



November 13, 2017

## Statement on Parent Training as a Condition of Insurance Authorization<sup>1 2</sup>

It is the position of MassCAP that parent training, a best practice in ABA, not be used by insurers as a means to reduce, deny, or delay treatment for individuals with autism. While **we wholeheartedly support parental involvement and parent training**, predicated service authorizations on a required level of involvement or requiring reports of parental involvement can be highly discriminatory and poses unnecessary restrictions on access to care for the autism population. Further, these requirements violate, where applicable, Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, the Mental Health Parity and Addiction Equity Act (MHPAEA), the Americans with Disabilities Act (ADA) and potentially state mandates.

It is the position of MassCAP that parent training should be a clinical recommendation, made by the supervising clinician, taking into consideration his or her clinical judgement, relevant research, and governing laws/regulations, including that of the Behavior Analyst Certification Board (BACB). The clinician should make such training available to parents while recognizing the clinical appropriateness of the training as well as individual limitations to participation by the parent/caregiver. A parent or caregiver's non-participation in parent training should never be a basis for reducing, delaying, or denying treatment. It is our position that the focus of treatment be the amelioration of symptoms associated with the individual's diagnosis of autism as identified in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), as these are the criteria upon which the diagnosis, and subsequently eligibility for services, are predicated. Such services should persist so long as the symptoms persist.

This letter will address four policies/practices espoused by insurers requiring parent training (e.g., minimum units, required number of objectives, measurement of parent behavior, narrative description of parental involvement) in a provider's request for initial or concurrent service authorization. Through responding to these four policies/practices, this letter provides support for the position that any requirements relating to **parent training should not be a condition of authorization**.

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<sup>1</sup> This position statement was prepared by members of the MassCAP Board of Directors. These statements represent the position of MassCAP after thorough review and consideration of behavior analytic research and with understanding of the Behavior Analyst Certification Board's Ethical Guidelines.

<sup>2</sup> An important distinction in terminology: Parent training may be conducted to supplement medically necessary services or to supplant those services. When supplementary, parent training provides additional support so that parents/caregivers can maximize the benefits of medically necessary services in their role as parent/caregiver, and to increase generalization of medically necessary services to people, places, and activities outside of the medically necessary treatment sessions. Alternatively, when the focus of parent training is to shift what is supposed to be a similar level of care as would otherwise been provided as medically necessary services to the parent/caregiver, and/or to have the parent/caregiver eventually substitute service which would have otherwise been provided by or under the medical professional, that would be parent training to supplant medically necessary services.



**1. Insurers have required parent training per their policies as a condition of authorization. Insurers have also required objectives and/or data reporting on parent/caregiver behavior, rather than the client behavior.**

*a. Requiring parent training is discriminatory*

Our position is that these requirements are discriminatory in nature. A parent's ability to participate in parent training will vary greatly based on a number of factors, including his/her availability for services, education level, occupation/employment status, language, child care for other children, and willingness, to name a few. These requirements disproportionately impact individuals with low income, those with a disability themselves, and those with competing obligations such as work and/or other children. Similarly, it may adversely impact families of all income levels where the caregivers have demanding jobs, and/or other high levels of commitments, preventing them from participating. The argument that these factors should be explained as a rationale for not having performed parent training is equally unreasonable and discriminatory. The specific circumstances that influence the ability of a third party to participate in the treatment plan is not a matter which concerns the medical necessity of the treatment.

