# Autism Spectrum Disorder (ASD) and Applied Behavior Analysis (ABA) Frequently Asked Questions


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## Q1: What is Autism Spectrum Disorder (ASD)?

**A1:** ASD is a common developmental disorder characterized by problems with social communication and social interaction, and restricted or repetitive behaviors or interests. Symptoms typically become evident in early childhood, and can include reduced eye contact, not responding to name, lack of gesturing, delayed speech, lack of interest in playing with other children, obsessive interests, becoming distressed by changes to routines, self-stimulatory behaviors such as hand flapping or spinning, and unusual reactions to the way things sound, smell, taste, look or feel. The range and severity of symptoms vary greatly from one individual with ASD to the next, meaning some people with ASD may need a lot of help in their daily lives, while others can work and live with little to no support. ASD lasts throughout a person's lifetime, although the symptoms can change substantially over that time.

About Autism Spectrum Disorder (CDC)

## Q2: How is ASD diagnosed?

**A2:** Diagnosing ASD is more complicated than ordering a medical test (such as a blood test),and must be done by an experienced clinician, who will rely on a combination of clinical observation, a thorough history of an individual's development provided by parents, caregivers, and/or teachers, general health conditions, familial conditions, and potentially structured assessment tools. Because of advances in understanding the various presentations of ASD, a diagnosis can reliably be made by an experienced clinician by the time a child is 2 years old.

About Autism Spectrum Disorder (CDC)

Early diagnosis is critical, as research has demonstrated better outcomes with early intervention. For this reason, pediatricians play a key role in developmental screening throughout early childhood well child visits. Toddlers and young children who are identified to be at elevated risk for a developmental disorder such as ASD based on these screenings should be referred for comprehensive diagnostic evaluations by clinicians with the necessary expertise.

American Academy of Pediatrics ASD Exec Summary

## Q3: How is ASD treated?

**A3:** There are no treatments to "cure" autism. Each individual with ASD has a unique constellation of developmental delays, speech deficits, social and/or cognitive impairments. Therefore, comprehensive treatment plans need to be developed to target each individual's unique profile of strengths and functional impairments. Common, evidence-based interventions include Speech and Language Therapy, Occupational Therapy (including Sensory Integration Therapy), and Physical Therapy, as well as Behavioral Therapies such as Applied Behavior Analysis (ABA). All of these therapies are covered by AHCCCS for eligible members, when medically necessary.
American Academy of Child and Adolescent Psychiatry Autism Resource Center

## Q4: What is Applied Behavior Analysis (ABA)?

**Q4:** ABA is an evidence-based, behavioral therapy approach focused on improving social communication skills and reducing challenging behaviors by analyzing behaviors, understanding their triggers and outcomes, and teaching new, functional skills through

positive reinforcement, while implementing and evaluating environmental modifications to produce meaningful changes in behavior. ABA first arose as a behavioral approach to help children with autism improve their communication and social skills and has since demonstrated efficacy for some children with other neurodevelopmental disorders, including Intellectual Disabilities.

**Q5: Is ABA the only service for ASD covered by AHCCCS? **

**A5:** ABA is not the only service for ASD covered by AHCCCS. AHCCCS offers a continuum of services to support treatment of ASD and other Neurodevelopmental disorders. Assessment and treatment planning by qualified providers will help to identify the most appropriate services and treatment options to meet an individual's needs. An individual service or an array of services may be recommended and could include ABA and/ or other services such as:

1. Speech-language therapy
2. Occupational therapy
3. Physical therapy
4. Family Counseling
5. Behavioral Health Services
6. Case Management

**Q6: How do I know if ABA is the right treatment for me or my family member?**

**A6:** First, talk to the experienced clinician who made a diagnosis of ASD (or another neurodevelopmental disorder) about whether ABA may be the right treatment. If the diagnosing clinician recommends the consideration of ABA services, they should place a referral for a specialized ABA assessment.

A Licensed Behavior Analyst (LBA) completes the specialized ABA assessment to identify whether ABA is an appropriate intervention to address the member's needs, and if so, what specific treatment interventions will be effective for the individual member being evaluated.

