



# Medicaid Autism Treatment Benefits Under EPSDT What Parents Need to Know

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## Indiana's Medicaid State Plan ABA Therapy Policy - Effective March 2019

In February 2016, Indiana Medicaid began providing coverage for autism spectrum disorder treatment. Treatment includes all covered services that are medically necessary – including Applied Behavior Analysis (ABA) Therapy.

Treatment is covered under Medicaid health plans under EPSDT (Early, Periodic, Screening, Diagnosis and Treatment).

EPSDT is a program under ALL Medicaid health insurance plans that requires Medicaid to cover medically necessary services linked to a diagnosis for children, ages 0-21, in order to address and prevent potentially disabling conditions.

ABA therapy coverage under the EPSDT program is provided through Medicaid health insurance, NOT the Medicaid Waiver Program, including the Family Supports Waiver, CIH Waiver and Aged & Disabled Waiver.

Behavior Management, sometimes called “BMAN,” is the *support* service that IS available through the Family Supports and CIH waivers for all eligible waiver recipients. See our [FAQs about Medicaid Funded Treatment for Autism](#) fact sheet for more information.

### Effective February 6, 2016 Indiana Medicaid put rules in place for ABA therapy coverage:

- ALL Medicaid health insurance plans and programs must cover autism treatment, including ABA
- The participant must be between the ages of 0-20 years old
- The participant must have an Autism Spectrum Disorder (ASD) diagnosis
- Prior authorization (PA) is required
- Treatment must be medically necessary
- Treatment must be re-authorized every six months

### Approved Providers

For Medicaid to cover treatment, the initial diagnosis and evaluation must be made by one of these types of providers or Qualified Medical Professionals (QMPs):

- Physician
- HSPP (Health Service Provider in Psychology)
- Pediatrician
- Psychiatrist
- Other behavioral health specialist with training and experience in diagnosis and treatment of ASD

## Therapy Delivery

All of the following providers below can deliver therapy in a center, home or school setting:

- Health Service Provider in Psychology (HSPP)
- Licensed/Board Certified Behavior Analyst (Masters level BCBA) or Board Certified Behavior Analyst - D (Doctoral level BCBA)
- Assistant Board Certified Behavior Analyst (BCaBA) under supervision by a BCBA or HSPP
- A credentialed Registered Behavior Technician (RBT) under supervision by a BCaBA *and* BCBA or HSPP

***Change as of March 2019 - A Registered Behavioral Technician MAY deliver therapy in homes or school settings only under the supervision of a qualified Medicaid provider who is a BCBA, BCBA-D or HSPP.***

### What is a Credentialed Registered Behavioral Technician (RBT)?

- An RBT is registered with the Behavior Analyst Certification Board (BACB) after documenting required training under the direct supervision of a BCBA or HSPP
- An RBT must pass an exam given by the Behavior Analyst Certification Board (BACB)
- RBTs may only deliver therapy under supervision
- RBTs may not conduct assessments

Go to [bacb.com](http://bacb.com) for more information about BCBAs and RBTs and to verify your provider's credentials.

### What Parents Need to Know to Access Services under EPSDT in ALL Medicaid Health Plans

- Your child must have a *medical diagnosis of ASD from a qualified medical professional (QMP) described above, with a "comprehensive evaluation."*
- Your ABA provider must accept your type of Medicaid and be credentialed with your plan.
- Your ABA provider must bill any private insurance you have before billing Medicaid and your provider CANNOT bill you for copays, coinsurance or deductibles if they accept Medicaid.
- Your provider must write an Individualized Treatment Plan including number of hours requested and documentation to support medical necessity.
- Your provider must get prior authorization every 6 months for on-going treatment. It is the responsibility of the ABA provider to seek re-approval (a new prior authorization) before the six month expiration date in order to avoid interruption in services.
- Your provider may request over 40 hours per week of ABA therapy for a determined period of time under special circumstances. An additional preauthorization is required for hours above 40 hours per week.

- If your child experiences a major regression in self-care or language, or a sudden increase in self-injury, aggression, elopement; a health crisis or physical health event or major shift in the family dynamic, your provider may request short term additional hours outside of the standard therapy prior authorization process.
- Your provider can appeal any Medicaid decisions made about ABA coverage.
- You can appeal any Medicaid decisions

### **What is Medical Necessity under Medicaid EPSDT?**

According to the US Department of Health and Human Services, in a report prepared for the federal Health Care Financing Administration, now known as Center for Medicare and Medicaid Services (CMS), Rosenbaum and Sonosky described the EPSDT medical necessity standard as follows:

*"While there is no federal definition of preventive medical necessity, federal amount, duration and scope rules require that coverage limits must be sufficient to ensure that the purpose of a benefit can be reasonably achieved.... Since the purpose of EPSDT is to prevent the onset of worsening of disability and illness and children, the standard of coverage is necessarily broad... the standard of medical necessity used by a state must be one that ensures a sufficient level of coverage to not merely treat an already-existing illness or injury but also, to prevent the development or worsening of conditions, illnesses, and disabilities." (Emphasis added)*

***Additional change as of March 2019 – All language regarding a 3 year limit to ABA therapy has been removed. ABA therapy is NOT limited to 3 years of duration under Medicaid EPSDT.***

### **Questions?**

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