Overview of Proposed Changes

Applied Behavior Analysis (ABA) Therapy Manual

DRAFT | November 5, 2026

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Draft for discussion purposes only. Concepts and descriptions remain under review and may change during the promulgation process.

Overview

Why Were Changes Needed?

The initial ABA Therapy Medicaid provider manual was promulgated effective January 1, 2025. Since then:

- Staff, providers, and stakeholders discovered the need for revisions / clarifications as part of implementation and
- The Centers for Medicare & Medicaid Services (CMS) released its State Medicaid & Children's Health Insurance Program Applied Behavior Analysis Toolkit which recommends programmatic changes to ABA therapy programs nationwide

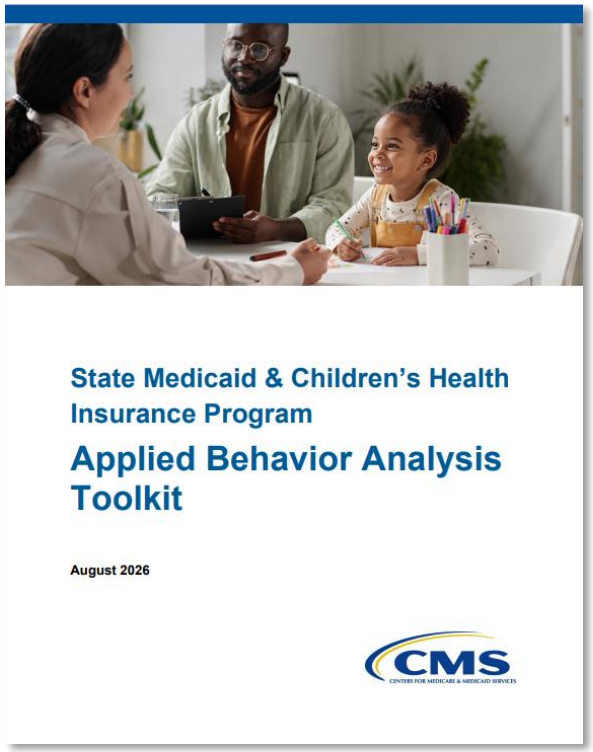
What Did the Update Process Look Like?



DDS established a Task Force of subject matter experts, providers, DHS staff, and sister agencies (Department of Education, UAMS)
The Task Force met between August 21, 2025 – August 13, 2026 to provide input on proposed changes.

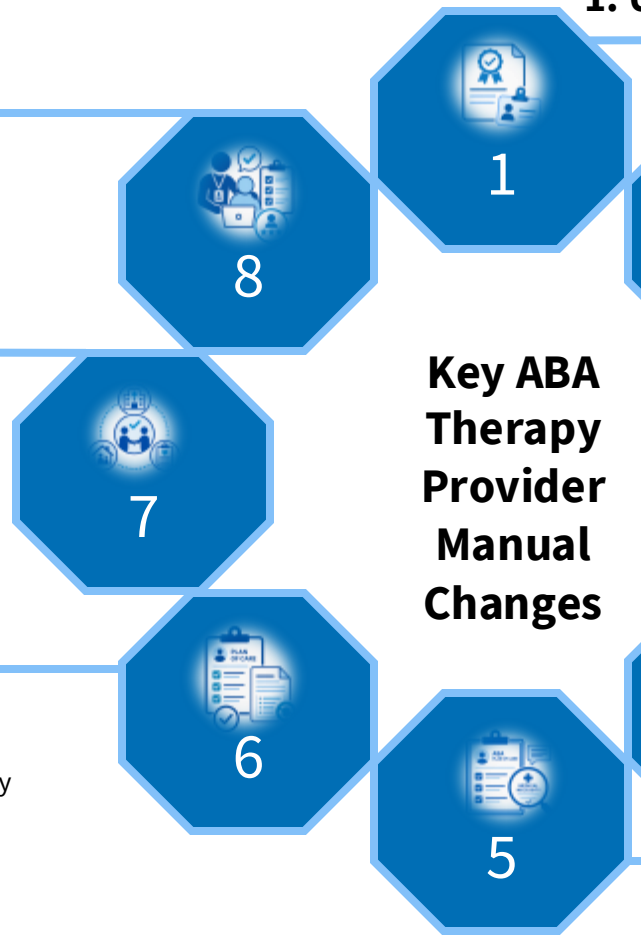
When will new changes be in effect?