LBAs are specially trained, have graduate level education and board certification, and are independently licensed to provide ABA services in the State of Arizona.

The ABA assessment includes interviews with caregivers, observation and skills-based assessments, review of treatment history to identify what has worked or not worked in the past, as well as coordination with other service providers.

Family members and caregivers are vital to the assessment and treatment planning process and should be included, every step of the way.

The LBA works collaboratively with the individual, caregivers, and the referring clinician to ensure everyone agrees and has a strong understanding of treatment needs, recommendations, and next steps.

**Q7: As a family member, what should I know about appropriate ABA services and treatment that my child would receive?**

**A7:**

- ABA services should be highly individualized to the child's unique needs and schedule, taking into consideration the child's extracurricular activities, other treatment services, school, need for rest and leisure, and the family's other commitments.

- ABA services are not a one-size-fits-all package of services. The goals, interventions, frequency of services, and even the assessment tools chosen should all be tailored to the individual needs of the person receiving treatment.
- It is common for ABA services to be delivered in a variety of settings, such as in the home, office, school, or in a combination of locations. In fact, one of the most impactful aspects of treatment effectiveness for ABA is "generalization," which refers to the ability of the individual to apply skills learned during ABA treatment sessions across different settings (home, office, school, and in the community) and with different people. For this reason, a meaningful ABA treatment plan includes detailed plans for how the skills learned during treatment sessions in the clinic or the home will be practiced in other settings to achieve generalization.
- Another component of effective ABA services necessary to achieve generalization is caregiver participation in treatment. Families and other caregivers should expect to be an integral part of assessment and treatment planning with the LBA overseeing their loved one's care, receive regular updates on progress following treatment sessions, and be included in treatment sessions on a regular basis at a frequency discussed during treatment planning in order to ensure that caregivers receive training on how to incorporate the same ABA strategies into interactions with their loved one outside of treatment sessions, which allows for generalization of skills and, ultimately, better treatment outcomes.
- ABA services are somewhat unique in that most one-on-one treatment sessions are typically provided by an ABA technician, a staff person who generally has a high school diploma or Bachelor's degree and has completed additional training and credentialing to become an ABA technician, often called a paraprofessional. The ABA technician is supervised by the LBA, who formulates the treatment plan and makes adjustments to interventions based on the individual's progress, which the LBA assesses by reviewing data collected by the ABA technician during treatment sessions, discussing the individual's care with the ABA technician, and directly participating in treatment sessions as frequently as is necessary to ensure progress towards goals. Changes to the treatment plan in response to the LBA's assessment of progress are therefore a normal and expected part of treatment when they are being made for the purpose of helping your loved one achieve goals.

**Q8: What is the role of AHCCCS as it relates to contracted health plans' management of their provider network?**

**A8:** AHCCCS is the state Medicaid agency in Arizona and operates primarily via a managed care model funded by federal and state dollars.

This means that AHCCCS contracts with private health plans to provide integrated physical and behavioral health services to members. Under federal Medicaid managed care rules, each contracted health plan is responsible for establishing and managing its own provider network, including decisions about credentialing, contracting, contract discontinuation, and reviewing prior authorization requests and appeals. Health plans are required to follow all federal and state requirements related to member access to care and services, continuity of medically necessary care and services, and assurance of an adequate delivery network of appropriate providers for AHCCCS covered services.

When a health plan makes changes to its network, it must ensure that members continue to have timely access to medically necessary services, including ABA. This includes offering alternative in-network options for obtaining covered services, arranging out-of-network

coverage when appropriate, and providing care coordination throughout the transition process to help families transition to another qualified provider.

AHCCCS also requires health plans to comply with appointment availability requirements outlined in ACOM Policy 417 to ensure timely access to services, including ABA services. If members and families have trouble accessing medically necessary services, and the health plan cannot resolve the issue, members and families can report quality of care concerns to CQM@azahcccs.gov.

