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Applied Behavior Analysis (ABA) is the process of systematically applying interventions based upon the principles of behavioral theory to improve socially significant behaviors, and to demonstrate that these interventions are responsible for the improvement in behavior. Families seeking ABA therapy for their loved ones have a variety of funding options for ABA therapy. If you have questions, or need additional information to navigate ABA funding, contact Michele Trivedi, Insurance Advocacy Resource Center Manager, at mtrivedi@arcind.org, 317- 977-2375 or 800-382-9100.

Private Health Insurance Plans that Must Cover Autism Treatment

- Employer based plans fully funded and regulated under Indiana law or from a state that has an “autism mandate.” An “autism health insurance mandate” law requires health insurance plans in that state to cover treatment for autism. Autism mandate laws vary state by state. Indiana has one of the strongest, most comprehensive autism health insurance mandate law.
- Individual policies purchased on the commercial market in Indiana.
- Any HMO or Health Maintenance Organization plan purchased in Indiana.
- A self-funded or ERISA plan that is required to follow federal mental health parity law should cover ABA and autism treatment.

Your human resources or employee benefit department can tell you if your plan is fully funded (state regulated) or ERISA (federally regulated) and provide you with documentation about autism coverage.

Affordable Care Act Marketplace Plans (ACA or “Marketplace” Plans)

Health insurance purchased on the federally facilitated Indiana ACA marketplace at healthcare.gov must follow the Indiana autism mandate provisions. They must cover autism and ABA with no caps based upon age, number of visits, or dollars per year or per lifetime.

Federal Employee Health Care Plans

Starting in 2017, ALL federal employee health care plans must cover medically necessary autism treatment, including but not limited to ABA therapy. Federal employees should contact their HR or benefits coordinator to inquire about coverage terms

Indiana Medicaid Health Insurance Plans (NOT Medicaid Waivers)

- All carriers in Traditional and Managed Medicaid must cover medically necessary autism treatment, including but not limited to ABA under EPSDT.
- EPSDT or Early, Periodic, Screening, Diagnosis and Treatment must cover all medically necessary services for eligible children ages 0-21 in order to prevent or reduce potential life-long disability.
- The IHCP or Indiana Health Coverage Programs administers Medicaid health insurance or one of the Managed Care Entities (MCEs) contracted by the state to administer managed Medicaid health insurance programs.

Indiana Medicaid Waivers are “Support Services” NOT “Medically Necessary Services

- Medicaid Waivers for people with developmental disabilities, including autism, are administered by the Bureau of Developmental Disabilities (BDDS) and include the Family Supports Waiver (FSW), and the Community Integration and Habilitation Waiver (CIH).
- Behavioral Support Services, provided by a Board Certified Behavior Analyst (BCBA), Social Worker, Behavioral Consultant, and other qualified Medicaid Waiver providers are used under the waivers to provide periodic consultation for support staff and families. This is *not* ABA therapy or on-going behavioral treatment.
- Behavioral Support Services do not include Registered Behavior Technician (RBT) services. These services are ABA services and must be provided as part of an ABA program under a Medicaid Health Plan.
- Intensive Behavioral Intervention (IBI) Services are in the state Medicaid plan, which means they are provided under the Medicaid Health Plan not Medicaid Waivers.
- Most individuals receive waiver services through the Family Supports Waiver, which has an annual budget limit.

Children’s Special Health Services (CSHCS)

- Limited to \$10,000 per child per year.
- Is intended to be a source of supplemental coverage for children who have special health care needs that *are not covered* by private insurance or Medicaid. Private insurance and/or Medicaid must be billed first to determine if the service is covered. If it is not covered, then CSHCS may be billed.
- Coverage is limited to a list of 23 conditions (these 23 conditions include over 500 diagnoses). Autism is a covered diagnosis.

- An IEP or school evaluation is not sufficient proof of diagnosis. A diagnosis from a physician or psychologist is required, and an order from a physician or psychologist for ABA therapy is required.
- Reimburses for one-to-one services with a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) and Registered Behavior Technician (RBT). BCaBAs and RBTs must provide services under the direction of a BCBA.
- Services are limited to 20 hours per week.
- Prior Authorization is required every 3 months.
- May assist with copays.
- Does not cover deductibles or premium payments for ACA Marketplace plans or individual commercial or employer plans.

Grant Programs

Some health insurers have grant programs to assist with health care costs, even for families who do not have their insurance. Check insurer websites for up to date information on their grant programs.

Check for Autism Support Groups and grant programs in your county via The Autism Society of Indiana, Autism Speaks, or Indiana Resource Center for Autism.

Some providers offer financial need-based assistance and payment plans, check with your local providers.

Public School Individualized Educational Program (IEP)

- All services delivered by a public school corporation are individualized and determined by the Case Conference Committee (CCC).
- Federal law, IDEA and state law, Article 7, determines services provided in public schools.
- The Endrew Supreme Court Case, decided in April 2018, may change the way public schools determine which services are required for children with autism.
- A medical service cannot be denied by insurance based upon the possibility that a child may access a similar service in school via their IEP. Services provided in an IEP are not a substitute for medical care.
- For more information and support, contact The Arc of Indiana and ask to speak with a family advocate at 317-977-2375 or 800-382-9100.