

# A Few Housekeeping Items

- First, we have simultaneous interpretation in both American Sign Language and Spanish
- All participants need to choose whether they want to hear the meeting in English or Spanish
- After we read all these notes, we will turn on interpretation services in Zoom, and you will see an Interpretation button at the bottom of your Zoom window
  - Click that button and then select either English or Spanish
- Finally, select Mute Original Audio from that same menu if you selected Spanish.
- We'll now give everyone a minute to select their preferred language.



# ARIZONA

## HEALTH CARE COST CONTAINMENT SYSTEM

### Welcome

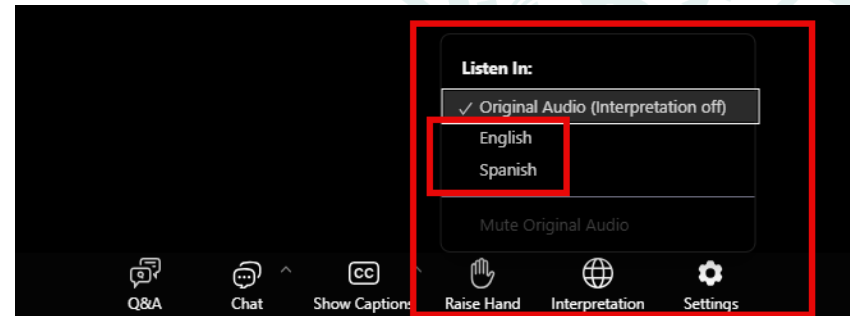
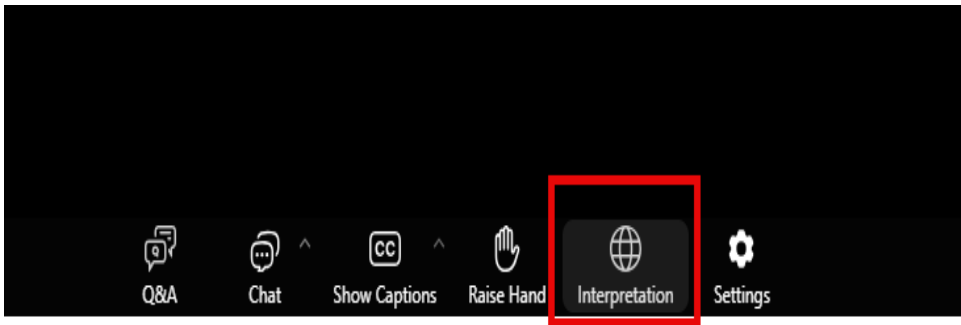
Applied Behavior Analysis  
(ABA) Services Updates  
(320-S AMPM)  
April 15, 2026; 11:00AM

# Language Selection

Simultaneous language interpretation is available in Spanish.

All participants must:

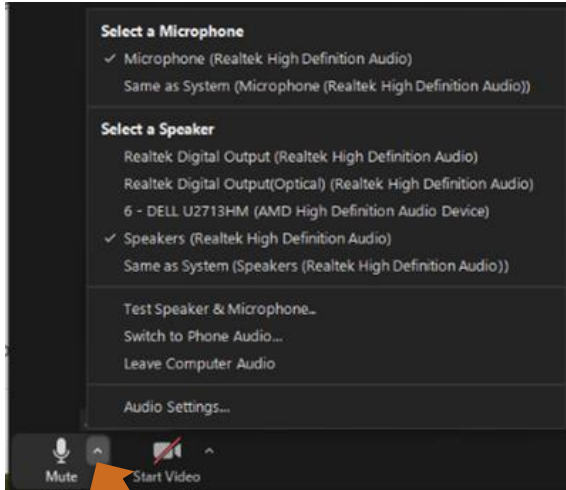
- Click the “Interpretation” button at the bottom of the screen.
- Choose your preferred language, English or Spanish.
- Then select “Mute Original Audio”.



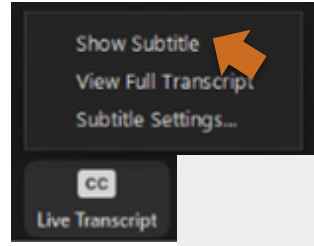
# Zoom Webinar Controls

Navigating your bar on the bottom...