Members and families can also reach out to the Clinical Quality Management team, which is trained to assist members in obtaining their benefits, by completing the form at this link and/or calling (602) 417-4885.

**Q9: Does AHCCCS cover ABA?**

**A9:** Yes, ABA is an AHCCCS-covered service and is available to members across AHCCCS' acute care and long-term care programs when determined to be medically necessary. AHCCCS works closely with its contracted health plans to ensure they maintain networks of providers that are sufficient, accessible, and available to timely provide all covered medically necessary services.

**Q10: Has AHCCCS made any changes to coverage of services for ASD?**

**A10:** No. There have been no changes to the services covered by AHCCCS to treat ASD. ABA continues to be an approved service.

**Q11: What if I and/or my family are having trouble accessing medical services?**

**A11:** AHCCCS is committed to protecting the health and wellbeing of its members and ensuring health plans maintain networks that are sufficient, accessible, and available to provide all covered medically necessary services. If members and families have trouble accessing medically necessary services, and the health plan cannot resolve the issue, members and families can report quality of care concerns to CQM@azahcccs.gov.

Members and families can also reach out to the Clinical Quality Management team, which is trained to assist members in obtaining their benefits, by completing the form at this link and/or calling (602) 417-4885.

**Q12: My family and I have been affected by recent provider terminations; how can I get help?**

**Q12:** Members and family members should first reach out to their health plan for assistance. As a part of the transition, the health plans have been working closely with other ABA providers in their networks to ensure appointment availability. It is best to first speak with the health plan to directly support any of your transition needs and concerns. Should your concerns persist, you can email AHCCCS directly at our newly established ABA transitions needs email address: ABAtransitionneeds@azahcccs.gov.

**Q13: What concerns being raised at national level surrounding ABA?**

**A13:** Federal audits of other states' reimbursement of ABA services have uncovered patterns of overbilling and documentation deficiencies indicating ABA may have been provided at clinically unnecessary levels, and that some ABA providers have not adhered to quality standards ensuring minimum qualifications and appropriate clinical supervision of unlicensed

technicians providing services to children, suggesting potential fraud, waste, and abuse. Additionally, concerns have been raised from individuals and families related to inconsistent service quality, lack of transparency when families are presented with information to inform treatment decisions, at times leading to excessive intensities of services that interfere with school, play, rest, and family life.

AHCCCS is engaged in systemic reform to ensure ABA service providers adhere to an evidence-based clinically appropriate model providing safe, effective services through appropriately trained and supervised staff.

Audit results focused on Medicaid-funded ABA services:

- Maine: Maine OIG Audit Results
- Wisconsin: Wisconsin OIG Audit Results
- Colorado: Colorado OIG Audit Results
- Indiana: Indiana OIG Audit Results

Like Arizona, other states are taking formal, documented steps to improve the quality, clinical effectiveness, and oversight of Medicaid-funded ABA therapy. For example, North Carolina and Indiana have introduced large scale reforms to improve clinical accountability and treatment effectiveness.

**Q14: How can families weigh in on this critical topic?**

**A14:** AHCCCS frequently reviews and updates policies and procedures for its contractors. Although a policy may not currently be open for public comment, there is an opportunity to provide your feedback in advance of internal policy review and updates. You can provide your feedback on the AHCCCS website on the public comment for ACOM and AMPM policies page: Policies Under Review.

## Additional Questions and Answers from Proposed Changes to Policy 320-S Applied Behavioral Analysis Services

**Q15: How does AHCCCS help make sure my child receives high-quality care through ABA programs?**

A15: AHCCCS updated **Policy 320-S** to strengthen the quality of ABA services by:

- Ensuring treatment providers are qualified to deliver services
- Requiring adequate clinical supervision for ABA Technicians
- Requiring fingerprint clearance, background checks, and appropriate certifications for unlicensed staff
- Strengthening treatment plan requirements
- Requiring parent and caregiver involvement in assessment, treatment planning, and service provision to support treatment goals across multiple environments

