NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

PREAMBLE

1. **Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039 by the governor on:**

   November 24, 2026

2. **Article, Part, or Section Affected (as applicable)** — **Rulemaking Action**

R9-22-1201	Amend
R9-22-1202	Repeal
R9-22-1203	Amend
R9-22-1204	Amend
R9-22-1205	Amend
R9-22-1206	Amend
R9-22-1207	Renumber
R9-22-1207	New Section
R9-22-1208	New Section
R9-22-1209	Renumber
R9-22-1209	Amend

3. **Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

   Authorizing statute: A.R.S. § 36-2907

   Implementing statute: A.R.S. § 36-2907

   Statute or session law authorizing the exemption: Laws, 2026, Ch. 132, § 19

4. **The effective date of the rule:**

   December 1, 2026. An effective date sooner than the standard 60-day time frame will benefit stakeholders because it will establish regulatory requirements for provision of ABA services while providing important safeguards in the delivery of ABA services.

5. **Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the final exempt rule:**

   Notice of Exempt Rulemaking Docket Opening: 32 A.A.R. 2516, Issue Date: October 9, 2026, Issue Number: 41, File Number: R26-183

   Notice of Proposed Exempt Rulemaking: 32 A.A.R. 2503, Issue Date: October 9, 2026, Issue Number: 41, File Num-

ber: R26-181

6. The agency's contact person who can answer questions about the rulemaking:

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7. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

AHCCCS Administration is amending A.A.C. Title 9, Chapter 22, Article 12, Behavioral Health Services, to include provisions related to coverage of Applied Behavior Analysis (ABA) services to members. The amendments to Title 9, Chapter 22, Article 12 are necessary to outline service provisions for ABA services for AHCCCS acute care and ALTCS members, as well as KidsCare members. The exempt rules include:

- Adding ABA as an explicitly covered service when referencing "behavioral health services."
- Amending rules to add a new subsection specifying ABA as a service covered subject to limitations and exclusions contained in Articles 2 and 12.
- Amending rules to add a section on ABA services to identify the scope of services related to ABA, including covered services, eligibility, and referral procedures.
- Adding a new section to specify qualifications of professionals and paraprofessionals providing ABA services, and supervision requirements.
- Adding a new section to specify requirements for ABA assessments, treatment plans, requirements for prior authorization, reauthorization of continuing services and duration of treatment and discharge.

AHCCCS is updating Article 12 by repealing R9-22-1202 as the Division of Behavioral Health Services (DBHS) is no longer at Arizona Department of Health Services (ADHS), update definitions, and make technical and clarifying changes to the current rules. This rulemaking also incorporates stakeholder input after thoughtful consideration by AHCCCS. A description of changes made from the proposed rulemaking to the final rulemaking in response to public comments is detailed below in Paragraph 11.

8. **A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

   Not applicable

9. **A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

   Not applicable

10. **A summary of the economic, small business, and consumer impact, if applicable to the exemption:**

    The exempt rules are estimated to have an annualized average impact of approximately $46.5 million total funds in medical expenditure savings collectively for the Arizona Medicaid and KidsCare programs, with approximately $17.8 million in estimated total funds savings attributable to the AHCCCS Complete Care, KidsCare and Children's Health Plan populations, and approximately $28.7 million total funds in estimated savings attributable to the Arizona Long Term Care System developmentally disabled population.

11. **A description of any change between the proposed exempt rulemaking, to include supplemental notices, and the final exempt rulemaking:**

    AHCCCS has determined that the final exempt rules are not substantially different from the published proposed exempt rules. AHCCCS carefully considered each comment received before finalizing the rulemaking. Between the Notice of Proposed Exempt Rulemaking and this Notice of Final Exempt Rulemaking, and in response to stakeholder feedback, AHCCCS made targeted changes to rule text to clarify regulatory intent and provide operational flexibility based on stakeholder feedback. As detailed below, these changes do not alter the substantive effects of the proposed rules but adjust and clarify the final rule text to achieve intended outcomes. No substantive changes were made to the rule. The specific modifications of the proposed rule incorporated in the final rule are detailed below:

    <u>R9-22-1201. Definitions:</u>

    Based on stakeholder feedback, AHCCCS revised the definition of "applied behavior analysis technician" to "means a paraprofessional who holds or is pursuing within the time frames in R9-22-1207(J), an ABA technician certification, and who implements an ABA treatment plan under the close, ongoing supervision of an LBA." AHCCCS revised the definition of "applied behavior analysis trainee" to remove the word "direct" from the phrase "…under the direct supervision of an LBA." AHCCCS moved the term "behavioral health therapeutic home care services" into alphabetical order, and corrected capitalization on "Board-Certified Behavior Analyst" to "Board-certified behavior analyst." AHCCCS also revised the definition of "case supervision" to "ABA case supervision" and included subsections describing direct supervision and indirect supervision as requested by stakeholders. The term was moved to subsection (1) to maintain alphabetical order, and subsequent subsections were renumbered. The revision to the term resulted in the removal of

the separate term “indirect ABA supervision” as redundant. The change from “case supervision” to “ABA case supervision” also resulted in adjustments in R9-22-1207(K) and R9-22-1208(F). AHCCCS added a definition for “direct observation” and updated the words “directly observed” to “direct observation” in the rule text for clarity. AHCCCS rearranged the acronym “TRBHA” in the defined term to follow “Tribal Regional Behavioral Health Authority” to align with AHCCCS rulemaking stylistic preferences.

R9-22-1205. Scope and Coverage of Behavioral Health Services:

AHCCCS added a new subsection to subsection (A)(2)(b), (B)(3)(b), (C)(3) and (F)(2)(a) to include an LBA as an AHCCCS-registered provider for inpatient services, behavioral health inpatient facility for children services, sub-acute agency services and outpatient services as requested by stakeholders.

R9-22-1206. Applied Behavior Analysis Services – Eligibility and Referral:

AHCCCS removed “including autism spectrum disorder,” from subsection (A). AHCCCS removed “and standardized assessment tools” from subsection (D) and corrected a typographical error. AHCCCS revised subsection (E) from “If a CDE has not been completed within 12 months due to a lack of qualified clinician availability, ABA services may continue to be authorized if” to “If a CDE has not been completed within 12 months of December 1, 2026, or 12 months of enrollment with AHCCCS, whichever is later, due to a lack of qualified clinician availability, ABA services may continue to be authorized if.” AHCCCS revised subsection (F)(1) from “A member has a scheduled appointment for a CDE or demonstrates placement on a waiting list for a CDE” to “A member has a scheduled appointment for a CDE.”