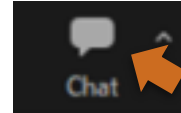
## Audio Settings



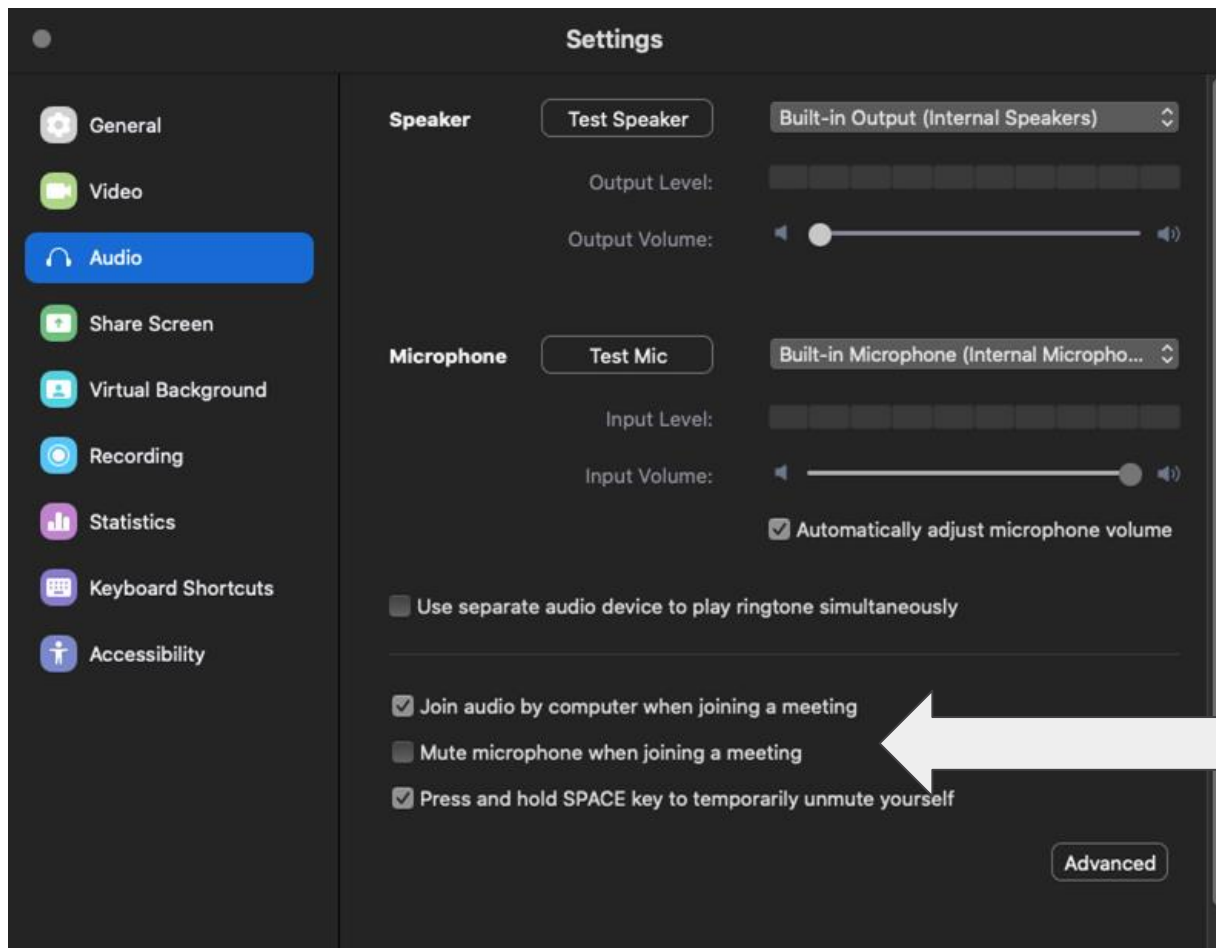
## Turn on Closed Captioning



## Chat



# Audio Settings



The image shows the Zoom application settings window, specifically the Audio section. The left sidebar contains various settings categories: General, Video, Audio (highlighted in blue), Share Screen, Virtual Background, Recording, Statistics, Keyboard Shortcuts, and Accessibility. The main content area is titled 'Settings' and is divided into 'Speaker' and 'Microphone' sections. The Speaker section includes a 'Test Speaker' button, a dropdown menu for 'Built-in Output (Internal Speakers)', an 'Output Level' bar, and an 'Output Volume' slider. The Microphone section includes a 'Test Mic' button, a dropdown menu for 'Built-in Microphone (Internal Micropho...)', an 'Input Level' bar, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). An 'Advanced' button is located at the bottom right. A large white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox.