## Q16: What process was used to update Policy 320-S Applied Behavioral Analysis Services?

**A16:**

- Clinicians at AHCCCS have conducted reviews of clinical best practice guidelines (including Catalight Practice Guidelines and Council of Autism Service Providers ABA Practice Guidelines), scientific studies, and ABA policies from other state Medicaid agencies to inform policy updates
- AHCCCS conducted numerous listening sessions, including
    - A mix of one-on-one and small group discussions
    - Input from subject matter experts and key community stakeholders (e.g., autism program leaders, public policy experts, practicing BCBAs, and member advocates)
- Leadership from the Arizona Association of Health Plans (AzAHP) and participating health plans also contributed input to the policy update
- AHCCCS also discussed proposed policy updates with ABA providers, clinical experts, disability advocates, legislators, and community members

## Q17: What does the updated policy do?

**A17:**

**Require Fingerprinting and Background Checks & Clinical Supervision**

***Protecting Vulnerable Children and Adults***

- Safety: Requires all ABA staff working with members, even those without state-issued professional licenses (such as technicians), to clear a Level 1 fingerprint check, criminal background check, and abuse registry screening
- Supervision: Requires that the Licensed Behavior Analyst joins and directs a minimum of 1 out of every 10 hours of services delivered by the ABA Technician

**Eligibility, Referral and Treatment Plan**

***Ensuring Medical Necessity***

- Members are eligible for ABA if they have a **formal diagnosis** (from a qualified clinician) of ASD or another Neurodevelopmental Disorder with functional impairment
- If the diagnosing clinician recommends the member may benefit from ABA, then a referral is placed for an **ABA assessment** by a Licensed Behavior Analyst
- If ABA is recommended, then **an individualized treatment plan** is developed by the Licensed Behavior Analyst in **collaboration with the family/caregiver**
- Requires providers to create opportunities for family/caregiver participation in treatment

**Prior Authorization**

***Creating Clinician Review Opportunities***

- Health plan clinicians with experience in ABA must review the clinical appropriateness of ABA services requested before those services begin and at least every six months afterwards
- Providers must document the reasons why services are being requested to ensure children and vulnerable adults are receiving the right mix of services to meet their

individual needs, and that services provided are effective, leading to improved outcomes

**Service Administration**

***Individualized Oversight***

- Ongoing oversight ensures providers don't continue services that aren't working, and that children have a chance to be children in their community, school, and at home.
- Whether services continue must be decided on an individual basis and focused on achieving positive outcomes.
- Supports members and families' ability to access services in the least restrictive setting, promoting integration within their broader community & school.

**Q18: What do I do If I think myself and/or my family member might need ABA services?**

A18: Start by discussing your concerns with your or your family member's primary care clinician, who will be able to discuss and recommend next steps, which may include a referral to a clinician who specializes in making ASD diagnoses (such as a child psychiatrist, psychologist, or developmental pediatrician). If you or your family member already has an ASD diagnosis, then your primary care clinician may discuss a referral to a Licensed Behavioral Analyst, who is a clinician specialized in performing assessments for ABA services.

If your child is less than three years old and you have concerns about how they are playing, interacting with others, learning, communicating, moving, seeing, or hearing, then you can also apply for Arizona's Early Intervention assessment and services online here: (https://azeip.azdes.gov/AzEIP/AzeipRef/Forms/Categories.aspx) or by calling (888) 592-0140. Early Intervention does not require a referral from your primary care clinician, although your primary care clinician can also place these referrals.