R9-22-1207. Applied Behavior Analysis Services – Provider Qualifications and Supervision Requirements:

In subsection (A), AHCCCS revised “A health plan or provider” to “A health plan, provider organization, and provider” to clarify that a health plan, provider organization and provider are responsible. In subsection (B), AHCCCS revised “Providers shall conduct and document supervision, training and treatment” to “A provider and provider organization shall conduct and document direct observation, supervision, training and treatment” to clarify responsibility and to add direct observation as a documentation requirement. In subsection (C), AHCCCS revised “A provider or supervising LBA” to “A provider organization and supervising LBA” to combine subsections (C) and (D). AHCCCS then removed subsection (D) as redundant. AHCCCS corrected a typographical error in subsection (C)(1). AHCCCS revised subsection (C)(2) to remove “in Arizona.” For clarity, AHCCCS moved R9-22-1208(A) through (C) to R9-22-1207(D) through (F), as R9-22-1207 covers provider qualifications and supervision requirements, and R9-22-1208(A) through (C) are more appropriate under R9-22-1207. AHCCCS also moved R9-22-1207(E) and (F) to R9-22-1208(E) and (F), as R9-22-1208 covers assessment, treatment, authorization and continuing services. R9-22-1207(E) and (F) are more appropriate under this R9-22-1208. In subsection, (G) AHCCCS removed the examples “an LBA, a BCBA awaiting Arizona licensure, an assistant behavior analyst, an ABA trainee, and an ABA technician acting within the scope of authority permitted under those requirements” as not essential to understanding the subsection. AHCCCS revised

subsection (H)(2) from “A health plan and provide shall maintain documentation demonstrating compliance with the requirements of subsection (C) and shall make such documentation available to the Administration upon request.” to “A health plan and provider shall ensure documentation demonstrating compliance with the requirements of subsection (C) is maintained and shall make such documentation available to the Administration upon request.” AHCCCS removed subsection (H)(3) as redundant and renumbered the subsections. In subsection (H)(4), AHCCCS revised “An LBA shall be responsible for assessment, treatment planning, and documentation necessary to support medical necessity, authorization, and delivery of ABA services under this Article” to “An LBA shall be responsible for assessment, treatment planning, supervision, and documentation necessary to support medical necessity, authorization, and delivery of ABA services under this Article, unless assessment, treatment planning and service delivery are completed by a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist’s scope of practice” to clarify an LBA’s responsibilities as requested by stakeholders. In subsection (I), AHCCCS changed “organization” to “provider organization” for clarity, and revised subsection (J) from “A health plan, provider or supervising LBA shall ensure” to “A provider organization and supervising LBA shall ensure” to clarify that both the provider organization and supervising LBA are responsible. AHCCCS revised subsection (J)(1) from “Obtains and maintains an active ABA technician certification issued by a nationally recognized ABA technician certification organization, within 180 days of hire or by April 30, 2027, whichever is later, unless“ to “Obtains and maintains an active ABA technician certification issued by a nationally recognized ABA technician certification organization, within 180 days of hire or by May 30, 2027, whichever is later, unless a documented exemption in subsection (a) or (b) applies” and removed subsection (J)(1)(c) to clarify the documentation requirement applies to both (J)(1)(a) and (J)(1)(b).

AHCCCS also moved subsections (L)(7) and (8) to R9-22-1208(D)(4) for clarity, as R9-22-1208 contains ABA assessment and treatment plan provisions.

R9-22-1208. Applied Behavior Analysis Services – Assessment, Treatment, Authorization and Continuing Services:

AHCCCS moved subsections (A) through (C) to R9-22-1207 (D) through (F), as the subsections include requirements for documenting registry screenings and background checks as part of the provider qualification process and are more appropriate under R9-22-1207. AHCCCS revised subsections (B)(2) through (4) from “Require an ABA supervisee to report immediately to the provider organization” to “Require an ABA supervisee to report immediately to the provider organization and supervising LBA” to clarify reporting requirements. AHCCCS also moved subsection (C) to R9-22-1207 and revised the subsection from “If an ABA provider organization has not completed screening procedures for ABA supervisees currently providing services to members with the provider’s organization on or before November 1, 2026, the ABA provider organization shall be granted a 180-day grace period from November 1, 2026, to comply” to “If a provider organization or supervising LBA have not completed screening procedures for ABA supervisees currently providing services to members on or before December 1, 2026, the provider shall be granted a 180-

day grace period from December 1, 2026 to comply" to clarify as requested by stakeholders and to update the rule's projected effective date. AHCCCS revised subsections (D)(1) and (5) to include "a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist's scope of practice" as an alternative to an LBA. AHCCCS removed "LBA" from subsection (D)(6)(e) based on stakeholder feedback. AHCCCS removed "or is on a waiting list" from subsection (F)(7). AHCCCS also revised the date in subsection (F)(8) to "December 1, 2026." AHCCCS also revised subsections (H)(3) and (4) to include "a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist's scope of practice" as an alternative to an LBA.

12. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

AHCCCS received 26 general comments from the public and 15 letters containing rule-specific comments from stakeholders during the 30-day comment period. AHCCCS carefully considered each comment received before making clarifying edits to the proposed rules to create the final rules. The comments are categorized by general comments and rule-specific comments below following AHCCCS's corresponding response:

GENERAL COMMENTS

General Comment Summary 1: Commenters expressed support for AHCCCS's efforts to preserve access to medically necessary ABA services and to maintain flexibility for members with significant needs, including requests that higher-intensity services remain available when clinically necessary and concerns about preserving access to care.

AHCCCS Response: AHCCCS appreciates the support received from members, caregivers, providers, and stakeholders. The proposed rules permit individualized determinations of medical necessity and do not establish absolute service caps. The rules are intended to support access to medically necessary, evidence-based ABA services while strengthening quality, accountability, and member protections.

General Comment Summary 2: Commenters requested AHCCCS expand ABA eligibility beyond qualifying neurodevelopmental disorders to include trauma, adverse childhood experiences, behavioral health conditions, foster care involvement, and other diagnoses based solely on functional impairment and medical necessity.

AHCCCS Response: AHCCCS appreciates stakeholder recommendations. AHCCCS considered each comment and elects to retain the requirement that a member have a qualifying neurodevelopmental disorder for which ABA is an evidence-based treatment. Currently, there is not sufficient evidence to support the broad application of ABA services to diagnoses outside of qualifying neurodevelopmental disorders.

General Comment Summary 3: Commenters requested AHCCCS include information on member rights, assent, dissent, complaints, treatment objections, independent review, communication supports, and additional treatment-planning safeguards in this Article.

AHCCCS Response: AHCCCS appreciates the comments. The concepts are already addressed through existing member-rights protections, informed consent requirements, grievance and appeal processes, contractor obligations, professional standards, and applicable state and federal requirements.

General Comment Summary 4: Commenters requested AHCCCS add provisions on service intensity, utilization review, discharge criteria, maintenance services, continuation of services, and reauthorization standards.

AHCCCS Response: AHCCCS appreciates the comments. AHCCCS maintains that service intensity, continuation, transition, and discharge decisions should remain individualized and based on medical necessity. The utilization and service intensity provisions establish documentation and review requirements rather than service caps or automatic grounds for denial.

General Comment Summary 5: Commenters requested AHCCCS add provisions for provider qualifications, credentialing, workforce flexibility, certification pathways, testing accessibility, and supervision qualifications in this Article. Commenters also requested AHCCCS include recognition of additional certification pathways, raised concerns regarding workforce shortages, and encouraged flexibility in technician credentialing requirements.

AHCCCS Response: AHCCCS appreciates the comments. After reviewing the comments, AHCCCS revised the proposed framework to recognize multiple nationally accredited technician certification pathways while maintaining competency, supervision, and member protection requirements. With the adjustments, the rules reflect an appropriate balance between workforce accessibility and service quality.

General Comment Summary 6: Commenters requested AHCCCS include detailed provisions on health plan authority, administrative processes, implementation requirements, and requested AHCCCS limit contractor discretion regarding documentation, authorization, or utilization management requirements.

