

## **How to Access ABA via Insurance**

This is a tip sheet on how to access ABA via Medi-Cal or commercial insurance.

### **Why access ABA?**

Applied Behavioral Analysis (ABA) is an evidenced-based therapy for children on the Autism Spectrum or with other developmental disorders. ABA is designed to help prevent or lessen behaviors that interfere with learning, social interaction, and completing daily tasks. ABA can be provided in various settings including an ABA center, at home, in the community or at school. Patients receive an evaluation from the ABA provider initially to determine how many hours of ABA are provided weekly. ABA providers develop treatment plans in collaboration with the family that are specific to the needs of the child. To change behavior in a positive and meaningful way, trained providers partner with the family to use interventions such as positive reinforcement strategies and Antecedent-Behavior-Consequences. ABA is accessed via a child's insurance.<sup>1</sup>

Click [here](#) to learn more

### **You are entitled to a timely appointment**

1. California law requires all insurance plans to provide a referral to ABA in 10 days.
2. California law requires that insurance provides an appointment sooner if the need is urgent.
3. This requirement is known as “timely access to care.”
4. California law requires that the insurance provides a referral that is “clinically appropriate” which means that the referral is for the treatment best suited for what a patient needs.
5. If your insurance company does not find a provider in their network with openings within 10 days, California requires that they find an appointment with someone out of their network and pay for it.

Click [here](#) to learn more about your rights regarding timely access to care.

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### **Contact insurance and request case management**

Contact the behavioral health department of your insurance and ask for an ABA assessment appointment. Tell them if you have tried on your own and request a case manager.

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<sup>1</sup> <https://www.disabilityrightsca.org/publications/access-to-aba-therapy>

## Tips and References:

1. A Case manager should contact you within a few days. They help you find providers with current openings.

### **Obtain a timely referral from your insurance**

1. Inform the case manager of your knowledge of the timely access to care rule that requires insurances to provide a referral to the type of care your child needs in 10 days. Click [here](#) to learn more.

2. If necessary, ask your child's primary care provider to contact the case manager regarding your symptoms and treatment needs.

3. If it is urgent, your primary care provider can request that the appointment be sooner.

4. If the case manager cannot find an appropriate ABA provider in their network, they are required to find and pay for an out-of-network provider at no additional cost to you.

### **Seek Help if not provided a timely referral**

1. Ask for assistance from your regional center case manager, primary care doctor or other people on your care team.

2. [Make a complaint](#) with your insurance company and request to speak with a manager.

3. For Medi-Cal and HMO plans, [make a complaint](#) online with the Department of Managed Health Care if the issue is not resolved 30 days after making a complaint with your insurance company. If urgent, you can do it right away.

4. For PPO plans, [make a complaint](#) with the Department of Insurance if the issue is not resolved 30 days after making a complaint with your insurance company. If urgent, you can do it right away.

5. Consider contacting your local [Office of Disability Rights](#) or other advocacy organization.

### **Other Tips:**

1. Document the date, time, contact person and content of all calls.

2. Follow up frequently.

3. Request email contact with case manager.

4. If a provider is not available in your primary language, you have the right to an interpreter from your insurance company for your mental health services.<sup>2</sup>

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<sup>2</sup> [https://www.dmhc.ca.gov/Portals/0/Docs/DO/TAC\\_accessible.pdf](https://www.dmhc.ca.gov/Portals/0/Docs/DO/TAC_accessible.pdf)

Reference:

5. You have the right to an ABA provider close by.

For Medi-cal patients in rural counties, patients must be offered an appointment within 60 miles/90 minutes. In small counties, patients must have an appointment within 45 miles/75 minutes. In large counties, patients must have an appointment within 15 miles/30 minutes.<sup>3</sup>

For commercially-insured patients, you must be offered an appointment with 60 minutes or 30 miles from your home.<sup>4</sup>

6. If you have concerns once you have an ABA provider, communicate concerns with your service provider and their supervisor, as well as your insurance case manager. If needed, you can also inquire about how to file a complaint with their agency, with your insurance, or with the Department of Managed Health Care.

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<sup>3</sup><https://healthconsumer.org/wp/wp-content/uploads/2016/10/050718-1-mcal-net-ad-final-Managed-Care-in-California-Series-UPDATED.pdf>

<sup>4</sup> <https://www.chcf.org/publication/network-adequacy-standards-ca-how-they-work-why-they-matter/#related-links-and-downloads>