*Qualifying Diagnosis:*

Diagnosis Identified: Comprehensive Diagnostic Evaluation (CDE) is completed by a Psychiatrist, Neurologist, Licensed Psychologist, Developmental Pediatrician or Pediatrician with DDD approved ASD diagnosis training

*Referral for ABA Assessment:*
Diagnosing Provider or PCP refers for initial ABA Services (referral is valid for 1 year)

*Multimodal ABA Assessment:*
Licensed Behavior Analyst (LBA) completes the assessment including the following:

- Caregiver interviews
- Direct observation and behavior measurement
- Review of history, prior interventions, current treatment, medications, and co-occurring conditions
- Risk, skill based, strengths/needs, and functional behavioral assessments

*Treatment Planning:*
LBA completes a treatment plan in partnership with the parent/caregiver(s) and shares with referring provider and other care providers as needed to support coordination of care

- Individualized and person centered
- Aligns scope, intensity, and duration of services with the member's needs

**Q19: What types of ABA treatment exist?**

**A19:** Comprehensive ABA focuses on improving or maintaining behaviors across many skill areas, while Focused ABA targets a limited number of specific skills or high-risk behaviors that must be prioritized for safety or functional needs.

**Q20: Who can provide ABA services?**

**A20:** ABA services must be directed and overseen by Licensed Behavior Analysts (LBAs). Assistant Behavior Analysts, ABA Technicians, and ABA Trainees may assist with implementing treatment plans under LBA supervision. Each role must meet specific education, certification, and supervision requirements outlined in policy 320-S.

**Q21: What qualifications must an ABA Technician have?**

**A21:** ABA Technicians must meet requirements outlined in policy 320S, including:

- Being at least 18 years old
- Holding a high school diploma or equivalent
- Passing a background check and obtaining a Level I fingerprint clearance card prior to member contact
- Completing the 40-hour BACB Registered Behavior Technician (RBT) training
- Holding an active RBT certification within 90 days of hire

They implement treatment plans under the supervision of an LBA and may not independently analyze or interpret clinical data

**Q22: What is the role of an ABA Trainee?**

**A22:** ABA Trainees are graduate students or individuals completing supervised fieldwork toward behavior analyst certification. Under direct LBA supervision, they may:

- Assist with assessments
- Implement portions of the treatment plan
- Support data collection and communication across the care team
  They may not independently supervise ABA Technicians.

**Q23: What is the role of an Assistant Behavior Analyst?**

**A23:** Assistant Behavior Analysts hold a bachelor's level ABA certification and must work under LBA supervision. They may:

- Help conduct assessments
- Provide caregiver training
- Support development and implementation of treatment procedures
- Monitor treatment data and integrity

They cannot practice independently.

## Q24: Fingerprinting and Background Checks

**A24:** Prior to any contact with or providing services to a member, ABA providers must successfully complete the following:

- Obtain a level one fingerprint card
- Pass a standard criminal background check
- Pass an abuse registry check

Supervising Licensed Behavior Analysts have up to 90 days from the policy's publication date to ensure all ABA Technicians meet these requirements.

## Q25: Who is eligible for ABA services?

**A25:** Members are eligible when they have a qualifying diagnosis of ASD or another Neurodevelopmental Disorder for which ABA is evidence-based, along with documented functional impairments that significantly impact daily functioning across environments.

ABA services are covered for members meeting medical necessity standards, regardless of age. If a member is 21 years of age or older, medical determination is made based on the member's unique presentation as evidenced by their medical records and for which there is a peer-reviewed evidence base that Focused ABA is effective for the member's needs to support targeted skill development and/or reduce challenging behaviors.

## Q26: What is required for a diagnosis?

**A26:** A qualifying diagnosis must be established through a Comprehensive Diagnostic Evaluation (CDE) completed by qualified clinicians such as psychiatrists, neurologists, licensed psychologists, or developmental pediatricians using DSM clinical criteria, and validated structured assessment tools such as the ADOS-2 or ADI-R whenever clinically appropriate based on the diagnosing clinician's training.

## Q27: What does an ABA assessment include?

**A27:** ABA assessments must be performed by an LBA and include caregiver interviews, direct observation, skills-based assessments, functional behavior assessments, review of records, and identification of co-occurring conditions. The assessment forms the basis for an individualized treatment plan.

## Q28: How often must an ABA assessment or reassessment occur?

**A28:** A full multimodal ABA assessment must be completed by an LBA at the time of referral. Reassessments for Focused ABA must occur at least every six months or sooner if clinically indicated.

