



**FROM: Maureen M. Corcoran, Director**

**TO: Ohio Department of Medicaid Clearance Reviewers**

**SUBJECT: Applied Behavior Analysis Rules**

The following rules will be proposed for adoption as new to implement changes in the Medicaid coverage of applied behavior analysis (ABA).

Rule 5160-34-01 “Eligible provider and qualifications” states the eligibility requirements and policies for providers of ABA, including the different types of providers that can render the service.

Rule 5160-34-02 “Covered adaptive behavior services” defines ABA services and lists which services are covered by Medicaid.

Rule 5160-34-03 “Coverage, limitations, and reimbursement” states Medicaid coverage and limitation policies, documentation requirements and, in the accompanying appendix, ABA reimbursement rates.

Questions pertaining to this clearance should be sent to [Rules@Medicaid.Ohio.gov](mailto:Rules@Medicaid.Ohio.gov).

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The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs and rules; the address is <http://www.medicaid.ohio.gov>.

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**5160-34-01      Eligible providers and qualifications.**

This rule outlines the eligible rendering and billing providers for medicaid reimbursable applied behavior analysis (ABA) adaptive behavior services.

(A) For the purposes of this rule medicaid adaptive behavior service providers refers to the following:

(1) Independent practitioners which include:

(a) "Certified independent behavior analyst" who is certified by the behavior analyst certification board (BACB) as a:

(i) Board certified behavior analyst, or

(ii) Board certified behavior analyst - doctoral.

(b) A certified Ohio behavior analyst (COBA) as defined under Chapter 4783 of the Revised Code.

(2) A dependent provider which means an individual provider that has been certified by and registers with the BACB and has a professional scope of practice in the use of select adaptive behavior services under the supervision and direction of an independent practitioner as defined in paragraph (A)(1) of this rule. Dependent practitioners include:

(a) Board-certified assistant behavior analyst (BCaBA). A BCaBA is a bachelor's level practitioner who is certified by the BACB and may provide behavior analysis services under the supervision and direction of an independent practitioner as defined in paragraph (A)(1) of this rule.

(b) Registered behavior technician (RBT). The RBT is a high school level or higher paraprofessional who is certified by the BACB and practices under the close and ongoing supervision of an independent practitioner as defined in paragraph (A)(1) of this rule.

(B) An eligible rendering provider of adaptive behavior services is either:

(1) An independent practitioner as defined in paragraph (A)(1) of this rule, or

(2) A dependent practitioners as defined in paragraph (A)(2) of this rule. A dependent adaptive behavior service practitioner will be affiliated with an eligible billing provider as defined in paragraph (C) of this rule.

(C) An eligible billing provider of adaptive behavior services is either:

(1) An independent adaptive behavior service practitioner as defined in paragraph (A)(1) of this rule who has an active provider agreement with the Ohio department of medicaid and is in good standing with the BACB or the Ohio board of psychology, as applicable, or

(2) An "organizational provider" which defined as an entity that meets all the following:

(a) Renders applied behavior analysis services (ABA) that meet the adaptive behavior service descriptions and coverage requirements described in rule 5160-34-02 of the Administrative Code.

(b) Employs rendering practitioners who are affiliated with the entity and are eligible to render, supervise, or direct adaptive behavior services within their scope of practice.

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(c) Currently holds an active provider agreement with the Ohio department of medicaid as one of the following:

(i) Ambulatory health care clinic as defined in rule 5160-13-01 of the Administrative Code.

(ii) Professional medical group as defined in rule 5160-1-17 of the Administrative Code.

(iii) Any other entity approved by the director of the Ohio department of medicaid.

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**5160-34-02      Covered adaptive behavior services.**

(A) Scope. This rule sets forth the medicaid covered applied behavior analysis (ABA) service.