The *proposed* effective date is **3/1/2027**, pending promulgation



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Summary of All Changes



1. Updated Certifications and Credentials

- Updates to the required certifications and credentials required to perform ABA therapy services

2. Required Service Documentation

- Additional clarity and requirements related to the service documentation required to be included for each different type of ABA therapy service

3. Qualifying Diagnosis & Evaluation Reports

- Clarifications related to a qualifying Autism Spectrum Disorder (ASD) diagnosis and required supporting documentation
- Updates in connection with what must be included as part of required comprehensive evaluation reports

4. Clinician Service Limits

- Implementation of limits on the total amount of ABA therapy services that a single clinician can bill Arkansas Medicaid during a single week

5. Medical Necessity

- Additon of clarifying language and guidance in connection with establishing the medical necessity of recommended ABA therapy services

6. Required Plan of Care (POC) Documentation

- Additional clarity and requirements related to the documentation required to be included in each beneficiary's individualized POC and any necessary updates to a POC

7. Minimum Collaboration Requirements

- Implementation of minimum collaboration requirements with other current service providers

8. Supervision Requirements

- Clarification concerning supervision requirements

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1. Updated Certifications and Credentials



- Updates to the required certifications and credentials required to perform ABA therapy services
- Clarifies minimum qualifications, accountability, and documentation for those delivering or supervising Medicaid-funded ABA services

What Changes were made?

1. Board-Certified Behavior Analysts (BCBA)s must register with the Arkansas Psychology Board as a registered behavior analyst

2. Effective January 1, 2028, provisional RBT status will no longer be recognized. Starting January 1, 2028, RBT certification in good-standing from the BACB is required for an RBT to perform billable ABA therapy services.

    - Additional clarifying updates / changes related to provisional RBT status through December 31, 2027

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2. Required Service Documentation



- Clarifies service documentation requirements
- Connects each billed service to the beneficiary, setting, time, intervention, POC, and rendering provider

What Changes were made?



Added additional required components:

- Prior Authorization documentation
- Required provider coordination of care collaboration documentation
- Discharge summary within 7 days of receiving notice of a beneficiary's discharge



Requires ABA therapy providers to maintain **behavior identification assessment** service delivery documentation, broken down into time increments of no longer than 120 minutes



Added service documentation requirements for **ABA therapy treatment** (e.g., treatment notes in increments no more than 120 minutes, description of procedures and protocols within scope of accepted ABA practice)