*b. Requiring parent training is a violation of MHPAEA*

The requirement, by insurers, that parent training occur is a requirement that does not apply to substantially all medical and surgical benefits. As such, this would be a violation of "The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) as amended by the Affordable Care Act. MHPAEA generally requires that the "treatment limitations on Mental Health or Substance Use Disorder (MH/SUD) ... are no more restrictive than those on medical or surgical (med/surg) benefits" U.S. Department of Labor. (2016). Insurers are currently not requiring, nor would it be appropriate to require, parent training, parent training objectives, or similar to outpatient medical and surgical procedures such as occupational therapy or outpatient chemotherapy. As such, many insurers are placing additional requirements on ABA treatments received by individuals with autism, a practice that is discriminatory towards those diagnosed with autism. Per a recent Tufts settlement the Attorney General has made clear its position on requiring parents to attend ABA sessions. "The AG's Office alleges that Tufts violated the state's autism insurance, mental health parity and consumer protection laws when it inhibited member access to treatment for Autism Spectrum Disorder, specifically Applied Behavioral Analysis (ABA) therapy. Tufts allegedly violated these laws by implementing policies that required parental presence at every ABA appointment to obtain coverage and prohibiting coverage for ABA therapy provided in daycare or preschool settings" (Attorney General of Massachusetts, 2016). Similar restrictions, such as those listed in this paper, should be found to inhibit access to ABA for members.

*c. The parent is not a replacement for medically necessary care, and the goal of treatment should be client progress, not parent progress<sup>3</sup>.*

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<sup>3</sup> One potential strategy for writing objectives so as to target parental involvement and training, but in the context of medically necessary services where it is important to retain client behavior as the focus of treatment, is to write an objective as follows: "Across 2 people, including at least one parent, and two settings, [Client] will [behavior change] by



With respect to Applied Behavior Analysis Services, the obligation of the insurer under the insurance law in Massachusetts is to provide assessment and treatment, including specifically habilitative and rehabilitative care, to individuals diagnosed with autism spectrum disorders (ASDs). The autism diagnosis is predicated upon the client's behavior, not that of the parent, and should be assessed and treated accordingly. Parent behavior may be determined by the clinician to be one of various environmental conditions for consideration during the assessment and treatment of the client's behavior, but should not itself be a measure of success in evaluating client progress. Requiring parent objectives assumes that lack of progress is necessarily a function of parent behavior. Furthermore, parent progress in implementing guidelines with increased fidelity does not necessarily speak to the client's progress. The parent may implement guidelines with high integrity with no, or undesired change in client behavior. Similarly, the client's behavior may improve, but such improvement should not be interpreted to be a function of the parent behavior, absent the demonstration of a functional relation representing so. The provider's responsibility is to treat the core deficits of autism. Shifting the responsibility of medically necessary treatment to the parent is both clinically inappropriate and may be a failure of the insurer to provide medically necessary treatment. Consider a client with asthma that receives frequent monitoring of medications, treatment, and testing by his/her physician. Certainly, parent participation in following best practices could be essential to client progress. Now, contemplate an analogous case of a client with asthma living with a parent who smokes. Treatment for the client's asthma should not be denied due to the parent's behavior, despite its adverse impact to the client. Again, medically necessary care should not be denied on the basis of the acts or omissions of a third party.

*d. Including parent behavior in the client's medical record is not standard practice and could have adverse ramifications.*

Once parent behavior is recorded as part of the treatment for a client, that information becomes part of the client's medical record. Not only is including the records of a 3rd party in the medical record of the insured outside of standard practice in the medical industry, but it also has no benefit to the client to remain in the medical record. Worse, these data may be used in the future by an insurer to support an adverse determination for care to the individual.

## **2. Insurers indicate that the goal of parent training is to transfer skills to the parent.**

*a. The parent is not a replacement for a skilled clinician.*

The role of the parent is not to function as a replacement for a clinician with the appropriate qualifications to deliver medically necessary services. If funders accept the argument that parent training is sufficient to prepare caregivers to take over the provision of medically necessary services, then by that logic, such training would be used to transfer medical treatment to the parent to administer to his/her child as well. The performing of medical procedures is reserved for only those medical professionals with the skills and training to carry out such procedures, not parents/caregivers. The training and oversight involved in ABA service delivery should not be overlooked or diminished. Further, the

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x from baseline levels of Y. Progress will be evaluated on [date]". This sample objective is not meant to advocate for an objective as a condition of authorization.



decision-making by a licensed clinician is not appropriate for a parent to assume and has serious risks that could present an adverse outcome for the client. Certainly, a parent's emotional relationship with their child may impact their objectivity in delivering medically necessary services. It is our position that the goal of treatment, with respect to parents, is to *program for generalization*. This assumes continued focus on the behavior of the client as a measure of success, as evaluated across clinically and socially relevant conditions, including parent(s)/caregiver(s) as applicable. This approach helps support parents to more effectively carry out parenting responsibilities, but reserves the responsibility of medically necessary behavioral health services for Qualified Healthcare Professionals (QHCP's).