AHCCCS Response: AHCCCS appreciates the comments. Contractors must retain the authority necessary to administer medical necessity determinations, utilization management activities, quality management processes, and other obligations required under AHCCCS contracts, policies, state law, and federal Medicaid requirements. Matters relating to operational administration, documentation standards, billing processes, and implementation are generally addressed in guidance, contractor requirements, and administrative processes rather than in rule.

General Comment Summary 7: Commenters expressed concerns regarding AHCCCS's legal authority for this rulemaking, the use of exempt rulemaking, implementation of the rules, and the fiscal impact of the rules.

AHCCCS Response: AHCCCS appreciates the comments. This rulemaking is authorized by statute and session law, as referenced. Comments regarding implementation and the fiscal impact of the rules were considered during development of this Article.

RULE-SPECIFIC COMMENTS

R9-22-1201. Definitions:

Comment Summary: Commenters requested AHCCCS revise definitions for “behavioral health professional,” “ABA,” “ABA technician,” “assistant behavior analyst,” “case supervision,” and “direct supervision.” Commenters also suggested the additions of definitions for “family treatment guidance,” “direct observation” and “clinical oversight.”

AHCCCS Response: AHCCCS appreciates the comments on the definitions. After considering each comment, AHCCCS modified the definitions of the following terms to offer clarity: “applied behavior analysis technician,” “ABA trainee,” and “case supervision.” AHCCCS revised “case supervision” to “ABA case supervision” and included subsections for “direct ABA supervision” and “indirect case supervision” to clarify. AHCCCS also added a definition for “direct observation” as requested by commenters.

R9-22-1205. Scope and Coverage of Behavioral Health Services:

Comment Summary: Commenters requested AHCCCS add licensed behavior analysts to the list of AHCCCS-registered providers and requested the addition of an impermissible provision.

AHCCCS Response: AHCCCS appreciates the comments on scope of coverage and behavioral health services. After reviewing each comment, AHCCCS added LBAs to the list of AHCCCS-registered providers. AHCCCS declined to add the impermissible provision requested.

R9-22-1206. Applied Behavior Analysis Services - Eligibility and Referral:

Comment Summary: Commenters requested AHCCCS include a prohibition provision, define the term “qualifying neurodevelopmental disorder,” remove autism spectrum disorder as an example of a neurodevelopmental disorder, and expand the list of acceptable diagnosticians. Commenters requested AHCCCS update documentation language, and additional detail on scope of covered services and waitlist provisions. Commenters requested AHCCCS adjust time frame language, provide clarity on whether an LBA can self-refer, and paraphrase federal statute. Commenters also requested AHCCCS add more detailed information in the rule.

AHCCCS Response: AHCCCS appreciates the comments on ABA services eligibility and referral. After considering each comment, AHCCCS determined that the request to prohibit a health plan from providing a narrower list of qualifying diagnoses was not necessary, as ABA is a covered service for all qualifying diagnoses. AHCCCS declined to remove autism spectrum disorder as an example of a qualifying neurodevelopmental disorder because autism spectrum disorder is a predominant type of a qualifying neurodevelopmental disorder, and the provision of an example is not limiting. AHCCCS declined to add additional diagnosticians and removed waitlist information from the rule. AHCCCS also declined to make the change because LBAs are not considered primary treating behavioral health clinicians for purposes of this rule. AHCCCS declined to adjust the clinically appropriate time frames. AHCCCS elects not to paraphrase applicable federal statues or regulations in rule. AHCCCS revised subsection (B) to provide clarity as requested. Specific details on ABA services eligibility and referral are contained in AHCCCS materials published on AHCCCS’s website.

R9-22-1207. Applied Behavior Analysis Services - Provider Qualifications and Supervision Requirements

Comment Summary: Commenters requested AHCCCS include detailed information on supervision provisions, telehealth, criminal background checks and registry screenings. Commenters requested AHCCCS clarify provisions on time limitations, reimbursement for assessment and documentation of screening requirements for provider types and requested AHCCCS generalize the provider types for certain behavioral health services and remove examples. Commenters requested AHCCCS clarify the 180-day certification process and provisions for prior authorization. Commenters also requested AHCCCS modify the supervision model in subsection (K).

AHCCCS Response: AHCCCS appreciates the comments on ABA services provider qualifications and supervision requirements. The Arizona Board of Psychologist Examiners requires all supervision to be conducted by a behavior analyst licensed in the state of Arizona and outlines telehealth requirements. After considering each comment, AHCCCS modified subsection (C) to change “provider” to “provider organization” and removed subsection (D) as redundant. AHCCCS moved the provisions for background checks and registry screenings from R9-22-1208 to R9-22-1207 to clarify documentation requirements. AHCCCS also moved subsections (E) and (F) to the authorization section in R9-22-1208 for clarity. AHCCCS removed unnecessary listed examples in subsection (G), as requested. AHCCCS modified subsection (H) to generalize provider types that can provide certain behavioral health services, as requested. AHCCCS added language in subsection (J) to offer clarity regarding the 180-day certification process. AHCCCS declined to modify the supervision model in subsection (K) as it is consistent with the Arizona Board of Psychologist Examiners requirements and AHCCCS’s authority as a payor. The prior authorization provisions in this section are aligned with federal regulations, and further clarification can be found in AHCCCS’s policies and FAQs. Specific details on ABA services provider qualifications and supervision requirements are contained in AHCCCS materials published on AHCCCS’s website.

R9-22-1208. Applied Behavior Analysis Services - Assessment, Treatment, Authorization and Continuing Services

Comment Summary: Several commenters requested AHCCCS add provisions that are outside the scope of the information intended to be covered in this rule. Commenters expressed concern that the two-hour training minimum contained in the rule is a condition to continued access to ABA treatment. Commenters requested AHCCCS clarify the documentation requirement for the 80 percent utilization provision, and requested specific portions of R9-22-1208(H) also be clarified.

AHCCCS Response: AHCCCS appreciates the comments on ABA services assessment, treatment, authorization and continuing services. After considering each comment, AHCCCS determined that the rule addressed the intended subject matter and the requested additional information is contained in other sections of the rulemaking, professional standards, board requirements, and in materials published on AHCCCS’s website. AHCCCS reviewed commenter concerns regarding the provisions on the two-hour training minimum and confirmed that the rule does not place a

condition on continued access to ABA treatment. The rule is clear on documentation requirements for the 80 percent utilization provision and that the 80 percent utilization does not result in a reduction in services. Commenters' concerns regarding R9-22-1208(H) on transition and discharge are addressed when R9-22-1207 and R9-22-1208 are considered together.

13. **All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

    There are no other matters prescribed by statute applicable to the agency, rule or class of rules. This rulemaking is exempt from the Administrative Procedures Act, Arizona Revised Statutes, Title 41, Chapter 6, and not subject to Council review.

    a. **Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

        Not applicable

    b. **Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

        Not applicable

    c. **Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

        Not applicable

14. **A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

    Not applicable

15. **Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the *Register* as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the exempt rulemaking packages:**

    Not applicable

16. **The full text of the rules follows:**

    Rule text begins on the next page.