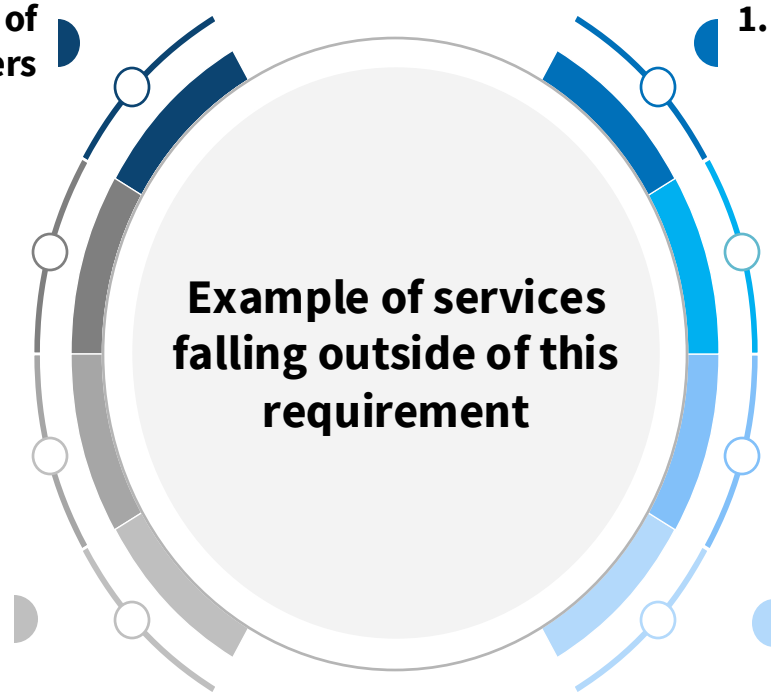


ABA therapy treatment criteria measurements and data must be collected for each goal or objective and documented in graph form over time

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2a. Examples of Practices, Procedures, and Strategies Outside Scope of ABA Practice

Interventions must be grounded in peer-reviewed empirical research rather than unverified, anecdotal, or non-behavioral methods



1. **Targeting behaviors or symptoms that are not primary core deficits of ASD**

   Such as treating comorbid ADHD impulsivity, anxiety disorder symptoms, or primary learning disabilities

2. **Academic tutoring, vocational prep, or school curriculum tasks**

3. **Targeting standalone activities of daily living unless clearly linked to a core behavioral deficit of autism spectrum disorder**

4. **Modalities lacking behavioral evidence or operant function bases**

   Sensory diets, deep pressure therapy, floor time without behavior analysis, or general movement breaks

5. **General sports, social clubs, or camp activities that are not driven by specific, measurable behavioral goals**

6. **Custodial care**

   Involving general childcare, babysitting, or supervising a child for parental relief or basic supervision

7. **Any treatment involving physical restraint, mechanical restraint, or aversive interventions**

8. **Psychotherapies that fall under the scope of licensed independent practitioners**

   Cognitive behavior therapy, dialectical behavioral therapy, acceptance and commitment therapy, prolonged exposure, group psychotherapy, etc.

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3. Qualifying Diagnosis & Evaluation Reports

- Clarifies required documentation related to a qualifying ASD diagnosis and
- Updates the required components of a comprehensive evaluation report

Clarifications related to a qualifying ASD diagnosis and required supporting documentation

ASD Diagnosis Requirements

A beneficiary must have an ASD diagnosis established by **2 qualified professionals** in accordance with Arkansas Code Ann. § 20-77-124:

- Licensed physician
- Licensed psychologist or
- Licensed speech-language pathologist.*

ASD diagnosis by each qualified professional must be demonstrated by:

Administration of an **accepted ASD diagnostic evaluation instrument** - *see next slide*

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- Signed and dated conclusion that based upon review of the results of the properly administered ASD diagnostic evaluation instrument(s) and the beneficiary's other relevant medical and psychological history and
- Records the beneficiary meets the diagnostic criteria for ASD under the most recent edition of the DSM

OR

If qualified professional administering own diagnostic clinical evaluation and analyzing the collected data against ASD diagnostic criteria under DSM:

- ASD diagnostic evaluations must clearly document all assessment methods, data sources, and record reviews used to determine how the individual meets DSM criteria
- A signed and dated statement clearly indicating the qualified professional's diagnosis of ASD must be included

* *The qualified professionals who establish the ASD diagnosis cannot perform or be directly or indirectly affiliated with the provider performing ABA therapy services*

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3a. Approved Diagnostic Evaluation Instruments

	Instrument	Abbreviation
1	Autism Diagnostic Interview-Revised	ADI-R
2	Autism Diagnostic Observation Schedule, 2nd Edition	ADOS-2
3	Autism Spectrum Rating Scales	ASRS
4	Child Autism Rating Scale, 2nd Edition	CARS-2
5	Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, 2nd Edition	MIGDAS-2
6	Screening Tool for Autism in Toddlers and Young Children	STAT

Note: Newer editions of the instruments are also acceptable

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3b. Components of the Evaluation Report

What new information must be included in the Evaluation Report?