**Settings**

**Speaker** Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

**Microphone** Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

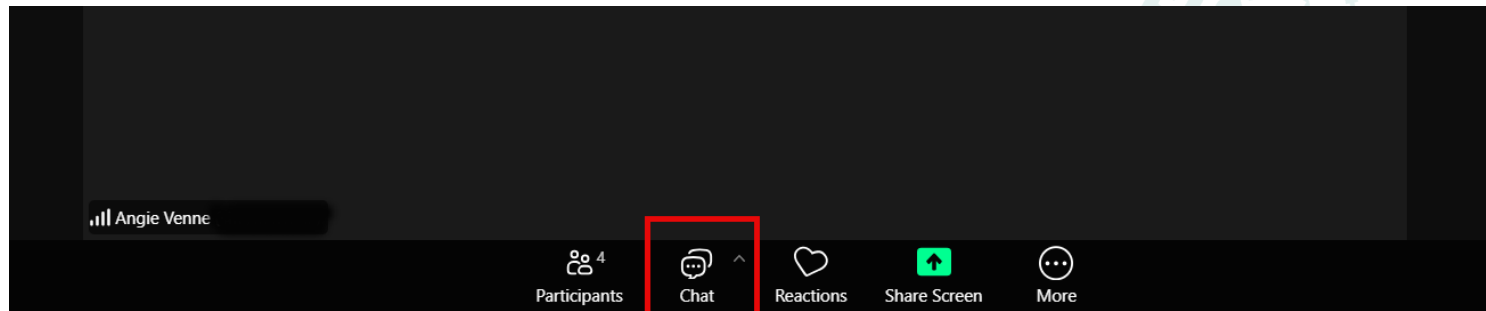
Press and hold SPACE key to temporarily unmute yourself


Advanced

# Additional Logistics & Participation Information

- You were automatically muted upon entry
- Please only join by phone or computer
- Please use the Chat feature to submit questions and/or comments so we can ensure they are captured accurately. We will review them at the end of the presentation and address as many as time allows

Thank you!

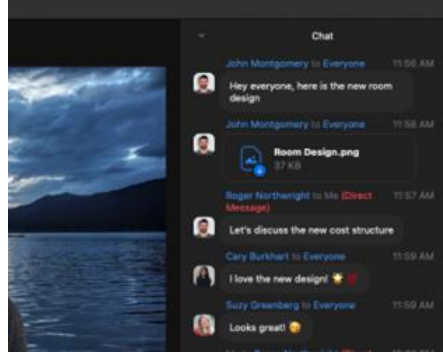


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Presione el botón de interpretación en la parte inferior de su pantalla Zoom y después seleccione inglés o español para escuchar la reunión.

# Webinar Tips



Limit background noise and distractions if feasible



Use chat feature to ask questions or share resources



# This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS; participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

This recording will be posted to the AHCCCS website after conclusion of this meeting.

Please disconnect from this meeting if you do not agree to these terms.

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The logo for the Arizona Health Care Cost Containment System is a circular emblem on the left side of the slide. It features a variety of stylized icons representing different aspects of Arizona's culture and environment, including a saguaro cactus, a mountain range, a sun, a hand, a gear, a fish, and various geometric shapes. The entire slide has a teal background.