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

ARTICLE 12. BEHAVIORAL HEALTH SERVICES

R9-22-1201. Definitions

R9-22-1202. ~~ADHS, Contractor, Administration and CRS Responsibilities~~ Repealed

R9-22-1203. Eligibility for Covered Services

R9-22-1204. General Service Requirements

R9-22-1205. Scope and Coverage of Behavioral Health Services

R9-22-1206. ~~Repealed~~ Applied Behavior Analysis Services - Eligibility and Referral

R9-22-1207. Applied Behavior Analysis Services - Provider Qualifications and Supervision Requirements

R9-22-1208. Applied Behavior Analysis Services - Assessment, Treatment, Authorization and Continuing Services

~~R9-22-1207.~~R9-22-1209. General Provisions for Payment

ARTICLE 12. BEHAVIORAL HEALTH SERVICES

R9-22-1201. Definitions

The following definitions apply to this Article:

1. "ABA case supervision" means the oversight activities conducted by an LBA to ensure that ABA services are clinically appropriate, effective, and delivered with fidelity according to the member's medical record and as required by this Article. ABA case supervision includes both direct and indirect ABA supervision.
   a. Direct ABA supervision includes LBA oversight activities involving the member or the member's caregiver when the member or caregiver is present.
   b. Indirect ABA supervision includes LBA oversight activities performed without a member or member's caregiver.
2. "ABA supervisee" means an ABA technician, ABA trainee, assistant behavior analyst, or a BCBA awaiting Arizona licensure, who implements an ABA treatment plan under the direction and supervision of an LBA as described in A.R.S. § 32-2091 and applicable Arizona Board of Psychologist Examiners rules and guidance.
   ~~"Adult behavioral health therapeutic home" as defined in 9 A.A.C. 10, Article 1.~~
3. "Agency" for the purposes of this Article means a behavioral health facility, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services ~~according to~~ under A.R.S. Title 36, Chapter 4.
4. "Applied behavior analysis" or "ABA" means an evidence-based behavior therapy that uses knowledge of how behavior is learned and influenced by environmental consequences to improve functioning by assessing environmental influences on behaviors and implementing assessment-based interventions using positive reinforcement and other behavioral strategies to

change socially significant behaviors. ABA does not include cognitive therapies, psychological testing, neuropsychology, psychotherapy, sex therapy, psychoanalysis, hypnotherapy or long-term counseling as treatment modalities.

5. "Applied behavior analysis technician" or "ABA technician" means a paraprofessional who holds, or is pursuing within the time frames in R9-22-1207(J), an ABA technician certification, and implements an ABA treatment plan under the close, ongoing supervision of an LBA.
6. "Applied behavior analysis trainee" or "ABA trainee" means a matriculated graduate student or other trainee whose activities are part of a defined ABA program of study, practicum, intensive practicum, or supervised independent fieldwork who practices under the supervision of an LBA consistent with the standards set by a nationally recognized Behavior Analyst Certification Board as determined by the Arizona Board of Psychologist Examiners and A.R.S. § 32-2091.08(3).
7. "Assessment" means an analysis of a ~~patient's~~ member's need for physical health services, ABA services, or behavioral health services to determine which services a health care institution or service provider will provide to the ~~patient.~~ member.
8. "Assistant behavior analyst" means a person with undergraduate-level board certification in behavior analysis who delivers ABA services under the supervision of an LBA.
9. "Behavior management services" means services that assist ~~the~~ a member in carrying out daily living tasks and other activities essential for living in the community, including personal care services.

   ~~"Behavioral health therapeutic home care services" means interactions that teach the client living, social, and communication skills to maximize the client's ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the client's treatment plan, as appropriate.~~
10. "Behavioral health services" means medical services, nursing services, health-related services, ABA services, or ancillary services provided to ~~an individual~~ a member to address the ~~individual's~~ member's behavioral health issue.
11. "Behavioral health technician" means ~~an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:~~

    ~~If the behavioral health services were provided in a setting other than a licensed health care institution, the individual~~ person ~~would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and~~

    ~~Are provided with clinical oversight by a behavioral health professional.~~ a person who provides services to address a behavioral health issue as described in A.A.C. R9-10-101.
12. "Behavioral health therapeutic home care services" means interactions that teach a member living, social, and communication skills to maximize the member's ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the member's treatment plan.
13. "Board-certified behavior analyst" or "BCBA" means a person board-certified as a behavior analyst by the national Behavior Analyst Certification Board as defined under A.A.C. R4-26-404.

14. "Case management" ~~for the purposes of this Article,~~ means services and activities that enhance treatment, compliance, and effectiveness of treatment.

15. "Certified psychiatric nurse practitioner" means a registered nurse practitioner who meets the psychiatric specialty area requirements under A.A.C. R4-19-505(C).

~~"Clinical oversight" means as described under 9 A.A.C. 10.~~

16. "Cost avoid" means to avoid payment of a third-party liability claim when the probable existence of third-party liability has been established under 42 CFR 433.139(b).

17. "Court-ordered evaluation" ~~has~~ means the same ~~meaning~~ as "evaluation" in A.R.S. § 36-501.

~~"Court-ordered pre-petition screening" has the same meaning as "pre-petition screening" in A.R.S. § 36-501.~~

~~"Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.~~

~~"Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.~~

18. "Direct observation" means a visual, real-time assessment conducted by a qualified staff member.

19. "Direct supervision" ~~has~~ means the same ~~meaning~~ as "supervision" in A.R.S. § 36-401.

~~"Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.~~

~~"Health care institution" has the same meaning as defined in A.R.S. § 36-401.~~

~~"Health care practitioner" means a:~~

~~Physician;~~

~~Physician assistant;~~

~~Nurse practitioner; or~~

~~Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.~~

20. "Health plan" means an organization or entity that has a prepaid capitated contract with AHCCCS as described in A.R.S. §§ 36-2904, 36-2940, 36-2944, or A.R.S. Title 36, Chapter 34 to provide goods and services to members either directly or through subcontracts with providers, in conformance with contractual requirements and federal and state law.

21. "Licensed behavior analyst" or "LBA" means a person licensed to practice behavior analysis under A.R.S. Title 32, Chapter 19.1, Article 4.

~~"Licensee" means the same as in 9 A.A.C. 10, Article 1.~~

22. "Medical practitioner" means a physician, physician assistant, or nurse practitioner.

23. "Partial care" means a day program of services provided to ~~individual members or groups~~ a member or group that is designed to improve the ability of a person to function in a community, and includes basic, therapeutic, and medical day programs.

24. "Physician assistant" means ~~the same as in A.R.S. § 32-2501~~ a person licensed to practice under A.R.S. Title 32, Chapter 25, except that when providing a behavioral health service, ~~the~~ a physician assistant shall be supervised by an AHCCCS-registered psychiatrist.

~~"Psychiatrist" means a physician who meets the licensing requirements under A.R.S. § 32-1401 or a doctor of osteopathy who meets the licensing requirements under A.R.S. § 32-1800, and meets the additional requirements of a psychiatrist under A.R.S. § 36-501.~~

~~"Psychologist" means a person who meets the licensing requirements under A.R.S. §§ 32-2061 and 36-501.~~

~~"Qualified behavioral health service provider" means a behavioral health service provider that meets the requirements of R9-22-1206.~~

25. "Respite" means a period of care and supervision of a member to provide rest or relief to a family member or other person caring for the member. Respite provides activities and services to meet the social, emotional, and physical needs of the member during respite.

26. ~~"TRBHA" or~~ "Tribal Regional Behavioral Health Authority" or "TRBHA" means a Native American tribe under contract with ~~ADHS/DBHS~~ the Administration to coordinate the delivery of behavioral health services to eligible and enrolled members of ~~the federally-recognized~~ a federally recognized tribal nation.