1. List of mastered goals and objectives since the prior comprehensive evaluation



2. List of goals and objectives where target date or timeframe is adjusted



3. Revised list of accepted skills-based assessment instruments



4. Clarifications regarding direct observation data collection

5. Required justification for any recommended increase in ABA therapy treatment services



6. Date the beneficiary started receiving services from the provider



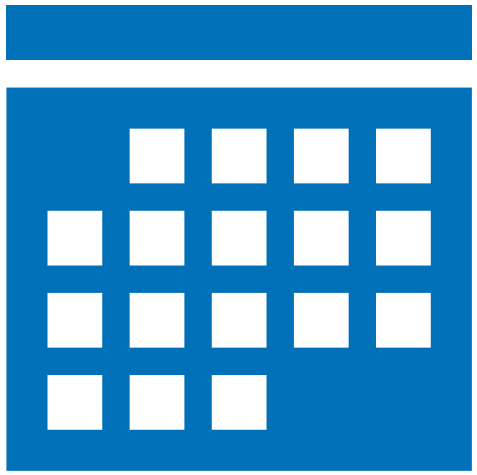
7. If there have been any gaps in ABA therapy services with the current provider

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4. Weekly Clinician ABA Therapy Limits



- A BCBA cannot perform more than a combined total of 60 billable hours in a single week across all ABA therapy services
- BCaBAs and RBTs cannot perform >50 billable hours of ABA therapy treatment services (97153) in a single week



Note: A week for these purposes is Monday – Sunday

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5. Medical Necessity (POC)



Arkansas Medicaid will cover medically necessary ABA services, and each covered ABA therapy service has its own additional medical necessity requirements

Updated general guidance includes, but is not limited to:

1. Generally, Direct Observation is Required to Demonstrate the Medical Necessity of Comprehensive ABA Therapy Treatment (25+ hours/week)
2. Comprehensive ABA therapy services will typically NOT be medically necessary when a beneficiary has no interfering or disruptive behaviors
3. ABA Therapy Requires Active Treatment to be Medically Necessary
4. Beneficiary Must be Capable of Benefiting from Recommended Services
5. ABA Therapy Plans of Care and Goals and Objectives Must be Individualized
6. Generally, Service Delivery Perpetually Occurring in the Same Setting will not Meet Medical Necessity
7. The Existence of a Deficit does not Automatically Mean ABA Therapy is Medically Necessary to Address the Deficit
8. Lack of Access is Irrelevant to Medical Necessity
9. A school does not dictate the medical necessity of ABA therapy services
10. Targeted Behaviors and Skill Deficits Must be Age Appropriate and Appropriately Prioritized

A DMS-641 TP treatment prescription for ABA therapy services does not, in itself, make those services medically necessary, a medical necessity, or a covered service under this Medicaid manual

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6. Documentation & Updates to POC



- Clarifies required components within the individualized recommended POC that must be included with the comprehensive evaluation report
- Clarifies when a Case Supervisor BCBA must update the POC and how it must be documented

Added Requirements for Recommended POC

- Functional status of the beneficiary and objective, long-range treatment outcomes
- Specific procedures and protocols utilized as a part of each treatment intervention and list of settings for service delivery
- Description of monitoring and evaluation procedures for interfering or disruptive behaviors
- Anticipated schedule of the treatment delivery each week
- Specialized equipment description and crisis safety plan (as needed)
- Positive behavior support plan

The recommended POC must cover at least a 6 month period

Updates to POC

The BCBA case supervisor must update the POC any time beneficiary progress or lack thereof warrants