**3. Insurers often negotiate with providers regarding parent training, such as offering parent training hours in replacement for treatment hours**

- a. *Accepting less hours than what has been recommended based on medical necessity has adverse clinical consequences.*

Accepting a negotiated, lower, number of treatment hours undermines the clinical recommendation made by the clinician. Consider a physician who prescribes amoxicillin at a dosage of 3x/day for 7 days, then the insurer says to the provider, "we will authorize what you requested if you replace 5 Amoxicillin with a different type of antibiotic". This would not be appropriate and simply would not occur. It is assumed that the physician made his/her recommendation based solely on the medical condition treated as an expert in his subject matter and having full knowledge of the client. As such, any departure from the clinical recommendation, without justification, is not acceptable. It is our position to encourage insurers who disagree with clinical recommendations to provide clinicians with a denial, in writing, detailing the *clinical* justification for why the recommended services are not medically necessary for the client. This allows the clinician, and more importantly, the client, to challenge the decision via an appeal.

- b. *Accepting a negotiated number of treatment hours negates the family's right to appeal.*

Consider also the rights being taken from the parent by engaging in these negotiations without their knowledge or consent. First, it could reduce access to what was deemed as appropriate treatment, without their having had a chance to voice their concerns. Second, it takes away their opportunity to appeal – again, without their knowledge or authorization of the provider having done so. It is our position that any departure from the clinical recommendation should be initiated in writing by the insurer, allowing for the client to access his/her right to appeal as per their policy.

**4. Insurers have referenced the BACB's *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2014)* as the precedent for parent training**

The position that insurers have taken to require parent training and measurement of parent training is briefly addressed in the BACB's practice guidelines. However, while this position accurately reflects two quotes from the guidelines, it overlooks several other statements in the practice guidelines which clearly frames their position. The references to parent training are as follows: "Each goal and objective must include ... Behavior



parent/caregiver is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria (the objective or goal)." (p. 24) and a table entitled "Critical Features of a Treatment Plan for Service Authorization" (pp. 23-24), in which parent training is identified. The practice guidelines also state that "such training is not accomplished by simply having the caregiver or guardian present during treatment implemented by a Behavior Technician" (p. 37).

These references on their own overlook other key points in that same document. Per the preface of the guidelines, "these standards are provided for informational purposes only and do not represent professional or legal advice..." It goes on to state, "the BACB does not warrant or guarantee that these standards will apply or should be applied in all settings. Instead, these standards are offered as an informational resource that should be considered in consultation with parents, behavior analysts, regulators, and healthcare funders and managers." Importantly, the BACB elaborates that "these guidelines should not be used to diminish the availability, quality, or frequency of currently available ABA treatment services" (p. 5) and "...while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment" (p. 37).

Consequently, it is our position that the citations referenced from the BACB's practice guidelines to justify parent training as a condition of authorization represent an idealized clinical scenario, without reference to the document in its totality, standard medical procedures, applicable laws, or individual circumstances that a clinician must consider.

### Summary

In summary, **we fully support clinical recommendations surrounding parental involvement and parent training, and view this as a best practice in ABA. However, we do not support parent training requirements as a condition of authorization.** It is our position that parent training for medically necessary services be considered in the context of ameliorating symptoms associated with the individual's autism diagnosis, as well as within the context of applicable laws. Requirements by insurers to recommend or perform parent training, measure parent behavior, or justify the actions or omission of a parent/caregiver is misguided and inappropriate. Parent training should be a determination made solely by the clinician, measurement or reporting of parent performance should never be a condition of authorization, and the client's behavior and progress should remain the focus of treatment.



## References

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