Special Provider Bulletin

Molina Healthcare of New York, Inc. // July 14, 2026

To: Applied Behavior Analysis (ABA) Providers — Molina Healthcare of NY Network
From: Molina Healthcare of New York
Subject: FAQ for New Molina Clinical Policy MCP 482 – Applied Behavior Analysis (ABA)

Policy Overview

- **Policy**: MCP 482 – Applied Behavior Analysis (ABA)
- **Effective Date for Molina Healthcare of NY:** 9/15/2026
- **Where to Access the Policy**: www.molinaclinicalpolicy.com

1. Why is Molina changing from MCG criteria to a Clinical Policy?

Molina is adopting a Clinical Policy approach to ensure ABA determinations are based on comprehensive clinical evaluation, detailed and individualized treatment planning, and documented functional need.

2. Will MCG criteria still be used for ABA reviews?

No. The Molina Clinical Policy is now the primary framework for ABA medical necessity determinations.

3. What is the biggest difference providers will see?

Determinations will rely on detailed and individualized clinical documentation, functional assessments, and treatment plan detail rather than standardized criteria thresholds alone.

4. How does this change impact authorization decisions?

Authorization decisions will be based on the quality and completeness of submitted detailed and individualized documentation, evidence of functional impairment, and a clearly defined treatment plan with measurable goals.

5. Are there limits on ABA hours under the new approach?

There are no fixed limits. Service intensity must be clinically justified, and higher-intensity services require additional supporting documentation.

6. Does this change increase documentation requirements?

Yes. Providers must submit functional and adaptive assessments, measurable goals, and ongoing data collection to support clinical need.

7. What role does the ABA treatment plan play under the new policy?

The detailed and individualized treatment plan is central to the review process and must identify target behaviors, include measurable goals, and define interventions and data tracking.

8. How will continued stay reviews be evaluated?

Continued authorization requires documentation of progress toward goals, functional improvement, and reassessment of clinical need.

9. Does this change affect member eligibility for ABA?

No. This change affects the clinical review process, not eligibility criteria.