

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP clarifies ABA therapy requirements related to statement of need and referrals

The Indiana Health Coverage Programs (IHCP) is clarifying requirements around statement of need and referrals for applied behavior analysis (ABA) therapy.

Statement of need vs. referral

Previous policy required the statement of need with a referral from a referring practitioner if the member's comprehensive diagnostic evaluation (CDE) is more than one year old (see *IHCP Bulletins* [BT202562](#) and [BT202519](#)).

Moving forward, “*statement of need*” and “*referral*” may be used interchangeably, meaning the same thing: a referral for ABA therapy from one of the following referring practitioners (who have specialized training in the application of the most recent Diagnostic and Statistical Manual of Mental Disorders [DSM] autism spectrum disorder criteria):

- Doctoral-level licensed clinical psychologist, endorsed as a health service provider in psychology (HSPP)
- Licensed physician
- Licensed advanced practice registered nurse (APRN)
- Licensed physician assistant

The statement of need/referral may contain the following, but it is not required:

- Details that include current impairing skill deficits and/or targeted behaviors within three months prior to treatment
- Examples of the individual's maladaptive behaviors, functional communication, social and developmental skill deficits that would be responsive to ABA therapy

When to provide statement of need/referral

A statement of need/referral is required at the following times:

- At onset of ABA therapy services if the CDE is more than one year old
- At reauthorization when the member is actively receiving ABA therapy services and the CDE becomes more than one year old
- With a new prior authorization (PA), if the member has a six-month gap in ABA therapy services
 - ⇒ If the member continues to have six-month gaps in ABA services, a statement of need/referral is required with each new PA.



A statement of need/referral does not need to be provided with every reauthorization or annually. When the referral has been submitted for any scenario listed in this bulletin, it does not need to be resubmitted. A new statement of need/referral is not required every six months; however, reassessment and an updated treatment plan must be completed at least every six months.

A statement of need/referral **cannot** be completed by any of the following practitioners:

- Bachelor-level Board Certified Assistant Behavior Analyst (BCaBA)
- Master's-level Board Certified Behavior Analyst (BCBA)
- Physical therapist (PT)
- Speech-language pathologist (SLP)
- Occupational therapist (OT)

QUESTIONS

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