy Beyond Sessions

Caregivers equipped with practical tools help reinforce strategies outside therapy, enhancing the individual's progress and independence.

Thank you for your time & attention.
