



California Association for Behavior Analysis

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Response to Reports on Medicaid Payments for Applied Behavior Analysis Services April 20, 2026

In recent months, critical reports about payments for applied behavior analysis (ABA) services for Medicaid beneficiaries with autism in several states have been issued by the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services. Articles on that topic have also appeared in some media outlets, notably the *Wall Street Journal (WSJ)*. CalABA understands that such scrutiny has been driven in part by large increases in the numbers of ABA Medicaid beneficiaries and providers and the concomitant costs. We concur with calls for appropriate oversight of ABA services to Medicaid beneficiaries that have been prompted by the OIG and media reports. At the same time, we note that some reports omitted important facts about the contexts in which ABA health care services are delivered. To address those gaps as well as the concerns raised in the reports, CalABA offers the following comments and reminders for journalists, practitioners, consumers, OIG personnel, and the California Department of Health Care Services (DHCS), which administers Medi-Cal (our state's Medicaid program). CalABA also recognizes the potential for bias in how audits, reports, and media narratives are constructed and interpreted, particularly when examining services delivered within Medicaid systems that disproportionately serve historically marginalized communities. We encourage stakeholders to interpret findings with attention to contextual factors, including population needs, systemic constraints, and variation in service delivery environments.

Improper billing for ABA services is completely unacceptable.

Audits by the federal OIG revealed improper payments or potentially improper payments for ABA services by some Medicaid agencies in four states (e.g., U.S. Department of Health and Human Services, December 2024, July 2025, January 2026, February 2026). Problems reported by the OIG included inadequate documentation of services as well as payments for (a) services delivered by personnel who lacked appropriate credentials, (b) services that were not provided, and (c) times when clients were napping or participating in leisure activities instead of being engaged actively in assessment or treatment. Common documentation problems included omission of required diagnostic evaluations, missing or incomplete session notes, and instances where times, service descriptions, providers, and/or billing codes did not match what was billed.

Although the OIG placed much of the responsibility for those problems at the feet of state Medicaid agencies, CalABA emphasizes that ABA providers must do their part to prevent and stop improper billing practices. We remind Board Certified Behavior Analysts® (BCBAs), Board Certified Assistant Behavior Analysts® (BCaBAs), and candidates for certifications issued by the Behavior Analyst Certification Board (BACB) that the *Ethics Code for Behavior Analysts* makes it clear that in delivering services, you are responsible for keeping the welfare of your clients at the forefront; providing truthful, accurate information to funders and stakeholders; and complying with the profession's standards of care and all applicable laws, regulations, and service agreements (Behavior Analyst Certification Board, 2020). For Medi-Cal providers, the latter include federal and state laws and regulations, guidance from DHCS and managed care plans, and contracts specifying who can deliver and bill Medicaid services, what can and cannot be billed, and how services must be documented and reported. Ignorance of that information does not justify or excuse improper billing. At the same time, CalABA acknowledges that compliance challenges may also reflect systemic barriers, including workforce shortages, high staff turnover, limited access to high-quality training and supervision, and administrative burdens faced by under-resourced

providers. These challenges may be especially pronounced in historically underserved communities and should be considered when evaluating patterns of noncompliance. CalABA strongly urges all ABA service agencies that bill Medi-Cal to implement procedures to ensure consistent staff compliance with all billing and reporting requirements, including those pertaining to authorization requests, billing codes, session notes, progress reports, and claims.

That said, CalABA respectfully urges OIG and DHCS officials who may conduct audits of Medi-Cal claims to consider whether some services that have been billed as ABA should not have been. Auditors are strongly encouraged to verify that services billed as ABA had the well-established features and components of those services as specified in the profession's literature and standards of care (ABA Coding Coalition, 2020; Behavior Analyst Certification Board, n.d.; California Association for Behavior Analysis, 2024; Council of Autism Service Providers, 2024). That is essential because not all services that meet the definition of "behavioral health treatment" in California law or that may be represented as "ABA" are in fact ABA services. Those should be differentiated from ABA services for audits, utilization reviews, and other purposes. CalABA further recommends that audits and utilization reviews incorporate culturally and contextually informed evaluation practices to reduce the risk of misclassification of services, particularly in diverse community settings where service delivery models may appropriately vary based on client needs and environmental factors.

In a similar vein, we encourage DHCS and all Medi-Cal managed care plans to verify that every practitioner who holds a National Provider Identifier (NPI) as Behavior Analyst, Assistant Behavior Analyst, or Behavior Technician meets the qualifications specified in the respective health care provider taxonomy codes issued by the American Medical Association National Uniform Claims Committee, which incorporate the profession's standards for credentialed practitioners of ABA at all three levels (National Provider Identifier Database, 2026). That is important because researchers have found that thousands of providers who obtained NPIs using the taxonomy codes for ABA practitioners did not meet the qualifications, yet many likely billed -- and are billing -- health plans for providing "ABA" services (Dubuque, Yingling, & Allday, 2021).

Evaluations of the costs of ABA services for Medi-Cal beneficiaries should consider all contributing factors.