## Q29: What documentation must be included in the ABA treatment plan?

**A29:** Treatment plans must include:

1. Clearly defined, measurable goals and objectives
2. Baseline and mastery criteria
3. Frequency, duration, and location of services
4. A schedule of treatment activities
5. Caregiver training goals
6. Plans for skill generalization
7. Criteria for transition and discharge

Plans must be individualized and aligned with the member's social, developmental, and environmental needs.

## Q30: What does caregiver involvement include?

**A30:** Caregiver involvement is required and includes training, observation of services, participation in treatment planning, and supporting treatment generalization across environments. A minimum of two hours per month of caregiver training is required unless less is medically necessary.

## Q31: How is caregiver participation evaluated?

**A31:** Caregiver participation is required unless medically contraindicated.
At minimum, **two hours of caregiver training per month** must occur unless documentation clearly supports a reduced amount.

If participation is low, the treatment plan must document:

- Barriers
- Steps taken to resolve the barriers
- Expected impact on treatment outcomes

## Q32: What is required for prior authorization (PA) of ABA services?

**A32:** PA must be obtained before providing ABA services.

PA requests must include:

1. Completed ABA assessment(s)
2. A current treatment plan dated within 30 days of submission
3. Documentation of medical necessity
4. Functional impairments impacting daily functioning
5. Expected treatment outcomes
6. Alignment of treatment intensity with the member's school schedule and family commitments

Initial approvals and renewals are granted for **up to six months**.

Additional Documentation Required

- If requesting > 25 hours/week of ABA services
- If member attends school fulltime and requesting > 15 hours/week

## Q33: What is required for PA for continuing services?

A33: PA for continuing services must be requested prior to the end of each PA period and include criteria listed in section E of the policy in addition to the following:

| Requirement Category | Key Elements |
|---|---|
| 1. Updated Interval Treatment Plan | Outcomes, progress summary, data graphs to support change in frequency/intensity and/or duration |
| 2. Limited Progress | Clinical impressions, barrier analysis and plan to address |
| 3. LBA Supervision & Caregiver Participation | Documentation of supervision and participation and attempts to address barriers to participation when applicable |
| 4. Service Hours | Actual hours rendered, documentation outlining barriers and efforts to address if < 80% of what is authorized |
| 5. Maintenance Requests | Taper attempts and start/end dates, hours delivered during each attempt, behavioral responses, transition plan |
| 6. Inadequate Progress | Assessment of contributing factors, data driven treatment modifications with clinical rationale |

PA for continuing ABA services following re-evaluation to confirm or exclude ASD diagnosis may not be denied solely on basis of ASD criteria not being met. PA determination shall be based on medical necessity criteria as described in the policy.

## Q34: Are ABA services allowed during school hours?

A34: Yes — but only when **clinically justified**, coordinated with the educational team, and not duplicative of services required under IDEA or provided in an IEP.
The treatment plan must explain:

- Why school hour services are necessary
- Which goals require implementation in the school setting
- How ABA will complement, not replace, educational programming

## Q35: What happens if adequate progress is not made?

A35: If measurable progress is not observed over a six-month period, the LBA must:

- Identify clinical barriers
- Modify treatment interventions
- Adjust strategies based on data
- Document the rationale and expected outcomes

ABA services may be discontinued if progress does not improve despite clinically appropriate adjustments.

## Q36: What is the duration of treatment?

**A36:**

- Based on needs and response to treatment
- Criteria must be measurable and individualized

## Q37: What are circumstances for discontinuation of service?

**A37:**

1. Goals met
2. No progress despite changes
3. ABA no longer appropriate
4. Worsening symptoms
5. Improved functioning
6. Standardized assessment reflects symptoms no longer significantly impact functioning
7. Parent/health care decision maker request

An LBA must complete and share a discharge summary that includes the following:

- Summary of treatment
- Response to treatment
- Discharge reasons
- Assessment of ongoing need for ABA services

## Q38: How does AHCCCS ensure the quality of ABA services?

**A38:** AHCCCS requires Contractors and LBAs to ensure:

- Appropriate supervision ratios
- Ongoing evaluation of treatment fidelity
- Use of evidence-based ABA methods
- Compliance with Arizona licensure laws
- Correct documentation and billing practices

Services must be person centered, medically necessary, and aligned with professional standards.

