Sample Plan Language for Employers

*This is provided for informational purposes only. This is not intended to be exhaustive and is not medical or legal advice*

If you are considering adding coverage of Autism or other mental/developmental conditions to your policy here is some sample plan language to use as a starting point with your insurance company and/or broker.

**Mental Health Care**

Benefits for mental health services to manage or lessen the effects of a psychiatric condition are provided as stated below. The Mental Health Care benefit does not have its own benefit maximum.

Benefits are subject to the same calendar year deductible, coinsurance or copays, if any, as you would pay for inpatient services and outpatient visits for other covered medical conditions.

Mental Health benefits including Speech, Occupational, Vision, Feeding, Physical and Applied Behavioral Analysis Therapy for the treatment of Autism Spectrum Disorder will not be subject more restrictive yearly plan limits, co-pays, deductibles or coinsurance than the medical/surgical benefits of the Plan.

Services must be consistent with published practices that are based on evidence when available or follow clinical guidelines or a consensus of expert opinion published by national mental health professional organizations or other reputable sources. If no such published practices apply, services must be consistent with community standards of practice.
Covered mental health services are:

- Inpatient care

- Outpatient therapeutic visits. "Outpatient therapeutic visit" (outpatient visit) means a clinical treatment session with a mental health provider of a duration consistent with relevant professional standards as defined in the Current Procedural Terminology manual, published by the American Medical Association.

- Treatment of eating disorders (such as anorexia nervosa, bulimia or any similar condition)

- Physical, Speech, Vision, Feeding and Occupational therapy provided for treatment of psychiatric and neurodevelopmental conditions in The Current Edition of the Diagnostic and Statistical Manual of Mental Disorders including but not limited to Autism Spectrum Disorders. When medically appropriate services may be provided in the patient’s home.

- Applied behavioral analysis (ABA) therapy for members with psychiatric and neurodevelopmental conditions in The Current Edition of the Diagnostic and Statistical Manual of Mental Disorders including but not limited to Autism Spectrum Disorders.

Covered ABA therapy includes treatment or direct therapy for identified members and/or family members. Also covered are an initial evaluation and assessment, treatment review and planning, supervision of therapy assistants, and communication and coordination with other providers or school staff as needed. Delivery of all ABA services for a member may be managed by a BCBA or one of the licensed providers below, who is called a Program Manager. Covered ABA services are limited to activities that are considered to be behavior assessments or interventions using applied behavioral analysis techniques. Applied Behavior Analysis (ABA) services are either provided by, or are under the supervision of, a clinician (often referred to as the program manager or lead behavioral therapist) who is one of the following:
- A Board-Certified Behavior Analyst (BCBA), certified by the Behavior Analyst Certification Board, and state-licensed or state-certified in states that require state licensure or state certification for behavior analysts.

- Any other state-licensed Behavior Analyst.

- A state-licensed physician who is a psychiatrist, developmental pediatrician, or pediatric neurologist.

- A state-licensed psychiatric advanced nurse practitioner/advanced registered nurse practitioner.

- A state-licensed psychologist.

- A state-licensed Master’s level mental health clinician (eg, licensed clinical social worker, licensed marriage and family counselor, licensed mental health counselor).

- A state-licensed occupational therapist or speech therapist.

- Any other provider whose legally-permitted scope of licensure includes behavior analysis.

Note: Supervision of ABA programs and of clinicians providing direct treatment services must be provided by licensed behavior analysts in states in which state law or regulation stipulates that only licensed behavior analysts are permitted to provide ABA supervision.

Alternately, in Washington State, ABA services may be provided by an agency that is licensed by the Department of Social and Health Services, Division of Behavioral Health Resources as a Community Mental Health Agency or as a Licensed Behavioral Health Agency, and is also certified by the Department of Social and Health Services, Division of Division of Behavioral Health Resources as a Community Mental Health Agency or as a Licensed Behavioral Health Agency, and is also certified by the Department of Social and Health Services, Division of Behavioral Health Resources to deliver ABA services. The agency must meet all requirements of, and must deliver ABA services in full compliance with, WAC 388-865-0469. In other
states that specifically license agencies for ABA, ABA services may be provided by an agency that is so licensed.

When direct services to the member/identified patient and parents are provided by individuals who are not BCBAs or one of the licensed health care professionals listed above (often referred to as therapy assistants, behavioral technicians, or paraprofessionals), the therapy assistants/behavioral technicians/paraprofessionals receive weekly clinical supervision from the program manager/lead behavioral therapist as follows for each patient: generally two hours for every 10 hours of direct service provision, with a minimum of two hours weekly when direct service provision is 10 hours per week or less. Supervision may need to be temporarily increased to meet individual patient needs at certain times in treatment, eg, a significant change in response to treatment, or a significant increase in clinical complexity. Supervision may be conducted entirely in-person, or may be a combination of in-person and remote supervision, but some portion of the supervision (no specific time amount is specified) should be conducted in-person. Some supervisory time (no specific time amount is specified) should be utilized for direct observation of direct service provision by the therapy assistants/behavioral technicians/paraprofessionals. In addition, the program manager/lead behavioral therapist conducts a case review and treatment plan review with the therapy assistants/behavioral technicians/paraprofessionals at least once/month. Although some states are licensing therapy assistants/behavioral technicians, these requirements apply to all therapy assistants/behavioral technicians/paraprofessionals regardless of licensure status.

Therapy assistants, behavioral technicians, or paraprofessionals must be state registered, certified, or licensed in states that require state registration, certification, or licensure for those practitioners.

A Board Certified Assistant Behavior Analyst (BCaBA) or state-licensed Assistant Behavior Analyst may not function as a program manager/lead behavioral therapist, and may not provide ABA services without supervision. Services provided by Board Certified Assistant Behavior Analysts and state-licensed Assistant Behavior Analysts are considered to be equivalent to services provided by therapy assistants/behavioral technicians/paraprofessionals.
Board Certified Assistant Behavior Analysts must be state certified or licensed in states that require certification or licensure for BCaBAs.

After diagnosis and referral for ABA, 6-10 hours is usually sufficient for the initial evaluation/assessment for ABA and initial treatment planning by a program manager/lead behavioral therapist if focused ABA is planned. However, for Comprehensive ABA, more complex cases, or cases in which a complete functional analysis is needed, may require up to 15-20 hours for the initial assessment and treatment planning. The assessment may include time-limited observation in the school setting when behavioral or other difficulties that are manifestations of the individual’s Autism Spectrum Disorder are evident and problematic in the school setting.

Following the initial evaluation/assessment, 20-40 hours total per week is the usual range of services, including direct services to member/identified patient and/or parents by program manager/lead behavioral therapist and/or therapy assistants/behavioral technicians/paraprofessionals, program development, treatment plan development, case review, and supervision. Direct services to the member/identified patient are generally provided one-on-one or with parents present, most often in the home setting but also in community settings depending on the member/identified patient’s needs and the settings where significant difficulties occur. Social skills groups may be appropriate as a component of a member’s overall ABA program.

Functional analysis re-assessments, when determined to be appropriate, are generally conducted once every 6 to 12 months. The re-assessments may include time-limited observation in the school setting when behavioral or other difficulties that are manifestations of the individual’s Autism Spectrum Disorder continue to be evident and problematic in the school setting.