Generally, if data indicates that inadequate progress was made over 5 ABA therapy treatment sessions, then the BCBA case supervisor must try to identify the cause(s) to determine whether the POC should be updated

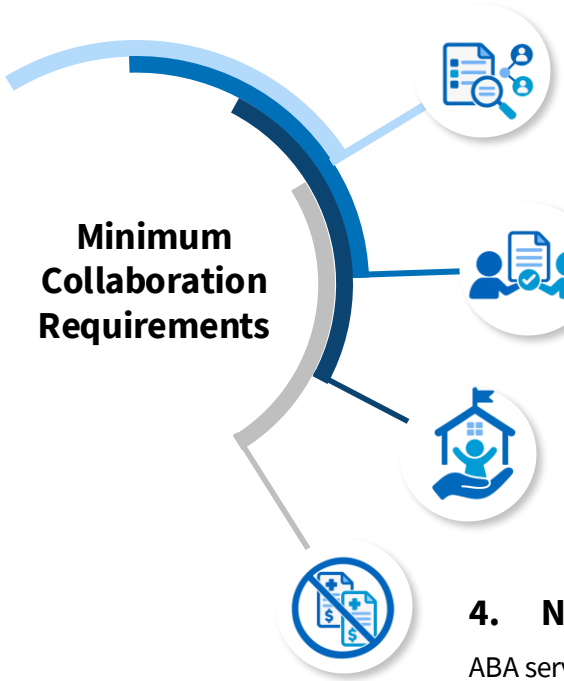
The BCBA case supervisor must document all updates to the POC in the beneficiary's service record, which documentation must include:

- Detailed description of what sections of the POC were updated
- Clinical rationale
- Update date
- Signature of the BCBA case supervisor completing update

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7. Minimum Collaboration Requirements

- Implements minimum collaboration requirements with other current non-ABA service providers
- Clarifies ABA services **must be provided by a single ABA provider** and concurrent ABA treatment from multiple providers is prohibited



1. Identifying Concurrent Services (EIDT, OT, PT, SLP, etc.)

ABA Therapy Providers must proactively attempt to identify other current non-ABA services through the initial intake process, ongoing dialogue with the beneficiary, parent or legal guardian, and caregivers, and periodic MMIS billing history reviews

2. Collaboration Documentation Requirements

The ABA therapy provider must document their collaborations with other non-ABA therapy service providers in the beneficiary service record which must specifically include their name, services provided, method of collaboration, topics covered, length of collaboration, and results based on collaboration

3. Separate POCs Still Required

When an ABA therapy provider is collaborating with other Medicaid service providers, each provider must comply with the requirements of their respective Medicaid manual. Each provider must have separate evaluation referrals, prescriptions, POCs, etc.

4. No Simultaneous Billing

ABA services cannot be billed simultaneously with EIDT, OT, PT, Habilitative, or Speech services; combined service hours generally should not exceed 8 hours per day without documented clinical justification

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8. Supervision Requirements



- Clarifies supervision requirements
- Establishes measurable supervision thresholds
- Mandates responsibility for clinical oversight, documentation review, and availability during service delivery

What Changes were made?



- **Strengthens supervision requirements** by requiring BCaBAs and RBTs to maintain compliance with all BACB supervision standards and provide supporting documentation upon request



- **Establishes minimum supervision thresholds**, requiring case supervision equal to at least **5% of monthly ABA treatment services billed**, with a minimum of **1 hour per month** whenever services are provided



- **Enhances oversight and accountability** by requiring BCBA billing providers to identify the performing BCaBA or RBT as the rendering provider on Medicaid claims

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Other: CPT Code Updates



CMS approved and updated 2027 code set which includes six new CPT codes for adaptive behavior analysis therapy services.[1]

Arkansas Medicaid is investigating which codes and updates to adopt and required systems updates.

We will have an anticipated go-live date soon.

[1] https://www.abaresourcecenter.com/post/2027-aba-cpt-codes

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