## Q39: Will the proposed policy updates reduce access to ABA services or interrupt services that are already authorized?

**A39:** No. The proposed policy updates are not intended to reduce access to medically necessary ABA services. AHCCCS is committed to preserving access, supporting continuity of care, and minimizing service disruption for members receiving ABA.

Existing prior authorizations will remain valid through their approved authorization periods. Health plans are required to ensure continuity of care when policy updates are implemented, including arranging alternative in-network or out-of-network providers when necessary to avoid interruption of medically necessary services.

**Q40: Can you explain the specifics of the 1:10 supervision requirement for ABA Technicians?**

**A40:** The 1:10 supervision requirement means that for every 10 hours of ABA services delivered to a particular member by an ABA Technician, the LBA must directly supervise at least one hour of those services. This supervision may include direct treatment observation, clinical oversight activities, treatment plan review, and other clinically appropriate supervisory activities as defined in policy.

Supervision requirements are measured over a four-week period, not on a daily basis. Supervision may occur in person or via approved telehealth modalities, when clinically appropriate and consistent with policy and licensure requirements. Documentation must clearly reflect supervisory activities and hours.

**Q41: Do the ABA supervision requirements apply to parents or caregivers participating in ABA treatment?**

**A41:** No. Supervision requirements **apply only to staff providing ABA services**, such as ABA Technicians and Trainees. Parents, caregivers, and family members are **not supervised** under this requirement and are **not evaluated or monitored** as part of staff supervision expectations.

**Q42: What does "caregiver participation" in ABA services mean under the updated policy?**

**A42:** Caregiver participation refers to collaborative involvement in assessment, treatment planning, and skill generalization to support the member's progress across environments. This may include receiving training on ABA strategies, observing treatment sessions, and participating in discussions with the treatment team.

Caregiver participation is **not intended to evaluate parenting practices or impose oversight of caregivers**. Expectations are flexible and individualized, taking into account caregiver availability, family circumstances, adult members who are self-directed, and those in foster or residential settings.

Caregivers include a wide range of adults who help care for the member, such as parents, guardians, and other family members, as well as foster parents, and residential direct care workers.

**Q43: Are there situations where caregiver participation requirements may be modified or reduced?**

**A43:** Yes. Caregiver participation requirements may be modified or reduced when clinically appropriate, medically contraindicated, or when barriers exist that limit participation. These circumstances must be documented in the member's medical record and reflected in the treatment plan and may include, but are not limited to, member age, caregiver availability, placement setting, or member independence.

**Q44: Can a member receive ABA services without an ASD diagnosis?**

**A44:** Yes. ABA services may be approved for members with diagnoses other than ASD when ABA is an evidence-based, peer-reviewed treatment for the member's condition and when medical necessity criteria are met.

Examples of other qualifying conditions may include Intellectual Disabilities and other neurodevelopmental or behavioral health conditions with functional impairments for which ABA has demonstrated clinical effectiveness.

**Q45: Will members need to obtain a new diagnosis if they already have one?**

**A45:** No. Existing valid diagnostic evaluations completed by qualified clinicians remain acceptable. Reevaluation is **not required unless clinically indicated**. The purpose of establishing diagnostic requirements is to ensure appropriate clinical decision-making, not to invalidate prior diagnoses or delay access to care.

**Q46: Why is AHCCCS proposing that diagnostic evaluations be limited to the types of clinicians listed in the policy draft?**

**A46:** AHCCCS is proposing these for two reasons. First, AHCCCS is seeking to ensure that diagnostic evaluations are of high quality by requiring that evaluations be performed by clinicians who have received specialized training in evaluation and diagnosis of Autism Spectrum Disorder (ASD) and other Neurodevelopmental Disorders as a required part of their post-graduate training. This specific training is required for the types of clinicians listed in the policy draft. Second, while not all families seek enrollment with the Division of Developmental Disabilities (DDD) under the ASD eligibility category, many do. In order to qualify for DDD eligibility with an ASD diagnosis, the diagnostic evaluation must have been performed by this same group of qualified clinicians. AHCCCS is seeking to align with this DDD policy to further reduce barriers to services and avoid requiring families to have to seek a second diagnostic evaluation if the initial evaluation was not performed by a qualified clinician.