# ARIZONA

## HEALTH CARE COST CONTAINMENT SYSTEM

Applied Behavioral Analysis (ABA) Services  
Updates for Providers  
(320-S AMPM)

Dr. Theresa Costales, Chief Medical Officer  
Dr. Anna Morenz, Medical Director for Clinical Policy &  
Special Projects

# Agenda

- Overview
- Proposed Key Policy Updates
- Next Steps
- Timeline
- How to Engage



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# Ground Rules

1. We'll review the questions submitted in the Chat at the end of the presentation and address as many as we can within the time available
2. Today's discussion will focus on proposed updates to the ABA policy; other topics are outside the scope of this presentation and will not be discussed
3. While we're unable to discuss provider network terminations, if a family you are working with has been affected by provider network changes, the health plan can help support continuity of care and assist with transitioning to a new provider. If issues remain after working with the case manager, you may contact AHCCCS at [ABAtransitionneeds@azahcccs.gov](mailto:ABAtransitionneeds@azahcccs.gov)

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# Overview

# Why AHCCCS is Updating ABA Requirements

## Alignment with National Standards

AHCCCS is proposing updated ABA service delivery requirements in AMPM Policy 320-S to align with Behavioral Analyst Certification Board (BACB), the 2024 ABA Practice Guidelines from the Council of Autism Service Providers (CASP), and the 2025 Catalight Practice Guidelines to enhance fidelity to evidence-based treatment models. It's critical that children with autism receive clinically appropriate services, and are safe when they are receiving ABA services in the community.

## Enhance Provider Oversight

The updates to the policy strengthen requirements for supervision of Assistant Behavior Analysts, ABA Trainees, and ABA Technicians, caregiver training expectations, documentation standards, and service-hour justification to support delivery of appropriate, high-quality care.

## Focus on Member Safety and Consistency

The policy defines provider screening requirements, qualifications, and supervision standards for Assistant Behavior Analysts, ABA Trainees, and ABA Technicians.

## Standardize Clinical and Administrative Requirements

The policy establishes consistent medical necessity criteria and prior authorization processes for AHCCCS FFS and MCOs, standardizes the ABA service referral pathway, and clarifies assessment and treatment plan requirements to align with current best-practice standards.

## Avoid Service Duplication

ABA services shall complement rather than duplicate supports from schools and other systems with the goal of improving outcomes.

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# Policy Update Development Process

- 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)
- The Arizona Association of Health Plans (AzAHP) and participating health plans' clinical leaders also provided input to the policy update
- AHCCCS also discussed proposed policy updates with ABA providers, clinical experts, disability advocates, legislators, and community members

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# Proposed Key Policy Updates

# Fingerprinting and Background Checks

Prior to providing any services to a member that are not directly observed by others, ABA staff must successfully complete the following:

1. Obtain a level one fingerprint clearance card
2. Pass a standard criminal background check
3. Pass an abuse registry check

Supervising Licensed Behavior Analysts have up to 90 days from the policy's publication date to ensure all unlicensed staff members (ABA Trainees, ABA Technicians, and Assistant Behavior Analysts) under their supervision meet these requirements.

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# Provider Qualifications & Supervision Requirements

## Licensed Behavior Analyst (LBA)

Responsible for all aspects of clinical direction, supervision, quality assurance, and provider-level case management. Performs the ABA assessments, develops the treatment plan, and provides at least 1 hour of direct supervision for every 10 hours of direct treatment provided by unlicensed ABA staff (1:10). Billing for supervised hours exceeding a 2:10 ratio for > 4-week period, must be clinically justified in the member's medical record.

## ABA Technician

Holds an active Registered Behavior Technician (RBT) certification from the Behavior Analyst Certification Board (BACB), completes at minimum, the 40-hour BACB RBT certification program and meets ongoing certification maintenance requirements; certification must be obtained within 90 days of hire

LBAs have up to 180 days from the time of the policy's publication to ensure all ABA Technicians under their supervision meet this standard.

## ABA Trainee

A matriculated graduate student working towards certification as a behavior analyst or individual who has completed their graduate-level program of study and is working towards Arizona licensure as a licensed behavior analyst

## Assistant Behavior Analyst

Bachelor's degree or higher from accredited program, which includes coursework in Applied Behavior Analysis, and has received certification as an Assistant Behavior Analysis through the BACB.