(B) For the purposes of this chapter, the following definitions apply:

- (1) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA includes adaptive behavior services for the assessment and treatment of autism spectrum disorder and related disorders that address complications with adaptive behaviors or other impaired functioning secondary to deficient adaptive or maladaptive behaviors. Adaptive behavior services include adaptive behavior assessment and adaptive behavior treatment.
- (2) "Adaptive behavior assessment" is a service to assess or reassess and plan adaptive behavior treatment services to address specific behavioral and functional needs of an individual. Adaptive behavior assessment and reassessments inform the development of an initial and ongoing individualized ABA behavior treatment plan by an independent adaptive behavior services practitioner.
- (3) "Exposure behavior identification supporting assessment" is an assessment or reassessment for destructive behaviors with the following components:
  - (a) Rendered in-person by an independent service practitioner,
  - (b) Administration necessitates the assistance of two or more dependent service providers,
  - (c) Conducted with an individual with specific, destructive behaviors, and
  - (d) Completed in a structured, customized, and safe environment.
- (4) "Adaptive behavior treatment by protocol" is an individual or group service for the implementation of evidence-based ABA practices for the treatment of autistic spectrum and related disorders. Services address specific treatment goals and objectives based on results of assessments and outlined in the individual's treatment plan.
- (5) "Adaptive behavior treatment with protocol modification" is an individual or group service that includes observation and direction from an independent ABA practitioner to resolve one or more problems with the treatment protocol in real-time and may simultaneously direct the dependent provider in administering the modified protocol.
- (6) "Family adaptive behavior treatment guidance" and "multi-family group adaptive behavior treatment guidance" are services that guide the parent or caregiver on how to utilize strategies to reduce maladaptive behaviors and skill deficits including training to implement treatment protocols. Adaptive behavior treatment guidance may be delivered to a single family or multi-family group.
- (7) "Exposure adaptive behavior treatment with protocol modification" is a treatment service for destructive behaviors with the following components:
  - (a) Rendered in-person by an independent practitioner,

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(b) Necessitates the assistance of two or more dependent adaptive behavior service providers,

(c) Conducted with an individual with specific, destructive behaviors, and

(d) Completed in a structured, customized, and safe environment.

(C) Covered services.

(1) Adaptive behavior assessment and reassessment services.

(a) Covered adaptive behavior assessment and reassessment services include:

(i) Behavior identification assessment and reassessment.

(ii) Behavior identification supporting assessment and reassessment.

(iii) Exposure behavior identification supporting assessment.

(b) Adaptive behavior assessment and reassessment, include, but are not limited to the following activities:

(i) Interviews and structured observations to identify and describe baseline levels of deficient adaptive or maladaptive behaviors, and other impaired function,

(ii) Review and analysis of pertinent medical history, a detailed behavioral history, prior assessments by other professionals, and prior and current treatments or interventions,

(iii) Administration of functional behavioral assessment and functional analysis,

(iv) Antecedent and consequence analysis,

(v) Interpretation and analysis of results, including scoring of assessments and rating scales, and administration of standardized instruments and procedures.

(vi) Impression and analysis of the functional needs and behavior needing treatment intervention.

(vii) Development of an initial treatment plan and report, and

(viii) Discussion of findings and recommendations.

(2) Adaptive behavior treatment services

(a) Covered adaptive behavior treatment services include:

(i) Adaptive behavior treatment by protocol.

(ii) Adaptive behavior treatment with protocol modification.

(iii) Family adaptive behavior treatment guidance.

(iv) Multi-family adaptive behavior treatment group.

(v) Group adaptive behavior treatment by protocol.

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- (vi) Group adaptive behavior treatment with protocol modification.
- (vii) Exposure adaptive behavior treatment with protocol modification.
- (b) Adaptive behavior treatment, includes, but may not be limited to, the following activities:
  - (i) Collecting information systematically regarding behaviors, environments, and task demands,
  - (ii) Adapting environments to promote positive behaviors and learning while discouraging negative behaviors,
  - (iii) Applying reinforcement to change behaviors and promote learning,
  - (iv) Teaching techniques to promote positive behaviors, build motivation, and develop social, communication, and adaptive skills,
  - (v) Using typically developing peers to teach and interact with children with autism spectrum disorder,
  - (vi) Teaching parents or guardians to provide individualized interventions for their child for the benefit of the child, and
  - (vii) Applying technological tools to change behaviors and teach skills.