R9-22-1202. ~~ADHS, Contractor, Administration and CRS Responsibilities~~ Repealed

~~**A.** ADHS responsibilities. ADHS is responsible for payment of behavioral health services provided to members, except as specified under subsection (D). ADHS' responsibility for payment of behavioral health services includes claims for inpatient hospital services, which may include physical health services, when the principal diagnosis on the hospital claim is a behavioral health diagnosis. Behavioral health diagnoses are identified as "mental disorders" in the latest International Classification of Diseases (ICD) code set as required by AHCCCS claims and encounters.~~

~~**B.** ADHS/DBHS may contract with a TRBHA for the provision of behavioral health services for American Indian members. American Indian members may receive covered behavioral health services:~~

~~1. From an IHS or tribally operated 638 facility,~~

~~2. From a TRBHA, or~~

~~3. From a RBHA.~~

~~**C.** Contractor responsibilities. A contractor shall:~~

~~1. Refer a member to a RBHA under the contract terms;~~

~~2. Provide EPSDT developmental and behavioral health screening as specified in R9-22-213;~~

~~3. Coordinate a member's transition of care and medical records; and~~

~~4. Be responsible for providing covered inpatient hospital services, which may include behavioral health inpatient hospital services, when the principal diagnosis on the hospital claim is not a behavioral health diagnosis.~~

~~**D.** Administration and CRS responsibilities.~~

~~1. The Administration shall be responsible for payment of behavioral health services provided to an ALTCS-FFS or an FES member and for behavioral health services provided by IHS and tribally operated 638 facilities. The Administration is also responsible for payment of behavioral health services provided to these members during prior quarter coverage.~~

~~2. CRS shall be responsible for payment of behavioral health services provided to members enrolled with CRS.~~

R9-22-1203. Eligibility for Covered Services

Title XIX members. A member determined eligible under A.R.S. § 36-2901(6)(a) or (g) except for the failure to meet U.S. citizenship or qualified alien status requirements, shall receive medically necessary covered services under ~~Article 12 and Article 2.~~ Articles 2 and 12.

R9-22-1204. General Service Requirements

A. ~~Services.~~ Behavioral health services include mental health, ABA, substance abuse, and physical services. Medically necessary services shall be covered and service requirements met as described under ~~Article 2 and Article 5.~~ Articles 2 and 5.

B. ~~Notification to Administration for American Indians enrolled with a tribal contractor~~. A provider shall notify the Administration no later than 72 hours after an American Indian member enrolled with a ~~tribal contractor~~ TRBHA presents to a behavioral health hospital for inpatient emergency behavioral health services.

C. ~~Restrictions and limitations.~~ Room and board is not a covered service unless provided in a behavioral health inpatient facility under R9-22-1205.

R9-22-1205. Scope and Coverage of Behavioral Health Services

A. Inpatient behavioral health services. The following inpatient services are covered subject to ~~the~~ limitations and exclusions in ~~this Article and Article 2.~~ Articles 2 and 12.

1. Covered inpatient behavioral health services include all behavioral health services, medical detoxification, accommodations and staffing, supplies, and equipment, if the service is provided under the direction of a physician in a Medicare-certified:
   a. General acute care hospital~~,~~;
   b. Inpatient psychiatric unit in a general acute care hospital~~,~~; or
   c. Behavioral health hospital.
2. Inpatient service limitations~~:~~.
   a. Inpatient services, other than emergency services specified in this Section, are not covered unless prior authorization is obtained.
   b. Inpatient services and room and board are reimbursed on a per diem basis. The per diem rate includes all services, except ~~the following licensed or certified providers may bill independently for services:~~ services provided by the following AHCCCS-registered providers when submitting claims as independent billers:
      i. A ~~licensed~~ psychiatrist~~,~~;
      ii. A certified psychiatric nurse practitioner~~,~~;

iii. A ~~licensed~~ physician assistant~~,~~;

iv. A ~~licensed~~ psychologist~~,~~;

v. A licensed clinical social worker~~,~~;

vi. A licensed marriage and family therapist~~,~~;

vii. A licensed professional counselor~~,~~;

viii. A licensed independent ~~substance abuse~~ addiction counselor~~, and~~;

ix. An LBA; and

~~ix.~~ x. A medical practitioner.

B. Behavioral ~~Health Inpatient~~ health inpatient facility for children. Services provided in a ~~Behavioral Health Inpatient~~ behavioral health inpatient facility for children as defined in 9 A.A.C. 10, Article 3 are covered subject to the limitations and exclusions under this Article.

1. Behavioral ~~Health Inpatient~~ health inpatient facility for children services are not covered unless provided under the direction of a licensed physician in a licensed ~~Behavioral Health Inpatient~~ behavioral health inpatient facility for children accredited by an AHCCCS-approved accrediting body as specified in contract.
2. Covered ~~Behavioral Health Inpatient~~ behavioral health inpatient facility for children services include room and board and treatment services for behavioral health and substance abuse conditions.
3. ~~Inpatient~~ Behavioral ~~Health Inpatient~~ health inpatient facility for children service limitations.
   a. Services are not covered unless prior authorized, except ~~for~~ emergency services as specified in this Section.
   b. Services are reimbursed on a per diem basis. The per diem rate includes all services, except ~~the following licensed or certified providers may bill independently for services:~~ services provided by the following AHCCCS-registered providers when submitting claims as independent billers:
      i. A ~~licensed~~ psychiatrist~~,~~;
      ii. A certified psychiatric nurse practitioner~~,~~;
      iii. A ~~licensed~~ physician assistant~~,~~;
      iv. A ~~licensed~~ psychologist~~,~~;
      v. A licensed clinical social worker~~,~~;
      vi. A licensed marriage and family therapist~~,~~;
      vii. A licensed professional counselor~~,~~;
      viii. A licensed independent ~~substance abuse~~ addiction counselor~~, and~~;
      ix. An LBA; and
      ~~ix.~~ x. A medical practitioner.

4. The following may be billed independently if prescribed by a provider ~~as specified in this Section~~ who is operating within the scope of practice:
   a. Laboratory services~~,~~; and
   b. Radiology services.

C. Covered ~~Inpatient~~ inpatient sub-acute agency services. Services provided in ~~a~~ an inpatient sub-acute facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.

1. Inpatient sub-acute facility services are not covered unless provided under the direction of a licensed physician in ~~a~~ an AHCCCS-registered, licensed inpatient sub-acute facility that is accredited by an AHCCCS-approved accrediting body.
2. Covered ~~Inpatient~~ inpatient sub-acute facility services include room and board and treatment services for behavioral health and substance abuse conditions.
3. Services are reimbursed on a per diem basis. The per diem rate includes all services, except ~~the following licensed or certified providers may bill independently for services:~~ services provided by the following AHCCCS-registered providers when submitting claims as independent billers:
   a. A ~~licensed~~ psychiatrist~~,~~;
   b. A certified psychiatric nurse practitioner~~,~~;
   c. A ~~licensed~~ physician assistant~~,~~;
   d. A ~~licensed~~ psychologist~~,~~;
   e. A licensed clinical social worker~~,~~;
   f. A licensed marriage and family therapist~~,~~;
   g. A licensed professional counselor~~,~~;
   h. A licensed independent ~~substance abuse~~ addiction counselor~~, and~~;
   i. An LBA; and
   ~~i.~~j. A medical practitioner.
4. The following may be billed independently if prescribed by a provider specified in this Section who is operating within the scope of practice:
   a. Laboratory services~~,~~; and
   b. Radiology services.