[Note: this does **not** mean that AHCCCS intends to limit ABA services to DDD members; ABA services remain a covered benefit for eligible members enrolled in all AHCCCS health plans, with or without DDD enrollment.]

**Q47: Will AHCCCS accept a Comprehensive Diagnostic Evaluation performed by a clinician in another state? Or one that was completed years ago?**

**A47:** Yes in both cases. As long as the Comprehensive Diagnostic Evaluation was performed by one of the qualified clinicians listed in the policy draft, the evaluation is acceptable.

**Q48: Are ABA services available to adults and transition-age members?**

**A48:** Yes. ABA services are available across the lifespan when medically necessary. There is no age limit for ABA coverage under AHCCCS. Service type, intensity, and duration are determined based on the individual's needs, functional impairments, and evidence-based effectiveness, not age alone.

For adults, ABA services are typically more focused and goal-directed to address specific functional skills, safety concerns, or behavioral challenges.

**Q49: How do LBA licensure timelines and workforce capacity factor into the implementation of the proposed policy changes?**

**A49:** AHCCCS recognizes ongoing workforce challenges, including licensure timelines and provider availability, and will continue to monitor network adequacy and access across the state. Policy requirements are designed to support quality and safety while allowing for supervised roles such as trainees, assistant behavior analysts, and technicians to remain part of the care team.

AHCCCS will continue to work with partners and licensing bodies to support timely licensure and minimize unintended access barriers.

**Q50: What happens if a health plan does not have enough in-network ABA providers to meet member needs?**

**A50:** Health plans are required to maintain sufficient provider networks to ensure timely access to all covered, medically necessary services, including ABA. When adequate in-network providers are not available, health plans must arrange for out-of-network services and ensure continuity of care.

Members and families who experience difficulty accessing services should contact their health plan. If issues cannot be resolved, concerns may be escalated to AHCCCS by emailing ABAtransitionneeds@azahcccs.gov.

**Q51: Why is ABA facility licensure not addressed in AMPM Policy 320-S?**

**A51:** AHCCCS is not the state's healthcare facility licensing agency; that authority belongs to the Arizona Department of Health Services (ADHS), which is a separate state agency.

**Q52: What is the overall goal of the policy updates?**

**A52:** The goal of the updates to AMPM Policy 320-S is to strengthen consistency, quality, safety, and accountability in ABA services while preserving access to medically necessary care. The policy is intended to support individualized treatment, protect vulnerable populations, ensure appropriate clinical oversight, and promote positive outcomes for members and families across the lifespan.

*References*

1. The Social Security Act (SSA) Sec. 1905(a)(4)(B), 42 CFR 441 Subpart B., and 42 CFR 440.130
2. Social Security Act 1905(a)(4)(B): the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, where states must cover all medically necessary services for children, including services to address Autism Spectrum Disorder (ASD) and the implementing regulations at 42 CFR 441 Subpart B
3. AHCCCS ACOM and AMPM Dictionary
4. AHCCCS Contractor Operations Manual ACOM
5. Arizona Revised Statute 32-2091 Licensing
6. Arizona Revised Statute 32-2091.08 Exemptions from Licensing
7. Arizona Revised Statutes Title 32 Professional and Occupations
8. Section 504 Rehabilitation Act of 1973
9. AHCCCS Covered Behavioral Health Services Guide
10. AHCCCS Medical Coding Resources
11. AHCCCS Behavioral Health Services Matrix (B2 Matrix)
12. www.casproviders.org/asd-guidelines/
13. www.catalight.org/clinician-tools/practice-guidelines