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**5160-34-03      Coverage, limitations, and reimbursement.**

(A) Scope. This rule sets forth the coverage, documentation expectations, limitations, and reimbursement for medicaid covered applied behavior analysis (ABA) adaptive behavior services.

(B) For the purposes of this rule, the following definitions apply:

- (1) "Comprehensive diagnostic evaluation" is a detailed assessment of a child's behavior and development, including complete pertinent medical and social history, to diagnose or rule out autism spectrum disorder (ASD) and other developmental delays. A comprehensive diagnostic evaluation includes a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and necessitates the use of validated psychometric tools used in the diagnosis of autism and related disorders and approved by the department.
- (2) An "ABA Behavior Treatment Plan" is based on an adaptive behavior assessment or reassessment and considers pertinent medical records, detailed behavioral history, and prior and current treatment and interventions. The treatment plan is patient-centered and family-centered and customized to the individual. Treatment plan goals and associated adaptive behavior treatment interventions are consistent with ABA evidence-based techniques and target a range of skill areas such as communication, sociability, self-care, play and leisure, and motor development.

(C) Coverage.

(1) Payment may be made for adaptive behavior assessments services if the following conditions are met:

- (a) The individual covered by medicaid is under twenty-one years of age,
- (b) Rendered in response to a referral issued by a licensed practitioner within the practitioner's scope of practice,
- (c) A comprehensive diagnostic evaluation is completed by a practitioner that has training, experience, and is operating within their professional scope of practice to diagnose ASD using a comprehensive diagnostic evaluation, including the use of validated instruments.
- (d) The individual has received a documented comprehensive diagnostic evaluation confirming one or more of the following conditions:
  - (i) Autistic disorder.
  - (ii) Rett's syndrome.
  - (iii) Other childhood disintegrative disorder.
  - (iv) Asperger's syndrome.
  - (v) Other pervasive developmental disorder.
  - (vi) Pervasive developmental disorder, unspecified.
  - (vii) Other related conditions as approved and prior authorized by the department.

(2) Payment may be made for adaptive behavior treatment services if the following conditions are met:

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- (a) Meet the conditions described in paragraph (C)(1) of this rule.
- (b) The service is rendered based on a completed adaptive behavior assessment and to achieve goals or objectives documented in a current ABA behavior treatment plan.
- (c) The amount, frequency, duration, and scope of services are medically necessary and are issued by an independent adaptive behavior service practitioner and outlined in the ABA behavior treatment plan.
- (d) Treatment outcomes are expected to develop, maintain, or restore, to the maximum extent practicable, the functioning of the individual.
- (e) Services are based on the individual child and the parent's or guardian's needs and consider the individual's age, school attendance, and other daily activities as documented in the ABA behavior treatment plan.
- (f) When applicable, interventions are intended to strengthen the individual's parent's or guardian's capacity for self-care and self-sufficiency to decrease interventions in the home by those other than the parent(s) or guardian.

(3) The provision of adaptive behavior identification assessment and reassessment services will need prior authorization if rendered in excess of ten hours per one hundred and eighty days.

(4) The provision of adaptive behavior treatment services will need prior authorization for the continuation of the treatment services beyond the initial prior authorization approval of one hundred and eighty days and will be accompanied by documentation demonstrating progress towards goals and objectives as demonstrated through periodic reassessments and documented in the treatment plan.

(D) Documentation of services.

(1) Documentation for adaptive behavior assessment and reassessment will include the following elements:

- (a) The location, date, and amount, duration, and scope of the service, including start time, and end time of the service.
- (b) A description of the type and severity of functional needs including the presence of maladaptive behavior or developmental skills deficits that significantly interferes with home, school, or community activities.
- (c) A case history, including, when appropriate, family perspectives on the individual's development and capacity to participate in therapy.
- (d) A description of the service activities provided, including reference to outcomes.
- (e) Documentation of the rendering individual providing the service, with the appropriate title or credentials.
- (f) Documentation justifying the need for the provision of ABA adaptive behavior services, when applicable.