The *WSJ* journalists focused on increases in total Medicaid expenditures for ABA services over the past few years and OIG findings of fraudulent or improper billing in some states (Weaver & Mathews, 2026, March 12; Weaver, McGinty, & Mathews, 2026, March 10). That led the newspaper's editorial board to characterize Medicaid autism treatment as a "racket" and "fee-for-service free-for-all" (Editorial Board, 2026, March 8). CalABA emphatically does not condone any improper billing practices by ABA providers, but neither do we condone some of the sweeping generalizations made by the *WSJ* authors. In particular, we take issue with the journalists' assertions that ABA "...therapy can usually be performed by people with high school degrees and perhaps 40 hours of online training, who typically earn around \$20 per hour or even less" (Weaver & Mathews, 2026, March 12). Those assertions are misleading because several important facts were omitted:

- The journalists' March 12 statement appears to reflect only some of the basic eligibility requirements for obtaining the Registered Behavior Technician® (RBT®) credential issued by the BACB. Although it is true that RBTs and other paraprofessionals deliver certain services to many clients and their caregivers, professional standards prohibit those paraprofessionals from designing or overseeing ABA treatment plans and protocols. That must be done by appropriately credentialed professional behavior analysts. Additionally, RBTs must practice

under the ongoing, close supervision of qualified professionals (Behavior Analyst Certification Board, 2026c). In fact, BACB-certified professionals are ethically obligated to supervise all paraprofessionals (including those who are not RBTs) in accordance with the profession's ethical standards as well as applicable laws and regulations. Among other requirements, behavior analysts are obligated to delegate to paraprofessionals only tasks that they are trained and competent to perform (Behavior Analyst Certification Board, 2020, 2026a, 2026b). And although the RBT credential requires a minimum of a high school diploma, many RBTs and other paraprofessionals are working towards college degrees and professional certification or licensure. Finally, providers in many locales (including CA) must pay behavior technicians and other paraprofessionals more than \$20 per hour, which must be considered when evaluating the total costs of delivering ABA services. CalABA also notes that the ABA paraprofessional workforce is disproportionately composed of individuals from diverse and historically underrepresented backgrounds. Simplistic narratives that focus solely on low wages without acknowledging workforce contributions and systemic constraints risk further marginalizing this essential workforce.

- The *WSJ* reporters made just one brief mention of the fact that ABA services are overseen by professional behavior analysts with advanced degrees. They did not mention that most behavior analysts are responsible for multiple clients, and that management of each client's case involves multiple, ongoing tasks: training and monitoring paraprofessionals and others to implement assessment and treatment protocols; reviewing data on the client's progress on every goal in their treatment plan frequently; adjusting protocols and the treatment plan as needed; coordinating services with other professionals and the client's caregivers; documenting services; and more. That work typically requires many hours each week for each case, especially with clients whose treatment plans include multiple adaptive skills and/or challenging behaviors or whose behaviors put their health and safety at serious risk (ABA Coding Coalition, 2020; Council of Autism Service Providers, 2024).
- Many of the services just described, though essential, are deemed indirect by health plans because they do not involve the behavior analyst's direct delivery of services face-to-face with clients or caregivers. Importantly, the descriptors for all three Current Procedural Terminology® (CPT®) codes for technician (paraprofessional)-delivered ABA services specify that those services are "administered by technician under the direction of a physician or other qualified health care professional," i.e., a professional behavior analyst (ABA Coding Coalition, n.d.). As noted above, much of the behavior analyst's training and monitoring of technicians occurs outside of face-to-face sessions with clients and caregivers. There is no stand-alone code for billing those and other indirect services in the current set of CPT codes that are used to bill most health plans for ABA services. Therefore, unless a health plan specifies another code that providers can use to bill for indirect services, the cost of most indirect services rendered by behavior analysts must be "bundled" with the cost of direct services. That is, many ABA health care provider agencies must try to cover the costs of all professional- and technician-delivered direct and indirect services with the reimbursements they receive from health plans. A reimbursement rate that seems high on its face to outside observers -- such as the \$61/hour for "routine autism therapy" that *WSJ* journalists Weaver and Mathews reported finding in their investigation of 2023 Medicaid rates in some states-- may not in fact cover the actual costs of providing ABA services. In addition, this limitation may disproportionately impact providers serving high-need or underserved populations, where additional time for care coordination,

caregiver training, and interdisciplinary collaboration is often required but not adequately reimbursed.

Many providers of ABA services to Medicaid beneficiaries deliver high-quality, evidence-based services.

Substantial scientific research documents the efficacy of many focused and comprehensive ABA interventions for building adaptive skills, reducing challenging behaviors, enhancing safety and health, promoting independence, and preventing deterioration and regression in Medi-Cal beneficiaries with autism and related conditions (ABA Coding Coalition, 2020; Council of Autism Service Providers, 2024, n.d.; Eldevik et al., 2026; Steinbrenner et al., 2020). Many Medi-Cal ABA providers make diligent efforts to deliver services that are consistent with the best available scientific evidence and to comply with all of the requirements and standards discussed here. High-quality ABA service provision also includes culturally responsive and person-centered care, ensuring that assessment and treatment approaches are tailored to the values, needs, and contexts of the individuals and families served. We urge consumers, funders, and regulators not to assume that the findings of some auditors and journalists apply to all Medi-Cal ABA providers.

Concluding Remarks

It is CalABA's view that providers, DHCS, and managed care plans share responsibility for seeing that ABA services to Medi-Cal beneficiaries comport with all relevant laws, regulations, and policies as well as the profession's standards of care. CalABA is committed to advancing equitable access to care, promoting culturally responsive service delivery, and protecting vulnerable populations within the Medi-Cal system. This organization is committed to continuing its efforts to disseminate accurate and complete information about the practice of ABA, and to partner with providers, consumers, policymakers, and other stakeholders to ensure that Medi-Cal beneficiaries receive cost-effective, medically necessary ABA services.

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