D. Behavioral health residential facility services. Services provided in a licensed behavioral health residential facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.

1. Behavioral health residential facility services are not covered unless provided by a licensed behavioral health residential facility that is an AHCCCS-registered provider.

2. Covered services include all non-prescription drugs as defined in A.R.S. § 32-1901, non-customized medical supplies, and clinical oversight or direct supervision of the behavioral health residential facility staff~~, whichever is applicable~~. Room and board are not covered services.

~~3. The following licensed and certified providers may bill independently for services:~~

~~a. A licensed psychiatrist,~~

~~b. A certified psychiatric nurse practitioner,~~

~~c. A licensed physician assistant,~~

~~d. A licensed psychologist,~~

~~e. A licensed clinical social worker,~~

~~f. A licensed marriage and family therapist,~~

~~g. A licensed professional counselor,~~

~~h. A licensed independent substance abuse counselor and~~

E. Partial care. Partial care services are covered subject to the limitations and exclusions in this Article.

1. Partial care services are not covered unless provided by a licensed and AHCCCS-registered behavioral health agency that provides a regularly scheduled day program of individual member, group, or family activities that are designed to improve the ability of the member to function in the community. Partial care services include basic, therapeutic, and medical day programs.
2. ~~Partial care services.~~ Educational services that are therapeutic and are included in the member's behavioral health treatment plan are included in per diem reimbursement for partial care services.

F. Outpatient services. Outpatient services are covered subject to the limitations and exclusions in ~~this Article and Article 2.~~ Articles 2 and 12.

1. Outpatient services include the following:
   a. Screening provided by a behavioral health professional or a behavioral health technician~~ as defined in R9-22-1201~~;
   b. A behavioral health assessment provided by a behavioral health professional or a behavioral health technician;
   c. Counseling including individual therapy, group therapy, and family therapy provided by a behavioral health professional or a behavioral health technician;
   d. Behavior management services~~ as defined in R9-22-1201~~; and
   e. Psychosocial rehabilitation services~~ as defined in R9-22-201~~.
2. Outpatient service limitations.
   a. The following ~~licensed or certified~~ AHCCCS-registered providers may bill independently for outpatient services:
      i. A ~~licensed~~ psychiatrist;
      ii. A certified psychiatric nurse practitioner;
      iii. A ~~licensed~~ physician assistant~~ as defined in R9-22-1201~~;

iv. A ~~licensed~~ psychologist;

v. A licensed clinical social worker;

vi. A licensed professional counselor;

vii. A licensed marriage and family therapist;

viii. A licensed independent ~~substance abuse~~ addiction counselor;

ix. An LBA; and

~~ix.~~x. A medical practitioner~~; and~~.

~~x. An outpatient treatment center or substance abuse transitional facility licensed under 9 A.A.C. 10, that is an AHCCCS-registered provider.~~

b. A behavioral health practitioner not specified in subsections (F)(2)(a)(i) through ~~(x),~~ (ix) who is contracted with or employed by an AHCCCS-registered behavioral health agency shall not bill independently.

G. ABA services are covered subject to the limitations and exclusions under Articles 2 and 12. In order to be covered, ABA services shall be provided by a qualified service provider under R9-22-1207.

~~**G.**~~**H.** Emergency behavioral health services are covered subject to the limitations and exclusions under this Article. In order to be covered, behavioral health services shall be provided by a qualified service ~~providers. under R9-22-1206. ADHS/DBHS~~ provider. A health plan responsible for the crisis care continuum shall ensure that emergency behavioral health services are available 24 hours per day, seven days per week in each GSA for an emergency behavioral health condition for a non-FES member ~~as defined in R9-22-201~~.

~~**H.**~~**I.** Other covered behavioral health services. Other covered behavioral health services include:

1. Case management ~~as defined in 9 A.A.C. 10, Article 1~~;
2. Laboratory and radiology services for behavioral health diagnosis and medication management;
3. Medication;
4. Monitoring, administration, and adjustment for psychotropic medication and related medications;
5. Respite care as described ~~within~~ in subsection ~~(J);~~ (K);
6. Behavioral health therapeutic home care services provided ~~by a RBHA~~ in a ~~professional~~ foster home ~~defined in 6 A.A.C. 5, Article 58~~ as defined in A.R.S. § 8-501, or in an adult behavioral health therapeutic home ~~as defined in 9 A.A.C. 10, Article 1~~; and
7. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.

~~**I.**~~**J.** Transportation services. Transportation services are covered under R9-22-211.

~~**J.**~~**K.** Limited ~~Behavioral Health~~ behavioral health services. Respite services are limited to no more than 600 hours per benefit year.

R9-22-1206. ~~Repealed~~ Applied Behavior Analysis Services – Eligibility and Referral

A. ABA services are a covered benefit for a member diagnosed with a qualifying neurodevelopmental disorder through a comprehen-

sive diagnostic evaluation (CDE), for which ABA is an evidence-based treatment.

B. Documentation shall demonstrate clinically significant functional impairment not limited to a single environment in at least two of the following areas:

1. Communication;
2. Social interaction;
3. Maladaptive, disruptive, or harmful behavior; or
4. Restrictive, repetitive, inflexible or ritualized behavior.

C. ABA services are covered for a member meeting medical necessity standards, regardless of age.

D. A diagnosis of a qualifying neurodevelopmental disorder shall be established through a CDE conducted using evidence-based assessment appropriate to a member's age and presentation, as well as to the relevant professional standards applicable to the evaluating clinician, by one of the following clinicians:

1. Psychiatrist;
2. Neurologist;
3. Psychologist;
4. Developmental pediatrician; or
5. A pediatrician who has completed specialized autism spectrum disorder diagnosis training approved by DES's Division of Developmental Disabilities.

E. A diagnosis shall be established according to criteria in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time of evaluation and shall include severity level and specifiers as listed in the DSM.

F. If a CDE has not been completed within 12 months of December 1, 2026, or 12 months of enrollment with AHCCCS, whichever is later, due to a lack of qualified clinician availability, ABA services may continue to be authorized if:

1. A member has a scheduled appointment for a CDE; and
2. A member otherwise meets all medical necessity criteria for continuation of ABA services.

G. A provisional diagnosis of a qualifying neurodevelopmental disorder may be used to establish eligibility for ABA services when:

1. A diagnosis confirmed through a CDE is not yet available;
2. Developmental delays or other symptoms likely to be responsive to ABA services are identified through an evidence-based developmental screening tool; and
3. Awaiting completion of a CDE would result in delayed access to ABA services during a critical period of early development.

H. A provisional diagnosis of a qualifying neurodevelopmental disorder satisfies the diagnostic eligibility requirement for referral to ABA services in lieu of a diagnosis confirmed through a CDE.

I. When a provisional diagnosis serves as the basis for referral to ABA services, a CDE shall be completed as soon as practicable and no later than 12 months after the provisional diagnosis is made to confirm eligibility for continued ABA services.

J. A provisional diagnosis shall not be made solely for the purpose of initiating or continuing ABA services when the available clinical information does not support diagnosis of a qualifying neurodevelopmental disorder.

K. After a qualifying diagnosis is made, referral for an initial assessment for ABA services may be made by a diagnosing clinician, primary care provider, or primary treating behavioral health clinician.

