



FROM: Maureen M. Corcoran, Director

TO: Ohio Department of Medicaid Clearance Reviewers

SUBJECT: Revised 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). The rules have been revised based on stakeholder comments received during a previous clearance review.

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. Revisions include a provision allowing registered behavior technicians to provide services for a limited time prior to becoming certified by a national board.

Rule 5160-34-03 “Coverage, limitations, and reimbursement” states Medicaid coverage and limitation policies, documentation requirements and, in the accompanying appendix, ABA reimbursement rates. Revisions include the removal of specific diagnostic conditions required for an individual to receive applied behavior analysis services.

Questions pertaining to this clearance should be sent to Rules@Medicaid.Ohio.gov.

To receive notification when ODM posts draft rules for public comment please register via the Common Sense Initiative eNotifications Sign-up: [eNotifications Sign Up | Governor Mike DeWine \(ohio.gov\)](#). The Ohio Department of Medicaid will use this list to notify subscribers when draft rules are posted for public comment.

To receive notification when ODM original, revise, refile, or final files a rule package please register for Joint Committee on Agency Rules Review’s (JCARR) RuleWatch at www.rulewatchohio.gov where an account can be created to be notified of rule actions by the rule number or department.

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>.

5160-34-01

Eligible providers and qualifications.

This rule outlines the eligible rendering and billing providers for medicaid reimbursable 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 graduate 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.

(3) Exam-eligible RBT means a high school graduate or higher paraprofessional that has completed the required RBT course work or training and completed the initial competency assessment to take the BACB RBT exam. During the ninety calendar days from the date of exam eligibility, the exam-eligible RBT may provide services under the supervision of an independent practitioner as defined in paragraph (A)(1) of this rule. To document exam-eligible RBT eligibility, the eligible billing provider will maintain form ODM 10391 "Documentation of Registered Behavior Technician (RBT) Exam-Eligibility" as stated in the appendix to this rule. If RBT certification is not achieved by the end of the ninety calendar days, services may no longer be provided by the exam-eligible RBT until a Medicaid provider agreement is issued to the

RBT and the RBT affiliates with an eligible billing provider.

(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.
- (3) An exam-eligible RBT as defined in paragraph (A)(3) 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 and is in good standing with the BACB or the Ohio board of psychology, as applicable, or
- (2) An "organizational provider" which is 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.
 - (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.

DOCUMENTATION OF REGISTERED BEHAVIOR TECHNICIAN (RBT) EXAM-ELIGIBILITY

In accordance with Ohio Administrative Code (OAC) rule 5160-34-01, this form serves to document and notify the Ohio Department of Medicaid (ODM), or its designated entity, of verification of RBT exam-eligibility for providers.

First Name	Last Name	Credentials	NPI
Billing agency/practitioner	Name		NPI
Individual's supervising practitioner	Name		
Supervising practitioner signature			Date

Please document the rendering practitioner meeting the following criteria prior to rendering a Medicaid reimbursable service: *(confirmation and date for each)*

Type	Confirmation	Date
Applied to take the exam with the BACB	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exam-eligible RBT is practicing under the close and ongoing supervision of an independent practitioner	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 a pervasive developmental disorder, including but not limited to autism spectrum disorder or other condition as determined to be medically necessary and approved and prior authorized by the department or its designee.

(2) Payment may be made for adaptive behavior treatment services if the following

conditions are met:

- (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 initiation of the treatment services.
 - (5) 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 documentation of services as outlined in (D)(2) and (D)(3) of this rule.

(D) Documentation of services.

- (1) Documentation of each service delivered under the individual's ABA behavior treatment plan includes the following elements:
 - (a) The location, date, 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) Documentation of the rendering individual providing the service, with the appropriate title or credentials, including supervisor's information, when applicable.

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

(2) Documentation for adaptive behavior assessment and reassessment will include the elements in (D)(1) of this rule and the following components, as applicable:

(a) A description of the type and severity of functional needs including the presence of maladaptive behavior or developmental skills deficits that significantly interfere with home, school, or community activities.

(b) A case history, including, when appropriate, family perspectives on the individual's development and capacity to participate in therapy.

(c) Documentation justifying the need for the provision of adaptive behavior services, when applicable.

(3) A complete ABA behavior treatment plan will include the following elements:

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

(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.

(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 addresses the same behavior goals using the same treatment interventions or techniques as outlined in the ABA behavior treatment plan.

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

(F) Reimbursement.

(1) Reimbursement rates and ABA billing codes 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

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT AMOUNT
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