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# Eligibility, Referral and Treatment Plan

## Diagnosis



- Diagnosis of ASD, and/or other Neurodevelopmental Disorder for which ABA is an evidence-based treatment established via Comprehensive Diagnostic Evaluation (CDE) completed by qualifying practitioner that clearly demonstrates assessment process adequate to validate diagnosis and justify coverage for ABA services
- Provisional diagnosis permitted; CDE required within 1 yr to confirm or rule-out diagnosis
- Members currently receiving ABA services with no CDE must undergo CDE to confirm qualifying diagnosis within 1 year of AHCCCS enrollment or 1 year of this provision being published, whichever is longer
- Documentation of  $\geq 2$  significant functional impairments affecting communication, social skills, and/or behavior

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# Eligibility, Referral & Treatment Plan

## ABA Assessment Referral



- Following qualifying diagnosis, referral made by diagnosing clinician or PCP
- Referral valid for 1 year and includes detailed documentation of diagnosis, impairments and safety risks, and co-morbid diagnoses

## ABA Assessment & Treatment Plan



- LBA completes multi-modal ABA assessment upon referral
- Re-assessment every 6 months at minimum; sooner if clinically indicated
- Total assessment hours may not exceed 12 (48 units) across 97151 and 97152 unless medical record documents why additional units are medically necessary and basis for medical necessity
- Multi-modal ABA assessment forms basis for treatment plan and must include 11 components documented in the policy
- Person-centered and individualized treatment plan and interval updates are developed with member and/or caregiver(s) and shared appropriately
- Treatment plan and interval updates must include 5 components outlined in the policy

# Note on Numbers in Proposed Policy

- There are no hard limitations on service hours being proposed – all medically necessary services will be authorized.
- There are several situations that would require additional documentation:
  - When greater than 25 hours of services per week are being requested, the requesting provider must explain why this service intensity is needed for the member's level of functional impairment.
  - When greater than 15 hours of services per week are being requested for full-time students (who are in school 30-35 hours/week), the provider must explain why this time intensity is needed and how the member will have all of their needs met (including other services, time for free play and rest) while participating in ABA.

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# Prior Authorization

## Prior Authorization (PA) Requirements

- PA must be obtained before providing ABA services
- Assessment(s) and treatment plan dated within 30 days must accompany request
- PA may be granted for up to 6 months
- Determination of initial PA request based on criteria outlined in the PRIOR AUTHORIZATION Section of the policy
- Health plans must collaborate to develop the same PA criteria, and PAs must be reviewed by staff with training in ABA

## Additional Documentation Required

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

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# Concurrent Review

PA for continuing services must be requested prior to the end of each PA period and include criteria listed in the PRIOR AUTHORIZATION section 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 (when applicable)	Clinical analysis of contributing factors and discussion of treatment plan modifications to address
3. LBA Supervision & Caregiver Participation	Documentation of supervision and participation and attempts to address barriers to caregiver participation when applicable
4. Service Hours	Actual hours rendered, documentation outlining barriers and efforts to address if delivered < 80% of what is authorized
5. Maintenance Requests (when applicable)	Taper attempts and start/end dates, hours delivered during each attempt, behavioral responses, transition plan

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

# Parent/Caregiver Involvement & Training

## Participation in Treatment

- Participation includes training, observing services, discussing progress, and collaborating on treatment plan goal updates
- Involvement in treatment is required in the amount and frequency that is clinically appropriate, at least 2 hours per month shall be dedicated to parent/caregiver training unless documentation shows less time is medically necessary, or that there are insurmountable barriers

## Training

- Must build skills needed to support treatment goals and be reflected in treatment plan goals
- Should occur with member present unless their absence is clinically appropriate for progress
- If participation is below recommended levels, treatment team should address barriers to the extent possible and adjust the plan as needed
- If training cannot occur, LBA shall complete an assessment outlining impact, barriers, mitigation strategies, and how skills will be generalized and maintained post-ABA discharge

## Service Administration

ABA services must be delivered according to the individualized treatment plan, with required supervision, fidelity monitoring, and documentation provided by the LBA.

Services must meet professional standards, comply with state and Medicaid requirements, and follow billing and telehealth rules as outlined in the policy.

