

CoPA Questions for ITCVA (Part C) Related to ABA and Insurance

1. How is ABA aligned with the supports and services approach in EI? OR is it a separate “outside of Part C” service?
2. What specifically is ABA intervention? Is it only discrete trial intervention or Pivotal Response Training (PRT) or other methodologies?
3. Does the insurance coverage mandate differentiate between the types of ABA that are covered? For example, many ABA providers utilize a child-focused, discrete trial approach. Others might use more of a PRT methodology.
4. Will Part C define which types of ABA intervention will be supported as a Part C service?
5. Will ABA service providers be required to become EI certified?
6. If EI starts working with a family before an autism diagnosis is received or discussed and then the child does receive the diagnosis, will it be local EI system’s responsibility to secure ABA services for the child or will that be the family’s responsibility?
7. Will Medicaid, pay for both ABA and developmental services or will that be considered a duplication of services?
8. Will the ABA therapy go on the IFSP? And if so, how will that be documented?
9. Are all insurers in VA mandated to pay for ABA therapy so that every family will have the opportunity to receive these services paid for by insurance
10. Will Part C be responsible for ABA coverage if insurance denies? If yes, how much will Part C pay for (hours, visits, etc?)
11. Part C pays as payor of last resort for any service on the IFSP at the Part C for services identified by the IFSP team.
12. Would ABA therapy go under “Other Services” on the IFSP if ABA is not recommended by the IFSP team as the service needed to address the outcomes?
13. Can early interventionists help make the diagnosis of autism through observations during therapy?

Response to Questions from CoPA

As indicated in Supporting Young Children with Autism Spectrum Disorders and their Families: Infant & Toddler Connection of Virginia Guidance Document (January, 2012), the early intervention supports and services that each child will receive are individualized to meet the child and family outcomes identified by the IFSP team. There are no requirements or entitlements about the type, frequency or length of services based on a child’s diagnosis or disability. While the Infant & Toddler Connection of Virginia does not endorse a specific model of therapy, early intervention does endorse teaching and coaching practices. Regardless of the type of service, the goal is for parents to be empowered with knowledge and skills to support their child’s development and implement intervention strategies between provider visits, during everyday routines and activities, since this maximizes learning for the child. Families who wish to receive additional services, beyond those recommended by the IFSP team, may seek those services outside of the Infant & Toddler Connection of Virginia system.

ABA is considered an intervention/treatment modality rather than a service (see page 26 of Chapter 7 in the Practice Manual) and would be listed accordingly on the IFSP. Part C funds may be used as the payor of last resort for entitled services listed on the IFSP, including those provided through ABA practices. If the family seeks services outside of the Infant & Toddler Connection system, then those services would be recorded as “Other Services” in section VI of the IFSP and Part C funds could not be used as payor of last resort.

It is our understanding that the insurance mandate for ABA does not apply to all insurance policies. The Virginia State Code does not specify the type of intervention or approach required by the mandate. This will depend on the individual policy.

Any professional who provides early intervention services must be certified in Virginia as an early intervention practitioner. Behavior Analysts and Assistance Behavior Analysts will be added as qualifications for certification when permanent Early Intervention regulations are promulgated in Virginia. We expect this will take approximately one year. Early Intervention providers do not make a diagnosis of autism. Trained clinicians (like psychologists or psychiatrists), or other medical professionals, like developmental pediatricians or neurologists may make the actual diagnosis of autism spectrum disorder. Supporting Young Children with Autism Spectrum Disorders and their Families: Infant & Toddler Connection of Virginia Guidance Document provides information about screening and diagnosis for ASD.

CoPA is correct that DMAS will not reimburse for services that duplicate another. Developmental services are identified Early Intervention services. ABA may be the modality for providing developmental services. ABA authorizations are done by DMAS and reviewed individually. If there is a concern, it is recommended that the provider ask about this during the request for authorization.

We agree that the additional questions posed are beyond the scope of our expertise.