

**March 26, 2026**

**Public Comments Submitted by The Arc of Indiana**

**Notice of Change in Applied Behavioral Analysis Coverage**

**Opening Comments**

The Arc of Indiana is a state-wide organization that advocates alongside people with intellectual and developmental disabilities (IDD) and their families for the issues important to them. Our mission is to ensure people with IDD realize their goals of living, learning, working, and fully participating in their communities.

With 41 local chapters covering 65 counties and a strong statewide membership, The Arc of Indiana has been a cornerstone of advocacy since its founding in 1956 by parents seeking a better and more accepting world for their children. Today, our combined efforts at the local, state, and national levels make The Arc the largest national community-based organization leading this work.

We are proud to be celebrating our 70th Anniversary. With over seven decades of experience and insight, we have learned valuable lessons that provide context for our comments on proposed changes to Applied Behavioral Analysis Coverage.

The Arc of Indiana recognizes Applied Behavior Analysis (ABA) costs for Medicaid have increased substantially since 2016. Part of the cost increase can be attributed to ABA being a newly covered service and Medicaid members learning ABA treatment was an option. Part of the increased cost can be attributed to the increasing number of individuals diagnosed with an autism spectrum disorder seeking treatment, and some of the increased cost can be attributed to a small number of providers engaging in questionable billing or treatment planning practices.

The Arc of Indiana supports efforts to prevent fraud, waste, and abuse in all state spending. It is imperative to strengthen Medicaid to ensure the program is sustainable for Hoosiers who need it now and in the future. Many strategies can help the state be good stewards of taxpayer dollars while ensuring individuals with disabilities can access the healthcare and support services they need in a fiscally responsible manner. Strong program integrity safeguards can coexist with ensuring access to appropriate and medically necessary services.

The Arc also believes that individuals should be able to access the healthcare and services they need, and treatment options must reflect the individual's level of need. Level of need and effectiveness of a treatment option should be the driving force in determining eligibility for any healthcare option, including ABA services.

Appropriate guardrails should be implemented to promote accountability and program integrity while avoiding unnecessary barriers to medically necessary care. Guardrails should be designed to ensure appropriate utilization while preserving flexibility for clinicians to tailor treatment to the individualized needs of each person.

Instances of inappropriate billing practices highlight the importance of strong and consistent oversight. We applaud the state's efforts to implement focused oversight of ABA billing, and we encourage this same dedication to oversight for other Medicaid programs and services to prevent abuse. Oversight efforts should focus on identifying patterns of utilization that fall outside evidence-based norms while minimizing administrative burden on providers acting in good faith. To ensure Medicaid is strong and sustainable so future members can access the healthcare they need, our state, Medicaid providers, and Medicaid members must be good stewards of Medicaid dollars.

**With this in mind, we offer the following recommendations.**

We encourage Medicaid to provide a monthly "explanation of benefits" statement to Medicaid members for all services Medicaid pays for to allow members to review the statement to ensure Medicaid is being appropriately billed for services rendered. This information should be provided in a clear and understandable format so members and families can meaningfully review it. Clear communication can empower families to identify potential billing errors and support program integrity.

We also recommend that the state conduct targeted reviews of ABA expenses over the past five years to identify Medicaid providers with unusually high per-hour billing and determine whether further review is warranted. For years, The Arc of Indiana worked with the Indiana General Assembly to require licensure of ABA providers as a way to ensure quality service provision. In 2021, the Indiana General Assembly passed legislation to require licensure of Board Certified Behavioral Analysts (BCBAs) and competency assessment and certification for Registered Behavior Technicians (RBTs).

To further the state's oversight efforts, we strongly recommend requiring licensing and accreditation of provider organizations as well as individual service providers. We also support the proposed increase in supervision requiring one hour of direct supervision by a BCBA for every eight hours of service provided by an RBT. Strong supervision requirements can help ensure treatment fidelity, appropriate utilization, and improved outcomes.