*See the SERVICE ADMINISTRATION Section of the policy for details*

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# Duration of Treatment and Discharge Criteria

## Treatment Duration

1. Based on needs and response to treatment
2. Criteria must be measurable and individualized

## Circumstances for Discontinuation of Service

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

## Discharge Summary

1. Summary of treatment
2. Response to treatment
3. Discharge reason(s)
4. Assessment of ongoing need for ABA services



# Next Steps

# What Happens After This?

- This slide deck will be posted to the AHCCCS website on the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
- The draft policy will be posted on April 17 on the AHCCCS website on the public comment for ACOM and AMPM policies page: [Policies Under Review](#)
- The policy will be open for public comment for 45 days. When the comment period closes, AHCCCS will analyze the feedback received, and update members and providers regarding next steps


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# Timeline

- April 17, 2026 – Draft Policy posted for public comment
- June 2, 2026 – Public comment period closed
- June 2-July 9, 2026 – AHCCCS reviews public comment
- Anticipated Late Summer/Early Fall 2026 – Finalize and publish Policy

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# How to Engage

# Where Can I Find More Information About Today's Topic?

- This presentation and recording will be posted to the AHCCCS website on the Autism Spectrum Disorder page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
- AHCCCS will post ABA FAQs that include information you heard today on Friday, April 17th
  - These will continue to be updated
- You will find the FAQs on the AHCCCS website on the Autism Spectrum Disorder page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)

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# How to Engage

- Review the draft Policy available the AHCCCS website under the ACOM and AMPM [Policies Under Review](#) as of Friday, April 17th and submit Public Comment as desired
- Visit our website and explore the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
- Email us at: [ABA@azahcccs.gov](mailto:ABA@azahcccs.gov)
  - With questions/concerns
  - With ideas on how to best engage you
- We are exploring additional ways to share information and address comment questions during the public comment period. Details will be shared when available.

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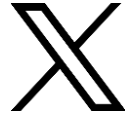


# Review of Chat Messages



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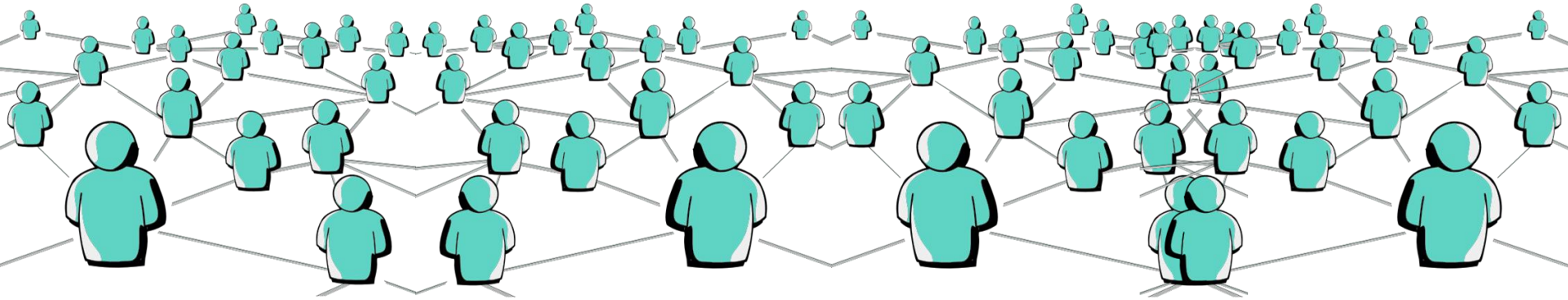
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# Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS  
Explains...

Medicaid Eligibility

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Explains...

ALTCS

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Explains...

Health-e-Arizona Plus



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

# Other Resources & 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. [Arizona Revised Statute Title 32-2091 Licensing](#)
5. [Arizona Revised Statute Title 32-2091.08 Exemptions from Licensing](#)
6. [Arizona Revised Statutes Title 32 Professional and Occupations](#)
7. [Section 504 Rehabilitation Act of 1973](#)
8. [AHCCCS Contractor Operations Manual \(ACOM\)](#)
9. [AHCCCS Covered Behavioral Health Services Guide](#)
10. [AHCCCS Medical Coding Resources](#)
11. [AHCCCS Behavioral Health Services Matrix \(B2 Matrix\)](#)
12. <https://www.casproviders.org/asd-guidelines/>
13. <https://www.catalight.org/clinician-tools/practice-guidelines>





Thank You