1. A referral is valid for one year.
2. Referral documentation shall include information sufficient to establish:
    a. Diagnosis;
    b. Functional impairment;
    c. Current services; and
    d. Medical necessity for ABA services.

R9-22-1207. Applied Behavior Analysis Services – Provider Qualifications and Supervision Requirements

A. A health plan, provider organization and provider shall ensure that ABA services are provided, delegated, directed, and supervised as provided in A.R.S. Title 32, Chapter 19.1, and applicable requirements of the Arizona Board of Psychologist Examiners.

B. A provider and provider organization shall conduct and document direct observation, supervision, training, and treatment fidelity activities sufficient to support medical necessity, quality of care, and compliance with this Article.

C. A provider organization and supervising LBA shall ensure that an ABA supervisee furnishing covered ABA services:

1. Complies with A.R.S. Title 32, Chapter 19.1 and applicable requirements of the Arizona Board of Psychologist Examiners;
2. Has, at the time of hire or initial contract and every three years thereafter, successfully completed a nationwide criminal background check that accounts for criminal convictions;
3. Has, at the time of hire or initial contract and annually thereafter, successfully completed applicable abuse, neglect, and exploitation registry screenings, including searches of the Arizona Department of Child Safety Central Registry under A.R.S. § 8-804 and the Adult Protective Services Registry under A.R.S. § 46-459;
4. Has submitted all required criminal background screening, and applicable registry screening applications before providing services to a member; and
5. Has been verified as meeting the required criminal background screening, and applicable registry screening requirements before providing services to a member without the direct observation of another staff member whose screening requirements have been verified.

D. A provider organization and supervising LBA shall maintain documentation demonstrating compliance with criminal background screening and applicable registry screening requirements of R9-22-1207(C) and shall make such documentation available to the Administration or health plan upon request.

E. A provider organization and supervising LBA shall:

1. Prohibit an ABA supervisee from providing services to a member if background check results contain:

a. A conviction for any of the offenses listed in A.R.S. § 41-1758.03(B) or (C);

b. A substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the Adult Protective Services Registry under A.R.S. § 46-459; or

c. A substantiated report of child abuse or neglect under A.R.S. § 8-804.

2. Require an ABA supervisee to report immediately to the provider organization and supervising LBA if a law enforcement entity has charged the ABA supervisee with any crime listed in A.R.S. § 41-1758.03(B) or (C).

3. Require an ABA supervisee to report immediately to the provider organization and supervising LBA if Adult Protective Services has alleged that the ABA supervisee abused, neglected, or exploited a vulnerable adult.

4. Require an ABA supervisee to report immediately to the provider organization and supervising LBA if the Department of Child Safety has alleged that the ABA supervisee has abused or neglected a child.

F. If a provider organization or supervising LBA have not completed screening procedures for ABA supervisees currently providing services to members on or before December 1, 2026, the provider shall be granted a 180-day grace period from December 1, 2026, to comply.

G. ABA services shall be furnished by a person authorized to provide such services under A.R.S. Title 32, Chapter 19.1 and applicable requirements of the Arizona Board of Psychologist Examiners.

H. Licensed behavior analyst.

1. A health plan and provider shall ensure that an LBA furnishing covered ABA services maintains a license to practice behavior analysis under A.R.S. Title 32, Chapter 19.1.

2. A health plan and provider shall ensure documentation demonstrating compliance with the requirements of subsection (C) is maintained and shall make such documentation available to the Administration upon request.

3. An LBA shall complete an ABA assessment and develop an individualized treatment plan when ABA services are recommended.

4. An LBA shall be responsible for assessment, treatment planning, supervision, and documentation necessary to support medical necessity, authorization, and delivery of ABA services under this Article, unless assessment, treatment planning and service delivery are completed by a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist's scope of practice.

I. BCBA awaiting Arizona licensure. A health plan, provider organization, or supervising LBA shall ensure that a BCBA awaiting Arizona licensure furnishing covered ABA services:

1. Maintains an active behavior analyst certification from the Behavior Analyst Certification Board; and

2. Is actively pursuing licensure as a behavior analyst under A.R.S. Title 32, Chapter 19.1.

J. ABA technician. A provider organization and supervising LBA shall ensure that an ABA technician furnishing covered ABA services:

1. Obtains and maintains an active ABA technician certification issued by a nationally recognized ABA technician certification organization, within 180 days of hire or by May 30, 2027, whichever is later, unless a documented exemption in subsection (a) or (b) applies:
   a. The certification examination is not available in the technician's primary language and the technician intends to provide services in that language.
   b. The technician has a documented disability for which the testing entity is unable to provide a reasonable accommodation.
2. If an ABA technician does not obtain certification within 180 days of hire or by May 30, 2027, whichever is later, or does not qualify for an exemption, the ABA technician can only provide services under the direct observation of a fully certified ABA technician, assistant behavior analyst, BCBA awaiting Arizona licensure, or LBA.
3. Upon initial hire if not holding an active certification, has initiated the certification process with the certification organization before providing any member services.
4. Meets the required certification prerequisites before providing services to a member that are not under the direct observation of a fully certified ABA technician, assistant behavior analyst, BCBA awaiting Arizona licensure, or LBA. Certification prerequisites are determined by the relevant ABA technician certification organization and include:
   a. Age and educational requirements;
   b. All required classroom, online, and supervisor-led instruction;
   c. Experiential learning; and
   d. Skills competency assessment.

K. ABA case supervision.

1. Direct ABA supervision shall be conducted as provided under A.R.S. Title 32, Chapter 19.1 and applicable requirements of the Arizona Board of Psychologist Examiners.
2. An LBA shall determine the amount and type of ABA case supervision activities performed based on a member's needs and shall meet a minimum ratio of one hour of ABA case supervision by the LBA for every ten hours of direct ABA services provided to the member by an ABA supervisee.
3. A supervising LBA shall ensure that the ABA case supervision ratio and activities are appropriate to meet a member's needs and that all ABA case supervision activities are documented in the member's medical record and available for review by the Administration and the health plan.

R9-22-1208. Applied Behavior Analysis Services – Assessment, Treatment, Authorization and Continuing Services

A. ABA assessment and treatment plan.

1. An LBA or a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist's scope of practice shall complete an initial ABA assessment upon referral and reassess a member at least every six months thereafter, or more frequently when clinically indicated.

2. Total ABA assessment hours shall not exceed 12 hours per assessment, unless additional assessment time is supported by documentation demonstrating medical necessity.

3. Assessment methods and tools shall be appropriate to a member's age, needs, presentation, and treatment goals and support development of an individualized treatment plan.

4. An ABA assessment shall include:

    a. A summary of the findings;

    b. A statement of whether ABA services are recommended;

    c. The expected outcomes of ABA services; and

    d. Documentation supporting medical necessity if ABA services are recommended.

    e. When a child member who is at least age 5 before January 1 of a school year is not participating in school due to deferral of school attendance for the purpose of receiving ABA services, documentation shall additionally include:

        i. The barriers currently preventing meaningful participation in school;

        ii. How participation in ABA services will address those barriers;

        iii. The milestones that shall be achieved for the member to successfully transition to school; and

        iv. Explicit informed consent inclusive of the information provided in subsections (i) through (iii) signed by the member's parent or caregiver.

5. Based on the results of an assessment, an LBA or a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist's scope of practice shall develop a person-centered and individualized treatment plan for a member that:

    a. Is based on the member's identified needs;

    b. Accounts for other medically necessary services and supports available to the member; and

    c. Aligns the scope, intensity, and duration of ABA services with the member's functional impairments and treatment goals.