We fully support the state's requirement for Caregiver Coaching as a part of ABA therapy. ABA therapy cannot effectively be done in a vacuum. When ABA service provision is limited to one setting or does not involve training for caregivers to implement behavior interventions across multiple environments, it is not as effective.

We support the state's requirement to teach caregivers the behavior interventions being used in ABA therapy. Because ABA practices need to be addressed in multiple settings, we encourage the state to avoid any unintentional barriers that could limit in-home ABA service provision as an additional setting to center-based services.

We also support group therapy provisions for ABA therapy as there are many skills, including communication and social skills, that can only effectively be taught in a group setting. We appreciate group therapy opportunities. However, we recognize that some behaviors need to be addressed in 1:1 therapy, especially when violence, aggression, or sexually maladaptive behavior is a concern. We encourage the state to be thoughtful about these needs to ensure the individual gets the therapeutic support specific to their needs. Clinical flexibility is important to ensure individuals receive the appropriate intensity and modality of services.

We appreciate the state's intention to create a portal to allow ABA providers to monitor how many hours of ABA therapy a child has received in their lifetime. This will help providers and families plan appropriate treatment plans, as well as important transitions to non-therapeutic settings like school. Information in this portal should regularly be shared with families so they are also fully informed about the remaining services their child may receive. Providing families with access to this information promotes transparency and shared decision-making.

We also appreciate the state's plan to include a six-month transition period upon implementation. Six months will allow individuals and families to make appropriate plans for their loved one to transition out of ABA therapy. Transition planning should include coordination with schools, waiver providers, and other supports to ensure continuity of care. We encourage ABA providers to have a strong understanding of alternative and effective therapies, supports, and interventions that are available outside of ABA to support their patients as they transition away from ABA services.

**The following are additional recommendations to help strengthen ABA services and Medicaid.**

While rare for the general Medicaid member population, many members with autism also have private insurance because they have Medicaid due to a Medicaid Waiver. As we fight Medicaid fraud, waste, and abuse, we must also hold private insurers accountable for their share of medical costs. Private insurers are too comfortable denying medically necessary coverage for medical treatment, especially when they believe Medicaid, the school system, or another government program will cover the costs.

These companies make billions of dollars through health insurance premiums, yet they push medical expenses for their members onto the state. Medicaid is always the payor of last resort. Therefore, Indiana has a strong financial interest in ensuring private health insurers are not pushing their financial obligations onto Indiana taxpayers by refusing to provide coverage. Indiana needs a dedicated effort to ensure health coverage providers are paying their fair share of medical costs for individuals and not forcing the state to inappropriately shoulder a disproportionate amount of the costs of this care.

As stated earlier, we encourage the state to identify and terminate Medicaid provider agreements with bad actors who charged excessive fees and hours of service.

We must also ensure that ABA providers acting in good faith and acting as good stewards of Medicaid dollars are able to survive. We encourage the state to monitor economic conditions, including fair market expenses, in determining a reasonable rate reimbursement strategy. Rate setting should support access to qualified providers while discouraging excessive utilization.

We also understand the state's decision to issue a moratorium on approving new ABA providers. Because most ABA providers have waiting lists that are several months long, we encourage the state to be open to allowing limited new, fiscally responsible and high-quality ABA providers to contract with Medicaid when deemed appropriate. Network adequacy should remain an ongoing consideration.

We recognize the state's desire to focus ABA therapy on children, as that is the population on which most autism and ABA research focuses. However, for some adults, especially those with limited or no verbal communication, ABA is the only mental or behavioral health treatment in which they can engage. We encourage the state to allow ABA treatment for adults who cannot engage in other mental or behavioral health treatment if the state finds the treatment is medically necessary and that the individual can appropriately engage in and benefit from ABA therapy. Allowing clinical discretion in limited circumstances can help ensure appropriate access to care.

We appreciate the opportunity to provide these comments and remain committed to working in partnership with the administration to ensure ABA is delivered by high-quality, accountable providers and is accessible to all who can benefit from this important therapy. We welcome continued dialogue and collaboration on these proposed changes and future ABA initiatives.