



Medicaid Autism Treatment Benefits Under EPSDT What Parents Need to Know

Information provided by About Special Kids, Autism Society of Indiana, Family Voices, Indiana Resource Center for Autism, and The Arc of Indiana

Amanda Alvey, Policy and Program Development Director, Office of Medicaid Policy and Planning for Indiana Medicaid, met with a group of ABA therapy providers and representatives from advocacy organizations on February 19, 2016 to discuss the policies and rules for ABA and autism treatment coverage 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.

Applied Behavior Analysis (ABA) therapy coverage under the EPSDT program is through Medicaid health insurance, NOT the Medicaid Waiver Program (Family Supports Waiver, CIH Waiver, Aged & Disabled Waiver, etc.).

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” for more information.

Effective 2/6/2016, 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
- 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 providers below can deliver therapy in a center, home or school setting:

- HSPP
- Licensed/Board Certified Behavior Analyst
 - Assistant Board Certified Behavior Analyst (BCaBA) under supervision by a BCBA or HSPP
 - BCBA (Masters level BCBA)
 - BCBA-D (doctoral level BCBA)

A Registered Behavioral Technician may NOT deliver therapy in homes or school settings, only in center-based therapy.

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
- RBTs may only deliver therapy under supervision
- RBTs may not conduct assessments
- Go to www.bacb.org for more information about BCBA's and RBTs and to verify your provider's credentials

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

1. Your child must have a *medical diagnosis of ASD from a qualified medical professional (QMP)* described above, with a "comprehensive evaluation".
2. Your ABA provider must accept your type of Medicaid and be credentialed with your plan.
3. 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.

4. Your provider must write an Individualized Treatment Plan including number of hours requested and documentation to support medical necessity.
5. 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 6-month expiration date in order to avoid interruption in services.
6. Your provider can appeal any Medicaid decisions made about ABA coverage.
7. You can appeal any Medicaid decisions

What is Medical Necessity under Medicaid EPSDT?

According to the US Department of Health and Human Services (HHS):

In a report prepared for the federal Health Care Financing Administration (HCFA, 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)

Questions? Please contact your family advocate organizations.

The Arc of Indiana | www.arcind.org | mtrivedi@arcind.org | 800-382-9100

About Special Kids | www.aboutspecialkids.org | 800-964-4746

Autism Society of Indiana | www.autismsocietyofindiana.org | 800-609-8449

Indiana Resource Center for Autism | www.iidc.indiana.edu | 812-855-6508

Family Voices | www.fvindiana.org | 317-944-8982