6. A treatment plan shall include:

    a. Targeted skills and behaviors;

    b. Measurable goals and objectives;

    c. Baseline outcome measures;

    d. Planned service intensity and treatment setting;

    e. For services delivered during school hours or in a school setting, documentation shall include:

        i. Data supporting the clinical necessity of service delivery in that setting;

        ii. Coordination with educational and clinical providers when appropriate and authorized; and

        iii. A description of how ABA services complement rather than duplicate services otherwise available through the member's educational program;

f. Caregiver participation requirements, when applicable;

g. The caregiver training objectives and how caregiver participation supports achievement of treatment goals and generalization of skills across environments, when applicable;

h. Care coordination activities necessary to support implementation of the treatment plan, including coordination with other treating providers, caregivers, and other individuals involved in the member's care when appropriate and authorized; and

i. Transition and discharge criteria.

B. Parent and caregiver involvement and training.

1. Caregiver participation shall be included in the treatment plan in the amount and frequency clinically indicated based on a member's needs, and shall include no less than two hours of caregiver training per month unless:

   a. A documented clinical rationale supports a lower amount of caregiver training; or

   b. Documented barriers prevent participation despite reasonable efforts to engage the caregiver.

2. Caregiver training shall be delivered in a manner that is clinically appropriate to a member's needs and treatment goals.

C. Prior authorization.

1. Before providing ABA treatment services, a provider shall obtain prior authorization from the Administration or a health plan.

2. A health plan shall review and determine whether a provider's request for prior authorization meets the Administration's criteria.

3. A prior authorization request shall be accompanied by a completed ABA assessment and treatment plan dated within 30 days of the request.

4. A health plan shall ensure that a prior authorization request is processed and addressed and shall authorize ABA services for a maximum of six months at a time.

5. A provider shall ensure that services are initiated as outlined in the treatment plan within 30 days of prior authorization.

6. A request for prior authorization that comprises more than 25 hours of ABA treatment provided directly to a member per week, or more than 15 hours per week of ABA treatment provided directly to a member outside of the educational setting for a member enrolled as a full-time student as defined in A.R.S. § 15-901, shall include:

   a. Additional justification to describe the specific symptomatology that indicates additional hours are medically necessary;

   b. The specific goals and objectives that address areas of concern;

   c. The current or future goals the member shall master to demonstrate the ability to transition to a lower level of care; and

   d. Documentation detailing plans for caregiver training and ABA case supervision by the LBA when any portion of direct ABA treatment services will be provided by ABA supervisees, both of which shall be provided in amounts and frequencies appropriate to the member's clinical presentation and planned treatment intensity.

7. A member receiving ABA services who has not undergone a CDE shall complete such an evaluation by December 1, 2027, or within 12 months of enrollment with AHCCCS, whichever is later. ABA services shall not be denied, reduced, or terminated

solely because the required CDE has not yet been completed, provided documentation demonstrates that the member has a scheduled appointment for a CDE.

8. For a member receiving ABA services on December 1, 2026, who has undergone a CDE by one of the qualified clinicians listed in R9-22-1206(D) that provides a diagnosis of a qualifying neurodevelopmental disorder, an additional CDE shall not be required solely because the existing CDE does not meet all required elements of a CDE described in this Article.

D. Authorization for continuing services.

1. A provider shall request authorization for continuing ABA services before the end of the current authorization period and shall submit documentation supporting continued medical necessity and compliance with this Article under criteria established by the Administration and administered by the health plan when applicable.
2. A request for continuing ABA services shall include:
   a. An updated treatment plan;
   b. Information demonstrating a member's response to treatment;
   c. Documentation supporting treatment implementation;
   d. Documentation of caregiver participation when applicable; and
   e. Documentation of efforts to address barriers that may affect treatment outcomes.
3. A request for continuing ABA services shall include documentation of services delivered during the previous authorization period.
4. When delivered services are below 80 percent of the authorized amount, a provider shall document factors affecting service delivery and efforts to address those barriers.
5. When expected progress toward treatment goals is not achieved, a provider shall:
   a. Document factors affecting progress;
   b. Reassess contributing factors;
   c. Modify treatment interventions when clinically appropriate; and
   d. Document modifications made to address identified barriers.
6. When continuing ABA services are requested to maintain a member's level of functioning or prevent deterioration, a provider shall document the clinical basis for continued services and any transition or service reduction efforts previously attempted.
7. A health plan shall not deny reauthorization of ABA services solely because a member no longer meets diagnostic criteria for autism spectrum disorder when another qualifying diagnosis has been made and the member otherwise meets required medical necessity criteria for continuation of ABA services.

E. Reimbursement for direct ABA treatment shall be limited to time during which ABA interventions identified in a member's authorized treatment plan are actively being provided to the member.

F. A provider shall maintain documentation sufficient to substantiate the amount, duration, and delivery of ABA services billed to the

Administration or to a health plan.

G. Duration of treatment and discharge.

1. The duration of ABA services shall be based on a member's needs, response to treatment, and the preferences of the member, parent, caregiver, or health care decision maker, as applicable.
2. Transition and discharge criteria shall be individualized, measurable, and documented in the treatment plan.
3. An LBA or a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist's scope of practice, shall discontinue ABA services when:
   a. Treatment goals have been achieved or maximum therapeutic benefit has been reached;
   b. A member is no longer benefiting from services despite clinically appropriate treatment modifications;
   c. Continued services are no longer medically necessary to maintain or prevent deterioration of targeted skills;
   d. Treatment results in persistent worsening of symptoms or behaviors despite clinically appropriate intervention modifications; or
   e. A member's functioning has improved to the extent that continued ABA services are no longer medically necessary.
4. Upon a member's discharge, an LBA or a psychologist licensed to practice under A.R.S. Title 32, Chapter 19.1, acting within the psychologist's scope of practice, shall complete a discharge summary and provide the summary to other treating providers when appropriate to support continuity of care. The discharge summary shall include:
   a. A summary of services provided;
   b. The member's response to treatment;
   c. The reason for discharge; and
   d. Recommendations regarding ongoing service needs, if applicable.

~~R9-22-1207.~~R9-22-1209. General Provisions for Payment

A. Claims submissions.

1. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member to the ~~appropriate RBHA.~~ health plan.
2. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member to the ~~appropriate RBHA.~~ health plan.
3. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
4. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
5. A provider of emergency behavioral health services~~,~~ that are the responsibility of ~~ADHS/DBHS or~~ a ~~contractor,~~ health plan shall submit a claim to the entity responsible for emergency behavioral health services under R9-22-210.01(A).

6. A provider shall comply with the ~~time frames~~ time frames and other payment procedures in Article 7 of this Chapter, if applicable, and A.R.S. § 36-2904.

7. ~~ADHS/DBHS or a contractor, whichever~~ An entity ~~is~~ responsible for covering behavioral health services~~,~~ shall cost avoid ~~any~~ a behavioral health service ~~claims if it~~ claim if the entity establishes the existence or probable existence of first-party liability or third-party liability.

B. Prior authorization. Payment to a provider for behavioral health services or items requiring prior authorization may be denied if a provider does not obtain prior authorization from a ~~RBHA, ADHS/DBHS, a~~ TRBHA, the Administration or a ~~contractor.~~ health plan.