(2) A complete ABA behavior treatment plan includes the following elements:

- (a) When a co-occurring condition is identified that may contribute to a maladaptive behavior or impact



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the individual's responsiveness to treatment, a plan for coordination of care with applicable treatment and service providers is outlined,

(b) Description of other services and supports being provided, including service plans issued by other systems and a description of coordination, when applicable,

(c) Support and training of the individual's parent or caregiver, as applicable,

(d) A plan for generalization,

(e) Transition and fading plan, and

(f) Measurable discharge criteria.

(3) Documentation of each service delivered under the individual's ABA behavior treatment plan includes the following elements:

(a) The location, date, and amount, duration, and scope of the service, including start time, and end time of the service,

(b) A description of the service activities provided, including reference to the treatment plan goals and objectives,

(c) A description of the individual's behaviors, symptoms, and response to treatment in measurable terms,

(d) A description of the individual's parent or caregiver's participation in the ABA treatment sessions, including date and time of participation or notification of the individual's parent or caregiver's consent to be absent, and

(e) Documentation of the rendering individual providing the service, with the appropriate title or credentials.

(E) Limitations. The following coverage limitations apply to adaptive behavior services:

(1) Transportation is not covered.

(2) Any indirect supervision, or direct supervision which does not otherwise meet all the provisions in this chapter.

(3) Services that focus solely on recreational outcomes or education outcomes.

(4) Service rendered by a parent, guardian, spouse, or other legally responsible person.

(5) Services rendered but not documented in accordance with the ABA behavior treatment plan and documentation of services provisions described in this chapter.

(6) Group adaptive behavior treatment services when the rendering practitioner to client ratio exceeds one to eight.

(7) Services which duplicate a service that an individual is authorized to receive under another Medicaid covered service, including any services that address the same behavior goals using the same treatment interventions or techniques as outlined in the ABA behavior treatment plan.

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(8) Activities rendered for the supervision or provision of personal care tasks.

(F) Reimbursement.

(1) Reimbursement rates, ABA billing codes, and eligible place of service locations are found in the appendix to this rule.

(2) ABA provided by a hospital will be reimbursed in accordance with Chapter 5160-2 of the Administrative Code.

**5160-34-03**  
**APPENDIX A**

**Fee schedule for Applied Behavior Analysis**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>EFFECTIVE DATE</b>	<b>CURRENT MAXIMUM PAYMENT AMOUNT</b>
97151	Behavior Identification Assessment - Independent Adaptive Services Practitioner		30.49
97151	Behavior Identification Assessment - BCaBA		22.67
97152	Behavior Identification - Supporting Assessment - RBT		17.00
0362T	Exposure Behavior Identification Supporting Assessment		33.54
97153	Adaptive Behavior Treatment by Protocol - RBT		16.04
97154	Group Adaptive Behavior Treatment by Protocol - RBT		7.61
97155	Adaptive Behavior Treatment with Protocol Modification - Independent Adaptive Services Practitioner		27.28
97155	Adaptive Behavior Treatment with Protocol Modification - BCaBA		20.63
97158	Group Adaptive Behavior Treatment with Protocol Modification - Independent Adaptive Services Practitioner		14.46
97158	Group Adaptive Behavior Treatment with Protocol Modification - BCaBA		10.62
0373T	Exposure Adaptive Behavior Treatment with Protocol Modification		33.54
97156	Family Adaptive Behavior Treatment Guidance - Independent Adaptive Services Practitioner		30.09
97156	Family Adaptive Behavior Treatment Guidance - BCaBA		22.37
97157	Multiple-Family Adaptive Behavior Treatment Guidance - Independent Adaptive Services Practitioner		14.46
97157	Multiple-Family Adaptive Behavior Treatment Guidance - BCaBA		10.62